



Final Evaluation for Isle of Man International Development Committee Livelihoods and Leadership Project

Prepared for:



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ACRONYMS

CA	Community Awareness
CAFOD	Catholic Agency for Overseas Development
CAPI	Computer Assisted Personal Interviewing
DEN-L	Development Education Network - Liberia
FGD	Focus Group Discussion
IOM	International Organization for Migration
KII	Key Informant Interview
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
QA	Quality Assurance
QC	Quality Control
SGBV	Sexual and Gender Based Violence
SV	Sexual Violence
TKG	The Khana Group
VAW	Violence Against Women
VSLA	Village Savings and Loan Association
WHO	World Health Organization

1. Executive Summary

1.1 Introduction and Methodology

This final evaluation report is for the project titled *Livelihoods and Leadership: Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia* which ended this year (June 2018). This was a three-year project funded by Isle of Man, managed by the Catholic Agency for Overseas Development (CAFOD) and implemented by Development Education Network (DEN-L). The project started in 2015 and ended in 2018. The project's activities were as follows: providing SGBV and leadership trainings to men and women, economic empowerment of women through vocational training/apprenticeships and the establishment of Village Savings and Loans Associations (VSLAs), adult literacy classes, and psychosocial, and justice support to survivors of SGBV.

The evaluation employed a quasi-experimental design. As such, 150 surveys were conducted in treatment communities (communities where DEN-L conducted trainings) in Lofa, Bong and Nimba counties, and 150 surveys were conducted in control communities. Control communities were adjacent to the treatment communities within the three relevant counties. They also shared similar characteristics in terms of population size, and economic and socio-demographic information. Qualitative data was also gathered to reinforce the analysis from the quantitative surveys. For the qualitative portion, 15 KIIs were conducted with CAFOD staff, DEN-L staff and community leaders in addition to six Focus Group Discussions (FGDs). The FGDs were conducted with program beneficiaries in treatment districts and women groups in control districts.

1.2 Key Findings

1. Understanding Gender Roles

FGDs revealed that men are generally perceived as the providers of the home whereas women are perceived as the managers of the household. Specifically, participants shared that men pay school fees, buy clothes for the children, provide food, etc whereas women cook, bathe children, wash dirty laundry and manage all things related to the household and its members. There was unanimous agreement in the treatment and control communities that women have more work than men.

2. Women's voice in the community

More women in the treatment than in the control communities stated that they are allowed to make decisions during community meetings. More respondents in the control than in the treatment communities stated that they are only allowed to participate in the meetings and that they do not have too much to say during those meetings. Additionally, more women in the treatment communities stated that they are called upon to discuss and mediate SGBV cases. The difference in women's voice in treatment and control communities could be attributed to the

SGBV and leadership trainings facilitated by DEN-L. From this evaluation, there is some evidence that the women who undergo these trainings engage more actively in their communities and play more influential roles when it comes to discussing and resolving SGBV cases in their communities.

3. Decision-making and control in the household

According to survey results, there is the perception that women are allowed to manage their own money which they have earned. However, it was apparent that more women in the treatment than control groups have the means or resources to effectively manage finances in the home. For example, 78.7% of respondents in the treatment group are a part of a Village Savings and Loans Association (VSLA) group as compared to 28.7% in the control group. Correspondingly, 52.0% of respondents in the treatment group own a business compared to 32.7% in the control group and 65.3% of respondents in the treatment group stated that there are income generating opportunities ongoing in their community to empower women as compared to 15.3% in the control group. Focus Group respondents in the control group expressed their gratitude to the project for providing them a means to contribute to the welfare of their households and reducing their total reliance on their husbands. Some respondents however, shared that there is more harmony in their household and their husbands respect them more now that they are contributing to household affairs.

4. SGBV perceptions and experiences

More participants in the treatment than in the control group stated that they know what SGBV means (72.0% in the treatment group and 36.0% in the control group). Further, more respondents in the control group than in the treatment group stated that there have been SGBV cases in their community in the last one year (84.6% in the treatment group and 46.7% in the control group). These statistics provide some evidence that the project was impactful in targeted communities by helping to increase knowledge and awareness about SGBV and women's rights, and consequently; helping to reduce SGBV cases in the said communities.

Participants were asked about the forms of abuse that were most prevalent in their communities. The top two (cited by more than 50% of respondents in both the treatment and control communities) were domestic abuse (pattern of controlling behaviour and physically, mentally, verbally, emotionally abusive treatment in the home) and physical abuse (intentional acts causing injury or trauma to another person). Participants were asked which forms of abuse they had personally experienced, and the majority (over 60% in treatment and control groups) cited physical abuse. Verbal abuse was also experienced by many more respondents in the control group (54.3%) than in the treatment group (28.1%). The main perpetrators of SGBV were cited as being spouses.

When asked about the causes of SGBV, the three factors that were cited by most respondents in both treatment and control groups were: poverty, lack of education, and depending on spouse for basic needs. The majority of the respondents in the treatment and control groups had very

limited education. Most had not finished primary school or have only received a formal education.

5. SGBV prevention mechanisms

Survey respondents were asked about the mechanisms in place in their communities that help prevent violence against women and girls. The most commonly cited one in both the treatment and control groups was being fined. The project also disseminated SGBV messages using mass media, and over 90% of respondents in the treatment groups found these messages to be helpful in raising awareness about SGBV. When asked whether there were any SGBV-related programs that had been implemented in their communities, 80.7% of respondents in the treatment group identified the project. This showed that the project was able to reach its intended beneficiaries, and that it filled a crucial development gap in the communities.

6. SGBV resolution

Over 80% of respondents in the treatment and control groups stated that SGBV cases in their communities are reported. Also, a majority (over 50%) in the treatment and control groups stated that there is a community task force responsible for reporting SGBV cases to the government/police. Qualitative interviews corroborated survey findings; in both treatment and control groups, there are mechanisms in place to resolve SGBV cases, and most survivors of SGBV first report cases to community leaders who then escalate the issue to the police, if needed.

7. Challenges with implementation of the program

The main challenge that was cited by program staff was limited funding for the project, which limited the number of individuals that could benefit from the program. As a mitigation, the program staff encouraged trainers to accept individuals who were not enrolled. They also encouraged those who had been trained to share the knowledge with other people in their community. The funding challenges also implied that the startup kits provided to women in communities was not sufficient to launch highly successful businesses.

8. Sustainability of the program

Three factors contribute to the sustainability of the outcomes of this project. One was the involvement of community members in all aspects of the programme, hence instilling in them a sense of ownership. Second was the provision of tangible items, such as sewing machines, to enable the women who received vocational training to apply their skills. Third was the establishment and training of VSLAs which accord members many benefits, therefore increasing members' incentives to sustain the group.

2. Background

One of the significant barriers impeding women empowerment efforts in post-conflict Liberia is Sexual and Gender-Based violence (SGBV)¹. Given that SGBV violates human rights and induces long-term physical and psychological consequences, many approaches have been ongoing in Liberia to reframe gender roles and advance equal distribution of power between men and women in all spheres of the Liberian social fabric. In recent years however, the binding constraint for most SGBV interventions and gender equality approaches in some countries in Sub-Saharan Africa has been the fragile nature of states. Indeed, empirical literature has established that fragility represents one of the critical barriers to global peace and development².

For example, during the conflict and Ebola period in Liberia, in addition to the government suppressing freedom of expression in an effort to protect their reputations concerning crisis management, the prevalence of gender inequality, in a broader sense, rendered women marginalized and vulnerable to infections³. This lack of recognition of gender relations structured around women empowerment and equality was mostly visible in Lofa, Nimba, and Bong Counties during the conflict and Ebola periods in Liberia.

Therefore, in 2015, the Catholic Agency for Overseas Development (CAFOD) and its implementing partner, Development Education Network (DEN-L), implemented the *Livelihoods and Leadership: Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia*; a three-year project intended to target over 5,000 women and men and their families from Bong, Lofa and Nimba counties. The project undertook the following activities:

- 3. SGBV and Leadership trainings:** In Year 1 of the project, SGBV and leadership trainings were provided to 250 men and 250 women in the three counties. Since men are often the perpetrators of SGBV, any solution that excludes them would fall short of a comprehensive solution to address SGBV. Therefore, the project sought to raise awareness in target communities on women's rights and SGBV-related issues. The project also organized community theaters to disseminate the information in the communities. The DEN-L theatre team visited the various project areas, set up the equipment in a centralized area within each targeted community, and played the various messages over loud speakers for the residents to hear. In addition to the theatre teams, the project also used local radio stations to help spread the messages about SGBV and women's rights.

¹ Government of Liberia and the United Nations. (2009). GOL and UN Joint Programme Gender Equality and Women's Economic Empowerment. Retrieved from <http://mptf.undp.org/factsheet/project/00067650>

² Caballero, B., Sergio, B., Carolina, C. (2015). Social institutions and gender inequality in fragile states: Are they relevant for the post-MDG debate? Development Research Working Paper Series, No. 06/2015, Institute for Advanced Development Studies, La Paz.

³ Manivannan, A. (2015). Gender Inequalities in Access to Information about Ebola as Gender-Based Violence. *Harvard Human Rights Journal Online*.

4. **Economic empowerment of women** through the establishment of Village Savings and Loans Associations (VSLAs) and vocational training to impart skills in hair-dressing, baking, tailoring and soap-making. Targeted participants for the vocational training were marginalized and vulnerable women who were identified with the assistance of community leaders. The project implementers did not approach communities with a pre-defined list of vocational skills. Rather, community members were initially engaged in discussions on which skills they wanted to acquire. Women in those communities were also encouraged to volunteer to serve as trainers under whom marginalized women could conduct apprenticeships. In this way, the project was able to keep costs down by obviating the need to introduce external trainers. The project was also able to ensure relevance since the skills were chosen by the communities themselves. At the end of the training, the project provided the beneficiaries with start-up kits like sewing machines, hair oil, mirrors etc to get them started on an income-generating activity.
5. **Adult Literacy:** Adult literacy programs were provided to individuals who missed out on educational opportunities. Most of the participants were women though interviewed staff shared that there were a few men who attended these trainings. As in the economic empowerment component, adult literacy trainers were sourced from the communities and were provided with additional training to be able to effectively deliver adult literacy classes.
6. **Psychosocial and justice support to survivors of SGBV:** Through liaising with the County Gender Officer, local community leaders, and police on domestic justice cases and providing financial assistance to survivors of SGBV, the project established a network through which psychosocial support was provided to help victims to cope with trauma resulting from domestic violence and SGBV. In addition, for victims seeking redress, medication and transportation for court appearances was provided to some project beneficiaries and the women leaders who accompanied them. In Lofa and Nimba, for example, as a measure to support survivors, the program covered cost for treatment and also provided transportation for survivors to follow up on their cases to the magisterial court.

In summary, by the end of the project, two Gender and Leadership trainings had been conducted for both men and women, four VSLA groups were established and trainings were conducted for them, three adult literacy sessions were held (one in each county), and the livelihood component involving skills training was delivered targeting 210 vulnerable women (roughly 70 women in each of the three counties).

The three-year *Livelihoods and Leadership: Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia* project ended this year (June 2018). As such, CAFOD commissioned The Khana Group (TKG) to evaluate the relevance, quality of design, effectiveness, efficiency and impact of the three-year project to determine the extent to which any changes can

be attributed to the project (including through comparison with non-project areas) and whether its objectives have been affected by external factors.

3. Methodology

The evaluation was quasi-experimental in design, involving treatment and control communities. The study used mixed methods whereby qualitative and quantitative data was gathered in Lofa, Bong and Nimba counties. Sampling from the case communities was primarily non-random. CAFOD shared a list of project beneficiaries, which was used for sampling. The final sample size was divided between the case and control population in a ratio 1:1, for a total sample of 300.

In the case population communities, the survey targeted males and females who participated in the trainings offered by CAFOD's implementing partner (DEN-L). These populations were located within Jorquelleh (Bong County), Zorzor (Lofa County), and Garr-bain (Nimba County). Given that project beneficiaries were chosen from multiple communities within the case population districts, respondents were selected from multiple communities within case community's districts. To aid in the effective selection of project beneficiaries in the case communities, data collectors were provided with a project-beneficiary-contact list.

For the control districts, selection of districts was based on proximity to the treated districts. In addition, only three communities were chosen within the control communities that bear similar characteristics (i.e. size, rural settings, farming communities) to the treated population communities where the CAFOD project was implemented. To this end, in Suakoko District, in Bong County, Phebe, SKT and Suakoko Town were changed to Naii, Gornima and Gbangai.

For the qualitative piece, a total of 15 Key Informant Interviews (KIIs) and six Focus Group Discussions (FGDs) were conducted. Participants for the qualitative interviews included; CAFOD staff, DEN-L staff, community leaders and project beneficiaries.

3.1. Field Staff Training

On May 28th, 2018, TKG conducted a comprehensive 3-day training for all potential field staff that was inclusive of a pilot exercise on the third day. The training was conducted at the TKG office in Sinkor, Monrovia, Montserrado County. A total of 13 participants were invited for the training, but only 12 participants attended all days of the training. Training participants included six males and six females. The training emphasized effective practices in interviewing, quality control, professionalism, gaining consent, and overall knowledge of the project to ensure that the questions posed during the survey led to appropriate responses.

The training also provided an opportunity for the potential data collectors to thoroughly review the data collection instruments and to ensure that the field team adequately understood all

aspects of the instruments as well as localizing difficult-to-understand words. The training laid emphasis on the purpose of the survey, research ethics, and strategies for soliciting responses from respondents. The field team training was inclusive of real-life demonstrations of potential issues, challenges, mitigation strategies, and mock interview practice sessions of the questionnaire. During training, emphasis was placed on ensuring that enumerators fully comprehended the precise number of quantitative and qualitative interviews in both case and comparison communities. Upon completion of practicing the introductions and community entry, training participants were re-arranged in a U-shape structure to practice conducting FGDs and KIIs using the prepared protocols. It was also emphasized that Field Supervisors (FSs) should take the lead in conducting the KIIs and enumerators will be called upon by the FSs to serve as assistant moderators for the FGDs.

On the third day of the training, the pilot exercise commenced. The pilot exercise was inclusive of three teams, each comprising three potential data collectors and the Field Supervisor (FS) for each of the three teams. All Teams were deployed in three separate communities within close proximity of the TKG office (New Matadi, Old Matadi, and Fiamah Community). Potential data collectors on each Team conducted two quantitative interviews with real respondents, one KII with a Community Leader, and one FGD with youth.



Training participants role playing a FGD



DEN – L representative (Augustine Tweh)

3.2. Deployment

On May 31st, 2018, a total of three teams, including three enumerators and one supervisor per team, were deployed in Lofa, Bong, and Nimba County. Given the scope and stringent timeline of the *Livelihoods and Leadership: Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia* project, data collectors were deployed separately in the three target counties.

Table 1: Field Deployment Plan (Teams and project target areas)

Team 1	King Dennis Wolokolowo	Lofa
	Audrey Dangbe	
	Leerod Mechant	
	Naomi Saydee	
Team 2	Louise Neufville	Bong
	Daniel Swen	
	Hawa Kemokai	
	Samuel Johnson	
Team 3	Augustine Thomas	Nimba
	Patience Flomo	
	Paul Johnson	
	Momsie Mallet	

3.3. Data collection

3.3.1. Quantitative data collection

3.3.1.1. Data collection for *The Livelihoods and Leadership: Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia*

The *Tackling Gender Inequality and Sexual Violence in Conflict and Ebola Affected Areas in Liberia* project began on May 31st, 2018 and ended on June 4th, 2018. For the quantitative portion, 150 surveys were conducted in all project districts in Lofa, Bong, and Nimba Counties. Similarly, 150 surveys were also conducted in three comparison districts within the same counties. This amounted to a total of 300 quantitative surveys for the entire study. Data collectors conducted ten surveys per day for the quantitative portion of the study and conducted FGDs and KIIs as time permitted

3.3.1.2. Treatment Communities

After a successful community entry, data collectors used their beneficiary contact list intended to aid in locating potential respondents within the treated communities. Respondents were selected purposefully in multiple communities within each district. A total of 50 surveys were conducted in each District within the three counties of the treated areas. The table below provides the list of treatment communities where the survey was administered.

Table 2: Treated Communities Surveys Distribution

Community	County	No of surveys
Balalpalsu	Lofa	6
Barziwen	Lofa	5
Boi	Lofa	6

Donilar	Lofa	5
Konia	Lofa	7
Lutisu	Lofa	4
Luyeama	Lofa	7
Madina	Lofa	5
Zangotown	Lofa	5
Ganta	Nimba	15
Lehgain	Nimba	4
Tondin	Nimba	9
Whipa	Nimba	10
Zuluyee	Nimba	6
Dingamon	Nimba	6
Gbarmue	Bong	4
Gbarney.	Bong	30
Wainsu	Bong	2
Whipa	Bong	2
Wongbey	Bong	12
Total		150

3.3.1.3. Control Communities

After successful community entry, data collectors established a starting point and used the random technique; counting three households from the starting point to identify eligible respondents who are 18 years or older and members of the said household. In each district of the control communities, data collectors were limited to three communities. A total of 150 surveys were conducted in each of the three Districts for the control population. The table below provides the list of control communities where the survey was administered.

Table 3: Control Communities

Community	County	No of surveys
Beyan	Lofa	17
Gorlu	Lofa	16
Salayea	Lofa	17
Gbasselah	Nimba	16
LPMC Bye Pass	Nimba	17

Rehab	Nimba	17
Gbangai	Bong	19
Gornimah	Bong	14
Naii	Bong	17
Total		150

3.4. Qualitative Data Collection

A total of 15 Key Informant Interviews (KIIs) were conducted with the following sets of people:

- One community leader in each of the six districts
- One CAFOD staff
- Two DEN-L project staff
- Head of women's group in each of the districts

The KIIs were conducted by the Field Supervisors on each team. The interviews lasted for an average of 25 to 30 minutes and were recorded on the tablets and transcribed by the interviewers.

Participants for the FGDs were selected purposefully from the project and control communities. A total of six FGDs were conducted in each of the six targeted districts. As per project protocol, all FGDs contained 8-12 participants. Prior to the start of the FGDs, a participant attendance list was distributed where participants wrote their names and were assigned a participant's number. All six FGDs were moderated by a Lead Moderator and an Assistant Moderator. On average, the FGDs lasted for about 45 to 60 minutes. The discussions were recorded on tablets and transcribed by the Assistant or Lead Moderator for accuracy and consistency. FGDs were conducted with the following sets of people:

- Project beneficiaries in each of the districts (three FGDs, one per district)
- Women groups in the control districts (three FGDs, one per district)

3.5. Data quality and Quality Control Activities

Data was collected using the computer assisted personal interviewing (CAPI) technique, on the SurveyCTO application. As a measure to ensure quality control, all tablets deployed under this assignment were GPS enabled so that the team could view and validate locations where data was collected. Field Supervisors, upon assisting with the FGD process and conducting the KIIs, routinely communicated with team members on daily operational plans to ensure quotas were met and conducted direct observations where applicable in their assigned districts. Field supervisors made sure to observe their enumerators during interviews in the early part of the work day. This is in addition to daily follow up calls to the TKG Field Research Coordinators at the home office.

Field Teams documented the FGDs by taking detailed notes and recordings and organized transcripts according to key questions and sub-questions asked during FGDs and KIIs. Additionally, TKG provided field teams with android tablets equipped with an audio recording feature. Upon completion of an interview, the team named each audio file following a simple file naming convention (town, type of interview, respondent category, date of interview) for tracking purposes. A system was devised to aid enumerators in uploading audio files to a secured server as the interviews were being conducted so as to facilitate on-going transcription. All transcripts were reviewed by TKG's staff on the ground, followed by a second level review by the qualitative interview expert on the team. Feedback was provided to enumerators in the field to immediately correct any challenges, errors, and issues as data collection was on-going.

3.6. Data analysis

The data analysis process entailed a rigorous and comprehensive effort to ensure that quantitative and qualitative data gathered during surveys were carefully reviewed to provide results that could be generalized across larger populations. Quantitative data from the survey was uploaded to the SurveyCTO and was analyzed using the SPSS data analysis software. Descriptive and inferential statistics were generated to explore patterns, relationships and connections. All FGD and KII transcripts were imported into NVivo and coded thematically. Open coding was done where each transcript was read line by line and phrases were coded to descriptively capture the main themes. In addition, axial coding was done where all the initial codes were grouped together thematically. This helped to make patterns and trends more salient for the overall analysis.

3.7. Field work implementation challenges

- FGD participants in project areas live far apart. This contributed to delays in field work activities as the teams needed to place phone calls to participants and wait for them to arrive before commencing. This however, did not affect the overall study timeline.
- Poor network connectivity in rural settings impaired the team's ability to upload data as it was being collected. They had to travel to nearby towns with better internet after the day's work to sync their surveys so that the uploaded data could be quality assured before the work started the next day.
- Field Teams experienced difficulties in accessing respondents on "market days". Teams had to wait until buying and selling activities were over, so as not to cause any negative unintended consequences by engaging respondents during their business time.

Ultimately, none of the challenges above compromised the quality of the data collected and fieldwork was completed in a timely manner.

4. Findings

The findings section is structured as follows: socio-demographic information from the survey is first presented. This is followed by a discussion of the results using the five main topics that emerged from quantitative and qualitative data: understanding gender roles; decision making and control; perception and experiences with SGBV; SGBV resolution mechanisms and preventing SGBV.

4.1. Socio-Demographic Information

Survey data was collected from 300 respondents from the treatment and control communities, in a ratio of 1:1, as such a total of 150 respondents was interviewed from each of the treatment and control communities. As Figure 1 below shows, most of the respondents in both treatment and control groups were female. Education levels were roughly similar between the treatment and control groups with the majority of respondents not having finished primary school or only having received non-formal education (Figure 2). Further, most of the respondents have children and a majority have one to three children (Figure 3 & 4). Survey data also showed that most of the respondents are not married and among those who are not married a good number are engaged or living with a boyfriend/girlfriend (Figure 5 & 6).

Figure 1: Respondents Gender

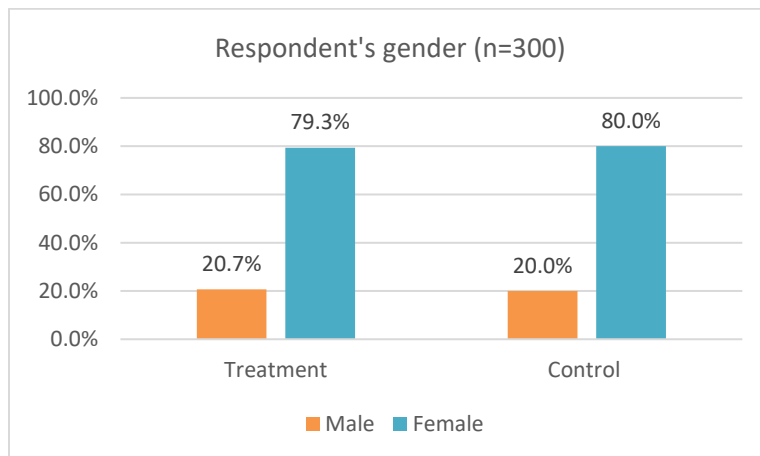


Figure 2: Level of Education of Respondents

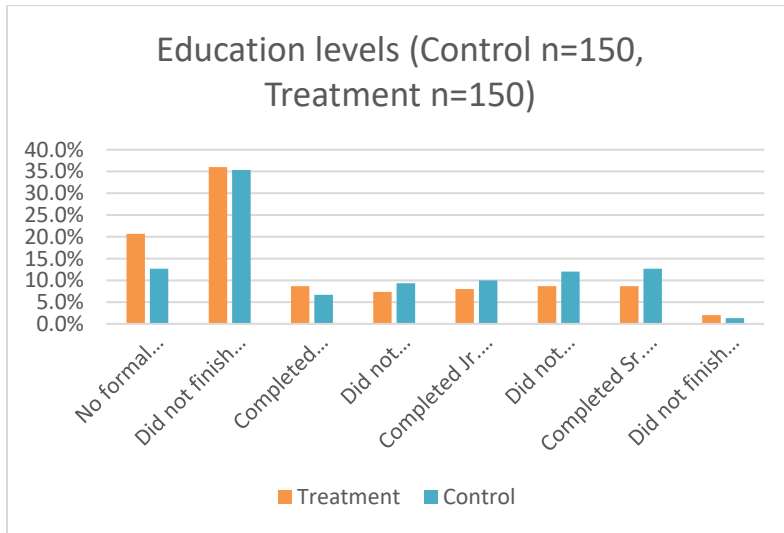


Figure 3: Do you have any child or children?

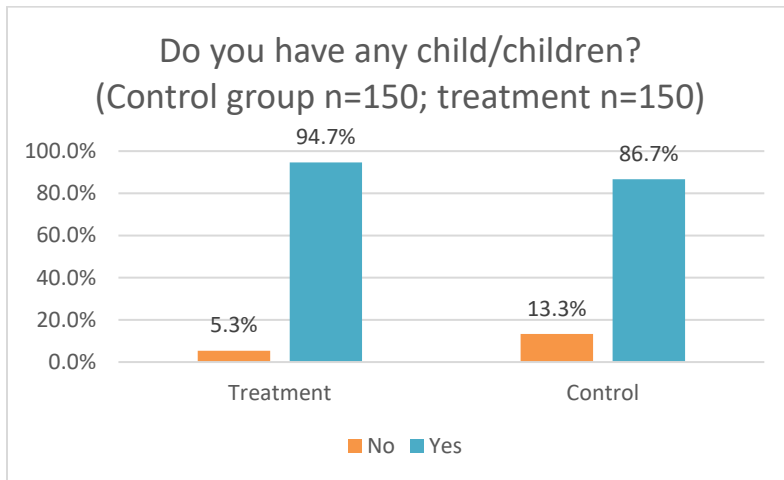


Figure 4: Number of Children

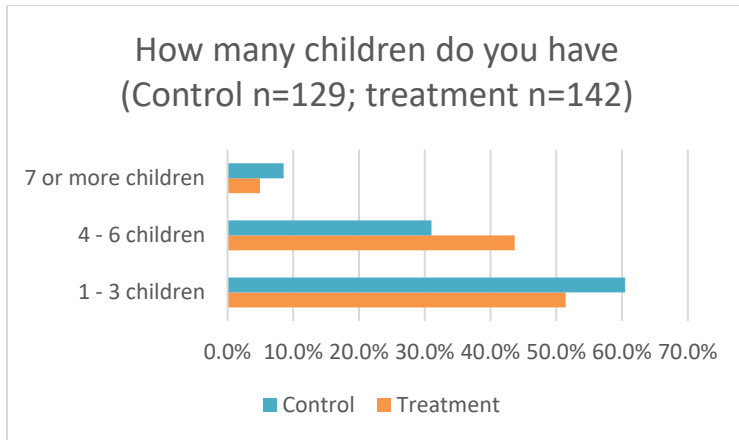


Figure 5: Marital Status

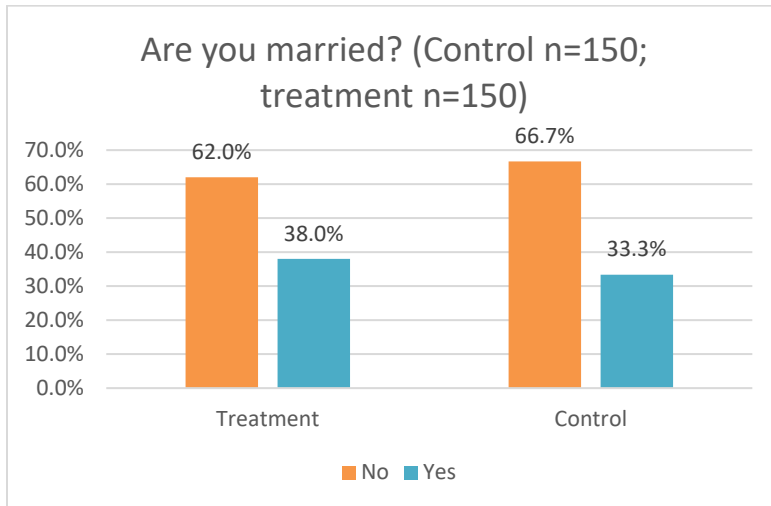
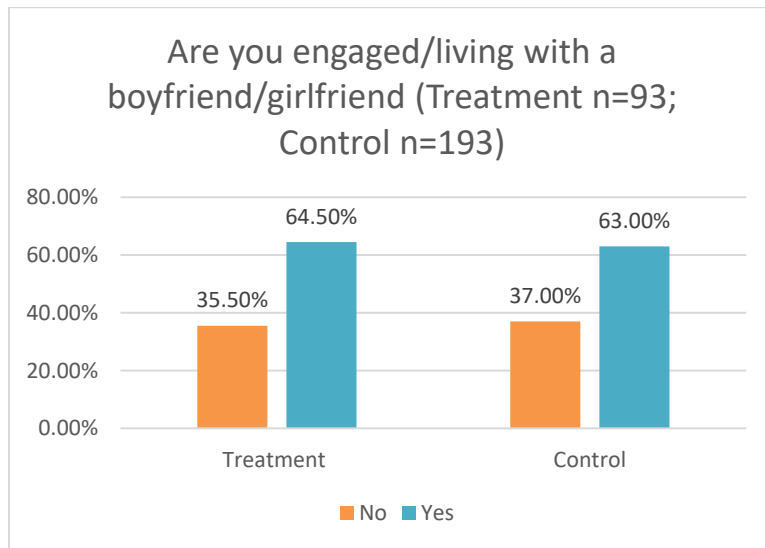


Figure 6: Engaged or Living with a boyfriend/girlfriend



4.2. Understanding Gender roles

The FGDs in both treatment and control communities revealed that men are primarily perceived as the providers of the home. They are responsible for paying school fees, buying clothes for the children, and providing food. In terms of women’s role, participants in the FGDs generally believe that women’s primary responsibility involves taking care of the home. This include: cleaning, cooking, going to the farm, and taking care of children. Participants also generally believe that women’s responsibility towards their husbands is to respect them, prepare their food, serve them, wash their clothes, and generally take care of them. During FGD discussions, some women mentioned that some men in their community abuse their position as the head of the household, which contributes to the prevalence of domestic violence.

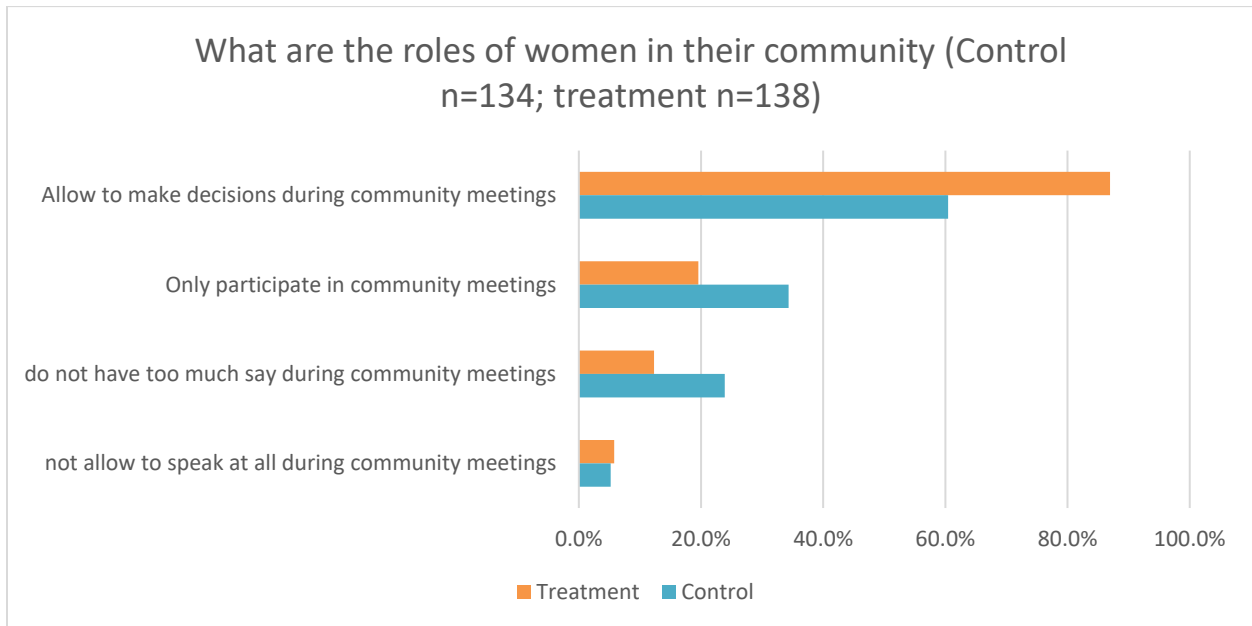
There was unanimous agreement that women do more work than men because of the demands in the home. Women are in charge of several things, from taking care of children and spouses to tending to the healthcare and educational needs of the children. Several respondents mentioned that both men and women go to the farm, but women have the additional responsibility of fetching firewood and preparing meals for the family after a hard day at the farm. This view was held by respondents in both the treatment and control group.

“Women have more work. I go to job, my wife go to job. We all come back from job, but when I come home, I will sit down here. I expect my woman to give me water, I expect her to bathe my children, I expect her to cook, I expect her to wash my clothes. That’s why I say women have more job to do in the home.” Nimba Community leader, Male, treatment group

4.3. Women’s Voice in the Community

In this section, the study explored women’s voice in the community. As summarized in Figure 8 below, more women in the treatment than in the control group stated that they are allowed to make decisions during community meetings, implying that women in treatment communities have greater voice in their communities. This might point to the impact of the leadership trainings that were facilitated through the project. Indeed, during staff interviews, a staff member explained that “when we initially entered into these communities, the women had very little confidence. They could barely look you in the face, but over the period of the project, we saw an increase in confidence. As a result of this project’s implementation, we now have women that have been selected as town chiefs in highly male dominated communities. They are now part of the discussions and know how to raise issues due to their increase in confidence”. Encouragingly, in both the treatment and control group, very few respondents believe that women are not allowed to speak during community meetings.

Figure 7: Roles women play in the communities



Further, more respondents in the treatment (63.3%) than in the control group (33.0%) stated that they are called upon when discussing SGBV-related issues and they have a say when their community addresses SGBV cases (Table 4). This may be attributed to their participation in the CAFOD livelihoods and leadership project.

Table 4: Called upon when discussing SGBV issues?

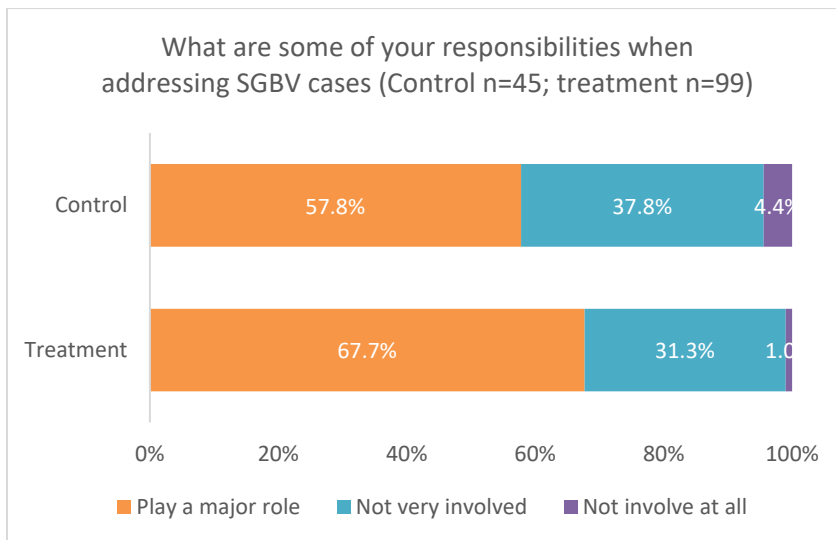
Does your community call upon you when discussing SGBV-related issues?					
Category	No	Yes	Refused to answer	Don't Know	Total
Treatment	53(35.3%)	95 (63.3%)	0(0.0%)	2 (1.3%)	150
Control Population	101 (67.3%)	48 (33.0%)	1 (0.7%)	0 (0.0%)	150
	154 (51.3%)	143(47.7%)	1 (0.3%)	2 (0.7%)	300

Table 5: Have a say when community addresses SGBV cases?

Do you have a say when your community addresses SGBV cases? N=300					
Category	No	Yes	Refused to answer	Don't Know	Total
Treatment	51(34.0%)	97(64.7%)	0(0.0%)	2(1.3%)	150
Control	99(66.0%)	50(33.3%)	1(0.7%)	0(0.0%)	150
Total	150 (50%)	147(49.0%)	1(0.3%)	2(0.7%)	300

Also, more (67.7%) respondents in the treatment than in the control group play a major role in addressing SGBV cases.

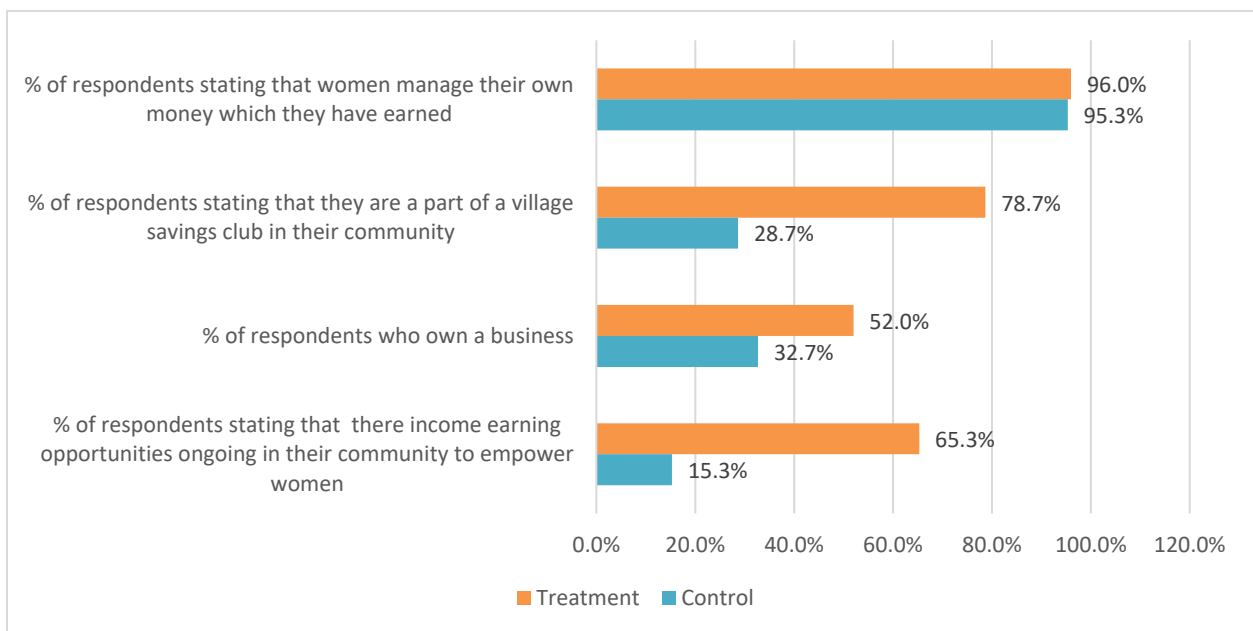
Figure 8: Responsibilities when addressing SGBV issues



4.4. Decision-making and Control in the Household

The quantitative survey revealed that in the treatment communities, there is a stronger sense of women being in control of the financial management of their households than in the control communities. Though there is general agreement in both the treatment and control groups that women manage their own money which they have earned, treatment communities appear to have greater agency, resources or tools to effectively manage household finances than women in control groups. As the figure below summarizes, a large proportion of respondents in the treatment group than in the control group are a part of VSLAs, own their own business and have income earning opportunities in their community to empower women.

Figure 9: Financial management in the household



Qualitative interviews shed more light about the dynamics of financial management in the household. In both treatment and control groups, there is the overall perception that women are better at managing money than men are. Whereas men spend the money they have right away, women spend it carefully because they have primary responsibility over the running of the household.

According to qualitative interviews, the program has empowered women economically, thus giving them more control in the household. They no longer have to wait for their husbands to provide everything, which has in turn reduced conflict in the households and earned them their husband's respect. Several women in treatment communities stated that they used to have the mindset that only the man serves as the provider but thanks to the program, they realize that

they also have a part to play. They also have a means to contribute to the household affairs because of the technical skills they acquired which helps them to generate some money.

“At first, we used to relax on the man but now since this DEN-L Program came to us, it is both sides now helping each other. At times I provide throughout from baking. I can send my children to school when they are sick. So now, I’m not relaxing on my man. I never used to sell anything, even when my slippers cut, I will tell the man say, ooh my slippers cut, and he will buy it. But now, I can buy slippers for myself and my children”. - Bong, FGD, Treatment group

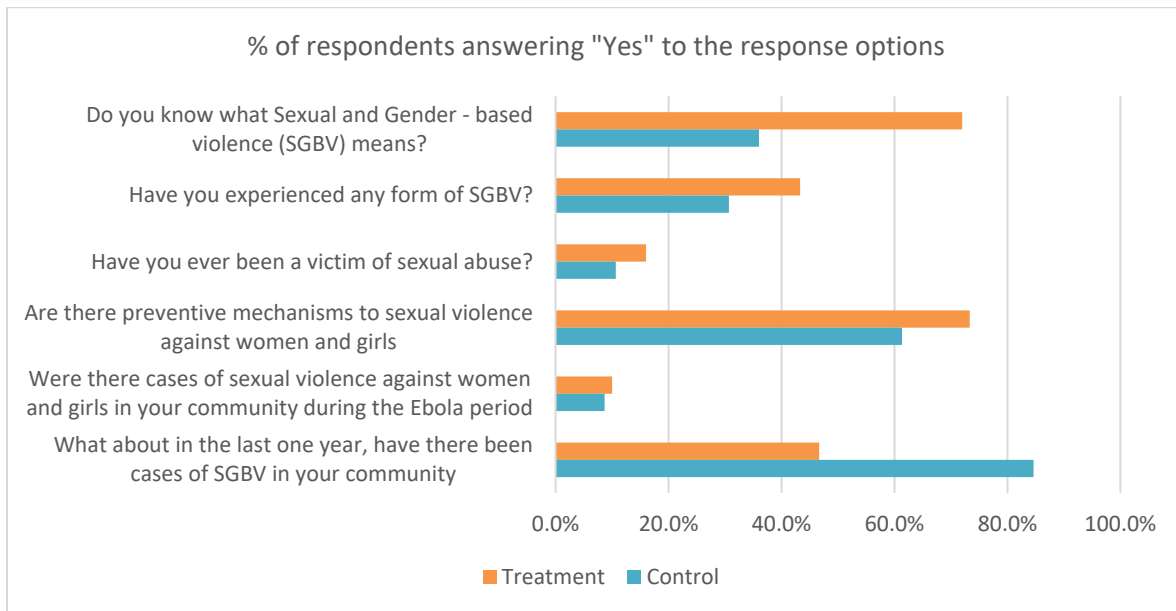
Regarding autonomy over sexual and reproductive choices, during KIIs and FGDs, most participants in the treatment and control group stated that both husbands and wives have control over the number of children they have. Most also said that women and men have equal rights to ask for or to refuse sex with their spouse.

4.5. SGBV Perceptions and experiences

This final evaluation also explored participants’ knowledge about Sexual and Gender Based Violence; various forms of abuse occurring in the treatment and control communities, as well as forms of abuse experienced by respondents themselves. The study also collected data on the frequency of occurrence of SGBV cases, its causes and perpetrators. Data is presented based on comparisons between treatment and control groups as well as using the qualitative findings to triangulate or elaborate on quantitative findings.

Regarding knowledge and experience of respondents on SGBV, a majority of the respondents from the treatment group, reported knowing about sexual and gender-based violence. As the figure below summarizes, more respondents in the control group than in the respondent group stated that there have been cases of SGBV in their community in the last year. More than half the respondents in the treatment and control groups stated that there are preventative mechanisms against sexual violence in their communities (73.3% for treatment and 61.3% for control). Very few respondents stated that sexual violence was experienced during the Ebola period.

Figure 10: Knowledge and experiences of respondents on SGBV

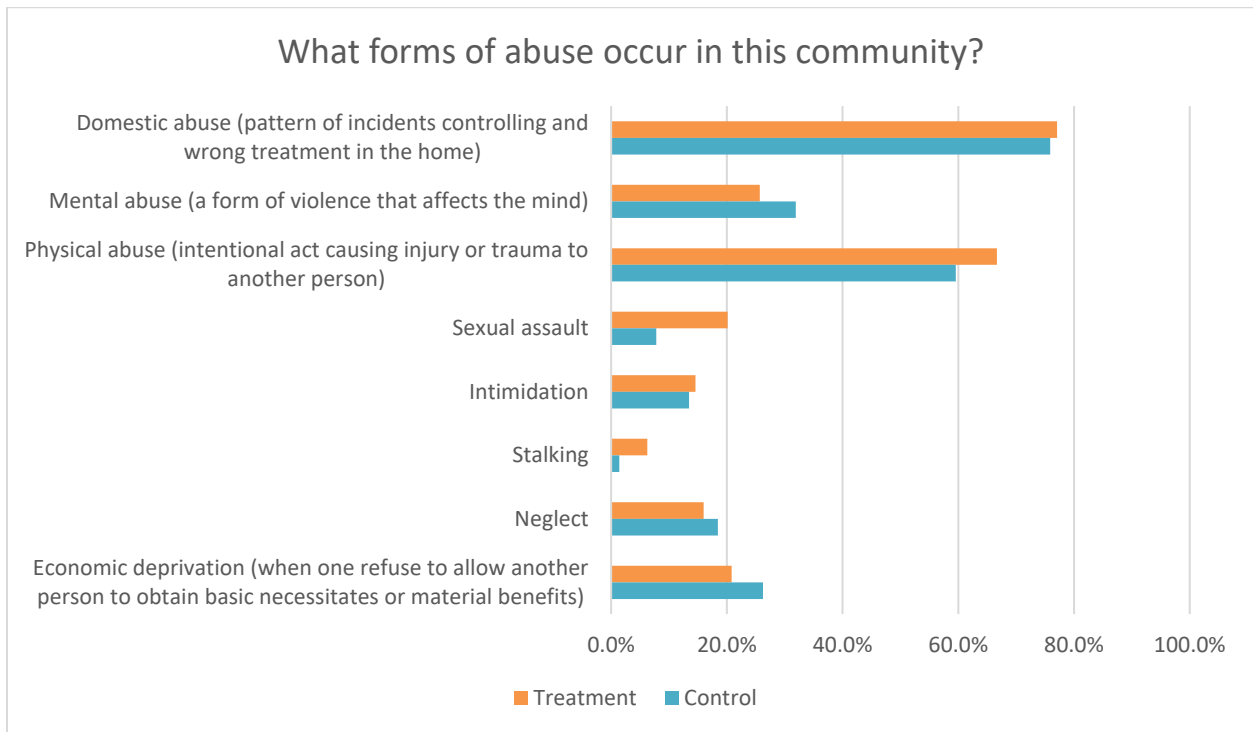


Qualitative interviews showed that people’s definition and understanding of SGBV varies widely. When asked which actions count as violence, participants gave the following responses:

- Husband beating you
- Husband denying you and your children food
- Husband ending the marriage
- Husband refusing to sleep with you
- Husband having extramarital affairs
- Husband refusing to eat the food you prepare
- Husband refusing to attend community mediation meetings to help resolve domestic conflicts.

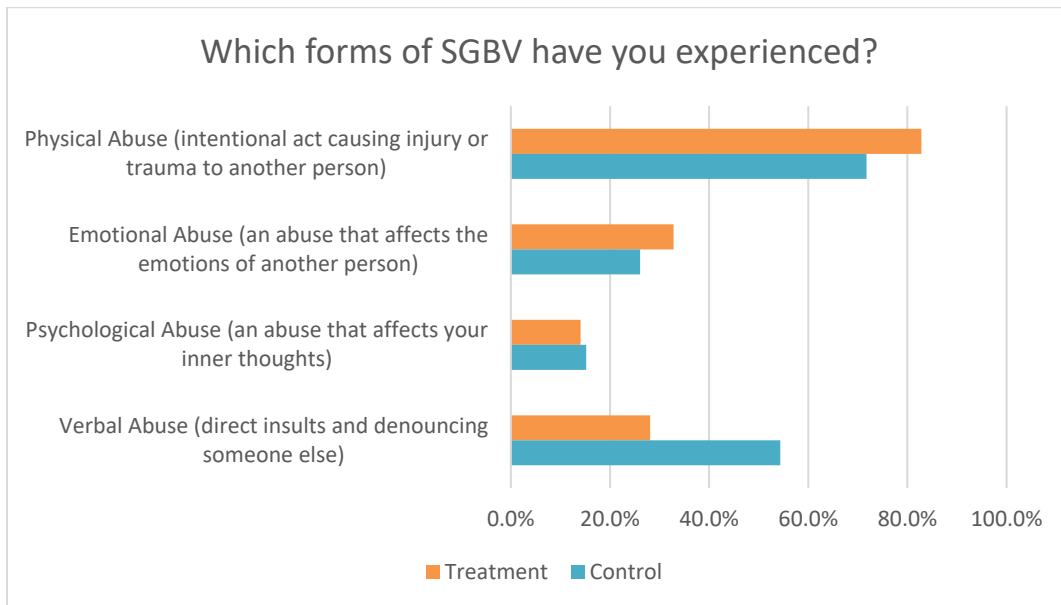
Among the treatment and control groups, domestic abuse (pattern of incidents controlling and wrong treatment in the home) appears to be the most recorded form of SGBV. This is followed by physical abuse (intentional act causing injury or trauma to another person).

Figure 11: Forms of Gender Based Violence in study communities



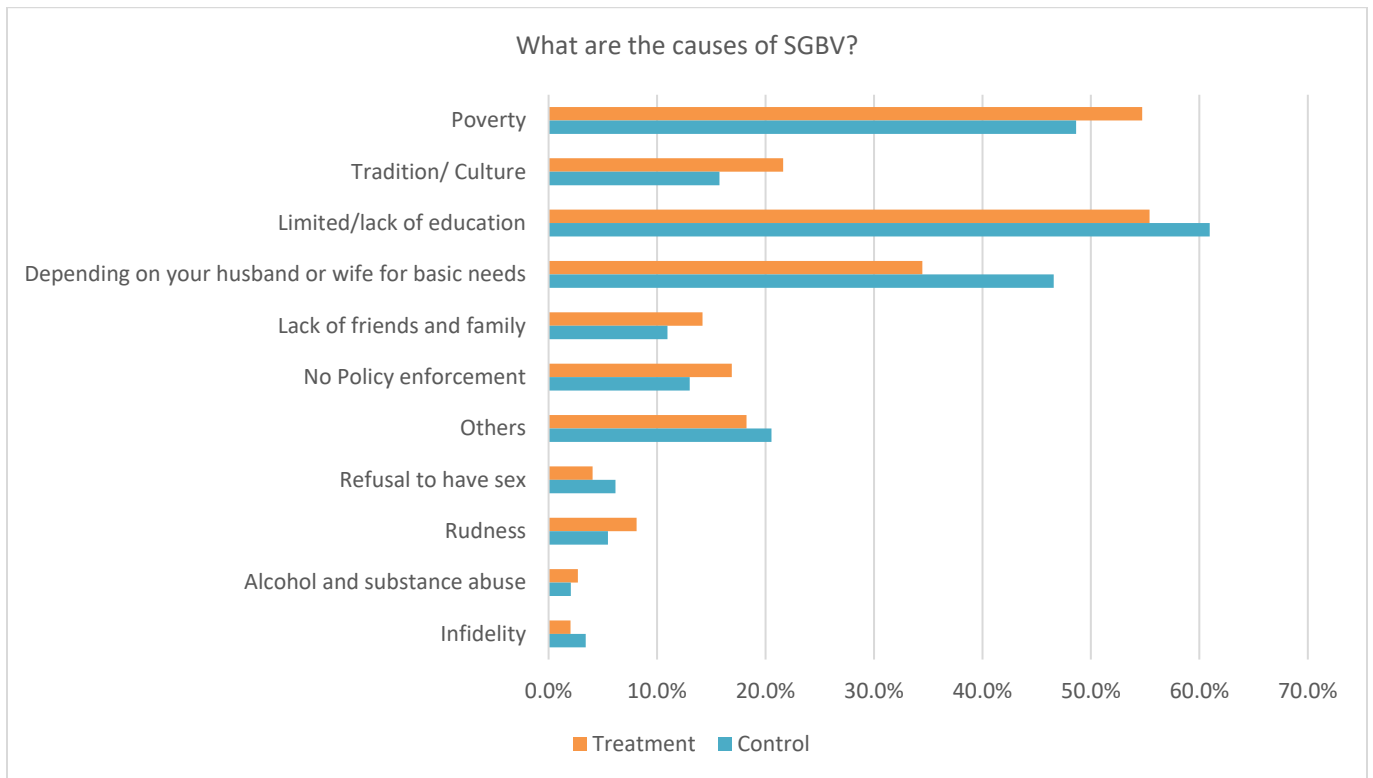
A further probe into specifics about which forms of SGBV respondents have experienced revealed that, a majority (82.8%) of the respondents from the treatment and control groups reported experiencing physical abuse. More than half of the respondents in the control group have also experienced verbal abuse (54.3%); a lower percentage in the control group have experienced verbal abuse (28.1%).

Figure 12: Forms of SGBV experienced specifically by respondents



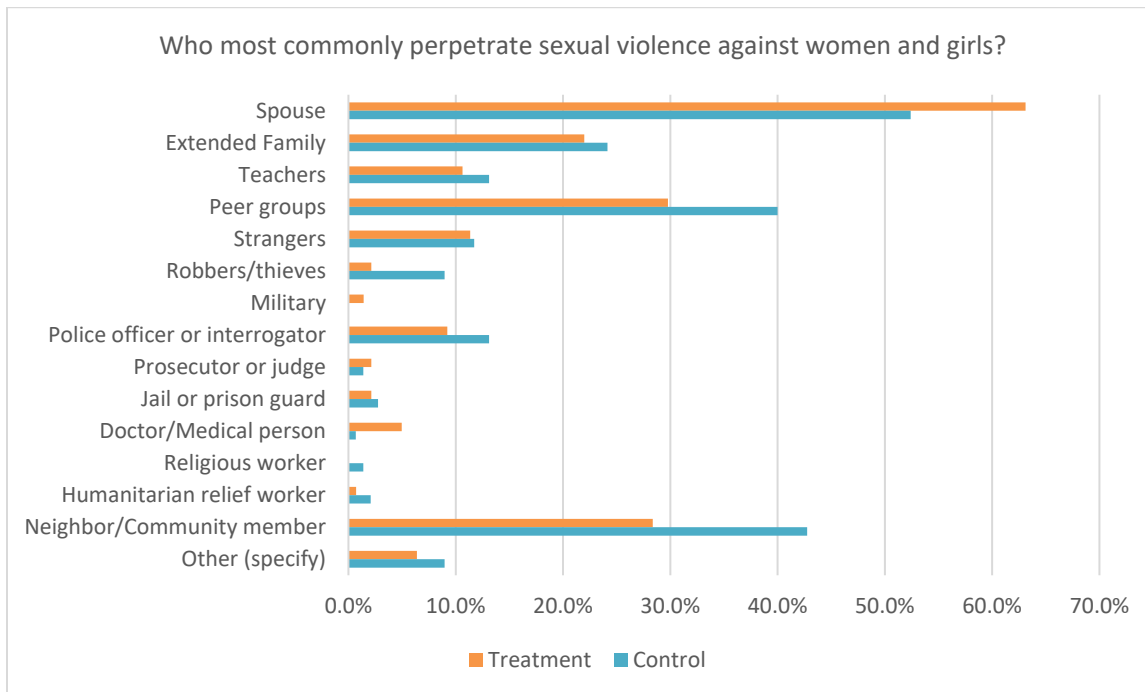
Questions were also asked about the causes of SGBV. The top two causes for both respondent categories were: poverty (54.7% in the treatment group and 48.6% in the control group) and limited education (55.4% in the treatment group and 61% in the control group), Figure 13. Reliance on spouse for basic needs was also a primary cause but was expressed more by participants in the control group than in the treatment group (46.6% in the control group and 34.5% in the treatment group). This implies that the economic empowerment aspect of the program was impactful.

Figure 13: Causes of SGBV



Regarding perpetrators of SGBV, spouses were the main culprits (Treatment = 63.1% and Control = 52.4%), followed by peer groups and neighbors/community members, see figure 14 below.

Figure 14: SGBV perpetrators



Qualitative findings on perceptions and experiences of SGBV corroborated quantitative findings. In the treatment and staff interviews, there is the perception that domestic abuse has declined in the targeted communities. Staff attributed this decline in SGBV cases to increased knowledge and awareness about women’s rights and actions to take when SGBV cases occurred in the community.

The SGBV and leadership trainings included the gender coordinators who explained the process of accessing justice and provided their contacts to the women involved in the training. Some police commissioners were also part of the training and addressed issues of violence to both men and women. Another important contributor to change was increased cohesion in the

community. The women's groups came together and served as watch teams in their communities to monitor and report any SGBV-related cases.

"For example, the women were scattered and doing their own thing or minding their own business. Even if a friend was killed, they would say, let me sit and mind my business. Now they have formed a women's concern group, where they come together to help address issues affecting women in their various communities. We provided them information to access justice. We also connected them to the gender focal person in each county and the police. So, they know how to access justice". – DEN-L staff

"In every quarter, they selected one women to mind the place so if you see women fighting each other or something like that you tell them they are committing a crime and they will pay so and so thing". – Nimba, Community Leader KII, Treatment Group

Qualitative interview participants were also asked about the causes of domestic violence. In both treatment and control groups, many FGD participants shared that domestic abuse happens when the wife goes to visit people and comes home late. This is suggestive of the fact that women still have limited autonomy on how they choose to spend their time. The women who participated in the project, however, shared that their husbands have no problem with them attending meetings for the project and for the most part are supportive of their participation. Staff members shared that two key causes of domestic violence are ignorance and poverty. A lack of awareness on the part of SGBV survivors of what exactly constitutes abuse helps to sustain SGBV. Further, survivors are often too poor to go through the sometimes lengthy and costly justice systems and processes and instead choose to abandon the case and move on.

"If a mother carries a complaint to the police station that my daughter was beaten or was raped, the police will ask the mother to transport them in the community. And for every time you go to the police station you have to pay transportation. You sometimes also have medical bills. So when you add all those costs, will you really go to the police when something happens? No, because you will be thinking that there will be no justice from the police". – DEN-L staff

4.6. SGBV prevention mechanisms

Survey respondents were asked about the preventive mechanisms in place to stop violence against women and girls. The most commonly cited mechanism was payment of fines (60% for treatment and 66.3% for control).

Table 6: Deterrents to perpetrating SGBV

What are the preventive mechanisms in place to stop sexual violence against women and girls? N=202					
Category	Perpetrators pay a fine	Advice and Awareness system put in place	Perpetrators are arrested and charged to court	Other forms of punishment by the community	Total
Treatment	66(60.0%)	41(37.3%)	3(2.7%)	0(0.0%)	110
Control	61(66.3%)	15(16.3%)	15(16.3%)	1(1.1%)	92
Total	127(62.9%)	56(27.7%)	18(8.9%)	1(0.5%)	202
P-Value = 0.000					

The project also used mass media to disseminate SGBV messages in order to increase awareness about SGBV. When asked about exposure to messages on women’s rights and SGBV awareness, a majority (83.3%) of the respondents in the treatment group reported being exposed to messages in the past one year. A lower proportion in the control group (24.7%) have been exposed to such messages.

Table 7: Exposure to women's rights and SGBV messages.

In the past one year have you been exposed to messages on women’s rights and gender-based violence in your community? N=300					
Category	No	Yes	Refused to answer	Don't Know	Total
Treatment	19(12.7%)	125(83.3%)	0(0.0%)	6(4.0%)	150
Control	110(73.3%)	37(24.7%)	1(0.7%)	2(1.3%)	150
Total	129(43.0%)	162(54.0%)	1(0.3%)	8(2.7%)	300

Survey respondents were asked whether mass media was an effective tool for disseminating messages about SGBV awareness. As shown in Table 8, more respondents in the treatment group than in the control group felt that mass media was an effective strategy (70.0% in treatment and 32.7% in control group).

Table 8: Effectiveness of Mass Media in disseminating SGBV messages

Are mass media and people-to-people outreach effective in providing required services to SGBV exposed persons? N=300				
Category	No	Yes	Don't Know	Total
Treatment	40(26.7%)	105(70%)	5(3.3%)	150
Control	92(61.3%)	49(32.7%)	9(6.0%)	150

Total	132(44.0%)	154(51.3%)	14(4.7%)	300
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Among the respondents who reported participating in women’s right and SGBV programming in the treatment communities, almost all (91%) reported that the messages they received helped their community in raising awareness about SGBV.

Table 9: How has the community awareness messages benefitted the communities?

How have the community awareness messages help your community in raising the awareness of SGBV? N=300				
Category	Very much	Not so much	Not at all	Total
Treatment	114(91.2%)	10(8.0%)	1(0.8%)	125
Control	15(40.5%)	16(43.2%)	6(16.2%)	37
Total	129(79.6%)	26(16.0%)	7(4.3%)	162

Further, as shown in Table 9, more respondents in the treatment than in the control group stated that there are SGBV related projects being implemented in their community (80.7% in the treatment group and 9.3% in the control group). While this finding was not surprising given that the treatment group, by definition, was exposed to SGBV interventions, the magnitude of the difference is notable. It appears that in these communities, there is otherwise a real dearth of SGBV-related interventions and this project thereby filled a gap.

Table 10: SGBV related projects been implemented in the communities?

Are there any SGBV-related project being implemented in this community? N=300				
Categories	No	Yes	Don't Know	Total
Treatment	22(14.7%)	121(80.7%)	7(4.7%)	150
Control	133(88.7%)	14(9.3%)	3(2.0%)	150
Total	155(51.7%)	135(45.0%)	10(3.3%)	300

4.7. SGBV resolution

A majority of the respondent in both the treatment (87.7%) and control (100%) group stated that SGBV cases in their communities were reported (Table 11). Differences between treatment and control group were not found to be statistically significant.

Table 11: Reporting SGBV Cases

Was the case of SGBV reported?			
Categories	No	Yes	Total
Treatment	1(14.3%)	6(87.7%)	7
Control	0(0.0%)	11(100%)	11
Total	1(5.6%)	17(94.4%)	18
P-value = 0.197			

Respondents in the treatment group were more likely to state that perpetrators faced consequences for their crimes compared to respondents in the control group. Consequences included being charged in court, taken to prison or being fined

Table 12: Punishment for SGBV perpetrators

What happened to the perpetrators of the act? N=28						
Category	Charged to court	Taken to prison	Made to pay a fine	Nothing happened to them	Others (Specify)	Total
Treatment	4(26.7%)	6(40.0%)	4(26.7%)	1(6.7%)	0(0.0%)	15
Control	2(15.5%)	4(30.8%)	1(7.7%)	3(23.1%)	3(23.1%)	13
Total	6(21.4%)	10(35.7%)	5(17.9%)	4(14.3%)	3(10.7%)	28
⁴ P-value = 0.149						

The majority of respondents in the treatment and control groups stated that there is a community task force responsible for reporting SGBV cases to the government.

Table 13: Presence of community task force in the project communities

Is there a community task force responsible for reporting SGBV cases to the government/police?				
Category	No	Yes	Don't Know	Total
Case Population	42(28.0%)	102(68.0%)	6(4.0%)	150
Control Population	66(44.0%)	78(52.0%)	6(4.0%)	150
Total	108(36.0%)	180(60.0%)	12(4.0%)	300

⁴ A *p*-value helps you determine the significance of your results. The *p*-value is a number between 0 and 1 and interpreted in the following way: A small *p*-value (typically ≤ 0.05) indicates strong evidence against the null hypothesis, so you reject the null hypothesis. A large *p*-value (> 0.05) indicates weak evidence against the null hypothesis, so you fail to reject the null hypothesis.

During qualitative interviews, participants were asked how conflicts are typically resolved in their communities. In both treatment and control groups, participants were able to share information about SGBV resolution mechanisms and most involved community leaders in some way. It appears there were some mechanisms and rules/laws in place even prior to the start of this project regarding SGBV; it is therefore difficult to specify the unique contribution of this project to the SGBV resolution aspect because of the other external factors such as existing laws.

“We got laws here. When somebody beats their wife we tax you and you pay, we got laws here so no one can beat their wife easily like that” – Bong KII, Community Leader, Control Group

Qualitative findings on SGBV resolution were analyzed by county to assess whether there were differences or similarities depending on context.

In Lofa

The community leaders call both parties and investigate the cause of the conflict. The community charges a fine to people found abusing their wives. If the case is beyond their control, they send the couple to the police. Perpetrators are usually jailed or fined.

In Bong

If a husband is found guilty of abusing his wife, the community leaders call the couple and counsel them. A fine is also charged to the husband. If the problem continues, the case is transferred to the Gender office in Gbanga. Those who are found guilty are put in jail. Some SGBV cases are reported directly to the police. For instance, one participant shared an incident about a man who raped a little girl and was reported directly to the police and later jailed.

In Nimba

Every quarter in Nimba county has a woman leader who reports SGBV-related cases to the community leader who then charges a fine to the guilty party. The money from the fines is often put toward some social good. Sometimes SGBV perpetrators are also asked to do some kind of community service as a form of punishment.

“The money from the farm was used to build the midwives house.” – Nimba Community Leader, male treatment group

“Sometimes they hold you and force you to feed the town people. After spending all that money feeding people, you’ll be afraid to do something like that again. Now a bag of rice is 2,000 plus and you have to cook the food, buy the meat.... it’s expensive so you can’t do the thing again.” - Nimba, Women FGD, Treatment group

4.8. Challenges with implementation of the program

Key Informant Interviews with the project implementation staff revealed that the major challenge faced during the implementation of the project was that of limited or inadequate funding for all planned project activities. As a result, some of the interventions like the trainings did not happen in all the project communities. i.e. implementation of activities was not community-based rather, project participants were pooled from different communities to a central location which limited the participation of many other women. In addition, many women who were not listed expressed interest in participating in the training after seeing its positive impact on the lives of their counterparts. The project team decided, as part of a mitigation strategy, to encourage trainers to accommodate more women than the planned resources could cater for even if they had not been listed to benefit from the project. The project team also encouraged participants to share the knowledge they had acquired from the training with other women in their communities, by way of a step-down training or having other women who did not participate in the training to serve as apprentices with them. In this way the reach was expanded although not as much as it would have been if adequate funding was available for all components of the project.

Another key challenge was the start-up kits provided to project beneficiaries at the end of the project. The staff KII revealed that the start-up kit did not contain enough materials to help the beneficiaries successfully start businesses. In addition, interviewed staff felt that the duration of the project could have been modified or extended for greater impact. For instance, participants felt that the gender training should have lasted throughout the duration of the project, but it only happened in the first year.

4.9. Sustainability of the program

Fostering community ownership: The project made several attempts to increase the likelihood that positive outcomes of the project would be sustained. For one, the community was heavily involved at inception of the project and their feedback and input was solicited throughout in order to instill a sense of ownership. The project implementers were transparent with communities about the budget and involved them in various aspects of delivery e.g. vocational skills training and adult literacy training. In addition, the project team employed a community-led approach, this strategy helped to cut down on the cost of implementation, as some of the materials that could have been purchased were sourced locally.

Provision of a start-up kit: The project also provided participants with tangible things such as sewing machines that would enable them to put into use the skills they had acquired. This will undoubtedly help program beneficiaries to continue those activities even after the project ends.

Use of group mechanisms to encourage sustainability: The VSLAs have brought together women in mutually beneficial partnerships that empower the individual and the group. Due to the many

benefits accruing to members, it is likely that these will be sustained after the completion of the project. One staff member reported that in a recent report from one of the VSLAs, over 200,000 Liberian Dollars was generated and used to provide loans to their members.

5. Conclusions and Recommendations

In conclusion, this evaluation was summative in nature and used mixed methods and a quasi-experimental design to assess the extent to which the project achieved its intended objectives. In terms of gender roles, the evaluation found that women are mostly perceived as caretakers of the home whereas men as perceived as the providers of the home. Additionally, women are considered to be better managers of household finances than men are and, in both treatment and control groups, they are often in charge of managing the finances. Given their crucial role in the household, this project was highly appreciated for its economic empowerment activities that provided women a means with which to contribute to their household's well-being, to reduce their reliance on their husbands and to gain the respect of their husbands. The link between economic empowerment and SGBV was clear in this evaluation; among the top three causes of SGBV, several survey respondents cited poverty and dependence on spouse for household needs.

Therefore, this evaluation recommends that funders and implementing partners of this project continue to support economic empowerment interventions for women and to couple such interventions with SGBV awareness and training for both men and women. This evaluation did not pick up on any unintended consequences of the economic empowerment, for instance women being beaten more by their husbands because of the potential rivalry that could arise if a non-earning spouse suddenly becomes a financial contributor. It is possible that the coupling of economic empowerment with SGBV trainings helped to anticipate and mitigate this potential consequence. SGBV training for men is especially crucial because as our data showed, spouses are the main perpetrators of violence.

Limited education was also cited as being another major cause of SGBV. Indeed, our sample was dominated by respondents (both in the treatment and control group) who did not complete primary school or who only had a non-formal education. The low levels of education are symptomatic of Liberia as a whole and its status as a post-conflict country. The 14-year civil war resulted in a situation where many people missed out on an educational opportunity. It is therefore befitting that one of the activities that the program offered as adult literacy classes. However, during FGD discussions, when asked what benefits participants gained as a result of the program, adult literacy was only cited by one respondent. The majority of responses revolved around the SGBV trainings and awareness, which contributed to a decline in SGBV in their communities and also the economic empowerment aspects of the program. The near lack of mention of the adult literacy program might be due to its limited scope; due to funding constraints, only a few participants benefitted from this activity and it is possible that they were not well represented in the FGDs. It might also be the case that the adult literacy classes were

not sufficient to impart literacy skills. It is difficult to say since the discussion did not come up in interviews.

Nonetheless, this evaluation recommends that the government, donors and other entities continue to support alternative education because of the apparent low levels of education among the adult population. In addition, this evaluation recommends a process evaluation during future programs such as these to properly investigate the strengths and weaknesses of the proposed adult literacy program. The process evaluation could answer questions such as: is the targeting appropriate, is the curriculum appropriate given the starting point of beneficiaries, what are the drop-out and graduation rates etc. Though adult education is sorely needed, it is not clear whether the DEN-L model of delivering it was effective and a process evaluation would be helpful in unearthing those lessons.

The present evaluation also concluded that the project contributed to increasing women's voice in their communities. More women in the treatment than in the control group stated that they not only participated in community meetings, but they could actually contribute to the discussions and were called upon to help address SGBV cases. This finding is a testament to the effectiveness of the leadership trainings facilitated by the project. We therefore recommend that training focused on encouraging women to take on leadership roles in their communities should be continued and scaled up.

Another marked conclusion from this evaluation is the importance of community involvement in projects at inception. This project engaged community members in various program decisions. For example, vocational skills training intended to impact engaged community members in the actual implementation of activities. Women in the community served as trainers teaching other women various skills from – sewing to hairdressing to cooking. Beneficiaries from the community also served as trainers for the adult literacy classes. Such involvement not only helped to increase the cost-effectiveness of the project (since it obviated the need to hire external trainers), it also created a deep sense of ownership which will hopefully lead to the sustainability of outcomes. It is recommended that if this project is to continue in one form or the other, efforts should be made to maintain the community involvement aspect and to even think of deeper and more meaningful ways of involving community members.

6. Appendix

6.1. Quantitative Survey Questionnaire

Personal details			
County:	Lofa	1	District:
	Nimba	2	
	Bong	3	
			Community:
			Treatment/Control:
Section One: Sociodemographic Information			
101	Respondent's gender (<i>Code, do not ask</i>)	Male	1
		Female	2
102	Are you married?	Yes	1
		No	2
103	Are you engaged or living with your boyfriend or girlfriend?	Yes	1
		No	2
104	Do you have child/children?	Yes	1
		No	2
105	If yes, How many? _____		
106	What is the highest level of education you have completed?	Did not finish primary	1
		Completed primary	2
		Did not complete Jr. high	3
		Completed Jr. high	4
		Did not complete Sr. high sch.	5
		Completed Sr. high school	6
		Did not finish university	7
		Completed university	8
		Don't know	9
107	Could you please tell me, how many females (the age 18 and above) are there in your household? _____		
Section Two: Prevalence of SGBV			
201	Do you know what Sexual and Gender-based violence (SGBV) means?	Yes	1
		No	2
		Don't know	99
202	If YES, which of the following best defines SGBV? (Enumerator read out options)	Any act of violence committed a person primarily a woman	1
		A type of conversation between a man and a woman	2

		Others Specify	98
		Don't know	99
Note for Interviewer (Please read to Respondent)			
SGBV: Refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion.			
203	What forms of abuse against women occur in this community? (Enumerator read options and select multiple response)	Domestic abuse (mistreatment in the home)	1
		Mental abuse (a form of violence that affects the mind)	2
		Physical abuse (intentional act causing injury or trauma to another person)	3
		Sexual assault	4
		Intimidation	5
		Stalking	6
		Neglect	7
		Economic deprivation (when one refuses to allow another person to obtain basic necessities or material benefits)	8
		Other (specify)	98
		Don't know	99
204	What are the causes of Sexual and Gender-based violence (SGBV)? (Enumerator do not read, <i>Multiple select</i>)	Poverty	1
		Tradition/ Culture	2
		Limited/lack of education	3
		Depending on your husband or wife for basic needs	4
		Lack of friends and family	5
		No Policy enforcement	6
		Other (specify)	98
		Don't know	99
205	Have you experienced any form of SGBV?	Yes	1
		No	2
		Refused to answer	99
206	If YES, which form of SGBV have you experienced? (Enumerator do not read options select multiple responses)	Physical Abuse (intentional act causing injury or trauma to another person)	1
		Emotional Abuse (an abuse that affects the emotions of another person)	2
		Psychological Abuse (an abuse that affects your inner thoughts)	3

		Verbal Abuse (direct insults and denouncing someone else)	4
		Other Specify: _____	
207	Have you ever been a victim of sexual abuse?	Yes	1
		No	2
		Refused to answer	4
		Don't know	99
208	What was the type of sexual abuse encountered? (<i>Enumerators do not read options and select multiple</i>)	Rape	1
		Attempted rape	2
		Sexual harassment	3
		Defilement	4
		Explicit talking	5
		Sexual assault	6
		Gang rape	7
		Indecent acts	9
		Refused	10
		Other (specify)	11
209	How frequent do cases of sexual violence occur in your community?	Daily	1
		Weekly	2
		Monthly	3
		Annually	4
		Don't know	99
210	Have you noticed any cases of SGBV in your community in the last 3 years?	Yes	1
		No	2
		Don't know	99
211	In the past one year, have you noticed any changes in SGBV cases in your community?	Yes	1
		No	2
		Don't know	99
212	Who most commonly perpetrate sexual violence against women and girls? (<i>Enumerator do not read options and select all that apply</i>)	Spouse	1
		Extended Family	2
		Teachers	3
		Peer groups	4
		Strangers	5
		Robbers/thieves	6
		Security officials	7
		Doctor/Medical person	8
		Religious worker	9
		Humanitarian relief worker	10
		Neighbor/Community member	11
		Other (specify)	98
		Don't know	99
213	What are the most common forms of domestic violence carried in this community?	Slapping	1
		Hitting	2

	<i>(Select all the apply)</i>	Kicking	3
		Use of Weapons	4
		Public humiliation	5
		Forced isolation	6
		Murder or life threats	7
		Rape	8
		Other (specify)	
214	Are there preventive mechanisms to sexual violence against women and girls in your community?	Yes	1
		No	2
		Don't know	
215	If yes, can you list some?		
Section Three: Impact of Conflict and Ebola on SGBV			
301	Were there cases of sexual violence against women and girls in your community during the Ebola period?	Yes	1
		No	2
302 215	If yes, were the cases of sexual violence more or less during and after the Ebola period?	More	1
		Less	2
		Don't know	3
303 216	What were the most common forms of sexual violence carried out against women and girls in your community during the Ebola period? <i>(Select all that applies)</i>	Sex with a minor	1
		Forced removal of clothing	2
		Forcing to touch	
		Forcing to watch sexual act	
		Forcing to kiss,	3
		Sexual coercion	4
		Manipulation by someone in a position of power such as the head of the household, employer etc.	5
		Assistance for sex	6
		Sex for grade	7
	Sex for safe passage.	9	
304	What are some of the negative consequences faced by women and girls exposed to sexual violence during this period? <i>(Select all that apply)</i>	Stigmatization	1
		Isolation	2
		Unwanted pregnancy	3
		Exclusion	4
		Dropout from school	5
		Early child marriage	6
		Other (specify)	
	Don't know	99	
305	Do you know anyone who suffered from sexual violence during the Ebola period ?	Yes	1
		No	2
306	If yes, to whom was it reported to?	Parents	1
		Police	2

		Court	3
		Other (specify) _____	
307	What happened to the perpetrators of the act?	Charged to court	1
		Taken to prison	2
		Made to pay a fine	3
		Nothing happened to them	4
		Don't know	99
308	If nothing happened to perpetrators, what were the obstacles to bringing those responsible for sexual and gender-based violence against women and girls to justice?	lack of law enforcement during the Ebola period	1
		Sexual violence against women and girls accepted as a norm during the Ebola period	2
		Women's rights not recognized during the Ebola period	3
		Few cases of sexual violence against women and girls during the Ebola period	4
		Other (specify): _____	
		Don't know	99
309	What about in the last one year, have there been cases of SGBV in your community?	Yes	1
		No	2
		Don't know	3
310	Was the case of SGBV reported?	Yes	1
		No	2
		Don't know	3
311	Were the perpetrators brought to book?	Yes	1
		No	2
		Don't know	3
Section Four: Capacity and role of Raising awareness of SGBV			
401	Are mass media outreaches effective in providing required services to SGBV exposed persons?	Yes	1
		No	2
		Don't know	99
402	Are people-to-people outreaches effective in providing required services to SGBV exposed persons?	Yes	1
		No	2
		Don't know	99
403	Are there any SGBV-related projects being implemented in this community?	Yes	1
		No	2
		Don't know	99

403	What are some of the benefits you gained from the SGBV projects in your community? (Open ended and list all)		
404	What kind of additional support would you like to receive?	Legal aid	1
		Health Psychosocial	2
		Capacity building	3
		Adult literacy	4
		awareness raising	5
		Other (specify)	
		Don't know	99
405	In the past one year have you been exposed to messages on women's rights and gender-based violence in your community?	Yes	1
		No	2
		Cannot remember	99
406	Who provided you with the message on women's rights and gender-based violence?	Open ended	
407	How have the community awareness messages help your community in raising the awareness of SGBV?	Very much	1
		Not so much	2
		Not at all	3
408	Are there cooperation and collaboration between government officials and local communities and individuals combating SGBV	Yes	1
		No	2
		Don't know	99
409	If Yes , how has this collaboration helped to raise the awareness and reduce SGBV in your community?	Helped a lot	1
		Somewhat helped	2
		Not helped at all	99
410	Is your community capable of handling SGBV cases?	Yes	1
		No	2
		Don't know	99
411	How would the community women group act if they found out that a husband beat his wife?	Inform local authorities immediately	1
		Refer to community leaders (traditional elder/clan chiefs)	2
		Discuss issue only within the family	3
		Don't know	99

Section Five: Women decision making and their economic status			
501	What are the roles of women in your community? (respondent may choose multiple response)	Allow to make decisions during community meetings	1
		Only participate in community meetings	2
		do not have too much say during community meetings	3
		not allow to speak at all during community meetings	5
		Don't know	99
502	Do you own a business?	Yes	1
		No	2
503	If NO, how do you make a living?	Husband support	1
		Family support	2
		Selling farm products	3
		Other specify: _____	
504	Are there income earning opportunities ongoing in your community to empower women?	Yes	1
		No	2
		Don't know	99
505	If yes, who provides it?	NGOs	1
		Media	2
		Government	3
		Community members	4
		Other (specify)	
		Don't know	99
506	What is the level of community involvement with the project?	High	1
		Low	2
		Not included	3
		Other (specify)	
		Don't know	99
507	Do women manage their own money which they earned?	Yes	1
		No	2
		Don't know	99
508	Are you part of any village savings clubs in your community?	Yes	1
		No	2
		Don't know	99
509	How has these saving clubs helped your community?	Open ended	
510	How has these saving clubs helped you personally?	Open ended	
511	Do your community call upon you when discussing SGBV-related issues?	Yes	1
		No	2
		Don't know	99
512		Yes	1

	Do you have a say when your community addresses SGBV cases?	No	2
		Don't know	99
513	What are some of your responsibilities in the community when addressing SGBV cases?	Play a major role	1
		Not very involved	2
		Not involve at all	3
		Don't know	99
514	Do you think that men in your community frequently hit their wives?	All the time	1
		Some of the time	2
		Not at all	3
		Don't know	99
516	What are your views about male and female responsibilities at home and at work?	Women handle most of the responsibilities at home and work	1
		Men handle most of the responsibilities at work, but not at home	2
		Both men and women handle all responsibilities equally	3
		Don't know	99
Section Six: Persecution of SGBV perpetrators – Justice to the victim			
601	Where do community report gender-based violence issues? (Select all that applies)	To community leaders	1
		Police	2
		Traditional elders	3
		Don't know	99
602	Who is responsible for settling SGBV cases in your community?	Police	1
	?	Magistrate	2
		Prosecutor	3
		Other (specify)	4
		Don't know	99
603	Do you think the police understand the laws on SGBV?	Yes	1
		No	2
		Don't know	99
604	Are they educated about SGBV?	Yes	1
		No	2
		Don't know	99
605	Do they appropriately intervene in cases of SGBV?	Yes	1
		No	2
		Don't know	99
606	Do most perpetrators of these acts of sexual violence against women and girls pay the price for their action?	Yes	1
		No	2
		Don't know	99
607	If no, what are some of the factors stopping the laws from taking its course?	Cultural beliefs	1
		Bribery and corruption	2

		Inadequate laws	3
		Other (specify)	5
		Don't know	99
608	Are there collaborative opportunities among law enforcement agents including community members in addressing SGBV cases?	Yes	1
		No	2
		Don't know	99
609	Is there a community task force responsible to reporting SGBV cases to the government/police?	Yes	1
		No	2
		Don't know	99
610	If yes, who?	The victim	1
		Parents of the victim	2
		Neighbors	3
		Anyone	4
		Other (specify)	5
		Don't know	99
END			

6.2. Focus Group Discussion Protocol

CAFOD - Final Evaluation for Isle of Man International Development Committee Livelihoods and Leadership Project: FGD PROTOCOL

PROJECT BENEFICIARIES	
COUNTY:	COMMUNITY:
DATE:	START TIME:

INFORMED CONSENT (please read aloud)

Hello, my name is _____, and my friend is _____. We are from The Khana Group, also called TKG. We have been asked by CAFOD, who is working with the official development and humanitarian agency of the Bishops' Conference of England and Wales and part of the global Caritas family to conduct the final evaluation for the 'Livelihoods and Leadership' project which was funded by the Isle of Man International Development Committee. We are not working for the government.

The purpose of this research is to better understand gender inequality and sexual violence in conflict and Ebola affected areas in Liberia.

The project targeted over 5,000 women and men and their families from Bong, Lofa and Nimba counties through gender, health and literacy trainings, awareness-raising through community theatre and film-making, provision of psycho-social and justice support to survivors of sexual and gender-based violence (SGBV) and establishment of Village Savings and Loan Associations (VSLAs).

There is no personal benefit that you will gain from taking part in this study. But the results from the study will help to inform policies that will help reduce the prevalence of Sexual and Gender Based Violence (SGBV), and Violence Against Women (VAW) in conflict and Ebola affect areas in Lofa, Bong, and Nimba counties. The study will also raise the awareness of SGBV and GBV and help survivors of SGBV and GBV to feel safe within their communities. If you agree to take part in the study, we will ask you some questions about yourself, your family, your community, and efforts towards reducing or eliminating SGBV and GBV, etc. You are not compelled to take part in this study, but your answers will help TKG to write down the experiences of SGBV and GBV and how policies have improved to address these issues- so that CAFOD can share the findings with its partners and explore ways to support more cohesive efforts to prevent SGBV.

The discussion will last about 45 to 60 minutes. You can choose to stop at any time. If there are some questions that you do not feel comfortable to answer, you can tell me and we will move on to the next question. Some information you provide may reveal secrets about yourself, causing problems for you and your family. So, all your answers will be kept strictly private – the information we collect will not contain anything to identify you personally. The information will be combined with other participants' information and shared publicly for research purposes. As a way to let you know we will keep your information a secret, your name will not even be collected. Only us who are collecting the data will have information about you; when we send the report to CAFOD, there will be nothing that can be traced back to you.

We ask that all focus group participants agree not to share anything that is discussed with anyone outside of this group once this discussion ends. However, there is a risk that other discussion participants will repeat what is shared here today. Remember that you are not required to answer any question if you are concerned about your privacy.

Do you have any questions?

Do you want to take part in the interview? Yes (1) No (0)

Enumerator: If someone says "No", thank the persons and ask the person to leave, and find a replacement, if necessary.

During the interview, we may not be able to quickly write down all the information you provide. So, we would like to voice record the interview. When we write the notes later, we will listen to the recording to help us remember. Do you agree for us to voice record the interview? Yes (1) No (0).

Enumerator: If everybody says "No" or there is disagreement on use of recording, do not record – continue with handwritten notes.

If at any time you have questions about the research study, you may ask the interviewer from TKG or you may call:

Marvin Samuel, The Khana Group, umber: 0778-169-725).

Enumerator's ID			Supervisor's signature	
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Main questions & suggested probes

Focus Group Protocol

Location:

Date of FGD:

Duration (start time and end time):

Name of moderator:

Name of note-taker:

Gender Roles

- I. What are the roles of men and women in the community?

- How do men spend their time in this community?
- Who controls the resources in the community? In the family?

Understanding Attitudes towards Women

2. What are your opinions about women's capability to make decisions in the community?
 - What about women's capability to manage money?
 - How can you compare women's ability to manage money to that of men?
 - In your view, what do women do when they realize their husbands are spending too much?
 - Would you say that men listen to what women say? Why or why not?

General Attitudes about Responsibilities

3. What are your views about male and female responsibilities at home and at work?
 - Some people say women have different responsibilities at home and at work, what do you think?
 - Do you think that women have more work or less work than most people realize? If yes, please explain and if no, please explain
 - In your opinion, what are a woman's responsibilities towards her husband?
 - Who decides the number of children to have?
 - In your opinion, how can disagreements between spouses be resolved? (Probe if most or all responses are related to violence ways of resolving conflict: What are some of the ways they can be resolved without violence).

Sexual and Reproductive Health

4. Do women decide whether or not to have sex with their husbands? What do you think about this?
 - Is having many children more important to men or women? Why, or why not? Why would some people not want to have many children?
 - How do you think men would react if their wives had access to birth control?
 - What if she took birth control without his knowledge or permission? Why?

Understanding Violence

5. Sometimes husbands act out physically when they are angry. It can be hard to define what types of actions count as "violence" against a wife.
 - What do husbands do when they are angry?
 - What actions would a husband take that could cause physical harm to his wife?
 - Can you give me examples of what would count as violence? Can you give me examples of what would not count as violence?
 - Can you share an experience of been physically abused by your spouse?
 - What did you do after the abuse?

Frequency and Acceptability

6. Do you think husbands frequently hit their wives? How often is that? How often would be too much? How often would be reasonable?
 - Has the problem of sexual violence gotten worse, better, or stayed the same in the last year?
 - What types of sexual violence have gotten worse, better, or stayed the same? If there has been a change, what has caused it?

Response by Communities/families

7. How would family act if they found out that a husband beat his wife?
 - Would the wife's family react differently than the husband's family?
 - What would they do?
 - Can you think of any specific examples?
 - What do men do when violence is perpetrated against their daughters, sisters, mothers, wives, close friends?

Training

8. In the past one year, have you participated in any training on SGBV specifically for women?
 - How many trainings did you attend?
 - Who organized the training?
 - What topics were taught at the training?
 - How did the training benefit you in your business, family and life skills? (Interviewer ask this question for each type of training mentioned)
 - Besides the training, what other SGBV prevention activities did you participate in in the last one year? Who conducted the activity?

That concludes our focus group. Thank you so much for coming and sharing your thoughts and opinions with us.

6.3. Key Informant Interview Protocols

CAFOD - Final Evaluation for Isle of Man International Development Committee Livelihoods and Leadership Project

COUNTY:	COMMUNITY:
CATEGORY: HEAD OF WOMEN GROUP <u>KII</u>	CONTACT:
DATE:	START TIME:

INFORMED CONSENT (Please read aloud)

Hello, my name is _____, and my friend is _____. We are from The Khana Group, also called TKG. We have been asked by CAFOD, who is working with the official development and humanitarian agency of the Bishops' Conference of England and Wales and part of the global Caritas family to conduct the final evaluation for the 'Livelihoods and Leadership' project which was funded by the Isle of Man International Development Committee. We are not working for the government.

The purpose of this research is to better understand gender inequality and sexual violence in conflict and Ebola affected areas in Liberia.

The project targeted over 5,000 women and men and their families from Bong, Lofa and Nimba counties through gender, health and literacy trainings, awareness-raising through community theatre and film-making, provision of psycho-social and justice support to survivors of sexual and gender-based violence (SGBV) and establishment of Village Savings and Loan Associations (VSLAs).

There is no personal benefit that you will gain from taking part in this study. But the results from the study will help to inform policies that will help reduce the pervasiveness of Sexual and Gender Based Violence (SGBV), and Violence Against Women (VAW) in conflict and Ebola affect areas in Lofa, Bong, and Nimba counties. The study will also raise the awareness of SGBV and GBV and help survivors of SGBV and GBV to feel safe within their communities. If you agree to take part in the study, we will ask you some questions about yourself, your family, your community, and efforts towards reducing or eliminating SGBV and GBV, etc. You are not compelled to take part in this study, but your answers will help TKG to write down the experiences of SGBV and GBV and how policies have improved to address these issues- so that CAFOD can share the findings with its partners and explore ways to support more cohesive efforts to prevent SGBV.

The discussion will last about 25 to 30 minutes. You can choose to stop at any time. If there are some questions that you do not feel comfortable to answer, you can tell me and we will move on to the next question. Some information you provide may reveal secrets about yourself, causing problems for you and your family. So, all your answers will be kept strictly private – the information we collect will not contain anything to identify you personally. The information will be combined with other participants' information and shared publicly for research purposes. As a way to let you know we will keep your information a

secret, your name will not even be collected. Only us who are collecting the data will have information about you; when we send the report to CAFOD, there will be nothing that can be traced back to you.

Do you have any questions?

Do you want to take part in the interview? Yes (1) No (0)

Enumerator: If participant says "No", thank the person, and end the interview.

During the interview, we may not be able to quickly write down all the information you provide, so we would like to record the interview. When we write the notes later, we will listen to the recording to help us remember. Do you agree for us to record the interview? Yes (1) No (0). **Enumerator:** If "No" do not record – continue with handwritten notes.

If at any time you have questions about the research study, you may ask the interviewer from TKG or you may call:

Marvin Samuel, The Khana Group, umber: 0778-169-725.

Enumerator's ID			Supervisor's signature	
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Main questions & suggested probes

1. What are the roles of men and women in your community?
 - a. How do men spend their time in this community?
 - b. Who controls the resources in the community? In the family?

2. What are your opinion about women's capability to make decisions in the community?
 - a. What about women's capability to manage money?
 - b. How can you compare women's ability to manage money to that of men?
 - c. In your view, what do women do when they realize their husbands are spending too much?
 - d. Would you say that men listen to what women say? Why or why not?

3. What are your views about male and female responsibilities at home and at work?
 - a. Some people say women have different responsibilities at home and at work, what do you think?
 - b. Do you think that women have more work or less work than most people realize? If yes, please explain and if no, please explain
 - c. In your opinion, what are a woman's responsibilities towards her husband?
 - d. Who decides the number of children to have?
 - e. In your opinion, how can disagreements between spouses be resolved without violence?

4. What traditional activities go on in your community?
 - a. How do these activities affect women?
5. In some cultures, women do not have the right to ask for or refuse their husband of sex. What are your views about this?
6. Do you think that men in your community frequently hit their wives? How often is that? How often would be too much? How often would be reasonable?
7. How would the community women group act if they found out that a husband beat his wife?
 - a. Have there been issues of violence between spouses in your community?
 - b. How were they resolved?
 - c. Where do community members report gender-based violence issues?
 - d. How have perpetrators been dealt with?

**CAFOD - Final Evaluation for Isle of Man International Development Committee
Livelihoods and Leadership Project**

COUNTY:	COMMUNITY:
CATEGORY: <u>COMMUNITY LEADER KII</u>	CONTACT:
DATE:	START TIME:

INFORMED CONSENT (Please read aloud)

Hello, my name is _____, and my friend is _____. We are from The Khana Group, also called TKG. We have been asked by CAFOD, who is working with the official development and humanitarian agency of the Bishops’ Conference of England and Wales and part of the global Caritas family to conduct the final evaluation for the ‘Livelihoods and Leadership’ project which was funded by the Isle of Man International Development Committee. We are not working for the government.

The purpose of this research is to better understand gender inequality and sexual violence in conflict and Ebola affected areas in Liberia. The project targeted over 5,000 women and men and their families from Bong, Lofa and Nimba counties through gender, health and literacy trainings, awareness-raising through community theatre and film-making, provision of psycho-social and justice support to survivors of sexual and gender-based violence (SGBV) and establishment of Village Savings and Loan Associations (VSLAs).

There is no personal benefit that you will gain from taking part in this study. But the results from the study will help to inform policies that will help reduce the prevalence of Sexual and Gender Based Violence (SGBV), and Violence Against Women (VAW) in conflict and Ebola affect areas in Lofa, Bong, and Nimba counties. The study will also raise the awareness of SGBV and GBV and help survivors of SGBV and GBV to feel safe within their communities. If you agree to take part in the study, we will ask you some questions about yourself, your family, your community, and efforts towards reducing or eliminating SGBV and GBV, etc. You are not compelled to take part in this study, but your answers will help TKG to write down the experiences of SGBV and GBV and how policies have improved to address these issues- so that CAFOD can share the findings with its partners and explore ways to support more cohesive efforts to prevent SGBV.

The discussion will last about 25 to 30 minutes. You can choose to stop at any time. If there are some questions that you do not feel comfortable to answer, you can tell me and we will move on to the next question. All your answers will be kept strictly private – the information we collect will not contain anything to identify you personally. The information will be combined with other participants’ information and shared publicly for research purposes. As a way to let you know we will keep your information a secret, your name will not even be collected. Only us who are collecting the data will have information about you; when we send the report to CAFOD, there will be nothing that can be traced back to you.

Do you have any questions?

Do you want to take part in the interview? Yes (1) No (0)

Enumerator: If participant says "No", thank the person, and end the interview.

During the interview, we may not be able to quickly write down all the information you provide, so we would like to record the interview. When we write the notes later, we will listen to the recording to help us remember. Do you agree for us to record the interview? Yes (1) No (0). **Enumerator:** If “No” do not record – continue with handwritten notes.

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Marvin Samuel, The Khana Group, umber: 0778-169-725.

Enumerator’s ID			Supervisor’s signature	
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Main questions & suggested probes

1. What are the roles of men and women in your community?
 - a. How do men spend their time in this community?
 - b. Who controls the resources in the community? In the family?
2. What are your opinion about women’s capability to make decisions in the community?
 - a. What about women’s capability to manage money?
 - b. How can you compare women’s ability to manage money to that of men?
 - c. In your view, what do women do when they realize their husbands are spending too much?
 - d. Would you say that men listen to what women say? Why or why not?
3. What are your views about male and female responsibilities at home and at work?
 - a. Some people say women have different responsibilities at home and at work, what do you think?
 - b. Do you think that women have more work or less work than most people realize? If yes, please explain and if no, please explain
 - c. In your opinion, what are a woman’s responsibilities towards her husband?
 - d. Who decides the number of children to have?
 - e. In your opinion, how can disagreements between spouses be resolved without violence?
4. What traditional activities go on in your community?
 - a. How do these activities affect women?
5. In some cultures, women do not have the right to ask for or refuse their husband of sex. What are your views about this?

6. Do you think that men in this community frequently hit their wives? How often is that? How often would be too much? How often would be reasonable?

7. How would the community leadership act if they found out that a husband beat his wife?
 - a. Have there been issues of violence between spouses in your community?
 - b. How were they resolved?
 - c. Where do community members report gender-based violence issues?
 - d. How are perpetrators been dealt with?

CAFOD - Final Evaluation for Isle of Man International Development Committee Livelihoods and Leadership Project

COUNTY:	COMMUNITY:
CATEGORY: <u>DEN – L STAFF KII</u>	CONTACT:
DATE:	START TIME:

INFORMED CONSENT (Please read aloud)

Hello, my name is _____, and my friend is _____. We are from The Khana Group, also called TKG. We have been asked by CAFOD, who is working with the official development and humanitarian agency of the Bishops’ Conference of England and Wales and part of the global Caritas family, to conduct the final evaluation for the ‘Livelihoods and Leadership’ project which was funded by the Isle of Man International Development Committee. We are not working for the government.

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There is no personal benefit that you will gain from taking parting in this study. But the results from the study will help to inform policies that will help reduce the pervence of Sexual and Gender Based Violence (SGBV), and Violence Against Women (VAW) in conflict and Ebola affect areas in Lofa, Bong, and Nimba counties.

The study will also raise the awareness of SGBV and GBV and help survivors of SGBV and GBV to feel safe within their communities. If you agree to take part in the study, we will ask you some questions about DEN-L’s participation in the project, and efforts towards reducing or eliminating SGBV and GBV, etc. You are not compelled to take part in this study, but your answers will help TKG to write down the experiences of SGBV and GBV and how policies have improved to address these issues so CAFOD can share the story with their partners and find ways to support more cohesive and safe communities in conflict and Ebola affected areas in Liberia.

The discussion will last about 25 to 30 minutes. You can choose to stop at any time. If there are some questions that you do not feel comfortable to answer, you can tell me and we will move on to the next question. Some information you provide may reveal secrets about your organization, causing problems for you. So, all your answers will be kept strictly private – the information we collect will not contain anything to identify you personally. The information will be combined with other participants’ information and shared publicly for research purposes. As a way to let you know we will keep your information a

secret, your name will not even be collected. Only us who are collecting the data will have information about you; when we send the report to CAFOD, there will be nothing that can be traced back to you.

Do you have any questions?

Do you want to take part in the interview? Yes (1) No (0)

Enumerator: If participant says "No", thank the person, and end the interview.

During the interview, we may not be able to quickly write down all the information you provide, so we would like to record the interview. When we write the notes later, we will listen to the recording to help us remember. Do you agree for us to record the interview? Yes (1) No (0). **Enumerator:** If "No" do not record – continue with handwritten notes.

If at any time you have questions about the research study, you may ask the interviewer from TKG or you may call:

Marvin Samuel, The Khana Group, umber: 0778-169-725.

Enumerator's ID			Supervisor's signature	
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Main questions & suggested probes

1. Kindly share an overview of the Livelihoods and Leadership' project,
 - a. When did the project officially start?
 - b. What key activities were implemented by DEN-L during the project? Implementation
 - c. What local structures did the project work with and how?
 - d. What target groups benefited from the project?
2. How did DEN-L work with local communities on the project
 - a. What are the activities DEN-L implemented during the project?
 - b. What type of training was provided to the beneficiaries?
 - c. How many trainings were conducted?
3. What modifications happened during implementation phase of the project?
 - a. What led to these modifications
 - b. How did these modifications affect the overall project timeline?
4. In terms of sustainability, what activities/strategies did the project implement?
 - a. How involved were the project communities in ensuring that the gains of the project are sustained?
5. In your opinion, how would you rate the incidence of SGBV in the project communities?
 - a. What factors contributed to the increase/decrease of SGBV?
 - b. What are the major causes of SGBV in this area?
 - c. What factors influence or continue to sustain SGBV?
6. How did the project interreact with the local police or other security outfits in the communities during project implementation?

7. What were some of the challenges faced during the project implementation?
 - a. How did the challenges impact the project?
 - b. How were the challenges resolved?
 - c. What recommendations do you have for implementation of a similar project in the future.

CAFOD - Final Evaluation for Isle of Man International Development Committee Livelihoods and Leadership Project

COUNTY:	COMMUNITY:
CATEGORY: <u>CAFOD STAFF KII</u>	CONTACT:
DATE:	START TIME:

INFORMED CONSENT (Please read aloud)

Hello, my name is _____, and my friend is _____. We are from The Khana Group, also called TKG. We have been asked by your institution to conduct the final evaluation for the 'Livelihoods and Leadership' project which was funded by the Isle of Man International Development Committee. We are not working for the government.

There is no personal benefit that you will gain from taking part in this study. But the results from the study will help to inform policies that will help reduce the prevalence of Sexual & Gender Based Violence (SGBV), and Violence Against Women (VAW) in conflict and Ebola affect areas in Lofa, Bong, and Nimba counties. The study will also raise the awareness of SGBV and GBV and help survivors of SGBV and GBV to feel safe within their communities.

If you agree to take part in the study, we will ask you some questions about your participation in the project, project related implementation challenges and recommendations. You are not compelled to take part in this study, but your answers will help TKG assess the effectiveness of the project and also help us make valid recommendations to your institution for future projects.

The discussion will last about 25 to 30 minutes. You can choose to stop at any time. If there are some questions that you do not feel comfortable to answer, you can tell me and we will move on to the next question. All your answers will be kept strictly private – the information we collect will not contain anything to identify you personally. The information will be combined with other participants' information and shared publicly for research purposes. As a way to let you know we will keep your information a secret, your name will not even be collected. Only us who are collecting the data will have information about you; when we send the report to you and the rest of your management team, there will be nothing that can be traced back to you.

Do you have any questions?

Do you want to take part in the interview? Yes (1) No (0)

Enumerator: If participant says "No", thank the person, and end the interview.

During the interview, we may not be able to quickly write down all the information you provide, so we would like to record the interview. When we write the notes later, we will listen to the recording to help

us remember. Do you agree for us to record the interview? Yes (1) No (0). **Enumerator:** If “No” do not record – continue with handwritten notes.

If at any time you have questions about the research study, you may ask the interviewer from TKG or you may call:

Marvin Samuel, The Khana Group, umber: 0778-169-725.

Enumerator’s ID			Supervisor’s signature	
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Main questions & suggested probes

1. Kindly share an overview of the Livelihoods and Leadership’ project,
 - a. When did the project officially start?
 - b. What key activities were implemented by CAFOD during the project? Implementation
 - c. What local structures did the project work with and how?
 - d. What target groups benefited from the project?
2. What trainings were provided?
 - a. Who benefitted from the trainings?
 - b. What topics were taught at the trainings?
3. What modifications happened during implementation phase of the project?
 - a. What led to these modifications
 - b. How did these modifications affect the overall project timeline?
4. In terms of sustainability, what activities/strategies did the project implement?
 - a. How involved were the project communities in ensuring that the gains of the project are sustained?
5. In your opinion, how would you rate the incidence of SGBV in the project communities?
 - a. What factors contributed to the increase/decrease of SGBV?
 - b. What are the major causes of SGBV in this area?
 - c. What factors influence or continue to sustain SGBV?
6. How did the project interreact with the local police or other security outfits in the communities during project implementation?
7. What are some of the challenges faced during the project implementation?
 - a. How did the challenges impact the project?
 - b. How were the challenges resolved?
 - c. What recommendations do you have for the successful implementation of a similar project in the future?