



Government and UN Joint Programme to Prevent and Respond to Sexual Gender Based Violence

Republic of Liberia

Poverty Reduction Strategy

Pillar 1: Consolidating Peace and Security

Pillar 3: Strengthening Governance and the Rule of Law

UNDAF Outcomes:

UNDAF outcome 3 "Democratic, accountable and transparent governance advanced in a participatory and inclusive manner and in accordance with human rights standards";

Country Programme Output 3.3.4 "Gender equality advanced, and the rights of women and girls promoted and protected, including a robust response to gender-based violence"

Joint Programme Outcome:

Reduction of the incidence of SGBV and improved response for SGBV survivors and their families

Prog/project Title: Joint Programme to Prevent and Respond to Sexual Gender Based Violence in Liberia

Programme/project Duration

(Start/end dates): July 2008 –June 2010 (First phase), July 2010 – June 2012 (Second phase)

Fund Management Option(s): Pass-through and Parallel

Administrative Agent: UNFPA

Total estimated programme budget 2008-2010:
USD **13,230,000**

Out of which:

1. Planned resources:

<input type="checkbox"/> Government	TBA
<input type="checkbox"/> Donor	TBA
<input type="checkbox"/> Regular/Other Resources	TBA
<input type="checkbox"/> NGO or private	TBA
<input type="checkbox"/> UNDP	390,000
<input type="checkbox"/> UNFPA	920,000
<input type="checkbox"/> UNHCR	434,467
<input type="checkbox"/> UNICEF	250,000
<input type="checkbox"/> UNIFEM	826,878
<input type="checkbox"/> WHO	40,000

2. Unfunded budget: USD **10,368,655**

Names and signatures of participating UN organizations and Government

UNITED NATIONS	GOVERNMENT
 _____ Jordan Ryan, Deputy Special Representative of the Secretary General, UN Resident Coordinator and Humanitarian Coordinator For UNDP	 _____ Dr. Toga G. McIntosh, Minister of Planning and Economic Affairs
 _____ Dominic Sam, UNDP Country Director For UNFPA	 _____ Varbah Gaynor, Minister of Gender and Development
 _____ Rose Gakuba, UNFPA Representative For UNHCR	 _____ Rozanne Chorlton, UNICEF Representative For UNICEF
 _____ Renata Dubini, UNHCR Representative For UNICEF	 _____ Signe Allimadi, UNIFEM Programme Manager For UNIFEM
 _____ Dr. Eugene Nyarko, WHO Representative For WHO	

Signed in Monrovia on 13 June 2008

List of Acronyms

AA	:	Administrative Agent
BCC	:	Behavior Change Communication
CBO	:	Community Based Organization
CST	:	County Support Team
GBV	:	Gender Based Violence
HIV/AIDS	:	Human Immune Virus/Acquired Immune Deficiency Syndrome
IEC	:	Information, Education and Communication
IMO	:	Information Management Office
INGOS	:	International Non Governmental Organizations
JPSC	:	Joint Programme Steering Committee
LNGOs	:	Local Non Governmental Organizations
LISGIS	:	Liberia Institute for Geo Information Services
LNP	:	Liberia National Police
M&E	:	Monitoring and Evaluation
MDG	:	Millennium Development Goals
MGD	:	Ministry of Gender and Development
MOE	:	Ministry of Education
MOF	:	Ministry of Finance
MOH&SW	:	Ministry of Health and Social Welfare
MOJ	:	Ministry of Justice
MOU	:	Memorandum of Understanding
NGO	:	Non Governmental Organization
OGA	:	Office of the Gender Advisor
PCG	:	Protection Core Group
PEP	:	Post – Exposure Prophylaxis
POA	:	Plan of Action
PTSD	:	Post Traumatic Stress Disorder
SEA	:	Sexual Exploitation and Abuse
SGBV	:	Sexual Gender Based Violence
UN	:	United Nations
UNDG	:	United Nations Development Group
UNDP	:	United Nations Development Program
UNDAF	:	United Nations Development Assistance Framework
UNFPA	:	United Nations Population Fund
UNHCR	:	United Nations High Commission for Refugees
UNIFEM	:	United Nations Development Fund for Women
UNICEF	:	United Nations Children’s Fund
UNMIL	:	United Nations Mission in Liberia
WCPS	:	Women and Children’s Protection Section
WHO	:	World Health Organization
WFP	:	World Food Programme

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Map of Liberia



MDG indicators in Liberia

Goal 1: Eradicate extreme poverty
 Proportion of population below national poverty line 63.8% (CWIQ, 2007)
 (2,400 Kcal/per day per adult)
 Proportion of underweight children (under 5s) 18.8% (LDHS, 2007); 26.8% (CFSNS, 2006)

Goal 2: Achieve universal primary education
 Net enrolment ratio (NER) in primary education 37.3% (CWIQ, 2007)
 Literacy rate of 15-24 year olds 73.1% (CWIQ, 2007)

Goal 3: Promote gender equality and empower women
 Ratio of girls to boys in primary education 0.92 (CWIQ, 2007)
 Ratio of literate women to men (15-24 year olds) 0.96 (CWIQ, 2007)
 Proportion of seats held by women in national parliament 14% (2007)

Goal 4: Reduce child mortality by two-thirds
 Under-five mortality rate (per 1,000 live births) 111 (LDHS, 2007); 235 (SWC08, 2006)

Infant mortality rate (per 1,000 live births) 72 (LDHS, 2007); 157 (SWC08, 2006)

Goal 5: Reduce by three quarters the maternal mortality rate
 Maternal mortality rate (per 100,000 live births) 994 (LDHS, 2007); 580 (SWC08, 2006)
 Proportion of births attended by skilled health personnel 46.4% (LDHS, 2007)

Goal 6: Combat HIV/AIDS, malaria and other diseases
 HIV prevalence 1.5% (LDHS, 2007); 5.7% (ACSS, 2006)
 Death rate associated with malaria 46.6% (LMIS06, 2005)

Goal 7: Ensure environmental sustainability
 Proportion of land area covered by forest 47% (FDA, 2008)
 Proportion of population with sustainable access to improved water source 51.4% (CWIQ, 2007); 32% (CFSNS, 2006)

Goal 8: Develop a global partnership for development
 Donor inflows are projected to decline from 43% of GDP in 2005 to 31% of GDP in 2010

2. Executive Summary

This joint UN programme is a response to the increasing trend of sexual gender based violence (SGBV), including sexual exploitation and abuse (SEA) in Liberia. The programme will support the operationalization of the National GBV Plan of Action (PoA), which is guiding National efforts to curb the high trend of SGBV in Liberia. The programme is also directly responding to national priorities enshrined in the Poverty Reduction Strategy (PRS).

The UN in Liberia agreed to work together to address national priorities through the United Nations Development Assistance Framework (UNDAF) where action against SGBV is stipulated (UNDAF Outcomes 3 and 1).

This Joint Programme capitalizes on the participating United Nations organizations' and UNMIL's comparative advantages to address critical issues reflected in the National GBV Plan of Action. To some extent, the programme builds on current initiatives covering Psychosocial, Medical, Legal, Security/Protection and Coordination. The Joint Programme will be executed under the overall coordination of the Ministry of Gender and Development (MGD) and with the support of Government line Ministries and implementing partners.

In Liberia, development partners are working within their respective mandates to offer support to curb SGBV. The need to respond to national priorities enshrined in the Poverty Reduction Strategy (PRS) is a key focus for the UN system. In particular, chapter 6 of Pillar I (Consolidating Peace and Security) and Chapter 8 of Pillar III (Strengthening Governance and Rule of Law) of the PRS refer to SGBV.

The UN system is supporting the enhancement of national capacities through direct support to ministries, departments and agencies. It is also involved in capacity building programmes and support to local organisations and community based groups including those working on SGBV.

Under the **United Nations Development Assistance Framework (UNDAF) for Liberia 2008-2012**, the UN is teaming up to deliver as one. Specific provisions are made in addressing SGBV in particular:

- *UNDAF Outcome 3. "Democratic, accountable and transparent governance advanced in a participatory and inclusive manner and in accordance with human rights standards"*
- *Country Programme Output 3.3.4 "Gender equality advanced, and the rights of women and girls promoted and protected, including a robust response to gender-based violence"*

The joint programme will also support achievement of other priorities set out in the UNDAF such as:

- *UNDAF Outcome 1. "National and local authorities increasingly have the capacity to provide security, manage conflict and prevent violence, respecting human rights throughout"*
- *Country Programme Output 1.1.4 National security policy and architecture in place and functioning in conformity with Liberia's human rights obligations, with particular attention to violence against women"*
- *UNDAF Outcome 4 "Improving health and education, with an emphasis on reduced maternal and child mortality and increased learning achievement"*

- Country Programme Output 4.2.4 "Access to basic health, including sexual and reproductive health and social welfare services and information, available to 50% of the population"
- Country Programme Output 4.2.5 National and community based mental health and psychosocial plan developed and implemented.

Specifically "the joint programme will derive from the national GBV multi-sectoral plan of action and build on existing interventions in a more complementary and comprehensive manner to ensure judicious use of resources and eliminate duplication" ¹

The Launch of the National GBV Plan of Action (POA) in November 2006 is seen as an effective means/strategy to halt the rising rates of SGBV in Liberia. The UN System in Liberia is collaborating with various stakeholders on the ground to address SGBV through supporting implementation of the POA, which is being coordinated by the Ministry of Gender and Development. This joint programme will focus on sexual violence as a manifestation of GBV and build on existing interventions in a more complementary and comprehensive manner to ensure judicious use of resources and eliminate unnecessary duplication. The program will work towards achieving its goals for a four year period focusing on the immediate needs for the first two years.

The programme is aligned with the time-frame of the PRS with a first phase 01 June 2008 – 31 May 2010. (24 months). The second phase will be implemented from 1 June 2010 to 31 May 2012 (24 months). This programme document sets out outputs and activities for the first phase 2008-2010. At the end of the first phase, a mid-term evaluation will be conducted which will form the basis of activities of the second phase of the programme 2010-2012. The key actors of Government are the Ministry of Gender and Development, Ministry of Justice, Ministry of Health & Social Welfare and the Judiciary Branch of Government. The key UN partners in this programme are **UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO and UNMIL.**

The programme has been developed in consultation with Government and other stakeholders to identify the most urgent needs to be addressed. The interventions are based on short and medium term time-frames, corresponding to the first and second phases of the programme. There are 28 outputs under the programme's first phase 2008-2010, divided into the various Pillars of Psychosocial, Health, Legal, Security/Protection and Coordination, with an aggregate cost of **USD 13,230,000.**

3. Situation Analysis

a) Prevalence of SGBV in Liberia

Despite the end of the war, there is strong evidence of a high prevalence of GBV (especially sexual and domestic violence) throughout the country. For many Liberian women and girls, the violence they experienced during wartime still occurs today. Studies carried out² in 10 out of 15 counties indicate a high prevalence of SGBV, which seems embedded in cultural beliefs and practices as well as behavior acquired during the war years. Domestic violence is seen as an integral part of the gender relations' fabric of the Liberian society. The culture of violence experienced during the years of war has led to the militarization of intimate relations. Thus, sexual violence continues as a normal part of gender relations. Rape accounted for 73.9% sexual violence during the conflict and 13.0% after the conflict. Currently, rape and other sexual offences are the number one crimes being reported to the Liberian police. In 2007, 46% of

¹ Final Draft, UNDAF 2007, Outcome 3, Output 3.3.4, Pg 32

² WHO rapid assessment on GBV/SGBV in Liberia, 2005/2006

reported rape cases to the LNP involved children under age 18. During the conflicts, the perpetrators were mainly fighting forces (89.2%). However, after the conflicts the perpetrators are ex-combatants, community or family members, teachers and husbands/partners.

During the recent district, county and regional consultations in the development process of the Poverty Reduction Strategy, addressing the high incidence of rape and other forms of sexual violence were cited as high priorities by citizens across the country. Findings on high prevalence of GBV incidences are consistent with information from county Protection Core Groups (PCGs) that receive reports on individual cases from protection monitors based in the communities throughout the country. For instance, in 2007, 38% of the 5,000 protection cases reported were of GBV nature. And in the first three months of 2008 1935 cases were reported of which 34% relate to GBV.

The predominant social and economic consequences of rape are stigmatization by the community and families and unwanted pregnancy after rape (15.1%). Out of this number, 41% of the pregnant women delivered healthy babies who are being stigmatized by both the communities and families. High divorce rate (25.8%) and wife abandonment are also consequences survivors have suffered. Abandoned wives and widows are particularly more vulnerable to SGBV. The severity of these consequences is proportional to the number of encounters and the length of time suffered. Other key consequences include undermining the role of women in economic reconstruction and governance. Women who live in constant fear of their personal safety will not be active actors in nation building hence the prevalence of SGBV also negatively affects peace building. Regrettably, survivors are unwilling to look for medical or psycho-social assistance, or to report the assault to the police because of the stigma associated with being raped. In addition, existing gaps in legal, protection, health and psychosocial services that fail to ensure confidentiality and supportive services survivors need, make coming forward for assistance extremely difficult and, at times, dangerous. Generally, Liberia faces challenges in the ability to ensure access to reproductive health services for women in the country. There is a fragile and barely functional justice system, a lack of correctional facilities, inexperienced newly recruited police force, lack of logistical necessities as well as community trust. Within this context, an effective response to SGBV, which requires specialized knowledge and skills, poses seemingly overwhelming challenges. These challenges and gaps relate to lack of reliable up-to-date information and data; shortage of human resources and limited capacity in the medical and legal management of SGBV; inadequate technical, logistical infrastructure and financial resources; inappropriate strategy and lack of collaboration and coordination between and among different actors involved in SGBV prevention and response.

b) Current Response and Challenges

In 2005, the Liberian Rape law was enacted. This law expands the definition of rape, raises the age of consent to age 18 and imposes longer sentences for perpetrators. The UN supported Government in wide dissemination of a simplified version of the new law in an attempt to raise public awareness of the law's existence. However, knowledge of this law is not comprehensive across the country. The Liberian National Police, recognizing the difficult nature of these cases, has established a Women and Children's Protection Section in 13 of the 15 counties with a plan for nationwide coverage. These officers have been trained to investigate, refer victims and charge perpetrators in a respectful and thorough manner. More recently a *LNP Office of Gender Adviser* has also been established.

The *Poverty Reduction Strategy (2008 – 2011)*

The joint programme is responding to priorities outlined in the PRS. Chapter 2 stipulates: "We must address the social consequences of the war, including gender-based violence, which

continues to permeate Liberian society today". Chapter 6 (Consolidating Peace and Security) has references to GBV and rape, as a major security concern in Liberian society, while it notes that GBV was used as a weapon of war during the years of unrest. Chapter 8 (Strengthening Governance and the Rule of Law) also mentions that delivery of justice is critical to peace and to sustain the peace in Liberia. Furthermore, strengthening the administration and delivery of justice as it relates to rape, specifically with legal aid and general knowledge of laws on rape is mentioned under chapter 8. The PRS recognizes that strengthening the legal and judicial institutions with human and institutional capacity building as crucial in contributing positively on the Rule of Law. Chapter 8 of the PRS also refers to the National GBV PoA in addressing gender inequities.

A **National Plan of Action for GBV** was launched on 30th November, 2006. It is the result of multi-level consultations between all key actors, (government of Liberia, UN system, local and international NGOs, communities) and a crucial step towards the prevention of and response to SGBV. It seeks to address issues on GBV, including SGBV, using a holistic and multi-sectoral approach. The Plan of Action outlines strategies for the prevention of SGBV and the care of survivors and has indicators for tracking progress. These indicators are expected to clearly address the issue of behavioral change. Beginning with information disseminated to different target groups, the indicators are expected to measure the information received about domestic and sexual violence, and the consequences on the physical, mental and emotional health and social status of women, children, families and communities as a whole.

A **National GBV Task Force** has also been established to implement the POA. It is chaired by the Ministry of Gender and Development, and comprises all stakeholders (National and International NGOs, UN agencies and Representatives from the Government of Liberia). There is a new GBV Unit in the Ministry of Gender responsible to collect and analyse data, share information, coordinate interventions and direct policy interventions relating to the implementation of the Plan of Action.

While capacity to respond is slowly improving with various interventions under the POA, they are not making meaningful impact as they are fragmented and uncoordinated. A comprehensive and holistic approach is therefore required to address the hardcore entrenched beliefs, values and practices that encourage and allow SGBV to persist. Supportive interventions for more effective prevention and response, such as community awareness and education, improved communication, provision of more health facilities, training of health personnel, social workers and legal aid workers as well as strengthening of health care delivery, judicial systems and other entities within the security sector are urgently required to reduce exposure to SGBV and enhance survivors coping mechanisms through assurance of a more comprehensive, effective and integrated approach.

4. Strategies including lessons learned and the proposed Joint Programme

It can not be overemphasized that socio-cultural factors including behavior, attitudes and moral values are a crucial for prevention of sexual and gender based violence. In striving for progress to curb the high incidence of SGBV in Liberia, social and moral values, culture and traditional beliefs play a central role in addressing SGBV. The National GBV Plan of Action calls for a robust preventive focus of SGBV programmes, with the involvement of men and boys, social mobilization, community sensitization, advocacy and public awareness campaigns. These activities will provide an impetus in support of the preventive efforts of this joint programme. A

preventive strategy striving for knowledge, attitudinal and behavior change through targeted activities will therefore be central to the joint programme interventions.

The Government has prioritized prevention and response to SGBV as expressed in the draft PRS and the National GBV Plan of Action. The UN collective effort to respond to Government priorities (UNDAF) has highlighted several outcomes and outputs that contribute to addressing SGBV. So far, different UN agencies have implemented various projects and programmes that were not coordinated and therefore did not have the desired impact. The Joint Programme will address SGBV through a coherent, holistic, multidisciplinary joined-up approach and will close the current gaps and constraints in addressing SGBV to ensure that all stakeholders participate effectively and jointly in the prevention and response to SGBV and support for survivors in Liberia.

SGBV can only be addressed through the use of strategies that will strengthen preventive measures and also tackle both direct and indirect challenges survivors, families and the society at large face. These strategies must ensure that all outlined plans and programs are comprehensive and systematically promoting strong partnerships between Government, Civil Society and the UN.

It is important that interventions are informed by 'best-practice' and lessons learned for SGBV programmes from Liberia as well as other post-conflict countries. The framework for this joint program is built around the following main **strategies**:

Sensitization and Awareness Creation

This strategy will allow men and women, boys and girls to be aware of their legal and human rights, the consequences of abusive behavior, the impact of SGBV on future generations including the economic costs of the absence of women's contribution to national development as a result of SGBV.

Male Involvement

Most perpetrators of SGBV are men. Furthermore, men are generally the decision-makers in families and communities in Liberia. They therefore play an important role as agents of change in preventing SGBV. Men must be directly involved at all levels of program activities particularly in support of prevention of SGBV.

Community participation

This strategy will enhance overall programme sustainability through direct engagement at local community levels by involving traditional leaders, men, women, boys and girls in addressing SGBV. The approach is based on the premise that problem identification and opportunities to solve them are better identified with and by the people affected.

Capacity Enhancement

To guarantee the sustainability of the programme, there is the need to increase the capacity of all stakeholders within the various sectors to prevent and respond to SGBV, in particular:

- Rule of law actors, legal professionals and the police, especially the Women and Children Protection Section (WCPS) and OGA.
- Medical and psychosocial professionals who provide support to survivors.

Advocacy and Communication

This strategy will empower citizens to speak up and draw public attention to the issue of SGBV, effectively communicate and advocate for legal and policy reforms that are necessary to address SGBV.

Children and Youth Involvement

The program will use youth engagement strategies that will inform them to make wise decisions with positive preventive implications on SGBV.

Collaborative Management, Partnerships and Networking

This strategy seeks to strengthen and harmonize relations and effective information-sharing among the main implementing agencies and stakeholders. Networking among Women NGOs will be central to the programme. Most survivors of SGBV are women and girls. In order for a strategy to be effective and sustainable it is essential to work with women and their networks for prevention and response.

Strengthening the systems for managing of GBV related data and information (at national and county level)

Availability of reliable data and statistics are essential to planning, implementation and monitoring of GBV programmes. It is essential that well-structured SGBV incidence data is recorded in a comprehensive and consistent manner. This strategy suggest strengthening and support to existing mechanisms for gathering, processing and sharing of protection and GBV related data and statistics.

The Proposed Joint Programme

The joint programme document was developed to ensure a comprehensive and integrated approach to addressing SGBV in Liberia in line with the GBV National Action Plan. This will also ensure that all stakeholders participate effectively and jointly in the prevention and response to SGBV and support for survivors in Liberia. The joint program will ensure that current gaps and constraints in addressing SGBV are tackled and requisite interventions are developed. The goal of the joint program is to reduce SGBV in Liberia through a multi-sectoral and multi-dimensional approach. This stated goal is directly in line with the GBV National Plan of Action that has an overall goal to minimize SGBV by 60% by 2011 and to provide appropriate care and services to survivors of SGBV in Liberia. It is also in line with the deliverables of the UNDAF as well as the priorities enshrined in the PRS.

The key Pillars of the Joint Programme are five-fold:

	Pillars	Expected Outcome
1.	Psychosocial	Enhanced psychosocial well-being for SGBV survivors
2.	Health	Improved medical well-being of SGBV survivors
3.	Legal	Strengthened criminal justice system to effectively respond to SGBV
4.	Security/Protection	Established an integrated security and protection system to prevent and manage SGBV
5.	Coordination	Strengthened coordination, capacity building and management mechanisms to address SGBV

Each of the five pillars contains several outputs that are reinforced through the UN Country Programme Outputs 3.3.4, 1.1.4 and 4.2.5 of the UNDAF. These outputs support the joint programme outcome: *Reduction of the incidence of SGBV and improved response for SGBV survivors and their families.*

Coordination of implementation efforts is clearly outlined in the programme. Each pillar will have a **Lead agency** to enhance overall coordination, effectiveness and accountability, with emphasis on reporting. In addition, each output will be coordinated by a lead agency, based on comparative advantage in terms of most appropriate experience, expertise, and the resources to support implementation of the respective output as well as enhance effective reporting on

progress. Implementation of programme activities will be undertaken by the UN organizations drawing on the various expertises. The following arrangement for leading programme pillars is proposed:

- 1) Psychosocial Pillar: **WHO**
- 2) Health Pillar: **UNFPA**
- 3) Legal Pillar: **UNDP**
- 4) Security/Protection Pillar: **UNMIL** (UNIFEM alternate)
- 5) Coordination: The **MGD** supported by the **Joint Programme Management Team**.

Further details of these arrangements are found in sections 6 and 9.

Chart 1. The Multi-sectoral SGBV Programme is supporting the operationalization of the National GBV Plan of Action



5. Results Framework

Table 1: Summary of Results framework

National GBV Plan of Action - Vision Statement: "All people in Liberia should enjoy, within the next ten years and beyond, improved quality of life through a secure environment where human rights are respected, and GBV is minimized"								
PRS: Pillar I – 6.4: Strengthening Human and Personal Security, and Pillar III – 8.2.4: Addressing Gender Inequities								
UNDAF Outcomes: <ul style="list-style-type: none"> ▪ <u>UNDAF outcome 3</u>. "Democratic, accountable and transparent governance advanced in a participatory and inclusive manner and in accordance with human rights standards" ▪ <u>UNDAF Output 3.3.4</u> "Gender equality advanced, and the rights of women and girls promoted and protected, including a robust response to gender-based violence" 								
Outcome of Joint Programme: Reduction of the incidence of SGBV and improved response for SGBV survivors and their families								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization (or Lead Agency)	Reference to Agency priority or Country Programme	Implementing Partner(s)	Indicative activities for each Output by Agency	Resource allocation and indicative time frame*			
					Year 1 Required Resources	Year 1 Available Resources (Available resources in bracket)	Year 2 Required Resources	Year 2 Available Resources (Available resources in bracket)
Psychosocial Pillar								
1. Psychosocial support for survivors of SGBV available and accessible	1.1. Increased awareness on psychosocial elements of SGBV among community members <i>UNFPA</i>	UNFPA: CPAP 3.2(d)	MOH&SW, MGD, NGO's	Community based/public awareness creation and sensitization including male involvements, advocacy and IEC/BCC (UNFPA)	150,000	20,000	150,000	10,000
	1.2. Increased capacity developed to provide psychosocial care and support services at county, district and community levels <i>WHO</i>	UNFPA: CPAP 3.2.(d) UNIFEM: SRF WHO: Biennial Plan of Action 08-09 UNICEF: CPAP	MGD, ARC, RECEIVE, CESP, WIPNET, NGO's	Conduct trainer of trainer workshops in Trauma counseling in Bomi, Nimba, Grand Bassa, Grand Gedeh, River Gee Montserrado and Margibi (UNIFEM, UNFPA)	180,000	60,000 (UNIFEM)	150,000	0
				Train 35 Social Workers to provide psychosocial care and protection services to survivors of GBV (UNICEF)	50,000	0	25,000	0

				Train community based social workers on counseling and management of common PTSD and provide social network for support and rehabilitation (UNFPA, WHO)	200,000	15,000 (WHO) 10,000 (UNFPA)	200,000	10,000 (UNFPA)
	1.3. Improved availability of and access to psychosocial care, including community based care and support services for victims and perpetrators of SGBV <i>UNFPA</i>	UNFPA: CPAP WHO: Project on physical and psychosocial rehabilitation in Liberia UNICEF: CPAP UNDP: CPAP	MOH&SW, central and county health teams, NGO's	Provision of community based psychosocial support including peer counseling services for a minimum of 500 SGBV survivors per year (UNFPA, WHO)	200,000	20,000 (UNFPA)	200,000	20,000 (UNFPA)
Strengthen the provision of psychosocial care and support services to juvenile offenders and to child victims of sexual abuse (UNICEF)				40,000	0	40,000	0	
Providing psychosocial group counseling to communities in Bong and Lofa (UNDP)				40,000	0	40,000	0	
Provision of psychosocial support services to SGBV offenders in correctional facilities (UNDP)				40,000	0	30,000	0	
Sub-Total Activities				900,000	125,000	835,000	40,000	
Health Pillar								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization (or Lead Agency)	Reference to Agency priority or Country Programme	Implementing Partner(s)	Indicative activities for each Output by Agency	Year 1 Required Resources	Year 1 Available Resources	Year 2 Required Resources	Year 2 Available Resources
2. Health care needs of SGBV survivors addressed	2.1. Increased availability and accessibility of accurate, timely and reliable data on health related SGBV issues <i>UNFPA</i>	UNFPA: CPAP 3.2(e)	UL, LISGIS, MOH&SW	Undertake a nationwide review of the health status relating to SGBV offenses (UNFPA)	50,000	10,000	0	0
	2.2. Increased awareness and knowledge of stakeholders on health needs and support for SGBV survivors <i>UNFPA</i>	UNFPA: CPAP 3.2, g, m, 0	MOH&SW/CHT, Hospitals, Clinics, Health NGO's	Nationwide sensitization and awareness raising campaigns including public awareness, male involvement, advocacy, IEC/BCC on health aspects of SGBV (UNFPA)	150,000	0	150,000	0

				Community education to prevent SGBV including peer education on health aspects of SGBV (UNFPA)	80,000	15,000	80,000	15,000
	2.3. Improved capacity of health workers and availability of counseling support and medical treatment services for SGBV survivors <i>UNFPA</i>	UNFPA: CPAP3.2 (L), (h), (d)	MOH&SW/CHT, Hospitals, Clinics, Health NGO's	Clinical management of Rape Training for health workers Nationwide (UNFPA)	50,000	0	80,000	0
Training of health workers (including community health workers) and counselors on health related aspects of SGBV (UNFPA)				60,000	10,000	60,000	10,000	
	2.4. Improved, equipped and functional medical infrastructure able to handle SGBV at National, County and District levels <i>UNFPA</i>	UNFPA: CPAP, RH1.1(d)(c)(d),1.3 (c) WHO: Project on physical and psychosocial rehabilitation in Liberia	MOH&SW/CHT, Hospitals, Clinics, Health NGO's	Nationwide distribution of RH Kits, supplies and drugs including rape treatment kits (UNFPA, WHO)	350,000	50,000 (UNFPA)	350,000	50,000 (UNFPA)
Physical refurbishment and equipping of community health centers and clinics (UNFPA)				150,000	0	0	0	
Logistical support for selected health facilities including communications for effective referral of SGBV cases (UNFPA)				75,000	15,000	20,000	0	
	2.5. National guidelines on clinical management of SGBV available <i>WHO</i>	WHO: Biennial Plan of Action 08-09 UNFPA: CPAP	MOH&SW	Developed National guidelines on clinical management of SGBV (WHO, UNFPA)	50,000	10,000 (UNFPA)	50,000	0
Sub-Total Activities					1,015,000	110,000	790,000	75,000
Legal Pillar								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization (or Lead Agency)	Reference to Agency priority or Country Programme	Implementing Partner(s)	Indicative activities for each Output by Agency	<i>Year 1 Required Resources</i>	<i>Year 1 Available Resources</i>	<i>Year 2 Required Resources</i>	<i>Year 2 Available Resources</i>
3. Criminal justice system strengthened to respond to SGBV	3.1. Increased awareness and knowledge on SGBV related legislation <i>UNDP</i>	UNFPA: CPAP UNIFEM: SRF UNDP: CPAP 3.1.3 UNICEF: CPAP UNHCR: COP UNMIL	MOJ, MGD, FIND, NGO's	Community awareness including male involvement, sensitization workshops and townhall meetings on SGBV related legislation Nationwide (UNFPA/UNDP/ UNIFEM/UNICEF)	150,000	7,500 (UNDP) 20,000 (UNIFEM) 10,000 (UNFPA)	130,000	10,000 (UNFPA)

				Public education and advocacy on SGBV related legislation involving social mobilization and networking including organization of men and boys for active male involvement against SGBV related crimes (UNFPA)	100,000	50,000	100,000	30,000
				Translation into local dialects, reproduction and distribution of simplified versions of relevant SGBV laws Nationwide (UNDP, UNIFEM)	75,000	7,500 (UNDP)	20,000	0
	3.2. Increased capacity of local NGOs, community based/traditional systems and paralegals to offer legal support and legal counseling to SGBV victims and families. <i>UNDP</i>	UNFPA: CPAP 3.2.4.2 UNIFEM: SRF UNICEF: CPAP UNDP: CPAP UNMIL	AFELL, MoJ, Judiciary, FIND, Arthur Grimes School of Law	Support development and implementation of a standardized training curriculum for paralegals (UNFPA)	70,000	50,000	0	0
Support training of Paralegals using the new curriculum (UNFPA)				40,000	0	40,000	0	
Training of Community based and traditional systems including NGO's to provide legal support and counseling to SGBV victims and families (UNICEF, UNDP, UNIFEM)				100,000	0	100,000	0	
	3.3. Prosecutorial capacity of the MOJ strengthened <i>UNDP</i>	UNDP: CPAP 3.1.3 UNHCR: COP UNMIL	MOJ, MGD	Establish and operationalise the GBV Prosecution Unit in the MOJ (UNDP)	300,000	100,000	250,000	100,000
Provide incentives for 10 county attorneys who will go through specialized GBV training (UNHCR)				60,000	35,000	60,000	0	
Support training of prosecutors and county attorneys (UNHCR)				50,000	0	0	0	

	3.4. Review of SGBV laws conducted with a view to supporting necessary law reform <i>UNFPA</i>	UNFPA: CPAP	MOJ, AFELL	Support legal research into existing laws and regional consultations on SGBV in order to develop a Sexual Exploitation and Abuse (SEA) Act (UNFPA)	30,000	0	30,000	0
	3.5. Judicial facilities improved towards expediting SGBV cases <i>UNFPA</i>	UNFPA: CPAP UNMIL UNIFEM: SRF	MOJ, Judiciary, AFELL	Enhance operation of Criminal Court C for prosecution of GBV cases (UNFPA)	50,000	30,000	50,000	0
	3.6. Capacity of judges and lawyers to handle SGBV cases enhanced <i>UNFPA</i>	UNFPA: CPAP UNDP: CPAP UNICEF: CPAP UNIFEM: SRF	AFELL, MOJ, MGD, Judiciary, ABA	Support the operationalization/ rehabilitation and equipping of circuit court facilities in 9 counties dedicated to handling SGBV offenses (UNFPA, UNIFEM)	450,000	50,000 (UNFPA) 70,000 (UNIFEM)	450,000	50,000 (UNFPA)
	3.7. Institutional capacity of courts strengthened to adjudicate cases relating to juvenile sex offenders <i>UNICEF</i>	UNICEF: CPAP	Judiciary, ABA, MOJ, SDP	Training of judges, magistrates, public defense counsel, and court officials nationwide (UNFPA, UNDP, UNIFEM)	100,000	27,500 (UNDP) 15,000 (UNFPA) 15,000 (UNIFEM)	100,000	10,000 (UNFPA)
				Training including study tours for judges, lawyers and court officials to operationalize Criminal Court C as well as in circuit courts in counties dedicated to sexual offenses (UNFPA)	130,000	20,000 (UNFPA)	130,000	20,000 (UNFPA)
				Study tours for judges, legal professionals and security sector personnel (UNFPA, UNIFEM)	100,000	20,000 (UNFPA) 45,000 (UNIFEM)	100,000	20,000 (UNFPA) 50,000 (UNIFEM)
				Development of Training packages for the judiciary on the Juvenile Justice system (UNICEF)	50,000	0	30,000	0
				Training of judges, and court officials on cases involving juvenile sex offenders and child survivors of sexual violence (UNICEF)	40,000	0	30,000	0

				Training workshops and exchange visits for judges, Magistrates and prosecutors on the Child Justice system (UNICEF)	50,000	0	30,000	
	3.8. Improved access to and availability of adequate legal aid and support to victims of SGBV <i>UNFPA</i>	UNFPA: CPAP UNDP: CPAP	AFELL, MGD, MOJ	Provision of legal support for survivors of SGBV (UNDP/UNFPA)	100,000	40,000 (UNFPA)	100,000	30,000 (UNFPA)
Provision of support to SGBV survivors through Endowment Fund (UNFPA)				80,000	50,000	80,000	50,000	
	3.9. Increased support to Government initiatives in the area of criminal justice that prioritize SGBV <i>UNIFEM</i>	UNFPA: CPAP UNIFEM: SRF	MOJ, NGO's	Support development, finalization and implementation of MOJ action plan of gender sensitive security sector reform (UNIFEM)	130,000	30,000	300,000	175,000
Advocacy and lobbying activities with the legislature/executive and judiciary branches of the government and establishing networks to respond to SGBV (UNFPA)				40,000	10,000	40,000	10,000	
Sub-Total Activities					2,295,000	702,500	2,370,000	555,000
Security/Protection Pillar								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization (or Lead Agency)	Reference to Agency priority or Country Programme	Implementing Partner(s)	Indicative activities for each Output by Agency	<i>Year 1 Required Resources</i>	<i>Year 1 Available Resources</i>	<i>Year 2 Required Resources</i>	<i>Year 2 Available Resources</i>
4. Security and protection systems for the prevention and management of SGBV operational	4.1. Increased availability of accurate and reliable information on security and protection services and centres at county, district and local levels for SGBV survivors <i>UNMIL</i>	UNMIL	UNHCR, NRC	Nationwide assessment of security and protection services	0	0	0	0
	4.2 Increased capacity among Liberian Media to report and advocate on SGBV issues <i>UNDP</i>	UNHCR: COP UNFPA: CPAP UNDP: CPAP UNIFEM: SRF UNMIL	WIPNET, MGD, ANPPCAN, MOJ, FIND, International Alert	Provide training for the media to improve coverage on SGBV issues including prevention, reporting and the promotion of women's rights (UNFPA, UNIFEM, UNDP)	100,000	15,000 (UNIFEM) 10,000 (UNFPA) 45,000 (UNDP)	30,000	0

				Provide training to community radio personnel (based in the interior counties) on GBV issues and appropriate reporting on GBV. Create and broadcast radio programmes on GBV-related issues. Assist with station infrastructure to ensure sustainability (UNHCR)	150,000	50,000	0	0
				Development of media/journalist clubs as a forum for capacity building, information sharing and networking on SGBV among journalists (UNDP)	50,000	0	50,000	0
	4.3 Increased awareness and knowledge on SGBV related security and protection issues within counties and communities <i>UNFPA</i>	UNHCR: COP UNFPA: CPAP UNMIL	International Alert, AFELL	General awareness - raising on GBV issues for all protection stakeholders in 10 counties (UNHCR)	50,000	20,300	50,000	29,167
				Public awareness-raising and sensitization and advocacy events and campaigns including IEC/BCC and male involvement (UNFPA)	150,000	0	150,000	0
	4.4. Increased and institutionalized school and peer education programs on SGBV <i>UNICEF</i>	UNDP: CPAP 3.2 (m) (n),(o) WFP: CPAP UNICEF: CPAP	IP's to be advised by Lead Agency	SGBV/SEA prevention campaigns and education in schools including training of teachers, students, and PTA (UNICEF, UNDP, WFP)	150,000	55,000 (UNICEF)	125,000	55,000 (UNICEF)
				Training of trainers on SGBV issues in selected schools in all counties (UNDP)	50,000	22,500	50,000	0
	4.5. Availability of youth and peer group SGBV prevention and referral programmes improved <i>UNFPA</i>	UNFPA: CPAP UNICEF: CPAP	MOYS, FPAL, LNRC, YMCA	Support establishment and operationalization of Student Clubs targeting Youth including male involvement at schools to raise awareness, advocate and provide peer counseling on SGBV issues (UNFPA)	150,000	15,000	100,000	15,000

				Training of Community Peer Educators, Child Welfare Committees (CWC) and Children's Clubs to support victims of GBV (UNICEF)	30,000	0	30,000	0
				Support development of reporting mechanisms in schools (UNICEF)	25,000	0	0	0
	4.6. Civil service/security sector's capacities strengthened to manage SGBV cases and enforce laws <i>UNIFEM</i>	UNIFEM: SRF UNDP: CPAP UNMIL	ANPPCAN, MOJ, MGD	Training for LNP, immigration, customs, court and prison personnel on SGBV case management and treatment of SGBV survivors nationwide (UNIFEM, UNDP)	110,000	86,878 (UNIFEM) 20,000 (UNDP)	40,000	0
				Support revision of Civil Service Code of Conduct relating to SGBV/SEA (UNDP)	25,000	15,000	0	0
	4.7. LNP Women and Children Protection Section strengthened <i>UNICEF</i>	UNDP: CPAP UNICEF: CPAP UNIFEM: SRF	MOJ, MGD, LNP	Harmonized training of WCPS officers nationwide on the handling of GBV cases (UNDP, UNICEF)	50,000	50,000 (UNICEF)	40,000	40,000 (UNICEF)
				Ongoing support to strengthen regular bi-monthly monitoring meetings (UNICEF)	20,000	0	20,000	0
				Physical Rehabilitation or construction of WCPS (UNDP, UNIFEM)	250,000	0	250,000	0
	4.8. Availability and accessibility of Safe Homes for survivors of SGBV improved. <i>UNICEF</i>	UNICEF: CPAP UNIFEM: SRF	MGD, MOH&SW, THINK, National GBV Task Force, MM	Rehabilitate and equip four safe homes/empowerment centers in each of the four regions of Liberia (UNICEF, UNIFEM)	400,000	50,000 (UNICEF) 200,000 (UNIFEM)	400,000	0
				Develop standard operation procedures for safe homes (UNICEF)	40,000	0	20,000	0
				Training of staff for safe homes (UNICEF)	30,000	0	20,000	0
				Nationwide assessment on women's centers and opportunities for sustainability (UNIFEM)	25,000	0	0	0

	4.9. Protective mechanisms against SGBV in correctional facilities <i>UNIFEM</i>	UNIFEM: SRF UNDP: CPAP UNMIL	MOJ, RECEIVE, PAP	Physical construction for the separation of male and female inmates (UNIFEM)	70,000	40,000	80,000	20,000
Awareness raising for correctional staff and counseling for inmates (UNDP/UNIFEM)				60,000	0	60,000	0	
Mechanisms of linkages between police, courts and correctional facilities for better efficiency (UNIFEM)				75,000	0	75,000	0	
Sub-Total Activities					2,060,000	694,678	1,590,000	159,167
Coordination Pillar								
JP Outputs (Give corresponding indicators and baselines)	SMART Outputs and Responsible UN Organization (or Lead Agency)	Reference to Agency priority or Country Programme	Implementing Partner(s)	Indicative activities for each Output by Agency	Year 1 Required Resources	Year 1 Available Resources	Year 2 Required Resources	Year 2 Available Resources
5. Coordination and management mechanisms established to prevent and respond to SGBV	5.1. Improved GBV information and data management system at national and county levels <i>UNDP</i>	UNICEF: CPAP UNDP: CPAP UNFPA: CPAP WHO: Biennial Plan of Action 08-09 UNHCR: COP UNMIL	MGD, MOJ, MOH&SW, MOE, IPSUL, NRC, Caritas, LISGIS, WIPNET	Support training on GBV data collection and database management (UNDP, UNFPA)	50,000	15,000 (UNDP)	50,000	0
				Develop and adopt a standardized gender/age sensitive M&E tool on SGBV (UNDP)	40,000	20,000	10,000	0
				Development of Database in MOH using the established SGBV/GBV protocols and reporting forms from the health facilities (WHO)	50,000	25,000	0	0
				Information-gathering project established for collection and dissemination of GBV-related data and statistics (UNHCR, UNDP, UNMIL)	450,000	300,000 (UNHCR)	200,000	0
				Support Quarterly Monitoring and Site Supervision/mentoring visits in 15 Counties (UNDP, UNFPA, UNICEF)	20,000	0	20,000	0

	5.2. Strengthened GBV Unit and Task force to effectively monitor implementation of GBV Plan of Action <i>UNFPA</i>	UNFPA: CPAP UNDP: CPAP UNHCR: COP	MGD, MOJ, MIA (i.e. the PCG chair in each county)	Build logistical and human resources capacity of the GBV Unit to enhance GBV coordination (UNDP, UNFPA)	150,000	10,000 (UNDP) 20,000 (UNFPA)	100,000	10,000 (UNFPA)
				Incentives provided for staff member in each Protection Core Group chairing agency staff member to assist the GoL to ensure protection coordination, including GBV Taskforce (UNHCR)	90,000	0	90,000	0
				National SOPs on GBV prevention and Response developed (UNHCR)	40,000	0	15,000	0
				Sub-Total Activities	890,000	390,000	485,000	10,000

Chart 2. Programme Budget Summary/Analysis (USD)

PROGRAMME PILLARS	Year 1 Required Funds	Year 1 Available Funds/co-funding	Year 2 Required Funds	Year 2 Available Funds/co-funding	Required Funds Year 1 + Year 2	Funding Gap Year 1	Funding Gap Year 2	Total Funds Sought
1. Psychosocial	900,000	125,000	835,000	40,000	1,735,000	775,000	795,000	1,570,000
2. Health/Medical	1,015,000	110,000	790,000	75,000	1,805,000	905,000	715,000	1,620,000
3. Legal	2,295,000	702,500	2,370,000	555,000	4,665,000	1,592,500	1,815,000	3,407,500
4. Security/Protection	2,060,000	694,678	1,590,000	159,167	3,650,000	1,365,322	1,430,833	2,796,155
5. Coordination	890,000	390,000	485,000	10,000	1,375,000	500,000	475,000	975,000
Sub-Total Pillars	7,160,000	2,022,178	6,070,000	839,167	13,230,000	5,137,822	5,230,833	10,368,655

Chart 3. Contributions/co-funding from Partners

Agency	Co-funding, USD, 2008-2010
UNDP	390,000
UNFPA	920,000
UNICEF	250,000
UNHCR	434,467
UNIFEM	826,878
WHO	40,000
Totals	2,861,345

6. Management and Coordination Arrangements

The overall oversight responsibility for the coordination of the programme rests with the Ministry of Gender and Development (MGD) where a national GBV Unit has been established. In particular, MGD in close collaboration with the National GBV Task Force will be responsible for mobilizing and coordinating the participation of policy makers, line ministries, departments and agencies and the different levels of local government.

The key collaborating UN Agencies are UNDP, UNFPA, UNHCR, UNICEF, UNIFEM, WHO and UNMIL. The Ministry of Gender and Development in collaboration with the Ministry of Justice, Ministry of Health and Social Welfare and the Judiciary Branch are the key Government partners. Strong partnership with stakeholders and humanitarian actors working with communities (local and international NGOs and CBOs) is crucial.

Programme Planning and Management

The technical expertise, planning and implementation capabilities, management, and resources of each participating UN organization determine their ability to be involved in the programme. For the ExCom Agencies, the Country Programme Action Plan(s), which have been signed and agreed upon with Government and stipulate their respective commitments for the programme. In order to capitalize on the experience, expertise and human resources of UNMIL, arrangements will be made to ensure that agencies consult with the relevant sections of the mission during implementation and monitoring of outputs. Where UNMIL is listed as an implementing partner for an output, it is intended to play an advisory role and provide relevant technical assistance.

The day-to-day management of the programme will be the responsibility of a **Programme Management Team**, headed by a Programme Manager who will be working closely with two pillar coordinators and supported by one M&E Specialist and administrative staff. The Programme Management Team will be based in the National GBV Unit at the Ministry of Gender and Development.

The Programme Management Team will facilitate and strengthen coordination; harmonize approaches and quality assurance in close collaboration with the Ministry of Gender and Development, other government Ministries and counterparts, the RC/HC's office and participating UN organizations/UNMIL.

The Programme Manager will be tasked with developing a joint common work plan in cooperation with participating UN organizations and coordinate the implementation of the work plan. In addition, the Programme Manager will support the elaboration of annual work plans in collaboration with participating UN organizations. The Programme Manager will be tasked with preparation of JPSC meetings and assume the role of Secretariat of the JPSC.

Programme Coordination

A Joint Programme Steering Committee (JPSC) will be put in place, chaired by the Minister of Gender and Development and co-chaired by the DSRSG/UN Resident Coordinator, with representatives from participating UN organizations, Government counterparts, including the Ministry of Health and Social Welfare, Ministry of Justice and the Judiciary and other partners. The JPSC will guide the implementation and strategic direction of the joint programme through clearly defined terms of reference.

For effective implementation of the programme, the following lead arrangements for programme pillars have been proposed to enhance coordination and accountability:

- 1) Psychosocial Pillar: **WHO**
- 2) Health Pillar: **UNFPA**
- 3) Legal Pillar: **UNDP**
- 4) Security/Protection Pillar: **UNMIL** (UNIFEM alternate)
- 5) Coordination: **MGD/Joint Programme Management Team**

The programmatic accountability lies with each participating UN organization. To support coordination of the programme, *Lead agencies* have been defined for the various pillars and outputs of the joint programme. Lead agencies of pillars will support coordination and reporting on progress under the pillar. Lead agencies for outputs are expected to coordinate the provision of and facilitate technical support in the assigned area while supporting the implementation and reporting process.

Specifically, the lead agencies are expected to:

1. Maintain the technical capacity in the country office and through support from its' regional or global offices and capacities; and
2. Support coordination and harmonization among UN Agencies involved as well as liaise with civil society, government and other partners.

Through ongoing programmes and projects in this field, the participating UN organizations are familiar with the overall picture and direction of the UN's total response. Some ongoing activities form the core of initiatives to be taken forward under the joint programme. These will initially be undertaken in parallel while agencies increasingly will plan the implementation jointly resulting in improved division of labor as well as joined-up implementation.

Chart 3. Matrix of UN Lead Agencies and Supporting Agencies

Technical Support Area	Lead	Supporting Agencies
1. Psychosocial Pillar - Enhanced the psychosocial well-being for SGBV survivors	WHO	
1.1. Increased awareness on psychosocial elements in prevention and response to SGBV among community members	UNFPA	-
1.2. Increased capacity developed to provide psychosocial care and support services at county, district and community levels	WHO	UNFPA, UNICEF, UNIFEM
1.3. Improved availability of and access to psychosocial care, including community based care and support services for victims and perpetrators of SGBV	UNFPA	WHO, UNDP, UNICEF, UNMIL
2. Health Pillar - Medical well-being of SGBV survivors improved	UNFPA	
2.1. Increased availability and accessibility of accurate, timely and reliable data on health related SGBV issues	UNFPA	WHO
2.2. Increased awareness and knowledge of stakeholders on health needs and support for SGBV survivors	UNFPA	-
2.3. Improved capacity of health workers and availability of counseling support and medical treatment services for SGBV survivors	UNFPA	WHO
2.4. Improved, equipped and functional medical infrastructure able to handle SGBV at National, County and District levels	UNFPA	WHO
2.5. National guidelines on clinical management of SGBV available	WHO	UNFPA
3. Legal Pillar - Strengthened criminal justice system to effectively respond to SGBV	UNDP	

3.1. Increased awareness and knowledge of stakeholders on SGBV related legislation	UNDP	UNFPA, UNICEF, UNIFEM, UNMIL
3.2. Increased capacity of local NGOs, community based/traditional systems and paralegals to offer legal support and legal counseling to SGBV victims and families.	UNDP	UNFPA, UNICEF, UNIFEM, UNMIL
3.3. Prosecutorial capacity of the MOJ strengthened	UNDP	UNHCR
3.4. Review of SGBV laws conducted with a view to supporting necessary law reform	UNFPA	-
3.5. Judicial facilities improved towards expediting SGBV cases	UNFPA	UNMIL, UNIFEM
3.6. Capacity of judges, lawyers and prosecutors to handle SGBV cases enhanced.	UNFPA	UNDP, UNHCR, UNICEF, UNIFEM
3.7. Institutional capacity of courts strengthened to adjudicate cases relating to juvenile sex offenders	UNICEF	-
3.8. Improved access to and availability of adequate legal aid and support to victims of SGBV	UNFPA	UNDP
3.9. Increased support to Government initiatives in the area of criminal justice that prioritize SGBV	UNIFEM	UNFPA
4. Security/Protection Pillar - Established an integrated security and protection system to prevent and manage SGBV	UNMIL	UNIFEM
4.1. Increased availability of accurate and reliable information on security and protection services and centres at county, district and local levels for SGBV survivors	UNMIL	UNHCR
4.2 Increased capacity among Liberian Media to report and advocate on SGBV issues	UNDP	UNFPA, UNHCR, UNIFEM, UNMIL
4.3 Increased awareness and knowledge on SGBV related security and protection issues within counties and communities	UNFPA	UNHCR
4.4. Increased and institutionalized school and peer education programs on SGBV	UNICEF	UNDP, WFP
4.5. Availability of youth and peer group SGBV prevention and referral programmes improved	UNFPA	UNICEF
4.6. Civil service/security sector's capacities strengthened to manage SGBV cases and enforce laws	UNIFEM	UNDP, UNMIL
4.7. LNP Women and Children Protection Section established and functional	UNICEF	UNIFEM, UNDP
4.8. Availability and accessibility of Safe Homes for survivors of SGBV improved.	UNICEF	UNIFEM
4.9. Protective mechanisms against SGBV in correctional facilities	UNIFEM	UNDP, UNMIL
5. Coordination Pillar - Strengthened coordination, capacity building and management mechanisms to address SGBV	MGD/ Programme Management Team	
5.1. Improved GBV information and data management system at national and county levels	UNDP	UNFPA, UNHCR, UNICEF, UNMIL, WHO, UNIFEM
5.2. Strengthened GBV Unit and Task force to effectively monitor implementation of GBV Plan of Action	UNFPA	UNDP, UNHCR, UNIFEM

7. Fund Management Arrangements

The Joint Programme has been elaborated in such a way that it encompasses both ongoing activities that are already (partially) funded by participating UN organizations, while it is also necessary to fill the funding needs of outputs/activities by securing funds from external donor(s). As the joint programme is highly interlinked with its multidisciplinary approach, and to be able to

monitor achievement of the programme, it is important to make sure that the programme outputs are fully funded and individual activities are supported. The combination of pass-through and parallel fund management options is a flexible solution for donor(s) to support the joint programme. It is noted however that the pass-through fund management option would be preferred for the joint programme, as it would effectivise reporting procedures while reducing financial transaction costs for the donor(s).

UNFPA will act as the Administrative Agent (AA) under the pass-through fund management option, under which participating UN organizations agree to channel funds for the joint programme through the AA.

The participating UN organizations and the AA are required to maintain accurate records on all financial transactions. To this end, all accounting, financial reporting and auditing procedures will be as stipulated within the UNDG joint programming guidelines.

UNFPA's responsibilities as AA will include the following:

- Receipt, administration and management of contributions from donors;
- Disbursement of funds to the Participating UN organizations;
- Compilation of financial reports developed by each of the participating UN organizations into consolidated reports, and provision of such consolidated reports to each donor that has contributed to the Fund.

Each participating UN organization receiving funds through the pass-through would have to sign a standardized Memorandum of Understanding with the AA (UNFPA). Under such MOU, the participating UN organization will assume full programmatic and financial accountability for the funds disbursed to them by the AA.

Each Donor would sign a standardized Letter of Agreement with UNFPA as AA, setting out terms and conditions governing the receipt and administration of the contribution.

Budget Preparation: Each participating UN organization will prepare a separate budget, consistent with its procedures, and covering the mutually agreed parts of the programme that it will be managing. Budget formats should to the extent possible be harmonized. For the components funded under the pass-through funding modality, the AA will prepare a consolidated budget for approval by the JPSC.

Accounting: Disbursement arrangements under this option will be in accordance with its each agency's financial regulations and rules. Each UN organization will account for the funds received for programme components in accordance with its regulations and rules.

Indirect Costs: The AA shall be entitled to allocate one percent (1%) of the amount contributed by donor(s), for its costs of performing the AA's functions. The participating UN organizations will recover indirect costs in accordance with its financial regulations and rules and as documented in the MOU signed with AA.

Balance of Funds:

Administrative Agent: Any unprogrammed funds remaining in the joint programme account after the financial closure of the Joint Programme will be returned to the donor(s) or utilised in a manner agreed upon between the AA and the donor(s).

Audit: Consistent with current practice, each participating UN organization will be responsible for auditing the component of the programme it is responsible for in accordance with existing UN regulations, rules and procedures.

8. Feasibility, risk management and sustainability of results

Feasibility and Main Risks

Political will and commitment on the part of Government is critical to ensure timely implementation of the programme activities.

Loss of motivation for and commitment to the programme among the different stakeholders including women's organisation's and the Government entities participating in the programme.

Delay in the recruitment of the programme management team staff needed to ensure timely implementation and coordination of the joint programme.

The impact of this project depends on strong/effective coordination between stakeholders involved in combating SGBV in Liberia. Proper coordination, monitoring and review mechanisms should be strictly enforced.

Challenges such as weak logistical capacities, lack of infrastructures, shortage of qualified staff within government entities. A program of this scope may not be able to resolve all these shortcomings.

Sustainability

Key to project sustainability is a conducive national policy level priority setting with regard to gender issues in general and GBV in particular. Strong Government leadership and support in the issues, as is reflected in the Country's PRS and the National POA must be sustained throughout the period of intervention. Beneficiary involvement in project planning, implementation and monitoring as well as capacity building of project partners will add to project sustainability. In ensuring project sustainability, viable solutions for scaling-up project activities and replicate these throughout the country and in other post-conflict development contexts are anticipated. In addition to being aligned with national policy priorities, the project is promoting the advancement of the Millennium Development Goals (MDG's), particularly MDG 3 (Promoting gender equality).

9. Accountability, Monitoring, Evaluation and Reporting

Accountability and Responsibility

The Programme Manager will be responsible for overall programme coordination, monitoring and evaluation and shall seek the co-operation of participating UN organizations, in particular lead organization where appropriate.

- The implementation of individual outputs is the responsibility of the respective participating Lead UN organizations identified;

- Coordination of an individual sector/pillar is assigned a Lead Agency, which will have responsibility for preparing a sector/pillar summary work plan with budget and report.

Progress and Financial Reporting

Each participating UN organization will prepare narrative progress reports for consolidation by the *Pillar lead* agency. Practices and formats should be harmonized to the extent possible. Each Pillar/Sector *Lead* organization will prepare consolidated narrative progress reports with inputs from participating UN organizations. Consolidated narrative progress reporting to the JPSC will be the responsibility of the Programme Manager.

With regard to financial reporting and due to the two types of funding mechanisms (parallel and pass-through), responsibilities for financial reporting shall be assigned as follows:

- Under the pass-through funding modality, the AA shall prepare consolidated financial reports consisting of the reports submitted by each participating UN organization, and shall provide those consolidated reports to the JPSC and each donor that has contributed to the joint programme account;
- For those outputs funded by the parallel funding modality, each participating UN organization will prepare financial reports in accordance with its policies and procedures, and operational policy guidance and submit these to the donor.

Monitoring and Evaluation

Monitoring and evaluation shall occur throughout the year and culminates in the annual review of the common work plan (organizations that conduct their reviews on a biennial basis shall participate in the annual review). It is proposed that the programme will employ a full-time M&E officer to monitor the implementation of the various outputs of activities by each UN agency according to the agreed common work plan and coordination arrangements. The planned monitoring and evaluation(s) of activities of the joint programme will form part of the UNDAF M&E plan. Participating UN organizations shall undertake joint field visits according to the programme monitoring framework.

Monitoring of the programme shall take place through the following mechanisms:

- Monitoring will be conducted throughout the implementation process in order to ensure that all aspects of the programme are being efficiently and effectively implemented and in a well coordinated manner. This will also allow for early detection of any problems and for the necessary corrective measures to be taken on a timely basis. Every effort will be made to ensure that there is a mechanism to get feedback directly from beneficiaries.
- As outlined in the GBV National Plan of Action, it is recommended that joint bi-monthly monitoring be carried out during the early stages of implementation to ensure rapid start up and address any hitches that may arise. This could be followed with quarterly monitoring when the programme is well underway.
- The Ministry of Gender and Development, with support from the Programme Manager, shall convene review meetings composed of relevant stakeholders including representatives of the Government Ministries, participating UN organizations, NGO's and implementing partners working in the area of SGBV. The first review meeting shall take place in the first quarter of programme implementation to review and endorse the

joint common work plan. Subsequent JPSC meetings will take place every six months. In this context, the Programme Management team, headed by the Programme Manager will prepare the necessary documentation for this purpose in collaboration with participating UN organization and serve as the secretariat for the JPSC.

- The evaluation of the joint programme will be carried out in the last year of programme implementation to review results achieved, lessons learned, best practices and make recommendations for future programming.

Table 2: Programme Monitoring Framework (PMF)

Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Psychosocial Pillar					
Expected Outcome: Critical and required psychosocial support for victims and survivors of SGBV available and accessible					
1.1. Increased awareness on psychosocial elements in prevention and response to SGBV among community members <i>UNFPA</i>	- 15 counties and 84 districts participate - 1000 traditional and opinion leaders (both male and female) trained in 15 counties - 84 districts Gender Focal Persons recruited and trained - number of IEC materials produced and disseminated	- Reports - List of counties, districts and communities that participated in trainings - Printed copies of IEC materials - List of IEC/BCC materials	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
1.2. Increased capacity developed to provide psychosocial care and support services at county, district and community levels <i>WHO</i>	- Training modules designed and disseminated - Number of community health workers trained	- Networks - List of trainees - Training Manuals and modules - Participant's list	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
1.3. Improved availability of and access to psychosocial care and support facilities for victims and perpetrators of SGBV <i>UNFPA</i>	- Number of juvenile offenders accessed psychosocial care and support - Number of adult SGBV offenders in correctional facilities received psychosocial support - Number of Women inmate survivors of SGBV provided	- Participant's list - Activity reports - Counseling reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		

	psychosocial counseling				
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Health Pillar					
Expected Outcome: Addressed the health care needs with respect to SGBV					
2.1. Increased availability and accessibility of accurate, timely and reliable data on health related SGBV issues <i>UNFPA</i>	- Baseline survey conducted with recommendations - Database established	- Review Reports - Database			
2.2. Increased awareness and knowledge of stakeholders on health needs and support for SGBV survivors <i>UNFPA</i>	- Number of peer educators trained and educated on the counseling and health aspects of SGBV - Number of sensitization campaigns conducted - Number of IEC materials, advertisements and flyers developed and distributed - Number of Media campaigns conducted	- Training reports - Participants lists - IEC materials/ Advertisements and flyers - Sensitization and media campaign reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2)		
2.3. Improved capacity of health workers and availability of counseling services on health related aspects of SGBV <i>UNFPA</i>	- Number of health workers and counselors trained - clinical management of rape and on health aspects of SGBV - Number of training sessions held - Level of increase in SGBV survivors who receive treatment and counseling services / per year/ clinics / county / district / community	- Training reports - Counselling Reports - List of victims survivors who received counselling	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2)		
2.4. Improved, equipped and functional medical infrastructure able to handle SGBV at National, County and District levels	- Level of increase in medical supplies to referral clinics and centres in the 15 counties and the districts - 15 county referral hospitals and 84 district clinics rehabilitated,	- List of rehabilitated health facilities/physical structures - Inventory of logistics - Distribution lists of medical supplies and	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2)		

<i>UNFPA</i>	equipped and functional - level of increase in referral of cases	equipments - Warehouse lists of drugs and supplies - referral forms and notes			
2.5. National guidelines on clinical management of SGBV available <i>WHO</i>	- Number of guidelines distributed	- Guidelines - Distribution list	Meetings		
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
Legal Pillar					
Expected Outcome: Strengthened the criminal justice system to effectively address SGBV					
3.1. Increased awareness and knowledge of stakeholders on SGBV related legislation <i>UNDP</i>	- 30,000 Booklets/handouts of simplified rape law printed and disseminated - Number of stakeholders sensitized on SGBV related legislation - Number of workshops held	- Workshop/Activity Reports - Copies of booklets - List of institutions and organisations who receive booklets	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.2. Increased capacity of local NGOs, traditional systems, media and paralegals to offer legal support and legal counseling to SGBV victims and families <i>UNDP</i>	- Number of NGO personnel trained - Number of paralegals trained - Number of media institutions trained - Number of community based institutions/ Systems trained	- Training Manuals - Workshop/Training Reports - Evaluation Reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.3. Prosecutorial capacity of the MOJ strengthened <i>UNDP</i>	- GBV Prosecution Unit operational	- Activity reports - Meeting reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.4. Review of SGBV laws conducted with a view to supporting necessary law reform <i>UNFPA</i>	- Number of consultation meetings held	- Activity reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.5. Judicial facilities improved towards	- Specialized court for prosecution of sexual offenses rehabilitated and	- Refurbished structures - Equipment lists - Court docket	Bi-monthly Joint Field visits (year 1)		

expediting SGBV cases <i>UNFPA</i>	equipped at Judiciary - Level of increase in number of SGBV and rape cases adjudicated per year - Court structures in 4 counties rehabilitated and equipped to try sexual offenses - Number of perpetrators serving sentences - Court reports		Quarterly Joint Field visits (year 2) Meetings		
3.6. Capacity of judges and lawyers to handle SGBV cases enhanced. <i>UNDP</i>	- Number of training sessions and meetings held - Level of increase in trained judges and lawyers - Number of study tours conducted	- Training reports - Participant's list - Study tour reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.7. Institutional capacity of courts strengthened to adjudicate cases relating to juvenile sex offenders <i>UNICEF</i>	- Number of trained juvenile judge/magistrate available per county	- Training reports - Participant lists	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.8. Improved access to and availability of adequate legal aid and support to victims of SGBV <i>UNFPA</i>	- Number of community citizens trained in providing legal support to victims - Number of survivors who receive legal aid services	- List of survivors who have received legal Aid - Activity reports - Training reports - Participants lists	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
3.9. Increased support to Government initiatives in the area of criminal justice that prioritize SGBV <i>UNIFEM</i>	- Number of roundtable meetings held per county per month	- Meeting reports - Participants lists	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2)		
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
SECURITY/PROTECTION PILLAR					
Expected Outcome: To establish an integrated security and protection system to prevent and manage SGBV					
4.1. Increased availability of accurate and reliable information on	- Assessment on security and protection available covering all counties	- Reports - Assessment	Bi-monthly Joint Field visits (year 1) Quarterly Joint		

security and protection services and centres at county, district and local levels for SGBV survivors <i>UNMIL</i>			Field visits (year 2) Meetings		
4.2 Increased capacity among Liberian Media to report and advocate on SGBV issues <i>UNDP</i>	<ul style="list-style-type: none"> - Number of media institutions trained - Number of workshops held - Number of workshop participants 	<ul style="list-style-type: none"> - Workshop reports - Training reports and minutes - Participants lists 	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.3. Increased awareness and knowledge on SGBV related security and protection issues within counties and communities <i>UNFPA</i>	<ul style="list-style-type: none"> - Number of communities sensitized - Number of materials distributed - Number of participants in community dialogue - Number of trained peer educators 	<ul style="list-style-type: none"> - IEC/BCC/ and Awareness-raising materials - Activity and progress reports 	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.4. Increased and institutionalized school and peer education programs on SGBV <i>UNICEF</i>	<ul style="list-style-type: none"> - Number of ToT participants - Number of Youth taking part in peer counseling - Number of peer education programmes 	<ul style="list-style-type: none"> - Training reports - Structures - Participants lists - Counseling reports 	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.5. Availability of youth and peer group SGBV prevention and referral programmes improved <i>UNFPA</i>	<ul style="list-style-type: none"> - Number of Student Clubs available - Number of Youth-friendly centers operational - Number of youth taking part in prevention and referral programs 	<ul style="list-style-type: none"> - Training reports - Lists of users of Youth-friendly services - Participants lists - Activity and progress reports 	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.6. Civil service/Security sector personnel's capacity enhanced to manage SGBV cases and enforce laws enhanced <i>UNIFEM</i>	<ul style="list-style-type: none"> - Number of LNP, customs, courts and correctional facility personnel trained 	<ul style="list-style-type: none"> - Training reports and minutes - Training manuals 	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.7. LNP Women and Children Protection Section	<ul style="list-style-type: none"> - Number of WCPC rehabilitated and operational - Number of WCPC 	<ul style="list-style-type: none"> - Training reports - Participants lists 	Bi-monthly Joint Field visits (year 1)		

established and functional <i>UNICEF</i>	staff trained		Quarterly Joint Field visits (year 2) Meetings		
4.8. Availability and accessibility of Safe Homes for survivors of SGBV improved. <i>UNICEF</i>	- Four safe homes operational - SOP developed	- Structures - Lists of safe home users - Reports on activities - Equipment delivery reports - SOP	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
4.9. Protective mechanisms against SGBV in prisons <i>UNIFEM</i>	- Number of staff trained - Number of inmates counseled	- Training reports - Participants lists - Counseling reports	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
Expected Results (Outcomes & outputs)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
COORDINATION PILLAR					
Expected Outcome: To strengthen effective coordination, capacity building and management mechanisms					
5.1. Improved GBV information and data management system at national and county levels <i>UNDP</i>	- Trainings on methodologies for collection of GBV data and statistics conducted (number of trainees) - Number of trained staff that works with county and national databases for management of protection/ GBV cases - County databases (log) for management of GBV cases functioning (within the IMO/CSU) - Database for tracking of GBV cases at MoJ functional - Statistical unit at MoGD functional and statistical reports regularly produced	- Training reports - Participants lists - TOR of the staff - Monthly county statistical report on prevalence and status of GBV cases - Report on status and number of GBV cases being prosecuted (all over the country) - Regular statistical reports from MoGD	Bi-monthly Joint Field visits (year 1) Quarterly Joint Field visits (year 2) Meetings		
5.2. Strengthened GBV Unit and Task force to effectively	- Number of personnel trained on GBV monitoring and information management	- Participants lists - Training reports - Meeting	Bi-monthly Joint Field visits (year 1) Quarterly Joint		

monitor implementation of GBV Plan of Action <i>UNFPA</i>	tools to enhance coordination of SGBV - Number of personnel that effectively use those tools and involved in producing of M&E reports and/or GBV statistics - SOP developed	minutes -TOR of personnel - Workshops	Field visits (year 2) Meetings		
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10. Ex Ante Assessment of Cross-cutting Issues

There are three main cross-cutting issues in the UNDAF that are central to the programme. These are 1) Youth, 2) Gender Equality and Women’s Empowerment and 3) Capacity Building. Identifying the linkages among these cross-cutting issues is important to inform integrated approaches that are essential in addressing GBV in Liberia.

Gender Equality and Women’s Empowerment

Violence against women is the main outcome of gender-based inequalities, creating far greater consequences for women’s well-being and empowerment than previously thought. The full participation of women, as both agents and beneficiaries in all development activities is still overlooked especially within the rural context where there is marked female illiteracy and it is only through effective capacity building and gender sensitization programmes that sustainable development can be achieved. The current programme is closely linked to the Joint Programme on Gender Equality, as well as the Joint Programme on Youth Employment and Empowerment where special attention is made to gender-sensitive programming in the area of skills training and education.

Youth

A core strategy of the programme is youth involvement. The UNDAF advocates for stronger support of programmes targeting the needs and rights of adolescents and youth. Youth constitutes a majority of the Liberian population and youth need to be involved in development processes and as advocates for change. In the PRS consultation process among young people, which included young girls and females, *security concerns* were the second most important issue of concern, after education. Youth play a crucial role in activities such as advocacy, behavior change communication, information and education, which are essential in building up a momentum of behavior change in communities and society at large. Youth have the potential to bring about this change. Youth therefore, play a central role in advancing Liberia’s post-conflict rehabilitation agenda. The current programme on prevention and response to SGBV in Liberia capitalizes on the linkages to other initiatives among the UN. One of these is the Joint Programme on Youth Employment and Empowerment, where youth and gender issues are reflected prominently particularly in the context of training and capacity building.

Capacity Building

Many young people have grown up in an environment of unrest, violence and fear with little possibility to provide a meaningful contribution to society. A central strategy of the programme is building capacities of personnel, stakeholders and institutions with the aim to increase the capacity of all stakeholders within the various sectors to prevent and respond to SGBV. This is applied in all the sectors: Psychosocial, Health, Legal, Security/protection and Coordination. As capacities of stakeholders working in the area of GBV has been generally low, the programme will

be able to provide viable means to measure impact of capacity building of both individuals and institutions from baseline through to programme completion and impact evaluations. Linkages to the other cross-cutting issues are also identified, for instance to Youth, as young people are primarily beneficiaries of training and capacity development initiatives, while at the same time having a role as peer educators.

11. Legal Context or Basis of Relationship

All activities carried out under this Joint Programme are in accordance with the applicable basic and other agreements.

Participating UN organization	Agreement
UNDP:	This Joint Programme Document shall be the instrument referred to as the Project Document in Article I of the Standard Basic Assistance Agreement between the Government of Liberia and the United Nations Development Programme, signed by the parties on 27 April 1977.
UNFPA:	The relationship between the Government of Liberia and the United Nations Population Fund is governed by the Standard Basic Assistance Agreement (SBAA) signed by Government and the United Nations Development Programme (UNDP) on 27 April 1977 and entered into force on 17 April 1978, which, <i>mutatis mutandis</i> , also holds true for UNFPA. In addition, the UNFPA 2008-2012 Country Programme Action Plan (CPAP) signed on March 11, 2008 shall be a legal instrument in the context of this Joint Programme Document.
UNHCR:	The Agreement Between the Government of the Republic of Liberia and the United Nations High Commissioner for Refugees signed 18 August 2007.
UNICEF:	The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on July 20, 2001 provides the basis of the relationship between the Government and UNICEF.
UNIFEM:	The UNIFEM Global Strategic Plan approved by the UNDP / UNFPA Executive Board 2008, the UNIFEM West Africa Strategic Plan and MYFF 2008-12, the UNIFEM Liberia Country Program Strategy 2008-12, as well as the Liberia UNDAF (2007-12) provide the framework for UNIFEM support to Liberia.
WHO:	The Programme of Technical Cooperation covering 2008 and 2009 was signed between WHO and the Government of Liberia on January 16, 2008.
UNMIL:	The United Nations Mission in Liberia (UNMIL) was established by Security Council resolution 1509 (2003) of 19 September 2003.