



**REPUBLIC OF LIBERIA**

**NATIONAL PLAN OF ACTION FOR THE PREVENTION AND MANAGEMENT OF GENDER  
BASED VIOLENCE IN LIBERIA (GBV-POA)**

**November 2006**

## PREFACE

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Gender Based Violence (GBV), especially sexual exploitation, is a major human rights issue in many countries across the world. The incidence of GBV escalates in societies prone to conflict, and post conflict situations, like Liberia. An assessment conducted in 10 of Liberia most populous counties, revealed that majority of Liberia women and girls experienced at least one form of GBV, especially sexual violence during the conflict.

Although the conflict has ended, Liberian women and girls are still experiencing violence in all of its manifestations. The experience of this gruesome act has debilitating effect on the physical and psychosocial well being of not only the survivors, but their families, the community, and the nation at large. Moreover, GBV undermines the development of any society, as the survivors in most cases are women, who are the nurturers and builders of any nation.

To mitigate this ugly phenomenon, the Government of Liberia, under the leadership of the Ministry of Gender and Development, other relevant government ministries (Justice, Health & Internal Affairs) and all of its partners, to include International and national NGOs, and the UN system, teamed up to improve coordination and collaboration of GBV interventions using a One-Stop-Shop approach, the GBV inter-agency Taskforce.

This Plan of Action is the result of multiple and comprehensive consultations and participatory exercises by all stakeholders, under the leadership of the Ministry of Gender and Development. The process began by conducting a series of assessments to determine and analyze the GBV situation, identify the gaps in prevention and response, and the strategy to fill those gaps. These efforts, culminated into this GBV National Plan of Action to minimize the high rate of GBV in the communities, and to also give quality care to survivors using a multi-sectorial and inter-agency approach. This Plan categorizes GBV interventions into five thematic areas: psychological, including economic empowerment of women and girls, health, legal/justice, protection, and

coordination. Each of the five areas will implement different activities to address fully the specific needs of survivors, as well as women and girls that are vulnerable to GBV, including Sexual Exploitation and Abuse.

Although there will be challenges in the implementation of this Plan of Action, they are not insurmountable. A testimony to this is the spirit of teamwork that has been ignited since this exercise commence must be continued. This Plan when implemented, even though not having all of the answers is a bench mark for the efforts to yet go into our national response towards ending the menace of GBV. The women and children of this country and the world at large deserve a better future. Let us therefore respond as required and together help in banishing those atrocities that are surely to hamper the reconstruction of this country in which women have so much at stake. Yes, the challenges are insurmountable, only with all of us on board.

On behalf of the Government of Liberia, I would like to congratulate and thank all agencies and partner for the technical and financial support to making this Plan a reality. In particular, I would like to express our thanks to the World Health Organization (WHO), the United Nations Population Fund (UNFPA), and all members of the GBV Taskforce. Your various contributions and tireless efforts and guidance have enabled this process to reach thus far. Special appreciation to the Consultant, Professor Marie-Claire Omanyondo, the interviewers, the Data Manager, as well as all women who participated in the assessment. The Government looks forward to an enhance and sustained collaborative approach in addressing the issue of GBV in Liberia.

Vabah K. Gayflor  
**Minister of Gender and Development**  
**Monrovia, 30<sup>th</sup> November, 2006**

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## ACRONYMS

AFELL	:	Association of Female Lawyers of Liberia
ARC	:	American Refugee Committee
CCF	:	Christian Children Fund
CVT	:	Center for Violence and Torture
ECOWAS	:	Economic Community of West African States
GBV	:	Gender-based Violence
HIV/AIDS	:	Human Immune Virus/Acquired Immune Deficiency Syndrome
IMC	:	International Medical corps
NGOs	:	Non-governmental Organizations
IRC	:	International Rescue Committee
LNGOs	:	Local Non Governmental Organizations
LNP	:	Liberia National Police
M & E	:	Monitoring and Evaluation
MDM	:	Medicin Du Monde
MIA	:	Ministry of Internal Affairs
MICAT	:	Ministry of Information Culture and Tourism
MOE	:	Ministry of Education
MOF	:	Ministry of Finance
MOG/D	:	Ministry of Gender and Development
MOH/SW	:	Ministry of Health and Social Welfare
MOJ	:	Ministry of Justice
MSF-S	:	Medicin Sans Frontier Spain
NATPAH	:	National Association of Traditional Practices Affecting Health
PEP	:	Post – Exposure Prophylaxis
SEA	:	Sexual Exploitation and Abuse
UN	:	United Nations
UNFPA	:	United Nations Population Fund
UNHCR	:	United Nations High Commissioner for Refugees
UNICEF	:	United Nations Fund for Children
UNMIL	:	United Nations Mission In Liberia
WHO	:	World Health Organization

Map I. Liberia Map



## 1.0 EXECUTIVE SUMMARY

Liberia, a West African Republic of about 38,000 square miles and a population of approximately 3.02 Million<sup>1</sup> people, is at the crossroads of its national development. Just emerging from 14 years of civil war, and fourteen years of instability, the economy is plagued with problems. Unemployment stands at a staggering 85%, and the very large mainly subsistence agriculture sector (70%) produces very little. Physical and social infrastructure and services including basic utilities, roads, health and education facilities and services, are in dire need of rehabilitation and recovery.

For many years, gender inequalities in favor of men have existed in Liberia. The civil crisis made the bad situation worse, as Women and children were grossly mistreated. Despite the despair, there is hope. Liberia is now on the path to recovery. Non-violent, free and fair General and Presidential Elections were held in November of 2005, culminating in the inauguration of Africa's first female president on January 16, 2006.

Recent studies conducted by the World Health Organization (2004) indicate a high prevalence of gender-based violence including sexual abuse, such as rape, sexual slavery, forced sex, forced and early marriage especially, during the conflict. There are also reports of a high incidence of Sexual Exploitation and Abuse (SEA) in the society. Even though the conflict has ended, for very many Liberian women and girls there is strong evidence that the violence they experienced during the war still continues even in this time of peace.

During the war, perpetrators of gender-based violence were principally combatants; post conflict perpetrators are ex-combatants, community or family members, teachers and husbands/partners. It is well documented that the consequences of gender-based violence transcend the physical and psychosocial well being of survivors. Besides the risk of sexually transmitted infections and unwanted pregnancies, survivors experience severe and debilitating mental health problems. At the socio-economic level, rejection by friends and family often leads to divorce, and social dysfunction, which may result in poverty.

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<sup>1</sup> Statistical Division, Ministry of Planning and Economic Affairs

Existing approach to prevention and responses to gender based violence centers mainly around a multi-sectoral and multi-agency framework which categorizes the various GBV interventions into 5 thematic areas: (1) psychosocial, including economic empowerment for women and girls (2) medical, (3) legal, (4) security and protection, and (5) Coordination. Cross cutting issues such as advocacy and monitoring and evaluation are also considered.

There have been many interventions by different partners to address the issue of GBV, especially sexual violence in Liberia. However, these efforts have not been well coordinated, thereby resulting in duplication of efforts, waste of resources, with minimal impact on the targeted group, as they relate to positive behavioural changes. These are concerns continuously raised in reports on GBV cases. This seems to indicate that more and probably new interventions are required. The Government of Liberia's response to the prevailing situation is to institute a strong and effective partnership with all stakeholders to improve coordination and collaboration through a one-stop-shop approach. Coordination will therefore be implemented at the national and county levels to ensure effective and efficient service delivery to address issues related to Gender Based Violence.

This *National Gender-based Violence (GBV) Plan of Action* will respond to issues of GBV as well as prevent GBV including SEA in Liberia. The aim of the Plan of Action is to minimize GBV by the year 2011 in Liberia. It is a multi-sectoral plan, which was designed by all actors involved in GBV prevention and response in Liberia's 15 counties. The actors are government ministries, UN systems, international and national NGOs and Community Based Organizations (CBOs).

This POA is the result of many workshops and consultations among all key stakeholders. It is expected that by 2011, all actors involved should have engaged themselves in improving the prevention and response to GBV including SEA, through the implementation of activities related to the five basic thematic areas mentioned above.

With fifteen million, two hundred, twenty five thousand (\$15,225,000.00) United States dollars over a period of 5 years, the Plan is committed to achieving the following:

1. A system and outreach service in place for psycho-social support, including safe homes and economic empowerment for survivors of GBV, including SEA.

2. A strengthened health sector for effective and efficient response to GBV case management, diagnostic, documentation and reporting on clinical evidence.
3. A strengthened criminal justice system where cases of Gender Based Violence are judiciously adjudicated without delay, and where due process is given to survivors and perpetrators of GBV.
4. A well developed and integrated national protection system with the capacity to prevent and respond effectively and efficiently to GBV.
5. A strengthened institutional framework for the coordination and monitoring of the implementation of the *National GBV Plan of Action for the prevention and case management of GBV, including SEA*.

## **2.0 GUIDING PRINCIPLES**

The effectiveness and sustainability of the POA will be enhanced by respecting the following guiding principles:

- Effective partnership among the key actors including the informal and the private sector.
- Good governance, peace and security.
- Commitment and political will
- Ethical considerations and culture sensitivity.
- National ownership and Country's Leadership.
- Gender sensitivity programs.
- Accountability
- Participatory
- Planning
- Coordination
- Sustainability

## **3.0 VISION STATEMENT**

All people in Liberia should enjoy, within the next ten years and beyond, improved quality of life through a secure environment where human rights are respected, and GBV is minimized.



## 4.0 GOALS

The overall goals are:

1. To minimize GBV by 30% by the year 2011.
2. To provide appropriate care and services to survivors of GBV.

## 5.0 OBJECTIVES

1. To provide psychosocial support and facilitate GBV programs, including economic empowerment for women and girls.
2. To strengthen the capacity of health care providers to effectively prevent and respond to GBV survivors.
3. To strengthen the criminal justice system to effectively respond to cases of GBV.
4. To develop an integrated national protection system with the capacity to prevent and respond to GBV.
5. To coordinate the implementation of the *National GBV Plan of Action*.

## 6.0 STRATEGIES

Some of the key strategies to be used are:

- Research
- Advocacy and communication
- Sensitization and awareness creation
- Education and Capacity Enhancement
- Gender, Women, family and girl empowerment strategies
- Collaborative management and coordination
- Resource mobilization
- Psychosocial counseling and support
- Youth and male involvement
- Socio-cultural integration and elimination of negative traditional cultural practices that influence GBV in all Liberian
- Integration of GBV into school curriculum – basic, secondary and tertiary level
- Monitoring and Evaluation
- Collaboration and partnerships

## 7.0 Budget Summary in United States Dollars

• <b>Psycho-social &amp; Economic empowerment</b>	<b>3,000,000.00</b>
• <b>Health</b>	<b>6,000,000.00</b>
• <b>Protection/security</b>	<b>2,000,000.00</b>
• <b>Legal</b>	<b>3,000,000.00</b>
• <b>Coordination</b>	<b><u>1,225,000.00</u></b>
<b>Total</b>	<b><u>15,225,000.00</u></b>

## 2. The Situation of Gender Based Violence in Liberia

Violence against women is described here as any act of violence resulting in physical, sexual, psychological harm or suffering to women and girls including threats of such acts, coercion or arbitrary deprivation of liberty. Many Liberian women and girls, regardless of age, marital status and ethnic affiliation suffer various forms of violence and exploitation including, gang rape, sexual slavery, forced sex in exchange for food and survival, forced and early marriage<sup>2</sup>.

The gruesome atrocities and human rights violations experienced by women and girls during the 14 years of the protracted civil war are manifested in many ways. These were revealed in a study<sup>2</sup> conducted in ten of Liberia's most populous counties where a total of one thousand six hundred and twenty-eight (1,628) women were interviewed. For example, the study revealed that:

- 90.8% of the sample were subjected to one or multiple acts of abuses and/or sexual violence
- 75% were raped - most of them gang raped.
- 25% of GBV survivors had objects such as corn stick, wood, barrel of a gun, raw cassava root, flashlight batteries, ants, hot pepper, mortar pestle, etc. brutally penetrated into the vagina or anus.
- As a result of the above atrocity 15.5% and 8.5% of the survivors suffered from vesico-vaginal and recto-vaginal fistula respectively, whereas many did not survive.
- 16.8% of women became pregnant after being raped.
- 48.5% of survivors of GBV were abducted into forced cohabitation, as sex workers and forced labor from one day to 4 years.
- 13.6% of the total sample was age 15.
- In a village where communities took refuge, rebels from both factions raped every female person young and old, and it was reported that half of them were forced to watch the assailants physically and sexually assault and/or kill their family members.
- Sexual exploitation of girls due to poverty is leading to an extremely high number of teenage pregnancy, school dropouts, and an increase vulnerability to HIV and AIDS.

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<sup>2</sup> Study conducted by WHO on SGBV 2005

<sup>2</sup> WHO report on Sexual Gender based violence and health facility needs assessment. September 2005

During the fourteen-year civil war in Liberia (1989-2003), women and children were subjected to all forms of GBV and SEA. Today though fighting has ceased, the effects of the prolonged fighting and associated conditions, which exacerbate the occurrences of GBV in Liberia, still exist.

### **3. STATEMENT OF THE PROBLEM**

Gender-based violence (GBV) can take many forms such as domestic violence, rape and other types of sexual violence, including trafficking of women, Sexual Exploitation and Abuse, (SEA), etc. Exposure to GBV in Liberia is widespread and affects all members of Liberian society. Violence is primarily directed against women and girls. Factors that perpetuate GBV within the Liberian context include social, cultural, and traditional constructions that enable GBV to evolve and persist. Sexual violence, domestic violence, sexual exploitation, incest, early and forced marriage, wife inheritance, and female genital mutilation (FGM) are the most prevalent forms of GBV in Liberia. Although all of these forms of GBV need to be addressed, specific targeted action must be prioritized for sexual violence and exploitation that is perpetrated against young children, including boys.

GBV is a serious human rights violation and affects all aspects of the survivor's physical, emotional, social, psychological, spiritual, health and wellbeing. It has harmful consequences not only for the individuals who experience it, but also for their families, communities and societies as a whole. Sexual violence is a form of GBV that needs to be highlighted; this is because it negatively impacts the physical and psychosocial well being of survivors long after being subjected to the abuses. Additionally, the level of poverty among women and children and the absence of social safety networks, make them extremely vulnerable to SEA, including prostitution and trafficking. Children are especially susceptible to SEA not only by their peers but also by adults that have physical, emotional, financial and economic power over them. Several reports have highlighted the prevalence and exposure of women and girls to GBV and SEA in Liberia.

Health facility needs assessments show that despite the willingness of health facilities to receive the survivors, the facilities are not sufficiently equipped and lack adequate drugs, medical supplies and trained health professionals in the clinical and psychological management

of GBV survivors. Consequently, they cannot respond adequately to the specific needs of the survivors. It is also clear that most health facilities are inaccessible to survivors who seek comprehensive emergency care. The prevalence of GBV has serious repercussions including exposure to HIV/AIDS and other sexually transmitted infections, and unplanned/unwanted pregnancies. The rate of sexually transmitted infections is high in Liberia. The last study that was done in Liberia in 2001 by the National Aids Control Program, found a prevalence rate of eight percent (8%). However, the Ministry of Health and Social Welfare and UNAIDS have estimated that, as of 2003, the HIV rate in Liberia had increased to twelve percent (12%), a four percent (4%) increase in just two years.

Survivors are hesitant to seek assistance and/or to report incidents because of the present culture of impunity that allows perpetrators of GBV to go unpunished. Moreover, the stigmatization associated with surviving GBV, compounded with economic challenges, and gaps in legal, protection, health and psychosocial services that fail to ensure confidentiality and supportive services that survivors need, make coming forward for assistance extremely difficult and dangerous at times. Additionally, the absence of a fully functional legal and judicial framework for addressing GBV encourages a situation where perpetrators commonly go unpunished as their crimes are either dismissed or they receive inappropriately light sentences. In many instances, survivors and their families also feel that those providing services demonstrate insensitive behaviors.

The Government of Liberia, many national and international non-governmental organizations (NGOs) and UN institutions in Liberia are involved in activities aimed at responding to the needs of women and girls and preventing GBV, including SEA from occurring. Targeted action is therefore required to address the hardcore, entrenched beliefs, values and practices that encourage and allow GBV to persist. Liberia has ratified several international and regional human rights treaties<sup>3</sup> that are of particular relevance for the rights of women and girls. Unfortunately, none of these treaties or laws are enforced and national laws need to be harmonized to ensure comprehensive protection of human rights. Recent attempts have been made to improve the situation with respect to women and girls through the enactment of the

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<sup>3</sup> The Convention on the Elimination of All Forms of Discrimination Against Women (1981); the United Nations Declaration on the Elimination of Violence Against Women (1993); the Beijing Declaration and Platform for Action (1995); the 1998 Rome Statute of the International Criminal Court; the African Charter on the Rights and Welfare of the Child (OAU, 1990); and the OAU Declaration on the African Platform of Action on the Situation of Women in Africa (1995).

rape law and the inheritance bills. However, other policies and laws need to be reviewed to take into account the spectrum of abuses that take place in Liberia.

Supportive interventions such as community awareness and education, improved communication, support of health facilities, training of health personnel, social workers and legal aid workers as well as strengthening of health care delivery and Judicial systems are urgently required to reduce exposure to GBV and enhance survivors coping mechanisms through assurance of a more comprehensive, effective and integrated *National Plan of Action*.

#### **4. STRATEGIES**

No single sector or agency can adequately address GBV prevention and response. Therefore, this document is the result of multi-level workshops and consultations among key actors. This coordinated multi-sectoral approach, calls for holistic inter-governmental and inter-organizational efforts, across all sectors. The goal of the National GBV Taskforce is therefore to co-ordinate the interdisciplinary and inter-organizational cooperation, and collaboration and coordination among all sectors. The effective implementation of the *National GBV Plan of Action* also requires strategic interventions to strengthen efforts which promote the participation of the community. These interventions will then be coordinated by the National GBV Taskforce. These would also include building institutional and human resource capacity. The commitment and political will, must be garnered through coordinated advocacy efforts as well as the development and enactment of appropriate policies, laws and procedures across the health, psychosocial, legal and protection sectors.

Nevertheless, this commitment requires policy-makers, parliamentarians, public figures and opinion leaders to be integral and key in the mobilization of appropriate human and financial resources and in ensuring accountability. Critical to encouraging this, will be working in partnership with all media (modern and folk) to promote consistent messages, appropriate reporting and analysis, and developing advocacy campaigns on GBV including SEA-related issues.

A key principle of the *National GBV Plan of Action* is that 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. Moreover,

efforts will be made to ensure that awareness raising and broad-based community programs are both culturally and gender sensitive in reducing harmful traditional practices. The sensitivity surrounding these practices will be acknowledged and appropriate intervention strategies will be developed to ensure sustainability.

The complexity of GBV requires that interventions are multifaceted and that they particularly address prevention. Economic constraints are increasingly forcing women to use their sexuality as a survival strategy and this is an issue that will be specifically addressed in this *National GBV Plan of Action*. Action Economic empowerment of women is key to preventing and reducing exposure to GBV, including (SEA). Other activities will include the development of policies and programs advocating reforms to advance women's rights and participation in economic and social development, promoting peace, security and good governance. The importance of meaningfully including communities, in particular men and boys will be recognized as a key factor in reducing GBV. Hence, the utilization of a strong social mobilization approach, will be developed to make this possible.

Community sensitization and training will form integral components of the implementation strategies to properly address GBV issues. Sensitization and training of community members, including children and youths, and stakeholders on all aspects of GBV will help to create an environment where GBV is no longer tolerated. Efforts will be made to ensure that the humanitarian community is adhering to the "zero tolerance policy" which demands ongoing comprehensive advocacy and public awareness campaigns. Clear and consistent messages on GBV including SEA will be developed and disseminated by the National GBV Taskforce members<sup>4</sup>. Widespread sensitization, awareness raising and advocacy campaigns will be conducted to reinforce messages to ensure effective knowledge and attitudinal and behavioral change. Recognizing the importance of the role of parents to affect these changes demands that activities are designed to maximize their active involvement. Also, the development of peer education networks will also be imperative to strengthen widespread dissemination of consistent GBV-related messages and to promote supportive and safe communities.

The development and standardization of GBV related Information, Education and Communication materials, guidelines and protocols, training materials and curricula at the primary, secondary and tertiary levels will be ensured by all relevant Ministries and relevant

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<sup>4</sup> See appendix II for a complete list of the National GBV Taskforce members.

organizations. Codes of Conduct with specific emphasis on SEA will be developed for all public service contracts, as well as for the humanitarian community, and enforced through the adoption of relevant legislature.

Efforts will be made to merge both conventional and “traditional” legal systems to ensure the rights of GBV survivors are respected at all times. Currently, the legal/judicial framework is not fully functioning and is extremely slow in dealing with particularly GBV cases. Moreover, there is an urgent need to build the capacity of the courts to provide due process of law. The National GBV Taskforce is committed to working with those reporting their cases to the Truth and Reconciliation Commission (TRC) to ensure their protection and the safeguarding of their rights. The safety and security of survivors and their families is paramount at all times which requires training and capacity building of police and other security professionals. It is imperative that throughout the process of seeking legal redress and protection that the rights and wishes of survivors and their families are respected.

For effective short and long-term protection from violence against women and girls, interventions will include advocacy for changes at the policy and procedural level, institutional changes through training and capacity building of service providers in order to promote effective responses for those exposed to GBV, and to encourage prevention and guarantee the protection of survivors and their families.

## **5. Implementation Arrangement**

All GBV project proposals and interventions will be implemented under the general framework of the GBV National Plan of Action (NPA). The various aspects of the NPA will be implemented by interested stakeholders engaged in GBV prevention, management and care. These will be done in the context of their respective programmes. Government and national NGOs or any other agency wishing to develop a project proposal on GBV or support a GBV project, should consult with the GBV Secretariat in terms of the specific sectors that are to be covered and the geographic location of the proposed projects. This is necessary to enable the GBV secretariat to update its mapping of GBV interventions and update its data base on who is doing what, and where, and how much is being invested in the implementation of the POA. The secretariat will collect, process, analyze and disseminate relevant and reliable national data on GBV

incidence, risk factors, contributing/causative factors, survivor details, perpetrators' details and case outcomes.

Implementing agencies will also share copies of their project proposals or project ideas, estimated cost of the projects, progress, monthly and annual reports with the GBV Secretariat. Agencies shall liaise with the secretariat in conducting assessment and surveys related to GBV. Such documents will assist the GBV Secretariat in the assessment and documentation of GBV interventions in the country. It will also be able to determine how much has been invested in the implementation of the GBV POA within a given period, and establish the gaps in terms of resources as well as geographic coverage.

As part of its coordination role, the Ministry of Gender will set up from among the GBV Task force, sub committees or steering committees as and when necessary, to oversee the implementation of projects by sector and to provide guidance and suggestions on the modalities for bridging the various supports in ways that will benefit the GBV survivors meaningfully. Moreover, the secretariat will, intermittently undertake monitoring exercises either by sending out questionnaires to implementing agencies on specific issues depending on what is being sought for and/or onsite visits to project areas or institutions.

The Taskforce has adopted as its motto “one **leader**, one **team** and one **program**”.

- **One leader:** Under the umbrella of the Ministry of Gender and Development where the GBV national secretariat is established to enhance coordination of GBV prevention and response activities throughout the country.
- **One team:** A coalition of actors culminating in the building and promoting of a strong effective partnership between Government national and international NGOs, UN agencies and other multi-sectoral stakeholders.
- **One program:** The *National GBV Plan of Action*, which provides the framework within which all activities related to preventing and responding to GBV are outlined.

The overall coordination of the *National GBV Plan of Action* will take place at County and at National levels.

1. **County Level GBV Working Groups:** These groups will be chaired by the Ministry of Gender and Development County Coordinator and comprise all stakeholders working within the five sectors: legal and justice, psychosocial support and women economic empowerment, health, and protection and security.



- 2. National GBV Task Force:** This taskforce is chaired by the Deputy Minister for Research & Technical Services, Ministry of Gender and Development, and will comprise all stakeholders (National and International NGOs, UN agencies and Representatives from the Government of Liberia).

## **5.0 Monitoring and Evaluation**

After the adoption and launch of the *National GBV Plan of Action*, the implementation of the activities outlined herein will be monitored and evaluated throughout the stipulated time frame of 2007 to 2011. Lack of data collection and inconsistent levels of reporting across sectors, highlights the fact that coordination needs to be prioritized in all GBV prevention and response efforts. Capacity will be built in all sectors to ensure confidentiality, reliable data collection, processing, analysis, dissemination and management, as well as monitor and evaluate interventions to measure impact.

The indicators formulated in the *National GBV Plan of Action* will be used to assess the implementation of the GBV activities. In the early stage of implementation, progress will be monitored more frequently to ensure rapid startup and address any obstacles or delays in the implementation process through monthly reporting of all stakeholders. When the implementation of all activities is well underway the progress will be monitored every three months. Information will be analyzed over time to identify trends, problems, issues and best practices. Monitoring and evaluation will also assess the level of impact of programs on GBV Survivors – also taking into account program results and impact on communities. Reports will be distributed to all stakeholders including communities and local authorities. Periodic reviews and evaluation will be undertaken and regular reports will be used to update the *National GBV Plan of Action*.

## **6.0 VISION STATEMENT**

People in Liberia should enjoy, within the next ten years and beyond, improved quality of life through a secure environment where human rights are respected, and GBV is minimized.

## **7.0 GOALS**

The overall goals are:

1. To minimize GBV by 30% by the year 2011.

2. To provide appropriate care and services to survivors of GBV.

## **8. OBJECTIVES**

1. To provide psychosocial support and facilities to GBV programs, including economic empowerment for women and girls.
2. To strengthen the capacity of health care providers to effectively respond to GBV survivors.
3. To strengthen the criminal justice system so as to enable it to effectively respond to cases of GBV.
4. To develop an integrated national protection system with the capacity to prevent and respond to GBV.
5. To coordinate the implementation of the *National GBV Plan of Action*.

## **9.0 GUIDING PRINCIPLES**

The effectiveness and sustainability of the POA will be enhanced by respecting the following guiding principles:

- Effective partnership among the key actors including the informal and the private sector.
- Good governance, peace and security.
- Commitment and political will
- Ethical considerations and culture sensitivity.
- National ownership and Country's Leadership.
- Gender sensitivity programs.
- Accountability
- Participatory
- Planning
- Coordination
- Sustainability

## Psychosocial

**OBJECTIVE ONE:** to provide psychosocial support, and economic empowerment for survivors of GBV

**BUDGET:** US\$ 3,000,000.00

**Key Actors:** GOL (MGD, MOH, MOJ, MOE & MIA) Local & International NGOs, UN Agencies ....

ACTIVITIES	INDICATOR	MOV	TIMELINE	TARGET	INPUTS	OUTCOME
Conduct needs assessments	# of assessments conducted # of people per communities targeted # of interviews conducted # of focus group discussions held	Assessment reports	Jan. 2007 – Dec. 2007	Women, girls, boys, men, influential persons, community leaders, hospital personnel...	Human and financial resources	Psychosocial support and facilities provided to all GBV programs (social worker, women groups, counselors, community workers, child protection agencies, LNP, legal aid workers, and health workers)
Develop training modules	# of training modules developed	Training Modules	July 2007- Dec. 2009	Social & Humanitarian Workers,	Human and financial resources	Standardized Training modules developed and in use
Recruit and train staff	# of staffs recruited # of staffs trained # of trainings conducted	Training Reports (pre and post test reports)  Follow up reports	July 2007 - Dec. 2011	Youth (males & Females), Women and Men	Human and financial resources	Quality response especially as regards counseling to all GBV survivors identified through adequate training of social workers, women group leaders, etc.
Conduct seminars, workshops and symposia on ethics of profession relative to the	# of seminars, workshops and symposia for all personnel held	Reports  Attendees' list	Sept. 2007 – Dec. 2011	Task force, UN agencies, government agencies,	Human and financial resources	50% increase of all GBV programs in 15 counties with quality psychosocial support

guiding principles and human rights related to GBV	% of personnel who can mention the ethnical issues related to GBV and Human right issues related to GBV			implementing agencies and community members		
Identify construct, staff and equip safe homes in each of the fifteen counties	# of GBV safe homes identified and constructed staffed and equipped per county	Reports Direct observations through field visits Contract Awarded Memorandum of Understanding (MOU)	February 2008 till 2011		Human and financial resources	
Support public awareness raising on SEA throughout the counties	# of communities that have benefited of SEA awareness and sensitization campaigns.  # of SEA awareness and prevention policy statement in	Records Reports Public Service Announcements Speeches Institutional databases  Media Releases	Nov. 06 to Dec. 07	Public servants NGO Employees Religious and community leaders Teachers General population	Human and financial resources	

	presidential and ministerial statements.					
Support and promote reporting and investigation of SEA	# of institutions that have a database to track misconduct related to SEA. # of SEA cases reported.				Human and financial resources	
Monitor and Evaluate SGBV interventions	# of monitoring and evaluation visits conducted # Of evaluations conducted per year	Follow-up reports	Until end of project		Human and financial resources	
Sensitization and advocacy visits paid to Head of state, policy makers, public figures and opinion leaders to intimate them on GBV situations	# of sensitization and advocacy visits made to Head of State ,policy makers and government officials conducted per county  % of government officials pledging commitment, support and showing political will for action against	Written Reports Media Reports  National Assembly Reports  Official gazette National Assembly archive. Report	July 2007  August 2007	Head of State Opinion Leaders Policy Makers Donors Relevant Government Agencies	Logistics (stationeries, human resources)	

	GBV Availability of legislation against GBV					
Provide vocational training to vulnerable women and groups.  Provide small business management training  Provide adult literacy program  Save money and start up kits for micro business Start up a credit union savings	Category of vocational training conducted  # of training conducted  of parents trained per county  # of females targeted  Type of businesses identified # of credit union established per county officials in attendance	Sensitization and training reports         Reports	September 2007 till end of project	Women, women groups in all 15 counties  .	Human And financial resources	
Launch public appeal to gain the support of all stakeholders for the cause of GBV	# of public appeals made  Types of public appeals launched  # of live testimonies presented at the forum.	Copies of appeal Media Reports	July 2007		Human and financial resources	
Media publicity	# of media publicity developed	Copy of media publicity	On – going	Media personnel	Financial and Human	

	# of media publicity aired or seen	Copy of MOU with the media			resources	
Set up a National Task Force for monitoring and evaluation of GBV activities	# of consultative meetings with stakeholders on setting up of a task force held  Involvement of taskforce members in monitoring of GBV activities	Minutes of meetings	July–October 2006		Human and financial resources	
Develop guidelines for monitoring and evaluation and create a data base for storage	Existence of standardized guidelines for monitoring and evaluation of GBV activities.  Monthly updates from database  Availability of past and present data	Copies of GBV Guidelines  List of task force on monitoring  Availability of functional task force on monitoring and database	July 2006 and on-going		Financial and Human resources	
Pay periodic visits to project sites for monitoring	# of field visits conducted within a given year # of implementing	Field Reports  Observation	July 2006 and on-going		Human and financial resources	

	<p>projects in line with set objectives</p> <p># of project activities redesigned according to the identified gaps during field visits</p>					
Conduct evaluation at mid-term and end (internal and external) of project cycle	<p># of review sessions of GBV project activities held</p> <p># of GBV project activities re-planned according to the gaps identified during evaluation</p>	Reports, revised projects, field visits			Human and financial resources	
<ul style="list-style-type: none"> <li>Develop national Code of Conduct on GBV,</li> </ul>	<p># of trainings conducted</p> <p># of persons in attendance</p> <p># of persons who signed the code of conduct on GBV</p>	<p>Attendance list</p> <p>Names of persons who signed Code of conduct</p>	September 2007- March 2011	Task force, UN agencies, government agencies, implementing agencies and community members	Human and financial resources	
Conduct final evaluation at end of	# of cases reported		March 2012		Funds Logistics	



project (internal and external)	# of persons counseled # of persons referred # of persons empowered socially and economically # of counties with a declining number of new cases of domestic and sexual violence victims. # of objectives that were reached				Human resources M/E tools	
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## Health

**Objective: Strengthen the health care system to adequately respond to the GBV cases**

**Budget: six millions dollars (US\$6,000,000.00)**

**Key Actors: Ministry of Health, Health Institutions, UN Agencies and Local & International NGOs**

ACTIVITIES	INDICATOR	MOV	TIMELINE	TARGET	INPUTS	OUTCOMES
Assess the capacity of health facilities to respond adequately to SGBV/GBV cases in existing health facilities.	# of health facilities providing SGBV services	Assessment Reports	Ongoing	Health centers Health workers Medical Personnel Communities	Human and financial resources	----- % of health facilities capacities improved and upgraded to respond effectively to SGBV and GBV cases.
Rehabilitate, equip and staff existing health facilities	Number of health facilities equipped and staffed	Reports	Ongoing	Hospitals Health centers Medial Staff Auxiliary Health workers		----- % of health facilities have equipped and staffed units to respond to GBV cases and referrals.
Procure drugs and medical supply for SGBV cases	Quantity of drugs and medical supply procure Number of health facility receive drugs and medical supply for SGBV cases	Reports	Ongoing		Human and Financial resources	----- % of health facilities have drugs and medical supply to respond to GBV cases.
Strengthen capacity of medical and auxiliary health care providers to	# of GBV training workshops conducted # of health care	Training Reports Pre and post test results Follow – ups	July and twice every year	Medical and auxiliary health workers		Capacity of health care providers strengthened to

effectively respond to GBV cases (including: medical services and forensic evidence)	providers trained in effective management of GBV/S GBV	Reports				effectively respond to GBV cases (included: medical services and forensic evidence)
Train community health workers to respond effectively to GBV	Number of community health workers trained	Training Reports Follow – ups Reports	On going	Community health Workers		At least ... % of community health workers has upgraded skills to respond effectively to SGBV survivors.
Operational national guidelines on the clinical management of SGBV/GBV	Number of national guidelines distributed.  Number of training sessions held using the guidelines	Distribution lists.  Training reports	On going	Health workers GBV Task force & Implementers	Human and Financial resources.	Implementing partners use national standards on clinical management of SGBV.
Integrate GVB into PHC	GBV PHC strategy available	GBV PHC Strategy document	Ongoing	Implementing partners		Implementing partners use GBV PHC Strategic document..
Provide medical services to SGBV cases	Number of GBV cases seen and reported by medical workers.	SGBV/GBV case reports  Medical records	Ongoing	Survivors of GBV Perpetrators Health centers Health workers Medical Personnel All health care providers		At least ... % of all GBV survivors received appropriate medical services including Reproductive Health services

				Traditional healer GBV Task Force		and psychosocial counseling.
Strengthen referral mechanisms for GBV /SGBV	Number of GBV/SGBV cases referred	Referral forms/notes	Ongoing	Health centers Referral hospital Police Station Counseling centre		Continuum of care provided for GBV/SGBV cases  SGBV/GBV Referral mechanisms improved and functional.
Develop GBV syllabus and adapt to formal educational level.	GBV developed and adapted into formal educational system.	Copies of GBV syllabus	2007 to end of project	Student Educators Various academic, institution		Formal educational sectors use GBV syllabus.  .... % of students, educators and schools authorities has knowledge about S/GBV issues.
Sensitize and train educators and school authorities on the GBV modules.	# of training to educators and schools authorities conducted	Training Reports Pre and post test results Follow – ups Reports	2007 to end of project	Student Educators Various academic, institution		
Sensitization and awareness on the SGBV issues including HIV/AIDS and FGM to the	# of awareness conducted # of media person, public figure and other stakeholder	National IEC materials available	2006 onward	Health centers Community Government Public	Human and Financial resources	SGBV/GBV awareness and sensitization including the health

community through media, public figure and other stakeholders	trained # of campaign conducted # of flyers and visual aids # of IEC materials developed # of culturally adapted IEC materials developed					consequences increased.
Review and Improve monitoring and evaluation tools and strengthen the M&E systems.	Health data base system, including surveillance established. Coordination Improved among partners and stakeholders	Health Data base available Monitoring tools and report forms developed Coordination meetings ongoing	Ongoing	Health Facilities Line Ministry NGOs		GBV/SGBV management information system in place.

**LEGAL**

**Objectives: To strengthen the criminal justice system to effectively respond to cases of GBV.**

**Budget: US\$3,000,000.00**

**Key Actors: Liberia National Police, Ministry of Justice, GBV – Secretariat**

<b>ACTIVITIES</b>	<b>INDICATOR</b>	<b>MOV</b>	<b>TIMELINE</b>	<b>TARGET</b>	<b>INPUTS</b>	<b>OUTCOME</b>
Train judicial/law enforcement and correctional centers personnel on international human rights standards and applicable national laws.	# of trainings conducted # of judicial and law enforcement personnel trained	Training reports Pre and post test records Follow up reports  Training modules	July 2006 – ongoing   On – going activity	Judicial officers, and law enforcement personnel  Staffs of rehabilitation centers, Government and stakeholders at the community level	Human and financial Resources	Fast track court for GBV cases established at National and Regional levels.  Trained judicial/law enforcement personnel on international human rights standards and applicable national laws.
Establish staff and equip Women and Children Unit of LNP in each county.	# Women and children unit operational in each county	Visible or mobile legal aid clinics, observation, reports  Reports	Ongoing activity  November – December 2006	All 16 communities	Human and financial Resources	Women and Children Unit of LNP in each county established, staffed, equipped, and operational.  GBV Fast track at national and regional level
Establish free legal services for vulnerable women. Conduct sensitization campaigns to increase community	# of functional free legal clinics # of GBV cases reported # of	Case reports Field reports  Sensitization	On going activity	Vulnerable women  Required Government Institutions	Human and Financial resources	Established and equipped systems for free legal services for vulnerable women.

awareness about the legal system	sensitizations campaigns conducted	reports	Ongoing	Donors Perpetrators		
Conduct assessments to verify existing correctional facilities in the country.	# of counties participating in sensitization sessions	Assessment reports	Ongoing	Law enforcement Officers	Human and financial Resources	
Conduct assessments to verify existing correctional facilities in the country  Establish/strengthen corrective centers	Number of correctional centers identified and verified  Number of rehabilitation centers for juveniles	Assessment reports  Reports	On going activity	Communities	Human and financial resources	
Build networks with county forums, prosecutors and police to ensure that national laws are upheld	# of meetings held / year # of county forums/ workshops held for law enforcement bodies	Minutes of Meetings  Community forum/workshop reports			Human and financial Resources	
Train community level stakeholders to monitor and report violations	# of training programs organized for community forum # of cases reported to the police and local authorities  # of arrests made by police	Police Records  Case Reports			Human and financial Resources	

## PROTECTION AND SECURITY

**OBJECTIVE:** To develop an integrated national protection system with the capacity to prevent and respond to GBV.

**BUDGET:** US \$2,000,000

**Key Actors:** Key GOL line ministries Local and International NGO's, UN Agencies, community members

ACTIVITIES		INDICATOR	MOV	TIMELINE	TARGET	INPUTS	OUTCOME
To Identify people within the community that are responsible for protection		# of people identified	Reports of assessment done	On-going	Men/boys Women/girls Youth Children Government Donors Opinion Leaders Survivors	Logistics Communication gadgets, stationeries, human resources, vehicle, basic equipments for safe houses and supplies, funding. Security, land and available structure	
Identify existing structures within the community and strengthening their capacity to provide protection for the community.		of structures identified and functioning # of Referrals and reports made on protection issues	Referrals and case records. Reports from community structures Minutes of meetings	2007	Police officers MOGD staff	Financial and Human resource	
Conduct training in GBV looking at the general guiding principles for the members	Maintaining confidentiality, respect for survivors' wishes during the handling of cases	Sensitization reports  Training report  Pre and post tests				Financial and Human resource	



of the community structures identified.							
Holding regular community consultations and meetings to support the process.	No of meetings held to number of organizations attended.  Number of community members attending	Follow up reports  No. of persons and organizations attending meetings				Financial and Human resource	
Carry out sensitization on the need for community to understand the concept GBV.	No. of persons and organizations attending meetings.	Sensitization				Financial and Human resource	
Assess the deployment and capacity of police throughout the country including the % of female police.		of police in each county % of female police in each county trained in GBV	Records Reports  Records Reports	September 2006 ongoing  September and ongoing	All Police Members, Government LNP	Financial and Human resource	Logistics Assessment tools Human resources Funds
Advocate and lobby for rapid deployment of additional police including not less than 30% women.		of meeting rooms established.  # of additional police deployed per sex	Training reports Pre-test and post-test results Follow up reports	Required government institution UN system UNMIL Police members		Financial and Human resource	

<p>Establish appropriate police facilities including (interview rooms) for survivors of GBV in police station.</p>		<p>Way in which cases are being handled</p> <p># of police station that have a private interview room per county</p> <p># of training programs organized for police, and community</p> <p># of TOT organized</p> <p># of trainers trained per sex and per</p>				<p>Financial and Human resource</p>	
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**COORDINATION**

**OBJECTIVE Five: To coordinate the implementation of the GBV Plan of Action**

**BUDGET: US\$375,000.00**

**Key actors: GBV Secretariat and Taskforce.**

ACTIVITIES	INDICATOR	MOV	TIMELINE	TARGET	INPUTS	
Develop guidelines and tools for monitoring and evaluation	Existence of standardized guidelines and for monitoring and evaluation of GBV activities.	Copies of GBV Guidelines	July–Oct. 2006	Task force, UN agencies, government agencies, implementing agencies and community members	Funds Logistics Human resources M/E tools	A clear demonstration of whether or not national GBV goals and objectives were attained through systematic and regular tracking of programs effectiveness and progress made
Set up a National Task Force for monitoring and evaluating GBV activities	# of consultative meetings with stakeholders on setting up of a task force held # of task force on monitoring involved in GBV activities Involvement of taskforce members in monitoring of GBV activities	Minutes of meetings	September 2006			
Create, and monitor a database for	Monthly updates from database Availability of past and	List of task force on monitoring Availability of	July 2006 and on-going			

storage of monitoring results at the national level through GBV Secretariat.	present data # of field visits conducted within a given year	functional task force on monitoring				
Pay periodic visits to project sites for monitoring	# of implementing projects in line with set objectives # of project activities redesigned according to the identified gaps during field visits	Availability of functional database	On-going			
Conduct evaluation at mid-term and end (internal and external) of project cycle	# of review sessions of GBV project activities held # of GBV project activities re-planned according to the gaps identified during evaluation	Field Reports  Observation  Reports, revised projects, field visits	July 2009			
Develop national Code of Conduct for GBV actors	# of counties reporting an increase in GBV # of people in support of GBV alleviation and prevention # of men against domestic violence	Focal group discussions/ interviews Focal group discussions/ interviews	September 2006	Task force, UN agencies, government agencies, implementing agencies and community members	Funds Logistics Human resources M/E tools	
Conduct final evaluation at end of project (internal and external)	# of counties with a declining number of new cases of domestic and sexual violence victims. # of objectives that were reached	Survey/Interviews Evaluation Report/Survey	March 2012			

## **APPENDIX I: TERMS OF REFERENCE**

### **Terms of Reference for the County Level GBV Working Groups:**

- Collect information from the field (including urgent information from line ministries and other relevant bodies) for submission to the MGD.
- Sharing information and experiences (line ministries and other relevant bodies will submit reports to their line ministries that will in turn forward them to MGD).
- Reinforce collaboration between key actors on the ground.
- Conduct follow-up, monitoring and joint evaluation with key stakeholders.
- Conduct GBV-related advocacy and social mobilization activities.
- Circulate reports to line ministries and other relevant bodies.
- County MGD Coordinators must liaise with the county administration through collaboration with the Development Superintendent.

### **Terms of Reference for the National Level GBV Taskforce:**

- Coordinate all GBV-related activities throughout the country.
- Centralize and manage data coming from the GBV Working Groups in the counties.
- Maintain a forum for regular information sharing.
- Discuss GBV issues and make collective and transparent decisions.
- Establish National GBV Secretariat to support the National GBV Taskforce.
- Coordinate all the information coming from county level GBV Working Groups, ministries and other stakeholders.
- Identify gaps where policies need to be formulated.
- Engage in continuous resource mobilization.
- Design effective advocacy campaigns related to GBV.
- Advocate with policy makers, parliamentarians, opinion leaders and public figures to improve the situation with respect to GBV.

## APPENDIX II: GBV DEFINITIONS

<p><b>Rape</b> is an act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ and/or the invasion of the genital or anal opening with any object or body part. Rape and attempted rape involve the use of force, threat of force, and/or coercion. Any penetration is considered rape. Efforts to rape someone which do not result in penetration are considered attempted rape.</p> <p>Rape may include:</p> <ul style="list-style-type: none"> <li>• Rape of an adult female or male</li> <li>• Rape of a minor (male or female), including incest</li> <li>• Gang rape, if there is more than one assailant</li> <li>• Marital rape, between husband and wife</li> <li>• Male rape, sometimes known as sodomy</li> </ul>
<p><b>Attempted rape</b> is any attempt to perpetrate a non-consensual act of sexual intercourse.</p>
<p><b>Incest:</b> Sexual abuse occurring within the family although most often perpetrated by a father, stepfather, uncle, brother, or other male in a position of family link, may also come from a female relative.</p>
<p><b>Sexual exploitation</b> is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.</p>
<p><b>Forced Early Marriage</b> occurs when parents or others arrange for and force a minor to marry someone. Force may occur by exerting pressure or by ordering a minor to get married, and may be for dowry-related or other reasons. Forced marriage is a form of GBV because the minor is not allowed to, or is not old enough to, make an informed choice.</p>
<p><b>Domestic Violence: Intimate Partner or Other Family Members</b> takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between family members (for example, mothers-in-law and daughters-in-law). Domestic violence may include sexual, physical, and psychological abuse. In any reference to domestic violence, it is important to be clear whether the violence is perpetrated by an intimate partner or another family member. Other terms used to refer to domestic violence perpetrated by an intimate partner include “spousal abuse” and “wife battering.” Specific categories of domestic violence/intimate partner violence include:</p>
<p><b>Physical Violence:</b> Includes physical assault slapping, hitting, beating, kicking, use of weapons; wife is beaten or abused for not performing her duties according to husband’s expectations (refuses sex, food is late to be prepared, etc.).</p>
<p><b>Marital Rape:</b> Any unwanted sexual act by a spouse or ex-spouse, committed without consent and/or against a person’s will, obtained by force, or threat of force, intimidation or when a person is unable to consent.</p>
<p><b>Emotional and Psychological Violence:</b> Includes verbal and emotional abuse, humiliation and confinement, forced social isolation, and threats of physical harm.</p>
<p><b>Socio–Economic Violence:</b> Include discrimination and/or denial of opportunities, services, social exclusion/ostracism based on sexual orientation and obstructive legislation practice, spouse’s or partners control and deprivation of his/her partner’s access to food, water, shelter, clothing, health care, fertility (forced pregnancies and/or abortions).</p>
<p><b>Trafficking for Sex or Labor</b> occurs when a migrant is illicitly engaged (recruited, kidnapped, sold, etc.) and/or moved either within or across borders...intermediaries (traffickers) during any part of this process obtain economic or other profit by means of deception, coercion, and/or other forms of exploitation under conditions that violate fundamental human rights of migrants.</p>
<p><b>Female Genital Cutting (FGC)</b> entails cutting of healthy female genital tissue, usually as part of a traditional ceremony that symbolizes a rite of passage for the victim. Adult women and girls may consent to FGC due to social and cultural pressure, or may be physically forced. Minors are often physically forced; even if not, they are considered unable to give informed consent due to their age. FGC is also referred to as Female "Circumcision" and Female Genital Mutilation.</p>

### GBV-Task Force Members Contact list

No	NAME OF AGENCY	HEAD OFFICE ADDRESS	CONTACT PERSON(S)	PHONE NUMBER	e-MAIL ADDRESS	ORGANIZATION	SPECIFIC FOCUS	BENEFICIARIES TARGET
1	<b>AFELL</b>	Ashmun Street	Lois Bruthus	06 553 178	<a href="mailto:loisbruthus@yahoo.com">loisbruthus@yahoo.com</a>	National Institutional	Advocacy, Legal and Psychosocial	General Population
2	<b>AIDSCORPS</b>	Jhonson Road	Amos Gborie Jacqueline Claikae	077 025 195		LNGO	Medical and Psychosocial aspects	Elementary and Junior High School, 11-25 y/o, Male and Female
3	<b>American Refugee Committee (ARC)</b>	Atlantic House, Tubman Blvd, Congo Town	Loiba Van D Marie Kolenky Jonathan Leno	06 404 597 06 530 723 06 443 744	marieskolenky@yahoo.com jsbleno@yahoo.ca	INGO	General prevention, Training of Service Providers and direct Psychosocial response	General Population
4	<b>ANPPCAN</b>	Broad & Jhonson Street	Celia D. Turkett Mesfin Hailu	06 484 310 06 480 462	<a href="mailto:anppcan_iberia@yahoo.com">anppcan_iberia@yahoo.com</a>	LNGO	Awareness, Education and Training	Schools and Communities (Women and Girls)
5	<b>Center for Victims of Torture (CVT)</b>	8th street - Sinkor	Dove Pressnall Jestina Sayun	06 473 165 06 455 830	<a href="mailto:dpressnall@cvt.org">dpressnall@cvt.org</a> <a href="mailto:jestinamessage@yahoo.ca">jestinamessage@yahoo.ca</a>	INGO		General Population
6	<b>Childrensmile Humanitarian Network</b>	Broad Street	Othello B. James	06 496 565	<a href="mailto:childrensmile_help4all@yahoo.com">childrensmile_help4all@yahoo.com</a>	LNGO	Protection and Psychosocial	Women and Children/Youth
7	<b>Christian Children Fund (CCF)</b>	18th Street - Sinkor	Mendy Marsh Ernestine Greaves	06 583 565	<a href="mailto:mendy.marsh@yahoo.com">mendy.marsh@yahoo.com</a>	INGO	Prevention and survivor response (including SEA)	General Population
8	<b>Christian Children's Fund - Liberia (CCF)</b>	Breweville City	Urias J. Tumu	06 480 779	<a href="mailto:gbvliberia@yahoo.com">gbvliberia@yahoo.com</a>	INGO	Awareness Raising Activities / legal Advocacy	Sierra Leonean Refugees
9	<b>Christian Humanitarian Service (CHS)</b>	MoH Building Capital	Stephen Norman	077 244 346	<a href="mailto:chrhuser@yahoo.com">chrhuser@yahoo.com</a>	LNGO	Counseling and Advocacy	General Population
10	<b>Community Empowerment Program (CEP) Inc</b>	Paynesville	Lucy W. Page	06 552 066	<a href="mailto:cep_iberia@yahoo.com">cep_iberia@yahoo.com</a>	LNGO	Psychosocial support and Protection through communities	Women and Adolescent Girls
11	<b>Concerned Christian Community</b>	Broad Jhonson Street	Mariama Z. Brown	06 452 763	<a href="mailto:cccliberia@yahoo.com">cccliberia@yahoo.com</a>	LNGO	Medical, legal and Psychosocial aspects	Women, Children and men

### **GBV-Task Force Members Contact list**

No	NAME OF AGENCY	HEAD OFFICE ADDRESS	CONTACT PERSON(S)	PHONE NUMBER	E-MAIL ADDRESS	ORGANIZATION	SPECIFIC FOCUS	BENEFICIARIES TARGET
12	<b>ELWA Hospital</b>	ELWA Hospital - Monrovia	Thomas F. Kpelewah	06 531 045	<a href="mailto:elwahospital@yahoo.com">elwahospital@yahoo.com</a>	Private Facility	Medical and Psychosocial aspects	Patient (General population)
13	<b>HELP MY PEOPLE Inc.</b>	Brewerville City	Chintya S. Siapha	06 573 507	<a href="mailto:helpmypeople@yahoo.com">helpmypeople@yahoo.com</a>	LNGO	Medical and Psychosocial aspects	Female
14	<b>ICRC</b>		Christine Bossi	06 420 621	<a href="mailto:monrovia.mon@icrc.org">monrovia.mon@icrc.org</a>	INGO		
15	<b>International Medical Corps (IMC)</b>	Adjacent SOS Clinic, Tubman Blvd Congo Town	Abraham Leno Philippe Kasweka	06 443 098 06 54 675	aleno@imcworldwide.org abrhamleno@yahoo.fr	INGO	Prevention and response: Clinical management, counseling	General population
16	<b>International Rescue Committee (IRC)</b>	Tubman Blvd, Catholic Junction	Sara Siebert Musue Oberli	06 461 900	<a href="mailto:saras@theirc.org">saras@theirc.org</a>	INGO	Psychosocial	Women and Girls (Direct beneficiaries) and Men and Boys (Indirect beneficiaries)
17	<b>Liberia Shelter For Abused Women and Children Inc. (LSAWC)</b>	Benson Street	Marayah LWM Fyneah	077 247 917	<a href="mailto:marayahfyneah@yahoo.com">marayahfyneah@yahoo.com</a>	LNGO	Medical and Shelter	Women and Children
18	<b>Liberian Red Cross</b>		Madia R. Fully	06 524 599	<a href="mailto:mafully1@yahoo.com">mafully1@yahoo.com</a>	National Institution	Medical response	10 - 18 y/o
19	<b>LIB-SWAA</b>	Broad Street	Hh Zaizay	06 557278	<a href="mailto:lib_swaa@yahoo.com">lib_swaa@yahoo.com</a>	LNGO	Medical - Psychosocial	Women
20	<b>MARIANNE</b>	Zone five, Police Station Faith In Jesus Christ Ministry	Mulbah Kassellie Jallah Korva	077 220 084 077 074 332	<a href="mailto:tommk1962@yahoo.com">tommk1962@yahoo.com</a>	LNGO	Awareness and Psychological Counseling	Women and Children
21	<b>MCRS</b>	Lych Street	Augustus B. Mamaj Loise Davies	077 541 644 06 563 869	<a href="mailto:monthcalfaryrelief@yahoo.com">monthcalfaryrelief@yahoo.com</a>	LNGO	Psychosocial	Women, girls, street children and PLWHA
22	<b>Medica Mondiale</b>	18th Street - Sinkor	Edwina Massaquer Valeria Ellen Doe	06 515 020 06 532 481	massedwina2006@yahoo.com vend301@yahoo.com	INGO	Psychosocial	Women, Children and Girl
23	<b>MERCI</b>	Paynesville Broad St.	Philderald Pratt	06 526 941	<a href="mailto:mercilib@yahoo.com">mercilib@yahoo.com</a>	LNGO	Treatment for victims of SGBV	Women, Children and men



### GBV-Task Force Members Contact list

No	NAME OF AGENCY	HEAD OFFICE ADDRESS	CONTACT PERSON(S)	PHONE NUMBER	e-MAIL ADDRESS	ORGANIZATION	SPECIFIC FOCUS	BENEFICIARIES TARGET
24	<b>Merlin</b>	Kongo Town	Sarah Hodge Isaack Abbey	06 578 541 06 540 995	<a href="mailto:oxfordabbey@yahoo.com">oxfordabbey@yahoo.com</a>	INGO	Medical - Reproductive Health	General Population
25	<b>MSF - Belgium</b>	Mamba Point	Lidia Bergamaschi Evans Liyosi	05 665 256 077 234015	<a href="mailto:msfb-monrovia@brussels.msf.org">msfb-monrovia@brussels.msf.org</a>	INGO	Medical care/psychosocial care	General Population
26	<b>MSF Spain</b>	Mamba Point	Mark Dolade Linda Pearson Lucia Kehwillian	06 570 350 06 415 828	<a href="mailto:msfe_benson@barcelona.msf.org">msfe_benson@barcelona.msf.org</a> <a href="mailto:kehwillian@yahoo.com">kehwillian@yahoo.com</a>	INGO	Medical and Psychosocial support	Male and Female
27	<b>NACROG</b>	Gender Ministry Building	Patricia W. Jallah. Scott	05 661 844	<a href="mailto:nacroglib@yahoo.com">nacroglib@yahoo.com</a>	LNGO	Child Protection, Psychosocial	Children < 18 y/o
28	<b>NATPAH</b>	Ministry of Health Office (Women Health Department)	Phyllis Kimba Winifred Newton	06 554 302 06 545 513	<a href="mailto:philliskimba@yahoo.com">philliskimba@yahoo.com</a>	LNGO	Violence Against Women / Female Genital Mutual	Women and Girl
29	<b>NAWOCOL</b>	Buzzi Quarters - UN Drive	Pearl W. Fahubulleh	06 536 137	<a href="mailto:nawocoliberia@yahoo.com">nawocoliberia@yahoo.com</a>	LNGO	Awareness and Psychological Counseling	Women and Men
30	<b>OXFAM - GB</b>	Mamba Point	Tonleh Wiles	06 516 303	<a href="mailto:twiles@oxfam.org.uk">twiles@oxfam.org.uk</a> <a href="mailto:twiles26@yahoo.com">twiles26@yahoo.com</a>	INGO	Advocacy and awareness, supporting local partners (empowerment)	Rural and urban women, sex workers and youth
31	<b>Save the Children - UK (SC-UK)</b>	Mamba Point	Leila Brouhala Faith O. Nimineh	06 513 227	<a href="mailto:sc_leila@awli.net">sc_leila@awli.net</a> <a href="mailto:sc_meunit@awli.net">sc_meunit@awli.net</a>	INGO	Prevention through community awareness and response through provision of material support to abuse children and their families	Children and young people 0-18 y/o. Secondary beneficiaries: Families and Communities
32	<b>Touching Humanity in Need of Kindness (THINK)Inc.</b>	Jarngaba Road, ELWA Community	Rosana D. H. Schaack	06 558 492	<a href="mailto:thinkinc2003@yahoo.com">thinkinc2003@yahoo.com</a>	LNGO	Response and Prevention	Girls and Women

### GBV-Task Force Members Contact list

No	NAME OF AGENCY	HEAD OFFICE ADDRESS	CONTACT PERSON(S)	PHONE NUMBER	e-MAIL ADDRESS	ORGANIZATION	SPECIFIC FOCUS	BENEFICIARIES TARGET
33	TWIN	16th street - Sinkor	James H. Briggs	06 818 903 077 065 418	<a href="mailto:jamesbriggsdoc@yahoo.com">jamesbriggsdoc@yahoo.com</a>	LNGO	Sexual Abuse/Exploitation (incl. Rape) and Gender Equality/Equity	Vulnerable groups: sex workers for survivor and partners, adolescent girls at risk, single parents (mother)
34	UNDP	Mamba Point	Masavel Buyo	06 579 251	<a href="mailto:masael.bayo@undp.org">masael.bayo@undp.org</a>	UN	Create awareness on SGBV	General Population and for UNDP staff
35	UNFPA	Mamba Point	Rose Gakuba Stenly H. Sajow	06 435 159 06 826 185	<a href="mailto:gakuba@unfpa.org">gakuba@unfpa.org</a> <a href="mailto:sajow@unfpa.org">sajow@unfpa.org</a>	UN	Awareness, sensitization for promotion RH and rights of women and girls, IEC and advocacy, sensitization on reporting GBV, sensitization on SGBV/HIV/STI, Provision of PEP and rape kits also RH kits.	General Population
36	UNHCR	Mamba Point	Jeanette Zuefle Maevie Murphy	077 044 881 077 044 940	<a href="mailto:zuefle@unhcr.org">zuefle@unhcr.org</a> <a href="mailto:murphym@unhcr.org">murphym@unhcr.org</a>	UN	Prevention of and response to SGBV, coordination of activities of partners in the field and capacity building	Refugees in Liberia, Liberian refugees returning in Liberia and IDPs
37	UNICEF	Brights Appartment, Seukou Toure Avenue	Fatuma ibrahim	06 531 427	<a href="mailto:fhbrahim@unicef.org">fhbrahim@unicef.org</a>	UN	Prevention and response to sexual violence, exploitation and abuse	Mostly Children and also women
38	UNIFEM	Mamba Point	Kagwiria Mbogori Allen lincoln	06 533 257 06 531 830	kagwiria.mbogori@undp.org allen.lincoln@unifem.org	UN	Advocacy and Security/Protection (With Partners)	Women and Girls

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39	UNMIL	Pan Africa - Monrovia	Dr. Jean J. Purusi Sadiki Joana Foster Ayo Scott Alice Aboagewaa	06 534 434 06590004 06 518 907 06 433 731	<a href="mailto:purusisadiki@un.org">purusisadiki@un.org</a> <a href="mailto:scotta@un.org">scotta@un.org</a> <a href="mailto:gyewaa2005@yahoo.com">gyewaa2005@yahoo.com</a>	UN		
40	WOCDAL	Duport Road Junction	Malinda B. Joss	06 512 442	<a href="mailto:wocdal2004@yahoo.com">wocdal2004@yahoo.com</a>	LNGO	Rapes Advocacy	Women and Children
41	Women and Children Protection / Liberia National Police (LNP)	Liberia National Office	Dep. Insp. Ashton T. Thomas	077 521 711	<a href="mailto:ash_suethomas@yahoo.com">ash_suethomas@yahoo.com</a>	National Police	SGBV / Domestic Violence	Women and Children
42	Women Health and Development Program of Mother Patern (MPCHS-WHDP)	Mother Pattern College of Health Sciences	Grace Boiwu	06 519 210	<a href="mailto:boiwujandg@yahoo.com">boiwujandg@yahoo.com</a>	LNGO	Violence Against Women Awareness and Training	Women and girls
43	Women of Liberian Peace Network (WOLPNET)	Russelle Avenue 18th Sinkor	Nna Kumba Thompson	06 538 933	<a href="mailto:Nnatunky@yahoo.com">Nnatunky@yahoo.com</a>	LNGO	Sexual and Domestic Violence	Women / Teenager Girls / Children
44	World Food Programme (WFP)	Mamba Point	T. Woibah Suwo	06 565 631	<a href="mailto:t.woiba.suwo@wfp.org">t.woiba.suwo@wfp.org</a>	UN	Protection through food distribution	IDP, refugees, student, returnees and PLWHA
45	World Health Organization (WHO)	Mamba Point	Dr. Musu Duworko	06 515 746	<a href="mailto:duworkom@lr.afro.who.int">duworkom@lr.afro.who.int</a>	UN	Data availability, response tools and clinical care	General, specially women
46	World Vision	Mamba Point	Jhonny Jackson John Kollie	04 751 579 077 550 577	<a href="mailto:jwiniackso@yahoo.com">jwiniackso@yahoo.com</a> <a href="mailto:john_kollie@wvi.org">john_kollie@wvi.org</a>	INGO	Indirect GBV implementation / no specific GBV Focus	General Population