Spotlight Initiative
To eliminate violence against women and girls

Initiated by the European Union and the United Nations

Spotlight Initiative
To eliminate violence against women and girls

COUNTRY PROGRAMME DOCUMENT

LIBERIA

December 2018

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COUNTRY PROGRAMME DOCUMENT

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<td>Programme Title: EU/UN Spotlight Initiative, Liberia</td>
<td>Recipient UN Organizations (RUNOs):
UN Women, UNFPA, UNDP, UNICEF, OHCHR</td>
</tr>
<tr>
<td>Programme Contact:
Name and Title: Chencho Dorjee, Coordination and Joint Programmes Specialist
Address: RC Office, Liberia
Telephone: +231770003857
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<td>Programme Partner(s):
UNHCR and IOM
- Government:
Ministry of Gender, Children and Social Protection; Ministry of Health; Ministry of Justice; Ministry of Information and Cultural Affairs; Ministry of Youth and Sports; Ministry of Education; and Ministry of Internal Affairs
- NGOs and CSOs
- Note: These are not listed at this moment because while some are partner to RUNOs currently, they might change when implementation begins.

- Traditional Council of Elders and Chiefs
- Private Sector</td>
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<tr>
<td>Programme Country: Liberia</td>
<td>Programme Location (provinces or priority areas):

The Programme will target five counties including Nimba, Grand Gedeh, Lofa, Grand Cape Mount and Montesserrado. These are prioritized because of the high prevalence of SGBV/HPs and less SRHR [1].</td>
</tr>
<tr>
<td>Programme Description: A sentence/short paragraph describing the programme's scope and focus.

The primary purpose of the programme is to reduce the prevalence of sexual and gender-based violence and harmful practices, and increase women's and girls' access to sexual and reproductive health and rights, in accordance with the objectives of the Spotlight Initiative.

The programme will be implemented in the five most-affected counties and was formulated through an extensive and inclusive participatory process. This process identified the priority interventions needed to tackle violence against women and girls by</td>
<td>Total Cost of the Spotlight Country Programme (including estimated Unfunded Budget):
US$ 29,361,621

Total Funded Cost of the Spotlight Country Programme (Spotlight Phase I[2] and UN Agency contribution): USD 18,665,681

Breakdown of Total Funded Cost by RUNO:
<table>
<tr><th>Name of RUNO</th><th>Spotlight Phase I (USD)</th><th>UN Agency Contributions (USD)</th></tr>
<tr><td>UNDP</td><td>3,097,358</td><td>1,086,844</td></tr>
<tr><td>UNFPA</td><td>4,363,521</td><td>717,328</td></tr>
<tr><td>UNICEF</td><td>1,745,875</td><td>511,419</td></tr>
<tr><td>UN Women</td><td>5,610,859</td><td>257,067</td></tr>
</table>
</td>
</tr>
</table>

[1] SGBV/HPs/ lack of SRHR is prevalent nationwide and is one of the major causes of gender disparities. The Spotlight Initiative will prioritize and sequence the interventions/locations based on sectoral analyses (FGM, child marriage, child early forced marriages, domestic violence, rape) using the SCORE index findings and complement them with other studies conducted by different organizations. It will build on the understanding of the gaps in the current SGBV joint programme. The aim is to focus on the first five most affected counties in the first two years of implementation for capacity and infrastructure. The efforts will be scaled up to the remaining counties based on lessons and best practices.

[2] Funding from the Spotlight Initiative will be allocated by the Operational Steering Committee in two distinct phases: Phase I will entail allocating 70% of the funding envelope, Phase II will only be allocated depending on the Country Programme's overall needs and performance towards achieving results.

addressing structural causes, thus ensuring sustainability.

OHCHR	1,026,387	249,023
Total	**15,844,000**	**2,821,681**

Estimated No. of Beneficiaries TBD

Indicative numbers	Direct	Indirect
Women	333,449	396,783
Girls	353,926	478,268
Men	58,748	674,462
Boys	73,289	683,859
Total	**613,578**	**1,987,701**

Note: The figures above have been adjusted to avoid double counting of beneficiaries, some of whom may be recipients of several interventions.
* this is the estimation of the direct and indirect beneficiaries. This will later be adjusted, based on the baseline study that will be carried out holistically in the inception phase of implementation.

Note: A breakdown and analysis by intersecting forms of discrimination is provided in the body of this document.

Start Date: 1ST JANUARY 2019

End Date: 31ST DECEMBER 2022

Total duration (in months): 48 MONTHS

Spotlight Initiative
To eliminate violence against women and girls

Recipient UN Organization: UN Women Marie Goreth Nizigama Title: Signature Date & Seal 19/12/18	**Government of Liberia** Hon. Williametta Piso Saydee Tarr Ministry of Gender, Children and Social Protection Signature Date & Seal
Recipient UN Organization: UNFPA Name PHILBERALIE E. PRATT Title: ASST REPUBLIC Signature Date & Seal 19/12/18	
Recipient UN Organization: UNDP Pa Lamin Beyai, Country Director Signature Date & Seal	
Recipient UN Organization: UNICEF Dr. Suleiman Braimoh, Country Representative Signature Date & Seal 21 Dec 2018	
Recipient UN Organization: OHCHR Kyle Ward, Chief Programme Support and Management Services 22/08/2019	
UN Resident Coordinator Yacoub El Hillo Signature Date & Seal 19/12/2018	

The UN Executive Office of the Secretary-General:

Ms. Amina J. Mohammed

Signature: _____

Date: _____

I. SITUATION ANALYSIS

General Situational Analysis

Liberia has an estimated population of 4.8 million,[3] roughly half of which is under the age of 18, with a median age of 18.7, but the country will not reap the benefits of this demographic dividend unless the situation of women and girls improves. With strong patriarchal social norms and entrenched, socially accepted violence against women and girls, Liberia currently ranks 177 out of 188 countries on the overall measures used to determine the gender inequality index.[4] Rates of sexual and gender-based violence (SGBV), harmful practices (HPs), female genital mutilation (FGM), child marriage and teenage pregnancy are all high, while access to sexual and reproductive health rights (SRHR) is low.

Progress in peacebuilding and security over the last decades has not translated into actions to eliminate violence against women and girls (VAWG) and marginalized groups; rather, VAWG has contributed to destabilizing the peace and security, with increasing media attention leading to demonstrations by the public, with the youth that make up 63% of the population[5] especially expressing frustration at the lack of response and action from the Government. However, the newly elected Government has indicated a strong focus on improving the realization of women's and girls' rights in its recently launched five-year development plan, the Pro-Poor Agenda for Prosperity and Development (PAPD). The PAPD is aligned to the Sustainable Development Goals (SDGs), which are strongly embedded within the overall PAPD.

Pillar by pillar, the following section analyses in more depth the barriers to women and girls realizing their rights to SRHR, and to live a life free of violence and all forms of HPs.

OUTCOME 1: LEGISLATIVE AND POLICY FRAMEWORK

While Liberia has ratified key international and regional instruments[6] that seek to address VAWG, implementation is weak or non-existent and significant legislative and regulatory gaps remain. The Children's Law of 2011 is sufficient and in line with the Convention on the Rights of the Children, yet it is not enforced nor operational with no regulatory framework; the amendment of the Domestic Violence Law failed to ban FGM despite intense debate; and even though the then President issued Executive Order No. 92 prohibiting FGM in January 2018, the practice remains widespread. While the Penal Code criminalizes rape, there is no mention of marital rape. In addition, the sexual and reproductive rights of minority groups such as sex workers and those who identify as LGBTIQ are not legally recognized. While the voices of civil society groups and informal decision-making groups have been strong in other sectors, they remain weak in advocacy and monitoring relevant legislation and policies.

In view of Liberia's commitments and human rights obligation to ensure that the rights of marginalized groups are protected, respected and fulfilled, there is an urgent need to address the structural gaps in laws and policies through legislative reforms, amendments and repeal of obsolete laws. There is also a need for expeditious enactment of pending bills, such as the Domestic Violence Bill, to ensure effective protection of women's human rights.[7] Some of the major ongoing legal and policy interventions include the anticipated amendment and enactment of the Domestic Violence Bill; implementation of the

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[3] On 9 August 2018: see http://www.worldometers.info/world-population/liberia-population/.
[4] The Gender Inequality Index is a composite measure reflecting inequality between women and men in three different dimensions: reproductive health (maternal mortality ratio and adolescent birth rate), empowerment (share of parliamentary seats held by women and share of population with at least some secondary education), and labour market participation (labour force participation rate). See United Nations Development Programme, Human Development Report 2016, Table 5.
[5] See https://www.indexmundi.com/liberia/demographics_profile.html.
[6] International legal instruments including CEDAW (1979), 1325 NAP (2009), Convention of the Rights of a child (1990); International Convention on the rights of Persons with Disabilities (2006): The Protocol on the Statute of the African Court of Justice and Human Rights, the Kampala Convention.
[7] Domestic Violence Bill including the FGM Clause; Amendment of the Alien & Nationality Law;

Law Reform Policy; revision of the Public Health Law and National Family Planning Strategy and the Reproductive, Maternal, Newborn, Child and Adolescent Health[8] Policy; and planned revision of the 2011 National Youth Policy.

In addition to the gaps in legislation and regulatory frameworks there is little or no political will and commitment, the lack of public confidence in statutory institutions such as the judiciary and the police leads to underreporting of cases. For example, of the 1,511 cases of rape reported (to all sources, not only police) in 2014/15, only 2% resulted in conviction of the perpetrators.[9] The lack of trust in government structures creates strong social pressure to resolve cases outside formal justice systems, especially when the perpetrator is a family member of the victim or is a wealthy, powerful and influential member of the community. Although in theory national law takes precedence over customary law, in reality – and in light of the low public confidence in government institutions – it still holds sway over much of the population, especially in rural areas.

OUTCOME 2: INSTITUTIONAL STRENGTHENING

Current institutional capacities and mechanisms largely remain weak and incapable of efficiently implementing multisectoral programming approaches to plan, implement and monitor interventions to prevent and respond to SGBV, HPs and SRHR-related issues at both national and subnational levels. The most significant obstacle is the absence of adequate institutional budgetary allocation to meet the gender-specific needs of women and men, boys and girls. Budgeting processes remain heavily skewed in favour of men. This adversely impacts both the design and implementation of activities and monitoring and evaluation (M&E). As a result, there is considerable public mistrust in the delivery of appropriate services to effectively address the structural causes of the high incidence of SGBV and related problems, fostering a culture of impunity.

There is one national gender-based violence (GBV) Task Force and 15 GBV task forces at county level which include local authorities, line ministries, civil society organizations (CSOs) and community elders and traditional leaders, with varying degrees of effectiveness and functionality. Institutional mechanisms for prevention, response and accountability for violations related to SGBV, HPs and SRHR largely remain very weak. This institutional shortfall has serious ramifications for policy implementation and leads to asymmetrical gender power relations between those in power and those who are most left behind. This challenge is perpetuated by silo approaches and insufficient availability of funds for duty bearers to safeguard the protection and enjoyment of equal rights by women, men, girls and boys.

The Ministry of Gender, Children and Social Protection (MGCSP) has not received sufficient funding to prevent and respond to SGBV and HPs and promote realization of SRHR. Other relevant line ministries[10] have also not prioritized any strategic interventions in their sector plans nor allocated budget to complement efforts by MGCSP. Furthermore, gaps in institutional and organizational capacities of national counterparts and CSOs on gender mainstreaming and targeted or multisectoral programming, strengthening coordination, gender-responsive budgeting (GRB), increased skills building and enhanced capacity for targeted advocacy continue to undermine efforts.

Due to limited fiscal space, the government has mainly relied on donor support and technical cooperation arrangements from UN agencies to address SGBV, HP and SRHR challenges in Liberia. This has impacted the sustainability of interventions; for example, county-level GBV task forces have been restricted in fully discharging their functions at county and district levels. Analysis of existing trends also points to limited capacity and knowledge among line ministries and agencies, and judicial and law enforcement personnel of relevant international, regional and domestic laws which provide legal guarantees protecting the rights of women, girls, boys and men to be free from SGBV, HPs and SRHR-related violations.

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[8]https://www.dropbox.com/s/i9zpriiujpj5w2u/Liberia%20RMNCAH%20INVESTMENT%20CASE%202016%20-%202020.pdf?dl=0.

[9] MoGCSP Gender-Based Violence Annual Statistical Report of 2015.

[10] Ministries of Health, Justice, Information and Cultural Affairs, Youth and Sports and Education

OUTCOME 3: CHANGING NORMS AND BEHAVIOURS. PREVENTION.

There are a number of sociocultural factors that pose a challenge to the eradication of GBV in Liberia. In addition to patriarchal norms that maintain the low social status of women and girls, the legacy of the Liberian civil wars – which were characterized by extremely high levels of sexual and other forms of violence against women, with rape being used as a weapon of war – remains. As a result, the nature and level of violence has, to an extent, been 'normalized' in the now post-conflict circumstances,[11] with a cultural and societal acceptance of violence against women and children, especially girls.[12] Data from the most recent Demographic and Health Survey (DHS) in 2013[13] show, for instance, that 43% of women and 24% of men agree that husbands are justified in beating their wives if they burn the food, neglect the children, go out without telling them or refuse sex.

Child marriage, early initiation of sexual activity and teenage pregnancy are common in Liberia: according to the DHS 2013, 24% of women age 25–49 had sexual intercourse by the age of 15 and 78% by age 18, while 37% of women have had their first child by age 18. Statistics reveal that the majority of girls were coerced into their first sexual experience. Rates of teenage pregnancy are also much higher in rural communities than in urban areas. Because there is a strong correlation between child marriage and SGBV occurrence, these young women are at greater risk of impacts including reduced access to SRHR, maternal mortality and morbidity, and health issues such as fistula and uterine prolapse due to early pregnancy. The national contraceptive prevalence rate for family planning is 20% and less than 14% for adolescent girls aged 15–19 years. The unmet need for family planning has virtually remained the same with no significant decrease: from 36% in 2007 to 34% in 2013 (DHS 2013).

The most recent UNICEF data[14] from 2008–2011 suggest that 44% of women and girls aged 15–49 have undergone FGM in Liberia.[15] In Liberia, FGM is closely related to women entering a secret female society called *Sande*.[16] The *Sande* society is led by traditional leaders called *Zoes*. The *Sande* society is the trusted custodian of 'culture' in much of Liberia and has been present in the region for centuries. This society is traditionally believed to inculcate values and teach skills conducive to communal harmony and to prepare children for the rigours of adulthood. It also has a spiritual dimension, though it is not considered to be a religious institution as such, and most *Sande* and *Poro* (the male equivalent of *Sande*) members are also adherents of Christianity or Islam.[17]

In order to join the *Sande* society, which represents a rite of passage towards adulthood, women and girls need to undergo several initiation rituals, the most significant of which is FGM. Most girls who join the *Sande* society are taken out of normal school and sent to 'bush schools', compromising fulfilment of their right to education.

Regional and national consultations revealed that FGM is not the only HP in Liberia infringing on the rights of women and girls. Other HPs mentioned include forced confession by women to admit crimes they did not commit or else face severe consequences; accusing women of being witches and punishing women for any perceived wrong by undressing them in public.

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[11] Bernath, 2014, Evaluation of the Norwegian Refugee Council's GBV Programme 2009-2014.
[12] Government of Liberia, 2016, Programme Against Sexual and Gender Based Violence and Harmful Traditional Practices.
[13] Demographic and Health Survey (2013). Available at: https://dhsprogram.com/pubs/pdf/SR214/SR214.pdf.
[14] See https://data.unicef.org/wp-content/uploads/2015/12/FGMC_Brochure_Lo_res_161.pdf.
[15] Recalculation of DHS figure of 66% by UNICEF Division of Data, Research and Policy.
[16] Mgbako (2011), Penetrating the Silence in Sierra Leone: A Blueprint for the Eradication of Female Genital Mutilation.
[17] December 2015 report on traditional practices in Liberia, published by United Nations Mission in Liberia (UNMIL).

Moreover, groups that are traditionally left behind[18] are discriminated against, oppressed, stigmatized and abused; and live in constant fear of being attacked and beaten because of their condition, disability and/or sexual orientation. In addition, people with disability, including women and girls, are more at risk of violence in general, including SGBV. The attempts of CSOs and women's groups to advocate for capacity development and institutional change have yet to bear fruit and result in action, especially prevention. Members of the LGBTIQ community have limited access to basic rights, services, social freedom, social justice, social economic empowerment and access to health services; and suffer from denial of their fundamental rights to expression, equality and association.

OUTCOME 4: DELIVERY OF QUALITY, ESSENTIAL SERVICES

Most cases of VAWG are reported by health facilities, NGOs and Liberia National Police (LNP)/Woman and Child Protection Section (WACPS). Of all cases reported by the GBV Unit of MGCSP in 2017, medical treatment was provided to 56.9% of survivors. The most frequent services provided to victims include: treatment for sexually transmitted infections, post-exposure prophylaxis, tetanus toxoid vaccination, emergency contraceptives and psychosocial counselling. There is no specialized assistance nor services that are provided to women and girls with disability, refugees or displaced women and girls (who do not speak English). Health, psychosocial and justice services were the most accessible response service over the period 2010–2016, with safe homes and empowerment services being the least accessible and only 5% of case being referred to legal aid. Social and economic empowerment for SGBV survivors and at-risk populations at community level – including education, life skills and livelihood support – is planned but not implemented.

Despite transactional sexual violence ('sex for grades') appearing to occur with impunity in schools (reported rates of 13.2% for boys and 17.8% for girls), reporting and accountability structures for SGBV in schools have not been established due to the limited will to implement the Education Reform Act which references disciplinary measures and a Code of Conduct for teachers. However, while the referral pathway between services as a whole is not functional as an integrated service, certain individual components of it are partly functional. Assessments conducted by the Liberian Spotlight Initiative (LSI) Team reported that of a total of seven government Safe Homes in Bong, Nimba, Margibi, Lofa, Grand Bassa, Grand Cape Mount counties, those in only two counties (Lofa and Nimba) were functional.

A major challenge since 2006, has been the capacity and skills of the GBV Division of MGCSP. The unit has received no funding from the Government of Liberia (GoL) budget and has been heavily reliant on UN programme support to function which is provided under the Joint Programme on SGBV (UN, Sweden). The programme will support staff employed at the government's One Stop Centres (OSCs) who have very low morale and commitment, and suffer from inadequate supplies, low salaries and – at times – long periods without being paid. As a result, only one county (Montserrado) out of the four selected districts has an available and functional OSC. The unit will benefit from all five pillars in the program with respect to their coordination, technical and program responsibilities at the national and county levels building to ensure continuity, relevance and enhanced monitoring and implementation responsibilities on SGBV/HP/SRHR within the MGCSP and coordination with other line ministries.

Public trust and confidence in the LNP and Judiciary is lacking and they are largely unable to protect citizens and tackle crime effectively. In 2009, the LNP established a specialized unit, WACPS; however, enforcement capacity remains weak. Despite nearly doubling the numbers of the LNP, including almost 20% women, most police officers are ill-trained and poorly paid. They are severely under-resourced and notoriously slow to respond. The lack in formal security has caused people to take the law in their own hands, in some instances resulting in 'mob justice'. The Liberia Immigration Service, which includes 30% women, has similar challenges in capacity and resources and is not able to effectively protect the 200 border crossings. Women and girls, who form the majority of people engaging in cross-border trade with neighbouring countries, are often harassed.

[18] Lesbian, Gay, Bisexual, Trans and Intersex Persons, women and girls and men and boys living with disabilities, HIV affected persons, sex workers and female injecting drugs users that make up the LGBTIQ community.

Although a special Criminal Court E has been established in some counties, reporting of rape cases to the police is low, and of those that are reported, most are dismissed due to lack of proper evidence gathering by police. Ineffective investigation, 'compromising' cases, corruption, and the lack of will or due diligence on the part of police and prosecutors add to the problems. Efficient and effective victim and witness protection support is also mostly absent. In counties where Court E does not exist, cases are handled by the regular circuit courts and are not prioritized over other cases. Limitations in response services are aggravated by lack of coordination among government stakeholders and among the CSOs providing response services; and limited capacity and knowledge among line ministries at the national and subnational levels.

OUTCOME 5: MANAGEMENT OF DATA AND INFORMATION, TO INFORM POLICIES AND PROGRAMMES ON VAWG AND FEMICIDE

Ineffective coordinated collaboration and reporting among stakeholders (government, CSOs, women's rights advocates) leads to inaccurate and insufficient information about the nature and extent of GBV. The GBV Unit within MGCSP has the mandate to collect GBV data and provide regular updates to partners and stakeholders that will inform policymaking and programmes. MGCSP reports quarterly and annually through statistical reports on GBV where data is disaggregated by sex, age and residence through the GBV Information Management System (IMS). However, the GBV IMS is not fully functional, has not been officially launched and is yet to reach quality data systems standards.

Despite some progress, there are still several challenges that affect both functionality of the system and the quality of the data collected. For example, the existing data architecture is inadequate in scope and coverage, resulting to gross underreporting of GBV/HPs/SRHR data. Data under SGBV is available but not collected in a coherent and coordinated manner and is skewed mostly towards the recording of SGBV offences against children. Additionally, available databases are incomplete, out of date and are more partner/institution specific. In most cases, the statistical value for the same indicators are inconsistent and conflicting. The human resource infrastructure and logistical needs of data staff and offices at all levels are still very weak.

There is also lack of coordination between data producers and data users. Neither the Ministry of Health (MoH) database nor the WACPS database are linked to the GBV IMS database. Currently, WACPS only shares hard copies on data from its departments with MGCSP for reporting purposes. A holistic system of data collection is thus not fully in place. Few county offices have trained data clerks or the necessary infrastructure to maintain an electronic database.[19] Although case management forms are available in all counties, most counties have not received training on GBV IMS and staff turnover is high in those that have.

Although there is political commitment for an integrated multisectoral IMS on SGBV, HPs and SRHR, budgetary allocation for the data subsector is inadequate and therefore the system struggles to produce adequate information for policy, planning and programming on SGBV/HP/SRHR. There is also limited human resource capacity, especially in data collection, management, analysis, dissemination, use and archiving.

OUTCOME 6: THE WOMEN'S MOVEMENT AND CIVIL SOCIETY ORGANIZATIONS

The elimination of VAWG cannot be achieved without a strong and empowered civil society and autonomous women's movement, given the strong role of CSOs and women's movements and rights advocates in pushing the issue of VAWG onto the national and international agenda as well as being instrumental in driving legislative and policy change.

[19] Formative study for development of Liberia Spotlight Initiative Country Programme Document, August 2018.

Civil society in Liberia consists of over 1,500 formal organizations registered under the umbrella of the National Civil Society Council of Liberia (NCSCL), and countless informal organizations. CSOs are confronted with numerous challenges, including limited capacities to plan, implement, monitor, report and advocate on SGBV/HP and SRHR issues at national and county level. The LSI review exercise mapped 44 national CSOs and women's groups working to end SGBV/HP and promote SRHR. They lack an effective and functional umbrella organization and need to redefine their mandates and roles as they shift to new development and governance approaches, which require a complete new set of skills (evidence-based research and advocacy, policy analysis and political and social dialogue, for example). Liberian CSO institutional capacity remains generally weak, and CSOs face a multiplicity of operational and institutional challenges that inhibit them in carrying out their activities.

Another challenge is fragmentation, which makes it difficult for the sector to build collaboration and partnership and is a major deterrent towards achieving the common goal of ending SGBV/HPs/ SRHR. There is a need to build relationships between the Government and CSOs and among CSOs on a broader level rather than through the NCSCL, which is composed of other CSOs that are not involved in addressing gender equality, SGBV, HP and SRHR issues. It is important to note that the Civil Society Platform addressing SGBV and HP is part of the National Civil Society Council. The National Working Group Against FGM is also a member of the NCSCL and is composed of 20 organizations working together to address FGM.

Assessments conducted by the LSI Team established that there are limited programmes and projects that are fully focused on women and girls. There are no economic empowerment projects, yet 74% of respondents said those would be particularly helpful for women. Sustainability of services from CSOs is a major challenge, because SGBV services ended with the end of external funding. However, several women's groups exist in all counties.

Key Programmatic Lessons Learned

The programme will use the following best practices and lessons learned from previous relevant programmes such as the H6 Partnership (2015-2017) and the UN Joint Programme (JP) on SGBV among others:

- Inclusive programmatic outreach, bearing in mind the 'leave no one behind' principle and to ensure capturing the most disadvantaged and marginalized women and girls, LGBTIQs and women and girls with disabilities.
- Meaningful, sustainable and diverse partnership which cuts across government line ministries, CSOs, traditional and non-formal institutions and the private sector from programme planning to implementation, monitoring and reporting. This needs to be carried out in a participatory and inclusive manner, given the complexity and multisectoral nature of eliminating violence against women and girls (EVAWG) and to ensure increased buy-in and ownership of EVAWG.
- Focused integrated efforts around advocacy, policy and legislative reform. This needs to be coupled with demand creation and capacity strengthening of key partners, given the past challenges faced on the ground, especially through the passing of the Domestic Violence Bill and weak enforcement and operationalization of laws in general.
- Further emphasis on 'Delivering as One UN' in a coordinated and concerted manner from programme planning, implementation and monitoring and reporting, especially when it comes to interministerial and ministerial support to key line ministries, especially MGCSP, as well as CSOs, the private sector and other non-state institutions.
- Emphasis on GRB, especially among key line ministries such as the Ministry of Finance and MGCSP. This is aimed at creating greater ownership, commitment translated into action and accountability of the Government when it comes to EVAWG. This is particularly important in Liberia, especially due to the diminishing fiscal space and continued over-reliance of funding by the government on the UN and other development actors.
- Given the challenges of accessible, timely and quality survivor-centred and sensitive assistance, decentralized service delivery and demand creation at the county, district and community level needs to be accelerated if we are to ensure 'reaching the furthest behind first'.

- More strategic attention, engagement and appreciation to be made with traditional and religious leaders, who are the 'gatekeepers' and 'custodians' of customary laws and informal justice mechanisms in communities, especially where FGM and child marriage are widely practised. Further, while harmful social norms and values that are the main drivers of HPs and need to be addressed to change gender-inequitable norms, appreciation of positive cultural heritage, values, rituals and teachings must not be ignored.
- Better and strategic engagement of men and boys, who hold key leadership/influential positions at family and society level and are male spouses/intimate partners and future spouses/intimate partners, as role models, mentors and agents of change. This should be done through addressing the issues of masculinity and power dynamics that unfortunately play an attributing role to SGBV and HPs. Men and boys also need to be engaged to play a facilitating role to enhance service uptake by women and girls.
- In parallel with emphasizing the programmatic importance of engaging with men and boys, specific engagement of particular age groups such as the 'second decade' of life, i.e. youth and adolescents should also be taken into consideration given the context of Liberia being a 'young country' with a median age of 18. This age group is at high risk and affected by SGBV and HPs but this is also the phase of life where gender roles can either be consolidated, challenged or transformed.
- Continued promotion of the OSC model is needed because it aims to provide an integrated SGBV response package in an accessible manner. However, given the unique needs and challenges faced around girl victims/survivors of SGBV and HP, a child-sensitive and child-centric survivor's assistance package distinct from the OSC model will continue to be sought. In addition, efforts will be focused on ensuring that the OSC model strengthens its links with other sectors (justice, social welfare and psychosocial) in a harmonized and timely manner.
- Focused community-based interventions to build capacity and knowledge on prevention and response to dovetail with the national efforts because change is more sustained when demand and need is addressed where gaps exist. Most previous efforts have been at the national level and the focus will now shift to decentralization of the services and building ownership, which will include working with different stakeholders including civil society, the private sector and rights groups.

II. PROGRAMME STRATEGY AND THEORY OF CHANGE

The LSI provides an opportunity to implement the principles of the 'Common Chapter' as adopted in 2018 by UNDP, UNICEF, UNFPA, OHCHR and UN Women in their Strategic Plans, 2018-2021. It commits the agencies to collaborating at country level to achieve greater impact through the collective pursuit of shared outcomes, leading to stronger, more consistent support to the 2030 Agenda. The key strategic areas of collaboration include improving adolescent and maternal health and achieving gender equality and the empowerment of women and girls.

The proposed programme and its structure, results framework and interventions are fully in line with the SDGs (namely 3,4,5,8, 10 and 16), international laws/standards (namely the Convention on the Elimination of all Forms of Discrimination Against Women and the Convention on the Rights of the Child) as well as with the GoL development agenda as articulated through the PAPD.

Building on the lessons learned around partnerships, the programme envisions a meaningful, sustainable and diverse partnership which cuts across government line ministries, CSOs, traditional and non-formal institutions and the private sector. Engagement is to be carried out in a participatory manner, from programme planning to implementation, monitoring and reporting. As such, the governance structure also reflects this partnership principle where Government, non-state institutions and CSOs are included from the beginning. The LSI will also incorporate a strong **communications strategy** with twin purposes: 1) to change behaviour and attitudes within communities and society as a whole on SGBV/HPs and SRHR; and 2) to ensure implementation of LSI is highly visible.

Justification of Geographic Locations

The five counties selected for LSI are the most populated of the total 15 counties and account for **78%** of the overall Liberian population. The previous lessons learned on the need to prioritize and to focus on decentralization of services to bridge gaps in access for the poorest and most remote communities and to increase efficiency and impact are the reasons behind the selection of target communities and location of the programme, combined with the prevalence and vulnerabilities outlined below.

The programme will target five counties (Lofa, Grand Cape Mount, Montserrado, Nimba and Grand Gedeh) across three components (aggression by respondents in daily life; their endorsement of political violence; and their endorsement of SGBV) highlighted by the Social Cohesion and Reconciliation (SCORE) study, Sexual and Gender-Based Data (MGCSP) and Demographic Health Information Data (MoH).

The SCORE survey studies social, political and economic indices (among others) to better understand societal dynamics in a post-conflict setting such as Liberia. The survey evaluates the indices in terms of three components and their direct links: (1) aggression by respondents in daily life; (2) their endorsement of political violence; and (3) their endorsement of SGBV. The results are scored from a low of zero (no tendencies) to 10 (extreme tendencies) for the index of each category (violent tendencies, FGM prevalence, endorsement of SGBV and political tribalism). The national averages are indicated to illustrate their relative prevalence with respect to the country situation.

Table 1: Matrix of the Five County SCORE Indicators – Liberia, 2016–2018

COUNTY	Midyear population 2019	Violent tendencies	FGM	Endorsement of SGBV	Political tribalism
Lofa	356,399	2.5	3.9	1.9	3.1
Grand Cape Mount	163,582	4.0	6.2	1.1	4.6
Montserrado	1,439,484	1.8	5.1	1.9	2.7
Nimba	594,755	0.8	4.7	2.0	3.0
Grand Gedeh	161,242	3.0	5.1	2.0	4.0
National Average	4,475,353	1.9	4.4	2.0	3.0

The findings indicate a relationship between violent tendencies and political tribalism, with a strong correlation with SGBV. This result is consistent with existing literature on conflict resolution, which shows a correspondence between patterns of violence observed at the macro level and tendencies around SGBV measured at the micro level. Data analysis also reveals that low levels of political tribalism is correlated with high aversion to SGBV, and high levels of political tribalism with high levels of acceptance of SGBV. Importantly, the data have direct links with the high reports of SGBV, especially in Montserrado, Nimba and Grand Gedeh counties. It has been very difficult to get precise numbers of women and girls affected by FGM, but the proxy has been to prioritize the counties leading in the practice of FGM by the *Zoes* who propagate the practice, especially in Grand Cape Mount and Lofa.

Programme Beneficiaries

The basis of the calculations of beneficiaries is the projected 2019 midyear county population figures. These were extracted from the subnational projections in the thematic report on population projections of the 2008 Population and Housing Census as published by the national statistics office. As per the population figures the female/male growth rate trends indicate a 1:1 ratio (details in Annex 3).

Table 2: Programme beneficiaries by Pillar

Pillar	Direct beneficiaries				Indirect beneficiaries			
	Girls	Women	Boys	Men	Girls	Women	Boys	Men
Pillar 1:	694,758	705,730	0	0	0	0	664,314	694,758
Pillar 2:	0	1,314	0	4,505	650,660	704,416	664,314	690,253
Pillar 3:	2,428	4,070	58,388	74,910	705,730	650,660	694,758	664,314
Pillar 4:	650,660	705,730	0	0	318,580	863,872	664,314	694,758
Pillar 5:	650,660	705,730	0	840	0	0	664,314	694,758
Pillar 6:	2,188	987	1,099	478	705,730	650,660	694,758	664,314

The programme emphasizes focusing on an integrated approach across the different interventions in the pillars through decentralization of services to victims and survivors of sexual violence. The focus will be on engaging at the national and county levels with different stakeholders – especially civil society and private sector actors – on prevention, response and awareness of the referral path for survivors.

Like the formulation of the programme, implementation will be based on inclusive participation approaches to ensure marginalized groups of women, girls, disabled, LGBTQIs, etc. are embraced. Particular efforts to strengthen the capacity and knowledge of the 16 members (representative of CSOs and women's right groups) of the National Civil Society Reference Group established by the Spotlight will ensure and enhance their voices, participation and advocacy on issues related to SGBV, HP and SRHR, especially in the five programme counties.

The programme will place significant focus on prevention and response through in-school and out-of-school interventions by working with health and education stakeholders to build trust and confidence with informal decision makers and non-government institutions to stop the practice of FGM, while also advocating to strengthen other social and cultural practices within communities and working with formal and informal justice systems. There will also be a focus on behavioural change supported by legislation, policies, effective services and gender-responsive planning and budgeting to sustain the outcomes for gender equality and empowerment of women and girls.

The Liberia programme will focus on:

- Amendment of the key legislation on Domestic Violence that currently decriminalizes FGM, which will provide for a more enabling environment for SGBV/HP/SRHR efforts linked to Pillars 2,3,4,5 and 6.
- An integrated prevention strategy that will encompass existing issues on teenage pregnancy, child marriage and SGBV; and ensure a comprehensive, holistic approach to prevention demonstrated by provision of integrated services informed by real-time data and coordinated and implemented to create links between direct interventions under Pillars 3, 4, 5 and 6.
- An inclusive and multi-stakeholder process to build consensus and ownership which will be reinforced by a communications strategy that will buttress the efforts through advocacy, information and communication with the national, civil society and private sector stakeholders.

The interventions build on the existing structures and services established by the Government, and on lessons learned to increase impact and build sustainability, especially through strategic multisectoral planning that is part of the national line ministries' annual development plans and programmes, ensuring that SGBV/HP/SRHR features as part of their planning and budgeting components.

The Spotlight Team will work very closely with all partners, including Government, Civil Society and the EU Delegation during the development of the programme workplans and finalization of results frameworks, which will allow taking correcting measures if required.

OUTCOME 1 - LEGISLATIVE AND POLICY FRAMEWORKS

Outcome statement: Policies, legislation and regulatory frameworks to eliminate SGBV, HPs and promote SRHR at national and subnational levels are strengthened, especially for the benefit of women and girls.

Theory of change

1. If all relevant stakeholders (Legislature, Law Reform Commission (LRC), Government, CSOs) have the readiness to adhere to International Human Rights Standards on SGBV/HPs/SRHR;
2. If the key laws are compliant with the International Human Rights Standards and if existing policies (National Gender Policy) and laws (Penal Code, Rape Law (2006) and the Domestic Violence Bill, Children's Law) are amended, implemented and monitored;
3. If customary laws are harmonized with national laws;
4. And if the regulatory framework for public-private partnerships between local government, communities, women's groups, academia and the private sector including concession

companies is elaborated and enforced to prevent sexual exploitation of women and girls and other special groups;

5. Then women and girls will live in an environment where their rights are protected;
6. Because the existence of adequate laws and policies on VAWG that include exercise/access to SRHR; and provisions that guarantee the ability of vulnerable groups, CSOs and women/ human rights defenders to advance the human rights agenda, all of which are evidence-based and in line with international human rights standards and treaty bodies' recommendations, will allow women and girls live in an environment where their rights are protected.

The programme sets out to ensure that gaps in laws and policies which discriminate against women and girls – including those most left behind, such as rural women and girls, women and girls living with HIV and AIDS, women and girls living with disability, and other key populations – are closed, ensuring the protection of women and girls and marginalized groups from all forms of violence. This goal will be pursued by advocating for full and swift implementation of the Law Reform Policy. In terms of amending legislation, the sole focus will be on the Domestic Violence Law as the key instrument through which comprehensive legal protection against SGBV/HPs will be enshrined. It will be reviewed and amended in line with relevant human rights standards and principles.

The focus will be on addressing the gap between the demands made in gender-equitable legislation and the reality on ground, specifically on the legitimate age of marriage, as well as creating and operationalizing a national prevention strategy that addresses teenage pregnancy and child marriage reduction. Support will be provided at all levels for law enforcement, and for amendment and passage of existing laws, by working with key stakeholders including the Independent Human Rights Commission, the Association of Female Lawyers, the Governance Commission, the LRC, the Legislature, line ministries, the private sector and other CSO partners.

Envisaged modalities of support/implementation approach, with a justification for the proposed approach

The Pillar will focus on integrating prevention of SGBV/HPs and promotion of SRHR in non-protection sector laws and policies. These will include legislative instruments pertaining to education, security, health, child protection and youth sectors. It will build on the experience of gender-sensitive community dialogues conducted in 15 counties during 2015–2016 which resulted in the Minimum Constitutional Agenda for Women and Girls in Liberia, and community mobilization of women voters and contestants during two cycles of elections in 2017.

At national level, the strategies employed will include engaging with and providing technical support to the LRC to **identify gaps in and amend the Domestic Violence Law** to ensure compliance with the Constitution, regional and international human rights standards; and advocacy with the Ministry of Justice (MoJ) on dissemination and effective implementation and monitoring of relevant policies and laws. At community level, the programme will e**ngage with traditional leaders** (*Zoes*, Chiefs, Elders) to solicit their buy-in to aligning customary laws with national laws on prevention and response to VAWG. In order to reinforce the principle of leaving no one behind in elaboration of laws and policies, the programme will **strengthen data collection and analysis** with explicit links with Pillar 5 to ensure that data captured are disaggregated to provide evidence on the most vulnerable groups.

Coalitions will be built to disseminate and raise awareness of existing laws and policies. These coalitions will be based on existing task forces on EVAWG as well as the private sector and traditional and informal justice mechanisms. CSOs and women's human rights advocates will also be supported to engage in **strategic evidence-based advocacy**. **Capacities of informal justice mechanisms will be strengthened** to enable them to fully execute their roles and responsibilities in handling non-criminal cases such as domestic and family complaints, and to strengthen community-based referral systems for effective management of VAWG by formal justice actors. This will be reinforced with strong capacity-building of key actors across the Legislature, judiciary, law enforcement, health, welfare and CSOs at all levels.

Reinforced technical support will be provided to strengthen and enforce public-private partnership regulatory frameworks with the concession companies in the counties to prevent sexual exploitation of

women and girls and other special groups in their workplaces. The EU-funded projects in Lofa and Nimba on strengthening the 'Liberia Cocoa Sector Improvement Programme', working with local farmers' associations and supply chain companies, will also be a platform to engage with beneficiaries in the two counties to check on compliance of rights-based practices.

The pillar's strategy recognizes the role of government departments, agencies and institutions such as MoJ, the LRC, the Legislature and the Legislative Drafting Bureau in providing capacity development, knowledge and strategic leadership in programme implementation with technical support from UN agencies. This is intended to create national ownership of processes and outcomes to ensure long-term sustainability.

Concerted inclusive efforts will be made to strengthen existing mechanisms and establish new ones where needed and to strengthen the capacity of the Legislative Drafting Bureau to draft human rights-sensitive and gender-compliant laws; and to elaborate human rights and gender checklists to ensure that laws are passed after strict human rights and gender scrutiny.

OUTCOME 2 – INSTITUTIONAL STRENGTHENING

Outcome Statement: National institutions, organizations and partners have enhanced technical capacity and resources to prevent and respond to SGBV and HPs at national, subnational and community levels.

Theory of Change

1. If the capacities of national institutional mechanisms, organizations,[20] CSOs[21] and partners are strengthened to enforce the implementation of laws and adopt rights-based plans and budgets to address VAWG;
2. If institutional, organizational and individual capacities of government actors and other stakeholders at national[22] and subnational levels, including public service providers,[23] are strengthened to implement multisectoral programming on VAWG;
3. If customary and traditional leaders' capacity is enhanced through a common platform to prevent and respond to VAWG;
4. If key line ministries' institutional and organizational capacity is strengthened in GRB principles and implementation;
5. Then institutions will develop, coordinate and implement more effective prevention and response programmes by allocating adequate resources, establishing institutional mechanisms and increasing the capacity of implementing partners to eliminate VAWG/SGBV and promote SRHR;
6. Because functional coordination and oversight mechanisms that include representation from marginalized groups will exist at national and subnational levels to address SGBV/HPs/SRHR; and an increased proportion of overall national budget will be allocated to SGBV/HPs/SRHR, disaggregated by sector; and ministries will contribute to the elimination of VAWG/SGBV and promotion of SRHR.

This Programme will focus **on institutional capacities and mechanisms in national planning and budgeting** by adopting a fourfold strategy that will strengthen the capacity of established structures to sustain the need-based delivery of services beyond the duration of the project.

1. Strengthen both institutional and individual capacity of national institutions, organizations, and partners involved in multisectoral programmes to coordinate, implement and operationalize prevention and response measures to address SGBV, HPs and SRHR at all levels.

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[20] Ministry of Justice, Ministry of Gender Children and Social Protection, Ministry of Internal Affairs.
[21] To engage in policy, planning and dialogues, monitor programme implementation and demand institutional accountability on EVAWG.
[22] Executive, Judiciary and Legislature.
[23] Doctors, nurses, midwives, police officers, judges, magistrates, prosecutors, social workers.

2. Mainstream GRB principles in the planning and budgeting processes of these institutions to disaggregate allocation and expenditure according to the gender-specific needs of women and girls. The GRB principle will ensure adequate follow-up actions, including monitoring and auditing of national expenditure in EVAWG sectors to track impact. In addition, it will inform the development of financing and costing models, and tools to standardize methodologies for financing EVAWG.
3. Incorporate gender-responsive planning and budgeting guidelines.
4. Integrate performance-based monitoring frameworks and systems (inside and outside government institutions), including the formulation of gender-sensitive indicators.

Envisaged modalities of support/implementation approach, with a justification for the proposed approach

The implementation strategies proposed will implement capacity strengthening interventions in all relevant institutions at national and subnational levels to **enhance the development and implementation of multisectoral programming on SGBV, HPs and SRHR, including integrating GRB components in the budget processes of all concerned institutions**. These interventions will be based on the findings of a capacity needs assessment which will be conducted under the LSI for MGCSP, MoJ and MFDP. This assessment will be informed by the findings of a previous capacity assessment of the LNP (SGBV Crimes Unit and WAPCS), and judiciary that sought to respond to SGBV cases under the UNDP/UN Women Joint Project on 'Strengthening the Rule of Law' funded by the Peacebuilding Fund (supported by Sweden, Ireland and UNDP).

Work will particularly be undertaken with the Ministry of Finance and MGCSP to develop financing and costing models and tools to **standardize methodologies for financing EVAWG programmes**. This will include practical application of GRB principles in the planning and budgeting processes of national institutions and organizations through clear benchmarks, timelines and resource allocation in relation to human rights commitments. MGCSP will also be capacitated as the coordinating Ministry to ensure that it plays its statutory role better, especially in providing oversight, supporting policy formulation and ensuring the introduction of quality assurance and coordination mechanisms for programmes on gender.

Strengthened coordination and cooperation with relevant national entities, communities, institutions and CSOs will be promoted to plan and implement gender mainstreaming in all policies and gender-responsive planning and budgeting to eliminate VAWG, building on the efforts of the Liberia Decentralization Support Programme (supported by the UN, USAid, EU and Sweden) in building the capacity of public service delivery bodies at local government level.

Ministry Gender Focal Points, County Gender Coordinators and CSOs will also have their **capacities strengthened in implementation of gender-responsive planning and budgeting**, and policies designed to end VAWG. GBV Focal Persons at national level will be enabled to act as peer educators to train County Gender Coordinators to mainstream gender in the spheres of planning and budgeting as well as programme implementation.

The programme will be accompanied with strong capacity development support to strengthen the capacity of CSOs, women's rights advocates and organizations and marginalized groups to organize evidence-based advocacy campaigns to prevent SGBV/HPs and address SRHR; and engage in coordinating, planning, developing and implementing multisectoral programmes/interventions. This will be done in close coordination with the UN joint project on 'Law and Reconciliation' (supported by the Liberia Multi-Partner Trust Fund) which is in the final stages of approval and is expected to commence implementation from January 2019.

To strengthen capacities of key government institutions to fully discharge their functions, the programme has proposed targeted capacity-building support on inclusive participatory approaches to build consensus, multisectoral planning and coordination among line ministries to plan and implement integrated strategies to end VAWG. Embedding GRB in relevant ministries and agencies and enhanced capacities of relevant stakeholders will ensure sustainability because it will be incorporated into the

national planning and budgetary exercise, going beyond EVAWG to address gender issues and challenges.

OUTCOME 3 - PREVENTION. CHANGE OF NORMS AND BEHAVIOURS.

Outcome statement: Harmful social norms and practices and other forms of GBV are eliminated through inclusive participation, awareness of their negative impacts, and through community-driven solutions[24] at the national, county, community, household and individual levels.

Theory of Change

1. If community members (PWDs, LGBTIQs, rural women, teenage girls, men and boys), community leaders (traditional and religious leaders, *Zoes*) and duty bearers at national, subnational, community, household and individual levels are empowered and aware about their rights and responsibilities and understand the negative impacts of SGBV/HPs and the importance of SRHR;
2. If positive cultural heritage and community cohesion on the social norms, attitudes and behaviours are strengthened and reinforced to prevent and respond to VAWG;
3. Then, harmful social norms and practices and other forms of GBV will be prevented and eliminated and SRHR enhanced;
4. Because the development of a comprehensive prevention strategy that outlines inclusive participation, empowerment and awareness of negative impacts will enable sustainable community-driven solutions at the national, county, community, household and individual levels, contributing to reduced sociocultural acceptability of SGBV, child marriage and FGM.

Building on the social-ecological model of **preventing VAWG and enhancing SRHR, the programme's focus will be at the local level (grass roots and hard-to-reach communities), targeting the most marginalized groups, women and girls, men and boys.** It will engage the most influential community stakeholders in a systematic manner to strengthen demand and change harmful social norms and values, leading to EVAWG and ensuring SRHR. Among the various influential community stakeholders, traditional leaders who are 'gatekeepers' towards certain HPs will be strategically engaged and extensive dialogue and skills building will be provided to ensure changes in their attitudes towards HPs. They in turn will lead community change and are further expected to promote community cohesion on gender-equitable norms that are against SGBV and HPs and ensure SRHR. For this, a comprehensive prevention strategy will be developed in a consultative manner.

A portion of the programme will be delivered through CSOs who have proven through the previous JP on SGBV and HP their **extensive outreach and sustained community engagement that catalysed local support, ownership and knowledge**. At the same time, in order to respond to the enhanced demand, accessible and quality service delivery will be sought by working with national and subnational authorities working in areas such as health and social welfare. While this work is anchored in Outcome 4, sensitizing duty bearers based in communities towards behaviour and attitudinal change is also crucial if systematic change in communities is expected. Furthermore, education institutions (primary, secondary and tertiary) are considered important community-based mechanisms where prevention of SGBV and HPs and changing social norms should start.

The stakeholders will be MGCSP and other line ministries including Education, Health, Justice, Internal Affairs, Information and Youth and Sports; and CSOs, traditional and religious leaders, including the National Traditional Council of Elders, Interreligious Council of Liberia and women's movement groups.

Envisaged Modalities of Support/Implementation approach

The programme will support the development of a **comprehensive prevention strategy** and its implementation, which will build upon the existing child marriage strategy ('Strategic Framework to End Child Marriage in Liberia' developed by MGCSP) along with including strategic frameworks to address teenage pregnancy, FGM and SGBV. The overall vision of the comprehensive prevention strategy is to change/address gender-inequitable norms to reduce SGBV and HPs, including promotion of SRHR,

[24] The activities will include different community driven solutions including capacity building, infrastructure, etc.

with specific objectives to reduce the sociocultural acceptability of domestic violence, child marriage, teenage pregnancy and FGM during the programme duration. The comprehensive prevention strategy will include the following principles/approaches and some proposed interventions.

The LSI socioeconomic empowerment components will build synergy and complementarity, and avoid duplication with other social and economic programmes impacting women and girls, such as those implemented by the World Bank and United Kingdom programme to develop the national road infrastructure in Grand Gedeh and Nimba. The EU-funded Technical and Vocational Education Training programme in Montserrado and Grand Gedeh (two counties that overlap with the LSI) aims to develop a new generation of vocational trainers and support youth aged 15–35 years by building their technical and vocational skills. The LSI will ensure collaboration with this programme to harmonize interventions, build in awareness on SGBV/HPs and promote SRHR during vocational training, especially because training recipients will be future entrepreneurs and employers.

1) Evidence-based accountability framework
In line with Pillar 5 (on data), **a knowledge, attitudes and practices survey** measuring the prevalence of various attitudes to SGBV/HPs and access to SRHR, and baseline knowledge of the various forms of SGBV and HPs will be conducted to validate key proposed interventions of this pillar. Based on this survey, an accountability framework with key proposed interventions, key monitoring indicators and their targets, means of verification, risks and assumptions will be developed to accompany the comprehensive prevention strategy.

2) Socio-ecological approach that understands the community dynamics, identification of key stakeholders and specific interventions
Interventions will focus on creating behaviour and social norm changes to foster sociocultural conditions that will prevent SGBV, teenage pregnancy, FGM and child marriage at the individual, family, community/organizational and societal level. The socio-ecological approach is important given the interplay and the dynamics created between different stakeholders at the various levels (individual, family, community/organizational and societal) especially when it comes to influencing changes in behaviours' and social norms. **Certain issues (SGBV, teenage pregnancy, FGM and child marriage) have specific rights holders (girls and women) and duty bearers (parents, health workers, teachers, police, traditional leaders, religious leaders, etc.) and these should be mapped out**. Further, there are 'gatekeepers'; these are influential community stakeholders who, if strategically engaged and mobilized, could play a leading role in creating community change and promoting community cohesion on gender-equitable norms that are against SGBV and HPs and ensure SRHR. **Hence, understanding community dynamics for each issue (SGBV, teenage pregnancy, FGM and child marriage), mapping out the different stakeholders, identifying the gatekeepers (i.e. traditional leaders and female *Zoes*) and developing specific interventions for the different stakeholders will be included in the comprehensive prevention strategy.**

3) Identification of different 'platforms'
The proposed interventions will take place via different 'platforms', which are significant spaces or opportunities for disseminating information and engaging with the various stakeholders on a routine and frequent basis to **facilitate sensitization/awareness-raising, dialogue and actions**. The comprehensive prevention strategy will identify platforms that are specific to certain stakeholders as well as common platforms that cut across the different stakeholders. Platforms can be grouped into three types: service delivery-based, community-based and media-based.

Service delivery-based platforms: Health Centres, OSCs, schools, youth centres and adolescent resource centres that aim to provide services for girls, boys, men and women and communities as a whole provide an important point of engagement and potential convergence platform for the proposed interventions. These platforms serve a dual purpose: i) a centre for service delivery; and ii) a venue to raise awareness and community dialogue, depending on the primary beneficiary that seeks the services at the location.

For example, **schools (primary, secondary and tertiary level) will be used as an important convergence platform where engagement with rights holders (students) and duty bearers (teachers, school administration and Parent Teacher Associations (PTAs)) will be sought and**

different types of interventions will be provided. Comprehensive Sexuality Education (CSE), which has been integrated in grade 1–12 curriculum, will be rolled out. Through this curriculum, adolescent girls and boys in particular will be equipped with essential information and life skills to enjoy their SRHR, ensure gender equality and prevent SGBV. **Adherence to the School Code of Conduct by teachers and students also needs to be reinforced and will be driven by school and community vigilance through training on the Code and raising awareness of child protection to promote a safe school environment. School-based reporting mechanisms will also be developed, linked with existing referral pathways.** Parents will also be engaged through PTAs to promote positive social norms and practices, and behaviour change as a means of ensuring an environment free from all forms of violence against both women and girls and vulnerable groups.

At the same time, in order to respond to the enhanced demand, accessible and quality service delivery will be sought by working with national and subnational authorities working in areas such as health and social welfare. While this work is anchored in Outcome 4, sensitizing community-based duty bearers towards behaviour and attitudinal change is also crucial if systematic change in communities is expected.

Community and social network-based platforms: The networks and organizations referred to here are those that exist organically within every community and have strong influence over the social and moral orientation of their constituencies. Being well trusted and intrinsically a part of the community, they can facilitate a level of dialogue and call to action among their respective constituents that is not generally possible by government statutory service providers. This should include Child Welfare Committees and GBV observatories because – especially through the UN JP on SGBV – members of these **Committees and observatories have been trained to sensitize communities and raise awareness of the specific issues.** The LSI will further ensure that they organize community dialogue sessions and concrete action plans in the communities to facilitate behaviour changes.

Media: Next to government, civil society and academia, media is considered one of the platforms that must be capacitated and mobilized to influence existing social norms, including gender-inequitable norms, and facilitate behaviour change. The main categories of media to be explored in Liberia are print, radio and television as well as electronic/digital media and community media such as community radio.

4) Appreciation of cultural heritage

Traditional HPs such as FGM and child marriage are based on social norms and values that are detrimental to the rights of the girl child and women. While there are certain elements of the *Sande* society that have cultural value, the practice of FGM needs to be eradicated. However, this will be a delicate task given the long history and depth of community support for the society. The approach will thus be to work closely with *Zoes* to remove FGM from their rituals, replacing it with an **Alternative Rite of Passage (ARP);** while at the same time building on the society's positive practices and recognizing its cultural importance, rituals and teachings. This approach demonstrates respect for cultural traditions and will thereby prevent defensive reactions against what could be construed as confrontational efforts to eliminate FGM. Interventions will include **providing alternative sources of livelihoods** for bush schools or *Sande* society leaders through provision of skills, support and knowledge, as well as the ARP**,** which will systematically devalue FGM in *Sande* societies and enhance positive teachings which equip adolescents with customized and age-appropriate skills and knowledge to facilitate their transition to womanhood.

5) Social norm and behaviour change communication activities are at the core of the comprehensive prevention strategy

To accompany the comprehensive prevention strategy, a communication strategy will be developed, building on the communication strategy that was developed under the UN JP on SGBV. *The following information forms the basis for a comprehensive communication package/strategy that will be accompanying the comprehensive prevention strategy:* Mapping of stakeholders *(WHO)*, i.e. rights holders (women and girls) and duty bearers including 'gate keepers' (parents, teachers, and community and religious leaders) will be done; identification of the platforms (*WHERE*) through which to reach the various stakeholders; and communication channels (community dialogue, radio, house to house visits, training, etc.) will be mapped out. The communication strategy will further map key

messages and topics used for awareness-raising, per stakeholder, which will form the basis for a comprehensive communication package.

6) Capacity development plan integrated into the comprehensive prevention strategy
The strategy will be underpinned by a capacity development plan for the different stakeholders, including the 'gatekeepers', who are mainly traditional and religious leaders and rights holders. Needed competencies such as advocacy skills will be identified per specific stakeholder and mapped out, forming the basis of a capacity development plan/training plan in line with the comprehensive strategy and communication strategy.

The pillar will work with partners to build capacity and knowledge and develop a plan to gradually transfer responsibilities to local authorities and institutions, CSOs and community groups among others to ensure continuity to interventions beyond the LSI. The programme will conduct an assessment to identify gaps to strengthen local authorities, community structures, CSOs, women's groups etc. Community participation and ownership will be reinforced; through involving the private sector involved in the concession companies in the counties, leveraging the agents of change, GBV observatories and community action groups, and male networks to prevent SGBV/HPs and SRHR. Government will be engaged to commit to the continuous support of the programme through alignment of the GoL gender policy and the GBV National Action Plan.

The conflict-sensitive analysis and rights-based capacity-building approaches used in the ongoing EU-funded programmes on 'Land Rights in Liberia' and the 'Supporting Communities Self-determination and Land Rights' in Nimba and Lofa respectively are likely to work with same women and youth target groups of the LSI. Land is identified as one of the root causes of conflict in Liberia, especially Nimba, and violence impacts women and youth. It will be critical to build synergy to emphasise SGBV, HP and SRHR components during violence, with an emphasis on prevention and awareness. Particular efforts will be made to work with non-formal decision makers to ensure protection of vulnerable groups.

OUTCOME 4 - DELIVERY OF QUALITY, ESSENTIAL SERVICES

Outcome statement: Effective, inclusive and responsive integrated multisectoral services are available and accessible to all survivors and affected groups at national, subnational and community levels on issues related to SGBV/HPs/SRHR.

Theory of change

1) If service providers in both formal and informal sectors, including communities have capacity to deliver integrated essential services to rights holders;
2) If the informal and formal systems are harmonized and strengthened in line with international human rights standards to respond to SGBV;
3) If women, girls and marginalized groups are informed and empowered to exercise their rights to access quality services on health, psychosocial support, justice and protection;
4) Then, the dignity of women, girls and marginalized groups will be restored, and the impact of violence decreased in the community.
5) Because there will be increased proportion of women and girls reporting cases of physical or sexual violence and seeking help.

The demand generated through increased awareness and knowledge from the prevention efforts in Pillar three and strengthened laws and policies in Pillar one will be systematically matched and complemented with **increased access to SGBV/HP/SRHR response services as part of an integrated package of services,** prioritizing accessibility by women, girls, marginalized groups and those in the most difficult to reach rural communities. This package will be **implemented through a harmonized SRHR standard and guideline** building on existing National SGBV Standard Operating Procedures/protocols.

To ensure that 'no one is left behind', the programme will **address the stigma and discrimination that hinder access to SGBV/SRHR services** by women and girl survivors, LGBTIQs and other vulnerable groups. The capacity of health facilities, OSCs and other social service providers will be strengthened

so that they can **safely identify victims and survivors and ensure confidentiality in the provision of SGBV/SRHR services** as well as referrals to such services. Medical students' skills will be built on providing specialized services on SGBV/HPs/SRHR using a human rights-based approach, and **misconceptions around SGBV, HPs and SRHR will be dispelled**.

CSOs' capacity will be strengthened to facilitate monitoring and supervision of service delivery and the overall impact on the target beneficiaries. CSOs will be engaged to advocate for the removal of punitive laws and policies that serve as barriers to vulnerable groups' access to SGBV/SRHR services, and vulnerable groups will be engaged as partners to promote access to existing services.

Envisaged modalities of support/implementation approach, with a justification for the proposed approach

1) Strengthen the integrated approach to service delivery

In 2013, the SGBV OSC[25] model was adopted in Liberia to ensure a holistic, comprehensive and coordinated approach to providing services to survivors of sexual violence. While the implementation of this model has seen some success, there have been major bottlenecks, including limited access to OSCs as the result of long distances and poor road connectivity; lack of access to information about the services available; lack of adequate human resources and infrastructure; and limited ownership of OSCs and the services they provide by County Health Teams. Building on the understanding of these major bottlenecks, this pillar will strive to **ensure effective, inclusive and integrated services on issues related to SGBV/HPs/SRHR are available and accessible** to all survivors and affected groups. Various strategies will be used to reach vulnerable women and girls through the following approaches.

2) Ensuring expansion and integratedness of OSCs

The programme will collaborate closely with other stakeholders and sister UN agencies to **ensure that the OSC model is replicated in the selected counties while planning for further expansion to the other counties**. Additionally, the scope of health care at the OSC will be broadened to include care for LGBTIQs. **Coordination between health sectors and other sectors** (protection, social/psychosocial and legal/judiciary) that are part of the integrated package of services will also be strengthened.

Health facilities will be equipped with specialized drugs and supplies; required protocols and guidelines; as well as other tools to provide and improve care. The programme will also adopt a multidisciplinary team and horizontal approach to the delivery of care that will ensure that all nurses assigned to the OSC **also provide other sexual and reproductive health (SRH) services** in the same unit as well as link up with other sectors as well as social workers as most cases of SGBV occur and are reported during late night hours the programme will ensure a **24-hour service**. **Monitoring and supervision of OSCs will also be integrated**, including monitoring activities within the health facilities and beyond.

3) Access to care services beyond OSC

Identification of health facilities (primary and secondary) to provide an integrated package of health services including specialized care (including emergency obstetric care, treatment of fistula, post-abortion care services and other gynaecological disorders) for women and girls exposed to SGBV as well as women who face the negative consequences of FGM will be strengthened and developed. Lower-level health facilities which are closer to rural populations will also be identified and included in the pool of service delivery points to **broaden geographic coverage and access to care**. These lower-level/primary health facilities will provide the first level of integrated SGBV/HP/SRH care. Following initial care and history/data collection, these facilities will **refer survivors to comprehensive facilities** where more integrated and specialized care and services will be available.

[25] The OSCs were piloted under the former 2011 JP and seen as one viable mechanism to implement and bring an integrated approach to service delivery. However, the limitation of funds under the SGBV/JP current programme has limited the capacity to develop additional service centres. Spotlight will enable the OSCs be implemented in 15 counties. The lessons from each county will be instrumental to improving subsequent OSCs.

4) Reaching hard-to-reach populations

The integrated package of services will be expanded by supporting community outreach interventions as well as strengthening child-centred and child-sensitive survivor assistance with a view to expanding it to reach rural women and girls and hard-to-reach vulnerable groups such as LGBTIQs and children and women with disabilities. Health care providers and community health structures linked with SGBV/SRH will form part of the community outreach teams to ensure **effective implementation of outreach health services**.

Forensic support will be another major intervention under this pillar. A network of forensic support will be built, including strengthening existing forensic laboratories to work together in **gathering and processing timely evidence** that will be useful in prosecuting SGBV cases. The programme will **build capacity in sample collection, handling and transportation of evidence** (for example semen, fluid, blood, etc.) to either of the forensic laboratories for DNA testing and confirmation, and laboratories in the network will receive basic supplies.

The programme will implement interventions aimed at **improving the quality of essential services** such as: improved victim assistance; livelihood skills training; standardized processes and systems; regular in-service trainings for staff on SGBV and the various essential service packages; providing enhanced and timely essential age- and gender-appropriate service packages to survivors; provision of OSCs and safe home services across the five programme counties; and increased sensitization on the SGBV referral pathway to ensure survivors access timely and quality services.

Access to justice will be promoted by building trust, confidence and capacity through supporting national legal and judiciary institutions and partners to ensure improved processing of SGBV and HP cases through all stages of the justice system: reporting, investigation, prosecution and conviction. LSI will build the capacity of the LNP in the five counties on survivor-sensitive reporting and evidence gathering, especially for WACPS staff. Technical and logistical capacity building support will be provided to the Liberia National Police to improve case management and facilitation skills for tracking and follow-up of cases.

Building on the efforts of the UNDP/UN Women JP on 'Strengthening the Rule of Law' (supported by the Peacebuilding Fund), the LSI will support **improved prosecution and convictions of perpetrators of SGBV and HPs; and prioritization of SGBV cases to reduce case backlog/overload.** For the Judiciary, specialized Court E (which has exclusive jurisdiction over cases of rape, sexual assault and abuse) will be established in the five counties, so survivors do not have to resort to the regular circuit court for assistance. This will also ensure quicker case adjudication. Regional sex crimes courts will be established in three regions as well as victim and witness protection centres.

5) Supporting interventions to improve quality and access to care

A baseline assessment of service delivery points at primary and secondary levels, including OSCs and health facilities, will be conducted to determine preparedness to adequately respond to the care needs of SGBV survivors, marginalized women and children exposed to various forms of violence and HPs. This baseline assessment will also provide a basis from which to develop training topics, understand myths and barriers to accessing services, and subsequently help develop information, education and communication materials for information on policy dissemination and service utilization.

6) Capacity-building of civil society and government partners

To ensure effective monitoring of activities and results based on clear guidelines, **effective coordination and plans that allow for integrated/joint monitoring of project implementation will be created**. CSOs and other lead partners will be required to implement quarterly coordination meetings and joint sessions, which will bring together all stakeholders to improve information sharing, highlight issues around implementation and plan for activities. A clear monitoring structure will be put in place and periodic reports on these multisectoral coordination meetings will be completed, printed and disseminated.

7) Capacity-building of service providers

Training and mentorship to deliver quality of care while ensuring the rights of clients and keen attention to confidentiality along the continuum of care will be a critical component of this programme, particularly on using a rights-based approach, emphasizing confidentiality and client-centred care.

To ensure continuity of the services implemented, the programme will work on the existing structures, process and interventions that have limited capacity and ensure functionality of the services like the OSC, Justice, Health, Safe Homes/shelters; reinforce implementation of an integrated a comprehensive service delivery package through the referral path identified for survivors of SGBV/HP and promote SRHR.

LSI will engage CSOs such as the Association of Female Lawyers in Liberia (AFELL), which represents victims/survivors of SGBV and helps women and girls realize their rights; the Foundation for Human Rights and Democracy; the Foundation for International Dignity; and Prison Fellowship Liberia, among others who work on rule of law and access to justice issues with survivors. These CSOs have been extremely active in providing legal advice and representation in civil, criminal and family law matters, legal awareness-raising, human rights advocacy and engaging in sensitive and complex areas such as informal justice in the ongoing JP implemented in the other counties. These interventions will therefore be implemented in the LSI counties.

OUTCOME 5 - MANAGEMENT OF DATA TO INFORM POLICIES AND PROGRAMMES FOCUSED ON VAWG AND FEMICIDE

Quality, disaggregated, harmonized data on different forms of SGBV/HPs/SRHR will be collected, analysed and used[26] to inform advocacy, plans, policies and laws at national and subnational levels in line with international human right standards.

Theory of Change

1. If tools and methodologies for data collection, analysis, reporting, dissemination are reviewed and standardized based on human rights approaches and adopted by all stakeholders;
2. If capacities of CSOs, counties and relevant national stakeholders to collect and analyse disaggregated VAWG data are strengthened;
3. If there is an enabling environment to enhance coordination between the different county statistics and data clerks are able to use the integrated GBV IMS;
4. If the existing GBV IMS at MGCSP is strengthened and operationalized to provide timely, accurate, disaggregated data and reports to enable relevant stakeholders in EVAWG to create evidence-based plans and policies;
5. Then quality, disaggregated, comparable data on different forms of SGBV/HPs/SRHR is collected, analysed and used to inform plans, advocacy and policies at national and subnational levels in line with international human rights standards.
6. Because databases would be integrated, and collection, verification and analysis system have been made functional, and integrated from local to national level and analysed data would be disseminated to relevant and concerned parties.

Pillar 5 will feed into all the other pillars, to support the collection, generation, analysis and use of data generated by the programme. The aim will be to **build on the existing support provided to GBV IMS** (as the sole database to be used at national level) under the Joint Program SGBV (supported by the UN and Sweden); and to build skills in quality data collection, analysis, and monitoring and reporting on survivors of GBV/SGBV at all levels, from local to national, so that quality, well-analysed data is readily available and can be used to inform planning and policy decision-making.

Envisaged modalities of support/implementation approach, with a justification for the proposed approach

[26] Users include Ministries, Agencies, Commissions, CSOs and relevant stakeholders.

The strategy will:

- **Promote using real-time programme data to improve the design and focus of prevention strategies as well as service delivery models for greater impact**, and provide advocacy for the low public-sector commitment (in the form of budgetary allocation) to data-collection issues and monitoring;
- Inform the national development agenda and the SDG domestication process and help monitor results on SGBV/HP/SRHR;
- Bridge the information gap between the counties/districts and national government;
- Influence leadership on investing in SGBV/HPs/SRHR by interpreting data and using them to inform legislation, policymaking, transparency and accountability.

However, because data on SGBV/HP and SRHR is sensitive, part of the capacity development efforts in the programme will be to build skills and awareness at MGCSP and the Liberia Institute of Statistics & Geo-Information Services (LISGIS) to ensure confidentiality and ethical standards in the GBV IMS.

To ensure standardized data collection tools, **MGCSP will be the apex coordinating body for the GBV IMS** and LISGIS will provide the technical expertise and support for data generation and clearance to ensure that both the database and the necessary analytical skills remain even after the project ends. The GBV IMS will for the first time **standardize the tools and methods for data collection, information collation and dissemination from national and subnational multisectoral stakeholders; and the GBV IMS will be aligned to monitor and inform the key national development agenda priorities** on SGBV/HP and SRHR. MGCSP will generate monthly data and conduct quarterly analysis with technical guidance from LISGIS, ensuring that **national and international standards are met**.

The data architecture will be established at three levels:

a. Local and district: Although various entities at local and community levels collect relevant data, the difficulty lies in extracting it and disseminating it, and ensuring its quality. The programme will therefore engage with data collectors placed at the district level so that relevant information is collected from existing community networks (GBV observatories / community action groups / Peace Huts / Child Welfare Committees / General Community Health Volunteers / NGOs / community-based organizations / faith-based organizations) in a timely manner and sent through the system to the national level.

b. County/subnational: MGCSP county data clerks will receive and enter data from the district data collectors and work with LISGIS-County Statistics and Information Office to conduct quality checks prior to uploading the data to the GBV IMS server. This will involve working with line ministry focal points from the police and judiciary (courts), plus county officials as well as CSOs and women's right groups.

c. National: MGCSP will coordinate, consolidate and disseminate the information to inform line ministries on progress and challenges related to SGBV/HP and SRHR. MGCSP will work with LISGIS to validate the complete data set and analysis based on specified gender indicators. MGCSP will ensure access and availability (maintaining the level of confidentiality needed) of the data set to the other ministry, agency and commission stakeholders.

This Pillar will also support **conducting a baseline prevalence survey at the beginning of the programme** which will establish the status of indicators and better understand the specific needs and experiences of women and girls facing intersecting forms of discrimination. **Quarterly and annual review meetings will be held** with key stakeholders to review progress in implementation of activities, challenges faced and how to address them, as well as to prioritize activities for the coming quarter.

Training will be conducted on the updated database, tools developed and basic M&E principles for implementers. **Data quality assurance guidelines will be rolled out to implementing partners** to ensure that quality data that represents reality is maintained and can be relied upon for decision-making. **Ethical guidelines and standard operating procedures (SOPs)** for data collection and analysis mechanisms, sharing and reporting will be developed.

OUTCOME 6 – WOMEN'S MOVEMENT AND OTHER CIVIL SOCIETY ORGANIZATIONS STRENGTHENED TO ADVOCATE FOR THE ERADICATION OF VAWG AND FEMICIDE

Outcome statement: A coherent, inclusive, and empowered women's movement and CSOs including those representing youths and vulnerable groups, more effectively influence and advance progress on gender equality and EVAWG

Theory of change

1. If various CSOs and those facing intersecting forms of violence have an enabling environment;
2. If existing organizational capacities of women's rights organizations, autonomous social movements and CSOs including those representing youth and minorities facing discrimination are reviewed and strengthened;
3. If the knowledge, expertise and capacities of CSOs and women's groups including those representing youth and minorities facing discrimination is strengthened at national and subnational levels;
4. And if multi-stakeholder partnerships and networks are strengthened at local and national levels with women's rights groups and autonomous social movements and CSOs, including those representing youth and vulnerable groups;
5. Then women's movements and CSOs will better engage in the public policy cycle, contributing to the reduction of SGBV/HPs and their impacts;
6. Because CSOs and the women's movement will be better equipped with knowledge and capacity and hold the duty bearers accountable for eliminating VAWG/HP and promoting SRHR.

This component of the program is critical for the success and innovation aspect of the program. Previously CSOs played a marginal role in advocacy, implementation and monitoring role however, lessons have indicated especially in fragile and vulnerable contexts, community-based organization are key to bring change and maintain a degree of peace and stability. Importantly, CSOs are critical actors especially at the community level because of the remoteness and access in the counties selected.

Given the current fragmented nature of Liberia's CSOs, the programme will bring together the women's movement, the Women's NGO Secretariat of Liberia, Women in Peacebuilding Network, Rural Women Association, Liberia Feminist Forum and other CSOs to develop strategic interventions that promote accountability and transparency in achieving an environment free from all forms of VAWG.

It will reinforce engagement with CSOs already working in the area of SGBV/HP/SRHR on policy, legal, preventive and response interventions, as well as to share information and knowledge, build synergies and devise win-win strategies to achieve better results towards ending SGBV/HP and promote women and girls' SRHR. The key targets will be local CSOs and a variety of other grass roots organizations.

Building on the Gender Dimension of the H6 Project, the programme will integrate CSOs at all levels. The Pillar will use the expertise of existing CSOs in EVAWG through **capacity-building initiatives to reinforce skills of CSOs at all levels**. The programme will leverage existing initiatives led by EVAWG organizations in Liberia based on best practices. This Pillar will also **establish and strengthen national and county coordination mechanisms** and the capacity of all women's groups, men and boys' groups, CSOs, and in-school and out-of-school youth networks to influence the national development agenda. The programme will also **strengthen the capacity of CSOs to network, build advocacy platforms** and ensure participatory monitoring for enhanced accountability of EVAWG services. Focus will be placed on supporting the **organizational capacity of CSOs to strengthen technical knowledge and skills needed for public policy, planning and monitoring** related to SGBV/HP/SRHR. In this context, examples of other community structures being supported at the community level can be used to inform LSI efforts on strengthening community-based organization platforms on SGBV/HP/SRHR. Relevant examples include the community forestry management bodies and lessons learned on their knowledge of rights and responsibilities from the EU-funded programme 'Strengthening Community Forestry Structures and their Governance' in Grand Gedeh, Nimba, Lofa and Grand Cape Mount.

Envisaged modalities of support/implementation approach, with a justification for the proposed approach

The programme will conduct a **sectoral mapping and analysis of functional CSOs, structures and networks on women's empowerment** and how they fit within the national and subnational bodies that coordinate gender equality and monitor implementation of laws and policies. Potential grassroot, community-based organizations and smaller women's groups and movements will be identified and prioritized to be capacitated, empowered and supported to carry out advocacy at the community level. Other areas of capacity-building will include: basic concepts on financial management, basic computer skills, literacy skills and proposal writing, among others. For monitoring, accountability and coordination purposes, the National Civil Society Reference Group will be the umbrella organization for CSOs and women's groups in Liberia. This Group will be capacitated to serve as the overall umbrella group for CSOs.

Informal spaces will also be created for events where organizations can interact and **exchange knowledge, share challenges and experiences**. These will also be connected to local authorities, so they can host dialogues to find solutions to SGBV/HPs/SRHR issues that affect the locality. The effort will aim to **build regional alliances** (through exchange visits) to enhance knowledge and best practices of local CSOs to replicate those that fit the Liberia context and also strengthen existing cross-border and regional networks.

The Pillar will **develop grant making mechanisms** for grass roots organizations to empower them and make them more vibrant and active at the community level. CSOs will also be supported to **strengthen strategic litigation of cases** by finding cases in communities, reporting and following them up; and will further be engaged within human rights mechanisms to advocate for SRHR. They will also be involved in providing interim protection for defenders in cases where the lives of informers are under threat.

The Pillar will link existing CSOs and community networks with relevant line ministries and agencies and ensure Government commitment in collaboration with the National CSO Reference Group to sustain efforts build on consensus and commitment to address SGBV/HP/SRHR. A political dialogue will be held with the Government, Legislature, judiciary and informal power groups including traditional leaders, religious leaders. This will ensure that there is political buy-in to sustaining CSOs in prevention and response to SGVB/HPs and SRHR.

OVERALL PILLAR/SDG ALIGNMENT

The six pillars align with the following SDGs:

- Pillar one is aligned to SDGs 3, 5, 10 and 16.
- Pillar two will contribute to the realization of SDGs 3, 5, 10 and 16
- Pillar three contributes towards achieving SDGs 3, 4, 5, 8, 10 and 16.
- Pillar four will contribute towards attaining SDGs goals number 3,4, 5 and 10.
- Pillar five will contribute towards achieving SDGs 3, 5, 10 and 16.
- Pillar 6 contributes directly towards the attainment of SDG goals 3, 4, 5, 8, 10, 16 and 17.

III. GOVERNANCE

The Governance and Management structure defines the coordination, technical and programme roles and responsibilities of the Government, Resident Coordinator (RC), UN agencies and CSOs to ensure timely implementation, monitoring and reporting of results achieved.

The LSI will consist of the following structures.

Joint Steering Committee: The Steering Committee will be co-chaired by the Government and UN RC. It will provide overall strategic direction; guide policy-setting and make decisions for collective results. Committee members will include representatives from the EU, CSOs, women's groups (civil society representatives will be members of and nominated by the Civil Society National Reference

Group and will constitute a minimum of 20% of the total membership of the Committee) and relevant Government Ministries including MGCSP, MFDP, MoH, Ministry of Education, MoJ, Ministry of Internal Affairs, Ministry of Youth and Sports, Ministry of Labour and Ministry of Information; and RUNOs including UN Women, UNFPA, UNDP, UNICEF and OHCHR.

This steering committee will establish institutional linkages with the Government coordination mechanisms on SGBV, HP and SRHR to ensure coherence, knowledge sharing and sustainability.

NOTE: The LSI UN Organization Heads of Agencies will provide policy advice to the Steering Committee and guidance to the technical working groups. A detailed term of reference will be developed to specify the role, functions and members of the Committee. Among other elements, it will:

- Ensure proper communication and coordination on the LSI.
- Approve programme annual workplans, review output level results and adjust implementation.
- Review and approve periodic and annual joint programme narrative reports submitted by RUNOs.
- Approve any programmatic or budgetary (revisions of less than 25% of the value of the budget) revisions within the limits of the programme document approved by the Operational Steering Committee.
- Review risk management strategies and ensure the programme is proactively managing and mitigating risks.
- Manage stakeholder relationships at the country level.

Civil Society National Reference Group (CS-NRG): The CS-NRG will be a mechanism to bring CSO expertise and participation to the LSI to ensure meaningful engagement of women's rights groups and relevant CSOs, including those representing young women and groups facing multiple and intersecting forms of discrimination (rural, those living with HIV/AIDS, LGBTQIs, etc., and others relevant in the national context), which is a key principle of the LSI. Additionally, in line with the SDG principle of national ownership, national and local CSOs will be prioritized for membership of the CS-NRG.

Currently, an interim group is in place however, a new group will be created through an open competitive process, organized in coordination with the EU. The CS-NRG will have the following functions and responsibilities:

- Provide advice on the overall strategic direction of the LSI Country Programme in Liberia and on relevant national and local policy issues; and on issues related to EVAWG and HP at national and local levels where LSI advocacy, leadership and support to civil society advocacy is important.
- Partner on high-level advocacy and communications as well as political dialogue, including by supporting visibility and promotion of the Initiative's goals at the national and local levels
- Support efforts at dissemination of the messages of the Spotlight Initiative on eliminating VAWG and HP to the public, from the national to the community level, especially to marginalized groups, youth and the media
- Provide advice on funding priorities at national and local levels and on-going interventions and recommendations for up-scaling achievements and addressing challenges
- Provide advice on interventions and potential for scaling up the LSI Country Programme.
- Serve as an interactive space and open forum for dialogue between the Spotlight Initiative and women's rights organisations, groups and networks working on eliminating VAWG and HP, including on global, regional, national and local developments, trends and risks related to such work
- Engage in broader consultations with groups and networks, especially at the local and grassroots levels, at regular intervals to update them and solicit input on the performance of the Spotlight Country Programme in Liberia and for advocacy, research, learning and action
- Provide any other relevant information, analysis and lessons learned that could feed into the future programming and advocacy efforts of the Spotlight Initiative
- Provide feedback to the Steering Committee (including via an annual monitoring report) on the LSI Country Programme's implementation as well as advice on addressing challenges

Members of the Group serve on it in their individual capacities. The CS-NRG will institute measures to manage any conflicts of interest as when, for example, a civil society representative is associated with a CSO that serves as an Implementing Partner of the LSI Country Programme. Following the principle of a minimum 20% representation on the Joint Steering Committee, two members of the CS-NRG will be nominated by the Group to represent it on the Committee.

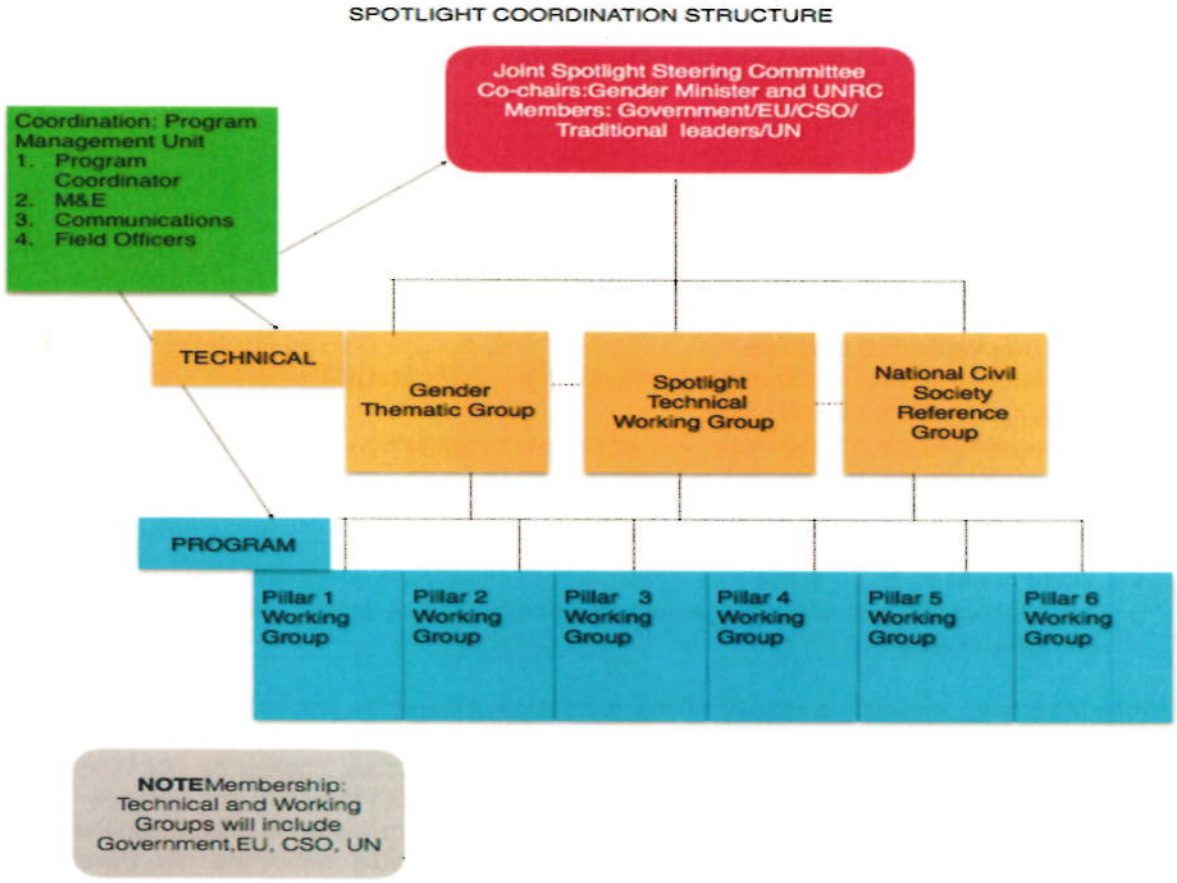
LSI Technical Working Group: This Working Group will be co-chaired by the UN and MGCSP and will provide technical and programme oversight to ensure timely implementation and monitoring of the programme and provide reports and updates to the Joint Steering Committee to report progress and seek guidance and advice. The Working Group will consist of members from the Government, EU, UN and representatives of CSOs (civil society members will represent at least 20% of the total membership of the Working Group). As above, national and local CSOs will be prioritized for membership of the Working Group.

The Working Group will review policy gaps and opportunities and provide guidance for effective and efficient and use of resources (human and capital). The group will work in close collaboration with the Gender Thematic Group of the UN to align to the UN Development Assistance Framework and SDGs. A detailed term of reference will be developed to indicate the roles, functions and members of the Working Group.

The overall leadership and coordination of the LSI lies with the RC. UN Women as technical lead will provide appropriate advice and support to the RC to guarantee the highest technical quality and coherence between pillars.

Pillar Working Groups: The six pillar working groups will be co-chaired by the Government and UN Pillar lead and will include representatives of national and local CSOs (as above, a minimum of 20% of the total membership of each Group will comprise civil society representatives). The Working Groups will review progress against results under the six pillars and provide quality assurance through a focus on collective outcomes and concrete results, and joined up planning, programming and financing. The members will include the key thematic/sector focal points from each pillar. The focus will be on prioritizing and sequencing the various interventions and agreeing on a common methodology to monitor and report results at strategic level.

IV. ACCOUNTABILITY



The UN RC is ultimately accountable for the results of the LSI Country Programme, drawing on the technical expertise of the RUNOs. The RC will, therefore, be responsible for the overall strategic direction and oversight of the Country Programme, including its planning, implementation, communication, monitoring and review, as well as fostering collaboration among all stakeholders.

The RC's Office will thus lead a joint quarterly programme review, meeting with all the RUNOs to review the preceding quarter's achievements and constraints, and plan programme implementation for the next quarter. These meetings will be a coordination platform to facilitate information exchange and make joint decisions on next steps and the way forward. Each RUNO will report on progress made against the agreed targets in the approved results matrix and the Country Programme Document (CPD).

The RC also plays a crucial role in leveraging relevant technical experience and expertise from the most relevant UN agencies, in an impartial and inclusive way. Overall programmatic and operational accountability for the LSI rests with the RC, closely supported by UN Women as the lead technical agency. The following structure will ensure the accountability mechanism is adhered to.

RUNOs UN Focal Persons: Each agency will be supported by a Technical Programme Officer responsible for the implementation of the EU/UN LSI. These officers will function under the auspices of their respective agencies and report to them. They will form the LSI Technical Working Group and will collaborate closely with the respective coordination structures including Programme Management and Coordination (PMC), Gender Thematic Group, CSOs, etc.

Programme Management and Coordination: The PMC will function as the main coordinating body of the LSI to ensure timely coordination and follow-up of the implementation, monitoring and reporting of the LSI, and provide secretariat support to the Steering Committee. The coordination will include county-level challenges for the especially because the program has a lot of investments at the county level and importantly address the capacity and seasonal challenges in the counties. The PMC will establish a mechanism for monitoring, feedback and reporting from the other different working groups. The team will be located in the office of the RC. The PMC will include:

- Programme Coordinator
- M&E Officer
- Communications Officer
- Finance and Budget Officer
- Four field officers
- A Driver

Format and mechanism of meetings:

- The frequency of the meetings of the different committees and policy, technical and programme groups will need to be determined.
- The agenda of the different meetings will need to consider how to overcome systemic barriers to implementation; identify and promote incentives to advance coherence, coordination and collaboration; and reflect on progress towards achieving key milestones, including reviewing good practices and lessons learned.
- There needs to be an active and regular flow of information within and between the different levels of coordination and management structures to ensure active participation, feedback and collective outcomes.

A strong M&E team, including communications, must support the entire process at all levels.

Gender Thematic Group: The existing UN Gender Thematic Group chaired by UN Women with participation from UN agencies will work in close collaboration with the LSI. This Group will play a technical coordination role under the Steering Committee. The aim will be to ensure coherence and complementarity on gender interventions implemented by the UN within the UN Development Assistance Framework. The team will collaborate on technical and programmatic aspects of SGBV/HPs and SRHR.

RUNO(s) and Implementing Partners

The LSI will be implemented by five UN agencies: UN Women, UNFPA, UNDP, UNICEF and OHCHR. In 2017, the first four of these agencies developed a common chapter in respective Strategic Plans, 2018-2021. The common chapter portrays how the four entities will work collaboratively, in accordance with their respective mandates, building on each other's strengths. The LSI will take these collaborative efforts of participating agencies to a new level. The UN will also work with CSOs and key government ministries, agencies and commissions. A brief overview of each UN agency is provided below.

UNDP: UNDP leads Pillar 2 and contributes to Pillar 5 and 6. UNDP's comparative advantage is based on its extensive experience in building national capacity to enhance alliances among stakeholders. UNDP has been successfully managing several complex programmes and projects in the area of justice, security and national reconciliation, gender equality and women's empowerment, and SGBV. Given its crucial role in providing long-standing technical assisting in the justice and security sector, UNDP is considered a trusted partner by Government as well as key national and international partners. It has strong M&E components within its programmes and projects on the ground. Critical partners include MoJ and other legal authorities such as the WACPs, LNP and LRC, among others.

UNFPA: UNFPA leads Pillars 4 and 5 and contributes to Pillar 1, 2 and 3. UNFPA's comparative advantage on addressing SGBV and HPs and access to SRHR brings a critical value addition. UNFPA supports the implementation of the SCR 1325 on Women, Peace and Security and other related global and regional instruments that support the elimination of all forms of VAWG. It brings long-standing experience in development, humanitarian and post-conflict/early recovery settings; and specifically, in

Liberia, UNFPA led phase I and II of the first UN JP on SGBV and Harmful traditional practices and has continued to work on the Phase III JP. Important UNFPA partners that will contribute to implementation of the LSI include MGCSP, line ministries, LISGIS, the National Council of Chiefs and Elders in Liberia, women's organizations and other CSOs, faith-based organizations and the media.

UNICEF: UNICEF contributes to Pillars 3, 4 and 5 (knowledge management (KM)). It will contribute to the LSI through its depth of experience in child protection, challenging harmful social norms and practices, and engaging with communities and traditional leaders to create sustainable behavioural change. UNICEF will also support development of the LSI communications strategy and some areas of its implementation, bringing to the table its experience with social monitoring tools such as U-Report and RapidPro (with over 154,000 registered users), both of which help overcome the massive infrastructure deficits that prevent information dissemination. While UNICEF is not part of Pillars 1,2 and 6, it will be providing technical support to ensure that the rights and protection of girls - including adolescent girls and girls with disabilities and other vulnerable girls - from SGBV and HPs are taken into consideration through the other Pillars. To deliver its segment of the LSI, UNICEF will work with key government ministries and institutions, CSOs, and community-based organizations such as GBV observatories and Child Welfare Committees.

UN Women: UN Women leads Pillars 3 and 6. Its comparative advantage lies primarily in its unique global technical expertise on VAWG and its historical record of successfully delivering large projects and achieving impact. It also has strong partnerships with ministries associated with women's affairs and VAWG/HP programme areas, as well as strategic partnerships with community organizations. Through its HeForShe initiative, it works with male champions including male politicians, advocates, journalists and academia to advocate for ending VAWG. The pillar programmatic partners have vast experience in working in communities and with traditional, community and religious leaders as agents of change in addressing SGBV, FGM and SRHR. Its wide array of programmatic partners includes MGCSP, MoH, the Ministry of Internal Affairs and the National Traditional Council of Liberia, as well as a variety of CSOs and women's rights advocates and groups. These partners have diverse experience in addressing negative masculinity, working with communities in preventing of SGBV/ HPs and promoting SRHR.

OHCHR: OHCHR is the lead on Pillar 1 and contributes to Pillar 2. Under Pillar 1 OHCHR supports the LRC and Legislative Drafting Bureau in collaboration with MoJ and the Legislature. Under Pillar 2 the agency contributes to strengthening the capacity of criminal justice actors to strengthen accountability of SGBV/HPs and SRHR. The Office has a comparative advantage to provide technical expertise in aligning the programme design with human rights standards and providing technical support in mainstreaming human rights-based approaches in the programme design and implementation to ensure that no one is left behind. The Office is also well positioned to strengthen institutional capacities of relevant duty bearers such as the judiciary, Legislature and LRC. A range of different government ministries will be engaged in the delivery of the LSI, including MGCSP, MoH, MoJ, the Ministry of Information and Cultural Affairs, Ministry of Youth and Sports, Ministry of Education and the Ministry of Internal Affairs. Civil society will also be included as implementing partners and priority will be given to supporting national, local and grass roots CSOs.

V. PARTNERSHIPS

Liberia engaged in a highly consultative process during the CPD development. Overall coordination was provided by the office of the RC and included central involvement by the Representatives and teams of UN Women, UNDP, UNFPA and UNICEF; with IOM and UNHCR as associated agencies. The process also engaged the EU as a partner, recognizing the importance of strengthening this relationship which will continue throughout LSI implementation. Sweden was also engaged (the sole donor to the ongoing SGBV/HPs JP) along with GoL, including the Ministers and Deputy Ministers of MGCSP, MoH, MoJ; and the Ministries of Education, Internal Affairs and Information (including their gender experts), as well as women's rights groups and CSOs.

National consultative meetings were held and included participants from CSOs, INGOs, Government, the private sector and UN agencies in Liberia. During the national consultations, dialogues were also held with the private sector, the media and academia. A UN Global Compact local network will be established to engage with the private sector and they will be included as a programme partner as soon as this is established. Regional/county consultations were also held and feedback from these consultative meetings was used to inform the CPD design and strategies. Major partners involved in these consultations included:

a. **European Union:** The EU has actively participated in Steering Committee meetings through providing advice and insights to inform the CPD. Regional and international consultants have had meaningful consultations with the EU at all levels of CPD development.

b. **Other donors:** As the sole funder of the current JP on SGBV/HTPs, the Embassy of Sweden was consulted. They have been engaged in national consultations and participated in various meetings on the LSI.

c. **Government:** Government commitment and political buy-in is crucial to the success of the LSI. As the coordinating ministry, MGCSP has been an integral part in the preparation of the CPD, guiding and contributing in the development process. Other key ministries involved include Justice, Health, Education, Internal Affairs and Information. Government technical lead persons were selected to join the LSI Technical Working team and included in daily updates and invited to contribute to CPD development.

d. **Civil society:** Consultations were held with CSOs inclusive of minority groups (LGBTIQs, people living with HIV and disabilities), women's movements and faith-based groups, among others. The CSOs formed a smaller group of representatives to be part of and work closely with the Technical Working team. The CSOs themselves decided on the specific representatives in pillar meetings and provided in-depth information regarding the status of SGBV/HP/SRHR in their communities as well as suggestions for addressing the prevailing issues.

   Focused discussions were held with the Government line ministry focal points from Justice, Gender, Health, Education, Judiciary and Internal Affairs to identify gaps on addressing SGBV/HP and SRHR. Furthermore, several discussions were held with the 16 representatives of the National CSO Reference Group established for the Spotlight to provide advice and inputs to the national and county-level interventions on behalf of the 44 CSOs and women right advocate groups working in SGBV/HP/SRHR.

e. **Other stakeholders:** Regional consultations were held in three regions (Western, North-East and the South) and nine counties to gather additional information from different stakeholders on the various interventions on SGBV/HPs/SRHR. These consultations provided recommendations on issues related to SGBV/HPS and SRHR. The stakeholders involved included county authorities (County Superintendents, City Mayors), members of the SGBV Task Force, traditional leaders, religious leaders and representatives of male and youth groups.

Note: A multi-stakeholders' consultation matrix and a summary of key recommendations made is attached as Annex 4.

Associated agencies: UNHCR and IOM will be key partners in the LSI as they both look at migrant issues (both involuntary and voluntary respectively). They bring on board their comparative advantages in working with the people most at risk when it comes to issues of violence. Both agencies seek to see that women and girls, including those facing intersecting forms of violence, are empowered with livelihood support. This is because former refugees face a double jeopardy of violence; firstly as women and secondly as former refugees

VI. OUTCOME FRAMEWORK

Programme Results Matrix

The following (direct and indirect) Impact indicators will be collected through the DHS and the Multiple Indicator Cluster Survey and from other supplementary nationally representative surveys. These surveys will ensure the data is disaggregated by sex, age, ethnicity, disability, income and geographic location as much as possible.

Impact Indicators

Direct
SDG 5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and/or, sexual violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age (Tier II, UNICEF, UN Women, UNFPA, WHO, UNODC);
SDG 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner since age 15 in the previous 12 months, by age and place of occurrence (Tier II, UNICEF, UN Women, UNFPA, WHO, UNODC);
SDG 5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18 (Tier II, UNICEF and UNFPA);
SDG 5.3.2 Proportion of girls and women aged 15–49 years who have undergone FGM/cutting, by age (Tier II, UNICEF and UNFPA);
SDG 5.6.1 Proportion of women aged 15–49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (Tier II, UNFPA).

Indirect
SDG 16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 (Tier II, UNICEF).

OUTCOME 1 - LEGISLATIVE AND POLICY FRAMEWORKS
Policies, legislation and regulatory frameworks to eliminate SGBV and HPs and promote SRHR at national and subnational levels are refined/ formulated, especially for the benefit of women and girls.
1.1 Laws and policies on VAWG adequately respond to the rights of all women and girls, including exercise of/access to SRHR, which are evidence-based and in line with international human rights standards and treaty bodies' recommendations. **1.2 Existence of laws and policies with provisions that guarantee the ability of vulnerable groups, CSOs and women human rights defenders to advance the human rights agenda.**

Indicators	Data source	Means of verification	Responsible Org.	Indicative budget for monitoring activities
Output 1.1 National and subnational level actors have strengthened capacities and knowledge to review policies and amend existing legislation in compliance with human rights standards on EVAWG.				
1.1.1 Number of draft strengthened laws and/or policies on VAWG developed that are in line with international human rights standards and respond to the rights of women and girls (including SRHR), particularly those facing intersecting and multiple forms of discrimination.[27]	Official Gazette (Liberia Law Journal), Reports, Law Reform Commission, legislation	Published national laws & policies, checklists	**OHCHR**	
1.1.2 Number of legislators and staff of human rights institutions with strengthened capacities to advocate for, draft new and strengthen existing legislation and/or policies on VAWG and non-discrimination, including the promotion of women's and girls' SRHR, and implement the same.	Database / list of legislators & staff of human rights institutions (INHRC) in Liberia	Training reports, attendance sheets	**OHCHR**	
Output 1.2 National and/or subnational partner capacities are strengthened to implement policies and enforce laws to address EVAWG.				
1.2.1 Number of senior government leadership with strengthened capacities to review and implement cost action plans on ending VAWG and the promotion of women and girls' SRHR and accompanying M&E frameworks.	Ministry (Gender, Health, Education), Legislators and CSOs reports	Training reports / attendance sheets / direct observation reports	**OHCHR**	
Output 1.3 National and subnational CSOs, vulnerable groups and women human rights defenders have capacities to advocate and monitor implementation of laws and policies to advance the human rights agenda.				
1.3.1 Number of women's rights advocates, CSOs and key non-state institutions[28] with strengthened capacities to advocate and monitor amendment and implementation of laws and policies on VAWG, and draft legislation and/or policies on VAWG, including the promotion of women and girls' SRHR.	Database of the Ministry of State (or other institution) that maintains human resources records on public servants and legislators	Review of existing training reports / attendance sheets / direct observation reports	**OHCHR**	
1.3.2: Number of key government officials with increased awareness of human rights standards and	Database of Women Human Right Defenders in Liberia,	Training reports / attendance sheet/ direct observation	**OHCHR**	

[27] OHCHR will map and inform on the specific provisions that contradict in other legislation like Penal Code, Children's Law, etc.
[28] Including media, universities and the private sector.

obligations and strengthened capacities to develop laws and policies that guarantee the ability of women's rights groups, CSOs and women human rights defenders to advance the human rights agenda.	database of the Ministry of State	reports/ monitoring reports of trained women's rights defenders		

OUTCOME 2 - STRENGTHENING INSTITUTIONS **National institutions, organizations and partners have enhanced technical capacity and resources to prevent and respond to SGBV and HPs at national, subnational and community levels.** **2.1 Existence of functional coordination and oversight mechanisms at national and subnational levels to address SGBV/HPs/SRHR that include representation from marginalized groups.** **2.2 Proportion of overall National budget allocated to SGBV/HPs/SRHR disaggregated by sector and ministries.[29]**				
Indicators	**Data source**	**Means of verification**	**Responsible Org.**	**Indicative budget for monitoring activities**
Output 2.1 Key officials at national and/or subnational level in all relevant institutions are better able to develop and deliver evidence-based programmes that respond to and prevent to VAWG, including SGBV/HPs, especially for those groups of women and girls facing intersecting and multiple forms of discrimination, including in other sectors.				
2.1.1 Number of institutions[30] and CSOs that develop strategies, plans and/or programmes with a costed action plan to prevent and respond to VAWG, including SGBV/HPs, and promote women and girls' SRHR, for women and girls facing intersecting and multiple forms of discrimination.	Plans of the six key ministries	Review of the existing plans of the six key ministries	**UNDP**	
Output 2.2 Multi-stakeholder national and/or subnational coordination mechanisms established and/or strengthened to include multisectoral representation and representation from the most marginalized groups.				
2.2.1 Proportion of subnational multi-stakeholder coordination mechanisms enhanced to address VAWG, HP and promoter SRHR, including CSOs, customary and traditional leaders and vulnerable groups.	National and subnational multi-stakeholder coordination mechanism reports	Desk review of Coordination Meeting reports. Survey of ministries, agencies and commissions	**UNDP**	

[29] Since 2006 zero national budget was allocated to GBV, Data source: Report of the MGCSP, annual review of the annual report of the MGCSP

[30] The development of institutional strategies within the security sector (Ministry of National Defence, Ministry of Justice, Ministry of Gender, Children and Social Protection and has started to engage the private sector

Output 2.3 Partners (legislators, key government officials and women's rights advocates) at national and/or subnational levels have greater knowledge, capacities and tools on GRB to end VAWG and to promote women's and girls' SRHR.				
2.3.1 a) Number of selected line ministries with capacity strengthened to integrate GRB principles to end VAWG and to promote women's and girls' SRHR. b) Number of women's rights advocates and CSOs with strengthened capacity to integrate GRB principles at national and subnational levels.	Training database of government officials in the six key agencies (Gender, Health, Finance and Planning, Justice, Internal Affairs, Education)	Training reports, attendance sheets, etc.	**UN WOMEN**	
Indicator 2.3.2 Number of women's rights advocates and other CSOs with capacity to monitor annual allocation and expenditures for EVAWG and promote SRHR.	Database of women's rights advocates	Training reports, attendance sheets, etc.	**UN WOMEN**	
Indicator 2.3.3 Number of legislators with strengthened knowledge, capacities and tools on GRB to end VAWG and promote SRHR.	Legislative reports	Legislature, Women's Legislative Caucus	**UN WOMEN**	

OUTCOME 3 - PREVENTION AND SOCIAL NORMS **Harmful social norms and practices and other forms of GBV are eliminated through inclusive participation, awareness of their negative impacts and through community-driven solutions at the national, county, community, household and individual levels.** **3.1 One evidence-based, transformative, national comprehensive prevention strategy that addresses the rights of those marginalized is developed and implemented in a participatory manner.** **3.2 Percentage of people who think it is justifiable for a man to (subject) beat his wife/intimate partner (to violence), by sex and age.** **3.3 a) Percentage of people who think it is justifiable to subject a woman or girl to FGM.** **3.3. b) Percentage of people who think it is justifiable to subject a girl to child marriage.**				
Indicators	**Data source**	**Means of Verification**	**Responsible Org.**	**Indicative budget for monitoring activities**
Output 3.1: National comprehensive prevention strategy developed and implemented to promote gender-equitable norms, attitudes and behaviours, in line with international standards.				

3.1.1 Develop and implement a new comprehensive prevention strategy[31] in line with international standards that addresses SGBV/HPs and promotes SRHR for women, girls, boys and men, including marginalized groups	Community action plans, Prevention Strategy, Communication Strategy	A manual of the comprehensive prevention strategy operational in all the 15 counties, training reports, consultancy report	**UN WOMEN**	
Output 3.2 Community advocacy platforms are strengthened to develop strategies and programmes, including community dialogues, public information and advocacy campaigns, to promote gender-equitable norms, attitudes and behaviours, including in relation to women's and girl's sexuality and reproduction, self-confidence and self-esteem, and transforming harmful masculinities.				
3.2.1 Implementation of the Communication Strategy in line with the Prevention Strategy that addresses SGBV/HPs and promotes SRHR for women, girls, boys and men, including marginalized groups,	National CSE Strategic Plans; database of national and subnational public training institutions. Ministry of State	Published and operational CSE strategic document; training reports, attendance sheets	**UNICEF**	
3.2.2 Number of young women and girls, young men and boys who participate in schools and in out-of-school programmes, including higher education institutions, that promote gender-equitable norms, attitudes and behaviours and exercise of rights, including sexual reproductive rights.[32]	National CSE Strategic Plans; database of public national and subnational training institutions; Ministry of State	Published and operational CSE strategic document; training reports, attendance sheets	**UNFPA**	
3.2.3 Number of campaigns challenging harmful social norms and gender stereotyping including of women and girls facing intersecting and multiple forms of discrimination, developed and disseminated	Radio/ TV /social media reach, community campaigns, U-Report reach	Training reports, attendance sheets	**UN WOMEN**	
3.2.4 Number of networks/platforms of men and boys developed and/or strengthened to advocate against VAWG including SGBV/HPs, and for promoting gender-equitable values and behaviours, including on women's and girls' SRHR.	Database of communities, database of network of men and boys	Project reports of the establishment of community advocacy platforms, plans developed by the network of men and boys	**UN WOMEN**	
Output 3.3: Decision makers in relevant non-state institutions (including media, sports, workplaces) and key decision makers (traditional, religious and community leaders) are better able to advocate for implementation of policies, strategies and programmes on ending VAWG, including SGBV/HPs, and for gender-equitable norms, attitudes and behaviours and women's and girls' rights (including SRHR).				

[31] The Comprehensive Prevention Strategy will encompass issues on child marriage, FGM, teenage pregnancy and SGBV and be aligned to international treaties and obligations on SGBV, HPs and SRHR.

[32] Proxy indicator to measure the impact based on coverage in the five counties.

3.3.1. Number of key informal decision makers and decision makers in relevant non-state institutions with strengthened awareness of and capacities to advocate for implementation of the prevention strategy on VAWG including SGBV/HPs and SRHR.	UN Women, JP SGBV Report, 2018	Quarterly Spotlight reports	**UN WOMEN**	
3.3.2. Number of community-driven programmes/ solutions[33] developed and implemented in the targeted five counties.	Spotlight Reports, JP SGBV Programme reports	Quarterly Spotlight reports	**UN WOMEN**	
OUTCOME 4 - DELIVERY OF QUALITY, ESSENTIAL SERVICES **Effective, inclusive and responsive integrated multisectoral services are available and accessible to all survivors and affected groups at national, subnational and community levels on issues related to SGBV/HPs/SRHR.** **4.1. a) Number of cases of VAWG, including SGBV/HPs, reported to the LNP.** **4.1. b) Proportion of cases reported to the LNP that are brought to court.** **4.1. c) Annual proportion of cases reported to the LNP that resulted in convictions of perpetrators.** **4.2 Number of women/girl victims/survivors of violence who have received quality, essential multisectoral services.**				
Indicators	**Data source**	**Means of verification**	**Responsible Org.**	**Indicative budget for monitoring activities**
Output 4.1 Relevant government authorities and women's rights organizations at national and subnational levels have better knowledge and capacity to deliver quality and coordinated essential services, including SRH services and access to justice, to women and girl survivors of VAWG/SGBV/HPs, especially those facing multiple and intersecting forms of discrimination.				
4.1.1 Number of women and girls with access to programmes and services developed to integrate response services to VAWG, response into SRH, education and migration services.	Database of women & girls accessing services/ GBV IMS	Quarterly report of service uptake in OSCs (Health Facilities)	**UNFPA**	
4.1.2 Proportion of referral hospitals and health centres that have functional and integrated national guidelines and tools for essential services.	Printed National Guidelines or protocols on essential services	National Guidelines or protocols that are being used by hospitals and health centres	**UNFPA**	

[33] If all resources are available then a total of four multipurpose centres will be supported.

4.1.3 Number of government service providers, women's rights advocates and CSOs who have increased knowledge and capacities to deliver quality and coordinated essential services to women, girls', vulnerable groups and survivors of VAWG.	Database of women's rights groups; database of government service providers	Training reports, monitoring reports, report of mapping of existing women's rights group that have sector clearance	**UNFPA**	
4.1.4 Number of LNP/WACPS officers who have specialized knowledge and capacity on SGBV/HP protection and prevention.	MoJ, LNP and WACPS data and reporting	Training reports, monitoring of WACPS and LNP capacity and case reports	**UNDP**	
4.1.5 Number of specialized Court E branches established and operationalized to deliver exclusive jurisdiction over cases of rape, sexual assault and abuse.	MoJ, Judiciary and SGBV Crimes Unit reports and data	Training reports, access to service from data and reports from Court E	**UNDP**	
Output 4.2 Women and girl survivors of VAWG and their families are informed of and can access quality essential services,[34] including longer-term recovery services and opportunities.				
4.2.1 Number of women and girl survivors of VAWG, including SGBV/HPs, that have increased knowledge of and access to quality essential services.	Government and Ministries (Health, Gender, Justice, Judiciary, Education,) reports	Report of implementing partners on access to quality essential services	**UNFPA**	
4.2.2 **a)** Number of women and girl survivors/victims facing multiple and intersecting forms or discrimination, with increased knowledge of and access to accompaniment/ support initiatives, including longer-term recovery services. **a)** Number of affected families[35] facing multiple and intersecting forms or discrimination with increased knowledge of and access to accompaniment/support initiatives, including longer-term recovery services.	Government and Ministries of Health, Gender, Justice, Judiciary, Education,) reports	Report of implementing partners on access to quality essential services	**UNFPA**	

[35] Men and boys, victims/survivors and families to be fully supported in the five selected counties.

OUTCOME 5 - DATA AVAILABILITY AND CAPACITIES **Quality, disaggregated, harmonized data on different forms of SGBV/HPs/SRHR collected, analysed and used to inform advocacy, plans, policies and laws at national and subnational levels in line with international human right standards.** **5.1 National and county-level data on the prevalence (and incidence where appropriate) of VAWG/SBGV/HPs collected over time are available to stakeholders.**				
Indicator	**Data source**	**Means of verification**	**Responsible Org.**	**Indicative budget for monitoring activities**
Output 5.1 Standardized data-collection methods for relevant statistical officers, service providers and women's rights advocates with strengthened capacities to regularly collect data related to VAWG and SRHR in line with international human rights standards to inform laws, policies and programmes.				
5.1.1 Number of national, subnational and local-level statistical offices[36] that have developed/adapted and contextualized methods, standards at national level to produce prevalence and/or incidence data on VAWG and SRHR.	Database of National Statistical Offices, National Bureau of Statistic/LISGIS, Ministry of Gender	Training Reports	**UNFPA**	
5.1.2 Number of women´s rights advocates/CSOs with enhanced capacities to collect prevalence and/or incidence data on VAWG and SRHR in line with international standards.	UN, Government database; database of women's rights groups engaged; database of beneficiaries	Training reports of government personnel, including service providers, from the six different sectors; reports of training conducted for women's rights groups	**UNFPA**	
Output 5.2 Quality prevalence and/or incidence data on VAWG is analysed and publicly available for the monitoring and reporting of the SDG target 5.2 indicators to inform evidence-based decision-making.				
5.2.1 Number of knowledge products developed and disseminated to relevant stakeholders to inform evidence-based decision-making.	UN agencies, knowledge products developed and distributed	Review of existing published qualitative research	**UNFPA**	

[36] Data offices of MGCSP.

OUTCOME 6 – SUPPORTING THE WOMEN'S MOVEMENT **A coherent, inclusive, and empowered women's movement[37] and CSOs, including those representing youths and vulnerable groups, more effectively influence and advance progress on gender equality and EVAWG.** **6.1 Proportion of women's rights organizations, autonomous social movements and relevant CSOs that increase their coordinated efforts to jointly advocate on ending VAWG, including SGBV/HPs, and promoting SRHR.** **6.2. Proportion of women's rights organizations, autonomous social movements and CSOs, including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization, with increased use of accountability mechanisms to monitor, report and engage in efforts to end SGBV/HPs and promote SRHR.**				
Indicators	**Data source**	**Means of verification**	**Responsible Org.**	**Indicative budget for monitoring activities**
Output 6.1 Women's rights groups and relevant CSOs[38] have increased opportunities and support to share knowledge, network, partner and jointly advocate for gender equality and women's empowerment and ending SGBV/HPs, and promoting SRHR, with relevant stakeholders at subnational, national, regional and global levels.				
6.1.1 Number of jointly agreed recommendations produced as a result of multi-stakeholder dialogues that include issues affecting groups facing multiple and intersecting forms of discrimination.	Report on multi-stakeholder dialogues and subsequent recommendations from joint dialogues and meetings	Review of existing reports of joint recommendations produced	**UN WOMEN**	
Output 6.2 Women's rights groups and relevant CSOs are better supported to use social accountability mechanisms[39] to support their advocacy and influence on prevention and response to VAWG as well as gender equality and women's empowerment more broadly.				
6.2.1 Number of supported women's right groups and relevant CSOs using the appropriate accountability mechanisms for advocacy.	Database of women rights groups/CSOs/database of beneficiaries and implementing partners capacity assessment report, MGCSP; OHCHR; UNDP	Review of existing report on the level of participation of women's right group /CSOs in the use of accountability mechanisms / capacity assessment survey	**UN WOMEN**	
6.2.2 Number of women's rights groups and relevant CSOs with strengthened capacities to network, partner and jointly advocate for progress on ending VAWG and	Capacity assessment report; list of representatives of women's rights groups and	Capacity assessment survey; directory of representatives of women's	**UN WOMEN**	

[37] National CSO reference group guides, monitors and advises the UN and partners on LSI implementation.
[38] Including those representing youth and groups facing multiple and intersecting forms of discrimination/marginalization.
[39] Using existing accountability mechanisms including domestic and regional/global accountability mechanisms.

on the promotion of women and girls' SRHR at local, national, regional and global levels.	trained CSOs	rights groups and trained CSOs		
Output 6.3 Women's rights groups and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalization have strengthened capacities and support to design, implement and monitor programmes on VAWG and promote women's and girls' SRHR.				
6.3.1 Number of women's rights groups, youths and relevant CSOs representing groups facing multiple and intersecting forms of discrimination/marginalization that have strengthened capacities and support to design, implement and monitor programmes on VAWG and on women and girls' SRHR.	Database of women's rights groups/CSOs; database of beneficiaries and implementing partners; capacity assessment report	Report on the number of women's rights groups & CSOs representing groups facing multiple and intersecting forms of discrimination; capacity assessment survey	**UN WOMEN**	

VII. INTERSECTIONAL APPROACH TO DISCRIMINATION

The LSI acknowledges that violence is connected to many different social injustices. The LSI will take into consideration the connection between SGBV/HPs and intersecting issues including economic justice, transformative justice, health, reproductive rights and the equality of women and girls, with additional focus on how these impact marginalized groups including those living in poverty, rural women and girls, women and girls with disabilities, women and girls living with HIV, LGBTIQs persons as well as sex workers.

Given that Liberia has an absolute poverty rate of 50.9%, the economic burden for survivors of SGBV/HP will be more alarming based on their stigmatization, estrangement from families and communities, and the special needs resulting from the violence perpetrated against them. Within this group we will also focus on women and adolescent girls and their SRHR. The rights to control one's own body and make reproductive choices are basic needs for all women and girls regardless of their locality, economic status or physical conditions. Also, due to the impoverished state of some families, young girls are more susceptible to violence given that they are used as breadwinners and are exposed to substance abuse due to peer pressure.

The LSI will target these needs, especially the provision of health, psychosocial, protection and legal services through existing structures such as OSCs, WACPS, Safe Homes, SGBV Crimes Units, Criminal Court E and the Circuit Courts. It will also include flexible support such as immediate basic needs and empowerment packages for survivors through survivor funds and survivor packages being provided by the different service providers.

These interventions are meant not only for impoverished women and girls or those living with disabilities and HIV/AIDs but also for those who fall in the categories of extremely marginalized groups in Liberia. In the Liberian context, 'non-traditional sexual orientation/preference' is frowned upon, as are sex workers. The LSI will thus also intentionally endeavour to protect the rights of LGBTIQs and commercial sex workers by supporting advocacy to provide services for all gender identities and sexual orientations.

VIII. RISK MANAGEMENT

Relevant 'at-risk' groups	Adolescent girls	Women and girls Living with disabilities	Women and girls living with HIV/AIDS	LGBTIQs and commercial sex workers
Outcome areas where specific approaches are required	Strengthened policies, access to services and changing social norms.	Support to women's movements; access to services and changing social norms	Access to services, economic empowerment	Laws and policies, social norms and access to services
Key challenges for inclusion	Rights of children are not highly respected and children are subjected to being breadwinners, as well as being susceptible to violence as a result of drug abuse.	These groups are marginalized at the national as well as the community level. While there are facilities that cater to their needs, many public spaces are not user-friendly for disabled people. Furthermore, as a minority group their voices are not heard.	People living with HIV/AIDS are discriminated against by health workers and community members. Also, there is limited access to treatment and few or no sustainable livelihood programmes.	Sex workers are arbitrarily arrested by the police and sexually and physically abused. LGBTIQs, especially males, are also highly discriminated against, both at health facilities and at community level.
Indicative approaches and methodologies for inclusion	In-school and out-of-school sensitization and capacity-building programmes for adolescent girls on SRHR/SGBV/HP. Engagement of policymakers and traditional leaders to ensure the protection of women and girls from HPs.	Capacitating women's movements to advocate for the protection of the rights of persons with disabilities as well as capacitating the target group to be able to advocate for themselves.	Ensuring adequate and non-discriminatory service provision for persons living with HIV as well as provision of economic packages for livelihood support.	Ensuring non- discriminatory laws that protect the rights of all irrespective of sexual identity or preferences. Ensure access to special health services for LGBTIQs Increase awareness and sensitization on the rights of all citizens and the effects of discrimination at community level.
Total numbers – disaggregated by women, girls, men and boys when possible	TBD	TBD	TBD	TBD

Programme risk management matrix

Risks	Risk Level Very high High Medium Low (Likelihood x Impact)	Likelihood Almost certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare - 1	Impact Extreme – 5 Major - 4 Moderate – 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
Contextual risks					
Fragility of the peace, civil unrest	Low	**2**	**4**	- Strong emphasis on peace process by the UN	RCO
Humanitarian emergency due to natural or human-made disaster	Low	**3**	**4**	- Formulating joint response in partnership and coordination with partners, GoL, RUNOs and EU strengthening capacities and accountability	RCO
Inadequate policy / legal framework	Medium	**3**	**2**	- Advocacy for passage on pending bills through targeting leadership of executive, judiciary and legislative branches to draft/amend frameworks - Partnerships with civil society, supporting participation in the development/review of national legislation on SGBV/HPs and advocate to amend inadequacies - Good offices of RCO	RUNOs, RCO
Change in national commitment, political will	Low	**2**	**2**	- Close and regular political engagement with new government focal persons - Strengthened policy dialogue on gender issues - Advocacy with government actors beyond the those working directly on gender, and with other sectors, in collaboration with CSOs and other actors - Dissemination of information on the strategy and the advantages of addressing SGBV/HPs	RCO, RUNOs CSOs GoL

Risks	Risk Level Very high High Medium Low (Likelihood x Impact)	Likelihood Almost certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare - 1	Impact Extreme – 5 Major - 4 Moderate – 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
Resistance from traditional and religious leaders	Medium	3	3	- Focused and continuous engagement and dialogue with traditional and religious leaders, especially traditional chiefs and elders, using lessons learned - Sensitization and empowerment of female traditional and political leaders to understand, mobilize against and desist from engaging in HPs such as FGM, child marriage and IPV - Dissemination of information on strategy and the advantages of addressing SGBV/HPs	RUNOs, GoL CSO
Programmatic risks					
Limited absorption capacity of national stakeholders to deliver results	Low	2	2	- Capacity assessment of needs and gaps and capacity development strategies through direct participation of civil society and all national partners - Regular monitoring and provision of technical support	RUNOs
Challenges in resource mobilization to cover identified gaps	Medium	2	3	- Resource mobilization strategies for the Spotlight Country Programmes at country level are developed and implemented - The UN RC work with development partners in country to mobilize additional resources, including Government cost-sharing - Build on existing structures to sustain the interventions and engage with alternative partners like civil society and private sector	RUNOs GoL Partners
Challenges in implementation and delivery of results	Low	2	2	- Adoption of clear implementation, monitoring and reporting deliverables - Regular M&E to enable corrective action to be taken jointly by Government, partners and UN agencies - Regular updates provided to the National Steering Committee and the Spotlight Initiative Operational Steering Committee for decision-	RCO, RUNOs GoL CSOs

Risks	Risk Level Very high High Medium Low (Likelihood x Impact)	Likelihood Almost certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare - 1	Impact Extreme – 5 Major - 4 Moderate – 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
				making and guidance	
Effectiveness of proposed model/approaches; alternative sources of income for FGM practitioners	Low	**3**	**3**	- Lessons learned to inform and design approach and pilot - Pilots of innovative models in a few selected coverage areas - Build ownership through inclusive consultative multi-stakeholder platforms with formal and informal actors to build consensus	UN Women CSO Traditional leaders
Institutional risks					
Weakened civil society	Medium	3	2	- Strengthening of support to local women's and grass roots organizations as well as relevant national and regional women's organizations, including to strengthen prevention - Strengthen advocacy, knowledge and capacity on issues	RUNOs, CSOs
Weak institutional coordination and collaboration, creating duplication	Medium	3	3	- Strengthening of coordination structures and regular monitoring at national and county levels - Regional best practices - Regular sharing of information and knowledge, as well as regular dialogue among CSOs, partners and UN agencies	RCO RUNOs GoL CSO
Limited availability of data and limited capacities of state institutions to develop and analyse data	Medium	2	3	- Adoption of common classifications and indicators to enable cross-referencing - Strengthen capacity of institutions on data collection, analysis and dissemination - Development of tool kits (SGBV model surveys, indicator sets and protocols to coordinate the generation of information, map out actors, etc.)	RUNOs GoL CSOs
Weak, fragmented and low institutional systems,	High	3	3	- Creation of capacity enhancement strategies, ad hoc and agile	RUNOs,

Risks	Risk Level Very high High Medium Low (Likelihood x Impact)	Likelihood Almost certain - 5 Likely - 4 Possible – 3 Unlikely - 2 Rare - 1	Impact Extreme – 5 Major - 4 Moderate – 3 Minor - 2 Insignificant - 1	Mitigating measures	Responsible Unit/Person
knowledge and capacity				coordination mechanisms - Continued policy dialogue and advocacy with key government institutions - Strengthening of institutions' capacities to ensure law enforcement and fight against impunity - Dialogue and cooperation between the legal system and duty bearers at community level - Capacity enhancement of regional institutions, including relevant regional women's organizations to implement and/or monitor and report on progress of regional frameworks on EVAWG	GoL CSOs
Assumptions: - Political stability and leadership commitment from Government, CSO, Partners, Private Sector to end SGBV/HP and promote SRHR - Relevant laws and policies are amended and passed for implementation by the Legislature to eliminate VAWG and promote SRHR - Ownership and mutual accountability by Government, CSOs, and partners on implementation and delivery of results - Buy-in and participation from informal decision makers, including traditional and religious leaders, to serve as agents of change in their communities - Resources are mobilized from donors and partners, and strong partnerships are built for upscaling of the LSI to the remaining 10 counties by GoL - Change in attitudes and behaviours among communities including women, girls, men and boys to stop SGBV/HP and promote SRHR - Strengthen technical and programme capacity and knowledge of the GoL, CSOs and private Sector on SGBV/HP/SRHR					

IX. COHERENCE WITH EXISTING PROGRAMMES

Key programmes that directly link to the EU/UN Spotlight Initiative

Programme/ Initiative Title	Key Donors	Implementing Organization	Overall Budget (USD)	Geographic Coverage (National, State, Municipalities)	Objective of the Programme/ Initiative	Pillars Programmes/ Initiatives are linked to	Key EU Programmes on SGBV
UN/GoL JP for the 'Prevention and Response to SGBV and Harmful Traditional Practices' (2016-2020)	SIDA	**UN agencies:** UN Women (lead), UNFPA, UNICEF, UNDP and UNHCR **Gov't Ministries:** MGCSP, MoJ, MoH, Min. of Education, Min. of Information and Min. of Internal Affairs.	USD 3.2 million	National (15 Counties)	The SGBV/HTPs JP is a community - based approach programme whose focus is on five main pillars including 1) Prevention, 2) Response, 3) Institutional Strengthening, 4) Advocacy, and 5) Coordination.	Pillar 1: Legislative and Policy Framework, Pillar 2: Strengthening Institutions, Pillar 3: Prevention and Social Norms Pillar 4: Delivery of Essential Services/Response Pillar 5: Data Availability and capacities Pillar 6; Supporting Women Movement/Women Networks	**'Enhanced Protection from Sexual Gender-Based Violence for Women, girls and sexual minorities in Liberia'** **(2018 -2021)** **Action Aid & CHI** **Margibi, Gbarpolu, and Montserrado.**
'Empowered and Fulfilled Programme' (2016-2020)	Swedish Government	**UNFPA** Implemented by Government Ministries and CSOs	USD 6.8 million	National	The programme focuses on Prevention of Teenage Pregnancy through access to SRH for especially young adolescent girls through addressing social and cultural barriers.	Pillar 3: Prevention and Social Norms	

UN JP on 'Strengthening Conflict Prevention' (2017-2019)	Peacebuilding Fund	implemented by UNDP, FAO and Edu Care.	USD 2.7 million	National	The focus is on Establishment of Multi-Stakeholder Platforms and Improved Alternative Livelihoods in Concession Areas	Pillar 6; Supporting Women Movement/Women Networks	
JP on 'Strengthening the Rule of Law in Liberia-Justice and Security for the Liberian People' (2016-2021)	Ireland and Sweden	UNDP and UNMIL	USD 16.8 million	National	Strengthening capacity of justice and security institutions and forging linkages; enhancing civil society contribution to rule of law and community access to justice; increasing the capacity of key actors and stakeholders to monitor progress and results in rule of law development	Pillar 2: Strengthening Institutions Pillar 6; Supporting Women Movement/Women Networks	**'Civil society action on land rights to stabilize Liberian democracy'** **(2017 – 2019)** **National**
UN JP on Inclusive Security- 'Nothing for Us Without Us' (2017-2019).	Peacebuilding Fund	UNDP, IOM and UN Women; and MGCSP, MoJ and Ministry of Defence in partnership with a CSO-Liberia Female Law Enforcement Association.	USD 2 million	National	The focus is on building the capacity and skills of Women peacebuilding networks including in border areas to lead and meaningfully engage in national security agenda as members of the county, district and community security structures as well as increasing the capacity of Government Ministries and Security Institutions to implement and report on Liberia's National Action Plan UNSCR1325 and promote gender-responsive security sector reform.	Pillar 2: Strengthening Institutions Pillar 6: CSO's/Women's Movement	**'Civil society action on land rights to stabilize Liberian democracy'** **DEUTSCHE WELTHUNGERHILFE EV DCI-Non-State Actors and Local Authorities in development** **(2017 – 2019)** **National**

GoL/UNDP/ UN Women Joint Project- Strengthening the Rule of Law in Liberia (2018-2019)	Peacebuilding Fund	UNDP and UN Women	USD 2 million	National	Focuses on addressing Pretrial Detention and Rolling out Community Policing	Pillar 2: Strengthening Institutions Pillar 4: Delivery of Essential Services/ Response	**'Providing Access to Justice and Gender-Sensitive Legal Awareness at Grass roots Level in Liberia'** **Association of Female Lawyers of Liberia and Rural Human Rights Activist Programme RHRAP (2017–2018),** **Lofa, Bong, Nimba**
Gender-Equitable Education Programme (2013-2023)	Private Donor	UNICEF	USD 1 million a year	National	GEEP is a holistic programme which aims to promote access to lower secondary education and to increase the retention and completion rates of adolescent girls in grades seven through nine. The programme focuses, inter alia, on educational continuity for pregnant girls and on re-entry of adolescent mothers.	Pillar 4: Delivery of Essential Services/ Response	
Change Agent Adolescent Programme (BCAP; 2016-2021 pilot project)	Private Donor	UNICEF	USD 3 million	National	Empowers in-school and out-of-school adolescents and improve their well-being, through awareness on the prevention of teenage pregnancy and HPs, life skills trainings, alternative basic education and vocational skills and livelihood training programmes with the aim of reducing the negative impacts of poverty, harmful traditional practices and SGBV.	Pillar 3: Prevention and Social Norms	
Liberia Rising_ TVET Program (2018-24)	EU	UNIDO	20 Million Euros	5 counties	TVET training to youth between 15-35 years in technical and professional skills in various sectors to bridge human resource gaps.	Pillar 3	Link to youth empowerment in grand gedeh and Montserrado for alternative livelihood activities

X. MONITORING AND EVALUATION

M&E framework and plan: Basing on the programme Theory of Change, a results framework was developed outlining the key indicators to enable tracking of progress towards achieving the desired outcomes. An M&E plan and relevant tools (such as the indicators methodological guidance, data-collection tools, templates and guidelines, and the Monitoring, Evaluation, Research and Reporting Plan (MERRP)) will be developed, expounding in detail the results framework with clear benchmarks for:

- The frequency of joint monitoring
- Quarterly, annual and midterm reviews
- Surveys and studies
- Midterm and end of programme evaluations
- Clarifying what data will be collected and by whom, using what tools and how often
- How data aggregation, analysis and reporting will be done, how often and by whom.

Full support will be provided to MGCSP to coordinate data collection and data presentation (via IMS) in close conjunction with the RUNOs and LISGIS. As the part of the cost-sharing plan, a fully funded RCO M&E Officer will be the guardian of MERRP implementation.

- **Monitoring and reporting:** A joint reporting system will be established describing how data will flow from the lowest to highest points of data - aggregation and reporting at national level. Non-survey-based indicators will be reported on quarterly, while survey indicators will be reported every two years.
- **Data collection and management:** Standard data-collection tools will be developed/adapted for the same indicators for use across agencies. Data will be collected by service providers/activity implementers who will aggregate it quarterly and enter it into the IMS, which will be web based so that it can be accessed from remote locations. Data will be electronically stored in the SGBV/IMS which will be upgraded to include variables on new indicators. The MGCSP will continue to house the database.
- **Routine monitoring activities:** These will include quarterly and annual review meetings, field monitoring visits, workplan tracking and reporting. Capacity-building will be implemented to ensure that implementers have basic M&E skills and are conversant with the tools and database. Mentorship and training in data use will be provided to activity implementers.
- **Data quality assurance:** Data quality assurance guidelines will be developed and rolled out to implementing partners to ensure that quality data that represents what is on the ground is maintained and can be relied upon for decision-making. Data quality assessments will be conducted quarterly on sampled indicators and counties to validate reported data.
- **Data analysis and use:** Data will be analysed quarterly and presented at review meetings for reflection and action planning. Implementers will be encouraged to analyse data using simple packages such as MS Excel in order for them to use it to plan for better service delivery.
- **Evaluations and special studies**: In addition to the baseline study conducted to inform the CPD design, a comprehensive baseline assessment of the five targeted counties will be conducted at the beginning of the LSI to establish benchmarks and targets. A midterm evaluation and end of programme evaluation will be conducted based on the Organization of European Cooperation and Development/Development Assistance Committee evaluation criteria. During the final year of implementation, the UN Regional Office will conduct end-term evaluation to establish whether the programme achieved the objectives, relevance, efficiency, sustainability and impact. A research agenda will be developed to identify and prioritize special activities, outcome tracking surveys and special studies to be conducted, such as an SGBV prevalence survey.
- In line with the gender-sensitive approach to M&E and aligned to the principle of 'leaving no one behind', participatory community monitoring and statistics will be piloted in one of the selected counties, empowering communities to monitor and act against VAWG/HPs.

XI. INNOVATION

Programmatic Innovation

- **Comprehensive Prevention Strategy approaches**: This is a first time for this approach, as there is no comprehensive prevention strategy that exists at national or regional level from the initial review made. This will be underscored by the ecological model, which looks at an interplay of various factors at individual, family, community and institutional levels. This strategy recognizes multiple drivers of violence and their mitigating measures beyond conventional awareness-raising approaches; for example, facilitated community-driven initiatives that include empowering all stakeholders in preventing VAWG and enhancing SRHR. Facilitating such community-driven solutions that address root causes and bring changes in behaviours and attitudes will be the key to this prevention strategy, along with participatory community monitoring and statistics. The comprehensive prevention strategy will encompass best practices in Liberia as defined by key community stakeholders, some of which might include:

- **ARP:** Benchmarking other countries where FGM has been highly practised, the programme will use other cultural or heritage initiation practices rather than FGM, emphasizing its health and human rights consequences through survivor experiences. ARPs will be integrated into existing cultures and traditions by working with cultural leaders.

- **SCORE:** Using a clear survey index to identify the root cause and linkage to other issues for Liberia will be a first time especially as the country remains fragile. This will be a lesson if successful for countries coming out of crises to explore to address SGBV/HP/SRHR. Protection and promotion of victims, and punishment and rehabilitation of perpetrators will be facilitated through addressing key factors in governance and human security as identified by SCORE, including: information consumption; ensuring efficacy of implementation of national frameworks; and supporting and developing intergroup harmony and psychosocial resilience, which includes community cooperation measures. Such preventive measures might include neighbourhood watches and early warning systems (with regular monitoring and reporting protocols) in the counties[40] exhibiting elevated violent tendencies.

- **Delivering as One:** LSI no longer business as usual. Builds mutual accountability with inclusive planning, implementation and monitoring with defined lead agency and partners for the outputs and results. The different prevention and response needs and services will be aligned to ensure efficiency and effectiveness with clear accountability roles and responsibilities for the Government, UN and CSOs in the program By providing multisectoral integrated services and interventions, the LSI will target the holistic growth and well-being of woman and girl survivors of SGBV/HPs in various domains: health, education, knowledge of their rights, leadership, social relations and resilience. It will focus on the groups who are responsible for reproducing stereotypes on VAWG: rural, illiterate and the poorest women and girls; and rural, illiterate and the poorest men, especially young men aged 13-19 years.

Adolescent girls' empowerment will be done with livelihood support and essential life skills, mentorship and coaching on SRHR and negative cultural practices, and ensuring information is disseminated to them on their rights in order protect themselves from SGBV/HPs and promote SRHR. Priority will be given to building a critical mass of women and girls as key programme implementers, especially those from discriminated groups, including female students and women and girls from women's grass roots networks and academia. For example, based on previous UN Women experience and collaboration with the University of Liberia in peacebuilding courses on UNSCR 1325, female students will be carefully chosen, mentored and trained via academia and local CSOs to build their capacity as community enumerators, mobilizers and monitors. They will not only receive mentoring but also on-the-job training on innovative technology usage, data collection, and community mobilization and monitoring, including community social work. In this way, LSI sustainability will be secured and opportunities for women and girls' livelihoods and education enhanced.

[40] River Cess, Grand Cape Mount, Grand Gedeh and Lofa are counties which exhibit the highest violent tendencies, as indicated by the combination of political tribalism and acceptance of SGBV (SCORE policy brief, 2018).

- **Building synergies:** one of the key innovations will be working primarily at grass roots and community level. This will be achieved by bringing on board national CSOs and women's movement groups in eliminating SGBV/HP. These groups will be crucial to advocacy, community mobilization, response and accountability of national and local authorities. For example, efforts will be made to collaborate with the National Council of Chiefs and Elders and the Ministry of Internal Affairs, Paramount Chiefs and Traditional leaders to become agents of change. Importantly, the LSI will build partnership with male networks as change agents.

- **Working with men and boys:** The LSI will work with men and boys to identify preventive factors and best response strategies to violence and to implement them across the educational system. Most importantly, dismantling violent masculinity and constructing new approaches to masculinity and family and inclusive community relations will be used as the strategic entry points for setting up new standards in behaviour, especially with youth. Exiting networks such as HeForShe Champions will be established and replicated as agents of change at institutional and community levels.

- **New technologies:** The LSI will consolidate the current fragmented data collection and analysis for SGBV/HPs/SRHR through an integrated SGBV IMS. This will enable engagement with different national stakeholders to inform them on trends for planning and decision-making. The planned integrated response services will bring to scale elimination of SGBV, HPs and promotion of SRHR across all targeted communities.

Innovative technologies will also be used for community mobilization and community monitoring. One of those is U-Report,[41] a UNICEF initiative first deployed in 2014 in response to the Ebola crisis. A joint UNICEF and UN Women U-Report initiative is currently underway and will continue in 2019. The most active U-Reporting regions in Liberia are Montserrado, Lofa, Margibi and Bong County. LSI will also explore different online platforms for KM, data collection and data visualization based on the experience and comparative advantage of RUNOs in Liberia.

Private sector engagement with community: The LSI will coordinate and collaborate with private sector companies using public private partnership modules (concession companies in the counties who are not traditional UN programmatic partners) to bring their products to beneficiaries, looking at the possibility of employment as well as financial inclusion for women in terms of grants, job opportunities and other empowerment programmes. Mutual responsibilities will be formalized in writing (memorandums of understanding) or via a Gender Equality Champion Award mechanism.

Operational Innovation

The LSI will operationalize the reforms of the United Nations Development System, whose central role is to enhance the system's effectiveness, cohesion, leadership and accountability, leading to better system-wide coordination, planning, delivery and accountability for results at the country level in support of the 2030 Agenda for Sustainable Development. The LSI will model a new way of delivering on the SDGs in an integrated and coherent manner through:

- Establishing field presence in selected counties in the form of national staff in all five counties. This will ensure a harmonized approach to communities and will strengthen joint programming through collaborative advantages. Agencies will also engage in a harmonized and collaborative manner with CSOs.
- Agency collaborative advantages. A joint implementation approach will be applied through the 'Delivering as One UN' Approach. Implementation will be made easier as agencies support one another through sharing office spaces, transportation, meeting venues, etc. This will reduce costs to ensure smooth and timely implementation.
- The LSI will also benefit from a common KM system to support programming. For example, the PMC being housed in one office under the RC will enable all agencies to access guidance on various issues.

[41] https://liberia.ureport.in/.

XII. KNOWLEDGE MANAGEMENT

A dedicated Program/KM Officer based in UN Women will be the key to maintaining, updating and sharing the KM platform (database) and compiling evidence from the MERRP, including the baseline study and prevalence study. This evidence will further inform implementation and reporting, and development of knowledge products that should be a driving force for the review and implementation of the Communication Strategy. LSI KM will be built on a three-pronged approach: (i) knowledge as an enabler; (ii) knowledge as a facilitator for project improvement; and (iii) knowledge to preserve institutional memory.

1) The LSI will leverage existing platforms dedicated to KM such as the UNICEF and UN Women Virtual Knowledge Centres to end VAWG. For example, under the auspices of the RC, UN Women (currently Chair of the Gender Thematic Group and technical lead of the LSI) will act as the focal point for KM. This is also because of the Agency's mandate and comparative advantage on gender issues.
2) To effectively manage the timely development and deployment of knowledge products to inform the ongoing implementation within the six pillars, each pillar lead will be required to collaborate and develop share knowledge products through documents, videos and other media, as well as best practices within their pillars, which will be collected and stored in a central online database.
3) To develop national capacity for research, analysis and dissemination of data as an evidence base for policy and decision-making, links will be built with local research and academia in Liberia to carry out qualitative and quantitative research on key topics or issues of SGBV/HPs/SRHR. The establishment of the KM forums will support CSOs - particularly community-based organizations and women's rights groups - with a wealth of experience and information to improve their KM capacity and the documentation of best practices. It will also support their efforts to reach young girls, LGBTIQs and the most marginalized populations.
4) The LSI will leverage MGCSP experience in terms of gender knowledge. The Revised National Gender Policy is a sophisticated document in terms of gender research, data and statistics, and is a useful resource to enhance KM. MGCSP also has a dedicated section for gender research.
5) The KM system will leverage the UNICEF U-Report online system to collect real-time perception surveys from different groups in the community, especially young girls and boys, using mobile devices. Similarly, analysed data from the GBV IMS will feed into the KM database to show the different forms of SGBV being experienced, to inform better programming.

XIII. COMMUNICATION AND VISIBILITY

All communication and visibility at country level will be aligned with the Spotlight Initiative's global communication and visibility plan, implemented by the UN RC and engaged RUNOs to ensure the visibility of the LSI and raise awareness about how the programme addresses VAWG in Liberia. The Communications and Visibility Manual for European Union External Action will be used to establish the Communications and Visibility Plan of the Country Programme. In addition to always mentioning the EU's support to the media, Government and ministries, LSI and the UN Country Team will ensure that implementing partners (government line ministries, CSOs, state and non-state institutions, etc.) comply with an approach adopted on visibility needs.

The communications component will have twin purposes: 1) to change behaviour and attitudes within communities and society as a whole on SGBV/HPs and SRHR; and 2) to ensure implementation of the LSI is highly visible. Realization of these two objectives will help create public engagement on the issues, in turn creating public demand for greater political accountability; as well as achieving donor recognition. It will also raise awareness among policymakers and CSOs to drive action to end SGBV/HPs.

To achieve the first objective of the communication component, a comprehensive prevention strategy will be developed at the outset of the programme, which will build on the existing child marriage strategy ('Strategic Framework to End Child Marriage in Liberia' developed by MGCSP) along with strategic frameworks to address teenage pregnancy, FGM and SGBV. The overall vision of the comprehensive

prevention strategy is to change/address gender-inequitable to reduce SGBV and HPs, including promotion of SRHR, with specific objectives to reduce the sociocultural acceptability of domestic violence, child marriage, teenage pregnancy and FGM during the programme duration. In addition, strategic C4D campaigns linked to specific outcomes will be more precisely targeted. The role of the EU in promoting gender equality, SRHR and EVAWG will be a highly visible element throughout.

All communication interventions will take place at national, county and community levels and will be closely coordinated with both the EU delegation and GoL. Channels of communication to be utilized will include:

- High-level face-to-face meetings
- Launch events for key LSI activities
- Media conferences, meetings with editors and media personnel
- Press releases
- Leaflets and flyers
- Radio and TV spots through existing contracts as well as use of other media networks
- Mobilization and buy-in meetings with Elders and Chiefs, Traditional and Religious Councils of Liberia, women's and youth groups, *Susu* clubs and school groups
- Websites
- Social media
- Campaigns
- Text messaging
- Mobile networks/U-report

XIV. ANNEXES

TABLE 3 : BUDGETS – see excel document attached.

Once finalised, the following tables will be incorporated to this document.

Table 3 A – WORK PLAN

Table 3 B – BUDGET BY UNDG CATEGORY

Table 3 C – BUDGET BY OUTCOME

Table 3 D – ADVANCE PRE-FUNDING

Annex 1: Communication and Visibility Plan

Given the cross-cutting need to challenge harmful social norms in order to address SGBV/HPs and SRHR in Liberia, communication will be a vital part of the LSI programme. A strong communication and visibility strategy is therefore planned to advocate for eliminating VAWG/HPs and promote SRHR, as well as prevention, response and government accountability. The lessons learned during Ebola that resulted in social and behavioural change to curb the crisis at county levels will inform the strategy. Moreover, the tangible roles played by communities – especially women and youth, traditional village chief and elders – in making the decisions and implementing the actions to create the space for change to happen will be used to reinforce the message on SGBV/HPs and SRHR.

1. Overall communication objectives

The overall goal of this communication and visibility plan is to promote collective responsibility for EVAWG in Liberia by fostering public engagement on the issues in order to create public demand for greater political accountability. This will entail the active participation of individuals, communities and institutions to ensure a groundswell of demand to end VAWG/HPS and promote SRHR and hold duty bearers accountable. At the individual level, women and girls who are victims/at risk of SGBV/HPs and males who are willing to act as change agents will be involved; at community level, CSOs, women's groups and traditional and religious leaders; and at institutional level, both local and national level government ministries and authorities as well as the LNP.

2. Communication strategy

To accompany the comprehensive prevention strategy, a communication strategy will be developed, building on the communication strategy that was developed under the UN JP on SGBV. This package/strategy will be based on: mapping of stakeholders (WHO), i.e. rights holders (women and girls) and duty bearers including 'gate keepers' (parents, teachers, and community and religious leaders); identification of the platforms (WHERE) through which to reach the various stakeholders; and mapping of communication channels (HOW) (community dialogue, radio, house to house visits, training, etc.). The communication strategy will further map key messages and topics used for awareness-raising, per stakeholder. This will form the basis for a comprehensive communication package, the individual components of which will be tailored to specific groups and the behaviour/social norm change being sought from them.

3. Target groups and specific objectives

- **Beneficiaries of the LSI:** women and girls in general, including victims/survivors of SGBV/HPs, and other marginalized groups including LGBTIQs, to raise awareness of their rights and encourage them to be active participants in creating change.
- **General public:** to challenge harmful social norms, create demand for accountability, and create awareness of the rights of women and girls to be free of all forms SGBV/HPs and to access SRHR.
- **Legislators:** to stimulate them to take accountability in their role as duty bearers in eliminating SGBV/HPs and ensuring all citizens in Liberia enjoy their SRHR.
- **The Government, the judiciary and the LNP:** as duty bearers and implementers of laws and policies.
- **The private sector:** to make public commitments to ensuring their workplaces that are free of SGBV and to become champions of the cause.
- **CSOs, traditional and religious leaders and women's groups:** to engage in preventing SGBV/HPs and lead community engagement on the subject.
- **Men and boys:** to instil changes in attitudes and behaviours, ultimately reducing their participation in and approval of SGBV/HPs.

4. **Communication/Visibility Activities**
   a. **Press releases/news notes**
      - LSI local launch, milestones and project conclusion, among others
      - To be sent out to UN Liberia media and partners list for maximum coverage
      - To be placed on UN Liberia and EU websites
      - To be cleared by the EU and co-branded (with the Government where necessary)

b. Multimedia communication products

- Photo essays
- Posters related to programme activities designed, distributed and advertised
- Clear signposting of EU-supported activities and interventions on UN Liberia's and respective UN agencies' social media platforms
- Videos on and related to project implementation

c. Project articles and stories to be featured on UN Country Team and LSI websites and social media channels

- Project progress (milestones, workshops, etc.)
- Photo essays of distributions
- Profiles of beneficiaries
- Human interest stories

d. Programme publications

- All publications developed by the programme to be co-branded and credit the EU's contribution

e. Workshops

- All visibility materials (i.e. banners, briefing/training packages, etc.) to be produced and co-branded with the EU logo
- Photos and media coverage facilitated (to the extent possible)

f. EU Delegation field visits

- In coordination with EU representatives, pending security and logistics challenges, visits to show the project's progress and impact on beneficiaries and communities will be coordinated

g. Sensitization of implementing partners

- It will be made clear to all LSI programme implementing partners (government counterparts, CSOs including women's groups, etc.) that the programme and their activities are funded by the EU's contribution

h. EU visibility on programme-related supplies

- Programme supplies such as Post-Exposure Preventive kits and other supply items that will be procured from the LSI will have the EU logo and mention of the EU's contribution.
- Posters/calendars/T-shirts/hats and other visibility materials produced for events and activities as required, all branded with the EU logo

5. Visibility M&E

3.1. Media Monitoring

- Via the UN Country Team's media monitoring system, the LSI communications officer will identify and report all of the media coverage of joint LSI secretariat and EU press activities to the EU project focal point. Reports will include the media outlet that reported on the activity, including a weblink to the article/news item/video.

3.2. Visibility materials (posters/calendars/T-shirts/hats, etc.)

- The quantity and recipients of all visibility materials will be reported to the EU project focal point with as much feedback as possible on impact.

6. Branding

- The EU and RUNOs are acknowledged according to the 'Communications and Visibility Manual for EU External Actions' in all publicity, publications and communication materials, and any other communication channels.
- To ensure high visibility of the programme implementation as well as EU support to LSI, the specific objectives include: raising awareness among all stakeholders – the Government, international community and project beneficiaries – of the LSI and the EU's contribution to it; maximizing opportunities to promote the EU and LSI as partners; and building positive awareness among audiences regarding the support of the EU.

Annex 2: The LSI CPD Development and multi-stakeholder consultation process

Preparatory meeting with UN Gender Theme Group, EU and Sweden discussing LSI preparations

Consultation 1: Planning the Country Program Outline

Key recommendations:

- Conduct a baseline sample survey
- Organizing regional and national consultations
- Develop a communication strategy
- Contract international consultants and hosting a high-level launch of the LSI

Consultation 2: Meetings with CS-NRG (28 June & 5 Jul 2018)

UN Agencies and representatives of women's groups, marginalized groups and CSOs

The CS-NRG was formed, comprising representatives from 16 CSOs, women's groups and the most marginalized groups in Liberia including rural women, persons living with disability, transgenders and people living with HIV/AIDS working on SGBV/HP/SRHR at national and county levels. Members also identified respective Lead and Alternate representatives and Supporting CSOs for each LSI Pillar with roles and responsibilities outlined in the TOR to guide, advocate, represent, monitor implementation of the LSI. The key criteria in nominating leads were the sector in which each CSO works and the areas where they have comparative advantage to ensure accountability.

CSO Focal Points Per Pillar		
Pillar	**Focal persons & alternate**	**Supporting CSOs**
PILLAR 1: LEGISLATIVE AND POLICY FRAMEWORKS	**Lead:** AFELL **Alternate:** National Union Organization of Disabilities	• Medical Liberia • WIPNET/WANEP • IREDD • National Civil Society Council
PILLAR 2: STRENGTHENING INSTITUTIONS	**Lead:** WONGOSOL **Alternate:** Liberia Feminist Forum	• BARWODA • SEWODA • Forum for Community Initiatives (FCI) • Community Health Initiative (CHI) • THINK
PILLAR 3: PREVENTION AND SOCIAL NORMS	**Lead:** NAWOGA-FGM **Alternate:** LEGAL	• SOAP • TWG-Episcopal Relief Development • Youth Crime Watch

CSO Focal Points Per Pillar		
Pillar	**Focal persons & alternate**	**Supporting CSOs**
		• Lutheran Church Liberia • Stop AIDS in Liberia (SAIL) • Transgender Network of Liberia (TNOL)
PILLAR 4: AVAILABLE, ACCESSIBLE, AND ACCEPTABLE, QUALITY SERVICES	**Lead:** THINK **Alternate:** Community Health Initiative	• Women Aid • TWG – Episcopal Relief Development • NUOD • LEGAL • Lutheran Church Liberia • LIPRIDE
PILLAR 5: QUALITY AND RELIABLE DATA	**Lead:** National Society Council of Liberia **Alternate:** SOAP	• WIPNET/WANEP • LIWEN • CHI • Women Care Initiative • COSDO
PILLAR 6 CIVIL SOCIETY ORGANIZATIONS/ WOMEN'S MOVEMENT	**Lead:** WIPNET/WANEP **Alternate:** Rural Women	• Liberia Feminist Forum • WONGOSOL • Liberia Marketing Association • Youth Crime Watch

Consultation 3: UN Technical Team meetings (2 July 2018)

With guidance from the RC Office and the EU, the Core Technical Team was able to develop a draft road map and the timeline for the CPD development, which included:

- Recruitment of international consultants (baseline survey, results-based management)
- Mapping of existing SGBV interventions and programmes in Liberia
- Development of research tools
- Organization of additional multisectoral consultations with LGBTIQs, people living with HIV/AIDS and drug addicts
- Drafting of the CPD
- The role of and assistance from the regional technical assistance (UNFPA and UN Women).

Consultation 4: Meetings with Regional Advisors and Consultants

Key recommendations:

- Review baselines and targets in the draft results framework
- Deeper comparative analysis of both the LSI results matrix and the JP on Elimination of SGBV/HPs results matrix
- There is a need for in-depth research on the practice of FGM in Liberia
- There has been a lot of work done on FGM that could be built upon to expand on LSI interventions on ending HPs
- Community ownership in the process is key to achieving results
- It is also important to engage rural women in the counties
- Consider an ARP to replace FGM

Meeting with the Human Rights Law Consultant with the CS-NRG on FGM

A document produced on recommendations related to FGM is available here.

Outputs 1 and 2: Sample Baseline Survey and EVAWG Intervention Mapping for the CPD (13 July–13 August 2018)

A baseline research consultant was engaged by UN Women to conduct a sample baseline survey in four out of 15 counties: Montserrado, Gbarpolu, Nimba and Grand Bassa Counties. Key informant interviews, focus groups discussions and desk review of documents and legislation were conducted. A total of six research assistants worked in the targeted counties for one week to get the information needed to develop baselines for the indicators of the results framework.
During this period the mapping of existing interventions was finalized by the Core Technical Team and government partners. It identified 32 EVAWG interventions being implemented across the country, three pipeline interventions and 12 non-EVAWG interventions which still have links to the current LSI. The Sample Baseline Survey Report is available here for download and Mapping Matrix is available for download here.

Consultation 5: Meetings with GoL, UN and CSOs leading to the development of the zero draft
A zero draft of the CPD was developed following the preparatory and planning meetings held with UN technical persons as well as partners from Government and civil society groups.

Consultation 6: Decision on Pillar leads
As a result of this consultation, the following pillar leads and co-leading agencies were identified:

- Pillar 1: Legislative and Policy Framework – UN Women, co-lead UNFPA
- Pillar 2: Institutional Strengthening – UNDP, co-lead UN Women
- Pillar 6: CSOs/Women's Movement – UN Women, co-lead UNDP
- Pillar 4: Available, Accessible and Acceptable Quality Services – UNFPA, co-lead UNDP
- Pillar 3: Prevention and Social Norms – UN Women, co-leads UNICEF and UNFPA
- Pillar 5: Quality and Reliable Data – UNFPA, co-lead UNICEF

Consultation 7: EU Spotlight Secretariat Team meetings with Heads of UN Agencies
The key points of the presentation made by EU Spotlight Secretariat representative were:

- Programming the three key areas on SGBV/HPs/SRHR under the EU/UN Spotlight Initiative allows us to reach the goal of ending VAWG
- The vital role of CSOs and their key role in M&E
- The key role of the RC as the Lead Coordinator on the delivery of the programme and ensuring the quality of the programme
- The role the MPTF-Administrative Agency: Distributes funds to all agencies, reports sent directly from RUNOs to MPTF
- Political compact of the launch: High-level political buy-in.

In the second meeting, guidance and advice was provided on the writing of the CPD based on feedback from the CPO, lessons learned from other Spotlight Countries and best practices from Latin America. The following points were emphasized:

- Ensure that SDGs (not only 5 and 16 but others that are linked to the different pillars) are referenced throughout the document
- There should be a differentiation between interventions for adolescent girls and those for women and girls because adolescent girls because are disproportionately affected by SGBV/HPs
- The 'leaving no one behind' principle: Analysis of specific vulnerabilities and needs of all women and girls including rural women, sex workers, LGBTIQs and adolescent girls should be highlighted throughout the document
- Make reference from the inception of the document that data analysis on the various women's groups will be provided at a given time during the process
- SGBV/HPs/SRHR should have a single/consolidated approach as this yields a higher level of impact and shows collaboration and unison in implementation
- Review the CPO and lessons learned/best practices from Latin America

Consultation 8: Regional Consultations with Community Members
A two-day regional consultation was held in three regions, targeting three counties per region: 1) Bong, Nimba, and Lofa; 2) Margibi, River Cess, Grand Bassa; and 3) Grand Cape Mount, Bomi and Gbarpolu). The consultations were held Bong, Grand Bassa and Bomi counties and brought together over 135 women and men: 45 participants in each location, representing women, men and youth; and

vulnerable, religious, traditional and adolescent groups; as well as the Development Superintendent from each of the host counties. The consultations took form of the group discussions, with each group represented. The goal was to understand their knowledge of and attitudes towards SGBV/HPs and SRHR, as well as their knowledge of and access to available National SGBV services available through CSOs and community-based organizations at community or district levels. It was also intended to find out about social inclusion in their communities and which groups were most marginalized.

Consultation 9: Technical Team Work Planning and Budget Meeting

The technical team from the Government and UN Agencies conducted four half-day working sessions 13–16 August on the development of activities and allocation of budgets for the CPD. This process was facilitated by a UNDP consultant who guided the team in coming up with broad-based activities for the two-year period of Phase 1 of the LSI. Based on their comparative advantage, agencies contributed activities to relevant pillars within their scope, taking into consideration the guiding principle of leaving no one behind and ensuring that CSO activities were incorporated under each pillar. Each agency contributed budgets from their core funds towards the workplan to complement EU funds.

Consultation 10: National Multi-Stakeholder Consultation on the CPD (14 Aug 2018)

The RC in collaboration with the technical core team of the LSI hosted a half-day National Multi-Stakeholder Consultation with representatives from the National Legislature, government line ministries and CSOs including representatives from disabled people's organizations, LGBTIQ organizations, religious leaders, rural women, traditional leaders, youth and the private sector. The purpose of the consultation was to understand the major challenges, gaps and strategies on prevention and response to issues related to SGBV/HPs and SRHR through feedback from partners to inform the finalization of the draft CPD.

Key feedback points:

- The CPD should be aligned to the Government policy agenda
- GRB should cut across all pillars
- An effective communication strategy is vital
- Interventions must be sustainable

LSI CPD Development Stakeholders List, 2018

#	Names	Institution/ Position	Sector
1.	Yacoub El Hillo	UN/ Resident Coordinator	UN
2.	Marie Goreth Nizigama	UN Women /Country Representative	UN
3.	Williametta S.E. Tarr	MGCSP/ Minister	GoL
4.	Dr. Remi Sogunro	UNFPA/ Country Representative	UN
5.	Fatima Mohammed	UNHCR Country Representative	UN
6.	Suleiman Braimoh	UNICEF/ Country Representative	UN
7.	Alice Johnson Howard	MGCSP/Deputy Minister	GoL
8.	Sangeeta Thapa	UN Women/ Deputy Representative	UN
9.	Uchenna Emelonye	UNFPA/ Country Representative	UN
10.	Pa Lamin Beyai	UNDP/Country Representative	UN
11.	Jurah A.M. Sanoe	Ministry of Information /Asst. Minister	GoL
12.	Ibrahim Sesay	UNFPA	UN
13.	Elizabeth Harleman	Swedish Embassy	Sweden
14.	Dr. Annette Brima-Davis	Ministry of Health/ Deputy Director- FHD	GoL
15.	Brian Kironde	UNFPA/ Programme Specialist	UN
16.	Atty. Wesseh A. Wesseh	MoJ/ Asst. Minister for Litigation	GoL
17.	Cllr. John A.A. Gabriel	MoJ/ Director SGBV/CU	GoL
18.	Elvira Tillerman	Embassy of Sweden/ Programme Officer	Sweden
19.	Hans Lambrecht	EU/ Head of Section -Gov	EU
20.	Henrik Lindroth	UNDP/ Gov Adviser	UN
21.	Charlyn Davis Worzie	Ministry of Internal Affairs/ Nat. Gender Specialist	GoL
22.	Patricia Jallah-Scott	UNFPA	UN
23.	Doris Saydee	UNDP/ Gender Justice Specialist	UN
24.	Agnieszka NAPIERALA	EU	EU

#	Names	Institution/ Position	Sector
25.	Siemon Kwein	MGCSP	GoL
26.	Rubylene Brown	SGBV JP	UN
27.	Pearl Atuhaire	SGBV JP	UN
28.	Dhogba G. Mabande	UN Women	UN
29.	Dwede Tarpeh	Embassy of Sweden/ Programme Officer	Sweden
30.	Ina Christensen	UNICEF	UN
31.	Yamah Massale	UNHCR	UN
32.	Laurine R. Kangar	WACPS/LNP	GoL
33.	Vivian Inis	UNDP	UN
34.	Agatha T. Thompson	MICAT	GoL
35.	Milica Turnic	UN Women	UN
36.	Atty. Josephine Grose	SGBVCU/MoJ	GoL
37.	Christine Davis	UNHCR	UN
38.	Marzu Stubblefield	UNDP	UN
39.	Margaret Smith	MoH	GoL
40.	Chantal Ekambi	UNDP	UN
41.	Maybe Livingstone	UNFPA	UN
42.	Fernando Da Cruz	RCO/UNDP	UN
43.	Chencho Dorjee	RCO	UN
44.	Herve Karege	IOM/ Project Support Specialist	UN
45.	Bertee Forkpaboile	WONGOSOL	CSO
46.	Victoria Wollie	WIPNET/WANEP	CSO
47.	Ellen Sumo	WIPNET/WANEP	CSO
48.	Frances Greaves	National Civil Society Council	CSO
49.	Jennifer Henshaw	LEGAL	CSO
50.	Atty. Vivian Neal	AFELL	CSO
51.	Agnes M. Eggiong	ADWIL	
52.	Bendu Jah	Rural Women Association	CSO
53.	Facia Harris	Liberian Feminist Movement	CSO
54.	Eric Nagbe	SOAP	CSO
55.	Michael T. Sie	TWG-Episcopal Relief Development	CSO
56.	Morgana M. May-Cole	National Union Organization of Disabilities	CSO
57.	Lakshmi Moore	ACTION AID	CSO
58.	Edwin Kamara	Youth Crimes Watch	CSO
59.	Naomi Solanke	Community Health Initiative	CSO
60.	Tambah Johnson	NAWOGA-FGM	CSO
61.	Joan Dalton	THINK	CSO
62.	Hana C. Wilson	Paramount Young Women Initiative/ Volunteer Programme Officer	CSO
63.	Victoria Teric Korgua	PLAN International	INGO
64.	Aminata Kamara	Coca-Cola Bottling Liberia	Private sector
65.	Weade Dheriff	Ministry of Finance and Development Planning	GoL
66.	Abraham Toaquocyl	Liberia Marketing Association	CSO
67.	J. Ernesine Ledluwa	International Rescue Committee	INGO
68.	Fr. Michael T. Die	IFBLAV	CSO
69.	A.Beepen Wikon	SEARCH	CSO
70.	Joyce Kilika Tamwato	Public Health Institute	CSO
71.	Denuek M. Brooklyn	EDAMAS TV Online	Media

Annex 3
Justification of modalities used to arrive at the Direct & Indirect Beneficiaries in 5 Counties

STEP ONE: 2019 MIDYEAR TOTAL POPULATION OF TARGETED COUNTIES

The basis of the calculations of beneficiaries are the 2019 midyear population figures of the Spotlight Initiative programme counties. These were extracted from the subnational projections in the thematic report on population projections of the 2008 Population and Housing Census as published by the national statistics office (Column 1, Table 2 below). The projection used a medium variant fertility scenario (Table 5.1, page 24) and employed the Population Analysis Spreadsheet (PAS) system with an inbuilt calibration of age-sex adjustment and interpolation of mortality and fertility in the process.

STEP TWO: DERIVATION OF SEX DISTRIBUTION OF THE 2019 MIDYEAR POPULATION

Since sex of the Liberian population is known to be a relatively stable variable, the observed pattern of sex distribution of the total population in 2008 (Table 3.1 – Sex Ratio by Age, Liberia 2008, page 10) was assumed to have been constant over the years. Accordingly, for the observed 2008 total population of 3,476,608 with 1,736,663 females and 1,739,945 males, the respective proportions are rounded off to 0.4995 and 0.5005. These were applied to the projected midyear population of each county to derive the required sex distribution (Table 1 below).

TABLE 1: CALCULATION OF PROPROTION OF BOTH SEXES

2008 Total Observed Population	2008 Total Observed Female Population	2008 Total Observed Male Population	2008 Observed Female Proportion	2008 Observed Male Proportion
3,476,608	1,736,663	1,739,945	0.4995	0.5005

TABLE 2: 2019 MID YEAR POPULATION OF TARGETED COUNTIES

TARGET COUNTY	2019 Total Midyear Population per County	2019 Midyear Female Population per County	2019 Midyear Male Population per County
Nimba	594,755	297,080	297,675
Cape Mount	163,582	81,709	81,873
Grand Gedeh	161,242	80,540	80,702
Montserrado	1,439,484	719,022	720,462
Lofa	356,399	178,021	178,378
TOTAL	**2,715,462**	**1,356,390**	**1,359,072**
% of National	**0.781**	**0.390**	**0.391**

STEP THREE: DERIVATION OF POPULATION SEGMENTS OF GIRLS/WOMEN AND BOYS/MEN

Girls and boys were defined as persons under 18 years of age correlative of women and men, respectively. (The latter are 18 years of age and over in the population.) Hence, the observed 2008 proportions in the total population were applied to the base subpopulations of females and males to derive the estimates of girls (females 0-17 years of age) as against women (females 18 and over), and correlatively boys and men.

Table 3: Derivation of Proportions of Girls/Women and Boys/Men

REPORTED NATIONAL POPULATION AGED 0-17 YEARS			
Age Group	**TOTAL**	**FEMALES**	**MALES**
0-4	534,475	263,911	270,564
5-9	501,931	250,520	251,411
10-14	421,666	206,807	214,859
15-17	225,417	111,773	113,644
Pop. 0-17	**1,683,489**	**833,011**	**850,478**
National %	**0.4842**	**0.4797**	**0.4888**

Table 4: Calculation of Populations of Girls and Women, and Boys and Men

TARGET COUNTY	2019 FEMALE POPULATION			2019 MALE POPULATION		
	TOTAL	GIRLS	WOMEN	TOTAL	BOYS	MEN
Nimba	297,097	142,517	154,579	297,658	145,495	152,163
Cape Mount	81,709	39,196	42,513	81,873	40,019	41,853
Grand Gedeh	80,540	38,635	41,905	80,702	39,447	41,255
Montserrado	719,022	344,915	374,107	720,462	352,162	368,300
Lofa	178,021	85,397	92,624	178,378	87,191	91,187
TOTAL	**1,356,390**	**650,660**	**705,730**	**1,359,072**	**664,314**	**694,758**
% of National	**0.3901**	**0.1872**	**0.2030**	**0.3909**	**0.1911**	**0.1998**

TARGET POPULATION AND GEOGRAPHICAL LOCATION

The target counties were chosen based on a complex of available data derived from the 2016-2018 Social Cohesion and Reconciliation (SCORE) study, knowledge of the terrain and population potentialities based on the tendency for the given county to impact the national population at scale. Following the qualitative calibration of the methodology to the Liberian context, the quantitative fieldwork was completed in January 2017. The underlying objectives of the research were to understand the dimensions and indicators, and to collect empirical data relevant to the nature of social cohesion and coexistence in Liberia. SCORE can help identify hotspots, diagnose risks and understand the predictors of violence, which is of utmost importance at this current juncture, with rising expectations from a new government and UN Mission in Liberia (UNMIL) exited.

A key topic addressed by the survey is violent tendencies, which is valuable to study in order to better understand societal dynamics in a conflict-affected setting such as Liberia. The survey evaluates violent tendencies in terms of three components: (1) aggression by respondents in daily life, (2) their endorsement of political violence, and (3) their endorsement of sexual and gender-based violence (S/GBV). The results are scored from a low of zero (no tendencies) to 10 (extreme tendencies) for the index of each phenomenon of interest (violent tendencies, FGM prevalence, endorsement of SGBV and political tribalism). The national averages are indicated to illustrate the relative prevalence with respect to the country situation.

Average scores vary significantly across counties and counties with elevated occurrences of the measured traits (Nimba, Grand Cape Mount, Grand Gedeh, Montserrado and Lofa) became candidates for the Spotlight Initiative. These scores were considered in combination with others like the level of tolerance for gender equality and gender policy implementation programmes, population bases and inadequacy of resources for an expanded intervention. Apropos of the above, the points of breakdown of the selection criteria are set in Table 5.

Table 5: Matrix of Social Cohesion and Reconciliation Indicators (SCORE) – Liberia, 2016-2018

COUNTY	MIDYEAR POPULATION 2019	VIOLENT TENDENCIES SCORE	FGM	ENDORSE-MENT OF SGBV	POLITICAL TRIBALISM
Lofa	356,399	2.5	3.9	1.9	3.1
Gbarpolu	107,343	1.1	3.1	1.2	2.6
Grand Cape Mount	163,582	4.0	6.2	1.1	4.6
Bomi	108,284	0.5	4.0	2.5	2.5
Montserrado	1,439,484	1.8	5.1	1.9	2.7
Margibi	270,229	1.8	2.5	3.7	1.8
Bong	429,282	2.0	5.2	1.5	2.8
Nimba	594,755	0.8	4.7	2.0	3.0
Grand Gedeh	161,242	3.0	5.1	2.0	4.0
Grand Bassa	285,380	1.1	2.8	1.0	3.3
Rivercess	92,052	2.7	4.7	2.6	4.3

Sinoe	131,805	2.0	4.4	1.9	4.0
Grand Kru	74,550	1.0	4.8	2.0	2.5
River Gee	85,976	1.9	7.1	1.5	2.2
Maryland	174,990	2.0	3.0	2.6	2.6
National Average	**4,475,353**	**1.9**	**4.4**	**2.0**	**3.0**

N/B Highlighted counties are selected for the Spotlight Initiative programme.

The findings also indicate a relationship between violent tendencies and political tribalism with a strong correlation with S/GBV. This result is consistent with existing literature on conflict resolution, which shows a correspondence between patterns of violence observed at the macro level and tendencies around S/GBV measured at the micro level. Data analysis also reveals that low levels of political tribalism is correlated with high aversion to S/GBV, and high levels of political tribalism with high levels of acceptance of S/GBV.