

Evaluation of the Norwegian Refugee Council's GBV Programme in Liberia 2009-2014

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ABSTRACT

This evaluation provides a summary of the key activities of NRC's Women's rights through Information, Sensitisation and Education (WISE) Gender Based Violence (GBV) programme in Liberia in the period 2009-2014. As a final evaluation, it seeks to understand the overall effectiveness of the programme and its level of sustainability once NRC leaves Liberia at the end of 2014. Key recommendations are also made on potential ways forward for NRC taking on GBV as a core competency globally. The viewpoints presented in this evaluation are that of the author alone and do not necessarily represent the views of NRC as an organisation.

I.

EXECUTIVE SUMMARY

Since 2009, the Norwegian Refugee Council (NRC) has been implementing the “Women’s Rights through Information, Sensitization, and Education” (WISE) Gender Based Violence (GBV) Programme in Liberia, a project scheduled to close towards the end of 2014 with NRC’s overall departure from the country.

In the last several years Liberia has made great strides in improving the overall prevention and response to GBV but many challenges remain. Coinciding with this context the general objective of the WISE GBV programme has been to contribute to an environment in which Liberian women and girls are free from all forms of GBV and of the threat of such violence. Specific objectives include targeting Liberian civil society to prevent and respond to GBV in their communities and those seeking to improve the technical and organizational capacity of Liberian authorities to prevent and respond to GBV at local and national levels.

In June 2014, this overall final evaluation was carried out to assess the impact of the intervention based on its relevance to the target population. As a final evaluation, it seeks to understand the overall effectiveness of the programme and its level of sustainability once NRC leaves Liberia at the end of 2014.

The evaluator worked closely with members of the NRC monitoring and evaluation team, engaging and approaching this evaluation as a learning exercise with the participation of NRC GBV field staff. Seeking to document lessons learned from the Liberia GBV programme, the evaluation team assessed work carried out at the community level with WISE groups as well as work carried out with government partners, including the Ministry of Justice (MOJ), the Ministry of Gender and Development (MOGD), the Ministry of Health and Social Welfare (MOHSW), the Women and Children’s Protection Section (WACPS) of the police, the Sexual and Gender Based Violence (SGBV) Crime Unit, and the peacebuilding non-governmental organization (NGO) West Africa Network for Peacebuilding (WANEP).

Lessons learned from this evaluation will feed into NRC’s discussions on establishing GBV as a core competency globally. The Liberia project, which has been running for a number of years, will help to inform the development of other GBV pilots established by NRC. NRC is particularly interested in learning about the effectiveness of similar community-based approaches that employ effective methodologies, communication, and awareness-raising tools in order to change attitudes and beliefs over time. Hence this process aims to contribute to the further development of NRC organizational structures, capacities, priorities, and policies on GBV.

In its methodology, the evaluation team conducted a literature review of NRC programme and policy documents from 2009-2014. Fieldwork was carried out in Liberia between 12 and 30 June 2014 in Bong, Margibi, and Montserrado counties. During the fieldwork, the evaluation team used an array of qualitative methods, including semi-structured individual interviews and group interviews. The team also observed drama and songs carried out by members of the WISE groups and visited

government offices to observe their surroundings and interactions with survivors. Quantitative data collected from government offices and NRC programme data was used to corroborate findings.

The overall findings of the evaluation are that:

NRC played an effective coordination role by working in line with the National Plan Of Action For Gender Based Violence in Liberia and by partnering with the MOGD to enhance its coordination of GBV prevention and response efforts. Synergies between the NRC GBV programme and other NRC core competencies—particularly the ICLA programme—increased WISE women’s knowledge of land, housing and property (HLP) rights. NRC supported the MOGD to map GBV services, document their locations, train response providers, and produce referral posters for distribution nationwide. As one of NRC’s most important contributions, the programme increased the utilization and knowledge of the referral pathway countrywide. NRC also contributed to case management coordination, particularly by providing quality psychosocial support to GBV survivors and by creating GBV survival referral cards that helped to avoid duplication and improve the accuracy of MOGD’s data collection nationwide.

NRC initially supported WISE communities through in-depth training and then through their own campaigns designed to further prevent violence in the community and promote the use of GBV services. NRC supported health; gender, police and courts through gap filing assistance, direct assistance, and coordination support both at the national and county levels. Seconded staff provided additional human resources to government offices and later moved to play a mentorship role through their presence in government offices, on-the-job training, advice and support to government staff.

The programme that developed was relevant to the context; however, as the programme developed there did not appear to be sufficient consultation of survivors and community members. Without a mechanism in place to ensure that the project stayed relevant to the needs of the target groups, it is difficult to know whether their needs have been addressed. Creating a mechanism to understand this would improve the programme’s relevance and effectiveness and sustainability overall.

As a result of NRC’s efforts there is:

- Increased knowledge of the referral pathway nationwide due to awareness-raising efforts largely supported by NRC.
- A significant increase in the institutional capacity of GBV government actors to respond to GBV, including health, police and judicial staff due largely to the training and mentoring support of NRC.
- A steady increase of GBV cases reported to the police, and increased access to health services, especially in Bong and Margibi, where NRC has been particularly active.
- An increased number of Sexual Violence (SV) cases going to court due to the growing interest among GBV survivors and their family members.

Some gaps that were not well addressed in the NRC programme include:

- The lack of consultation with key target groups-WISE groups and survivors in the overall design of the programme resulted in programming gaps and an overall lack of cohesion in the programme.
- An extremely low conviction rate for GBV cases due to the continuing challenges

of prosecuting such cases in Liberia. Such challenges include: a high case load and long delays, family and community pressure to withdraw cases, and the corruption of judicial staff as advocacy efforts by NRC and other GBV actors did not effectively respond to this.

- A persistent issue of stigmatization of survivors in communities is a problem that remains due the lack of structured coordination between community groups, service providers, and the MOGD, which NRC could have played a stronger role in providing. With more cohesion between these groups there would be more sustainable support and protection of survivors as they return to their communities.

This evaluation recommends that:

The NRC programme in Liberia should:

- Share the overall findings of the evaluation with the government and donors, and present the Executive Summary for Government Partners to the government. The government should be encouraged to use the Executive Summary for Government Partners as an advocacy document that highlights remaining gaps. By recognizing these gaps the aim is to ensure that GBV stays on the government's agenda in a concrete way.
- Ensure the confidentiality, safety and security of the survivors that NRC provided direct support to and to destroy all closed case files. Case files that are still active should be discussed with the survivors and handed over to the SGBV Crime Unit in Montserrado and Bong counties as appropriate and to the MOHSW social workers in Margibi County.
- Hold a final meeting between all of the most active WISE groups and the MOGD, the global observatory, and child protection networks to establish an initial link. At this meeting all remaining IEC materials and GBV training manuals should be distributed.

The global NRC programme as it embarks on future programmes should:

- Provide general support to government structures by seconding staff to government agencies at the central and county levels.
- Set up a provision of model support to survivors through initially carrying out direct support themselves and then supporting a government structure to provide a similar level of support.
- Formalize the case management role of the MOHSW's at an early stage in the programme in order to ensure sustainability.
- Intentionally develop links with other NRC core competencies in the beginning of the programme.
- Carry out in-depth training of one day every month for 6 months with community groups and support them to develop awareness campaigns.
- Encourage feedback sessions among community groups and staff with a focus on learning about different aspects of the programme. These learning days should be well documented and part of the monitoring and evaluation aspects of the programme.
- Ensure the guiding principles are well explained in all training materials aimed at community groups and government officials and feedback is provided to ensure they are conveying the guiding principles accurately.

- Encourage the development of men's groups that are set up in the same communities with women's groups to work together to address community attitudes holistically.
- Place the survivor at the center of all activities in order to anchor the overall programme around survivor's needs.
- Develop an advocacy strategy that utilizes programme data and is central to the overall programme.

II.

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III.

ABBREVIATIONS AND ACRONYMS

CBO	Community-Based Organization
FIND	Foundation for International Dignity
DV	Domestic Violence
GBV	Gender-Based Violence
GBV-POA	Plan Of Action For the Prevention And Management Of Gender Based Violence In Liberia
HIV/AIDS	Human Immune Virus/Acquired Immune Deficiency Syndrome
HLP	Housing, Land, and Property
LNP	Liberian National Police
ICLA	Information, Counseling, and Legal Assistance
IEC	Information, Education, and Communication
IGA	Income Generation Activities
IPV	Intimate Partner Violence
JPC	Justice and Peace Commission
INGO	International Non Governmental Organization
KAP	Knowledge, Attitudes, and Practices
MOGD	Ministry of Gender and Development
MOHSW	Ministry of Health and Social Welfare
NGO	Non-governmental Organization
MOJ	Ministry of Justice
NMFA	Norwegian Ministry of Foreign Affairs
NRC	Norwegian Refugee Council
OSC	One Stop Center
PM	Programme Manager
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender Based Violence
SV	Sexual Violence
TOT	Training of Trainers
UN	United Nations
UNMIL	United Nations Mission In Liberia
UNPOL	United Nations Police
WACPS	Women and Children's Protection Section
WANEP	West Africa Network for Peacebuilding
WISE	Women's Rights through Information, Sensitization, and Education

IV. INTRODUCTION

A. Programme Description

The “Women’s Rights through Information, Sensitization, and Education” (WISE) GBV programme is NRC’s first stand-alone GBV programme. It started in Liberia in 2009 and is scheduled to close towards the end of 2014 with the overall departure of NRC from Liberia.

The general objective of the WISE GBV Programme has been to contribute to an environment in which Liberian women and girls are free from all forms of GBV and of the threat of such violence. In particular, it has aimed to empower Liberian civil society to prevent and respond to GBV in their communities and to improve the technical and organizational capacity of Liberian authorities to prevent and respond to GBV at local and national levels.

There are three main components to the WISE GBV programme:

- Training of community members to change attitudes and perceptions about GBV and the mistreatment of women
- Capacity support and development of key government structures, and
- Logistical support to survivors pursuing rape cases, including support for social needs.

Selection and training of WISE women, men, youth, and teachers:

NRC facilitated the creation of 134 WISE groups among 50 communities in Bong, Margibi, Nimba, and Montserrado counties, utilizing these groups as change makers focused on changing attitudes towards violence and mistreatment of women and girls. Work with the WISE groups also aimed to improve GBV survivors’ access to GBV services by providing the change makers—and thus their communities—necessary information about the referral pathway. NRC also sought to increase access to services by covering expenses for survivors’ transportation to service providers, among other support strategies.

Support and capacity building to key government structures:

NRC carried out workshops, on-the-job training, and mentorship with the aim of increasing the capacity of government actors—including those from the MOJ, WACPS, MOGD, the SGBV Crime Unit, and MOHSW—to both prevent and respond to GBV.

Support to survivors and case management:

NRC sought to increase access to a range of survivor services and provided direct educational, income generation, and counseling support to GBV survivors and their families.

The WISE GBV programme consisted of three senior staff and 9 field staff that carried out training, case management, and paralegal support. The senior staff consisted of: the NRC GBV Programme Manager (PM) (one international staff), a Deputy GBV PM (national), and a GBV Project Officer (national).

Between 2009 and 2012, the period managed by the first GBV programme manager, all staff covered all activities in the various locations. In 2012 the management structure changed when the new GBV programme manager took over. The WISE GBV field teams consisted of a Training team, a Case management/Psychosocial team, and a Paralegal team with separate offices set up in Montserrado, Margibi and Bong counties to provide support to WISE groups, to GBV Survivors, and to targeted GBV government actors including MOHSW, MOGD, and WACPS/MOJ and WANEP. This set up continued to the end of the project. ¹ There were advantages and disadvantages to both set ups. With the first set up the field staff did everything and the advantages were that they could see the project as a whole but the staff was not specialized. The advantages of the second structure was that the staff became specialized in their various areas however without deliberate actions to bring the various teams together the programme seems to have become siloed and likely contributed to the lack of integration in the overall programme highlighted throughout the evaluation report

B. Evaluation Rationale and Purpose

According to NRC's Evaluation Policy, the main purpose of an evaluation is to "[p]rovide NRC managers and staff with useful information, analysis and recommendations" that will ensure the organization "engage[s] in effective policymaking, planning, programming and implementation." With this in mind, the primary purpose of this evaluation is to assess the impact of the intervention based on its relevance to the target population. This evaluation will also seek to understand the overall effectiveness of the programme and the level of programme sustainability. Moreover, the evaluation team engaged and approached this evaluation as a learning exercise to draw on lessons learned, with the participation of the NRC Liberia staff at the forefront.

This evaluation assesses the work NRC carried out with the WISE groups as well as with government partners, including the MOJ, the MOGD, the MOHSW, the WACPS, and the SGBV Crime Unit, in their prevention and response to GBV and the experiences of survivors that received direct support from NRC. The evaluation also assesses the work of WANEP, a partner organization that carried out court monitoring.

As the WISE GBV programme in Liberia has been ongoing for six years, lessons will be drawn from WISE's community-based groups, including an examination of how the groups impacted attitudes, beliefs, and behaviors in their communities more generally. This evaluation will also draw lessons from the capacity building measures the programme undertook with the government, particularly evaluating how these activities have contributed to government actors' ability to prevent and respond to GBV. Efforts were made to understand not only WISE's overall coordination role in Liberia but also its internal links with other NRC core competencies, especially the Information, Counselling and Legal Assistance (ICLA) Programme and the refugee and education departments' work around sexual exploitation and abuse (SEA).

The evaluation also seeks to understand how the Liberia programme can contribute to NRC's learning as it aims to develop a new core competency in GBV globally. Global GBV pilots are expected to draw lessons from the Liberia programme particularly related to GBV programming in the latest post-conflict stage of a humanitarian emergency.

Therefore, this evaluation will draw out lessons specifically relevant to the strategic planning and policy development of NRC's developing Global GBV strategy.

This evaluation covers the project period between 2009 and 2014, although a majority of the focus will be on the last two years (2013-2014) of the WISE programme. Fieldwork was carried out in Liberia between 12 and 30 June 2014 in Bong, Margibi, and Montserrado counties. NRC Liberia staff, NRC's GBV Advisor based in Norway, and NRC country programmes planning to undertake GBV pilots in 2014 and 2015 will be the primary users of this evaluation.

V.

EVALUATION DESIGN AND APPROACH

A key aspect of the approach that the evaluator took was to work in a participatory manner with NRC GBV advisers and with monitoring and evaluation staff to carry out this evaluation. The NRC M and E Officer and the evaluator formed the team that carried out the field work in Liberia.

Given the natural tendency of programme implementers to be wary of "evaluators," the evaluation team encouraged NRC staff to approach the evaluation as a learning exercise. As the programme is closing, the main goal of the evaluation is to learn as much as possible about the implementation of the programme, to inform future programming in other similar contexts, and to ensure a sustainable handover to government and civil society actors.

On the first day of the fieldwork, the lead evaluator held a short meeting with key NRC GBV staff in Monrovia to gauge expectations and to plan for field visits. Feedback was also sought on the interview guides to ensure they were appropriate and relevant to the target population. The guides were also tested and adapted as needed. Both members of the evaluation team were jointly involved in all aspects of the field data gathering, in the preparation of the validation workshop, and in the validation workshop itself. The evaluation team held debriefing meetings at the end of each day.

Field research was carried out in communities in Montserrado, Bong, and Margibi counties. The evaluation team carried out day trips from Monrovia to communities in Montserrado and Margibi counties and traveled to Gbarnga to meet with communities throughout Bong County. Three days were also set aside towards the end of the field research to carry out meetings with government partners, other key members of the SGBV Task Force, and for feedback and validation meetings in Monrovia. Further details on methodology can be found in Annex I.

VI.

CONTEXT

The NRC WISE GBV programme began in what is considered Liberia's post-conflict period, following two brutal civil wars that lasted between 1989 and 2003. Significant levels of violence, including violence against women and children, characterized both wars. In 2005, Liberia's first post-war election brought Ellen Johnson Sirleaf—Africa's first female president—to power. With this shift to peace also came the first steps towards development and a reform agenda through the country's Poverty Reduction

Strategy (PRS), entitled Lift Liberia. The period also marked the government's first steps towards the decentralization of government services, which resulted in more access to services than the country had ever experienced.

Post-conflict development efforts also increased government responses to GBV. Both prevalent in Liberian society and accepted as a regular part of gender relations, GBV has been widely acknowledged to affect young women and girls in schools, communities, homes, and workplaces. Government focus on the scope of the problem resulted in the development of a robust legal and policy framework to address GBV, including the development of a National Sexual & Reproductive Health Policy (2010) and of the Liberian Action Plan on 1325 (2006), among others. Moreover, the government strengthened the legal framework to combat GBV following the conflict. The law against rape, which was amended in 2006, provided for a significantly more severe punishment for perpetrators, especially in cases involving children. It also recognized marital rape.

In 2005 the Women and Children's Protection Section (WACPS) within the Liberia National Police (LNP) was established. In 2006, the Government of Liberia put together a National GBV Action Plan, abbreviated as GBV-POA from its official name,¹ which sought to guarantee that there would be a coordinated response to GBV in the country. National SGBV task forces, chaired by the MOGD, were mandated to operate at national and county levels to ensure the Action Plan's implementation. Additionally, in 2012, a code of conduct governing the actions of public servants criminalized sexual harassment in the workplace, further strengthening the legal framework for GBV cases.

In 2009, the MoGD established National Standard Operating Procedures (SOPs) for the prevention and response of GBV cases aimed at specifying the roles and responsibilities for all actors involved in the security, legal, health, and psychosocial sectors, and to specify protocols for coordination. In 2009, the SGBV Crime Unit and Criminal Court E² were set up to fast track GBV cases. As of 2014, there are eight³ One Stop Centers (OSC) or GBV focal point hospitals throughout the three counties where NRC's GBV programme has been operating. This includes five in Montserrado, two⁴ in Bong, and one⁵ in Margibi. These services are freely available to GBV survivors providing a range of emergency and basic services.

Despite these efforts, significant challenges to the prevention and response of GBV remain, among them: Liberia's weak justice system; pervasive poverty; persistent discrimination of women and girls; high illiteracy rates among women; an emphasis on social harmony within communities; lacking understanding of the long-term impact of violence on survivors; unequal power relations between men and women; and continuing impunity and lack of transparency within the society at large.

¹ The full name is the "Plan Of Action For the Prevention And Management Of Gender Based Violence In Liberia" (GBV-POA).

² Criminal Court E is a court with a dedicated judge especially set up to address GBV cases.

³ Star of the Sea in West Point, the James Davies Memorial Hospital (JDJ) in Nee-Zoe community, The Redemption Hospital in New Kru Town, Duport Road Clinic, Hope for the World, C.B. Dumbar Hospital, Phebe Kakata Hospital

Findings of a UNHCR/NRC Protection Monitoring Project, established in 2003, confirmed that cases of GBV were the top protection issues reported in communities throughout Liberia. Given the high levels of GBV cases found in its programme and a desire to work on these issues in Liberia, NRC decided to embark on its first ever GBV project.

**VII.
FINDINGS**

This evaluation focuses on four overarching questions that are further divided into another subset of questions under the categories of relevance, coordination, effectiveness, and sustainability.

Was the programme designed and implemented in a way that was relevant and appropriate to the needs of the target groups?
What were the main gaps and achievements in following the guiding principles for GBV programming, and how can we strengthen adherence to these standards in global GBV programming? What models can be seen as best practice for international GBV programming?
What was the impact of the WISE groups in changing attitudes and behaviours towards survivors of GBV in their target communities as well as the change in attitude of the community accessing service providers?
Has the GBV programme been designed and implemented so that it can be sustainable once NRC leaves Liberia?

A. Relevance

i. Consistency of WISE’s Objectives, Design, and Activities with Humanitarian and Protection Needs

NRC’s WISE programme has sought to ensure that Liberian women and girls are free from all forms of GBV and the threat of such violence. As discussed briefly in Section VI above, a number of factors, including the post-conflict environment, unequal gender relations, and limited accountability, contribute to high levels of violence against women and girls in the country. The majority of GBV cases reported are statutory rape cases involving school age children and perpetrators who come from the community, including husbands, partners, community leaders, and teachers. Describing the role of WISE in addressing this issue, one WISE woman said, “[I]t is our role to protect the children from our own community members. There are no police here to do it so we have to.”

In order to do this, the WISE programme has specifically targeted three classes of actors, as described in Section IV above. First, the WISE programme has sought to empower Liberian civil society to prevent and respond to GBV in their home communities. Second, the WISE Programme has aimed to improve the technical and organizational capacity of Liberian authorities to prevent and respond to GBV locally and nationally. Finally, the WISE programme has also sought to directly support survivors’ access to services.

Government institutions’ slow recovery from the war and the poor quality and low availability of services has traditionally meant women and girls have had limited access to the health, security, and legal services necessary to combat GBV. Overall GBV prevention and response efforts have not been well coordinated, thereby resulting in significant duplication of efforts, wasted resources, and a minimal impact on survivors

themselves. In targeting the above focus areas, the WISE programme’s strategic positioning is in line with major developments and GBV-related initiatives in Liberia, as articulated in the GBV-POA and the SGBV Plan of Action, and the programme’s activities are directly relevant.

NRC’s response analysis aims to incorporate holistic GBV programming focused at individual, community, and national levels. One survivor’s father, who was interviewed by the evaluation team, reflected this focus. He said, “They provided my daughter with everything. Transport to the hospital, psychosocial counseling, and transportation to the court. They even gave my daughter a scholarship to be able to go to school.” At the community level, the programme’s aim has been to rebuild protective structures within families and communities and to help people understand what services are available through awareness-raising activities. One WISE group member said: “Because of NRC’s training, now we know that the hospital, police, and the court is free. It will remain that way because we will make sure that it does.”

At the national level, the programme has aimed to improve government actors’ understanding of their respective roles and responsibilities related to GBV, with an initial focus on strengthening the rule of law and contributing to the successful prosecution of GBV cases. A GBV programme manager who was instrumental in designing the programme emphasized the nature of WISE’s initial activities: “I wanted to make sure that we were closely tied to the MOGD, the MOJ and the SGBV Crimes Unit. The crimes unit was just starting out and since our focus was largely going to be a rule of law focus, this was an important partner for us.”

The programme rationale has also recognized that, despite positive legal, political, and policy developments in Liberia, relevant laws and policies have largely gone unenforced. As a result, general violence and violence against women continues to take place. NRC’s programmatic logic has recognized: (1) that there is an unequal power relationship between men and women, (2) that women accept violence as ‘normal,’ (3) that men have used violence to assert their masculinity and power over women, (4) that women face barriers in seeking to access justice, and (5) that there is a low degree to which women are able to access high quality response services when they have experienced any form of GBV.⁶ Understanding this baseline context has been central to WISE’s approach.

NRC’s programme well reflects the needs of the context by aiming to address holistically—individually, at the community level, and among national actors—both factors contributing to GBV in the country and the barriers to its reduction. Set in a post-war to development context with high levels of violence, high tolerance for violence, low capacity of government structures, and historically poor coordination and response mechanisms, NRC’s programme appropriately incorporates training and capacity building, direct support to survivors, and mentoring to government structures.

⁶ NRC’s theory of change is largely drawn from DFID Practice paper CHASE Guidance Note Series How to Note Violence Against Women and Girls.

ii. *Involvement of Community Leaders⁷ and Beneficiaries⁸ in Programme Design and Development*

In early 2009, NRC hired a GBV programme manager, who spent a month and half in a consultation process with government entities and with other GBV actors to develop NRC's first ever pilot GBV programme. During that time, the MOGD, the United Nations Mission in Liberia (UNMIL), the UN's GBV Joint Programme, and NRC carried out an assessment that aimed to map out the actors and the current level of prevention and response activities that were being conducted in Montserrado, Margibi and Bong Counties.⁹ The assessment identified existing gaps in the referral pathway for GBV survivors, assessed community members' awareness on where to seek assistance, and examined the current level of trust community members had in service providers.¹⁰

Following the assessment, NRC selected focus communities among the areas most affected by forced displacement and areas of high return and reintegration in Margibi, Bong, Nimba, and Montserrado counties. These were also counties where NRC already had offices. In selecting focus communities, NRC was also conscientious about not targeting communities where other GBV actors were also working in to avoid any duplication of services,¹¹ a particularly relevant concern at the time.¹²

The first nine communities were selected in conjunction with the MOGD. According to NRC GBV field staff and WISE members interviewed, the communities selected were those experiencing the highest levels of violence in these areas. Women selected to be part of the original nine groups were of mixed ages, and all were either leaders in their communities or were senior members in an already existing civil society group.¹³ Although these women were not consulted in the original design of NRC's GBV programme, they were later involved in shaping aspects of the programme's future direction. Throughout the course of the project, for example, NRC carried out baseline and end line surveys in the communities selected to measure changes in attitudes and behaviors of community members over time, which influenced the direction of the programme, albeit indirectly. In addition, NRC facilitated the creation of WISE men's groups at the request of the WISE women's groups initially selected. In one community where there were no police presence at the time, a WISE women said, " We asked that the men in our community also develop a group so they would be organized and be able to protect us because there were no police in the community at time and we knew we had to organize our own protection from all the violence in the community. We also know that we wanted the men here but we also wanted our own group. This is why we suggested that they form their own group". In some instances, men's groups were formed from the same nine communities wherein the original WISE women operated.

Members of the WISE men's groups were sometimes among the most violent members

⁷ The evaluator assumes this is referring to the WISE groups.

⁸ The evaluator has interpreted this to mean GBV survivors rather than beneficiaries of the project more generally.

⁹ NRC already had offices set up here and it was not financially viable to work in other areas.

¹⁰ Assessment on SGBV Prevention and Response Activities in Montserrado, Margibi, and Bong counties July 2009.

¹¹ Interview with former GBV Programme Manager June 2014

¹² In 2009, approximately 13 GBV actors operated in Liberia. However, just a year or two later, many of the international NGOs that had been operational when NRC first started were no longer being funded and had either reduced their activities or had left entirely. According to p. 13 of the Final NMFA report for 2011, the American Refugee Committee, Merlin, Lutheran World Service, and Centre for Victims of Torture had left Liberia due to a lack of funding. The International Rescue Committee and the UN Population Fund had focused their activities completely on prevention, leaving only seven organizations focused on GBV prevention and response activities by the end of 2011.

¹³ Final NMFA report 2008-2009 p. 6

of their communities. One man said, “The chief of my village recommended me to be in the group because I was so violent and a nuisance to the community. Since I joined I have stopped drinking and become more peaceful and this has been a big relief to the community overall.” Other men in selected groups made similar comments. While this did not appear to be an overall strategy that was adopted in every community, it is a strategy that has proven especially effective in rural communities where there are few police, and it is a strategy that makes sense in a post-conflict country like Liberia.

At the joint request of the WISE men and WISE women groups, school youth groups were formed in 2011, with the aim of developing ‘WISE communities.’ In 2012, community youth groups were formed, and in 2013 teachers’ groups were also formed with the aim of developing ‘WISE schools.’ Each year, along with the introduction of a new target group, new communities were selected and new groups of WISE women, men, youth, and teachers created. Overall, by the end of 2013, there were 134 WISE groups in a total of 50 communities that had gone through some form of training. It is not clear in 2014 how many of these WISE groups have remained active throughout the period. Of the number of WISE women’s groups that were formed by the end of 2013, NRC selected 21 WISE Women’s groups and provided further income generation activities (IGA) to them.

According to NRC GBV staff that worked directly with GBV survivors, there was no formal method for seeking feedback directly from GBV survivors on a regular basis. However, GBV survivors have indirectly influenced the direction of the programme at various points through community participation in baseline and end line surveys. The NRC GBV team also carried out over 250 interviews with police, WISE members, and 46 GBV survivors as part of a review of the pilot programme in 2010¹⁴. In addition, NRC reportedly carried out interviews with GBV survivors on a more regular basis in 2013 on their experiences accessing services.¹⁵ Although a positive step, this initiative came too late in the programme to meaningfully influence it.

The government and civil society actors including the WACPS, the MOJ, the MOHSW, the MOGD, the SGBV Crime Unit and WANEP, were involved in the design through the initial assessment. Their involvement in the development of the programme is reflected in the respective MOUs that each government actor had with NRC. The MOUs were negotiated with the leadership of each agency and newly renegotiated each project cycle.

WISE groups and government actors have been relatively involved in the development of the programme. In 2009, for example, NRC participated in a GBV needs assessment that captured views of government actors and members of the community related to GBV concerns. WISE women’s groups have also influenced the formation of further groups. GBV survivors, on the other hand, have only been involved in programme development indirectly, through baseline and other surveys. Efforts to create a mechanism for survivors to contribute input into the development of the programme came late and therefore did not influence the programme in a meaningful way.

¹⁴ The 2010 survey was designed solely to seek feedback about the programme; it was nevertheless incorporated later into a new proposal for the 2011-2012 programme.

¹⁵ This information was shared by one of the former GBV PM by Skype in June 2014.

B. Coordination

i. NRC's Niche Areas and Coordination with Other GBV Actors

NRC's coordination role with the SGBV Task Force, which was mandated to ensure the action plan's implementation at the national and county levels ensured its activities aligned with the framework of the GBV-POA. This meant that NRC played an active role in almost all of the activities of the plan and provided support to a significant proportion of the prevention and response efforts in Liberia in the four counties and in some cases nationally.

In every conversation that the evaluation team had with government actors, from individuals in the field to those in more senior positions in Monrovia, government officials spoke about NRC's indispensable role. As examples, officials discussed how NRC made sure survivors were supported and how NRC worked to improve survivor's access to services. The activities that NRC provided to government agencies included seconding staff, gap-filling, direct assistance, and coordination support both at the national and county levels.

NRC played a critically important role in enhancing MOGD's coordination function since it is normally a government agency that lacks credibility among other actors particularly the community. In some cases, it was only because of NRC's presence in the counties that the SGBV task force monthly meetings took place. In fact, after the MOGD's offices in Bong County were burglarized, MOGD had to rely on NRC for Internet and meeting rooms or otherwise no meetings would have taken place at all in 2014. One WACPS officer who regularly attended those meetings discussed their significance: "These meetings are very important for everyone to be able to meet on a regular basis and make sure that we are providing support to survivors. I am not sure what will happen when NRC leaves as they are really the only organization that helps make sure these meetings continue to happen." MOGD leadership in Monrovia also spoke about the wide range of support NRC has provided, in mentoring staff in the field, providing transport, and funding organizations to run the various safe houses when financial gaps developed. One leader especially noted the assistance provided for the creation of the MOGD database, a "valuable" contribution she feared might not continue once NRC left Liberia.

Interviews with WACPS officer's upcountry and at the central office in Monrovia indicated that the support NRC provided to various police depots for motorcycles, fuel, and maintenance of bikes was invaluable. This was despite the fact that, by June 2014, the motorcycles that NRC had provided for WACPS staff to use were no longer functioning. As one WACPS officer stated, "With the motorbike, we can do our job. We can carry out investigations at crime scenes, we can help survivors with basic transport, and we can arrest perpetrators. Without transportation, we can't do our job." Similar sentiments were expressed about the data forms, without which, one WACPS staff person said, cases might face difficulty moving forward. Concerned about what would happen when NRC left, one WACPS officer from Monrovia said, "Before NRC leaves, we want them to provide as many data forms as they can spare. These have been so helpful to us. They help the WACPS field officers gather the right information and they help us help them make sure that they are gathering the right information. This information makes strong cases in court."

The joint efforts of all GBV actors in Liberia contributed to increased access to justice services for GBV survivors, said a SGBV Crimes Unit prosecutor. She said that, “On the issue of support to survivors,” in particular, NRC has played a leading role. “NRC’s approach to survivors has served as a model, and we have adopted this approach in our work. This approach has kept witnesses motivated to continue to keep coming to court. This would reduce the chances for an unsuccessful prosecution. The funds help transport GBV survivors to and from the court to the safe house, provide food and other assistance, and support complicated medical issues. This assistance is critical in stopping survivors from abandoning the cases.” NRC’s seconding of staff and support to the SGBV Crimes Unit has also been vital, she confirmed.

NRC has also supported the work of the MOHSW especially in Bong and Margibi. An MOHSW staff person said to the evaluation team: “NRC has done so much work on making sure that people know about the referral pathway and that these services are known throughout Liberia.” Officials from MOHSW also acknowledged NRC’s support with their follow up efforts. According to one official, follow up in communities to ensure the survivors are well reintegrated has been possible only since NRC had been around. “Most people underestimate the importance of doing follow up. Right now I am really only able to do it because of NRC. When I have a case I call NRC up for the transport and the support to follow up with the survivor. When NRC leaves, there will be no help in tracing the survivor and so many cases will be lost. Even if people want to pursue cases, they need the support to do [so]. NRC provides that kind of support now, so we are getting somewhere. When NRC leaves, so many cases will be settled in the family. The situation will reverse.”

Table indicating secondments to government structures 2014.

	MOGD	SGBV Crime Unit	MOHSW	WACPS
2009	3 staff in the counties	2 staff		2 staff
2010	6 NRC staff with 4 at county offices 2 at national	2 staff		
2011	6 NRC staff	2 staff		
2012	2 NRC staff seconded			
2013				
2014	1 staff		1 staff	1 staff

Seconding staff to government agencies at the central and county levels was mutually beneficial. According to NRC GBV field staff, by being present and interacting with government agencies, NRC staff could more easily identify gaps in the provision of services to GBV survivors and help to address them. It also gave NRC field staff a very intimate understanding of the many challenges that exist in government offices. According to the PM who started the GBV programme, “It was difficult in the beginning because so often I would get calls from the NRC social workers telling me that the police and health workers were not doing their job to help the GBV survivors. In those situations, NRC did as much as we could for them, but I had to do a lot of advocacy at the Monrovia level to put pressure on those in the field offices to do their job. It was challenging.” Clearly the presence of staff in these institutions helped to ensure that

survivors were supported and cases moved forward.¹⁶

As highlighted by an NRC GBV staff member, NRC also played an important role in the establishment of a case management coordination mechanism. This role was further enhanced by NRC's efforts to ensure that the GBV referral pathway was known throughout Liberia. Despite being relatively new to this part of NRC's programme, one staff member described how NRC had set a standard on case management in the country by mapping out all response providers in the fifteen counties and by making this information available on posters and through information dissemination throughout the country. She said that, without NRC, there would be no clarity in Liberia about the referral pathway or about the services available and who provides them. Others, like the SGBV Crime Unit prosecutor, MOHSW, and MOGD staff, similarly acknowledged how NRC played this critical role.¹⁷

NRC made major contributions to GBV protection and response in Liberia with the establishment of case management coordination mechanisms and the referral pathway was known countrywide. NRC helped improve case management services by providing logistical support to survivors serving as witnesses and by introducing the survivor referral card, which subsequently became a practice throughout the country. NRC's routine of seconding staff to government offices—and the further evolution of seconded staff's role in these offices—is good practice and should be adopted in future programmes that NRC carries out.

ii. WISE's Collaboration and Coordination with Other NRC Core Competencies

NRC's WISE GBV programme has been well positioned to support GBV mainstreaming within other NRC interventions in Liberia. In addition to working with the ICLA programme to address the interplay between GBV and housing, land, and property (HLP) rights, the WISE Programme has also been able to work with the Education Programme and with the Ivorian Refugee Response Programme to prevent and respond to SEA with regard to the refugee population.

The strongest link, however, has been between the ICLA and GBV programmes. The WISE GBV programme manager originally involved in the programme's design said: "I wanted to make sure that the GBV programme was focused on the rule of law in order to be in line with an area [in which] NRC had relative expertise through its ICLA programmes globally."¹⁸ Despite this initial intention, however, it does not appear that ICLA was in fact involved in the rule of law aspect of the GBV programme at all. In retrospect, given ICLA's experience both in rule of law programming and in working with community-based organizations (CBOs) in Liberia, ICLA could have indeed played a more active role in assisting the GBV programme with its court monitoring work. As described in Part B below, WANEP did not prove to be the most suitable partner for this work.

¹⁶ There has been an improvement in government salaries making the gap not too wide between NGO staff salaries and government salaries.

¹⁷ NRC worked with the MOGD to carry out training with international and national response providers on the referral pathway with refreshers done every one or two years. The introduction of a survivor referral card¹⁷ helped to prevent duplication and ultimately played a major role in improving the case management coordination for survivors.

¹⁸ Interview with the GBV Programme Manager over skype in June 2014

Interventions between the two programmes came about largely as a result of informal discussions, thus they were somewhat improvised. In reflection, one of the GBV PM said, “If I did it again I would have formalized the relationship more and set it up to see what the impact of including a GBV component would have been. The way that we did do it was more ad hoc and informal, so there was no way in the end to measure what the benefits were.” She went on to clarify, however, that there were indeed clear benefits. “I could see that, in the other programmes, they were involving women more than they would have. Also I would ask about their programme and this also made some of the other staff think about the GBV component.”

Some of the initiatives that did happen, according to NRC field staff, were:

- ICLA staff provided training to 25 WISE women’s groups on HLP rights which had a clear benefit to the 25 WISE women groups that benefited from it.
- ICLA carried out Training of Trainers (TOT) with the GBV training staff so that they would be able to train other WISE groups.
- Some members of the ICLA team carried out a TOT with WANEP to support the court monitoring group
- After learning about the referral pathway, ICLA staff referred GBV cases to the GBV programme.¹⁹
- NRC released the report in April 2014 called, “Violence against Women and Housing Land and Property Rights,” which discussed the intersection of GBV and housing rights.

One outcome of the linkage made between ICLA and the GBV programme was a newly created position within the MOGD that focuses exclusively on HLP rights. A former NRC staff member who had previously worked with the ICLA programme in Liberia subsequently filled this position.

The report focuses on women living in Monrovia, and provides evidence linking stronger HLP rights for women to decreased incidences of violence. Although GBV WISE groups and NRC GBV staff were involved in the research it was not clear to the evaluation team how they were involved in the launch of the report and how this advocacy impacted the WISE GBV programme overall. The evaluation team found that although this research was relevant to the project, the main issue emerging from the extensive data available to NRC through its management of the GBV programme and the issue most central to the WISE GBV programme was lack of access to justice. This would have been a more strategic and coherent choice for research.

NRC, in a consortium with Save the Children International, Concern Worldwide, and IBIS, jointly launched the report ‘Passing the Test-the real cost of being a student’ on SEA in schools in late June 2014 that the evaluator was also present for. It brought a wide array of key actors to highlight the extent to which SEA was impacting students nationally. Focus on SEA has also brought the GBV, the Education programme and the Refugee programme together. WISE carried out SEA training with staff, volunteers, and camp management to benefit the Ivorian refugee community. In addition, WISE carried out SEA training with all students and teaching staff in the Youth Education Pack (YEP)

¹⁹ One staff member mentioned this but it did not appear that any evidence of this was kept.

Centers in the PTP refugee camp²⁰ and in Dougee.

Overall NRC programme staff felt that in all the programmes had there been more structure, thought, and intention behind bringing GBV to the other programmes they all could have accomplished more. For example, the HLP training could have been an integral part of the WISE training or GBV could have been a stand-alone programme in the refugee context²¹. Teachers and members could have been targeted and gone beyond teaching about SEA but also SV and other forms of violence faced in the community.

Overall, the WISE GBV programme made informal links with NRC's ICLA, refugee, and education programmes. The strongest links seem to have been made between the GBV and ICLA programmes, especially in ICLA's training WISE women on HLP Rights. In the future, however, links should be made more formally and at the beginning of programmes to better capitalize on potential synergies.

C. Effectiveness

i. Effective Methodologies and Tools

WISE's trainings were considered the most effective tools both to promote prevention of violence and for the purposes of behavior change. The content of its trainings, the methods used to carry out trainings, and the follow up activities-community campaigns-all demonstrated effective methodologies. The posters and radio programmes were also effective as is discussed below.

Training Content:

Training topics proved relevant to people's lives and appear to have contributed to behavior change. In every group that the evaluation team interviewed, at least one man said something to the effect of: "I used to beat my wife and because of NRC I don't beat her anymore," "Now I see my wife as my partner," or "We talk instead of fighting and there is more peace in the home." Other statements similarly demonstrate behavior change. For instance, several men discussed how they walked away from situations more easily now instead of becoming immediately violent. As one man said, "If I feel angry or vexed, instead of taking it out on my wife, I walk away until I cool down and as a result my wife is happier, and there is more peace in my home." Likewise, women were interested in learning about their rights in marriage, rights to property, how to do business, and how to depend on themselves.

Some teachers also felt that their involvement in the training was a key catalyst for their own attitude change. Consider one male teacher, who said, "We know it is wrong to have sex with our students, but here in Liberia, knowing something is wrong doesn't always mean we won't do it. But when I started to understand how the students were impacted by these actions, this is what really stopped me and prevented me from doing it again." Another teacher said he wanted respect from his students and this is what made him stop. "What really got me to change is that I realized just how little the students—

²⁰ Named for its location on the site of the former Prime Timber Production (PTP) Company.

²¹ According to the exit strategy written it was apparently discussed that NRC was considering organizing a stand alone GBV programme to benefit the Ivorian refugees however it seemed that IRC had that covered in that particular context. However for future programmes NRC should consider refugee settings to set up programmes as they offer an ideal entry point for this.

especially the female students—respect teachers because of the sexual exploitation and abuse. I want them to respect me. This is what stops me.” Because the evaluation team is not aware of any pre- or post-tests surveying the teacher groups, it is not clear how widespread this type of behavior change is.

The main behavior changes for women and girls were a sense of independence and that they had other choices than to solely depend on their husband. They also began to change the attitude about violence and that it was wrong for men to be violent towards women and girls. Additionally some of the changes were also about becoming better communicators which ultimately brought more peace to the family.

Training Methods:

NRC staff carried out group trainings over a period of six to seven months for one to three days per month. For the women, there were two sets of these trainings and refresher trainings.

According to some WISE women, being in a safe space with other women helped them to apply what they learned, which also contributed to behavior change. These women indicated that being in a group with other women made them brave in their relationships with their husbands. When they did speak up in their relationships, they often felt that their husbands listened to them, which improved their relationships overall. Others talked about how their relationships with their children improved because they spoke to their children with greater respect.

The strategic involvement of community leaders, such as town chiefs and other respected members of the community, contributed to changes at the community level, since community members would follow authority figures’ lead. Almost every WISE group formed involved town, clan, or paramount chiefs in one way or another. With their involvement, it was easier to bring domestic violence (DV) cases forward, some women said. These women also felt that community leaders were fairer. As an apparent result of the training and awareness carried out by the WISE groups in one community in Montserrado, the town chief created a town law imposing a fee to discourage DV. In another example, from a meeting in 2013, WISE women from a rural town in Bong County saw violence decrease. One woman described it by stating, “They used to beat and abuse women frequently as if the women were a boxing bag. But after the two years of training, the violence has minimized. At least some men have stopped beating and abusing their wives. The women said even when awareness is been raised in the community, some lash [out] at them and sometimes cause the involvement of the town chief. But now things have changed because of the support from the town chief himself.”²²

Seeing benefits to their work at the community level has made WISE groups feel important and motivated. Some WISE women’s groups indicated that they noticed less general violence in the community, and some felt they saw a reduction or eradication of GBV in their community. Others said that men were now afraid to commit SV because of the stiff penalty imposed for rape or because they wanted to avoid dealing with WISE women. A number of WISE group members also cited increases in school attendance for

²² Note from meeting of WISE WOMEN in 2013

girls as a benefit of WISE's work, but the evaluation team was not provided numbers to corroborate this. Many of the women saw themselves as responsible or partially responsible for the changes in their community, which additionally increased their self-esteem and expanded their perception about what they were capable of achieving.

Community campaigns:

WISE groups have carried out their own awareness campaigns in WISE T-shirts, used NRC information, education, and communication (IEC) material to spread GBV prevention messages, engaged in media work by developing their own radio programmes, and provided support to GBV survivors.

WISE groups have recognized that the practice of having to explain and convince others is an effective approach in changing their own attitudes and behavior. Further, almost all of the WISE groups—men, women, and youth alike—said that they felt compelled to share the information they learned with others. While some discussed how difficult it was to convince people, especially in outreach carried out door to door, many admitted that they believed in the messages they had learned so much that they would sometimes return to communities or households two or three times until they felt the message had gone through.

WISE groups found that drama and songs, used largely in awareness-raising sessions with other communities, were often the most effective way to disseminate anti-GBV messages. They felt that these strategies most readily captured the community's interest, and they enjoyed doing them. Some groups also used community radio to promote GBV prevention and response. Others used materials that were provided by NRC, and some groups even made their own signs with messages²³.

In a meeting that NRC hosted in 2013 that brought 53 WISE women together to share experiences, one woman talked about the impact of putting on her T-shirt and the respect she received in her community. She said: "Whenever there is a problem in the community, and when we put on our WISE women T-shirts, the people in the community can get afraid and succumb to us. Through this we carry out awareness in the surrounding communities. During community meetings and market days, because business people from surrounding communities where cars are unable to reach come to these markets to sell, cases are reported to us." The evaluation team also received similar feedback from other groups that felt proud and brave putting on their T-shirts. They believed wearing the T-shirts was an effective awareness-raising tool. "When people see us in our T-shirts, they listen to us," one member said.

Men and women who were married to each other and also members of respective WISE men and women's groups clearly benefited from trainings and from the formation of the groups overall. In addition, the existence of both strong women and men's groups in one community evidently strengthened their overall impact. In Bong County, for example, one community had both strong men and women's groups that often came together to carry out awareness-raising activities. During the evaluation team's field visit, these groups insisted on meeting together to provide feedback. In the session, all six 'WISE couples' shared the benefits of both spouses being in the WISE groups. They described

how their life was much more peaceful at home, how much they enjoyed spending time together, and how much talking they did now instead of fighting. Several of the couples also strongly encouraged others to invite their spouses to join given the benefits that they described.

NRC's long-term and in-depth training of WISE groups has been one of the most effective tools for promoting behaviour change. The trainings' incorporation of content relevant to target groups, its utilization of participatory methods over a long period of time, and the role of the group in reinforcing training messages were all positive features. Incorporating community leaders such as chiefs in WISE trainings strengthened WISE messages at the community level. Subsequent awareness campaigns carried out by WISE members, especially WISE men and women working together, further reinforced attitude changes in the community and behavioural changes among WISE groups themselves.

ii. Awareness of and Access to GBV Services

According to MOGD national data, from 2009 to the end of 2012, a steady increase in the number of GBV survivors accessed government services.²⁴ In 2009 alone, within a six-month period, there were 900 survivors that accessed services with an increase in 2010 to 2029 for the year. By 2012, the number of GBV survivors accessing services peaked at over 2500. The data also shows that, nationally, increasing numbers of survivors accessed health centers and police depots from 2011 to 2012. In 2011, for instance, 52 percent of identified survivors accessed health centers, and in 2012 this number increased to 73 percent. In 2011, 46 percent of identified survivors reported to the police, and in 2012 that percentage increased to 64 percent. There was also an increase in the numbers of those choosing to take cases forward but the overall conviction rate remained largely the same at 1-2 percent throughout the course of the project.

Over its six- year programming period, NRC assisted a total of 874 GBV survivors directly and hundreds more through their support to the SGBV Crime Unit. The majority of the GBV survivors that NRC assisted directly came from Margibi County at 454, followed by Bong County at 331. Most came through the health center or the police. In Montserrado County, NRC supported 55 survivors directly and hundreds more through the SGBV Crime Unit.²⁵

In addition, WISE women's groups directly supported 28 GBV survivors, mostly from Bong County. It is safe to assume that these survivors heard about services available through the community. The evaluation team found that the WISE women's groups visited in Bong County all had survivor funds, so they were in a position to provide funding to survivors should the need arise. These groups also had strong leaders and were located in very remote areas where there were few other services around.

Awareness campaigns carried out by all the WISE women's and men's groups focused on making sure the community was aware that SV is a crime for which accountability

²⁴ These are not necessarily all GBV survivors as some of the cases calculated in this number are cases of DV, abandonment, and/or persistent non-support, among others. In 2013, the number of reported cases decreased slightly.
²⁵ The evaluator could not find the exact number of GBV survivors assisted through the SGBV Crime Unit, thus this information is based on those receiving in-kind support from staff, with funding provided by NRC. However, estimates of GBV survivors assisted by the Crime Unit are in the hundreds. This number is not included in 874 that NRC assisted directly.

should not be compromised. Most WISE groups reported that the community took this message seriously. However more generally there was a negative attitude about the ability of the government to hold people to account through the court structures.

WISE members also took advantage of Sixteen Days of Activism and International Women's Day occasions to carry out important awareness-raising events. While these events may play a role in getting information out about where and when to access GBV services, it is not yet possible to understand how effective these kinds of interventions are in increasing survivors' access to services.

Interviews the evaluation team conducted with 11 NRC-supported GBV survivors revealed they had heard about services by talking to a neighbor in their community (1 interviewee),²⁶ by listening to the radio (2 interviewees), by going directly to the police (4 interviewees), or by visiting a health care center to address a health-related problem (2 interviewees). Although the numbers are statistically insignificant it is interesting to note that none of the 11 survivors, and none of their family members, made specific reference to an NRC poster or IEC material nor did they mention whether an NRC-sponsored radio programme was responsible for initially prompted them to go to the police or hospital in the first place however this does also not mean that these interventions did not play an effective role in information sharing about available services it is just that these were not mentioned specifically as how they learned about the services. However NRC posters were visible in every single healthcare center and police station visited by the evaluation team which contributed to an environment of a lack of tolerance for violence and clear messages about how and where to access services.

All of the survivors appreciated the support provided by NRC. They all said they would tell others in the same position to report a case to the police and go to the health care center based on their satisfaction with the support they received. In addition, they all said they would tell someone in a similar position to get in touch with NRC. Although there was no specific mechanism set up for getting in touch with NRC, such as a hotline, in some communities police would immediately call NRC to support a survivor should a survivor arrive at the police station.

The SGBV Crimes Unit prosecutor based in Montserrado County believed that community members were becoming increasingly aware that services were available and therefore accessed them in greater numbers. In the past, the biggest barriers to access had been the poor quality of available services and the high cost. The prosecutor thus attributed higher numbers of survivors accessing services to improved service provision and the fact that these services were now free.²⁷ She also highlighted the joint efforts of all GBV actors in contributing to the increased access to services. NRC has played a leading role, she said.

²⁶ The survivor's family did not tell the evaluation team how their neighbor knew what to do.

A steady increase in the number of GBV survivors accessing services took place between 2009 and 2012, with large increases in survivors' access to health and police services. NRC's support to the MOGD for data collection has been critical in even measuring these increases. What is not clear, however, is whether the activities of WISE groups directly contributed to such increased access. Communities carrying out awareness rising don't have a mechanism in place to assess which of their strategies have been most effective. In order to know what the most effective awareness-raising tools are in a certain context, it is recommended that NRC create such a mechanism as a regular part of data collection in future programmes. The mechanism could be as simple as asking where GBV survivors first heard about services they sought and what prompted them to access those services.

iii. Guiding Principles

According to international standards on the prevention and response to GBV, the core guiding principles of safety, respect, confidentiality, and non-discrimination should apply to GBV programming and coordination efforts. These key principles can also be found in Liberia's National GBV-POA with which NRC's GBV programme is fully aligned. According to the GBV-POA, GBV programming should ensure "the rights and needs of those who have survived GBV are respected, and that the provision of accessible supportive services that guarantee confidentiality, safety and comprehensive information are available."

The area where NRC's GBV programme has most strongly aligned with the guiding principles has been in its direct support to GBV survivors, which NRC GBV counselors coordinated. The training and support provided to government staff also reflected these principles. Mechanisms such as the survivor referral card and data collection forms helped to ensure that confidentiality and the safety and security of the survivor remained intact in a systematic way. NRC's development of the survival referral card, which utilizes a number rather than a name to keep reports anonymous, indicates its promotion of survivor confidentiality at the national level.

A key role of the psychosocial counselor—in the programme, the NRC counselor—is to inform the survivor about her various options, not to tell the survivor about whether she should take her case further to the police and then to court. Interviews with government counterparts, survivors, and staff themselves confirmed that NRC staff understood this aspect of their role. The evaluation team's own observation of NRC GBV field staff (especially counselors and case workers) as they interacted with 11 GBV survivors strengthened this finding. NRC staff told the evaluation team how they addressed safety and security concerns by relocating some GBV survivors to safe houses and to new communities when needed. All NRC staff seemed well aware of how to keep information confidential. Beyond that, staff felt accountable to survivors and to their family members, and it appears that staff members have been very engaged in their work.

One example of an instance where an NRC GBV staff member went above and beyond was in the case of a survivor's mother who was being supported by NRC. In this case, the GBV survivor had died as a result of a rape. In response to this situation, the MOGD in Monrovia provided the mother of the child a sum of money as recompense. Initially, it seemed an appropriate intervention to assist the family in such a difficult time. However, MOGD gave the grant to the family in a very public way, including with journalists present, thus exposing the rape, the death, and the subsequent compensation to the

community where the mother lived. The family was robbed the next day. Not only did they lose the cash from the MOGD, but all of their other belongings were stolen, too. In this case, the survivor's family's safety, security, privacy, and confidentiality were all infringed. An NRC GBV field staff person, upset about the way the case was handled, provided feedback to the MOGD in Monrovia about it.

NRC's GBV programme has aligned with the guiding principles less strongly in individual cases where government staff demonstrated blatant disrespect for the guiding principles, either for structural or attitudinal reasons. Highlighting structural challenges with regard to both the legal and police response should have been part of NRC's routine data collection for the court monitoring work. For instance, some courts such as those in Bong County at the regional hub and in Criminal Court E in Monrovia, have in-camera and use the technology which aims to protect the confidentiality of the survivors and is good practice. However, in-camera hearings were not being conducted in all the counties including Margibi despite the fact that in-camera facilities were available. The delay in their use was reportedly due to the fact that some court staff had not yet been trained on how to use the equipment. In Margibi survivors continue to be unnecessarily exposed to members of the grand jury during the pre-trial stage and to the jury during the regular trial. In terms of police, the lack of private rooms and separate offices for dealing with GBV cases has infringed on the guiding principles of safety and confidentiality. Yet none of these concerns can be found as part of the kind of data that is routinely collected and advocated on as part of the court monitoring work. These are so fundamental yet they are not found anywhere as part of the court monitoring work.

The other areas where NRC could also improve on ensuring that WISE group members accurately pass on clear messages about confidentiality, safety, security, and respect in their community campaigns. The evaluation team's observations of the dramas, that are also used for conveying messages during community campaigns, done by WISE groups and an analysis of the WISE training material show that there may be a need for more clarity around the guiding principles.²⁸ In some of the dramas depicting cases of SV, for example, it appeared that the survivor was being encouraged to go to the health care center solely to determine whether the survivor had been raped. In these dramas, WISE groups placed little to no emphasis on the role of the health care center in potentially saving the survivor's life, in avoiding pregnancy, or in preventing HIV/AIDs putting the survivor's safety and security at risk. Once it was determined by the health care professional that the survivor had been raped, she was urged to take further action by going to the police. The WISE training manual could be read to convey this message. One story in the manual describes how a survivor goes to the health care center first (clearly a good message), but once the nurse examines the survivor, she "advises the survivor's mother to go to the police to report the case." In addition to this unclear message, none of the dramas highlight the importance of the 72-hour window for reporting cases. WISE training material similarly omits this factor. However as is discussed below NRC radio messages and IEC material emphasize this information. So it is also important that information is not only accurate but also consistent.

Finally, the evaluation team, which included a male Liberian counterpart, observed that, in almost all of the dramas, GBV survivors were treated particularly harshly. For instance, friends or community members would give advice in an aggressive way. It

²⁸ In total, there were four groups visited that chose to depict the ways in which they handled cases of sexual violence.

seemed that, in the dramas, the survivor was largely being told what to do rather than having available services explained to him or her, which does not comport with the guiding principle that survivors' rights should be respected.

The areas where NRC's GBV programme saw the strongest alignment with the guiding principles was in its direct support to GBV survivors. NRC also explained the guiding principles in its training with government actors, especially police and legal officials. The weakest area for alignment with the guiding principles has been in their court monitoring work and highlighting where structural and attitudinal inconsistencies arise. More effort could have been made by NRC to ensure that accurate messages about the guiding principals could have been made. In order to better this alignment, NRC should create training manuals that clearly explain and prominently highlight the guiding principles. Prominently featuring the guiding principles will to limit the discretion of the trainer in these areas. NRC staff could also provide feedback on messaging to ensure that messaging going out in the community is accurate.

iv. Effectiveness of Community Involvement

The involvement of WISE members in GBV cases varied from one community to the next. In some circumstances, WISE groups would call NRC to help transport a survivor upon hearing about a GBV case. In other communities, WISE groups got more involved, providing transport or directly helped survivor's access services. Still, in other cases, WISE women had links with service providers and called the WACPS officer or One Stop Center (OSC) staff to alert them about a case. WISE women, men and youth also incorporated messages about the referral pathway in their community awareness campaigns on a regular basis.

NRC IEC materials and radio messages clearly encourage GBV survivors to go to the hospital within the 72-hour time frame and highlight the importance of going to the hospital in order to save the life of a GBV survivor. Because few people have access to the radio, NRC GBV staff emphasized how important it was that community awareness messages given in that forum are accurate. Some WISE women groups even discussed with the community that young women or girls in their community had died or contracted HIV/AIDS from being raped as a way to convey that message clearly. In addition, a UN evaluation carried out in 2013 found that the majority of the awareness-raising information provided by GBV actors centered on messages about the referral pathway and adequately emphasized the importance of going to the healthcare center within the first 72 hours after a violation.²⁹

However, health staff in the OSCs, especially in Montserrado County, found that, even though there had been an increase in GBV survivors who sought out services within the 72-hour period, a large number of survivors still came to health care centers after that period. This was despite the fact that OSC staff had also included similar messages in their awareness-raising sessions about the importance of the 72-hour window.³⁰ In many of those cases, GBV survivors came in to healthcare centers primarily because they had a Sexually Transmitted Disease (STD) and were seeking treatment.³¹ Of the 11

²⁹ This was a clear gap that was raised in the original 2009 assessment report.

³⁰ MOGD data highlighted a somewhat dramatic increase in the use of PEP from 2011 when reportedly only 2 per cent was used nation wide, however in 2012 the number reportedly increased to 21 per cent. While this is still a low number it is encouraging that there was such an increase.

³¹ According to MOGD data STDs are the most commonly treated disease in the OSC structures

survivors and their families interviewed by the evaluation team, three parents actually found out that their children had been raped or sexually assaulted through a visit to the health center seeking treatment for an STD. In these cases, survivors did not tell their parents right away because the alleged perpetrator had threatened to kill them if they told anyone. In addition, a survey that NRC carried out with 46 survivors in 2011 found that about one third interviewed did not visit the health care center within the 72-hour period. The main obstacle survivors faced was fear of reporting the case because of threats by the perpetrator or that the alleged perpetrator was in the community.³²

There is anecdotal evidence that WISE members understand the importance of the safety and security of survivors. Take for instance the story of a WISE man whose friend sought advice after his daughter was raped staying with extended family members in Monrovia. The WISE man told his friend to send for the daughter immediately but advised that the friend not say anything to the family until the daughter was safely back. The WISE man also asked his friend to take the daughter to the hospital for care and to obtain a medical certificate as evidence. With the consent of the family, the WISE man called UN Police (UNPOL), who transported the daughter back to her home and also arrested the perpetrator. The advice that the WISE man gave to his friend guaranteed the safety and security of his daughter and likely contributed to her case's successful prosecution.

On the other hand, the involvement of community members in these cases is not always so straight forward, can pose risks to survivors and to the community members themselves making quality control that ensures that the safety of the survivor paramount in these delicate situations and a key role for NRC. It did not appear that NRC staff were necessarily monitoring the risks to either the survivor or the community member of being involved in this sensitive GBV work. This type of monitoring is necessary for all programmes. In the same community, a GBV survivor confided in one of the WISE women that her stepfather, with whom she lived, had raped her. The WISE woman brought the situation to the attention of WISE members in the community, and, determining that the issue would remain confidential, they brainstormed together on how to proceed in the case. WISE members expressed clear concern about the safety and security of the survivor after recognizing that the alleged perpetrator was a powerful person in their community, and he had threatened to kill the survivor should she tell anyone about the rape. The WISE group was reluctant to involve the WACPS or the MOGD as they had little faith that these entities would handle the case correctly, and there was no option to move the survivor to a nearby safe house as it had been closed due to lack of funding at the end of 2013. Unfortunately, with no confidence in government structures and with the imminent departure of NRC staff from Bong County, WISE members were unable to immediately determine a solution. On the one hand, WISE members demonstrated clear concern for the guiding principles in brainstorming options for the survivor's protection. On the other hand, the involvement of a number of community members in the case risked not only the safety of the survivor but also the safety of the WISE members, given the alleged perpetrator's position in the community.

The safety and security of community members and service providers is an area that future NRC programmes should tackle. Other WISE groups, NRC staff, and service providers similarly expressed concerns about their own safety and security.

³² In the reference manual Musu goes to Court this issue raised but not dealt with in any substantial way.

Communities have a significant role to play in strengthening access to services for GBV survivors, and, when trained, communities appear conscious of aligning their actions with the guiding principles. In future programmes, however, it will be important that NRC incorporates feedback on how to deal with obstacles to reporting. Despite the success of community dramas and interventions, such obstacles have prevented survivors from visiting health care centers within the important 72-hour window. It is also recommended that NRC tackle the issue of community members' own safety and security when intervening in these cases.

v. *Coordination of the Referral Pathway*

While NRC played an important gap-filling role by helping to ensure that services were well coordinated and complimentary, NRC's support—and the efficiency of the referral pathway—differed in each location. Approximately half of the GBV cases reported nationwide come from Montserrado County. Margibi and Bong counties, respectively, have the second and third highest numbers of reported cases. NRC supported a large number of GBV survivors in these three locations either directly or through its support to the SGBV Crime Unit. However, the outcomes of that support have varied in each county. The variables are further elaborated on below in each of the various sections.

Montserrado County:

In Montserrado, OSCs appeared to function well and its hospitals seemed to be accessible to GBV survivors. In this county, survivors could generally access WACPS, though their offices had differing degrees of effectiveness. Montserrado also had a number of functioning safe houses. However, staff from both WACPS and the OSCs complained that safe houses sometimes failed to pick up survivors in a timely manner after WACPS and OSCs called. Coordination support for Montserrado County also suffered because national coordination was often prioritized over county coordination.

Despite their high caseloads, however, Criminal Court E and the SGBV Crime Unit also functioned well in Montserrado County. NRC's support to survivors particularly facilitated the process of GBV prosecutions in this county. WANEP, the court monitoring organization, has also received support from NRC for court monitoring activities here. It is the only national organization that has access to Criminal Court E.

Margibi County:

The court in Margibi is the weakest link on the referral pathway in this county. While NRC GBV staff members have indicated that the situation has improved with the appointment of a new County Attorney, they still noticed inconsistencies in GBV cases brought there. Three family members of survivors also confirmed court inconsistencies when they described how their cases had been compromised or mishandled at the court. Moreover, as discussed in sub-section (viii) above, the court continues to hold open court hearings, threatening the confidentiality and safety of the survivor, despite the availability of in-camera facilities.

Particularly in Upper Margibi, another major issue of concern is the police's lack of responsiveness after GBV cases are reported. This unresponsiveness is not present in the lower part of Margibi County, closest to Montserrado County, which has some of the most active WACPS officers. In that area, the evaluation team observed an officer working closely with NRC, calling NRC staff every time a GBV case needed attention. The practice of getting NRC involved early in the case likely contributed to this county's having the highest number of NRC-survivor supported cases.

The MOGD officer in this county also appeared active, holding regular task force coordination meetings. Health staff persons were also active and waiting for the new OSC office to be finished by the end of 2014. A final issue of concern, however, is the lack of a functioning safe house in this county, since the funds for the one previously present ran out in 2013.

Bong County:

In Bong County, services are largely centralized in its capital, Gbarnga. Two health centers in the county offer services and a centralized WACPS station. A newly established Gbarnga Regional and Security hub, located slightly outside of Gbarnga and covering Nimba, Bong, and Lofa counties, houses circuit courts and other justice offices, including the SGBV Crimes Unit. In this county, the links between WACPS and the hospitals and health care centers are generally strong. SGBV focal points and social workers in the hospital and health care centers appear to perform well, according to NRC staff. However, there is only one trained staff person in each of these institutions, which means that they lack a replacement and services are likely to decline should they be out sick or on leave. In addition, as described above, the only functioning safe house nearby ceased to operate after its funding ran out in 2013.

WISE groups interviewed in Bong County believe the provision of services in Gbarnga has improved over time. Groups also generally agree that the county's hospitals have been accessible and provide good services. While emergency GBV services are available outside of Gbarnga as well, these services are not free. WISE groups expressed concern about the limited number of police depots and the wholesale lack of WACPS in the police units outside of Gbarnga. Even in Gbarnga, assigned WACPS officers are not entirely available. As NRC GBV staff members seconded to the offices have explained, two of the four assigned officers are enrolled in school and so not always on duty.

Up until the end of 2013, the MOGD played a relatively active coordination role. However, the MOGD had an office break-in and lost key funding that year, which

significantly hampered its effectiveness. The MOGD only held one or two coordination meetings in 2014 and this was only because of NRC support. The SGBV Crime Unit also suffered from a lack of funding in 2013, which impacted the Circuit Court's ability to successfully prosecute GBV cases. According to the County Attorney, increased funding for the SGBV Crime Unit received from outside sources in 2014 has contributed to a steady improvement in prosecutions since that time. Interviewees also indicated that the County Attorney has performed well; however, the judge was not always fair.

Montserrado County's referral pathway appears to be largely intact, with significant access to OSCs, hospitals and the courts. However, delayed safe house response and overlooked county-level coordination continue to be key concerns. The biggest gaps identified in Margibi County relate to the court system, which appears to handle cases inconsistently. The referral pathway in Margibi was also compromised by the closure of the only functioning safe house and by unresponsive police. In Bong County, funding shortages at the MOGD and the lack of a safe house hindered otherwise smooth coordination between NRC, MOHSW, the SGBV Crime Unit, and WACPS.

vi. *Changes with Service Providers*

Service providers continue to have mixed attitudes and practices with regard to GBV prevention and response. On the one hand, it appears that the training provided by NRC and by other GBV actors has improved the attitudes and practices of officials in the MOHSW, WACPS, and in the SGBV Crime Unit. However, the attitudes and practices of MOGD and MOJ staff are more mixed.

One WACPS officer from Margibi who went through 10 trainings, including those conducted by NRC and by other partners, said she remembered the NRC training well because it lasted for seven months and provided her with an advanced understanding of GBV. The trainings also made her feel more comfortable in court, enabling her to testify in four cases, two of which ended in a successful prosecution. Another WACPS officer who had gone through seven trainings told the evaluation team, "The topics that helped me the most were learning about interviewing techniques and filling out case files. Both of [these] were topics covered in NRC training." Describing how his newly acquired skills allowed him to communicate with a survivor who told him about a gang rape, he said, "I feel like my ability to interview survivors and talk to people better has improved because of the training." Another officer said that he was personally changed and no longer beat his wife as a result of working in WACPS and receiving training from NRC and other organizations.

While evidence demonstrating a direct link between NRC trainings and positive GBV response outcomes is not available, an SGBV Crimes Unit assessment carried out in 2011 found an 82 percent increase in the number of documents included in case files from 2009 to 2011, which implies an improvement in the quality of GBV investigations.³³ It is possible, though certainly not definitive, that trainings provided to Liberian National Police (LNP) and WACPS by NRC and other GBV partners have contributed to this improvement.

³³ Final report for NMFA January –December 2011 p.3

Table highlighting trainings gathered from NRC reports 2014

Year	WACPS/LNP	MOJ	MOHSW	MOGD
2009	49 LNP Regional commanders over a 3-4 days period			
2010	44 LNP commanders and Inspectors	20 Judges, 25 magistrates, 30 prosecutors, and 30 defense council		30 workshops for referral pathway training geared towards CBOs, NGOs, and INGOs
2011	32 WACPS from 13 of the 15 counties for 6 month training 2-3 days per month	42 MOJ staff	14 MOHSW	Referral pathway training carried out for CBOs, NGOs, and I/s
2012	68 LNP/WACPS and including TOTs	27 judicial actors	60 MOHSW	73 MOGD targeted for training
2013	99 WACPS		Data gathering training	Data gathering training
2014	NA	NA	NA	NA

NRC GBV field staff who worked closely with government partners, either through secondment or otherwise, believed MOHSW staff to be relatively active and responsive. As with the WACPS officers, several MOHSW officials believed the significant amount of training they received contributed to the improvement of their work. They felt such trainings gave them greater respect and empathy for survivors, increased their willingness to testify in GBV cases, and enabled them to serve as better witnesses. As one official said, “I have been trained and I know what to expect, how to prepare and I know what I should say. It is just a part of my job now. I also encourage other staff members to get the training so they can also testify in court.”

NRC GBV staff corroborate that they have observed a greater willingness to testify among MOHSW officials. According to NRC staff, prior to training, MOHSW officials refused to testify at all, presumably out of fear for potential backlash. In addition, MOHSW and WACPS officials apparently expressed increasing frustration over time that, despite testifying and presenting what they deemed to be strong cases, alleged perpetrators would not be convicted. An MOHSW staff person showed this frustration when describing a lost case to the evaluation team: “Of the five cases that I testified in, there has been one where the case was lost. It was foul play. The man was a well-known person in the community and the case was thrown out. The girl was 11 years old and the mother was a disaster. It was pathetic.”

With the exception of the SGBV Crime Unit, MOJ officials have exhibited mixed attitudes and practices. For example, NRC has trained a number of MOJ officials, and there have been signs of changed practices in the courtroom, especially among County Attorneys. However, some trained officials did not appear to change in their attitudes towards survivors. Consider the statement of a high-level court official who felt Westerners had overemphasized the importance of confidentiality. He said: “I am not in favor of in-camera hearings. It is easier to win cases if the jury sees the survivor.” In his opinion, issues of shame and stigma were not that concerning in Liberia. He also believed the rape law to be too harsh. This attitude is problematic in that it fails to recognize the

concerns of the survivor, thus rejecting the guiding principles and GBV protection best practices.

Moreover, GBV survivors and their family members appear to corroborate concerns about justice sector officials. Survivors and family members who spoke to the evaluation team said that, of all the service providers they've interacted with, court officials are the least trustworthy.

MOHSW and WACPS officials have demonstrated a clear improvement in their attitude toward GBV survivors as a result of being trained by NRC and other GBV actors. Such officials appear more willing to testify in GBV cases and to engage with GBV survivors. The attitudes of MOGD and MOJ staff, however, are more diverse. The SGBV Crimes Unit, which has a good reputation, is a notable exception within MOJ and the MOGD.

vii. Changes in Women's Status

It is clear that NRC's work with WISE members has improved the status of women in their homes and in their communities. As described in sub-section (i) above, women's participation in the WISE trainings have improved women's self-esteem and provided avenues for them to become more independent. Many of the women who received business training in particular, said "NRC had opened up their eyes to business." Throughout this evaluation, men have also said that they now see women as equals and partners and that the trainings compelled them to stop beating their wives.

In addition to these accounts, the NRC GBV team's baseline and end line knowledge, attitude, and practice (KAP) surveys have found changes in attitude over time among WISE members (men and women) and among their family members in selected communities.³⁴ The most dramatic of these changes relates to the control of household resources and decision-making. For example, the number of respondents who said that a man's decision about money was most important decreased by 24 percent over the course of 2012, while surveys showed a 25 percent increase in the number of respondents who stated that men and women's decisions are equal. Pre- and post-tests also showed a decrease in acceptance of violence, with WISE women's attitudes demonstrating the biggest change, at about a 24 percent decrease.³⁵

While those findings are indeed positive, it appears many WISE activities did not focus on changing the status of GBV survivors. A 2011 NRC survey of survivors provides background on the shame and stigmatization that can accompany GBV. In surveying 46 respondents, it found that, although more than half the survivors surveyed felt that they could go back to their communities after experiencing violence, nearly one fourth said that they were not welcome by their families. Seven said they were too scared to return to their communities, and three more said the perpetrator was still in the community so they were afraid to return.

WISE dramas and awareness-raising efforts appeared to address this phenomenon secondhand, focusing instead on the need to respond immediately to rape, on

³⁴ These surveys were carried out in 2013 among WISE members and their community members. In total, 2199 were interviewed in the baseline survey and 2074 individuals were interviewed in the end line survey.

³⁵ Excerpts taken from LRFL 1202 Norad GAP Final report 2013 pps 2-3

addressing DV issues, and on the prevention of early marriage. A notable exception to this tendency was a WISE women's group in Montserrado County, which discussed how they followed GBV cases all the way to court and stayed in touch with the survivor throughout the process. However, such action appears to be exceptional. In the WISE training that the evaluation team observed, for example, little emphasis was placed on the impact that GBV can have on the family of a survivor. In addition, the training did not address what might happen—and the role that WISE groups could play—should a survivor's family reject her. This signals a missed opportunity to address the status of women for whom the NRC WISE GBV programme is built.

NRC-supported GBV survivors interviewed by the evaluation team³⁶ recounted that, in fact, in some instances, community members ridiculed or laughed at them upon their return to the community. In some cases, the community would treat their family poorly because the alleged perpetrator was from the community and had been arrested and they felt that it was too harsh a punishment for raping-to go to jail. There have also been instances where an entire family had no other choice but to move to another community to avoid backlash. In one situation, for example, the family of a child survivor decided to move following the arrest of an alleged perpetrator who was prominent in the community. The abuse of the community was what caused them to move. In another case, a County Attorney discouraged an adult survivor from taking her case to court after she had gone to the police and sought medical care. Feeling that her case was not strong enough to win because she was an adult, he advised her to move out of the area. She moved out of the county entirely.

WISE groups did not make direct links to any of the survivors interviewed by the evaluation team on these cases. It appears that WISE groups are unclear of their role in survivor follow up, and little time has been devoted to this during training. In fact, as one WISE member said, after cases are reported to the health care center, the police, or NRC, WISE group members are no longer involved.

Similarly, MOHSW staff, including officials located in Bong and Margibi counties, discussed their inability to conduct regular follow up with GBV survivors. According to one MOHSW official, long distances, a lack of transport, and a lack of regular fuel made it impossible to follow up with GBV survivors outside of the major towns.

WISE trainings were particularly effective in increasing the respect and status of WISE women. However, trainings did not prominently deal with the retribution and backlash that GBV survivors experience in their home communities. Providing in-depth training on how to deal with the stigma and shame experienced by GBV survivors would further highlight this issue in WISE's group work. As a parallel issue, NRC should make more concrete linkages between the GBV survivors, WISE communities, and service providers involved in follow up, such as the MOHSW and MOGD, in order to support survivors in both the short and long term.

³⁶ The evaluation team interviewed 11 GBV survivors that were being supported by NRC. These survivors were selected by the NRC GBV staff for the evaluation team to interview in order to find out more about their experiences vis-à-vis the support provided by and NRC and more generally.

viii. WISE groups assistance to survivors

According to the original project proposal, one of the main aims of the WISE women's groups is to serve as a first point of contact for GBV survivors in the absence of NRC or other service providers. WISE women are also to facilitate survivors' access to necessary medical care, legal aid, and psychosocial counseling.³⁷

Some WISE groups that had been in the community for a long time did in fact develop these relationships with the WACPS, OSC, or health care centers, which allowed them to play this role. In such instances, service providers recognized that WISE groups helped to spread information about available GBV services in their communities. Providers also found that GBV survivors came in as a result of information received from WISE members. In two group discussions with WISE women, members confirmed that they were sometimes approached by women whose daughters had experienced SV after awareness-raising sessions. The women would seek further information about where to go for health assistance. In these ways, WISE women felt that the community responded to them.

However, similar community connections did not appear to take place across the board. In fact, in some communities, WACPS or health staff did not have any direct links with WISE members and could not say whether their work increased service-seeking behavior.

Links between service providers and WISE groups were not formalized. Only in some locations were WISE groups seen to be providing information to survivors about services and increasing service-seeking behaviour. Making these links between service providers and community groups more formal should be integral to future programmes.

ix. Messaging Effectiveness

Based on the self-reported change that many men felt after joining WISE men's groups, the messaging within these groups had an impact. As described in sub-section (i) above, men in these groups invariably reflected upon how the group activities spurred them to change the way they misperceived and mistreated women in their lives.³⁸ Many men shared how they had always thought of their wives as property and treated them like slaves. However, with new knowledge, they claimed that they no longer beat their wives, did not force their wives to have sex, and saw their wives as partners. Some men said that, since the training, they even involved themselves in household chores such as cooking.

It appears that WISE dramas helped men and even some teachers to see how their previous behavior negatively impacted their wives and children, thus motivating them to change their behavior. A drama done by a WISE men's group in Bong County showed that the men involved really understood the impact of emotional and economic violence,

³⁷ Final report NMFA 2011 p. 6

³⁸ Evidence on working with men and boys suggests that it is possible for interventions to be effective at shifting attitudes, and in some cases also shifting behaviours, in the short-term. Challenges remain in evaluating impact however as evaluators often rely on self-reported attitudinal change as a proxy for evaluating behavioural change. In addition, most attitude and behaviour change programmes are not yet running for a period of time that is sufficient for allowing longer-term change to be assessed.

which was the subject of the drama. The men participating admitted that, prior to their training on the four different kinds of violence, they had been unaware of the impact of withholding money from their wives or refusing to pay children’s school fees, for example. Others admitted to giving their wives the silent treatment when angry, to being demanding about food, and to beating their wives when they arrived at home if the food was not ready. Several of the men said that, after the training, they felt ashamed of their actions and adjusted them accordingly.

Messaging about economic and emotional violence appears to have been particularly effective for those that underwent the training. An ICLA survey carried out in 2010 found that, among 556 community members targeted, 86 people who were surveyed had benefited from the NRC GBV programme. It found that community members who participated in the NRC GBV programme had a clearer understanding of economic and emotional violence than those who had not participated.

WISE women participants absorbed messages that reinforced their value and described opportunities to improve their circumstances. For example, women appear to have accepted messages about how they could choose to live independent of a man. Women were interested in opening themselves up to business opportunities and in ensuring access to land through land deeds. Further, WISE activities improved women’s self-confidence and ambition. It also increased women’s concerns about making an impact on their community.

The evaluation team did not find any clear evidence that one kind of messaging proved particularly effective among teachers and youth groups³⁹. Such groups appeared to focus on SEA; however, in practice the men in these groups tended to assume leadership and dominate the discussions as the groups were mixed sex and there were often more men than women in the groups.

Different target groups did in fact absorb relevant messages from the training they received. Men appeared to realize the harmful nature of past aggressive behaviour, which motivated them to change. Women realized their own value and began to see opportunities—both business and personal—that could improve their lives. Women were also concerned about making an impact on their community. Teachers and youth largely focused on SEA, but it was not clear to the evaluation team that any one type of messaging had been especially effective for teacher and youth groups.

D. Sustainability

i. Ownership and Local Capacity to Continue

Although NRC has encouraged and supported WISE groups to take ownership in advocacy, it is unlikely that WISE groups will continue to meet and conduct advocacy at a similar level once NRC departs. In addition, the lack of formal linkages between WISE groups and permanent service providers raises concerns about the effectiveness and sustainability WISE groups support to GBV survivors especially in the longer term.

In terms of advocacy, NRC has trained and supported WISE groups to develop and

implement campaigns on GBV issues they believe to be important to their community. Such issues have included education for girls, SV, DV, and SEA in schools. To carry forward these campaigns, WISE groups have gone door-to-door and they have targeted markets, schools, and community gatherings on either a weekly or monthly basis.

When asked about the likelihood of sustaining activities after NRC's departure, members of all the different types of WISE groups said that they would continue to share the information they learned in their families and in their communities on a one-on-one basis or in small groups. While there were some WISE groups that indicated they would continue carrying out group-based awareness-raising activities, these appear to be the exception to the rule. The groups most open to sustaining their group activity were most often dues-paying groups, groups with clearly strong leadership, or groups that had benefited from IGA. In addition to these, groups that also have an economic incentive to meet, like the Village Savings and Loan Association those that received motorbikes and the few who were able to make a profit from it, are more likely to continue their activities. At least one men's group also formed a CBO. However, a majority of the others said they would need to attract outside funding, capital or even office space to continue.

The structure of the school setting increased the likelihood that youth groups in particular would continue to meet. Additionally groups that existed before they became a WISE group were also likely to continue. In one instance, for example, a youth group that met for the purposes of WISE had already existed as a group before it became a WISE group. Its existence prior and its persistence as a WISE programme increase the likelihood that it would continue meeting. The teachers' groups, on the other hand, were only formed in 2013 and have not received long-term training. There is no indication that they would continue.

Plans for WISE groups to link up with WANEP and the MOGD did not come to fruition. Although at least one exchange visit, facilitated by NRC took place among the WISE women's groups in 2013 there is no indication that future coordination will take place across the three counties making it unlikely that they would gain wider recognition from government agencies and non-governmental organizations, like the MOGD and WANEP, which also have networks in some of the same communities. Had WISE groups formally linked to community policing structures and WACPS as well as to health and hospital structures, their activities could have had a greater likelihood of sustainability.

WISE groups also did not appear to link up to broader community-based groups, such as Child Welfare Committees or the newly formed GBV Observatory,⁴⁰ which similarly monitor and report on children's and other rights violations, including GBV⁴¹.

Training of Trainers:

NRC provided TOT training to the MOHSW and WACPS on the medical consequences of sexual assault and on the clinical management of rape. Likewise, in 2012 and in early 2013, NRC carried out TOT trainings in the OSCs and SGBV focal point hospitals with WACPS officers and with the MOHSW's SGBV focal point staff. These trainings aimed to

⁴⁰ This is a relatively new initiative MOGD staff mentioned that they would be piloting in six counties to combat GBV. The initiative is to be carried out by MOGD in partnership with the UN and the Government of Liberia's Joint Programme on SGBV. It plans to designate community groups to monitor and report cases of GBV and to help survivors access needed services.

⁴¹ The evaluation team did not investigate any of these structures and therefore do not know the viability of these structures as they only were told about the existence of them

give key WACPS and MOHSW staff skills to train those working in more remote areas on the referral pathway and their role in it. The MOHSW trainer believed these TOT trainings were the best way to build local capacity and ownership over the work.

Pre- and post-tests utilized by NRC also showed that 80 percent of TOT training participants received a passing grade, thus the majority of those who participated in the trainings understood what they learned and would be capable of applying it or passing it on to others. In this regard, NRC contributed to sustainable GBV response services.

Court Monitoring:

NRC’s court monitoring work appears to be less effective and sustainable, unfortunately. NRC has been funding WANEP, a local chapter of a regional peacebuilding organization, to monitor GBV prosecutions in Bomi, Bong, Margibi, and Montserrado counties. However, since the departure of its Executive Director in 2012, WANEP’s court monitoring performance has suffered. According to one NRC GBV field staff member, some of WANEP’s court monitoring staff members are not literate, thus they could not follow basic checklists of issues they should be monitoring in court. In addition, a 2013 report that WANEP submitted to NRC failed to comprehensively document inconsistencies it found in its court monitoring work.

Moreover, the advocacy approach that WANEP described to the evaluation team did not seem well suited for access to justice issues. Court monitoring advocacy generally seeks to reverse inefficient or corrupt court practices by carefully documenting inconsistencies observed in particular locations and showing evidence of these inconsistencies to the relevant authorities through reports and public communications. WANEP staff did not appear to carry out such work but instead utilized public actions—somewhat extreme measures—to ask high level officials like the president to intervene on specific cases.

It is not immediately clear to the evaluation team why WANEP continued to be funded given its seeming lack of effectiveness.⁴² NRC GBV field staff members suppose other organizations with a history of carrying out legal aid, such as the Foundation for International Dignity (FIND) or the Justice and Peace Commission (JPC), might have been better partners for court monitoring. These organizations are also well acquainted with the challenges of prosecuting GBV cases in Liberia.

NRC has given WISE groups ownership over advocacy and has helped to build the local capacity of some WISE groups. It appears that some WISE groups, particularly those that have an economic incentive, may continue their group activities even after NRC’s departure. However, it is unlikely that other groups will continue. In carrying out TOT trainings, NRC has also built the capacity of the MOHSW and WACPS. WANEP also appears to be unsuitable for court monitoring work.

ii. Project Adaptability

After discussions between NRC GBV staff and the newly developed WISE women’s

⁴² Interview with the NRC GBV programme manager that initially hired WANEP admitted that the organization might have not been the best choice for court monitoring work and that other organizations may have been more suitable.

groups, NRC staff members facilitated adjustments to the programme. As described in Section A above, at the request of WISE women's groups, NRC facilitated the development of WISE men's groups based on the rationale that men could have greater influence on other men in terms of behavior change and because it was important that men and women received some of the same messages. NRC further facilitated the creation of WISE men's groups because the women asked for it. Similarly teacher and youth groups were created under the rationale that these groups should also learn about violence prevention and women's rights in the same way.

Expanding the scope of WISE groups certainly increased the role of WISE in communities and most likely inspired attitude and behavioral change, particularly among the men involved. However, these adjustments may have simultaneously diluted the role of the WISE women, straying them further from the objectives of the NRC GBV programme. At their initiation, WISE women's groups primarily served to support GBV survivors, but as the groups grew, their work in raising awareness took on more prominence. For example, NRC provided capital to a selection of WISE women's groups for the purchase of a motorcycle taxi, which could serve as the source of further funding for GBV survivor support. However, NRC did not provide this support to WISE men, youth, or teacher groups; thus, they could not create a survivors fund. Instead, WISE men, teacher, and youth groups contributed only to the prevention aspect of the work.

According to NRC records, between 2009-2014, WISE groups were only able to 'officially' provide emergency support to 28 GBV survivors by, for example, hiring a vehicle, taking a survivor to the hospital, or accompanying the survivor to the police station or to court. This appears to be an extremely low number given its central importance in the programmer's design. It was not clear to the evaluation team if this shift was intentional or not as the men, youth and teacher groups joined in and the central focus seemed to move away from providing direct support to GBV survivors.

It is also not clear how WISE's awareness raising work connects to the overall NRC GBV programme. According to the WISE Women document summary, WISE groups should have a prevention and response role. However, the summary does not provide an overall strategy for how WISE groups might carry out that role. Further, the summary does not explain clearly how the WISE group component fits into the wider WISE GBV programme in Liberia.

An area where the WISE programme did not adjust sufficiently was in expanding its focus from SV to include other forms of GBV, such as DV and intimate partner violence (IPV). At the project's initiation, NRC and the government identified SV as an under addressed issue and NRC staff committed to focusing on it.⁴³ Those involved in the programmer's design believed that focusing narrowly on this issue increased the likelihood that systems would be created to address it. However, over time, many WISE communities reported that they saw SV reducing in their communities. Some groups said they rarely or never encountered SV but instead saw DV as an everyday problem.

⁴³ This issue was brought to all of the GBV PMs by the evaluation team. One of the GBV PMs said that they had wanted to focus on SV exclusively because of how serious it was but that if there was a case the staff would ask about working on it and she would agree. Another GBV PM said that they did not work on it because she thought that the donor NMFA wanted NRC to work on SV only. A third GBV PM said that it was fine to work on DV and encouraged the staff to start assisting these cases.

WISE's programme design encouraged this reflection. By asking participants to examine their own lives and the situation of their communities, the trainings illuminated the prevalence of DV in Liberia. Of the 7 WISE men's groups that the evaluation team spoke to, men in all these groups admitted how abusive and violent they had been in their own families. Many described how the trainings taught them that such violent behavior actually constituted DV. Likewise, women discussed how often they faced DV and IPV in their everyday life. Baseline and end line studies also encouraged community members to consider this issue by asking numerous questions with regard to violence, including by making specific reference to IPV and DV.

To add to this increased awareness, numerous participants in the WISE programme said they witnessed or experienced DV on a regular basis. Four women who were members of the WISE women's groups reportedly died as a result of DV. A member of a WISE youth group stated that, after performing in a community drama a week earlier, her husband beat her when she went home. Another WISE woman showed the evaluation team a scar on her body as a result of an attack by her husband. She also went on to tell the team other ways that he regularly humiliated her.

Despite the prominence of DV as a GBV issue, it appears that GBV actors have failed to sufficiently focus on it. According to a female WACPS officer, who was clearly very passionate about this work: "While it is true that rape is a problem in our community, the problem of beating is a much bigger issue. In the last two years, there have been over 25 serious cases of DV or IPV and there have been about 3 cases of SV. In some cases, women lose their teeth or are so badly beaten that they have to go to the hospital. But when I call around to NRC, the WISE groups, or other NGOs, they tell me they cannot help because it [DV] is not in their mandate. Women have died because they did not get to the hospital. In every SGBV task force meeting for the last four years, I have raised these issues. The MOGD keeps telling me they will get back to me."

Visits to the hospital in Margibi and Bong revealed that a good number of women who have been beaten already visit the health care centers. An MOHSW staff person said: "Normally, the ones that come are those who are pregnant and their husband has stepped on their belly or hit them and they are worried about the child. We can get up to four or five of those per week." However, few services are available to these women. For example, during the field visit, the evaluation team learned of a woman whose husband had a long record of abusing her. Most recently, he threatened her with a gun and almost killed her. Although she wanted to leave her husband, she also wanted to ensure she had some access to their joint property. The police in Bong County just encouraged her to go back to her husband and resolve it the family way. Few remedies were available to her.

A number of WISE groups have attempted to intervene for this type of violence, but it does not appear that WISE groups have connected DV survivors to services despite the existence of these services.. For example, some WISE women took on DV as part of their community campaigns. Other WISE groups attempted dispute resolution for the men and women involved, facilitating the ultimate goal of family unity.

While data collected by the MOGD indicates that roughly 18 to 20 percent of reported GBV cases are classified as DV, only 1 percent—nine out of 874—of NRC's cases are DV-classified cases, according to NRC data. The failure of the NRC GBV programme to

facilitate access to services for DV survivors represents a missed opportunity to adjust to community needs, particularly given the apparent prevalence of DV in Liberian society and given the WISE programme's being well positioned to address this issue.

Expanding the scope of WISE groups most likely increased the role of WISE in communities and clearly inspired attitude and behavioural change, particularly among men. However, this expansion may have distracted WISE women's groups from their original focus on directly supporting GBV survivors. A strategy document laying out the role of the various WISE groups, their intended relationship, and how the WISE group component comports with the overall GBV Programme would have made the project clearer, more effective, and more comprehensive. In addition, the NRC GBV programme should have expanded its activities to facilitate more access to GBV services for survivors of DV. Failure to expand in this way represents a missed opportunity for the WISE programme because it appears that DV is an issue very relevant to the target group.

VIII.

CONCLUSIONS and RECOMMENDATIONS

A. Conclusions

The WISE GBV programme was designed as a holistic GBV programme focused at the individual, community, and national level. At the individual level, the programme sought to provide model support to a number of GBV survivors. Through awareness raising, the programme aimed to rebuild protective structures within families and communities. The programme also aimed to improve the government's understanding of its respective roles and responsibilities related to GBV, with an initial focus on strengthening GBV prosecutions and the rule of law.

However, as the programme developed, WISE groups focused almost exclusively on prevention and on individual change. At the national and local level, the government focused on GBV response. While each intervention had its own successful outcomes, in practice, NRC and its partners did not put in place necessarily linkages that would ensure the entire WISE GBV programme could work together comprehensively by putting the survivor's needs at the center and working the entire programme around this concept.

NRC played an effective coordination role by working in line with the government's GBV-POA and by partnering with the MOGD to enhance coordination of GBV prevention and response efforts. In addition, NRC realized clear and concrete benefits as a result of informal linkages between its GBV Programme and other core competencies, most especially those of the ICLA programme. However, the secondhand nature of these linkages and the absence of a formal plan prevented both programmes from maximizing their synergies.

One of NRC's most important contributions has been increasing the utilization and knowledge of the referral pathway countrywide. NRC supported the MOGD to map GBV services, document their locations, and train response providers. In addition, NRC produced tens of thousands of referral posters for distribution nationwide. NRC also supported WISE communities through in-depth training and then empowered them to carry out their own campaigns.

NRC's contribution to case management coordination, its support of psychosocial counseling, and its introduction of GBV survival referral cards helped to ensure confidentiality, safety and security, avoided duplication and improved the accuracy of MOGD's data collection nationwide. It also served as a model of support for the SGBV Crimes Unit, which continues to function.

WISE groups also contributed to prevention efforts by raising awareness about the need to reduce violence. They also shared knowledge about the referral pathway in order to improve the GBV response. Though difficult to measure, community members perceive that there has been a reduction in violence and a reduction in SV cases in Montserrado, Bong, and Margibi counties as a result.

However, WISE groups did not play a direct role in providing for the short and long term protection of GBV survivors. Greater efforts to collaborate with government service providers may have involved WISE groups in GBV survivor support more directly.

A steady increase in the number of GBV cases being reported to the police in Bong and Margibi counties can be largely attributable to NRC, since it has been particularly active in these counties. There has also been an increase in the number of survivors seeking to access health services in these areas, which may likewise be attributable to NRC.

NRC and other GBV actors have also helped to strengthen the skills of police officers, MOHSW officials, and court staff through training and mentoring. In addition, a growing number of GBV survivors appear to want their cases prosecuted. NRC likely contributed to this achievement—together with the SGBV Crime Unit, the MOHSW, and the MOGD—by providing an increasing amount of survivor support.

Nevertheless, the conviction rate for GBV cases remains low. This is apparently due to the inefficacy of the courts and lacking accountability among court officials mandated to ensure justice in this area. Moreover, the advocacy strategies NRC's partner employed to address these issues proved largely ineffective. This was partly due to the unsuitability of the partner selected for this particular work. A better coordinated response by all GBV actors, including NRC, may have more suitably addressed the challenges of prosecuting GBV cases in Liberia.

Finally, government structures appear to lack the capacity to follow up with GBV survivors after they have reported their cases and sought health care. Survivors continue to feel shame and stigma when they return to their home communities, and many survivors face backlash since they live in the very communities where the violation occurred. WISE groups have not formally coordinated with service providers and the MOGD to ensure survivors have sustained support and protection as they return to their communities. This signals a missed opportunity to improve the status of GBV survivors, who should have been the WISE programme's most direct beneficiaries.

B. Recommendations

NRC to share the findings of the evaluation

NRC should share the overall findings of the evaluation with the government and donors, and present the Executive Summary for Government Partners that is included as

an annex to the government. The government should be encouraged to use the Executive Summary for Government Partners as an advocacy document that highlights remaining gaps. By recognizing the gap that NRC has left and by making specific suggestions about how these gaps could be filled in the short and medium term, the aim is to ensure that GBV stays on the government's agenda in a concrete way.

Handing over of closed and open case files

To ensure the confidentiality of the survivors that NRC provided direct support to all closed case files should be destroyed. Case files that are still active should be discussed with survivors and handed over to the SGBV Crime Unit in Montserrado and Bong counties as appropriate and to the MOHSW social workers in Margibi County.

Efforts in coordination of WISE groups

NRC should hold a final meeting between all of the most active WISE groups and the MOGD, the global observatory, and child protection networks to establish an initial link. At this meeting all remaining IEC materials and GBV training manuals should be distributed.

ANNEX I.
METHODS AND DATA ANALYSIS

This evaluation used a mix of document review, qualitative research methods, and data collection with a view to triangulating data from at least two different sources.

Semi-structured individual interviews in person and on Skype:

- NRC Staff:
 - Country Director
 - GBV Programme Manager
 - GBV Deputy Project Manager
 - ICLA Programme Manager
 - Counseling, Training, and Court Monitoring Team Leaders, technical staff
 - 3 former NRC WISE GBV programme managers
- Key government partners, survivors and WANEP:
 - 2 MOGD
 - 10 MOHSW
 - 2 MOJ
 - 3 SGBV Crimes Unit
 - 12 WACPS at the local, regional, and national level
 - 11 survivors and/or family members of survivors
 - 3 staff of WANEP

Group meetings with WISE and other community members:

Communities and Groups Interviewed within a Community			
County and communities visited	# of WISE community	Type of group	# of groups interviewed within a community
Margibi	3	1-W, 1-M, and 1-Y	3
Handi		Men	1
Jennita		Youth	1
Weala		Women	1
Montserratado	9	7-W, 3-M, 2-Y, 1-T	12
Bensonville		Women and Men	2
Caldwell		Women	1
Dujar High School		Teachers	1
Jacob's Town		Youth	1
Kamara Town		Women and Men	2
Marshall		Women and Men	2
Soul Clinic		Youth	1
Tusar Field		Women	1
West Point		Women	1
Bong	4	3-W, 2-M, 1-Y, 1-T	7
Melekie		Women and Men	2
Gbonota		Women and Men	2
Zoweinta		Teachers and Youth	2
David Dean		Women	1
Grand Total	16	9-W, 7-M, 4-Y, 2-T	22

The evaluator made visits to a total of 16 communities in Montserrado, Bong, and Margibi counties. During these visits, the evaluator interviewed a total of 22 WISE groups, including seven WISE men's groups, nine WISE women's groups, three WISE community youth groups, one WISE school youth group, and two WISE teacher groups.

At the beginning of each meeting, the evaluator asked each member of the group how the project impacted their life personally. The evaluator then opened the floor for a more general discussion about the training and whether it helped people to understand prevention and response to GBV. The evaluator also asked questions about the sustainability of the project once NRC leaves Liberia.

During the meetings, each group was asked to perform one of their awareness-raising dramas. The dramas were filmed using an iPhone and observed to evaluate the extent to which the group understood the information. The evaluator also analyzed the content of the dramas' messages.

Participant Observation at Police Stations and One Stop Centers (OSCs):

The evaluator observed officials at police stations, One Stop Centers (OSC), and medical centers in order to understand how government workers perform their duties. Such visits were also useful for understanding the environment in which GBV survivors seek assistance and the quality and availability of services there. The evaluator approached these observations as purely a descriptive exercise by noting down everything observed.

Document Review:

The evaluator also conducted a document review to supplement the above methodological strategies. Project documents helped contextualize evaluation questions. They also helped the evaluator understand challenges, obstacles, and changes in programmes. In addition, the evaluator reviewed media products, including posters and other materials aimed at the target groups. This review allowed the evaluator to pay attention where information was located and to the messages conveyed. The evaluator also collected relevant quantitative data from the NRC programs and the MOGD to support and corroborate findings.

Overall, the field research captured data on a variety of issues relating to relevance, coordination, effectiveness and sustainability, as described below. (I elaborate further on this information in the evaluation matrix, also annexed below.)

- Relevance:
 - The level of involvement of beneficiaries and community leaders in the design and development of the programme
- Coordination:
 - The view and perception of the role or niche that NRC filled vis-à-vis other GBV actors and views on NRC's coordination role
- Effectiveness:
 - Which methods and tools for prevention and behavioural change were most effective
 - Level of awareness of services that survivors and communities had and

- the perceived access they felt they had to them
- How effective the involvement of communities was in strengthening access to services for survivors
- Whether in fact community members demonstrated a change in attitude toward survivors and what aspect of the programme contributed most effectively to that outcome
- Evidence, examples, or stories of change in attitudes towards survivors as a result of the programme
- Level of coordination in the referral pathway and provision of services
- Whether various groups' change in attitudes and behaviour towards survivors resulted from the intervention
- Sustainability
 - Various community and government counterparts' level of capacity and potential for taking the project forward in a sustainable way
 - Perception of what local actors need in order for them to continue this work

Once the data-gathering phase was complete, the evaluator analyzed the qualitative data by listing and coding data under each of the headings of relevance, coordination, effectiveness, and sustainability through the triangulation of information gathered from both the qualitative and quantitative methods.

In addition, the evaluator included analysis from the validation workshop with staff and volunteers, incorporating its findings and feedback.

Evaluation Validation Meeting Attendance	
WISE Group Members	29
NRC Staff	24
Total Participants	53

The evaluator subsequently presented findings to NRC management on 10 July 2014 over Skype, with staff based at NRC headquarters. The evaluator also incorporated feedback from this presentation into the overall findings, integrating them into the final report. The final report, including all feedback from the first and second drafts; and all the deliverables are highlighted in a detailed work plan, which is included in Annex 3.

ANNEX II.

LESSONS LEARNED

Lessons learned that are relevant to further NRC GBV programming are drawn from the WISE GBV programme. This is not an exhaustive list.

A. Successful Strategies and Areas for Improvement

Successful development of a referral pathway:

Prior to NRC's involvement, GBV actors were unaware of the referral pathway in Liberia. It was unclear which actors worked where and how the whole system could function together. NRC saw this massive need and tackled it wholeheartedly. The establishment of a case management coordination mechanism was enhanced through ensuring that the referral pathway for responding to GBV was known throughout Liberia. This initially involved an NRC mapping out of all response providers in each of the fifteen counties. The information was then provided on referral pathway posters that were printed and distributed by NRC throughout the country. NRC worked with the MOGD to carry out training with international and national response providers on the referral pathway with refreshers done every one or two years. The introduction of a survivor referral card helped to prevent duplication and ultimately played a major role in improving the case management coordination for survivors

General support to government structures:

Seconding staff to government agencies at the central and county levels was mutually beneficial. According to NRC GBV field staff, by being present and interacting with government agencies, NRC staff could more easily identify gaps in the provision of services to GBV survivors and help to address them. It also gave NRC field staff a very intimate understanding of the many challenges that exist in government offices. Clearly the presence of staff in these institutions helped to ensure that survivors were supported and cases moved forward.

Provision of model support to survivors:

Over its six- year programming period, NRC assisted a total of 874 GBV survivors directly and hundreds more through their support to the SGBV Crime Unit. NRC's direct assistance has included transport to and from health centers, police, and courts, psychosocial support to survivors and their family members, food provision, relocation support, educational support, and the provision of small grants in some cases.

The SGBV Crime Unit has adopted similar models of support to survivors interested in taking their cases to court in both Montserrado and Bong counties. Such support is a critical element of a successful prosecution. In order to be sustainable however NRC should think about whether the type and level of support is possible to pass on to another partner when they leave.

Formalizing MOHSW's role in case management at an early stage:

In 2013, the GBV Project negotiated a formal MoU with the MOHSW to create a mentorship-based working relationship between NRC case managers and MOHSW social workers in Marbigi and Bong. The mentorship aimed to ensure that MOHSW social workers could progressively take the lead on case management in anticipation of NRC's departure. If successful, MOHSW social workers should be able to take over the management of open cases in Bong and Margibi where necessary. However, NRC should

ensure that MOHSW is able to manage and store highly sensitive, confidential information, which will be required in the case management.

Some links made to other core competencies, but not enough:

Although there were informal links between the NRC GBV programme and NRC's ICLA, education and refugee programmes that produced positive outcomes, the relationship between the GBV programme and NRC's other core competencies was underdeveloped. Given ICLA's existing work in Liberia, ICLA could have helped identify an appropriate CBO or local NGO that could have better assisted NRC in carrying out court monitoring activities. Likewise, with more formal links between the two programmes, HLP training could have been an integral part of the WISE training programme, and NRC could have encouraged WISE members to develop community campaigns around HLP rights. Beyond providing SEA training for staff and volunteers working in the refugee programme, NRC could have developed a stand-alone GBV programme for refugees. Given their increased risk of SV and SEA, refugee settings are a key entry point for such a programme. Likewise, the WISE programme did not capitalize on the potential for its groups—including youth groups and teachers' groups—to provide peer-to-peer education.

Attention to guiding principles and health messages needed

Ensure that the guiding principles are clearly explained in all training material for both community groups and for government staff. NRC staff should also monitor and provide feedback to government staff and community groups to ensure they are conveying the guiding principles accurately in their awareness raising activities. Additionally community members should also be coached to ensure that in their interactions with the survivors they are acting in a respectful and supportive manner with special attention focused on ensuring that they are informing (not telling) survivors about their options in taking cases forward. Community messages should also include attention to ensuring that survivors go to the hospital within the 72 period for both pregnancy and HIV prevention. All of this should be monitored by NRC staff to ensure that it is comprehensive and accurate.

Risk assessment for those working on these issues should be done and mitigation strategies put in place.

The risks of working on sensitive GBV issues should be assessed in the communities. Based on this mitigation strategies should be discussed between NRC, Community members and government partners. This conversation recognizes their commitment but also the risks they may be taking to embark on this work and this is a key aspect of the work. A mitigation strategy could range from just having a conversation about potential risks to a full fledged strategy that involves getting the police involved. Any mitigation would be context specific.

WISE trainings and awareness campaigns:

NRC's long-term and in-depth training of WISE groups has been one of the most effective tools for promoting behavior change. The trainings' incorporation of content relevant to target groups, its utilization of participatory methods over a long period of time, and the role of the group in reinforcing training messages were all positive features. Incorporating community leaders such as chiefs in WISE trainings strengthened WISE messages at the community level. Subsequent awareness campaigns carried out by WISE

members, especially WISE men and women working together, further reinforced attitude changes in the community and behavioral changes among WISE group members themselves.

However, WISE's advocacy messages did not always line up with the guiding principles. Developing training materials that prominently highlight the guiding principles and how they should be applied would limit WISE groups' discretion in this area. NRC staff should also provide feedback on messaging to ensure that the messages WISE groups communicate to the community are accurate.

WISE groups—some engaged, some less engaged:

There is evidence that WISE groups are well integrated in some communities but less involved in others. In communities in Bong County, for example, WISE groups played a central role. However, in many others, WISE groups are unknown to their communities and some are no longer functioning. It appears that little effort has been made throughout the course of six years to document these successes and failures and to learn from them in real time. It would be useful for programme development to know how WISE women and men interacted, whether teacher and youth groups have changed attitudes towards violence in schools, and whether the activities of these groups benefitted or detracted from the NRC GBV programme's overall goals. These questions could be better answered during the course of the programme with GBV management staff taking the lead with NRC field staff to organize focus group and community discussions on a regular basis to gain a better understanding of these impacts. These kinds of interactions should be a regular part of the routine data collection and well documented for institutional learning purposes. There should also be efforts made to test the initial hypotheses throughout the course of the programme to see if initial thinking has shifted and newer more accurate baselines can be drawn up. Safety and security of community members and service providers should also be a part of every future NRC GBV programme. These include assesses the risks for those working on the issue and having a mitigation strategy to address. Every context will be different.

Working with WISE men's groups:

Expanding the WISE women's group model to include men has encouraged men in the same communities to become self-reflective. As a result of this expansion, many men involved in the WISE community group programme have become more aware of the consequences of their own violent actions and have taken steps to change. Encouraging some of the most violent men in communities to participate in the men's groups also made a lot of sense and should be replicated especially in communities where there are few police officers. While there was no clearly stated role for the WISE men in the programme their attitudes towards women and girls changed and contributed to addressing the shame and stigma faced by survivors which helped to create an enabling environment. The WISE men's groups had less of a role in assisting survivors directly. In future programmes it may be useful to state more clearly the roles and intentions of each of the groups so that they are working in a complimentary way to support all of the programme's core goals.

B. Key Lessons for the Future

Survivor centered and integrated is key:

Placing the survivor at the center of all activities would have anchored the NRC WISE

GBV programme and enhanced the programme overall. Being survivor-centered would require effectively taking advantage of the wide array of data collected by NRC and the government in order to develop a clear advocacy and networking strategy focused on survivors' specific needs. Moreover, a survivor-center approach would specifically mobilize NRC staff, WISE groups, and government staff members as service providers or ensuring the access to services.

NRC should therefore focus its interaction with government actors—including its trainings, mentorship activities, and direct support—towards survivors' needs. NRC should measure government actors' understanding and attitudes towards survivors, and NRC should periodically evaluate the relevance of their activities to addressing survivors' concerns. Such feedback could be gathered through pre- and post-tests, through regular focus group discussions, or by interfacing more regularly with WISE and other community groups. Along with educating WISE groups about gender roles, the nature of violence, and the referral pathway, NRC's training should also focus on the health and psychosocial consequences of GBV. The training provided to WISE groups should enhance their understanding of the shame and stigma that often accompanies SV. It should also illuminate the role of WISE groups in facilitating GBV survivors' safe reintegration back into their communities.

NRC should monitor WISE groups' awareness-raising strategies and provide regular feedback on targets and advocacy messages to ensure accurate and sound messaging. WISE trainings should also emphasize the importance of adhering to the guiding principles. Further, NRC should seek feedback from survivors and their family members through routine data collection. Such feedback could be gathered through interviews and focus groups, by setting up learning days as fora for discussion, and by engaging NRC field staff who are well acquainted with survivors' needs.

Advocacy should be strategic to have an impact:

NRC should develop an advocacy strategy in a participatory manner, one that involves all key NRC staff, including staff working on GBV, other core competencies and monitoring & evaluation.

Approaching other core competencies with a strong history of work in the country could help identify appropriate partner organizations for advocacy-oriented activities like court monitoring. NRC should also provide technical oversight and data for advocacy activities that were based on the actual programme that they were carrying out—access to justice rather than the focus on the link between violence and HLP rights. If funds are available and time is sufficient, NRC should support GBV programme managers in identifying an advocacy issue or set of issues, ensuring that these issues are well communicated and strategies for tackling them are well developed. In this instance, advocacy focused on the rule of law, which is one of the most challenging issues to address. Rule of law could have been the main focus of the intervention.

Coordination should be survivor centered:

Coordination activities should also keep survivors' needs central. NRC should create opportunities for increased interface between formal government structures and WISE groups with the main aim as enhancing the GBV response. This could be done by encouraging police, court officials, MOGD, and MOHSW staff to attend community

workshops and meetings. Government officials should serve as resource persons in such gatherings. NRC should also consider encouraging government actors to participate in community awareness-raising activities. WISE groups' strategies of involving community leaders in trainings proved successful. NRC should replicate these strategies and expand on them. For example, NRC could involve community leaders more prominently in awareness raising and invite trained community leaders to monitor formal court proceedings in GBV cases.

WISE groups should be more involved in community monitoring and follow up. They should be trained to carry out advocacy for individual cases at the local level, especially in circumstances where police refuse to take cases forward. WISE groups could also link up with community policing networks, child rights monitoring networks, and with other established monitoring groups.

In future programmes it may be useful to state more clearly the roles and intentions of each of the groups-WISE men, women, youth, and teachers so that they are working in a complimentary way to support the entire programme's core goals.