

ASSESSMENT OF THE EXISTING INITIAL SERVICES AVAILABLE FOR SEXUAL AND GENDER-BASED VIOLENCE CASES

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BCR	Bureau of Corrections and Rehabilitation
CCE	Criminal Court E
CLO	Case Liaison Officers
CSO	Civil society organization
GBV	Gender-Based Violence
GOL	Government of Liberia
IDLO	International Development Law Organisation
ISP	Informal service provider
IRC	International Rescue Committee
LNP	Liberia National Police
MCP	Monrovia Central Prison
MGCSP	Ministry of Gender, Children and Social Protection
MOH	Ministry of Health & Social Welfare
MOJ	Ministry of Justice
NGO	Non-governmental organization
OPD	Office of the Public Defender
OSC	One Stop Centre
OSIWA	Open Society Initiative for West Africa
ROLSISS	Rule of Law and Security Institutions Support Services
SGBV-CU	Sexual and Gender-Based Violence Crimes Unit
SGBV	Sexual and Gender-Based Violence
SOP	Standard operating procedure
THINK	Touching Humanity In Need of Kindness
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNMIL	United Nations Mission in Liberia
VAW	Violence against women
WACPS	Women and Children Protection Section, Liberia National Police

EXECUTIVE SUMMARY

Even though Liberia has made progresses in guaranteeing equality between men and women through legislation and polices, sexual and gender-based violence (SGBV) is still widely acknowledged to affect women and girls in schools, communities, homes and workplaces. Gender inequalities are deeply entrenched in society, including stereotypes and prejudice against women and exclusion of women in decision-making, all of which provides an enabling environment for high levels of violence against women (VAW). Post-war violence in the form of sexualized violence, daily domestic violence, sexual violence against minors, child marriage, sexual abuse by teachers, and traditional rites like circumcision and forced marriages still prevail.

Women and girls who suffer from SGBV are mostly economically disadvantaged and lack financial support to seek justice and psychosocial support. This assessment was therefore undertaken by UN Women to determine the level of availability and accessibility of initial services for SGBV in the country, including the responsiveness and priority given to SGBV cases; the kinds of investigations and medical and psychological services that are provided, as well as pre-trial and trial/hearing processes in SGBV cases, and to identify areas of improvement as per the Essential Services Package for Women and Girls Subject to Violence¹.

This report presents key findings on the availability and accessibility of initial services among service providers in Liberia on SGBV and highlights the role of service providers

in handling SGBV cases, as well as preventive and responsive measures taken by them. The assessment also presents main challenges and provides recommendations for seven key institutions that were examined, namely: the Women and Children Protection Section (WACPS) of the Liberia National Police (LNP), Criminal Court E (CCE), Ministry of Gender Children and Social Protection (MGCSP), Ministry of Health & Social Welfare (MOH) through the service of One Stop Centres (OSCs), Ministry of Justice (MOJ) through the Sexual and Gender Based Violence Crimes Unit (SGBV-CU), Office of the Public Defender (OPD) and the Bureau of Corrections and Rehabilitation (BCR). It further examines to what extent informal service providers (ISPs) contribute to the prevention and response to SGBV.

The assessment reveals that institutions mandated to combat SGBV are not adequately resourced, which undermines their capacity to efficiently deliver services.

On availability of WACPS offices in the country, a majority (76 per cent) of respondents, including 37 per cent of females, indicated that offices are available in most locations and provide the needed services, while 8 per cent expressed dissatisfaction, noting offices are not available, especially in the most remote areas, and 16 per cent said they did not know. The assessment found that despite WACPS officers being deployed in all counties, they are insufficient in number to provide the needed services as per the Essential Services Package.

¹ Watt, M.E., 2017.

On whether the operations of WACPS are guided by the availability of a standard operating procedure (SOP), a large majority (88 per cent) of respondents, including 41 per cent of females, asserted that WACPS' activities – more specifically SGBV-related cases – are guided by a SOP, while only 4 per cent said that investigations are not done as per a SOP due to lack of investigative equipment, and 8 per cent said they were not sure if a SOP exists because they have not been involved in investigations. The implementation of the WACPS SOP remains critical. Forty-four per cent of WACPS officers interviewed, including 55 per cent of females, confirmed that the SOP is implemented while 40 per cent, including 20 per cent of females, disagreed. Twelve per cent said the SOP is sometimes implemented and 4 per cent said they did not know if the SOP is implemented.

On the issue of WACPS giving priority to SGBV cases during investigations, 84 per cent of respondents, including 48 per cent of females, indicated that they do give priority to such cases as they were trained to do so, 4 per cent said they did not, because they lacked logistics – including transportation – and 8 per cent said they give priority to SGBV cases when the necessary logistics are available.

On institutional capacity, 68 per cent of respondents asserted that WACPS has the necessary capacity to address SGBV, while 32 per cent said it does not. However, further questioning revealed that WACPS has severe logistical and institutional weakness, including lack of advanced training on investigations, which undermines its capacity to prioritize and effectively conduct investigations, despite all the necessary policy instruments being in place.

Documentation of SGBV cases remained critical to allow follow-ups, as well as to establish changing trends in order to develop strategies

for prevention and response of SGBV. Seventy-six per cent of respondents, including 32 per cent of females, indicated that all reported cases are documented, while 12 per cent disagreed and another 12 per cent said they sometimes document cases. Furthermore, a majority (76 per cent) of respondents, including 37 per cent of females, asserted they use a paper-based system due to lack of a computerised system and/or equipment, such as printers, computers and photocopiers.

It is important for survivors and their relatives to have a user-friendly experience while dealing or using the SGBV referral pathway. Forty-eight per cent of respondents, including 24 per cent of females, agreed that the SGBV referral pathway is accessible and user-friendly, while 12 per cent disagreed. However, a significant 40 per cent indicated that they did not know, as they only perform their duties according to institutional regulations. On the other hand, to allow survivors to be more comfortable while accessing services, WACPS considers language needs as very important. Eighty-eight per cent of respondents, including 45 per cent of females, affirmed that WACPS provides survivors with an enabling environment to express their concerns according to their ability, while 4 per cent disagreed and 8 per cent said they sometimes invited someone who speaks the same language as the survivor to provide interpretation.

On whether WACPS uses separate and confidential facilities while taking statements from survivors, a significant portion of respondents, (68 per cent) including 41 per cent of females, agreed that separate and confidential facilities are available, while 32 per cent disagreed. However, it is worth noting that WACPS offices visited, particularly in Montserrado and Lofa counties, do not have the necessary facilities to provide confidentiality during investigations or statement taking. The exception is zone one in

Montserrado County, where the WACPS office constructed by the United Nations Mission in Liberia (UNMIL) is separate from the main police station. All other WACPS offices visited had single rooms within police depots with no provision for privacy; the offices serve as general investigation and filing rooms.

The survey found that the SGBV-CU is available in only 9 counties² with staff strength of 42 officers, ranging from prosecutors to case liaison officers and victim support officers. Worryingly, there are only eight prosecutors, including six females, who provide free prosecutorial service to survivors through trial processes. In addition, the unit provides other services, including psychosocial counselling and support to survivors during and after court proceedings.

It was also noted that CCE services are only available in Montserrado County, with one resident judge who operates from the Temple of Justice in Monrovia. At county level, 83 per cent, including 33 per cent of females, asserted that there are circuit court judges in every county who have jurisdiction to adjudicate SGBV cases, while 17 per cent said the judges are usually not available. One-half (50 per cent) of those surveyed said there is a shortage of judges to prosecute SGBV cases, while the remaining 50 per cent said that judges are available but SGBV cases are not prioritized.

The OPD provides free legal representation to all persons accused of crimes. There are 28 public defenders deployed in the counties, 86 per cent male and 14 per cent of females³. Thirty-three per cent of respondents, including 33 per cent of females, agreed that the services of public defenders are available to SGBV-accused persons during trial processes, while 39 per cent disagreed and 28 per cent said the services are sometimes available, depending on availability of transportation and staff motivation. Most often, accused persons are sent to

prisons before arrangements are made for their representation.

In Monrovia there are only five One Stop Centres (OSC) but services are rarely available on a 24-hour basis as required because the centres are not operational at night and weekends, according to 29 per cent of respondents interviewed. OSCs are also available in Bomi, Grand Bassa, Bong, Margibi, River Gee and Grand Gedeh counties, leaving seven counties⁴ completely without the centres.

The MGCSP is responsible for the management of Safe Homes, which are meant to provide safe and secure accommodations for SGBV survivors as they go through the justice system. The assessment revealed that only eight counties⁵ have established Safe Homes but most of them are not functional and have been abandoned over the years. Urgent intervention is needed by the Government of Liberia (GOL) and development partners to rebuild and refurbish the dilapidated homes and establish new ones in counties where there are no Safe Homes.

The review also learned that ISPs complement the work of the existing formal justice system in adjudicating or resolving minor or misdemeanour cases that could otherwise clog the court system when it addresses SGBV-related cases. These include quarrels, incidents rooted in jealousy, and abusive and threatening remarks. The ISPs, such as traditional leaders, women's leaders and religious leaders, provide services by mediating, intervening and convening quasi-investigations in minor cases. However, they report serious cases to WACPS, thus discouraging attempts by community members to settle or mediate serious SGBV cases. They are also involved in awareness-raising activities through different community fora, such as religious and community gatherings where they preach against all forms of violence, especially violence against women and girls.

2 Montserrado, Bong, Nimba, Lofa, Maryland, River Gee, Grand Kru, Grand Gedeh and Sinoe counties.

3 Office of the Public Defender, 2018.

4 Grand Cape Mount, Grand Kru, Nimba, Sinoe, Lofa, Gbapolu and Rivercess.

5 Montserrado, Nimba, Bong, Lofa, Margibi, River Gee, Grand Cape Mount and Grand Bassa counties.

DEFINITIONS OF KEY CONCEPTS

CONSENT: a person consents if he/she agrees by choice and has the freedom and capacity to make that choice⁶.

CORRUPTION OF MINORS: any sexual intercourse, deviant or otherwise, between a victim under the age of 16 and a perpetrator at least five years older⁷.

Gang rape: according to the Penal Code of Liberia (New Rape Law of Liberia 2005, 14 Section 14.70 and 14.71), a person has committed gang rape, a first degree felony, if: He or she purposely promotes or facilitates rape or agrees with one or more persons to engage in or cause the performance of conduct which shall constitute rape⁸.

GENDER: refers to social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relationships between women and those between men. They are context/ time-specific and changeable⁹.

GENDER EQUALITY: refers to the equal rights, responsibilities and opportunities accorded to women and men and girls and boys. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable, people-centred development¹⁰.

RAPE: the intentional penetration however slight with the perpetrator's penis of the victim's vagina, anus, mouth, or other opening without the victim's consent, or the intentional penetration with a foreign object or other body part of the victim's vagina or anus without the victim's consent¹¹.

SEXUAL AND GENDER-BASED VIOLENCE: SGBV refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships¹².

SURVIVORS: persons who have suffered or experienced forms of SGBV¹³.

SGBV REFERRAL PATHWAY: The SGBV Referral Pathway is a referral system that teaches community members what to do and where to go when they are abused. It includes county-specific facilities that are available to provide services for survivors. The facilities are hospitals or One Stop Centres, WACPS depots, psychosocial counsellors, Safe Homes and courts¹⁴.

The Pathway can also be defined as a comprehensive institutional framework that connects various entities with well-defined mandates, responsibilities and powers in a network of cooperation and coordination machinery with the overall aim of ensuring the protection of survivors and ensuring that assistance is provided for them on a 24-hour basis at every location.

6 The New Rape Law of Liberia, 2005

7 Penal Law, 1976.

8 The New Rape of Liberia , 2005

9 Hannan, C. 2001.

10 Ibid.

11 The New Rape Law of Liberia, 2005.

12 Dingemans, E. 2016.

13 Task Team on the SEA Glossary for the Special Coordinator on improving the United Nations response to sexual exploitation and abuse, 2017.

14 A Message from the Ministry of Gender Children and Social Protection on SGBV Response.

This report makes recommendations on specific areas for improvement in service provision for all relevant stakeholder institutions, especially in knowledge acquisition, investigation management, documentation and forensic analysis. Enhancement of prosecutorial services, logistical support, rehabilitation of Safe Homes and coordination amongst service providers remain essential in ensuring effective and efficient provision of services.

Overall, availability and accessibility of services remain relatively weak. While there are a few areas of service availability, the statutory responsibilities of most service providers only exist in theory, as SGBV survivors, especially women and children, hardly access the services in most parts of the country. This is largely attributed to limited human resource capacity, logistical challenges, limited resources, weak implementation of policies and inadequate infrastructure.

1. INTRODUCTION

SGBV in Liberia, as everywhere, has deep and complex socio-cultural roots. It can be viewed as a symptom of a traditionally patriarchal society, where structural violence and gender norms hindering the interests of women are embedded. SGBV is violence that happens because of one's gender and is rooted in gender expectations and inequalities. Most SGBV is directed against women because they are female, and when they are SGBV survivors, women have less power in their relationships with men and a lower status in their community and society. This violence is not only direct/ interpersonal violence in forms such as beating or violating women and girls; it also appears as structural violence, whereby the socio-cultural system strategically disadvantages and oppresses women through culturally-sanctioned rules and laws¹⁵.

Women and girls are exposed to structural and cultural violence, as communities are still very misogynous. Even though Liberia has made progress in guaranteeing equality between men and women through legislation and policies, SGBV is still widely

acknowledged to affect women and girls in schools, communities, homes and workplaces. Gender inequalities are deeply entrenched in Liberian society, including stereotypes and prejudice against women and exclusion of women in decision-making, all of which provides an enabling environment for high levels of VAW. Post-war violence in the form of sexualized violence, daily domestic violence, sexual violence against minors, child marriage, sexual abuse by teachers, traditional rites like circumcision, and forced marriages still prevail¹⁶.

Women and girls who suffer from SGBV are mostly economically disadvantaged and lack financial support to seek justice and psychosocial support. Therefore, SGBV survivors, particularly women and girls, should be provided with services, which must be available and accessible at every location at all times. The institutions providing these services must be committed and competent enough to provide safety, security and psychosocial support to survivors throughout the criminal justice system and process.

This assessment was therefore

15 National Standard Operating Procedures for Prevention and Response to Sexual and Gender-Based Violence, 2018.

16 Ibid, p.6.

undertaken by UN Women to determine the level of availability and accessibility of initial services for SGBV in the country, including the responsiveness and priority given to SGBV cases, the kinds of investigations and medical and psychological services provided, as well as pre-trial and trial/ hearing processes in SGBV cases, and to identify areas of improvement as per the Essential Services Package.

The assessment was conducted in Montserrado and Lofa counties, in collaboration with UN Women's SGBV Unit. Respondents were drawn from

community members, SGBV survivors, local and international NGOs, MGCSP, MOH, OSCs, SGBV-CU, OPD, CCE, the BCR and ISPs, including community leaders.

The findings will provide guidance on improving essential services for women and girls affected by SGBV in Liberia, and also serve as a baseline for the upcoming United Nations Sustainable Development Cooperation Framework 2020-2024 and the Spotlight initiative¹⁷. The assessment took place 5-15 December 2018 in Montserrado and Lofa counties.

2. CONTEXT

SGBV has been a persistent challenge in post-conflict Liberia. Particularly worrisome is that the incidence of reported rapes of minors, boys, girls and aged women, all vulnerable members of society, has not declined. National and international stakeholders continue to express concern about the menace, which at some point appeared to have assumed epidemic proportions. Efforts to address the problem continue, including steps to ensure that perpetrators are held accountable for their actions and survivors are protected and provided with adequate support¹⁸.

Based on a human rights monitoring report¹⁹, in all 15 counties of Liberia the number of reported cases of rape was extremely high and perpetrators were rarely held accountable. The MGCSP's annual statistical report indicates that in the year 2015 only 2 percent of all SGBV cases reported to GBV response actors resulted in a conviction²⁰. In 2016, courts convicted 34 individuals for rape out of over 803 incidents reported²¹. While many alleged perpetrators were arrested, they were

rarely brought to trial due to various factors, including legal and institutional weaknesses, social mores and attitudes, corruption, lack of will or diligence on the part of government officials and logistical constraints. These combined factors have led to a widespread culture of impunity for SGBV, particularly for rape, putting women and children at continued serious risk of sexual violence.

The Rape Law of Liberia, which was enacted in December 2005, provides stringent penalties to punish perpetrators of rape and other sexual offences adequately. It amended the New Penal Code, chapter 14, section 14.70, which did not provide for gang rape offences. The Rape Law stipulates that it is an offence to engage in sexual intercourse with another person without his or her consent. It describes rape as when a person "intentionally penetrates the vagina, anus, mouth or any other opening with his penis without the victim's consent; or uses another instrument to penetrate the "vagina, anus, mouth or any other openings of

17 The United Nations and the European Union, The Spotlight Initiative to eliminate violence against women and girls, <https://www.un.org/en/spotlight-initiative/>.

18 ROLSISS. 2017.

19 UN Office of the High Commissioner for Human Rights. October, 2016.

20 Ministry of Gender, Children and Social Protection. Annual Statistical Report of 2015

21 The prisons Statistics of June 2016

the survivors' body". The law further outlaws gang rape, stipulating that it is a first-degree offence to engage with or connive with another person (s) to facilitate rape, or agree to engage or cause the performance of any conduct that will otherwise be regarded as rape. Remarkably, the law stipulates life imprisonment for rape of a first degree and denial of bail to the accused during trial because rape is regarded as a capital offence²².

The establishment of the SGBV-CU in 2009 to specifically prosecute alleged perpetrators of SGBV has contributed greatly in reducing and fast-tracking SGBV related cases that could have otherwise created a large backlog of cases.

Today, prevalence of SGBV remains particularly high in outlying counties like Nimba and Bong counties. The most common forms of violence are sexual violence and domestic violence. Sexual violence is manifested in the form of rape, including shocking cases of rape of babies and children from zero months to 11 years of age²³. Reportedly, domestic violence is high in these counties and is manifested in the form of wife battering and intimate-partner violence²⁴. Despite the fact that an SGBV referral pathway exists and is sometimes followed, and that SGBV-related cases reported to police are investigated, most of the survivors are very poor and dependent on the alleged perpetrators for their livelihood. For this reason, they do not pursue their cases to their conclusion because they fear losing their livelihood once perpetrators are incarcerated²⁵.

A positive initial experience with the justice system is crucial for survivors of violence. Services must be available and accessible to all women and girls, but most importantly, the initial experience must demonstrate to survivors that the justice system and service providers are committed to providing the essential services, including health and safety, accurate investigation of complaints,

and survivors' protection and support, according to the Essential Services Package.

2.1 LEGAL AND POLICY FRAMEWORK

Liberia has several legal and policy instruments addressed to the prevention and response to SGBV. In addition, it has ratified or acceded to most of the core international human rights conventions²⁶ and is also a party to the major regional human rights instruments²⁷. Furthermore, several international instruments²⁸ require Liberia to take special measures to protect the rights of women and children who are affected by SGBV.

As a State Party to the Convention on the Elimination of All Forms of Discrimination Against Women and the Protocol to the African Charter on Human and Peoples' Rights, as well as the Rights of Women in Africa (the "Maputo Protocol"), Liberia has made commitments to exercise due diligence in combating GBV and discrimination. As such, the government is obliged to take all appropriate measures to ensure that there are adequate sanctions on all forms of violence against women and girls²⁹.

2.2 PURPOSE OF THE ASSESSMENT

The main purpose of this assessment is to identify the existing initial services available for investigations, medical and psychosocial support and pre-trial and trial processes, including their availability and accessibility to survivors of SGBV-related cases.

2.2.1 OVERALL OBJECTIVES

The overall objective is to conduct an assessment of the existing initial services and capacity of service providers to prevent and respond to SGBV cases, and to identify areas for improvement as per the Essential Services Package.

22 Rape Law of Liberia 2005

23 Joint steering committee report on sexual, gender-based violence and harmful traditional practices' assessment visit to Bong and Nimba held on 23th and 24th May 2018

24 Ibid, P. 4 para. 1.

25 WACPS zone 3 Line Manager's interview.

26 International Covenant on Civil and Political Rights (ICCPR) (2004), International Covenant on Economic, Social and Cultural Rights (ICESCR) (2004), Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) (1993), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1984), Convention on the Rights of the Child (CRC) (1990), Convention on the Rights of Persons with Disabilities (CRPD) (2012).

27 African Charter on Human and Peoples' Rights (ACHPR) (1982), African Charter on the Rights and Welfare of the Child (ACRWC) (2007), Protocol to the ACHPR on the Rights of Women in African (the "Maputo Protocol") (2007).

28 CRC, CEDAW, CRPD, ACRWC, and the Maputo Protocol.

29 CEDAW art. 2(c), for example, provides that States must "establish legal protection of the rights of women on an equal basis with men and ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination." The Maputo Protocol, art. 4, paras. 2(a) and (e), explicitly provides that laws prohibiting violence against women must be enforced and perpetrators held accountable.

2.2.2 SPECIFIC OBJECTIVES

- To determine the availability and accessibility of services in the country, which are responsive to cases of SGBV
- To determine the priority given to SGBV cases by the LNP (WACPS) and each of the service providers, including the courts, SGBV-CU and OSCs
- To determine how SGBV cases are handled and investigated by

service providers (LNP, medical and psychosocial services, judiciary)

- To identify gaps and prioritize areas for improvement as per the Essential Services Package
- To determine data collection, entry, processing, analysis, storage and documentation processes of SGBV cases by all service providers
- To assess collaborative efforts among service providers in response to SGBV.

30 Zone 1, 2 (depot 1) 3, 5 and 9.

3. METHODOLOGY AND DATA COLLECTION

Qualitative and quantitative methods of research were used to gather primary data. Structured questionnaires were developed and administered to all service providers, including the SGBV-CU, CCE and WACPS. In addition to observation, interviews were conducted in Lofa County to gather additional information from traditional and community leaders, as well as survivors. Telephone interviews were held with survivors from Nimba County and with Safe Home managers from River Gee, Bong and Nimba counties.

Secondary data was collected through review of domestic, national, regional and international publications, articles and reports on SGBV prevention and response. Ethical and safety guidelines for research on SGBV were upheld, including obtaining permission and signing of consent forms.

Informal visits were made to five OSCs in Monrovia and police zones and depots³⁰, in Montserrado and Lofa counties. These visits were made to gather information by conducting interviews with service providers as

FIGURE 1: MAP SHOWING POLICE ZONES AND DEPOTS



well as to have an opportunity to gather first-hand information on the resource deficits and challenges faced by staff at the facilities.

3.1 SAMPLE SIZE FRAMEWORK

The random sampling method was used to select the sample size while samples were drawn from WACPS, CCE, Magistrate Courts, OSCs, SGBV-CU, MGCSP, BCR, survivors of SGBV and community leaders in Montserrado and Lofa counties. Random sampling was used to choose respondents.

3.1.1 SAMPLE SIZE

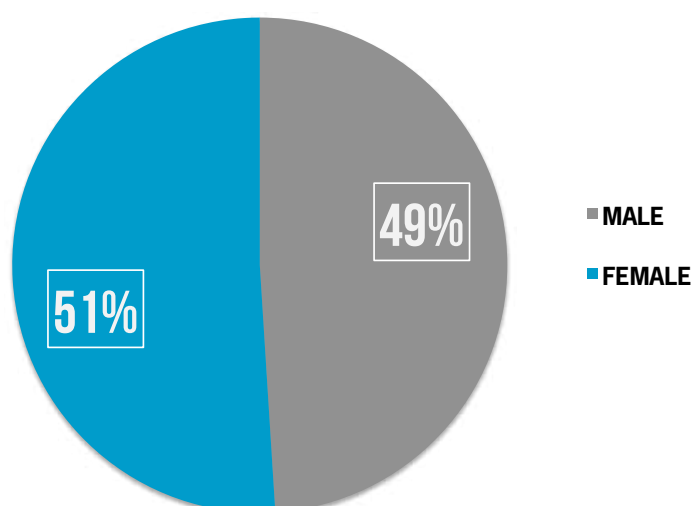
A total of 75 respondents from Montserrado, Bong, Nimba, River Gee and Lofa counties were interviewed, 51 per cent of them females and 49 per cent males. Interviews were conducted with Safe Home managers and survivors in Bong, Nimba and River Gee by phone, while questionnaires were administered in Montserrado and Lofa in person.

Table 1 shows the distribution of respondents disaggregated by section, county and sex.

TABLE 1: RESPONDENTS BY SECTION, COUNTY AND SEX

ASSESSMENT RESPONDENTS BY SECTION, COUNTY AND SEX											
Section	Montserrado		Lofa		Bong		Nimba		River Gee		TOTAL
	M	F	M	F	M	F	M	F	M	F	
WACPS	9	11	4	1	0	0	0	0	0	0	25
SGBV Crimes Unit	3	3	0	0	0	0	0	0	0	0	6
Criminal Court 'E'	2	1	0	0	0	0	0	0	0	0	3
One Stop Centres	0	5	0	0	0	0	0	0	0	0	5
Survivors	0	1	0	3	0	0	0	4	0	0	8
BCR	2	1	1	0	0	0	0	0	0	0	4
MGCSP	1	1	0	1	0	1	0	1	0	1	6
NGOs	0	0	3	1	0	0	0	0	0	0	4
Swedish police	1	1	0	0	0	0	0	0	0	0	2
Community residents	0	0	4	0	0	0	0	0	0	0	4
Public defenders	1	0	1	0	0	0	0	0	0	0	2
Magistrates	0	0	5	0	0	0	0	0	0	0	5
Circuit court judge	0	0	0	1	0	0	0	0	0	0	1
Total	19	24	18	7	0	1	0	5	0	1	75

FIGURE 2: RESPONDENTS BY SEX



3.1.2 LIMITATION OF THE STUDY

The findings of this assessment are limited to Montserrado and Lofa counties, though telephone interviews were conducted with Safe Home managers from Bong, Nimba and River Gee counties, and a few survivors from Nimba were also interviewed by phone. Therefore, the information contained in this report may not necessarily represent the actual situation in Liberia as a whole. It is also noted that very few survivors were interviewed due

to the protocol involved, coupled with survivors' fatigue in providing information to various organisations with no direct benefit or assistance.

3.2 DATA ANALYSIS

Microsoft Excel was used to analyse the data collected, which is represented in tables, pie charts and bar graphs. Empirical analysis was mostly used with a combination of both descriptive and explanatory methods, which involves qualitative data analysis.

31 Ministry of Justice. 2009.

32 Ibid.

4.0 PRESENTATION OF FINDINGS

This section examines the availability and accessibility of services within the following institutions: WACPS, CCE, MGCSP, MOH (through the service of OSCs), MOJ (through the SGBV-CU), the BCR and traditional and community leaders.

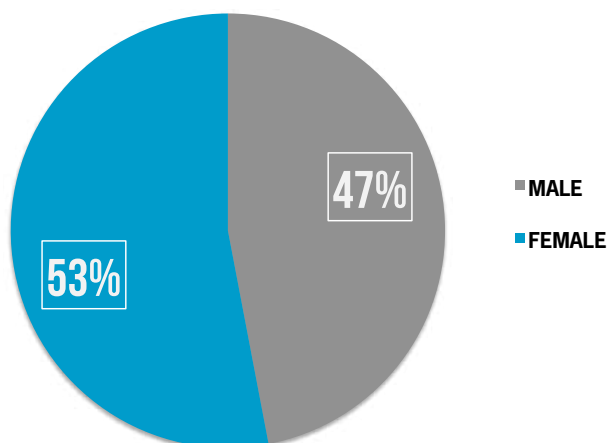
The assessment findings are also based on the statutory functions and scope of work of each service provider and its handling of SGBV cases. Coordination of service provision is also discussed, challenges are highlighted and recommendations are made for the improvement of services.

4.1 LIBERIA NATIONAL POLICE, WOMEN AND CHILDREN PROTECTION SECTION

The LNP's WACPS is responsible for responding to and investigating SGBV, along with other crimes affecting women and children. The section also refers SGBV survivors to other units, including OSCs, for medical examination and treatment. WACPS has its headquarters in Montserrado County, and a presence in Lofa County and country-wide, including the regional headquarters and each police zone and depot³¹. WACPS has a total strength of 190 officers, including 100 females, as illustrated in figure 3.

WACPS investigates reports of crimes by gathering physical evidence and interviewing witnesses in order to determine whether a crime did in fact occur and if it did, who committed it and where, when, how and why. In addition, it documents the results of investigations to determine whether the evidence is sufficient under the law, and if so, arrests the alleged perpetrator(s) and brings them to justice. WACPS coordinates with the SGBV-CU on all cases to obtain evidence needed for successful prosecution of perpetrators³².

FIGURE 3: WACPS STRENGTH BY SEX



4.1.1 AVAILABILITY OF WACPS OFFICES AND SERVICES

On the availability of physical WACPS offices in the country, 76 per cent of respondents, including 37 per cent of females, indicated that WACPS offices are available in all police zones, depots and stations nationwide. Eight per cent indicated that they are not available, and 16 per cent said that they did not know. The assessment further deduced that although WACPS officers are deployed in all counties, they are insufficient in numbers to provide services as per the Essential Services Package.

On the availability of a SOP that guides the daily operational activities of WACPS, including how it handles SGBV cases from investigation to prosecution, 88 per cent of respondents, including 41 per cent of females, agreed that a SOP exists and that it provides guidance on how SGBV cases are handled, while 4 per cent indicated there is no SOP and 8 per cent said they did not know whether such a document exists.

Implementation of a SOP remains critical. To this end, 44 per cent of WACPS officers interviewed, including 55 per cent of females, confirmed that the WACPS SOP is implemented, while 40 per cent, including 20 per cent of females, disagreed, citing the lack of investigative equipment. Twelve per cent said the SOP is sometimes implemented and four per cent said they did not know because they have not been involved in investigative duties.

Concerning institutional capacity, 68 per cent of respondents asserted that WACPS has the necessary capacity to address SGBV, while 32 per cent said it does not. However, further queries revealed that WACPS has severe logistical and institutional weaknesses, including lack of advanced training on investigations, which undermines its capacity to prioritize and effectively conduct investigations, despite all the necessary policy instruments being in place.

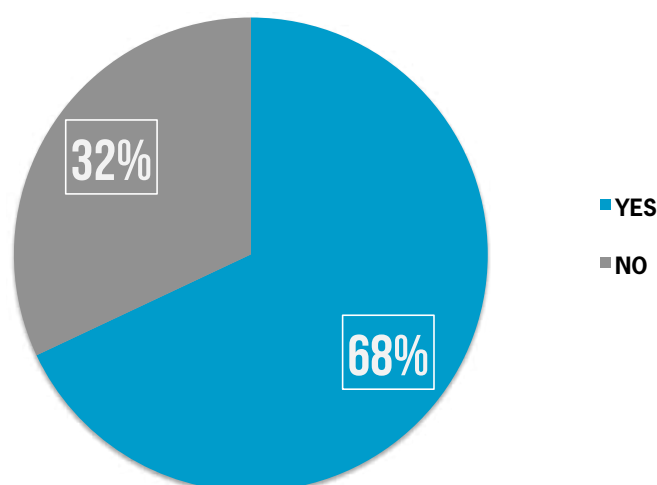
TABLE 2: AVAILABILITY OF WACPS OFFICES IN COUNTIES

DO ALL COUNTIES HAVE WACPS OFFICES?			
Response	Female	Male	Grand total
Yes	7	12	19
No	1	1	2
I don't know	2	2	4
Grand Total	10	15	25

TABLE 3: AVAILABILITY OF SOP ON SGBV INVESTIGATIONS

DOES YOUR ORGANISATION HAVE A SOP FOR INVESTIGATION OF SGBV CASES?			
Response	Female	Male	Grand total
Yes	9	13	22
No		1	1
I don't know	1	1	2
Grand Total	10	15	25

FIGURE 4: INSTITUTIONAL CAPACITY TO RESPOND TO SGBV



**TABLE 4: AVAILABILITY
OF WACPS FEMALE
OFFICERS**

ARE FEMALE POLICE OFFICERS AVAILABLE TO INTERVIEW SURVIVORS?			
Response	Female	Male	Grand total
Yes	9	11	20
No	1	1	2
Sometimes		1	1
No, not all zones		2	2
Grand Total	10	15	25

**TABLE 5: ADHERENCE
TO POLICY
IMPLEMENTATION**

EXTENT OF ADHERENCE TO IMPLEMENTATION OF POLICIES			
Response	Female	Male	Grand total
Very high	2	1	3
High	1	5	6
Low	5	7	12
Very low	2	2	4
Grand Total	10	15	25

**TABLE 6: CONFIDENTIAL
FACILITIES FOR
STATEMENT TAKING**

DOES YOUR ORGANISATION HAVE SEPARATE AND CONFIDENTIAL FACILITIES FOR TAKING STATEMENTS FROM SURVIVORS WHO ARE AFFECTED BY SGBV?			
Response	Female	Male	Grand total
Yes	7	10	17
No	3	5	8
Grand Total	10	15	25

Availability of female officers at WACPS offices to interview survivors was assessed. Eighty per cent of respondents, including 45 per cent of females, indicated that female police officers are available to interview survivors. Eight per cent said they are not available, and four per cent said they are sometimes available. It was confirmed that not all police zones and depots have female officers available to interview survivors.

On adherence to the implementation of policies, which determine how cases are handled and the availability of services, only 12 per cent of respondents, including 67 per cent of females, said that adherence to policy implementation within WACPS is very high. Forty-eight per cent, including 42 per cent of females, indicated that there is low adherence to implementation of policies, as shown in Table 5.

4.1.2 HANDLING OF SGBV CASES BY WACPS

All cases reported to WACPS are supposed to be handled with confidentiality. Sixty-eight per cent of respondents, including 41 per cent of females, responded that confidential facilities, such as interview rooms, are used for taking survivors' statements and conducting counselling sessions, while 32 per cent said there are no such facilities. However, it is worth noting that WACPS offices visited, particularly in Montserrado and Lofa counties, do not have the necessary structures to provide confidentiality during investigations. One exception is in zone one in Montserrado, where the WACPS office was built by UNMIL with funding from the Quick Impact Project, and is separate from the main police station. All other WACPS offices visited had single rooms within police depots with no provision for privacy, and served as general, investigation and filing rooms.

Documentation of SGBV reports and the use of agreed protocols for sharing SGBV information are essential. Seventy-six per cent of

respondents, including 32 per cent of females, affirmed that SGBV cases are documented, while 12 per cent said they did not know and 12 per cent indicated that they are sometimes documented. On the other hand, 56 per cent of respondents, including 43 per cent of females, agreed that protocols exist for sharing SGBV information among service providers (Figure 5). Twenty per cent disagreed and 24 per cent said that they did not know.

4.1.3 ACCESSIBILITY TO WACPS SERVICES

Asked whether survivors or relatives are able to access WACPS service on a 24-hour basis at any location, 64 per cent of respondents, including 31 per cent of females, indicated that WACPS services are accessible on a 24-hour basis, while 24 per cent said they are not accessible and 12 per cent stated that they did not know. Separate discussions affirmed that accessing services at night and on weekends was not possible, particularly in Lofa County. In addition, WACPS services are not accessible by women and children in hard to reach areas of most counties.

On alternative means for survivors and the general public to access WACPS services, such as via telephone hotlines, 52 per cent of respondents, including 38 per cent of females, indicated that there are other means for survivors to access the services. Thirty-six per cent of respondents, including 33 per cent of females, said that there are no alternative means, and 12 per cent said that they did not know. However, further examination revealed that accessing WACPS by telephone was possible only by calling operational officers’ mobile numbers, since the WACPS hotlines in Monrovia are no longer functional. In Lofa, WACPS commanders share their mobile numbers during meetings so individuals can reach them when the need arises.

On affordability of WACPS services, 96 per cent of respondents affirmed that the services provided by WACPS

officers to survivors are free of charge. Only four per cent said that the services are not free, as survivors and/or their relatives are required to pay transportation fares for WACPS officers to visit the crime scene when a case or an incident is reported. In instances where a survivor’s case requires regular visits or is prolonged, survivors and/or their relatives become financially overburdened and tend to abandon the case due to the continuously rising costs. As these individuals often recount such experiences with other people, this could affect the reputation of police and undermine the justice system.

On whether services are accessible and user-friendly, 48 per cent of respondents, including 50 per cent of females, said that referral pathways are accessible and user-friendly, while 12 per cent said that personnel who provide services are not friendly and 40 per cent indicated that they did not know, as indicated in Table 7. In order for survivors to be more comfortable while accessing services, WACPS considers language needs as very important. Fifty-six per cent of respondents, including 43 per cent of females, agreed that the language services offered made them feel comfortable, while 12 per cent disagreed and 28 per cent said that they did not know.

Respondents were asked about the level of knowledge of WACPS officers and other service providers related

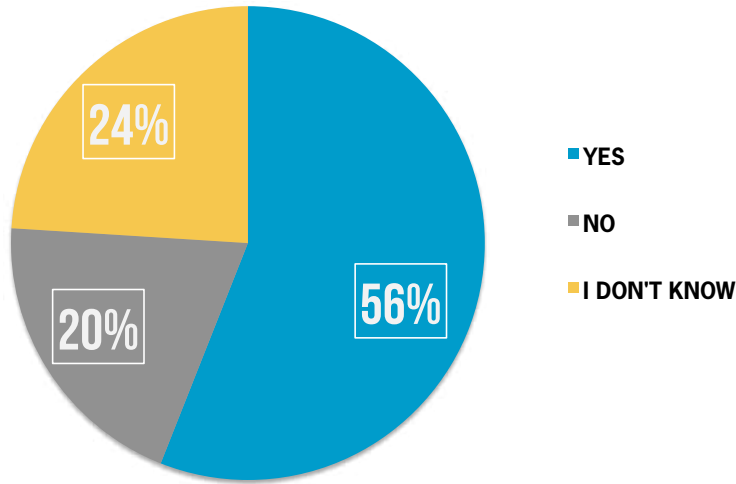


FIGURE 5: AGREED PROTOCOLS ON INFORMATION SHARING

TABLE 7: USER-FRIENDLY REFERRAL PATHWAYS

ARE FACILITIES ALONG REFERRAL PATHWAYS USER-FRIENDLY?			
Response	Female	Male	Grand total
Yes	6	6	12
No		3	3
I don't know	4	6	10
Sometimes			
Grand Total	10	15	25

TABLE 8: SURVIVORS' COOPERATION WITH INVESTIGATIONS

ARE SURVIVORS OR THEIR RELATIVES PUNISHED FOR NOT COOPERATING WITH INVESTIGATIONS WHEN THEY FEEL THAT THEIR SAFETY IS NOT GUARANTEED?			
Response	Female	Male	Grand total
Yes		1	1
No	9	13	22
I don't know		1	1
Sometimes	1		1
Grand Total	10	15	25

TABLE 9: RIGHT TO PROVIDE INFORMATION FOR SURVIVORS AND RELATIVES

DO SURVIVORS OR THEIR RELATIVES HAVE THE RIGHT TO PROVIDE INFORMATION REGARDING THEIR CASE AT THEIR OWN FREE WILL?			
Response	Female	Male	Grand total
Yes	7	13	20
No	2	2	4
I don't know	1		1
Grand Total	10	15	25

TABLE 10: PROTECTIVE MEASURES FOR SURVIVORS AND WITNESSES

ARE THERE ANY MEASURES IN PLACE TO PROTECT SURVIVORS AND WITNESSES WHO DO NOT FEEL SAFE DURING INVESTIGATIONS? PLEASE EXPLAIN			
Response	Female	Male	Grand total
Yes	6	11	17
No		2	2
I don't know	1	2	3
Sometimes	3		3
Grand Total	10	15	25

to providing an enabling environment for survivors and their relatives to be treated with dignity and respect, even if they decide to stop cooperating with investigations if they feel that their safety is not guaranteed or they do not have the resources to pursue further trial processes. Eighty-eight per cent of respondents, including 41 per cent of women, asserted that survivors or their relatives have the right to discontinue their cases whenever they wish to do so, without being punished.

Another 80 per cent, including 35 per cent of females, noted that survivors and their relatives have the right to provide information to police regarding their case at their own free will.

Concerning protective measures for survivors and witness who do not feel safe during investigation, 68 per cent, including 35 per cent of females, responded that there are measures in place while 8 per cent disagreed. Twelve per cent said they did not know and another 12 per cent responded that some protective measures are sometimes taken. They further explained that survivors can be taken to Safe Homes and witnesses can be advised to relocate to a new and safe environment, as shown in Table 10.

Asked about how WACPS documents SGBV reports, 76 per cent, including 37 per cent of females, said that WACPS uses a paper-based system. This they attributed to the lack of office equipment, including printers, computers and photocopiers. Only 24 per cent, including 12 per cent of females, said WACPS uses a computerised system to store SGBV reports.

On agreed protocols for processes to refer SGBV cases, 60 per cent, including 40 per cent of females, confirmed that protocols exist while 20 per cent said they do not and another 20 per cent said they did not know.

Related to the issue of whether WACPS provided an enabling environment for survivors to express their concerns according to their abilities in terms of sex, age, intellectual maturity or language, 88 per cent of respondents, including 45 per cent of females, affirmed that survivors are provided with that environment while 4 per cent disagreed and 8 per cent said WACPS sometimes invited an individual who speaks the survivor's language to provide interpretation.

Satisfaction of survivors and their relatives with the way cases are handled by WACPS was key to the assessment. Only 28 per cent, including 57 per cent of females, said survivors are satisfied with the way their cases are treated, while 32 per cent disagreed. Another 36 per cent, including 44 per cent of females, said survivors are sometimes satisfied, especially when perpetrators are arrested and sent to prison, and 4 per cent said they did not know. When asked further why survivors are usually unsatisfied, respondents attributed this to the expectations of survivors and their relatives – their lack of knowledge of the investigation process meant that they expected the immediate arrest of alleged perpetrators, even before investigations began. When this didn't happen, they stopped trusting police.

4.1.4 COORDINATION WITH OTHER SERVICE PROVIDERS

With regards to coordination amongst agencies, 84 per cent of respondents, including 38 per cent of females, corroborated that WACPS coordinates and collaborates effectively with other agencies on SGBV response and prevention, while 16 per cent disagreed.

TABLE 11:
ORGANIZATION'S
FORMAL APPROACH TO
HANDLING OF SGBV
REPORTS

ORGANIZATION'S FORMAL APPROACH TO HANDLING (STORAGE) OF SGBV REPORTS			
Response	Female	Male	Grand total
Computerised system	3	3	6
Paper-based reports, stored in secured place such as cabinets or shelves and sent to zones or HQ	7	12	19
Grand Total	10	15	25

TABLE 12: AGREED
PROTOCOLS FOR
REFERRAL PROCESSES

AGREED PROTOCOLS FOR REFERRAL PROCESSES			
Response	Female	Male	Grand total
Yes	6	9	15
No	2	3	5
I don't know	2	3	5
Grand Total	10	15	25

TABLE 13: EXPRESSION
OF CONCERNS
ACCORDING TO
ABILITIES

DOES YOUR ORGANISATION ENSURE THAT SURVIVORS ARE ABLE TO EXPRESS THEIR CONCERNS ACCORDING TO THEIR ABILITIES (SEX, AGE, INTELLECTUAL MATURITY, LANGUAGE)?			
Response	Female	Male	Grand total
Yes	10	12	22
No		1	1
I don't know	0	0	0
Yes, but we invite someone who speaks the language to interpret		2	2
Grand Total	10	15	25

TABLE 14: SURVIVORS'
SATISFACTION WITH
INVESTIGATION
OUTCOME

ARE SURVIVORS USUALLY SATISFIED WITH THE OUTCOMES OF THEIR CASES INVESTIGATED BY WACPS?			
Response	Female	Male	Grand total
Yes	4	3	7
No	1	7	8
Sometimes	4	5	9
I don't know	1		1
Grand Total	10	15	25

4.1.5 CHALLENGES

WACPS continues to encounter capacity challenges in conducting in-depth, exhaustive and conclusive investigations. This is largely attributed to lack of proper infrastructure and equipment to carry out forensic examinations, including DNA tests, and lack of private rooms for conducting interviews. All police zones and depots lack cameras to photograph crime scenes, thus rely heavily on drawn sketches, which are sometimes inaccurate and poorly stored. This deficiency may result in insufficient evidence to sustain prosecution at a later stage.

Lack of logistical support to respond to incidents continues to be WACPS' biggest challenge. In some cases, it takes two to three days for officers to reach survivors, especially in outlying counties where there is a severe shortage of personnel. Inadequate knowledge on how to collect and document accurate and reliable data also continues to hamper proper intervention by WACPS.

4.1.6 RECOMMENDATIONS

- The Liberia National Police Academy should integrate SGBV modules in the police curriculum to ensure that all police officers have basic knowledge of SGBV prevention and response. Advanced training on investigation and handling of SGBV cases should be provided to all WACPS officers, especially the use of high definition equipment including camera and video in investigation.
- WACPS' capacity needs to be strengthened in order to offer quality services. This is possible through adequate training in specialized areas and deployment of more WACPS officers to other institutions, including OSCs and police zones and depots countrywide. This will significantly

increase WACPS' presence and build public confidence and trust in their services.

- WACPS should design and develop a monitoring and evaluation framework, in line with the WACPS SOP, for all WACPS officers deployed at police zones and depots, OSCs and county headquarters. This will help to ensure that all necessary services are provided for women and children, as well as the general public.
- Providing transportation facilities and high-definition cameras to all WACPS offices will enable officers to visit crime scenes and collect accurate evidence in time. Additionally, having computers, printers and other office equipment will enable WACPS to accurately store data and information on all SGBV cases. Construction of separate offices for WACPS at police zones and depots will also enhance confidentiality during investigations and statement taking.
- WACPS needs to strengthen its partnership with SGBV-CU at the initial stage of investigation to ensure that there is adequate and substantial evidence to facilitate prosecution without delay. There is also a need for WACPS to liaise and engage with partners to benefit from equipment and training, such as forensic equipment, DNA machines and rape kits.
- The deployment of additional officers, especially female officers, to police zones and depots nationwide will capacitate WACPS to adequately respond to cases on time.
- Activate hotlines in all counties where WACPS has a presence as well as operationalize or establish new hotlines in all WACPS offices

that have no hotlines, so that survivors, witnesses and the general public can make reports on a 24-hour basis.

4.2 THE SEXUAL AND GENDER-BASED VIOLENCE CRIMES UNIT

The SGBV-CU was established in 2009 with the key responsibility of prosecuting sexual offences by holding perpetrators of sexual violence answerable through the due process of law. The unit also implements key activities aimed at strengthening prosecution and preventing sexual violence in Liberia. SGBV-CU uses a victim-centred approach to restore the hopes of victim and families affected by sexual violence, and assists survivors in dealing with the criminal justice system. The unit has three main components: prosecution, case liaison and victim support³³.

SGBV-CU follows up on reported complaints of sexual violence to determine the progress and status of cases undergoing investigation, in order to prevent them from being abandoned or compromised. Case liaison officers support witnesses' trial preparations, support reunification with parents and guardians, engage in relocation, and provide empowerment packages (containing dignity kits and sometimes food and/or money, or any other essential items they require) and educational and medical support for needy survivors. They also coordinate activities with investigators of the WACPS³⁴.

Most of the SGBV-CU's services are focused in Montserrado County, where the unit's criminal justice functions are concentrated. Even though SGBV-CU offices in the regional hubs³⁵ facilitate prosecution of cases, the absence of major judiciary structures at county or regional levels impedes their efforts. Hence, the more serious cases are sent to Monrovia. However, there are six counties without regional HUBs to

prosecute SGBV cases³⁶.

According to the SGBV-CU's 2016 report, the unit supported the trials of 44 cases, from which 31 convictions were obtained, along with 4 hung juries and 9 acquittals. In 2017, it supported the trial of 52 cases, with 40 convictions, 4 hung juries and eight acquittals. SGBV-CU reports from 2018 show that the unit supported the trial of 57 cases. In total, 153 cases were supported by the Unit: 29 per cent in 2016, 34 per cent in 2017 and 37 per cent in 2018.

The SGBV-CU has improved its performance particularly by increasing the number of indictments. This is attributed mainly to the institution having clear operating procedures and support from donor partners.

4.2.1 HANDLING OF SGBV CASES

All respondents, including 28 per cent of females, agreed that the SGBV-CU provides information to survivors about the trial process. They also agreed that victim support officers and case liaison officers provide survivors with psychosocial counselling and handle their cases with confidentiality. Victim support officers are also engaged in preparing survivors for trial, and the unit also make referrals of SGBV cases to health facilities for further medical examination and treatment.

On effective strategies for handling SGBV cases, all respondents, including 28 per cent of females, indicated that both prosecutors and SGBV-CU officers should be trained on advanced specialized courses on SGBV prevention and response, forensic investigations and data collection, and provided opportunities to visit other jurisdictions to benchmark and adopt international best practices. This would enable the unit to handle advanced and complicated cases, for which sufficient evidence for a successful prosecution is usually lacking.

33 SGBV-CU. 2016

34 Ibid., 2017

35 HUB I (Bong, Nimba & Lofa) HUB II (Maryland, Grand Kru & River Gee) and HUB III (Grand Gedeh and Sinoe Counties)

36 Margibi, Grand Cape Mount, Gbapolu, Bomi, Grand Bassa, and River Cess

37 Montserrado, Bong, Nimba, Lofa, Maryland, River Gee, Grand Kru, Grand Gedeh and Sinoe counties.

A vast majority of respondents (91 per cent) including 20 per cent of females, agreed that the SGBV-CU makes the safety and well-being of women and girls a priority while handling their cases. Nine per cent said the unit works with WACPS to prioritize the safety of women and girls and facilitate relocation of survivors to Safe Homes. The unit also provides safety and security information to survivors and relatives, especially on relocation to different areas or Safe Homes until the prosecution is completed. Once cases are concluded and verdicts determined, survivors are provided with further counselling whether or not the alleged perpetrator was acquitted due to no or insufficient evidence, or was imprisoned.

4.2.2 AVAILABILITY

According to the SGBV-CU annual report, the unit is available only in 9 counties³⁷ with staffing strength of 42 officers, ranging from prosecutors to case liaison officers and victim support officers. There are only Eight (8) prosecutors, including six (6) female prosecutors, and one male Counsellor

TABLE 15: AVAILABILITY OF VICTIM SUPPORT OFFICERS

DOES YOUR ORGANISATION HAVE VICTIM SUPPORT OFFICERS FOR SGBV?			
Response	Female	Male	Grand total
Yes	5	13	18
No			
Grand Total	5	13	18

TABLE 16: AVAILABILITY OF DATABASE ON SGBV CASES

DOES YOUR ORGANISATION HAVE A DATABASE ON SGBV CASES?			
Response	Female	Male	Grand total
Yes	3	10	13
No	1	1	2
Yes, but cases are provided by IDLO (Court E)	1	2	3
Grand Total	5	13	18

prosecuting SGBV cases in the entire country.

On whether victim support officers are available to provide support to survivors during prosecution and trial processes, all respondents, including 28 per cent of females, indicated that support, including psychosocial counselling, is provided to survivors during and after court proceedings.

SGBV-CU has a database for storing SGBV information, according to 72 per cent of respondents, including 23 per cent of females. Twenty-eight per cent said the unit does not have one. Further questioning revealed that only SGBV-CU in Monrovia has a database for SGBV; SGBV-CU hubs in outlying counties keep SGBV case records in paper files that are stored in cabinets.

The protection of women and girls who have been affected by SGBV is important. All respondents interviewed, including 28 per cent of females, agreed that SGBV-CU provides security by contacting parents and relatives of survivors as well as by linking them to Safe Homes.

Concerning provision of legal aid, all respondents, including 28 per cent of females, indicated that survivors – as well as alleged perpetrators – are provided with free legal aid and assistance, including representation, except in cases where they can afford to hire their own lawyers.

4.2.3 ACCESSIBILITY

Despite the costs associated with court proceedings, survivors and alleged perpetrators of SGBV-related cases are able to access free legal aid and assistance provided by the government; this was confirmed by all respondents who were interviewed, including 28 per cent of females.

SGBV-CU also raises awareness of SGBV issues and encourages the general public, including survivors, to report cases directly to the unit or WACPS. All

respondents, including 28 per cent of females, agreed that SGBV-CU conducts public awareness activities on SGBV, which has increased the reporting of cases.

SGBV-CU is accessible 24 hours a day through hotlines in Montserrado County, as indicated by 80 per cent of respondents, while 20 per cent disagreed that such services are available. Court liaison officers respond to calls from the public on cell phones and contact WACPS officers for support if there is a need to visit the caller. In Lofa County, all respondents indicated that hotlines are not working, thus services can only be accessed in person and during the day.

Asked about the availability of female staff to attend to survivors, who are mostly women, all respondents, including 28 per cent of females, asserted that female staff are available to provide psychosocial counselling and other necessary support during prosecution and trial. The SGBV director further confirmed that all victim support officers are female, which makes it easier for survivors, who are mostly women, to easily access the services and disclose information without fear of being stigmatized and discriminated against. Further, all respondents, including 28 per cent of females, indicated that the special needs of women and girls during trials are met, including psychosocial, medical and safety needs.

On satisfaction of survivors and their relatives with the outcomes of trials, 44 per cent, including 25 per cent of females, agreed that survivors are usually satisfied with trial verdicts while 28 per cent, including 40 per cent of females, disagreed. Another 28 per cent responded that survivors are sometimes satisfied with the verdicts, when the case is judged in their favours. They added that once the survivor loses a case, they tend to blame judges and prosecutors for compromising their cases. According to a senior victim

support officer at the SGBV-CU in Monrovia, officers prepare survivors and relatives for all possible outcomes of their trial, including counselling for before, during and after the trial.

4.2.4 COORDINATION WITH OTHER SERVICE PROVIDERS

Regarding coordination with other agencies to ensure that health and other services are available to survivors of SGBV, all respondents, including 28 per cent of females, confirmed that the SGBV-CU effectively and efficiently coordinates all issues regarding survivors with other service providers, including WACPS, CCE, OSCs, circuit court judges and city solicitors.

TABLE 17: INTERAGENCY COOPERATION AND COORDINATION

IS THERE ANY COOPERATION (NETWORKING) BETWEEN YOUR ORGANISATION AND OTHER AGENCIES ON SGBV CASES?			
Response	Female	Male	Grand total
Yes	5	13	18
No			
Grand Total	5	13	18

4.2.5 CHALLENGES

The main challenge facing SGBV-CU is to get witnesses to testify in court, because many survivors and witnesses come from very poor backgrounds and cannot afford daily transportation fares to and from courts. As a result, there are always delays in prosecution of cases as evidence is either not available or tampered with, most cases ended up being annulled (Noelle Prose Qui) due to lack of proper evidence.

On the other hand, some plaintiffs are reluctant to support prosecution of cases although the defendants may have been indicted and the case prepared for trial; this is mostly attributed to cases being compromised or lack of trust in the justice system.

Some Plaintiffs in most cases do not

have transport fare to travel, example, a poor women whose 15 years old child was raped on Foya in Lofa County had to travel to Voinjama once or twice a month to attend to court sittings and once the judges keep adjourning the cases, they mostly loosed interest and give up on the case.

Another reason is due to the high cost of hiring lawyers to defend them, even though there are prosecutors and public defenders, they are not available in all counties.

The interference of traditional leaders to judge cases at home as family matters is also another cause and most plaintiffs do not have trust in the formal justice system as its expensive and time consuming. Due to prolong court proceedings, some Plaintiffs tend to trust the traditional leaders who are readily available within communities and accessible at all time.

The traditional leaders do not delay cases and in most cases ended up asking perpetrators to pay some amount of money (fines) to the survivors relatives and in cases where the violence (rape) results into pregnancy, they will ask the perpetrator to take full responsibility of the pregnancy and sometimes force the perpetrator to marry the survivors even if the perpetrator is married to other wives.

Despite raising awareness about SGBV issues being part of SGBV-CU's mandate, the unit continues to receive insufficient budget to conduct public awareness throughout the country. In addition, SGBV-CU has a presence in only 9 out of 15 counties, affecting communities' accessibility to its services. Logistical challenges also continue to affect SGBV-CU operations, particularly in instances where case liaison officers and victim support officers are attempting to provide effective follow-up on SGBV cases: the officers lack vehicles to support their travel as well as equipment such as

rape kits and DNA machines to aid investigation and prosecution.

4.2.6 RECOMMENDATIONS

- SGBV-CU must provide a rapid investigative and prosecutorial response to complaints of SGBV and exploitation in order to justly and fairly hold perpetrators accountable and provide support to survivors and to reduce the incidence of sexual violence in Liberia, particularly sexual violence against women and children.
- The unit should undertake a robust media and communication campaign aimed at transforming and challenging attitudes about VAW, including reporting of SGBV cases. The campaign should combine a wide variety of mass media, including print and electronic media, to increase knowledge and awareness of SGBV and prevention of VAW.
- The need to provide transport so that case liaison officers and victim support officers can effectively and efficiently monitor and follow up SGBV cases cannot be overstated. This will reduce the level of failure of witnesses to testify in cases at trial and aid in the speedy trial of alleged perpetrators and provision of justice for survivors.
- SGBV-CU should facilitate local and international training for prosecutors, case liaison officers and victim support officers, including WACPS investigators, in procedural and substantive areas not limited to advanced case analysis and preparations to enhance prosecution of SGBV crimes.
- As SGBV-CU is not present in all counties, there is a need to expand services to outlying counties with no SGBV-CU and provide additional staff and equipment, including transportation.

- SGBV-CU should provide adequate protection for survivors, and advocate for enactment of witness protection laws and appropriate safety provisions for witnesses testifying in high-profile court cases.
- Activate hotlines in all counties where SGBV-CU operates so that SGBV survivors, witnesses and the general public can report cases on a 24-hour basis.

4.3 CRIMINAL COURT E

CCE was established by Act of Legislature in 2008 to provide speedy trial for rape and other sexual offences. Its services are currently available only in Montserrado Country but just one female judge is available there although the law stipulates that there should be two. According to the judge, it is not possible to have two judges simultaneously adjudicate cases due to lack of space in the courtroom. Considering the nature of SGBV cases, which are normally referred to the Judicial Circuit Court because lower courts have no jurisdiction to try them, it is difficult for one judge to handle all cases.

The major problem is that circuit courts do not prioritize SGBV-related cases, thus there is a huge SGBV case backlog in Nimba County. According to a local NGO operating in Nimba County, Rural Integrated Centre for Community Empowerment, the Judicial Circuit Court gives priority to murder and other cases, which contributes to prolonged detention and subsequent release of SGBV alleged perpetrators after being kept in custody beyond the statutory period two terms of the court (February to May and August and November). This notwithstanding, there has been a tremendous disposal of cases as indicated in Table 18. Seventy-nine cases were dealt with by the court in the August 2018 term alone, which led to a decrease in the number of SGBV cases at Monrovia Central Prison (MCP).

Cases transferred from magistrate courts	79
Cases transferred as at 28 December 2018	121
Cases disposed of in the February 2017 court term in various categories - regular trial, ignoramus, bail hearing	40
Cases disposed of in the August 2017 term	0
Cases disposed of in the February 2018 term in various categories - regular trial, ignoramus, bail hearing	118
August Term A.D 2018	79 disposed of

Source: Criminal Court Statistics, December 2018

4.3.1 HANDLING OF SGBV CASES BY JUDICIARY

On handling of SGBV cases, all respondents, including 28 per cent of females, confirmed that CCE has policies and legal instruments that guide and directs its operations, including the 1986 Constitution of Liberia, the Criminal Procedure Law, the Penal Law of 1978 and 2005 Rape Law, amongst others.

On the availability of a database to store and protect SGBV information, all respondents said CCE has a database provided by the International Development Law Organization (IDLO), in Zorzor and Voinjama. Magistrates and respondents at the circuit court said although they have a computerised system of storing information, most often there is no electricity, leaving them with no option but to record the information on typewriters and store it in secured cabinets.

Concerning handling of SGBV cases by magistrate courts, 44 per cent of respondents affirmed that magistrate courts in outlying counties and around Monrovia handle SGBV cases only on first appearance, and then immediately transfer them to circuits courts in the counties and CCE in Monrovia. Seventeen per cent said magistrate courts do not handle SGBV cases as they lack jurisdiction to do so, while 39 per cent said they sometimes handle them but immediately transfer cases to circuit court or CCE. Magistrate courts are mandated by law to transfer SGBV case to circuit courts or CCE within 72 hours, they added.

TABLE 18: CRIMINAL COURT E, SGBV DATA, 2018

Asked about alternative dispute resolution mechanisms used in SGBV cases, all respondents said that plea bargaining, which is in accordance with the law, is mostly used, to either release perpetrators or reduce their prison terms, especially in cases where the perpetrator had spent a longer period in prison, pleaded guilty to the offence or asked for mercy.

According to all respondents, including 28 per cent of females, CCE on the other hand handles cases by arranging for the accused alleged perpetrators to appear in court on the date agreed at the first appearance. The court listens to all parties concerned, including the alleged perpetrators and witnesses.

On the issue of confidentiality, all respondents, including 28 per cent of females, said the CCE takes confidentiality into account by conducting SGBV cases, especially rape cases, in camera. All respondents also said the CCE gives priority to SGBV cases. Magistrates in Zorzor and Voinjama said they immediately send all alleged perpetrators on remand to Voinjama central prisons while they transfer the cases to the circuit court. The circuit judge, on the other hand, said being the only judge in the county she does give priority to SGBV cases, although she is overwhelmed with other cases.

On prioritizing the safety and wellbeing of survivors during trial, all respondents, including 28 per cent of females, said the CCE does make this a priority, through the support of WACPS officers and victim support officers from SGBV-CU. They also said CCE treats survivors with dignity and respect, and provides psychosocial counselling and support through victim support officers from SGBV-CU.

4.3.2 AVAILABILITY

According to all respondents interviewed, including 28 per cent of females, CCE is available only in

Montserrado County and has only one resident judge, who operates from the Temple of Justice in Monrovia.

At county level, 83 per cent, including 33 per cent of females, asserted that there are circuit court judges in every county to judge SGBV cases, while 17 per cent said the judges are usually out of the county thus not available. Further discussion revealed that even in counties where judges are available, they do not prioritize SGBV cases, as they are usually overwhelmed with other capital cases, such as murder.

Asked about the availability of staff, including magistrates and judges, to prosecute SGBV cases, 50 per cent of respondents interviewed said there is sufficient staff while the other 50 per cent disagreed. The only judge at CCE said that although the court has two female judges, she is currently the only one judging cases because of lack of space in the courtroom.

4.3.3 ACCESSIBILITY

CCE is accessible by SGBV survivors and alleged perpetrators. All respondents, including 28 per cent of females, stated that the services provided are free, including court fees. On the needs and safety of survivors, all respondents, including 28 per cent of females, affirmed that survivors' needs are met, and information provided is treated with confidentiality, this includes conducting trial interviews in camera to conceal the identity of survivors and key witnesses.

4.3.4 COORDINATION WITH OTHER SERVICE PROVIDERS

CCE coordinates its activities with other service providers, including magistrates, corrections facilities, SGBV-CU and WACPS. This was confirmed by all respondents, including 28 per cent of females.

4.3.5 CHALLENGES

One of the biggest challenges CCE faces is limited space at the courtroom, which makes it impossible for the two judges to have court sittings simultaneously. There are also limited copies of Liberia Law Report for the judges to refer to during trials. A severe shortage of office equipment continues to hamper the court's service delivery. Lack of CCE services outside Monrovia has significantly affected disposal of SGBV cases, creating a large case backlog in many counties, particularly Nimba.

4.3.6 RECOMMENDATIONS

- CCE is absent in all counties except Montserrado. Despite the fact that circuit courts have jurisdiction over SGBV, usually they do not prioritize SGBV cases due to many other competing cases. This report strongly recommends establishment of a CCE in all outlying counties outside Montserrado County.
- Providing additional space or courtrooms for CCE will enable two judges to adjudicate cases simultaneously, thus increasing the number of cases decided and reduce overcrowding in prisons facilities.
- CCE must be provided with office equipment and reference material, including copies of Liberia law Report.
- It will be expedient to provide constant electricity to circuit courts in outlying counties, especially Lofa, to enable them to store SGBV information on computers.

4.4 ONE STOP CENTRES (OSCS)

OSCs were established within government referral hospitals and private hospitals to provide a full range of health, psychosocial and legal services to all SGBV survivors under one roof, and to prevent further psychological trauma on survivors. All SGBV cases from WACPS

and police zones, depots and stations are referred to OSCs, where free medical examinations and treatment are provided. Social workers at OSCs are responsible for providing psychosocial counselling and support to survivors; WACPS officers obtain statements from survivors. The medical report created at the OSC is made available to WACPS and SGBV-CU for prosecution.

OSCs are funded by the GOL but they also receive support from UNFPA, NGOs including the International Rescue Committee (IRC), the Swedish police, and many more.

OSCs are located in Montserrado County, in existing health facilities in five locations in Greater Monrovia, namely:

- a) **STAR OF THE SEA** (private facility) located at West Point
- b) **HOPE FOR WOMEN INTERNATIONAL** (private facility) located in Paynesville (AB Tolbert Road)
- c) **DUPORT ROAD MEDICAL CLINIC** (government facility located in Paynesville, Duport Road)
- d) **REDEMPTION HOSPITAL** (government facility located in New Kru Town)
- e) **JAMES N. DAVIS JR. MEMORIAL HOSPITAL** (government facility) in Paynesville.

There are also OSCs within existing hospitals in outlying counties as indicated below:

S/N	County	No. of One Stop Centres	Hospital
1.	Bomi	1	Government hospital
2.	Grand Bassa	1	Government hospital
3.	Bong	2	Phebbe and CB Dumba hospital
4.	Margibi	1	Rennie hospital
5.	River Gee	1	Fish Town Referral hospital
6.	Grand Gedeh	1	Martha Tubman hospital

Source: MGCSF

TABLE 19: ONE STOP CENTRES IN OUTLYING COUNTIES

Seven counties do not have OSCs: Grand Cape Mount, Grand Kru, Nimba, Sinoe, Lofa, Gbapolu and Rivercess counties.

According to Safe Home managers in Voinjama, OSC is yet to be fully established, but due to the growing number of SGBV cases the government hospital has allocated one room with a nurse and social worker (Safe Home manager) to attend to the health and psychosocial needs of survivors. WACPS officers are usually called upon to obtain statements from survivors

TABLE 20: AVAILABILITY OF COUNSELLING TO SURVIVORS

ARE COUNSELLING SERVICES AVAILABLE TO SURVIVORS OF SGBV?			
Response	Female	Male	Grand total
Yes	12	2	14
No			
Grand Total	12	2	14

TABLE 21: AVAILABILITY OF WACPS OFFICERS AT ONE STOP CENTRES

ARE WACPS OFFICERS AVAILABLE AT ONE STOP CENTRES TO INTERVIEW SURVIVORS?			
Response	Female	Male	Grand total
Yes	5	2	7
No	7		7
Grand Total	12	2	14

TABLE 22: COST OF SERVICES AT ONE STOP CENTRES

ARE SERVICES PROVIDED AT THE OSC FOR SGBV CASES FREE OF CHARGE?			
Response	Female	Male	Grand total
Yes	11	1	12
Yes, but parents are sometimes asked by WACPS officers to provide transportation to visit the crime scene	1	1	2
Grand Total	12	2	14

or they are referred to the main police station to give statements.

4.4.1 HANDLING OF SGBV CASES

OSCs handle SGBV cases by providing immediate medical treatment to survivors. All respondents, including 86 per cent of females, said OSCs give priority to survivors' needs and provide treatment and counselling to them free of charge. They further stated that survivors are immediately examined and appropriate treatment is given according to the diagnosis.

Once treatment is provided, OSCs refer survivors to the WACPS officers assigned at the centre to take their statements. On the availability of officers to conduct interviews, 50 per cent of respondents, including 71 per cent of females, confirmed their availability, while the other 50 per cent said WACPS officers are never available at the centres. The latter added that it is difficult, to some extent, for survivors to travel to other police zones and depots to which they are referred, due to lack of transportation and exhaustion.

All services provided at the OSCs are free, according to all respondents interviewed, though 14 per cent said WACPS officers deployed at the centres sometimes ask survivors and their relatives to provide the transportation fare to enable them to visit the crime scene.

4.4.2 AVAILABILITY

All respondents, including 86 per cent of females, confirmed that OSCs have policies on the treatment and handling of women and girls who are referred to them or who go there independently for treatment. Fifty-seven per cent of respondents, including 88 per cent of females, further stated that the policies are implemented, while 43 per cent said they are not fully implemented due to logistical challenges, including

transportation costs and lack of salary for social workers at the various centres.

Related to the availability of OSCs to the public on a 24-hour basis, 57 per cent of respondents, including 87 per cent of females, responded that OSCs are available, while 29 per cent disagreed. Fourteen per cent stated further that although the services are not available 24 hours per day, the main hospital – which is always available – treats serious cases and later contacts OSC staff to provide further treatment.

Information collected from survivors and their relatives is stored in a database, affirmed 57 per cent of respondents, including 88 per cent of females. Forty-three per cent said a database is yet to be established so OSCs use cabinets and shelves to store documents, including medical reports.

On the issue of sharing information with other service providers and partners, all respondents, including 86 per cent of females, affirmed that OSCs adhere to the code of ethics on sharing information. They further stated that they had recently attended a training organised by the MGCSP on the Gender-Based Violence Information Management System.

Nurses and social workers at the OSCs, together with local communities, are involved in awareness raising on SGBV prevention and response in their respective communities, as confirmed by 64 per cent of respondents, including 78 per cent of females. Seven per cent disagreed with this and 29 per cent said OSCs are sometimes engaged in awareness, with support from the IRC.

4.4.3 ACCESSIBILITY

On the issue of accessibility of OSCs for survivors, relatives and the general public, 57 per cent, including 88 per cent of females, said OSCs can be accessed 24-hours daily while 43 per cent disagreed. Further probing

TABLE 23: POLICY IMPLEMENTATION

DOES YOUR ORGANIZATION ENFORCE IMPLEMENTATION OF POLICIES ON THE TREATMENT AND HANDLING OF WOMEN AND GIRLS?			
Response	Female	Male	Grand total
Yes	7	1	8
No	5	1	6
Grand Total	12	2	14

TABLE 24: AVAILABILITY OF ONE STOP CENTRES ON A 24-HOUR BASIS

CAN SURVIVORS OR THEIR RELATIVES REPORT CASES ON A 24-HOUR BASIS AT ANY LOCATION?			
Response	Female	Male	Grand total
Yes	7	1	8
No	3	1	4
Yes, but to the main hospital	2		2
Grand Total	12	2	14

TABLE 25: AVAILABILITY OF A DATABASE FOR SGBV CASES

DOES YOUR ORGANISATION HAVE A DATABASE FOR SGBV CASES AND REPORTS?			
Response	Female	Male	Grand total
Yes	7	1	8
No	5	1	6
Grand Total	12	2	14

TABLE 26: LOCAL COMMUNITY INVOLVEMENT IN SGBV PREVENTION AND RESPONSE

ARE MEMBERS OF THE LOCAL COMMUNITY INVOLVED IN PREVENTION AND RESPONSE TO SGBV?			
Response	Female	Male	Grand total
Yes	7	2	9
No	1		1
Sometimes, with support from IRC	4		4
Grand Total	12	2	14

TABLE 27: ACCESS TO ONE STOP CENTRES ON A 24-HOUR BASIS

indicated that all OSCs, especially in Monrovia, are only accessible during weekdays from 8.30am to 5pm. Nurses and other staff do not work on weekends, which makes it very difficult for survivors or their relatives to access the services at all times.

DO SURVIVORS AND THEIR RELATIVES HAVE ACCESS TO OSCS ON A 24-HOUR BASIS?			
Response	Female	Male	Grand total
Yes	7	1	8
No	5	1	6
Grand Total	12	2	14

4.4.4 COORDINATION WITH OTHER SERVICE PROVIDERS

Asked about coordination and collaboration with other service providers, including WACPS, SGBV-CU, community members, MGCSP, NGOs and UN agencies, all respondents, including 86 per cent of females, affirmed that coordination is effective and cordial. The supervisor of Duport Road OSC further confirmed that she attends inter-agency coordination meetings with other OSCs and service providers, where they share their successes and design solutions to their challenges.

4.4.5 CHALLENGES

Challenges at OSCs include the absence of WACPS officers and social workers to provide psychosocial counselling and support to survivors. The social workers are volunteers who do not receive regular salaries from MoGCSP, but occasionally get stipends from the UN Population Fund (UNFPA), making it difficult for them to afford the fare to travel to and from work.

The OSCs' role in providing medical care and psychosocial support to survivors and as a repository for survivors' information has not been fully utilized due to lack of budgetary allocation³⁸, which has affected the

centres' capacity to provide the needed medical care and support and follow up for survivors. All OSCs suffer from limited supplies of medicines and other equipment, including DNA testing machines, to prove that SGBV, including rape, actually took place. The majority of the OSCs' social workers are not trained to provide psychosocial counselling and support, confirmed all the supervisors of the centres in Monrovia, which makes it difficult for OSCs to perform their functions as per the Essential Services Package.

Most survivors report cases to OSCs weeks or months after the incidents, which sometimes makes it difficult for the nurses to collect physical evidence and ascertain whether or not violence, including rape, actually took place.

All respondents stated that OSCs lack transportation and communication equipment, including phone credit, to make follow-up calls to survivors after referrals to other service providers, including SGBV-CU, making it difficult for them to know the status of the cases referred.

4.4.6 RECOMMENDATIONS

- The MOH should ensure establishment of more OSCs within health facilities throughout the country. In doing so, many communities would have access to the services they provide and this would increase the coverage of the MOH concerning the SGBV response in the country. The limited number of OSCs continues to result in the compromise of cases as survivors feel uneasy travelling long distances to seek treatment.
- OSCs should increase awareness of the 72-hour window in which physical evidence can be collected from survivors. This should include information about the location of OSCs and the fact that services to the public are free and

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confidential.

- OSCs should ensure that all social workers are adequately trained and placed on regular salaries to enable them to provide psychosocial counselling and other support to survivors. The OSCs must be equipped with basic supplies and adequate equipment to perform their role in providing medical care and support to survivors. Additionally, providing phone credit and transportation to OSCs will enable staff to make follow-up calls or home visits to survivors who do not turn up for further treatment.

4.5 MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

The MGCSP has an SGBV unit, which was established to monitor and report on SGBV cases nationwide. Serving as the secretariat for the SGBV inter-agency taskforce, the unit coordinates all activities regarding women and children with UN agencies, traditional leaders, other government institutions and NGOs. It also provides psychosocial counselling and legal and referral services to survivors, and supports education and awareness raising activities.

Additionally, the ministry has child welfare officers and social workers who coordinate child welfare issues and provide counselling and psychosocial support for survivors, their relatives and the general public. The ministry also provides managers for Safe Homes, which operate in some counties.

4.5.1 HANDLING OF SGBV CASES

When the survey asked about handling of SGBV cases, 64 per cent, including 78 per cent of females, asserted that the ministry handles cases, while 36 per cent indicated that the ministry is not directly involved in handling such

cases but oversees and coordinates all SGBV-related cases nationwide. They added that the ministry collects and analyses data and shares it with other agencies and service providers who will use the data for various purposes, including but not limited to determining the prevalence of cases and designing preventive and responsive measures.

On the availability of a database for handling SGBV data and reports, 57 per cent, including 88 per cent of females, confirmed that there is a database where reports, data and other SGBV information collected from gender coordinators from all outlying counties is stored. The remaining 43 per cent, including 83 per cent of females, said that the database is only available in Monrovia.

4.5.2 AVAILABILITY

That the ministry has policies and SOPs that guide the daily operations of its staff was corroborated by all respondents, including 86 per cent of females. On the issue of implementation of the policies, 57 per cent, including 88 per cent of females, said the policies are implemented, while 43 per cent, including 50 per cent of females, said the policies are not fully implemented.

All respondents, including 86 per cent of females, agreed that the ministry has gender coordinators who oversee all gender and SGBV issues in outlying counties. They collect statistics from OSCs, coordinate meetings and liaise with Safe Home managers, UN Agencies, NGOs, WACPSs and other service providers on all issues regarding women and children, and submit reports to Monrovia on a daily, weekly and monthly basis.

According to all respondents, including 86 per cent of females, social workers are available in every county to provide psychosocial support to survivors and their relatives. This, they said, is done immediately after a case is reported to

them and throughout the entire period of the trial. All respondents also said that the gender coordinators share information about survivors only using the agreed protocol.

At county level, the gender coordinators use desktop computers to store and document all SGBV cases. According to the coordinators in Bong, Lofa, Nimba and River Gee Counties, the computers are used to type and send reports to the database officer at the central office in Monrovia.

Safe Homes

Safe Homes are intended to provide temporal shelters that are safe and secure for SGBV survivors, especially rape survivors. They are meant to protect survivors from further harm from perpetrators and their relatives, as well as to provide psychosocial counselling and support for survivors as they go through the justice continuum.

Social workers and Safe Home managers assist survivors by providing psychosocial counselling and support and formal schooling for survivors who were attending schools prior to an incident. They liaise with NGOs, UN agencies and academic institutions to seek support for survivors and their children in cases where the abuse resulted in pregnancy.

Challenges of the Safe Homes Include:

SGBV program response challenges are enormous especially in the face of huge funding gap. The most critical challenges include but not limited to:

- Lack of support for safe home component of the SGBV response continues to undermine the rest of the services. It does not only hinder treatment services but also derails the right to justice as survivors and their relatives come under pressure to abandon cases on grounds inability to afford cost of transportation. Closure of safe homes so far remains the most overarching of the program challenges undermining the response.
- Lack of transportation, medicine and other needed items exacerbate the already fragile situation that SGBV response faces in the country. When cases are reported especially in hard-to-reach communities WACPS and or Unit's attempts to reach the crime scene and even pursue perpetrator but often this is hampered by lack of transportation.
- Prolonged court proceedings, whether deliberate or systemic, tends to undermine the quest of justices. When members of program response team put effort in a case, especially in counties where there is no safe home, every effort remains at the mercy of the judges to expedite the case. The onus is also on the family to regularly avail the survivor in court which is sometimes hindered by lack of long distances and lack of transportation.

TABLE 28: LIST OF FUNCTIONAL AND NON-FUNCTIONAL SAFE HOMES IN LIBERIA

S/N	County	Safe Home	Status
1.	Montserrado	THINK	Partially functional
2.	Montserrado	OSIWA	Functional
3.	Nimba	Sanniquellie	Functional
4.	Bong	Gbarnga	Partially Functional
5.	Lofa	Voinjama	Not functional
6.	Margibi	Kakata	Not functional
7.	River Gee	Fish Town	Partially functional
8.	Grand Cape	Robertsport	Totally abandoned
9.	Grand Bassa	Buchanan	Not functional

Source: MGCSP

4.5.3 ACCESSIBILITY

Concerning if the services of the gender coordinators are available in outlying counties, only 29 per cent of respondents said yes, including 75 per cent of females. Another 29 per cent disagreed, while 42 per cent,

including 83 per cent of females, said the services are sometimes accessible. This, they added, is because outlying counties only have one coordinator, and if the person leaves the county, either for personal or official reasons, the county remains vulnerable until the person returns.

According to the SGBV director at the MGCSP, most of the Safe Homes are no longer accessible due to lack of funding from the ministry and absence of support from UN agencies and NGOs. The majority of homes are dilapidated and abandoned, leaving survivors with no choice but to stay in, or return to, their communities to face stigmatization, humiliation and discrimination from community members and perpetrators and their cronies.

4.5.4 COORDINATION WITH OTHER SERVICE PROVIDERS

Coordination is one of the ministry's main responsibilities. To this end, all respondents affirmed that it coordinates its daily operational activities with all service providers with ease. For instance, the ministry follows up on cases with WACPS and SGBV-CU to ensure there are no delays or compromises.

4.5.5 CHALLENGES

The ministry is too short-staffed to adequately cover all the counties. According to the SGBV director, all counties are supposed to have at least two gender coordinators but this is not possible due to a limited budget. The ministry also suffers from limited logistical support, including transportation to hard-to-reach areas to monitor SGBV cases and promote community sensitization and awareness.

4.5.6 RECOMMENDATIONS

The MGCSP should:

- Provide salaries (via the regular budgetary allocation) for all Safe Home managers and staff as well as social workers volunteering at the homes, in order to motivate them and ensure they are available and accessible to provide the needed services.
- Refurbish/renovate dilapidated Safe Home structures in the counties and construct new ones in counties without Safe Homes. MGCSP should also advocate for government budgetary allotment and donor funding to support the homes. This would improve the appalling conditions of women, girls and children languishing in the few operational Safe Homes.
- Establish a survivor trust fund to provide education and other empowerment support for survivors and their babies whose birth emanated from rape. It would promote the concept and programmatic intervention of a victim assistance mechanism.
- Ensure effective monitoring and evaluation of implementation of all policies of institutions responsible for the SGBV response. This would enhance the identification of the roles and responsibilities of all service providers.
- Promote community sensitization about the availability of a referral pathway. This would be a value-added to community awareness on the roles and responsibilities of each of the service providers.
- Collaborate with the MOJ and MOH for the effective operation of Safe Homes and OSCs, and liaise with the MOJ, through the SGBV-CU, to conduct public awareness campaigns on how to report SGBV cases.
- Adopt a wide range of creative

communication strategies, including films and drama, to encourage communities' residents, especially men, to reflect on their relationship with women. This entails distribution of pamphlets to boy and girls in the community, and sponsored walks to raise awareness about VAW.

- Engage journalists and the news media to promote media literacy and better reporting on SGBV, to ensure that the media and communication campaign is successful in portraying to the community that VAW is a social problem requiring public intervention.
- Mobilize communities through events, networks and campaigns, including workshops, by engaging influential groups, including traditional leaders and ordinary community residents, using cultural tools of art and drama, competitions and skills of women's groups and the network committed to advocacy for non-violence and gender equality.
- Ensure the speedy adoption of the domestic violence bill, which comprehensively covers all forms of VAW, in particular marital rape and sexual violence.

4.6 OFFICE OF THE PUBLIC DEFENDER

Based in the Temple of Justice, the OPD provides free legal representation to all persons accused of crimes. During each term of court, two public defenders are assigned to CCE to represent those accused of SGBV crimes³⁹. There are 28 public defenders deployed in the counties, 24 (86 per cent) are males and 4 (14 per cent) are females⁴⁰.

4.6.1 HANDLING OF SGBV CASES

Asked how public defenders handle SGBV cases at CCE and outlying

counties, all respondents, including 28 per cent of females, confirmed that free legal representation is provided to all persons accused of SGBV crimes who are unable to provide for themselves.

4.6.2 AVAILABILITY

On the availability of public defenders to represent accused persons during trial processes, 33 per cent of respondents, including 33 per cent of females, affirmed that public defenders are available, while 39 per cent disagreed. Another 28 per cent said the services are sometimes available. When asked why the services are not always available as required, all respondents attributed this to lack of transportation or insufficient staff motivation.

4.6.3 ACCESSIBILITY

According to 39 per cent of respondents, including 29 per cent of females, the services of the OPD are accessible. Twenty-eight per cent said the services are never available until the accused have been sent to prison, and 33 per cent said the services are sometimes accessible but only when case liaison officers contact the public defenders.

4.6.4 COORDINATION WITH OTHER SERVICE PROVIDERS

All respondents affirmed that the OPD coordinates and liaises with other service providers, including SGBV-CU, BCR and CCE, on legal representation for accused perpetrators. They added that they are immediately contacted by case liaison officers and/ or corrections officers once a suspect is indicted and sent to court or prison.

4.6.5 CHALLENGES

The OPD has a limited number of officers to provide services to accused persons who cannot provide for themselves, which usually results

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40 Statistics from Public Defender's Office in Monrovia.

in lack of representation for the accused. Additionally, the office also lacks logistical support, including transportation.

4.6.6 RECOMMENDATION

Increase the number of public defenders in all counties and provide logistical support, including transportation. This will increase the OPD's capacity to provide free representation for SGBV-accused persons.

4.7 BUREAU OF CORRECTIONS AND REHABILITATION

The BCR is responsible for providing safe and humane custody to both detainees and sentenced inmates at prison facilities across the country and to ensure that inmates are available to courts for trial hearings. There is a prison superintendent in each of the 15 counties, who is responsible for liaising with WACPS, CCE, circuit courts and the SGBV-CU about the status of inmates detained for SGBV crimes⁴¹.

4.7.1 HANDLING OF CASES

The bureau has jurisdiction only to hold perpetrators of SGBV in humane and protective custody while awaiting trial or serving sentences. They ensure that the alleged perpetrators are available to attend court proceedings when called up.

4.7.2 AVAILABILITY

All corrections officers interviewed, including one female, confirmed that officers are available at every court sitting at CCE or circuit courts to take custody of accused persons who are sent to prisons. Interestingly, female corrections officers are also available at the courts to take care of the needs of alleged female perpetrators who might be charged in SGBV cases.

4.7.3 ACCESSIBILITY

On accessibility of the services of the bureau, all three officers interviewed said that access to the bureau starts from the moment an individual is remanded or sentenced to serve a prison term by a magistrate court, circuit court or CCE.

4.7.4 COORDINATION WITH OTHER SERVICE PROVIDERS

The BCR coordinates all activities regarding inmate's welfare and transportation to and from court with other service providers, including CCE, SGBV-CU, OPD, MOH and MOJ.

4.7.5 CHALLENGES

The main challenges facing the BCR are overcrowding due to delays in hearing trials of SGBV cases and poor living conditions, including proper medical care for inmates.

There is also a severe lack of rehabilitation available to inmates sentenced for SGBV crimes across the country.

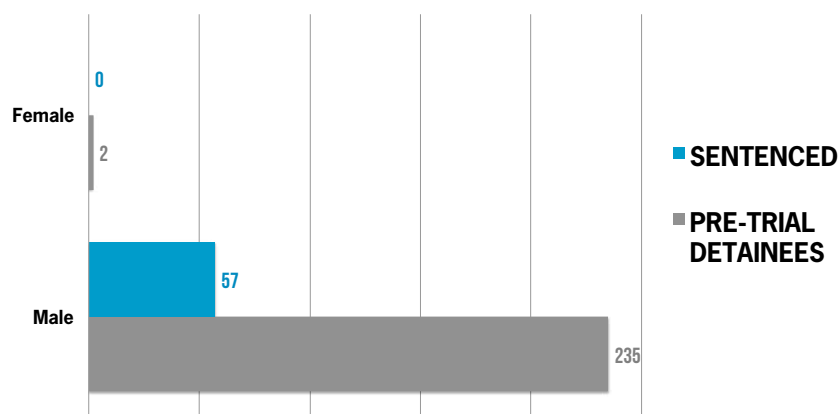
Lack of transportation at prison facilities makes it difficult to take SGBV perpetrators to court on time. Sometimes they are transported on foot or using a motorbike, which usually results in escapes, especially in outlying counties.

41 Statistics from Public Defender's Office in Monrovia.

42 Prisons statistics November 2018.

SGBV statistics on pre-trial and sentenced inmates in MCP

The number of pre-trial detainees across Liberia's prisons is very high, with inmates spending long periods in detention⁴². Figure 6 presents data of SGBV pre-trial detainees and sentenced inmates at MCP, disaggregated by sex.



Source: BCR SGBV Monthly Crime Statistics, December 2018

FIGURE 6: MONROVIA CENTRAL PRISON CRIME STATISTICS ON SGBV

4.7.6 RECOMMENDATIONS

- Providing transportation for corrections facilities will facilitate movement of SGBV accused persons to court and avoid delays in proceedings. This will also reduce overcrowding in prison facilities.
- Ensure that the rights of alleged perpetrators are upheld while in detention, thereby providing all necessary needs so that accused are in the right state of mind to stand trial according the Mandela Rules and the Liberia Prisons Rules and Regulations.
- Ensure that sentenced inmates are provided with appropriate rehabilitation skills while serving their sentences. This will equip them with the requisite knowledge and skills so they can engage in gainful employment after release.

4.8 INFORMAL SERVICE PROVIDERS

This category of service providers complements the work of the existing formal justice system in adjudicating or resolving minor or misdemeanour cases, such as spouses' quarrels, which could otherwise clog the justice system, which is already struggling to address SGBV-related cases. Service providers, such as traditional leaders, women's organisations and religious leaders, provide services by mediating,

intervening and convening quasi-investigations in minor cases. During interviews with community leaders in Zorzor and Voinjama, all respondents said they provide informal services by reporting cases to WACPS and discouraging attempts by community members to settle severe SGBV cases (especially involving child survivors) outside of the justice system. Community watch fora work in close collaboration with the police and other security forces to curb violence and report SGBV cases to community leaders and WACPS.

4.8.1 HANDLING OF CASES

On the issue of handling SGBV cases, all respondents asserted that ISPs handle only minor cases, such as quarrels, jealousy and abusive remarks. They provide fair judgement and levy minor fines where appropriate, and request the wrong doer to apologise to the other party. ISPs report serious cases of SGBV to WACPS, and encourage community members to desist from violence against women and children. All respondents said that they do some community sensitization and awareness-raising on SGBV, via community gatherings such as religious and community meetings. In addition, various community watch fora oversee and report security threats, including VAW, within their respective communities. ISPs also have traditional rules and regulations that guide them on handling all types of cases, including SGBV, in their respective communities.

4.8.2 AVAILABILITY

Traditional leaders interviewed confirmed that they are always available to listen to complaints from community members. According to the paramount chief of Zorzor District in Lofa County, community members prefer the services of traditional leaders because services are easily and readily available within their respective communities. They are also available in remote areas

where there are limited or no statutory systems of justice, he added.

4.8.3 ACCESSIBILITY

When asked about the accessibility of services, all ISPs responded that their services are accessible on a 24-hour basis as they dwell in the same community as their members, who they know very well, and that their services are free of charge.

4.8.4 COORDINATION WITH OTHER SERVICE PROVIDERS

On the issue of coordination with other service providers, ISPs said they have very good working relationships with all other providers. As one of their main responsibilities is to ensure that peace and tranquillity prevails in their respective communities, ISPs coordinate SGBV issues by reporting all

severe cases that they cannot handle to WACPS.

4.8.5 CHALLENGES

Traditional leaders tend to compromise cases because of their acquaintance with families of survivors and perpetrators. Additionally, they tend to cover up cases and hide alleged perpetrators. They also lack knowledge on investigation of SGBV cases and the statutory system of justice.

4.8.6 RECOMMENDATION

For effective response and prevention on SGBV, traditional leaders need to work in consonance with service providers who have the legitimate mandate to deal with SGBV cases. On the other hand, traditional leaders and community members need to be trained and guided on the types of cases they should handle.

5. CONCLUSIONS

SGBV prevention and response in Liberia faces multiple challenges at all levels. At the policy level, the necessary policy instruments have been developed and remain available, but adherence to the dictates of the instruments is a challenge. Some institutions created by the policies are yet to be fully equipped to perform their roles and responsibilities. At the programme level, budgetary and logistical constraints tend to render many institutions with statutory responsibilities weak and nearly unresponsive.

The availability and accessibility to services for women and girls who suffer from SGBV and its related consequences must be a priority of all

service providers. Additionally, ensuring that these services are affordable must be the sole responsibility of the government. At the same time, the GOL should make all necessary efforts to seek bilateral and multilateral donors and individuals who have a keen interest in providing support to SGBV prevention and response. To date, donors have supported policy development and SGBV prevention and response in terms of funding and capacity-building, but more need to be done. Most parts of the country lack these services, and in the few places where they are available, the services are grossly inadequate, inaccessible and unaffordable.

Additionally, service providers,

especially in the counties of Montserrado and Lofa, continue to lack essential equipment and capacity to properly deliver their respective mandates. The WACPS offices visited in Lofa (Voinjama) do not have the necessary structure to ensure privacy and confidentiality during investigation. The situation is similar in Montserrado (Monrovia) offices, with the exception of a police station in zone one, where the WACPS office has a separate, stand-alone investigation room constructed by UNMIL. Other WACPS offices country-wide serve as general offices, investigation rooms or filing rooms. WACPS officers reported that many survivors and their relatives do not follow up their cases, sometimes because they lack resources needed to travel long distances. Regrettably, among the many demands put on survivors and their families who do visit WACPS offices, among others, are exorbitant fares for officers to visit crime scenes and for witnesses or relatives to record statements at WACPS offices.

Other service providers, such as SGBV-CU, CCE, OSCs and BCR, continue to encounter severe limitations, such as inadequate personnel and insufficient logistical support and infrastructure, rendering them incapable of adequately responding to SGBV cases.

In conclusion, there is a strong need to build and strengthen the capacities of SGBV service providers, as well as to increase their annual budgetary allocations to enable them to execute their mandates effectively.

ANNEX I: SURVIVORS' STORIES

S001

A 17-year-old Sierra Leonean girl who was abducted by a Guinean herbalist in late 2017 at the age of 13 years and brought to Voinjama had a three-month old baby girl and lived with the Safe Home manager at the time of the assessment. She was accused of being a witch by her stepmother, who convinced the girl's father to hand her over to the herbalist for treatment. She said could not remember how they travelled, but only saw herself at the border between Liberia and Sierra with the said herbalist. The girl reported to police at the border in Koindu that the herbalist was trying to abduct her. He was arrested, interrogated and later released after convincing the police that the girl was his relative.

The herbalist took the girl to Voinjama, where he confined her to the house and sexually abused her daily. "He said the only way the witchcraft spirit would depart from me is when I opened my legs and he inserted his penis there," the girl narrated. The herbalist would never allow her to leave the house during the day, warning that evil spirits would harm her. This continued for over three months until one day when a neighbour who had suspected that there was someone staying in the house heard the girl crying for help in a language he did not understand. Someone recognised the language as Krio from Sierra Leone and quickly called another Sierra Leonean, who came to her rescue.

The girl narrated her ordeal to the man who took her to the Safe Home manager and then to the police station to make a report of abduction, false imprisonment and statutory rape. The WACPS officers obtained the girl's statement and then referred her to the hospital for examination and treatment, where she was found to be three months pregnant.

The alleged perpetrator was arrested and detained while the investigation was ongoing, but the girl was later told he had escaped from the police cell. She said she blamed police for aiding in the escape because one of the police officers at the station was from the same tribe as the accused, and on several occasions, she heard them speaking Mandingo. The girl said she, together with the person who rescued her and the Safe Home manager, visited the police station several times but the WACPS officers said there was nothing they could do as the alleged perpetrator had escaped. They promised to send a search warrant to the Guinean border and inform the girl and her supporters of the outcome of the case, but since then nothing has been done.

Afterwards, the girl stayed with the Safe Home manager, who provided all necessary support until she gave birth. She says that she wants to reunite with her father in Sierra Leone but the herbalist destroyed all contacts from her. The girl also wants to return to school and, above all, wants the accused to be arrested and face justice.

ANNEX 1: SURVIVORS' STORIES

S002

A 15-year-old Liberian girl, who lost both parents to Ebola, now resides with the Safe Home manager in Voinjama after she was raped in March 2015, when she was 12. She had to come to live with a friend to attend school. She said the incident happened when she was left alone in the house by her friend and her boyfriend. "An unknown man crept into the dark room, tied my mouth and hands and inserted his penis into my vagina. I tried to fight but he overpowered me and only left when he had finished what he wanted to do to me." She said she informed her friend and boyfriend about the incident when they returned, but instead of them taking her to the police station they took her to the Safe Home manager, who took her to the hospital for examination and treatment. The case was reported to WACPS, who obtained statements from the girl and the friend but since then nothing has been heard about the case as the perpetrator was unknown. The girl continues to attend school as the manager is paying her fees but she wants the perpetrator to be arrested to face justice.

S003

A 15-year-old Liberian girl has lived with the Safe Home manager in Voinjama since 2017. She was raped at age 13 by someone who lived in the same community in Foya, where she lived with her aunt. "One day I went to fetch water for my aunt. Then a man called me into his room. He tied my mouth and hands, raped me and threatened to kill me if I reported the incident to anyone. I later reported the incident to my aunt, who then reported to the police station. In Foya, the police obtained a statement from my aunt and I, but when they went in search of the man he was nowhere to be seen. I was then taken to Voinjama, where the Safe Home manager took me to the hospital for examination and treatment. I was living at the Safe Home until it was destroyed by insects; then I came to live with the Safe Home manager. She pays my school fees and does everything for me, but I want the perpetrator to be arrested and sent to prison."

S004

A 15-year-old girl, who now has a year-old baby, was raped by her step-father in 2017, when she was 13. She has been living at the Safe Home in Sanniquellie since then. The girl reported the case to the police in Sanniquellie, who obtained a statement from her and searched for the alleged perpetrator, but he had escaped with the girl's mother and their whereabouts have not been traced as of the time of writing this assessment.

Several follow ups have been done by the Safe Home manager but till now the police cannot trace the perpetrator or the girl's mother. All efforts to reunite the girl with other family members have failed as they have refused to accept her because she reported the case to police. The girl wants the perpetrator to be arrested and sent to prison.

S005

A two-year-old girl who was raped by the mother's brother is currently at the Safe Home in Sanniquellie. The uncle was arrested and remanded to prison but later released on bail. The mother said she is not satisfied with the way the case was handled at the court as she suspected that her brother and other relatives had compromised the case by bribing court officials for his release. She has visited the court several times and requested the intervention of various organisations to assist and support her to seek justice for her child but to no avail. The alleged perpetrator has escaped to an unknown location, while the baby is seriously ill and cannot walk.

S006

A six-year-old child was raped by her 22-year-old uncle in Sanniquellie in 2017. According to the survivor's mother, her brother crept into the room at night and raped the girl. "I was informed by my older daughter that there was some liquid on the survivor's legs and when I checked, the liquid was slippery like sperm and when I looked around the room my brother was hiding behind the door with his pants hanging down and sperm all over his legs." The case was reported to police and the perpetrator was charged in court and sent to prison, but since then the case has not been called for hearing.

S007

A 16-year-old child was raped by a friend of his brother at their home in Monrovia in 2016. The case was reported to police, who arrested the alleged perpetrator. He was charged in court and later sent to prison. The accused spent about eight months in prison but was later released on medical grounds and since then the case has not been called. The parents felt the case was compromised as the accused perpetrator has been seen in the community in apparently very good health. They also felt that the uncle bribed court officials to free him. Both the survivor and her mother want the man to be re-arrested and sentenced to a jail term.

ANNEX II: PICTURES OF LIBERIA SAFE HOMES

Abandoned Safe Home in Robertsport, Grand Cape Mount County



Photo Credit: Julius Togba, Civil Society Activist

Abandoned Safe Home in Robertsport, Grand Cape Mount County



Photo Credit: Susan B Koker, UN Women International Consultant

Abandoned Safe Home in Robertsport, Grand Cape Mount County



Photo Credit: Julius Togba, Civil Society Activist

Abandoned Safe Home in Robertsport, Grand Cape Mount County



Photo Credit: Julius Togba, Civil Society Activist

Abandoned Safe Home in Robertsport, Grand Cape Mount County



Photo Credit: Julius Togba, Civil Society Activist

ANNEX III: QUESTIONNAIRE FOR WACPS OFFICERS

DEMOGRAPHIC INFORMATION			
Name (Optional)			
Position			
Section			
Sex	M	F	
Age (Optional)			
Email			
Tel. No. (Optional)			
POLICIES			
Questions		Answers - Please circle the best option	
1	Does your organization have policies on SGBV?	Yes	1
		No	2
		I don't know	3
2	Does your organization have standardized operating procedures for the investigation of SGBV cases?	Yes	1
		No	2
		I don't know	3
3	To what extent is adherence to these procedures monitored by your organization?	Very high	1
		High	2
		Low	3
		Very low	4
		I don't know	5
4	Does your organization have agreed protocols about the referral process with relevant social, health and security services?	Yes	1
		No	2
		I don't know	3
5	Does your organization have laws or a policy that criminalizes SGBV?	Yes	1
		No	2
		I don't know	3
DATA COLLECTION, STORAGE AND DOCUMENTATION			
6	What is your organization's formal approach on the handling of SGBV reports and data?	Computer based	1
		Paper based	2
		I don't know	3
		Other (Please explain)	4

7	Does your organization have an established database for SGBV reports and data?	Yes	1
		No	2
		I don't know	3
8	Does your organization document all incidents reported against women and girls?	Yes	1
		No	2
		Sometimes	3
9	Do the police have a database on the profile of survivors and perpetrators?	Yes	1
		No	2
		I don't know	3
INVESTIGATION (PRIORITY)			
10	Do you prioritize the health of survivors during investigations?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
11	Does your organisation have the capacity to provide appropriate response to SGBV survivors?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
12	Does your organisation take confidentiality into consideration during investigations?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
13	How do you ensure that immediate action is taken when survivors report incidents of violence?	Examine the victim	1
		Take statement from the victim	2
		Refer the victim for medical treatment and examination	3
		I don't know	4
		Other(Please explain)	5
14	Does your organisation ensure women who report SGBV cases are not victimized during investigations?	Yes	1
		No	2
		I don't know	3
15	Do you seek the survivor's consent before recording statements?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
16	Does your organisation have a confidential room to ensure that survivor's privacy is maintained?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
17	Do survivors have the opportunity to tell their stories and are their stories recorded accurately?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
18	Do survivors have the opportunity to explain how the violence affects them?	Yes	1
		No	2
		I don't know	3

19	Does your organisation ensure that survivors are able to express their concerns according to their abilities (sex, age, intellectual maturity, language)? etc.	Yes	1
		No	2
		I don't know	3
AVAILABILITY AND ACCESSIBILITY			
20	How available and accessible is SGBV referral pathways to survivors and the general public?	Only on week days	1
		Seven days a week	2
		I don't know	3
		Others (Please explain)	4
21	Are referral pathways facilities user-friendly and do they meet the needs of survivors regardless of their status (illiterate, visually impaired, foreigners etc.?)	Yes	1
		No	2
		I don't know	3
22	Are the services in the referral pathways provided in ways that consider language needs of the users?	Yes	1
		No	2
		I don't know	3
23	Does your organisation have separate and confidential facilities for taking statements from survivors?	Yes	1
		No	2
		I don't know	3
24	Do all counties have WACPS offices?	Yes	1
		No	2
		I don't know	3
25	Are the services at the WACPS centres available to all survivors on a 24-hour basis?	Yes	1
		No	2
		I don't know	3
26	Are there any other available means survivors can access police services?	Yes	1
		No	2
		I don't know	3
		Other (Please explain)	4
27	Are there female police officers to interview survivors?	Yes	1
		No	2
		I don't know	3
28	Are services provided by the police on SGBV cases free of charge?	Yes	1
		No	2
		I don't know	3
29	Are medical services for SGBV survivors available and free of charge?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
30	Are survivors usually satisfied with investigations by the police?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
PREVENTION AND RESPONSE			
31	Are you implementing the SOP dealing with SGBV?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
32	Does your organization do awareness raising on SGBV?	Yes	1
		No	2
		I don't know	3
		Sometimes	4

33	Do survivors have privacy when recording their cases?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
34	Can survivors or relatives report cases on a 24-hour basis at any location?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
35	Are members of the local community involved in SGBV prevention and response?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
36	Are there other established sections that your agency works with on prevention and response to SGBV?	Yes	1
		No	2
		I don't know	3
37	Please identify the sections per the categories on the right.	WACPS	1
		One Stop Centres	2
		Safe homes	3
		Hospitals	4
		Others (Please state)	5
38	Are there trained service providers available to assist and support survivors in filing their complaint in a language that they understand?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
39	Are survivors or relatives punished for not cooperating with the investigation when they feel that their safety is not guaranteed?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
40	Do survivors or their relatives have the right to provide information regarding their case at their own free will?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
41	Are there any other measures in place to protect survivors who do not feel safe during investigations? Please explain.	Yes	1
		No	2
		I don't know	3
		Sometimes	4
42	Apart from your organization, what other organizations are involved in response to SGBV? Please explain.	MGCSP	1
		SGBV-CU	2
		One Stop Centres	3
		I don't know	4
		Other (please explain)	5
43	Is there any cooperation between the said organizations (network)?	Yes	1
		No	2
		I don't know	3
		To some extent	4
PRE-TRIAL PROCESSES			
44	Is priority given to the trial of SGBV cases?	Yes	1
		No	2
		I don't know	3
		Sometimes	4

45	Are there alternative dispute resolution mechanisms?	Yes	1
		No	2
		I don't know	3
		Others (Please specify)	4
46	If yes, are they in accordance with the law?	Yes	1
		No	2
		I don't know	3
47	Are survivors usually satisfied with trial verdicts?	Yes	1
		No	2
		I don't know	3
		Sometimes	4

AREAS OF IMPROVEMENT (ALL)

48	What are the challenges you and your organization face in responding to SGBV cases? Please list them.
49	What strategies do you recommend for the effective response and prevention to SGBV?
50	What can WACPS and other organizations do to improve services to survivors of SGBV? Please explain
51	What other ways can you recommend for improving the prevention and response to SGBV?

ANNEX IV: QUESTIONNAIRE FOR JUSTICE AND JUDICIAL ACTORS

ASSESSMENT OF EXISTING INITIAL SERVICES OF WACPS AND SERVICE PROVIDERS ON SGBV

DEMOGRAPHIC INFORMATION			
Name			
Institution			
Position			
Age (Optional)			
Sex	M F		
Email			
Tel: No.			
Questions		Answers - Please circle the best option	
1	Does your organisation have policies on SGBV	Yes	1
		No	2
		I don't know	3
2	Are the policies fully implemented?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
3	Does your organization have a formal approach on the treatment of SGBV reports?	Yes	1
		No	2
		I don't know	3
4	Does your organisation conduct training on SGBV?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
5	Do magistrates handle SGBV cases?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
6	Is priority given to prosecuting SGBV cases?	Yes	1
		No	2
		I don't know	3
		Sometimes	4

7	Does your organisation have a database on SGBV cases?	Yes	1
		No	2
		I don't know	3
8	Does your organisation have sufficient staff to prosecute SGBV cases?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
		Not applicable	5
9	Does your organisation have judges in every county to prosecute SGBV cases?	Yes	1
		No	2
		I don't know	3
		Not applicable	4
10	Does your organisation do awareness-raising on SGBV?	Yes	1
		No	2
		Not Applicable	4
11	Does the public have alternative means of accessing your organisation?	Yes, if yes how?	1
		No	2
12	Does your organisation have Victim Support Officers for SGBV cases?	Yes	1
		No	2
		I don't know	3
		Not applicable	4
13	Does your organisation provide protection for women and girls affected by SGBV?	Yes	1
		No	2
		I don't know	3
14	Does your organisation provide free legal aid for survivors for SGBV?	Yes	1
		No	2
		I don't know	3
15	Does your organisation prioritize the safety and well-being of women and girls who are affected by SGBV?	Yes	1
		No	2
		I don't know	3
		Not applicable	4
16	Does your organisation treat survivors with dignity, respect and provide psychosocial counselling to survivors during trial processes?	Yes	1
		No	2
		I don't know	3
		Not applicable	4
17	Does your organisation coordinate with other agencies to provide security of survivors during prosecution of cases?	Yes	1
		No	2
		I don't know	3
		Not applicable	4
18	Does your organisation coordinate with other agencies to ensure that health and other services are available to survivors of SGBV?	Yes	1
		No	2
		I don't know	3
		Others (please specify)	4

19	Does your organisation take into consideration the needs of women and girls during trial processes?	Yes	1
		No	2
		I don't know	3
		Others (please specify)	4
20	Does your organisation provide information to survivors on the processes involved in the prosecution and trials?	Yes	1
		No	2
		I don't know	3
21	Does your organisation take into consideration confidentiality in SGBV cases?	Yes	1
		No	2
		I don't know	3
22	What kind of support does your organization provide to SGBV survivors?	Prosecution of cases	1
		Legal aid	2
		Custody of perpetrators	3
		Others (Specify)	4
23	Are Public Defenders available to represent perpetrators during trials?	Yes	1
		No	2
		Sometimes	3
24	If yes, are they accessible?	Yes	1
		No	2
		Sometimes	3
25	Is there any cooperation between your organisation and other agencies on SGBV cases (network)?	Yes	1
		No	2
		I don't know	3
		To some extent	4
26	Are any alternative dispute resolution mechanisms used in SGBV cases?	Yes	1
		No	2
		I don't know	3
		Others (Please specify)	4
27	If yes, are they in accordance with the law?	Yes	1
		No	2
		I don't know	3
28	Are survivors usually satisfied with trial verdicts?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
AREAS OF IMPROVEMENT			
29	In your opinion what can be done to improve the services for women and girls affected by SGBV?		

30	How can the police and other organisations better respond and prevent SGBV?
31	What other ways can you recommend on the prevention and response to SGBV?
32	Any other comments? Please state

ANNEX V: QUESTIONNAIRE FOR MGCSP AND MOH

ASSESSMENT OF EXISTING INITIAL SERVICES OF WACPS AND SERVICE PROVIDERS ON SGBV (MGCSP/MOH)

DEMOGRAPHIC INFORMATION			
Name			
Position			
Institution			
Sex	M F		
Age (Optional)			
No.			
Email			
Questions		Answers - Please circle the best option	
1	Does your organisation have policies on SGBV response?	Yes	1
		No	2
		I don't know	3
2	Does your organisation enforce implementation of the said policies?	Yes	1
		No	2
		I don't know	3
		Somehow	4
3	Are medical services provided for survivors immediately after an incident?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
4	Does MGCSP have staff in all counties?	Yes	1
		No	2
		I don't know	2
5	If yes, are they easily accessible?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
6	Are counselling services available to survivors of SGBV?	Yes	1
		No	2
		I don't know	3
		Sometimes	4

7	Are survivors usually satisfied with the medical services provided to them?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
8	Does your organisation have a database on SGBV cases and reports?	Yes	1
		No	2
		I don't know	3
9	Is there a code of ethics on sharing information regarding the health of survivors?	Yes	1
		No	2
		I don't know	3
10	Are services provided at the OSC on SGBV cases free of charge?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
11	Are medical services for SGBV survivors free of charge?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
12	Can survivors or relatives report cases on a 24-hour basis at any location?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
13	Are WACPS officers available to interview survivors?	Yes	1
		No	2
		Sometimes	3
14	Does the Gender Ministry handle SGBV cases?	Yes, please explain	1
		No	2
		I don't know	3
		Sometimes	4
15	Are members of the local community involved on prevention, response and awareness on SGBV?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
16	Are there other established sections that your agency works with on prevention and response to SGBV?	Yes	1
		No	2
		I don't know	3
17	Please identify the sections per the categories on the right.	WACPS	1
		One Stop Centre	2
		Safe Home	3
18	What do you think can be done to stop violence against women in general? Please explain?	Continuous awareness raising	1
		Community sensitization	2
		Punishment for perpetrators	3
		Others (please explain)	4

19	Is forensic examination done in the investigation of SGBV cases?	Yes	1
		No	2
		I don't know	3
20	Do you have coordination mechanisms with other agencies on healthcare and other services for survivors?	Yes	1
		No	2
		I don't know	3
21	Do you have any mechanism in place for preservation of evidence?	Yes	1
		No	2
		I don't know	3
22	Are referral pathways available to all survivors?	Yes	1
		No	2
		I don't know	3
		Sometimes	4
23	In your opinion what can be done to improve the services for women and girls affected by SGBV?		
24	How can WACPS and other organisations better respond and prevent SGBV? Please explain.		
25	What other ways can you recommend on effective response to SGBV?		

ANNEX VI: QUESTIONNAIRE FOR SGBV SURVIVORS

Questions		Answers - Please circle the best option	
1	How old were you at the time of the assault?	5- 10	1
		11- 15	2
		16- 20	3
		21+	4
2	Do you have any disability?	Yes	1
		No	2
		I don't want to respond	3
3	Where do you live?	Home	1
		School	2
		Safe home	3
		Neighbour house	4
		Friend's house	5
		Others (Please specify)	6
4	What is the type of incident?	Rape	1
		Gang Rape	2
		Assault	3
		Domestic violent	4
		I don't want to talk about it	5
		Others (please specify)	6
5	Where was the first place you went to after the incident?	One Stop Centre/ hospital	1
		Police station	2
		Community leader	3
		Court	4
		Family member	5
		Religious leader	6
		Other	7
6	When did you/the survivor go to the One-Stop Centre/hospital?	Immediately after the incident	1
		After 3 days	2
		After one week	3
		I did not go to the clinic	4
		Others (Please specify)	5

7	If you did not go the One Stop Centre, why?	I don't know about the One Stop Centre	1
		There was no one to take me there	2
		I did not have transportation to go there	3
8	Is the One Stop Centre very far from where the incident happened?	Yes	1
		No	2
		I don't know	3
9	At the One Stop Centre/hospital who did you/the survivor meet with? Circle all that apply	Nurse	1
		Doctor	2
		Police	3
		Social worker	4
		Others (Please specify)	5
10	At the One Stop Centre, what kind of care did you/the survivor receive? Circle all that apply	Medical care	1
		Psychosocial counselling	2
		Legal advice by the police	3
		Legal advice from a lawyer	4
		Legal advice from a non-legal actor	5
		I did not receive any care	6
11	How did you/ the survivor come to know about the One Stop Centre? Circle all that apply	Through the radio	1
		Heard about it in School	2
		From family members	3
		Friends	4
		From the radio	5
		Community member	6
		Saw it on a bill board	7
		From the police	8
		On national TV	9
		From an NGO	10
		Others (Please explain?)	11
12	Were the services at the One Stop Centre/hospital free of charge?	Yes	1
		No	2
		I don't know (please explain)	3
13	At the One Stop Centre/ hospital, did you understand the language that was spoken to you?	Yes	1
		No	2
		There was an interpreter	3
14	Were you satisfied with the treatment given to you at the One Stop Centre	Yes	1
		No	2
		Somehow	3
15	After the incident did you go back home?	Yes	1
		No	2

16	Where did you stay?	With a friend	1
		A family member	2
		At the police station	3
		At a Safe Home	4
		Others (Please specify)	5
17	If you stayed at a Safe Home, who runs it?	Police	1
		INGO	2
		Govt.	3
		Private persons	4
		Others (Please specify)	5
		Local NGO	6
		I don't know	7
18	Was it free of charge?	Yes	1
		No	2
		Somehow	3
		Others(Please explain)	4
19	Did you feel safe staying there?	Yes	1
		No	2
		Somehow	3
		Others(Please explain)	4
20	Was the perpetrator arrested?	Yes	1
		No	2
21	Did you take your case to the police station?	Yes	1
		No	2
22	If you reported the case to the police station, did you continue with the case after the clinic?	Zone	Depots
	Which of the police station? If you know	Yes	1
		No	2
23	Was your case sent to the court?	Yes	1
		No	2
24	Was legal aid provided for you at the beginning of your case?	Yes	1
		No	2
25	If no, why?	I did not have money to pay for it	1
		No one told me about it	2
		I don't know	3
26	Are you satisfied with the way the police handled your case?	Yes	1
		No	2
		To some extent	3
27	Do you know the status of your case?	Yes	1
		No	2
		I don't know	3

28	If yes, what is the status of your case?	Still under investigation	1
		Perpetrator is in prison	2
		Case is on trial	3
		Case is currently in court	4
		I decided not to continue the case	5
		No one has told me anything about it	6
		There are no judges to continue with the case	7
		I don't have money to hire a lawyer	8
		Got tired of following up	9
		Others (Please specify)	10
29	How many times have you spoken to or met with a victim support officer since you reported your case?	Never	1
		1-2	2
		3-5	3
		I don't know what a victim support officer is	4
		Others (Please specify)	5
30	Did you have to pay money for your case?	Yes	1
		No	2
31	Who did you have to pay money to for your case? Please circle all that apply	Police	1
		Nurse	2
		Prosecutor	3
		Lawyer	4
		Community leaders	5
		Social worker	6
		Others (Please specify)	7
32	If you settled your case in the community (outside of court), how was it settled? Please circle all that apply	The perpetrator was fined to pay some money	1
		With community leaders/religious leaders	2
		Women groups	3
		Community policing	4
		Others (Please specify)	5
33	Was justice dispensed fairly in your case?	Yes	1
		No	2
		To some extent	3

34	What would have helped you continue with your case?	Financial support	1
		More legal advice to gain understanding	2
		Speedy trial process	3
		Punishment for the perpetrator	4
		More psychosocial support	5
		More information	6
		Others (Please specify)	7
35	Were you satisfied with how your case was handled by the court?	Yes	1
		No	2
		Not really	3
		Somehow	4
		Others (Please explain)	5
36	In your opinion what can be done to improve services for women and girls affected by SGBV?		

ANNEX VII: CONSENT FORM FOR SURVIVORS

INFORMED CONSENT FORM FOR SGBV SURVIVORS - MONTSERRADO AND LOFA COUNTY

Project: Capacity Building of WACPS and Service Providers on Response to SGBV

Interviewer: _____

Organisation: UN Women – Liberia

Address: _____

Phone Number: _____

Email: _____

This Informed Consent Form has two parts:

1. Information Sheet (to share information about the study with you)
2. Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form

PART I: INFORMATION SHEET

INTRODUCTION

My name isI am conducting an assessment on the existing available initial services of LNP WACPS and other service providers in response to SGBV. We are trying to find out the kind of initial services that are available to women and girls who have been affected by SGBV. I will provide you with information and kindly ask you to be part of this assessment. You can choose whether or not you want to participate.

There may be some words you don't understand or things that you want me to explain more fully because you are interested or concerned about them. Please ask me to stop at any time and I will take time to explain to you clearly.

THE PURPOSE

We want to know the existing available initial services including availability and accessibility of services, responsiveness, priority given to SGBV cases, investigation, medical and psychosocial services provided, pre-trial process and trial/hearing process and identify the capacity needs of security service providers (security,

justice, psychological, social and health), and identify areas for improvement as per the Essential Services Package for women and girls who have been affected by SGBV.

The results of the assessment will assist us to strengthen the capacity of LNP and service providers to respond to sexual and gender-based violence (SGBV) and at the end, improve the services for women and girls affected by SGBV.

ASSESSMENT PROCEDURES

We are going to sit together and discuss some simple questions about what happened to you during the time of your case. The interview will take about 30 minutes. After each question, you will be asked whether you are OK and happy to proceed to the next question. If there is a question you do not feel like answering you can choose not to and we will move to the next question. You can always ask questions and I will clarify.

I have checked with the interviewee and she understands the procedures

VOLUNTARY PARTICIPATION

Your participation in this assessment is completely voluntary. You can decide whether or not to take part in this assessment. If you decide to take part in this assessment, you will be asked to sign a consent form. Even after you sign the consent form, you are still free to withdraw at any time without giving a reason and it will not change anything. Do you have any questions?

I have checked with the interviewee and she understands that participation is voluntary

RISKS

We are only going to discuss the services there were available to you throughout your case, and whatever we talk about will be noted down, but not your name. Your responses will be anonymous and will be compared with other responses from other people. There will be no follow up with you from me after we finish today.

DISCOMFORTS: WILL IT HURT?

It is possible that some of the questions we ask might make you think about events which may make you feel sad. If that happens, please just let me know and we will stop the interview right there.

I have checked with the interviewee and she understands the risk and discomfort

BENEFITS

There is no reward for taking part in this assessment; however, by taking part, you will provide information that will help us improve the services to women and girls who are affected by SGBV.

I have checked with the interviewee and she understands that there is no benefit.

CONFIDENTIALITY

Information about the answers given will not be shared with anyone who does not have anything to do with this assessment, and your comments will be anonymous.

The information will be kept in secret and only people who are involved in the research will see it. Any information about you will have a number on it and not your name. Only the researchers will know what your number is. It will not be shared with or given to anyone else.

SHARING THE FINDINGS

When we are finished with the research, we will write a comprehensive report and share it with all service providers, who will make sure that the services that are missing will be provided to women and girls affected by SGBV.

RIGHT TO REFUSE OR WITHDRAW

You do not have to be in this research, no one will be angry or disappointed with you if you say no. It's your choice. You can say "yes" now and change your mind later and it will still be okay. Even if we have already started the questions, you can decide to stop anytime.

WHO TO CONTACT: WHO CAN I TALK TO OR ASK QUESTIONS?

You can ask me any questions about any part of the study, if you wish to. Do you have any questions?

CONSENT

I have read and I understood the information provided and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Interviewer's signature _____ Date _____

PART 2: CERTIFICATE OF CONSENT

I have been invited to participate in an assessment intended to find out about the available existing services of LNP WACPS and other service providers on SGBV response. I have been informed that I will be asked some questions about my case and that there is no obligation to take part, and that I can decide to stop at any time.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and all questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

IF ILLITERATE

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print name of witness: _____ Thumb print of participant

Signature of witness _____

Date _____

Day/month/year



STATEMENT BY THE INTERVIEWER/PERSON TAKING CONSENT

I have accurately read out the information sheet to the potential participant and to the best of my ability made sure that the participant understands that the following will be done:

1. Participation is voluntary
2. The participant can choose to withdraw at any time during and before the interview

I confirm that the participant was given an opportunity to ask questions about the assessment and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

Print Name of Interviewer/person taking the consent _____

Signature of Interviewer/person taking the consent _____

Date _____

Day/month/year

ANNEX VIII: DIAGRAMS

FIGURE 7: SERVICE PROVIDERS IN SGBV RESPONSE



FIGURE 8: DEFENDANTS' PERSPECTIVES

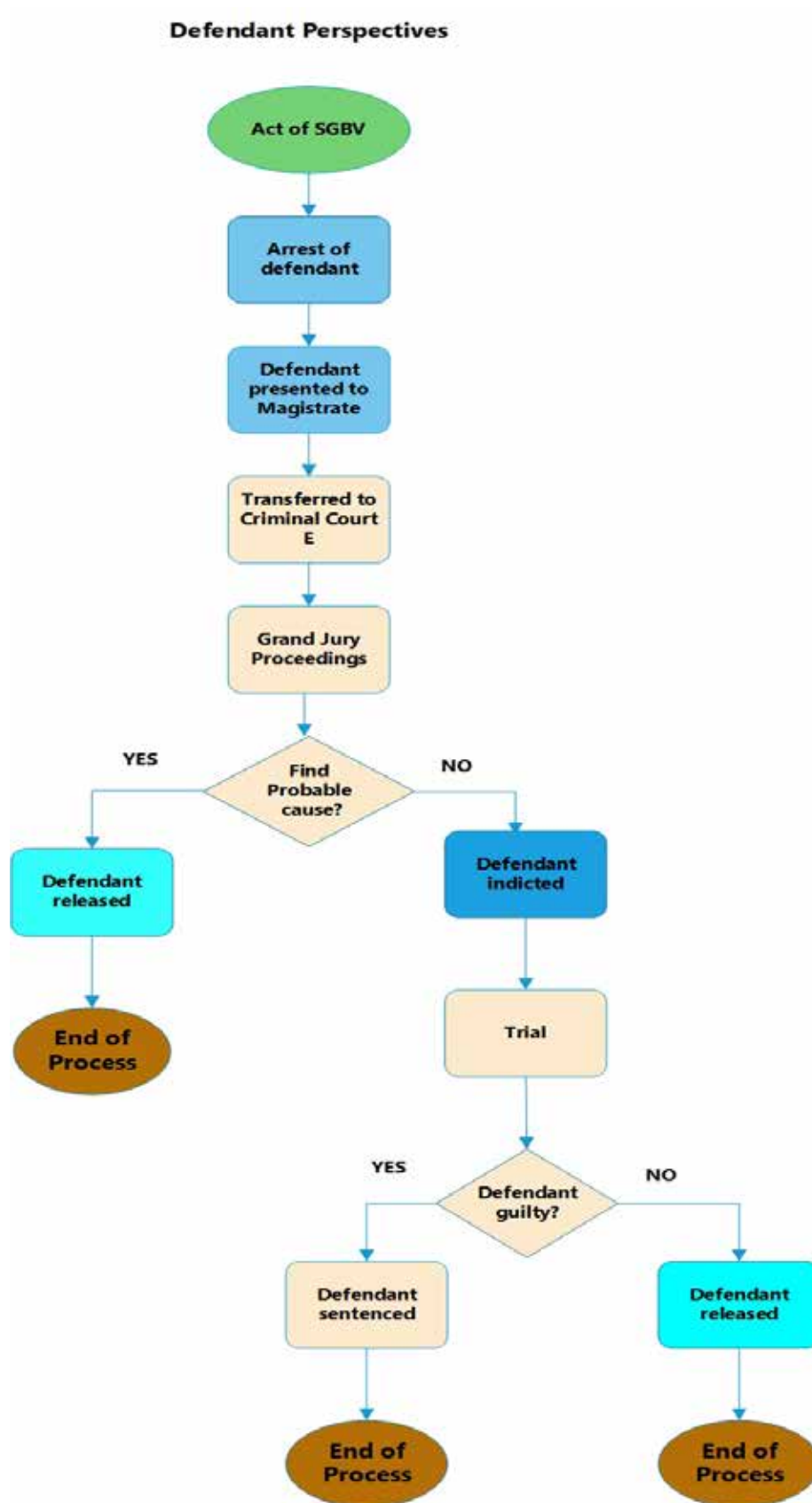


FIGURE 9: INITIAL ENTRY

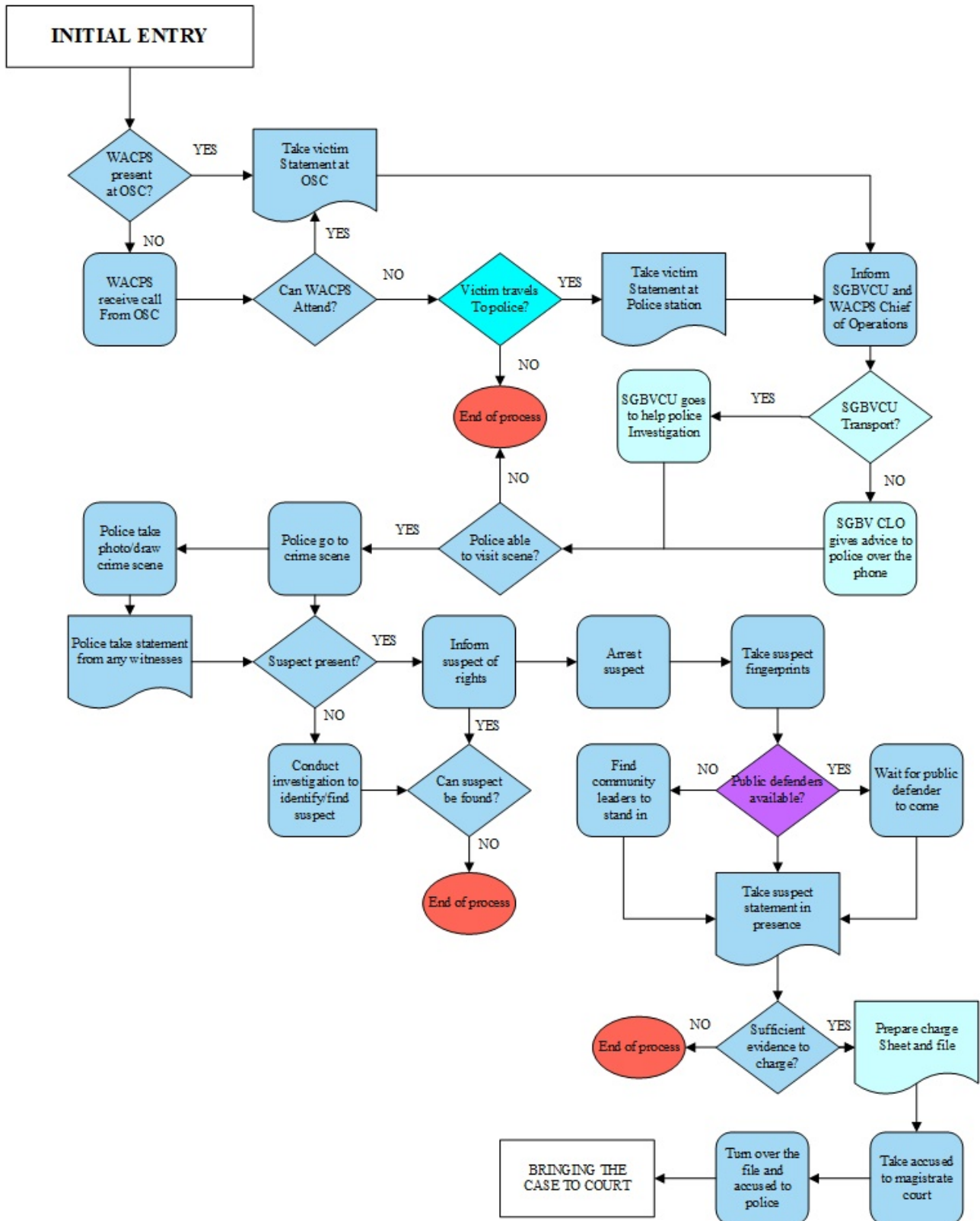


FIGURE 10: COURT PROCEEDINGS

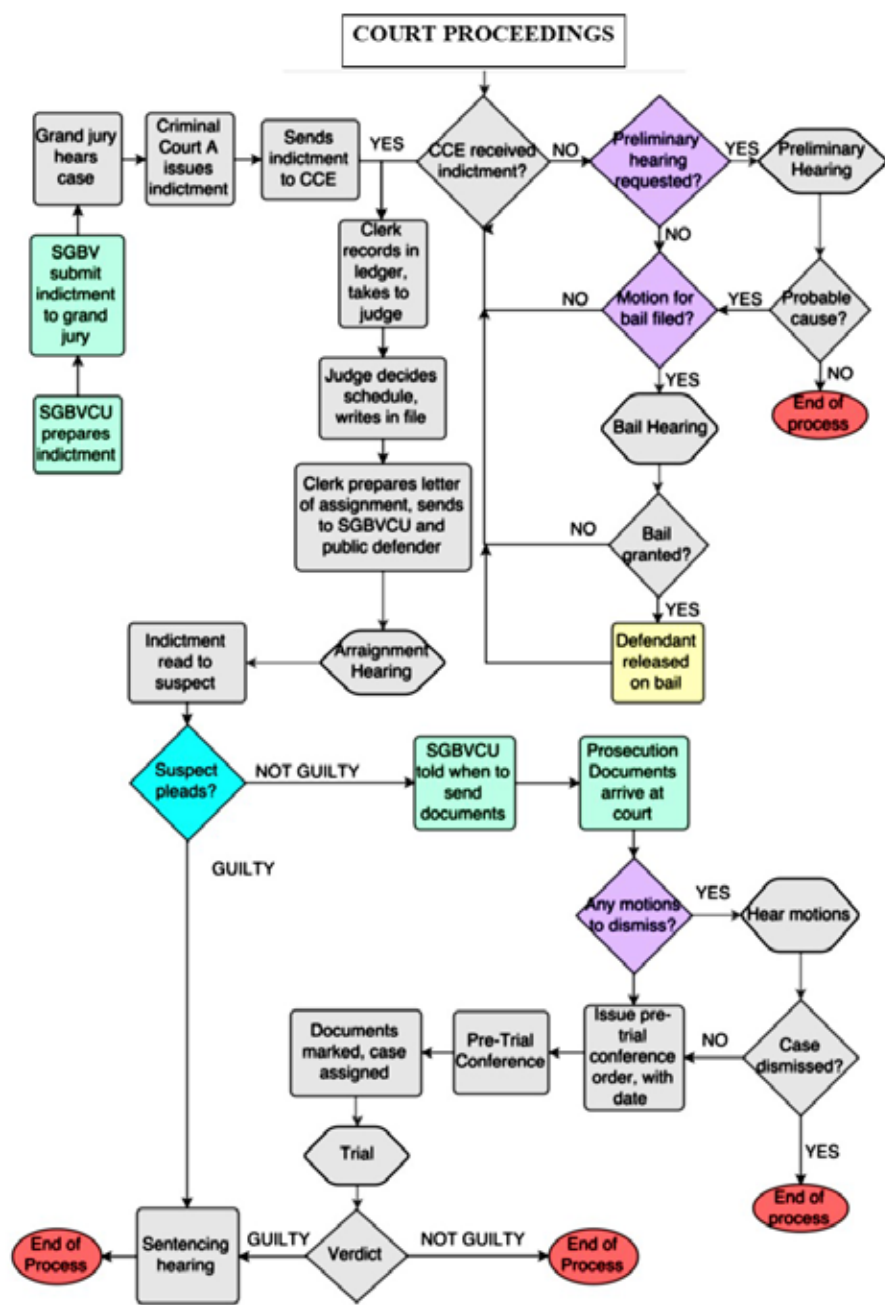


FIGURE 11: JURY PERSPECTIVES

Jury Perspectives

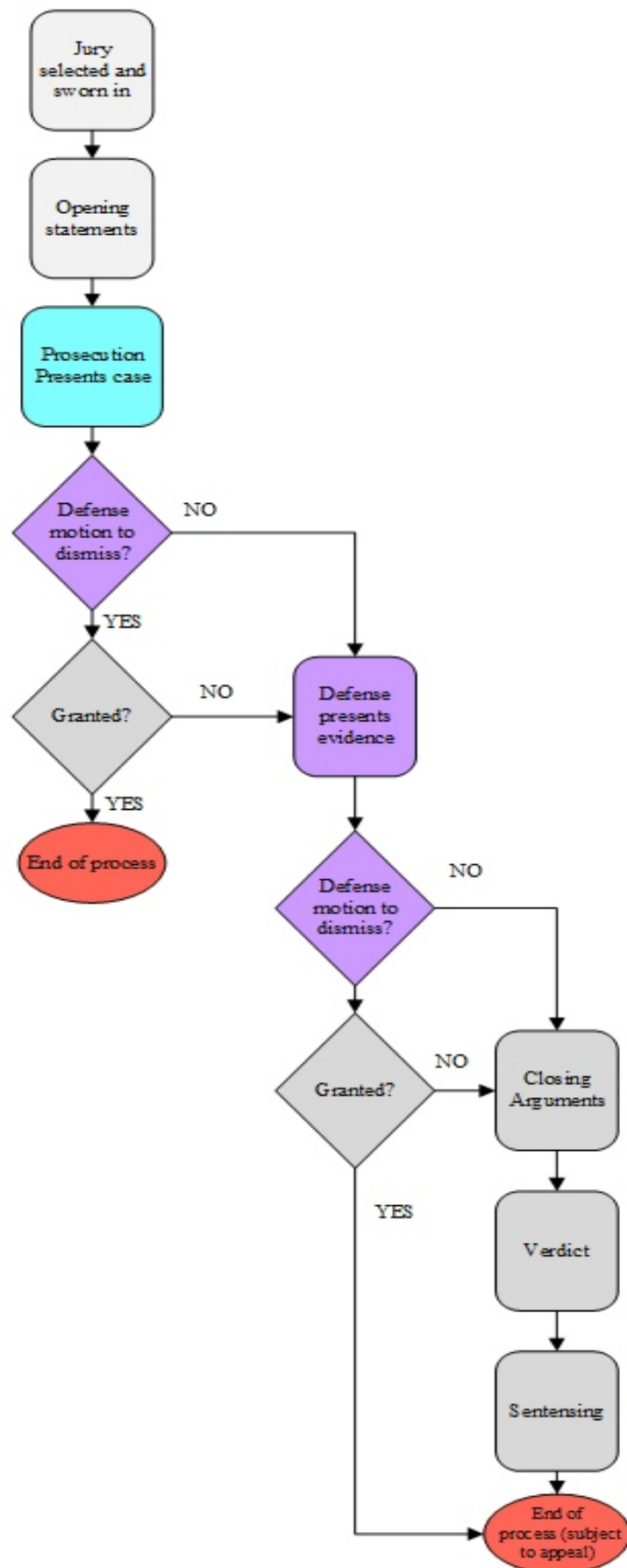


FIGURE 12: CASE REPORTED TO POLICE

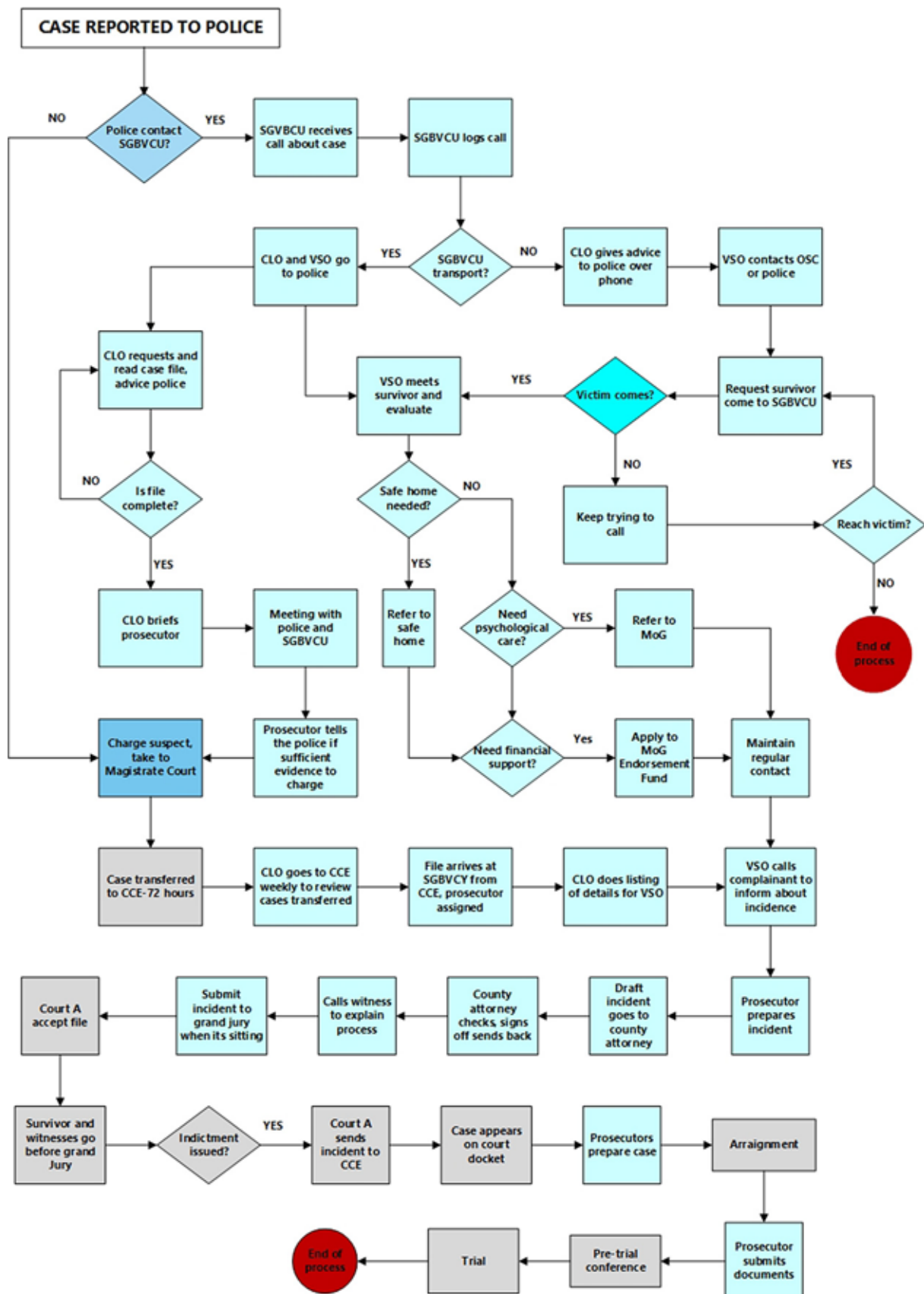


FIGURE 13: REPORT OF CASES TO OSC BY SURVIVORS

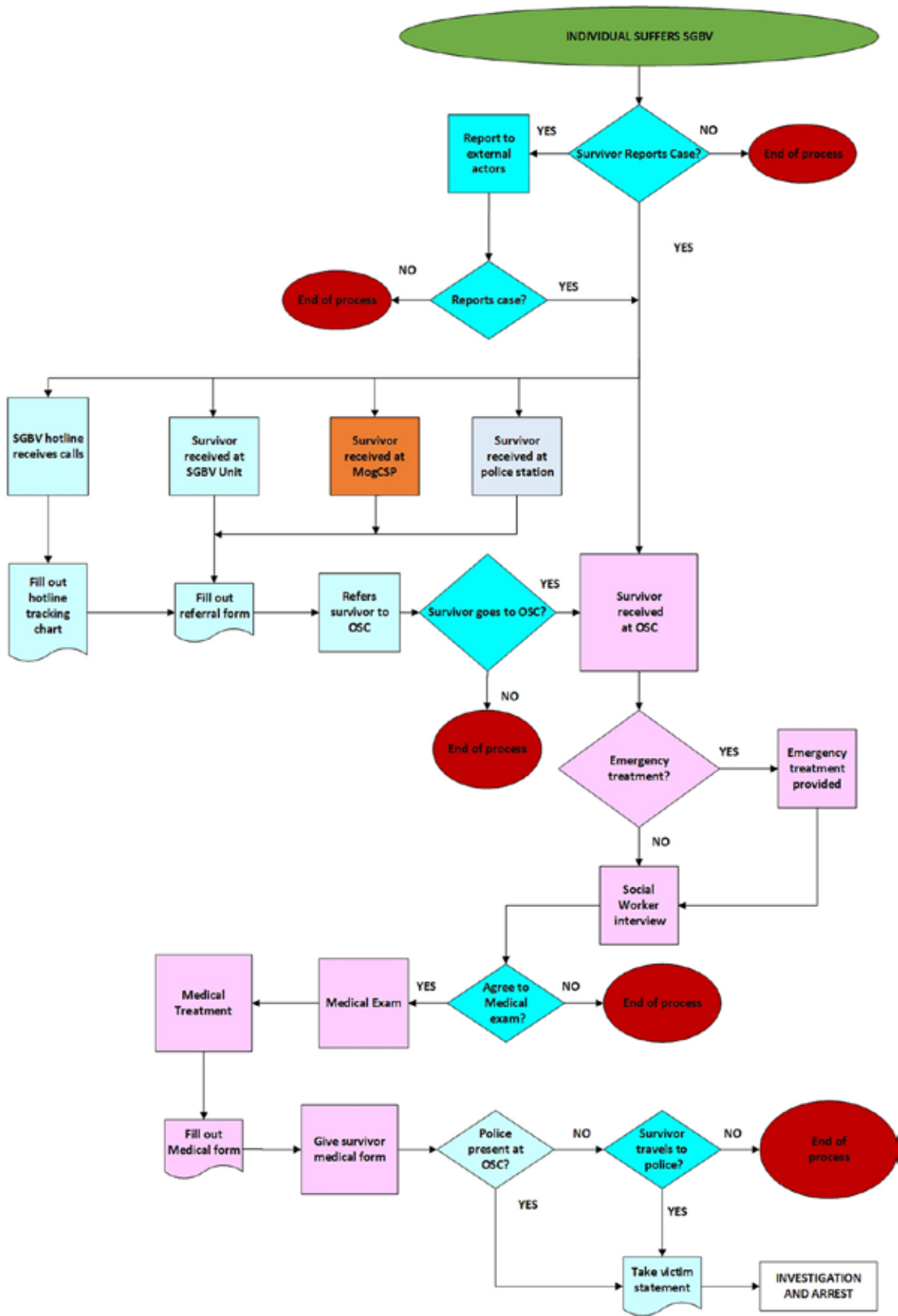


FIGURE 14: ACCUSED PERSPECTIVES

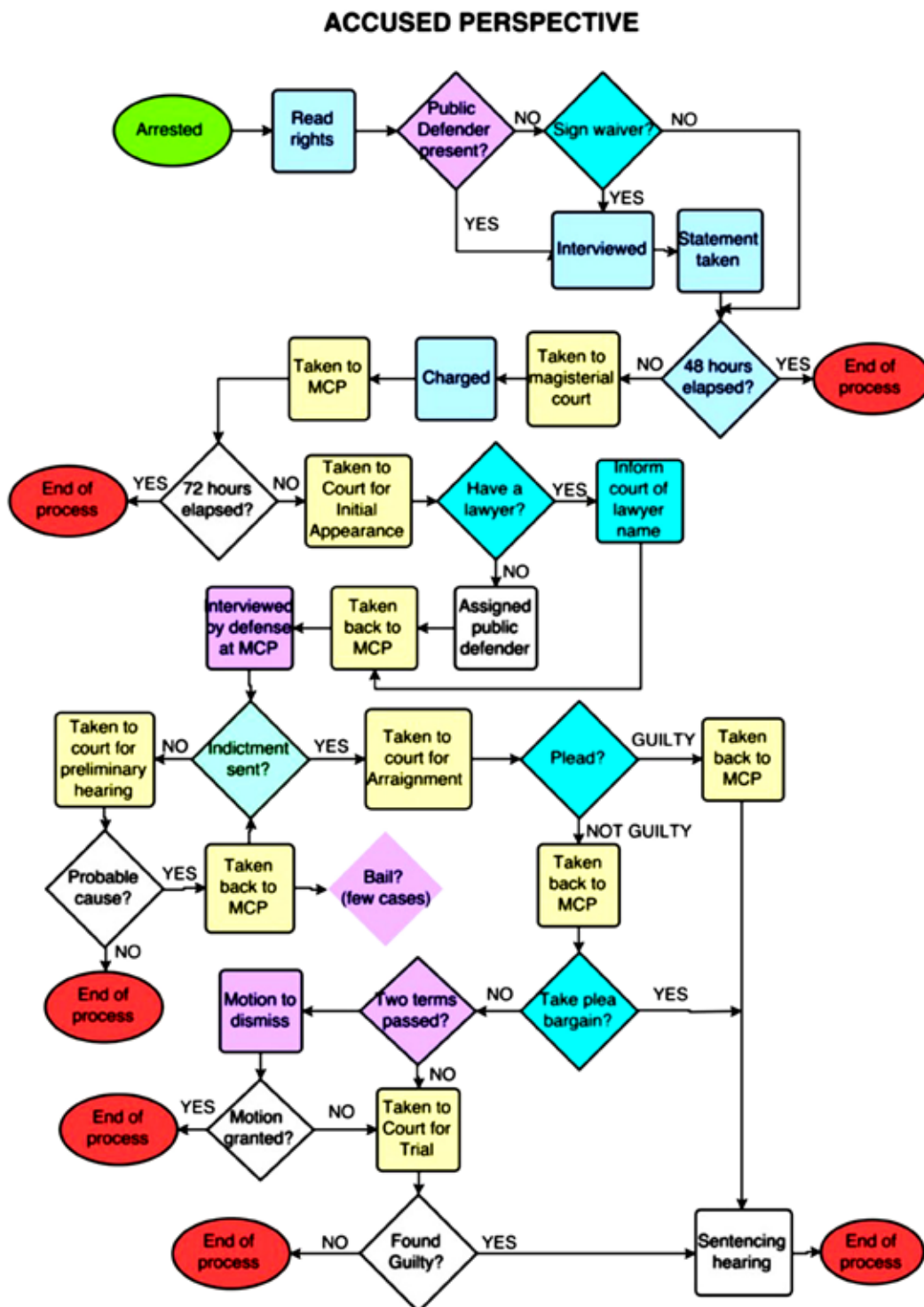


FIGURE 15: DEFENCE PERSPECTIVES

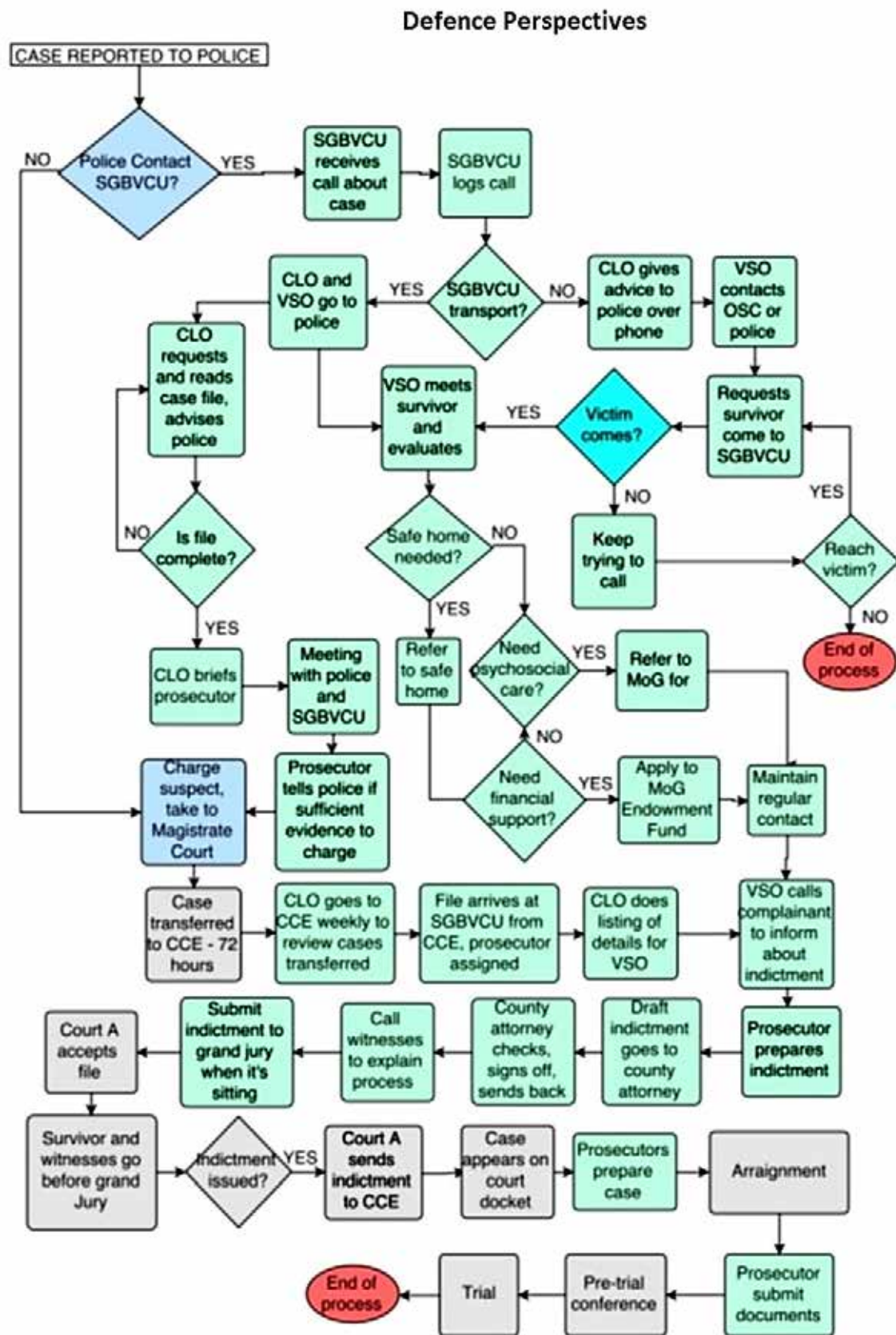
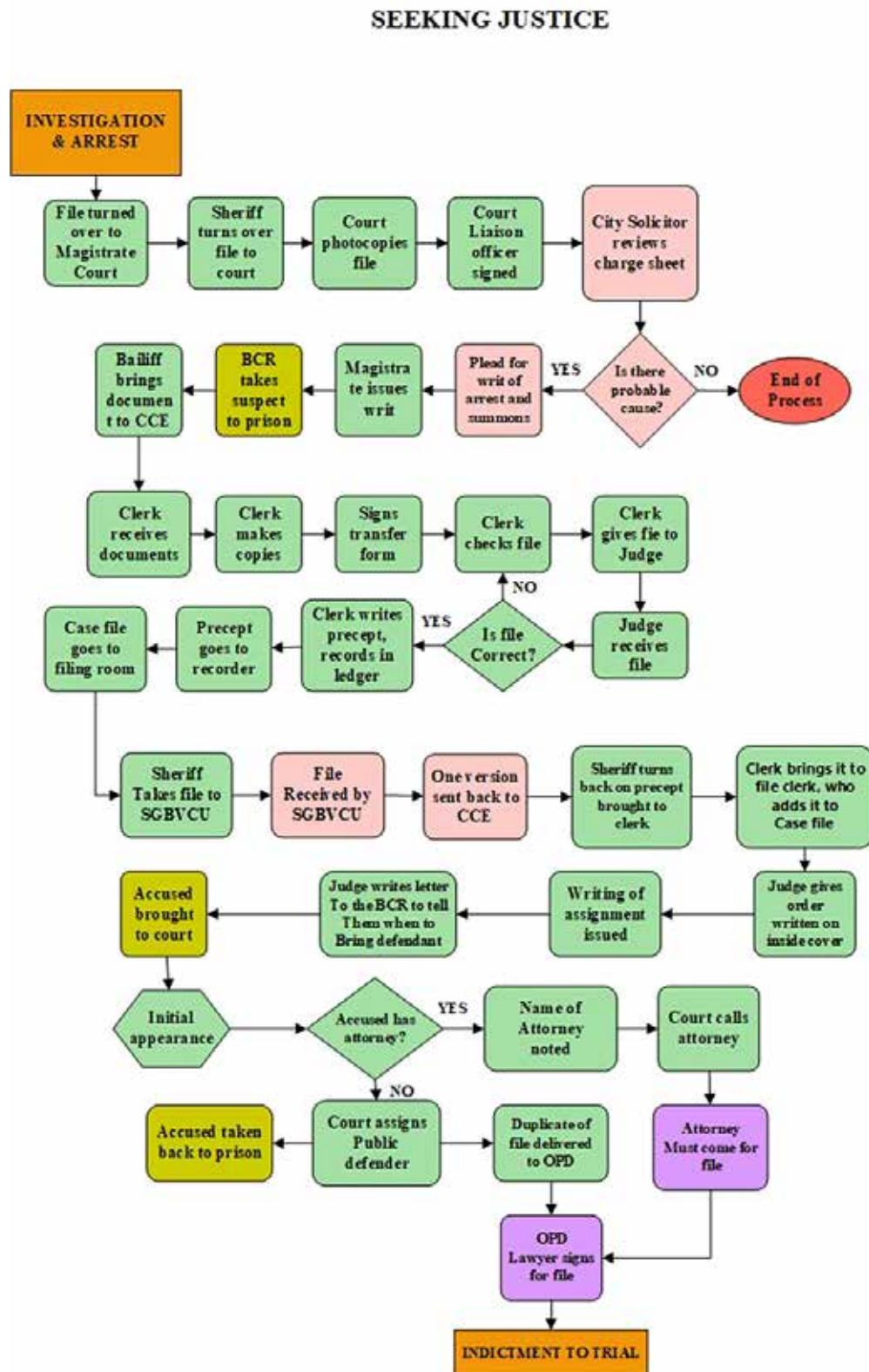


FIGURE 16: SEEKING JUSTICE



ANNEX IX: REFERENCES

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