CONCEPT NOTE ON A PROPOSED THIRD PHASE OF A JOINT PROGRAM ON RESPONSE TO SEXUAL AND GENDER BASED VIOLENCE IN LIBERIA

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1) PREAMBLE AND BACKGROUND

As part of the Liberia UNCT; One UN, Delivering as one Framework and, in line with identified priorities for the Post-Ebola recovery phase to address critical and urgent structural issues, this concept provides an overview of a proposed third phase of a joint program to “reinforce the fight against sexual and gender based violence”. This serves as an initial outline of the core programming approach and subsequently a comprehensive programming concept note will be developed to guide stakeholder discussions and development of a program document. The proposed action aims to build on previous joint programs on sexual and gender based violence. Under the first and second joint programs on SGBV, a range of multi-sectoral systems, structures and processes were introduced to address SGBV in Liberia. Key achievements registered include; the establishment of a specialized court to try GBV cases, creation of a special GBV prosecution unit in the Ministry of Justice, training of a range of actors in the criminal justice system, construction and rehabilitation of physical infrastructure like the women and child protection units in the police, introduction of national and country standard operating procedures and systems for rapid referral of survivors to medical services, including One stop SGBV centers offering clinical, psychosocial, protection and legal services. However, focused interventions have remained fragmented and sexual violence and abuse continues to prevail with a lot of impunity. A high percentage of Liberia’s adolescent and young women continue to have their health compromised, their schooling interrupted, and their futures put in doubt because of rape, forced/early marriage and female genital cutting.

The incidences of Gender Based Violence (GBV) - sexual violence, exploitation and abuse, continue to be very high, despite the fact that reporting has dropped significantly due to the closure of One-Stop facilities in some locations due to the Ebola crisis. Statistics for April to June from 5 One-Stop Centers in Monrovia, the capital of Liberia, reports 334 recorded rape cases. The January to November 2014 report of the Ministry of Gender, indicated a total of 1,121 GBV cases were reported with almost half of the cases being cases of rape, with a significant increase in teenage rape noted from January to September, with a total of 942 cases. It is reported that 401 of the 450 rape cases recorded in Liberia since the beginning of the outbreak were perpetrated against children between the ages of 0-17 years.

Other challenges faced in the fight for gender equality and empowerment in Liberia is the entrenched patriarchal systems and traditions that give raise to and support gender abuses.

1 GoL/UN Program Against Sexual and Gender Based Violence and Harmful Traditional Practices, Concept Note
2 Concept note on Sexual and Gender Based Violence and Harmful Cultural/Traditional Practices, the Impact on Women Sexual Reproductive Health and Rights; With Emphasis on Girls Including Adolescent and Young Women
3 ibid
such as high numbers of teenage pregnancy, child marriage and FGM which is in part perpetuated through secret societies known as the “bush schools”. In rural areas, it is estimated that approximately 72% of women belong to the Sande society, where female genital mutilation is usually conducted as a part of a traditional rite of passage. 10 out of 15 Counties of Liberia practice FGM and in many cases this compromises girls’ health and fulfillment of their education development and rights. About 38% of the women aged 20-24 were married/in union before age 18 and that adolescent pregnancy accounts for a total 14% of Liberia’s’ total fertility rate. The majority of women in Liberia especially young women are not empowered to seek knowledge on SRH and gender issues and even when they access this information, the translation of this into practical life skills to protect them from unsolicited and coerced sexual onset, unwanted pregnancies, STIs/HIV and harmful cultural practices that affect their health and rights is limited.

The joint program will contribute to components of specific pillars of the Agenda for Transformation on; Peace, security and rule of law; human developing and; cross-cutting issues; The National Plan of Action for the Prevention and Management of Gender Based Violence in Liberia (2012-2015) and the Gender Policy (2012)

2) OBJECTIVES
(i) Promote community engagement and ownership in addressing sexual and gender based violence
(ii) Strengthen coordination among actors in the criminal justice system, medical and community services to adequately handle sexual and gender based violence cases.
(iii) Strengthen sub-national institutional support mechanisms to facilitate effective joint programming on sexual and gender based violence in line with the Deconcentration Plan
(iv) Ensure effective accountability for results.
(v) Strengthen the evidence base on sexual and gender-based violence, especially on rape.

3) SCOPE AND AREAS OF STRATEGIC FOCUS
The proposed joint program intends to target 36 communities in 18 districts in 9 counties, linking to on-going programming in 6 counties; as well as areas recording highest incidences of sexual and gender based violence. It is anticipated that the program will take 2-3 years.

The response will have a strategic focus on the following;

(i) Prevention, addressing underlying structural and systemic obstacles to the enjoyment of rights by girls and women through a community based approach providing women and girls, boys and men the opportunity to live in dignity and safety; equal access to opportunity for schooling and other basic rights; identify enablers at all levels from family, community, school and government.

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4 ACAPS, Country profile- Liberia (February 2015)
5 Teenage Pregnancy Profile
(ii) Greater effectiveness and accountability for results
(iii) Harmonization of processes through effective coordination mechanisms.
(iv) Strengthening of established Standard Operating Procedures (SOPs), in particular One-Stop Rape Centers

Community based Approach
Community engagement will form the core basis of this response through a range of targeted actions, inclusive of the following components;

(i) Dialogues through participatory approaches, ensuring the space and opportunity for the participation of all genders (women and men, girls and boys), religious and traditional leaders in; problem identification/analysis (identification of forms and types of GBV, root causes and contributory factors), identification of perpetrators, impact of the different forms of SGBV on women and girls, and development of community action plans to address the identified issues. The community engagement model will be adapted from best practices such as the UNDP model on “Community Capacity enhancement through Community Conversations, UNHCR community participatory model etc.

(ii) Linkage to existing community structures, systems and resources, such as the General Community Health Volunteers (GCHVs) currently working as contact tracers for EVD (and will be maintained on a long term basis), women’s networks built around UNWOMEN’s “Peace huts” model and the UNFPA/MoGD established Community Rape Observatories. There will be sustained engagement and use of community radio.

(iii) Incentive-based approach to create “rape free villages”, requiring concrete commitments from target communities in exchange of social services/goods such as community centers, schools and health centers.

(iv) Targeted engagement with key stakeholders; traditional leaders and chiefs though the Ministry of Internal Affairs, churches and mosques.

(v) Breaking the cycle of impunity. Rapists should be shamed; communities should be advised about the location of the residence of rapists so that they can take action in preventing them from reaching other potential victims, communities should also be advised via radio of the status of arrest, conviction and imprisonment of rapists as well as their imminent release from jail, if and when it happens. Parents should be advised never to negotiate rape cases, even when girls get pregnant (though arrangements should be made for rapists to take care of their children.

Accountability for results
(i) Engagement of CSOs in the active implementation of the program, with clear reporting lines to the Ministry of Gender
(ii) Ensuring effective monitoring and reporting mechanisms to track progress against set targets; Baselines must be established from the start and tracked periodically. Building on the successes of the previous programs. The program will seek to strengthen reporting mechanisms through the deployment of the GBV IMS and establishment of standardized reporting protocols.
(iii) Participatory community reviews and appraisal of progress against set community targets based on action plans developed.

Coordination and synergy

(i) Strengthen synergy between community systems and formal systems at the national and sub-national levels, to support effective case management, provide feedback loop to beneficiaries and the opportunity to address emerging challenges.

(ii) Establish/strengthen system wide Inter-Ministerial coordination between the different actors; Ministry of Internal Affairs, Health, Education and Justice under the leadership of the Ministry of Gender

(iii) Strengthen UN system wide coordination mechanisms, with clear leadership spelt out.

(iv) A technical working group, linking to the GBV Taskforce and the Steering Committee.

(v) Advocacy for a multi-donor basket funding mechanism, to ensure greater aid effectiveness in line with the Paris Declaration, promoting greater alignment, harmonization and management of results and mutual accountability.

Strengthening of established Standard Operating Procedures (SOPs)

(i) Strengthen overall service delivery at the sub-national levels in line with the Deconcentration policy, with the establishment of more dedicated courts to try rape and other forms of SGBV as well as

(ii) Continued support to One-stop rape centers, ensuring their institutional readiness to support survivors.

4) PROCESS AND TIMELINE

i) Community/ systems analysis (Mid-End April); 20 days

- Community dialogues and analysis to capture community voices, analysis of existing structures, systems and resources as well as positive and negative elements of cultural practices in 19 selected communities in 10 counties to inform the programming approaches. (April 27 – May 11)
- Consolidation of inputs. (May 14)
- Mapping of existing and on-going responses, systems and resources by UN agencies at national and sub-national level (Who is doing What, Where) (April 13 – 24)
- Review of the legislative and policy frameworks to assess the enablers to an effective strategy to prevent and respond to SGBV. (April 13 – 24)
- Review of institutional readiness of established SGBV response mechanisms from the period 2009 – present (Referral Pathway, One-stop rape centers, Forensic Lab, Safe Homes, Rape court (Criminal Court E and Circuit Court) and specialized Prosecution Unit), inclusive of the level of budget support and priority. (April 13 – 24)
ii) **Stakeholder dialogue: 1 day (May 20)**
One day stakeholder conference, to include UNCT, INGO partners and Government stakeholders. This will be informed by the community/ systems situation analysis to help refine the areas of focus. It should also provide an opportunity for reflection on lessons learnt from previous efforts/programs on sexual and gender based violence.

iii) **Finalization of the Program document and cooperation framework with participating agencies/partners; 10 days (May 31)**
This will include agreement on core responsibilities, budget contributions and staffing and management structure. Consolidation of final program document and presentation to donors

iv) **Program Launch (June 3, 2015)**