

VIII. ANNEXES

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|---|----|
| ■ Annex I. Logical framework matrix of the GoL/UN Programme against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia | 1 |
| ■ Annex II. Assessment of the Logical Framework Matrix of the GoL/UN Joint Programme against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia | 8 |
| ■ Annex III. Terms of Reference | 23 |
| ■ Annex IV. Documents reviewed | 41 |
| ■ Annex V: Stakeholder analysis matrix | 42 |
| ■ Annex VI: List of institutions ,staff interviewed, and sites visited | 45 |
| ■ Annex VII. Evaluation framework and matrix | 48 |
| ■ Annex VIII. Evaluation tools (questionnaires, interview guides, etc.) | 51 |
| ■ Annex IX. Summary matrix of findings, evidence and recommendations | 60 |

ANNEX I. Logical framework matrix of the GoL/UN Programme against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia

IF the capacity of traditional, religious, youth and community leaders, right holders and influential community members to prevent and respond to SGBV and harmful traditional practices (HTPs) is strengthened and **IF** national and subnational systems have the capacity to facilitate prevention and to coordinate response that addresses gender-based violence and HTPs, **IF**

women and girls have access to fair justice mechanisms and redress based on relevant gender equality standards, including legal aid support and, **IF** services to survivors and families are accessible and available at all levels, **THEN** by 2020, all women and girls will live in an environment where they are protected and enjoy lives free from SGBV and HTPs.

| PILLAR 1: PREVENTION | | |
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| OUTCOME 1 | By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM) | |
| OUTCOME LEVEL INDICATOR | Indicator 1.A: | # of community members with capacity and commitment to prevent and respond to SGBV and harmful cultural practices. Baseline: 390 / Target: 5,000 |
| | Indicator 1.B: | # of communities demonstrating improved sexual and reproductive health (SRH) practices |
| | Baseline: | 48 / Target: 100 |
| | Indicator 1.C: | Proportion of schools implementing the code of conduct for teachers and school administration in Liberia |
| | Baseline: | 0 / Target: 1,500 |
| | Indicator 1.D: | Number of cases/experiences reported in schools Baseline: 0 / Target: 500 |
| | Indicator 1.E: | Percentage of SGBV and HTPs cases reported generally in all communities |
| | Baseline: | Put baseline statistics for 2017 (Rape=506, DV=127)-up to Q3 Target: 10 percent increased reporting of cases |
| Indicator 1.F: | Early warning and preparedness measures in place to address the drastic increase of SGBV and HTPs in communities across Liberia. Baseline: 0 / Target: 3 | |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | |
| Output 1.1: Community knowledge on dangers of SGBV and harmful traditional practices increased through awareness and sensitization. | Output indicator 1.1.1 | |
| | Periodic social cultural audits with community and traditional leaders conducted <u>Baseline:</u> 0 <u>Target:</u> 6 monthly audits in each of the 15 counties | |
| | Output Indicator 1.1.2 | |
| | # of community SGBV engagement modules and dissemination tools developed <u>Baseline:</u> 0 <u>Target:</u> 1 Module developed, 3,000 copies and visibility materials produced per annum | |
| | Output Indicator 1.1.3 | |
| | # of medical schools, Liberia National Parents Teachers' Association & Judiciary Institute with integrated SGBV module <u>Baseline:</u> 0 <u>Target:</u> 3,000 | |
| | Output Indicator 1.1.4 | |
| | # of communities in SGBV high risk areas reached on SGBV prevention <u>Baseline:</u> 10,293 communities across the 15 counties <u>Target:</u> 5,150 communities reached | |

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| Output 1.2 Community commitment in support of the prevention of GBV strengthened | Output Indicator 1.2.1 # of trained community structures with developed and functional action plans on prevention of SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 3,000 communities with implemented action plans |
| | Output Indicator 1.2.2 # of traditional & religious leaders empowered as agents of change. <u>Baseline:</u> 3,000 traditional leaders / 500 religious leaders <u>Target:</u> 2,500 Leaders (1,250-M 1,250-F) |
| Output 1.3 Traditional and community members have access to safe spaces to support the reduction of SGBV and HTPs | Output Indicator 1.3.1 # of multi-purpose community resource/cultural centres constructed, equipped and operational in high risk areas Baseline: 0 <u>Target:</u> resource/cultural centres constructed, equipped and operational in high risk areas. |
| | Output Indicator 1.3.2 # of women and young people (boys and girls) who accessed skills improvement trainings and obtained empowerment opportunities <u>Baseline:</u> 0 <u>Target:</u> 15,000 8,500-F, 6,500-M |
| Output 1.4. Comprehensive sexuality education (CSE) enhanced at community level. | Output Indicator 1.4.1 # of out of school youth with adequate knowledge on SGBV and SRH <u>Baseline:</u> -- <u>Target:</u> -- |
| | Output Indicator 1.4.2 # of people accessing SRH services in high risk areas <u>Baseline:</u> -- <u>Target:</u> -- |
| Output 1.5 Awareness on the risk of SGBV, SEA, HTPs and HIV prevention and response within the school environment strengthened | Output Indicator 1.5.1 % of Liberian school students and teachers trained on GBV prevention and SRH <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 12,000 students and teachers trained |
| | Output Indicator 1.5.2 # of schools with established and functional GBV and SRH clubs <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 2,000 Prevention of Sexual Exploitation and Abuse Clubs |
| Output 1.6 Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools | Output Indicator 1.6.1 # of schools with established secure reporting mechanisms <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 5,000 additional schools |
| Output 1.7 Prevention of SGBV and exploiting amongst administrators, teachers, support staff and students Increased | Output Indicator 1.7.1 At least 80% administrators and teachers trained and signed the code of Conduct <u>Baseline:</u> 0 schools signed code of conduct <u>Target:</u> 100,000 copies of code of conduct signed |
| | Output Indicator 1.7.2 # of cases reported against school administrators or teachers as perpetrators <u>Baseline:</u> 0 cases <u>Target:</u> 50 |
| Output 1.8 CSE integrated in primary and secondary curriculum | Output Indicator 1.8.1 # of schools implementing revised CSE integrated curriculum <u>Baseline:</u> 5,127 Schools in Liberia <u>Target:</u> 5,000 schools revised CSE integrated curriculum |

PILLAR 2: RESPONSE

| OUTCOME 2 | Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels. | |
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| OUTCOME LEVEL INDICATOR | Indicator 2.A: | 100% SGBV essential services functional nationwide |
| | Target: | 8 / Baseline: 7 counties have OSCs providing different essential services |
| | Indicator 2.B: | % of SGBV multi-response mechanism essential services functional at subnational level |
| | Target: | Integrated service provision in all 15 counties /Baseline: 15 counties have stand-alone services provided by the Justice and Health Sectors in the counties |
| Indicator 2.C: | Improved processing of GBV cases (primarily rape) through all stages of the justice system | |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | |
| Output 2.1: Response services to SGBV survivors enhanced | Output Indicator 2.1.1 Functional OSC established in all counties <u>Baseline:</u> 12 existing OSCs in 7 counties <u>Target:</u> 20 OSCs established (establish 8 additional OSCs in 8 counties in 5 years) | |
| | Output Indicator 2.1.2 # of OSCs with essentials drugs including Post Exposure Preventive (PEP) Kits prepositioned <u>Baseline:</u> 12 OSCs <u>Target:</u> 20 OSCs established and have essential drugs, including PEP Kits | |
| | Output Indicator 2.1.3 # of medical personnel trained in clinical management of rape and available <u>Baseline:</u> 25 existing nurses and midwives in 12 OSCs <u>Target:</u> 50 medical personnel trained and deployed in 20 OSCs within four years (at least two nurses by centre) | |
| | Output Indicator 2.1.4 Minimum initial services package (MISP) harmonized with national SGBV standard operating procedures (SOPs) <u>Baseline:</u> 0 <u>Target:</u> 1 comprehensive integrated package | |
| | Output Indicator 2.1.5 # of SGBV survivors accessing information on the existing services through referral pathway <u>Baseline:</u> 1,200 <u>Target:</u> 8,000 | |
| | Output Indicator 2.1.6 # of SGBV survivors accessing immediate protection, medical, and/or psychosocial support at OSCs <u>Baseline:</u> 1,200 per year <u>Target:</u> 10,000 in 5 years (2,000 per year) | |
| Output 2.2: Improved processing of SGBV cases through all stages of the justice system | Output Indicator 2.2.1 # of SGBV cases prosecuted per county (disaggregated by sex and age) <u>Baseline:</u> 45 annually (3 per county annually) <u>Target:</u> 75 annually (at least 5 per county) | |
| | Output Indicator 2.2.2 # of SGBV cases indicted by county per year (disaggregated by sex and age). <u>Baseline:</u> 100 annually <u>Target:</u> 10% increase | |
| | Output Indicator 2.2.3 # of GBV cases, including HTPs and domestic violence cases, reported, and referred for prosecution per county per year (disaggregated by sex and age). <u>Baseline:</u> 898 (Jan-Sep 2017) <u>Target:</u> 200 | |
| | Output Indicator 2.2.4 15 WACPS Offices at county level functional with capacities enhanced <u>Baseline:</u> 14 WACPS offices across 14 counties seats/capital with capacities built <u>Target:</u> 1 functional office | |

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| Output 2.2: Improved processing of SGBV cases through all stages of the justice system | Output Indicator 2.2.5 Survivor Trust Fund established and implemented Baseline: 0 Target: Survivor Trust Fund established and adopted |
| | Output Indicator 2.2.6 # of survivors accessing the Survivor Trust Fund Baseline: 0 Target: 3,000 survivors in 4 years (750 annually at 50 per county or proportional to county population) |
| Output 2.3 Enhanced psychosocial support for survivors at all levels | Output Indicator 2.3.1 # of health & mental health practitioners (nurse examiner, psychosocial counsellors, mental health workers & victim advocates) provided with trauma support trainings in handling cases of survivors Baseline: 100 Target: 200 (50 annually) |
| | Output Indicator 2.3.2 # of community support structures (CWCs, peace huts women, community leaders & heads of CBOS/CSO) provided with support trainings to refer all SGBV survivors Baseline: 0 Target: 140 in 4 years (35 annually) |
| | Output Indicator 2.3.3 # of safe homes refurbished, and functional Baseline: Two GoL functional safe homes in Lofa & Nimba counties; 5 existing but non-functional safe homes Target: 8 safe homes (5 to be refurbished & supported to be functional and one additional to be constructed in Grand Geddeh) |
| Output 2.4 Potential humanitarian risks and hazards identified and mitigated. | Output Indicator 2.4.1 # of trainings for key national stakeholders on disaster preparedness and risk reduction that address GBV and HTPs Baseline: 0 Target: 500 stakeholders trained across Liberia |
| | Output Indicator 2.4.2 # of GBV supplies (rape kits) prepositioned to respond to emergencies Baseline: -- Target: 15 counties |

PILLAR 3: INSTITUTIONAL STRENGTHENING

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| OUTCOME 3: | Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels. | |
| OUTCOME LEVEL INDICATOR | Indicator 3 A: | Improved attitudes of police, judiciary and prosecution towards survivors/victims |
| | Indicator 3.B: | Average # of days the case is investigated by the police; # of days from the initial charges until the first trial leading to the final verdict, # and types of judicial verdicts |
| | Indicator 3.C: | Strengthened policy and legal framework to include articles against domestic violence, marital rape, FGM, etc. |
| | Indicator 3.D: | # and type of coordination and information-sharing mechanisms at the county level |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | |
| Output 3.2 Improved victim assistance, standardized process and systems Develop, revise and operationalize SGBV prevention and response policies | Output Indicator 3.2.1 # of revisions and implementation of the Hinterland Guideline Baseline: 0 Target: One revised guideline | |
| | Output Indicator 3.2.2 SOPs revised, adopted and rolled-out Baseline: 0 Target: 2 revised SOPs | |
| | Output Indicator 3.2.3 Survivor and witness support protocol developed Baseline: 0 Target: One protocol developed | |
| | Output Indicator 3.2.4 Relevant SGBV prevention and response framework in place Baseline: 0 Target: Effective revised legal framework on SGBV | |

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| Output 3.3 Effective data collection mechanisms in place | Output Indicator 3.3.1 Operationalization of standardized data collection tools used by all actors <u>Baseline:</u> No toolkit exists <u>Target:</u> 1 Standardized data toolkit |
| | Output Indicator 3.3.2 Operationalize and integrated the central database system across all 15 counties <u>Baseline:</u> 0 <u>Target:</u> 15 counties |
| | Output Indicator 3.3.3 GBV IMS Information Sharing Protocol endorsed and adhered to <u>Baseline:</u> -- <u>Target:</u> -- |
| | Output Indicator 3.3.4 Case numbering and tracking system in place for prosecution and the courts <u>Baseline:</u> 0 <u>Target:</u> Tracking system in place |
| Output 3.4: Operationalization of the SGBV prevention and response systems | Output Indicator 3.4.1 Synergize national policies and frameworks with regional and global policies |
| | Output Indicator 3.4.2 Regional protocol on SGBV and HTPs adopted <u>Baseline:</u> 0 <u>Target:</u> 1 Regional SGBV Protocol |
| | Output Indicator 3.4.3 # of forensic investigation and DNA pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 expert |
| | Output Indicator 3.4.4 Sex Crimes Unit established and functional in 15 counties <u>Baseline:</u> 3 regional hubs have units <u>Target:</u> 7 crimes units |
| | Output Indicator 3.4.5 # of forensic investigation and DNA laboratories established and functional (police and medical) including pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 laboratory |
| | Output Indicator 3.4.6 Establish and operate sex crime circuit courts in 15 counties <u>Baseline:</u> 2 <u>Target:</u> 15 circuit courts |
| | Output Indicator 3.4.7 # of health facilities and referral hospitals providing integrated SGBV and SRH services <u>Baseline:</u> 12 <u>Target:</u> 27 |
| Output 3.5 Inter-sectoral coordination strengthened and roles clarified | Output Indicator 3.5.1 Develop and operationalize an SOP on inter-sectoral coordination at national and Subnational levels <u>Baseline:</u> 0 <u>Target:</u> One guideline |

PILLAR 4: ADVOCACY & SOCIAL MOBILIZATION

| OUTCOME 4: | Enhanced awareness, participation and accountability at national and subnational levels | |
|--|---|---|
| OUTCOME LEVEL INDICATOR | Indicator 4 A: | : % of CBOs advocating on SGBV prevention and response |
| | Indicator 4.B: | Percentage increase in the number of stakeholders acting as change agents |
| | Indicator 4.C: | Number of periodic status updates on SGBV cases by justice and security actors |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | |
| Output 4.1 Increase in visibility and public awareness of SGBV issues | Output Indicator 4.1.1 | % of the public aware of SGBV as a crime <u>Baseline:</u> 75% in the South-Eastern Region <u>Target:</u> 80% |
| | Output Indicator 4.1.2 | # of media institutions with capacity to report SGBV <u>Baseline:</u> 31 <u>Target:</u> 150 |
| Output 4.2 Policymakers and key CSOs empowered with knowledge and skills to advocate on SGBV issues | Output Indicator 4.2.1 | # of trainings on advocacy on SGBV issues provided to policymakers <u>Baseline:</u> 7 <u>Target:</u> 73 |
| | Output Indicator 4.2.2 | # of adolescent groups/ CSO with SGBV on their manifesto <u>Baseline:</u> 0 <u>Target:</u> 75 CSOs |
| Output 4:3 Communities, particularly adolescents and youth-friendly centres, are empowered to openly discuss and take action to prevent SGBV & SRH | Output Indicator 4.3.1 | # of adolescent and youth dialogues held on SGBV issues # of youth-friendly centres with the capacity to facilitate dialogues on SGBV and SRH amongst adolescents and youths <u>Baseline:</u> 023(?) <u>Target:</u> 23 |
| Output 4:4 Enhanced regional mechanisms in addressing SGBV within the Mano River Union | Output Indicator 4.4.1 | Regional protocol on SGBV and HTPs adopted <u>Baseline:</u> --- <u>Target:</u> --- |

PILLAR 5: COORDINATION

| OUTCOME 5: | Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020. | |
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| OUTCOME LEVEL INDICATOR | Indicator 5 A: | 90% functionality of coordination mechanisms at subnational level |
| | Indicator 5.B: | 100% functionality of coordination mechanisms at national level |
| | Target: | National Baseline: 1 National GBV Taskforce, 1 JP Technical Committee, 1 JP Steering Committee Subnational |
| | Baseline: | 15 Subnational GBV Taskforces |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | |
| Output 5.1 Subnational and national-level coordination mechanisms and strengthened implementation plan | Output Indicator 5.1.1 # of effective and functional SGBV coordination structures at the county level # of functional SGBV coordination structures at the district level established <u>Baseline:</u> 9 @ county level / 0 @ district level <u>Target:</u> 15 @ county level / 90 @ district level (2 districts/counties annually) | |
| | Output Indicator 5.2.1 SGBV Joint Programme Program Management Unit established and functional <u>Baseline:</u> 0 <u>Target:</u> 1 | |
| Output 5.2 Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate GBV prevention and response activities nationwide | Output Indicator 5.2.2 Percentage of the GBV Division capacity to coordinate national and subnational structures enhanced <u>Baseline:</u> 40% <u>Target:</u> 90% | |
| | Output Indicator 5.2.3 Number of pillar meetings held monthly <u>Baseline:</u> 3/month <u>Target:</u> 3/month | |
| | Output Indicator 5.2.4 Number of national and subnational taskforce meetings held <u>Baseline:</u> 1 national per month, 15 subnational per month <u>Target:</u> 1 national and 15 subnational meetings per month | |
| | Output Indicator 5.2.5 # Periodic annual surveys on SGBV conducted and results published <u>Baseline:</u> 0 <u>Target:</u> Bi-annual | |
| | Output Indicator 5.2.6 # of joint monitoring and supervision missions conducted <u>Baseline:</u> 0 <u>Target:</u> Biannual | |
| | Output indicator 5.2.7 GBV data collection, dissemination and management at county and national levels <u>Baseline:</u> 15 counties <u>Target:</u> 15 counties | |

ANNEX II. Assessment of the Logical Framework Matrix of the GoL/UN Joint Programme against Sexual and Gender-based Violence and Harmful Traditional Practices in Liberia

IF the capacity of traditional, religious, youth and community leaders, right holders and influential community members to prevent and respond to SGBV and HTPs is strengthened and **IF** national and subnational systems have the capacity to facilitate prevention and to coordinate responses that address GBV and HTPs, **IF** women and girls have access to fair justice mechanisms and redress based on relevant GE standards including legal aid support and, **IF** services to survivors and families are accessible and available at all levels, **THEN** by 2020, all women and girls will live in an environment where they are protected and enjoy lives free from SGBV and HTPs.

GREEN: Indicator and target are (successfully) met and the result is (fully) achieved

ORANGE: Indicator and target are partly met The expected results are not yet achieved or the process of achieving them is ongoing

RED: Unsatisfactory (indicator / target / output is not met and the expected results not achieved. The colour is also used when indicator and target values are missing

| PILLAR 1: PREVENTION | | | | |
|--|--|--|---|---------------|
| OUTCOME 1 | By 2020, communities, educational institutions and relevant stakeholders in Liberia fully engaged and active in preparedness, prevention and response to SGBV and harmful cultural practices (early marriage, denial of girls' education, teenage pregnancy and FGM) | | | |
| OUTCOME LEVEL INDICATOR | Indicator 1.A: | # of community members with capacity and commitment to prevent and respond to SGBV and harmful cultural practices. Baseline: 390 / Target: 5,000 | | |
| | Indicator 1.B: | # of communities demonstrating improved sexual and reproductive health (SRH) practices | | |
| | Baseline: | 48 / Target: 100 | | |
| | Indicator 1.C: | Proportion of schools implementing the code of conduct for teachers and school administration in Liberia | | |
| | Baseline: | 0 / Target: 1,500 | | |
| | Indicator 1.D: | Number of cases/experiences reported in schools Baseline: 0 / Target: 500 | | |
| | Indicator 1.E: | Percentage of SGBV and HTPs cases reported generally in all communities | | |
| | Baseline: | Put baseline statistics for 2017 (Rape=506, DV=127)-up to Q3 Target: 10 percent increased reporting of cases | | |
| Indicator 1.F: | Early warning and preparedness measures in place to address the drastic increase of SGBV and HTPs in communities across Liberia. Baseline: 0 / Target: 3 | | | |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | COUNTIES | LEAD & PARTICIPATING AGENCIES | STATUS |
| Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization | <p>Output indicator 1.1.1 Periodic Sociocultural audits with community and traditional leaders in the four selected counties</p> <p>Baseline: 0</p> <p>Target: 6 monthly audits in each of the 15 counties</p> <p>Results: Target Partly met</p> <ul style="list-style-type: none"> ■ Consultation meeting and dialogues held in March 2018 in Gbarnga, Bong County with 150 paramount chiefs led to the temporary suspension of Sande (traditional women's bush school). The policy statement was signed on 25 June 2019 by traditional leaders and local authorities from the GOL and verified by the ET as follows: Nimba County (5); Margibi County (5); River Cess County (5) Montserrado County (5); Bomi County (5); Grand Bassa County (5); Lofa County (5); Grand Cape Mount County (5); Grand Gedeh County (5); Gbarpolu County (5); other prominent traditional leaders (3); Office of the National Council of Chiefs and Elders of Liberia [NACELL] (4); MIA (3). The exact number of paramount chiefs met, and dialogues held and number of communities reached could not be verified by the ET due to lack of means of verification (MoVs) such as supporting documents. The ET noted that authorities from the 11 counties were present at the dialogue held in Bong County. | Grand Cape Mount, Grand Bassa, River Cess and Gbarpolu counties | UN WOMEN (lead), MGCSF, MIA, MICAT, West African Network for Peace Building (WANEP), NACELL | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | COUNTIES | LEAD & PARTICIPATING AGENCIES | STATUS |
|---|---|---|---|--------|
| Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization | Output Indicator 1.1.2 # of community SGBV engagement modules and dissemination tools developed <u>Baseline:</u> 0 <u>Target:</u> 1 module developed, 3,000 copies and visibility materials produced per annum <u>Results:</u> Target partly met <ul style="list-style-type: none"> ■ The ET found that one training manual on gender and advocacy was developed by WANEP. However, the date when the manual was developed, the number of copies disseminated, and visibility materials produced per annum could not be verified as evidence was not made available ■ Gender and advocacy transformation training: The ET could not verify the date and number of participants at the training as evidence was not made available ■ Training manual and SGBV guideline developed and produced by WANEP but the ET could not verify the date the manual was developed, and the number of copies disseminated due to lack of MoVs | All 15 counties | UN WOMEN (lead), MGCSP, MIA & MICAT | Orange |
| | Conduct trainings on 'GBV and understanding masculinity for Liberian boys and girls' and engaging them in ending VAW in three counties in 20 communities <u>Baseline:</u> NC <u>Target:</u> Training on GBV around masculinity conducted in 20 communities <u>Results:</u> Baseline value was missing but the target was partly met <ul style="list-style-type: none"> ■ The monitoring report of the Steering Committee team of the JP on SGBV/HTP (23–24 May 2018) highlighted a training conducted for County Attorneys and Victim Support Officers on case handling (MoVs and information around data of the training, content, location and number of participants were not made available to the ET) ■ Nearly 173 actors, including police officers, prosecutors, health and social workers, have been trained in the provision of rapid and coordinated medical counselling and prosecutorial services to survivors of SGBV (information provided in the monitoring report of May 2018 was insufficient. The ET could not verify the exact number of women and men at the mentioned meetings and also could not analyse the training content related to masculinity as MoVs were not made available) ■ Work plan 2019–2020 of HeForShe Crusaders Liberia aimed at addressing masculinity in communities was made available. The ET noted that various activities are 'ongoing' and could not assess the extent to which the activity was implemented | Grand Cape Mount, Grand Bassa, River Gee and Nimba counties | UN WOMEN (lead), MGCSP & CSOs | |
| | Strengthen community-based gatekeeping measures to protect children from violence, exploitation and trafficking and ensure better linkages between community, NGOs and GOL to provide gender sensitive services <u>Baseline:</u> NC <u>Target:</u> NC <u>Results:</u> The baseline and target values were both missing. ET could not verify the extent to which community-based, gatekeeping measures were put in place/strengthened to protect children from violence, exploitation and trafficking and the extent to which better linkages between community, NGOs and the GoL to provide gender-sensitive services was ensured, due to lack of evidence/MoVs | Montserrado, Margibi, Grand Bassa, River Cess, Grand Cape Mount, Bong, Gbarpolu, Lofa, Nimba counties | UNICEF (lead), MGCSP, MIA, MICAT | Red |
| | Increased community knowledge on SGBV and HTPs prevention through quarterly open days meetings in five targeted communities per county using drama, cultural performance and football matches in four counties <u>Baseline:</u> NC <u>Target:</u> NC <u>Results:</u> The baseline and target values were both missing. Though it was reported that open days were organized quarterly in 5 targeted communities per county, the ET could not verify the extent to which this activity was implemented and impacted the lives of community dwellers. MoVs are missing | Maryland, River Gee, Nimba and Grand Gedeh counties | UNFPA (lead), MGCSP, MIA, MICAT, NACELL | |
| | Provide technical and material support to five established social transformation forums at community level (in each county) under the leadership of community gatekeepers in 4 counties <u>Baseline:</u> NC <u>Target:</u> Material support provided to five established social transformation forums in each of the four counties <u>Results:</u> The baseline values was missing and the target not met The ET could not verify the extent to which material support was provided to five established social transformation forums in each of the four counties due to lack of evidence/MoVs | | | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | COUNTIES | LEAD & PARTICIPATING AGENCIES | STATUS |
|---|--|--|--|--------|
| Output 1.1: Community knowledge on dangers of SGBV and HTPs increased through awareness and sensitization | <p>Establish five additional and support existing 23 youth friendly centres in nine counties to promote SGBV prevention and SRH information and services to adolescents</p> <p>Baseline: NC</p> <p>Target: Five additional youth friendly centres in nine counties to promote SGBV prevention and SRH information and services established; 23 existing supported</p> <p>Results: Baseline value missing but target partly met</p> <p>Interviewees reported that additional SGBV clubs were established in 11 schools in one county (Lofa). However, detailed MoVs are not available to verify this reported achievement and to verify if SGBV clubs were established also in other 8 counties</p> | Montserrado, Margibi, Bong and Nimba counties | UNFPA (lead) Ministry of Youth and Sports Ministry of Youth and Sports (MOYS), MOH, Olan Parenthood Association of Liberia (PPAL) & CSOs | |
| | <p>Conduct quarterly outreach on SGBV service provision in the catchment communities of the 12 existing OSCs</p> <p>Baseline: NC</p> <p>Target: NC</p> <p>Results: The baseline and target values were both missing. The indicator could not be assessed by the ET.</p> <p>The ET found that a training of 40 teachers from 20 schools in counselling, coaching and mentoring of adolescents, including the dissemination of CSE information to in-school adolescents and youths through 20 health rooms to be established in 20 schools in Grand Gedeh, River Gee, Maryland and Grand Kru counties, was conducted in Maryland County from 5-8 November 2018. MoVs verified by the ET</p> | Montserrado (5) Grand Gedeh (1), Grand Bassa (1), Margibi (1), River Gee (1), Bong (1) and Bomi (1) counties | UNFPA (lead), MGCSP, MOH & CSOs | |
| | <p>Development of the National GBV Action Plan</p> <p>Baseline: NC</p> <p>Target: National GBV Action Plan developed</p> <p>Results: Target met</p> <p>Baseline value missing</p> <p>The GBV National Action Plan Phase III (2018–2023) was developed and a copy provided to the ET</p> | | | |
| | <p>Output Indicator 1.1.3</p> <p># of medical schools, Liberia National Parents Teachers' Association & Judiciary Institute with integrated SGBV module</p> <p>Baseline: 0</p> <p>Target: 3,000</p> <p>Results: Target not met</p> <p>Evidence/MoV highlighting the percentage of medical schools, Liberia National Teachers Association & Judiciary Institute with integrated SGBV module were not available</p> | | | |
| | <p>Output Indicator 1.1.4</p> <p># of communities in SGBV high risk areas reached on SGBV prevention</p> <p>Baseline: 10,293 communities across the 15 counties</p> <p>Target: 5,150 communities reached</p> <p>Results: Target not met</p> <p>The ET was not able to verify the exact number of communities reached in the 15 counties on SGBV prevention due to lack of evidence/MoV.</p> <p>However, the ET found that:</p> <ul style="list-style-type: none"> ■ An action plan was developed by the HeForShe Crusaders in Liberia in 2019 on how men and boys can be engaged to end GBV in schools and communities. The extent to which this action plan was implemented, and the fact that 5,150 communities in 15 counties were reached during the programme implementation could not be verified by the ET due to the lack of evidence. ■ WANEP work plan and progress report for the period of May–December 2019 shared with the ET highlighted the implementation of the following activities: <p>A two-day national consultative meeting held with 61 (32 male and 29 female) traditional leaders, female zoes and practitioners in Ganta City, Nimba County; 61 traditional practitioners and female zoes reached within six schools in Liberia; 210 female zoes and practitioners interviewed from 14 chiefdoms within the administrative districts of Bong County through the inventory exercises. The reported activities, exact counties covered, and number of leaders targeted could not be verified by the ET due to lack of participants' list (MoVs).</p> | | | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|---|---|--------|
| Output 1.2 Community commitment in support of the prevention of GBV strengthened | Output Indicator 1.2.1 # of trained community structures with developed and functional actions plans on prevention of SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 3,000 communities with implemented action plans <u>Results:</u> Target not met The ET could not find evidence/MoVs demonstrating that communities developed functional actions to prevent SGBV and HTPs. However, the ET identified the following: <ul style="list-style-type: none"> ■ A draft of the “Zero Tolerance Policy of the University of Liberia” developed on 14 September 2018. | |
| | Output Indicator 1.2.2 # of traditional & religious leaders empowered as agents of change <u>Baseline:</u> 3,000 traditional Leaders / 500 religious Leaders <u>Target:</u> 2,500 Leaders (1,250-M 1,250-F) <u>Results:</u> Target not met The ET could not verify the exact number of traditional and religious leaders empowered as agents of change due to lack of evidence/MoVs not made available However, the ET found the following: <ul style="list-style-type: none"> ■ According to WANEP progress report of 2019: A two-day training aimed at enhancing women’s capacity on the documentation of SGBV cases was hosted for 30 women leaders and other practitioners of five peace huts in Bong, Grand Bassa, Margibi, Montserrado and Nimba counties. Their skills were enhanced in standard case management, causes, contributing factors and impact of SGBV and how to report such violations through the referral pathway. However, the reported activities, exact counties covered and the sex-disaggregated number of leaders reached could not be verified by the ET due to lack of MoVs. ■ Two-day strategic conference on the “Role of faith-based leaders in addressing SGBV and HTPs was held in Buchanan, Grand Bassa County on 3-4 September 2018. The conference was organized by Inter Faith Based Leaders Against Violence (IFBLAV) and brought together scores of religious leaders from all sectors of the religious sphere, CSOs as well as traditional leaders from the 16 tribes of Liberia. The ET could not verify the exact number of participants due to lack of evidence (MoVs) as participants’ list was not made available | |
| Output 1.3 Traditional and community members have access to safe spaces to support the reduction of SGBV and HTPs | Output Indicator 1.3.1 # of multi-purpose community resource/cultural centres constructed, equipped and operational in high risk areas <u>Baseline:</u> 0 <u>Target:</u> resource/cultural centres constructed, equipped and operational in high risk areas <u>Results:</u> Target not met The ET could not verify the number of resource centres constructed, equipped and operational in high risk areas due to lack of evidence (MoVs) made available | |
| | Output Indicator 1.3.2 # of women and young people (boys and girls) who accessed skills improvement trainings and obtained empowerment opportunities <u>Baseline:</u> 0 <u>Target:</u> Total 15,000 (8,500 females & 6,500 males) <u>Results:</u> Target not met The ET noted that: The WANEP 2019 progress report highlighted that Youth Alive Liberia implemented advocacy and public awareness activities in 10 counties (Montserrado, Bomi, Bong, Margibi, Cape Mount, Nimba, Lofa, Grand Gedeh, Maryland and River Cess). <ul style="list-style-type: none"> ■ The report highlighted advocacy and public awareness activities implemented in the above-mentioned ten counties, specifically in awareness creating and advocacy for care and treatment as well as behaviour change for youths and adolescents, advocacy and public awareness on HIV/AIDS in churches, mosques, market places and in communities and economic empowerment opportunities for women and girls living with HIV/AIDS through seed grants. Even though pictures showing YAL training participants in a church in Peace Island, Montserrado, a radio talk show programme at Gbasue FM in Weala, Margibi County, and group discussions during training of male and female adolescents were included in the report, the exact number of women and young people (boys and girls) empowered was not provided, therefore the ET could not validate the activity | |
| Output 1.4 CSE enhanced at community level | Output Indicator 1.4.1 # of ‘out of school’ youth with adequate knowledge on SGBV and SRH <u>Baseline:</u> -- <u>Target:</u> -- <u>Results:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET | |
| | Output Indicator 1.4.2 # of people accessing SRH services in high risk areas <u>Baseline:</u> -- <u>Target:</u> -- <u>Results:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET. | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|--|--|--------|
| <p>Output 1.5 Awareness on the risk of SGBV, SEA, HTPs and HIV prevention and response within the school environment strengthened</p> | <p>Output Indicator 1.5.1 % of school students and teachers trained on GBV prevention and SRH <u>Baseline:</u> 5,127 schools <u>Target:</u> 12,000 students and teachers trained <u>Results:</u> Target partly met The ET found that:</p> <ul style="list-style-type: none"> 72 public awareness sections were conducted in 11 communities in Montserrado, Margibi and Grand Bassa counties and extended to five churches, seven mosques and general market places. According to the WANEP 2019 report, an average of eight sessions in each community were carried out in the three counties A total of 24 radio talk shows on SGBV prevention/transmission/treatment and access to health services, as well as the link between SGBV and HIV/AIDS transmission, were held in four different radio stations in three counties. In Montserrado the talk shows were held at Freedom FM and Kool FM; Radio Gbehzohn in Grand Bassa County; and in Margibi County, at the Voice of Firestone FM and Radio Gbasue. In each of the 4 radio stations, the discussion was divided into six parts (WANEP Report, 2019). The ET could not verify the number of women and young people (boys and girls) reached due to lack of evidence (MoVs) <hr/> <p>Output Indicator 1.5.2 # of schools with established and functional GBV and SRH clubs <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 2,000 PSEA clubs <u>Results:</u> Target not met The ET was not able to assess the percentage of schools that established functional GBV and SRH Clubs due to lack of evidence The ET found that:</p> <ul style="list-style-type: none"> A total of 180 students in 12 public schools (Tellewoyan Public School, Balakpalasu Public School, J. W. Pearson High School, Ganta Child Friendly School, Cestos High, Government Central, William V. S. Tubman High School, Lango Lippaye Public School, KRTTI Demonstration, Frank E. Tolbert Public School and Sims Community School, in Lofa, Nimba, Margibi, Grand Bassa, River Cess and Montserrado counties, were selected for the establishment of buddy systems. The report stated that the clubs consist of 15 members (boys and girls) per school. The training took place from 1-30 June 2017 with 50 members of a school being trained per day. The 2019 annual report indicated that 15 schools (8 in Bong and 7 in Margibi) have 246 school health club members, (including teachers and students) with enhanced capacities to undertake programs on awareness on HIV/AIDS, GBV, SRH and SEA with a 30% knowledge gain following the capacity-building session on menstrual hygiene, prevention of SEA and prevention and protection from HIV/AIDs. The ET could not verify this due to lack of MoVs and evidence | |
| <p>Output 1.6 Mechanisms to prevent and report sexual violence, abuse and exploitation strengthened in schools</p> | <p>Output Indicator 1.6.1 # of schools with established secure reporting mechanism <u>Baseline:</u> 5,127 schools across Liberia <u>Target:</u> 5,000 schools <u>Results:</u> Target not met The 2019 annual report of the SGBV JP indicated that 10 new schools established buddy systems alongside the 20 schools which were established in 2018. Thus, in total there are now 30 schools with buddy systems that have a secured reporting mechanism The ET could not verify the extent to which schools have established secure reporting mechanisms</p> | |
| <p>Output 1.7 Prevention of SGBV amongst administrators, teachers and support staff and exploiting children increased</p> | <p>Output Indicator 1.7.1 At least 80% administrators and teachers trained and signed the code of conduct <u>Baseline:</u> 0 schools signed code of conduct <u>Target:</u> 100,000 copies of code of conduct signed <u>Results:</u> Target not met No MoV/evidence was provided</p> <hr/> <p>Output Indicator 1.7.2 # of cases reported against school administrators or teachers as perpetrators <u>Baseline:</u> 0 cases <u>Target:</u> 50 <u>Results:</u> Target not met No MoV/evidence was provided</p> | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|---|--|--------|
| Output 1.8 CSE integrated in primary and secondary curriculum | <p>Output Indicator 1.8.1 # of schools implementing revised CSE integrated curriculum <u>Baseline:</u> 5,127 schools in Liberia <u>Target:</u> 5,000 schools revised CSE integrated curriculum <u>Results:</u> Target not met</p> <p>The 2019 annual report indicated that 88 schools in the counties are implementing CSE integrated curriculum Training of 40 teachers from 20 schools in counselling, coaching and mentoring of adolescents, including the dissemination of CSE information to in-school adolescents and youth, was conducted in Maryland County. The training was held 5-8 November (UNFPA activity report 5-8 November 2018). The training brought together 11 participants from Grand Gedeh County, 10 participants from River Gee County, 10 participants from Grand Kru County and nine participants, including one Peace Corps Volunteer (county health team) from Maryland County. The participant list was verified by the ET</p> | |

Other activities reported but not linked to the above-mentioned output and indicators

According to the 2019 WANEP Progress Report:

- 10 Women within 4 people living with HIV (PLHIV) support groups provided seed grants to initiate VSLA activities for onward economic empowerment in an effort to establish small businesses (WANEP Progress Report of 2019)
- 10 women from seven support groups (PLHIV) strengthened through the provision of seed grants for economic empowerment (WANEP Progress Report 2019)
- Regional Dialogue with Traditional Leaders to end Child Marriages in Africa held in Nairobi (12–16 August 2018). The ET could not verify this action under the JP on SGBV/HTPs or the Spotlight Initiative Program (Activity Report 2018)

| PILLAR 2: RESPONSE | | |
|--|---|---|
| OUTCOME 2 | Availability of essential services for survivors of SGBV, including HTPs, at national and subnational levels. | |
| OUTCOME LEVEL INDICATOR | Indicator 2.A: | 100% SGBV essential services functional nationwide |
| | Target: | 8 / Baseline: 7 counties have OSCs providing different essential services |
| | Indicator 2.B: | % of SGBV multi-response mechanism essential services functional at subnational level |
| | Target: | Integrated service provision in all 15 counties /Baseline: 15 counties have stand-alone services provided by the Justice and Health Sectors in the counties |
| | Indicator 2.C: | Improved processing of GBV cases (primarily rape) through all stages of the justice system |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
| Output 2.1: Response services to SGBV survivors enhanced | <p>Output Indicator 2.1.1 Functional OSC established in all counties <u>Baseline:</u>12 existing OSCs in 7 counties <u>Target:</u> 20 OSCs established (establish 8 additional OSCs in 8 counties in 5 years) <u>Results:</u> Target partly met</p> <ul style="list-style-type: none"> ■ The ET observed during field visits that some counties have functioning OSCs whilst some are in not-so-good condition ■ The 2019 annual report of the JP on SGBV/HTPs indicated that 12 OSCs in all 15 counties remain functional for the period under review <p>MoVs highlighting the exact number of OSCs established and refurbished per county were not available</p> | |
| | <p>Output Indicator 2.1.2 # of OSCs with essentials drugs, including PEP Kits prepositioned <u>Baseline:</u> 12 OSCs <u>Target:</u> 20 OSCs established and have essential drugs, including PEP kits <u>Results:</u> Target partly met</p> <ul style="list-style-type: none"> ■ According to the 2019 annual report of the JP on SGBV/HTPs, 6 OSCs were supported in 6 counties (Grand Bassa, Margibi, Bong, River Gee, Grand Gedeh and Bomi) and benefited from service delivery of drugs (PEP, antibiotic etc.), Dignity Kit (Clothes, toothpaste, toothbrush, food items: Ovaltine, milk, biscuits etc.), infection prevention and control supplies (Clorox, Detol, Tile soap, etc.), non-medical supplies (adapter, stabilizers, extension cords), and communication cards for case follow-up and reporting. Other materials, such as window curtains, bed sheets, patients' gowns, and drip sheets, were distributed as well. The under-achievement was due to the limited funds available for implementing this intervention <p>However, there are no sufficient documents (MoV) to confirm supply of essential drugs, including PEP Kits</p> | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|-----------------------|----------------|----------------|--------------------|-----------------------|-----------------------|-----------------------|----------------|-------------------------------|--------------------|--------------------|---------------------------------------|-----------------------|-----------------------|--------------------|--|
| Output 2.1: Response services to SGBV survivors enhanced | Output Indicator 2.1.3 # of medical personnel trained in clinical management of rape and available <u>Baseline:</u> 25 existing nurses and midwives in 12 OSCs <u>Target:</u> 50 medical personnel trained and deployed in 20 OSCs within four years (at least two nurses by Centre) <u>Results:</u> Target partly met Clinical Management of Rape training was conducted by UNFPA, MOH and PIL for 23 health care providers (17 RNs, 3 RMs, 3 CMs) in Ganta Nimba County 17-21 September 2019. The participants were (all registered nurses and screeners) from 22 medical facilities in eight counties (Lofa, Bomi, Nimba, Bong, Grand Gedeh, Montserrado, Grand Cape Mount and River Gee). The facilitators and co-facilitators were health experts from UNFPA, MOH, PIL and the OSC at the Redemption Hospital. The overall objective of the training was to strengthen health workers' capacity on the clinical response to SGBV. Regular health talks were conducted in the Out-patient Department of referral hospitals, health centres and OSCs in 2018 with support from the MOH. The Clinical Management of Rape Training Manual and list of participants trained were made verified by the ET | | | | | | | | | | | | | | | | | |
| | Output Indicator 2.1.4 Minimum Initial Services Package (MISP) harmonized with national SGBV SOPs <u>Baseline:</u> 0 <u>Target:</u> 1 comprehensive integrated package <u>Results:</u> Target not met No MoV/evidence was provided for the ET to verify the output indicator | | | | | | | | | | | | | | | | | |
| | Output Indicator 2.1.5 # of SGBV survivors accessing information on the existing services through referral pathways <u>Baseline:</u> 1,200 <u>Target:</u> 8,000 SGBV survivors <u>Result:</u> Target partly met According to the 2019 annual report of the JP on SGBV/HTPs, a total of 2,222 SGBV survivors accessed response support through the 12 OSCs in seven counties (Montserrado, Grand Bassa, Margibi, Bomi, Bong, River Gee and Grand Gedeh) with trained and motivated staff, in 2018 The 73 staff from 12 OSCs received facilitation services from MGCSP and MOH. Those who received transportation support include supervisors, examiners, social workers, WACPS officers and cleaners assigned at the 12 OSCs in seven counties The ET could not verify the exact number and the counties reached due to lack of MoVs or evidence | | | | | | | | | | | | | | | | | |
| | Output Indicator 2.1.6 # of SGBV survivors accessing immediate protection, medical, and/or psychosocial support at OSCs <u>Baseline:</u> 1,200 per year <u>Target:</u> 8,000 SGBV survivors in 5 years (2,000 per year) <u>Result:</u> Target met The increase in SGBV cases reported are being addressed and survivors are receiving medical and psychosocial attention Reports from GBV statistical data of 2018, 2019 and beginning of 2020 and other documents show that more survivors are accessing healthcare and psychosocial counselling. In the 3rd quarter GBV statistical report, 89% (458) of SGBV survivors were referred to 14 health centres, clinics and hospitals in Liberia. Also, 87.8% (448) were referred to partners and County Gender Coordinators for psychosocial services | | | | | | | | | | | | | | | | | |
| Output 2.2 Improved processing of SGBV cases through all stages of the justice system | Output Indicator 2.2.1 # of SGBV cases prosecuted per county (disaggregated by sex and age) Baseline: 45 annually (3 per county) Target: 75 sexual violence cases prosecuted annually (at least 5 per county) Result: Target met The 2019 annual report of the SGBV indicated that: <table border="1" data-bbox="263 1675 1364 1825"> <tr> <td>Montserrado – Total 136 cases</td> <td>Hub I</td> <td>Hub II</td> <td>Hub III</td> </tr> <tr> <td>132 females</td> <td>Total 90 cases</td> <td>Total 28 cases</td> <td>Total 38 cases</td> </tr> <tr> <td>4 males</td> <td>86 females and 4 males</td> <td>All females</td> <td>All females</td> </tr> <tr> <td>70 convictions and prosecution</td> <td>15 convictions</td> <td>4 won the case</td> <td>2 cases won</td> </tr> </table> | Montserrado – Total 136 cases | Hub I | Hub II | Hub III | 132 females | Total 90 cases | Total 28 cases | Total 38 cases | 4 males | 86 females and 4 males | All females | All females | 70 convictions and prosecution | 15 convictions | 4 won the case | 2 cases won | |
| | Montserrado – Total 136 cases | Hub I | Hub II | Hub III | | | | | | | | | | | | | | |
| 132 females | Total 90 cases | Total 28 cases | Total 38 cases | | | | | | | | | | | | | | | |
| 4 males | 86 females and 4 males | All females | All females | | | | | | | | | | | | | | | |
| 70 convictions and prosecution | 15 convictions | 4 won the case | 2 cases won | | | | | | | | | | | | | | | |
| Output Indicator 2.2.2 # of SGBV cases indicted by county per year (disaggregated by sex and age) <u>Baseline:</u> 100 annually <u>Target:</u> 10% increase <u>Result:</u> Target met MoVs provided (see 2.2.3) | | | | | | | | | | | | | | | | | | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|---|--|--------|
| <p>Output 2.2 Improved processing of SGBV cases through all stages of the justice system</p> | <p>Output Indicator 2.2.3 # of GBV cases, including HTPs and domestic violence, reported and referred for prosecution per county per year (disaggregated by sex and age) <u>Baseline:</u> 898 (Jan-Sep 2017) <u>Target:</u> 200 cases <u>Result:</u> Target met</p> <p>In 2017, the Sex Crimes Units covered the prosecution of SGBV cases in Montserrado County and the Hubs region. Hub 1 (Bong, Lofa and Nimba counties); Hub II (Maryland, River Gee and Grand Kru counties; Hub III (Grand Gedeh and Sinoe counties). The following were achieved:</p> <ul style="list-style-type: none"> ■ 52 cases were tried from which 40 convictions were obtained, along with four hung juries and eight acquittals. Whilst at Criminal Court "E" in Montserrado County, the unit tried 11 cases, which resulted in eight convictions and three acquittals. <p>In addition to the unit's operation in Montserrado County, indictments were drawn in 82 cases whilst 78 cases were presented to the Grand Jury at Criminal Court "A" for indictments. Sixty-eight (87%) were complaints of statutory rape, two (2.5%) were complaints of gang rape; four (5%) were complaints of rape, two (2.5%) were complaints of sexual assault and two (2.5%) were complaints of sodomy. The unit, also in Montserrado, received 89 calls through its hotlines managed by Case Liaison Officers. 26 calls were related to complaints of sexual violence and 59 calls were related to follow-ups and inquiries</p> <p>In 2018, the SGBV Crimes Unit achieved the following:</p> <ul style="list-style-type: none"> ■ The justice and security Hubs I, II and III regions had a total of 111 cases of which 102 convictions were obtained, with two hung verdicts, one mixed trial and six acquittals ■ Criminal Court "E" in Montserrado prosecuted 83 cases (82 convictions and one acquittal) through plea negotiation and full-scale trials ■ Meanwhile, six cases were prosecuted through full scale trial and 77 cases were prosecuted by means of guilty plea/confessed judgment. 96 indictments were drawn but 55 cases were presented to the Grand Jury. ■ In the Justice and Security Hubs 1, 2 and 3 regions, a total 28 cases were prosecuted. Results obtained were 20 convictions, five acquittals, two hung verdicts and one mixed trial. Additionally, 54 cases were presented to the Grand Jury, and all of the cases received True Bills. ■ County Attorneys, SGBV Prosecutors, Case Liaison Officers and Victim Support Officers on the provision of legal investigative services at the OSCs <p>In the October–November 2019 report of the SGBV Crimes Unit, the following was achieved in 2019:</p> <ul style="list-style-type: none"> ■ A total of 70 survivors accessed legal investigative services at the C.B. Dunbar and C.H. Rennie Hospitals ■ 31 cases were documented in Bong County and 39 in Margibi County ■ In collaboration with the police and nurses, 50 cases were built and sent to prosecution. The categories and number of sexual crimes committed were statutory rape – 36 cases; rape – seven, and gang rape – 27 cases. ■ According to the 2019 annual report of the JP on SGBV/HTPs, in Montserrado 65 domestic violence cases were reported and a total of 17 cases referred | |
| | <p>Output Indicator 2.2.4 15 WACPS offices at the county level functional with capacities enhanced <u>Baseline:</u> 14 WACPS offices across 14 counties seats/capital with capacities built <u>Target:</u> 1 functional office <u>Result:</u> Target partly met</p> <p>Logistical support ranging from assorted stationery, six laptops and a printer, and 15 motorbikes was provided to Margibi -2 (Kakata RIA), Sinoe-1, Lofa-1, Montserrado (zone 8, zone 10, zone 9), Harper-1, to improve the functionality of WACPS offices was provided. Equipment and supplies procured for WACPS office were distributed in the various counties including Margibi, Montserrado, Grand Cape Mount, Grand Bassa, Bong and Nimba.</p> <p>A total of 50 WACPS officers from six counties (Grand Cape Mount – four males and one female; Bomi – four males and two females; Gbarpolu – two males and three females; Montserrado – 10 males and seven females; Margibi – six males and two females; Grand Bassa – two males and three females) received training in the professional handling of SGBV-related cases and other forms of violence against women and children. Though the participants' list was not added to the WACPS training report submitted to the ET, pictures of participants trained during and after sessions confirmed the activity</p> <p>The ET noted that 8 WACPS offices at county level are functional with capacities enhanced to protect women and girls from SGBV. Items ranging from office furniture (filing cabinets), to stationaries were procured and delivered to WACPS offices and depots in Montserrado, Margibi, Bomi, Bong, Grand Bassa, Nimba, Maryland and Lofa counties. Eight motorbikes, were purchased and delivered to WACPS offices but the ET could not verify the extent to which 1 functional office was established and the target met, due to lack of evidence</p> | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|---|--|--------|
| Output 2.2 Improved processing of SGBV cases through all stages of the justice system | Output Indicator 2.2.5 Survivor Trust Fund established and implemented <u>Baseline:</u> 0 <u>Target:</u> Survivor Trust Fund established and adopted <u>Result:</u> Target met According to the 2019 annual report of the JP on SGBV/HTPs, Survivor Trust Fund guidelines were established in 2018 and implemented during the reporting year (2019) during which 1,121 survivors have benefited. However the number of survivors who benefited could not be verified by the ET due to lack of additional evidence and MoVs In addition to the Survivor Trust Fund, the evaluation identified the existence of another fund: The Prosecution Fund for SGBV. The prosecution fund, though supported by the joint programme, was managed by UNDP and was specifically given to the SGBV Crimes Unit for survivors and witnesses support during trials | |
| | Output Indicator 2.2.6 # of survivors accessing the Survivor Trust Fund <u>Baseline:</u> 0 <u>Target:</u> 3,000 survivors in 4 years (750 annually at 50 per county, or proportional to county population) <u>Result:</u> Target partly met According to the 2019 annual report of the JP on SGBV/HTPs, up to 2019 a total of 1,121 survivors benefited from the Survivor Trust Fund in all 15 counties. In 2019 39 survivors benefited from the trust fund in Margibi County and 31 survivors in Bong Counties | |
| Output 2.3 Enhanced psychosocial support for survivors at all levels | Output Indicator 2.3.1 # of health and mental health practitioners (nurse examiner, psychosocial counsellor, mental health worker & victim advocate) provided with trauma support training in handling cases of survivors <u>Baseline:</u> 100 <u>Target:</u> 200 (50 annually) <u>Result:</u> Target not met No MoV was provided for the output indicator | |
| | Output Indicator 2.3.2 # of community support structures (Child Welfare Committees (CWCs), peace huts women, community leaders & heads of CBOs/CSOs) provided with support trainings to refer all SGBV survivors <u>Baseline:</u> 0 <u>Target:</u> 140 in 4 years (35 annually) <u>Result:</u> Target partly met The 2019 annual report of the SGBV highlighted that: <ul style="list-style-type: none"> ■ A total of 50 support structures and members were provided with training to refer all SGBV survivors as follows: <ul style="list-style-type: none"> ■ 20 members from the CWC in Bong and Margibi counties benefited from training on awareness-raising on SGBV and HP prevention/monitoring and reporting. These community gatekeepers are complementing the work of the GBV observatories. As statutory committees, the CWCs are very influential in carrying out advocacy against SGBV/ HTPs being perpetrated against children and other vulnerable groups ■ The skills of 30 women leaders and practitioners from 5 peace huts are now enhanced in standard case management, causes, contributing factors and impact of SGBV, and how to report such violations through the referral pathway. This has enhanced survivors' trust in the peace huts, so that they report cases more readily. The ET could not verify the exact number of support structures and members provided with trainings due to lack of MoVs | |
| | Output Indicator 2.3.3 # of safe homes refurbished, and functional <u>Baseline:</u> Two GoL functional safe homes in Lofa & Nimba counties; 5 existing but non-functional safe homes <u>Target:</u> 8 safe homes (5 to be refurbished & supported to be functional and one additional to be constructed in Grand Gedeh) <u>Result:</u> Target partly met According to the MoVs made available, in 2019: <ul style="list-style-type: none"> ■ 2 safe homes in Bong and Margibi and a OSC were refurbished by Plan International Liberia through UNFPA and handed over to the GoL. The safe home in Margibi was refurbished and visited by the ET ■ The safe home in Lofa County was refurbished by PIL through UNFPA — under the Spotlight Initiative — and handed over to the MoH in 2020. This was verified by the ET, who visited the safe home during data collection in Lofa | |
| Output 2.4 Potential humanitarian risks and hazards identified and mitigated | Output Indicator 2.4.1 # of trainings for key national stakeholders on disaster preparedness and risk reduction that address SGBV and HTPs <u>Baseline:</u> 0 <u>Target:</u> 500 stakeholders trained across Liberia <u>Result:</u> Target not met No MoV was provided for this output indicator | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|--|---|--------|
| Output 2.4 Potential humanitarian risks and hazards identified and mitigated | <p>Output Indicator 2.4.2 # of GBV supplies (Rape Kits) prepositioned to respond to emergencies Baseline: -- Target: 15 counties Result: Target partly met Baseline value missing</p> <p>According to the MoVs made available, in 2018, 25 rape treatment kits/reproductive health kits were procured and distributed to all 12 OSCs, based on the caseload of the facilities. Each kit treats 50 survivors. The extent to which the 15 counties were reached could not be verified due to lack of MoVs</p> | |

PILLAR 3: INSTITUTIONAL STRENGTHENING

| | | |
|--------------------------------|--|---|
| OUTCOME 3: | Improved policies and operational mechanisms to support SGBV prevention and response at national and subnational levels. | |
| OUTCOME LEVEL INDICATOR | Indicator 3 A: | Improved attitudes of police, judiciary and prosecution towards survivors/victims |
| | Indicator 3.B: | Average # of days the case is investigated by the police; # of days from the initial charges until the first trial leading to the final verdict, # and types of judicial verdicts |
| | Indicator 3.C: | Strengthened policy and legal framework to include articles against domestic violence, marital rape, FGM, etc. |
| | Indicator 3.D: | # and type of coordination and information-sharing mechanisms at the county level |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|---|---|--------|
| Output 3.2 Improved victim assistance, standardized process and systems Develop, revise and operationalize SGBV prevention and response policies | <p>Output Indicator 3.2.1 # Revision and implementation of the Hinterland Guideline Baseline: 0 Target: One revised guideline Result: Target not met No MoV was provided for this output indicator</p> | |
| | <p>Output Indicator 3.2.2 SOPs revised, adopted and rolled-out Baseline: 0 Target: 2 revised SOPs Result: Target met</p> <ul style="list-style-type: none"> ■ The ET found that the National Standard Operating Structure for the Prevention and Response to GBV in Liberia (2019–2023), which is a multisectoral plan designed by government ministries, UN systems, international and national NGOs, CSOs and CBOs in GBV prevention in Liberia, was revised in 2018 and validated in 2019. Due to emerging issues in SGBV — including rule of law — that needed to be included in the document, there was another revision in 2019. The two revisions led to the final version and validation of the SOP for 2020–2024 ■ The main purpose of the national SOP is to clarify objectives and standardize operations and establish a framework of accountability. The document also looks at the strengthening of coordination and referral procedures. <p>Copies of the revised SOPs were shared with the ET</p> | |
| | <p>Output Indicator 3.2.3 Survivor and witness support protocol developed Baseline: 0 Target: One protocol developed Result: Target not met No MoV was provided for this output indicator</p> | |
| | <p>Output Indicator 3.2.4 Relevant SGBV prevention and response framework in place Baseline: 0 Target: Effective revised legal framework on SGBV Result: Target met</p> <ul style="list-style-type: none"> ■ The GOL, in collaboration with development partners, developed a policy and legal framework for gender-based violence, which includes the Rape Law of 2006, the Domestic Violence Act, the National Gender Policy and the National Action Plan for GBV. The National Plan of Action on GBV (GBV – NPOA [Phase III 2018–2023]) was revised and adopted in 2018 with the goal “to prevent and or address GBV in a comprehensively systematic manner: and act with multisectoral and multidimensional approaches, while providing holistic care and services to GBV survivors. This plan includes a results framework of GBV with responsible agencies for specific activities. It depicts a schematic results chain that shows how SGBV prevention and response will achieve the desired results on a timely basis”. ■ The Domestic Violence Act, which was enacted into law in August 2019, considers all forms of domestic violence punishable by law, including rape. The ET received MoVs/evidence to substantiate this output indicator ■ The ET noted also that the Alien and Nationality Law was endorsed by different stakeholders and shared with the National Legislature in 2019, pending approval of the amendments suggested | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|--|---|--------|
| Output 3.3 Effective data collection mechanisms in place | Output Indicator 3.3.1 Operationalization of standardized data collection tools used by all actors <u>Baseline:</u> No toolkit exists <u>Target:</u> 1 standardized data toolkit <u>Result:</u> Target met According to the 2019 annual report of the JP on SGBV/HTPs: <ul style="list-style-type: none"> ■ 1 standardized data collection tool is in existence and 62 GBV local service providers (LNP/WAPS, GBV health care providers from referral hospitals and health centres, NGOs involved with GBV service provision, MOJ, LISGIS) utilizing the tool ■ The GBV intake and assessment form, a confidential form to collect information from survivors of GBV, was shared with the ET. Although county Gender Taskforce teams acknowledged they have forms for their respective counties, forms for Grand Cape Mount, Nimba and Lofa counties were the only ones provided to the ET | |
| | Output Indicator 3.3.2 Operationalize and integrate the central database system across all 15 counties <u>Baseline:</u> 0 <u>Target:</u> 15 counties <u>Result:</u> Target not met The ET acknowledged that GBV IMS trainings were conducted for GBV service providers in 3 counties (Bomi, Gbarpolu and Grand Cape Mount) on GBV incident data collection, storage analysis and sharing. The aim of the training was to standardize the approach to data collection for GBV service providers. A total of 660 trainers were provided skills to roll out the process of GBV IMS training in the county <i>The extent to which the training provided to the 660 trainers has helped in operationalizing and integrating the central database system in the 15 counties could not be verified by the ET due to lack of MoVs and documentation</i> | |
| | Output Indicator 3.3.3 GBV IMS Information Sharing Protocol endorsed and adhered to <u>Baseline:</u> -- <u>Target:</u> -- <u>Result:</u> No baseline and target values to assess this indicator The ET noted that the MGCSP, as the lead ministry for GBV prevention and response, led the process to revise the GBV IMS information-sharing protocol. This document sets out the guiding principles and describes procedures for sharing anonymous consolidated data on reported cases of GBV with the MGCSP. In addition, the 2019 annual report indicated that a GBV information management protocol is being developed following training of service providers. A firm, which was hired to set up the server in collaboration with the MGCSP, will in quarter 1 of 2020 embark on digitizing the GBV incidence recorder to enhance reporting by GBV actors and facilitate real-time data collection. During the reporting period, the joint programme supported the MGCSP by bringing on board the technical expertise required for developing the platform to drive this digital move | |
| | Output Indicator 3.3.4 Case numbering and tracking system in place for prosecution and the courts <u>Baseline:</u> 0 <u>Target:</u> Tracking system in place <u>Result:</u> Target not met <i>No MoV was provided for this output indicator</i> | |
| Output 3.4: Operationalization of the SGBV prevention and response systems | Output Indicator 3.4.1 Synergize national policies and frameworks with regional and global policies. Output Indicator 3.4.2 Regional Protocol on SGBV and HTPs adopted <u>Baseline:</u> 0 <u>Target:</u> 3 experts <u>Result:</u> Target not met <i>No MoV was provided for this output indicator</i> | |
| | Output Indicator 3.4.3 # of Forensic investigation and DNA Pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 expert <u>Result:</u> Target not met | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS | |
|--|---|--------|--|
| Output 3.4: Operationalization of the SGBV prevention and response systems | Output Indicator 3.4.4 Sex Crimes Unit established and functional in 15 counties <u>Baseline:</u> 3 regional hubs units <u>Target:</u> 7 crimes units <u>Result:</u> Target not met <ul style="list-style-type: none"> ■ During interviews and focus group discussions (FGDs) in the counties, the ET learned that more than seven counties have access to a Sex Crimes Unit: one each in Montserrado and Nimba counties, one in Bong County that is also serving Lofa County, one in Grand Gedeh that is also responsible for Sinoe and one in Maryland, also responsible for River Gee. There is no evidence demonstrating that the units were established within the framework of this programme. The ET did not receive MoVs or evidence ■ The establishment by the MoJ of a functional unit in Margibi County has been delayed because of an issue in acquiring the land, which was finally settled towards the end of the 4th quarter of 2019. Processes are now underway to begin establishment. (Source JP on SGBV/HTPs Annual Report of 2019) | | |
| | Output Indicator 3.4.5 # of forensic investigation and DNA laboratories established and functional (police and medical), including pathologists <u>Baseline:</u> 0 <u>Target:</u> 1 laboratory <u>Result:</u> Target not met The ET did not receive any MoV for this output indicator | | |
| | Output Indicator 3.4.6 Establish and operate sex crime circuit courts in 15 counties <u>Baseline:</u> 2 <u>Target:</u> 15 circuit courts <u>Result:</u> Target not met <ul style="list-style-type: none"> ■ During interviews and FGDs, it was disclosed that Criminal Court “E” currently operates in Montserrado, Nimba and Bong counties. The extent to which these circuit courts were established within the framework of this programme could not be verified by the ET | | |
| | Output Indicator 3.4.7 # of health facilities and referral hospitals providing integrated SGBV and SRH services <u>Baseline:</u> 12 <u>Target:</u> 27 <u>Result:</u> Target no met However, during field visits and key informant interviews (KIIs) it was identified that 12 OSCs indicated in the baseline were further supported and equipped under the JP on SGBV/HTPs to provide services to SGBV survivors. The 12 OSCs lacked basic equipment and capacity to further provide services to SGBV survivors. The joint programme decided therefore to strengthen their capacity and did not expand to additional health facilities as planned because of the very limited budget allocation | | |
| Output 3.5 Inter-sectoral coordination strengthened and roles clarified | Output Indicator 3.5.1 Develop and operationalize an SOP on inter-sectoral coordination at national and subnational levels <u>Baseline:</u> 0 <u>Target:</u> One guideline <u>Results:</u> Target met The revised SOP (2020–2024) provides a roadmap for inter-sectoral coordination at the national and subnational levels | | |

PILLAR 4: ADVOCACY & SOCIAL MOBILIZATION

| | | | |
|---|---|--|---------------|
| OUTCOME 4: | Enhanced awareness, participation and accountability at national and subnational levels | | |
| OUTCOME LEVEL INDICATOR | Indicator 4 A: | : % of CBOs advocating on SGBV prevention and response | |
| | Indicator 4.B: | Percentage increase in the number of stakeholders acting as change agents | |
| | Indicator 4.C: | Number of periodic status updates on SGBV cases by justice and security actors | |
| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | | STATUS |
| Output 4.1 Increase in visibility and public awareness of SGBV issues | Output Indicator 4.1.1 % of the public aware of SGBV as a crime <u>Baseline:</u> 75% in the South-Eastern Region <u>Target:</u> 80% <u>Result:</u> Target partly met <ul style="list-style-type: none"> ■ In 2018, community leaders (traditional and religious leaders, female zoes, GBV observatories, educational institutions and other relevant stakeholders) received skills and knowledge to address SGBV and HTPs, and now serve as agents of change in their communities. The extent to which they are active in the South-Eastern Region could not be verified due to lack of evidence ■ Two SGBV trainings were conducted for male and female journalists around Liberia. The first one was in Ganta Nimba County, November 2017, on "gender-sensitive reporting"; the second one was held in Buchanan, Grand Bassa County, for 40 journalists to increase the awareness of the media on gender equality and to enhance journalists' knowledge and skills on reporting about issues related to gender equality and women's rights The extent to which the percentage of the public is aware of SGBV as a crime in the South-Eastern Region could not be verified due to lack of MoVs and evidence | | |
| | Output Indicator 4.1.2 # of media institutions with capacity to report SGBV <u>Baseline:</u> 31 <u>Target:</u> 150 <u>Result:</u> Target partly met MoVs were provided to the ET to prove that media practitioners from various institutions were trained to report SGBV. The list of participants showed that 31 journalists (19 women, 11 men and 1 sex unknown) from 31 media institutions attended the training | | |
| Output 4.2 Policymakers and key CSOs empowered with knowledge and skills to advocate on SGBV issues | Output Indicator 4.2.1 # of trainings on advocacy on SGBV issues provided to policymakers <u>Baseline:</u> 7 <u>Target:</u> 73 <u>Result:</u> Target not met The ET did not receive any MoV for this output indicator The 2019 annual report indicated that the capacity-building was not carried out during the reporting year due to limited funds | | |
| | Output Indicator 4.2.2 # of adolescent groups/CSOs with SGBV in their manifesto <u>Baseline:</u> 0 <u>Target:</u> 75 CSOs <u>Result:</u> Target partly met The ET did not receive any MoV to verify this output indicator, but during discussions and interviews with CSO representatives the ET was told that some CSOs include SGBV in their manifestos. The establishment of buddy clubs in 12 public schools with 15 members from each school indicate that the target was partly met. Buddy club members from schools in Lofa, Nimba, Margibi, Grand Bassa, River Cess and Montserrado counties reported that they were trained 1-30 June 2017 | | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|--|--|--------|
| Output 4:3 Communities, particularly adolescents and youth-friendly centres, are empowered to openly discuss and take action to prevent SGBV & SRH | Output Indicator 4.3.1 # of adolescent and youth dialogues held on SGBV issues # of youth-friendly centres with the capacity to facilitate dialogues on SGBV and SRH amongst adolescents and youths <u>Baseline:</u> 023 (?) <u>Target:</u> 23 adolescent groups <u>Result:</u> The target was partly met Baseline and target not clear /Identical The ET noted that a 2018 report of the joint programme shows that 84 students (52 girls and 32 boys) participated in community engagements. The main outcome of these engagements was that students agreed to engage their school administrators to allow them the space to talk about harmful practices and how they can protect themselves against these practices. They identified some types of violence being experienced in their schools and communities, such as teachers having sex with students, bullying, child marriages, rape and attempted rape. The ET could not verify the number of youth-friendly centres established or adolescent groups engaged in SGBV and SRH dialogue | |
| Output 4:4 Enhanced regional mechanisms in addressing SGBV within the Mano River Union | Output Indicator 4.4.1 Regional Protocol on SGBV and HTPs adopted <u>Baseline:</u> --- <u>Target:</u> --- <u>Result:</u> The baseline and target values were both missing. The indicator could not be assessed by the ET In the 2019 annual report provided, it was highlighted that this output was not implemented during the reporting period and funds were realigned to support child survivors under output 4.3 in consultation with the donor (an email was made available as proof) | |

PILLAR 5: COORDINATION

| | | |
|--------------------------------|--|--|
| OUTCOME 5: | Improved coordination mechanisms at community, subnational and national levels for inclusive and effective service delivery by 2020. | |
| OUTCOME LEVEL INDICATOR | Indicator 3 A: | 90% functionality of coordination mechanisms at subnational level |
| | Indicator 3.B: | 100% functionality of coordination mechanisms at national level |
| | Target: | National Baseline: 1 National GBV Taskforce, 1 JP Technical Committee, 1 JP Steering Committee Subnational |
| | Baseline: | 15 Subnational GBV Taskforces |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | LEAD & PARTICIPATING AGENCIES | STATUS |
|--|---|-------------------------------|--------|
| Output 5.2 Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate prevention and response activities nationwide | Output Indicator 5.1.1 # of effective and functional SGBV coordination structures at county level # of functional SGBV coordination structures at district level established <u>Baseline:</u> 9 @ county level / 0 @ district level <u>Target:</u> 15 @ county level / 90 @ district level (2 districts/county annually) <u>Results:</u> Target partly met At the county level, coordination structures/GBV Taskforce composed of implementing partners and other stakeholders in SGBV/HTPs were functional in all 7 counties visited by the ET. GBV Taskforce members reported that some logistical support was provided and the GBV division at the MGCSP and the county offices also received logistical support and supplies, including stationery, communication cards, internet modem and subscription, along with means of transportations in some cases. This facilitated the coordination work and follow-up of some activities in some communities, even if a few challenges were reported. Monetary and technical support was also provided to the GoL through the MGCSP for activities to commemorate the 16 Days of Activism. At district level, the extent to which the SGBV coordination structures were established and functional in 90 districts could not be verified by the ET due to lack of additional data | UNFPA (Lead) MGCSP | |
| | Output Indicator 5.2.1 JP on SGBV/HTPs Program Management Unit established and functional <u>Baseline:</u> 0 <u>Target:</u> 1 <u>Result:</u> Target met The Program Management Unit was established in 2017 and continues functioning with staff coordinating the day-to-day activities of the JP on SGBV/HTPs. These activities range from donor reporting, steering committee and technical committee meetings, annual work plan preparation and provision of technical support to the MGCSP GBV Division. | | |

| OUTPUTS | INDICATOR PER OUTCOME/OUTPUT | STATUS |
|--|--|--------|
| <p>Output 5.2 Multi-sectoral: Enhance the technical, logistical and human capacity of the key national GBV structures to effectively coordinate prevention and response activities nationwide</p> | <p>Output Indicator 5.2.2 Percentage of the GBV Division's capacity to coordinate national and subnational structures enhanced <u>Baseline:</u> 40% <u>Target:</u> 90% <u>Result:</u> Target met Based on the MoVs received/reviewed, training aimed at ensuring institutional readiness and capacity development of state actors to prevent and respond to SGBV and HTPs was organized. GoL/UN Women contracted the services of a national consultant to strengthen the capacities of technical staff of the GBV Division. Other technical staff of the MGCSP, key technical actors and County Gender Coordinators and their teams from the 15 counties were also trained. The training focused on ameliorating their coordination skills and ensuring they effectively monitor the response and prevention of SGBV at national and subnational levels</p> | |
| | <p>Output Indicator 5.2.3 Number of pillar meetings held monthly <u>Baseline:</u> 3/month <u>Target:</u> 3/month <u>Result:</u> Target partly met</p> <ul style="list-style-type: none"> ■ The JP on SGBV/HTPs programme management reported that the pillar meetings were basically held at national level. It was further reported that some counties held pillar meetings during UNMIL's presence in those counties as UNMIL facilitated those meetings (especially rule of law and protection meetings). At the national level, until the last quarter of 2019, only the health pillar meeting was held regularly. Other pillar meetings were revitalized in late 2019 ■ At the county level, and according to the MoVs received and reviewed as well as information provided by KIs, different pillar meetings were organized on the one hand after the monthly GBV Taskforce meetings were held. On the other hand, the ET noted that the frequency of the meetings varied from one county to one another. In some counties, the actors met only once a month and in others they reported meeting twice a month. | |
| | <p>Output Indicator 5.2.4 Number of national and subnational taskforce meetings held <u>Baseline:</u> 1 national and 15 subnational meetings per month <u>Target:</u> 1 national and 15 subnational meetings per month <u>Result:</u> Target met Monthly GBV Taskforce meetings were organized by the GBV Division at the central level and in all 15 counties</p> | |
| | <p>Output Indicator 5.2.5 # Periodic annual surveys on SGBV conducted and results published <u>Baseline:</u> 0 <u>Target:</u> Bi-annual surveys <u>Result:</u> Target not met <i>The ET did not receive any MoV for this output indicator</i></p> | |
| | <p>Output Indicator 5.2.6 # of joint monitoring and supervision missions conducted <u>Baseline:</u> 0 <u>Target:</u> Biannual missions <u>Result:</u> Target partly met According to the 2019 annual report, 1 joint monitoring and supervision mission was carried out in June 2019. With this, key achievements, challenges and gaps were identified, recommendations provided and mitigation measures identified for better implementation. The recommendations have also been used to inform programming of the Spotlight Initiative, which is using the JP on SGBV/HTPs as a benchmark. MoVs for the joint monitoring mission and steering committee assessment conducted in 10 and two counties respectively in 2018 were shared with the ET</p> | |
| | <p>Output indicator 5.2.7 GBV data collection, dissemination and management at county and national levels <u>Baseline:</u> 15 counties <u>Target:</u> 15 counties <u>Result:</u> Target partly met State actors at the national and subnational levels received training on SGBV data collection, dissemination and management. GBV IMS trainings were conducted for GBV service providers in Bomi, Gbarpolu and Grand Cape Mount counties on GBV incident data collection, storage analysis and sharing. The aim of the training was to standardize the approach to data collection for GBV service providers. A total of 660 trainers were provided skills to roll out the process of GBV IMS training in the county. The extent to which the training provided to the 660 trainers has helped in operationalizing and integrating the central database system in the 15 counties could not be verified by the ET due to lack of MoVs and documentation</p> | |

| Title | International Evaluation Consultant |
|-------------------------------------|--|
| Project: | End-term evaluation of UN Women/UNDP/UNICEF/UNFPA and UNHCR Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia (SGBV JP). |
| Application Deadline: | 8th January 2020 |
| Type of Contract: | Contract for Consultant (CFIC) |
| Languages Required: | English |
| Starting Date | 15th January 2020 |
| Typology of the consultancy: | 1 international consultant and 1 national consultant |
| Duration of Contract: | 60 working days |
| Location: | Liberia |
| Duty station: | Home based with 15 days field visit to Monrovia |
| Section/Unit: | Evaluation |

BACKGROUND

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. UN Women's goal in Liberia is to promote women's human rights and gender equality which are key in sustaining and furthering achievements in stability and development. In this regard, its programming in the Country is connected to five corporate priority areas: women's leadership and political participation; enhancing women's economic empowerment (WEE); and engaging women in all aspects of peace and security processes (WPS), advancing women's rights to live free from violence (VAW) and Gender Responsive Governance. In addition, UN Women coordinates and promotes the UN system's joint work in advancing gender equality. Liberia is gradually returning to stability and socio-economic progress after 14 years of civil conflict which ended in 2003. However, the gains made in the socio-economic and political life are constantly hampered by the escalating cases of sexual and gender-based violence (SGBV) and the prevalence of harmful traditional practices (HTP) including child marriages and Female Genital Mutilation (FGM).

Liberia has a progressive policy framework (the National Gender Policy 2012) that aims to eliminate the marginalization of women and girls in Liberia by 2020, which links to the

National Plan of Action for the Prevention and Management of Gender Based Violence in Liberia (2012-2015). The UNDAF and costed Action Plan establishes a commitment to ensure reduced levels of GBV and improved access to justice for survivors. Also, the fight against sexual violence forms a key part of United Nations Mission in Liberia (UNNML)'s mandate within the draw-down period in line with Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender based violence and calls for the need to combat SGBV with a focus on the following 3 key areas;

- ▶ Sexual violence against children
- ▶ Address impunity by perpetrators
- ▶ Provide redress, support and protection to victims

In November 2016, the Government of Liberia and the United Nations launched the Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia (SGBV JP). Along with the GoL five UN agencies UN Women, UNDP, UNFPA, UNICEF, UNHCR with support from UN Mission in Liberia (UNMIL) joined hands. The SGBV JP built on previous joint programs on sexual and gender-based violence, the UNDAF, the Costed Action Plan and the UNCT identified priorities for the Post-Ebola recovery phase to address critical and urgent structural issues. And it contributed to components of specific pillars of the Agenda for Transformation on Peace, Security and Rule of Law, human development and cross-cutting issues.

The goal and objective of the program is to change perceptions and attitudes and strengthen systems to address rape, early marriage, domestic violence, harmful traditional practices and their inter-linkages with sexual and reproductive rights and HIV and AIDS in 15 Counties in Liberia by 2020. The project is intended to strengthen mechanisms for the prevention of sexual and Gender based violence, HTP and mitigate its impact on women, girls and boys in Liberia. This project is built around a community-based approach, supported by 5 strategic pillars:

- ▶ Prevention (Safety and Protection in communities, schools/education, Preparedness and disaster risk reduction),
- ▶ Response to survivor needs,
- ▶ Institutional strengthening and Advocacy,
- ▶ Communication and Social Mobilization, and
- ▶ Coordination.

The Project is funded by the Embassy of Sweden and it is being implemented in all fifteen (15) Counties with emphasis is eleven (11) counties: Montserrado, Grand Cape Mount, Gbarpolu, Bomi, Margibi, Grand Bassa, Bong, Lofa, Nimba, Grand Gedeh & River Gee. The project started in January 2017 and will end in March 2020.

In light of this UN Women Liberia, which is the Administrative Agency for the project is seeking to hire an International and National Evaluation Consultant to conduct the end of project Evaluation. The International Consultant (the Evaluator) is expected to work with a National Consultant in the process of executing this assignment.

OBJECTIVES OF THE ASSIGNMENT

The main objective of this consultancy is to Conduct an evaluation of the “Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia”. Specific objectives include:

- a. Assess the relevance of the intervention, strategy and approach in addressing Sexual and Gender-based Violence and Harmful Practices in Liberia;
- b. Assess project’s success in reaching its intended results/objective;
- c. Assess the sustainability of the results and the intervention;
- d. Assess the effectiveness and efficiency of the project towards the achievement of impact results;
- e. Assess the quality of the inter-agency coordination mechanisms that were established at country level;
- f. Determine whether human rights approach and gender equality principles are integrated adequately in the project;
- g. Identify and validate important lessons learned, best practices and, strategies for replication and provide actionable recommendations for the design and implementation of future interventions;
- h. Identify and validate innovative approaches in all aspects of the project;
- i. Document and analyze intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF, UNHCR Liberia interventions in the area of programming on SGBV and harmful practices

EVALUATION QUESTIONS AND CRITERIA

The evaluation should be guided but not limited to the evaluation questions listed below. UN Women/UNDP/ UNICEF/UNFPA and UNHCHR could raise any other relevant issues that may emerge during the inception process.

RELEVANCE: The extent to which the objectives of the Joint Programme are consistent with national evolving needs and priorities of the beneficiaries, partners, and stakeholders and are aligned with programme country government priorities as well as with UN Women/ UNDP/UNICEF/UNFPA and UNHCHR policies and strategies.'

- ▶ Do the project expected results address needs of the target groups?
- ▶ What is the significance of the intervention as far as local and national commitments and priorities are concerned?
- ▶ Are the activities and outputs of the project consistent with the overall global and national SGBV priorities?
- ▶ To what extent has the project been catalytic in addressing some of the root causes of inequalities, especially those causing challenges for women in fighting against SGBV?
- ▶ Are the activities and outputs of the project consistent with the intended outcomes or impacts? Do they address the problems identified? was Theory of change applied?
- ▶ Timely intervention? How timely and urgent was the project vis-a-vis the sustaining peace context in Liberia? Did it effectively utilize windows of political opportunities?
- ▶ Are the activities and outputs of the project consistent with the intended outcomes or impacts? Do they address the problems identified? was Theory of change applied?
- ▶ How suitable for the context is the range of substantive areas in which the project is engaged? If the substantive areas are deemed suitable for the context, how appropriate are they for the project to undertake?
- ▶ • Were the programmatic strategies appropriate to address the identified needs of women in communities and the SGBV Joint programme needs?

EFFECTIVENESS: The extent to which the project's objectives were achieved or are expected/ likely to be achieved.

- ▶ What has been the progress made towards achievement of the expected outcomes and results? What results were achieved?
- ▶ To what extent are beneficiaries satisfied with the results? To what extent have capacities of relevant duty-bearers and rights-holders been strengthened?
- ▶ Does the project have effective monitoring mechanisms in place to measure progress towards achievement of results?
- ▶ Have the project's organizational structures, managerial support and coordination mechanisms effectively supported the delivery of the project?
- ▶ To what extent are the project approaches and strategies innovative? What types of innovative practices have been introduced? What are the unsuccessful innovative practices?
- ▶ To what extent are beneficiaries satisfied with the results?
- ▶ And how have capacities of relevant duty-bearers and rights-holders been strengthened?
- ▶ Has the joint project-built synergies with other programmes being implemented at country level by United Nations, International NGOs and the Government of Liberia?
- ▶ To what extent was the monitoring data objectively used for management action and decision making?
- ▶ • Have the project's organizational structures, managerial support and coordination mechanisms effectively supported the delivery of the project?
- ▶ • Did the project have effective monitoring mechanisms in place to measure progress towards results, how adaptably and rapidly did the projects react to changing country context?
- ▶ • How appropriate are UN Women/UNDP/UNICEF/ UNFPA and UNHCHR staffing levels?

EFFICIENCY: A measure of how economically resources / inputs (funds, expertise, time, etc.) were converted to results.

- ▶ Have resources been allocated strategically to achieve project outcomes?
- ▶ Were resources sufficient to enable achievement of the expected outputs?
- ▶ Have the outputs been delivered in a timely manner? what were the limitations?
- ▶ Are the joint project and its components cost-effective? Could activities and outputs have been delivered with fewer resources without comprising project quality?
- ▶ Are the project's organizational structure, management and coordination mechanisms effective in terms of project implementation? Are there any recommendations for improvement?
- ▶ Has the joint nature of the project improved efficiency in terms of delivery, including reduced duplication, reduced burdens and transactional costs? If so, what factors have influenced this?
- ▶ Has the project facilitated building of synergies with other programmes being implemented at country level by United Nations, including International NGOs and the Government of Liberia?
- ▶ How effective are the project's individual entity and joint monitoring mechanisms? How was data from monitoring used for management action and decision making?
- ▶ Were resources appropriately utilized to achieve project objectives?
- ▶ Was the project implemented without significant delays? If not, how did the project team mitigate their impact?

SUSTAINABILITY: The likelihood of a continuation of project results after the intervention is completed or the probability of continued long-term benefits.

- ▶ What is the likelihood of that project results will be of use over the long-term? What is the likelihood that the results from the project will be maintained for a reasonably long period of time once the project ends?
- ▶ Which components of the project should be carried over into the next phase, and are there any recommendations for their improvement? Which positive /innovative approaches have been identified if any and how can they be replicated?
- ▶ How have partnerships (with governments, UN, donors, NGOs, civil society organizations, religious leaders, the media) been established to foster sustainability of results?
- ▶ Did the intervention design include an appropriate sustainability and exit strategy (including promoting national/ local ownership, use of local capacity, etc.) to support positive changes in Gender Equality and Human Rights after the end of the intervention? To what extent were stakeholders involved in the preparation of the strategy?
- ▶ How was the sustainability strategy planned and was it proven to be successful?
- ▶ To what extent have project's exit strategies been well planned and successful?

GENDER EQUALITY AND HUMAN RIGHTS (GE&HR)

- ▶ To what extent have gender and human rights considerations been integrated into the project design and implementation? practical, bureaucratic) to addressing GE&HR issues during implementation? What level of effort was made to overcome these challenges?
- ▶ To what extent are GE&HR a priority in the overall intervention budget?
- ▶ Were there any constraints or facilitators (e.g. political, Were the processes and activities implemented during the intervention free from discrimination to all stakeholders?

The questions above are a suggestion and could be changed during the inception phase in consultation with members of the Reference Group and UN Agencies.

It is expected that the evaluation team will develop an evaluation matrix, which will relate to the above questions, the areas they refer to, the criteria for evaluating them, the indicators and the means of verification. The questions will be revised by a Team of Evaluators during the Inception Phase.

The evaluation will be gender sensitive and Human rights focused. Considering the mandates to incorporate human rights and gender equality in all UN work and the UN Women Evaluation Policy, which promotes the integration of women's rights and gender equality principles into evaluation, these dimensions will require special attention for this evaluation and hence will be considered under each evaluation criteria.

The Independent Evaluation Services (IES) is the custodian of UN Women's evaluation function, which is governed by an Evaluation Policy. The IES has developed the GERAAS, (Annex 2) which has adapted United Nations Evaluation Group (UNEG) Standards for Evaluation in the UN System to guide evaluation managers and evaluators. All evaluations in UN Women are annually assessed against the framework adopted in GERAAS and hence the consultants should be familiar with GERAAS quality standards.

All evaluations conducted by UN Women are publicly available on the Global Accountability and Tracking of Evaluation (GATE) system along with their management responses.

SCOPE OF EVALUATION

The geographic scope of the evaluation will be decided in consultation with the evaluation team during the inception phase. The Programme targeted (15) Counties with emphasis is eleven (11) counties: Montserrado, Grand Cape Mount, Gbarpolu, Bomi, Margibi, Grand Bassa, Bong, Lofa, Nimba, Grand Gedeh & River Gee. Challenges that might hinder the data collection process at county level include the bad condition of roads during rainy season.

EVALUATION DESIGN (PROCESS AND METHODS)

The evaluation process is divided in six phases:

1. Preparation Phase
2. Inception phase
3. Data collection phase
4. Data analyses and syntheses phase
5. Validation
6. Dissemination and Management Response

The evaluation team (the International and National Consultant) is responsible for phases two, three, four and five while the Phase one and phase six are the responsibility of the Joint program Manager, the Programme Specialist on EVAWG and participating UN agencies.

In addition, UN Women is a UN System-wide Action Plan on Gender Equality and the Empowerment of Women, or UN-SWAP reporting entity and the consultants will take into consideration that all the evaluation in UN Women are annually assessed against the UN-SWAP Evaluation Performance Indicator and its related scorecard.

In line with the above mentioned, the Evaluation Report will be subjected to UN-SWAP quality scoring and must demonstrate evidence of gender integration in the evaluation process and report. The methodology should clearly focus on highlighting gender issues in the implementation of the program. This is one of the elements by which this evaluation report will be scrutinized by a team of external evaluators, using the UN-SWAP criteria. The evaluation performance indicator [UN SWAP EPI Technical Guidance and Scorecard (<http://www.uneval.org/document/detail/1452>)] is used to appreciate the extent to which the evaluation report satisfies the following criteria:

- ▶ GEWE is integrated in the evaluation scope of analysis and evaluation indicators are designed in a way that ensures GEWE related data will be collected.
- ▶ GEWE is integrated in evaluation criteria and evaluation questions are included that specifically address how GEWE has been integrated into the design, planning, implementation of the intervention and the results achieved;
- ▶ A gender-responsive methodology, methods and tools, and data analysis techniques are selected.
- ▶ Evaluation findings, conclusions and recommendations reflect a gender analysis.

METHODOLOGY

The evaluation methodology will use mixed methods, including quantitative and qualitative data collection methods and analytical approaches to account for complexity of gender relations and to ensure participatory and inclusive processes that are culturally appropriate.

The detailed methodology for the evaluation will be validated by UN Women at the inception of the evaluation.

Task 1. Desk review and inception meeting

The evaluator will attend a virtual inception meeting where orientation on programme objectives will be offered, as well as on progress made. At this stage of the evaluation, the evaluator will have the chance to speak with UN Women, UNDP, UNFPA, UNICEF, UNHCR project staff, and Embassy of Sweden as well as with selected stakeholder representatives. The evaluator will be given key programme documents for review and the Terms of Reference of the Evaluation. The inception meeting, desk review of key programme documents (e.g. programme documentation, contracts, agreements, progress reports, monitoring reports, etc.).

Task 2. Develop an Inception report

The draft Inception Report should be submitted and should include a description of methodology, and evaluation design matrix. The inception report will be reviewed by the UN Women Regional Office, Donor and Reference Group¹ and will be finalized by the consultant based on the feedback. The Inception Report should include final evaluation questions.

Task 3: Data collection (mixed methods).

Data collection will include both in-country, face-to-face and/or virtual (telephone, video conferencing) interviews. Evaluator will design different tools like e.g. KIIs, FGDs to collect data from different range of stakeholders. Evaluator is expected to conduct field visits to carry out interviews with communities making sure that the perspective of the most vulnerable groups are included in the consultation.

The evaluation team should take measures to ensure data quality, reliability and validity of data collection tools and methods and their responsiveness to gender equality and human rights; for example, the limitations of the sample (representativeness) should be stated clearly and the data should be triangulated (cross-checked against other sources) to help ensure robust results.

Evaluation team is solely responsible for data collection, transcripts or other data analyses and processing work. Usage of online platforms and surveys as a complimentary

Participatory and gender sensitive evaluation methodologies will support active participation of women and girls, men and boys benefiting from the project interventions. Under the overall guidance of the Deputy Representative and direct supervision of Monitoring and Evaluation Specialist, the evaluation team will undertake the following tasks, duties and responsibilities:

Task 4: Sharing of preliminary findings.

The evaluator will share a power point presentation of preliminary findings and recommendations with the Evaluation Reference Group after completing the field work and before drafting the final evaluation report. Prior to this presentation, the Consultant will share the initial findings and recommendations with UN Women.

Task 5: Data Analysis and synthesis.

Data should be analyzed, and the Analysis framework should be clearly explained in the final evaluation report. The Consultant will draw conclusions and recommendations from data and should be supported by evidence.

Task 6: Sharing of draft report.

The evaluator submits the draft report. UN Women will review the report as part of quality assurance and the Consultant will share with the reference group for their feedback.

Task 7: Finalization of the Report.

The report should be finalized based on feedback from UN Women UNDP, UNFPA, UNICEF, UNHCR and the Reference Group. UN Women will present the draft report to stakeholders in a validation meeting. Recommendations will be drafted from this meeting and presented to UN Women CO for Management response.

and additional methodology is highly recommended. The evaluation team is expected to manage those platforms and to provide data analyses as defined in the Inception report.

The evaluation team should detail a plan on how protection of subjects and respect for confidentiality will be guaranteed. In addition, the evaluation team should develop a sampling frame (area and population represented, rationale for selection, mechanics of selection, limitations of the sample) and specify how it will address the diversity of stakeholders in the intervention.

¹ Reference Group will be comprised of the Evaluation Specialist from UN Women Country and Regional Office, Technical focal persons from RUNOs, Government line ministries and the Donors,

STAKEHOLDER PARTICIPATION

The evaluators are expected to discuss during the Inception phase how the process will ensure participation of stakeholders at all stages, with a specific emphasis on rights holders and their representatives. The evaluators are expected to apply an inclusive and participatory approach which will ensure an active participation and involvement of stakeholders at all levels of the programme.

The following are key stakeholders to be consulted during this evaluation

- ▶ GoL key line ministries including the Ministry of Gender Children and Social Protection, the Ministry of Health, Ministry of Justice, Ministry of Internal Affairs, Ministry of Information and the Ministry of Education

- ▶ Recipient Un Agencies including UN Women, UNDP, UNICEF, UNFPA and UNHCR
- ▶ Donor- Embassy of Sweden
- ▶ Implementing partners
- ▶ Private Sector, Media and Schools
- ▶ Other national partners
- ▶ Target groups and beneficiaries (direct and indirect)

It is important to pay attention to the participation of rights holders—women in the relevant institutions and rural women. The evaluators are expected to validate findings through engagement with stakeholders at stakeholder workshops, debriefings or other forms of engagement.

TIME FRAME AND DURATION OF ASSIGNMENT

The evaluation is expected to be conducted according to the following time frame:

| TASKS | TIMEFRAME | RESPONSIBLE PARTY |
|---|---|-------------------|
| Desk review and inception meeting. The evaluator will attend a virtual inception meeting where orientation on programme objectives will be offered, as well as on progress made. At this stage of the evaluation, the evaluator will have the chance to speak with UN Women/UNDP/UNICEF/UNFPA and UNHCR staff, and the Embassy of Sweden in Liberia as well as with selected stakeholder representatives. The evaluator will be given key programme documents for review and the Terms of Reference of the Evaluation. The inception meeting, desk review of key programme documents (e.g. programme documentation, contracts, agreements, progress reports, monitoring reports, etc.) | Feb 2020 | Evaluation Team |
| Submission of Draft Inception Report to the evaluation reference Group. The evaluators are expected to discuss during the Inception Workshops how the process will ensure participation of stakeholders at all stages, with a specific emphasis on rights holders and their representatives. | TBD with the Consultant in the light of the COVID-19 new developments | Evaluation Team |
| Submission of Final Inception Report. The inception report should capture relevant information such as proposed methods; proposed sources of data; and data collection procedures. The inception report should also include an evaluation matrix, proposed schedule of tasks, activities and deliverables and should also contain background information. The inception report should be reviewed by the EMG members and their feedback will be incorporated by IC accordingly . | | Evaluation Team |
| Data collection. ■ Data collection will include both in-country, face-to-face and/or virtual (telephone, video conferencing) interviews. | | Evaluation Team |
| Analysis and presentation of preliminary findings to the Reference Group. ■ The Consultant will share preliminary findings and recommendations with the Reference Group at the end of the field visit. Prior to this presentation, ■ The Consultant will share the initial findings and recommendations with the UN Women programme team. | | Evaluation Team |
| Submission of interim evaluation Report. ■ Report structure should follow UNEG evaluation reporting guidance. The evaluators finalize the draft report. UN Women will review the report as part of quality assurance and will share it with the reference group for their feedback. | | Evaluation Team |

| | | |
|---|--|---|
| <p>Comments from Evaluation Reference Group and Evaluation Management Group</p> <ul style="list-style-type: none"> ■ The report should be finalized on the basis of feedback from UN Women and the Reference Group. UN Women will present the draft report to stakeholders in a validation meeting. ■ A presentation of draft report should be done at a validation workshop facilitated by the National Consultant. ■ A presentation of draft report should be done at a validation workshop facilitated by the National Consultant. <p>The interim report will be structured as follows:</p> <ol style="list-style-type: none"> I. Table of Contents II. List of abbreviations and acronyms III. Executive summary IV. Background and context V. Evaluation purpose VI. Evaluation objectives and scope VII. Evaluation methodology and limitations VIII. Evaluation findings <ol style="list-style-type: none"> a. Design b. Relevance c. Efficiency d. Effectiveness e. Sustainability f. Gender, Equity and Human Rights IX. Conclusions X. Recommendations XI. Lessons learned XII. Annexes <ol style="list-style-type: none"> a. Terms of Reference b. Documents consulted c. List of institutions interviewed, and sites visited d. Evaluation tools (questionnaires, interview guides, etc.) e. Summary matrix of findings, evidence, and recommendations | | UN Women Evaluation Manager, Evaluation Reference Group and Evaluation Management Group |
| <p>The draft report is considered final once approved by the Evaluation Management Team. The final evaluation report will be submitted together with an Evaluation brief in MS Word format</p> | | Evaluation Team |
| <p>Dissemination of Report.</p> <ul style="list-style-type: none"> ■ With recommendations from the evaluation team UN Women will develop a dissemination and utilization plan following the finalization of the Evaluation Report. | | UN Women |
| <p>Evaluation Management response</p> | | UN Women |

DURATION OF THE ASSIGNMENT

The duration of the assignment will be 60 working days during the first and second quarter of Year 2020 calendar, given the disruptive situation of COVID19. This includes both in- country and home-based assignments. An indicative timetable is presented at section IX.

EXPECTED DELIVERABLES

The deliverables expected for this assignment are as follows:

1. A detailed inception report, including a work plan that will respond to the TOR with clear links between the proposed evaluation approach and evaluation questions. The inception report should capture relevant information such as proposed methods; proposed sources of data; and data collection procedures. The inception report should also include an evaluation matrix, proposed schedule of tasks, activities and deliverables and should also contain background information².
2. A preliminary findings presentation.
3. A draft evaluation report for review and feedback
4. A compliance note against the comments/ feedback
5. A final evaluation report incorporating the feedback.
6. A presentation of the final evaluation report to the primary stakeholders of the evaluation.
7. A power point presentation of key findings and recommendations that can be shared internally by UN Women with their Steering Committee and Board respectively.
8. A succinct, user friendly learning document that captures the main evaluation messages and can act as a standalone summary of the evaluation report for broader dissemination.

The independent consultant shall submit a draft report to UN Women within 28 days following completion of the evaluation mission. UN Women will solicit and revert promptly with collective feedback from the Evaluation Management Group and the Reference Group for the evaluator to finalize the report.

The evaluator is required to append the following items to the final report:

- ▶ Terms of Reference
- ▶ Data collection instruments
- ▶ List of meetings/consultations attended
- ▶ List of persons or organisations interviewed
- ▶ List of documents/publications reviewed and cited
- ▶ Any further information the independent consultant deems appropriate

The procedures for the submission of the evaluation report will be as follows in consecutive order:

1. The consultant will submit a draft evaluation report to the UN Women Evaluation Manager using the proposed Evaluation Report Outline in Table below as a guidance/reference document. The inception report should capture relevant information such as proposed methods; proposed sources of data; and data collection procedures. The inception report should also include an evaluation matrix, proposed schedule of tasks, activities and deliverables and should also contain background information .
2. The UN Women Evaluation Manager will forward a copy to the members of the EMG and ERG for review and feedback.
3. The UN Women Evaluation Manager will consolidate the comments and send an audit trail of comments to the evaluator.
9. The consultant will finalize the report incorporating any comments deemed appropriate and providing a compliance note explaining why any comments might not have been incorporated. He/she will submit the report in track changes along with the compliance check to the UN Women Evaluation Manager.
10. The report is considered final once approved by the Evaluation Management Team. UN Women, UNDP/ UNFPA will abide by the principles of independence, impartiality, transparency, quality and credibility.
11. The Evaluation Steering Committee will officially complete a management response within six weeks of receiving the evaluation.

The evaluation will comply with UN Norms and Standards and UNEG ethical guidelines.

² UN Women guidance on inception reports is available.

The International Consultant will produce the following deliverables:

| # | DELIVERABLES | ESTIMATIVE NUMBER OF DAYS | INDICATIVE DEADLINE |
|---|---|---------------------------|---------------------|
| 1 | Final Inception Report <ul style="list-style-type: none"> ■ A detailed inception report, including a work plan that will respond to the TOR with clear links between the proposed evaluation approach and evaluation questions. | 10 days | TBD |
| 2 | <ul style="list-style-type: none"> ■ A briefing and report with preliminary findings and Power Point Presentation of preliminary findings presented to the Reference Group. | 20 days | TBD |
| 3 | Interim Evaluation Report <ul style="list-style-type: none"> ■ Report structure should follow UNEG evaluation reporting guidance. | 10 days | TBD |
| 4 | Power point Presentation of draft report <ul style="list-style-type: none"> ■ A presentation of draft report should be done at a validation workshop facilitated by the National Consultant | 5 days | TBD |
| 5 | <ul style="list-style-type: none"> ■ A power point presentation of key findings and recommendations and a succinct, user friendly learning document that captures the main evaluation messages and can act as a standalone summary of the evaluation report for broader dissemination. ■ Approved Evaluation Report submitted in both hard and in soft copies | 6 days | TBD |

All the deliverables, including annexes, notes and reports should be submitted in writing in English. Upon receipt of the deliverables and prior to the payment of the first installment, the deliverables and related reports and documents will be reviewed and approved by UN Women. UN Women will approve the deliverables when it considers that the deliverables meet quality standards for approval. The period of review is 10 days after receipt.

INPUTS

- ▶ UN Women will provide the Consultant with background materials relevant to the assignment
- ▶ The Consultant is expected to work using his/ her own computer.
- ▶ UN Women will provide the evaluation team with necessary logistical support, transportation, materials (office supplies) and office space.
- ▶ The Programme Specialist will work closely with the team

MANAGEMENT OF EVALUATION

The Evaluation Reference Group and Evaluation Management Group will be established and will participate in the evaluation process throughout the whole process.

| DEFINITIONS | |
|---|---|
| COMPOSITION | ROLE |
| The Evaluation Manager (EM) is UN Women M&E Specialist | The EM will provide oversight and ensure quality. The EM will (1) review the quality of the draft evaluation report; (2) share the draft report with the Regional Evaluation Specialist for quality review, (3) share the draft report with the ERG and the EMG for quality review, (4) consolidate feedback and share with the evaluation team leader, who is expected to use them to finalize the inception/ evaluation report. Specific responsibilities of the EM include the following: Ensure oversight of the evaluation methodology, review draft reports; ensure that the deliverables are of quality; manage the evaluation by requesting progress updates on the implementation of the evaluation workplan, approve deliverables, organize meetings with key stakeholders, and identify strategic opportunities for sharing and learning. |
| The Evaluation Reference Group (ERG) is composed of focal persons from key Government line ministries (i.e. Ministry of Gender Children and Social Protection, the Ministry of Health, The Ministry of Education, the Ministry of Justice, the Ministry of Internal Affairs and the Ministry of Information) including representatives from five implementing UN Agencies (UNICEF, UN Women, UNFPA, UNDP and UNHCR), and the focal person from the Embassy of Sweden (the Donor). | The Evaluation Reference Group, is an integral part of the evaluation management structure and is established to facilitate the participation of relevant stakeholders in the evaluation process, with a view to increase the chances that the evaluation results will be used, enhance quality, clarify roles and responsibilities and prevent void real conflict of interest Members of the ERG participate in meetings as key informant interviewees and assess the quality of key documents of the evaluation including the following deliverables: draft inception and evaluation reports; The ERG will be engaged throughout the whole evaluation process and will review the draft Inception report and evaluation report. The ERG will be chaired by the Evaluation Manager. To ensure transparency the process in line with the UNEG norms and standards, justification should be provided for any recommendations that the Evaluation team omits. |
| The Evaluation Management Group is comprised of the UN Women Evaluation Manager (Liberia), 2 colleagues from UN agencies, UN Women Regional Evaluation Specialist | The Evaluation Management Group will be established to oversee the evaluation process, make key decisions and quality assurance of deliverables. To enhance the quality of this evaluation, the EMG will provide substantive inputs throughout the evaluation process provide: <ul style="list-style-type: none"> I. Feedback to the draft inception and evaluation reports. II. Recommendations on how to improve the quality of the draft inception and evaluation reports. The Evaluation Management Group will be chaired by the UN Women Liberia Monitoring and Evaluation Specialist who will clear all deliverables for final approval by the Regional Specialist. The EMG will quality assure the evaluation report on the basis of UNEG standards and norms, UN SWAP Evaluation Performance Indicator (http://www.uneval.org/document/download/2148) and GERAAS meta-evaluation criteria. |

The ultimate responsibility for this evaluation rests with UN Women. The Evaluation will comply with UN Women's Evaluation Policy.

More details on roles and responsibilities of the ERG and EMG can be found in **Annex 3. Management Structure and Responsibilities.**

EVALUATION TEAM COMPOSITION, SKILLS AND EXPERIENCES

The evaluation will be conducted by the evaluation team composed of an International Evaluation Consultant (Team Leader) and National Evaluation Consultant. The International Evaluation Consultant will lead the evaluation process and will decide on planning and distribution of the evaluation workload and tasks. The Team Leader will have the overall evaluation responsibility and accountability for the report writing and data analyses. The National Evaluation Consultant will provide support to the International Evaluation Consultant throughout the evaluation process.

The independent consultants or team will report to and be managed by UN Women. The Consultant is expected to integrate comments from the Evaluation Reference Group and Evaluation Management Group into the Final Report, with an audit trail of responses.

REQUIRED EXPERIENCE AND QUALIFICATIONS

The Consultant should fulfill the following requirements:

▶ Education

Master's Degree in social sciences, Monitoring and evaluation, development studies, gender studies, International relations or related fields;

▶ Experience and Skills

▶ The candidate should have a minimum of ten (10) years of experience in evaluation of projects and programmes

▶ The candidate should have a minimum of five years of experience in programme development and or implementation with at least one year of that time working in ending violence against women (EVAW) or Gender thematic area;

▶ A reasonable level of expertise in assessing the value for money of programmes;

▶ Relevant experience working with UN Agencies, donors, national and local governments is required;

▶ Proven experience in gender-responsive evaluations is a requirement;

▶ Fluency in English, with the ability to produce well written reports demonstrating analytical and communication skills

▶ Good mastery of information technology presentations

▶ Previous experience working with the UN

▶ Similar work experience in Africa.

Language and other skills:

- ▶ Proficiency in oral and written English
- ▶ Computer literacy and ability to effectively use Internet and email.
- ▶ Excellent facilitation skills
- ▶ Should have the ability to work with people of different cultural background irrespective of gender, religion, race, nationality and age

SUBMISSION OF APPLICATION

Interested candidates are requested to submit electronic application to liberia.procurement@unwomen.org no later than 8th January 2020.

Submission of package

Potential candidates should submit the following documents.

- a. A Cover letter expressing your interest and motivation for this job
- b. A Curriculum Vitae, that includes contact information of 3 references.
- c. A financial proposal. The financial proposal shall specify a total lump sum amount per each deliverable, including administrative fees, based on the template in Annex 1. The lump sum costs must be accompanied by a detailed breakdown of costs calculation.
- d. Copy of two recent evaluation reports

All applications must include (as an attachment) a CV and a financial proposal. Applications without a financial proposal will be treated as incomplete and will not be considered for further processing.

Please note that only short-listed candidates will be invited to the interview.

Selected candidates will need to submit prior to commencement of work:

- a. A copy of the latest academic certificate
- b. UN Women P-11 form, available via <http://www.unwomen.org/en/about-us/employment>
- c. UN Women Evaluation Consultants Agreement Form: [http://gate.unwomen.org/Annex 9](http://gate.unwomen.org/Annex_9)
- d. A statement from a medical doctor of 'good health and fit for travel' Before any travel outside of Monrovia, the consultant will need to provide proof (certificate) of "Basic and Advanced Security in the Field" (which can be accessed here: undss.trip.org)

Evaluation

Applications will be evaluated based on the cumulative analysis.

- ▶ Technical Qualification (100 points) weight; [70%]
- ▶ Financial Proposal (100 points) weight; [30%]

A two-stage procedure is utilised in evaluating proposals, with evaluation of the technical proposal being completed prior to any price proposal being compared. Only the price proposal of the candidates who passed the minimum technical score of 70% of the obtainable score of 100 points in the technical qualification evaluation will be evaluated.

Technical qualification evaluation criteria:

The total number of points allotted for the technical qualification component is 100. The technical qualification of the individual is evaluated based on the following technical qualification evaluation criteria:

| Technical Evaluation Criteria | Obtainable Score |
|-------------------------------|------------------|
| Experience and skills | 90 % |
| Language and other skills | 10 % |
| Total Obtainable Score | 100 % |

Only the candidates who fit the minimum requirements will be longlisted and additional documentation may be requested. Candidates with a minimum of 70% of total points will be considered as technically qualified candidates and will be shortlisted for potential interview.

FINANCIAL/PRICE PROPOSAL EVALUATION:

- ▶ Only the financial proposal of candidates who have attained a minimum of 70% score in the technical evaluation will be considered and evaluated.
- ▶ The total number of points allotted for the price component is 100.
- ▶ The maximum number of points will be allotted to the lowest price proposal that is opened/ evaluated and compared among those technical qualified candidates who have attained a minimum of 70% score in the technical evaluation. All other price proposals will receive points in inverse proportion to the lowest price.

ETHICAL CODE OF CONDUCT

The United Nations Evaluations Group (UNEG) Ethical Guidelines and Code of Conduct for Evaluation in the UN system are available at: <http://www.uneval.org/document/detail/100>; Norms for evaluation in the UN system: <http://unevaluation.org/document/detail/21> and UNEG Standards for evaluation (updated 2016): <http://unevaluation.org/document/detail/1914> (Annex 5)

PERFORMANCE EVALUATION:

Consultant's performance will be evaluated based on timeliness, responsibility, initiative, communication, accuracy, and quality of the products delivered.

| Title | National Evaluation Consultant |
|---|--------------------------------|
| Duty Station/Location: | Monrovia, Liberia |
| Application Deadline: | 8th December 2019 |
| Type of Contract: | Contract for Consultant (CFIC) |
| Languages Required: | English |
| Starting Date | 8th January 2020 |
| Expected duration of the assignment: | 20 days as of 15th January |

BACKGROUND

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls; the empowerment of women; and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

UN Women's goal in Liberia is to promote women's human rights and gender equality which are key in sustaining and furthering achievements in stability and development. In this regard, its programming in the Country is connected to five corporate priority areas: women's leadership and political participation; enhancing women's economic empowerment (WEE); and engaging women in all aspects of peace and security processes (WPS), advancing women's rights to live free from violence (VAW) and Gender Responsive Governance. In addition, UN Women coordinates and promotes the UN system's joint work in advancing gender equality. Liberia is gradually returning to stability and socio-economic progress after 14 years of civil conflict which ended in 2003. However, the gains made in the socio-economic and political life are constantly hampered by the escalating cases of sexual and gender-based violence (SGBV) and the prevalence of harmful traditional practices (HTP) including child marriages and Female Genital Mutilation (FGM).

Liberia has a progressive policy framework (the National Gender Policy 2012) that aims to eliminate the marginalization of women and girls in Liberia by 2020, which links to the National Plan of Action for the Prevention and Management of Gender Based Violence in Liberia (2012-2015). The UNDAF and costed Action Plan establishes a commitment to ensure reduced levels of GBV and improved access to justice for survivors. Also, the fight against sexual violence forms a key part of United Nations Mission in Liberia (UNMIL)'s mandate within the draw-down period in line with Security Council Resolution 2190, which expresses grave concerns that women and girls continue to face high incidences of sexual and gender based violence and calls for the need to combat SGBV with a focus on the following 3 key areas;

- ▶ Sexual violence against children
- ▶ Address impunity by perpetrators
- ▶ Provide redress, support and protection to victims

In November 2016, the Government of Liberia and the United Nations launched the Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia (SGBV JP). Along with the GoL five UN agencies UN Women, UNDP, UNFPA, UNICEF, UNHCR with support from UN Mission in Liberia (UNMIL) joined hands. The SGBV JP built on previous joint programs on sexual and gender-based violence, the UNDAF, the Costed Action Plan and the UNCT identified priorities for the Post-Ebola recovery phase to address critical and urgent structural issues. And it contributed to components of specific pillars of the Agenda for Transformation on Peace, Security and Rule of Law, human development and cross-cutting issues.

The goal and objective of the program is to change perceptions and attitudes and strengthen systems to address rape, early marriage, domestic violence, harmful traditional practices and their inter-linkages with sexual and reproductive rights and HIV and AIDS in 15 Counties in Liberia by 2020. The project is intended to strengthen mechanisms for the prevention of sexual and Gender based violence, HTP and mitigate its impact on women, girls and boys in Liberia. This project is built around a community-based approach, supported by 5 strategic pillars:

- ▶ Prevention (Safety and Protection in communities, schools/education, Preparedness and disaster risk reduction),
- ▶ Response to survivor needs,
- ▶ Institutional strengthening and Advocacy,
- ▶ Communication and Social Mobilization, and
- ▶ Coordination.

The Project is funded by the Embassy of Sweden and it is being implemented in all fifteen (15) Counties with emphasis is eleven (11) counties: Montserrado, Grand Cape Mount, Gbarpolu, Bomi, Margibi, Grand Bassa, Bong, Lofa, Nimba, Grand Gedeh & River Gee. The project started in January 2017 and will end in March 2020.

In light of this UN Women Liberia, which is the Administrative Agency for the project is seeking to hire a National and an International Evaluation Consultant to conduct the end of project Evaluation. The National Consultant is expected to work with an International Consultant (the Evaluator) in the process of executing this assignment.

Objectives of the assignment

The main objective of this consultancy is to Conduct an evaluation of the “Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia”. Specific objectives include:

- a. Assess the relevance of the intervention, strategy and approach in addressing Sexual and Gender-based Violence and Harmful Practices in Liberia;
- b. Assess project’s success in reaching its intended results/objective
- c. Assess the sustainability of the results and the intervention.
- d. Assess the effectiveness and efficiency of the project towards the achievement of impact results.
- e. Assess the quality of the inter-agency coordination mechanisms that were established at country level;
- f. Determine whether human rights approach and gender equality principles are integrated adequately in the project.
- g. Identify and validate important lessons learned, best practices and, strategies for replication and provide

actionable recommendations for the design and implementation of future interventions.

- h. Identify and validate innovative approaches in all aspects of the project
- i. Document and analyze intervention weaknesses and/or challenges in order to improve next steps of UN Women, UNDP, UNFPA, UNICEF, UNHCR Liberia interventions in the area of programming on SGBV and harmful practices

Scope of work and tasks

Selected candidates will be provided with detailed Terms of Reference. The evaluation will be conducted by the evaluation team composed of an International Evaluation Consultant (Team Leader) and National Evaluation Consultant. The International Evaluation Consultant will lead the evaluation process and decide on planning and distribution of the evaluation workload and tasks. The National Evaluation Consultant will provide support to the International Evaluation Consultant throughout the evaluation process.

Under the overall guidance of the Deputy Representative and direct supervision of Programme Specialist, the evaluation team will undertake the following tasks, duties and responsibilities:

Task 1. Desk review and inception meeting

The National Consultant will attend alongside the Evaluator a virtual inception meeting where orientation on programme objectives will be offered, as well as on progress made. The National Consultant will support the Evaluator to facilitate meetings with UN Women, UNDP, UNFPA, UNICEF, UNHCR project staff, and Embassy of Sweden as well as with selected stakeholder representatives. The National Consultant will support in gathering key programme documents for review and the Terms of Reference of the Evaluation. The inception meeting, desk review of key programme documents (e.g. programme documentation, contracts, agreements, progress reports, monitoring reports, etc.).

Task 2. Develop an Inception report

The National Consultant will support in the compilation of relevant information for the development of the draft Inception Report. The report should be submitted and should include a description of methodology, and evaluation design matrix. The inception report will be reviewed by the Reference Group and will be finalized based on the feedback. The Inception Report should include final evaluation questions, stakeholders interviewed.

Task 3: Data collection (mixed methods).

The National Consultant will assist in data collection process. Data collection will include both in-country, face-to-face and/or virtual (telephone, video conferencing) interviews, field data collection in sample counties.

Task 4: Sharing of preliminary findings.

The evaluator will share preliminary findings and recommendations with the Reference Group comprising of Responsible UN Agencies (UN Women, UNFPA, UNDP, UNICEF & UNHCR), the Ministry of Gender, Children and Social Protection and the Embassy of Sweden at the end of the field visit. Prior to this presentation, The Consultant will share the initial findings and recommendations with the UN Women.

Task 5: Data Analysis and synthesis.

Data should be analyzed, and the Analysis framework should be clearly explained in the report. The Consultant will draw conclusions and recommendations from data and should be supported by evidence.

Task 6: Sharing of draft report.

The evaluator finalizes the draft report. UN Women will review the report as part of quality assurance and the Consultant will share with the reference group for their feedback.

Task 7: Finalization of the Report.

The report should be finalized based on feedback from UN Women UNDP, UNFPA, UNICEF, UNHCR and the Reference Group. UN Women will present the draft report to stakeholders in a validation meeting. Recommendations will be drafted for Management Response.

The evaluation will be conducted by the evaluation team composed of an International Evaluation Consultant (Team Leader) and National Evaluation Consultant. The International Evaluation Consultant will lead the evaluation process and decide on planning and distribution of the evaluation workload and tasks. The National Evaluation Consultant will provide support to the International Evaluation Consultant throughout the evaluation process.

Duration of the assignment

The duration of the assignment will be 20 intermittent working days from 15th January to 15th March 2020. This includes both in- country and home-based assignments. All field work will be completed by the middle of February 2020.

EXPECTED DELIVERABLES

The International Consultant will produce the following deliverables:

| # | DELIVERABLES | ESTIMATIVE NUMBER OF DAYS | INDICATIVE DEADLINE |
|---|--|---------------------------|---------------------|
| 1 | Final Inception Report. The inception report should capture relevant information such as proposed methods; proposed sources of data; and data collection procedures. The inception report should also include an evaluation matrix, proposed schedule of tasks, activities and deliverables and should also contain background information. | 5 days | 25th Jan. 2020 |
| 2 | A briefing and report with preliminary findings and Power Point Presentation of preliminary findings presented to the Reference Group. | 7 days | 18th Feb. 2020 |
| 3 | Interim Evaluation Report. Report structure should follow UNEG evaluation reporting guidance. | 3 days | 28th Feb. 2020 |
| 4 | Power point Presentation of interim report. A presentation of draft report should be done at a validation workshop facilitated by the National Consultant. | 1 day | 7th Mar.. 2020 |
| 5 | <p>Final Evaluation Report. The final report will be structured as follows:</p> <ul style="list-style-type: none"> ■ Title ■ Executive summary ■ Background and purpose of the evaluation ■ Context / Background and project description ■ Evaluation objectives and scope ■ Evaluation methodology and limitations ■ Findings: relevance, effectiveness, efficiency, sustainability, and gender and human rights ■ Conclusions ■ Recommendations ■ Lessons learned and innovations ■ Proposed management response and Dissemination Strategy <p>Annexes:</p> <ol style="list-style-type: none"> a. Terms of reference of the Evaluation b. List of documents/publications reviewed and cited c. Data collection instruments c. Lists of institutions interviewed or consulted, and sites visited (without direct reference to individuals) a. Tools developed and used such as the evaluation matrix b. List of findings and recommendations c. Any further information the independent consultant deems appropriate <p>The final report should be submitted in both hard and in soft copies.</p> | 4 days | 15th Mar. 2020 |

All the deliverables, including annexes, notes and reports should be submitted in writing in English.

Upon receipt of the deliverables and prior to the payment of the first installment, the deliverables and related reports and documents will be reviewed and approved by UN Women. The period of review is one week after receipt.

INPUTS

- ▶ UN Women will provide the Consultant with Evaluation Terms of Reference background materials relevant to the assignment
- ▶ The Consultant is expected to work using his/ her own computer.
- ▶ UN Women will provide the evaluation team with necessary logistical support, transportation, materials (office supplies) and office space.

PERFORMANCE EVALUATION:

Consultant's performance will be evaluated based on: timeliness, responsibility, initiative, communication, accuracy, and quality of the products delivered.

REQUIRED EXPERIENCE AND QUALIFICATIONS

The Consultant should fulfill the following requirements:

Education:

- ▶ University degree in social sciences, political sciences, public administration or related field;

Experience:

- ▶ At least 3 years of professional experience in project/ programme evaluations, specifically in the area of Women's human rights
- ▶ Knowledge and experience in the area of women peace and security is an asset;
- ▶ The candidate should have a minimum of 2 years of experience in programme development and or implementation;
- ▶ Knowledge and experience of the UN System is an asset;

Language requirements:

- ▶ Fluency in English. (excellent writing, editing and communication skills).
- ▶ Proficiency in oral and written English
- ▶ Computer literacy and ability to effectively use office technology equipment, Internet and email.
- ▶ Excellent facilitation and training skills

SUBMISSION OF APPLICATION

Interested candidates are requested to submit electronic application to liberia.procurement@unwomen.org no later than 8th January 2020 .

Submission of package

1. Cover letter;
2. CV, including contact information of 3 references;
3. Financial proposal. The financial proposal shall specify a total lump sum amount per each deliverable, including administrative fees, based on the template in Annex 1. The lump sum costs must be accompanied by a detailed breakdown of costs calculation.
4. Copy of two recent evaluation reports.

All applications must include (as an attachment) a CV and a financial proposal. Applications without a financial proposal will be treated as incomplete and will not be considered for further processing.

Please note that only short-listed candidates will be invited to the interview.

Selected candidates will need to submit prior to commencement of work:

1. A copy of the latest academic certificate
2. UN Women P-11 form, available via <http://www.unwomen.org/en/about-us/employment>
3. A statement from a medical doctor of 'good health and fit for travel'
4. Before any travel outside of Monrovia, the consultant will need to provide proof (certificate) of "Basic and Advanced Security in the Field" (which can be accessed here: undss.trip.org)

EVALUATION

Applications will be evaluated based on the cumulative analysis.

- ▶ Technical Qualification (100 points) weight; [70%]
- ▶ Financial Proposal (100 points) weight; [30%]

A two-stage procedure is utilised in evaluating proposals, with evaluation of the technical proposal being completed prior to any price proposal being compared. Only the price proposal of the candidates who passed the minimum technical score of 70% of the obtainable score of 100 points in the technical qualification evaluation will be evaluated.

Technical qualification evaluation criteria:

The total number of points allotted for the technical

qualification component is 100. The technical qualification of the individual is evaluated based on the following technical qualification evaluation criteria:

| Technical Evaluation Criteria | Obtainable Score |
|-------------------------------|------------------|
| Experience and skills | 90 % |
| Language and other skills | 10 % |
| Total Obtainable Score | 100 % |

Only the candidates who fit the minimum requirements will be longlisted and additional documentation may be requested. Candidates with a minimum of 70% of total points will be considered as technically qualified candidates and will be shortlisted for potential interview.

Financial/Price Proposal evaluation:

- ▶ Only the financial proposal of candidates who have attained a minimum of 70% score in the technical evaluation will be considered and evaluated.
- ▶ The total number of points allotted for the price component is 100.
- ▶ The maximum number of points will be allotted to the lowest price proposal that is opened/ evaluated and compared among those technical qualified candidates who have attained a minimum of 70% score in the technical evaluation. All other price proposals will receive points in inverse proportion to the lowest price.

FINANCIAL PROPOSAL

BREAKDOWN OF COSTS SUPPORTING THE ALL-INCLUSIVE FINANCIAL PROPOSAL

Breakdown of Cost by Components:

| DELIVERABLES | PERCENTAGE OF TOTAL PRICE (WEIGH) FOR PAYMENT) | FIXED PRICE | DUE DATE |
|--|--|-------------|--------------------|
| Final Inception Report. The inception report should capture relevant information such as proposed methods; proposed sources of data; and data collection procedures. The inception report should also include an evaluation matrix, proposed schedule of tasks, activities and deliverables and should also contain background information. | 15% | | 25th January 2020 |
| A briefing and report with preliminary findings and Power Point Presentation of preliminary findings presented to the Reference Group. | 10% | | 18th February 2020 |
| Interim Evaluation Report. Report structure should follow UNEG evaluation reporting guidance. | 25% | | 28th February 2020 |
| Power point Presentation of interim report. A presentation of draft report should be done at a validation workshop facilitated by the National Consultant. | 5% | | 7th March 2020 |
| Final Evaluation Report. The final report should be submitted in both hard and in soft copies | 45% | | 15th March 2020 |

The lump sum costs should include administration costs and expenses related to the consultancy. All prices/rates quoted must be exclusive of all taxes. The lump sum costs must be accompanied by a detailed breakdown of costs calculation.

ANNEX IV. Documents reviewed

Project Documents & Monitoring reports

TOR Evaluation of the Project PRoDOC the SGBV- Revised-Final Version (2018)

GOL/UN SGBV Programme annual workplan (2017)

GOL/UN SGBV Programme annual workplan (2018)

GOL/UN SGBV Programme annual workplan (2019)

Joint steering Committee Report on SGBV & Harmful traditional practices assessment visit to Bong / Nimba held on 23th and 24th May 2018

Programme Monitoring Visits conducted in 10 counties from 13/05-26/05 2018

Programme Monitoring Visits conducted in 10 counties from 31/06-13/07 2019

Interim Certified Statement of Income and Expenditure as of 31 December 2018

Interim Certified Statement of Income and Expenditure as of 30 September 2017

Cover letter report SGBV of 31 May 2019 / Ref UNW/ADM/19/056

Progress Report , Sweden January to June 2017

Request for Amendment of the Standard Administrative Arrangement between SIDA and UNWomen/GoL Joint programming / Release of second tranche of the funds (01/11/2017)

Annual Progress Report (2017) Gender and Advocacy Transformation Training, WANEP Liberia,

Final report / Gender Sensitive Media Reporting Training: Step it Up For Gender Equality

(Buchanan, Grand Bassa County July 9-14, 2018)

A Comprehensive Report on: The Conduct of Social Cultural Audit in Lofa and Bong Counties, WANEP Liberia, 2018

A Comprehensive Report An Inventory of Traditional Groves & Zoes in Grand Cape Mount, Grand Bassa and Gbarpolu Counties, 2018

SGBV Communications Strategy

Ganta Declaration (7-Count Policy)

List of Journalists trained under the SGBV/HTP JP

Report on GBV Taskforce Retreat 2017

Spotlight Initiative Liberia Progress Report

JP Interim statement of income (SOI&E) and expenditure as of December 2018

Amendment to the agreement between Sweden and UNWOMEN Dec 2019

GBV National Taskforce Retreat, September 2017

GBV Taskforce Retreat, August 2019

County Task force meeting minutes

▶ UNICEF – Child Protection:

Signed AWP&B for 2016

Signed AWP&B for 2017

Signed AWP&B for the period of January to December 2018.

Signed AWP&B for 2019

▶ UNFPA – MOH WPs

Signed AWPB 2019

Signed AWPB 2018

Signed AWPB 2017

Signed AWPB 2020

▶ UNWOMEN MGCSP

LOA signed between the new government at the MGCSP in 2018

LOA signed between the MGCSP and UNWOMEN for the EU Spotlight initiative

▶ Capacity Building Reports of SGBV State Actors

Capacity Needs Assessment (CNA) Report

Training Plan

Training Report

M & E framework & Implementation Plan (IP)

National Strategies, Policies, Reports and Plan

Liberia Report Beijing 25 Report (2019)

National framework for Standard Operating Procedures for Prevention and Response to Sexual GenderBased Violence in Liberia (2009)

The Liberia National Gender Policy (2009)

Liberia National GBV Plan of Action (2006)

Managing sexual and gender-based violence (SGBV) in Liberia: Exploring the syncretisation of Western and traditional approaches (Master Thesis 2014)

SGBV Prevention Strategies (2013)

Final draft- UN Women EVAW Brief (2019)

Draft GBV Taskforce Retreat Report 2019

National Standard Operating Procedures for Prevention and Response to Gender Based Violence in Liberia (2018 – 2022)

Survivors' Trust Fund Management and distribution of funds (2017)

GBV Statistical update 2019

GBV 2019 3rd quarter statistical report

GBV Statistics 2016, 2017, 2018

Revised 2018 SGBV JP Annual Report

GBV National Action Plan (2018-2023)

A study of gender norms and masculinities in Liberia (2019)

ANNEX V: STAKEHOLDER ANALYSIS MATRIX

| WHO | WHAT (THEIR ROLE IN THE INTERVENTION) | WHY (GAINS INVOLVEMENT IN THE EVALUATION) | HOW (INFORMATIONAL REFERENCE GROUP, MANAGEMENT GROUP, DATA COLLECTION, ETC) | WHEN (IN WHAT STAGE OF EVALUATION) | PRIORITY (IMPORTANCE OF INVOLVEMENT IN EVALUATION PROCESS) |
|---|--|---|--|--|---|
| Duty bearers who have decision-making authority over the intervention, such as governing bodies | MGCSP | Implement national policies and strategies on SGBV prevention / protection Ensure effective gender-responsive health and justice systems are in place | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | High |
| | MoH | To reform and manage the sector to effectively and efficiently deliver comprehensive quality health services that are equitable, accessible and sustainable for all | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | High |
| | MoE | To provide quality education for all and prepare future leaders who are capable of handling the task of nation building, protecting national heritage and enhancing socioeconomic growth and development for the sustenance of the Liberian state | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | High |
| | MIA | To successfully conduct and improve local government through supervision and direction of activities of the political sub-divisions and the central government; to manage and resolve all tribal matters arising out of tribal conflicts and relationships | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | Medium |
| | MICAT | To develop and disseminate factual information about Liberia's culture and tourism at home and abroad | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | Medium |
| | MoJ | Responsible for providing effective, efficient and excellent public safety and legal services, which promote the rule of law, ensure the safety and security of the public and uphold the interests of the government and people of the Republic of Liberia | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation of preliminary findings | High |
| Duty bearers who have direct responsibility for the intervention | Swedish Embassy (Donor) | High commitment for feminist diplomacy in Liberia and contribution to SDG5 and agenda 2030 | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection | High |
| | UN Women | Promotion of HR/GE and contributes to SDG5 and agenda 2030 Ensures that policies, strategies and plans against SGBV are in place | Programme management Data collection and validation Quality assurance | Inception phase as reference group member Data collection Validation Quality assurance | High |
| | UNDP | Implementation of the SDGS as well as the country's national development priorities set out in the National Vision 2030, Liberia Rising and the GoL's newest Pro-Poor Agenda. UNDP plays a major role in coordination | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation | High |
| | UNFPA | Contributes & ensures that gender-responsive health system is in place and actions are taken against obstetric fistula and other forms of GBV | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation | High |

| | | | | | |
|-------------------------|---|--|---|--|---------------|
| | UNHCR | Contributes and ensures that HR of women, men, boys and girls among refugees and IDPs are respected and they are protected against sexual SGBV | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation | High |
| Implementing structures | UNICEF | Contributes & ensures that women and children, particularly girls, feel safe, survivors get support and justice, positive norms are promoted and social norms that perpetuate GBV are transformed, especially in emergencies | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation | High |
| | Plan International Liberia | A child-centred community development organization that empowers young people and communities to change causes of discrimination against girls, exclusion and vulnerability; drive change in practice and policy; responds to crises to overcome diversity | | | |
| | LNP WACPS | Ensures safety of women, men, girls and boys and enforces laws against perpetrators of SGBV | Informational Reference Group Data collection and validation | Inception phase as reference group member Data collection Validation | High |
| | HeForShe Crusaders | Change of mindset and right to justice for survivors | Data collection | Data collection | High |
| | Women's NGOs Secretariat of Liberia (WONGOSOL) | The umbrella for all local women NGOs | Data collection | Data collection Phase validation | High |
| | International Rescue Committee | Aims to empower the GOL and strengthen CSOs to rebuild trust between citizens of Liberia and service providers; to effectively manage health and social welfare services and provide the basic needs of the Liberian people | Data collection | Data collection Validation | High |
| | Duport Road Health Center | A local health facility that houses one of the five One Stop Centers in Monrovia | Data collection | Data gathering phase and validation | Medium |
| | Bassa Women Development Association | Local NGO involved in advocating for women's rights, EVAW/G, etc. | Data collection | Data collection phase and validation | Medium |
| | Youth Alive Liberia | Local organization that aims to plan, implement and evaluate youth development, SRH activities, including HIV/AIDS prevention, HR, including awareness on SGBV and peacebuilding for young people | Data collection | Data Collection phase and validation | Medium |
| | National Civil Society of Liberia | A consortium that harnesses the potential of national CSOs; regulates, coordinates; builds capacity and fosters partnership | Data collection | Data Collection and validation | High |
| | National Council of Chiefs and Elders of Liberia | Aims to foster peace and unity for all people living within the borders of Liberia, uphold culture and traditional values and promote gender balance and equity. It is against this backdrop that the partnership with the council seeks to promote positive traditional practices and gradually abolish harmful practices | Data collection | Data Collection and validation | High |
| | Inter-Faith Based Leaders Against Violence | A group of religious leaders from various denominations working within religious institutions (churches, mosques, etc.) to educate community members on the effects of SGBV and harmful practices | Data collection | Data Collection and validation | Medium |

| WHO | WHAT (THEIR ROLE IN THE INTERVENTION) | WHY (GAINS INVOLVEMENT IN THE EVALUATION) | HOW (INFORMATIONAL REFERENCE GROUP, MANAGEMENT GROUP, DATA COLLECTION, ETC) | WHEN (IN WHAT STAGE OF EVALUATION) | PRIORITY (IMPORTANCE OF INVOLVEMENT IN EVALUATION PROCESS) |
|--|---|---|--|---------------------------------------|---|
| Secondary duty bearers such as the private sector or parents | Liberia Broadcasting Corporation (state-owned radio station that disseminates and relays information to the population nationwide) | Inform about issues related to SGBV in the counties and communities | Data collection | Data Collection phase and validation | High |
| | ECOWAS Radio Formerly UNMIL Radio, ECOWAS Radio transmits regionally all national and UN-related (newsworthy) information | Gender-sensitive communication about the work done / results achieved by UN agencies and GoL for GE/HR and SGBV prevention and protection | Data collection | Data Collection phase and validation | High |
| | Schools / Parents | Guarantee that schools are SGBV free | Data collection | Data Collection | High |
| Rights holders (individually or through CSOs acting on their behalf) who are the intended and unintended beneficiaries of the intervention | Traditional and religious leaders; SGBV survivors; former SGBV perpetrators acting individually, or as CSOs, as change agents in communities | Commit against SGBV and ensure access to health and justice for SGBV survivors | Data collection | Data collection | High |

ANNEX VI: LIST OF INSTITUTIONS ,STAFF INTERVIEWED, AND SITES VISITED

| # | NAME | INSTITUTION | POSITION | SEX |
|---|---------------------------|-----------------|--|-----|
| INTERVIEWS IN MONROVIA | | | | |
| 1 | Dwede Tarpeh | Swedish Embassy | Head Dev't Coop /Program Manager, Gender | F |
| 2 | Ina Christenssen | UNICEF | Child Protection Officer | F |
| 3 | Alice Johnson Howard | MGCSP | Deputy Minister Gender | F |
| 4 | Lovette Sie | MGCSP | Deputy Director SGBV | F |
| 5 | Sussie Telleh | WACPS | Director | F |
| 6 | Bentoe Z. Tehougue | MoH | Director, Family Health Division | F |
| 7 | Vivian Innis | UNDP | Program Specialist | F |
| 8 | Marzu Stubberfield- | UNDP | Program Manager | F |
| 9 | Patricia Jallah-Scott | UNFPA | Nat'l Program Officer | F |
| 10 | Marie Goreth | UNWOMEN | Res. Rep | F |
| 11 | Pearl Artuaire | UNWOMEN | Program Manager | F |
| 12 | Sadia Farid | UNWOMEN | M & E | F |
| 13 | Rubylene Brown | UNWOMEN | Program Officer | F |
| 14 | Dhogba Mabande | UNWOMEN | Program Analyst | M |
| 15 | Atriana Sirleaf | MIA | Director & GFP | F |
| 16. | Tamba Forkpa J. Johnson | HEFOSEL | Founder | M |
| 17 | Alphonsi Myer | MOE | GFP | F |
| 18 | Stanley Makor | UNHCR | SGBV Focal Point | M |
| 19 | Phillie Kollie | WANEP | Program Manager | M |
| 20 | Hon. Musa Dean | MOJ | Minister | M |
| 21 | Prof. Weade Kobba Gbollie | UL/Journalist | Master Trainer of Journalists | F |
| 22 | Winnie Jimmy | FeJAL | Journalist trained | F |
| 23 | Atty. Vivian Neal | AFELL | President | F |
| 24 | Massa Jallahbah | MOJ | Head, Planning &Program, PMU | F |
| 25 | James Davis | MOJ | Coord. UNMIL Transition Program | M |
| INTERVIEW & FGD PARTICIPANTS IN THE COUNTIES | | | | |
| 1 | Esther Koryon | MGCSP, Lofa | Gender Coordinator | F |
| 2 | Jackson Sackor | MGCSP | Social Worker | F |
| 3 | Randall G. Bumie | | | M |
| 4 | Lawrence T. Tokpah | | | M |
| 5 | Cecelia S. Dawolo | Lofa County | Social Worker | F |
| 6 | Musu Jallah | Lofa County | Social Worker | F |
| 7 | Haja G. Talawallay | Lofa County | Religious Representative | F |
| 8 | Fatu B. George | Lofa County | Health | F |
| 9 | Kebbeh Kervah | Lofa County | Survivor | F |
| 10 | Sonnie Deddeh | Lofa County | Participant | F |
| 11 | Victoria Wesseh | Lofa County | Health | F |
| 12 | Weedor S. Koryah | Lofa County | Social Worker | F |
| 13 | James B. W. Darwodo | Lofa County | | M |
| 14 | George Z. Cooper | Lofa County | | M |
| 15 | Oretha G. Gomlar | Nimba County | | F |
| 16 | Munah B. Meah | WACPS | Inspector | F |

| | | | | |
|----|-----------------------|------------------------------|-------------------------------|---|
| 17 | Aletha K. Dolo | MGCSP – Nimba | Social Worker | F |
| 18 | Helena Y. Dolo | MGCSP | Social Worker | F |
| 19 | Garmai S. Gbusiwoi | Lofa County | Health Sector | F |
| 20 | Amelia D. Saye | Nimba County | | F |
| 21 | Deddeh K. Kanneh | Lofa County | Social Worker | F |
| 22 | Korto D. B. Snowe | Lofa County | Health Worker | F |
| 23 | Krubo T. Martor | Lofa County | Social Worker | F |
| 24 | Esther M. Saygbe | Lofa County | Social Worker, | F |
| 25 | Momoh S. Sheriff | Lofa County | Social Worker | M |
| 26 | Arthur Jimmy | Lofa County | Social Worker | M |
| 27 | Eric K. Zinbah | | | M |
| 28 | J. Koweh Farbalee | Lofa County | Religious Representative | M |
| 29 | Richard A. Mulbah | Lofa County | WACPS Officer | M |
| 30 | Alhaji M. G. Kamara | Lofa County | Religious Representative | M |
| 31 | Michael L. Senesie | Lofa County | Education | M |
| 32 | Linda P. Tokpa | Bong County | | F |
| 33 | Amelia Tamba | Bong County | MoJ Sex Crimes Unit | F |
| 34 | Mary Larteh | Bong County | | F |
| 35 | Tryphene T. Johnson | Bong County | One Stop Center Health Worker | F |
| 36 | Aaron G. V. Jackollie | Bong County | CSO | M |
| 37 | Eletha S. Sheriff | Bong County | CSO | F |
| 38 | Rev. Jacob Q. Sameway | Bong County | Religious Council | M |
| 39 | Rev. H. Jumani Weekie | Bong County | Religious Council | M |
| 40 | Laurenzo Karteh | GCM County | Act. CSC Coordinator | M |
| 41 | F. Garbah Alfred | Robertspot, GCM | Chairman | M |
| 42 | Hawa N Smith | MOH GCM | SGBV Examiner | F |
| 43 | Mohamed Pusah | Grand Cape Mount Cty | CWC Chair | M |
| 44 | Fatu M. Fahnbulleh | Grand Cape Mount Cty | Rural Chair | F |
| 45 | Massa James | Gombo Town, GCM | Chair Lady | F |
| 46 | Edwin Fahnbulleh | Grand Cape Mount Cty | | M |
| 47 | Boakai Kemokai | Grand Cape Mount Cty | | M |
| 48 | Alice Y. Kemokai | Grand Cape Mount Cty | | F |
| 49 | Konah E. Paul | Grand Cape Mount Cty | | F |
| 50 | Larry D. Nimly | Grand Cape Mount Cty | | M |
| 51 | Alex A. B. Sherman | Grand Cape Mount Cty | | M |
| 52 | Annita Varmah | Bensonville, Montserrado Cty | | F |
| 53 | Maria Toteh | Bensonville, Montserrado | | F |
| 54 | Joseph Ngombu | Bensonville, Montserrado | | M |
| 55 | Olivia Zolone | Bensonville, Montserrado | | F |
| 56 | John Mannoh | Bensonville, Montserrado | | F |
| 57 | Thompson N.W. Chea | Bensonville, Montserrado | | M |
| 58 | Peace F. Julius | Bensonville, Montserrado | | M |
| 59 | Moses Yekewolo | Bensonville, Montserrado | | M |
| 60 | Francis W. Dennis | Bensonville, Montserrado | | M |
| 61 | Benedict D. Nyae, Sr | Bensonville, Montserrado | | M |
| 62 | Morris M. Sirleaf | Bensonville, Montserrado | | M |
| 63 | John Maner | Bensonville, Montserrado | | M |

| | | | | |
|----|-----------------------|-------------------------|------------------------------------|---|
| 64 | Ernest Gargar | Bensonville, Montserrat | | M |
| 65 | Richard A. Morlu | WACPS, Lofa County | Deputy Commander | M |
| 66 | Jane Tondo | Bong County | | F |
| 67 | Anita Rennie | MGCSP, Bong Cty | Gender Coordinator | F |
| 68 | Dabah Parbai | Parent | Parent | F |
| 69 | Krubo Flomo | MGCSP, Bong Cty | Social Worker | F |
| 70 | Tarnuekollie Gomo | MGCSP, Lofa | Social Worker Supervisor | M |
| 71 | Mamadie Kaba | Lofa County | Religious Council Representative | M |
| 72 | Koweh Farbllee | Lofa County | Traditional Council Representative | M |
| 73 | Thomas N. Dickson | Grand Bassa Cty | Coordinator | M |
| 74 | Wrojave Guah | Grand Bassa Cty | Administrator | M |
| 75 | Rebecca S. Mehdeh | Grand Bassa Cty | Director | F |
| 76 | Esther C. Dolo | Grand Bassa Cty | Participant | F |
| 77 | Nyondyn R. Garsud | Grand Bassa Cty | Child Welfare Officer-CWO | M |
| 78 | Nettie G. Doepoe | Grand Bassa Cty | County Coordinator | F |
| 79 | Dorothy Togar | Grand Bassa Cty | Monitoring & Evaluation Officer | F |
| 80 | Pauline Jallah | Grand Bassa Cty | Participant | F |
| 81 | Monigo Sorwor | Grand Bassa Cty | Social Worker | M |
| 82 | Francis I.E. Davis | Grand Bassa Cty | Social Worker | M |
| 83 | Moses G. Bedell | Grand Bassa Cty | Gender Supervisor | M |
| 84 | Mac A. Willis | Grand Bassa Cty | Coordinator-CSC | M |
| 85 | Wilson V. Johnson | Grand Bassa Cty | Social Worker | M |
| 86 | Larwuo B. Bryant | Grand Bassa Cty | WORIWA/Project Officer | F |
| 87 | T. Clarence Carter | Grand Bassa Cty | Data Officer | M |
| 88 | Comfort Dennis Sackie | Grand Bassa Cty | Participant | F |
| 89 | Emmanuel S.Y. Gardea | Grand Bassa Cty | Participant | M |
| 90 | Zephaniah Zelee | Grand Bassa Cty | Participant | M |
| 91 | Michael G. Sawieh | Grand Bassa Cty | Participant | M |
| 92 | E. Mardeah Smith | Grand Bassa Cty | Participant | F |

ANNEX VII. EVALUATION FRAMEWORK AND MATRIX

| EVALUATION CRITERIA | MAIN EVALUATION QUESTIONS | DATA INDICATORS | DATA COLLECTION METHODS | DATA SOURCE |
|--|---|--|---|--|
| <p>RELEVANCE</p> <p>The extent to which the objectives of the joint GoL/ UN programme are responsive to the needs and priorities of SGBV survivors, partners and stakeholders, and are aligned with government and UN priorities, policies and strategies</p> | <ol style="list-style-type: none"> How relevant for the context are the areas in which the programme focused (SGBV prevention, response to survivor needs, capacity-building and development of institutions, advocacy and communication?) To what extent is the programme aligned to Liberia's national plans and strategies against SGBV, the UNDAF and action plan, UNSCR 2190, international strategies and resolutions? Were the programmatic strategies appropriate to address the identified SGBV survivors' needs and in regard to their access to justice and health? Are the activities and outputs of the programme consistent with the overall global and national priorities on SGBV? Was a theory of change applied? What is the logic behind it? | <ul style="list-style-type: none"> Alignment with national policies and plans on SGBV prevention / UNSCR 2190 and the UNDAF Alignment with Regional Framework on SGBV Alignment with government priorities as well as with UN in Liberia Number of officials in the counties from justice and health sectors, as well as CSOs, with improved skills and knowledge on SGBV prevention and reporting mechanisms Women and men / boys and girls, as well as perpetrators, with improved knowledge on SGBV Respondent perceptions Level of achievement of objectives and outcomes Project design | <ul style="list-style-type: none"> Desk review and analysis of programme documents In-depth & semi-structured interviews with key stakeholders and beneficiaries Online survey | <ul style="list-style-type: none"> UN agencies, GoL and officials from involved ministries Involved partners from the private Sector, media, CSOs, NGOS, faith-based organizations (FBOs) and CBOs National and international strategies and plans, UNDAF and action plan on SGBV Relevant reports dealing with SGBV in Liberia Websites of UN agencies, local media, ministries and partners Communication materials of partners and government on SGBV GOL /UN ProDoc |
| <p>EFFECTIVENESS</p> <p>The extent to which the programme's objectives were achieved and the programme succeeded in producing the expected outputs and achieving milestones as per the programme design document (ProDoc)</p> | <ol style="list-style-type: none"> To what extent were the programme's outcomes and results achieved and beneficiaries / partners satisfied with the results? To what extent have national institutions, local NGOs, FBOs and CSOs been capacitated in SGBV ? To what extent have prevention mechanisms of SGBV and harmful cultural practices, including child marriage, been strengthened? To what extent did the programme's organizational structures, coordination mechanisms at community levels and inter-ministerial coordination support the delivery of the programme? What contributions are the GoL and participating UN agencies making towards the implementation of global norms and standards against violence on women and girls (i.e. CEDAW)? Has the GoL/UN programme built synergies with other programmes being implemented at national, county and community levels by UN, international NGOs and the GoL? To what extent were gaps identified in the legal and policy frameworks successfully addressed? To what extent have advocacy, communication and social mobilization enabled stakeholders to speak out on SGBV in Liberia (national, county and community levels)? | <ul style="list-style-type: none"> Evidence that duty bearers are responsive for the prevention of SGBV and accountable for the protection of girls / boys from harmful cultural practices, including child marriage Evidence that SGBV survivors are assisted (medical, legal and psychosocial support) & actions are in place to protect them and prevent them from being discriminated against Evidence that former male perpetrators are active change agents against SGBV - Evidence that traditional leaders, communities and schools are aware of SGBV and are actively part of the response Percentage of men, women, girls and boys capacitated in SGBV Evidence of qualitative media coverage on SGBV at national and community levels (Period 2016-2020) | <ul style="list-style-type: none"> Analysis of programme's results and the programme baseline Interviews and online survey with officials from involved ministries, CSOs and NGOS FGDs with SGBV survivors, women and men in the communities Analysis of training report Analysis of monitoring visit reports Site visits to the selected counties / communities Analysis of other relevant data | <ul style="list-style-type: none"> UN Women, UNDP, UNFPA, UNICEF, UNHCR and UNMIL staff Officials from the ministries, media, CSOs, NGOs All relevant stakeholders and the websites of their organizations Programme documents Various training reports and materials available Monitoring and progress reports M&E plans Reports from implementing partners Beneficiaries |

| EVALUATION CRITERIA | MAIN EVALUATION QUESTIONS | DATA INDICATORS | DATA COLLECTION METHODS | DATA SOURCE |
|---|--|--|---|--|
| <p>EFFICIENCY</p> <p>The extent to which the programme delivered maximum results for the resources and inputs (funds, expertise, time, etc.)</p> | <ol style="list-style-type: none"> 1. To what extent did the programme team make use of / build upon pre-existing synergies, data sources and partnerships to increase project efficiency? 2. Have resources been allocated strategically and appropriately utilized to achieve the programme's outputs, outcomes and objectives? 3. Was the programme implemented without significant delays and the outputs delivered in a timely manner? What were the limitations? How did the project team mitigate their impacts? 4. Is the programme and its components cost-effective? Could activities and outputs have been delivered with fewer resources without compromising programme quality? 5. How have the programme's organizational structure, management and coordination mechanisms contributed to implementation at national, county and community levels? 6. How did the joint GOL/UN programme improve efficiency in terms of reducing duplication? 7. Does the programme have solid monitoring mechanisms in place to measure progress towards achievement of results and to adapt rapidly to changing country context? To what extent have both GoL/UN and donor reporting commitments been fulfilled? | <ul style="list-style-type: none"> ■ Risk assessments and mitigation strategies ■ Level / degree of involvement of stakeholders in coordination mechanisms ■ The extent to which resources / inputs were allocated in a timely manner and used to achieve programme's outcomes and objectives ■ The extent to which synergies available were efficiently used by programme management ■ Level of cost effectiveness and timeliness of the programme execution ■ Level of use of pre-existing partnerships, data sources and synergies ■ Any existing cost or time saving measures put in place by the programme management to maximize results with the secured budget and agreed timeframe | <ul style="list-style-type: none"> ■ Project expenditure and delivery trends ■ Analysis of means of verification ■ Project work plans and budget revisions ■ Review and analysis of ProDoc ■ Review and analysis of monitoring & progress reports ■ Coordination reports ■ Interviews with officials from ministries, UN staff and stakeholders ■ Online survey | <ul style="list-style-type: none"> ■ UN Women, UNDP, UNFPA, UNICEF, UNHCR and UNMIL staff ■ Financial reports ■ Monitoring and coordination reports ■ Mid term evaluation report ■ Reports from implementing partners ■ Work plan and budget ■ Stakeholders and beneficiaries |
| <p>SUSTAINABILITY</p> <p>The likelihood of a continuation of programme results after the programme is completed</p> | <ol style="list-style-type: none"> 1. To what extent are capacity-building and development efforts likely to be used/sustained after the end of the programme? 2. What are the sociopolitical, financial and institutional factors that contribute to the persistence of achieved direct outcomes? 3. What is the level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forward? 4. How have partnerships (with governments, UN, donors, NGOs, CSOs, local media, traditional leaders, media) been established to foster sustainability of the programme results? 5. Did the intervention design include an appropriate sustainability and exit strategy after the end of the programme? 6. How was the sustainability strategy planned and has it been proven successful? 7. The extent to which the joint GoL/ UN programme made a substantive contribution to the high-level changes and expected accomplishments by the government, donors and UN Agencies | <ul style="list-style-type: none"> ■ Existing or updated legal frameworks in place to better address the gaps in responding to SGBV and HTPs ■ Evidence that SGBV and HTPs are integrated in the early warning / response mechanisms or the early warning systems for disaster preparedness and emergency ■ Evidence of operational services to prevent and protect girls and boy from sexual violence, abuse and exploitation in communities and counties ■ Evidence that schools have strategies in place to address SGBV ■ Accountability frameworks | <ul style="list-style-type: none"> ■ Documentary analysis of ProDoc ■ Monitoring and progress reports ■ Analysis of any studies or reviews generated by the project and stakeholders' site visits | <ul style="list-style-type: none"> ■ Reports from implementing partners ■ Beneficiaries ■ Stakeholders ■ Homepages of partners |

| EVALUATION CRITERIA | MAIN EVALUATION QUESTIONS | DATA INDICATORS | DATA COLLECTION METHODS | DATA SOURCE |
|---|--|--|--|---|
| <p>GENDER AND HUMAN RIGHTS</p> <p>The extent to which the programme was designed, implemented and monitored to promote the meaningful participation of both rights holders and duty bearers and to minimize negative effects of social exclusion</p> | <ol style="list-style-type: none"> 1. To what extent has the joint GoL/UN programme's theory of change (ToC) clearly considered gender and human rights issues? 2. To what extent are GE & HR a priority in the overall intervention budget? 3. Were there any constraints or facilitators (e.g. political, practical, bureaucratic) to addressing SGBV during implementation? What level of effort was made to overcome these challenges? 4. Were the processes / activities implemented free from discrimination to all stakeholders and were minority groups also involved? | <ul style="list-style-type: none"> ■ Degree / level to which GE & HR principles were taken into consideration in all the project phases (design, planning, implementing, M&E and reporting) ■ Evidence of gender-responsive budgeting in place ■ Evidence of active involvement of marginalized groups during the project intervention ■ Proportion of female zoes, men / traditional leaders, former perpetrators capacitated in SGBV prevention and acting as change agents at national, county and community levels | <ul style="list-style-type: none"> ■ Stakeholder analysis ■ Review & analysis of ProDoc ■ Analysis of financial reports / Budget ■ Semi-structured interviews and FGDs | <ul style="list-style-type: none"> ■ UN staff ■ Financial reports ■ Monitoring and coordination reports ■ Reports from implementing partners, relevant stakeholders and beneficiaries ■ Revised legal frameworks and plans |
| <p>INNOVATION</p> <p>The extent to which internal and external factors have positively and negatively affected implementation of activities and achievement of results and allow for lessons learned and to identify good practices</p> | <ol style="list-style-type: none"> 1. To what extent are the programme's approaches, strategies and practices innovative? 2. What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Liberia? 3. Which lessons relating to SGBV prevention, mitigation and response could be distilled for their broader relevance to other UN-led interventions in the country confronting comparable challenges and opportunities? | <ul style="list-style-type: none"> ■ Existence of appropriate /quality of legal frameworks and plans to address SGBV in Liberia ■ Achievement of results and proportion of success stories | <ul style="list-style-type: none"> ■ Semi-structured interviews ■ Literature review ■ Observation ■ Preliminary findings | <ul style="list-style-type: none"> ■ Various semi-structured interviews, focus groups and case studies ■ Review of secondary data and analysis of relevant reports ■ Observation ■ Debriefings ■ Testimonies |

ANNEX VIII. EVALUATION TOOLS (QUESTIONNAIRES, INTERVIEW GUIDES, ETC.)

A - INTERVIEW GUIDE WITH IMPLEMENTING PARTNERS

NAME:

Function/Institution:

Main Role & Responsibility in the GoL/UN Joint Programme:

| EVALUATION CRITERIA | MAIN QUESTIONS |
|--------------------------------|--|
| Relevance | <ol style="list-style-type: none"> From your perspective, what are the main challenges SGBV survivors face in your country/county/community? From your perspective what are the root causes of SGBV? How has the GoL/UN Joint programme addressed it? How were the specific needs identified and addressed by UN agencies in regard to the access of SGBV survivors to the justice and health? What support did you (as organization / individual) receive from GoL/UN Joint programme? Please describe. To what extent have the GoL/UN Joint Programme aligned to Gender Equality policies & plans and SGBV priorities in Liberia? |
| Effectiveness | <ol style="list-style-type: none"> Could you share with us the results achieved by the GoL/UN Joint Programme? How satisfied are you with the above mentioned results? (Percentage). Why? Are there some objectives that you feel have not been achieved? If yes, which ones and why? To what extent has the GoL Joint Programme contributed to strengthening your capacity in regard to SGBV prevention & response? What unexpected outcomes (positive and negative) were there? To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia (National, county and community levels) |
| Efficiency | <ol style="list-style-type: none"> Did you face challenges during/before/after the programme implementation (Any delay in resource disbursement; Any challenge in the planning, coordination etc). How has this impacted the activities? How have GoL/UN programme management mitigated the impact? How were the activities monitored by the programme management ? Are there activities which were planned but not implemented? Why? Did the project achieve the planned results? Which percentage? From your perspective, how will the quality of these results help to achieve the programme's objectives and meet the expectations in regard to the fight against SGBV in Liberia? Are you aware of other similar projects or interventions being funded by the Embassy of Sweden / or implemented in Liberia, your community or county by other UN agencies or international NGOs and the government of Liberia? Please describe |
| Sustainability | <ol style="list-style-type: none"> What are the main changes you observed during and after the programme's implementation? What is the likelihood that the results of the programme will be further used after its end. How? Which components / elements of the programme should be carried over into the next phase, and are there any recommendations for their improvement? How would you assess the partnerships between GoL/ UN agencies and other stakeholders? (Government, UN, Donor, NGOs, CSOs, traditional and religious leaders, the media). How this partnership supported the achievement and sustainability of the observed results? To what extent capacity building and development efforts are likely to be used after the end of the programme and how? How would you assess the level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forwards? Did the intervention design include an appropriate sustainability strategy after the end of this phase III? |
| Gender and Human Rights | <ol style="list-style-type: none"> To what extent are other GE&HR issues a priority in the overall intervention budget? Were there any constraints (e.g. political, practical, bureaucratic) to addressing SGBV during implementation? What level of effort was made to overcome these challenges? Were the processes / activities implemented free from discrimination to all stakeholders and minority groups were also actively involved? |
| Innovation | <ol style="list-style-type: none"> To what extent are the programme's approaches, strategies and practices innovative? Please explain each dimension in detail What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Liberia Which lessons relating to SGBV prevention, mitigation and response could be distilled in other interventions dealing with SGBV? |

B - INTERVIEW GUIDE WITH DONOR

NAME:
Function/Institution:
Main Role & Responsibility in the GoL/UN Joint Programme:

| EVALUATION CRITERIA | MAIN QUESTIONS |
|--------------------------------|---|
| Relevance | <ol style="list-style-type: none"> 1. From your perspective, what are the main challenges SGBV survivors face in Liberia? 2. From your perspective what are the root causes of SGBV in Liberia and how has the GoL/UN Joint programme addressed it? 3. What was the reason for the third phase of the SGBV JP after the completion of phases I & II? 4. To what extent have the GoL/UN Joint Programme aligned to Gender Equality policies & plans and SGBV priorities in Liberia? 5. To what extent have the GoL/UN Joint Programme aligned with international instruments for Gender Equality? |
| Effectiveness | <ol style="list-style-type: none"> 1. From your perspective, what are the main results achieved by the GoL/UN Joint Programme? 2. How satisfied are you as donor with the above mentioned results? (Percentage). Why? 3. Are there some objectives that you feel have not been achieved? If yes, which ones and why? 4. What unexpected outcomes (positive and negative) were there? 5. To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia (National, county and community levels) |
| Efficiency | <ol style="list-style-type: none"> 1. What are the challenges you faced as donor during the design, implementation and monitoring the GoL/UN Joint Programme? Please describe. 2. How you & the GoL/UN Joint programme mitigated the impact? 3. Did the programme achieve the planned results? Which percentage? 4. From your perspective, did the programme's objectives meet your expectations as donor in regard to the fight against SGBV in Liberia? 5. Are you supporting other interventions in Liberia dealing with Gender Equality and SGBV prevention? Please describe. 6. How the GoL/UN Joint Programme successfully (or not) used the synergies available in Liberia to better perform? Please explain |
| Sustainability | <ol style="list-style-type: none"> 1. What are the main changes you observed during and after the programme's implementation? 2. What is the likelihood that the results of the programme will be further used after its end? 3. Which components of the programme should be carried over into the next phase of the programme, and are there any recommendations for their improvement? 4. How would you assess your partnership with the Government of Liberia, the participating UN agencies and other stakeholders (NGOs, CSOs, the media)? 5. How would you assess the level of ownership, interest and commitment of the Government of Liberia and other stakeholders like the laical media to take the programme achievements forwards? 6. Did the intervention design include an appropriate sustainability strategy after the end of this phase? |
| Gender and Human Rights | <ol style="list-style-type: none"> 1. To what extent are other GE&HR issues a priority in the overall intervention budget? 2. Were there any constraints (e.g. political, practical, bureaucratic) to addressing SGBV during implementation? What level of effort was made to overcome these challenges? |
| Innovation | <ol style="list-style-type: none"> 1. Did you identify any innovative elements in this programme? (Design, implementation, monitoring, coordination etc.?) Please describe 2. What lessons did you learn from this programme? |

C - INTERVIEW GUIDE WITH THE PARTICIPATING UN AGENCIES

NAME:
Function/Institution:
Main Role & Responsibility in the GoL/UN Joint Programme:

| EVALUATION CRITERIA | MAIN QUESTIONS |
|----------------------------|--|
| Relevance | <ol style="list-style-type: none"> 1. What are the root causes of SGBV in Liberia and how has the GoL/UN Joint programme addressed them? 2. How did the programme integrate the stakeholders (and marginalised groups) in the project design / planning? 3. Did the programme conduct a stakeholder analysis and needs assessment at the planning phase? 4. How were the specific needs of SGBV women identified and addressed by UN agencies in regard to the access of SGBV survivors to the justice and health? 5. To what extent is the programme aligned to Liberia’s national plans and strategies against SGBV, the UNDAF & action plan, UNSCR 2190 |
| Effectiveness | <ol style="list-style-type: none"> 1. To what extent were the results achieved 2. How satisfied are you with the results and main achievements of the programme? (as a percentage). Please explain 3. How were the capacities of relevant duty-bearers and rights-holders strengthened in relation to SGBV prevention by the intervention? 4. To what extent the prevention mechanisms of SGBV and harmful cultural practices including child marriage have been strengthened? 5. To what extent identified gaps in the legal and policy frameworks were successfully addressed? 6. To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia at various levels? 7. To what extent the programme’s organizational structures, coordination mechanism at community levels and inter-ministerial coordination supported the delivery of the programme? 8. How has the GoL/UN Joint Programme built synergies with other programmes for Gender Equality / SGBV prevention implemented at country level by United Nations, International NGOs and the Government of Liberia? Please explain 9. What unexpected outcomes (positive and negative) were observed? 10. What have been the major contributions of the different partners in achieving the outputs and outcomes? 11. What have been the main challenges you have faced in achieving the planned outcomes and outputs? 12. Are there some objectives that have not been achieved? Explain 13. To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia (National, county and community levels) |
| Efficiency | <ol style="list-style-type: none"> 1. How would you assess the sufficiency of the budget allocated to the project? 2. Were financial resources available and disbursed in a timely manner for the planned activities? 3. To what extent have the available resources (financial, human etc.) been used to deliver planned outputs on time and to required quality? Are there any challenges encountered? Please explain 4. Was the project implemented without significant delays and the outputs delivered in a timely manner? What were the limitations? How did the project management mitigate its impact? 1. To what extent the programme team made use of / build upon pre existing synergies, data sources and partnerships to increase project efficiency? 2. Is the programme and its components cost-effective? Could activities and outputs have been delivered with fewer resources without compromising programme quality? 3. Does the project have effective/efficient monitoring mechanisms in place to measure progress towards achievement of results and to adapt rapidly to changing country context? 4. How satisfied are you with the management and coordination approach/strategy used by the Joint project (as a percentage) and why? 5. How the joint GoL/UN improved efficiency in terms of reducing duplication? 6. Does the programme have solid monitoring mechanisms in place to measure progress towards achievement of results and to adapt rapidly to changing country context? To what extent both GoL/UN and donor reporting commitments have been fulfilled? 7. Are you aware of other similar projects or activities being funded by the Embassy of Sweden / or implemented in Liberia, your community or county by other UN agencies or international NGOs and the government of Liberia? Please describe 8. Was the Joint project equipped with the technical skills and capacities to deliver the planned outcomes? Please describe any strengths and weaknesses among the partners. 9. What were the main challenges related to the joint nature of the project in terms of delivery, including reduced duplication, burdens and transactional costs? 10. Are there activities which were planned and not implemented? Why? |

| | |
|--------------------------------|---|
| Sustainability | <ol style="list-style-type: none"> 1. What are the main changes you observed during and after the programme's implementation? 2. What is the likelihood that the results of the programme will be further used after its end. How? 3. Which components / elements of the programme should be carried over into the next phase, and are there any recommendations for their improvement? 4. How would you assess the partnerships between GoL/ UN agencies and other stakeholders? (Government, UN, Donor, NGOs, CSOs, traditional and religious leaders, the media). How this partnership supported the achievement and sustainability of the observed results? 5. To what extent capacity building and development efforts are likely to be used after the end of the programme and how? 6. How would you assess the level of ownership, interest and commitment among the government, community/traditional leaders, school leaders and other stakeholders to take the programme achievements forwards? 7. Did the intervention design include an appropriate sustainability strategy after the end of this phase III? |
| Gender and Human Rights | <ol style="list-style-type: none"> 1. To what extent the joint GoL/UN programme's theory of change (ToC) has clearly considered other gender and human rights issues? 2. To what extent are other GE&HR a priority in the overall intervention budget? 3. To what extent Human Rights and Gender Equality were integrated in the Theory of Change and results framework of the joint GoL/UN programme? 4. Were there any constraints (e.g. political, practical, bureaucratic) to addressing SGBV during implementation? What level of effort was made to overcome these challenges? 5. Were the processes / activities implemented free from discrimination to all stakeholders and minority groups were also involved? |
| Innovation | <ol style="list-style-type: none"> 1. To what extent are the programme's approaches, strategies and practices innovative? 2. What lessons can be learned from scaling up and maintaining adequate levels of SGBV prevention, mitigation and response in a context like Liberia 3. Which lessons relating to SGBV prevention, mitigation and response could be distilled for their broader relevance to other UN led interventions in the country confronting comparable challenges and opportunities? |

NAME:
Function/Institution:

| EVALUATION CRITERIA | MAIN QUESTIONS |
|--------------------------------|--|
| Relevance | <ol style="list-style-type: none"> 1. What are the root causes of gender inequalities, especially those causing SGBV in Liberia? How would you analyse the Liberian context in regard to SGBV? 2. What are the needs and priorities to address SGBV at national and county levels in Liberia? 3. What are the challenges SGBV survivors face in accessing Health and Justice in Liberia? 4. How did the GoL/UN Joint Programme address these challenges? 5. To what extent is the programme aligned to Liberia’s national plans and strategies against SGBV, UNSCR 2190 etc. ? 6. To what extent the programme addressed the identified needs of SGBV survivors? 7. To what extent the programme addressed the identified gaps in the health and justice sectors in providing appropriate support / service to SGBV survivors? 8. How was former perpetrators, religious and traditional leaders involved in the programme? Please explain 9. How the GoL/UN Joint Programme addressed the issue of impunity? |
| Effectiveness | <ol style="list-style-type: none"> 1. Are you satisfied with the project results? (as a percentage). Why? 2. How were the capacities of governmental institutions strengthened by the intervention? Please describe 3. What contributions are participating UN agencies making towards the implementation of global norms and standards for Gender Equality and national strategies and plans against SGBV in Liberia? 4. How has the joint programme built synergies with other similar interventions being implemented in Liberia? 5. To what extent advocacy, communication and social mobilization has enabled to speak out on SGBV in Liberia (National, county and community levels) |
| Efficiency | <ol style="list-style-type: none"> 1. Was the joint programme implemented without significant delays and the outputs delivered in a timely manner? If no, what were the reasons of delay, please mention? 2. What were the limitations you faced during the planning, implementation, monitoring and coordination? How the project management mitigated its impact? 3. What were the main challenges related to the joint nature of the programme? 4. To what extent the programme team made use of / build upon pre existing synergies, data sources and partnerships to increase project efficiency? 5. Are there activities which were planned and not implemented? Why? |
| Sustainability | <ol style="list-style-type: none"> 1. What is the likelihood of that programme results will be of use after the programme phase III ends? How will those results be further used by the government? 2. Which components of the project should be carried over into the next phase, and are there any recommendations for their improvement? 3. How have partnerships with participating UN agencies, donor and other stakeholders been established to foster sustainable results? 4. Was a sustainability strategy planned and implemented? Please explain |
| Gender and Human Rights | <ol style="list-style-type: none"> 1. Did the project actively involve marginalised groups? How? 2. Were there other GE&HR issues addressed by the joint programme ? 3. What are the main challenges the join programmers faced in implementing activities related to prevention of SGBV & End of impunity? 4. What effort was made to overcome these challenges? |
| Innovation | <ol style="list-style-type: none"> 1. From your perspective, how were the project approaches, strategies and practices innovative? Please explain |

Guide for Focus Group Discussions with direct beneficiaries in the communities / counties

Important Note:

The Focus Group discussion is expected to flow naturally and the methodology should be adapted in the field based on group size, group age, group comfort and facilitation experience. The Guideline provides guidance. The focus group discussion will be conducted with the direct beneficiaries, SGBV victims and survivors, former perpetrators and traditional/religious leaders acting as change agents in the county and at community level. The focus group discussion is anonymous. List of participants will be filled out for research purposes and the findings will be used only within the framework of this evaluation.

General information

Date:

Time:

County:

Number of participants:

Gender and Age Disaggregated Groups

Female child: 0-14

Female youth: 15-24

Male child: 0-14

Male youth: 15-24

Male adult : 25+

Female: 25+

The exact age is to be collected during discussion by facilitator.

Main Questions :

6. How did you learn from the GoL/UN Joint Programme?
7. What do you understand by the term gender based violence (SGBV)?
8. What are the main causes and the various forms of SGBV in your home/community?
9. Who are the main victims and perpetrators of SGBV in your home/community?
10. How SGBV is handled in your community?
11. How SGBV cases are reported in your community?
12. Are there any challenges you observe in the SGBV reporting mechanism in place in your community? What recommendations would you make to improve it?
13. From your perspectives what are the needs of SGBV survivors or victims in your community?
14. How SGBV cases are handled by the institutions in your community?
15. How the GoL/UN Joint Programme addressed them? Please provide examples or testimonies
16. Is impunity against perpetrators an issue in your community? Please explain
17. How has the local media assisted in raising awareness on SGBV and in reporting SGBV cases in your community? Please explain
18. What were the strengths and points of improvements (Weaknesses) you identified during the GoL/UN Joint Programme planning, implementation and monitoring? What would have been done differently from your perspective?

Informed Consent form

(To be used by the research assistants)

Important notes:

The International Consultant / evaluation team Leader will train the research assistants in charge of collecting sensitive data through focus group discussions on various issues related to data confidentiality and protection as well as to the best approach to use when working with traumatized population / SGBV survivors. The use of this consent is mandatory and will be signed by all parties before each focus group discussion.

Research Project title: GoL/ UN Joint Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices in Liberia

Researcher Name and Email:

1. Purpose of the research: The purpose of this research is to gather information on the direct and indirect impacts for the GoL/UN Joint Programme , identify strengths, points of improvements and lessons learned.
2. This research is part on the GoL/UN Programme evaluation
3. Description of Procedures: This research involves an in-person & group interviews. The interview will be conducted by research assistants in a secure environment to ensure privacy and confidentiality. Notes will be written during the discussion
4. Duration of Procedures: The focus groups will last approximately 1 hour.
5. Statement of Participation: I must be 18 years old to participate in this discussion and to have an authorization of a legal parent if I am under 18. Participation in this activity is voluntary. I will not be paid for the participation. I may withdraw and discontinue participation at any time without penalty or loss of benefits. I have the right to decline to answer any question or stop participating in the study without penalty.
6. Statement of Confidentiality: Researcher will take every precaution to maintain confidentiality of the data. Researcher will remind participants to respect the privacy of fellow participants and not repeat which is shared in the focus groups to others. Researcher will keep my name or any information that may identify me confidential in any reports or transcripts.
7. Contacts for questions: For any questions or concerns regarding this discussion, please contact the Researcher (see above contact information). I may also contact the researcher if questions or problems arise during the course of the research.

I have read and understand the information provided. I voluntarily agree to participate in this exchange and discussion.

Participant name and Signature

Date

Researcher Signature

Date

Demographic Information

| 1.1 | 1.2 | 1.3 | 1.4 | 1.5 | 1.6 | 1.7 | 1.8 |
|--|---|--|--|--|--|--|---|
| What is your sex | How old are you | What is your marital status | Are you the head of your household? | If answer to previous question was 2, what your relationship to the household head? | What is your educational level? | What is your main source of livelihood? | What is your secondary source of livelihood? |
| 1. Female 2. Male | years old | 1. Married 2. Single 3. Divorce 4. Separated 5. Widowed 6. Cohabiting 7. Other Other, please specify | 1. Yes 2. No | 1. Spouse 2. Daughter 3. Guardian 4. Other Other, please specify | 0. None 1. Some Primary 2. Completed primary 3. Some JHS 4. Completed JHS 5. Some 6. SHS 7. Completed SHS 8. Tertiary 9. Other Please specify | | |
| 1.9. | 1.10 | 1.11 | 1.12 | 1.13 | 1.14 | 1.15 | 1.16 |
| What is your religion? | What is the size of your HH (how many people are in your hh) | How many adults (male and female) and children below 18 (males and females) do you have in your home? | What Ethnic group do you identify with? | | | | |
| 1. Christianity 2. Islam 3. Buddhism 4. Athiest 5. Other Other, please specify | persons | 1. Male – Adults ... 2. Female – Adults ... 3. Male – Boys ... 4. Female – girls.... | 1. Gola 2. Vai 3. Kpelleh 4. Bassa 5. Khran 6. Lorma 5. Gio 6. Mano 7. Madingo | | | | |

Section 2. Work/Benefits from the JP on SGBV/HTP

QUESTIONS 2.5 TO 2.8 for Programme employees ONLY

| 2.1 | 2.2 | 2.3. | 2.4 | 2.5 | 2.6 | 2.7 | 2.8 | 2.9 |
|--------------------------------------|--|--|---|---|--|---|--|--|
| How did you learn about the program? | What is your role in the SGBV/HTP Program? | If response to Question 2.2 was 4, how did you benefit from the program? | If response to Question 2.2 was 1 or 2 What is/was your role in the program | What section of the GOL is your institution? E.g. health, justice, gender, etc... | What role do/did you play in your institution as it relates to the JP on SGBV? | How often do you meet with actors from other institution to work on JP on SGBV related activities? | How many times did you participate in trainings organized by the Programme? | How many times did you participate in field visits organized by the programme? |
| | 1. Program Staff (RUNA) 2. Program Staff (GOL paid staff) 2. Program County Official 3. Beneficiary 4. Other Other, please specify | | | | | 1. Weekly 2. Fortnightly 3. Monthly 4. Quarterly 5. Other Other, please specify | 1. NONE 2. 1-3 times – 3. 4-6 times – 4. 7-9 times – 5. 10 times and above Above, please specify | 1. NONE 2. 1-3 times – 3. 4-6 times – 4. 7-9 times – 5. 10 times and above Above, please specify |

Section 3 Programme Performance, according to Outputs (Programme Employees Only)

Output 1.1 Community knowledge on dangers of SGBV and harmful traditional practices increased through awareness and sensitization.

Output 1.2. Community commitment in support of the prevention of Gender Based Violence strengthened.

| 3.1 | 3.2 | 3.3 | 3.4 | 3.5 | 3.6 | 3.7 |
|---|---|--|---|--|---|---|
| How many communities were sensitized on the dangers of SGBV & HTP | How were they sensitized (medium of sensitization/ awareness)? | How many girls and boys are in the buddy clubs | How many GBV case survivors were admitted to safe homes during the span of the programme in every county? | How many multi-purpose community resource/cultural centers | How many traditional leaders were targeted? | How many legal awareness clinics were set up? |
| | 1. Town hall meetings 2. Broadcast media (Radio talk shows, radio programs) 3. drama/Skits 4. Print Media (flyers, banners, billboards) 5. Storytelling (written in local languages) 6. Storytelling (written in English language) 7. Other Other, please specify | Girls Boys..... | | | | |

ANNEX IX. SUMMARY MATRIX OF FINDINGS, EVIDENCE AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

Overall JP SCORE: B

Despite a multitude of gaps and deficiencies, limited resources available and challenges in monitoring and coordination mechanisms in the district and communities, the JP on SGBV/HTPs managed to achieve some good results that serves as a basis in the fight against SGBV in the country. However, it is very critical to consolidate these results by: a) strengthening accountability and oversight for performance, b) capacity-building and development of the justice system and referral pathways, c) capacity-building for effective implementation of

legal instruments addressing SGBV in the country, d) alignment of further interventions with the anti-SGBV roadmap of the GoL. As requested by UN Women Liberia, the ET developed additional recommendations to the Liberia Spotlight Initiative, placed in annex 9 of this report.

DESIGN (Score B/C)

Findings 1, 2, 3, 5, 7, 12, 13, 31, 32

STRENGTHS: The programme was very well designed, the objectives were clearly defined and the intervention logic was appropriate. The JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. The findings from previous phases, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design the third phase of this programme. (Scoring B)

WEAKNESSES: The joint programme was designed as a community-based intervention, with an initial budget of \$36 million but implemented with \$3 million only of which 26 percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services only. Even if three joint monitoring visits were organized in three years, this was not sufficient to track the implementation of the planned activities. There were no funds allocated to consistent monitoring of activities and the JP on SGBV/HTPs failed to make best use of synergies at district and community levels. The yearly work plans, which partly derived from the logframe of the JP on SGBV/HTPs, lacked baseline/target values (years 1 and 2) and activities did not match with the outputs from the logframe. The design of monitoring reports was mostly activity based rather than results based. The JP on SGBV/HTPs did not design a sustainability strategy, a financial sustainability plan or an exit strategy plan. (Scoring C)

RELEVANCE (Score B)

Findings 1, 2, 3, 4 and 5

STRENGTHS: In covering areas such as SGBV prevention, response to survivor needs, capacity-building and development of institutions, advocacy and communication, the evaluation found that the strategic content and objectives of the JP on SGBV/HTPs were very relevant for the context. The joint programme was built on the results and recommendations of the previous phases of the programme, such as the 2013 Evaluation of the Joint Programme, which identified a number of gaps. The JP on SGBV/HTPs addressed in its design the concerns explicitly formulated by UNMIL within the framework of UNSCR 2190, namely that women and girls continue to face a high incidence of SGBV, which should be combatted by efforts that focus on sexual violence against children, while also addressing impunity and providing redress, support and protection to victims. The findings from previous phases of the joint programme, the results from baseline surveys, community dialogues conducted in 10 counties and the UNDAF were also used to design a community-based joint programme (the third phase) to address needs and priorities in the fight against SGBV in Liberia. It is mentioned in the ProDoc that a mapping of actors was also conducted to identify key stakeholders, strengthen synergies and avoid overlaps and duplication. The mapping of actors was not made available during this exercise, so the ET could not review it. The prevention strategies and active involvement of the local media, coupled with the joint programme's alignment with international, regional and national instruments and plans for the prevention of SGBV and the fight against it, justified the relevance of the JP on SGBV/HTPs.

WEAKNESSES: Addressing gaps such as the absence of juvenile courts in some counties, the capacity of prosecutors to address adequately cases of SGBV/HTPs, the very limited understanding and knowledge of SGBV victims and families of their rights, the limited access to information related to the existing referral pathways, the very fragile economic conditions of families to follow up cases due to trials lasting up to six months (reported by 59 percent of interviewees), the fact that most women, girls, boys and men lack means of identification (identification documents and/or birth certificates) which is a basic requirement in criminal investigations, as well as the non-effective implementation of already existing legal frameworks on GE, WPS and instruments addressing SGBV in the country, would have further enhanced the relevance of the joint programme. The lack of a detailed stakeholder mapping and analysis of involved actors at various levels and the lack of a needs assessment on SGBV victims and survivors with disabilities in accessing justice and health challenged the relevance of the JP on SGBV/HTPs.

EFFICIENCY (Score B/C)

Findings 6, 7, 8, 9, 10, 11, 12 and 13

STRENGTHS: The JP on SGBV/HTPs managed within a limited timeframe to make best use of existing synergies and expertise at national level and achieved some good results, which are still fragile and need to be consolidated. (Scoring B)

WEAKNESSES: The programme was designed as a community-based intervention but failed to make best use of synergies at district and community levels. The budget was disbursed in a timely manner by the Swedish Embassy but some delays in years 2 and 3 in the disbursement of funds to the implementing partners were observed, which impacted the implementation of some activities that are still ongoing. Twenty-six percent (almost one-third) of the total budget was allocated to staff & personnel and contractual services, and no budget was dedicated to monitoring of the JP on SGBV/HTPs. Some follow-up mechanisms or monitoring reports were designed to be activity based and failed to capture the results of the activities implemented. These gaps, coupled with the inconsistent follow-up of the implemented activities in the communities and the limited use of synergies in the districts and communities, highly challenged the efficiency of the joint programme. (Scoring C)

EFFECTIVENESS (Score C)

Findings 14, 15, 16, 17, 18,19, 20, 21, 22 and 23

STRENGTHS: 69 percent of the involved UN entities are satisfied with the appropriateness of the strategies of the JP on SGBV/HTPs and the achieved results. Advocacy, communications, social mobilization and various capacity-building activities in SGBV provided to journalists and other media professionals, national institutions and local NGOs/CSOs contributed to the achievement of good results, which need to be further consolidated. Coordination mechanisms and inter-ministerial coordination at county level supported the delivery of the programme.

WEAKNESSES: Only 47 percent of implementing partners and beneficiaries in the counties and communities expressed their satisfaction with the programme results. Some planned activities with community members were not implemented due to shortage of budget and the poor RBM planning. Other activities that were not planned were implemented and did not systematically match with the outputs from the logframe. The yearly work plans of the JP on SGBV/HTPs derived partly from the logframe but lacked baseline/target values (years 1 and 2). Some deficiencies in the coordination mechanisms at district and community level were also identified. The joint programme also applied through its life cycle mostly an activity based management approach and failed to systematically apply RBM. In addition, under pillar 1, the temporary suspension of bush schools did not completely prevent girls and women from being secretly initiated in some communities. Under pillar 2, the limited capacities of clinics and hospitals in the counties initially targeted by the intervention but not reached, the limited equipment available to gather evidence in case of rape, the challenges of some OSCs in providing appropriate medical support to SGBV survivors, as well as the limited fund or direct cash made available for SGBV survivors, challenged the effectiveness of the response provided to survivors. Under pillar 3, there are concerning gaps in the justice system that were not addressed by the joint programme and did not prevent the increase of impunity.

SUSTAINABILITY (Score A/C)

Findings 24, 25, 26, 27, 28, 29, 30

STRENGTHS: There is a very good likelihood of a continuation of some programme results, particularly results from institution strengthening, capacity-building and development of target groups, after the programme is completed. The development of the SGBV Roadmap 2020-2022 by the GoL at the end of the programme enhanced further the sustainability of the programme results (Scoring A).

WEAKNESSES: The lack of a sustainability strategy, a financial sustainability plan and exit strategy plan, the reported turnover of technical staff who had received capacity-building and the fact that some achieved results require further technical and financial support in order to continue after the programme ends, challenged the sustainability of the results (Scoring C).

GENDER AND HUMAN RIGHTS: Score B

Findings 31, 32, 33 and 34

STRENGTHS: GE and HR were well incorporated in the programme design and implementation of the JP on SGBV/HTPs. The joint programme was designed, implemented and monitored to address gender inequalities, SGBV/HTPs and gaps in the legal framework hindering the fulfilment of women's and children's rights. The active involvement and engagement of men and traditional leaders in prevention activities of the programme enhanced the promotion of GE and HR.

WEAKNESSES: The evaluation noted that some initially targeted communities in the counties were not involved due to accessibility and mobility issues. Some messages spread in the communities were not systematically translated into some local dialects to ensure accessibility by vulnerable groups to the information. There is no indication of how people with disabilities/SGBV survivors with disabilities were involved in the JP on SGBV/HTPs.

INNOVATION (Score A)

Findings 35, 36 and 37

STRENGTHS: The involvement of traditional leaders, men, boys and former male perpetrators of SGBV as change agents in the prevention of SGBV/HTPs was innovative in the context of Liberia. Another identified innovation was the establishment of contextualized referral pathways, which enabled an improved reporting and handling of SGBV cases.

WEAKNESSES: ____

Recommendations

The following recommendations were developed based on the findings and conclusions of the JP on SGBV/HTPs. The recommendations were discussed with UN Women, which is in charge of the programme's management, and presented in the draft version of this report to the members of the Evaluation Reference Group for input and feasibility analysis. Comments were provided and incorporated where

possible in this final version. The following recommendations are intended to be used for future programming and interventions. They are presented by evaluation criterion. Additional recommendations were developed and presented by pillar as requested by UN Women Liberia and the donor.

| CONCLUSIONS | RECOMMENDATIONS | RESPONSIBLE | PRIORITY |
|--|---|--|------------------|
| 1. DESIGN FINDINGS 1, 2, 3, 5,7, 12, 13, 31, 32 | 1.1 The ET observed and reported isolated cases in which a few social workers and GBV Task-force members displayed alarming behaviour, making jokes about SGBV issues, especially rape, which they perceive as a common occurrence in communities. The ET noted that a code of conduct was signed by the implementing partners and urgently recommends monitoring respect of the signed code of conduct and that appropriate actions are taken to mitigate this alarming issue. | UN Women MGCSP | Immediate |
| | 1.2 Some GoL representatives did not feel actively involved at the design stage, even if a letter of agreement (LOA) was signed. Due to turnover of technical staff in various ministries, the GoL should take appropriate measures to ensure continuity of collaboration between it and UN entities. | MGCSP MoJ MIA MoH | Immediate |
| | 1.3 Ensure that at the design stage of future programmes addressing SGBV/HTPs, including interventions addressing access to health and justice for SGBV victims/survivors, enough budget (3-5% of the total budget) is allocated to monitoring and evaluation (M&E). Ensure that an M&E plan is also developed at the design stage of each programme and that mechanisms are in place to ensure effective implementation of M&E plans. | UN Women UNDP UNFPA UNICEF UNHCR Donor | Immediate |
| | 1.4 Review all ongoing interventions addressing GE/SGBV/HTPs in Liberia, as well as those covering access to health and justice services for survivors, in order to ensure that there is an appropriate M&E plan and sufficient budget allocated to its implementation. | UN Women UNDP UNFPA UNICEF UNHCR Donor MGCSP | Immediate |
| | 1.5 Ensure that at the design stage of further programming a sustainability plan and exit strategy plan are developed to ensure sustainability of the results. Review ongoing programmes on SGBV/HTPs to ensure sustainability plans and strategies are developed. | UN Women UNDP UNFPA UNICEF UNHCR | Immediate |
| | 1.6 Conduct a review of all ongoing interventions addressing GE/SGBV/HTPs in Liberia, as well as the ones covering access to health and justice services for survivors, in order to ensure that an appropriate sustainability strategy plan, exit strategy and sustainability financial plan were designed. If not, ensure that they are developed. | Donor UN Women UNDP UNFPA UNICEF UNHCR | Mid-term |
| 2. SUSTAINABILITY FINDINGS 1, 2, 3, 4 AND 5 | 2.1 The joint programme was very well aligned with various instruments on GE/SGBV. Strengthen ongoing/further interventions on preventing SGBV and HTPs in Liberia and integrate specific actions addressing early and child marriage. Ensure alignment and complementarity of these interventions with the SGBV Roadmap of the GoL (2020-22). The MIA should collaborate with the National Traditional Council of Liberia to develop strong guidelines to enforce the cessation of early marriage. | UN Women Donor MGCSP MIA | Immediate |
| | 2.2 Develop a specific needs assessment of vulnerable groups and SGBV victims and survivors living with disabilities in accessing health support and justice in the counties and communities. Ensure an appropriate strategy and action plan are developed to actively involve them in ongoing and future programmes addressing inclusive access to health and justice in the country. | UN Women UNDP UNFPA UNICEF UNHCR DONOR MGCSP | Immediate |
| | 2.3 Conduct a survey of all social workers/GBV Taskforce members in the 15 counties and assess their level of knowledge on SGBV/rape/female genital mutilation (FGM)/early and child marriage and updated legal frameworks. Take action (capacity-building/networking/coaching, etc.) to strengthen their skills and expertise in the prevention, reporting and response to SGBV. | UN Women MGCSP MoJ | Mid-term |

| CONCLUSIONS | RECOMMENDATIONS | RESPONSIBLE | PRIORITY |
|---|--|---|------------------|
| 3. EFFICIENCY FINDINGS 6, 7, 8, 9, 10, 11, 12 AND 13 | 3.1 Conduct a national mapping of all actors addressing SGBV in the country per area (prevention, response, advocacy, access to health and justice services). This will enable all national and international actors to make best use of synergies available in the counties, districts and communities. | UN Women MGCSP MoJ | Immediate |
| | 3.2 Assess the knowledge and skills of staff in RBM and take action to strengthen their capacities through various actions, such as coaching, mentorship or additional trainings, etc. | UN Women UNDP UNFPA UNICEF UNHCR MGCSP | Immediate |
| | 3.3 Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. All joint interventions must meet RBM requirements. | Donor UN Women UNDP UNFPA UNICEF UNHCR | Immediate |
| | 3.4 Ensure enough funds are allocated to M&E and that M&E plans are developed at the design and planning phases of programmes. | UN Women UNDP UNFPA UNICEF UNHCR Donor | Immediate |
| | 3.5 Urgently support the GoL and the Ministry of Finance and Development Planning (MoF) in gender budgeting and ensure that sufficient resources to integrate SGBV into health sector strategic plans are provided. This will also help to sustain the results of the JP on SGBV/HTPs and other joint interventions in the country. | UN Women UNFPA MGCSP MoF MoH | Immediate |
| | 3.6 Due to turnover of technical staff in the ministries, the GoL should take appropriate measures to ensure continuity of collaboration between GoL and UN entities. Ensure that in all capacity-building activities at least two representatives per ministry are present, so that when one departs there is a high likelihood that one remains with acquired knowledge/skills to ensure continuity of work. | MGCSP MoJ MIA MoH | Immediate |
| | 3.7 Make best use of technical skills of involved stakeholders, implementing partners, NGOs and CBOs that have been already received capacity-building from UN entities in order to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions. (26% of the total budget of the joint programme was, for example, allocated to staff & personnel and contractual services). | Donor UN Women UNDP UNFPA UNICEF UNHCR | Immediate |
| | 3.8 Establish a GBV Taskforce or committee at district level to enhance monitoring and coordination mechanisms at community and district levels. It will liaise between county and community, and could be chaired by the Gender County Coordinator and comprised of district level representatives. Ensure it is inclusive and operates with the active involvement of local NGOs and CBOs. | UN Women MGCSP | Mid-term |
| 4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18,19, 20, 21, 22 AND 23 | 4.1 Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting design of ongoing and future programming. Ensure all joint interventions meet RBM requirements. Activity-based planning, budgeting, monitoring and reporting of programmes must not be funded/supported. | UN Women UNDP UNFPA UNICEF UNHCR Donor | Immediate |
| | 4.2 Take appropriate actions against the reported FGM being secretly practised on girls and women in some counties visited, as highlighted in this report. | UN Women UNICEF MGCSP MIA | Immediate |
| | 4.3 Extend the suspension of bush schools. | UN Women MGCSP MIA | Immediate |
| | 4.4 There is a link between support to survivors and women's economic empowerment (WEE) in the communities most affected by SGBV/rape and FGM. There is a need to sustain the support provided to survivors so they do not have to depend on perpetrators, which might compromise cases (because they return to live with them in the same house or in the community). Initiate interventions for WEE with SGBV survivors' families in pilot communities within the most affected counties. There is also a need to develop specific entrepreneurial programmes targeting zoes and traditional practitioners of FGM to support them finding and developing alternative livelihoods. | UN Women Donor MGCSP | Mid-term |

| CONCLUSIONS | RECOMMENDATIONS | RESPONSIBLE | PRIORITY |
|---|---|---|------------------|
| 4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18,19, 20, 21, 22 AND 23 | 4.5 Regarding the growing number of SGBV/rape/FGM survivors in Liberia, ensure there are at least two refurbished and functional safe homes and shelters in each county. In addition, foster care service should be made available for survivors who cannot return home to reside with foster families. This could begin with identification and training of families who will serve as state-certified caregivers. Involvement of peace hut women and networking is critical. | UN Women UNICEF Donor MGCSPP | Immediate |
| | 4.6 Ensure that at least two well-equipped OSCs exist in every county with health care personnel trained to take care of SGBV survivors. In remote communities where SGBV victims/survivors cannot reach an OSC within the required 72 hours, establish health structures or strengthen the existing ones with equipped health workers trained in gathering evidence. Appoint a legal officer to liaise between courts and OSCs to fast-track cases. | UNFPA MoH MGCSPP Donor MoJ | Immediate |
| | 4.7 The JP on SGBV/HTPs provided training to health-care providers in the provision of comprehensive clinical care for victims. The training must be extended to all health facilities in the 15 counties. Ensure also that trained health workers further build their capacities through networking and learning exchanges with OSCs from other counties, during which best practices could be shared. | UNFPA MoH | Mid-term |
| | 4.8 Develop a mandatory identification system for every citizen and alien residing in the country. A national identification campaign must be launched as soon as possible. | UNDP UNHCR MoJ Liberia IMS | Immediate |
| | 4.9 Support decentralization and expansion mechanisms of Criminal Court "E" to all counties. In the absence of these courts, mobile courts could be established as a pilot intervention in the counties most affected by SGBV cases. | UNFPA UNDP UNICEF MoJ | Immediate |
| | 4.10 Recruit and train more personnel from the Women and Children Protection Section (WACPS) of the Liberia National Police (LNP), females especially. Every county should have at least 10 WACPS officers. Provide necessary equipment, means of transportation and communication for social workers at the MOJ, WACPS and LNP to rapidly respond to cases of SGBV and HTPs. | MoJ | Mid-term |
| | 4.11 Provide a minimum of two DNA machines and an equipped laboratory for major regions in the country. Train at least 15 pathologists (one for every county). | UNFPA MoH | Mid-term |
| | 4.12 Urgently train judges in handling cases of SGBV/rape/HTPs/FGM-related issues. | UNDP MoJ MGCSPP | Immediate |
| | 4.13 Further enhance skills and knowledge of judges through coaching and networking exchange programmes with judges from other countries in the region, to share experiences and identify best practices in applying legal instruments on SGBV/rape/FGM. Ensure there is a platform developed to share these best practices. | UNDP MoJ MGCSPP | Mid-term |
| | 4.14 Enhance capacity-building of Gender Focal Persons and senior government officials (ministers, lawmakers and directors of government institutions) on SGBV/HTPs. | UNDP MoJ MGCSPP | Immediate |
| | 4.15 Develop appropriate mechanisms aimed at harmonizing the existing gap and conflict between the penal law, which states that children under 18 years cannot be married, and the inheritance law, which recognizes girls as young as 16 as married (the latter are recognized in rural areas). | UNDP MoJ MGCSPP | Mid-term |
| | 4.16 Set up and maintain a GBV IMS in rural areas to relay information to the central office to avoid duplication of reported cases. | UNDP Ministry of Justice | Mid-term |
| | 4.17 Establish a national rape perpetrators database system. | UNDP MoJ | Immediate |
| | 4.18 Enhance CBOs advocating on SGBV/FGM/ early and child marriage prevention and response with a particular focus on existing referral pathways in each county. Ensure that the referral pathways are well disseminated and well known in schools, networking and among youth. A mobile phone app could be developed as an inter-agency initiative and managed by MGCSPP, Ministry of Information, Culture and Tourism (MICAT) and key national NGOs. Updates would be shared in real time and the data would be monitored by the MGCSPP. | UN Women UNDP UNICEF MGCSPP MIA MICAT | Immediate |

| CONCLUSIONS | RECOMMENDATIONS | RESPONSIBLE | PRIORITY |
|---|---|--|------------------|
| 4. EFFECTIVENESS FINDINGS 14, 15, 16, 17, 18,19, 20, 21, 22 AND 23 | 4.19 Raise a national campaign in all 15 counties including practical information about the existing referral pathways in communities and how and when to access them. Emphasis should be put on the 72-hour timeframe within which to report an incident, in order to not compromise cases. | UN Women Donor MGCSP | Immediate |
| | 4.20 Enhance the capacity of journalists investigating and reporting on FGM issues, which remain a sensitive topic in Liberia. | UN Women MGCSP MIA MICAT | Immediate |
| | 4.21 Follow up on trainings provided to journalists on SGBV. Initiate a network on SGBV and media with trained journalists and other media representatives, where best practices on gender reporting, challenges and possible solutions would be discussed and shared. Ensure the representation of media from all 15 counties. | UN Women MGCSP MIA and MICAT | Mid-term |
| | 4.22 Enhance the capacity of journalists on investigating and reporting about FGM issues, which remain a sensitive topic in Liberia. | UN Women MGCSP MIA MICAT | Immediate |
| | 4.23 Ensure that advocacy and communication in the counties/ communities includes a balance of non-literacy-based messaging in order to reach communities lacking formal education. A solution is to actively involve NGOs and CBOs with capacity on SGBV/HTPs to support the development of messages in local dialects. | UNICEF UN Women MGCSP MIA MICAT | Immediate |
| | 4.24 Enhance CBOs advocating on SGBV / FGM / early and child marriage prevention and response, with a particular focus on existing referral pathways in each county. Ensure that the referral pathways are well disseminated and well known in schools, networks and among youth. An app could be developed as an inter-agency initiative and managed by the MGCSP, MITRAC and key national NGOs. Updates would be shared in real time and the data would be monitored by the MGCSP. | UN Women UNDP UNICEF MGCSP MIA MICAT | Immediate |
| | 4.25 Enhance coordination mechanisms at community and district level and ensure they are inclusive by ensuring active involvement of NGOs and CBOs. | UN Women MGCSP | Immediate |
| 5. SUSTAINABILITY FINDINGS 24, 25, 26, 27, 28, 29, 30 | 5.3 Ensure vulnerable groups and people living with disabilities are systematically involved at all stages of the joint programme. | UN Women MGCSP | Immediate |
| | 5.4 Ensure messages spread in the communities are systematically translated into local dialects to ensure accessibility by vulnerable groups to information on SGBV/HTPs and on their rights. | UN Women MGCSP | Immediate |
| INNOVATION FINDINGS 35,36 AND 37 | | | |

RECOMMENDATIONS ON THE LIBERIA SPOTLIGHT INITIATIVE

| GENERAL RECOMMENDATION | RESPONSIBLE | PRIORITY |
|---|---|------------------|
| 1. SGBV is the most concerning HR violation and source of abuse in Liberia and a highly sensitive issue. The evaluation identified concerning behavior of some social workers, who were making jokes about SGBV and not demonstrating a serious commitment to SGBV/rape/FGM issues. There is therefore an urgent need to conduct SEA risk analysis of all interventions dealing with SGBV/HTPs and take appropriate actions to prevent the joint programme's staff, including contractual services and implementing partners operating on behalf of UN/GoL in the communities, districts or counties, from being part of the problem. A code of conduct must be established and signed by all individuals delivering programme activities on behalf of the UN, including implementing partners. The principles of the 'Do no harm' approach must be taken seriously by all involved partners. | UN Women, UNDP, UNFPA, UNICEF and OHCHR | Immediate |
| 2. For SGBV survivors, ensure further alignment to health and justice services via the newly developed SGBV Roadmap 2020–2022 of the GoL. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 3. Ensure there is an appropriate M&E plan and sufficient budget allocated to monitoring and follow-up of implementation of activities in the communities. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 4. Ensure that there is an appropriate sustainability strategy plan, exit strategy and sustainability financial plan developed, which implementation will be monitored by involved UN entities. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 5. Ensure vulnerable groups and people living with disabilities are systematically involved at all stages of the programme. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 6. Ensure RBM is effectively applied in programming, budgeting, monitoring and reporting. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 10. Make best use of technical capacities of involved stakeholders, implementing partners, NGOs and CBOs that have been already capacitated by UN entities to deliver activities. This will reduce the costs related to contractual services and enhance efficiency of joint interventions. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |
| 11. Enhance coordination mechanisms at community and district level and ensure they are inclusive via the active involvement of NGOs and CBOs. | UN Women, UNDP, UNFPA, UNICEF, OHCHR | Immediate |

| FINDING NUMBERS | SPECIFIC RECOMMENDATIONS | RESPONSIBLE | PRIORITY |
|-----------------|--|-------------------|------------------|
| Finding 26 | 12. Pillar 1 of the Liberia Spotlight Initiative (Legislative and policy frameworks) must address the reported challenges in implementing the Domestic Violence Act. In addition, the conflict between the penal law that states children should not be married before 18 years, and the inheritance law, where girls as young as 16 can get married (the latter is recognized in rural areas) must be addressed. | OHCHR UN Women | Mid-term |
| Finding 26 | 13. Pillar 2 (Strengthening institutions) of the Liberia Spotlight Initiative must further enhance capacity-building and development with the justice system aiming at ending the high prevalence of impunity. Capacity-building activities of judges on handling cases of SGBV / FGM / child marriages is very critical. | UNDP UN Women | Immediate |
| Finding 26 | 14. Pillar 3 of the Liberia Spotlight initiative (Prevention) must integrate the following element in its programmatic content and approach: <ul style="list-style-type: none"> ■ Enhance community knowledge on SGBV / rape / FGM and child marriage ■ Raise further awareness on prevention of SGBV, SEA, HTPs and on the response within the school environment. Active involvement of men and traditional leaders in awareness-raising activities at community and district levels is critical ■ Strengthen media institutions in reporting on SGBV, particularly on FGM issues, which are not adequately covered by the local media. | UN Women MGCSF | Immediate |
| Finding 26 | 15. Under Pillar 4 (Quality and essential services) and Pillar 5 (Data availability and capacities), the following activities are critical: <ul style="list-style-type: none"> ■ Ensure functional safe homes and shelters are established in each county ■ Ensure that at least 2 well-equipped OSCs, including health care personnel trained to take care of SGBV survivors, are established in the counties covered by the programme ■ Ensure data are made available to the MoJ in establishing a recommended national rape perpetrators database system ■ Ensure that existing health centres in communities where the access to OSCs could take longer than 72 hours include structures established and competent in gathering evidence and providing treatment for SGBV victims /survivors. | UNFPA MoH | Immediate |

