Final Evaluation Report on the Project:

ENGAGING FAITH-BASED ORGANIZATIONS TO PREVENT VIOLENCE AGAINST WOMEN AND GIRLS AND INCREASE SURVIVORS' ACCESS TO SERVICES IN LIBERIA 2015-2017

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List of Acronyms

CEDAW	The Committee on the Elimination of Discrimination Against Women
CLFLC	County-level Faith Leader Coalition
CoC	Code of Conduct
DHS	Demographic Health Survey
ECL	Episcopal Church of Liberia
ECL-RD	Episcopal Church of Liberia Relief and Development
ELM	Experiential Learning Methodology
FAMA	Facts, Association, Meaning, Action
FGD	Focus Group Discussion
GBV	Gender-based Violence
HDI	Human Development Index
IRCL	Inter-Religious Council of Liberia
IRUSA	Islamic Relief USA
KAP	Knowledge Attitudes and Practice
LISGIS	Liberia Institute of Statistics and Geo-Information Services
M&E	Monitoring and Evaluation
MEL	Monitoring, Evaluation and Learning
MoE	Ministry of Education
MoGCSP	Ministry of Gender, Children and Social Protection
NGO	Non-governmental organisations
PTA	Parents-Teachers Association
SBCC	Social Behaviour Communication Change
ToT	Training of Trainers
TWG	Technical Working Group
UNTF	United Nations Trust Fund to End Violence Against Women
UNMIL	United Nations Mission in Liberia
VAW	Violence Against Women
VAWG	Violence Against Women and Girls

Acknowledgements

Executive Summary

Background and Description of the Project

Alarming rates of violence against women and girls (VAWG) were documented during Liberia's 14 years of conflict, and these human rights violations continue today. The Demographic Health Survey 2013 reveals that acceptance of VAWG is high, with 43% of women and 24% of men reporting that they believe a husband is justified in beating his wife in at least one (of five) circumstances (burns the food; argues with him; goes out without telling him; neglects the children; refuses to have sex).[1] Acceptance of wife beating ranged from 26.2% among women and 20% among men in Grand Cape Mount County; and 51.2% among women and 39.1% among men in Rivercess County.

After the war, Liberia has taken steps to address VAWG and passed a number of laws and policies to address this unacceptable situation. Despite these laws, progress in addressing VAWG is stalled. High gender inequality that perpetuates men's dominance and control over women continues to place women at high risk of both partner physical and sexual violence and non-partner sexual violence. There is little or no opportunity to understand, reflect on and discuss how women are valued and treated. Consequently, the foundational work of tackling the attitudes and behaviours that perpetuate GBV does not taken place. Further, interventions rarely take place at the community level, making impossible the task of evaluating and revising deeply entrenched views on women and girls in the communities where violence occurs

To address this barrier to GBV in Liberia, the Episcopal Church of Liberia Relief and Development (ECL-RD) in collaboration with Episcopal Relief & Development, with financial assistance from the UN Women United Nations Trust Fund to End Violence Against Women (UNTF) and Islamic Relief USA (IRUSA) implemented an interfaith behaviour change intervention in two counties, Grand Cape Mount and Rivercess, from 2015 to 2017. The project developed a GBV prevention and response toolkit—a facilitation guide that aims to empower Christian and Muslim faith leaders to speak out against VAWG in their communities, and to more effectively support survivors of violence in settings where governance structures are too weak to deliver essential services.

Purpose and Objectives of the Evaluation

The purpose of this evaluation is to assess the effectiveness, relevance, efficiency, sustainability, impact and knowledge generation of the project. The evaluation also assessed the project´s strategy towards the achievement of the goal and outcomes and discusses the findings and present lessons learnt and recommendations.

As the project uses a faith-based model, this evaluation also intends to provide information on good practices for programming on GBV working together with inter-faith partners in multi-religious contexts. Furthermore, the multi-sectoral approach of the project is also assessed by this study to provide insights in working with multiple government agencies, faith-based institutions at various levels and local communities.

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[1] https://dhsprogram.com/publications/publication-fr291-dhs-final-reports.cfm

The objectives of the final evaluation are as follow:

i. To determine the level of knowledge, attitudes, behaviours and practices related to partner and non-partner VAWG across various participants—faith leaders (Muslim and Christian), and congregants (women, men and adolescents).

ii. To have in-depth information, data and analysis on congregants (disaggregated by age and sex) views, opinions, perceptions and expectations in how faith-based institutions (including Christian and Muslim) and their faith leaders are taking action against VAWG.

iii. To provide data and analysis on perceptions and expectations of congregants on faith leaders' support in knowledge and information dissemination and counselling when seeking services for women and girl survivors of violence.

iv. To provide quantitative and qualitative analysis on the above against key program outcome indicators (see below).

v. To provide in-depth analysis of key participating groups (Technical Working Group (TWG) Members, Faith and Youth Coalition groups and School Groups) on how learning and knowledge acquired through trainings and engagements with communities has led to changes in their perceptions, behaviour and practice.

vi. To assess the effectiveness of the faith-based toolkit and experiential learning tools (through Social Behavior Change Communication (SBCC) and Facts, Association, Meaning and Action (FAMA) cards); and to assess the effectiveness of training in the use of these tools.

Intended Audience

This evaluation is addressed mainly to the implementing and funding organisations, namely Episcopal Relief and Development, ECL-RD, UNTF, IRUSA, the Ministry of Gender, Children and Social Protection, Ministry of Education and Ministry of Health in Liberia.

Methodology

This evaluation was carried out between October 2017 and February 2018. The evaluation team comprised both national and international consultants. The national team was led by Joseph Nyan who managed the field staff including supervisors and enumerators. The international team comprised Dr. Seema Vyas and Matt Zingel.

Evaluation Design

The evaluation used a pre and post-intervention study design that allowed comparisons between:

- baseline (pre-intervention) and endline (post intervention) in the two intervention counties only
- the two intervention counties and a comparison (non-intervention) county at endline.

Data Collection

Both baseline and endline survey used a mixed-methods approach. Quantitative data was collected using structured survey tools and qualitative data was collected using focus group discussion with national and county level faith leaders, youth leaders, community members, GBV committees at schools and drama groups. A total of 1,306 people of the project population and an additional 1,057 persons of the comparison group were interviewed. A total of seven focus group discussions were conducted.

In addition, secondary data was gathered and analysed including various project documents (progress reports, annual reports, baseline study), reports published by relevant international organisations, researchers and government ministries.

Key Findings and Conclusions

Effectiveness: The evaluation shows that the project made significant progress towards achieving its goal: Women and girls experience greater freedom from intimate partner violence and non-partner sexual violence and have increased access to services in six districts of Cape Mount and Rivercess Counties in Liberia. Through the enhancement of local participation in faith-based activities where GBV awareness was raised, knowledge about available support services was shared, the evaluation found that women and girls experience less physical and sexual violence from intimate partners (baseline: 14.8%; endline: 5.0%) and less physical and sexual violence from non-partners (baseline: 16.1%; endline: 2.6%).

The project was successful in working together with faith leaders at national, county and community levels who were the key advocates to change the mindsets of congregants and reduce VAWG. 98% of faith leaders were found speaking out publicly against GBV using various platforms and events. Nearly 75% (baseline: 27%) of congregational members believe that faith leaders in their community are actively working to stop VAWG.

The evaluation results also show that the involvement of various youth leader groups resulted in significant increase in youth leaders raising awareness of GBV and publicly speak out against VAWG at schools, faith-based platforms and other public places. 97% (baseline: 29%) of youth faith leaders were found speaking out publicly against GBV and 81%[2] also took actions in forms of providing support or referrals to congregational members

The project successfully raised knowledge levels among women and girls of existing support service in cases of violent experience. 61% of female congregants confirmed that they heard about existing GBV support services from their faith leaders.

Following the results of focus group discussion, all participants provided their perceptions on changes that have occurred in their communities and named reduced violence against women and girls, reduction of child marriage cases, improved understanding of women´s rights as some of the key changes that took place since project implementation.

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[2] No baseline data available.

Efficiency: The project remained on track on key project activities throughout the course of implementation according to annual and mid-term reports. It successfully completed all key project activities within the project timeframe, and achieved planned targets on the project goal, outcomes and outputs. Program staff and participants confirmed this success. In interviews with primary beneficiaries, including program staff, faith leaders, lay leaders, and female and male congregants, the project was carried out efficiently and in a timely manner.

In addition, the project exceeded the number of beneficiaries reached. The project intended to reach 3,891 women and girls at project goal level, instead reached 16,873 by the end of the project. This was mainly achieved through project stakeholders who carried out advocacy activities beyond agreed platforms.

The evaluation identified a number of **promising practices** that could be beneficial to other projects of similar nature. For instance, using the process of self-reflection and discovery to understand and take actions against GBV (i.e. The experiential learning model) has proven to be a successful approach to change mindsets in the domain of gender roles and attitudes.

The faith-based project model fully engages faith leaders at national, district and community level. Involving senior faith leaders motivates local faith leaders to try challenging new behaviours in difficult cultural contexts. It also reinforces accountability and is an investment in potential scale up.

The project learned at the start that asking trainees to read and understand religious scripture in new ways or starting to use less familiar scripture can be challenging. Shifting the overall interpretation of scripture that has for years been used to condone domestic abuse, reinforce concepts of male superiority, and reinforce ideas of women's servitude rather than mutual service would be a long process. For that reason, the engagement of national leaders in dialogue about incorporating GBV awareness into theological education and training should be seen as a long-term process.

ECL-RD, County-level Faith Leader Coalition (CLFLC) and youth representatives attended the Ministry of Gender, Children and Social Protection (MOGCSP) monthly GBV Task Force meetings at the county and national levels. These meetings served as a bridge between community needs and concerns and national policies and stakeholders. For example, in one meeting program staff raised the issue that the (Ministry of Education (MoE) had never discussed or provided guidance to schools on the Code of Conduct (CoC). This report garnered MoE commitment to do so. Networks across sectors and levels allow civil society including faith institutions to work in collaboration with government partners, understand policies and hold government accountable when needed.

Sustainability: The project has empowered faith leaders and congregants with knowledge and skills to identify GBV and take action against it. The integration of the project into existing faith-based structures and institutions and the participatory development of the faith-based GBV toolkit are factors that led to a greater sense of ownership.

The multi-stakeholder approach involving government ministries, service providers and law enforcement has resulted in a functioning referral network and stakeholders are connected to each other through regular meetings.

The Technical Working Group (TWG) is transitioning from an advisory group to a more formally established body, which has already raised additional funds to expand project activities and formed more faith coalitions in areas outside the project.

Key Recommendations

i. Identify and provide support to address needs of national stakeholders to sustain achieved results and develop support strategy.

ii. Provide technical support to TWG and the County Faith Leader Coalition to build capacities in areas such as fundraising and project management (TWG) and to ensure that all faith leaders are properly trained in using the faith based GBV toolkit and facilitation skills.

iii. Continue to engage youth and adolescents in discussions on issues related to masculinity and gender.

iv. Wider dissemination of evaluation findings and engagement of government stakeholders to advocate for the enforcement of women´s rights.

v. Continue multi-sector collaboration and intensify dialogue with relevant national and international stakeholder/partners to explore (nation-wide) scaling-up strategies.

vi. Engage in policy discussion with national stakeholders to explore possible policy measure and adequate response mechanisms.

vii. Conduct learning and sharing events to demonstrate achieved results, key factors of success and lessons learnt.

viii. Explore opportunities how to adopt the faith-based project model to other countries/regions.

1   Context of the Project

Liberia is one of the world's poorest countries, with almost 40% of the population living on less than $1.90 US per day (2016).[3] Years of conflict, spanning from 1989-2003, left the country with weak infrastructure; widespread poverty; poor health outcomes; and low levels of education, earning Liberia a rank of 177 out of 188 on the human development index (HDI).[4] Liberia also ranks low on gender equality. The Gender Inequality Index ranked the country 150 out of 159, driven by Liberia's high maternal mortality rate, low percentage of women in parliament and low proportion of secondary education among females. In support of Liberia's efforts towards social and economic development since the war, the Episcopal Church of Liberia Relief and Development (ECL-RD) in collaboration with Episcopal Relief & Development have implemented development programs since 2011. These programs relate to Church income generation, food security, malaria prevention, microfinance, Ebola response and rehabilitation, and gender-based violence (GBV), reaching all 15 counties in Liberia.

Alarming rates of violence against women (VAWG) were documented during Liberia's 14 years of conflict, and these human rights violations continue today. The 2007 Liberia Demographic and Health Survey (DHS) revealed that nationally:[5]

- 44% of all women, ages 15-49, had experienced physical violence since the age of 15; 29% had experienced physical violence in the past year.
- 17.6% of women reported that they had experienced sexual violence in their lifetime, either as an adult or as a child; 10% of women reported that their first sexual experience had been forced.[6]
- 38.6% of women who were married or previously been married (ever-married) had experienced physical or sexual violence by a husband or male partner in their lifetime; 36.3% of ever-married women had experienced physical or sexual violence by a husband or male partner in the past year.[7]

Regional estimates revealed high rates of both physical and sexual partner violence and of sexual violence in general. In the Northwestern region, which includes Grand Cape Mount County, over one-half (55%) of ever-married women reported their husband/male partner displayed three or more controlling behaviours; 33% had experienced physical or sexual partner violence; and of the women who reported physical or sexual violence in the past year, 44% reported that the violence occurred often.[8] In the Southeastern A region, which includes Rivercess County, 57% of ever-married women reported their husband/male partner displayed three or more controlling behaviours; 49% had experienced physical or sexual partner violence; and of the women who reported physical or sexual violence in the past year, 27% reported that the violence occurred often. Rates of sexual violence (perpetrated by a partner or non-partner) were also high with 18% of all women in the Northwestern region and 24% of all women in the Southeastern A region reporting they had experienced sexual violence in their lifetime, either as a child or as an adult.

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[3]https://data.worldbank.org/indicator [accessed 1 January 2018].
[4]http://hdr.undp.org/en/2016-report [accessed 31 December 2017].
[5] To date, the 2007 Liberia DHS is the only obtainable population-based study with prevalence estimates on violence against women. Sample of women were ages 15-49.
[6] This is against a backdrop of 11.9% of women in Africa reporting that they have experienced non-partner sexual violence in their lifetime. http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/ [accessed 2 February 2018].
[7]This compares to the 22.1% past year physical or sexual partner violence average in Sub Saharan Africa. https://unstats.un.org/sdgs/report/2017/goal-05/ [accessed 3 January 2018].
[8] 1) Jealous or angry if she talks to other men; 2) frequently accuses her of being unfaithful; 3) does not permit her to meet her friends; 4) tries to limit her contact with her family; 5) insists on knowing where she is at all times; 6) does not trust her with any money.

The more recent DHS (2013) reveals that acceptance of VAWG is high, with 43% of women and 24% of men reporting that they believe a husband is justified in beating his wife in at least one (of five) circumstances (burns the food; argues with him; goes out without telling him; neglects the children; refuses to have sex).[9] Acceptance of wife beating ranged from 26.2% among women and 20% among men in Grand Cape Mount County; and 51.2% among women and 39.1% among men in Rivercess County.

Since the conflict ended, Liberia has taken steps to address VAWG. The country is a signatory to the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW), an international bill of rights for women adopted by the UN General Assembly.[10] The country has also passed laws and policies to address violence against women and girls (VAWG), notably the Rape Amendment Act of 2006 and the Domestic Violence law of 2014. In 2009 Liberia launched its four-year national action plan on GBV, which outlines prevention and response strategies under five pillars: psychosocial care, health services (i.e. treatment and collection of evidence for prosecution), legal/justice services, protection, and coordination.[11]

Despite these laws, progress in addressing VAWG is stalled. High gender inequality that perpetuates men's dominance and control over women continues to place women at high risk of both partner physical and sexual violence and non-partner sexual violence. Outside of Monrovia, the capital city, there is limited awareness or enforcement of current laws, and services for survivors are sparse. Often, the preference is to settle matters "within the family," which further serves to undermine existing laws and policies. Most cases are unreported due to stigma, shame or fear. Similar to many other countries with GBV policies in place, attempting to enforce the law requires survivors to face lengthy travel and court expenses, forcing many to abandon the pursuit of justice as they encounter these and other barriers. Often the 72-hour window for gathering forensic evidence is compromised. Police and court staff also often lack the resources to properly investigate and bring cases to trial.

While government mandates to address GBV focus mainly on providing services and seeking justice for survivors, most Liberians receive sparse information on the harms of GBV to women, families and the larger community. There is little or no opportunity to understand, reflect on and discuss how women are valued and treated. Consequently, the foundational work of tackling the attitudes and behaviours that perpetuate GBV does not take place. Further, interventions rarely take place at the community level, making impossible the task of evaluating and revising deeply entrenched views on women and girls in the communities where violence occurs.

To address this barrier to addressing GBV in Liberia, the ECL-RD in collaboration with Episcopal Relief & Development, with financial assistance from the UN Women United Nations Trust Fund (UNTF) and Islamic Relief USA, implemented an interfaith behaviour change intervention in two counties, Grand Cape Mount and Rivercess, from 2015 to 2017. The project developed a GBV prevention and response toolkit—a facilitation guide that aims to empower Christian and Muslim faith leaders to speak out against VAWG in their communities, and to more effectively support survivors of violence in settings where governance structures are too weak to deliver essential services. It trained these leaders in the skills to challenge traditional views around masculinity and to encourage new behaviours among their congregants and the broader community. This report presents the findings from the evaluation of this intervention.

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[9] https://dhsprogram.com/publications/publication-fr291-dhs-final-reports.cfm
[10] CEDAW was instituted in 1981 and has since been ratified by 189 countries.
[11] http://evaw-global-database.unwomen.org/en/countries/africa/liberia/2009/national-action-plan-on-the-implementation-of-sc-resolution

2 Project Description

2.1 Project Duration: Start Date and End Date
In designing and implementing this project, ECL-RD used its expertise in social behaviour change communication and past programmatic experience in malaria prevention and control, agricultural development and rehabilitation, and education; as well as its networks within the faith community to address the root behaviours and cultural norms underlying GBV. The three-year project started on January 01, 2015 and ended on December 31, 2017.

2.2 Description of the Specific Forms of Violence Addressed by the Project
The project will specifically address: (1) Violence in the family: Intimate partner violence; and (2) Violence in the community: Sexual violence by non-partners. These are the most prevalent forms of VAWG. The project was evaluated against the following forms:

- Past year experience of physical violence from a partner (among women who have had an intimate partner in the past year)
- Past year experience of sexual violence from a partner (among women who have had an intimate partner in the past year)
- Past year experience of sexual violence from a non-partner (among all women)

2.3 Project Objective, Importance, Scope and Scale of the Project
The main objective of the project is that *"women and girls experience greater freedom from intimate partner violence and non-partner violence (both physical and sexual) and have increased access to services in six districts of Cape Mount and Rivercess Counties in Liberia."*

The intervention involved the development of the Faith Leader GBV toolkit, a facilitation guide to train faith leaders in addressing VAWG in their communities. The intervention was implemented in three districts in each county: Gawula, Tewor, and Gola Konneh Districts in Grand Cape Mount, and Central Rivercess, Beawor, and Fehn River Districts in Rivercess. These districts were identified by the Ministry of Gender, Children & Social Protection (MoGCSP) because they had highly remote communities that were difficult to access and so were missed by opportunities to engage in development efforts. This remoteness was coupled with an influx of male workers from expanding logging and mining industries in the two counties, posing an additional risk for GBV in these areas.

The project was designed to address GBV at its root, by seeking to shift the knowledge, attitudes and behaviours around how women and girls are valued and treated at the individual, family and community levels. Faith institutions, clergy and lay leaders, as trusted and heard members of the community, are uniquely positioned to promote attitudes and behaviours that prevent violence and create an enabling environment for survivors. Through sermons, religious teachings, marriage preparation, marriage counselling, family counselling, retreats, and revivals, faith-based leaders can have a strong influence on the gender norms prevalent in a community. Faith leaders also engage in individual dialogue with couples, families, youth, men and women leaders to guide and shift individual knowledge, attitudes and behaviours that perpetuate VAWG.

Lay leaders were also trained as agents of change and then facilitated learning-action dialogues with members. Training and equipping youth leaders was a critical activity as engaging adolescents is a prime period for shaping attitudes about gender roles, interpersonal conflict resolution and other drivers for GBV prevention. The Christian and Muslim youth movements in Liberia are strong and active and were an important focus of the project.

As part of the project, faith-based organisations also mapped and coordinated with available GBV service providers to provide a referral network for violence survivors. Faith leaders organised assistance to help survivors overcome obstacles to accessing needed services. This helped service

providers mitigate the challenge of providing integrated services, particularly in rural areas where they faced disperse lack of equipment and skilled staff. Episcopal Relief & Development and ECL-RD also worked (and continue to work) closely with the government and other key GBV stakeholders to increase the project's reach and effectiveness. As a member of the MoGCSP GBV Task Force, ECL-RD was positioned to advocate for additional government and stakeholder support when gaps in needed services were identified.

2.4 Strategy and Theory of Change (or Results Chain) of Project with Brief Description of Project Goal, Outcomes, Outputs and Key Project Activities

The project has four key areas of intervention:

1. ***Developing capacities of community groups and leaders:*** The project engaged with leaders and members of faith groups (Christian and Muslim). Each church and mosque has a men's group, a women's group, a youth group, and in some a girls group.

2. ***Engaging new partners:*** This focus area sought to engage men and boys, mostly through faith groups but also in schools, to re-examine gender roles and power and their own biases and behaviours; and then to take a leading role in speaking out against gender inequality and GBV and holding other men accountable.

3. ***Changing knowledge and attitudes towards GBV:*** The starting point was to engage clergy, lay leaders, faith group members, congregants, and traditional leaders. Through their influence cultural norms and behaviours related to violence against women were targeted leading to prevention of violence and support to survivors.

4. ***Enhancing multi-sectoral referral systems***: This area focused on local faith-based organizations and project staff disseminating information about available services and providing referrals at the community level which connect to district, county, and national levels.

Graphic 1. Program Logic

What we do

RAISING AWARENESS

- Develop Faith Leader GBV Toolkit
- Conduct training of trainers for faith leaders and program staff on participatory training methods and tools
- Lead GBV training sessions using toolkit by faith leaders
- Guides and monitor local-level faith leaders' GBV awareness efforts, and plan for scale-up and sustainability of program interventions
- Faith leaders and program staff engage county and national-level platform to raise awareness

YOUTH ENGAGMENT

- Trainings with faith-based youth groups, savings groups, and schools
- Trained youth facilitate learning opportunities with their peers and other community members
- County level youth coalitions organize youth and activities for national platform

SURVIVOR SUPPORT

- Program staff participate in government's local and national-level GBV Task Force meetings
- Develop and disseminate referral pathway guide designed for each target district
- Train local-level faith leaders to then make referrals for women and girl survivors
- Provide in-kind emergency support to GBV victims through the Ministry of Gender
- Provide temporary emergency shelter to survivors

What we deliver

- Faith leaders are better equipped to promote VAW/G prevention through use of a faith-based toolkit
- Faith leaders increasingly engage in VAW/G prevention with families, congregations and communities

- Trained youth leaders and group members have an increased understanding of GBV and actively work to prevent it and to support survivors
- School leaders (staff, youth, parents) and community groups increase their actions to prevent VAW/G and support survivors

- Muslim and Christian faith leaders have greater understanding of needed and available GBV services and resources to support women and girls who experience violence.
- Muslim and Christian faith leaders act to reduce violence-related stigma and alleviate practical barriers to survivors accessing services.

What this leads to

- Faith leaders from churches and mosques increase their work to speak out against violence against women and girls and to change cultural norms in their communities

- Youth leaders of cross-religious youth groups and school leaders increasingly speak out against violence against women and girls and provide support to survivors

- Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services

Women and girls experience greater freedom from intimate partner violence and non-partner sexual violence and have increased access to services in 6 districts of Cape Mount County and Rivercess Counties in Liberia

The project implemented evidenced-based strategies (Experiential Learning Methodology) for social and behaviour communication change (SBCC). Through a participatory approach involving various stakeholders including the Inter Religious Council of Liberia (IRCL) the Faith Leader GBV toolkit was developed and faith leaders were trained in the Facts, Association, Meaning and Action Learning-Dialogue approach (FAMA), which they then facilitated with their group members. FAMA promotes individuals' behaviour change from within, through a discovery, motivation, and possibility process. The four core learning themes/topics from the toolkit are: 1) Self discovery– recognizing our charge as faith leaders; 2) Understanding gender and its role in VAWG; 3) Understanding power and its role in gender inequality; and 4) GBV: A silent epidemic in your community. The trainings encouraged reusing, in new ways, scripture and holy texts; some of which had been used to reinforce cultural traditions that perpetuate VAWG and are now reframed, while others used new pieces of text that carry more equitable messaging, and emphasis on respect, responsibility and dignity.

2.5   Key Assumptions of the Project

No key assumptions were identified from project documents or from discussions with key Episcopal Relief & Development personnel involved with the intervention. Further, the UNTF proposal template had no assumptions section, although a section on foreseen challenges for the project were highlighted by Episcopal Relief & Development staff, i.e. lack of access to the justice system, limited response capacity of service providers (i.e. legal aid clinics, counselling, medical supplies, support and care), geographic inaccessibility to services for GBV survivors in remote villages in rural areas, and limited human resources in all service sectors.

2.6   Description of Targeted Primary and Secondary Beneficiaries, and Key Implementing Partners and Stakeholders

As per categories in the UNTF grants system, the project's primary beneficiaries are women and girls who are survivors of violence, and women and girls who are leaders and members of churches and mosques (Table 1). Secondary beneficiaries, or those with whom the project works with in order to change the lives of the primary beneficiaries, are members of faith and community-based organizations, such as Christian and Muslim faith leaders, school staff and in and out-of-school-youth. This is the congregational population stratified by age-range. During the project design phase the most up to date population data available for Liberia was the National Population Census of 2008. The estimated number of beneficiaries the project intended to reach was based on these figures. This, however, means that these estimates did not take into account the country´s population growth rate for the period 2008 to 2015.

Table 1. Project Population Aged 13-17 Years, by Location and Gender – Potential Beneficiaries

County	District	Township	Population aged 13-17 years						Population aged 18 years and above					
			Male (#)	Male (%)	Female (#)	Female (%)	Total (#)	Total (%)	Male (#)	Male (%)	Female (#)	Female (%)	Total (#)	Total (%)
Grand Cape Mount	Garwula	Sinje	64	43%	71	44%	135	44%	426	41%	412	40%	838	40%
		Nimba Point	25	17%	24	15%	49	16%	197	19%	162	16%	359	17%
		Gohn	30	20%	36	22%	66	21%	160	15%	209	20%	369	18%
		Wangekor	23	16%	21	13%	44	14%	182	17%	159	15%	341	16%
		Njabacca	6	4%	9	6%	15	5%	78	7%	96	9%	174	8%
			148	100%	161	100%	309	100%	1043	100%	1038	100%	2081	100%
	Golakonneh	Mbalikou	15	7%	17	9%	32	8%	125	9%	78	7%	203	8%
		Jenne Brown	38	17%	26	14%	64	16%	200	15%	229	19%	429	17%
		Tahn Town	53	23%	43	24%	96	23%	319	24%	329	28%	648	26%
		Lofa Bridge	107	47%	74	41%	181	44%	478	35%	407	34%	885	35%
		King George	17	7%	21	12%	38	9%	235	17%	138	12%	373	15%
			230	100%	181	100%	411	100%	1357	100%	1181	100%	2538	100%
	Tewor	Gondama	22	21%	7	8%	29	15%	92	13%	109	14%	201	14%
		Kru Town	7	7%	3	3%	10	5%	73	11%	80	10%	153	10%
		Tiene	35	33%	37	42%	72	37%	254	37%	266	33%	520	35%
		Mambo Town	31	29%	31	35%	62	32%	194	28%	250	31%	444	30%
		Nagbema	12	11%	10	11%	22	11%	78	11%	91	11%	169	11%
			107	100%	88	100%	195	100%	691	100%	796	100%	1487	100%
Rivercess	Fen River	Charlie	21	8%	6	3%	27	6%	95	8%	90	8%	185	8%

		Little Liberia Town	45	17%	37	18%	82	17%	168	14%	193	17%	361	15%
		Garyeazohn	54	21%	39	18%	93	20%	136	11%	150	13%	286	12%
		TimboKru	18	7%	15	7%	33	7%	80	6%	97	8%	177	7%
		Cestos	123	47%	114	54%	237	50%	754	61%	615	54%	1,369	58%
			261	**100%**	**211**	**100%**	**472**	**100%**	**1233**	**100%**	**1145**	**100%**	**2,378**	**100%**
	Norwein	Yarkpa	43	33%	27	27%	70	30%	291	44%	234	40%	525	42%
		James Town	6	5%	4	4%	10	4%	29	4%	23	4%	52	4%
		Tompoe Town	55	42%	44	44%	99	43%	170	26%	192	33%	362	29%
		Gbosolsoe	14	11%	17	17%	31	13%	76	12%	75	13%	151	12%
		Gbediah	14	11%	7	7%	21	9%	88	13%	66	11%	154	12%
			132	**100%**	**99**	**100%**	**231**	**100%**	**654**	**100%**	**590**	**100%**	**1244**	**100%**
	Central Rivercess	Neezium	26	24%	20	27%	46	25%	210	24%	173	29%	383	26%
		Zammie Town	44	40%	32	43%	76	41%	241	28%	188	32%	429	29%
		Sahn	2	2%	1	1%	3	2%	6	1%	9	2%	15	1%
		Sam Beach Gold Mine	33	30%	17	23%	50	27%	382	44%	188	32%	570	39%
		Garpi	5	5%	4	5%	9	5%	36	4%	36	6%	72	5%
			110	**100%**	**74**	**100%**	**184**	**100%**	**875**	**100%**	**594**	**100%**	**1469**	**100%**

2.7   Budget and Expenditure of the Project

Although part of UNTF final report guidelines, Episcopal Relief & Development felt it unnecessary to inform this section because detailed budget and expenditure has already been submitted to UNTF.

3   Purpose of the Evaluation

This final project evaluation is a UNTF requirement. The purpose of this evaluation is to assess the project in terms of effectiveness, relevance, efficiency, sustainability, impact and knowledge generation and to assess whether project goal and outcomes have been met, particularly its goals of preventing VAWG, and increasing survivors' access to services. The evaluation will also document and serve as a reference for project successes, challenges, gaps and significant lessons learned, as well as recommendations for future implementation, up-scaling or replication. The findings will be available to Episcopal Relief & Development, its partners and other relevant stakeholders in Liberia to improve the program and project design or scale-up of the project. It will also be available to share with in-country partners in other African countries for potential replication, and with faith-based organizations and religious bodies as potential GBV partners. Findings will also be available to UNTF's GBV grantee/implementing partner network and with the GBV network more broadly.

4   Sharing and Disseminating Evaluation Learnings

Episcopal Relief & Development and ECL-RD are in the process of developing a multi-part plan which encompasses programmatic action and sharing and disseminating evaluation learnings in Liberia and globally. In our work, we will incorporate the recommendations in the next phase of our program in Liberia and with Episcopal Relief & Development partners in other countries working on GBV. Evaluation results will be communicated through innovative formats such as website announcements, PowerPoints at seminars/workshops and other printed or electronic mediums.

This evaluation is a tool intended for our implementing partners, peer organizations, key stakeholders and faith networks to adapt evidence-based results and learnings into their programmatic work, expanding high-impact strategies. We hope the findings will inform policies at all levels and influence behavior change related to violence against women and girls. In addition, the results could be used as a marketing or profile building tool for resource mobilization.

Currently, we plan to hold a debriefing event of the evaluation in Liberia with key government ministries, civil society, academic and research institutions donor organizations and UN agencies in 2018. The evaluation will also be shared with members working groups, including the Joint Learning Initiative on Faith & Local Communities (JLI), the International Partnership on Religion and Sustainable Development (PaRD), Episcopal Relief & Development's GBV Faith Leaders Roundtable Group and InterAction.

5 Evaluation Objectives and Scope

The objectives of the final evaluation, defined by Episcopal Relief & Development, are as follow:

vii. To determine the level of knowledge, attitudes, behaviours and practices related to partner and non-partner VAWG across various participants—faith leaders (Muslim and Christian), and congregants (women, men and adolescents).

viii. To have in-depth information, data and analysis on congregants (disaggregated by age and sex) views, opinions, perceptions and expectations in how faith-based institutions (including Christian and Muslim) and their faith leaders, are taking action against VAWG.

ix. To provide data and analysis on perceptions and expectations of congregants on faith leaders' support in knowledge and information dissemination and counselling when seeking services for women and girl survivors of violence.

x. To provide quantitative and qualitative analysis on the above against key program outcome indicators (see below).

xi. To provide in-depth analysis of key participating groups: Technical Working Group (TWG) Members, Faith and Youth Coalition groups and School Groups) on how learning and knowledge acquired through trainings and engagements with communities has led to changes in their perceptions, behaviour and practice.

xii. To assess the effectiveness of the faith-based toolkit and experiential learning tools (through SBCC and FAMA cards); and to assess the effectiveness of training in the use of these tools.

Further, this evaluation aims to assess the extent to which the following key project goals, outcomes and their related indicators have been met:

Project Goal: Women and girls experience greater freedom from intimate partner violence and non-partner violence (both physical and sexual) and have increased access to services in six districts of Cape Mount and Rivercess County in Liberia.

5.1 Project Goal Indicators

i. % of congregational members (Churches & Mosques) who report changes in VAWG-related behaviour and practices as a result of participating in faith based activities (marriage preparation, retreat and counselling).
ii. % of congregation members (women, girls, men and boys) who know how to access support and referral services for women and girls' survivors.
iii. % of congregation members (women and girls) reporting physical or sexual partner violence or non-partner sexual violence in the past year is lower in two of the six districts of Cape Mount and Rivercess Counties.[12]

Outcome 1: Faith leaders (i.e. pastors and imams) from Churches and Mosques increase their work in speaking out against VAWG and to change cultural norms in their communities.

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[12] The wording of this indicator has been clarified to reflect what is measurable between baseline and endline.

5.2   Outcome 1 Indicators

i.   % of clergy who report publicly speaking out against VAWG in the past year at various platforms (Sunday/Friday sermons, retreats/crusades, festivities).
ii.   % of congregation members who have heard at least one clergy member publicly speak out against VAWG in the past year
iii. % of congregation members who believed that clergy are actively working to end VAWG in two of the six districts of Grand Cape Mount and Rivercess Counties

Outcome 2: Youth leader of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff students, parents), increasingly speak out against VAWG and provide support for services.

5.3   Outcome 2 Indicators

i.   % of trained faith group leaders (from men's and boy's, women's and girls' groups) who report publicly speaking out against VAWG during the past year
ii.   % of congregation members (men, boys, women and girls) who reported that faith group leaders have spoken out against VAWG and/or have provided services during the past year

Outcome 3: Muslim and Christian faith leaders increase direct support for survivors of violence and advocate for their rights and access to services.

5.4   Outcome 3 Indicators

i.   % of women and girls from two of the six districts in (Grand Cape Mount and Rivercess Counties) who have learned about which GBV support services are available from clergy, lay leaders.
ii.   % of cases registered by GBV support services that show referral from trained clergy, lay leaders
iii. % of women and girls (church and mosque members) who have sought support services from clergy or lay and traditional leaders in the past year and reported positive experiences

6   Evaluation Team

The evaluation team comprises both national and international consultants. The national team was led by Joseph Nyan who managed the field staff including supervisors and enumerators. The international team comprised Dr. Seema Vyas and Matt Zingel.

6.1   National team

Joseph Nyan holds a M.Sc. in Computer Science from New York Institute of Technology and a B.Sc in Mathematics from the Cuttington University College, Liberia. Currently a programmer for the Liberia Institute for Statistics & Geo-Information Services, Mr. Nyan has extensive experience in managing and administrating national census, national demographics surveys, and other large scale social, economic, and health surveys. He has served as researcher and consultant for national and international agencies and organizations, and assisted with the data collection and programming for the baseline and midline for this project. Mr. Nyan was responsible for managing the team of enumerators for this endline evaluation.

All data collection supervisors had college/university degrees in social science disciplines, experience in large-scale surveys, and language proficiency in English and the local language(s). All supervisors received training in data collection. A team of enumerators were recruited from an existing pool of data collectors who had been used for the baseline and the midline evaluation of this project. All enumerators had high school or college/university degrees. During November 2017, the selected enumerators were given training in administering the study tools; data quality management protocol; community entry and mobilization; adherence to research ethical considerations. Experienced qualitative interviewers, note takers and transcribers had high school degrees or were students or graduates from a college/university in the social science disciplines.

6.2   International team

Matthias Zingel is managing consultant of Zambia-based management consultancy and social research firm Triple-M Impact Consulting Ltd. Mr. Zingel holds a MA in International Development Research and BA in African Studies from the University of Vienna (Austria) and is currently pursuing a MSc in Public Health from the University of Sheffield. He is a monitoring and evaluation (M&E) and electronic data collection and management specialist whose research expertise focuses on social and child development. He has served as lead and co-consultant on various research assignments including; baseline research and final evaluation study for the Early Childhood Development program (Zambia Anglican Council, and Episcopal Relief & Development), Nationwide Assessment of Residential Child Care Facilities (UNICEF and Ministry of Community Development and Social Welfare), Impact studies e.g., Training into Work Programme (Build It International), and Support to NGOs promoting equity and improved education in Community Schools in Zambia (Zambia Governance Foundation), Baseline Evaluation for the Learning Communities Programme (Cecily´s Fund UK). Mr Zingel co-developed and co-authored the inception report; led the endline data collection fieldwork; participated in the analysis of the data and provided inputs into the final evaluation report.

Seema Vyas is an international VAW researcher and public health specialist. She holds a PhD from the London School of Hygiene and Tropical Medicine; her thesis explored the relationship between intimate partner violence and women's economic empowerment using Tanzania as a case study. Currently, Dr. Vyas is based in Moshi, Tanzania, where she lectures on the MSc Epidemiology and Biostatistics course at the Kilimanjaro Christian Medical University College. Dr. Vyas has undertaken many consultancies on gender and violence related issues for institutions such as The World Bank, UN Women and the UK Department for International Development. Dr. Vyas co-developed and co-

authored the final evaluation inception report, reviewed and made recommendations to evaluation tools developed at baseline, contributed to the development of an analysis plan and analysis, and was the lead author of the final evaluation report.

7 Evaluation Questions

This evaluation assesses the Liberia GBV project against six key evaluation criteria. **Effectiveness** is concerned with the extent to which the project´s goals and objectives were achieved or are expected to be achieved. **Relevance** is concerned with the extent to which the objectives of the project are consistent with beneficiaries´ requirements, country needs and/or regional/global priorities. **Efficiency** is a measure of how economically resources (funds, expertise, time) are converted to results (outputs). **Impact** is concerned with the negative and positive, intended and unintended long-term effects produced by the project. **Sustainability** is concerned with continuation of benefits from the project after funding and other major assistance has been completed. **Knowledge generation** is concerned with practices during project implementation that worked well and did not work well. The additional questions were added per the methodology developed during the baseline when the additional questions were created.

The following research questions (Table 2) set against six evaluation criteria guided this evaluation.

Table 2. Evaluation Criteria and Questions

#	Evaluation Criteria	Key Evaluation Questions
1	**Effectiveness**	1. To what extent were the intended project goal, outcomes and outputs achieved and how? 2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries (direct and indirect) have been reached? 3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. How have such changes been perceived/received in the communities or congregations? 4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? **Additional Questions:** 5. To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV? 6. How do participating leadership groups convey learning and messaging to their wider membership (Faith Leaders, Congregants and Youth Coalition Members)? 7. What tools and methods contributed to achieving the outcomes and outputs and in what ways? 8. How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School Code of Conduct[13] and others) in training (youth, priests and imams) and in

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[13] Code of Conduct for Teachers and School Administrators in Liberia (Ministry of Education, 2014)

		their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?
2	**Relevance**	1. To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? 2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? **Additional Questions:** 3. To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are the key messages and learning relevant to the needs of women and girls
3	**Efficiency**	1. How efficiently and timely has this project been implemented and managed in accordance with the project document?
4	**Sustainability**	1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends? **Additional Questions:** 2. How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans? 3. What are the long-term strategies of the Faith Leadership – the IRCL TWG long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term? What will be the role of the TWG in taking the faith leadership forward? 4. What other initiatives have been taken by the TWG/ICRL (e.g. – collaboration with UNMIL?)
5	**Impact**	1. What are the unintended consequences (positive and negative) resulted from the project? **Additional Questions:** 2. What do you think is the most significant change of the project? At the faith leader level? And at the congregant level?
6	**Knowledge Generation**	1. What are the key lessons learned that can be shared with other practitioners on Ending VAWG? 2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions? **Additional Questions:** 3. What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of

		engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

8   Evaluation Methodology

8.1   Description of Evaluation Design

The evaluation used a pre and post-intervention study design that allowed comparisons between:

- baseline (pre-intervention) and endline (post intervention) in the two intervention counties only
- the two intervention counties and a comparison (non-intervention) county at endline.[14]

The baseline study was conducted in May-June 2015 and the endline study was conducted in November 2017, 35 months after the intervention implementation and 18 months after the baseline study.

8.2   Data Sources

The baseline and the endline studies used a mixed methods approach. Primary data sources include structured surveys (quantitative baseline and endline) and focus group discussions (FGD) (qualitative at endline). Secondary sources of data include project documents e.g. M&E and progress reports (Table 3).

The structured surveys were administered to community leaders and congregants. At baseline the sample of leaders included clergy (Christian and Muslim), traditional leaders and lay leaders. At endline the sample of leaders included clergy (Christian and Muslim) and lay leaders. Interviews with traditional leaders were not conducted at endline because the programme decided to defer working with this group in the first 2 years of the program.[15]

FGDs were only conducted at endline and among: the TWG members (i.e. 10 members of the IRCL who are advisors to the program); faith leaders at county level (from faith-based coalitions organized by the program); youth from faith-based coalitions and drama groups organized by the program); school based GBV committee members; and female (women and girls) congregants. A summary of the FGDs conducted, the number of participants in each group, and the tools used within each focus group is summarised in section 8.3.

Table 3. Summary of Data Sources

Study population	Quantitative information collected	Qualitative information collected
Congregants - *Female adult* - *Female adolescent* - *Male adult* - *Male adolescent* Community Leaders - Faith leaders - Youth leaders	Socio-demographic, cultural and -economic data; Knowledge, attitude, behaviour and practices regarding VAWG Capacity/skills on GBV prevention;	Views, perception, expectations on how faith-based institutions and their leaders are taking actions against GBV; barriers, challenges and opportunities to gain knowledge, change attitudes and improve behaviour and practice to reduce/prevent GBV against women and girls
Project team - ECL-RD, Liberia - Episcopal Relief & Development, USA		Barriers, challenges, supporters to activity implementation; unexpected outcomes/impact; project learning; Project management and MEL capacities

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[14] A "control group" implies individuals' non-exposure to an intervention is controlled. Because this cannot be guaranteed for this study—some individuals outside of the intervention area may have been exposed if e.g. they visited relatives—for this study we use the label "comparison" group.

[15] The decision not to include traditional leaders was made by program staff based on advice from faith leaders due to the political and security concerns involved with traditional society leaders

8.3   Description of Data Collection Methods and Analysis

Data collection tools and instruments were developed by Episcopal Relief & Development for the baseline evaluation and were adapted for the endline study in order for pre and post-intervention comparisons to be made. Data collection tools are provided in Annex 5 (quantitative tools) and Annex 6 (qualitative tools).

The quantitative study used repeated cross-sectional survey design—in order to assess outcomes over different points in time—with a quasi-experimental design (comparison group at endline)—in order to assess whether any changes observed over time are attributable to the programme. The Liberia team were involved in identifying the comparison county so that individuals forming the comparison group are not from areas close to the project´s catchment area and who may have indirectly benefitted from project activities.

Quantitative data: Quantitative survey data were collected electronically using tablets and cellular phones. All survey tools were programmed using EpiInfo. All data sets were submitted to the international evaluation team which carried out a data quality assessment and cleaned all data sets. Analyses were conducted in SPSS and MS excel.

All data enumerators underwent a two-day workshop during which they were familiarized with the survey tools, and conducted a peer-review of the tools´ language appropriateness. The workshop resulted in a half-day pre-testing of the tools before they were approved this evaluation study.

Qualitative data: All but one FGD discussions were carried out in English. The FGD with female Muslim congregants was partly facilitated in vernacular translated by ECL-RD´s M&E officer. FGDs were recorded electronically with two separate devices (backup) and were transcribed and submitted to ECL-RD/ Episcopal Relief & Development. Qualitative analysis was done using content analysis led by the themes and sub-themes (codes) presented in Table 9 (below). No quantification of qualitative data was done which implies that value scales do not exist.

Stakeholder participation: During the entire evaluation process (inception, field research, data analysis, final reporting) stakeholder participation was high and very valuable as it contributed to a better understanding of the project, its context and processes within the evaluation team. **During inception,** various staff members of Episcopal Relief and Development and ECL-RD provided their technical expertise and local knowledge that greatly contributed to the development of the inception report and the (review of) data instruments used during field work. The **field research** process closely involved ECL-RD in terms of planning, logistics and mobilization of interview partners. Furthermore, daily debriefs helped the research team to contextualise information gathered during focus group discussions. Both stakeholders, Episcopal Relief and Development and ECL-RD, played an important role in **finalizing this report** due to the technical input and additional project details they provided that contributed to understand data from various perspectives.

8.4   Description of Sampling

This evaluation study employed a stratified and a non-stratified simple random sampling technique depending on the different study subject groups. Non-stratified sampling was applied for the group of Faith Leaders at national level. Stratified sampling was applied to the congregant population which, was stratified by age group and sex, to ensure different strata were selected in a proportionate manner.

Sampling at county level stratified by age and sex (adolescent and adult congregants)

This approach considered the two counties–Cape Mount and Rivercess–as the sampling frame from which the sample population was drawn. This approach resulted in a total sample size of n=1,258 for adolescent and adult congregants in both counties. The rationale for changing the sampling methodology to what was used for the baseline survey is explained by the proportional allocation approach used in the baseline survey. Simple random sampling was used for the project population and the proportional allocation factor was religious affiliation[16]. This approach led to a disproportionate representation of population groups with low sample sizes as low as six members in some population strata. This implies that the age, county/district strata of the congregant population was ignored.

Table 4: Sampling Framework and Sample Congregant Population for 13 to 17 Years by County, District and Gender

County	District	Male project population (13-17 years)	Female project population (13-17 years)	Total project population	Sample size for county stratum
Cape Mount	Gawula	148	161	309	**271**
	Tewor	107	88	195	
	GolaKonneh	230	181	411	
Total		485	430	915	
Rivercess	Central Rivercess	110	74	184	**268**
	Norwein	132	99	231	
	Fehn River	261	211	472	
	Total	503	384	887	

Table 5: Sampling Framework and Sample for Congregant Population 18 Years and Above by County, District and Gender

County	District	Male project population (18+ years)	Female project population (18+ years)	Total project population	Sample size for county stratum
Cape Mount	Gawula	1043	1038	2081	**362**
	Tewor	691	796	1487	
	GolaKonneh	1357	1277	2634	
	Total	3091	3111	6202	
Rivercess	Central Rivercess	875	594	1469	**357**
	Norwein	654	590	1244	
	Fehn River	1233	1145	2378	
	Total	2762	2329	5091	

Population data for faith leaders were drawn from project documents provided by the Liberian project team. Table 6 shows population data for faith leaders disaggregated by sex, county and district and the sample sizes for county and district strata.

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[16] See page 6 in the Episcopal Relief & Development Baseline Survey Report (2015).

Table 6: Sampling Framework and Sample for Faith Leader Population, by County and District

County	District	Total male	Total female	Total	Sample size for county stratum
Cape Mount	Gawula	27	13	40	**88**
	Tewor	22	17	39	
	GolaKonneh	29	6	35	
	Total	78	36	114	
Rivercess	Central Rivercess.	22	7	29	**71**
	Norwein	26	2	28	
	Fehn River	26	4	30	
	Total	74	13	87	

8.4.1 Structured Questionnaire

Baseline: The baseline evaluation team randomly selected three localities within each of the intervention counties: Kru Town; Tiene; and Gondama (Tewor district) in Grand Cape Mount; and Gorzohn; Yolo; and Zammie Town (Central Rivercess district) in Rivercess. A total of 233 faith leaders (including pastors and imams); men's and women's leaders, youth and traditional leaders were selected for interview (Table 7). The methodology used to sample congregants is described in the baseline report. A total of 361 respondents, split between the two intervention counties, including adult and adolescent men and women were interviewed (Table 7). Eligible congregants (women and men and adolescent girls and boys) were selected for interview using a "snowball" sampling procedure i.e. where respondents were identified from a common referral.

Endline: Because of concerns over the low baseline sample size, the final evaluation team re-estimated the sample size for the endline survey. Stratified random sampling was used to sample congregants in all three study counties (the two intervention counties—Grand Cape Mount and Rivercess—and the comparison county (Montserrado). Within each county, sampling was stratified by age group and sex to ensure sub-population groups were selected in a proportionate manner. This approach yielded a proposed sample size of n=1258 for congregants in the two intervention counties and 1006 in the comparison county, however, the actual number of congregants sampled was slightly higher (Table 7). Respondents from the intervention group were selected randomly following a door-to-door approach, while respondents from the comparison group in Montserrado were selected randomly after church service/Friday sermon.

Faith leaders and youth leaders were selected using a non-stratified sampling approach. Population data for these groups were drawn from project documents provided by the Liberian project team. Table 7 shows population data for faith leaders disaggregated by sex, County and district and the sample sizes for each county. Faith leaders were selected randomly by the data collection specialist by using software that randomly selected names of faith leaders located in the survey locations.

Table 7. Sample Sizes for Structured Survey

	Grand Cape Mount		Rivercess		Monserrado
	Baseline	Endline	Baseline	Endline	Endline
Clergy	47	92		83	N/A
Lay/Youth leaders	82	52	27	50	N/A
Traditional leaders	48	n/a	29	N/A	N/A

Congregants*	183	673	178	632	1057
Female adult	*48*	*183*	*42*	*207*	*298*
Female adolescent	*39*	*163*	*37*	*134*	*230*
Male adult	*52*	*180*	*56*	*167*	*306*
Male adolescent	*44*	*147*	*43*	*124*	*223*

* Congregant sample is sum of four sub-population groups (female adult; female adolescent; male adult; male adolescent)

8.4.2   Focus Group Discussion

At endline: Seven FGDs were conducted of which five were facilitated in Grand Cape Mount County, one in Monrovia and one in Rivercess County (Table 8).

Table 8. Summary of Endline FGD

Group	No. of FGD	No. of participants	Group Composition	FGD Tools	Location
Technical Working Group*	1	17	Male and Female	Milestone Mapping Guidance Questions	Monrovia
Faith Leaders Coalition Group (County Level)	2	20	Male and Female	Guidance Questions	Cape Mount Rivercess
Faith Based Youth Coalition Leaders	1	20	Male (10) Female (10)	Guidance Questions	Cape Mount
School Based GBV Committee (Teachers, PTA's and School Leaders)	1	30 (max. 15 participants per group)	Male(15) Female (15)	Guidance Questions	Cape Mount
Youth Drama Groups	1	20	Male (10) Female(10)	Guidance Questions	Cape Mount
Women and Girl Congregants	1	30	Women (15) Girls (15)	Guidance Questions	Cape Mount
Total number of FGD	**7**				

* A National Coalition composed of IRCL. These are Muslim and Christian faith leaders (Note: Various Christian Denominations).

8.5   Description of Ethical Considerations

According to the UN and per UN requirements, the evaluation was conducted in accordance with the principles set out in the UNEG ethical guidelines for evaluation, as far as possible[17]. The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation'.

For example, the evaluator(s) helped to:

• Guarantee the safety of respondents and the research team.

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[17]As in compliance with the UN Ethical Guidelines. See United Nations Evaluation Group (UNEG), 'Ethical Guidelines for Evaluation', June 2008, http://www.unevaluation.org/ethicalguidelines for more information.

• Apply protocols to ensure anonymity and confidentiality of respondents.
• Select and train the research team on ethical issues.
• Provide referrals to local services and sources of support for women.
• Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
• Securely store information collected.

The evaluators also consulted with the relevant documents as relevant prior to development and finalization of data collection methods and instruments[18]. Moreover, based on our information from the Liberian project team, it is not a legal requirement to gain ethical approval for this evaluation study. However, study participation requires informed consent and parental consent should be gained for the under-age congregant population. Every member of the study team needed to be aware of required informed consent especially due to the sensitive nature of the research topic.

In more detail, the evaluation team oriented all data enumerators on ethical behaviour during research. ***Informed consent and confidentiality:*** Before every interview, study participants were informed of the research purpose and the thematic areas information was sought for. Enumerators asked each participant to provide verbal consent before the administration of the interview. **Confidentiality** was ensured verbally, and **anonymity** was guaranteed as no names of respondents were collected, but questionnaire codes were used instead. Study participants were informed that they do not have to disclose any information they do not want to which why "I don't want to respond" was included as response category for each question. In addition, interviewees were also informed that they have the right to stop the interview at any time during its administration. Interviews were conducted in public places, but not within hearing range of other persons. ***Gender sensitivity*** was a standard practice as female interview partners were interviewed by local female enumerators and vice versa. Field supervisors who led the two teams and were accompanied by ECL-RD field officers were oriented providing health or legal services, if required, and data enumerators were instructed to engage supervisors in such scenarios.

8.6   Limitations of the Evaluation Study

The evaluation team identified several research limitations that has affected this study´s methodology and restricted the interpretability of the results:

1. **Absence of comparison group at baseline:** At baseline, no data were collected from a comparison group. This means there is no documented changes in a non-intervention exposed population (from baseline to endline) for which to compare any observed changes in the intervention exposed population (from baseline to endline). An assumption we make is that for

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[18]   The key documents include (but not limited to) the following
- World Health Organization (2003). Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from www.svri.org/EthicalRecommendations.pdf
- Researching violence against women: A practical guide for researchers and activists November 2005; http://www.path.org/publications/files/GBV_rVAWG_complete.pdf
- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

some outcome indicators baseline values for the entire population (exposed and non-exposed) were similar.

2. **Sample size estimates at baseline:** The sample size used for the baseline analysis is likely too low for statistical analyses. This is because the sampling methodology that was applied ignored geographic and population strata and therefore, led to an insufficient sample size for the various sub-population groups. For example, the total congregant sample size was calculated to be 322 and was split n=183 (in Grand Cape) and n=178 (in Rivercess). Disaggregating further yielded sample sizes of n<45 for all sub-populations where analyses for the indicators are required. This limits this evaluation in its capacity to compare endline with baseline data and made the inclusion of a comparison group (at endline) necessary.

3. **County-level sampling:** The sampling methodology applied in this evaluation used the County level as the sampling framework and proportionately allocated the sample population across districts. Using districts as sampling framework, however, would have been preferred, but because of limited time and financial resources it was decided that this was not feasible.

4. **Low disclosure of physical or sexual violence**: Several factors suggest disclosure of violence in the baseline and the endline surveys is likely to be lower than the true levels experienced by women and girls. Firstly, the questions asking female congregants about their experiences of physical or sexual partner violence were not adapted or based on tried and tested or gold standard methodologies that aim to capture women's experiences on a highly sensitive area.[19] Secondly, it is difficult to have built rapport with respondents and then ask sensitive questions regarding experience of sexual and physical violence.

5. **Qualitative data collection**: The evaluation team had to change its proposed field work plan after arriving in Liberia because of logistical challenges. The team was informed that heavy rains had damaged the road leading to Rivercess County rendering the county inaccessible at the time of the planned data collection. An FGD at endline, however, was conducted in Rivercess among the Faith Leaders. A second issue is that the FGD with adult female Muslim congregants in Cape Mount County had to be combined with the adolescent female Muslim congregant FGD because of time restrictions. Finally, the scheduled FGD with adolescent Christian females did not take place because of access to Cape Mount County.

6. **Different sampling approaches for intervention and comparison group**: Due to time limitations to collect quantitative data from the comparison group in Montserrado, the evaluation team had to employ a different sampling approach compared to the intervention group. This may have affected comparability of the findings.

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[19] Researching violence against women: a practical guide for researchers and activists
http://www.who.int/reproductivehealth/publications/violence/9241546476/en/

9   Findings and Analysis

9.1   Linkages to UNTF and Episcopal Relief & Development's Focus Areas

Across UNTF's focus areas: 1. Expanding access to multi-sectoral services; 2. Preventing violence against women and girls; and 3. Strengthening implementation of laws and policy, and the project focused on 1. Expanding access to multi-sectoral services; and 2. Preventing violence against women and girls, in the hope that this evidence-based data can have law and policy implications to reduce VAWG and strengthen communities in Liberia and other countries.

Across each of the UNTF focus areas, are linked project outcomes. For 1. Expanding access to multi-sectoral services; 2. Preventing violence against women and girls–the project focused on **four areas**:

1. Faith leader advocacy – through i) Self-perception of faith leader advocacy, ii) use of advocacy tools; iii) advocacy platforms/ awareness raising approach, and; iv) advocacy frequency;
2. Youth leader advocacy through i) Congregant perception of faith leader advocacy efforts and effectiveness; ii) Self-perception of youth leader advocacy; iii) Advocacy platforms/Awareness raising approach; iv) Advocacy tools/methodology; and v) Advocacy frequency
3. KAP of congregants through i) Congregants´ KAP regarding gender roles and GBV
4. Survivor support through i) Awareness raising of survivor support services by faith leaders; ii) Congregants´ awareness of local support services; iii) Female congregants´ support seeking behaviour

Thematic areas and survey questions were then linked to the UNTF focus areas, Episcopal Relief & Development outcomes, sub-categories (Table 9).

Table 9: Summary of Survey Tool Questions by Project Outcomes

UNTF Focus areas	Episcopal Relief & Development Outcomes	Sub-categories	Themes / Survey Questions
1. **Expanding access to multi-sectoral services** 2. **Preventing violence against women and girls**	Faith leader advocacy	Self-perception of FL advocacy	1. Is it common in your community that faith leaders publicly speak out against VAWG? 2. Have you spoken publicly on the issue of VAWG in the past year? 3. Did you talk about prevention of VAWG? 4. Did you talk about support for survivors of violence?
		Advocacy tools	1. Do you know the Faith leaders GBV toolkit? 2. Do you use the Faith leaders GBV toolkit in your work to prevent GBV? 3. How often have you used the GBV toolkit?

		Advocacy platforms/ Awareness raising approach	1. During which event have spoken about VAWG in the past year?
			    a) Sermon?
			    b) Religious events/retreats?
			    c) Other events
			    d) If other events, please specify

		Advocacy frequency	1. Please tell me how many times you spoke about VAWG during…
			    a) Sermon
			    b) Religious events/retreat
			    c) Other event

		Congregant perception of FL advocacy efforts and effectiveness	1. In the past year, have you heard any Faith leaders speak out publicly against violence directed at women and girls?
			2. If yes, did you faith leaders speak out during:
			    a) Sermons
			    b) Religious events/retreats
			    c) Other events
			    d) If other events, please specify
			3. Please tell me how many times you heard them speak about

			VAWG during
			   a) Sermons
			   b) Religious events/retreats
			   c) Other events
			4. Do you think that faith leaders in your community are actively working to stop VAWG?
			5. Do you think their efforts have resulted in any changes in your community?
			6. If yes, what kind of changes have you observed?

1. Expanding access to multi-sectoral services **2. Preventing violence against women and girls**	Youth leader advocacy	Self-perception of YL advocacy	1. Have you spoken publicly on the issue of VAWG in the past year? 2. Did you talk about prevention of VAWG? 3. Did you talk about support for survivors of violence?

		Advocacy platforms/Awareness raising approach	1. During which event have spoken about VAWG in the past year?
			   a) Sermon?
			   b) Religious events/retreats?
			   c) Other events
			   d) If other events, please specify

		Advocacy tools/methodology	1. Do you conduct FAMA groups?

		Advocacy frequency	1. Please tell me how many times you spoke about VAWG during…
			   a) Sermon
			   b) Religious events/retreat
			   c) Other event

	KAP of congregants	Congregants´ knowledge attitude and practices regarding gender roles and GBV	1. A woman's most important role is to take care of her home and cook for her family? 2. A man should have the final word about decisions in the home? 3. A man always deserves the respect of his wife and children, no matter what he has said or done 4. A man is worth more than a woman 5. Women do not have sound opinions 6. A woman is someone to be educated 7. A home without a man is not respected

			8. When women work, they are taking jobs away from men
			9. When women get rights, they are taking rights away from men
			10. If a woman disrespects her husband he is expected to use force
			11. There are times when a woman deserves to be beaten
			12. A woman should tolerate violence in order to keep her family together
			13. Some women like to be beaten
			14. If a woman burns the food while cooking it is good for a man to hit her
			15. It is good for a husband to hit his wife if she refuses to have sex
			16. If a woman cheats on a man it is good for him to hit her
			17. If a man sees another man beating a woman, he should not interfere
			18. In my religion, it is acceptable for men to beat women
			19. Slapping a woman is not really physical violence against her
			20. Threatening a woman is not violence against her
			21. It is not rape if a woman is being forced to have sex by her husband
			22. When women are raped they usually did something careless to put themselves in that situation
			23. In some rape cases women actually want it to happen
			24. If a woman does not physically fight back it is not really rape
			25. In any rape case, one would have to question whether the victim can run around or has a bad reputation
			26. It is not harmful if a girl is forced to have sex before age 18
			27. In my religion women must always say yes when a man wants to have sex
			28. Women have enough rights now and do not need more
			29. Laws in my country make it too easy for a woman to bring a violence charge against a man
			30. Gender equality, meaning that men and women are equal, has already been achieved for the most part
			31. God created men as superior to women

	Survivor support	Awareness raising of survivor support services by FL	1. Did you talk about support for survivors of violence?
			2. Have you provided any type of support to survivors of violence in the past year? If so, which of the following?
			   a) Hospital
			   b) Counselling
			   c) Safe Space
			   d) Access to Justice
			   e) Other
			   f) If other, please specify

1. **Expanding access to multi-sectoral services**
 	
2. **Preventing violence against women and girls**
	Survivor support	Congregants´ awareness of local support services	1. Do you know of any services/support a woman or girl who has experienced violence could go to for help? If yes, which?
			   a) Police
			   b) Hospital/ health centre
			   c) Social services
			   d) Legal advice centre
			   e) Shelter
			   f) Local leaders
			   g) Faith-based leaders
			   h) School
			   i) Other
			   j) If other, please specify

9.2 Effectiveness
9.2.1 Extent to which the project goal, outcomes and outputs were achieved

To what extent were the intended project goal, outcomes and outputs achieved and how?

PROJECT GOAL

The overall goal of the project is that *Women and girls experience greater freedom from intimate partner violence and non-partner sexual violence and have increased access to services in six districts of Cape Mount and Rivercess Counties in Liberia.* The three indicators to measure whether the overall goal of the project has been achieved are:

Box 1. Goal-Level Indicators

Goal-level indicators

- *Indicator 1: there is an increase in the % of congregational members who report changes in their VAWG-related behaviour and practices as a result of participating in faith based activities (marriage preparation, retreat and counselling)*

- *Indicator 2: there is an increase in the % of congregation members who know how to access support and referral services for women and girl survivors*

- *Indicator 3: there is a decrease in the % of women and girls reporting physical or sexual partner violence or non-partner sexual violence in the past year*

Findings from the quantitative survey among men and women and the qualitative FGD suggests that the project has achieved positive and promising effects against all three goal-level indicators (Box 1). More men and women reported participation in faith-based events; there is greater awareness and knowledge among men and women about available support services for women who had experienced violence; and there is evidence that proportionately fewer women and girls experienced partner violence or non-partner sexual violence at endline.

Goal indicator 1 was measured by congregational member reports that firstly, they had participated in faith-based "events" that addressed VAWG and secondly, whether these events had changed their behaviour in any way.

By endline and in both counties, the proportion of males and females who had participated in faith-based events had increased (Figure 1).

Rivercess County: At baseline virtually no adult woman had participated in a faith-based event, although almost one in four men reported that they had done so. By endline, these proportions had increased and dramatically so among adult women where one in three had participated in faith-based events; among adult men the figure had increased to 37.7%. In the vast majority of cases these events were in the form of counselling (79.2%); followed by retreats (41.7%).

Counselling refers to a private communication between faith leaders and congregants during which faith leaders provide guidance and advice to individuals facing an emotional or stressful situation. In

the FGDs with faith leaders explained that congregational members seek support from them for many reasons, but often the reasons related to marital or family disputes. According to faith leaders, the problems discussed during counselling sessions range from simple misunderstandings between husbands and wives to severe cases of GBV.

Cape Mount County: The baseline findings from Cape Mount contrast with those from Rivercess. In Cape Mount more respondents (30% overall) had participated in faith-based events; by adult sub-group the figures were 53.8% adult men; 29.2% adult women. However, very few adolescent boys had participated in faith-based events (4.7%). By endline the figure had increased among adult women to 44.5% and among adolescent boys to 21.8%, however, a slight decrease was recorded among adult men (49.7%). The type of events men and women participated in were split more evenly than in Rivercess e.g. 50.8% reported counselling; while 39.1% reported marriage preparation; and 34.4% reported retreats.

Figure 1. Goal Indicator 1 (Endline vs. Comparison)[20]
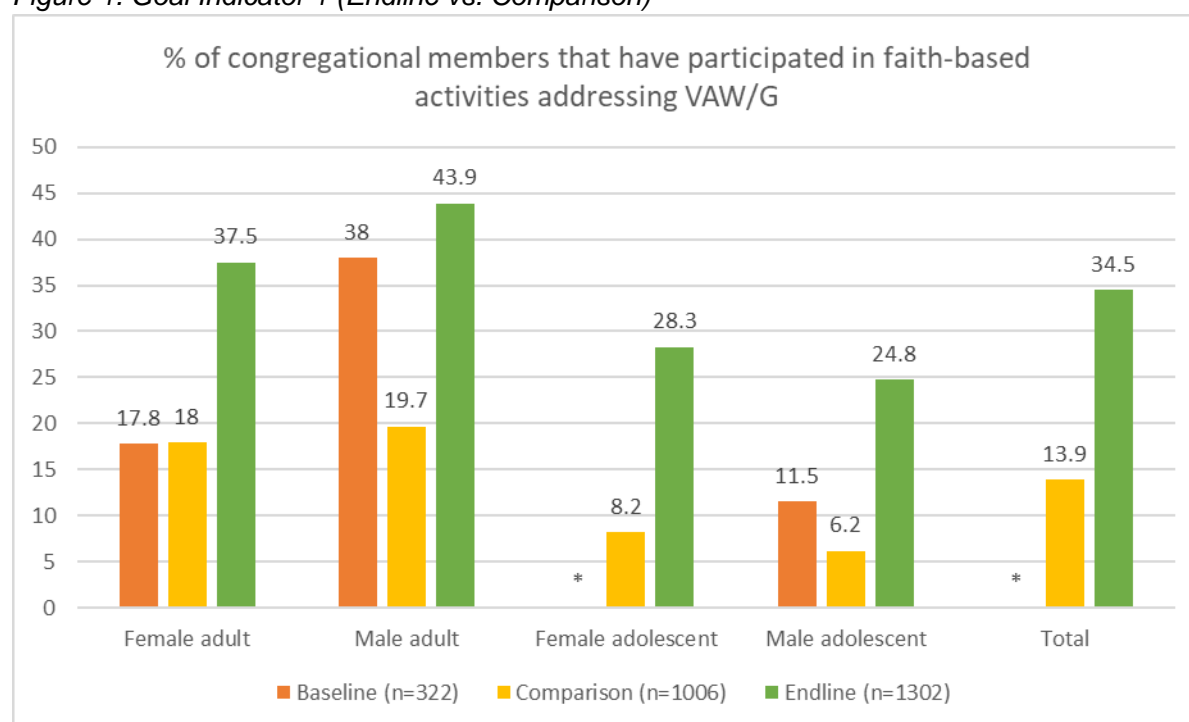
Intervention versus comparison counties: Slightly over one-third (34.5%) of all congregants at endline (in both Rivercess and Cape Mount Counties) confirmed their participation in faith-based activities addressing VAWG. This compared to only 13.9% from Montserrado County (the comparison county). In addition, very few male and female adolescents had participated in faith-based events that addressed VAWG in Montserrado—only 8.2% of girls and 6.2% of boys—these proportions are more comparable with baseline findings from Rivercess and Cape Mount.

With regards to changes in VAWG-related behaviour and practices it was found during FGD with female congregants and faith leaders that positive changes have taken place in both counties. First, women stated that sexual and physical IPV has reduced; second, female participation in decision making procedures at household-level has improved; third, male attitude towards the education of

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[20] Baseline data for female adolescent was not collected.

girls has changed with men increasingly supporting the schooling of girls; fourth, awareness of equal rights and justice-seeking behaviour has also improved; fifth, reduction in child marriage cases.

Female congregants provided various examples of changed GBV practices that occurred as a result of the GBV program:

> *Before, men used to beat their wives at home and nothing would come out of the case. But now, when the GBV program was introduced and men are being told to stop beating their wives, this [beating] is not happening again.* **[Eldery lady]**

> *There are changes because people started talking about GBV, equal rights and freedom of speech. People are speaking out now. Before women were not invited to meetings, but now we can sit and talk with the men.* **[Eldery lady]**

During a FGD with the school-based GBV committee, two male teachers provided an example of how their understanding of gender roles, practicing violence and decision making at household level has changed due to the program:

> *Before the program, women and children rights were violated. They were treated as slaves. They are not slaves, but our partners. They can help us, if we stop beating them. They are not drums, but human beings like ourselves. Children in the homes are not slaves, but future leaders and precious jewels. The GBV [program] has taught us a lot and beating women has reduced, even corporal punishment at schools.* [**Male teacher**]

> *Back in the days, females did not have power. Men would make decisions and it was final, whether it was good or bad for the women. The man had the final word. I would give food money to my wife and tell her what to cook whether she likes it or not. But after [my participation in the] GBV awareness [workshops], I would ask my wife what soup we will cook today.* **[Male teacher]**

A pastor from the CLFLC shared his perception of how some gender roles have changed at his school as a result of speaking about gender roles and GBV at his school:

> *In my school, girls did not take on leadership roles, but since I started to talk about gender equality at the school, girls are now taking on class leadership,* **[Faith leader]**

Another faith leader testified how the community takes action against child marriage in order to reduce these cases. He said,

> *When we started teaching GBV in the communities, and in the church we begin to see greater improvement. I have a case now in my community. A community member wanted to take a fourth-grade student out of school for diary payment. That investigation will be done on Monday. When I called the child asking her if she agreed. But she says "no." I believe that is forced marriage they want to carry on the little girl because of poverty. Since these things are taught in the schools and churches, I see good changes coming out.* **[Faith leader]**

Youth faith leaders on the other hand described reductions of child marriage and sexual IPV cases in their communities in details.

*Before this program, things were very bad in our community, but for now things are good. Bad things used to happen in married homes between the man and his wife. When they have a girl child, she will not reach the age of eighteen and somebody from outside would have come to the parents and asked for her hand in marriage. That family forced that child even when the child would say no. "I don't want to marry this man" She would be forced to do so. When the parents were approached, they said "This is my child and anything I want do, it is none of your business.' But now, this GBV issue makes us understand that when you have children, you need to send that child to school and if the child is not 18 years old, you don't have the right to force marriage on her. If you do this, the law will deal with you. We learned this through this program. **[Youth faith leader]***

Goal indicator 2 was measured by congregational member reports that they knew of services that were available to women and girls who had experienced violence.

The project has greatly contributed to improved knowledge among community members of available support services for women and girls, a raised awareness that has primarily resulted from faith leaders (including youth faith leaders) speaking publicly about VAWG. Moreover, by endline the proportion of respondents stating faith leaders as a source of support (to women and girls who had experienced violence) or had learned about support services from faith leaders increased dramatically.

In both intervention counties and across all sub-population groups there was an increase in the proportion of respondents who reported that they knew of services for women and girls who had experienced violence (Figure 2).

Rivercess County: By endline over 80% of respondents knew of available support services; and while this increase is notable across all sub-population groups, the largest increase in knowledge was among adolescent girls where a ten-fold increase was observed—from 8.1% (baseline) to 81.3% (endline).

Cape Mount County: At baseline awareness in available support services ranged from 9.1% (male adolescents) and 50% (male adults). By endline this range in awareness had shifted to between 60.7% (female adolescents) and 74.9% (male adults).

Montserrado County: In the comparison county, knowledge of available support services for women and girls was notably lower than in Rivercess and Cape Mount Counties. Approximately 40% of respondents were aware of services—a figure that is closer to the baseline findings in Cape Mount.

Figure 2. Goal Indicator 2 (Endline vs. Comparison)

% of congregational members that know of available support services for females (women and girls) who experienced violence

(Bar chart values)

	Female adult	Male adult	Female adolescent	Male adolescent	Total
Baseline (n=361)	33.2	40.7	21.1	13.8	28.3
Comparison (n=1006)	40.6	32.1	27.9	51.9	39.4
Endline (n=1303)	75.3	81.2	70.0	73.3	75.2
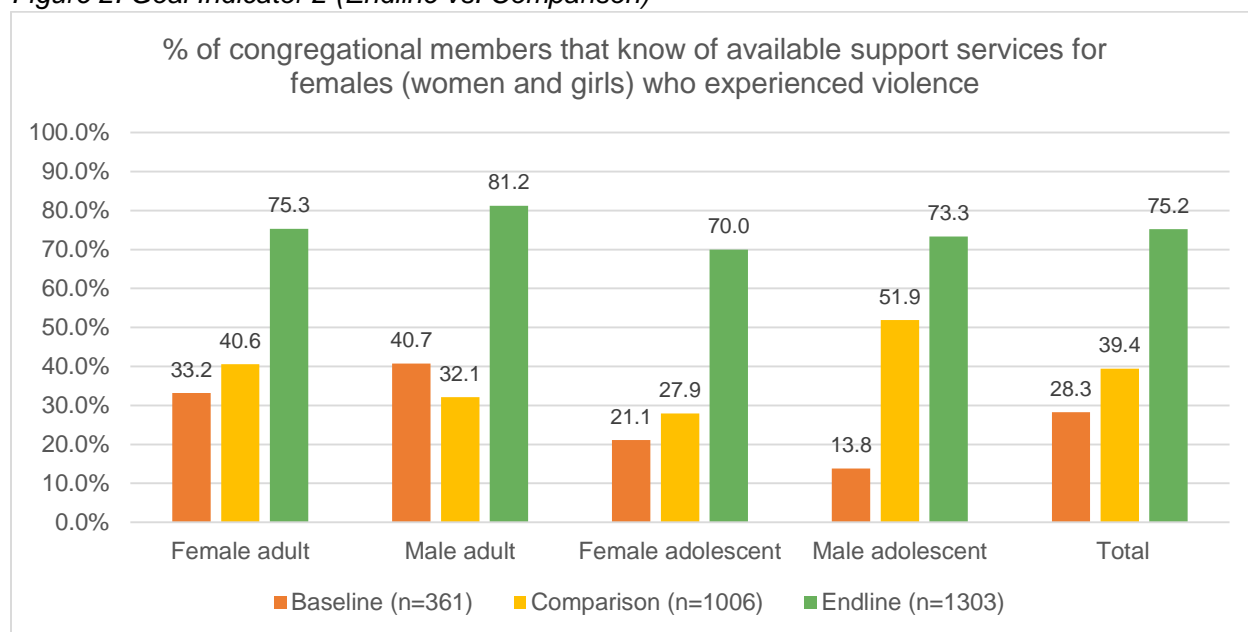
At baseline, very few respondents had stated faith-based leaders as a source of support (3.9% in Rivercess and 0.5% in Cape Mount). By endline, awareness of faith leaders as a source of support had increased to 25.3% (in Rivercess) and 17.8% (in Cape Mount). Although an important increase, the proportion of respondents citing faith leaders as a source of support is much lower than the proportion reporting that they have heard faith leaders speak out against violence. Despite this, the FGD with women and adolescent girls in Cape Mount reflects an improved shift in awareness as one respondent said:

> *When there is a dispute between a man and his wife or girlfriend, it is most often settled by our Imams, town chief and elders. The man and woman go to the Imam and town chief for a conversation on the problem* **[Adult woman; Cape Mount]**

When asked if it had always been this way a different respondent from the same FGD replied:

> *No. Women now know some of their rights and if a dispute is taken to the town council (Imams, Elders and Town chiefs) and it is not resolved, we know where to go.* **[Adult woman; Cape Mount]**

It is not clear, however, what these "rights" are that the FGD participants referred to, highlighting the need to understand community members perceptions better.

At baseline, the most commonly known support services were counselling in Rivercess (22.5%); and police and health services (21.9% and 27.9% respectively) in Cape Mount. The most common known support service documented at endline and in both counties were Police (83.2% in Rivercess and 81.5% in Cape Mount); and Health facility 49.4% Rivercess and 66.4% Cape Mount).

By endline, most congregants had learned about support services from faith leaders in their communities (62.9%), from family members (49.1%), from friends (47.0%) or from the radio (48.5%) (Figure 3). It is important to note that radio programs on GBV awareness, which were aired nationally, are part of the GBV project and facilitated by faith leaders. It is also evident that faith

leaders outside the project catchment area are less likely to provide information on support services for women and girls—only 19.7% and 7.1% of congregants from Montserrado County learned about available services from faith leaders or at church meetings respectively.

Figure 3. Goal Indicator 3 (Endline vs. Comparison)
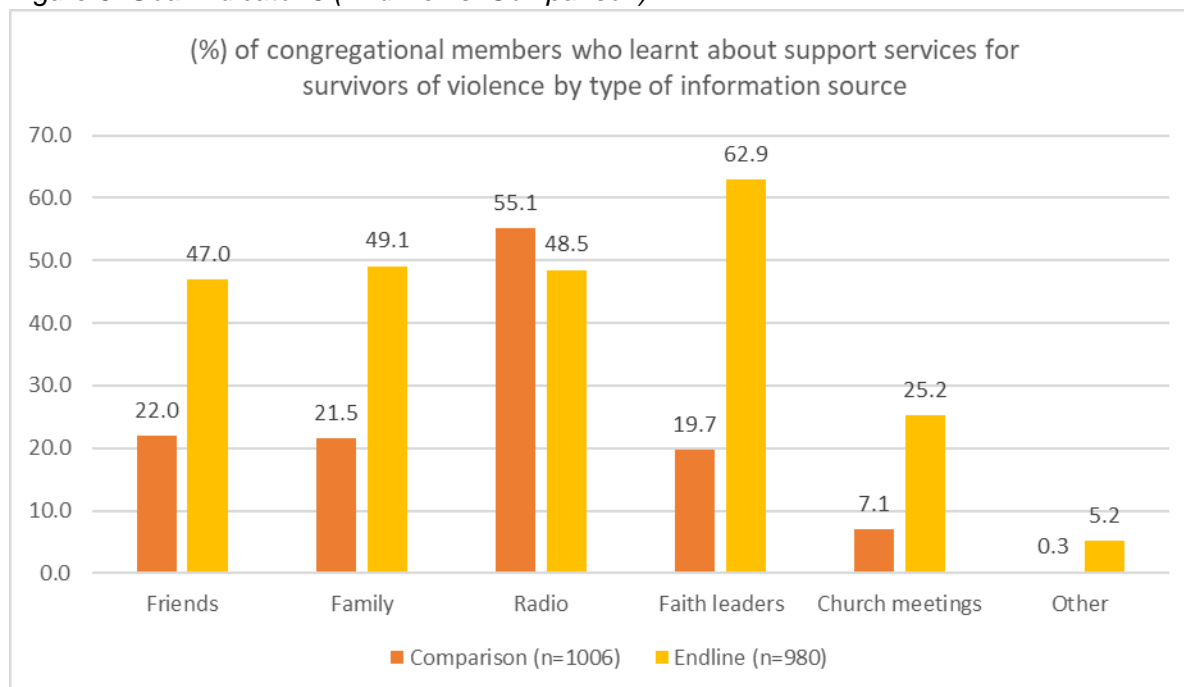
Goal indicator 3 was measured by women's and girls' reports of their experiences of partner and non-partner violence in the twelve months to interview. The findings reveal some evidence of a reduction in physical or sexual partner violence–however, these results need to be assessed with caution—see section 7.6 *Limitations of evaluation study*. Women's self-report on their exposure to the different forms of violence in the past year are shown graphically in Figure 2 and Figure 3 and summarised as follows:

- a reduction in the proportion of adult women reporting physical or sexual partner violence in Rivercess and in Cape Mount Counties
- a reduction in the proportion of adult women reporting non-partner sexual violence in Rivercess and in Cape Mount Counties
- a reduction in the proportion of adolescent girls reporting physical or sexual partner violence and in reporting non-partner sexual violence in Cape Mount County
- a slight increase in the proportion of adolescent girls reporting physical or sexual partner violence and in reporting non-partner sexual violence in Rivercess County

Figure 4: Prevalence of Physical or Sexual Partner Violence: Baseline vs Endline
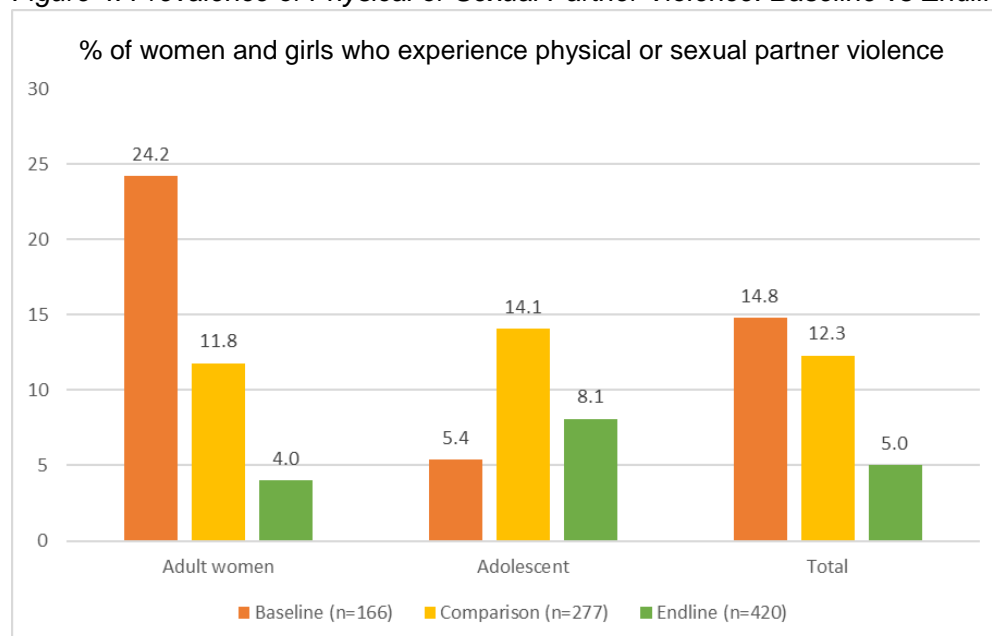
Rivercess County: An interesting observation when examining these data further is that baseline rates of reported physical or sexual partner violence and non-partner sexual violence were very low. Among adult women 9.5% reported partner violence (compared to the national average of almost 40% reported in section 1) and there were no reports of non-partner sexual violence. No adolescent female reported either partner violence or non-partner sexual violence. At endline, however, 6.8% of adolescent females reported physical or sexual partner violence and 4.5% reported non-partner sexual violence. Exactly why this increase in violence was reported among this population group is not clear. Possible explanations include that adolescent girls felt more comfortable disclosing at endline, either because of the intervention or because of the addition of interviewers assuring confidentiality during the endline interviews (which were not provided during baseline); or because of the low sample size at baseline (42 adult women and 37 adolescent girls were interviewed at baseline compared with 207 adult women and 134 adolescent girls at endline) which reduces the likelihood of identifying positive cases; or because of the different sampling strategy used at baseline (snowball technique) and endline (random sampling).

Figure 5. Prevalence of Non-Partner Sexual Violence
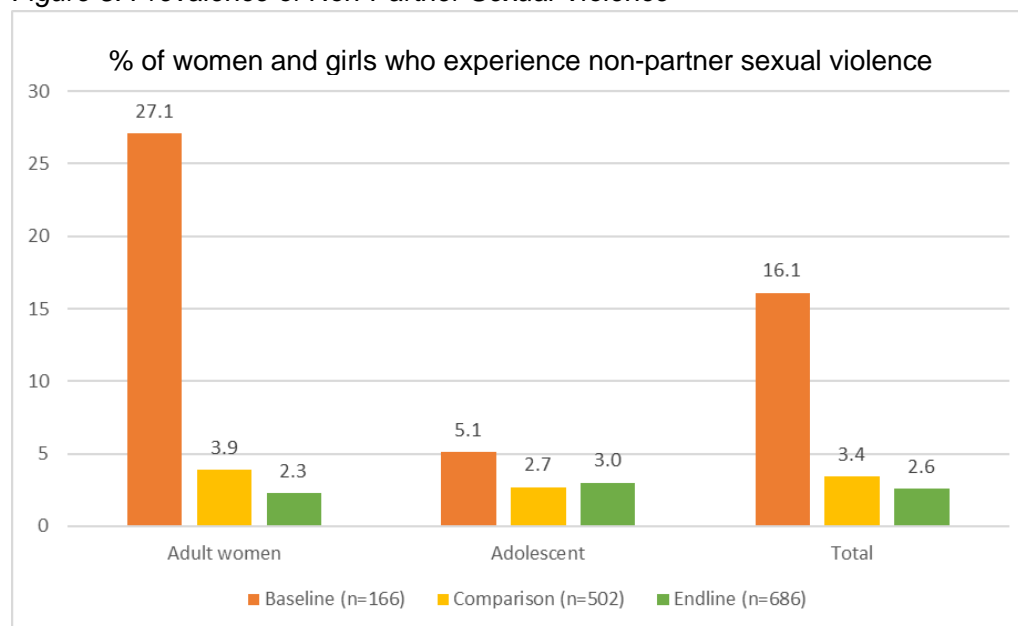
Cape Mount County: the rates of violence against adult women at baseline are alarming—39.6% reported physical or sexual partner violence in the past year (in line with the national average) and 27.1% reported non-partner sexual violence in the past 12 months. By endline, these proportions had reduced dramatically to 4.4% and 2.8% respectively. Among adolescent girls, rates of partner violence had reduced slightly from 12.8% (baseline) to 9.3% (endline) and rates of non-partner sexual violence had reduced from 5.1% (baseline) to 1.8% (endline). Once again, however, these results are to be interpreted with caution because of the comparison with the low sample size at baseline (48 adult women and 39 adolescent girls were interviewed at baseline compared with 183 adult women and 163 adolescent girls at endline).

Despite the limitations in the quantitative survey (further details are provided in section 7.6), qualitative evidence suggests that among community members there is a perceived decline in VAWG. These perceived declines in violence in Cape Mount were echoed in the FGDs as one adolescent girl said:

> Rape has reduced because cases are now being reported compared to before when people would say to settle it within the family. But now, people realize that rape affects girls in that it stops them from giving birth and sometimes leaves them injured. People are now looking at their children's future and the consequences of rape**. [Adolescent girl, Cape Mount]**

And a male youth faith leader said:
> Before, [the number of] rape cases in our community was too high. But not anymore after the GBV training. Community members, Imams, pastors, the police commander, the town chiefs and elders have started to work together. For now, if any rape case happens, it will not be discussed as a family issue. […] The agreement they have is that if a rape case happens, it will be transferred directly to Robertsport. **[Male youth faith leader]**

PROJECT OUTCOMES
There are three primary outcomes conceptualised to lead to the project goal.

Outcome 1: Faith leaders (i.e. pastors and imams) from churches and mosques increase their work to speak out against VAWG and to change cultural norms in their communities

Outcome 2: Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak` out against VAWG and provide support to survivors.

Outcome 3: Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services.

Outcome 1: *Faith leaders (i.e. pastors and imams) from churches and mosques increase their work to speak out against VAWG and to change cultural norms in their communities*

The project achieved its first outcome of faith leaders from churches and mosques increasing their work to speak out against VAWG and to change gender attitudes that result in and perpetuate gender inequality in their communities. One of the key assumptions of the project was that effective change of cultural norms at community level prerequisites a change in cultural norms among faith leaders at national, county and district level. It is for this reason that faith leaders of both Christian and Muslim denominations participated in various trainings that aimed at raising awareness of and promoting critical thinking and dialogue around their understanding of GBV-related issues. The project adopted a Training of Trainers (ToT) approach. Twenty-four faith leaders and the TWG were trained to build capacities in using the ELM and the Faith Leaders GBV tool-kit to convey key messages and learning to their peers and congregants at various platforms.

Although the messages espoused by faith leaders were not explored in the FGD, an interview with Episcopal Relief & Development staff highlighted that county field officers work with faith and youth leaders to implement various project activities and provide regular reports to the GBV program manager. For example, county field officers regularly attend religious services at local churches and mosques to observe the sermons delivered by trained faith leaders, and to demonstrate support for integrating GBV prevention messages during religious services.

The success of the training in changing attitudes among faith leaders and the TWG on their perception of GBV, gender stereotypes and their GBV-related behaviour was exemplified in the FGD with the TWG. Prior to the project, faith leaders used to play a perceived significant role in compromising women´s access to justice and support services after experiencing violence; a practice that has since diminished.

> *When there was abuse, we intervened and wouldn't allow the victim to seek justice. We would say 'Forget about it. It´s the way life is.` But since I am now involved in GBV I will make sure that the law takes it course.* **[FGD with TWG]**

Outcome 1 was assessed against the following three indicators:

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OUTCOME 1 INDICATORS:

- ***Indicator 1.1****: % of faith leaders who report publicly speaking out against VAWGVAWG in the past year at various platforms (sermons, retreats/ crusades, festivities)*

- ***Indicator 1.2****: % of congregation members who have heard at least one clergy member publicly speak out against VAWG in the past year*

- ***Indicator 1.3****: % of women and girl congregation members who believe that clergy are actively working to end VAWG in two of the six districts of CM and RC Counties*

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Indicator 1.1: Faith leaders were asked (in the quantitative survey) whether they had spoken out against VAWG in the past year; and if so, which type of events they had spoken in; how frequently they had done so; and whether they spoke about violence prevention (Figure 5).

At baseline, less than one half of faith leaders reported that they had spoken out against VAWG in Cape Mount (30.8% Muslim and 42.9% Christian)—these data were not collected from Rivercess at baseline. By endline and in both counties, virtually all faith leaders interviewed reported that they were speaking out publicly against VAWG, most commonly during sermons and religious retreats/events, and frequently (three or more times in the past year). Almost all had spoken about both violence prevention and about support for survivors. One example given by a faith leader shows how they explain the value and importance of diversity and that being different should not result in different values between men and women

> *"They are not all equal but they are all important and help contribute to the fullness and effectiveness of the hand. In doing so, that's how men should treat their women."* **[Fr. Kahn]**

Figure 5: Outcome indicator 1.1
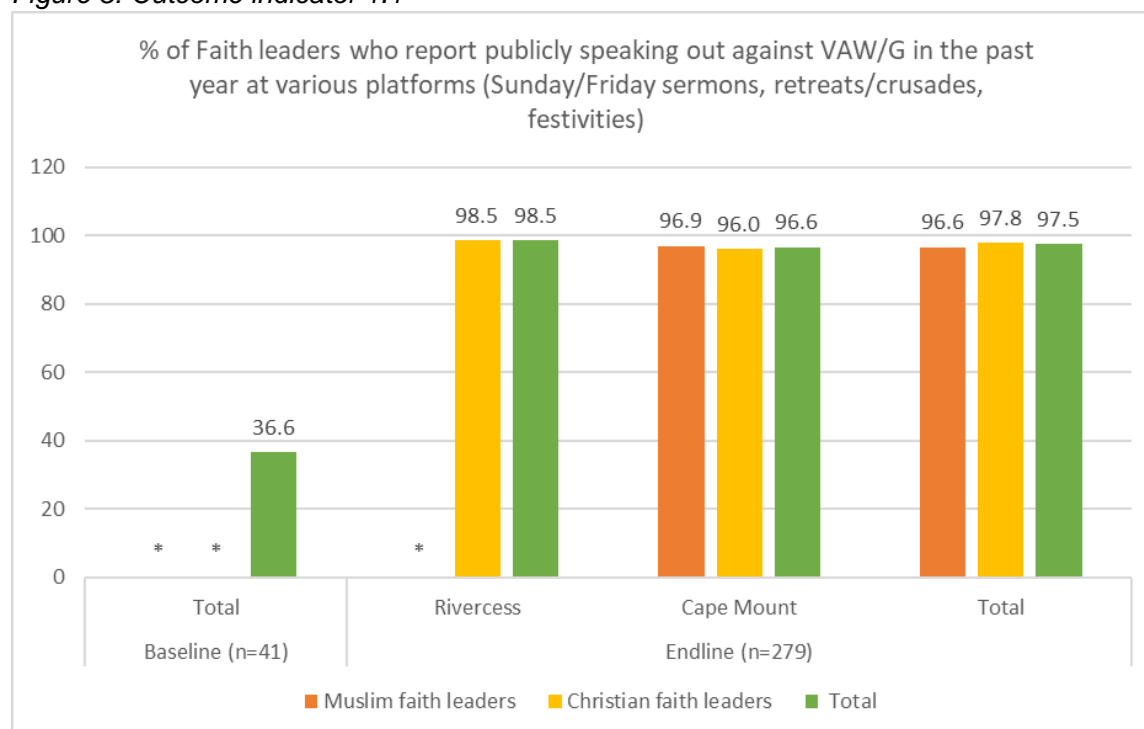
Indicator 1.2 sought to establish the proportion of men and women who had heard faith-based leaders speak out against VAWG (Figure 6).

Rivercess County: At baseline, the proportion of community members who reported that they had heard a faith-based leader speak out against VAWG ranged from 37.8% (adolescent females) to 69.0% (adult females). At endline virtually all community members and across all sub-population groups had heard a faith-leader speak out against VAWG most commonly during sermons or retreats.

Cape Mount County: Compared to respondents in Rivercess, fewer respondents in Cape Mount reported they had heard faith-based leaders speak out against VAWG and this was across the sub-population groups e.g.11.4% (adolescent male) to 32.7% (adult males). By endline this had increased and to over one-half of respondents in all sub-population groups e.g.55.5% (adolescent males) to 74.4% (adult males). The most common platform was retreats.[21] FGD with adult and adolescent females also suggested that community members were hearing faith-based leaders speak out against VAWG as one respondent said:

> *Yes, our imam talks about it sometimes in the mosques, he says to the men it is not good to beat your wife.* ***[Adolescent girl, Cape Mount]***

This shift is likely attributable to the programme, because when asked whether Imams spoke about GBV two–three years earlier respondents replied:

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[21] The partner staff as defined retreat as "periods or places of reflection on spiritual growth, self examination as an individual and a group, planning for future programs, discussions on specific issues or topics".

No! But now, with the help of the program and through the leadership of Madam Ellen Johnson Sirleaf and her government, people have been speaking against GBV. **[Adult woman, Cape Mount]**

Imams never used to talk about GBV issues in the mosques but since this program came into this community they are now speaking about it. **[Adult woman, Cape Mount]**

Figure 6: Outcome Indicator 1.2

(%) of congregational members who have heard at least one clergy member publicly speaking out against VAW/G

	Baseline (n=322)	Comparison (n=1006)	Endline (n=1303)
Female adult	47.1	31.8	83.5
Male adult	44.9	34.2	84.4
Female adolescent	32.8	18.3	76.8
Male adolescent	27.8	20.1	75.2
Total	38.2	27.1	80.5
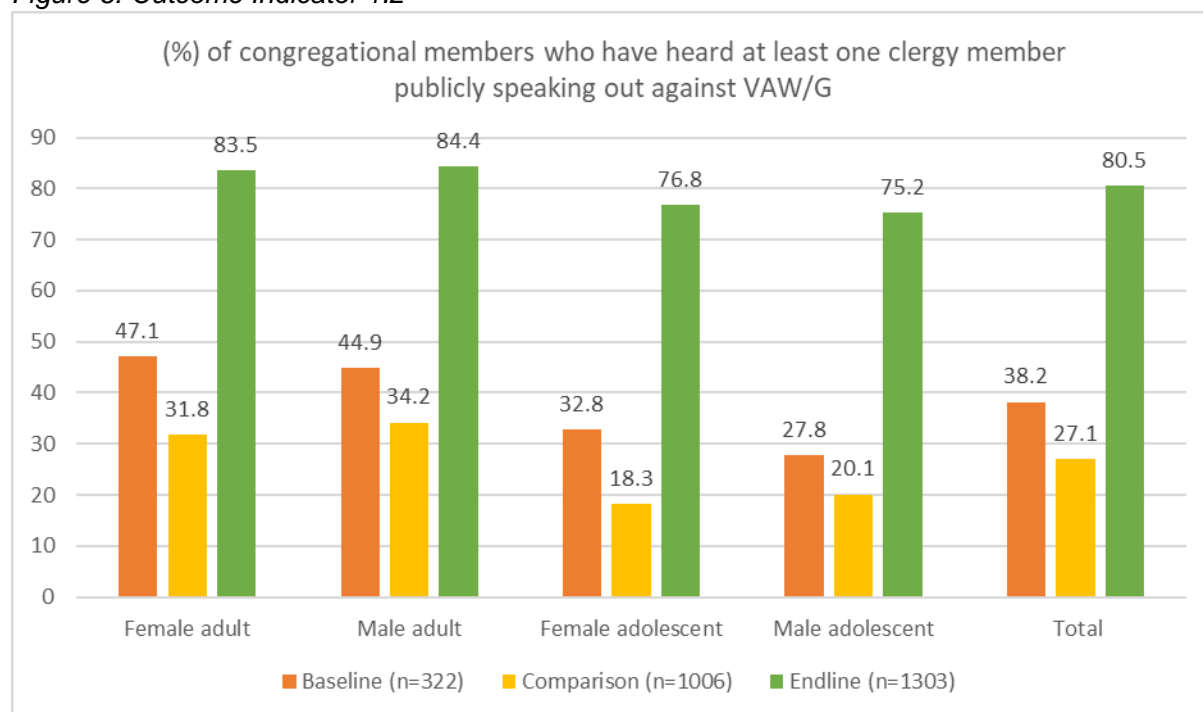
There was also a notable difference between the project´s intervention groups and the comparison group. Only 27.1% of congregants from Montserrado had heard a faith leader publicly speaking out against VAWG, compared to 80.5% of congregants in Rivercess and Cape Mount combined. These findings support the above shown results of faith leaders self-reports on public speaking against VAWG.

Indicator 1.3 sought to establish whether community members felt faith-leaders were actively working towards ending VAWG, and whether the efforts were leading to any changes within the community (Figure 7).

Rivercess County: Fewer than one-half of adult respondents believed that faith-leaders actively worked to end VAWG at baseline; the figures were lower for adolescent males and females. At endline, the vast majority of respondents and from all sub-population groups believed that faith-leaders were actively working to end VAWG, ranging from 88.8% (adolescent females) to 94.4% (adolescent males).

Cape Mount County: at baseline, while one in three adults (33.3% adult females and 30.8% adult males) believed faith-leaders actively worked to end VAWG, very few adolescents believed this to be

so. By endline, these proportions had increased to 49.3% (adolescent males) to 65.0% (adult males).

Importantly, when respondents were asked whether faith-leaders' efforts resulted in any changes, virtually all respondents in Rivercess and the vast majority of respondents in Cape Mount reported they believed the work of faith-leaders were leading to changes—a sentiment that was echoed in the FGD with adult women and adolescent girls.

> *He provides counselling services. He calls both parties and ask question and settle the matter if it is a simple case but if a particular party is disenchanted he tells them to go to the police.* **[Adult woman, Cape Mount]**

> *We want our imams to increasingly continue the work they are doing when it comes to talking for us.* **[Adolescent girl, Cape Mount]**

Congregants´ perception of whether faith leaders are actively working to stop VAWG in their communities differed tremendously between project beneficiaries and congregants outside the project area. In total, 74.1% of project beneficiaries (in Rivercess and Cape Mount) attested that faith leaders´ were serious in their efforts to stop VAWG compared to only 19.9% in Montserrado.

Figure 7: Outcome Indicator 1.3
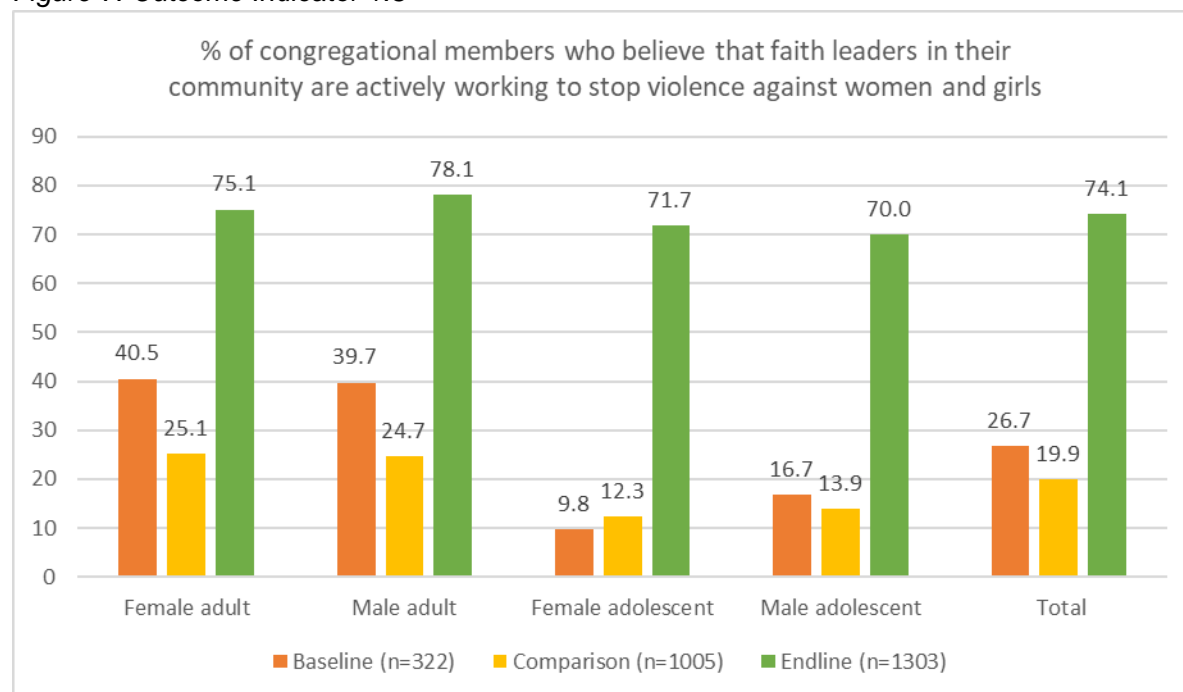
% of congregational members who believe that faith leaders in their community are actively working to stop violence against women and girls

	Female adult	Male adult	Female adolescent	Male adolescent	Total
Baseline (n=322)	40.5	39.7	9.8	16.7	26.7
Comparison (n=1005)	25.1	24.7	12.3	13.9	19.9
Endline (n=1303)	75.1	78.1	71.7	70.0	74.1

Outcome 2 *Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak out against VAWG and provide support to survivors.*

The GBV project achieved its second outcome of increasing the number of youth faith leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) speaking out against VAWG and providing support to survivors.

In order to achieve the second outcome, the project aimed to build capacities in GBV awareness raising and facilitation skills among various youth groups, namely youth faith leaders, student leaders and youth drama groups. The GBV training delivered basic knowledge about different types of violence, gender roles, power and masculinities. The facilitation skills training focussed on using the FAMA learning-action dialogue approach in order to enable youth leaders to engage their fellow youths and other community members in discussions about GBV and raise their awareness on GBV-related issues (such as type of violence, GBV prevention, available survivor support). Youth leaders were expected to speak out against GBV and provide information on existing services for survivors of violence.

With the knowledge and skills acquired through the various capacity building activities, youth faith leaders succeeded to overcome initial challenges to engage faith leaders and other community members in discussing issues around GBV.

> *At first, members in my community did not believe in what we were talking about; they were too used to beating their children, their wives, raping and abandoning their children. But with time, we managed to educate them and changes slowly became tangible. They realized that we were very serious about what we were saying. [FGD youth faith leaders, Cape Mount]*

> *They would say `You don't tell me what to do, this is my culture!`. We would tell them that a so called culture should not stop people from changing or allow hurting others and that `culture` could be wrong, too. They value our education today and things are slowly changing. [FGD youth faith leaders, Cape Mount]*

A testimony given by one of the youth faith leaders demonstrates how their own mindset and GBV practices were positively influenced by the project´s interventions enabling them to be agents of change.

> *Before the GBV program, I used to beat my wife, it was my habit. But when I joined this program, I realized that it is not good to beat your wife and I have since stopped doing it. [FGD youth faith leaders, Cape Mount]*

Youth faith leaders stated that in addition to faith-based events, they also use the opportunity of other public events to talk about VAWG with their community members. For instance, some of the youth faith leaders use sport events and other public gatherings to engage the community in discussion about GBV.

Outcome 2 was assessed against the following indicators:

OUTCOME 2 INDICATORS:

- ***Indicator 2.1****: % of trained faith youth group leaders who report publicly speaking out against GBV during the past year.*

- ***Indicator 2.2****: % of faith youth group members who report that they have spoken out and/or took action against GBV during the past year*

- ***Indicator 2.3****: % of trained school leaders who have spoken on prevention of VAWG and support for survivors during the past year*

Indicator 2.1 was assessed by asking youth leaders at endline whether they spoke out against VAWG in the past year. Virtually all youth leaders, and in both sites, reported that they spoken out against VAWG. In Rivercess the platforms for doing so were sermons and retreats (65.3% and 63.3% respectively) and in Cape Mount the most common platform was religious Retreats (88.8%).

Figure 8: Outcome Indicator 2.1
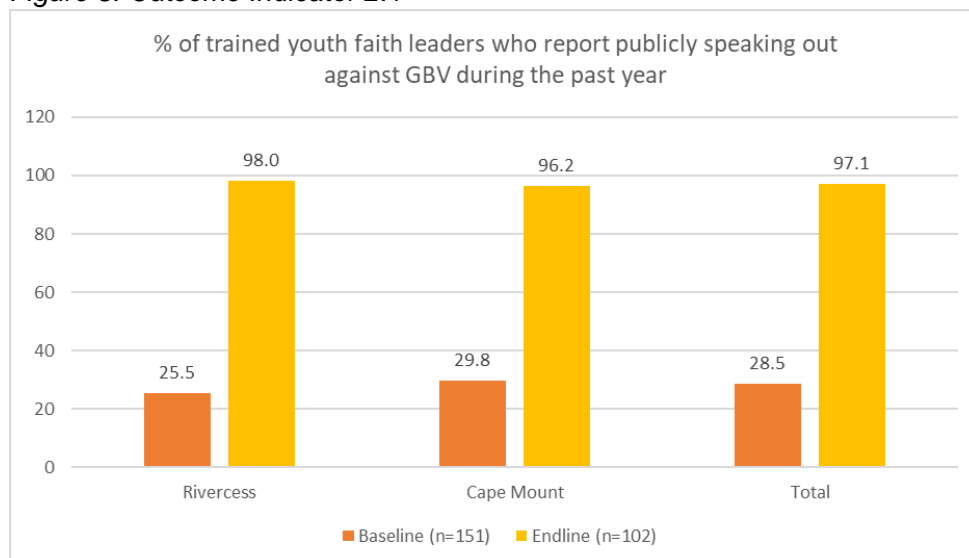
Indicators 2.2 and 2.3 were collectively assessed by asking youth leaders and school leaders whether they had spoken out or taken action against GBV in the past 12 months at endline. In both counties, virtually all trained youth leaders reported that they had spoken about support services for those who had experienced violence and had publicly spoken about preventing VAWG. The most common types of support were referral to hospital (74.4%) and counselling (68.2%) in Rivercess; and counselling (83.3%) and referral to hospital (74.4%) in Cape Mount.

Figure 9: Outcome Indicator 2.2 and 2.3
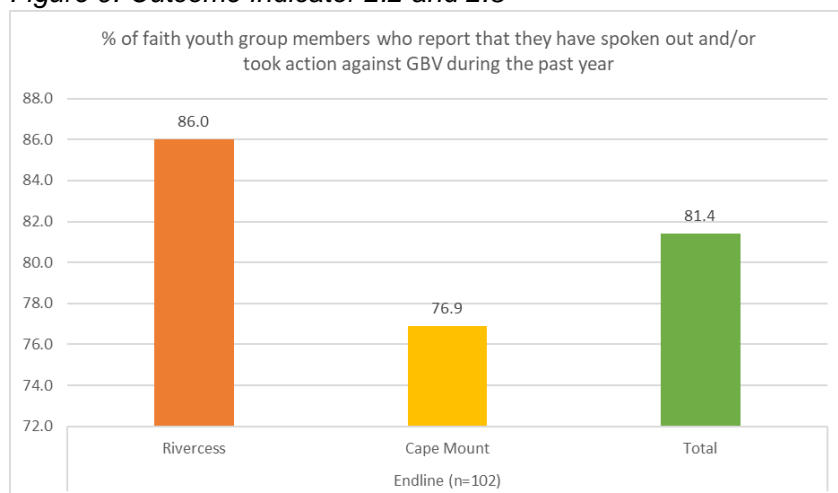
Youth faith leaders narrated during the FGD that they make use of various platforms, locations and events to speak out publicly against GBV. Faith-based platforms are used on a weekly basis when youth faith leaders together with their elder counterparts call for prayer at the mosque (every Friday) or at the church (every Sunday).

> *We use the megaphone to spread the message and call for prayers to preach about GBV.*
>
> *I am serving as coach on a mission team and deal with both males and females. When we come together we spread the message, we also give out fliers and we use the code of conduct to tell everyone what is good and what is bad behaviour.*
>
> *We also use the radio where we carry out our GBV education on Tuesdays. First it's the student group and then us the youth faith leaders.*

Other youth faith leaders visit the hospital up to four times per month to engage patients in discussion around GBV.

With regards to the content of the messages youth leaders convey to community members, students and others, it mainly aims at building a basic understanding of GBV, consequences of GBV and the aspect of culture not being a static concept, but that it can change and GBV should not be justified using culture.

All school leaders reported they had spoken about VAWG in the past year. The majority had provided support to survivors and the most common type of support was counselling.

School-leaders (staff, youths and parents) mainly focus on the school environment to carry out GBV awareness raising activities and orient students on the school Code of Conduct (CoC) for teachers and students. During the FGD with youth school leaders they shared how they developed their own action plans at their respective schools to carry out classroom-to-classroom GBV awareness raising. Many testimonies were shared during the discussion how student leaders actively work against GBV at schools. For this reason, the GBV school committees have a `letter box` which can be used to anonymously provide information on CoC violations at the schools which enables the committees to undertake investigations. For instance, cases of early pregnancy and sex for grades were reportedly investigated and the perpetrators were released from their duties.

Outcome indicator 3: *Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services*

The third outcome was to increase faith leaders´ direct support to survivors of violence and advocacy for their rights and access to services.

To achieve the third outcome, activities were tailored to increase faith leaders´ understanding of available and needed GBV services to support survivors of violence. ECL-RD staff participated in monthly county level GBV task force meetings held by the MoGCSP and bi- and annual roundtable meetings with GBV referral service providers. This participation aimed to ensure faith leaders had first-hand information on public service provision and that the faith leaders´ perspective on service needs (for those who have experienced violence) and service delivery improvements were taken into account. In addition to these activities, faith leaders received training in referral pathways to guarantee a case-based referral service for survivors of violence.

Outcome 3 was assessed against the following three indicators:

Indicator 3.1 was assessed by asking respondents about support services that they knew of and how they came to learn about services available to them. At endline, three-quarters of respondents had learned about support services from faith-leaders—the most common source. In Cape Mount 64.2% had learned about support services from the Radio followed by 48.5% from faith-leaders. Interestingly respondents also learned about support services from friends and family— approximately 50% learned about support services from friends and 50% from family in Rivercess and these figures were approximately 40% in Cape Mount.

Figure 10: Outcome indicator 3.1
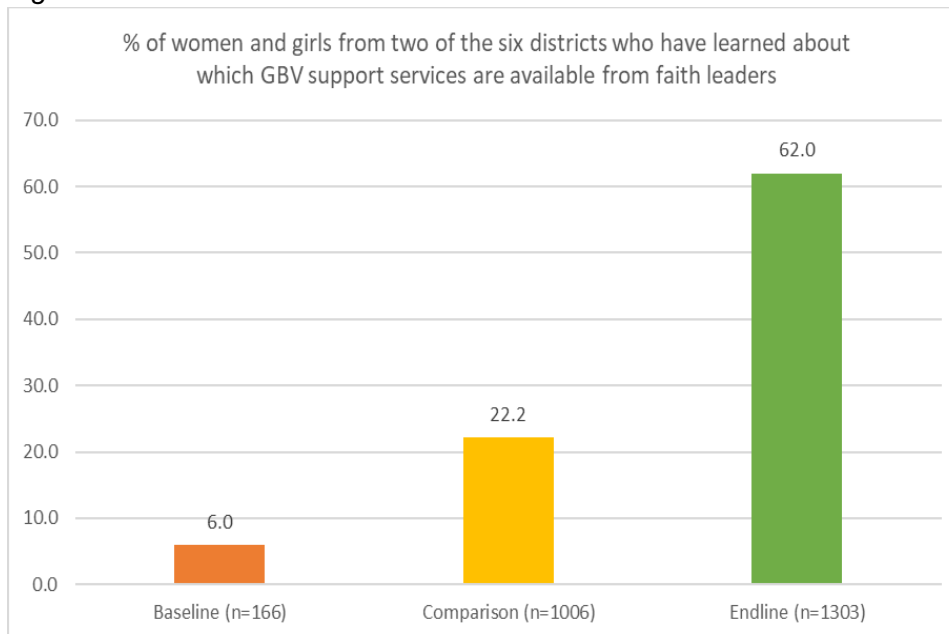
Indicator 3.2

Project documents show that 41 GBV cases (21 in Rivercess and 20 in Grand Cape Mount) were registered by faith leaders with the district GBV task force office and were followed up. Unfortunately, no further information could be elicited from program staff on this indicator.

Indicator 3.3 was assessed by asking women and adolescent girl respondents who experienced violence, and whether they sought help from faith-leaders. In both counties, all women and

adolescent girls who experienced violence sought help from faith-leaders. This compares with 12.5% among adult women and 62.5% among adolescent females in Montserrado.

Female congregants in the FGD demonstrated sound knowledge of existing services, how to access them and the role faith leaders played in light of different types of violence. Faith leaders are usually approached first in cases of economic violence and marital disputes to provide couple counselling. In cases of severe physical or sexual violence, female congregants sought medical and/or legal support first, before approaching a faith leader for counselling. However, female congregants also acknowledged faith leaders' roles in cases of severe physical or sexual violence, and confirmed their support in accessing medical assistance and reporting the incident to police to ensure survivors of violence are able to seek justice

> *In some rape cases the Imam advises the woman to go to the police.*

> *The Imam provides counselling services. He calls both parties and asks questions and settles the matter, if it is a simple case.*

> *When I am beaten and I am bleeding or badly injured, it is no longer a case for an Imam, I will go directly to the police.* **[FGD Participant, Cape Mount]**

It is evident that women have gained knowledge of existing support services for survivors of violence and how to access them. In addition, the findings from the FGD also show strong improvements on rights awareness and justice seeking behaviour. Through the increased GBV awareness raising activities carried out by faith leaders, women assess the severity of a GBV experience and decide for themselves what support they seek which does not always involve faith leaders. Another contributing factor to improved justice seeking behaviour is linked to improved law enforcement by the police. According to female congregants, the participation of faith leaders and other project stakeholders in GBV task force meetings led to a reduction in bribery and increased effectiveness of the police. However, some police officers still ask for bribes before they would register a case which shows that barriers to accessing support services still exist and requires action from stakeholders.

9.2.2   Targeted Beneficiaries

To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries (direct and indirect) have been reached?

The project surpassed the number of direct beneficiaries that was targeted in the project proposal stage, reaching a total of 16,873 women and girls ~~congregants~~ the initial plan was to reach 3,891 women and girls. These beneficiaries were reached through faith-based platforms and existing networks of faith institutions.

Given that some project stakeholders carried out communication activities beyond agreed platforms, the project probably reached even more beneficiaries. For example, the drama groups trained additional group members to carry out plays in public places, such as markets and community meetings, where they conveyed messages about GBV prevention and support services reaching up to 200 community members with each play. In addition, Muslim faith leaders shared during the FGD that they have already started carrying the faith leader GBV toolkit training to areas that are not

included in the project plan. Table 17 provides an overview of the number and type of beneficiaries reached through project activities.

On closer inspection of these data, some figures appear mistaken. For example, the planned number of women and girl survivors of violence (n=2,733) is 70% of the planned direct number of women and girls planned to be reached (3,891), and it is unclear how these figures were generated. Moreover, the actual number of women and girl survivors of violence (n=30) is less than 0.01% of the actual number of women and girls reached. Unfortunately, no explanations for these data could be gathered.

Table 9. Planned and Reached Beneficiaries

Goal Level	Planned	Actual reached
Direct beneficiary: Women and girls in general	3,891	16,873
Women/girls survivors of violence	2,733	30
Women and girls leaders and members of church and mosques	2,478	43,074
Outcome Level 1		
Faith Leaders (Male & Female)	51	83
Women and girl leaders and members of churches and mosques and community members	2,478	43,074
Men and boys	1,689	4,570
Outcome level 2		
Faith-based organizations	42	62
Men and/or boys	1,689	2,870
Women and girl faith members	2,478	6,780
Outcome Level 3		
Women and girls in general	4,093	10,093
Women/girls survivors of violence	1,061	30
Indirect Beneficiary: Faith, lay and traditional leaders (female, male)	2,478	26,678

9.2.3 Positive changes in the lives of targeted (and untargeted) women and girls

To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? How have such changes been perceived/received in the communities or congregations?

Perceived decline in partner violence, non-partner sexual violence, and other harmful practices towards women and girls. The most significant change that appears to have resulted

from the programme is the reduction in physical and sexual violence against women and adolescent girls; and in other harmful practices towards girls. The endline survey highlighted dramatic reductions in both partner and non-partner sexual violence in Cape Mount; however, the findings in Rivercess were more muted. Women in the Cape Mount's FGD highlighted several root causes of VAWG. The most notable were poverty which affects men and women differently. For men, poverty appears to trigger a crisis of masculinity, and for women, it keeps women dependent on their male partner and perpetuates inequitable gender norms. An example of the last risk factor was highlighted by an adolescent girl from the FGD in Cape Mount who said men believe women are not entitled to refuse their partner sex, thus "most forms of violence" occurs when the woman refuses.

In the FGD among adult women and adolescent girls, many participants spoke about a reduction in cases of rape. The reason for this perceived decline in rape cases was related to women's greater awareness about their rights and in increase women and girls reporting their cases to the police. It was unclear from the FGD, however, whether participants were suggesting that the increase in reporting of cases to the police was deterring men and adolescents from perpetrating sexual violence towards women.

> *Two years ago rape cases were too many. Now because of GBV education and creating awareness we don't hear so much about rape. People are reporting these cases to police.* **[Adult woman, Cape Mount]**

> *Rape cases used to be high. We used to hear about two or three rape cases a month, but now it has reduced. We hear about cases once in a while.* **[Adolescent girl, Cape Mount]**

Reduced violence against female students: Through the establishment of the school based GBV committees and the increased awareness of the CoC, female students report there are fewer cases of sexual and psychological violence from teachers where previously sex for grades and blackmailing female students were common practices in schools.

> *Some teachers were in the constant habit of harassing female students. Telling them `I want you to do this, and if you refuse, I will make you fail [the exam]'.*

> *Teachers used to get married to students- But since the GBV program came these things are not happening anymore. Teachers will be arrested and jailed. The GBV program has brought improvements to the community and save the students´ lives.* **[FGD with members of school-based GBV committee]**

Perceived reductions in child marriage: The final positive theme that came through in the FGD was the perceived decline in child marriage. Across all project stakeholders that participated in the evaluation, reduction of child marriage was one of the key changes experienced in the communities.

> *Before our parents use to find man for us and just hand deliver us without our consent but now we choose for our self* **[Adult woman, Cape Mount]**

Improvements in gender norms and attitudes: The intervention sought to bring about changes in attitudes and behaviours among community members towards VAWG. What came through from the FGD was the extent to which the following had been achieved:

- Greater awareness among women of their rights
- Attitudinal changes towards the non-acceptability of VAWG
- Movement towards egalitarian relationships in couples

Awareness of women's rights: From the FGD among women congregants, women appeared to have a new understanding about the relationship between men and women and between parents and children, particularly girl children:

> *Before men use to beat women for simple reason like burning food but now he cannot try it because women are aware now of their rights and he even think twice now before taking a violent action.* **[Adolescent girl, Cape Mount]**

> *Before when a man beat his wife, nothing would come out of the case. But now, since the GBV program was introduced on violence telling the man not to beat his wife, it is not happening. Freedom of speech has changed everything. Woman can now express their feelings.* **[Adult woman, Cape Mount]**

> *Before the program we (women) were made to believe that we don't have the same rights men have and that it is ok to beat women.*

> *Before the program we didn't know that we have equal rights with men, but thinking we have to do what the man says. For example, we believed we don't have a right to go to school, but have to take care of our household and also that women don't have the right to sit with men and talk or make decisions.*

According to female congregants, this rights awareness did not only take place among women, but in the wider community and among traditionalists in particular.

> *Before the program, when a woman got married, she was told by elders that she is now the man´s property and that he would take her to his house. Today, women are not being told those things anymore.*

Non-acceptability towards VAWG: While the survey data revealed reduction in gender inequitable attitudes, the FGD also suggested changes in women's acceptance of violence towards them. Women were now speaking more openly about their experiences.

> *There are lot of changes, at first when my husband beat me, it remained inside our room and I didn't dare tell anyone but now, if he tries it I can run outside and let people know.* **[Adult woman]**

Egalitarian relationships: Another positive change in women's lives was that some reported a shift in communication and that husbands and wives were now talking more.

> *Before women weren't invited to meetings now we can sit and talk with the men".*
> *Before men never use to have conversation with his wife, but now both party are having good conversation Adult woman*

Congregants and faith leaders reported that traditional gender roles have been tackled and women enjoy greater freedom to participate in domestic affairs such as financial planning and household decision-making.

9.2.4 Factors contributing to the achievement and/or failure of the project goal, outcomes and outputs

What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?

The evaluation has identified a number of factors that contributed to the achievement of intended project results:

- Effective utilisation of existing faith-based infrastructure at national, county and district level
- Collaboration with sector ministries and agencies, and service delivery authorities such as police and hospitals
- ELM to tackle gender beliefs and stereotypes at faith leader level

Effective utilisation of existing faith-based infrastructure at national, county and district level: The project utilised existing faith-based infrastructures and platforms such as the IRCL, faith-based events such as quarterly meetings of the Christian/Muslim faith coalitions among others, for capacity building and awareness raising activities. This strategy allowed for easy mobilisation and outreach to beneficiaries as all project stakeholders are aware of such events and platforms, which resulted in reaching more direct and indirect beneficiaries than initially intended.

Collaboration with sector ministries and agencies, and service delivery authorities such as police and hospitals: The consistent collaboration with sector ministries and service providers contributed to an improved response and service delivery system at district level through the integration of community-based and faith-leaders experiences and views on service delivery needs.

Experiential Learning Method to tackle gender beliefs and stereotypes at faith leader level: The ELM and affiliated techniques such as the power walk has greatly contributed to changed mindsets regarding gender roles, gender stereotypes and GBV at faith leader level. It tackled harmful norms and interpretations of certain scripture passages, and made faith leaders reconsider their religious teachings and revise their own belief systems and values which had been rooted in their cultural upbringing. This in turn allowed them to use this methodology downwards to county and district level to positively influence mindset of their fellow faith leaders.

9.2.5 Changes in beliefs, values and perceptions towards GBV

To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV?

The evaluation sought information on 31 questions on attitudes that were grouped into seven domains:

1. **Acceptability of violence against women generally**

2. **Attitudes towards physically abusing wife**

3. **Community response to violence**

4. **Sexual violence**

5. **Broad gender attitudes**

6. **Decision-making**

7. **Women's rights**

Table 10 represents the domains and statement questions asked to the respondents. One question "A woman is someone to be educated" was not included in any domain because the wording is unclear whether the question is trying to illicit a gender equitable attitude i.e. "a woman is someone

to be schooled" or a gender inequitable attitude "women are like children and need to be taught lessons". Two analyses were conducted to assess changes in gender attitudes. The first "aggregated analysis" summed each affirmative (agree with statement) response for each respondent within each domain (aggregate score), and then divided this aggregate score by the total number of responses (which is the number of questions multiplied by the number of respondents within each domain). Results of the aggregated analysis are shown in Table 11 and Figures 11 and 12. The second analysis "individual analysis" calculated the difference in the proportion of affirmative responses from baseline to endline for each question individually. These differences or changes were then ranked from lowest to highest and the top five questions—showing the greatest shift towards more gender equitable attitudes—and the top five questions—showing the least shift and in some cases greater gender inequitable attitudes—were then assessed.

Table 10: Breakdown of Domains and Statements

(7 total domains, 30 statement)

Name of Domain and Statement	Count of #
1. Acceptability of violence	**5**
In my religion, it is acceptable for men to beat women	
Slapping a woman is not really physical violence against her	
Some women like to be beaten	
There are times when a woman deserves to be beaten	
Threatening a woman is not violence against her	
2. Attitudes towards physically abusing wife	**5**
A woman should tolerate violence in order to keep her family together	
If a woman burns food while cooking, it is ok for a man to hit her	
If a woman cheats on a man, it is ok for him to hit her	
If a woman disrespects her partner/husband, he is expected to use force	
It is ok for a husband/partner to hit his wife/partner if she refuses to have sex with him	
3. Community response to violence	**1**
If a man sees another man beating a woman, he should not interfere	
4. Sexual violence	
If a woman does not physically fight back it is not really rape	
In any rape case one would have to question whether the victim is promiscuous or has a bad reputation	
In my religion, women must always say yes when a man wants to have sex	
In some cases, women want it to happen	
It is not harmful if a girl is forced to have sex before 18 years	
It is not rape if a woman is forced to have sex with her husband	
When women are raped they usually did something careless to put themselves in that situation	
	6

5. Broad gender attitudes

A home without a man is not respected

A man always deserves the respect of his wife and children, no matter what he has said or done

A man is worth more than a woman

A woman's most important role is to take care of her home and cook for her family

God created men as superior to women

Women do not have sound opinions

6. Decision-making	**1**
A man should have the final word about decisions in the home	

7. Women's rights	**5**
Gender equality, meaning that men and women are equal, has been achieved for the most part	
Laws in my country make it too easy for a woman to bring a violence charge against a man	
When women get rights, they are taking rights away from men	
When women work, they are taking jobs away from men	
Women have enough rights right now and don't need more	
Total	**30**

Table 11. Changes in Gender Attitudes: Aggregated Analysis

Domain (Number of questions)	Cape Mount County					Rivercess County					Montserrado County Endline	
	Baseline		Endline		Difference in %	Baseline		Endline		Difference in %	Endline	
Acceptability of violence in general (5)												
Female attitudes	89/435	20%	462/1725	27%	7%	85/395	22%	353/1705	21%	-1%	791/2435	33%
Male attitudes	183/480	38%	410/1630	25%	-13%	115/495	23%	276/1455	19%	-4%	802/2255	36%
Attitudes towards wife-beating (5)												
Female attitudes	120/435	28%	326/1725	19%	-9%	129/395	33%	217/1705	13%	-20%	506/2433	21%
Male attitudes	197/480	41%	259/1630	16%	-25%	114/495	23%	163/1455	11%	-12%	583/2255	26%
Community response to violence (1)												
Female attitudes	16/87	18%	16/345	5%	-13%	7/79"	9%	28/341	8%	-1%	62/487	13%
Male attitudes	32/96	33%	15/326	5%	-28%	5/99"	5%	31/291	11%	6%	78/451	17%
Sexual violence (7)												
Female attitudes	242/609	40%	548/2415	23%	-17%	145/553	26%	472/2387	20%	-6%	1024/3409	30%
Male attitudes	332/672	49%	474/2282	21%	-28%	172/693	25%	401/2037	20%	-5%	1022/3157	32%
Broad gender attitudes (6)												
Female attitudes	378/522	72%	1143/2069	55%	-17%	326/474	69%	1082/2046	53%	-16%	1617/2922	55%

Male attitudes	430/576	75%	1146/1956	59%	-16%	396/594	67%	971/1746	56%	-11%	1553/2706	57%
Decision making *(1)*												
Female attitudes	61/87	70%	253/345	23%	-47%	58/79	73%	211/341	62%	-11%	452/487	93%
Male attitudes	75/96	78%	255/326	78%	0%	65/99	66%	188/291	65%	-1%	444/451	98%
Women's rights *(5)*												
Female attitudes	202/435	46%	485/1725	28%	-18%	158/395	40%	480/1705	28%	-12%	705/2435	29%
Male attitudes	266/480	55%	515/1630	32%	-23%	233/495	47%	477/1455	33%	-14%	840/2245	37%

Cape Mount County: Among women and girls there was an improvement in 22 (of 30) attitudinal questions from baseline to endline. In three of the four domains capturing attitudes towards different aspects of violence, there was a shift towards less violence acceptance from the aggregated analysis (Table 11; Figure 11): reasons wife-beating is justified; sexual violence against women; and community inaction towards violence. However, there was increase in acceptability of violence in general. An analysis of the top five questions displaying increases in gender **inequitable** attitudes (the individual analysis) reveals three were related to the acceptance of violence towards women in general. An analysis of the top five questions showing the greatest shift towards gender **equitable** attitudes reveals the greatest improvements were made in the domains related to sexual violence; broad gender attitudes and women's rights.

Figure 11. Difference in Percent between Baseline (2015) and Endline (2017) in Cape Mount by Attitudinal Domain (Number in Brackets by Domain is Number of Question for that Domain)
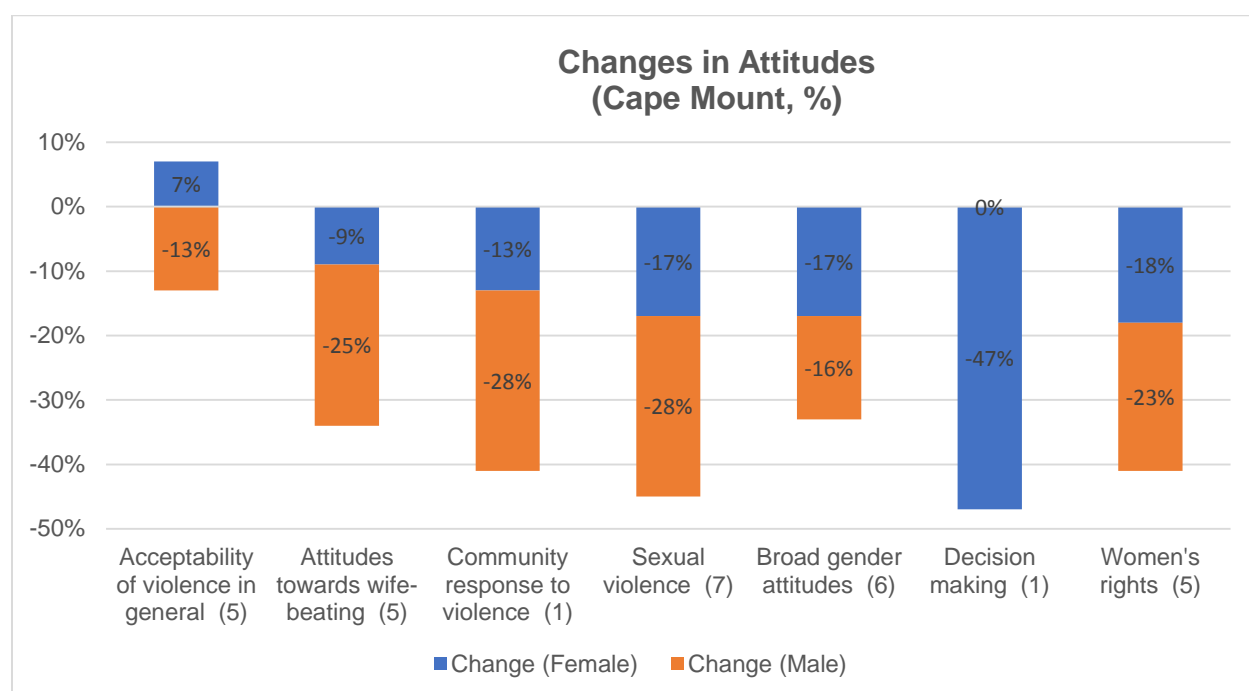
Among men and adolescent boys, there were improvements in 28 of the 30 attitudinal questions. All but one domain (decision-making) showed an improvement towards more gender equitable attitudes. The most notable improvements related to less acceptability of wife-beating and of sexual violence. When assessing the top five questions displaying the least shift in gender equitable attitudes, three, in fact, showed marginal improvements—there was a marginal increase in gender inequitable attitudes in one question and no change in the other question.

Rivercess County: There was a shift (from baseline to endline) towards more gender equitable views in 20 of the 30 attitudinal questions among women and girls. Improvements in gender equitable attitudes were made across all seven attitudinal domains and most notably in attitudes towards wife-beating, broad gender attitudes, and women's rights (Table 11, Figure 12). By question there was a huge decrease of over 40 points (from 66% at baseline to 26% at endline) in respondents agreeing with the statement "A woman should tolerate violence in order to keep her family together". When considering the top five questions showing increases in gender inequitable attitudes, more women and girls believe that *"gender equality has been achieved for the most part".*

Figure 12. Difference in Percent Between baseline (2015) and Endline (2017) in Rivercess by Attitudinal Domain (Number in Brackets by Domain is Number of Question for that Domain)
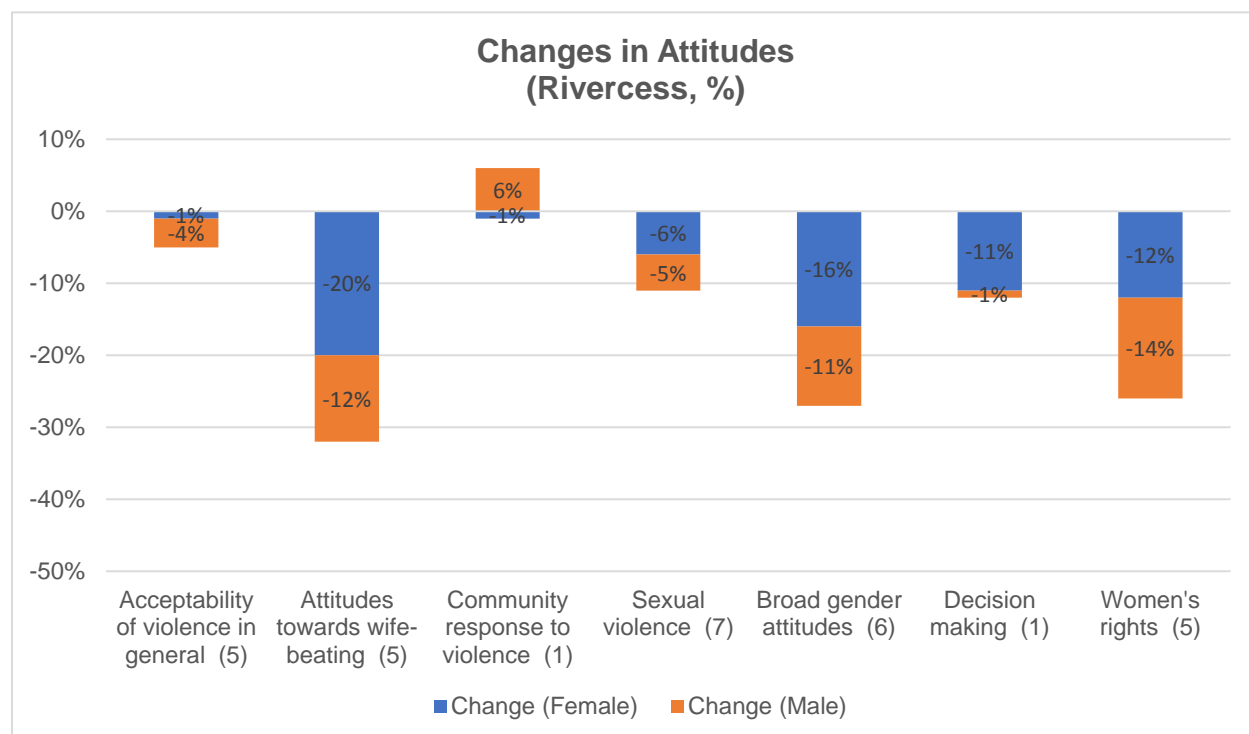
Among males, there were shifts toward more gender equitable views in 18 of the 30 attitudinal questions and across six attitudinal domains. Likewise with females in Rivercess, the notable improvements were in attitudes towards wife-beating, broad gender attitudes and women's rights. What is notable is the overlap with Rivercess females in questions where the largest improvements were observed—4 of the top 5 questions were the same. In addition, the top question showing an increase in gender inequitable attitudes is that *"gender equality has been achieved for the most part"*.

In summary, in Cape Mount, gender attitudes improved more greatly among men and adolescent boys than in women and adolescent girls. While improvements in attitudes towards sexual violence against women among women are welcomed, the notable finding that there is an increase in three (of five) questions related to VAWG in general among this group is troublesome. Exactly why there is this anomaly and why men are more likely to change attitudes than women is an open question. In Rivercess, changes in attitudes were very similar for males and females. A notable feature, however, is that more community members believe that gender equality has been achieved. These findings highlight that while positive changes have been made, clearly more work needs to be and can be done to change mindsets and especially among women and girls.

9.2.6   Leadership groups learning and messaging to wider membership

How do participating leadership groups convey learning and messaging to their wider membership (Faith leaders, Congregants and Youth Coalition members)?

Leaders (faith-based leaders; youth faith leaders; and student leaders) convey learning and messaging by using the skills they learned from the intervention to publicly speak out on the issue of VAWG. At endline, virtually all leaders (from all three leadership groups), and in both counties, reported that in the past year they had they publicly spoken on VAWG; had spoken frequently about VAWG; they had spoken about prevention and had spoken about support services available to women and girls who have experienced violence (Table 12). Faith leaders (including youth) utilize existing faith-based platforms and events to speak out against VAWG and to raise awareness about existing services for survivors of violence. Furthermore, faith leaders commented that many congregants also use official office hours to engage with them in GBV-related issues. Youth faith leaders and drama groups also use public spaces such as markets and community gatherings (town hall meetings) to carry out their activities and engage community members in discussions. All leadership groups make use of the resources developed and shared with them such as the GBV toolkit and the FAMA cards to enhance community dialogues about GBV prevention and gender roles.

In both sites, the majority of faith leaders knew about the faith-based tool kit, and of these, all reported that they used it—69% in Rivercess County and 63.2% in Cape Mount County reported that they used the tool kit many times.

Table 12. Faith leaders GBV-Related Knowledge and Practices in Rivercess and Cape Mount Counties

	FAITH LEADERS					YOUTH FAITH LEADERS					STUDENT LEADERS			
	Rivercess		Cape Mount			Rivercess		Cape Mount			Rivercess		Cape Mount	
	%	n	%	n		%	n	%	n		%	n	%	n
FAITH LEADERS	**N=83**		**N=92**			**N=50**		**N=52**			**N=8**		**N=10**	
Knowledge about the Faith-based tool kit	85.5	71	77.2	71										
N=	*71*		*71*											
Used faith-based tool kit	100.0	71	95.8	68										
Used tool kit once	*9.9*	*7*	*8.8*	*6*										
Used tool kit few times	*21.1*	*15*	*27.9*	*19*										
Used tool kit many times	*69.0*	*49*	*63.2*	*43*										
N=	*83*		*92*											
Provided support to women and girls who have experienced violence in the past 12 months	88.0	73	79.3	73		86.0	43	80.8	42		75.0	6	80.0	8
N=	*73*		*73*			*43*		*42*			*6*		*8*	
Hospital	*64.4*	*47*	*56.2*	*41*		*74.4*	*32*	*59.5*	*25*		*0.0*	*0*	*12.5*	*1*
Counselling	*75.3*	*55*	*87.7*	*64*		*62.8*	*27*	*83.3*	*35*		*100.0*	*6*	*100.0*	*8*
Safe spaces	*23.3*	*17*	*19.2*	*14*		*18.6*	*8*	*21.4*	*9*		*25.0*	*2*	*37.5*	*3*
Access to justice	*45.2*	*33*	*34.2*	*25*		*34.9*	*15*	*26.2*	*11*		*12.5*	*1*	*0*	*0*

9.2.7 Tools and methods contributing to achievement of outcomes and outputs

What tools and methods contributed to achieving the outcomes and outputs and in what ways?

Outcome 1: Faith leaders (Christian and Muslim) increase their work in speaking on VAWG and to change cultural norms in their communities.

The steps to achieve this outcome were to better equip faith leaders to speak on VAWG *(Output 1.1)*; and to facilitate their engagement (with families, congregations and communities) in violence prevention and support services *(Output 1.2)*. These output steps were achieved because of the following participatory activities:

- Development of a faith-based tool kit
- ToT for faith leaders and program staff on experiential training methods and tools
- County faith leaders lead GBV trainings, meetings and discussions with peers and other groups in target counties using toolkit
- The establishment of an interfaith TWG to guide and monitor county faith leaders' GBV awareness efforts and plan for scale-up and sustainability of program interventions
- Faith leaders and program staff engage county and national-level stakeholders in the 16 Days of Activism and the "We Will Speak Out" platform by organising annual awareness and education events
- Faith leaders share lessons learned and promote replication of project activities in other Counties by engaging other Christian and Muslim clergy at any available forum (such as bi-annual meetings of the IRCL, conventions)
- Faith leaders (TWG members and county-level imams and clergy) participate in bi-monthly radio programs to be broadcast in 2 counties and nationally

By equipping faith leaders to speak about VAWG and by facilitating their engagement with families, congregants, and communities, outcome 1 was achieved—faith leaders increased public speaking, using various platforms, on issues relating to violence against women. This increase in public speaking was measured through faith leaders self-reports on their activities and also from members of the community (men and women) on their exposure to messages from faith leaders.

Outcome 2: The second outcome of this project is that Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak out against VAWG and provide support to survivors.

The steps to achieve this outcome was to raise understanding among youth faith leaders on VAWG and how to prevent and respond to it *(Output 2.1)*; and to facilitate school leaders and teachers to act to prevent VAWG and to provide support *(Output 2.2)*. These output steps were achieved because of the following activities:

- Refresher trainings (1 per county for 3 days) with faith-based youth groups and students on using FAMA learning-action dialogue approach and drama to teach others about GBV (approximately 50 youth per county); training select youth on using video for GBV/empowerment stories (12 participants)
- Trained youth facilitate FAMA learning-action dialogues and other participatory learning opportunities with their peers and other community members

- Trained youth perform GBV-related drama skits at various events in the community
- County level youth coalitions organize youth and activities for 16 Days of Activism events (i.e. drama skits, sports competitions, etc.) at county-level
- Visioning / ABCD / Appreciative Inquiry meeting with the youth coalitions (1meeting per county for 3days; 21 participants per county)

These activities resulted in outcome 2 being achieved—both faith youth leaders and school leaders increasingly spoke about VAWG and provided support to survivors of violence.

Outcome 3: *The third outcome of this project is that Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services.*

The steps to achieving this outcome was greater understanding among faith leaders (Christian and Muslim) about the availability and need for GBV services and resources to support survivors of violence *(Output 3.1)*, and that faith leaders act to reduce violence-related stigma and alleviate barriers to access support services *(Output 3.2).*

- Program staff participate in MoGCSP monthly county and national-level GBV Task Force meetings
- Biannual county-level and annual district level GBV referral service provider roundtables, to assess and document quality, availability/usage and linkages between services and develop action plan for improvement (2 per county)
- County level faith leaders are trained in referral pathways (refresher training with faith leader coalition during monitoring visit)
- Trained faith leaders make referrals for women and girl survivors
- ECL staff travel for program implementation
- Program provides in-kind emergency support to GBV survivors, through the MoGCSP, when cases arise and additional support (i.e.: transportation, legal fees, etc.) when needed
- Program county offices provide temporary emergency shelter to survivors
- Develop and disseminate (with Faith Leader Coalitions and County GBV Task Forces) referral pathway guide designed for each target district

These steps assisted in the achievement of outcome 3 in that an increased proportion of women and girls knew about services from faith-based leaders.

Information on the number of GBV referrals was not provided/able to be gathered.

9.2.8   Leadership groups use the tools and resources

How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School CoC and others) in training (youth, priests and imams) and in their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?

Effectiveness of the different toolkits were evaluated based on the different group leaders reporting knowledge and application of the tools for speaking out against VAWG and providing abused women and girls with support services at endline (Figure 10). The findings show effectiveness in terms of uptake and application of tools across all three leadership groups: faith-leaders; youth faith leaders

and student leaders. The GBV toolkit was reported to being used for 1) training other faith leaders and 2) counselling congregants.

The toolkit was utilized by leaders frequently: Among faith leaders, the majority in both counties knew about the faith-based toolkit—85.5% Rivercess and 77.2% in Cape Mount. However, it was also reported that faith leaders did not have sufficient time to carry out training for other faith leaders covering the entire content of the toolkit. This is most likely because of the lengthy toolkit development process.

Many groups supported survivors of violence: Across all three leadership groups (faith leaders; youth faith leaders; and student leaders), the vast majority reported that they had provided support to women and girls who experienced violence—ranging from 75% of student leaders from Rivercess to 88.0% of faith leaders also in Rivercess. The most common support services offered by faith leaders (including youth faith leaders) were counselling (ranging from 62.8% of youth faith leaders in Rivercess to 87.7% of faith leaders in Cape Mount) and referral to hospital (ranging from 56.2% among faith leaders in Cape Mount to 74.4% among youth faith leaders in Rivercess). All student leaders who reported they provided support services said they had counselled women and girls who had experienced violence in the past year. Three-quarters of student leaders in Rivercess and 37.5% in Cape Mount said they referred women and girls to safe spaces.

Awareness raising of the Code of Conduct: All school-based GBV committees – and the student leaders on the committees in particular – use the Code of Conduct frequently when implementing classroom-to-classroom awareness raising activities. These activities aim to orient all students on the contents of the Code of Conduct and provide knowledge on appropriate and inappropriate behaviours and interactions between students and teachers.

Frequent use of FAMA cards: Drama and youth faith leaders testified their frequent and effective use of the FAMA cards to engage community members in discussions about GBV. According to these leadership groups the FAMA cards are beneficial to illustrate a wide range of situations and forms of GBV. These visual aides support their discussions with community members as they help them to see situations, express emotions and associations with the pictures, discuss consequences shown on the cards and consider actions to be taken.

Table 13. Knowledge of Use of Toolkits (FB Toolkits, FAMA, Man-Up Tool, Drama for Change)

	FAITH LEADERS				YOUTH FAITH LEADERS				STUDENT LEADERS			
	Rivercess		Cape Mount		Rivercess		Cape Mount		Rivercess		Cape	Mount
	%	n	%	n	%	n	%	n	%	n	%	n
FAITH LEADERS	**N=83**		**N=92**		**N=50**		**N=52**		**N=8**		**N=10**	
Publicly spoken about VAWG in the past year	98.8	82	97.8	90	98.0	49	96.2	50	100.0	8	100.0	10
Conduct FAMA groups					70.0	35	63.5	33				
N=	***82***		***90***		***49***		***50***		***8***		***10***	
Spoke about VAWG during sermons	70.7	58	51.1	46	65.3	32	26.0	13	0.0	0	0.0	0
Spoke once during sermons	*8.6*	*5*	*2.2*	*1*	*0*	*0*	*7.7*	*1*				
Spoke twice during sermons	*10.3*	*6*	*4.3*	*2*	*6.3*	*2*	*7.7*	*1*				
Spoke three or more times during sermons	*81.0*	*47*	*93.5*	*43*	*93.8*	*30*	*84.6*	*11*				
Spoke about VAWG during retreat	67.1	55	73.3	66	63.3	31	88.0	44	14.3	1	10.0	1
Spoke once during retreat	*5.5*	*3*	*3.0*	*2*	*0.0*	*0*	*0*	*0*	*100.0*	*1*	*100.0*	*1*
Spoke twice during retreat	*16.4*	*9*	*16.7*	*11*	*6.5*	*2*	*20.5*	*9*	*0.0*		*0.0*	*0*
Spoke three or more retreat	*78.2*	*43*	*80.3*	*53*	*93.5*	*29*	*79.5*	*35*	*0.0*		*0.0*	*0*
Spoke about VAWG during other events	15.9	13	6.7	6	12.2	6	10.2	5	85.7	6	90.0	9
Spoke once during other events	*0.0*	*0*	*14.3*	*1*	*0.0*	*0*	*0.0*	*0*	*33.3*	*2*	*11.1*	*1*
Spoke twice during other events	*7.7*	*1*	*42.9*	*3*	*0.0*	*2*	*20.0*	*1*	*33.3*	*2*	*11.1*	*1*
Spoke three or more times during other events	*92.3*	*12*	*42.9*	*3*	*100.0*	*6*	*80.0*	*4*	*33.3*	*2*	*77.8*	*7*
Talked about prevention of VAWG	100.0	82	98.9	89	100.0	49	96.0	48	100.0	8	100.0	10
Talked about support for survivors of VAWG	97.6	80	90.0	81	95.9	47	96.0	48	75.0	6	100.0	10

9.3 Relevance

9.3.1 Relevance of project strategy and activities

To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?

As described in Section 2 (Project Description) documented evidence highlights VAWG in Liberia is high. Liberia, in recent years, has recognised the need for GBV prevention and response efforts. One of former President Ellen Johnson Sirleaf's final act as President was to sign the domestic violence bill. [22] The country's weak infrastructure makes engaging with pillars of the community, especially faith-based leaders, an essential component in GBV programming. Underlying women's risk of violence is gender inequality—which includes women's lower access to employment opportunities, to education, to essential services, and a range of inequitable gender norms. Liberia is a signatory to several international human rights conventions including CEDAW. Although the government of Liberia, in recent years, has recognised the need for GBV prevention and response efforts, the country's weak infrastructure makes engaging with pillars of the community, especially faith-based leaders, an essential component in GBV programming.

At the program level the relevance of this project is categorized among the following three areas:

- Changed attitudes on how women/girls are valued
- Women/girls have knowledge of GBV services
- Women/girl survivors of violence can access and are seeking support from faith leaders

9.3.2 Continued relevance of project goal, outcomes and outputs
To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?

Gender attitudes about women and girls have changed over the course of the project: although there is variation in the extent to which gender attitudes have changed between the two counties and between males and females (Table 19). A broad summary is that improvements in gender attitudes were greatest among males in Cape Mount where differences (from baseline to endline) of over 25 percentage points were observed in attitudes towards wife-beating; community response to violence; and sexual violence. Improvements in attitudes were also evident among females in Cape Mount, although the magnitude of changes generally did not match that displayed by males (with the exception of a 47 percentage point improvement in women's beliefs about more egalitarian decision making). In Rivercess, similar changes in attitudes were observed among both males and females with notable improvements in attitudes towards wife-beating; women's rights; and broad gender norms. At endline, the percentage of males and females possessing inequitable gender attitudes across most attitudinal domains was lower in both intervention counties compared to the comparison county (see Table 11). For example, at endline, attitudes towards the acceptability of sexual violence measured approximately 20% in both Rivercess and Cape Mount Counties and for both males and females. In Montserrado County, these figures were 10 percentage points higher (30% females; 32% males).

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[22] http://frontpageafricaonline.com/index.php/news/6691-outgoing-president-sirleaf-abolishes-female-genital-mutilation-signs-domestic-violence-bill?utm_source=IGWG&utm_campaign=acdb2a0c3f-EMAIL_CAMPAIGN_2017_08_18&utm_medium=email&utm_term=0_a24996ea0a-acdb2a0c3f-54844257

Despite these improvements from baseline, there is still work to do on value, respect, and gender roles of how women and girls are seen and treated. For example when considering the statement *"A man is worth more than a woman",* although the numbers for men and boys agreeing with this statement were higher at baseline, the change at endline was not much improved in Rivercess (31.3% baseline to 27.1% endline), but was, however, much reduced in Cape Mount (59.4% baseline to 29.4% endline). It is not clear why the change was 1) much higher in Cape Mount at baseline; 2) why there was such an extreme change in Cape Mount at endline; and 3) why there was not a greater move from baseline to endline in Rivercess. Further research into this would benefit the program and scale-up to understand what interventions and activities worked in Cape Mount and what did not work in Rivercess.

The acceptability of violence had little to no change from baseline to endline. At baseline, 15.2% in Rivercess and 20.7% in Cape Mount agreed with the statement "There are times when a woman deserves to be beaten", and at endline 24.3% in Rivercess and 33.3% in Cape Mount agreed. It is clear that more work needs to be done in this area that women and girls should not be beaten and that violence should not be tolerated.

Faith leader roles in the community have changed as a result of GBV training. Congregants are hearing GBV messages in their church/mosque; and women and girls feel encouraged and supported by their faith leaders when they observe them increasingly involved in counselling, referrals and resolving family level conflicts. These new roles of faith leaders provide continued opportunities to shift how the community views GBV, how they value women and how women and girls are treated.

More women and girls are reporting knowledge of available GBV services, and they know they can access these services through their faith leaders. Going forward, this provides survivors in communities with an option they may not have had before. Only a small proportion of women who experience violence are seeking out faith leader support and seeing GBV services. This may be in part because they may justify certain types or levels of violence and in part because of barriers to seeking support. There need to be more efforts to encourage survivors of violence to seek support, and greater emphasis within faith leader messages that violence is never acceptable or justified.

Additional Questions:

9.3.3   Importance of faith based tool kit

To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are the key messages and learning relevant to the needs of women and girls?

Faith leaders participating in the program were well aware of the practice of GBV in their communities prior to this project. Yet few faith leaders sought to address the issue, either by advocating for prevention or supporting survivors. Strong social norms dictated that those outside the family remain uninvolved in matters between couples, and that protecting the honour of the family by hiding violence was more important than protecting women and girls' safety.

The GBV Toolkit was designed to help faith leaders examine their own and society's deeply held views about men and women. Through a process of learning, self-reflection and dialogue, the toolkit allowed faith leaders to consider and analyse their own gender norms, their views on the acceptability of violence, their roles as religious leaders, and their responsibilities to their communities.

As a result of this training faith leaders are now playing a prominent role in the prevention of GBV and in the provision of support to survivors of violence, which is the key reason why the Faith Leader GBV Toolkit is relevant to the needs of women and girls in project communities. Training in the toolkit mobilized faith leaders to act on their new views by publicly speaking out about VAWG and supporting survivors. It led to their commitment to raise the issue of VAWG and provide guidance to their congregants through many of their activities including counselling and marriage preparation. This in turn has likely been an important contributor to the shift on how women are valued within the community.

Efficiency

9.3.4 Efficiency and timeliness of project implementation

How efficiently and timely has this project been implemented and managed in accordance with the project documentation?

The project successfully completed all key project activities within the project timeframe, and achieved planned targets on the project goal, outcomes and outputs. Program staff and participants confirmed this success. In interviews with primary beneficiaries, including program staff, faith leaders, lay leaders, and female and male congregants, the project was carried out efficiently and in a timely manner.

The project made some adjustments each year because of challenges and lessons learned during implementation. It is important to note that the program commenced immediately after the Ebola emergency at a time when post Ebola recovery and rehabilitation projects in affected areas were being carried out (including Cape Mount and Rivercess). These changes were accommodated in the implementation plan and project timeline but did not alter the targets set for the end of the project. For example, the project was required to grant more time for training faith leaders than initially planned. The project learned that the process of self-reflection and discovery used in the Faith Leader GBV Toolkit required time. In addition, finalisation of the Faith Leaders Toolkit was delayed from end 2015 to February 2017 to provide adequate time for extensive field testing of the guide, acquiring multiple rounds of feedback from faith leaders and other stakeholders, and revising the Toolkit based on these inputs. As a consequence faith leaders did not have sufficient time to carry out training for other faith leaders covering the entire content of the toolkit.

> *The major delay in implementing activities was the development of the toolkit; this was mainly due to the participatory nature of the exercise and the need to have the faith leaders involved in its development. Also, since this training tool kit was the first of its kind, targeting faith leaders and the need to understand GBV issues and what the scriptures say in addressing GBV, a series of consultations had to be held to ensure the culture and traditional norms of the target groups were respected. And those relevant views were captured. The delays did not significantly affect the project, as the tool kit was key in the implementation of the project activities. [ECL-RD program staff]*

Despite, these delays, there is evidence that the project achieved financial efficiency by surpassing the expected number of beneficiaries reached—from 3,891 to 16,873. This suggests that the program may be cost efficient as the cost per beneficiary decreased from almost $175.00 US (based on original beneficiary target) to $40.00 US. This has implications for scale-up of the project—as the project is expanded, the cost per beneficiary is likely to fall further as start-up costs (e.g. costs associated with the development of training materials and toolkits) are excluded. A further assessment of the cost drivers of the intervention would assist in the future design of GBV prevention programs and where to allocate limited resources.

9.3.5 Promising practices

Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

Using process of self-reflection and discovery to understand and take action against GBV: The Faith Leader GBV Toolkit uses a gradual and thorough process of self-examination and discovery to dig deep into issues of gender, power, violence, empathy and justice. This personal perspective on/association with the themes of the toolkit and the overall goals of the GBV program is what is needed to effectively deconstruct and challenge deep-seated beliefs that perpetuate inequality and violence. This approach is different than most other GBV-related training materials available. The program uses the ELM as a way to facilitate and deepen the knowledge and behaviour change process of faith leaders and to teach them facilitation skills for educating and engaging their peers and wider community. The experiential learning cycle is the foundation of the Faith Leader GBV Toolkit. It is a participatory and cyclical process of concrete experience, reflection, analysis and action or "Do, Look, Think and Plan". The methodology uses various inputs to provide an experience, which is specifically designed to solicit the self-identification, reflection and analysis of a topic clearly aligned with learning objectives. The process relies on learnings coming from the participants, drawing on their own experience, observations and reactions. Within the domain of ending VAWG, this individualized learning is essential to concepts of internalised attitudes and behaviour change. As one participant described, it feels less like "being taught" and more like "teaching ourselves".

Importance of multi-sector collaboration: ECL-RD, County-level Faith Leader Coalition (CLFLC), and youth representatives attended the MOGCSP monthly GBV Task Force meetings at the county and national levels. These meetings served as a bridge between community needs and concerns and national policies and stakeholders. For example, in one meeting program staff raised the issue that the Ministry of Education (MoE) had never discussed or provided guidance to schools on the CoC. This report garnered MoE commitment to do so. Networks across sectors and levels allow civil society including faith institutions to work in collaboration with government partners, understand policies and hold government accountable when needed.

Local presence and impact: A constant, local presence has proven indispensable to the program's impact in the target areas. ECL-RD's two GBV Field Officers are based in the two county's city centers. Staff in the field offices come from these regions and are knowledgeable about local leaders, social organisations, and GBV challenges. The field officers meet regularly with program stakeholders, such as faith leaders, youth, students, school officials, community and government leaders. The field officers also provide direct support to individuals and families affected by GBV.

Additional Questions:

9.3.6 Learnings from a 'faith based model'

What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

Engage national faith leaders at the institutional level: The program quickly learned in its first year that to fully engage community faith leaders at the district and community level, national faith leaders need to fully buy-in and actively engage in the project. To this end, ECL-RD established the GBV TWG with members from the ICRL in roles such as providing guidance on the use of scripture in the toolkit, and even serving as trainers. Involving senior faith leaders motivates local faith leaders to try challenging new behaviours in difficult cultural contexts. It also reinforces accountability and is an investment in potential scale up.

Integrating scripture to project context is challenging: The project learned at the start that asking trainees to read and understand religious scripture in new ways or starting to use less familiar scripture can be challenging. Shifting the overall interpretation of scripture that has for years been used to condone domestic abuse, reinforce concepts of male superiority, and reinforce ideas of women's servitude rather than mutual service would be a long process. For that reason, the engagement of national leaders in dialogue about incorporating GBV awareness into theological education and training can and should be seen as a long-term process.

Importance of building interventions into strong institutional structures: Through its experience implementing GBV programs in Liberia and other countries Episcopal Relief & Development believes GBV programs are strongest and more sustainable when integrated into the overall work and structure of the church or religious institution, rather than being implemented as a separate project.

Using an integrated, interfaith response to GBV: The program's comprehensive training methodology and tools (i.e. Faith Leader GBV Toolkit) are designed from an interfaith perspective. For example, the toolkit includes references to and analysis of Christian and Islamic scripture to delve deeper into themes such as gender, power, violence, equality, kindness and justice. Unlike other faith-based GBV teaching tools and methodologies, this program is centered on engaging Christian and Muslim leaders in the same room, at the same time and with the same tools. Therefore, pastors and imams are reading, dissecting and comparing teachings from the Bible and the Quran together, not in silos. This allows for insight into the many similarities between the two religions' teachings, especially as they relate to gender roles and empowering women and girls. Initially, the process can be intimidating, but it is always respectful and worthwhile, as the faith leaders know that GBV transcends religious divisions, but also unites religious doctrine and practice. Interfaith collaboration and enduring relationships is one of the outcomes of this project.

9.4 Sustainability

9.4.1 Sustainability of results

How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?

Continuity of networks: The success of the program has been the opportunity to define and test innovative training methodologies and community mobilisation strategies with diverse target groups, such as interfaith coalitions, project stakeholders, and beneficiaries. The program invested in strong collaborations with national faith leaders, facilitated by the participatory approach to developing the faith leaders GBV toolkit, who now claim ownership of the program and participate in leading trainings, awareness events and M&E at the county level.

> *It was us [faith leaders] who developed the GBV toolkit over a long period of time. We studied the scripture, discussed and argued about passages we took from the Quran and the Bible*

and tested the toolkit and kept on improving it. It is ours. It would have been very different, if someone from outside came and wrote the toolkit for us and we were expected to use it. **[FGD with Technical Working Group]**

Part of project's focus was laying the foundation for the continuity of the work within these faith structures, with the support of ECL-RD. In November 2017, there was a meeting to define the strategy and future role of the interfaith TWG and the wider IRCL in continuing this work on the ecumenical and interfaith front. In February 2018, the program strategies were introduced at the ECL's Diocesan Convention, the bi-annual meeting that establishes policy and strategies for the national church. The stakeholder networks and meetings that have been established are expected to continue after the project's end. For example, the two CLFLC will continue meeting monthly and continue advising the 30 School GBV Committees, which also are expected to continue operating. National and county GBV Task Force meetings will continue to take place monthly, and it is expected that faith leader and youth coalition representatives will continue to participate. It is also the project's expectation that local faith leaders and networks, and other community leaders (via the Task Force) will continue advising and supporting young people whom they have taken on as their responsibility over the past three years.

Continuity of referral networks: service providers were identified and a network was created. They are expected to continue working together via referrals. Referral networks are shaped through participation in the County Legal GBV Task Forces. The representatives of the program attending these meetings include the ECL-RD County GBV officer, and members of the faith leader coalition. Relationships with police, and other public services are established which strengthen the limited services available. To fill a gap, ECL-RD established a safe place within their respective office compounds in each county. Clients are accompanied to services. The biggest challenge is the logistics of getting to services from remote areas with limited transport. For the next few years, the Episcopal Relief & Development and ECL-RD GBV program will be focusing on how to sustain the existing safe houses. The MoGCSP will continue to provide policy guidance and coordination support through its County and National GBV Task Forces at the county level to provide sector support under the pillars of health, psychosocial, and legal protection and coordination.

The officers from the county Women's and Children's Protection Division of the Liberian National Police and the local Ministry of Gender officers house and care for particular vulnerable cases as they arise, but oftentimes with their own funds. A constant, local presence that can receive survivors for short to medium term stays is greatly needed and appreciated, especially in Rivercess, where access to government support or NGOs via Monrovia is sometimes impossible.

Financial sustainability: The TWG is transitioning from an advisory group to a more formally established body who has already begun expanding the project to new counties. Five are more actively and regularly engaged, participating in county-level trainings, monitoring visits, and most recently pursuing and successfully seeking funding from UNMIL Gender Affairs Quick Impact Fund. They have received two grants of $27,000 to conduct faith leader trainings in the following counties: Margibi, Bomi, Bong and Bassa. As a result of the UNMIL work, four new Faith Leader Coalition have been established in the abovementioned counties, replicating the models developed in Cape Mount and Rivercess over the course of this project, making a new total of six Faith Leader Coalitions. In addition to this, the TWG also secured fund from the local UN Women Office for a project on Electoral Violence. These examples show that the TWG is seen as reputable body with technical expertise which is able to secure funds and gives hopes that they will be able to do so for future GBV projects of similar nature.

Strengthened women's empowerment: The established women's savings groups are expected to continue operating beyond the life of the project. These groups provide women with several means by which to address GBV (identified in FGDs for the 2017 midterm evaluation). Firstly, it allows

women to be income earners conferring onto them a voice or bargaining position to negotiate less violence and improves their status within the household. Secondly, it provides a support network for women in the group in which they can advocate for each other when any one of them is experiencing violence. The strong bonds and benefits of participation that women in the savings groups expressed in the midterm evaluation indicate that they will continue their groups well after the end of the project. Thirdly, the integration of GBV awareness raising activities during group meetings has contributed to a continuous process of knowledge generation among its members and has also resulted in spurring pro-activeness as the community groups carry out GBV awareness-raising activities at several schools and home visits.

School's based CoC: The CFLC and County Faith-based Youth Coalitions are involved with the school-based CoC awareness activities in various ways. Many of the school GBV Committees include members from the CFLC and youth coalition leaders who partner with students on CoC awareness activities in and outside of school, such as doing radio shows together. The faith and youth leaders have proven to be important mentors whom students look up to and seek out for advice on specific GBV cases. These connections will help ensure the CoC awareness and enforcement efforts are sustained beyond the project.

Additional Questions:

9.4.2   Personal change experiences among participating groups

How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans?

All project stakeholders from national to municipal level that participated in the evaluation expressed their commitment to continue with raising awareness of GBV-related prevention practices and adopting those behaviours themselves. The key driving force for the stakeholders´ position is directly connected to the positive changes in behaviour and practice at faith-leader, school and particularly at congregant/community level.

> *We will continue talking to our people until no violence will be in our communities. We should not go back and start beating our children and women in our community. **[FGD with Youth Faith Leaders]***

Capacity building activities for both faith-leader coalitions at county level equipped faith leaders with the necessary knowledge and skills to continue with additional training of faith leaders. Faith leaders of both denominations already identified various platforms they intend to use on a regular (e.g. quarterly) basis to carry out more training activities and include more faith leaders to expand the project´s outreach. Platforms such as district conferences, clergy and youths' retreats, interfaith conferences and other formal convocations provide opportunities to sustain project activities and further the project's existing achievements. In addition, Muslim faith leaders who participated in the ToT workshop have already scaled up their activities to other counties and so have enhanced the project´s outreach of other trained Imams in facilitation skills and the use of the faith leaders GBV toolkit.

> *As Sheiks, we are not limited to one mosque in Liberia. We are not limited to Cape Mount and Rivercess. We are trainers of trainers in the Imam cycle. **[FGD with TWG]***

All 30 schools involved in the project institutionalised GBV committees (comprising teachers, parents and students) and were provided with and oriented on the School CoC for teachers and students.

Student leaders were equipped with facilitation skills and developed their own action plans to carry out classroom-to-classroom awareness raising activities, to conduct drama plays at school gatherings, and designated a confidential focal person for cases of misconduct. While targeting young persons in programs to affect a long-term change of mindsets towards GBV-related issues is a sustainability strategy in itself, it was found that lower grades at schools were not targeted during activities carried out by student leaders, thus posing a risk to long-term behaviour change at schools. While positive changes were recorded, the intervention requires a sustainability strategy for the GBV committee to ensure skills and knowledge are not diminished when current student leaders graduate from schools. e.g. identification and training of volunteer students of lower grades to replace graduating student leaders.

Another group of youth leaders in Grand Cape Mount (but not in the project district) that has increased publicly speaking out against VAWG are the drama groups. It was found during the FGDs that drama groups developed their own sustainability and scale-up strategies in the surrounding communities of their residence. Members of the drama group took their own initiative to train more community members in drama play and facilitation skills to cope with the burden of travelling between communities where they carry out their plays. They also develop new story lines from actual events and incidents in the community.

> *For us in Tewor, we recruit and train others to join us in the fight [against GBV]." "I have trained about two persons each from ten towns to help me continue with the drama plays.* **[FGD with drama groups]**

Members of the drama group show strong signs of independence, mobilisation and planning skills and ownership in their actions to raise awareness on VAWG. Their recruiting and training approach raises hopes that this outreach and awareness raising activity will continue beyond the project´s lifespan.

9.4.3   Long-term strategies of the Faith Leadership

What are the long-term strategies of the Faith Leadership – the Interfaith Religious Council of Liberia's Technical Working Group's long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term? What will be the role of the TWG in taking the faith leadership forward?

Members of TWG are keen to scale-up the GBV project to other counties and districts in Liberia. The TWG intends to utilise existing faith-based platforms and events to expand its activities through strengthening the partnerships between the Liberia Council of Churches, National Muslim Council of Liberia and Full Gospel Ministries to replicate project activities nationwide. While using already existing platforms the TWG sees the need to decentralise the IRCL at national level in order to establish interfaith structures and platforms at county level which the TWG has already done in Grand Bassa County. According to the TWG decentralisation would contribute to improved project management at county level, and would also be a more efficient approach to project implementation.

The TWG is currently negotiating with the members of the IRCL to have a more formal role within the IRCL, with the potential of being housed within the Episcopal Diocese of Liberia. It is anticipated that managing and expanding the faith leader movement to prevent and respond to VAWG will be shifted from ECL-RD to the TWG in 2018, with organisational development support from Episcopal Relief & Development.

9.4.4   Initiatives taken by the TWG/ICRL

What other initiatives have been taken by the TWG/ICRL (e.g. collaboration with UNMIL)

The TWG has recently included two representatives from each of the faith coalitions in their planning discussions and are planning to replicate the faith coalition model by establishing and equipping faith leader training in two other counties in 2018. Modest financial support for this work has been identified by Episcopal Relief & Development. Episcopal Relief & Development and ECL-RD will continue to work with the TWG to support and encourage their efforts, including the development of two new resources to supplement and expand the current the toolkit. The two topics are trauma recovery and resilience and healthy family relationships.

In addition, four TWG members were invited to team up with UN Women in Liberia to create awareness as part of Women's Access to Justice in five counties (Montserrado, Margibi, Gbarpolu, Bong, and Bassa). One such community dialogue on Women Access to Justice was conducted in the 15th Gate community, Todee and Bensonville townships, an area in Montserrado County severely affected by gender-based violence.

In addition, there are plans to share and replicate the program's intervention and prevention skills with other West African countries. This is possible due to the regular conventions of religious bodies, council meetings, and access to faith leaders.

9.5 Impact

9.5.1 Unintended consequences (positive and negative)

What are the unintended consequences (positive and negative) that resulted from the project?

Unintended positive consequences include a significant improvement in collaboration between Muslim and Christian faith leaders at the county and the district level, and an increased level of pro-activeness against GBV among various community-based stakeholders. This evaluation was unable to uncover an unintended negative consequence

Improved collaboration between Muslim and Christian Faith leaders at county and district level: Muslim and Christian faith leaders at national level in Liberia were known to collaborate with political leaders during Liberia´s first civil war in the 1990s in order to spur the country´s reconciliation process. However, according to the CFLC this was not the case at county and district levels until the implementation of the GBV project.

> *Before the GBV project, it was unconceivable to see Muslim and Christian faith leaders work together on the same issue, because we all thought that our belief systems were totally different in its values. You would have never seen a Muslim and Christian faith leader sit at the same table and discuss a topic like GBV and then agree that both religions share a common view on it. This has totally changed. The GBV project has brought us together and we are now working together, not only on GBV, but on other issues as brothers and sisters. [FGD with faith leaders]*

Faith leaders testified that the key driving force to change their attitude towards their Muslim/Christian counterparts was the experiential learning approach using methods such as the power walk. This resulted in faith leaders of both congregations mutually benefiting as they learnt to use versus from both the Quran and the Bible when raising awareness about GBV and provide counselling services to perpetrators and survivors of VAWG.

> *Muslims were asked to provide some Islamic verses and we from the Christian side provided Bible verses. From that day, I started to understand that I can use versus from the Bible and also from the Quran to preach in my congregation because there are a few Muslim children and adults who converted to Christianity.* **[FGD with faith leaders]**

9.5.2 Significant change of project at faith leader and congregant levels

What do you think is the most significant change of the project? At the faith leader level? And at the congregant level?

The intervention appears to have created an enabling environment which, with continued efforts, is likely to yield long term and sustainable reductions in VAWG.

The most significant change at the faith leader level is the extent to which they (faith leaders, youth faith leaders and student leaders) are speaking out against VAWG and supporting survivors of violence. There have been several significant changes to note at the "congregant" level. Firstly, is the increased awareness that VAWG is a violation of women's and girls' rights and that women and girls have rights to a life free from violence. This change is reflected in the shift towards more equitable gender attitudes including the non-acceptability of VAWG. The second notable change has been the perceived decline in VAWG in the community and notable decrease in exposure to some forms of violence.

Changes at faith leader level

Community leaders speaking out against VAWG: There was an increase in proportion of faith leaders speaking out against VAWG. At baseline slightly over one-third of Muslim and Christian faith leaders self-reported that they spoke out against violence (in Cape Mount). By endline, the proportion speaking out was almost 100% in both Rivercess and Cape Mount Counties. A similarly high proportion at endline was also reported among youth faith leaders and student leaders. This self report is corroborated from the survey findings among men and women. At endline almost all men and women who were surveyed in Rivercess had heard a faith leader speak out against VAWG and the majority had done so in Cape Mount.

There was also a change in the extent to which faith leaders supported survivors of violence. By endline, three-quarters or more of all the leaders interviewed said that they had provided support to women and girls who had experienced violence in the previous 12 months. This was, to some extent, substantiated by the FGD with women and adolescent girls as one woman replied when asked what actions people take after disputes between husbands and wives:

> *The man and woman go to the Imam and town chief for a conversation on the problem.* **[Adult woman, Cape Mount]**

Faith leaders and congregants alike stated during FGDs that the general perception of how a GBV cases should be handled has changed significantly. Prior to the project most GBV cases were considered a "domestic affair" and expected to be addressed only at household level. The guiding principle for GBV cases was to keep it behind closed doors. Through the GBV training and the experiential learning cycle, faith leaders learnt that this compromise is a barrier to justice for survivors of violence.

> *When there was an act of violence, we [faith leaders] would intervene by comforting the victim, but wouldn't allow the victim to seek justice. We would say 'Forget about it!'. Today, we make sure to counsel the victim, but also allow the justice system to play its role and help victims to go to the police.* **[FGD TWG]**

> *Faith leaders used to compromise GBV cases before this project. The only thing they would do was to ban the man from church for some time, but never dealt with the problem adequately. Other faith leaders would only provide counselling at the family home without suggesting to go to the police, but to cover up the case and keep it as a family dispute.* **[FGD female, Cape Mount]**

The actions taken by faith (including youth) and student leaders have led to positive changes within the community. There was a notable increase in the proportion of adult men and women who believed that faith leaders were actively working to end VAWG in their communities. For example, at baseline, less than one-half of adult men and women agreed with the statement in Rivercess. By endline 90% agreed with the statement. There was also a notable increase in adult men and women in Cape Mount agreeing that faith leaders were actively trying to end VAWG—although a slightly less dramatic change than that found in Rivercess. However, in both counties there was dramatic increase in the proportion of men and women reporting that the actions faith leaders were taking was resulting in changes within their communities (baseline: 26.7%; endline: 74.1%). Moreover, there is a change in the proportion of women and girls who seek help from faith leaders. By endline, all women and adolescent women who had experienced physical or sexual partner violence sought help from a faith leader.

Changes at the congregant level

At the congregant level changes were observed in awareness of GBV as a violation of women's and girl's rights, a shift towards more gender equitable attitudes, and a perceived decline in VAWG.

Increased awareness of women's rights: In general, there has been a change in community members' awareness (both men and women about VAWG and the extent to which it is a violation of rights. As one participant said in the FGD:

> *Before men use to beat women for simple reason like burning food but now he cannot try it because women are aware now of their rights and he now thinks twice before taking a violent action **[Adolescent girl, Cape Mount]***

Female congregants testified during the FGD that before the program they were not aware of having the same rights as men, but that they had to follow what the head of the house instructs. If instructions were not followed and result in a dispute, men would have used violence for transgressions perceived as counter to good wife behaviour. The violence would usually remain a marital issue and the traditional society would ensure to keep it that way.

> *In the past when my husband beat me and the elders would learn about it they would come to our home and hold my nose and ask whether I am still breathing or not. If I would breathe, they would lash at me without any investigation, but say I was beaten because I acted rude towards my husband. But now, we can report our cases. **[Adult woman, Cape Mount]***

However, women´s rights awareness and improved enforcement of the GBV legislation through the police, allows women to seek and get justice

> *When a husband beats his wife today, we take him to the police. They don't compromise. **[Adult woman, Cape Mount]***

> *It´s because the GBV laws are strong and women got educated on GBV issues today. **[Adult woman, Cape Mount]***

It was perceived by female congregants that their improved justice seeking behaviour could also be explained by an improved responsiveness and seriousness of the local police. It was mentioned that prior to the project police would often expect a favour (monetary or materialistic) to be given to them in order to follow up on GBV cases. If women found themselves unable to do so, cases were not investigated.

> *It's because of the [enforcement] of GBV laws that things are the way they are. People know that when you violate the laws are rigid. Even if an elderly man marries a young girl in secret and people get to know, they report him secretly to the police. So, people are afraid. **[Adult woman, Cape Mount]***

> *Two years ago, rape cases were very high here [in Cape Mount]. Today, thanks to GBV education and awareness raising, you don't hear much about rape cases anymore. People are reporting these cases to the police. **[Adult woman, Cape Mount]***

Perceived decline in cases of VAWG: Among women and adolescent girls, the most significant change was the reduction in VAWG. From the survey data, there was a documented decrease between baseline and endline in the proportion of adult women reporting that they had experienced physical or sexual partner violence in the past year and non-partner sexual violence in the past year.

This reduction was particularly noteworthy in Cape Mount where alarming rates of violence were reported by women at baseline—almost 39.6% of women had reported physical or sexual partner violence and over one in four women had reported non-partner sexual violence. At endline, these figures were 4.4% and 2.8% respectively.

> *Before, a man used to beat on his wife without nothing coming out of the case. But now, since the GBV program was introduced on violence telling the man not to beat his wife, this is not happening again. Freedom of speech has changed everything. Woman can now express their feelings* **[Adult woman, Cape Mount]**

There was also a perceived decline in schools based violence since the introduction of the CoC, with FGD data documenting that sex for grades had reduced and there was less physical punishment aimed towards students.

> *Sometimes it was encouraging teachers to love to students for grades but since the Code of Conduct came, things have change because of awareness.* **[Female student, Cape Mount]**

Periodic surveys are recommended to measure trends in the incidence of IPV in settings where transitions in gender systems are under way.

9.6   Knowledge Generation

9.6.1   Lessons learned on ending VAWG

What are the key lessons learned that can be shared with other practitioners on ending VAWG?

The key lessons learned from this evaluation have been: 1) the extent to which the faith leader intervention opened dialogue between community members on VAWG particularly in disconnected and hard to reach communities; and 2) despite faith leaders speaking out against VAWG, community members

Training faith leaders and youth could create openness in communities: Of almost 1,000 congregational members[23] interviewed, the majority, 62% learned of support of services for survivors of violence from faith leaders (49.1% from family, 48.5% from radio, 47.0% from friends, 25.2% from church meetings, and 5.2% from other). This finding reveals a potential theory from interviewing those in the comparison group. Most of those who were interviewed in Montserrado County (1,006 people) learned of support services from the radio (55.1%) and faith leaders, family and friends following around the 20% range. This could be due to several factors and it is possible that from the intervention the topic of VAWG is more open in the intervention communities, but not in the comparison communities where the faith leaders and youth had not been trained and advocacy activities did not exist. In the intervention communities more than twice as many congregational members learned about support services from family members, friends, and church meetings than in the comparison group. Identifying the problem and talking openly about the issue of violence in communities has been proven to help address and reduce the issue of VAWG. Thus, the approach of training faith leaders and allowing faith leaders to speak openly about support services for survivors and issues of VAWG, as well as community members learning about solutions and support services for violence may help to reduce the problem.

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[23]980 people total interviewed in Rivercess and Cape Mount.

Where communities identify as the key support areas in their communities: The majority of congregational members who know of available support services for women and girls who experience violence identify the police (82%), hospital/health center (57.0%), and social services (24.2%) as key providers. From the data in both intervention and comparison groups, there can be activities to raise awareness of support services provided by local leaders, faith-based leaders, legal advice center, shelter, schools, or other. Or it is possible that members do not feel comfortable going to the latter places to address or support them / their communities with such sensitive issues.

9.6.2   Promising practices

Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

Using process of self-reflection and discovery to understand and take action against GBV: The Faith Leader GBV Toolkit uses a gradual and thorough process of self-examination and discovery to dig deep into issues of gender, power, violence, empathy and justice. This personal perspective on/association with the themes of the toolkit and the overall goals of the GBV program is what is needed to effectively deconstruct and challenge deep-seated beliefs that perpetuate inequality and violence. This approach is different than most other GBV-related training materials available. The program uses the ELM as a way to facilitate and deepen the knowledge and behaviour change process of faith leaders and to teach them facilitation skills for educating and engaging their peers and wider community. The experiential learning cycle is the foundation of the Faith Leader Toolkit. It is a participatory and cyclical process of concrete experience, reflection, analysis and action or "Do, Look, Think and Plan". The methodology uses various inputs to provide an experience, which is specifically designed to solicit the self-identification, reflection and analysis of a topic clearly aligned with learning objectives. The process relies on learnings coming from the participants, drawing on their own experience, observations and reactions. Within the domain of ending GBV, this individualized learning is essential to concepts of internalized attitudes and behaviour change. As one participant described, it feels less like "being taught" and more like "teaching ourselves".

Importance of multi-sector collaboration: ECL-RD, CLFLC and youth representatives attended the MOGCSP monthly GBV Task Force meetings at the county and national levels. These meetings served as a bridge between community needs and concerns and national policies and stakeholders. For example, in one meeting program staff raised the issue that the MoE had never discussed or provided guidance to schools on the CoC. This report garnered MoE commitment to do so. Networks across sectors and levels allows civil society including faith institutions to work in collaboration with government partners, understand policies and hold government accountable when needed.

Local presence and impact: A constant, local presence has proven indispensable to the program's impact in the target areas. ECL-RD's two GBV Field Officers are based in the two county's city centers. Staff in the field offices come from these regions and are knowledgeable about local leaders, social organizations, and development/GBV challenges. The field officers meet regularly with program stakeholders, such as faith leaders, youth, students, school officials, community and government leaders. The field officers also provide direct support to individuals and families affected by GBV.

9.6.3   Learnings from a 'faith based model'

What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

Engage national faith leaders at the institutional level: The program quickly learned in its first year that to fully engage community faith leaders at the district and community level, national faith leaders need to fully buy-in and actively engage in the project. To this end, ECL-RD established the GBV TWG with members from the IRCL to provide guidance on the use of scripture in the toolkit, and to serve as trainers. Involving senior faith leaders motivates local faith leaders to try challenging new behaviours in difficult cultural contexts. It also reinforces accountability and is an investment in potential scale up.

Integrating scripture to project context is challenging: The project learned at the start that asking trainees to read and understand religious scripture in new ways or starting to use less familiar scripture can be challenging. Shifting the overall interpretation of scripture that has for years been used to condone domestic abuse, reinforce concepts of male superiority, and reinforce ideas of women's servitude rather than mutual service would be a long process. For that reason, the engagement of national leaders in dialogue about incorporating GBV awareness into theological education and training should be seen as a long-term process.

Importance of building interventions into strong institutional structures: Through its experience implementing GBV programs in Liberia and other countries Episcopal Relief & Development believes GBV programs are strongest and more sustainable when integrated into the overall work and structure of the church or religious institution, rather than being implemented as a separate project.

Using an integrated, interfaith response to GBV: The program's comprehensive training methodology and tools (Faith Leader GBV Toolkit) are designed from an interfaith perspective. For example, the toolkit includes references to and analysis of Christian and Islamic scripture to delve deeper into themes such as gender, power, violence, equality, kindness and justice. Unlike other faith-based GBV teaching tools and methodologies, this program is centered on engaging Christian and Muslim leaders in the same room, at the same time and with the same tools. Therefore pastors and imams are reading, dissecting and comparing teachings from the Bible and the Quran together. This allows for insight into the many similarities between the two religions' teachings, especially as they relate to gender roles and empowering women and girls. The process can be intimidating and uncomfortable at times, but it is always respectful and worthwhile, as the faith leaders know that GBV transcends religious divisions, but also unites religious doctrine and practice.

10 Conclusions

Overall: While this evaluation and conclusion draws heavily on survey and qualitative data collected at baseline and endline, the findings do need to be interpreted acknowledging the limitations of the study. The sample size at baseline is likely too low for prevalence of partner violence and non-partner sexual violence to be estimated with a degree of precision, or for any statistical significance differences between baseline and endline to be detected. Further, there are limitations associated with the endline qualitative study. Due to logistical reasons, fewer FGD than anticipated could be conducted and in only one county; and no FGD were conducted with men congregants to gather their perspective.

Despite these limitations, this final evaluation concludes that the GBV program, through its engagement with a range of stakeholders and participatory approach in developing the faith-based leaders' toolkit, delivered against its key goals and outcomes. In both intervention counties more community members have participated in faith-based events that addressed VAWG; more community members are aware of services for survivors of violence and how to access them; there was a shift among members towards more gender equitable attitudes; and there is a reduction in the rates of different forms of VAWG. The findings also suggest that there is no room for complacency and GBV prevention efforts must continue.

Effectiveness: The project commenced by training 24 Muslim and Christian faith-leaders and members of the TWG in using the GBV toolkit and to build capacity among other faith-leaders in using and applying the toolkit. The project further trained youth leaders (approximately 50 in each county) in religious organisations, schools and drama groups in speaking out against VAWG to their peers. The participatory approach used to develop the materials is reflected in its uptake in that the vast majority of all trained faith-leaders (including youth and schools-based leaders) reported utilising the toolkits (GBV toolkit; schools CoC; and FAMA cards) and frequently in their discussions with community members on GBV issues. Much of this success is attributable to the rigorous and participatory tools development phase that involved stakeholders and community members.

The project's achievements are demonstrated at the community level. In the intervention counties, more people reported their participation in faith-based events; more community members were aware of multi-sector support services (including support from faith leaders themselves) for women and girls who had experienced violence; there is a change towards more gender equitable attitudes; and there is evidence of a reduction in different forms of VAWG—partner violence; non-partner sexual violence; sexual coercion of school girls and child/ early marriage.

As noted, however, more work needs to be done and particularly in the following areas: raising the profile of faith leaders as a source of support for women and girls who have experienced violence, and in the continuing the change in attitudes towards more equitable gender beliefs.

While an increase in the proportion of community members identified faith leaders as a support network for women and girls who have experienced violence is notable, the vast majority of community members still do not see them as sources of support. The theory may hold true that community members do not feel 100% comfortable going to their faith-based leaders (only 22% reported to see them as a support system). Moreover, if at endline, only 74.1% of congregational members believe that faith leaders in their communities are actively working to stop VAWG, there is

much improvement to do. However, it has almost tripled in just a three-year timeframe, so much progress has been made.

The shift towards more gender equitable attitudes, although encouraging, was not universal across all the attitudinal domains. Moreover, differences were observed between males and females and between the two intervention counties in the extent to which attitudinal changes occurred. For example, when considering the question *"A man should have the final word about decisions in the home"* in both Cape Mount and Rivercess Counties, there were similarly (high) proportions of males and females agreeing with this statement. In Cape Mount, however, there was a reduction of 47 percentage points (at endline) among females agreeing with this statement but no change in the proportion of males agreeing with the statement (at endline). In Rivercess, although there was virtually no difference from baseline to endline among males agreeing with this statement (consistent with the finding in Cape Mount), the difference among females was more muted (compared with Cape Mount). This highlights the challenges of addressing deep rooted traditional norms and that further research is merited in terms of why some settings and some community sub-populations are more amenable to change than others.

Relevance: The program's relevance in the prevention of GBV is rooted in its dual focus on seeking to change gender inequitable attitudes, norms, and behaviours pervasive in traditional societies that perpetuate women's risk of violence; and to provide support to women who have experienced violence, either directly through the program, or through referrals to multi-sector services. Moreover, the project's strategy is in line with Liberia's GBV national action plan that focuses on prevention and multi-sector service provision.

This evaluation has documented the programs achievements in addressing VAWG through the engagement of faith leaders to speak out against VAWG. In addition, there was generally an observed reduction in the forms of violence evaluated in the two intervention counties. The findings from the endline survey identified higher rates of partner violence and non-partner sexual violence in Montserrado County. It further found indicator levels in Montserrado County at endline to be more comparable to baseline levels in the Rivercess and Cape Mount Counties. Thus, suggesting a potential benefit to implementing the intervention in other counties. For these reasons, the intervention continues to be relevant and necessary in women's and girls' lives.

More work, however, needs to be done for the momentum to continue. Theoretical models of factors associated with domestic violence against women highlight the role of gender inequitable attitudes.[24] While, in this study, changes in attitudes among community members generally moved in a more gender equitable direction, some attitudes were harder to change highlighting, firstly, the great challenge in changing deep rooted traditional attitudes, and secondly, changing attitudes and norms requires multiple engagements with stakeholders over a period of time. That the extent of attitudinal changes differed between the two intervention counties also suggest the benefit for greater research to understand the process of changing deep rooted attitudes and in different settings/contexts.

Efficiency: The project delivered its activities at cost of approximately $40 per beneficiary. These costs include those for start-up activities including the extensive investment in developing the GBV faith leaders toolkit. Data from this study does not enable a cost-effectiveness analyses where detailed data on the number of cases of VAWG averted would have been required. Nevertheless,

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[24] Heise L (2011) What works to prevent partner violence? An evidence overview, UK Department for International Development

future scale up of the programme is likely to achieve greater cost efficiency as much of the start-up activities (development of tools) does not need to be replicated.

Despite implementation challenges, namely the onset of the Ebola crisis and the greater than anticipated amount of time to finalise the GBV toolkit, the project managed to implement and achieve all its program activities within the timeframe. The extended amount of time taken to develop the toolkit, highlights that the time, effort, and resources required in developing a multi-stakeholder participatory intervention should never be underestimated. The decision in this study to invest in this process yielded fruits, as the vast majority of faith-leaders who had been trained on using the GBV toolkit reported that they refer to the toolkit and frequently when speaking out against VAWG.

A notable achievement of this project is that it managed to reach more than four times the number of beneficiaries targeted at the project inception phase. The target number (3,891 districts population in the two intervention counties) was based on the 2008 population census and is acknowledged to be lower than the combined districts population in 2014. Nevertheless, the more than four-fold increase to 16,873 is impressive.

The project also delivered under budget primarily because of the Ebola crisis which led to a cessation of implementation activities over the crisis' duration. This does mean that given the increase in the number of beneficiaries (from inception phase target to endline evaluation) the cost per beneficiary is considerably lower than would previously have been estimated. Data from this study does not enable a cost-effectiveness analyses where detailed data on the number of cases of VAWG averted would have been required. Nevertheless, future scale up of the programme is likely to achieve greater cost efficiency.

Sustainability: The sustainability of the program is demonstrated by the commitment of leaders (faith leaders, youth faith leader, and the schools' committees) to continue their VAWG prevention efforts within faith-based events, schools, and the community more generally. The foundations of this sustainability is rooted in the effective capacity building element of the program, including the formulation of the TWG, which facilitated strong and meaningful partnerships among interfaith coalitions, stakeholders and project beneficiaries who now claim ownership of the program. Planned and regular meetings have been scheduled among county-level faith leaders coalitions and schools-based GBV committees to develop and define their GBV prevention strategy and to expand and scale-up the program into other counties.

The strong capacity building element of the project is further demonstrated by the TWG's success in securing financial resources to continue with GBV prevention. In addition, the TWG is seeking to formalise its role, within the IRCL, with continued support from Episcopal Relief & Development, conferring greater responsibility to manage and expand VAWG prevention efforts within the country.

The participatory development of a faith-based GBV toolkit effectively changed faith leaders' traditional gender beliefs and practices encouraging them to speak out against VAWG and beyond the intervention areas and using new and innovative platforms. These efforts, in turn have affected beliefs and attitudes and raised awareness of women's rights at the community level. The innovative training program developed the knowledge and skills of stakeholders and has equipped faith-leaders to continue to train other faith leaders including outside of the intervention counties.

Impact: While many programs engage faith leaders as instruments of communication, passing on predetermined messages, this program worked through personal awareness and change. There

were no key messages, rather themes in the learning process. This experiential learning approach is considered to be the key to successfully bringing together both Christian and Muslim faith leaders, encouraging religious teachings from each others' faiths to be shared and facilitating mutual respect.

The findings from this evaluation strongly suggest that some forms of VAWG have declined in the intervention areas. Women have gained a stronger sense of their rights and both men and women have greater awareness of support services available to survivors of violence. Among the factors that have greatly facilitated this perceived decline is the raised work by faith leaders in speaking out against VAWG and by providing counselling and other support services. This has led many community members to believe that faith leader messaging and community engagement is resulting in change.

Knowledge Generation: This project has generated new knowledge in the form of the faith leaders GBV toolkit that was developed as part of the program. Episcopal Relief & Development staff highlight that this toolkit differs from many other GBV training materials in its use of a cyclical experiential learning methodology. This process is said to facilitate deep reflections among individuals on their beliefs and knowledge about social issues including GBV. The faith leader GBV toolkit has been universally accepted among stakeholders and participants and therefore, provides the foundation for scale-up and replication of the intervention both within Liberia and beyond.

One of the key lessons from the intervention and the evaluation is that to work with faith leaders as primary mediators in affecting change within communities requires commitment and a concerted effort from all project stakeholders. To affect such change and to ensure sustainability, this study identified the necessity for 1) a participatory approach to developing the toolkit that resulted in national ownership of the intervention; 2) to ensure multi-sector collaborations; and 3) to integrate interventions into strong institutional structures.

11 Recommendations

Overall: Project stakeholders should embark on or continue to advocate appropriate ministries to further address VAWG in Liberia. For example, to advocate for an update national action plan that explicitly specifies prevention interventions as a key pillar to end VAWG.

Effectiveness: The GBV faith leader program's effectiveness is rooted in the strong and meaningful partnership that was developed. Continued support should be provided to the TWG to continue the collaborative efforts among the different stakeholders. However, some faith leaders at district level have not received the entire training on the GBV toolkit and it is thus of importance that all faith leaders are empowered with technical skills and knowledge to carry out their GBV awareness raising activities effectively.

An area that did not demonstrate such pronounced success was the introduction of the school's Code of Conduct. Key stakeholder should engage the Ministry of Education to address the challenges encountered in implementing the CoC.

Community members are now aware of women's rights to live a life free from violence, and for those who have experienced violence, to be able to access the appropriate support services. These rights need to be enforced and women and girls who experience violence should have access to services that meet standards. Therefore, project stakeholders should engage with appropriate government ministries to advocate for the enforcement of women's rights; and that a multi-sector response services meeting sector standards are implemented.

This evaluation also highlights the need for greater research into attitudes and gender norms; measuring prevalence of different forms of VAWG using international best practice methodologies in researching VAWG; and understanding the risk factors associated with the different forms of VAWG. These areas of research are essential for informing future GBV programming and to monitor rates of VAWG overtime.

Relevance: The evaluation points to important successes in the two intervention counties in creating an environment for reductions in VAWG to be achieved. The positive findings of the GBV project in Liberia provide an opportunity to lobby for further support from national and international stakeholders and partners to explore opportunities of scaling up in Liberia, but also to replicate this intervention in other countries.

Efficiency: This evaluation found that the development of the toolkit (including testing and revision) took much longer than anticipated which has resulted in some faith-leaders not having received the entire toolkit training. Any future GBV programming requiring development of toolkits need to take into account the lengthy toolkit development process and ensure adequate amount of time is allocated to this activity. A greater understanding of the cost drivers of the intervention is recommended in order to inform resource requirements for possible scale-up and expansion.

Sustainability: Testimonies from stakeholders suggests their commitment to continuing the work on GBV prevention. To ensure this commitment does not lose momentum, project stakeholders, in

particular Episcopal Relief & Development, should continue to support and capacity build the TWG in fund raising efforts and to encourage the regular and planned dialogue among the various stakeholders.

An area where the project faced challenges in implementation was the school's based Code of Conduct. Project stakeholder should engage with the Ministry of Education and advocate to develop plans on how to generate teacher support for the CoC while ending practices that violate students' rights.

Impact: A success of the intervention has been to bring faith leaders from both Christian and Muslim religions together. Project stakeholders should continue to encourage interfaith coalitions.

Knowledge Generation: One of the key learnings from the projects relates to the effectiveness of the Experiential Learning Methodology (ELM) to change mindsets and behaviours in the domain of GBV through self-reflection and discovery to understand and take actions against GBV. Secondly, the faith-based model using existing faith infrastructures/institutions and closely collaborate with faith leaders has proven to be an effective project model to influence attitudes and gender norms in short-time. Hence, it is recommendable to explore ways to replicate this project approach in other countries/regions.

Evaluation Criteria	Key Recommendations	Suggested Timeline
Overall	*(a)* Identification of national stakeholder support needed to sustain achieved results (short, medium and long-term) and develop support strategy	2018
Effectiveness	*(a)* Ensure all faith leaders receive a comprehensive orientation/training in the faith-based toolkit *(b)* Share findings of the implementation of the Schools´ Code of conduct with the Ministry of Education to ensure effective implementation. *(c)* Continuation of intensive engagement of youths and adolescent males and females in discussions on issues related to masculinity and gender roles. *(d)* Wider dissemination of evaluation findings and engagement of Government ministries/department to advocate for the enforcement of women´s rights *(e)* Conduct more research on attitudes and gender norms; measuring prevalence of different forms of VAWG (particularly important before scaling up)	2018
Relevance	*(a)* Continue multi-sectoral collaboration and intensify dialogue with relevant national and international stakeholders to explore nation-wide scaling up strategies and collaborations.	2018
Efficiency	*(a)* Improve planning on required time for faith-based toolkit development for future interventions *(b)* Assess resource requirements for possible scale-up and expansion	2018
Sustainability	*(a)* Engage in policy discussion with national stakeholders to explore possible policy measure and adequate response mechanisms (e.g. Ministry of Education response to the challenge of volunteer teachers and the implementation of the code of conduct) *(b)* Provide continuous support to the TWG to ensure strengthening and on-going use of faith-based structures and national ownership of similar projects (e.g. capacity building in areas such as fundraising	2018

	and project management)	
Impact	*(a)* Conduct learning and sharing workshops/events to demonstrate achieved results, key factors of success and lessons learnt	2018
Knowledge Generation	*(a)* Explore opportunities how to adopt the faith-based project model and the ELM to other countries/regions	2018 - 2019

12 Appendices

Annex 1: List of Persons and Institutions Interviewed

Name	Organization	Location	Position
Rev. Fr. Charles Boyce	Catholic Church of Liberia	Monrovia	Vicar General Catholic Archdiocese of Liberia
Sheikh Al-Hassan Kamara	National Muslim Council of Liberia	Monrovia	Executive committee member of the National Muslim Council of Liberia
Rev. Mot. Rachel Jarbo	Episcopal Church of Liberia(ECL)	Monrovia	Priest ECL
Rev. Fr. Augustus Z.B. Quoi	Episcopal Church of Liberia(ECL)	Grand Bassa County	Priest-ECL
Rev. Ben. Haggins	Apostolic Church of God	Monrovia	General Overseer
Sheikh Ayouba Jawaraka	National Muslim Council of Liberia	Monrovia	Member – National Muslim Council of Liberia
Imam Momo Kanneh	National Muslim Council of Liberia	Monrovia	Member – National Muslim Council of Liberia Member
Siatta Massaley		Lofa Bridge	Member Mosque Women group
Massi Kiawu		Tienii	Member Mosque Women Group
Ruth K. Korhah		Negbana	Member Mosque Women Group

Annex 2: Final versions of the Terms of Reference (TOR) Documents

Annex 2.1 Scope of Work for GBV Specialist Consultant – Dr. Seema Vyas

Comprehensive Final Evaluation for the GBV Program 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors'

A. Introduction

Episcopal Relief & Development in partnership with the Episcopal Church of Liberia Relief and Development, is currently implementing a three-year program (2015-2017) – 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors' Access to Services'[25]. The Program is specifically addressing 2 forms of violence, and is being implemented in Liberia in 2 counties[26].

The Program has 3 key outcomes:

Outcome 1: Faith leaders (i.e. pastors and imams) from churches and mosques increase their work to speak out against violence against women and girls (VAWG) and to change cultural norms in their communities.

Outcome 2: Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak out against violence against women and girls and provide support to survivors.

Outcome 3: Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services.

The Program has carried out a baseline survey in March 2015 and interim assessment in June 2017. The baseline survey gathered key data and information on existing knowledge, attitude and practice from three key groups of participants/beneficiaries. These are:

- Faith leaders from churches and mosques
- Faith lay leaders and group members
- Congregants/community members in target communities

An interim assessment was carried out as part of a longitudinal survey process (beginning, mid and end-line) that started with the first comprehensive baseline survey. Output and outcome indicators measured at the beginning will be re-visited, assessed and measured through the use of quantitative and qualitative data collection instruments and tools during the final evaluation.

B. Purpose

The purpose of the final evaluation is to gather and analyze relevant data and information on the project outcomes in order to provide a comparative analysis of evidenced changes in behaviors, attitudes and practices, to measure the extent to which the Program goal, objectives, and outcome level indicators have been met. Information gathered with the use of baseline data gathering tools

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[25] See link for more information: http://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women/grantees/2014
[26] Grand Cape Mount and Rivercess Counties—Gawula, Tewor and Gola Konneh districts in Grand Cape Mount, Beawor and Fehn River districts in Rivercess.

will be used to identify and report on the key changes in behavior, attitudes and practices, measure for learning and action.

C. Objectives of the Final Evaluation

The objectives of the final evaluation are as follow:

- Determine the knowledge, attitude, behavior and practices related to sexual gender based violence across various participants—Faith Leaders (Muslim and Christian), congregants (women, men and youth
- To have an in-depth information, data and analysis on congregants (disaggregated by age and gender) views, opinions, perceptions and expectations in how Faith based Institutions and their Faith Leaders, from all faiths (including Christian and Muslim) in particular are taking action against VAWG.
- To provide data and analysis on perceptions and expectations of congregants on faith leaders support in knowledge and information dissemination and counseling when seeking services for women and girl survivors.
- To provide quantitative and qualitative analysis on the above against key Program outcome indicators.
- To provide in-depth analysis of key participating groups (Technical Working Group Members, Faith and Youth Coalition groups and School Groups) on how learning and knowledge acquired through trainings and engagements with communities has led to changes in their perceptions, behavior and practice.
- Assess effectiveness of tools of faith-based toolkit and experiential learning tools (through SBCC and FAMA cards).

D. Key Tasks

The key tasks of the final evaluation are as follow:

#	Type	Timeline	Days Allocated
1	Desk review	Oct-17	2
2	Develop inception report	Oct-17	1
3	Integrate feedback for Inception Report v2	Oct-17	1
4	Finalize Inception Report	Oct-17	1
5	Prep for data collection: develop training agenda, review data collection instruments	Oct-17	2
6	Field deployment: enumerator training, FGDs, data collection	Nov-17	10
7	Data collation and analysis; and submit data in excel	Nov-17	5
8	Develop initial draft report write up	Dec-17	5

9	Integrate feedback and revise Draft Report	Jan-18	2
TOTAL			**29**

E. Scope of Work

The Final Evaluation will be conducted in two counties: Cape Mount and Rivercess. Available data collection tools and instruments will be provided to the Consultants for further review (adaptation/contextualizing) and field pre-testing prior to actual roll out of the data collection process. The data collection tools, methodology, approach, and evaluation questions will be in the Inception Report and Final Report to be developed by the Consultant.

F. Evaluation Findings

#	Evaluation Criteria	Key Evaluation Questions
1	**Effectiveness**	To what extent were the intended project goal, outcomes and outputs achieved and how?
		To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
		To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
		What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
		Additional Questions:
		To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV?
		How do participating leadership groups convey learning and messaging to their wider membership (Faith Leaders, Congregants and Youth Coalition Members)?
		How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School Code of Conduct and others) in training (youth, priests and imams) and in their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?
2	**Relevance**	To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
		To what extent do achieved results (project goal, outcomes and outputs)

		continue to be relevant to the needs of women and girls?
		Additional Questions:
		To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are the key messages and learning relevant to the needs of women and girls
3	**Efficiency**	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
4	**Sustainability**	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
		Additional Questions:
		How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans?
		What are the long-term strategies of the Faith Leadership – the Interfaith Religious Council of Liberia's Technical Working Group's long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term?
5	**Impact**	What are the unintended consequences (positive and negative) resulted from the project?
		Additional Questions:
		What do you think is the most significant change (MSC) of the project? At the faith leader level? And at the congregant level?
6	**Knowledge Generation**	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
		Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
		Additional Questions:
		What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

G. Time Period Covered by the Evaluation and Audience

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

H. Management Arrangement of the Evaluation

#	Name of Group	Role and responsibilities	Actual name of staff responsible
1	**Evaluation Team**	External evaluators/consultants (GBV Sector Specialist, Technical Evaluation Consultant, Data Collection Consultant) to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Managers.	3 External evaluators
2	**Evaluation Task Managers**	Episcopal Relief & Development will provide the strategic direction and oversight in the conduct of this evaluation, particularly in the following areas: Ensure the overall integrity of the evaluation process; approve the terms of reference, management, and reporting arrangements of the evaluation Cooperate with the selected consultant(s) Facilitate contacts with other relevant donor organizations, as appropriate Review the deliverables and provide feedback Facilitate the work of the evaluation and make relevant documentation available to the selected consultants. The Episcopal Relief & Development Senior Program Officer and MEL Manager will manage the entire evaluation process under the overall guidance of the senior management, to: • Lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • Manage the recruitment of the external evaluators • Lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage • Liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration • Provide administrative and substantive technical support to the evaluation team and work closely	AbiySeifu, Senior Program Officer and Christina J. Irene, Monitoring, Evaluation, and Learning (MEL) Manager

#		Description	
3	**Commissioning Organization**	The Episcopal Relief & Development Manager who manages the following: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	Senior Management of Episcopal Relief & Development, Dawn Murdock, Director, Strategic Learning and Program Resources, International Programs
4	**Reference Group**	Includes primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager; and partner: ECL-RD.
5	**Advisory Group**	Includes a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on the draft TOR, Inception Report, and the draft report for quality assurance and provide technical support if needed.	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager

Note: The top of this table continues from the previous page with the text:
"with the evaluation team throughout the evaluation;
• Lead the dissemination of the report and follow-up activities after finalization of the report"

I. Key Duties, Responsibilities, Deliverables, and Timeline of the Consultant

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

The entire assignment and submission should not exceed 15 calendar days. A Final Evaluation Report will be the submitted by the Consultant by January 30, 2018. Below is the timeline aligned with the key deliverables (see Overview and Description of Key Deliverables table below and Annex 3 for Timeline Breakdown of Key Milestones and Deliverables.

J. Overview and Description of Key Deliverables

#	Deliverables	Description of Expected Deliverables	Timeline of each deliverable (date/month/year)
1	**Evaluation Inception Report** **(language of report:**	The Inception Report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.	October 25, 2017

	English)		
		An Inception Report must be prepared by the evaluators before going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures.	
		The Inception Report must include a proposed schedule of tasks, activities, evaluation matrix and deliverables, designating a team member with the lead responsibility for each task or product.	
		The structure must be in line with the suggested structure by Episcopal Relief & Development (see Annex 1).	
2	**Final Evaluation report + final original visuals and data** **(language of report: English)**	Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified by Episcopal Relief & Development. The Final Report must be disseminated widely to the relevant stakeholders and the general public (see Annex 2 for structure).	January 30, 2018

K. Reporting

The Consultant will report on a weekly basis to the Senior Program Officer of Episcopal Relief & Development and Monitoring, Evaluation, and Learning (MEL) Manager with regards to the progress of consulting work. Weekly meetings and calls will be required during the duration of the assignment to understand progress and next steps. A fixed weekly meeting calendar invitation with agreed upon day/time with the Consultants will be provided by the Episcopal Relief & Development team.

L. Payment Schedule

The consultant will be remunerated for the deliverables specified as follows:

40% upon contract signature

60% upon delivery of Final Evaluation Report

M. List of reference documents Evaluation Resources

To be sent to Consultant after signing of contract.

Annex 1: Structure of Inception Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Inception Report is below.

- Background and Context of Project
- Description of Project
- Purpose of Evaluation
- Evaluation Objectives and Scope
- Final version of Evaluation Questions with evaluation criteria
- Description of evaluation team, including the brief description of role and responsibilities of each team member
- Evaluation Design and Methodology
- Description of overall evaluation design *[to also specify the evaluation is designed from: 1) post-test3 only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.]*
- Data sources (accesses to information and to documents)
- Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process)
- Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
- Limitations of the evaluation methodology proposed
- Ethical considerations: a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
- Work plan with the specific timeline and deliverables by evaluation team (up to the submission of finalized report)

Annexes

- Evaluation Matrix [to be provided to Consultants by Episcopal Relief & Development]
- Data collection Instruments (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)
- List of documents consulted so far and those that will be consulted
- List of stakeholders/partners to be consulted (interview, focus group, etc.)
- Draft outline of final report (in accordance with the requirements of UN Trust Fund [to be provided to Consultants by Episcopal Relief & Development]

Annex 2: Structure of Final Evaluation Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Final Evaluation Report is below.

1. Title and cover page

- Name of the project
- Locations of the evaluation conducted (country, region)
- Period of the project covered by the evaluation (month/year – month/year)
- Date of the final evaluation report (month/year)
- Name and organization of the evaluators
- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

2. Table of Contents

3. List of acronyms and abbreviations

4. Executive summary

[A standalone synopsis of the substantive elements of the evaluation report that provides a reader with a clear understanding of what was found and recommended and what has been learnt from the evaluation. It includes]:

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;
- Intended audience;
- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

The project being evaluated needs to be clearly described. Project information includes:

- Project duration, project start date and end date
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- Budget and expenditure of the project

7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed

- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

8. Evaluation objectives and scope

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

9. Evaluation Team

- Brief description of evaluation team
- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

10. Evaluation Questions

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

Annex 3. Timeline Breakdown of Key Milestones and Deliverables

#	Stage of Evaluation	Key Task	Responsible	Deliverable	Timeframe
1	Preparation	1.1 Introductions to team	Evaluation Task Managers	Meetings/calls	October 9, 2017
2	Inception Report Stage	2.1 Briefings of evaluators to orient the evaluators	Evaluation Task Managers	Meetings/calls	October 9, 2017
		2.2 Desk review of key documents (Note: The Evaluation Team will have access to all relevant M&E data, proposals, reports, and other documents prior to drafting the report)	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.3 Finalizing the evaluation design and methodology for Inception Report*	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.4 Preparing Inception Report and submit draft to Episcopal Relief & Development	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 1 Inception Report	By October 15, 2017
		2.5 Review Inception Report and Evaluation Design and provide feedback	Evaluation Task Managers, Episcopal Relief & Development	Comments provided	By October 23

			Team, ECL-RD		
		2.6 Modify Inception Report and submit draft 2	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 2 Inception Report	By October 25, 2017
		2.6 Review final draft 2 for final modifications	Evaluation Task Managers	Comments provided	By October 27, 2017
		2.7 Submit final version of Inception Report to UNTF for review	Evaluation Task Managers	Draft 3 Inception Report	By October 27, 2017
		2.8 Integrate feedback from UNTF into final draft of Inception Report and submit again	Evaluation Team and Evaluation Task Managers	Final draft Inception Report	By November 6, 2017
3	Planning & Logistics	3.1 Develop plan and logistics	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By October 30, 2017
		3.2 Provide any comments on plan and logistics	GBV Specialist Consultant, Evaluation Task Managers	Comments	By November 1, 2017
		3.3 Finalize Plan, Agenda, and workshop materials	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By November 3, 2017
4	Field Mission Deployment	4.1 Planning Meeting with ECL-RD/Interfaith Council and Other Stakeholders	Technical Evaluation Consultant, Data Collection Specialist, and ECL-RD Staff	Meetings	November 13-14, 2017
		4.2 Training of Enumerators and Testing of data collection instruments	Technical Evaluation Consultant and Data Collection Specialist	Workshop	November 15-17, 2017
		4.3 Qualitative & Quantitative Data Collection: Three districts each in Rivercess and Cape Mount	Technical Evaluation Consultant and Data Collection Specialist	Fieldwork	November 20-25, 2017
		4.4 ECL-RD & Local Stakeholders Debrief	Technical Evaluation Consultant and Data Collection Specialist	Debrief	November 27, 2017
5	Synthesis	5.1 Analysis, drafting of	Technical	Analysis	December 1-

		report	Evaluation Specialist		5, 2017
and Reporting Stage					
		5.2 Preparing draft report and submission of Draft Report to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v1	December 6-10, 2017
		5.3 GBV Specialist Consultant comments and sends back to Technical Evaluation Specialist	GBV Specialist Consultant	Comments	December 6-10, 2017
		5.4 Technical Evaluation Specialist integrates comments, revises draft, and re-sends back to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v2	By December 17, 2017
		5.5 GBV Specialist Consultant revises draft and sends to Episcopal Relief & Development and partner team to review	GBV Specialist Consultant	Draft Report v3	December 30, 2017
		5.6 Review of the draft report with key stakeholders for quality assurance	Evaluation Task Managers, Reference Group (ECL-RD), Commissioning Organization	Comments provided	January 20, 2018
		5.7 GBV Specialist Consultant revises draft and sends Draft v4 to Episcopal Relief & Development	GBV Specialist Consultant	Draft Report v4	January 30, 2018
		5.8 Episcopal Relief & Development Team reviews final draft and finalize	Evaluation Task Managers	Final Report	February 15, 2018
		5.9 Submitting final version of Final Report	Evaluation Task Managers	Final Report	February 20, 2018
		5.10 Final review and approval of final report	Advisory Group	Final Report	February 2018

Annex 2.2 Scope of Work for Technical Evaluation Consultant – Matt Zingel

Comprehensive Final Evaluation for the GBV Program 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors'

A. Introduction

 Episcopal Relief & Development in partnership with the Episcopal Church of Liberia Relief and Development, is currently implementing a three-year program (2015-2017) – 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors' Access to Services'[27]. The Program is specifically addressing 2 forms of violence, and is being implemented in Liberia in 2 counties[28].

The Program has 3 key outcomes:

Outcome 1: Faith leaders (i.e. pastors and imams) from churches and mosques increase their work to speak out against violence against women and girls (VAWG) and to change cultural norms in their communities.

Outcome 2: Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak out against violence against women and girls and provide support to survivors.

Outcome 3: Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services.

The Program has carried out a baseline survey in March 2015 and interim assessment in June 2017. The baseline survey gathered key data and information on existing knowledge, attitude and practice from three key groups of participants/beneficiaries. These are:

- Faith leaders from churches and mosques
- Faith lay leaders and group members
- Congregants/community members in target communities

An interim assessment was carried out as part of a longitudinal survey process (beginning, mid and end-line) that started with the first comprehensive baseline survey. Output and outcome indicators measured at the beginning will be re-visited, assessed and measured through the use of quantitative and qualitative data collection instruments and tools during the final evaluation.

B. Purpose

The purpose of the final evaluation is to gather and analyze relevant data and information on the project outcomes in order to provide a comparative analysis of evidenced changes in behaviors, attitudes and practices, to measure the extent to which the Program goal, objectives, and outcome level indicators have been met. Information gathered with the use of baseline data gathering tools will be used to identify and report on the key changes in behavior, attitudes and practices, measure for learning and action.

C. Objectives of the Final Evaluation

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[27] See link for more information: http://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women/grantees/2014
[28] Grand Cape Mount and Rivercess Counties—Gawula, Tewor and Gola Konneh districts in Grand Cape Mount, Beawor and Fehn River districts in Rivercess.

The objectives of the final evaluation are as follow:

- Determine the knowledge, attitude, behavior and practices related to sexual gender based violence across various participants—Faith Leaders (Muslim and Christian), congregants (women, men and youth
- To have an in-depth information, data and analysis on congregants (disaggregated by age and gender) views, opinions, perceptions and expectations in how Faith based Institutions and their Faith Leaders, from all faiths (including Christian and Muslim) in particular are taking action against VAWG.
- To provide data and analysis on perceptions and expectations of congregants on faith leaders support in knowledge and information dissemination and counseling when seeking services for women and girl survivors.
- To provide quantitative and qualitative analysis on the above against key Program outcome indicators.
- To provide in-depth analysis of key participating groups (Technical Working Group Members, Faith and Youth Coalition groups and School Groups) on how learning and knowledge acquired through trainings and engagements with communities has led to changes in their perceptions, behavior and practice.
- Assess effectiveness of tools of faith-based toolkit and experiential learning tools (through SBCC and FAMA cards).

D. Key Tasks

The key tasks of the final evaluation are as follow:

#	Type	Timeline	Days Allocated
1	Desk review	Oct-17	2
2	Develop inception report	Oct-17	1
3	Integrate feedback for Inception Report v2	Oct-17	1
4	Finalize Inception Report	Oct-17	1
5	Prep for data collection: develop training agenda, review data collection instruments	Oct-17	2
6	Field deployment: enumerator training, FGDs, data collection	Nov-17	10
7	Data collation and analysis; and submit data in excel	Nov-17	5
8	Develop initial draft report write up	Dec-17	5
9	Integrate feedback and revise Draft Report	Jan-18	2
TOTAL			**29**

E. Scope of Work

The Final Evaluation will be conducted in two counties: Cape Mount and Rivercess. Available data collection tools and instruments will be provided to the Consultants for further review (adaptation/contextualizing) and field pre-testing prior to actual roll out of the data collection process. The data collection tools, methodology, approach, and evaluation questions will be in the Inception Report and Final Report to be developed by the Consultant.

F. Evaluation Findings

#	Evaluation Criteria	Key Evaluation Questions
1	Effectiveness	To what extent were the intended project goal, outcomes and outputs achieved and how?
		To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
		To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
		What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
		Additional Questions:
		To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV?
		How do participating leadership groups convey learning and messaging to their wider membership (Faith Leaders, Congregants and Youth Coalition Members)?
		How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School Code of Conduct and others) in training (youth, priests and imams) and in their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?
2	Relevance	To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
		To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
		Additional Questions:
		To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are

		the key messages and learning relevant to the needs of women and girls
3	**Efficiency**	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
4	**Sustainability**	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends? Additional Questions: How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans? What are the long-term strategies of the Faith Leadership – the Interfaith Religious Council of Liberia's Technical Working Group's long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term?
5	**Impact**	What are the unintended consequences (positive and negative) resulted from the project? Additional Questions: What do you think is the most significant change (MSC) of the project? At the faith leader level? And at the congregant level?
6	**Knowledge Generation**	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls? Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions? Additional Questions: What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

G. Time Period Covered by the Evaluation and Audience

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

H. Management Arrangement of the Evaluation

#	Name of Group	Role and responsibilities	Actual name of staff responsible
1	**Evaluation Team**	External evaluators/consultants (GBV Sector Specialist, Technical Evaluation Consultant, Data Collection Consultant) to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Managers.	3 External evaluators
2	**Evaluation Task Managers**	Episcopal Relief & Development will provide the strategic direction and oversight in the conduct of this evaluation, particularly in the following areas: Ensure the overall integrity of the evaluation process; approve the terms of reference, management, and reporting arrangements of the evaluation Cooperate with the selected consultant(s) Facilitate contacts with other relevant donor organizations, as appropriate Review the deliverables and provide feedback Facilitate the work of the evaluation and make relevant documentation available to the selected consultants. The Episcopal Relief & Development Senior Program Officer and MEL Manager will manage the entire evaluation process under the overall guidance of the senior management, to: • Lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • Manage the recruitment of the external evaluators • Lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage • Liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration • Provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation; • Lead the dissemination of the report and follow-up activities after finalization of the report	AbiySeifu, Senior Program Officer and Christina J. Irene, Monitoring, Evaluation, and Learning (MEL) Manager
3	**Commissioning**	The Episcopal Relief & Development Manager	Senior Management

#		Description	
	Organization	who manages the following: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	of Episcopal Relief & Development, Dawn Murdock, Director, Strategic Learning and Program Resources, International Programs
4	**Reference Group**	Includes primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager; and partner: ECL-RD.
5	**Advisory Group**	Includes a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on the draft TOR, Inception Report, and the draft report for quality assurance and provide technical support if needed.	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager

I. Key Duties, Responsibilities, Deliverables, and Timeline of the Consultant

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

The entire assignment and submission should not exceed 15 calendar days. A Final Evaluation Report will be the submitted by the Consultant by January 30, 2018. Below is the timeline aligned with the key deliverables (see Overview and Description of Key Deliverables table below and Annex 3 for Timeline Breakdown of Key Milestones and Deliverables.

J. Overview and Description of Key Deliverables

#	Deliverables	Description of Expected Deliverables	Timeline of each deliverable (date/month/year)
1	**Evaluation Inception Report** **(language of report: English)**	The Inception Report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset. An Inception Report must be prepared by the evaluators before going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be	October 25, 2017

		answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures. The Inception Report must include a proposed schedule of tasks, activities, evaluation matrix and deliverables, designating a team member with the lead responsibility for each task or product. The structure must be in line with the suggested structure by Episcopal Relief & Development (see Annex 1).	
2	**Final Evaluation report + final original visuals and data** **(language of report: English)**	Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified by Episcopal Relief & Development. The Final Report must be disseminated widely to the relevant stakeholders and the general public (see Annex 2 for structure).	January 30, 2018

K. Reporting

The Consultant will report on a weekly basis to the Senior Program Officer of Episcopal Relief & Development and Monitoring, Evaluation, and Learning (MEL) Manager with regards to the progress of consulting work. Weekly meetings and calls will be required during the duration of the assignment to understand progress and next steps. A fixed weekly meeting calendar invitation with agreed upon day/time with the Consultants will be provided by the Episcopal Relief & Development team.

L. Payment Schedule

The consultant will be remunerated for the deliverables specified as follows:

40% upon contract signature

60% upon delivery of Final Evaluation Report

M. List of reference documents Evaluation Resources

To be sent to Consultant after signing of contract.

Annex 1: Structure of Inception Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Inception Report is below.

- Background and Context of Project
- Description of Project
- Purpose of Evaluation
- Evaluation Objectives and Scope
- Final version of Evaluation Questions with evaluation criteria
- Description of evaluation team, including the brief description of role and responsibilities of each team member
- Evaluation Design and Methodology
- Description of overall evaluation design *[to also specify the evaluation is designed from: 1) post-test3 only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.]*
- Data sources (accesses to information and to documents)
- Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process)
- Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
- Limitations of the evaluation methodology proposed
- Ethical considerations: a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
- Work plan with the specific timeline and deliverables by evaluation team (up to the submission of finalized report)

Annexes

- Evaluation Matrix [to be provided to Consultants by Episcopal Relief & Development]
- Data collection Instruments (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)
- List of documents consulted so far and those that will be consulted
- List of stakeholders/partners to be consulted (interview, focus group, etc.)
- Draft outline of final report (in accordance with the requirements of UN Trust Fund [to be provided to Consultants by Episcopal Relief & Development]

Annex 2: Structure of Final Evaluation Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Final Evaluation Report is below.

1. Title and cover page

- Name of the project
- Locations of the evaluation conducted (country, region)
- Period of the project covered by the evaluation (month/year – month/year)
- Date of the final evaluation report (month/year)
- Name and organization of the evaluators
- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

2. Table of Contents

3. List of acronyms and abbreviations

4. Executive summary

[A standalone synopsis of the substantive elements of the evaluation report that provides a reader with a clear understanding of what was found and recommended and what has been learnt from the evaluation. It includes]:

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;
- Intended audience;
- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

The project being evaluated needs to be clearly described. Project information includes:

- Project duration, project start date and end date
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- Budget and expenditure of the project

7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed
- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

8. Evaluation objectives and scope

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

9. Evaluation Team

- Brief description of evaluation team
- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

10. Evaluation Questions

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

Annex 3. Timeline Breakdown of Key Milestones and Deliverables

#	Stage of Evaluation	Key Task	Responsible	Deliverable	Timeframe
1	Preparation	1.1 Introductions to team	Evaluation Task Managers	Meetings/calls	October 9, 2017
2	Inception Report Stage	2.1 Briefings of evaluators to orient the evaluators	Evaluation Task Managers	Meetings/calls	October 9, 2017
		2.2 Desk review of key documents (Note: The Evaluation Team will have access to all relevant M&E data, proposals, reports, and other documents prior to drafting the report)	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.3 Finalizing the evaluation design and methodology for Inception Report*	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.4 Preparing Inception Report and submit draft to Episcopal Relief & Development	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 1 Inception Report	By October 15, 2017
		2.5 Review Inception Report and Evaluation Design and provide feedback	Evaluation Task Managers, Episcopal Relief & Development Team, ECL-RD	Comments provided	By October 23
		2.6 Modify Inception Report and submit draft 2	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 2 Inception Report	By October 25, 2017
		2.6 Review final draft 2 for final modifications	Evaluation Task Managers	Comments provided	By October 27, 2017
		2.7 Submit final version	Evaluation Task	Draft 3	By October

			Managers	Inception Report	27, 2017
		of Inception Report to UNTF for review			
		2.8 Integrate feedback from UNTF into final draft of Inception Report and submit again	Evaluation Team and Evaluation Task Managers	Final draft Inception Report	By November 6, 2017
3	Planning & Logistics	3.1 Develop plan and logistics	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By October 30, 2017
		3.2 Provide any comments on plan and logistics	GBV Specialist Consultant, Evaluation Task Managers	Comments	By November 1, 2017
		3.3 Finalize Plan, Agenda, and workshop materials	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By November 3, 2017
4	Field Mission Deployment	4.1 Planning Meeting with ECL-RD/Interfaith Council and Other Stakeholders	Technical Evaluation Consultant, Data Collection Specialist, and ECL-RD Staff	Meetings	November 13-14, 2017
		4.2 Training of Enumerators and Testing of data collection instruments	Technical Evaluation Consultant and Data Collection Specialist	Workshop	November 15-17, 2017
		4.3 Qualitative & Quantitative Data Collection: Three districts each in Rivercess and Cape Mount	Technical Evaluation Consultant and Data Collection Specialist	Fieldwork	November 20-25, 2017
		4.4 ECL-RD & Local Stakeholders Debrief	Technical Evaluation Consultant and Data Collection Specialist	Debrief	November 27, 2017
5	Synthesis and Reporting Stage	5.1 Analysis, drafting of report	Technical Evaluation Specialist	Analysis	December 1-5, 2017
		5.2 Preparing draft report and submission of Draft Report to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v1	December 6-10, 2017
		5.3 GBV Specialist Consultant comments	GBV Specialist Consultant	Comments	December 6-10, 2017

		and sends back to Technical Evaluation Specialist			
		5.4 Technical Evaluation Specialist integrates comments, revises draft, and re-sends back to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v2	By December 17, 2017
		5.5 GBV Specialist Consultant revises draft and sends to Episcopal Relief & Development and partner team to review	GBV Specialist Consultant	Draft Report v3	December 30, 2017
		5.6 Review of the draft report with key stakeholders for quality assurance	Evaluation Task Managers, Reference Group (ECL-RD), Commissioning Organization	Comments provided	January 20, 2018
		5.7 GBV Specialist Consultant revises draft and sends Draft v4 to Episcopal Relief & Development	GBV Specialist Consultant	Draft Report v4	January 30, 2018
		5.8 Episcopal Relief & Development Team reviews final draft and finalize	Evaluation Task Managers	Final Report	February 15, 2018
		5.9 Submitting final version of Final Report	Evaluation Task Managers	Final Report	February 20, 2018
		5.10 Final review and approval of final report	Advisory Group	Final Report	February 2018

Annex 2.3. Scope of Work for Data Collection Consultant – Joseph Nyan

Comprehensive Final Evaluation for the GBV Program 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors'

A. Introduction

Episcopal Relief & Development in partnership with the Episcopal Church of Liberia Relief and Development, is currently implementing a three-year program (2015-2017) – 'Engaging Faith-Based Organizations to Prevent Violence Against Women & Girls and Increase Survivors' Access to Services'[29]. The Program is specifically addressing 2 forms of violence, and is being implemented in Liberia in 2 counties[30].

The Program has 3 key outcomes:

Outcome 1: Faith leaders (i.e. pastors and imams) from churches and mosques increase their work to speak out against violence against women and girls (VAWG) and to change cultural norms in their communities.

Outcome 2: Youth leaders of Christian and Muslim youth groups (i.e. male and female) and school leaders (i.e. staff, students, parents) increasingly speak out against violence against women and girls and provide support to survivors.

Outcome 3: Muslim and Christian faith leaders increase direct support for survivors of violence and advocacy for their rights and access to services.

The Program has carried out a baseline survey in March 2015 and interim assessment in June 2017. The baseline survey gathered key data and information on existing knowledge, attitude and practice from three key groups of participants/beneficiaries. These are:

- Faith leaders from churches and mosques
- Faith lay leaders and group members
- Congregants/community members in target communities

An interim assessment was carried out as part of a longitudinal survey process (beginning, mid and end-line) that started with the first comprehensive baseline survey. Output and outcome indicators measured at the beginning will be re-visited, assessed and measured through the use of quantitative and qualitative data collection instruments and tools during the final evaluation.

B. Purpose

The purpose of the final evaluation is to gather and analyze relevant data and information on the project outcomes in order to provide a comparative analysis of evidenced changes in behaviors, attitudes and practices, to measure the extent to which the Program goal, objectives, and outcome level indicators have been met. Information gathered with the use of baseline data gathering tools will be used to identify and report on the key changes in behavior, attitudes and practices, measure for learning and action.

C. Objectives of the Final Evaluation

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[29] See link for more information: http://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women/grantees/2014
[30] Grand Cape Mount and Rivercess Counties—Gawula, Tewor and Gola Konneh districts in Grand Cape Mount, Beawor and Fehn River districts in Rivercess.

The objectives of the final evaluation are as follow:

- Determine the knowledge, attitude, behavior and practices related to sexual gender based violence across various participants—Faith Leaders (Muslim and Christian), congregants (women, men and youth
- To have an in-depth information, data and analysis on congregants (disaggregated by age and gender) views, opinions, perceptions and expectations in how Faith based Institutions and their Faith Leaders, from all faiths (including Christian and Muslim) in particular are taking action against VAWG.
- To provide data and analysis on perceptions and expectations of congregants on faith leaders support in knowledge and information dissemination and counseling when seeking services for women and girl survivors.
- To provide quantitative and qualitative analysis on the above against key Program outcome indicators.
- To provide in-depth analysis of key participating groups (Technical Working Group Members, Faith and Youth Coalition groups and School Groups) on how learning and knowledge acquired through trainings and engagements with communities has led to changes in their perceptions, behavior and practice.
- Assess effectiveness of tools of faith-based toolkit and experiential learning tools (through SBCC and FAMA cards).

D. Key Tasks

The key tasks of the final evaluation are as follow:

#	Type	Timeline	Days Allocated
1	Develop workshop training (e.g. agenda, etc.)	Oct-17	2
2	Conduct data collection training	Nov-17	2
3	Conduct data collection	Nov-17	8
TOTAL			**12**

E. Scope of Work

The Final Evaluation will be conducted in two counties: Cape Mount and Rivercess. Available data collection tools and instruments will be provided to the Consultants for further review (adaptation/contextualizing) and field pre-testing prior to actual roll out of the data collection process. The data collection tools, methodology, approach, and evaluation questions will be in the Inception Report and Final Report to be developed by the Consultant.

F. Evaluation Findings

#	Evaluation Criteria	Key Evaluation Questions
1	**Effectiveness**	To what extent were the intended project goal, outcomes and outputs achieved and how?
		To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
		To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
		What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
		Additional Questions:
		To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV?
		How do participating leadership groups convey learning and messaging to their wider membership (Faith Leaders, Congregants and Youth Coalition Members)?
		How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School Code of Conduct and others) in training (youth, priests and imams) and in their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?
2	**Relevance**	To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
		To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
		Additional Questions:
		To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are the key messages and learning relevant to the needs of women and girls
3	**Efficiency**	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?
4	**Sustainability**	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
		Additional Questions:

		How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans?
		What are the long-term strategies of the Faith Leadership – the Interfaith Religious Council of Liberia's Technical Working Group's long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term?
5	**Impact**	What are the unintended consequences (positive and negative) resulted from the project?
		Additional Questions:
		What do you think is the most significant change (MSC) of the project? At the faith leader level? And at the congregant level?
6	**Knowledge Generation**	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
		Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
		Additional Questions:
		What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?

G. Time Period Covered by the Evaluation and Audience

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

H. Management Arrangement of the Evaluation

#	Name of Group	Role and responsibilities	Actual name of staff responsible
1	**Evaluation Team**	External evaluators/consultants (GBV Sector Specialist, Technical Evaluation Consultant, Data Collection Consultant) to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Managers.	3 External evaluators
2	**Evaluation Task Managers**	Episcopal Relief & Development will provide the strategic direction and oversight in the conduct of	AbiySeifu, Senior Program Officer and

		this evaluation, particularly in the following areas:	Christina J. Irene, Monitoring, Evaluation, and Learning (MEL) Manager
		Ensure the overall integrity of the evaluation process; approve the terms of reference, management, and reporting arrangements of the evaluation Cooperate with the selected consultant(s) Facilitate contacts with other relevant donor organizations, as appropriate Review the deliverables and provide feedback Facilitate the work of the evaluation and make relevant documentation available to the selected consultants. The Episcopal Relief & Development Senior Program Officer and MEL Manager will manage the entire evaluation process under the overall guidance of the senior management, to: • Lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • Manage the recruitment of the external evaluators • Lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage • Liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration • Provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation; • Lead the dissemination of the report and follow-up activities after finalization of the report	
3	**Commissioning Organization**	The Episcopal Relief & Development Manager who manages the following: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	Senior Management of Episcopal Relief & Development, Dawn Murdock, Director, Strategic Learning and Program Resources, International Programs
4	**Reference Group**	Includes primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager;

#			and partner: ECL-RD.
5	**Advisory Group**	Includes a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on the draft TOR, Inception Report, and the draft report for quality assurance and provide technical support if needed.	Gemma Wood, Monitoring and Evaluation Officer; and Lorna Mesina, Portfolio Manager

I.   Key Duties, Responsibilities, Deliverables, and Timeline of the Consultant

The evaluation will cover activities implemented during the period 2015-2017. The intended audience includes the Episcopal Relief & Development Staff, partners, donor, and other stakeholders.

The entire assignment and submission should not exceed 15 calendar days. A Final Evaluation Report will be the submitted by the Consultant by January 30, 2018. Below is the timeline aligned with the key deliverables (see Overview and Description of Key Deliverables table below and Annex 3 for Timeline Breakdown of Key Milestones and Deliverables.

J.   Overview and Description of Key Deliverables

#	Deliverables	Description of Expected Deliverables	Timeline of each deliverable (date/month/year)
1	**Evaluation Inception Report** **(language of report: English)**	The Inception Report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset. An Inception Report must be prepared by the evaluators before going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures. The Inception Report must include a proposed schedule of tasks, activities, evaluation matrix and deliverables, designating a team member with the lead responsibility for each task or product. The structure must be in line with the suggested	October 25, 2017

2	**Final Evaluation report + final original visuals and data** **(language of report: English)**	structure by Episcopal Relief & Development (see Annex 1).	
		Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified by Episcopal Relief & Development.	January 30, 2018
		The Final Report must be disseminated widely to the relevant stakeholders and the general public (see Annex 2 for structure).	

K. Reporting

The Consultant will report on a weekly basis to the Senior Program Officer of Episcopal Relief & Development and Monitoring, Evaluation, and Learning (MEL) Manager with regards to the progress of consulting work. Weekly meetings and calls will be required during the duration of the assignment to understand progress and next steps. A fixed weekly meeting calendar invitation with agreed upon day/time with the Consultants will be provided by the Episcopal Relief & Development team.

L. Payment Schedule

The consultant will be remunerated for the deliverables specified as follows:

40% upon contract signature

60% upon delivery of Final Evaluation Report

M. List of reference documents Evaluation Resources

To be sent to Consultant after signing of contract.

Annex 1: Structure of Inception Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Inception Report is below.

- Background and Context of Project
- Description of Project
- Purpose of Evaluation
- Evaluation Objectives and Scope
- Final version of Evaluation Questions with evaluation criteria
- Description of evaluation team, including the brief description of role and responsibilities of each team member
- Evaluation Design and Methodology
- Description of overall evaluation design *[to also specify the evaluation is designed from: 1) post-test3 only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.]*
- Data sources (accesses to information and to documents)

- Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process)
- Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
- Limitations of the evaluation methodology proposed
- Ethical considerations: a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
- Work plan with the specific timeline and deliverables by evaluation team (up to the submission of finalized report)

Annexes

- Evaluation Matrix [to be provided to Consultants by Episcopal Relief & Development]
- Data collection Instruments (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)
- List of documents consulted so far and those that will be consulted
- List of stakeholders/partners to be consulted (interview, focus group, etc.)
- Draft outline of final report (in accordance with the requirements of UN Trust Fund [to be provided to Consultants by Episcopal Relief & Development]

Annex 2: Structure of Final Evaluation Report

This report must be in compliance to the UN Trust Fund Requirements. The structure of the Final Evaluation Report is below.

1. Title and cover page

- Name of the project
- Locations of the evaluation conducted (country, region)
- Period of the project covered by the evaluation (month/year – month/year)
- Date of the final evaluation report (month/year)
- Name and organization of the evaluators
- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

2. Table of Contents

3. List of acronyms and abbreviations

4. Executive summary

[A standalone synopsis of the substantive elements of the evaluation report that provides a reader with a clear understanding of what was found and recommended and what has been learnt from the evaluation. It includes]:

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;
- Intended audience;

- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

The project being evaluated needs to be clearly described. Project information includes:

- Project duration, project start date and end date
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- Budget and expenditure of the project

7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed
- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

8. Evaluation objectives and scope

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

9. Evaluation Team

- Brief description of evaluation team
- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

10. Evaluation Questions

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

Annex 3. Timeline Breakdown of Key Milestones and Deliverables

#	Stage of Evaluation	Key Task	Responsible	Deliverable	Timeframe
1	Preparation	1.1 Introductions to team	Evaluation Task Managers	Meetings/calls	October 9, 2017
2	Inception Report Stage	2.1 Briefings of evaluators to orient the evaluators	Evaluation Task Managers	Meetings/calls	October 9, 2017
		2.2 Desk review of key documents (Note: The Evaluation Team will have access to all relevant M&E data, proposals, reports, and other documents prior to drafting the report)	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.3 Finalizing the evaluation design and methodology for Inception Report*	GBV Specialist Consultant and Technical Evaluation Consultant	N/A	October 9-13, 2017
		2.4 Preparing Inception Report and submit draft to Episcopal Relief & Development	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 1 Inception Report	By October 15, 2017
		2.5 Review Inception Report and Evaluation Design and provide feedback	Evaluation Task Managers, Episcopal Relief & Development Team, ECL-RD	Comments provided	By October 23
		2.6 Modify Inception Report and submit draft 2	GBV Specialist Consultant and Technical Evaluation Consultant	Draft 2 Inception Report	By October 25, 2017
		2.6 Review final draft 2 for final modifications	Evaluation Task Managers	Comments provided	By October 27, 2017
		2.7 Submit final version of Inception Report to UNTF for review	Evaluation Task Managers	Draft 3 Inception Report	By October 27, 2017
		2.8 Integrate feedback from UNTF into final draft of Inception Report and submit again	Evaluation Team and Evaluation Task Managers	Final draft Inception Report	By November 6, 2017
3	Planning & Logistics	3.1 Develop plan and logistics	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By October 30, 2017

		3.2 Provide any comments on plan and logistics	GBV Specialist Consultant, Evaluation Task Managers	Comments	By November 1, 2017
		3.3 Finalize Plan, Agenda, and workshop materials	Technical Evaluation Consultant and Data Collection Specialist	Logistics Plan, Workshop Agenda, Materials	By November 3, 2017
4	Field Mission Deployment	4.1 Planning Meeting with ECL-RD/Interfaith Council and Other Stakeholders	Technical Evaluation Consultant, Data Collection Specialist, and ECL-RD Staff	Meetings	November 13-14, 2017
		4.2 Training of Enumerators and Testing of data collection instruments	Technical Evaluation Consultant and Data Collection Specialist	Workshop	November 15-17, 2017
		4.3 Qualitative & Quantitative Data Collection: Three districts each in Rivercess and Cape Mount	Technical Evaluation Consultant and Data Collection Specialist	Fieldwork	November 20-25, 2017
		4.4 ECL-RD & Local Stakeholders Debrief	Technical Evaluation Consultant and Data Collection Specialist	Debrief	November 27, 2017
5	Synthesis and Reporting Stage	5.1 Analysis, drafting of report	Technical Evaluation Specialist	Analysis	December 1-5, 2017
		5.2 Preparing draft report and submission of Draft Report to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v1	December 6-10, 2017
		5.3 GBV Specialist Consultant comments and sends back to Technical Evaluation Specialist	GBV Specialist Consultant	Comments	December 6-10, 2017
		5.4 Technical Evaluation Specialist integrates comments, revises draft, and re-sends back to GBV Specialist Consultant	Technical Evaluation Specialist	Draft Report v2	By December 17, 2017
		5.5 GBV Specialist Consultant revises draft and sends to Episcopal Relief & Development and partner team to review	GBV Specialist Consultant	Draft Report v3	December 30, 2017
		5.6 Review of the draft report with key stakeholders for quality assurance	Evaluation Task Managers, Reference Group (ECL-RD),	Comments provided	January 20, 2018

			Commissioning Organization		
		5.7 GBV Specialist Consultant revises draft and sends Draft v4 to Episcopal Relief & Development	GBV Specialist Consultant	Draft Report v4	January 30, 2018
		5.8 Episcopal Relief & Development Team reviews final draft and finalize	Evaluation Task Managers	Final Report	February 15, 2018
		5.9 Submitting final version of Final Report	Evaluation Task Managers	Final Report	February 20, 2018
		5.10 Final review and approval of final report	Advisory Group	Final Report	February 2018

Annex 4: Evaluation Matrix[31]

Evaluation Criteria	Evaluation Question	Indicators	Data Sources and Data Collection Instruments
Effectiveness	To what extent were the intended project goal, outcomes and outputs achieved and how?	• Goal indicator 1: there is an increase in the % of congregational members who report changes in their VAWG-related behaviour and practices as a result of participating in faith-based activities (marriage preparation, retreat and counselling) • Goal indicator 2: there is an increase in the % of congregation members who know how to access support and referral services for women and girl survivors. • Goal indicator 3: there is a decrease in the % of women and girls reporting physical or sexual partner violence or non-partner sexual violence in the past year • Outcome Indicator 1.1: % of faith leaders who report publicly speaking out against VAWG in the past year at various platforms (sermons, retreats/ crusades, festivities) • Outcome Indicator 1.2: % of congregation members who have heard at least one clergy member publicly speak out against VAWG in the past year • Outcome Indicator 1.3: % of women and girl congregation members who believe that clergy are actively working to end VAWG in two of the six districts of CM and RC Counties • Outcome indicator 2.1: % of trained faith youth group leaders who report publicly speaking out against GBV during the past year. • Outcome indicator 2.2: % of faith youth group members who report that they have spoken out and/or took action against GBV during the past year • Outcome indicator 2.3: % of trained school leaders	Structured survey instruments administered to - Congregants (female, male, female adolescents, male adolescents) - Faith leaders at district level - Youth faith leaders at district level - Student leaders at districts level - comparison group FGD guides administered to - Congregants (female adults and adolescents) - Technical Working Group - Members of the County faith leader coalition - Youth faith leaders at district level - Student leaders at districts level

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[31] Note: Not all Evaluation criteria/questions contain specific project indicators that were assessed, therefore blank fields are visible in the table.

		who have spoken on prevention of VAWG and support for survivors during the past year • Outcome indicator 3.1: % of women and girls from two of the six districts who have learned about which GBV support services are available from faith leaders • Outcome indicator 3.2: % of cases registered by GBV support services that show referral from trained faith leaders • Outcome indicator 3.3: % of women and girls church and mosque members who had sought support from trained faith leaders in the past year and reported positive experiences	- Drama groups
	To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries (direct and indirect) have been reached?		Monitoring and evaluation reports Beneficiary sheets provided by ECL-RD
	To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. How have such changes been perceived/received in the communities or congregations?	• Awareness of women's rights • Non-acceptability towards violence against women • Egalitarian relationships • Perceived reductions in child marriage	FGD guides administered to - Congregants (female adults and adolescents)
	What internal and external factors contributed to the achievement and/or failure of the intended project goal,		Key Informant Interview Guide administered to - ECL-RD staff

	outcomes and outputs? How?		Project documents
	To what extent was the Program successful in changing the participating groups' beliefs, values and perceptions towards GBV?	• 31 items tested to assess gender attitudes	Structured survey instruments administered to - Congregants (female, male, female adolescents, male adolescents) and comparison group
	How do participating leadership groups convey learning and messaging to their wider membership (Faith Leaders, Congregants and Youth Coalition Members)?	• Knowledge about the faith-based tool kit • Usage the faith-based tool kit • Faith leader support provision to survivors of violence	FGD with youth faith leaders, faith leaders Structured survey tool administered to faith leaders and youth faith leaders
	What tools and methods contributed to achieving the outcomes and outputs and in what ways?		Project documents
	How effectively do leadership groups use the tools and resources (Experiential Learning, Faith Based Toolkit, FAMA, School Code of Conduct and others) in training (youth, priests and imams) and in their interaction with the wider congregation (women and men) and specific coalition groups (youth coalitions, student groups and others) and committees (Student/Teacher GBV Committees)?		FGD with youth faith leaders, faith leaders, drama group and congregants
Relevance	To what extent was the project strategy and activities	• 31 items tested to assess gender attitudes in the following domains	Structured survey instruments

	implemented relevant in responding to the needs of women and girls?	• Acceptability of violence • Attitudes of wife beating • Broad gender issues • Community response to violence • Decision making • Sexual violence • Women´s rights	administered to - Congregants (female, male, female adolescents, male adolescents) and comparison group
	To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?	Assessment of specific items from the gender attitude assessment	Structured survey instruments administered to - Congregants (female, male, female adolescents, male adolescents) and comparison group
	To what extent is the faith based tool kit for faith leaders important and a useful guidance tool for faith leaders as they speak out against VAWG? Are the key messages and learning relevant to the needs of women and girls		FGD with faith leaders, TWG, youth faith leaders Project documents
Efficiency	How efficiently and timely has this project been implemented and managed in accordance with the Project Document?		Project documents
Sustainability	How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project		Project reports FGD with TWG, school leaders, youth faith leaders, drama groups

	ends?		
	How do participating groups plan to use their own personal change experiences, learning and knowledge in the short and longer term? What are their plans?		Project reports FGD with TWG, school leaders, youth faith leaders, drama groups
	What are the long-term strategies of the Faith Leadership – the Interfaith Religious Council of Liberia's Technical Working Group's long-term strategies? What are the opportunities and strengths of faith based leadership structures in providing leadership, management and guidance in bringing to scale and sustaining achieved results in the longer term? What will be the role of the TWG in taking the faith leadership forward?		Project reports FGD with TWG, school leaders, youth faith leaders, drama groups
	What other initiatives have been taken by the TWG/ICRL (e.g. – collaboration with UNMIL?)		FGD with TWG
Impact	What are the unintended consequences (positive and negative) resulted from the project?		Project reports FGD with TWG, school leaders, youth faith leaders, drama groups
	What do you think is the most		Project reports

	significant change (MSC) of the project? At the faith leader level? And at the congregant level?		FGD with TWG, school leaders, youth faith leaders, drama groups, female congregants
Knowledge Generation	What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?	• Outcome indicator 3.1: % of women and girls from two of the six districts who have learned about which GBV support services are available from faith leaders	Structured survey administered to female congregants and comparison group
	Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?		Project reports
	What are the key learning's from a 'faith based model' that uses training curricula and tools to effect changes in the way faith leaders (imams and priests) perceive and understand GBV and speak out against VAWG? To what extent can the applied model of engaging faith leaders, be used for learning and replication by faith leaders and religious institutions?	• Outcome Indicator 1.3: % of women and girl congregation members who believe that clergy are actively working to end VAWG in two of the six districts of CM and RC Counties	Project reports

Structured survey tool administered to congregants and comparison group |

Annex 5: Final Version of Results Monitoring Plan

A. Statement of Project Goal and Outcomes	B. Indicators for measuring progress towards achieving the project goal and outcomes	C. Data collection methods	D. Baseline Data	E. Timeline of baseline data Collection.	F. End line Data	G. Timeline of End line data collection
Project Goal: Women and girls experience greater freedom from intimate partner violence and non-partner sexual violence and have increased access to services in 6 districts of Cape Mount County and Rivercess Counties in Liberia	**1.** % of congregational members (Churches & Mosques) who report changes in their VAWG-related behavior and practices as a result of participating in faith based activities (marriage preparation, retreat and counseling)	Structured questionnaire with individuals - Male congregants - Female congregants	13.6% of congregants (male and female) 8.3% of female congregants 17.9% of male congregants	Baseline 04/15	34.5% of congregation members (women, girls, men and boys) -37.5% of women -28.3% of girls -43.9% of men -24.8% of boys	Endline 11/17
	2. % of congregation members (women, girls, men and boys) who know how to access support and referral services for women and girl survivors.	Structured questionnaire with individuals - Women congregants - Girl congregants - Men congregants - Boy congregants	27.4% of congregation members (women, girls, men and boys) -33.2% of women -21.3% of girls -41.1% of men -13.8% of women	Baseline 04/15	75.2% of congregation members (women, girls, men and boys) -75.3% of women -70.0% of girls -81.2% of men -73.3% of boys	Endline 11/17
	3. % of congregation	Structured	2.3% of women			Endline

	members (women and girls) who report experiencing less IPV and sexual violence in the past year in two of the six districts of CM and RC Counties.	questionnaire with individuals and open ended questions (Focus groups) - Women congregants - Girl congregants	and girls- No girl reported having experienced less IPV in the past year 2.2% of women and girls who report less sexual violence by partners	Baseline 04/15	5.0% of congregation members (women, girls) -4.0% of women -8.1% of girls	11/17
Outcome 1: Clergy from churches and mosques increase their work to speak out against violence against women and girls (VAWG) and to change cultural norms in their communities.	**1.1.** % of clergy who report publicly speaking out against VAWG in the past year at various platforms (Sunday/Friday sermons, retreats/crusades, festivities)	Structured questionnaire with individuals - Clergy	36.6% of clergy	Baseline 04/15	97.5% of clergy	Endline 11/17
	1.2 % of congregation members who have heard at least one clergy member publicly speak out against VAWG in the past year	Structured questionnaire with individuals - Women congregants - Girl congregants - Men congregants - Boy congregants	38.2% of congregation members - 47.1% of women - 32.8% of girls - 44.9% of men - 27.8% of boys	Baseline 04/15	80.5% of congregation members - 83.5% of women - 76.8% of girls - 84.4% of men - 75.2% of boys	Endline 11/17
	1.3 % of women and girl congregation members who believe that clergy are actively working to end VAWG in two of the six districts of CM and RC Counties	Structured questionnaire with individuals - Women congregants - Girl congregants	-26.7% of all congregants (male and female) - 40.5% of women -39.7 of men -16.7 of boys -9.8% of girls	Baseline 04/15	74.1% of congregation members - 75.1% of women - 71.7% of girls - 78.1% of men - 70.0% of boys	Endline 11/17

Outcome 2: Faith group lay leaders (men, boys, women, and girls) and traditional leaders increasingly speak out against violence against women and girls and provide support to survivors	2.1 % of trained faith group leaders (from men's and boy's, women's and girls' groups) who report publicly speaking out against VAWG during the past year.	Structured questionnaire with individuals - Men group leaders - Boy group leaders - Women group leaders - Girl group leaders	28.5% of trained faith group leaders -29.9% of men - (0) No report - 27.9% for women -(0) No report	Baseline 04/15	97.1% of trained youth faith leaders reported speaking out 81.4% of trained youth faith leaders provided services to survivors of violence No sex disaggregation	Endline 11/17
	2.2. % of congregation members (men, boys, women and girls) who report that faith group leaders have spoken out against VAWG and/or have provided services during the past year	Structured questionnaire with individuals - .Women congregants - Girl congregants - Men congregants - Boy congregants	21.1 % for all congregants - 22.6% of women - 9.8% of girls - 32.1% of men -20.5% of boys	Baseline 04/15	*This is an old indicator and was not assessed at endline*	N/A
	. **2.3.** % of trained traditional leaders who have spoken on prevention of VAWG and support for survivors at local events (social gatherings, festivals and national holidays) in the past year	Structured questionnaire with individuals -Traditional leaders	32.5% of traditional leaders	Baseline 04/15	*Same as above*	N/A
Outcome 3: Clergy, lay leaders and traditional leaders improve and	**3.1.** % of women and girls from two of the six districts (Cape Mount and Rivercess) who have learned about	Structured questionnaire with individuals - Women congregants - Girl congregants	6.8% of women and girls - 9.5 % of women - 2.4 % of girls	Baseline 04/15	62.9% of all congregation members	Endline 11/17

increase referrals to services for women and girl survivors.	which GBV support services are available from clergy, lay and traditional leaders.						
	3.2. % of cases registered by GBV support services that show referral from trained clergy, lay and traditional leaders	Continuous monthly data entry on registry of referral cases	No data available by source of referral at the GBV County Coordination Offices Note: Data to be gathered when activity starts	Monthly	Programme records		Endline 11/17
	3.3. % Of women and girls church and mosque members who had sought support from trained clergy and lay leaders in the past year and reported positive experiences	Structured questionnaire with individuals - Women congregants - Girl congregants	1.2% of women and girl church/Mosque members	Baseline 04/15	100.0%		Endline 11/17
Output 1.1: Faith leaders are better equipped to promote VAWG prevention through use of a faith-based toolkit for ending	**1.1.1** % of clergy and lay leaders reporting active use of Faith-Based Toolkit for ending VAWG	Structured questionnaire with individuals and FGD - Faith leaders	0	Baseline 04/15	Above target: 100% 84 Faith Leaders reported that they are using the toolkit to speak out about GBV- 37 in Cape Mount and 41 in Rivercess plus 6 Technical Working Group Members (TWG). Above target. 52 FLs have reported using the tool kit. In total, 136 Faith Leaders reported that they are using		Endline 11/17

VAWG.						the toolkit to speak out about GBV (95 in Cape Mount and 41 in Rivercess plus6 TWG members. This occurred in year 3only.	
	1.1.2 Perception of clergy and lay leaders on usefulness of Faith-Based Toolkit in their work to end VAWG	FGD with faith leaders and TWG	N/A	N/A	Affirmation on the usefulness of the toolkit was evidenced through the inputs made by FLs themselves at various stages (testing and implementation). These inputs were incorporated encouraging FL to use the tool-kit more effectively in training of other FLs and as a guide during sermons and religious events.	End of project monitoring visit
Output 1.2: Faith leaders increasingly engage in VAWG prevention with families, congregations and communities.	**1.2.1** Perspective of Church and mosque congregants who think that faith leaders are effective advocates of GBV prevention	N/A	N/A	N/A	Endline data shows that congregants from both counties stating that when that when faith leaders are engaged and fighting GBV, it results in changes in their communities. From baseline to endline in the two counties, the results were more than threefold (87.5% at endline versus 25.8% at baseline).	Endline
	1.2.2 % of faith institutions in Rivercess and Cape Mount Counties holding Speak Out events	N/A	0	Baseline 04/15	142 Faith Institutions held we will speak out events; 101 in CM & 41 in RC	End of project monitoring visit
Output 2.1: Trained youth leaders and	**2.1.1**% of trained youth faith group leaders	Structured questionnaire with individuals and FGD	0	Baseline 04/15	154 Youth group leaders used FAMA with their various youth groups; 21 in RC and 33 in	Endline 11/17

group members have an increased understanding of GBV and actively work to prevent it and to support survivors.	conducting learning action dialogues with their groups	- Youth Faith leaders			CM	
	2.1.2 Perspectives of trained lay leaders and faith group members on effectiveness of what they have learned and done	N/A	N/A	N/A	Discussions with youth on GBV, power relations and masculinities has generated deeper interest and demand for change. Youth increasingly seek out effective methods of expressing their opinions and concerns. They are increasingly using drama and more recently videography to express themselves, convey key messages and learning on selected topics	End of project monitoring visit
	2.1.3 % of youth leaders and groups promoting SBCC with community youth on VAWG through awareness events, creative activities & media	N/A	N/A	N/A	Same as above.	End of project monitoring visit
Output 2.2: School leaders (staff, youth, parents) and community groups increase their actions to prevent VAWG and support survivors.	**2.2.1** Number of organized community groups (savings groups and farmers' groups) in targeted districts who have advocated for GBV survivors' rights	N/A	2 of Episcopal Relief & Development - Liberia's organized community development groups (i.e. savings groups) in the targeted districts are currently engaged in GBV	Baseline 04/15	54% of women's savings groups. Women savings groups members use their meetings to discuss on ways of integrating GBV in their groups. They are also aware of the actions that they need to take. FGD findings show an increased understanding on the relationship between economic empowerment and GBV. A total of 60 persons were	End of project monitoring visit

			awareness or response activities		trained from 8 groups in Rivercess- 4 groups (30 members) and Cape Mount - 4groups (30 members). A committee of 5 members each was formed to steer planned activties.2 groups from Rivercess and 2 from Cape Mount reported advocated for girls to go to school.	
	2.2.2 Perception of students that their school leaders are active in trying to prevent VAWG and support survivors	N/A	N/A	N/A	Most students report that their school leaders are actively addressing GBV.	Endline 11/17 & final report
Output 3.1: Muslim and Christian faith leaders have greater understanding of needed and available GBV services and resources to support women and girls who experience violence.	**3.1.1 %** of trained faith leaders who know of GBV services and support needed by survivors of violence	FGD with faith leaders	N/A	N/A	Above 100%. 188 trained faith Leaders know of GBV services; 36-Rivercess and 125-Cape Mount. Above target: FLs were also provided with information on GBV services during training events All faith leaders know of the services and support that are available for survivors.	Endline& final report
	3.1.2 Perception among women and girls that faith leaders are willing and able to support them if they experience violence.	FGD with female congregants	N/A	N/A	FLs actions in providing support to women who have experienced violence has been demonstrated to women and girls. Some conflict cases or serious rape and violence cases have been effectively managed. When needed counselling and referrals are carried out directly by Faith Leaders.	Endline 11/17 & final report
Output 3.2:	**3.2.1** Perspectives	FGD with faith	N/A	N/A	Trained clergy have advanced	Endline

Muslim and Christian faith leaders act to reduce violence-related stigma and alleviate practical barriers to survivors accessing services.	and knowledge of faith leaders on violence related stigma and other barriers to survivors accessing services	leaders			knowledge of and act to address violence related stigma and other barriers to survivors accessing services.	11/17 & final report

Annex 6: Beneficiary Data Sheet

Beneficiary group		The number of beneficiaries reached	
		At the project goal level	At the outcome level
Female domestic workers			
Female migrant workers			
Female political activists/human rights defenders			26
Female sex workers			
Female refugees/internally displaced/asylum seekers			
Indigenous women/from ethnic groups			
Lesbian, bisexual, transgender			
Women and girls in general			4,393
Women/girls with disabilities			3
Women/girls living with HIV and AIDS			
Women/girls survivors of violence			41
Women prisoners			
Others (specify)			
Primary Beneficiary Total			
Civil society organisations (including NGOs)	Number of institutions reached	**N/A**	18
	Number of individuals reached	**N/A**	659
Community-based groups/members	Number of institutions reached	**N/A**	37
	Number of individuals reached	**N/A**	1,771
Educational professionals (i.e. teachers, educators)		**N/A**	519
Faith-based organisations	Number of institutions reached	**N/A**	142
	Number of individuals reached	**N/A**	3,947
General public/community at large		**N/A**	49,355
Government officials (i.e. decision makers, policy implementers)		**N/A**	318
Journalists/Media		**N/A**	17
Legal officers (i.e. lawyers, prosecutors, judges		**N/A**	11
Men and/or boys		**N/A**	4,013
Parliamentarians (i.e. decision makers, policy implementers)		**N/A**	23
Private sector employers		**N/A**	0
Social/welfare workers		**N/A**	429
Uniformed personnel (i.e. police, military, peace-keeping officers)		**N/A**	159
Others (specify)		**N/A**	
Secondary Beneficiary Total		**N/A**	

Annex 7: Quantitative Data Collection Instruments

Annex 7.1: Structured Survey Tool

SECTION 1: RESPONDENT SOCIO-DEMOGRAPHIC CHARACTERISTICS					
Question ID	**Question**	**Response**	**Code**	**Skip**	**Comment/instruction**
Q_1.1	Record sex of respondent	Female Male	1 2		
Q_1.2	Record type of population group / respondent	Adolescent female congregant Adult female congregant Adolescent male congregant Adult male congregant Faith leader Youth faith leader School leaders	1 2 3 4 5 6 7		Responses determine the flow of the tool, i.e. which questions will be administered to which population group
Q_1.3	What is your age?	_____ *(Record completed years)*	n/a		**End of interview**, if congregant is younger than 13 years
Q_1.4	What is your highest level of education?	No schooling Some primary schooling Completed primary schooling Some secondary schooling Completed secondary schooling Some higher education Completed higher education Other_____ *(Please specify other)*	1 2 3 4 5 6 7 8		
Q_1.5	What kind of work do you do to earn income?	Clergy Never worked Unemployed Employed Informally employed Retired	1 2 3 4 5 6		
Q_1.6	What is your marital status?	Married Unmarried Divorced	1 2 3		

		Widowed	4		
		Separated	5		
		Other_____	6		
		(Please specify other)			
Q_1.7	What religious denomination do you belong to?	Christian	1		
		Muslim	2		
		Other_____	3		
		(Please specify other)			
Q_1.8	Do you have any children?	Yes	1	If response is NO, skip next question and continue with population specific section	
		No	2		
Q_1.9	How many children do you have?	1 child	1		
		2 children	2		
		3 children	3		
		4 children	4		
		5 children	5		
		6 children	6		
		More than 6	7		

SECTION 2: KNOWLEDGE AND ATTITUDE					
INSTRUCTION TO ENUMERATORS: SECTION 2 IS TO BE ASKED TO MALE AND FEMALE CONGREGANTS AND BOTH AGE GROUPS. **FOR FAITH LEADERS; YOUTH FAITH LEADERS AND STUDENT LEADERS SKIP TO SECTION 3** **Enumerator to read following introduction to participants "In this community and in others, people have different ideas about families and what is acceptable behaviour from me and women in the home. I am going to read a list of statements and I would like you to tell me whether you generally agree or disagree with each statement. There are no right or wrong answers."**					
Congr_2.1	A woman's most important role is to take care of her home and cook for her family.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.2	A man should have the final word about decisions in the home.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.3	A man always deserves the respect of his wife and children, no matter what he has said or done.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.4	A man is worth more than a woman.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.5	Women do not have sound opinions	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.6	A woman is someone to be educated.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.7	A home without a man is not respected.	Agree Disagree Don't know No response	1 2 888 999		

Congr_2.8	When women work, they are taking jobs away from men.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.9	When women get rights, they are taking rights away from men.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.10	If a woman disrespects her partner/husband, he is expected to use force.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.11	There are times when a woman deserves to be beaten.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.12	A woman should tolerate violence in order to keep her family together.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.13	Some women like to be beaten.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.14	If a woman burns the food while cooking, it is good for a man to hit her.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.15	It is good for a husband/partner to hit his wife/partner if she refuses to have sex with him.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.16	If a woman cheats on a man, it is good for him to hit her.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.17	If a man sees another man beating a woman, he should not interfere.	Agree Disagree Don't know	1 2 888		

		No response	999		
Congr_2.18	In my religion, it is acceptable for men to beat women.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.19	Slapping a woman is not really physical violence against her.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.20	Threatening a woman is not violence against her.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.21	It is not rape if a woman is being forced to have sex by her husband.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.22	When women are raped, they usually did something careless to put themselves in that situation.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.23	In some rape cases, women actually want it to happen.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.24	If a woman does not physically fight back, it is not really rape.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.25	In any rape case, one would have to question whether the victim can run around or has a bad reputation.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.26	It is not harmful if a girl is forced to have sex before age 18	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.27	In my religion, women must always say yes	Agree	1		

	when a man wants to have sex.	Disagree Don't know No response	2 888 999		
Congr_2.28	Women have enough rights right now and do not need more.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.29	Laws in my country make it too easy for a woman to bring a violence charge against a man.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.30	Gender equality, meaning that men and women are equal, has already been achieved for the most part.	Agree Disagree Don't know No response	1 2 888 999		
Congr_2.31	God created men as superior to women	Agree Disagree Don't know No response	1 2 888 999		

	SECTION 3: VIOLENCE AGAINST WOMEN AND GIRLS IN YOUR COMMUNITY				
INSTRUCTION TO ENUMERATORS: SECTION 3 IS TO BE ASKED TO <u>FAITH LEADERS; FAITH YOUTH LEADERS; STUDENT LEADERS</u>.					
FL 3.0 FLY 3.0 SL 3.0	Is it common in your community that faith leaders publicly speak out against violence against women and girls?	Yes No Don't know No response	1 2 888 999		Introductory question. Data does not have to be reported
FL_3.1	Do you know the Faith Leaders GBV toolkit?	Yes No Don't know No response	1 2 3 4	If NO, don't know or no response go to XXX	
FL_3.2	Do you use the Faith Leaders GBV toolkit in your work to prevent GBV?	Yes No Don't know No response	1 2 3 4		
FL_3.3	How often have you used the GBV toolkit	One time A few times Many times Other _____ *(Please specify other*	1 2 3 4		
FL_3.4 YFL_3.1 SL_3.1	Have you spoken publicly on the issue of violence against women and girls in the past year?	Yes No Don't know No response	1 2 888 999	If No/don't know/no response skip to…. (see cell in right column)	Skip conditioned by pop group. Faith leaders to FL_3.4; school leaders skip to SL_3.5
FL_3.4a YFL_3.1a SL_3.1a	If yes, during which types of events did you speak on violence against women and girls?	Sermon Religious event/retreats Other _____ *(Please specify other*	1 2 8		Multiple response question
FL_3.4b YFL_3.1b SL_3.1b	Please tell me how many times you spoke about violence against women and girls for this type of event in the past year	Type of events by # of times			Multiple response question
FL_3.5	Did you talk about prevention of	Yes	1		

YFL_3.2 SL_3.2	violence against women and girls?	No Don't know No response	2 888 999		
FL_3.6 SL_3.3 YFL_3.3	Did you talk about support for survivors of violence?	Yes No Don't know No response	1 2 888 999		
FL_3.6a YFL_3.3a SL_3.3a	Have you provided any type of support to survivors of violence in the past year?	Yes No Don't know No response	1 2 888 999		
FL_3.6b YFL_3.3b SL_3.3b	What type of support have you provided to survivors of violence?	 HOSPITAL, Counselling, Safe Space, Access to justice Others specify	1 2 3 4		
YFL_3.4	Do you conduct FAMA groups?	Yes No Don't know No response	1 2 888 999		

	SECTION 4: VIOLENCE AGAINST WOMEN AND GIRLS IN YOUR COMMUITY				
INSTRUCTION FOR ENUMERATORS: TO ASK TO <u>ALL CONGREGANTS</u> MALE AND FEMALE AND TO BOTH AGE GROUPS. **Enumerator to read following introduction to participant "I would now like to ask you about faith-based activities regarding GBV in your community"**					
Congr_4.1	Is it common in your community that faith leaders publicly speak out against violence against women and girls?	Yes No Don't know No response	1 2 888 999		Introductory question. Data does not have to be reported
Congr_4.2	In the past year, have you heard any Faith Leaders speak out publicly against violence directed at women and girls?	Yes No Don't know No response	1 2 888 999		
Congr_4.2a	If yes, during which types of events did you hear them speak about violence against women and girls?	Sermon Religious event/retreats Other _____ _____ *(Please specify other*	1 2 3 4 5		
Congr_4.2b	Please tell me how many times you heard them speak about violence against women and girls for this type of event in the past year	Type of events - # of times	1 2 3 4 5		
Congr_4.3	Do you think that Faith Leaders in your community are actively working to stop violence against women and girls?	Yes No Don't know No response	1 2 888 999	If NO go to 4.4	
Congr_4.3a	Do you think their efforts have resulted in any changes in your community?	Yes No Don't know No response	1 2 888 999		
Congr_4.3b	What kind of changes have you observed				
Congr_4.4	Do you know of any	Yes	1		

		No Don't know No response	2 888 999		
	services/support a woman or girl who has experienced violence could go to for help?				
Congr_4.4a	If yes, could you mention the available services you aware of?	Police Hospital / health center Social services Legal advice center Shelter Local leaders Faith based leaders School Other _____ *(Please specify other)*	1 2 3 4 5 6 7 8 9		
Congr_4.4b	If yes, how did you learn about these services?	Friends Family Radio Faith leaders Church meetings Other_____ *(Please specify other)*	1 2 3 4 5 6		
Congr_4.5	Have you participated in any activities through your (**church or mosque**) where violence against women and girls was addressed, such as marriage preparation, retreats or counselling?	Yes No Don't know No response	1 2 888 999	If NO, go to FemCongr_5.1 OR end the interview for male congregants	
Congr_4.5a	If yes, in which activities did you participate?	Marriage preparation Retreats Counselling Other…………………………………… *(Please specify other)*	1 2 3 4		

SECTION 5: RESPONDENT AND HER PARTNER / OTHER EXPERIENCES
INSTRUCTION TO ENUMERATORS: TO BE ASKED TO FEMALE CONGREGANTS BOTH ADULT AND ADOLESCENT <u>AND</u> ENSURE PRIVACY **Enumerator to read following introduction "I would now like to ask you some questions about your life experiences"**

FemCongr_5.1	Did you have (in the past 12 months) or do you currently have a love relationship? Specify love relationship includes husband; male partner who she lives with but is not married to; male partner who she is dating and not living with	Yes No Don't know No response	1 2 888 999	If no, don't know or no response go to FemCongr_5.6	
**Instruction to interviewer to read following statement:** *"When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current or past relationship and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept **confidential**, and that you do not have to answer any questions that you do not want to. May I continue?"*
FemCongr_5.2	In the past 12 months, has your husband/partner been physically violent towards you? If yes, how often would you say this has happened? Once; few; or many times.	No physical violence One time A few times Many times Don't know No response	0 1 2 3 888 999		
FemCongr_5.3	In the past 12 months, has your husband/partner been sexually violent towards you? If yes, how often would you say that this has happened? Once; few; or many times	No sexual violence One time A few times Many times Don't know No response	0 1 2 3 888 999	If NO go to Fem Congr skip to 5.5	
FemCongr_5.4	You have told me that your husband/partner had been violent towards you in the past 12 months. Did you seek help from a faith leader because of this violence?	Yes No Don't know No response	1 2 888 999	If NO,go to FemCongr 5.4b If don't know/no response go to FemCongr_5.5	
FemCongr_5.4a	If yes, do you feel the	Yes	1		

	support provided by the faith leader was helpful to you?	No Don't know No response	2 888 999		
FemCong_5.4b1	If yes, please tell me what kind of support you received!	Referral Counselling Other…………………………………… *(Please specify other)*	1 2 3		
FemCong_5.4b2	If no, why did you not seek support from a faith leader?	Violence not serious enough…… Afraid/ashamed to ask for help.. Did not know to seek help from a faith leader…………………………… Other…………………………………… *(Please specify other)* Don't know No response	1 2 3 4 888 999		
Instruction to interviewer to read following statement: *"In their lives, many women have unwanted experiences and experience different forms of maltreatment and violence from all kinds of people, men or women. These may be relatives, other people that they know, and/or strangers. If you don't mind, I would like to ask you about some of these situations. Everything that you say will be kept __confidential__. May I continue?"*					
FemCongr_5.5	In the past 12 months, has anyone [other than husband/partner] been physically violent towards you? If yes, how often would you say that this has happened? Once; few; or many times	No physical violence One time A few times Many times Don't know No response	0 1 2 3 888 999		
FemCongr_5.6	In the past 12 months, has anyone [other than husband/partner] been sexually violent towards you? If yes, how often would you say that this has happened? Once; few; or many times	No sexual violence One time A few times Many times Don't know No response	0 1 2 3 888 999		
FemCongr_5.7	You have told me that your husband/partner had been	Yes No	1 2	If NO go to FemCongr_5.7b	

	violent towards you in the past 12 months. Did you seek help from a faith leader because of this violence?	Don't know No response	888 999		
FemCongr_5.7a	If yes, do you feel the support provided by the faith leader was helpful to you?	Yes No Don't know No response	1 2 888 999		
FemCongr_5.7b	If no, why did you not seek support from a faith leader?	Violence not serious enough…… Afraid/ashamed to ask for help.. Did not know to seek help from a faith leader…………………………… Other………………………………… *(Please specify other)* Don't know No response	1 2 3 4 888 999		

Annex 8: Qualitative Data Collection Instruments

Annex 8.1: FGD Guide – Congregants

1. Community-based understanding of gender-based violence
We know that women and girls experience many types of violence at home and in the community. Let's start by talking about the fact that every married and dating couple have disagreements from time to time. What kind of actions might occur in such situations: 1.1 Which types of violence that occur in your community are you aware of? 1.2 Which actions are considered normal? 1.3 And which actions go too far ➔ *Please provide examples*
We have been talking about actions women experience within dating or married couples. What type of actions do women experience by strangers or acquaintances? 2.4 Which are considered normal? 2.5 Which go too far? ➔ *Please provide examples from before the project started and today!*
2.6 Did you engage in discussions around GBV with members of your household? Husbands? Sons? Daughters? Siblings?
2.7 What was your own perception of GBV BEFORE this project? → How has your perception changed? Why has it changed?
2. Role of faith leaders in GBV work
2.1 Please share with me what role do does your imam play in fighting GBV in your community? ➔ *Does he speak out? If so, how often?* ➔ *Does he provide any other services to survivors of violence? If so, what kind of services does he provide?*
2.2 Do you think the imams role is important in speaking out against GBV in your community?
2.3 Did the imam speak about GBV and GBV prevention 3 or 4 years ago?
2.4 In the last year, have you noticed any changes in the way the imams address violence against women and girls? If so, please provide details what changes you noticed
2.5 How likely is it that a woman or a girl who has experienced violence would seek help from the

imam/priest/pastors?

3. Seeking support
We have discussed actions that occur against women and gilrs by their husbands/partners and by strangers/acquaintances 3.1 For which of these actions would a survivor in your community seek help?
3.2 From where would they seek help?
3.3 How easy or difficult is it for a survivor of violence to seek help? ➔ What barriers/challenges exists that affect survivors to seek help?? ➔ Is there any difference
4.4. How likely is it that in your community a woman or girls who has experience violence would seek help? ➔ Any difference between BEFORE and AFTER the project? ➔ What about police? Is it effective? 3.4 What do you think needs to be done to improve service available to survivors of violence?
4.5 Which do you think are the most important improvement to be made?

4. Changes in community
4.1 Please share with us how the GBV situation used to be BEFORE the project?
4.2 How is the situation today? ➔ Is there still need to improve (reduce GBV cases)? If so, what are the reasons why GBV prevalence in your community is still high?
4.3 Is there anything you would like to say or ask?

Annex 8.2: School-Based GBV Committee

1. **Perception and changes in relation to GBV**
1.1 Please share with us what you understand by the term "Gender-based Violence" ➔ *Did you know what GBV means before you participated in the GBV committee* ➔ *Please provide examples*
1.2 Has you understanding of GBV changed in the past 2 years? If so, please explain in detail and provide some examples!
2. **Knowledge**
2.1 Please tell me about the school Code of Conduct! What does it say?
2.2 What are some of the bad behaviors that the school Code of Conduct speaks against in schools, which teachers, administrators and students should speak out or stand up against?
2.3 What do you think are some of the reasons that cause people breach the Code of conduct?
2.4 As a member of the school-based GBV committee and using the knowledge from the Code of Conduct, how do you think breaching the Code of Conduct can be prevented?
3. **Role and Function as School-based GBV committee**
3.1 Please share with us what role do you have in the school-based GBV committee? 3.2 And what role the GBV committee has in your school? ➔ What activities do you carry out?
3.3 Have you had any challenges in carrying out the functions as school-based GBV committee? If so, what challenges did you face?
4. **Changes of GBV perception and practices at school**
4.1 Do you think that GBV perceptions and behaviors at your school are any different today compared to prior to the project? *If so, please provide some examples and explain how the situation was before and how it is today?* *If not, why do you think the situation has not changed?*
4.2 If things have changed, what do you consider as the best change that took place in your school?

Annex 8.3: FGD Guide Technical Working Group

1. **Perception and changes in relation to GBV**
a. Please share with us how your understanding of gender relations and GBV has changed today compared to the time before you started participating in this project ➔ *Please provide examples*
b. What changes have you experienced in your own behaviors and practices? *Please provide examples*
c. What do you feel has been the most significant learning in regards to your own perception of GBV *Please explain why you feel so*
2. **Roles and functions**
a. Please describe your role as faith leaders in addressing GBV
b. How do you see your role in fighting GBV in the future? ➔ *What will you continue to do and why?* ➔ *Would you do anything differently? If so, please explain why!*
c. Did you encounter any challenges in executing your role as faith leaders addressing GBV issues? ➔ *Explain in detail and provide examples*
3. **Knowledge acquired through Faith Leaders Toolkit and Facilitation Skills**
a. Please share with us what knowledge and/or skills you have acquired from the training? ➔ Most useful skills/knowledge. Why? Less useful skills/ knowledge. Why?
b. What has been most important to you about the Faith Leader toolkit? ➔ *Please explain why you consider it as most important* ➔ *How did you use your acquired knowledge in* a. *Congregational worship* b. *Family and pastoral care* c. *Youth engagement*
c. When you look back at the past 2 years during which you used the Faith leader toolkit, would you change anything about the toolkit to improve its usefulness? ➔ *Please explain why would make those changes!*

4. Engaging other Faith Leaders	
	a. In what ways has the training (Faith Leaders Toolkit, Facilitation Skills) helped you to work with other faith leaders?
➔	*What are the differences in how you used to work with other faith leaders compared to the time before you participated in the training?*
	b. How do you engage with other religious leaders and congregations on GBV?
➔ *Frequency* ➔ *Platforms*	
	c. What do you consider as enabling factors in your engagement with other faith leaders and congregants?
	d. Did you encounter any challenges when engaging with other faith leaders or congregants?
	e. What changes have you observed in local religious leaders and faith communities in response to the training programs?
➔ *Give examples*	f. Are you aware of any spill-over effects in faith communities that have not directly participated in the project?
➔ *Give examples*	
5. Sustainability	
	a. We know that your project has generated positive results in the lives of women and girls. I would like to find out what measures or strategies are in place or are planned to be put in place to ensure that these positive changes will be sustained after this project ends!
	b. When we look at the faith-based leadership structure of your project with you – the TWG – providing leadership, management and guidance, what opportunities do you identify to sustain achieved results in this regard?
6. TWG Perception of Project Impact	
	a. Please share with me what unintended consequences (positive and negative) resulted from the project?
b. What do you think is the most significant change of the project?	
➔ *At faith leader level* ➔ *At congregant level*	
7. Lessons Learned	
	a. Imagine you are in room full of other practitioners on Ending Violence against Women and Girls and they asked you about the key lessons learnt from your project, what would be your response/responses.

b.	If they then asked you to give examples for Best Practice as these practitioners are planning to replicate your project, what would you share with them?
c.	Are you able to point at any key lessons learnt to effect changes in the way faith leaders perceive and understand GBV and speak out against VAWG?
d.	**Follow up**: What do you think makes this project or project approach different from other GBV projects?
e.	Imagine you are approached by a faith based institution from outside Liberia that plans to replicate your project model, what advise would you give them to help this institution to make this project successful in their own context?

Annex 8.4: FGD Guide (Youth) Faith Leaders

5. Changes in Perceptions, Behaviors and Practices
5.1 Please share with us how your understanding of gender relations and GBV has changed today compared to the time before you started participating in this project ➔ *Please provide examples*
5.2 What changes in behaviours and practices have you observed in your area? ➔ *Please provide examples from before the project started and today.*
5.3 In your role as a Youth Faith Leader, what opportunities do you have to address VAWG? *Did you encounter any challenges in making use of these opportunities? If so, why?*
5.4 How do you encourage others in your community (local priests, imams) to change their perceptions, behaviours and practices? ➔ *If you look back at the past 2 years during which this project was implemented, what problems did you face in encouraging others in your community to change their perceptions and practices in relation to GBV?* ➔ *Did you manage to overcome these problems?* *If so, what strategies did you use?*
6. Roles and Functions
6.1 Please describe your role as youth faith leaders in addressing GBV
6.2 What has changed in how you are providing support to *a. local clergy (Imams and priests)* *b. congregants*
6.3 What challenges, if at all, did you face in the past two years in providing guidance and support to *a. Local clergy* *b. Congregants*
6.4 Were you able to overcome those challenges? ➔ *If so, what strategies did you employ to overcome them?* *If not, why do you think those challenges are persisting?*
6.5 How do you see your role in preventing GBV in the future? ➔ *What will you continue to do and why?* *Would you do anything differently? If so, please explain why?*
7. Knowledge acquired through GBV training and GBV toolkit/FAMA Cards
7.1 Please share with us what knowledge and/or skills you have acquired from the training? ➔ *Most useful skills/knowledge. Why?* *Less useful skills/ knowledge. Why?*

7.2 What has been most important to you about the GBV training?
 	
 ➔ *Please explain why you consider it as most important*
 ➔ *How did you use your acquired knowledge in*
     d. *Congregational worship*
     e. *Family and pastoral care*
     f. *Youth engagement*
     g. *Public events (rallies, radio talks)*

7.3 Please explain to us how you use the GBV toolkit/FAMA cards?
     ➔ Which events/platforms?
     ➔ Frequency?
     ➔ Target population? Any differences in usefulness in relation to different groups?

7.4 When you look back at the past 2 years during which you used the GBV toolkit/FAMA cards, would you change anything about the toolkit/cards to improve its usefulness?   *Please explain why you would make those changes?*
7.5 Do you attribute any changes in how you engage with your community on GBV related issues to the GBV toolkit/ FAMA?   If so, explain in detail how you engaged with your community before and after the training?

Annex 9: CVs of Evaluators

Annex 9.1: Dr. Seema Vyas

PERSONAL DETAILS:

Dr. SeemaVyas
Permanent address: London, United Kingdom
Current address:Moshi, Tanzania
Telephone: +44 (0)7506357967; +255 (0)752087638
E-mail: seema.vyas.ac@gmail.com
Nationality: British

EMPLOYMENT:
Jan 2012-present   Independent consultant (development and gender economist)

UN Women (June-current): International researcher on study to estimate the economic cost of violence against women in Kazakhstan
UN ESCWA (July-January 2017): Chapter on violence against women and women's health in the Arab region for UN ESCWA "Status of Arab Women" report
UN Women: Author of "Why money matters in efforts to end violence against women and girls"
Avenir Health (June 2016-October 2016): Capacity building of local NGOs in Nigeria to record and analyse cost data.
UN Women Trust Fund (May-June 2016): Technical reviewer for UN Trust Fund to end violence against women and girls. Completed reviews for 35 UN Trust Fund grant applications
UN Women (August 2014-February 2016): Part of an international consultancy team supporting studies to cost a minimum standards of services package to victims of violence in Southeast Asia
UNFPA (February 2014-October 2014): Technical support in the analysis and interpretation of population-based violence against women (VAW) survey data collected in Pacific Island countries
World Bank (May 2013-October 2013): Background paper for the World Bank's Voice, Agency and Participation 2014 report on the impact of intimate partner violence on women's earnings
Futures Group (September 2012-June 2013): Building capacity among national partner organizations to cost gender-based violence (GBV) prevention and response services in Tanzania

Jan 2014-July 2015   Lecturer at London School of Hygiene and Tropical Medicine (LSHTM)/ Kilimanjaro Christian Medical University College (KCMUC)
Tutored on the MSc Epidemiology and Biostatistics course at KCMUC as part of the LSHTM's
capacity building program in developing research excellence in Africa.

April 2011-Dec 2011   Research Fellow: Economic and Health Systems Analysis Group, LSHTM and Ifakara Health Institute (IHI). Based in Dar es Salaam, Tanzania
Managed five research projects in the area of social protection and maternal and child health.
Developed and led on two monitoring and evaluation research proposals that also included liaising and negotiating with development partners.
Mentored a team of 2 health economists and one social scientist.

Jan 2004-Mar 2011   Research Fellow: Social & Mathematical Epidemiology (SaME), LSHTM
Worked on a broad range of gender and development and public health research studies including women's economic empowerment, violence against women, maternal and child health, and improving the quality of care of private pharmacies and drug sellers in Zimbabwe and Tanzania
Secured research funding e.g. co-authored successful proposal to ESRC-DfID joint scheme for poverty reduction (£209,000)
Presented at international conferences including UNGEI (Senegal 2010).

Seminar led on basic statistics, basic maths and economic analysis for health policy, and lectured on social epidemiology postgraduate study modules.
I was visiting research associate at Muhimbili University of Health and Allied Sciences Tanzania (MUHAS) between 2008-2010. I led a study on women's economic empowerment and gender violence leading and mentoring a team of local researchers.

Jan 2001-Dec 2003   Researcher: Malaria Consortium (MC) & LSHTM
Co-ordinated both MC and LSHTM participation in a collaborative malaria control initiative, funded by USAID, that included several culturally diverse international partners
Designed and managed a research study in Nigeria to monitor coverage of private sector commercial supply of insecticide treated nets–this included planning and conducting mapping exercise of commercial sector supply, qualitative interviews with commercial traders, and analysing routine market research data
Participated in key advisory meetings with international project partners to plan and develop program strategies using findings from research.

June 1999-Dec 2000   Market Planning Analyst: Guinness UDV (London, UK)
May 1996-May 1999   Senior Market Modelling Analyst: ACNielsen (Oxford, UK)

EDUCATION:

PhD Economics and Public Health (part-time program)
Thesis title: "Assessing the implications of women's economic status on partner violence in Dar es Salaam and Mbeya, Tanzania" LSHTM

MA Economic and Social Studies (Econometrics focus)
University of Manchester, UK

BA (Hons) Economics
University of Sussex, UK

Additional training:
Postgraduate Certificate in Learning and Teaching Module One (LSHTM)
Gender mainstreaming; Monitoring & evaluation in the NGO sector (Human Rights Education Associates)
Topics in econometrics; Advanced econometrics (London School of Economics)
Conducting literature reviews; Qualitative methodologies; Analysing survey and population data (LSHTM)
Multivariate statistics (Oxford Brookes University)
Computing skills:
Microsoft office software: Word, Excel, PowerPoint, Access Statistical software:STATA, SPSS, Latent Gold
Qualitative software: NVIVO
Languages: English (Native); Kiswahili, Gujarati, French (Basic)

PUBLICATIONS & REPORTS:

Peer reviewed journal articles

Vyas S. Maintaining respect: men, masculinities and domestic violence against women – insights from informal sector workers in Tanzania. *Forthcoming to International Journal of Gender Studies in Developing Societies*
Vyas S. Marital violence and sexually transmitted infections among women in post-revolution Egypt. *Sex Reprod Healthcare.* 2017 13:68-74
Vyas S, Mbwambo J. Physical partner violence, women's economic status and help-seeking behaviour in Dar es Salaam and Mbeya, Tanzania. *Glob Health Action.* 2017 10(1)
Vyas S, Heise L. How do area-level socioeconomic status and gender norms affect partner violence against women?: Evidence from Tanzania. *Int J Public Health.* 2016 61 (8):971-980.

Vyas S, Jansen H, Heise L, Mbwambo J. Exploring the association between women's access to economic resources and intimate partner violence in Tanzania. *Soc Sci Med.* 2015 146:307-315

Vyas S, Mbwambo J, Heise L. Women's paid work and intimate partner violence: Insights from Tanzania. *Fem Econ.* 2015 21: 1, 35-58

Vyas S, Heise L. Using propensity score matching to estimate an "unbiased effect-size" between women's employment and partner violence in Tanzania. *J Interpers Violence.* 2014 29: 16 2971-2990

Vyas S, Watts C. How does economic empowerment affect women's risk of intimate partner violence in low and middle income country settings?: a systematic review of published evidence. *J Int Dev.* 2009 21, 577-602.

Viberg N, Mujinja P, Kalala W, Kumaranayake L, Vyas S, Tomson G, StålsbyLundborg C. STI management in Tanzanian private drugstores–practices and roles of drug sellers. *Sex Transm Infect.* 2009 85(4):300-7

Polonsky J, Balabanova D, McPake B, Poletti T, Vyas S, Ghazaryan O, Kamal Smith M. Community health insurance schemes in Armenia: are they reaching the poor? *Health Policy Plan.* 2009 24(3):209-216

Vyas S, Hanson K, Lines J. Investigating mosquito net coverage in Nigeria using market research consumer surveys. *Ann Trop Med &Parasit.* 2007 101(3):233-245

Nyazema N, Viberg N, Khoza S, Vyas S, Kumaranayake L, Tomson G, StålsbyLundborg C. Low sale of antibiotics without prescription – A cross sectional study in Zimbabwean private pharmacies *J AntimicrobChemother.* 2007 59:718-726

Vyas S, Kumaranayake L. How to do (or not to do)… Constructing socioeconomic indices: How to use principal components analysis. *Health Policy Plan.* 2006 November: 21(6): 459-68.

Terris-Prestholt F, Vyas S, Kumaranayake L, Mayaud P, Watts C. The costs of treating curable sexually transmitted infections (STI) in developing countries: a systematic review. *Sex Transm Dis.* 2006 October: 33(10 Suppl): S153-66.

Submitted to peer review journals

Vyas S. Patterns of health seeking, out-of-pocket payments and the relationship with violence against women in Tanzania. *Submitted to Violence against Women*

Vyas S, Jansen H. Unequal power relations and partner violence against women in Tanzania: A cross-sectional analysis. *Submitted to BMC Women's Health*

Research reports and discussion papers

SeemaVyas: Why money matters in efforts to end violence against women and girls www.unwomen.org/en/digital-library/publications/2016/11/why-money-matters-in-efforts-to-eVAWG

Duvvury N, Vyas S, Siripholdej P, and S Ashe: Estimating the resource requirements for a minimum package of essential services for women experiencing violence in Lao PDR.

Duvvury N, Scriver S, Vyas S, S Ashe: Estimating resource requirements for responding to violence against women in South-east Asia: Synthesis of findings and lessons http://ow.ly/xypo300WTdU

Te Ata O Te Ngakau (Shadows of the Heart) The Cook Islands Family Health and Safety Study www.intaff.gov.ck/wp-content/uploads/2014/07/30-June-Cook-Is-Family-Health-Final-Report.pdf

Vyas S. Estimating the Association Between Women's Earnings and Partner Violence : Evidence from the 2008-2009 Tanzania National Panel Survey. 2013. World Bank, Washington, DC. https://openknowledge.worldbank.org/handle/10986/16696

Mak J, Vassall A, Kiss L, Vyas S, Watts C. Exploring the costs and outcomes of Camfed's seed money scheme (SMS) in Zimbabwe and Tanzania. November 2010.

Watts C, Vickerman P, Chimzizi R, Golombe C, Hargreaves N, Vyas S, Kumaranayake L, Msowoya K, Salaniponi F, Godfrey-Faussett P. Impact of the MACRO VCT intervention in Malawi on reported behaviour and projected HIV transmission. Supported by the WHO and DfID funded TB programme

Kumaranayake L, Terris-Prestholt F, Vyas S, Watts C. Review of Costs of HIV/STI Prevention and STI Treatment Strategies for DCPP

Larbi G, Adelabu M, Rose P, Jawara D, Nwaorgu O, Vyas S. Non-State providers of basic services Study of non-state providers of basic services in Nigeria. October 2004. Commissioned by DfID www.birmingham.ac.uk

Lines J, Vyas S. Recent changes and possible trends in the net market in Nigeria.

Freeman T, Handyside A, Vyas S. Distribution of Impregnated Bed Nets in Kenya. DfID Scoping Mission Report, June 2001.

Conference presentations

International Association for Feminist Economics *23rd IAFFE Annual Conference,* Accra, Ghana, June 27-29th, 2014
Vyas, S Does women's paid work reduce spouse abuse?: Insights from Tanzania. *Oral presentation*
Vyas, S Intimate partner violence and women's lost income in Tanzania. *Oral presentation for roundtable on the costs of gender based violence* supported by the World Bank
United Nations Girls Education Initiative, Dakar, Senegal May 17-20th, 2010
Vyas, S Contested development?: women's economic empowerment and intimate partner violence in urban and rural Tanzania. *Oral presentation*

Annex 9.2: Matthias Zingel

Curriculum Vitae

Matthias Zingel
4630 Andrew Mwenya Road/Flat 3
Rhodes Park, Lusaka
Cell: +260 969 484350
Email: matt@triplem-impact.com or matt.zingel@gmail.com

Professional Experience

10/2015 – to date	**Managing Consultant** Triple-M Impact Consulting
08/2014 – to date Lusaka/Zambia	**Independent Research, Monitoring & Evaluation Consultant**
12/2012 – 08/2014	**JuniorResearch, Monitoring & Evaluation Consultant** Nangoma Consult Ltd., Lusaka/Zambia
10/2010 – 01/2012	**Tutor** (Participatory Project Management/Monitoring and Evaluation) Institute for International Development, University of Vienna/Austria
02/2010 – 09/2010	**Program Management-Trainee** Zambian Governance Foundation, Lusaka/Zambia

Professional Training

Service Provider	*Course*
TechChange USA	Technology in Monitoring and Evaluation
Project Management for Development (PM4DEV), Atlanta/USA	Project Design, Monitoring & Evaluation
RuralNet Associates, Lusaka/Zambia	Hands-On Monitoring and Evaluation
Funds For NGOs	Proposal Writing and Fundraising
University of Gießen, Germany	Statistical Package for the Social Sciences

Proficiencies

Research/M&E   Design and implementation of result-based M&E systems; Design and implementation of qualitative and quantitative social research studies; Qualitative and quantitative data analysis; Electronic data collection; M&E capacity building; Design and implementation of mid- and end-line project evaluations;

Project Management Good knowledge of project planning tools (problem analysis, needs assessment; stakeholder analysis; PESTLE/SWOT; LogFrame)

IT   MS Office, Statistical Software (SPSS, CSPro, EpiInfo), Digital Data Collection Software (Open Data Kit, KoBo Form Builder),

Language   German (mother tongue), English (excellent)

Completed Consultancies (since 01/2013)

Client/Organisation	*Assignment*
Build It International	Lead consultant in the annual Impact Study of Community development projects in the health and education sector and assessment the programme´s impact on beneficiaries´ livelihoods through vocational training in the construction sector.
Episcopal Relief & Development	Co-consultant in the final evaluation of the Country Programme Early Childhood Development. Led the design of the quantitative survey tools and quantitative data analysis and set up the electronic data collection and analysis management system.
SANI Foundation	Baseline survey for the DIY Employment Project
UNICEF/Ministry of Community Development and Social Welfare Zambia	ODK / Data Management Specialist for the Nationwide Assessment of Residential Care Facilities for Children in Zambia
Build It International	Annual Impact Assessment of BII´s infrastructure development projects
Zambia Governance Foundation	Co-consultant in an Impact Assessment of ZGF´s impact on supporting civil society organisations in the education sector in Zambia
Episcopal Relief & Development	Volunteer Assessment Study of the Early Childhood Development Program in Zambia
Cecily´s Fund UK	Baseline Study for the Connecting Communities´ Programme which included a legal framework analysis of OVC support in Zambia
Build It International (UK/Zambia)	Reviewed the organization´s baseline data instruments against organization´s information needs. Trained and supervised project staff in baseline data collection with putting an emphasis on data quality.
Sunshine Project Zambia	M&E System development and facilitation of its implementation. Designed data qualitative and quantitative data instruments and trained project stuff in data collection and data entry.
Episcopal Relief & Development (USA)	Planned and implemented a baseline study for the Early Childhood Development Program in Zambia. Findings informed the review process of the program´s result framework. Developed a data management system and trained project staff in data entry, updating storage and retrieval.
Plan Zambia/Barclays Bank Zambia/CARE Zambia	Co-consultant in a linkages assessment for the Banking On Change (BOC) program in Central Province. Aim of this study wasto collect information from project beneficiaries regarding their financial service needs in order to enable Barclays Bank to tailor financial products and services.

Oxfam Zambia	Part of an evaluation team to conduct the mid-term evaluation of Oxfam´s Climate Justice Initiative in Southern Province. I was responsible for the development of quantitative data instruments, coordination of field research, conducting key informant interviews with local politicians and civil servants, qualitative and quantitative data analysis, as well as report writing
Build It International (UK/Zambia)	Lead consultant in planning, implementing and drafting the annual Impact Assessment Study. Developed quantitative and qualitative data tools, coordinated field research and data processing. Carried out a performance assessment in community schools and rural health clinics.
Zambia Civil Society Center	Planning and implementation of three workshops in proposal writing (2x) and 'How to use the log frame'.
Palliative Care Alliance Zambia	Review and adjustment of project log frame of a project that intends to improve access to and quality of palliative health care services in Zambia.
Plan Zambia/Barclays Bank Zambia/CARE Zambia	Co-Consultant in a team to conduct baseline study for the Banking on Change program with focus on developing and implementing data quality assurance measures.
Plan Zambia	Co-Consultant in a team to conduct a baseline study for the Girls Economic Empowerment Project (GEEP) in Luapula Province. My tasks included developing qualitative data instruments, qualitative data analysis and a policy analysis of economic empowerment measures of girls and young women in Zambia
Plan Zambia	Co-Consultant in a team to conduct a baseline/advocacy-study for the Young Health Project in Eastern province, Zambia. I was responsible for developing qualitative data instruments, conducting key informant interviews, qualitative data analysis and conducted an analysis of the existing legal framework regarding child marriage and early pregnancies.
CARE Zambia	Co-Consultant in a team to build M&E capacities of CARE´s grant partner 'Reformed Open Community Schools' by developing the M&E System and design a Management Information System (M&E database)
Kasanka Trust Zambia	Review of funding proposal with focus on quality of problem analysis, derived project logic and objective development
Zambia Civil Society Center	Co-trainer in a team of trainers to design and implement a 5-days workshop in 'proposal writing for local development projects and fundraising from institutional donors (EU and USAID)

Education
2016 – *ongoing*   MSc Public Health, University of Sheffield/UK
2015 – 2016   Postgraduate Certificate Public Health, University of Sheffield/UK

2007 – 2012   MA Development Studies, University of Vienna/Austria
2007 – 2011   BA African Studies, University of Vienna/Austria

References

Nangoma Consult Ltd.	**Episcopal Relief & Development**	**Build It International (UK/Zambia)**
Ngoni Stuart Nsana	AbiySeifu	Andrew Jowett
Managing Consultant	*Senior Programme Officer*	*CEO*
20 Tito Road, Rhodes Park	815 Second Avenue	The Pump House, Coton Hill,
10101 Lusaka,	New York, NY 10017	Shrewsbury,
Zambia	United States of America	Shropshire SY1 2DP
ngoni@nangoma.com	a.seifu@episcopalrelief.org	United Kingdom
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		+44-1743-246317

Annex 9.3: Joseph W. Nyan

CURRICULUM VITAE

JOSEPH W. NYAN

Personal Data

Date of Birth: 1 July 1959
Nationality: Liberian
Marital Status: Married
Career Interest: Systems Programming and Analysis
Cell: (+231)886556174/770307707
Email: joenyan59@Yahoo.com

Education:
 Certificate in VSE System Installation and Tailoring – March 1985
IBM Center; Manhattan, New York
Certificate, CICS Generation and Tailoring – March 1985
Philadelphia, U.S.A.

Master of Science in Computer Science with Distinction – January 1985
New York Institute of Technology – Long Island, New York

Bachelor of Science in Mathematics August 1981
Cuttington University College, Bong County - Liberia

Skills: Program in IMPS, SPSS, COBOL, CsPro, Stata, IMIS, ODK, CensusInfo, Assembler, Pascal, Microsoft Office

Work Experience:
Director/Data Processing and Principal Programmer
LISGIS
October 2006 to present
Tubman Blvd, Sinkor
Monrovia, Liberia
Result based:
Provided training for data entry clerks and supervisors for several projects
Designed data entry using CAPI application in CsPro 6.1 and CsPro 7.0 for mobile devices to collect data for several projects.
Designed data entry screens in IMPS and CsPro for several projects
Assisted with the analysis of many projects by producing the necessary basic and analytical tables
Converted the 2008 Census data files to the Integrated Management Information System (IMIS)
I conducted several IMIS training workshops for our county offices, Government officials, our central office staff, etc.
I also conducted several DevInfo workshops at our central office and in many counties of Liberia.
And many administrative task as required by the institution.

Programmer
National Establishment Census
July 2017

Liberia Institute of Statistics & Geo-information Services (LISGIS)
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. CsPro 7.0 was used.

Programmer
EPI KAP Survey
June 2017
Ministry of Health & Social Welfare
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I also produced their basic and analytical tables using SPSS. CsPro 6.1 and SPSS were used.

Programmer
Electoral violence Survey
May 2017
National Democratic Governance
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I converted the data to Stata, Excel and SPSS formats. CsPro 6.1 and SPSS were used.

Programmer
Africa Peer Review Mechanism Pillar 2
April 2017
Institute of Research for Democratic Development (IREDD)
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I also produced their basic and analytical tables using SPSS. CsPro 6.1 and SPSS were used.

Programmer
Africa Peer Review Mechanism Pillar 4
April 2017
National Democratic Governance
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I also produced their basic and analytical tables using SPSS. CsPro 6.1 and SPSS were used.

Team Leader
Cocoa Sector Impact Assessment
February 2017
Grow
19th Street/Monrovia, Liberia

Responsibilities include Programming of applications for PDA, Training field enumerators, Field Supervision, Data Cleaning and Analysis, Findings Presentation. CsPro 6.1 and SPSS were used.

Programmer
Liberia voter registration
February 2017
National Elections Commission
9th Street/Monrovia, Liberia
Responsibilities include Programming of applications for PDA, Training elections monitors and analytical team and conversion of data to SPSS, Excel and Stata formats. CsPro 6.1 and Stat Transfer9 were used.

Programmer
Gender Based Violence Survey
January 2017
National Democratic Governance
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I also produced their basic and analytical tables using SPSS. CsPro 6.1 and SPSS were used.

Programmer
National Conflict Mapping
July 2016
Peace Building Office
Monrovia, Liberia
Responsibilities include the preparation of the data entry screen for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report. I also produced their basic and analytical tables using SPSS. CsPro 6.1 and SPSS were used.

Programmer
Service Availability and Readiness Assessment (SARA)
April 2016
Ministry of Health and Social Welfare
Monrovia, Liberia
Responsibilities include the modification of their application programs to include Liberia specific variables and adjustments to allow program skip through sections allowing interviewers to suspend or proceed with interviews depending on status of respondents. I also assisted with the managing of the survey data and the preparation of a daily field progress report. I assisted with the loading of the survey data to their chart book for the production of their necessary tables, chart and graphs. I produced their necessary basic and analytical tables for the QoC (quality of control). CsPro 6.1 and SPSS were used.

Programmer
LMEP Distribution Monitoring and Infrastructure Assessment 2015
September 2015
Liberia Monitoring and Evaluation Program
Monrovia, Liberia
Responsibilities include the preparation of the XLS form for the loading of the program for the use of PDA to do data collection, managing of the survey data and the preparation of a daily field progress report.
ODK collect and SPSS were used

Programmer
UNMEER Health and Educational Facility Assessment 2015
April 2015
United Nations Mission for Ebola Emergency Response
Monrovia, Liberia
Responsibilities include the preparation of the XLS form for the loading of the program for the use of PDA to do data collection, managing of the survey data and the prepartion of a daily field progress report.
ODK collect and SPSS were used

Programmer
Liberia Facility Assessment for Contraceptives And Reproductive Health Commodities and Services 2013
December 2013
UNFPA
Monrovia, Liberia
Responsibilities include assisting with the design of the data entry screen, supervision of the data entry and the production of necessary analytical and final tables.
CsPro 4.1 software package and SPSS were used

Programmer
Programmer/2012 Liberia Demographic and Heath
June 2013
Result based
Trained the supervisor and data entry clerks
Ensured that the entry was done on time and satisfactory
Preliminary result was released ahead of schedule

Programmer
Liberia Agriculture Survey 2012
March 2013
Ministry of Agriculture
Monrovia, Liberia
Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables

Programmer
WFP Comprehensive National Food and Nutrition Survey 2012
November 2012
World Food Program (WFP)
Monrovia, Liberia

Result based:
Designed the data entry screen using Cspro
Provided training to the data processing staff
Did a final edit program for the cleaning of the data
Converted the final CsPro data file to SPSS and Stata files.

Programmer
Liberia Agriculture Survey 2011
November 2011
Ministry of Agriculture
Monrovia, Liberia

Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables

Programmer
IDP Camps WASH Assessment Survey Part1
February 2011
UNICEF
Monrovia, Liberia
Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables
Converted the final data file to SPSS

Programmer
IDP Camps WASH Assessment Survey Part2
November 2011
UNICEF
Monrovia, Liberia
Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables
Converted the final data file to SPSS

Programmer
Liberia EmONC Need Assessment
December 2010
Ministry of Health and Social Welfare
Monrovia, Liberia
Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables
Converted the final data file to SPSS

Programmer
Liberia Agriculture Survey 2010
October 2010
Ministry of Agriculture
Monrovia, Liberia

Result based
Assisted in the design of the data entry screen using CsPro 4.1
Assisted with the supervision of the data entry
Wrote the final edit program for the cleaning of the data
Assisted with the produced all of the necessary basic and analytical tables

Programmer
Liberia Core Welfare Indicator Questionnaire (CWIQ) 2010
June 2010
LISGIS
Monrovia, Liberia
Responsibilities include assisting with the design of the data entry screen, supervision of the data entry and the production of necessary analytical and final tables. CsPro 4.1 software package was used.

Programmer
2008 National Population and Housing census
June 2008 to December 2011
LISGIS
Monrovia, Liberia
Responsibilities include assisting with the design of the data entry screen, supervision of the data entry and the production of analytical and final tables. We also posted the final data into the Integrated Management Information System (IMIS). CsPro 3.0 software package was used.

Programmer
National Population and Housing census pilot Survey, April to June 2007
LISGIS
Monrovia, Liberia
Responsibilities include assisting with the supervision of the data entry and the production of analytical and final tables.
CsPro 3.0 software package was used.

Programmer
Liberia Demographic and Health Survey
February to June 2007
LISGIS
Monrovia, Liberia
Responsibilities include assisting with the supervision of the data entry and the production of analytical and final tables.
CsPro 2.6 software package was used.

Assistant Facilitator
MICS3 workshop
5 – 15 September 2005
Dakar, Senegal
Responsibilities include serving as assistant facilitator to assist the Anglophone countries during the workshop. The essence of the workshop was to teach and explain the data processing aspect of the planed MICS3 and hence we were there to assist the participating countries to finalize their questionnaires and prepare them for data entry process.

Database specialist
Liberia Back-To-School (BTS) Program
September 2003 - August 2005
UNICEF Liberia

Monrovia, Liberia
Responsibilities include the provision of technical assistance in demographic data processing to enable the analysis, dissemination and future utilization of the data. I also provided training and programming assistance for the programmer. I also conducted workshops for ChildInfo and Devinfo. IMPS4.1 software package was used.

Technical Advisor to the Executive Director of UNFPA
Lesotho Demographic Survey and data collection
7 January - 1 February 2002
UNFPA Lesotho
Maseru, Lesotho
Responsibilities include the provision of technical assistance in demographic data processing to enable the analysis, dissemination and future utilization of the data. I also provided training and programming assistance for the programmer. IMPS4.1 software package was used.

National Consultant, data processing/database management
Rehabilitation of Agricultural Statistics in Liberia
1 June - July 31, 2001, 1 October - 30 November 2001
UNFAO Liberia
Virginia, Liberia
Responsibilities include the training of programmers and data entry clerks.
SPSS 10.0 software package was used.

Programmer
Baseline survey
May 2000
World Vision Liberia
U.N. Drive
Monrovia, Liberia
Responsibilities include the designing of data entry screen, the writing of edit and tabulation programs and the production of desired analytical and final tables. IMPS4.1 software package was used.

Programmer
Knowledge, Attitude and Practice Survey
May 2000 - May 2001
UNFPA Liberia
Virginia, Liberia
Responsibilities include the designing of data entry screen, the writing of edit and tabulation programs and the production of desired analytical and final tables. IMPS4.1 software package was used.

Programmer
Liberia Poverty Survey
7 - 28 September 2000
UNDP Liberia
Virginia, Liberia
Responsibilities include the designing of data entry screen, the writing of edit and tabulation programs and the production of desired analytical and final tables.IMPS4.1 software package was used.

Programmer
Maternal and Child Care Baseline Survey
October 2000
UNICEF Liberia
Virginia, Liberia

Responsibilities include the designing of data entry screen, the writing of edit and tabulation programs and the production of desired analytical and final tables. IMPS4.1 software package was used.

Programmer
Liberia Demographic and Health Survey
April 1999 to March 2001
UNFPA Liberia
Virginia, Liberia
Responsibilities include the designing of data entry screen, the writing of edit and tabulation programs and the production of desired analytical and final tables. IMPS4.1 software package was used.

Manager and Senior Programmer
April 1999 to October 2006
Data Processing Unit
Department of Statistics
Ministry of Planning and Economic Affairs
Monrovia, Liberia
Responsibilities include supervision of the day-to-day activities of staff of the unit, designing of data entry screens and the writing of programs for the tabulation and production of statistical tables and other analytical tables as required. I also process major survey data for most international and national organizations.

Industrial Relations Superintendent
November 1991 to December 1992
Liberia Mining Corporation (LIMCO)
LIMCO - Yekepa, Nimba County
Responsible to supervise the Legal Department of the company, liaise between the Company and the Government and also between the Company and workers.

Systems Programmer
November 1987 to May 1990
Lamco J.V. Operating Company
Lamco-Yekepa, Nimba County
Responsible to maintain the operating system and perform all required changes and developments as required

General Systems Programmer
May 1985 to October 1987
Lamco J.V. Operating Company
Lamco-Yekepa, Nimba County
Responsible to install software, apply fixes, provide training for Systems Operators and assist Systems Programmer where necessary.

Junior Programmer
September 1981 to August 1983
Lamco J.V. Operating Company
Lamco-Yekepa, Nimba County
Responsible for payroll and personnel systems, writing reports, printing programs, and general maintenance of systems.

Annex 10: List of Support Documents Reviewed

1. Baseline survey and report
2. TOR Baseline Survey
3. Episcopal Relief & Development Progress Reports
4. Liberia GBV Program Logic
5. Interim assessment report
6. Monitoring activities
7. Faith Leader Toolkit Training Monitoring Templates
8. Beneficiary Breakdown information
9. UNTF Monitoring Table
10. Activity tracking documents
11. Episcopal Relief & Development Annual Reports and Progress Reports (2015-2017)
12. UNTF Guidelines
13. UNTF Annual Report
14. UNTF Best Practice Inception Reports
15. UNTF Best Practice Final Evaluation Reports