

How To Guide



*Sexual and Gender-based Violence Programme
in Liberia*

January 2001
Health and Community Development Section



UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES



This is the eighth in a planned series of HOW TO GUIDES that document how Reproductive Health (RH) activities were implemented in the field. It was compiled by Sydia Nduna who acted as Consultant for Liberia in 2000.

Each How To Guide documents one field experience and illustrates and innovative approach to a particular area of RH. The Guide is not meant to present a definitive solution to a problem. Rather, its recommendations should be used and adapted to suit particular needs and conditions of each refugee setting.

Should you have any questions about this Guide, please contact UNHCR Guinea or the Health and Community Development Section at UNHCR Geneva (e-mail: HOTS00@unhcr.org).

Other HOW TO GUIDES:

- ❶ Crisis Intervention Teams: Responding to Sexual Violence in Ngara, Tanzania (January 1997)
- ❷ From Awareness to Action: Eradicating Female Genital Mutilation with Somali Refugees in Eastern Ethiopia (May 1998)
- ❸ Reproductive Health Education for Adolescents – Prepared by the IRC, Guinea (February 1998)
- ❹ Building a Team Approach to Prevent and Respond to Sexual Violence in Kigoma, Tanzania (December 1998)
- ❺ Strengthening Safe Motherhood Services, Tanzania (November 1998)
- ❻ Monitoring and Evaluation of Sexual Gender Violence Programmes, Tanzania (April 2000)
- ❼ Sexual and Gender-based Violence Programme in Guinea (January 2001)

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WHAT DOES UNHCR SAY ABOUT SEXUAL AND GENDER-BASED VIOLENCE?

In 1995, UNHCR published *Sexual Violence Against Refugees: Guidelines on Prevention and Response*. In 1998, UNHCR sought funding from the UN Foundation (Ted Turner) in an effort to strengthen the ability of UNHCR and its implementing partners (IPs) to prevent and respond to sexual and gender-based violence in five countries. Between 1995 and 1998, UNHCR made progress in supporting programme activities that not only addressed sexual violence but also gender-based violence. Even though most documentation refers to the different forms of violence affecting women and girls, this does not mean that men and boys are not affected nor does it fail to recognise that the violence they suffer is no less of a crime. However, in most situations of conflict, during flight, in refugee camps and after returning home, sexual and gender-based violence is perpetrated primarily against women and girls. Through SGBV programme initiatives refugee situations are beginning to provide information on the different types of sexual and gender-based violence existing among refugees. Despite this effort, reliable data - especially on gender-based violence and domestic violence among refugees - still remains rare. UNHCR continues to recognise that violence against refugee women is a global problem that cuts across class, gender, religion and culture.

UNHCR endorses the UN declaration that sexual and gender-based violence is a violation of basic human rights.

UNHCR endorses the international declarations and conventions that condemn violence against women. The creation of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) by the international community legalised the rights of women.

UNHCR emphasises that for any programme initiative addressing SGBV, the refugee community must be at the centre of the decision making process that determines the current programme activities and future direction. UNHCR is promoting the use of a co-ordinated and integrated approach to programming initiatives that respond and

prevent sexual and gender-based violence among refugees using the Multi-Sectoral Approach.

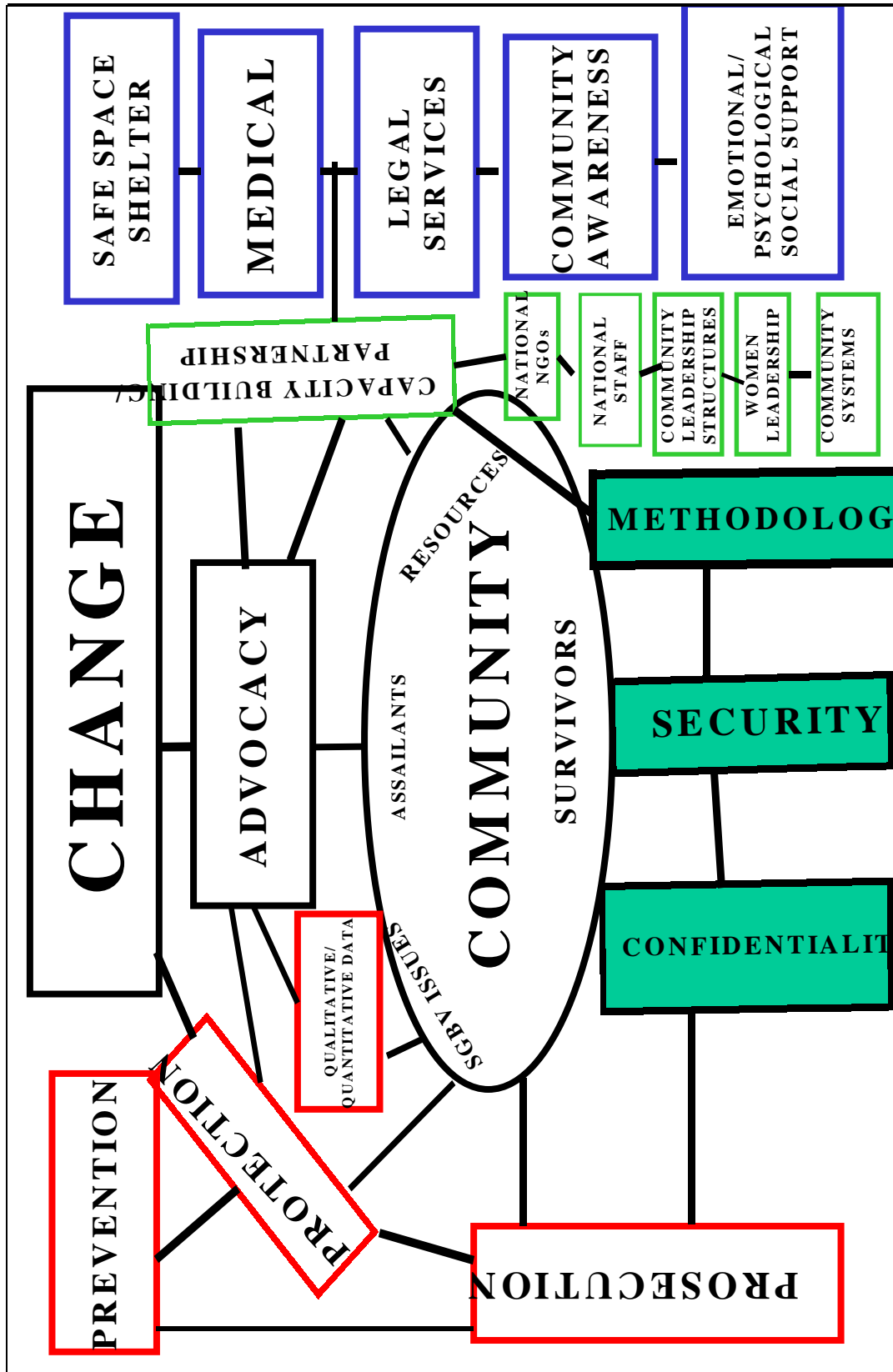
WHAT IS THE MULTI-SECTORAL APPROACH?

The Multi-Sectoral Approach responding to and preventing sexual and gender-based violence is a co-ordinated approach. The approach aims to bring change through the involvement of all the relevant sectors, systems, structures and communities that are involved in the provision of services to survivors of sexual and gender violence at host, national, UNHCR and refugee community level.

Sexual and gender-based violence can be seen as a complex issue, marrying together Medical, Community, Protection, Legal, Security and Human Rights. Survivors of SGBV therefore are in need of services from more than one of the above named sectors at any given time. In the provision of services to survivors of SGBV, it is stressed that service providers must ensure that survivors do not suffer any further trauma. In order to effectively address SGBV, provide adequate services and reduce the chances of the survivor experiencing trauma, it has been acknowledged that a co-ordinated approach of the different sectors and/or actors, be used through the Multi-Sectoral Approach. The role of co-ordination has to be taken up by one of the sectors involved in programme implementation.



The Multi-Sectoral Approach



WHAT ARE THE PRINCIPLES OF THE MULTI-SECTORAL APPROACH?

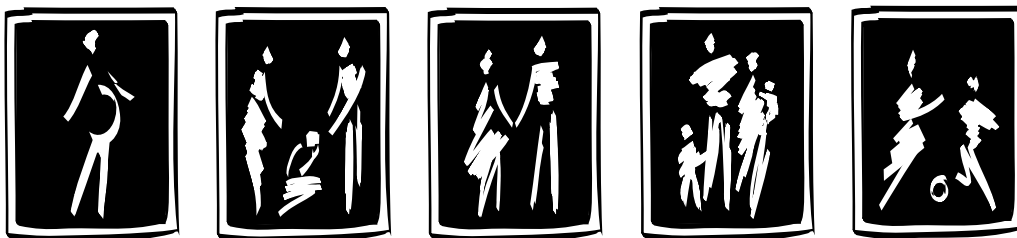
The Multi-Sectoral Approach recognises that:

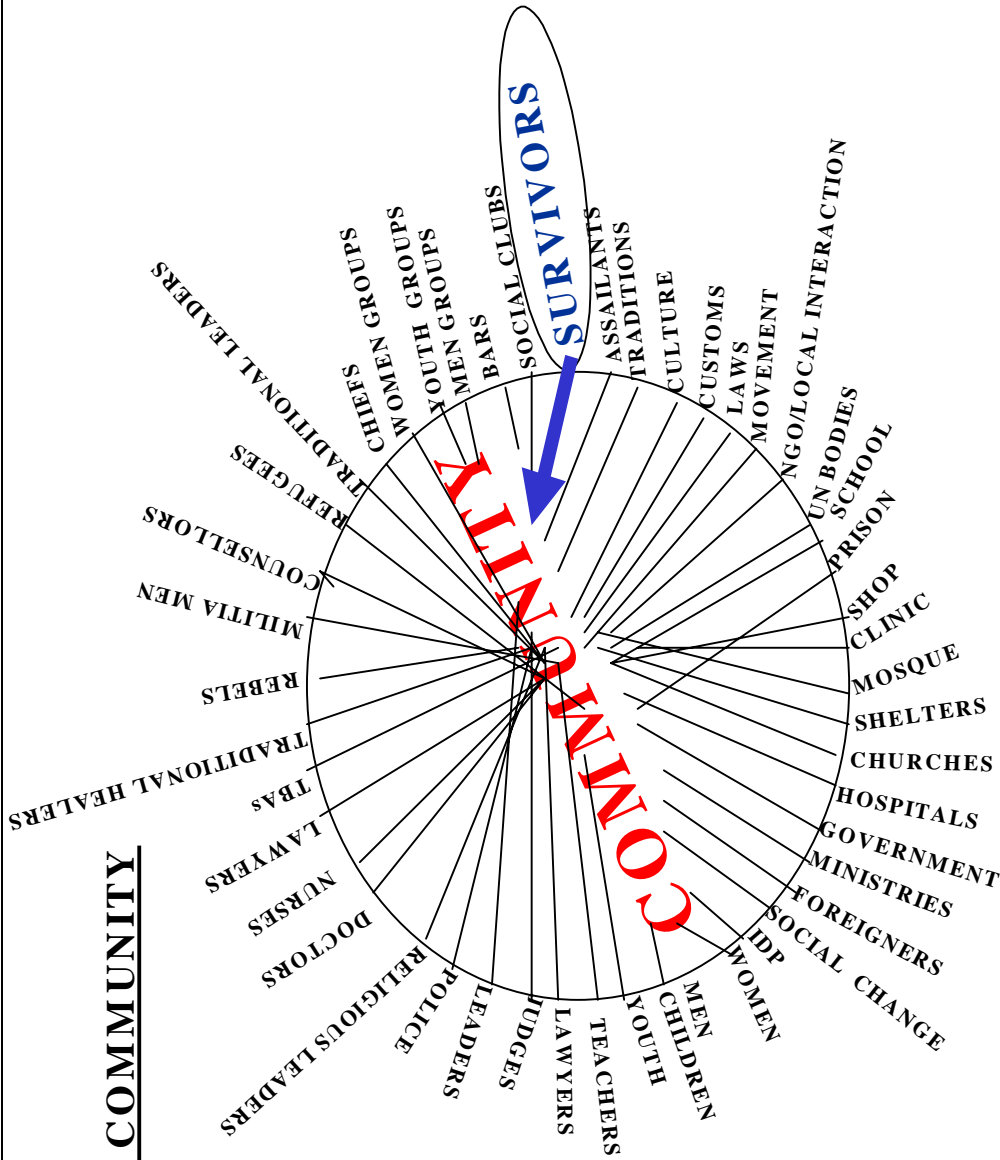
- ◆ Programmes addressing sexual and gender-based violence are survivor-centred. Programme initiatives begin with the experiences of the survivor. These experiences determine the need, the needs determine the services required, the services determine the sectors, the structures and the systems to be involved, strengthened and established.
- ◆ Programmes provide compassionate, confidential and caring services to survivors of sexual and gender-based violence. Confidentiality ensures that a survivor does not experience further threats and/or violence as a result of seeking assistance.
- ◆ Provision of relevant services lead to increased security for the survivor, his/her family and the general refugee community. UNHCR's mandate is to provide International Protection and Durable Solutions to the problems of refugees. By responding to and preventing sexual and gender violence, the programme begins to increase the refugee's sense and feeling of safety.
- ◆ Efforts shall be made to use Participatory Methods in SGBV programme planning, development, implementation, monitoring and evaluation.

Participatory methods involve collective and critical analysis of information by the refugee community. Critical analysis is for the purpose of developing critical consciousness. Critical consciousness is crucial for developing a desire among the refugees individually and as a community for taking action that brings about change. Participatory methods, when used in implementing SGBV programmes will ensure that the process of addressing SGBV issues within the refugee community is controlled by and directed by those refugees most affected by SGBV. Finally, participatory methods ensure that the SGBV programme remains community based.

WHAT MAKES A REFUGEE COMMUNITY?

The term "refugee" suggests that the people are homogeneous and thus lose their identity. Refugee populations are comprised of diverse groups of professionals just like a non-refugee community. It is not surprising to find among refugee populations highly educated and qualified people. Under the Multi-Sectoral Programme Approach responding to and preventing SGBV, it is important to recognise that the community does possess the capacity to effectively respond and prevent SGBV issues. With this in mind, the role of the humanitarian worker is thus facilitated in information provision, capacity building and strengthening and supporting the existing community-based services.





REFUGEE COMMUNITY

All of these make up a refugee community.

WHAT IS SEXUAL AND GENDER-BASED VIOLENCE?

The term sexual and gender-based violence is used increasingly to mean sexual violence and gender-based violence. However, most forms of sexual violence can also be committed under gender-based violence as long as the survivor was targeted because of his or her gender. In situations of conflict, there are many sexual violence and gender-based violence atrocities that are committed. Some of these crimes are not as documented or talked about as others. Examples include, but are not limited to, the systematic torture of pregnant women by cutting open their stomachs, the deliberate impregnation of women by enemy soldiers, the use of women as sex slaves and the use of women and girls to perform domestic chores.

What is Sexual Violence?

Sexual violence is any act, attempted or threatened, that is sexual in nature and is done with force or without force and without the consent of the victim. This includes acts of forcing another individual (through violence, threats, deception, cultural expectations, weapons, or economic circumstances) to engage in behaviour against his or her will. Forms of sexual violence include rape, attempted rape, sodomy, sexual abuse, sexual harassment, sexual exploitation, incest, statutory rape and forced prostitution. Sexual violence also includes penetration by objects such as sticks, guns, bottles, stones, fingers, etc.

What is Gender-based Violence?

Gender-based violence is physical, mental or social violence and abuse (including sexual violence) that includes acts (attempted or threatened) carried out with or without force and without the consent of the victim. The violence is directed against a person because of her or his gender (because she is a woman or because he is a man) or gender role in a society or culture. Forms of gender violence include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early or forced marriage, discrimination, the denial of food, education or freedom, domestic violence, female genital mutilation and incest.

In circumstances of sexual violence and gender-based violence, a person has no choice to refuse or pursue other options without severe security, social, physical or psychological consequences.

WHAT IS THE PURPOSE OF THIS DOCUMENT?

The purpose of this document is to offer a framework that can be used in responding to and preventing SGBV. This framework will strengthen the capacity of humanitarian actors to respond and prevent SGBV against refugees by putting in place systems, structures and services that can respond compassionately to survivors.

Much effort has already been put into working with SGBV programmes at country and regional levels. Through these workshops and consultant visits, the foundation has been laid to increase UNHCR, NGO and government understanding of the problems of sexual and gender-based violence experienced by refugees. Through participatory processes, the above actors have been supported to look at how they are already involved, how their day to day work can be strengthened and how a co-ordinated approach can prevent sexual and gender-based violence while responding compassionately to the needs of the survivors. During these workshops information is provided on UNHCR's mandate, policies and guidelines, as well as relevant international declarations and conventions that protect the human rights of refugees. Participants are also given an opportunity to build a shared definition of what is meant by SGBV in their own context.

This document will continue to raise the awareness of UNHCR, NGOs, government and other humanitarian workers on how to successfully implement multi-sectoral programmes. It will also strengthen their response to and prevention of SGBV with the active participation of the refugee community. SGBV programmes are initiated in two main situations:

- ◆ Refugee situations where issues of sexual and gender-based violence are addressed on a need be basis without deliberate programmes.
- ◆ Refugee situations where UNHCR and its IPs are aware of incidents of sexual and gender-based violence issues. Awareness raising work has been conducted but no systems, structures, referral, protocols, report forms, data collection and co-ordination bodies have been put in place. In this situation, the refugee community structures would already be providing some services to the survivor. The survivors would also be seeking services from some sectors like medical or community services but there will be no system put in place to respond compassionately to them.

WHAT IS THE BACKGROUND OF THE SGBV PROGRAMME IN LIBERIA?

In Liberia, the programme to prevent and respond to sexual and gender-based violence was initiated in June 1999 in Lofa County through inter-agency workshops and planning meetings. Unfortunately, in July 1999, the refugee population in Kalahun and Vahun were displaced and relocated to Sinje area. This displacement and relocation interfered with implementing SGBV activities in 1999. During the first half of 2000, the project conducted a large number of awareness raising and training activities in the refugee areas. In late 2000, the programme was refined to start implementing SGBV prevention and response activities using the Multi-Sectoral Approach. This approach will be fully implemented in 2001.

In 2001 the SGBV programme will continue to target the estimated 35,000 Sierra Leonean refugees in five camps: Sinje, VOA, Samukai, Banjor and Zuannah, located in Montserrado and Grand Cape Mount Counties. The objectives of the programme will continue to be:

- ◆ To strengthen and build the capacity of UNHCR, IPs, and government systems and structures - including law enforcement

and judiciaries - to respond compassionately to refugee survivors of SGBV.

- ♦ To strengthen the refugee-based community leadership, systems and structures to compassionately and adequately respond to and prevent SGBV incidents.
- ♦ To use the awareness work to build critical consciousness among the refugees, NGOs and UNHCR staff and government officials. Deliberate effort will be made to use participatory methods in the programme.

In Liberia the activities for responding to and preventing sexual and gender-based violence among the refugees are funded by UNHCR from the UN Foundation - (Ted Turner) funds. The sexual and gender-based violence programme will be implemented directly through sub-agreements with three key IPs: Family Empowerment Programme (FEP), Save the Children Fund UK (SCF) and the Association of Female Lawyers of Liberia (AFELL) with close coordination with other partners such as: International Rescue Committee (IRC) and the government counterpart, the Liberian Refugee Repatriation and Resettlement Commission (LRRRC). The Senior Protection Officer and the Community Service Associate Officer will continue to play key roles in monitoring and coordinating the implementation of the SGBV programme within UNHCR, with and between IPs and government, and at different levels within the refugee community.

HOW DID THE CONSULTANT LEARN ABOUT THE SGBV ISSUES AND SITUATION IN LIBERIA?

Familiarisation with sexual and gender-based violence activities in Liberia was undertaken through interviews with the different sectors within UNHCR, document reviews (such as sub-agreements, monthly reports and SGBV regional reports), field visits to all five refugee camps, and meetings with all the IPs. During field visits, the opportunity was taken to meet with the IP staff on the ground, LRRRC representatives and refugee leadership committees such as the

camp management committee, the elders, and the refugee security members. Meetings were also held with girls and boys clubs, women's skills training groups and individual refugees. Walking tours of the camps were conducted to meet with refugees in their own environment and to look at the camp layout. (Locations of the services, especially those that provide services to survivors such as medical and counselling centres). Meetings with the general refugee population were held at camp and block level to give voice to as many refugees as possible, especially women who were poorly represented in camp leadership structures, and in programme-related decisions.

HOW WERE SGBV ACTIVITIES ORGANISED IN THE CAMPS IN LIBERIA?

There had been a lot of awareness work carried out in the camps on some aspects of sexual and gender-based violence issues. UNHCR had a Community Services Officer on the ground for three months. A national staff in the position of Associate Community Services Officer later replaced this person. There is a Senior Protection Officer assisted by an Assistant Officer. Currently there is no Health Officer at the location. However, support is provided from the regional office.

FEP had been identified as the IP in all five camps. Save The Children Fund (SCF UK) operates in one camp and has carried out some activities that addressed aspects of SGBV, mainly with children 18 years and younger.

After close consultations with UNHCR protection, community services and programmes, it was agreed that although awareness-raising work on SGBV had been undertaken, there was a need for more to be carried out in order to establish an effective SGBV programme. For example:

- ♦ There was no special place for survivors to seek assistance. They went to the community services compound or to the hospital, but neither had facilities that ensured confidentiality. Additionally neither had staff specially trained to respond to incidents of sexual and gender-based violence.

- ◆ There were no medical, community services or protection protocols for responding to reports of SGBV nor were there any referrals and reporting channels.
- ◆ There was little co-operation between the different actors or sectors within UNHCR, among the IPs, and among the refugee community.
- ◆ SGBV case information or statistical data was not maintained within UNHCR or any of the IPs.
- ◆ The roles and responsibilities of the different sectors were not clear and created confusion on how to respond appropriately to reports of SGBV.
- ◆ Progress reports, incident reports, data and other relevant information was minimal and was not consistently shared especially among the refugee community.
- ◆ Monthly IP reports on SGBV contained little and often inconsistent information. This made it impossible to review the monthly reports and gather a clear picture on the types and prevalence of SGBV, the services offered, survivor details, perpetrator details, case management of SGBV, and SGBV activities in the camps.
- ◆ There were no systems for UNHCR and NGO IPs to use for:
 - compiling data
 - analysing and determining types, rates, risk factors or case outcomes
 - classification of types of SGBV incidents
 - data collection, reporting and referral procedures
 - co-ordination and information sharing mechanisms



WHAT TYPE OF INFORMATION IS NEEDED TO DESIGN A MULTI-SECTORAL PROGRAMME?

In order to implement a multi-sectoral sexual and gender-based violence programme in a given refugee situation, one needs the following information:

Home Country

- ◆ What were the prevailing laws relevant to sexual and gender-based violence?
- ◆ What were the procedures and documents required in cases of SGBV?
- ◆ Are there any services provided for survivors of SGBV?
- ◆ Who provided services to survivors of SGBV?
- ◆ What type of documentation does the SGBV survivor require to access these services?
- ◆ Did the police, medical and court use any specific forms for SGBV survivor?

Host Country – National Level

- ◆ What are the prevailing laws relevant to sexual and gender-based violence?
- ◆ What are the procedures and documents required in cases of SGBV?
- ◆ Who provides services to survivors of SGBV?
- ◆ What type of documentation does the survivor require to access these services?
- ◆ Who is already working on SGBV issues? Which organisations, and why?

- ◆ Who is supposed to be addressing SGBV issues but is not, and why?
- ◆ Who else should be involved in addressing SGBV issues?
- ◆ Are the SGBV issues prevailing in the host country similar or different to those experienced by the refugee population?
- ◆ What services are already available for SGBV survivors?
- ◆ What are the laws on abortion and contraception and are they accessible?
- ◆ How accessible are these services in relation to HIV/AIDS?
- ◆ What is the existing treatment protocol for STDs?

UNHCR National Level

- ◆ Who is already addressing SGBV issues within the UNHCR sectors and IPs?
- ◆ Who is supposed to be addressing SGBV issues within the UNHCR sectors and IPs, but is not?
- ◆ What other UN agencies are actively addressing SGBV issues? Which issue and by which agencies?
- ◆ What are the available resources to support the implementation of SGBV activities?
- ◆ What documentation is available on SGBV activities?
- ◆ What is the existing staff capacity to support SGBV activities within the different UNHCR sectors and IPs?

Refugee Community Level

- ◆ Which laws relevant to sexual and gender-based violence are the refugees following?

- ◆ What procedures and documents have been put in place as a requirement in cases of SGBV?
- ◆ What services are already available, and where?
- ◆ Who provides services to survivors of SGBV?
- ◆ What structures - traditional and otherwise - have been put in place to address SGBV-related offences?
- ◆ What types of sentencing and remedies are the refugee tribunals using?
- ◆ Who is already working on SGBV issues? Which types, and why?
- ◆ Who is supposed to be addressing SGBV issues but is not, and why?
- ◆ Who else should be involved in addressing SGBV issues?
- ◆ Are the SGBV issues in the host country similar or different to those experienced by the refugee population?
- ◆ What are the relevant traditional, beliefs and practices among the refugees? Internationally, are any identified as harmful traditional practices?
- ◆ Who are represented in the leadership structure? How are the leaders selected? Are women represented?

WHY DO YOU NEED THIS INFORMATION?

This information will support the programme implementers to know:

- ◆ Existing resources, services and facilities.
- ◆ What topics to include in the awareness raising work.
- ◆ What information to provide to support survivors to access services.

- ◆ What structures to put in place.
- ◆ Who should be involved, and why.
- ◆ What services will be possible (without making false promises).
- ◆ The existing political environment and what action has already been taken.

WHERE AND HOW DO YOU GET INFORMATION AND ANSWERS TO THESE QUESTIONS?

- ◆ Visits, meetings, interviews and document reviews at the Ministries of Health, Legal Affairs or Justice, Gender or Women's Affairs, Home or Internal Affairs, Police Headquarters, and magistrates and or Court representatives.
- ◆ Interviews and meetings with government representatives at camp level.
- ◆ Interviews, meetings and document reviews with UNHCR Protection, Community Services, Health Programmes, Security from Head of Office and with staff from sub- and field offices.
- ◆ Interviews, meetings and document reviews with IPs - Health, Community Services, Protection and Camp Management.
- ◆ Visits, meetings and interviews with other NGOs and UN bodies involved in human rights issues, gender issues and SGBV-related advocacy or initiatives.
- ◆ Visits to the refugee camps, meetings and interviews with refugee leaders (men and women), refugee camp security men and women, youth leaders and youth groups, members of the general refugee population and direct interviews and meetings with would-be beneficiaries.
- ◆ Reviews of available documentation, including sub-agreements, monthly reports, mission reports, regional reports, policy and guidelines, and any other relevant communications.

WHAT INFORMATION WAS COLLECTED THAT AFFECTED PROGRAMME PLANNING IN LIBERIA?

A co-ordinated, collaborative and co-operative approach was used. Protection, Community Services, Field, Programme staff and IPs were involved with the Consultant at different stages of the process. Through interviews, meetings, debriefing sessions and document reviews, the following information was collected:

Home Country (Sierra Leone)

- ◆ Sierra Leone law covers rape, statutory rape and assault.
- ◆ There are no specific laws addressing gender-based violence.
- ◆ Domestic violence is addressed under the assault law.
- ◆ The survivor reports first to the police who take a statement and request a medical examination.
- ◆ The survivor takes the police statement to the government hospital where there is a designated doctor to perform examinations and tests.
- ◆ The Medical Doctor writes his/her findings on the police statement and stamps it with the official stamp.
- ◆ The survivor brings the report back to the police station.
- ◆ At times there is a hospital-based police officer to escort the survivor to the designated doctor.
- ◆ Survivors of sexual violence are encouraged to report as soon as possible.
- ◆ Cases of sexual and gender-based violence are tried in open court.

Host Country (Liberia)

- ◆ Rape, incest and statutory rape are covered under Liberia law. They are treated as a criminal offence, investigated by the criminal investigation department in the police unit.
- ◆ There are no special police forms for these offences.
- ◆ The survivor can go to the medical centre first before going to the police station. The Medical Doctor who performs the medical exam gives a copy of the medical findings to the survivor and retains the original that is submitted in court.
- ◆ There are no police posts or stations in any of the refugee camps. The nearest police presence is at roadblocks or military checkpoints.
- ◆ A medical report on SGBV is only admissible in court if signed by a Medical Doctor registered with the Liberian National Medical Association.
- ◆ The Liberian Government is represented by the LRRRC in all the camps.
- ◆ Abortion is illegal in Liberia except in situations where the mother's life is at risk, as determined by a registered Medical Doctor.
- ◆ There is no specific law on domestic violence. Domestic violence is addressed using the law on assault or physical bodily harm.
- ◆ There is no specific law addressing gender-based violence like FGM.
- ◆ There is an existing STD treatment protocol.
- ◆ Voluntary HIV testing is available at the government hospital.
- ◆ No blood testing or transfusion is carried out in any of the camps.
- ◆ Contraception services are available through the Liberian National Family Planning Association. With an exception of the IUD, all other methods of contraception are available at medical centres in the camps.

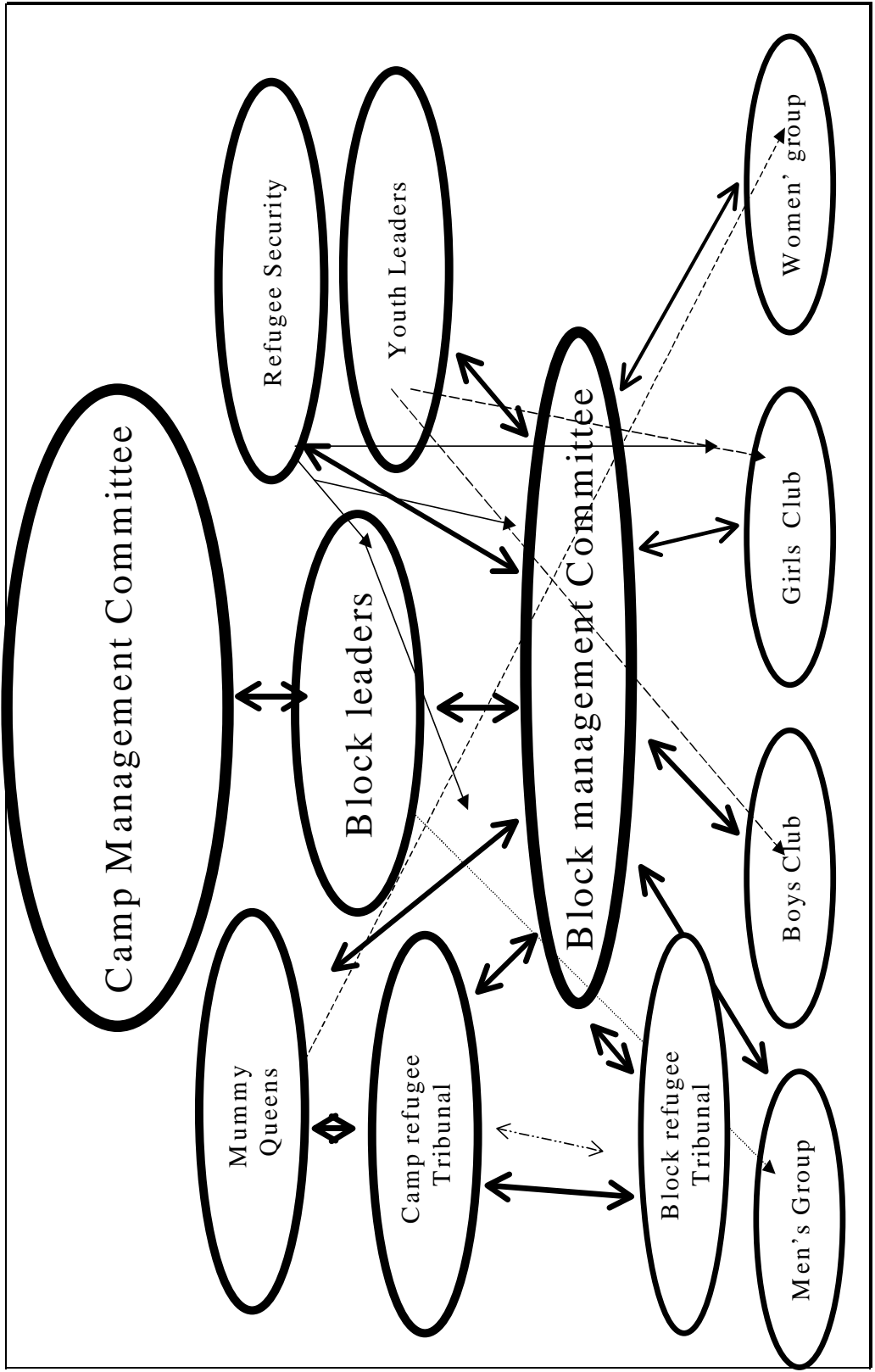
- ♦ At government level there is a Ministry of Gender. There are established national NGOs addressing women's human rights and legal rights issue among Liberians – AFFEL.

Most sexual and gender-based violence issues in Liberia currently affect both Liberians and Sierra Leonean refugees. A contributing factor is that Liberia is still experiencing war itself. Some tribes in Liberia practice FGM. There are reported incidents of sexual violence in the media. Incidents of domestic violence, forced prostitution, early marriage and teenage pregnancies are commonly associated with rising levels of poverty.

National Liberian law offers refugees and Liberian women a route to prosecute sexual and gender-based violence crimes. However, it is common experience among survivors that the law in theory and the law in practice remain estranged. Survivors of SGBV and SGBV as an issue continue to be unrecognised in the legal realm, making it very difficult for Liberian and Refugee survivors of SGBV to see legal redress as a deterrent.

UNHCR Monrovia (National Level)

- ♦ The programme is represented by the Senior Programme Officer.
- ♦ Two Field Officers, supported by four national staff, represents the Field.
- ♦ A Senior Protection Officer and the Assistant Protection Officer represents protection.
- ♦ The Associate Community Services Officer represents Community Services.
- ♦ The Regional Medical Officer services the medical sector from the regional office in Abidjan.
- ♦ The SGBV programme is being supported with funding the UN Foundation (Ted Turner).



WHO ARE THE IMPLEMENTING PARTNERS?

In Liberia, UNHCR is working with five partners to respond and prevent sexual and gender-based violence. The partners include: Family Empowerment Programme (FEP), Association of Female Lawyers of Liberia (AFFEL), Save the Children Fund UK (SCF), Medical Emergency Relief Incorporated (MERICI), and International African in Solidarity (IAS).

Liberian Government

- ◆ The Liberian Refugee Repatriation and Resettlement Commission (LRRC) are the government representatives. They are present in all camps.

Medical Sector

- ◆ Medical Emergency Relief Incorporated (MERICI) is providing medical services in four camps.
- ◆ IAS is presently providing medical services in one camp.

Protection Sector

- ◆ The Association of Female Lawyers of Liberia (AFFEL) is providing legal services and raising awareness on legal and human rights issues. AFFEL is a key IP for protection.

Community Services Sector

- ◆ Family Empowerment Programme (FEP) is implementing three projects for UNHCR (SGBV Programme, Community Services and Victims of Violence Programme). FEP provides all these services in five camps.

- ◆ Save the Children Fund (SCF) is working with children under the age of 18 in one camp. They initially focused on separated children but will now work with all children.
- ◆ International Rescue Committee (IRC) is providing educational services and skills training activities in some of the camps.
- ◆ Concern Christian Community (CCC) has recently started working in camps. They would like to work with survivors of violence providing counselling and medical services.

Refugee Community Level

- ◆ There is a Camp Management Committee (CMC) chaired by LRRRC. It deals with all disputes in the camp, including SGBV issues.
- ◆ The camp is divided into blocks and each block has an elected block Chairperson, Assistant Chairperson and Secretary. From this group an overall Chairperson for the camp is selected. The block leaders sit on the CMC.
- ◆ There are women leaders called “mammie queens” at block level. The mammie queens do not sit on the CMC except for one representative. The “mammie queen” is at times elected by the women but may also be appointed by the block leader.
- ◆ All blocks have refugee courts run by the elders.
- ◆ All blocks have youth leaders.
- ◆ Refugee security officers are selected from each block.
- ◆ In most camps there are boys and girls clubs.

AFTER GATHERING THE INFORMATION: WHAT NEXT?

With this information we took the work down to IP and UNHCR sector level. The opportunity was taken share information on UNHCR mandate, policy, guidelines and the Multi-Sectoral Approach to responding to and preventing sexual and gender-based violence among refugees. Through meetings with policy makers, a review of their understanding of what was expected of the organisation, and how that fit into their own organisational mandate or priority, was addressed. The work included:

- ◆ Holding meetings with the policy makers of IP.
- ◆ Conducting two to three day's workshops with policy makers, middle management and staff members who work directly with refugees.
- ◆ Holding joint meetings according to the different sectors.
- ◆ Bringing all the different actors and sectors - government, UNHCR, IPs and any other relevant organisations - together in a two to three day workshop.

WHAT WAS THE FOCUS OF THESE WORKSHOPS?

During the workshop the following were the main focus:

- ◆ The organisational mandate and situation analysis of the organisational country programmes.
- ◆ Identification and analysis of the current SGBV activities.
- ◆ Building a shared definition and understanding of what SGBV is in their context.
- ◆ Identifying the prevailing SGBV issues among the Liberian community and refugee community.

- ◆ Introduction of the Multi-Sectoral Approach to responding to and preventing SGBV.
- ◆ Analysis of what structures, support systems needed to be put in place to support an effective Multi-Sectoral Approach to SGBV programming.
- ◆ Clarifying roles and responsibilities, co-ordination, co-operation, collaboration and referral procedures.

From the individual organisational workshops, IPs were brought together according to sectors. Team meetings were organised for medical, community services agencies and protection. These meetings were used to review existing organisational and regional resource materials, and adjust them in order to develop:

- ◆ report and incident forms
- ◆ referral procedures and forms
- ◆ protocols
- ◆ service structures
- ◆ service providers
- ◆ medical and other certificates
- ◆ co-ordinating bodies

Sexual and gender-based violence programming is a complex and challenging undertaking. One of the key lessons learned is that it requires collaboration, co-operation and co-ordination within and among the different actors. To initiate and consolidate this process of co-ordination, a national planning workshop was held. It brought together IPs, host government representatives and UNHCR Protection, Community Services, Field and Programme sectors. During the National workshop:

- ◆ UNHCR provided information on its mandate, policies and procedures, guidelines, international refugee laws and rights, conventions and declarations, the human rights conventions and

the OAU charter. Information included Liberia's status in relation to these international declarations.

- ◆ IPs provided information on organisational mission statements or mandates, programme activities in Liberia, including the current activities relevant to response and prevention of sexual and gender-based violence.
- ◆ UNHCR and IPs developed a shared understanding of what is sexual and gender-based violence, what are the common elements and what are the different ones, and why both among the Liberian and the refugee community?
- ◆ The Consultant presented: The Multi-Sectoral Approach to Prevention and Response to Sexual and Gender-based Violence in Refugee Settings.
- ◆ Consequences of sexual and gender-based violence per sector were reviewed.
- ◆ Identification of co-ordination, reporting, and systems and structures to be strengthened or put in place. Location of services.

WHAT WAS IDENTIFIED AS THE BEST WAY TO PROCEED WITH THE PROCESS AMONG THE REFUGEE COMMUNITY?

Looking at this process, one gets the impression that the refugee community is the last to be addressed, contradicting one of the key principles of the Multi-Sectoral Approach. This is not actually the case. It was stated at the beginning of this document that Liberia was already carrying out SGBV awareness raising work in the community. The process was being used to streamline and consolidate the activities through a co-ordinated approach. In situations where nothing has been done, programme developers or planners would begin the process at refugee community level. There would be a need to establish whether the programme was needed and whether sexual and gender-based violence is an issue for the

refugee community. In this situation it had been established by and with the refugees that sexual and gender-based violence is an issue in their community. UNHCR, government representatives and IPs were already making effort to address the issue.

Government Representatives

Interviews and meetings with government representatives at camp level included discussions on:

- ◆ What is their role as government representatives?
- ◆ What role have they been playing in relation to SGBV issues in the camp?
- ◆ What are the SGBV issues arising in the camp?
- ◆ What is the Multi-Sectoral Approach to responding to and preventing SGBV?
- ◆ What should be done to strengthen what has already been done?

Refugee Leaders

Hold meetings with the elected camp leaders at camp level, youth, women and male leaders, including specific interest groups like boys and girls clubs.

- ◆ What is their role as refugee camp leaders?
- ◆ What role have they been playing in relation to SGBV issues in the camp?
- ◆ What are the SGBV issues arising?
- ◆ What is the Multi-Sectoral Approach to prevention and response to SGBV?
- ◆ What role would the leaders need to play in future Multi-Sectoral Approach SGBV programme implementation?

- ♦ What should be done to integrate the Multi-Sectoral Approach into current SGBV activities to strengthen the response to and prevention of SGBV incidents in the camp?

Community Level

Hold community-level meetings. Depending on the size of the camp and the way it is divided, it is best to hold individual or two-block meetings. It is also advisable to conduct separate meetings for men and women. This is important to give a chance for free expression. In most cultures, women will not openly talk about experiences of sexual and gender violence in mixed groups.

- ♦ What have been the experiences of survivors of sexual and gender-based violence?
- ♦ What types of sexual and gender-based violence exist?
- ♦ Where do survivors go for assistance?
- ♦ How have the support structures worked?
- ♦ What are SGBV issues arising?
- ♦ What roles need to be played and by whom: the survivor, the refugee community, refugee community leaders, NGOs, UNHCR and government representatives?
- ♦ What would be the most ideal location for service provision for survivors?
- ♦ What should be done to integrate the Multi-Sectoral Approach into current SGBV activities in order to improve and strengthen and strengthen the response to and prevention of SGBV incidents in the camp?



HOW DID THE TEAM LEARN ABOUT SGBV ISSUES AND NEEDS IN THE REFUGEE CAMPS IN LIBERIA?

A team of UNHCR Protection, Community Services and field staff, the Consultant and government representatives (LRRRC and IPs FEP, SCF, and CCS) attended the community meetings. Participatory methods were used in facilitating the process.

PHASE I - Government Representatives

In phase one the team met with LRRRC representatives in Sinje. A joint briefing was conducted on what had been carried out in the past and the role LRRRC played. LRRRC set up the CMC and refugee security systems, and maintained law and order in the camp. Through the CMC and at times with the support of a few identified refugee elders, all SGBV-related incidents in the camp were addressed. LRRRC referred serious cases to the Liberian judicial system. The team then made a presentation on the Multi-Sectoral Approach to responding and preventing SGBV among refugees. After discussions it was agreed:

- ◆ LRRRC will give their utmost support to the implementation of the programme.
- ◆ The programme goal is to reduce the incidence of sexual and gender-based violence in the camp.
- ◆ The refugee communities need to play the key role in making decisions that determine programme activities.
- ◆ There is need to carry out community mobilisation in order to build confidence among the refugees.
- ◆ There was no need to create new structures but rather to work with the existing community structures to organise a community support system to prevent and response to prevent SGBV.

- ◆ There was an urgent need to review the existing reporting system to ensure confidentiality for the survivor. The meeting was also intended to gain government support for the SGBV programme.

PHASE II - Refugee Leaders

Phase Two consisted of meetings with the block leaders and the Mammie Queens, or women leaders, and the refugee security members to brief them on the aims and objectives of the programme and also to solicit their support. The leaders were given the opportunity to express their views on what they thought about the programme. One of the main fears of the refugee leaders was that the SGBV programme would make their wives disrespect them and could destroy their culture. They were assured that this was not the case and that they would be fully involved with the programme implementation. A total of 77 persons attended this session. At this meeting an overview of SGBV issues and how they have been used as a weapon of war, mainly against women, were discussed. Then the Multi-Sectoral Approach was presented. Discussion followed on how best UNHCR and IPs could work together with the refugee leaders to put in place a prevention and response system for SGBV at the community level. The Multi-Sectoral Approach diagram at national level was drawn to give the refugee leaders a clearer understanding.

Out of this discussion the camp level structure emerged, developed by the refugee leaders, the IPs, the government representatives and UNHCR.

To make this structure functional it was agreed that:

- ◆ The elected refugee leaders must be people who can be trusted by the community.
- ◆ The elected refugee leaders must maintain confidentiality in SGBV-related cases. At the moment refugee leaders maintain little or no respect for confidentiality when dealing with survivors of SGBV. The community therefore has little or no trust in the leadership.

- ◆ The elected leaders will receive training to become awareness campaign promoters for their block.
- ◆ Each block leader should form a Block Management Committees (BMC). The BMC will not only deal with SGBV issues but will also become a mechanism for the refugee leaders to become more involved in camp management structures, community services provisions and caring for the disadvantaged.
- ◆ With the absence of the Liberian police at camp level, the refugee security role should be clarified and training be provided.
- ◆ Through these structures clearer lines of communication and co-ordination will be developed.
- ◆ The refugee local courts at block level should be made more formal. Guidelines that recognise the prevailing Liberian Laws should be developed to influence SGBV-related sentencing.
- ◆ Members of the refugee local courts should receive training in relation to relevant Liberian laws and Liberian legal system. Currently the refugee local court sentencing on SGBV cases is not determined by the seriousness of the offence but by who committed the offence, what relationship they had with the members of the committee and how much they were able to pay.
- ◆ Women's representation in leadership and decision-making structures should be strengthened.

From the meetings with the youth groups and leaders two main issues emerged:

- ◆ The views of the youth are not respected nor listened to by the refugee leaders.
- ◆ Youth, especially girls, experience a negative response when they try to access contraceptives from adults who view it as a sign of prostitution.

PHASE III - Refugee Community

At the end of the meetings with the block leaders and the mammie queens, a programme was drawn for block level meetings. The block leaders organised meetings with as many community members in each block as possible. The meetings were held separately for the women and the men. In one camp, for example, 20 meetings were held with over 2,000 persons attending. Some of the small blocks were combined together for the purpose of the meeting. The meetings focused on:

- ◆ Reconfirming that SGBV was an issue in the community, what has been happening when survivors ask for assistance, and who has been supporting survivors.
- ◆ Providing an overview of what SGBV is and how it has been used as weapon of war in other conflict situations.
- ◆ Presenting the current situation, where confidentiality is missing, leading to a lack of documentation and making it difficult for the authorities to know what is happening.
- ◆ Explaining the Multi-Sectoral Approach to responding and preventing sexual and gender-based violence, its principles and how it works.
- ◆ The involvement in community-based structures in the implementation of the programme to improve response to and prevention of sexual and gender-based violence was discussed. The need for the community to work together for the success of the programme was highlighted.
- ◆ Setting up the Block Management Committee and the refugee local court: identifying the members, its roles and responsibilities and how it links into the overall camp management structure.

From the discussions the following were recommended:

A room identified in the clinic where survivors can go and report their cases and receive confidential help.

- ◆ It was strongly pointed out that the current reporting system does not have any privacy for the survivor. The issue of confidentiality was of paramount concern to the women. They gave it as the main reason why a lot of them have not come forward to report their problems.
- ◆ The SGBV programme not be called as such. The women named the programme "Goyeah" which means togetherness.
- ◆ A focal person be identified at block level. This person should be someone whom the women respect and trust, someone they can relate to and someone who can represent their interests at the camp management meetings. They were asked to decide whether or not their current leaders had these desired qualities. Most of the block members endorsed the current leaders and Mammie Queens. Those that did not were given time to meet on their own and make decisions.
- ◆ The room identified at the clinic, be called the Goyeah Room, be staffed by SCF, FEP and CCC staff who will be responsible for documenting reported cases, providing counselling for survivors on the services available and referring the cases to the relevant agency for appropriate action.
- ◆ Structures such as the block management committee and local courts at the block level should have a cross representation of women, men, and youth. The membership should not exceed seven persons.
- ◆ The promotion of the spirit of teamwork in the various blocks was stressed as the best way of identifying their problems, finding solutions to them and making their concerns heard. By the end of the process the women had already started organising themselves in the various blocks and identifying common self-help projects they want to undertake.

HOW DID THE COMMUNITY REACT TO THIS PROCESS?

- ♦ The community appreciated that they were being given an opportunity to get involved in addressing issues that affect them. They also felt they had been listened to and their decisions respected.
- ♦ The community believed they would have access to information that will support them in making informed decisions on SGBV.
- ♦ The community welcomed the project, especially the fact that confidentiality will be maintained and there is an organised system for reporting in place.
- ♦ The community realised that there is a lot that they can achieve if they work together.
- ♦ The men showed willingness to work with the women and the youths for the development of their community.

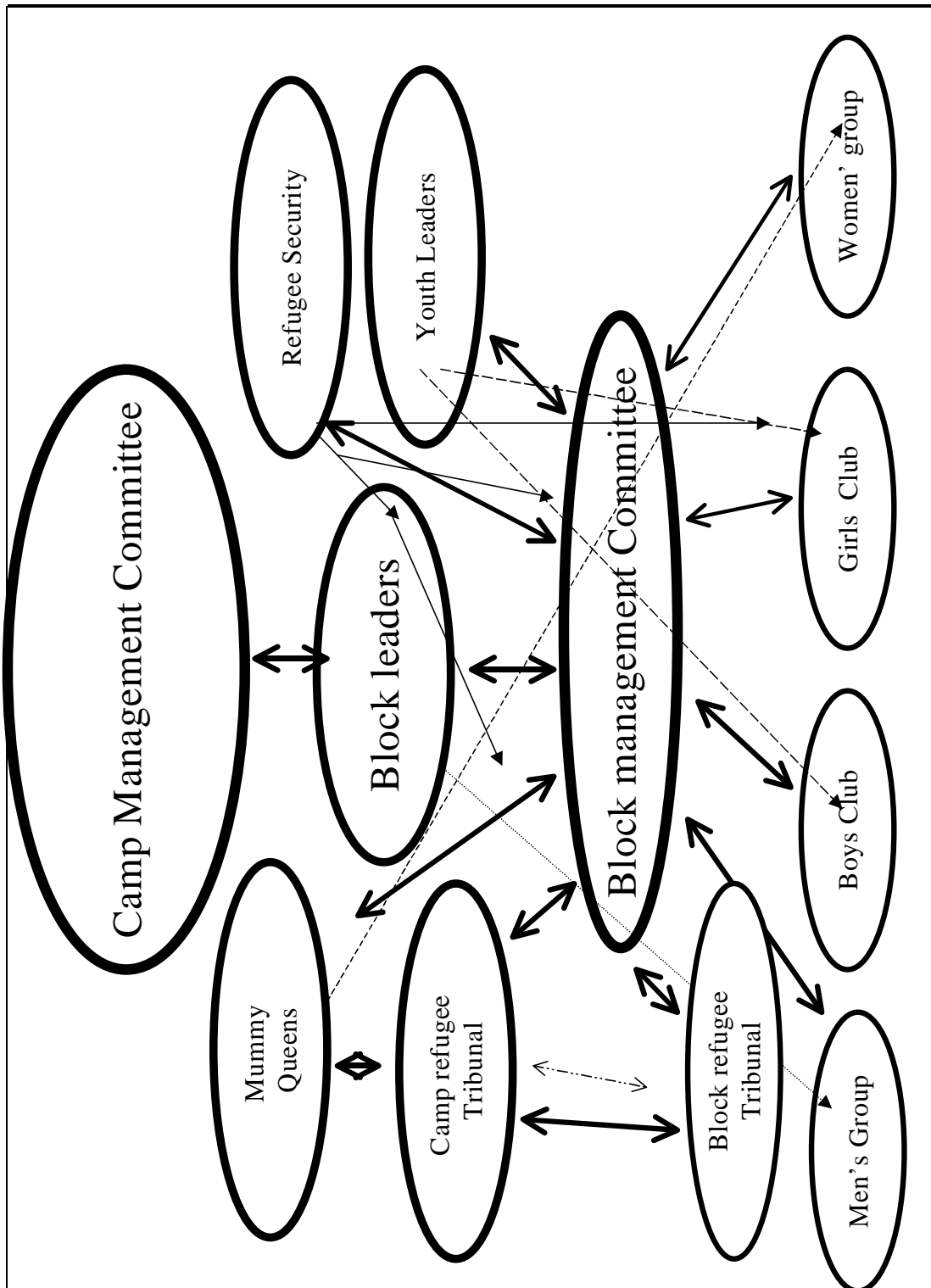
WHAT WERE SOME OF THE ANTICIPATED MEASURING INDICATORS?

- ♦ There will be an increase in the number of women coming forward to report their cases.
- ♦ The Goyeah Centre will be fully functional and provide the necessary services (including medical and counselling) as well as referrals for survivors to the relevant agencies.
- ♦ Fully functional BMC will be formed.
- ♦ The BMC will play a major role in the provision of social services and community development activities.
- ♦ Co-ordination of services among the NGOs, the community, UNHCR, government and all other actors.

- ◆ Increase women's representation in the decision making and camp leadership.
- ◆ Training of the Women Leaders and the block leaders to be use as mobilisers within their block.
- ◆ The block leaders are to do a complete profile of their block giving the number of structures, total population of adult males, females, children, sanitary facilities, the number of wells, the number of single parents, number of elderly, number of disabled and the number of pregnant women.



Block Management Structure



From the community meetings, one of the most exciting Block Management structures emerged, clarifying how the Multi-Sectoral Approach translates at a community level. In Liberia, the Block Management structure was seen as a way for the refugee community to be involved in camp management, community services and health services. From discussions with the leaders and the refugees themselves, it was clear that there were communication and information flow problems. Information that was expected to be shared among the refugees from IPs and UNHCR was either shared incorrectly or not shared at all. The Block Management structure was seen as one method to improve information flow to and from the refugees. The decision to use the Block Management structure to address other issues was welcomed in order to avoid stigma towards SGBV survivors seeking services.

WHAT OTHER ISSUES WERE IDENTIFIED THAT CAN AFFECT PROGRAMME IMPLEMENTATION?

Confidentiality

There has been a breach of confidentiality by the different actors involved in the awareness work at all levels. Confidentiality is one of the essential elements that lead to an increased sense of security for SGBV survivors thereby increasing reporting. The damage that has been done will need to be repaired before an increase in the number of survivors seeking assistance. Staff, community leaders and government representatives cannot afford to make promises that cannot be kept. Critical information should be passed to the survivors through the awareness-rising process so that they can make informed decisions. The staff of IPs and UNHCR must establish a stable and constant presence among the refugee community.

Definition of Terms for SGBV and Methods for Counting

All the involved actors agreed to use definitions representing the most common types of SGBV seen in other refugee situations due to the lack of available SGBV data on the refugee situation in Liberia. The lack of data will need to be revisited as soon as there is information available. UNHCR Community Services and the Protection Units can facilitate the process. As in the Tanzanian situation, the definition and terms used within the SGBV programme do not necessarily reflect the laws of the country. Some incidents are violations of human rights but are not technically against the law in Liberia. In Liberia the law on rape stipulates that there be penetration for prosecutable offence to occur.

Co-ordination

UNHCR Community Services will lead co-ordination at national and camp level of all IPs involved directly and indirectly in the implementation of SGBV programmes. Community Services NGOs will provide support to the refugee community by providing assistance, counselling and awareness raising. They will play a key role in the documentation and data collection. Community Service NGOs will identify a focal point person in each camp.

Security Committee

UNHCR Protection shall set up a security committee that will play a key role in determining preventive measures. Protection will continue to monitor and co-ordinate all cases affecting refugees related to security and protection. Protection will monitor and ensure that all information used in public awareness raising on radio and other forms of media have been cleared with them before it is aired. Protection will maintain a database for all SGBV cases, including medical and other related reports. Protection shall monitor the progress of all legal cases in the Liberian courts; refugee local courts and the involvement of refugee community-based security system. Protection shall provide information on a regular basis to the

refugees on all legal proceedings. Protection NGOs shall build and strengthen the capacities of the refugee local courts, the police and the leaders. They shall carry out awareness raising work on human rights, Liberian laws and legal systems. They shall represent the interest of the survivor at court proceedings and hearings.

UNHCR Field Officers

With a presence on the ground on a daily basis, UNHCR Field Officers will provide information and administrative services to survivors and monitor SGBV issues in the community in consultation with the CMC and the BMC.

Health NGO

Medical examination reports shall be provided by the Health NGO for survivors who wish to take legal action and those who do not. The medical examination report shall be completed in accordance with the requirement of the Liberian law and by the authorised personnel. They will provide medical examination and treatment in a compassionate and confidential manner.

Organisational Capacity/Commitment

As much as the IPs can have the commitment to implementing SGBV programmes, they are not at this moment especially strong in their own understanding of SGBV as an issue and of multi-sectoral programming. UNHCR therefore must play a greater role in capacity building. Among staff, different levels of professional skills or expertise, knowledge, gender awareness, quality and competence was found. In Liberia the SGBV programme is at a development stage, and it is crucial that there be staff who have a clear understanding of SGBV as an issue. These staff must also be committed, motivated and have a clear sense of direction to SGBV programme. Effective community awareness and mobilisation requires staff with a good foundation of understanding of SGBV. This capacity does not

exist among the IPs. In order to have effective programming UNHCR should continue to provide guidance and close monitoring.

Careful monitoring should be observed when analysing data. Two very close programmes are being implemented by one agency, "Victims of Violence" and "SGBV". Survivors of SGBV will also be classified as "Victims of Violence" and vice versa. The confusion that already prevails contributed to the lack of data as the two were so interchanged that one could not determine who is identified under what project and what assistance they received. UNHCR needs to continue working with the IP to establish clarity in data collection.

Awareness Campaign

Awareness campaigning or raising on SGBV programme within the refugee community is one of the most crucial elements to bring about the desired change. Awareness campaign in this approach is not a means for information sharing or provision but rather a means for building critical conscious among the refugees. In this approach, for example, it is not enough to tell refugee women what rape is and that they should report it, but rather it should be a process through which refugee communities own critical understanding of what rape is, its root causes, effects, implications, available services, difficulties and social support networks. It is a process that builds critical understanding of how SGBV affects the survivor, the family and the community. During the process of building critical understanding the community shifts blame from individual survivors to accepting SGBV as a community issue. This realization, in turn, builds the desire within the community to change within the given situation. It must therefore be recognized that awareness campaign that builds critical conscious is not a one time of thing but a long-term process.

Liberia's Political Situation

During a workshop on participatory methods, participants made a statement, "It is dangerous to challenge authorities in Liberia". Sexual and gender-based violence is a political issue and will continue to be so. To bring about change or effective prevention, a lot of

advocacy work will have to be done. National IPs will be able to do some of the advocacy work safely. It is important that certain UNHCR staff positions, like Protection Officer, Field Officer be held by international staff. Confidential information that can endanger the lives of refugees will be shared with government representatives at the security committee meeting, UNHCR will need to monitor, through protection, that this information is not used to the disadvantage of the survivor.

Liberian Government

The government, through LRRRC, will continue to provide law enforcement, security and judicial services.

Sexual and Gender-Based Violence as a Human Rights Issue

Expressing sexual and gender-based violence concerns in terms of human rights is of an advantage in working to improve refugee women's lives. Using a human rights approach frames these concerns as a social justice issue. Taking an individual refugee woman experience of sexual and gender-based violence and showing its social and human rights dimensions makes the whole society aware and outraged by human rights abuses. This reaction in turn lifts the experience to a new level as a call to action by the community. The language of human rights being an established international vocabulary, helps your advocacy work to be understood by a wider audience. Findings about refugee experiences of sexual and gender violence in conflict, while fleeing and in and around refugee camps should be presented as a human rights violation.

WHAT ARE SOME OF THE STEPS THAT CAN BE FOLLOWED IN AWARENESS CAMPAIGN?

Steps to be Followed in Community Mobilisation

The key to the success of the SGBV programme is an efficient and effective mobilisation of the REFUGEE community. The Multi-Sectoral Approach calls for the participation of everybody at the national level, including LRRRC, UNHCR - Field, Protection and Community Services - and the refugee leadership (male and female), refugee community structures and the entire refugee population. Mobilisation has to be done at all of these levels to clearly define each actors roles and responsibility. Without adequate mobilisation and awareness of the refugee population it will be very difficult to implement effective SGBV programmes in most given refugee situations.

The following is a suggestion of a process that can be used in Liberia to continue SGBV awareness raising campaign at refugee community level.

PHASE I: Meeting with LRRC at the Camp Level

- ◆ Introduce the members of your team and state the purpose of your mission: to work with the government representatives in implementing the SGBV programme.
- ◆ Ask the government representatives to tell you how they have been involved in addressing SGBV issues in refugee community.
- ◆ Explain the Multi-Sectoral Approach using the diagram.
- ◆ Discuss how the role government has been playing fits into the Multi-Sectoral Approach to prevent and respond to SGBV. Identify the negative aspects (like lack of privacy for the survivor, the lack of co-ordination of services and activities) and agree on the future strategies. The future strategies should include:

- The identification of focal persons for the programme in each block (Mammie Queens for women, block leaders for the men and youth leaders for boys and girls). The community leaders will then serve as first contacts for SBGV survivors within their blocks. The community leaders will be told where to take the survivor for documentation and assistance. The community leaders will serve as awareness promoters and mobilisers within their blocks. The community leaders will receive appropriate training.
 - The identification of the BMC consisting of representatives from the men, women, youth, elders and other important people like the TBA and Community Health Workers.
 - Local courts will be established at the block level to handle small quarrels within the blocks. The members will be provided awareness training on SGBV and the basic Liberian Laws.
- ◆ Give the government representative an opportunity to ask any questions and clarify any doubt that may arise.
 - ◆ Thank the government representative for giving you audience and inform him of your plan to meet with the community leaders (block leaders, the Mammie Queens and youth leaders), and request for their presence. Let him/her know that you will like him to introduce your team and give the objective of your visit to the community leaders.

PHASE 2: Meetings with the Block Leaders, Mammie Queens and Youth Leaders

- ◆ Greet the leaders and let the LRRRC staff introduce your team and give the purpose of your visit.
- ◆ The team leader greets the leaders and thanks them for coming to the meeting. Repeat the purpose of your mission: to work with the community to reduce the incidence of SGBV (give examples) in the camp. Emphasise that you have come to work

with them because you feel that the programme is for them and they are the ones who have been handling these issues within their communities.

- ♦ Give an overview of what SGBV is and indicate how it has been used as a weapon of war in many conflicts, such as Burundi, Rwanda, Sierra Leone, etc. Talk about how situations of conflict or wars break down the social structures that provide support to survivors of violence in normal communities. Make reference to their current situation.
- ♦ Ask them to talk about what cases of SGBV exist in the camp and how SGBV survivors are supported in the camp.
- ♦ Discuss the Multi-Sectoral Approach and show the diagram. Emphasise that ensuring confidentiality for the survivor is a principal element of this approach. Explain how you want to work with them to respond to and prevent SGBV using the Multi-Sectoral Approach with their active participation. Discuss the approach and the current way cases are handled in the camp and identify an appropriate community structure with them with the components listed from the meeting with LRRRC.
- ♦ Give them the chance to ask any questions and clarify their doubts.
- ♦ Ask them how they feel about the programme and if they are willing to work with the programme.
- ♦ Thank them for coming and ask them to schedule meetings with the block members in their blocks (separate groups of women and men).

PHASE 3: Block Meetings

The purpose of the block meeting is to orient the community members about the programme and the different structures that will be set up. It is also to give them the chance to confirm whether they trust their current leaders and can confide in them on such sensitive issues. The meeting should be conducted in an informal manner and a friendly atmosphere encourages everyone to participate.

- ◆ Provide an overview of how SGBV has been used as a tool of war around the world and describe the sexual and gender-based violence as experienced by women and children in conflict situations. Stress the importance of exposing these atrocities and documenting them (the only way authorities will get to know about them and take corrective actions). Assure them that the programme will ensure confidentiality and respect their right to privacy
- ◆ Introduce the aim of the project: to improve the community response and prevention strategy for sexual and gender-based violence through established community structures.
- ◆ Ask them to discuss the SGBV cases in the camp and how they are handling them. How are services being provided and how do they access services? What are the advantages and disadvantages of the way services are being provided to them? What aspect they would like to see improved?
- ◆ Discuss the Multi-Sectoral Approach and demonstrate the diagram. Together talk about what structure can be put in place at the community. Show them the Multi-Sectoral diagram for review and discussion.
- ◆ Discuss the types of assistance (medical, legal/protection, counselling and other social supports) the survivor may need and the type of services that are available.
- ◆ Tell them to discuss any concerns they may have with the Mammie Queens for the women, the block leaders for the men, and the boys/girls club leader for the youth (the SGBV focal persons in the blocks). They can also go directly to the SGBV facility at the clinic and talk to the project staff.
- ◆ Explain that the block leaders and the Mammie Queens should now work together in consultation with the members of their blocks to set up Block Tribunals and BMC in each block. Remind them that these structures must have a cross-representation of all groups (women, men, girls and boys clubs, elders, and security) in the block.

- ◆ Discuss the roles of the Mammie Queens and the block leaders in the programme and ask them to confirm their current leaders.
- ◆ Let the women/men ask any questions they want and clarify their doubts.
- ◆ Discuss the need for them to form themselves into one group (women, men) to undertake self-help projects and participate in the development and to provide social services in their blocks.
- ◆ Allow time for questions and answers.
- ◆ Thank the community leaders for coming and adjourn.



COMMUNITY AWARENESS RAISING

- ❑ WOMEN LEADERS
- ❑ BLOCK LEADERS
- ❑ REFUGEE SECURITY
- ❑ YOUTH LEADERS

The above groups will be trained as awareness campaign promoters to do the awareness raising in the community. However, the staff from the IPs should accompany them to ensure correct information is passed on to the community. Therefore, decisions need to be made at what points the leaders go and organise meetings at block level.

The following steps should be used as guidelines and can be changed according to the needs of the community.

Step 1

Begin the awareness work by doing a situation analysis on how their life was in Sierra Leone before the war started, when the war actually broke out, while travelling from their home to the camp and life in the camp. Analyse how women, men, children were affected. Are the issues the same or different? Begin to identify the issues that affect women that will start to emerge. If these are SGBV issues, what is the community calling them? Look at why there are differences and the similarities. Who gave support to the affected women in both situations, and why?

Step 2

Begin to build a shared understanding of what in their own situation is sexual and gender-based violence. Begin by building their understanding of what is violence, what are their experiences of violence in Sierra Leone, in the camps. Why was violence directed at them, what did they do, who was there with them? What did these people do? Did they deserve to experience the violence and if not, why then did they experience it? Did they get help, from whom and how? How has it affected their lives and what did they do about it? Who gave them support and what type of support? How has it affected the families and the community?

Step 3

Begin to deal with what is sexual violence, who is affected, who commits the crime, why, when, where and how. Relate the experience of violence to the experience of sexual violence. Are there any similarities or differences? Why? How does the community react to both? What are the consequences of sexual violence? What type of support should be put in place to support someone who experiences sexual and gender-based violence? In this discussion, cover relevant topics to the women like menopause, contraception, pregnancy, the biological make up of the woman, different body parts and their functions.

Step 4

Gender awareness: build a shared understanding of what is gender and connect gender relations and the experiences of violence and look at the existing connection between the way the survivor reacts to violence, to sexual violence and gender relations in society. Look at traditional cultural norms, not just the bad ones but good ones too and analyse how they affect the community, the women, the men, the children. Look at the power dynamics in the society. What was it like in Sierra Leone and what is it like now in the camps? What are the differences and similarities and why?

Step 5

Look at gender-based violence. What is it? In Sierra Leone, who was affected, who committed the crime, when, where and why. Who was providing support for the survivor? What used to happen to the assailant? In the camp, are the gender-based violence issues the same or have they changed? Why? What needs to happen to support the community to restore and maintain their societal values? Who needs to be involved? Connect the work done from the gender awareness work to the experiences of gender-based violence.

Step 6

Analyse how the judicial system and other social support structures are influenced by the gender relations.

Step 7

By this stage the leaders will have also identified areas of interest in relation to issues that prevail in the community. Begin to address those. The community by this time would have identified the

different types of sexual and gender-based violence issues existing in the community. Begin to address these issues. Remember again the purpose of community awareness campaign is not to provide information BUT to BUILD the community understanding of the issue so as to build a desire in them to want to do something about the issue - in this case SGBV.



PROTECTION

- ❑ REFUGEE LOCAL COURTS
- ❑ REFUGEE SECURITY
- ❑ BLOCK LEADERS
- ❑ WOMEN LEADERS
- ❑ YOUTH LEADERS

Step 1

Gender awareness. Build a shared understanding of what is gender and connect gender relations and the experiences of violence. Look at the existing connection between the way the survivor reacts to violence, to sexual violence and gender relationships in society. Look at traditional cultural norms, not just the bad ones but good ones too and analyse how they affect the community, the women, the men, the children. Look at the existing power relations in the society. What was it like in Sierra Leone and what is it like now in the camps? What are the differences and similarities and why?

Step 2

Analyse the situation in Sierra Leone. What judicial structure existed and what types of people were needed to run that system. What type of cases went where and what were the requirements from the person complaining and the person being accused. What is happening in the camps? Are there any similarities or differences? Who is doing what and why.

Step 3

Liberian situation. What are the differences and similarities between Sierra Leone, the camp and the Liberian communities? What does the law say and how is it applied? What are the requirements?

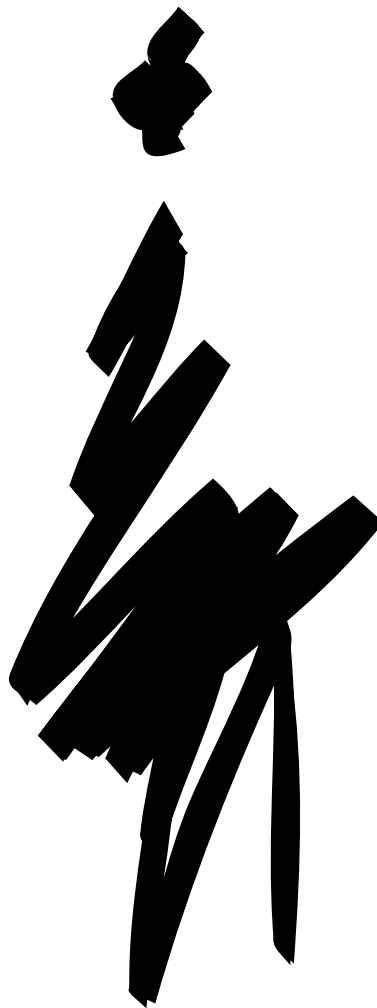
Step 4

Refugee laws and rights, international conventions, human rights. What are they and how are they relevant to their situation?

Step 5

By this stage the community would have identified other areas that need covering. The agency can then address those.

For both protection and community services, the steps do not indicate a single session. One step could need to be implemented in more than one session or meeting.



HEALTH IMPLEMENTING AGENCY

MEDICAL PROTOCOL

1. The Medical Examination report must be completed in duplicate, the medical agency keeping the original in Monrovia, and a copy sent to UNHCR Protection.
2. All Medical Examination reports MUST be certified by a Medical Doctor licensed by the Liberian Medical Council.
3. It is assumed that the survivor will seek medical attention by coming to the medical centre after the incident has occurred. He/she will be referred by the Community Services agencies (FEP, SCF, CC) and escorted by one of the community-based support personnel.
4. Once the survivor has reached the medical centre it must be ensured that:
 - ♦ The survivor is examined by a Doctor or qualified health worker (PA, RN, CM).
 - ♦ Whenever possible, a qualified health worker of the same gender examines the survivor to reduce stress.
 - ♦ The medical examination is carried out in a location and manner that maintains privacy and strict confidentiality.
 - ♦ All medical procedures and the examination is explained before any action is taken to minimise and limit further trauma for the survivor.
 - ♦ Should the survivor have not reported her case to the community services agencies, encourage her to do so.
5. A thorough physical examination of the survivor should be conducted. Explain the procedure to minimise trauma.

- ◆ Details of the attack should be documented including: time, location, appearance of survivor, age of survivor, appearance of perpetrator(s), and number of persons involved.
 - ◆ Nature of the penetration including whether ejaculation took place.
 - ◆ Recent menstrual and contraceptive history.
 - ◆ Mental state of the survivor assessed and noted.
 - ◆ Condition of clothing, and any foreign material adhering to the body to be noted.
 - ◆ Any other evidence of trauma - however minor - including but not limited to bruises, scratches, bites, marks, and tender areas.
6. The following medical examinations and laboratory tests are recommended:
- ◆ Medical Exams:
 - General medical exam
 - Gynecological exam
 - Rule out already existing pregnancy
 - Pelvic examination (external genitalia and vaginal examinations to determine trauma and lacerations (leave to last))
 - ◆ Laboratory Tests:
 - Vaginal swab
 - Syphilis blood test (repeat after three weeks during follow-up)
 - Pregnancy test
 - HIV test. The HIV test should ONLY be carried out upon REQUEST by the survivor. Pre- and post-test counselling should be carried out and a follow-up made.
7. Emergency contraception: information on emergency contraception should be provided to the survivor in order to support an informed decision. Again, emergency contraception should ONLY be given to a survivor upon request. Emergency

contraception does NOT substitute other contraceptive measures. Emergency contraception pills can prevent unwanted pregnancies if taken within 72 hours of the incident and without prior pregnancy already existing.

- ♦ High dose combined oral contraceptives (50 microgram ethinyl oestradiol/250 microgram levonorgestrel) should be administered as follows:
 - 2 pills taken as soon as possible but not later than 72 hours after the incident. Two more pills must be taken after 12 hours from the time the first 2 pills were administered.
- ♦ Low dose combined oral contraceptives (30 microgram ethinyl oestradiol/150 microgram levonorgestrel) should be administered as follows:
 - 4 pills taken as soon as possible but not later than 72 hours after the incident. Four more pills must be taken after 12 hours from the time the first 4 pills were administered.

NOTE: Nausea occurs in about 50% of users. Take pills with food, prophylactic anti-emetic. If vomiting occurs within two hours of taking the emergency contraception, REPEAT the dose.

8. After a clinical examination or lab results, the following STDs should be treated for using the standard protocol:

- ♦ Syphilis.
- ♦ Gonorrhoea .
- ♦ Chlamydia.
- ♦ Where STDs are common, provide a presumptive treatment using available research information on the prevalence.
- ♦ Tetanus vaccine and analgesics should be considered.

9. Set an appointment with the survivor and encourage her to come back for a check-up after 1-2 weeks of receiving the initial treatment. During this visit, STD and pregnancy tests can be repeated and treatment provided as need be.
10. The medical report should be clear and specific and not speculative. For example, rather than write that the survivor had a deep wound from an axe, it should instead be noted that there was a deep wound without speculating as to what caused it unless the physician was a witness to the actual assault.
11. The survivor should be referred for a psychiatric assessment if severe emotional problems persist.

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MEDICAL EXAMINATION - SEXUAL VIOLENCE

*TO BE COMPLETED BY A REGISTERED MEDICAL DOCTOR.
WHEN NOT POSSIBLE, THE REGISTERED MEDICAL DOCTOR MUST
CERTIFY THE REPORT*

SURVIVOR'S NAME: _____

ADDRESS: _____

AGE: _____

SEX: _____

NO MEDICAL EXAMINATION DONE. WHY?

DATE OF EXAMINATION: _____

TIME: _____

IPD/OPD: _____

ATTENDING PHYSICIAN: _____

MEDICAL EXAMINATION FINDINGS

(General Medical Examination: NB includes findings of extra genital trauma)

SHEENT: _____

CHEST: _____

ABDOMEN: _____

GROIN: _____

EXTREMITIES: _____

SPECIFIC MEDICAL EXAMINATION:

Genital trauma / discharge / bleeding

PERINEUM: _____

VULVA: _____

VAGINA: _____

CERVIX: _____

ANUS: _____

Foreign Material on Body

STAINS HAIR DIRT TWIGS

LABORATORY FINDINGS

PREGNANCY TEST: _____

VDRL: _____

HIV/AIDS (STRICTLY UPON REQUEST): _____

VAGINAL SMEAR: _____

MEDICAL TREATMENT GIVEN:

MEDICAL FOLLOW-UP RECOMMENDATIONS:

ADDITIONAL COMMENT:

MEDICAL DOCTOR, NAME, SIGNATURE:

AGENCY: _____

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MEDICAL EXAMINATION - GENDER-BASED VIOLENCE

*TO BE COMPLETED BY A REGISTERED MEDICAL DOCTOR.
WHEN NOT POSSIBLE, THE REGISTERED MEDICAL DOCTOR MUST
CERTIFY THE REPORT*

SURVIVOR'S NAME: _____

ADDRESS: _____

AGE: _____

SEX: _____

NO MEDICAL EXAMINATION DONE. WHY?

DATE OF EXAMINATION: _____

TIME: _____

IPD/OPD: _____

ATTENDING PHYSICIAN:

MEDICAL EXAMINATION FINDINGS

(General Medical Examination)

PERI NEUM: _____

SHEENT: _____

CHEST: _____

ABDOMEN: _____

GROI N: _____

EXTREMI TIES: _____

PREGNANCY STATUS: _____

SERIOUS INJURIES

BROKEN BONES DAMAGED MAJOR ORGAN HEAD I NJURY

MEDICAL TREATMENT GIVEN:

MEDICAL FOLLOW-UP RECOMMENDATI ONS:

ADDI TIONAL COMMENT:

MEDI CAL DOCTOR NAME AND TI TLE:

SIGNATURE:

AGENCY:

MONTHLY REPORT

Sexual and Gender-based Violence Programme Prevention & Response

NGO: _____ MONTH: _____ YEAR: _____

CAMP: _____

STATISTICS: SEXUAL VIOLENCE

DETAILS	NO. CASES THIS MONTH	No. CASES TO DATE
RAPE CASES		
Total rape cases seen by Health Centre		
...# Survivors examined within 3 days of rape		
...# Survivors given emergency contraception		
...# Survivors given STD prophylactics		
...# Perpetrators given STD prophylactics		
...# Survivors under 18 yrs		
...# Female survivors		
...# Male survivors		
FOLLOW-UP AND OUTCOMES THIS MONTH (MAY INCLUDE CASES REPORTED IN PREVIOUS MONTHS)		
# Survivors pregnant due to rape		
# Survivors who were pregnant before rape and aborted/miscarried due to trauma of rape		
# Survivors returning to Health Centre with STD symptoms		
# Survivors returning to Health Centre 7 days after rape		
# Assault/trauma cases seen in Health Centre due to domestic violence		

ANALYSIS OF STATISTICS

(Trends, problems, successes, issues)

STATISTICS: GENDER-BASED VIOLENCE

DETAILS	NO. CASES THIS MONTH	No. CASES APRIL 2000 TO DATE
DOMESTIC VIOLENCE CASES		
Total # of domestic violence cases seen by Health Centre		
...# Assault/trauma cases seen in Health Centre due to domestic violence		
...# Survivors of domestic violence given emergency contraception		
...# Survivors of domestic violence given STD treatment		
...# Perpetrators of domestic violence treated for STD		
...# Survivors of domestic violence 18 yrs and under		
...# Female survivors		
...# Male survivors		
FOLLOW-UP AND OUTCOMES THIS MONTH (MAY INCLUDE CASES REPORTED IN PREVIOUS MONTHS)		
# Survivors who were pregnant at the time of assault		
# Survivors who miscarried/aborted as a result of the trauma		
# Survivors who suffered serious injuries/broken bones		
# Survivor who suffer serious injuries/damage to major organs		
# Survivors who suffered serious injuries/head injuries		
# Survivors who were admitted to Health Centre due to incident		
# Survivors who underwent surgery due to incident		

ANALYSIS OF STATISTICS

(Trends, problems, successes, issues)

ACTION PLANS FOR NEXT MONTH

TO ADDRESS PROBLEMS AND CONSTRAINTS IDENTIFIED THIS MONTH

SGBV TRAINING/AWARENESS RAISING THIS MONTH

Staff training:

Topic:

Number of staff attended:

Type of staff (professions) attended:

Workshop results:

Training given by Health NGO staff to others outside Health Centre:

Topic:

Date:

Target audience:

Number attended:

Workshop results:

Training given by Health NGO upon request by other NGO/UNHCR:

Requested by: _____

Topic:

Date:

Target audience:

Number attended:

Workshop results:

PROTECTION PROTOCOL

SEXUAL AND GENDER-BASED VIOLENCE PROGRAMME

1. The primary concern of UNHCR Protection is to ensure the safety of the survivor of SGBV. ALL possible avenues shall be explored including relocation to other camps and/or asylumseeking to a third country. The decision shall be determined by the prevailing circumstances at the time.
2. All SGBV cases in need of protection shall be referred immediately to UNHCR Protection.
3. It is assumed that the survivor will seek protection assistance by coming directly to the UNHCR Protection staff after the incident has occurred. He/she will be referred by Community Services agencies (FEP, SCF, CC).
4. By the time the survivor is referred to Protection, the survivor - with the support of the CS agencies - will have decided to either prosecute in the Liberian Court or in the traditional refugee tribunal courts.
5. For survivors wishing to take legal action in Liberian Courts, UNHCR Protection will receive within 24 hours of the incident being reported a copy of the confidential incident report form and the confidential medical report.
6. At the end of each month the CS agency will forward copies of the confidential incident forms for all survivors of SGBV interviewed within that month.
7. At the end of each month the Medical Services agency will forward copies of the confidential medical report for all the survivors of SGBV examined within that month.

8. In situations where survivors have decided to take legal action through the Liberian legal system, UNHCR Protection will refer the case to the Association of Female Lawyers of Liberia (AFELL).
 - ◆ A representative of AFELL will explain to the survivor the legal procedure in detail and prepare the survivor in advance for the same.
 - ◆ A representative of AFELL will accompany the survivor to the police station and be present during the interview process.
 - ◆ AFELL will continue to provide legal aid and representation for the survivor until the legal process is finalised.
 - ◆ AFELL will provide information to UNHCR Protection and UNHCR CS on the progress of all cases.
 - ◆ AFELL can only release information on any SGBV case they handle to the public ONLY if approved by UNHCR Protection.
9. UNHCR Protection will ensure the transportation of the survivor, witnesses and assailant to and from Court as need be.
 - ◆ UNHCR Protection will be present throughout Court trials and proceedings
10. UNHCR Protection will form a Security Committee comprising of the Liberian Refugee Repatriation Resettlement Committee (LRRRC), Liberian Police and UNHCR CS.
 - ◆ The Security Committee will review the confidential incident forms and make recommendations accordingly.
11. UNHCR Protection will ensure that the refugee rights of an assailant are respected while under detention in the Liberian prisons.

MONTHLY REPORT

Sexual and Gender-based Violence Programme Prevention and Response

NGO: _____ Month: _____ Year: _____

	Camp: SINJE	Camp: VOA	Camp: BANJOR	Camp: ZUANAH	Camp: SAMUKAI	TOTAL	TO DATE
Rape within the camp							
Rape around the camp							
Rape in S. Leone before arrival in camp							
Rape in Liberia before arrival in the camp							
Attempted rape							
Sexual harassment							
Sexual exploitation							
Sexual abuse							
Early marriage							
Forced marriage							
Domestic violence							
TOTAL ALL TYPES							

Legal Protection:

- ___ Total number SGBV cases pending in court at start of month
- ___ Total number SGBV cases filed in court this month
- ___ Total number SGBV court cases resolved this month
- ___ # Acquittals/convictions within 6 months of filing charges
- ___ # Acquittals/convictions after 6 months of filing charges
- ___ Total cases pending in court end of month

Narrative: (problems, solutions, training, types of convictions and sentences, reasons for dismissals, etc.)

AWARENESS RAISING

CAMP: _____

ACTIVITY & TOPIC: _____

DATE (S): _____

ATTENDANCE (# OF PEOPLE): _____

TARGETED GROUPS: _____

CONSTRAINTS FOR THIS ACTIVITY: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

EVALUATION RESULTS: _____

PARTICIPANT ACTION PLANS: _____

CAMP: _____

ACTIVITY & TOPIC: _____

DATE (S): _____

ATTENDANCE (# OF PEOPLE): _____

TARGETED GROUPS: _____

CONSTRAINTS FOR THIS ACTIVITY: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

EVALUATION RESULTS: _____

PARTICIPANT ACTION PLANS: _____

COMMUNITY SERVICES PROTOCOL

SEXUAL AND GENDER-BASED VIOLENCE PROGRAMME

1. The survivor can report his/her case to any of the following:
 - ◆ Mammie Queens
 - ◆ Block leader
 - ◆ Elder
 - ◆ SGBV focal person
 - ◆ The medical agency
 - ◆ FEP
 - ◆ SCF
 - ◆ CCC
 - ◆ Go directly to the Goyeah Centre at the clinic
2. The contact person escorts the survivor to the counselling centre in the clinic.
3. The Counsellor in the centre assesses if the survivor requires immediate medical attention. If the survivor needs immediate medical attention, they are referred to the doctor and the interview and documentation is carried out later. If the survivor does not require immediate medical attention, the interview is conducted, documented and the survivor sees the Doctor.
4. The survivor is counselled.
5. The survivor is informed of the type of services available:
 - ◆ Medical emergency contraception, STD treatment, HIV/AIDS testing.
 - ◆ Legal services.
 - ◆ Other community-based social support networks and social services including training opportunities and how they can access them.

6. Ask the survivor whether she/he wants to prosecute. Explain what that may entail (going to the police and explaining the incident, testifying in court against the perpetrator). If they decide to prosecute, submit an incident report to UNHCR Protection within 24 hours.
7. If the survivor does not want to prosecute, ask if he/she wants to involve other relevant local structures. If so, refer the case accordingly.
8. The confidential report should only be released to authorised persons and organisations.
9. Assess the security needs of the survivor and take necessary action.
10. Assess other social and psychological needs and assist or refer to other relevant agencies.
11. Tell the survivor when to return for follow-up medication if required.
12. Follow-up with the survivor and provide counselling and support for his/her family.
13. Complete the monthly CS report forms and submit to UNHCR CS at the end of every month.

INCIDENT REPORT FORM

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PART 1 - GENERAL INFORMATION

PART ONE IS TO BE FILLED IN FOR ALL PERSONS INTERVIEWED
SURVIVORS AND NON-SURVIVORS

1. CASE NUMBER: _____
2. NAME: _____
3. AGE: _____
4. YEAR OF BIRTH: _____
5. SEX: _____
6. ADDRESS: _____
7. TRIBE: _____
8. MARITAL STATUS: _____
9. NUMBER OF CHILDREN: _____
10. AGES: _____
11. HEAD OF FAMILY (NAME AND RELATIONSHIP): _____
12. VULNERABILITY: _____
13. IDENTITY CARD NUMBER: _____

14. FOR MINORS: (GIVE NAME AND RELATIONSHIP)

LIVING WITH BOTH PARENTS: _____

SINGLE PARENT HOUSEHOLD: _____

STEP PARENT HOUSEHOLD: _____

CARE GIVER: _____

FOSTER PARENTS: _____

15. DATE OF INTERVIEW: _____

16. LANGUAGE USED DURING THE INTERVIEW: _____

17. ESCORTED BY (RELATIONSHIP/TITLE AND NAME) _____

18. WHICH DISTRICT DO YOU ORIGINALLY COME FROM: _____

19. PREVIOUS OCCUPATION (SELF): _____

20. PRESENT OCCUPATION (SELF): _____

21. REASON FOR COMING: _____

PART 2: INCIDENT INFORMATION
TO BE COMPLETED ONLY FOR SURVIVORS OF SGBV

TYPE OF INCIDENT: _____

NGO INCIDENT NUMBER: _____

PREVIOUS INCIDENT NO. FOR THIS SURVIVOR: _____

CAMP: _____

DATE REPORTED: _____

LOCATION (BE SPECIFIC): _____

DATE (DAY/MONTH/YEAR): _____

DAY (MONDAY - SUNDAY): _____

TIME (EARLY MORNING, DAY, EVENING, NIGHT): _____

INCIDENT DESCRIPTION

(DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED, WHAT PART OF YOUR BODY WAS VIOLATED AND WHAT THE ASSAILANT USED. WAS THE ASSAILANT ARMED. WHAT DID THEY SAY DURING THE INCIDENT. WHAT WERE THE CIRCUMSTANCES. WHAT HAPPENED AFTERWARDS)

DID YOU SUSTAIN ANY SERIOUS INJURIES: _____

WHAT TYPE OF INJURIES AND FROM WHAT: _____

WERE YOU PREGNANT AT THE TIME OF THE INCIDENT: _____

WHAT HAPPENED TO THE PREGNANCY: _____

AT THE TIME OF THE INCIDENT HAD YOU JUST GIVEN BIRTH: _____

DID ANYTHING HAPPEN TO THE CHILD: _____

AS A RESULT OF THE INCIDENT DID YOU BECOME PREGNANT: _____

WHERE IS THE CHILD RIGHT NOW: _____

WERE YOU FORCED TO STAY WITH THE ASSAILANTS: _____

WHAT ELSE HAPPENED TO YOU WHILE UNDER DETENTION:

ASSAILANT INFORMATION

DO YOU KNOW THE ASSAILANTS: _____

CAN YOU DESCRIBE THE ASSAILANT: _____

NAME(S) OF ASSAILANT(S): _____

NUMBER OF ASSAILANTS: _____

SEX: _____

ASSAILANT'S ADDRESS: _____

ASSAILANT NATIONALITY: _____

AGE OF THE ASSAILANT: _____

TRIBE OF THE ASSAILANT: _____

OCCUPATION OF THE ASSAILANT: _____

MARITAL STATUS OF THE ASSAILANT: _____

ASSAILANT'S RELATIONSHIP TO SURVIVOR: _____

IF THE ASSAILANT IS A MINOR:

NAME OF PARENTS: _____

NAME OF CAREGIVER: _____

RELATIONSHIP: _____

LIVING ALONE: _____

WITNESSES

WERE THERE ANY WITNESSES PRESENT: _____

IF YES, DESCRIBE PRESENCE OF THE WITNESSES: _____

NAME: _____

ADDRESS: _____

IF NOT KNOWN DESCRIBE THE WITNESSES: _____

ACTION TAKEN

REPORTED TO	DATE REPORTED	ACTION TAKEN	FOLLOW-UP ACTION
UNHCR Protection Name:			
AFELL Name:			
UNHCR CS Name:			
FEP Name:			
SCF Name:			
CCC Name:			
UNHCR Field Officer Name:			
UNHCR Medical Name:			
IAS Name:			
MERCI Name:			
LRRRC Name:			
Liberian Police Name:			
CMC Name:			
Refugee Guards Name:			
Refugee Block Leaders Name:			
Refugee Mammie Queen Name:			
BMC Name:			
Local Tribunal Block Name			
Other Name:			

FORM COMPLETED BY (NAME): _____

SIGNATURE: _____

COMMUNITY SERVICES AGENCY REPORT

SGBV MONTHLY REPORT

NGO: _____ MONTH: _____ YEAR: _____

CAMP: _____

**EXECUTIVE SUMMARY OF
ACTIVITIES & ACHIEVEMENTS FOR THIS MONTH**

AWARENESS RAISING

ACTIVITY AND TOPIC: _____

DATE(S): _____

ATTENDANCE (# OF PEOPLE): _____

TARGETED GROUPS: _____

CONSTRAINTS FOR THIS ACTIVITY: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

RESULTS OF THIS ACTIVITY

WORKSHOP EVALUATION RESULTS: _____

PARTICIPANT ACTION PLANS: _____

AWARENESS RAISING

ACTIVITY & TOPIC: _____

DATE(S): _____

ATTENDANCE (# OF PEOPLE): _____

TARGETED GROUPS: _____

CONSTRAINTS FOR THIS ACTIVITY: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

RESULTS OF THIS ACTIVITY

WORKSHOP EVALUATION RESULTS: _____

PARTICIPANT ACTION PLANS: _____

AWARENESS RAISING

ACTIVITY & TOPIC: _____

DATE(S): _____

ATTENDANCE (# OF PEOPLE): _____

TARGETED GROUPS: _____

CONSTRAINTS FOR THIS ACTIVITY: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

RESULTS OF THIS ACTIVITY

WORKSHOP EVALUATION RESULTS: _____

PARTICIPANT ACTION PLANS: _____

CASE MANAGEMENT

DIRECT SERVICES TO SURVIVOR / FAMILY

NO. OF SURVIVORS COUNSELLED AND/OR ASSISTED: _____

NO. OF SESSIONS: _____

NO. OF SURVIVORS WHO WERE ASSISTED/COUNSELLED BY
COMMUNITY:

ACHIEVEMENTS: _____

CONSTRAINTS: _____

ACTION TAKEN TO ADDRESS CONSTRAINTS: _____

OUTCOMES

_____ TOTAL NUMBER SGBV CASES REPORTED THIS MONTH

_____ % INCREASE/DECREASE OVER LAST MONTH

_____ TOTAL NUMBER SGBV CASES REFERRED TO POLICE THIS
MONTH

_____ % POLICE REFERRALS OUT OF TOTAL SGBV CASES REPORTED
THIS MONTH

_____ % INCREASE/DECREASE IN POLICE REFERRALS SINCE LAST
MONTH.

_____ TOTAL NUMBER OF DIFFERENT REFERRAL SOURCES THIS
MONTH

- _____% INCREASE/DECREASE IN NUMBER OF DIFFERENT REFERRAL SOURCES OVER LAST MONTH
- _____ TOTAL NUMBER OF REQUESTS FROM COMMUNITY FOR EDUCATION/ AWARENESS RAISING THIS MONTH
- _____% INCREASE/DECREASE OVER LAST MONTH
- _____ TOTAL SGBV CASES TRIED IN "REFUGEE LOCAL TRIBUNALS"
- _____% OF THESE THAT WERE DECIDED IN FAVOUR OF SURVIVOR RIGHTS
- _____ NO. SGBV PREDISPONING FACTORS/HIGH RISK CIRCUMSTANCES/LOCATIONS OF HIGH INCIDENCE IDENTIFIED THIS MONTH AND FOR WHICH PREVENTION STRATEGIES HAVE BEEN DEVELOPED

ANALYSIS OF OUTCOME/CONSTRAINTS

PLAN FOR ADDRESSING CONSTRAINTS AND PROBLEMS IN THESE OUTCOMES

DATA/STATISTICAL ANALYSIS

SEE ATTACHED STATISTICS

ANALYSIS OF STATISTICS

PLAN OF ACTION FOR ADDRESSING ISSUES, TRENDS, PROBLEM AREAS

PLANNED ACTIVITIES NEXT MONTH

ACTIVITIES INCLUDED IN PREVIOUSLY DEVELOPED WORKPLAN

ACTIVITIES FOR NEXT MONTH BASED ON ANALYSIS OF THIS MONTH'S DATA AND ISSUES

ATTACH: SGBV MONTHLY DATA DETAILS

SGBV MONTHLY DATA

NGO: _____

CAMP: _____ MONTH: _____ YR: _____

TOTAL SGBV INCIDENTS

TYPE OF INCIDENT	NO. OF REPORTS THIS MONTH	NO. OF REPORTS TO DATE
Rape within the camp		
Rape around the camp		
Rape during flight in S. Leone before arrival in camp		
Rape during flight in Liberia before arrival in camp		
Attempted rape		
Sexual harassment		
Sexual abuse		
Early marriage		
Forced marriage		
Domestic violence		
TOTAL SGBV INCIDENTS		
Non-SGBV cases served		
REFERRAL SOURCES (# CASES REFERRED BY SOURCE)		
Self-referred		
Parent/guardian/relative		
Health Centre		
Community leader (youth leader, women's rep, elders, social mobilisers)		
Local tribunal - (CMC)		
Teachers		
Religious group		
LRRRC		
Other (specify):		
REFERRALS (should match total # SGBV cases above)		

ANALYSIS OF RAPE CASES

DETAILS	NO.
Location of incident	
Nearby village	
Pathway between camps	
Bush area outside camp	
Other location outside camp (list on right)	
In camp:	
Block - A	
Block - B	
Block - C	
Block - D	
Block - E	
Block - F	
Block - G	
Block - H	
Block - I	
Block - J	
Block - K	
Block - L	
Block -M	
Block -N	
Block - O	
Block - P	
Block - Q	
Block - R	
Before arriving in camp during flight in S. Leone	
Before arriving in camp during flight in Liberia	
Before arriving in camp during flight in another country	
Time of day: No. of cases that occurred:	
Early morning (midnight to 07:00)	
Day (07:00 - 17:00)	
Evening (17:00 - 20:00)	
Night (20:00 - midnight)	
Day of Week: No. of cases that occurred on:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Circumstances/predisposing factors: No. of cases involving:	
Looking for food outside the camp	
Looking for items to sell outside the camp	
Looking for work outside the camp	
Looking for firewood near and around the camp	
Outside camp travel non-firewood related	
Selling items inside the camp	
Survivor alone in home in the camp	
In exchange for services in the camp	
Other (list to the right)	
Perpetrator information	
No. of perpetrators	
One	
Two	
Three or more	
Sex of perpetrator	
Male	
Female	
Age of perpetrator	
Under 12 years	
12-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of perpetrator	
Liberian	
Sierra Leonean	
Other	
Unknown	
Perpetrator's relationship to survivor	
Stranger	
Relative	
Friend or family friend	
If Perpetrator is minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - step father	
Lives in step parent household - step mother	
UAM in foster care	
UAM living alone/no foster care	
AM (refugee child)	
Living circumstances unknown	
Former child soldiers	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
19 years and older	
19 -25 years old	
26 - 30 years old	
31 - 40 years old	
41 - 49 years old	
50 years or older	
Unknown age	
Survivor is adult (19 or older)	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
1 child	
2-5 children	
6 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRRC/ local tribunal intervention (if any)	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
18 years and under	
00 - 05 years old	
06 -10 years old	
11- 15 years old	
16 -18 years old	
Unknown age	
Survivor is minor, 18 years and under	
Lives with parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - father	
Lives in step parent household - mother	
UAM in foster care (care giver)	
UAM living alone (no care giver)	
AM (refugee child)	
Survivor is 18 years or below	
Specify the age	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
Pregnant	
1 child	
2 children	
3 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRRC / local tribunal intervention (if any)	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

ANALYSIS OF ATTEMPTED RAPE CASES

DETAILS	NO.
Location of incident	
Nearby village	
Pathway between camps	
Bush area outside camp	
Other location outside camp (list on right)	
In camp:	
Block - A	
Block - B	
Block - C	
Block - D	
Block - E	
Block - F	
Block - G	
Block - H	
Block - I	
Block - J	
Block - K	
Block - L	
Block -M	
Block -N	
Block - O	
Block - P	
Block - Q	
Block - R	
Before arriving in camp during flight in S. Leone	
Before arriving in camp during flight in Liberia	
Before arriving in camp during flight in another country	
Time of day: No. of cases that occurred:	
Early morning (midnight to 07:00)	
Day (07:00 - 17:00)	
Evening (17:00 - 20:00)	
Night (20:00 - midnight)	
Day of Week: No. of cases that occurred on:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

CIRCUMSTANCES/PREDISPOSING FACTORS	
Looking for food outside the camp	
Looking for items to sell outside the camp	
Looking for work outside the camp	
Looking for firewood near and around the camp	
Outside camp travel non-firewood related	
Selling items inside the camp	
Survivor alone in home in the camp	
In exchange for services in the camp	
Other (list to the right)	
Perpetrator information	
No. of perpetrators	
One	
Two	
Three or more	
Sex of perpetrator	
Male	
Female	
Age of perpetrator	
Under 12 years	
12-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of perpetrator	
Liberian	
Sierra Leonine	
Other (specify)	
Unknown	
Perpetrator's relationship to survivor	
Stranger	
Relative	
Friend or family friend	
If Perpetrator is minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - step mother	
Lives in step parent household - step father	
UAM in foster care	
UAM living alone/ care giver	
AM (refugee child)	
Living circumstances unknown	
Former child soldiers	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
19 years	
20-25 years old	
26-30 years old	
31-40 years old	
41 - 49 years old	
50 years or older	
Unknown age	
Survivor is adult 19 or older	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
Pregnant	
1 child	
2-5 children	
6 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Police and Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRC / local tribunal intervention (if any)	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
18 years and under	
00- 5 years old	
6-10 years old	
11- 15 years old	
16 - 18 years old	
Unknown age	
Survivor is minor 18 years and under	
Lives with Parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - step mother	
Lives in step parent household - step father	
UAM in foster care	
UAM living alone/no foster care	
UAM (refugee child)	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
Pregnant	
1 child	
2 children	
3 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRC/local tribunal intervention	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

ANALYSIS OF SEXUAL HARASSMENT CASES

DETAILS	NO.
Location of incident	
Nearby village	
Pathway between camps	
Bush area outside camp	
Other location outside camp (list on right)	
In camp: (see note below for camp locations)	
Block - A	
Block - B	
Block - C	
Block - D	
Block - E	
Block - F	
Block - G	
Block - H	
Block - I	
Block - J	
Block -K	
Block- L	
Block - M	
Block - N	
Block - O	
Block - P	
Block - Q	
Block - R	
Before arriving in camp during flight in S. Leone	
Before arriving in camp during flight in Liberia	
Before arriving in camp during flight in third country	
Time of day: No. of cases that occurred:	
Early morning (midnight to 07:00)	
Day (07:00 - 17:00)	
Evening (17:00-20:00)	
Night (20:00-midnight)	
Day of Week: No. of cases that occurred on:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

CIRCUMSTANCES/PREDISPOSING FACTORS	
Looking for food outside the camp	
Looking for items to sell outside the camp	
Looking for work outside the camp	
Looking for firewood near and around the camp	
Outside camp travel non-firewood related	
Selling items inside the camp	
Survivor alone in home in the camp	
In exchange for services in the camp	
Other (list to the right)	
Perpetrator information	
No. of perpetrators	
One	
Two	
Three or more	
Sex of perpetrator	
Male	
Female	
Age of perpetrator	
Under 12 years	
12-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Unknown age	
Nationality of perpetrator	
Liberian	
Sierra Leonean	
Other (specify)	
Unknown	
Perpetrator's relationship to survivor	
Stranger	
Relative	
Friend or family friend	
If perpetrator is minor (under 18 years)	
Lives with parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - step mother	
Lives in step parent household - step father	
UAM in foster care	
UAM living alone/ care giver	
UAM (refugee child)	
Living circumstances unknown	
Former child soldiers	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
19 years	
20-25 years old	
26-30 years old	
31-40 years old	
41-49 years old	
50 years or older	
Unknown age	
Survivor is adult 19 or older	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
Pregnant	
1 child	
2-5 children	
6 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRRC /local tribunal intervention	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

SURVIVOR DETAILS	
Sex	
Male	
Female	
Age	
18 years and below	
0- 5 years old	
6-10 years old	
11- 15 years old	
16 - 18 years old	
Unknown age	
Survivor is minor 18 years and under	
Lives with parents (both mother and father)	
Lives in single parent household - mother	
Lives in single parent household - father	
Lives in step parent household - mother	
Lives in step parent household - father	
UAM in foster care	
UAM living alone/no foster care	
UAM (refugee child)	
Survivor is head of family	
Married	
Widow	
Separated/divorced	
No. of children living with survivor	
Pregnant	
1 child	
2 children	
3 or more children	
Assistance received for cases reported this month	
Medical care	
Medical exam and treatment	
Medical exam within 3 days of incident	
Emergency contraception received	
Liberian justice system	
Reports to police	
Perpetrator arrested	
AFFEL involved	
Survivor does not want to report to police	
LRRRC /local tribunal intervention	
Case finished; survivor satisfied	
Case finished; survivor not satisfied	

**ANALYSIS OF GENDER-BASED VIOLENCE CASES
DOMESTIC VIOLENCE**

INCIDENT	
Domestic violence -wife beaten by husband	
Domestic violence - husband beaten by wife	
Other gender violence in home/among family members	
Gender violence outside family	
Location	
Outside camp	
In camp: (see note below)	
Block - A	
Block - B	
Block - C	
Block - D	
Block - E	
Block - F	
Block - G	
Block - H	
Block - I	
Block - J	
Block - K	
Block - L	
Block - M	
Block - N	
Block - O	
Block - P	
Block - Q	
Block - R	
Time of day	
Early morning (midnight to 07:00)	
Day (07:00-17:00)	
Evening (17:00-20:00)	
Night (20:00-midnight)	
Day of week	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Within 3 days of food distribution	
Circumstances/events leading to the incident	
Alcohol abuse	
Drug abuse	

Girl/ woman friend	
Boy/man friend	
Polygamy problem	
Food ration argument	
Other (list below)	
Outcome (of cases reported THIS MONTH ONLY)	
Local leaders/tribunal acted on the case	
Survivor and assailant satisfied with case outcome	
Survivor NOT satisfied; assailant satisfied	
Survivor satisfied; assailant NOT satisfied	
Separation; separate plot and ration card	
Married couple reconciled problems; living together	
Police report made; charges pending for court	
AFFEL involved	
Counselling in progress; no outcome yet	
Other information on GBV cases	

Forced / Early Marriage - 18 years and under

INCIDENT	
Forced Marriage - Girl forced	
Forced Marriage - Boy forced	
Forced Marriage - Both do not want	
Early Marriage - Boy under age	
Early Marriage - Girl under age	
Early Marriage - Both under age but willing parties	
Location	
In camp: (see note below)	
Block - A	
Block - B	
Block - C	
Block - D	
Block - E	
Block - F	
Block - G	
Block - H	
Block - I	
Block - J	
Block - K	
Block - L	
Block - M	
Block - N	
Block - O	
Block - P	
Block - Q	
Block - R	
Time of Day	
Early morning (midnight to 07:00)	
Day (07:00-17:00)	
Evening (17:00-20:00)	
Night (20:00-midnight)	
Day of week	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Within 3 days of food distribution	
Husband information	
Age	
Under 15 years	
16-18 years old	
19-30 years old	
31-50 years old	
51 years or older	
Wife (survivor) information	
Age of Survivor	
Under 10 years	

10-15 years old	
16-18 years old	
18 years or older	
Family information	
Parents/family supported the marriage	
Someone/anyone in family did NOT support the marriage	
Survivor did NOT want to be married	
Husband did NOT want to be married	
School/community information	
Survivor dropped out of school due to marriage	
Teachers expressed concern/opposed the marriage	
Local tribunal acted on the case	
Survivor and family satisfied with case outcome	
Survivor NOT satisfied; family satisfied	
Outcomes (of cases reported this month)	
Divorce/annulment (ending of the marriage)	
Survivor returned to family home	
Survivor returned to school	
LRRRC / local tribunal acted on the case	
Police report made; charges pending for court	
AFFEL involved	
Counselling in progress; no outcome yet	
Other information on GBV cases	