

Panel Discussion: “Addressing Sexual Violence in Liberia”

December 6, 2006 – United Nations Secretariat, New York

Follow-up event to the *International Symposium on Sexual Violence in Conflict and Beyond*

In December, to commemorate the six-month anniversary of the Brussels Call to Action issued during the closing session of the Symposium, a panel discussion was held at the United Nations Secretariat in New York. The discussion – which was hosted by the Permanent Missions of Liberia and Belgium to the UN and organized by UNFPA – included Government and NGO representatives from Liberia and experts from UNFPA and UNIFEM. The event was the first in a series of follow-up events that will examine the progress of individual conflict-affected countries in sexual violence-related National Action Plan development and implementation. The objectives of this series are:

- To ensure that the issue of war-related sexual violence is increasingly prioritized by decision makers at the international level and build upon the momentum of the Brussels symposium by keeping donors, UN agencies and delegations, and other international partners informed of specific progress and challenges on the ground;
- To support and encourage national-level stakeholders in the continued development and implementation of their National Action Plans to combat sexual violence (including monitoring of progress and assessment of continuing challenges, gaps, and budget and capacity shortfalls) and to give them a platform to present their work to international partners;
- To encourage and facilitate the continued sharing of information, ideas and progress reports among symposium participants working at the field level in different countries; and
- To demonstrate the continued commitment of donor governments and key UN agencies to the implementation of the Brussels Call to Action.

Focus on Liberia

The event on progress and challenges related to the formulation and implementation of Liberia’s National Gender-based Violence Plan of Action (see Annex to this document) was held in the United Nations Secretariat at the Dag Hammarskjöld Library Auditorium on December 6, 2006 from 3:00pm to 5:00pm. The panelists were:

Annie Jones Demen, Deputy Minister of Gender and Development, Liberia
Rosana Schaack, Director, THINK (Liberian NGO)
Mendy Marsh, Programme Coordinator, Christian Children’s Fund, Liberia

The panel was moderated by Susan Purdin, Senior Technical Advisor on Reproductive Health at the International Rescue Committee. The event was opened by Ambassador Johan Verbeke from

the Permanent Mission of Belgium to the United Nations, and was closed by Ambassador Lami Kawah from the Permanent Mission of Liberia to the United Nations. Remarks were also given by Pamela Delargy, Chief of the UNFPA Humanitarian Response Unit and Micheline Ravololonarisoa, Chief of the Africa Section of UNIFEM.

Event proceedings

Opening Remarks

Susan Purdin, Senior Technical Advisor on Reproductive Health at the International Rescue Committee

- Welcome to this meeting, which will be the first of a series of follow-up events to the *International Symposium on Sexual Violence in Conflict and Beyond*.

Welcoming Remarks

Ambassador Johan Verbeke, Permanent Mission of Belgium to the United Nations

- Despite increased awareness and concern about the prevalence and devastating effects of sexual violence in conflict settings, people often do not know how to address the issue.
- Belgium believes that sexual violence in conflict and post-conflict situations is a security issue as well as a public health and human rights issue. Belgium will work to promote awareness and action among its fellow UN Security Council members during its mandate over the next two years. (Belgium accedes to the Security Council in January 2007.)
- Sexual violence is intolerable, and is an extremely serious threat to the fabric of communities, the security of nations, and our humanity at large.
- It is important to share information on what is being done at the field level, and what needs to be done, to help effect change. The Brussels Symposium was an important part of that but was just the beginning.

Susan Purdin responds:

- This event fits in with the global campaign of 16 Days of Activism Against Gender-based Violence.
- Although we refer to GBV as crimes against our humanity and refer to it as inhumane, it is humans who are doing it.
- We have a responsibility to speak about the unspeakable, so we can recover the issue from behind a wall of silence.

Introduction of the panelists from Liberia

Annie Jones Demen, Deputy Minister for Research and Technical Services, Ministry of Gender and Development, Liberia

- I would like to express gratitude to UNFPA and the other organizers of this event on behalf of the Liberian delegation, the Liberian President, and the Liberian people.
- Choosing Liberia as the first follow-up country after Brussels is a sign of goodwill from the international community toward Liberia.
- Jan. 16, 2006 was significant because of the inauguration of Africa's first female President, Ellen Johnson-Sirleaf.

Presentation

Mendy Marsh, Program Coordinator, Christian Children's Fund, Liberia

- This presentation will summarize patterns and prevalence of GBV in Liberia.
- Political background: population of 3 million people living in 15 counties
 - Suffered from civil war for 14 years, ended in 2003
 - War destroyed roads, health, education, and legal systems. Unemployment stands at 85%.
 - 2005 free elections resulted in the election of Africa's first female President.
- GBV was a major feature of the war, and was suffered by the majority of women and girls.
- A legacy of violence, poverty, and social disorder has persisted post-war
- WHO study – 2005
 - 90% of women suffered physical or sexual violence
 - 3 out of 4 were sexually violated or raped
- Large numbers of women were abducted and turned into sex slaves, gang-raped, or forced into survival sex.
- There is still a continuing culture of impunity and fear.
- 2005-6 study at a Monrovia hospital of 658 rape survivors:
 - 85% were under 18 years of age
 - 48% were between 5 and 12 years of age
 - Most perpetrators were known to their victims before the attack
 - 1 in 5 survivors above the age of 13 were gang-raped
 - 15 boys and men reported sexual violence
 - It is important to note that these data are only the tip of the iceberg because very few people seek care from hospitals
- Consequences of GBV:
 - Physical: lacerations, gastro-intestinal problems, chronic pain syndrome, etc.
 - Psychological: post-traumatic stress disorder (PTSD), depression, psychological trauma, etc.
 - Sexual: STIs including HIV, miscarriage, unwanted pregnancy
 - Social: social rejection, divorce, stigma, destitution
- Challenges:
 - A lack of infrastructure in the criminal justice system:
 - Inadequate buildings, staff, places of detainment
 - Related laws unknown or unenforced
 - Perpetrators in positions of power

- Two separate legal systems exist (the modern and the traditional) with hazy jurisdiction, with local community law often beyond the reach of the state
 - Lack of health care infrastructure:
 - 6% of Liberian adults are living with HIV, and fewer than 10% of Liberians have access to modern medical services
 - Lack of health facilities, staff, training, drugs, supplies, referral systems
 - Comprehensive care to meet the needs of GBV survivors is unavailable to many
 - Poverty and financial dependence of women can lead to survival sex and prostitution. For example, a girl can earn up to \$200/month by having sex w/peacekeepers (annual income for many Liberians).
- What the Christian Children's Fund (CCF) is doing:
 - SAFE (Safeguarding the Future Effectively) project – reintegration of war-affected girls and women in approximately 90 communities in 5 counties (mostly in NW Liberia)
 - SAFE works to raise awareness through community dialogues that address the various aspects of GBV (including sexual violence, domestic violence, and harmful traditional practices) and their consequences
 - Builds women and girls' centers for skills development, health education, literacy, and counseling services
 - Increases access to emergency medical care for survivors of sexual violence
 - Trains health workers to understand GBV and its consequences, and refer survivors to appropriate services
 - Trains legal/security personnel to raise awareness of GBV as a security issue and to appropriately respond to the legal/security needs of survivors

Presentation

Rosana Schaack, Director, THINK (Touching Humanity in Need of Kindness - Liberian NGO)

- THINK was established in February 2003 for women and girls who were forced to be combatants during the war.
- THINK operated two rehabilitation homes for the rehabilitation and reintegration of women into communities.
- Female combatants were also victimized sexually and used as sex slaves.
- Each home had 25 people – 10 mothers of children under 5 and 15 single women
- Police stations received cases of spousal abuse and the abandonment/neglect of children. Police were also trained and established protection stations for women and children.
- Determined a need for a safe house for GBV survivors
 - Drew up guidelines approved by the GBV Task Force
 - Safe house began operation in November 2005

- 207 women and girls have passed through the safe house from the day of its opening through August 2006: 7 women and 200 children, of whom 12 were abandoned boys and 188 were runaway, raped, or missing/lost girls
- Safe houses:
 - Provide protection and shelter for victims
 - Coordinate with Liberian national police stations (stations used as pickup points) since the safe house is in a confidential, undisclosed location
 - Also use the police stations as meeting places for dialogue and to arrange legal matters
 - Coordinate with Médecins Sans Frontières (MSF), which provides medical exams, post-exposure prophylactic meds, counseling, pickup points and meeting places for dialogue
 - Coordinate with other NGOs to provide psychosocial care and support
 - Provide food/nutrition, legal aid, social workers who follow-up on cases, counseling, medical care, recreational activities, etc.
- Challenges:
 - Need specialized training for staff (more social workers)
 - Need method of ensuring that patients follow post-prophylactic medicines regime
 - Keeping confidentiality
 - Relocation of survivors (emergency funding may be needed for extreme cases, such as the instance of an entire family that needed to be relocated).
 - Need counseling for prevention
 - A justice system so slow as to be discouraging – need a fast-track legal mechanism for perpetrators and a feedback system
 - Need more women/child protection stations at local police stations
 - Need sensitization of community to GBV
 - Logistics – need more punctual pickups

Presentation

Annie Jones Demen, Deputy Minister for Research and Technical Services, Ministry of Gender and Development, Liberia

- Ten of Liberia's 15 counties underwent assessments to measure prevalence, trends, and patterns of GBV.
- Highly participatory meetings sponsored by UNFPA meant greater buy-in from more stakeholders (not just the Government) and showcased the need for consensus from all agencies involved.
- Two major areas to work on: prevention and response
- Five areas to be addressed: psychosocial, health, legal and justice-related, security and protection, and coordination
- Five objectives:
 - 1. Psychosocial – support and facilities for GBV programs
 - 2. Increase capacity of care providers to support GBV survivors

- 3. Increase legal aid for survivors
- 4. Integrated national protection system to prevent and respond
- 5. Coordinate implementation of the NPoA
- Expected results:
 - 1. An outreach system of safe houses and economic empowerment for survivors of GBV
 - 2. Better case management and improvement of diagnostic capabilities
 - 3. A criminal justice system through which cases of GBV can be adjudicated without delay, and which provides due process for victims and perpetrators
 - 4. A well-integrated and developed national protection system
 - 5. A framework for the coordination and implementation of the NPoA
- Current National Plan of Action: a five-year plan with a budget of \$15,225,000
- Challenges:
 - 1. Mobilizing funds – competing interest with other recovery areas in post-war Liberia may make it difficult to obtain necessary funding
 - 2. Coordinating implementation – under the previous Government, there was much duplication of efforts with actions by external actors and wasted resources. The new Government will have better coordination with partners to avoid such waste.
 - 3. Monitoring – how to do it in light of a lack of resources and logistics?
 - 4. Ensuring national ownership: Liberia needs to take ownership of its own programs. Donors must support the building of national capacity to ensure program sustainability.
- Liberia currently has the best ingredient for change: strong political will from its political leaders. The inaugural speech of the current President promised zero tolerance for GBV. But Liberia and its President can't do it alone – we need the support of partners.
- We must be optimistic that, with technical and national support, the NPoA can be implemented and effective.

Question & Answer session, moderated by Susan Purdin

Questions from the audience and responses from the panel. (Both questions and answers have been paraphrased.)

1. With respect to sexual exploitation by peacekeepers: how do you balance response to survivors with ending impunity for peacekeepers?

AD: The Inter-country Network (ICN) and various UN agencies and international organizations have methods to address the problem at their own levels. The GBV Task Force in Liberia is part of a broader initiative to raise awareness in Liberian society that GBV can be addressed.

MM: Stronger relationships between CCF and peacekeepers had led to informal dialogues to address the issue, as well as training for peacekeepers on GBV issues. But there is certainly a huge gap.

RS: The feedback we get from survivors is helpful but often, when perpetrators are from UNMIL, the survivors undergo further persecution (i.e. a landlord evicted a survivor because he was afraid to get involved).

SP: The Department of Peacekeeping Operations (DPKO) has recognized the issue.

MM: We need a system to track peacekeepers who commit sexual violence so they are not just sent on to another peacekeeping mission where they may again be perpetrators.

2. What are the NGOs' relationships with the local police? Are they helpful? Are there any problems? What about India's recent contribution of 140 female police officers to aid the police force in Liberia?

RS: The national police, UNMIL civil police unit, and local police units have all been cooperative and collaboration has generally been good. It is great that the Indian government is sending 140 female police officers, and there are female police officers from other parts of East Africa working with the local police as well.

AD: We are undergoing a series of reforms, including security sector reform. Our goal is to make sure that at least 30% of the police force is female.

MM: We work well with the local police. If local police lack resources, we have also called in UNPOL from time to time.

3. Any ideas or suggestions for the Truth and Reconciliation Committee (TRC) we are trying to set up in Liberia?

MM: Because the lack of training of those hearing the testimony, and a lack of protection for those giving it, the establishment of the TRC is very challenging.

4. How will you manage to change the cultural legacy of violence as the prevailing method of conflict resolution?

5. Men can be a part of the solution as well as part of the problem. How will programs work with men to decrease GBV?

AD: As Minister for Research, I can say that we need to find the answer to why this happens before we can come up with solutions. There is a disturbing age range for the violence, including the recent case of the rape of a 16-month-old baby. We need to find out why GBV is persisting in the post-conflict phase, and especially why the targets are often so young. We need to find out the underlying causes in order to address the issue. My personal plan of action is to conduct research and assessments, including talking to male perpetrators, to figure out why. We cannot solve the problem without male involvement. On November 25, the first of the 16 Days of Activism, we invited males with large constituencies to help plan a march against GBV, and 40% of those marching

were men. We run workshops for men to enlist their help in solving the problem, and see males as primary stakeholders in this issue.

MM: At CCF, we stress social integration and conflict resolution, and offer dialogues that promote tolerance and peaceful mediation. There is a definite need for more research, to find out whether GBV is mostly being committed by ex-combatants, for example. We need to answer other questions such as: why aren't more women coming forward to report? The NPoA sees males as a priority, and the SAFE program at CCF has both male and female social workers working to address the issue at the field level.

RS: At the community level, we have received a UNICEF grant to train peer counselors to use drama, music, and other means to explore the issue and discover the root causes of GBV.

SP: We need to address this issue on many levels. Some questions are: What does it mean to be male, and how does one demonstrate masculinity in Liberia? What kind of sex education are children getting from parents and other adults? What is seen as normative behavior? We all have a responsibility for promoting healthy behavior in our societies. We need comprehensive mobilization for the NPOA.

6. How do you deal with the relationship between GBV and the increase in HIV infection in girls and women?

MM: In terms of quick action, we try to provide post-prophylaxis medication. HIV services are hard to come by, and there are not enough resources to comprehensively address the issue.

AD: The stigma associated with HIV is a particular challenge.

RS: There is also a high level of denial in HIV/AIDS cases, and it is often not recognized as a problem in Liberia.

7. Are there any programs trying to include women in the peacekeeping process?

AD: That goes to the core of Resolution 1325, which looks at the impact of wars on women and states that they need to be involved in peacebuilding. Our goal is to have a security force that is 30% female, but we can't have the same set of standards or arrangements for women in the police or army in various security structures: reproductive health and motherhood concerns, for example, necessitate separate arrangements for men and women. We have women enrolling in the police and army, but because of the standard requirements, many of them simply disappear after a year. We can't just have one standard for both genders – we need to accommodate the different needs of both.

8. Have you thought about involving priests, imams, and other traditional leaders in your campaign against GBV? How about using soccer stars? I think a nationwide publicity campaign using the soccer stars would be a good idea.

9. Have you heard anything about a 2004 UNDP study that was supposed to be taken into consideration while establishing the TRC? I heard they interviewed about 10,000 victims. Also, what do you think about the idea of settling GBV cases out of court?

AD: I have not seen the UNDP research, but I have seen the recent Save the Children and MSF reports. Close to 80% of sexual violence cases are settled out of court because in most cases, the perpetrators are closely associated with the survivor and her family. Even if the case is taken to court, it is often withdrawn later. The GBV Task Force believes that the perpetrator should be taken to court, and advocates taking cases to court in order to make it plain that GBV is a security issue. We need more advocacy and awareness raising. We have updated the rape law to include gang rape and sexual assault including the insertion of objects, and any adult who has sex with someone under the age of 18, regardless of consent, can be charged with rape as well.

10. The perpetrators of GBV are usually men and need to be sensitized to the issue. But is there something to help increase women's understanding of GBV?

RS: We had an experience with a female perpetrator who was involved in trafficking. We need messages that really stand out, that compel women and girls to recognize their own situations, to realize that they are victims being used by the perpetrators. We need to keep pushing, and gradually something will happen.

11. What is the most effective method of post-traumatic stress disorder (PTSD) therapy (i.e. group therapy)? I understand that most methods were developed in the West and may be West-centric. Is there a way to situate PTSD therapy within a local context?

RS: The whole concept of social work as a profession is new in Liberia. Group counseling is effective, but we provide individual counseling for more severe cases, and refer the most severe cases to a psychologist. Group therapy is effective because we can better understand the behavior and thought of the girls we work with. Girls are grouped into activity groups for a week, and rotated into different ones, and there is a lot we can learn from the way they interact with each other.

12. A huge problem is the lack of data in the UN system in terms of violence against women and children. Is there a field data collection initiative of some kind?

AD: Previously, the high volume of interventions/interferences meant that there was no centralized coordination of data collection. Now, the Ministry of Gender and Development will be the umbrella under which we will collect, analyze, and disseminate information on GBV. We have UNFPA-supported satellite stations in other government ministries including the Ministries of Health and Justice. Local NGOs and agencies will bring us information in a standardized reporting form as well. Under our new task force, fully staffed since October 1, 2006, we now have centralized data management.

13. Are there any plans to scale up initiatives to improve access throughout the entire country?

MM: Coordination between agencies and organizations works pretty well in helping to avoid district overlapping. There's a pretty good spread throughout the country, but gaps do exist. The priority of the NPoA is comprehensive access to services, and we need a heavy focus on capacity building to do so. We need to leave trained professionals to carry on when the partners pull out, and we need to leave the ministries with the necessary resources to continue their work.

AD: My final remark: the best way to improve access? Support the National Plan of Action!

Concluding remarks

Pamela Delargy, Chief of the UNFPA Humanitarian Response Unit

- Sexual violence is an indicator of the most severe breach of human security.
- Reducing it in Liberia will be a true indicator of national recovery.
- Silence needs to be ended so action can take place.
- We hope to carry on this series for the next few years with support from our sister UN agencies, NGO partners and donor governments.
- The Brussels Call to Action listed 20 concrete actions to be taken at all levels and will require coordination and support at all levels.
- We are grateful to the Government of Belgium for its continued efforts to increase awareness and support for this important issue.
- On an interagency level, we need to incorporate GBV as an urgent priority into all humanitarian and development work.
- Sexual violence must be unacceptable to us all. At the same time, it is important to focus on what each and every one of us can do to take action to help end it.

Concluding remarks

Micheline Ravololonarisoa, Chief of the Africa Section at UNIFEM

- It is important to remind ourselves that Liberia is where it is today because of the women of Liberia. They are an example of the feasibility of implementing Security Council Resolution 1325.
- I am grateful for the extraordinary testimony of people who have been at the forefront of efforts to address sexual violence in Liberia. Change is possible. A new Liberia is possible.
- Though we see GBV as a separate niche issue, it is central to resolving conflict and establishing lasting security. These are global issues that are all interlinked and cannot be treated in isolation.
- Actions that need to be taken:
 - We must keep in mind issues of ownership, capacity building and the mobilization of resources.

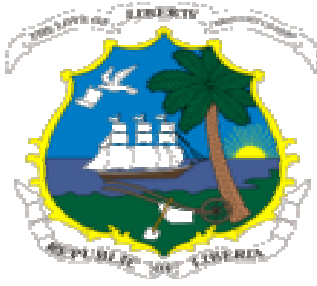
- We must make sure the voices of women survivors reach the ears of political decision makers.
- The Liberian Government needs our support so it can provide adequate services to make the Truth and Reconciliation Commission a reality.
- We need an institutional framework conducive to building the requisite political will to achieve our goals. We need resources to provide rule of law and an environment conducive to reform. We need to “put our money where our mouth is.”

Closing remarks

Ambassador Lami Kawah, Permanent Mission of Liberia to the United Nations

- Two lessons we have learned from our experiences in Liberia:
 - 1. International support is welcome and important but in the end we must rely on ourselves to fix our own problems. We must be resilient and tenacious.
 - 2. At the same time we must value, and build upon, relationships with international NGOs and partners.
- Liberia is a country where everything is an urgent priority because everything is broken. But we know there is hope and that together we can build a new and shining Liberia.

ANNEX



National Gender-based Violence Plan of Action: A multi-sectoral plan to prevent and respond to GBV in Liberia

Summary

Rationale: Liberia has just emerged from 14 years of civil war, during which, women and girls experienced unprecedented levels of Gender Based Violence (GBV), especially sexual violence. Evidence suggests that levels of violence against women remain high during this post-conflict era. Factors that influence levels of violence in Liberia include social and cultural norms of gender inequity, lingering effects of 14 years of war, poverty, and the lack of functioning social, health and law enforcement institutions—which were devastated during the conflict. This National Gender-based Violence Plan of Action was developed to respond to the different forms of GBV, including Sexual Exploitation and Abuse, that occurred during the war and to prevent and respond to current incidents that are emerging throughout the country.

Vision statement: Within the next ten years and beyond, all people in Liberia should enjoy improved quality of life through a secure environment where human rights are respected and gender-based violence (GBV) is minimized.

Goal: To minimize GBV by 30 percent and to ensure appropriate care and services for survivors of GBV.

Specific 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*.

How the plan was developed: This *Plan of Action* resulted from consultations with all stakeholders involved in GBV prevention and response throughout Liberia, including government ministries, United Nations representatives, local, national and international NGOs and community-based organizations. It was informed by a series of needs assessment, including studies of GBV prevalence and health facility resources conducted in 2004-5 by the Government, with support from the WHO.

Budget: USD\$15,225,000.00

Timeline: A five year period from 2006 to 2011.

Types of gender-based violence (GBV) addressed: This plan defines GBV broadly to include domestic violence, rape, child sexual abuse and other types of sexual violence and exploitation, trafficking of women, female genital mutilation (FGM), early and forced marriage, wife inheritance and denying education to girls and women. The plan places high priority on actions to target sexual violence and exploitation against women and children.

Key challenges:

Health Sector: Health facilities throughout the country lack drugs, medical supplies and staff trained to respond to GBV. Most survivors lack access to emergency medical care, including post-exposure prevention (PEP) of HIV/AIDS,

other sexually-transmitted infections, and unwanted pregnancy. Administration of HIV/AIDS PEP is a particular concern given that the estimated adult HIV prevalence rate was 6% in 2003 and may be rising (WHO/UNAIDS, 2004).

Legal / judicial sector: Currently the legal/judicial system is not fully functioning, which results in a culture of impunity. Perpetrators go unpunished or receive light sentences, few survivors report cases, and law enforcement is known for treating survivors poorly. Liberia has ratified international human rights treaties, passed laws to strengthen criminal penalties against rape, and reformed laws regarding inheritance rights. Unfortunately, many laws still fail to comply with international treaties, and other legislation goes unenforced.

Security/protection: Gaps in human resources and infrastructure paralyze the security system. Police institutions are not appropriately staffed nor do they have necessary resources such as vehicles, space to detain perpetrators or safely interview survivors, and systems for communication.

Psycho-social services: GBV survivors often hesitate to seek assistance or to report abuse because they lack access to services, receive poor treatment from providers, and face social stigma and economic challenges. There is also an urgent need to empower women and girls economically in order to decrease vulnerability to sexual exploitation.

Coordination: Ensuring that there is coordination among stakeholders that are working on GBV to avoid overlap and encourage action that is complementary and far-reaching throughout the country is a major challenge.

Guiding principals: The *National GBV Plan of Action* recognizes GBV as a serious human rights violation. GBV programs and policies should respect the rights, needs, confidentiality and safety of GBV survivors; be ethical, culturally and gender sensitive, accountable, participatory, and sustainable; and be committed to good governance, peace, security, and collaboration between governmental, non governmental and community organizations.

Key strategies: The plan calls for coordinated, multi-sectoral action across five thematic program areas: psycho-social, including economic empowerment of women), health, legal/justice, security/protection and cross-cutting coordination.

Example of specific objectives and activities contained in the plan:

Sector and objective:	Key activities:			
Psychosocial/ women's economic empowerment: Increase psychosocial support to survivors	Train social and humanitarian workers, women's group leaders, etc. to respond to GBV survivors	Sensitize UN, governmental agencies and NGOs about GBV as a human rights issue	Sensitize decision-makers about GBV, including policy makers and donors.	Construct, staff and equip safe homes in all 15 countries
Increase women's and girls' economic empowerment	Provide vocational training to vulnerable women and groups	Provide small business management training to women	Provide adult literacy programs	Establish credit unions for micro businesses
Health sector: Strengthen the health care system's ability to respond adequately to GBV	Rehabilitate, equip and staff existing health facilities; procure drugs and medical supplies for GBV survivors	Develop national guidelines on clinical management of GBV and train health workers in their use	Train medical staff, auxiliary and community health workers to care for GBV survivors	Strengthen GBV referral mechanisms between health centres, referral hospitals, police, counselling centres, etc.
Legal and Justice: Strengthen the criminal justice system's ability to prevent and respond to GBV	Train law enforcement, the judiciary, staff of rehabilitation centres and community stakeholders on international human rights standards and applicable national laws	Strengthen law enforcement institutions, through police training, policy development, infrastructure investment and establishment of women and children police units in each county. Establish/strengthen juvenile corrective centres	Conduct awareness campaigns about the legal system and provide free legal aid to vulnerable women	Build networks with county forums, prosecutors and police to ensure that national laws are upheld; train community level stakeholders to monitor and report violations

<p>Protection and Security: Develop an integrated national protection system able to prevent and respond to GBV</p>	<p>Strengthen existing community-based structures for maintaining security and protection; train them to handle GBV cases appropriately</p>	<p>Conduct campaigns to sensitize communities about GBV ; help institutions track SEA misconduct</p>	<p>Lobby to deploy additional police, including a minimum of 30% women; conduct public awareness campaigns on SEA</p>	
<p>Coordination (cross-cutting): Ensure effective coordination of the <i>National GBV Plan of Action</i></p>	<p>Develop guidelines and tools for monitoring and evaluation; conduct mid-term and final evaluations, as well as ongoing program monitoring</p>	<p>Develop national codes of conduct on GBV for the Task Force, UN and governmental agencies, implementing agencies and community organizations</p>	<p>Sensitize all levels of society about health consequences of GBV including HIV/AIDS and FGM, aiming at health workers, government staff, and communities</p>	<p>Develop a GBV syllabus to be used within the formal education system; sensitize and train educators and school authorities on use of the GBV modules</p>

Monitoring and Evaluation: The *Plan of Action* includes indicators to monitor programs and evaluate impact in every sector. Ability to collect and report data is a problem across sectors, so the Task force will invest resources in building capacity to monitor and evaluate interventions. The Task Force will require frequent data collection and reporting, will disseminate lessons learned, and will use these data to update the *National GBV Plan of Action*.

ORGANIZATIONAL CHART

MINISTRY OF GENDER AND DEVELOPMENT: THE NATIONAL GBV SECRETARIAT

Purpose: To support the National Task Force and coordinate GBV programming and policies throughout Liberia.

Terms of reference: To facilitate coordination and identify gaps; maintain a mapping data base to track all GBV programs and policies in Liberia. Aim to analyze the impact of GBV-related activities for decision-making, and oversee other types of research on GBV, including prevalence, patterns and risk factors of GBV.

NATIONAL LEVEL GBV TASK FORCE *Taskforce motto: "one leader, one team and one program".*

Purpose: To promote a strong effective partnership between Government national and international NGOs, UN agencies and other multi-sectoral stakeholders.

Chaired by: the Deputy Minister for Research and Technical Services, Ministry of Gender and Development

Terms of Reference: The Taskforce is the policy making and coordinating body charged with implementing a comprehensive, effective and integrated *National GBV Plan of Action*. The Task Force will oversee implementation of the Plan and to promote collaboration between communities, organizations and sectors. Specifically it will:

- 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 the 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.
- Lobby with policy makers, parliamentarians, opinion leaders and public figures.

Comprised of: all stakeholders including UN agencies, relevant government ministries (Ministry of Health & Social Welfare, Justice, and Internal Affairs), National and international NGOs and CBOs.

TASK FORCE SUBCOMMITTEES or Steering Committees

Purpose: To oversee projects and guide strategies by sector.

COUNTY LEVEL GBV WORKING GROUPS (15)

Chaired by: the Ministry of Gender and Development County Coordinator

Comprised of: Local stakeholders from including UN agencies, relevant ministries, national and international NGOs, community-based organizations, and community representatives.

Terms of reference: The County Level working groups will carry out the following actions:

- Collect information from the field for submission to the Ministry of Gender and Development.
- Share information and experiences.
- 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.
- Liaise with the county administration through collaboration with the Development Superintendent.