End of Program Evaluation of

"Strengthening HIV Prevention and Care among Most-at-Risk and Vulnerable population"

Liberia

Final Report

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy/Treatment
CBO	Community Based Organisation
CISU	Civilsamfund i Udvikling (Danish funding mechanism for Danish Support to Civil Support)
DANIDA	Danish International Development Agency
DEM	Danish Evangelical Mission (now Promissio)
DKK	Danish Kroner
DMCDD	Danish Mission Council Development Department
EAI	Eye Association (An association for people living with HIV)
FBO	Faith Based Organisation
FGC	Female Genital Circumcision
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
HBC	Home Based Care
HIV	Human Immuno-deficiency Virus
HTP(s)	Harmful Traditional Practice(s)
IDP	Internally Displaced People/Person
IDU	Injectable Drug User
IEC	Information, Education and Communication
IGA	Income Generating Activity
LCL	Lutheran Church in Liberia
LD(s)	Liberian Dollar(s)
LDHS	Liberian Demographic and Health Survey
MARP(s)	Most at Risk Population(s)
M&E	Monitoring and Evaluation
MSM	Men who have sex with Men
MTR	Mid Term Review
NACP	National AIDS Control Program
NSP	National HIV/AIDS Strategic Plan
OVC	Orphans and Vulnerable Child/Children
PEP	Post Exposure Prophylaxis
PLHIV	People/Person Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SGBV	Sexual and Gender Based Violence
TBA(s)	Traditional Birth Attendant(s)
TOR	Terms of Reference
ToT	Training of Trainers
TTM	Trained Traditional Midwife
USD	United States Dollars
VCT	Voluntary Counseling and Testing
VSLA	Village Savings and Loan Association
Zoe	Traditional medicine practitioner, healer/counselor

Executive Summary

Introduction

This report presents the findings from an evaluation of the program "Strengthening HIV Prevention and Care among Most-at-Risk and Vulnerable population." The program has been implemented by the Lutheran Church in Liberia (LCL) from August 2013–January 2016 in eight counties across Liberia. The purpose of the Evaluation was to assess and analyse the program in accordance with the OECD DAC evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability and to produce a set of forward-looking recommendations for a future intervention to ensure future organizational direction, sustainability and effectiveness of the program.

The overall development objective of the program is "To contribute to the national response of HIV and AIDS which seeks to promote positive change of behaviour and reduce the psychosocial impact of HIV and AIDS on the individual and society." The program has focused on capacity building of community-based organisations (CBOs) to be effective in delivering the program objectives, and to enhance their financial and organisational sustainability. Target groups consist of both PLHIV and people Most-At-Risk (MARPs), and thematically the program has focused on reducing Stigma and Discrimination of People Living with HIV (PLHIV), Sexual Gender Based Violence (SGBV), and Harmful Traditional Practices (HTPs). This has entailed targeted interventions for different MARPs including commercial drivers, commercial sex workers, cross-border traders, prisoners and prison staff, adolescent girls, and others. Key activities have been capacity building and training activities, awareness raising activities in communities, Income Generating Activities (IGAs) and advocacy.

Findings

The evaluation has found that the program has been and continues to be of very high **relevance**. This is supported by current national government policies and strategies to respond to HIV&AIDS in Liberia, which prioritises targeting MARPs, combatting discrimination, SGBV and HTPs. Furthermore there is a gap in coverage of services, and the LCL program has proved capable of reaching areas of the country, which for reasons of distance have been left out in the national service delivery. Furthermore, the epidemic continues to be significant in Liberia, and HIV prevalence has increased from 1.5% in 2007 to 1.9% in 2013 according to the Liberia Demographic and Health Survey. Finally, beneficiaries are highly appreciative of the program, and have provided evidence of high relevance in relation to promoting positive change of behaviour and reducing the psychosocial impact of HIV and AIDS on the individual and society. Overall, the evaluation has found that the LCL program has achieved its objectives and anticipated goals.

The evaluation has also found that the degree of **impact** by the program is high, and it shows in different ways including physical, psychological and social well being for beneficiaries. The program has been successful in reaching large number of beneficiaries: PLHIV, their relatives, and MARPs. In this way the program has both managed to raise awareness about HIV and AIDS and on how to prevent its transmission, as well as supporting PLHIV in emotional, psychologically and physical ways. The program's contribution to improvements in quality of life for PLHIV cannot be underestimated, and the awareness and degree of appreciation of this by beneficiaries is high.

Beneficiaries find comport, support, relief and hope in joining the different program activities, which have strong elements of prevention, ability to share a HIV positive status freely, how to handle medicine and maintain drug adherence, and how to live with HIV in general; including awareness about how to avoid infecting others. As engagement with MARPs was new to LCL prior to the program, there is now a stronger foundation in the organisation of building further on these experiences for engaging with more MARPs and in more locations in a future intervention.

There are strong elements of organisational **sustainability** at CBO and LCL levels, but the financial sustainability of the program is challenged by the fact that the government of Liberia has limited means to take over the basic services provided by the program. It leaves the LCL program with a challenge of exit, but at this stage the only way forward is to continue the engagement with the government and advocate for increased for government ownership of program services.

In terms of **gender,** the design acknowledges that especially young women and girls are vulnerable to HIV, and furthermore that HIV prevalence rates are higher for female than for male. There are mainly socio-cultural reasons for this male/female imbalance, and the program directly targets the root causes of HIV transmissions through a strong focus on gendered risk factors in relation to both target group (notably adolescent girls), and thematically by providing training and awareness raising about Harmful Traditional Practices and SGBV – practices which almost exclusively victimise and harm girls and young women. The evaluation has found that the program could be improved by increased male involvement, especially adolescent boys in order to ensure that behaviour change can happen on both sides.

Lessons learned from the program implementation have been identified, and they cover lessons in relation to how to reach MARPs, CBOs active involvement through the Ebola outbreak in Liberia, sustainability of CBOs, individual versus group incentives when implementing IGAs, and cases of discrimination of PLHIV.

The evaluation **concludes** that the CBOs have played a key role in terms of reaching and engaging with the community levels, and that they are crucial in relation to outreach and ensuring that services are also available for populations in more rural areas. The LCL program has become a model program within the LCL, and elements from it have been replicated in other LCL implemented HIV&AIDS programs in other countries. It is time to rethink how LCL can re-define itself as a centre stage actor in relation to HIV and AIDS in Liberia. Some of the current elements of the program might be considered in this regard, such as advocacy and stigma, reaching MARPs and SGBV. Combined with a unique local presence through the CBOs, and many years of engagement, LCL is well positioned to continuously contribute to the national response to HIV and AIDS.

Recommendations are finally provided focusing on the need for the program to improve M&E, develop a clear advocacy strategy with outcomes that link to program objectives, continue capacity building of CBOs through tailor-made and stratified support, strengthened engagement with government institutions at decentral levels, continued focus on MARPs and SGBV, and finally to develop more gender specific outputs, outcomes and impact indicators and targets.

1. Introduction to the Assignment and the LCL program

This report presents the findings from an evaluation of the program "Strengthening HIV Prevention and Care among Most-at-Risk and Vulnerable population." The program has been implemented by the Lutheran Church in Liberia (LCL) from August 2013 – January 2016[1] in eight counties across Liberia. The program partner in Denmark is Promissio (formerly the Danish Evangelical Mission (DEM)) who secured funding for the program (close to DKK 5 million) from the Danish Civil Society in Development Fund: "Civilsamfund i Udvikling" (CISU). Promissio has furthermore partnered with the Danish Mission Council Development Department (DMCDD) who has monitored and provided technical assistance to the project on a regular basis. Promissio has a close relationship with other church organisations, which have developed competences within HIV and AIDS in Africa. This project therefore both builds upon Promissio's own experience as well as experiences gathered by other member organisations of DMCDD.

The purpose of this End Term Evaluation is two-fold. On the one hand, its purpose is to assess and analyse the program in accordance with the OECD DAC evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability. On the other hand, the evaluation is also expected to produce a set of forward-looking recommendations for a future intervention to ensure future organizational direction, sustainability and effectiveness of the program – also in light of Danida's "Strategy for Danish Support to Civil Society in Developing Countries."

The LCL HIV/AIDS Program
As mentioned, this evaluation covers a program, which was implemented in the years 2013-2015. This period, however, only represents a brief period of a program, which began in 2003.

In the mid-1980s the first HIV positive case in Liberia was identified at the Curran Lutheran Hospital. In the following years the severity of the epidemic only gradually became known, i.a. because of the civil war. However the response towards HIV and AIDS has since 2001 been a major priority area for the Lutheran Church in Liberia.

A five year Voluntary Counselling and Testing (VCT) project was introduced as the entry point to HIV prevention beginning in 2003.

In 2005, another 3 year project was implemented with the objective to prevent HIV infection amongst Internally Displaced People (IDP's) in six camps, raised as a result of civil war. In the same year, the Lutheran World Federation made a three year grant available for a similar project to be implemented in Kakata and Buchanan. The three projects formed the LCL HIV-AIDS programme and ended in 2008. The overall program development objective was to promote a positive change of behaviour, and reduce the psychosocial impact of HIV and AIDS on the individual and the society through a counselling strategy. The programme developed objectives and activities

[1] The program was originally planned to end December 2015, but was given a one-month extension until January 2016.

related to establishing HIV voluntary and testing centres, training counsellors, creating community awareness in HIV and AIDS, sensitization and mobilization for a community based response to AIDS crisis e.g. mobilization of zoes (traditional medicine healers) and Traditional Birth Attendants (TBA) and enabling people living with HIV (PLHIV) to do advocacy work.

Following the end of the programs in 2008, a new phase for the period 2008-2013 was approved and jointly funded by the Danish Ministry of Foreign Affairs (DKK 13.5 mill.), Promissio and the Lutheran World Federation. The name of the new phase was the "Scaling up HIV Prevention and Care in Liberia." This phase of project prioritized issues of stigma and discrimination, inadequate comprehensive knowledge of HIV and AIDS and necessary protective behaviour, orphans and vulnerable young people; and socio-cultural issues. Three objectives were developed to address these issues namely; To mobilize and sensitize grass-root community for a community-based response to the AIDS crisis and to increase access to voluntary counselling and testing; to prevent the spread of HIV and AIDS through behaviour change especially among young people and to improve the quality of life of people living with HIV through empowerment, advocacy and creating an environment of care and support for those infected.

The LCL AIDS Program entered a new phase in 2013, with the current grant of approximately DKK 5 million to be implemented over a period of 29 months from August 2013 to December 2015. Two key elements characterise the current phase: First, the capacity building of the community based organisations (CBOs) to enhance financial and organisational sustainability, and to be effective in delivering the program objectives. Secondly, this phase has furthermore been characterised by new efforts in reaching Most-at-Risk-Populations (MARPs). This has entailed targeted interventions for different MARPs including commercial drivers, commercial sex workers, cross-border traders, prisoners and prison staff, adolescent girls, and others.

The overall development objective of this phase is "To contribute to the national response of HIV and AIDS which seeks to promote positive change of behaviour and reduce the psychosocial impact of HIV and AIDS on the individual and society."

Scope and focus of the evaluation

The scope and focus of this evaluation reflects the developments, which the LCL HIV/AIDS program has gone through as described above. Since the program elements of counselling and testing were subject for reviews and evaluations in earlier phases, the focus for this evaluation is on the development of CBOs as well as the shift of focus to people most at risk. This means that other aspects of the program are not given the same level of attention, description and analysis as the CBOs and MARPs. This should be kept in mind when reading the report, because the program allocation of DKK 5 million covers much more than the CBO and MARP activities. Reference is made to the program progress reports for full overview of the outputs and activities of the program.

Another crucial factor needs to be mentioned and kept in mind while reading this evaluation report. Whereas unforeseen events are usually part of reality when implementing development programs and projects, the current implementation period was in particular affected by unforeseen events. The outbreak of Ebola in West Africa

from March 2014 was particular hard on Liberia, which was the worst-hit country, causing more than 4,800 death and affecting 10,672 people. During the peak of transmission, in August and September 2014, Liberia was reporting between 300 and 400 new cases every week. The escalation of the Ebola outbreak led to the declaration of a state of emergency and schools, businesses, borders, markets, and most health facilities were closed up to nine months. Flights were cancelled; several communities in quarantine, and fuel and food ran low.

This situation obviously posed a challenge for the LCL HIV&AIDS program to achieve its outputs and targets. Furthermore, the program was also affected directly by Ebola, having lost five persons infected with HIV. While the Ebola outbreak negatively affected the program implementation, it at the same time re-directed activities to contribute to the national Ebola response, as awareness activities on Ebola were mainstreamed into program activities. CBOs, the Eye Association (an association of people living with HIV) and Family Support Groups (FSGs) were provided training on Ebola Prevention and awareness, and CBOs distributed sanitary materials including soap, chlorine and hand washing buckets to communities in the project catchment area, while nutritional support was provided to PLHIV and orphans and vulnerable children (OVC).

Outline of the report

The outline of this report is as follows: Chapter 2 provides a context description of the program, focusing on HIV&AIDS, national response and policies. Chapter 3 presents the evaluation methodology. Evaluation findings are provided in Chapter 4, leading to lessons learned in Chapter 5 and conclusions in chapter 6. Finally recommendations are provided in Chapter 7.

A range of annexes is also included: 1) Terms of Reference for the assignment; 2) Evaluation matrix outlining the evaluation questions, data collection tools and sources of information; 3) Programme for the country visit; 4) List of people met during data collection; 5) List of IGA projects; and 6) Overview of training participants.

Evaluation team and acknowledgements

The evaluation team consisted of two consultants: National consultant Matthew Flomo Gorveaboe and Danish consultant Julie Thaarup (Team Leader). The assignment was implemented from November 2015 – February 2016, and fieldwork and data collection in Liberia took place from 9th–16th November 2015. The majority of meetings and visits scheduled during the evaluation were with CBOs and MARPs; reflecting the thematic focus of the evaluation.

The evaluators would like to use this opportunity to thank warmly LCL and DMCDD staff with whom they have worked closely and fruitfully in this evaluation, notably: Janice F. Gonoe and James Osantoe Korboi (LCL) and Karen Swartz Sørensen and Mette Høgh Poulsen (DMCDD). In addition, a large number of other people were engaged with during this evaluation that unfortunately cannot all be mentioned here. Their gratitude extends to all the various LCL staff, CBO members, government officials and not least beneficiaries whom they have met during fieldwork, and who have kindly shared their experiences, stories, time and advice with the team.

2. Context of Liberia and the HIV/AIDS epidemic

Liberia, located in Sub-Saharan Africa, is recovering from years of civil conflict, which destroyed the country's infrastructure, displaced its populations and disrupted the social fabric of the nation. It is one of the poorest countries in the world and at least 57.7% of the population of Liberia lives below the poverty line and 52% even live in extreme poverty[2]. Liberia's population has grown from about 3.5 million people recorded in the 2008 census to an estimated 4.2 million people in 2012 by the World Bank. With about 43% of the population below 15 years of age, the country has an extremely young population. In 2014, the country was hit by an outbreak of Ebola, which killed almost 5,000 people.

Within the health sector, the government and faith-based organizations provide most of the facility-based care while civil society including Faith Based Organizations (FBOs) provides much of the community based care. Under the National Health Policy and Plan 2007-2011, functional health facilities increased by 64%, from 354 to 550, and facilities offering basic services increased from 36% in 2008 to 84% in 2011. The health workforce also increased from around 5,000 to about 8,000. However, most of the benefits of the health services are skewed in favor of urban than rural populations. Significant under financing of the health sector is resulting in inadequate Monitoring and Evaluation (M&E) of the delivery of health service, ineffective procurement and supply chain management system, and the provision of poor quality services.

According to the Liberia Demographic and Health Survey (LDHS) from 2013, Liberia has a generalized HIV epidemic with the general population HIV prevalence of 1.9%[3]. The prevalence rate in the LDHS 2007 was 1.5%, so the rate has increased in the period. The South Central Region has the highest prevalence of 2.75% among the five regions and Montserrado, Margibi, and Bomi Counties have the highest prevalence among the 15 counties. According to the National HIV&AIDS Strategic Plan (NSP) 2015-2020[4], the epidemic continues to be significant foreseeing that in 2014 the country would experience 1,789 new HIV infections including 309 in children 0-14 years, and that about 57% of the new infections would be in females. Furthermore the NSP foresaw that an estimated 2,330 PLHIV (including 52% female) would die from AIDS-related causes with 97% of the deaths occurring in PLHIV not on treatment in 2014, and finally, that, cumulatively, there would be 38,462 AIDS-orphans in 2014, equivalent to about 19% of total orphans from all causes.

HIV prevalence is higher in urban than in rural areas, in females as compared to males, and in key populations relative to the general population. Key populations at risk include vulnerable and 'most at risk' populations for HIV infections are young women and girls, sex workers and their clients, men who have sex with men (MSM), injectable drug users (IDUs), prisoners; uniformed personnel, mobile populations including truck drivers and internal and external traders, refugees and returnees.

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[2] Human Development Index Report, 2011.

[3] The HIV prevalence figures quoted in the LDHS have been contested by different actors working on HIV&AIDS in Liberia, including the LCL program manager. However, by lack of better alternatives, the figures are used here.

[4] Republic of Liberia: National Hiv & AIDS Strategic Plan, 2015-2020. July 2014.

The dimensions of poverty exacerbate HIV risks, especially for women and girls. Massive population displacement in rural areas during the war has led to the collapse of traditional communities and accelerated urbanization, with almost half of the population residing in urban communities, and Monrovia hosting more than one million inhabitants – double its pre-war population. This move away from rural areas, the collapse of the formal economy and the resulting massive unemployment pose a direct threat to people's food security, which has forced many women and girls to engage in high-risk transactional sex, or sex work, as poverty may facilitate women to be lured into sex work through human trafficking. Poverty and unemployment have also fuelled labour migration in- and outside of the country, which in turn is associated with higher risk of unsafe sex with multiple partners, including sex workers.

There is strong evidence of ongoing widespread Sexual Gender Based Violence (SGBV) and domestic violence throughout the country, including rape, sexual assault and harassment, incest and sexual child abuse, prostitution, and child trafficking.

Government Response

The response to the epidemic by the government of Liberia is, among others, framed in the NSP. The national HIV response covers a range of services aimed at preventing new infections, providing treatment and care for PLHIV, and mitigating the socioeconomic impact of the disease on people infected and affected by HIV. According to the NSP, greater efforts have been made in providing services geared toward preventing new HIV infections and providing HIV treatment, care, and support services than in mitigating the socioeconomic impact of the disease outside of efforts at reducing stigma and discrimination against people living with HIV.

The NSP recognizes the role of civil society organizations tin filling this gap, describing that: "Civil society organizations are spearheading HIV and AIDS community-based activities including linking and referring people for services provided at health facilities and through outreach programs. Major interventions are: behavior change communication including correct knowledge of causation and transmission of HIV; demand generation for and linking clients with HIV prevention, treatment, care, and support services; promotion and distribution of condoms and lubricants; provision of home-based care and support for PLHIV including treatment adherence support, psychosocial support, and mitigating the socioeconomic impact of HIV as well as stigma and discrimination reduction, provision of basic needs of poor AIDS-affected households such as food, clothing, shelter, and providing school fees and uniforms for orphans and vulnerable children."[5]

The NSP furthermore mentions the government response in relation to stigma and discrimination of PLHIV. Liberia amended the Public Health Law to include sanctions for violating confidentiality of the HIV status of PLHIV and willful transmission of HIV, and prohibition of discrimination and vilification of persons on the basis of actual or perceived HIV status. The object of the legal reform is to protect the human rights of people infected and affected by HIV and AIDS.

[5] Republic of Liberia: National Hiv & AIDS Strategic Plan, 2015-2020. July 2014, p.5.

3. Methodology

The methodology for this evaluation has been mixed consisting of qualitative data collection tools applied during a week of fieldwork in Liberia, use of quantitative data from both baseline and endline studies as well as progress reports, and document research.

At the initial stage of the assignment, an overall evaluation matrix was developed based on the Terms of Reference (annex 1), and grouped under the five OECD DAC evaluation criteria of relevance, efficiency, effectiveness, impact and sustainability. Each of the criteria outlines a range of questions to be answered by the evaluation, majority of these questions were provided in the TORs, and some additional ones were added based on the objectives of the evaluation. For each evaluation question, the data collection tool and source(s) of information were indicated. The matrix has guided the entire evaluation and is enclosed as part of annex 2.

The documents studied were for the majority reports produced as part of the program (progress reports, the program application submitted to CISU, budget and financial reports, CBO reports, and the LCL HIV&AIDS program midterm evaluation report from March 2011). In addition, additional documents have been studied including the National Strategic Plan for HIV/AIDS 2015-2020, the 2007 and 2013 Liberia Demographic Health Surveys (LDHS), and the Danida Strategy for Danish Support to Civil Society in Developing Countries.

Data collection took place during a total of seven days of fieldwork in Liberia (November 2015) and was based on a program prepared by the DMCDD and LCL. The geographic locations visited were: Monrovia, Kakata, Gbarnga, Voinjama and Zorzor. Due to inaccessible roads, a planned trip to Foya could unfortunately not materialise. The LCL HIV&AIDS program officer took part in the field visits.

Majority of time in the program was allocated to visits to different CBOs in the locations mentioned above. During these visits the consultants were carrying out interviews and focus group discussions with CBO staff (at times including the counsellor), CBO management representatives, and beneficiaries. Visits to the following seven CBOs were made: DUCHASC, BAMOGVISO, Bilingual, Peer Vision, BOCAP, Borbah-Yandisu and YANOL.

Those seven CBOs were selected out of a total of 15 CBOs, which have been covered by the program through capacity building and provision of grants for awareness and Income Generation Activities (IGAs). The seven CBOs were selected based on the following criteria:

- That both Monrovia and rural / remote locations were visited;
- That both well functioning and strong CBOs were covered as well as less functional ones;
- That a variety of activities and target groups/sub groups were covered by the CBOs.

In addition to the CBOs, the consultants also met with other groups of beneficiaries, stakeholders as well as staff from LCL. Summing up, those other groups and individuals were:

- Bishop of the Lutheran Church in Liberia,
- General Secretary, Lutheran Church in Liberia,
- LCL HIV&AIDS Programme Staff: Programme Director, Programme Officer, Advocacy Officer, M&E Officer, and Training Officer,
- Anti-AIDS Media Network,
- Staff and beneficiaries from the EAI (Association of people living with HIV),
- Gbarnga Prison staff,
- Gbarnga Police Representative, Women and Child Protection Section,
- Representatives of the Commercial Drivers' and Motorcyclist Union,
- Cross Border Traders,
- Representative of the National AIDS Commission Programme (NACP).

Reference is made to annex 4 for the full overview of people met with during the evaluation.

The data collection consisted of interviews, focus group discussions, and observations of different activities in the individual CBOs, notably Income Generation Activities (IGAs). Categories of informants engaged with have been LCL Management, LCL program implementation staff, CBO managers, counsellors, and members, other implementing organisations, beneficiaries, and government representatives.

During the visits the two consultants asked questions according to the evaluation matrix, and there was also space for discussion of other aspects and issues, which the informants found important to highlight. In general, the evaluation went as planned, and people were willing and available for discussions and information sharing.

As part of the program preparation and follow up, LCL has carried out a number of baseline and endline surveys. One focuses on Knowledge, Attitudes and Practices (KAP) of HIV and AIDS among senior high school students between the ages of 15-30 years in six Lutheran schools in Montserrado, Margibi and Bong counties. A second survey focuses on HIV and AIDS in relation to protection of PLHIV rights, stigma and discrimination, and an investigation on adherence to treatment and safe practices in curtailing the further spread of HIV. The survey was carried out among 250 EAI members. LCL and DMCDD have produced two separate endline reports documenting the results of these surveys. Where relevant, and in agreement with DMCDD, some of the results from these endline reports are included in this report although the consultants have not been involved in the survey assignments.

After departure from the field, the team began studying and analysing their fieldwork notes and drafting the various sections of the report. Additional external documents were also studied and used to provide additional information and analysis.

4. Findings

4.1 Relevance

Evaluation Question: To what extent are the objectives of the program still valid?

The overall question guiding the analysis of relevance looks at the extent to which the objectives of the program are still valid. Two perspectives will be included in order to answer this: How does the program respond to the needs of the populations as defined in national strategic documents? And how does it respond to the populations' needs - as expressed by beneficiaries consulted with during this evaluation?

It is found that the overall development objective of the LCL program, as well as the three program objectives (focusing on CBO capacity development, SGBV and HTP, and stigma and discrimination) score high on relevance. This has different reasons.

First of all in relation to the prevalence of HIV, it is mentioned in the National Strategic Plan (NSP) that the epidemic continues to be significant in Liberia. As mentioned in the context description the prevalence rate in the country has gone up from 1.5% in 2007 to 1.9% in 2013 according to the LDHS. This increase in prevalence obviously contributes even further to the relevance of the program. Furthermore, the main areas of the LCL program are well aligned to the NSP – in particular the components of prevention, focus on reaching key populations/MARPs and working to reduce SGBV, HTPs, and stigma and discrimination of PLHIV.

During the team's meeting with NACP, the NACP representative stated that the LCL program had been a strong partner of NACP for more than ten years, and expressed strong wish for its continuation. He furthermore said that one of the key challenges for the NACP was the outreach; to have sufficient qualified staff in remote areas, to reach remote areas (transport and roads challenges) and to retain staff: *"Those trained staff find greener pastures."* In particular the south of the country was mentioned to be difficult to reach. LCL was in this relation commended for their work and for their ability to reach the hard-to-reach areas and populations: "*We need people like LCL to do testing and counselling*." In relation to the specific need for outreach, the need for strong CBOs is obvious, so in this way the continued relevance of the CBO capacity development is clear. It was also mentioned that current focus on MARP, SGBV and HTP was expected to continue in the future work of NACP as this focus is addressing the root causes of HIV transmissions.

From both the implementing CBOs and the beneficiaries' point of view, the level of relevance was also reported to be high. The beneficiaries with whom the team met represented several different categories of beneficiaries including PLHIV, MARPs (adolescent youth, commercial drivers, cross-border traders, prison staff, etc.), and relatives of PLHIV represented by the family support groups. Beneficiaries reported the relevance by describing the different ways in which the program had brought about positive changes in their lives. This is explained and illustrated in more details in the impact chapter.

With regard to the three objectives focusing on CBO capacity development, SGBV and HTPs, and stigma and discrimination, these are all considered to still be relevant. As will be described in the next section, there is a still a way to go before the majority of CBOs can be considered matured and both financially and organisationally sustainable. How the capacity building could be designed is up for discussion, and the team finds that although the need for capacity building is still relevant, it should be designed in a different and more tailor-made fashion.

Focusing efforts on the awareness raising and addressing HTPs and SGBV is also of continuous relevance. The 2013 LDHS reports "Forty-three percent of women believe that a husband is justified in beating his wife for at least one of five specified reasons (if she burns the food, if she goes out without telling him, if she neglects the children, if she argues with him, or if she refuses to have sexual intercourse with him)."[6] In addition the NSP reports that "The Ministry of Gender and Development (MOGD) recorded nearly 2,500 cases of sexual and gender based violence in 2013; nearly 50% of the SGBV were reported as rape cases. It is not known how many of these rape survivors received PEP services"[7].

In addition to the LDHS Reports, LCL has also recently carried out a survey about SGBV among 153 women in Margibi and Bong counties[8]. The survey showed that 51% of all respondents have at some point been a victim of GBV. Furthermore, the survey revealed that 72% of women between 20-24 years old have been a victim of GBV. 50% of all women have within the past 12 months, at least once been insulted or abused by their partner. Moreover, 42% have been physical violated by their spouse. Finally, 24% of all women state they have been physically violated between 2 to more than 10 times during the past 12 months.

The relevance of the third objective on stigma and discrimination also continues to be high. The law on anti-discrimination, which was passed in 2010 provides the opportunity to prosecute people who discriminate against PLHIV, including disclosing their status against their own will. The continued relevance of the focus on stigma and discrimination is also mentioned in the NSP: "Stigma, discrimination and violations of the human rights of others are major barriers to effective national responses to HIV. Because of stigma and discrimination, many people are afraid to get tested for HIV, to access HIV prevention and treatment services, to disclose their HIV status, and to participate in national HIV responses. Consequently, there is the need to protect the human rights of people living with HIV and members of vulnerable and key populations by reducing stigma and discrimination and increasing access to justice"[9].

Summing up, the evaluation has found that the objectives of the program continue to be relevant and valid.

[6] Liberia Demographic and Health Survey 2013. p.257.

[7] Republic of Liberia: National Hiv & AIDS Strategic Plan, 2015-2020, July 2014, p.22.

[8] Sexual and Gender Based Violence. Report of a SGBV Baseline Survey Conducted among Women Conducted July 2015 by the LCL HIV and AIDS Programme.

[9] Ibid, p.42.

4.2 Effectiveness

Evaluation Question: To which extent has the program achieved its objectives, indicators and anticipated goals?

Evaluation Question: To what extent are the activities sufficient to realise agreed objectives?

Evaluation Question: What were the major factors influencing the achievement or non-achievement of the objectives?

Evaluation Question: What are the strengths and weaknesses of existing processes and methodologies in connection with capacity building of community based organisations as well as people living with HIV?

The analysis of effectiveness is guided by the four evaluation questions outlined above. Among others, the analysis looks at the extent to which the program has been effective in achieving its own objectives. The overall development objective of the program has been: "To contribute to the national response of HIV and AIDS which seeks to promote positive change of behaviour and reduce the psychosocial impact of HIV and AIDS on the individual and society."

The overall objective will have been reached in case the three program objectives have been achieved. These three objectives are assessed individually in more details in the following. It should be noted that for each of the program objectives, a set of targets has been defined. However, end-of-program data for targets under each objective have not been available, so the effectiveness analysis of the three objectives will be based on a general analysis, including data collected in the field and document reviews.

4.2.1 Objective 1: Capacity Building of CBOs

Objective 1: 15 CBOs have had their capacity developed and undertaken awareness raising activities resulting in reduced risk of HIV infections among population subgroups at high risk (female adolescent, prison inmates, sex workers) in 8 counties by 2015

The capacity building of CBOs has been one of the most central features of the current phase of the LCL program. One of the key reasons for the efforts to strengthen the CBOs is from a sustainability and exit-strategy point of view - as formulated in the CISU application document: "…. in the process of phasing out, LCL aims to strengthen the community structures to keep up the awareness work. It is still needed to further develop the capacity of the CBOs by handing over the responsibility for the implementation to them during a process, whereby the LCL AIDS-program closely monitor and give technical support"[10].

[10] Application to CISU, 2013. p.13.

The capacity building has consisted of different activities – primarily trainings combined with on-going support from the LCL secretariat in the form of monitoring visit to the CBOs, as well as follow-up on various issues including reporting, activities, finances and management issues. Some CBOs have been receiving monitoring visits more frequently than others, this being so mainly because of the geographic distances and different degrees of "accessibility" by LCL staff. The capacity building has been both organisational as well as thematic, enabling the CBOs to work on issues in relation to SGBV and Harmful Traditional Practices (HTPs), and how to reach MARPs.

A five days capacity building training was carried out in September 2012, where about 36 CBO representatives from 14 different CBOs and EAI attended. The training was comprehensive and covered issues of organisational and financial management, and specific skills in relation to HIV&AIDS including advocacy and how to mobilise communities to address HIV&AIDS issues. Later, in November 2013, 20 participants from FSGs and EAI were trained on CBO management and agriculture though a six days workshop.

In addition to the CBO capacity building training course, a range of trainings on HIV&AIDS in relation to SGBV, GBV and HTPs[11] has also been carried out. These trainings have targeted both CBO members as well as targeted groups known as the MARPs – such as cross border traders, adolescent girls, drivers, commercial sex workers, and security personnel. Furthermore, trainings have also been organised for traditional leaders and healers on women's rights – to create awareness about women's right in connection with Female Genital Circumcision (FGC) and SGBV. These trainings were carried out as Training-of-Trainers (ToT) and facilitated by different organisations including Action Aid Liberia, UNAIDS, Ministry of Gender and UNWOMEN. The CBOs coordinated the trainings by identifying the participants and by being in charge of the follow-up of the trainings, including refresher trainings.

In efforts to improve the financial sustainability of CBOs, the program has also provided capacity building in two additional ways: A small grants scheme in support of CBO Income Generating Activities (IGAs) and training CBO representatives on the Village and Savings Loans Association (VSLA) concept.

Results of Capacity Building of CBOs: Organisational issues

The consultants visited seven CBOs during their stay in Liberia. These CBOs represented a continuum from very strong, well-managed and very active CBOs, to CBOs that seemed to carry out only few, if any, activities, and who also suffered from management problems. Financial constraints were expressed in most CBOs, and there was, in most cases, a correlation between expressed financial constraints and low level of activities. On the other hand, there were a number of CBOs who had been successful in mobilising resources from both other development partners and IGAs, and who were therefore very active implementing different types of projects.

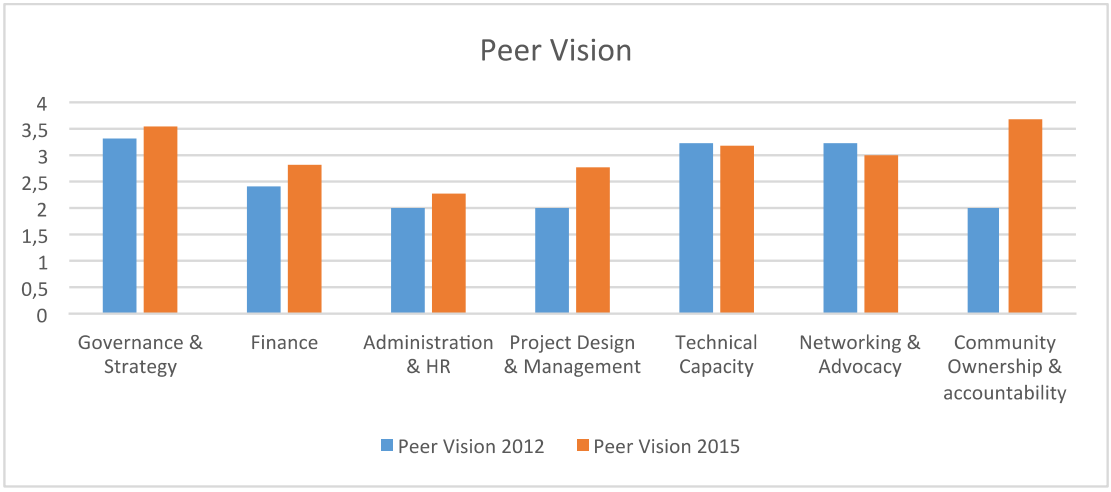
[11] The training is based on a comprehensive training manuel outlining the following topics: **G**ender, gender based violence and sexual gender based violence, biblical look at GBV and SGBV, harmful traditional practices, HIV/AIDS, community mobilisation, stigma and discrimination, advocacy, and peer education.

In the midterm review it was noted that the LCL program design suffered from a lack of specific benchmarks and indicators for capacity development. Following the midterm review, the LCL program developed a CBO assessment tool, which was applied at the beginning and the end of the program. LCL provided the consultants with assessment reports from 2012 (8) and 2015 (7). Out of these 15 reports, there are 4 CBOs which have reports from both 2012 and 2015, and which can therefore be used for comparison and analysis of their capacity development over time.

The assessment tool consists of two parts whereby one provides basic information about the CBO (year of establishment, location, staff structure, overview of activities, Key achievements and main challenges, sources of funding and future plans.) The second part is a scorecard, whereby the CBO has indicated a score (1-4) by selecting a statement describing the level of capacity for the CBO. The following capacity areas are included: a) Governance and Strategy, b) Finance, c) Administration and Human Resource, d) Project Design and Management, e) Technical Capacity, f) Networking and Advocacy, and g) Community Ownership and Accountability[12].

In the following, a visual presentation of capacity development is provided for those four CBOs where reports exist for both 2012 and 2015. It shows that for three out of four CBOs, capacity has improved/increased in most capacity areas; for one CBO (Bilingual), capacity has deteriorated in most areas during the period.

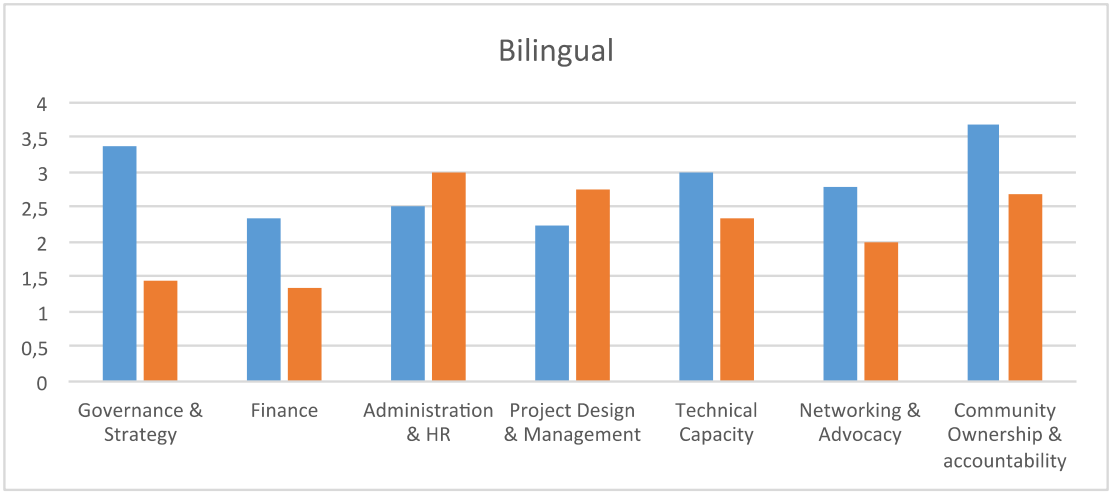
Figure 1: Peer Vision



As the above graph illustrates, Peer Vision has advanced its capacity in five out of seven areas. Positive progress is especially notable in "Project Design and Management" and "Community Ownership and Accountability." On the other hand the CBO's capacity in "Technical Capacity" and "Networking and Advocacy" is slightly less in 2015 compared to 2012.

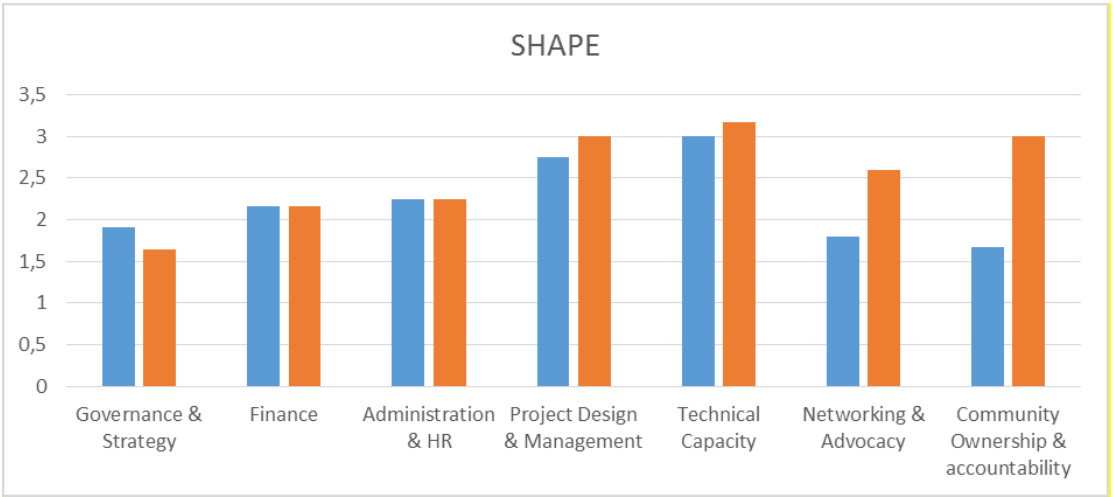
[12] Each of these capacity areas consists of a range of sub-issues and questions, that each has to be scored individually. In total there are 28 questions/issues under the six different capacity areas. This also explains why scores are with decimals, since there has been a calculated average for capacity area.

Figure 2: Bilingual CBO



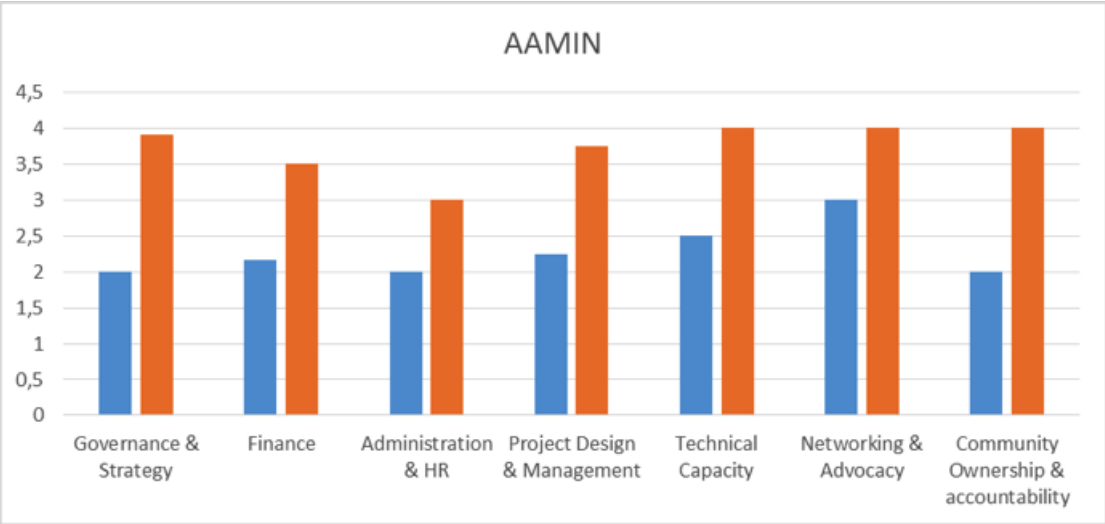
As the above graph illustrates, Bilingual has advanced its capacity in only two out of seven areas. Positive progress is seen for "Administration and HR" and "Project Design and Management." On the other hand the CBO's capacity in "Governance and Strategy", "Finance" and "Community Ownership and Accountability" are notably lower in 2015 than in 2012.

Figure 3: Shape CBO



The trends for SHAPE CBO show that the CBO has improved its capacity in most areas, although the improvement is minor for four areas, the same in one area. For the "Networking and Advocacy" and "Community Ownership and Accountability" capacity areas, improvements are especially notable.

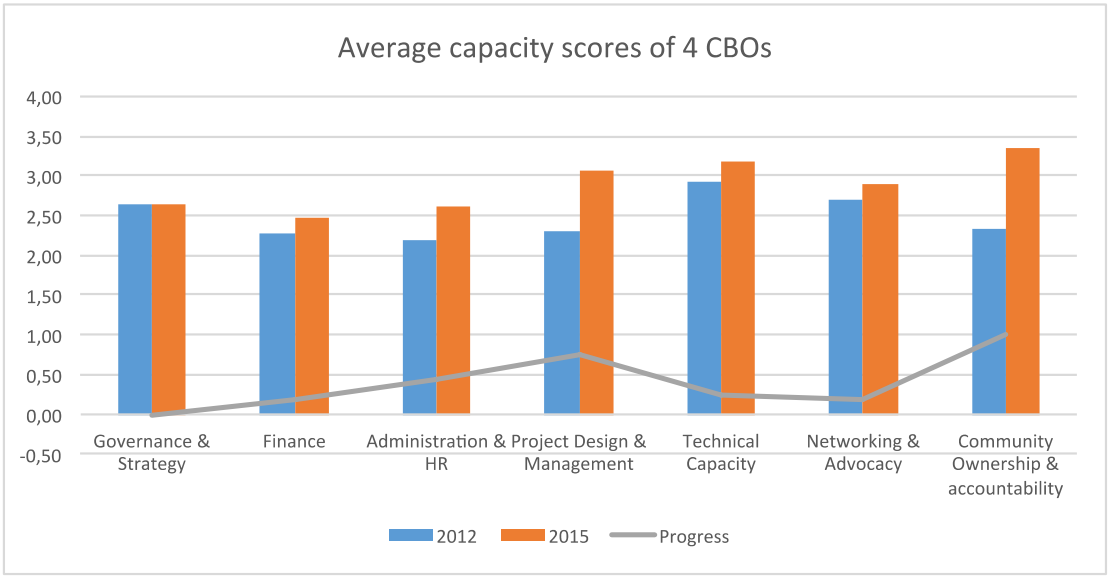
Figure 4: Anti AIDS Media Network



The last CBO is the Anti-AIDS Media Network. As can be seen from the graph, the CBO has improved its capacity notably in all seven areas, and especially so for "Governance and Strategy" and "Community Ownership and Accountability."

Finally, a joint graph has also been produced for the four CBOs, which gives one overview of capacity development results for these four CBOs. The graph furthermore shows the progress in relation to which capacity areas have progressed the most (the grey line).

Figure 5: Average Capacity Scores and progress



As can be seen in the above graph, the LCL program has been successful in developing the capacity of the four CBOs. Positive progress is visible in all areas expect for "Governance and Strategy" where 2015 level is the same as in 2012. The graph furthermore shows that improvements are especially visible for "Project Design and Management" and "Community Ownership and Accountability."

In addition to the scores, the assessment reports also provide information about other aspects of the CBO, including main achievements and challenges. Going through the seven available assessment reports from 2015, it becomes clear that challenges are more or less similar across the CBOs. The main challenge mentioned by six out of seven CBOs is first and foremost funding. Other challenges mentioned are lack of office space, transport, and office equipment. Lack of human resources (both technical and financial) is also mentioned in most of the seven reports. In this regard, it is mentioned that there is a continued need for capacity building, and all seven CBOs indicate LCL as possible capacity building provider.

Out of the seven CBOs, three indicate[13] that they have managed to attract funds from other sources – these are:

- Anti-AIDS Media Network (10,000 USD from UNICEF and UNAIDS)
- BOCAP (USD 7,000 from CHICO)
- Bilingual (USD 250 from Geneva Global)

The objective 1 of the LCL program is both concerned with capacity building of CBOs as well as in reaching Most at Risk Populations (MARPs). In the following the CBOs achievements in relation to MARPs are discussed.

Results of Capacity Building of CBOs: Reaching Most at Risk Populations

The LCL AIDS program has been successful in reaching Most-at-Risk populations, both through directly targeting them in trainings, and by building capacity of CBO members on how to reach them in awareness raising activities. This is a significant achievement since this was the first time for LCL to work with that target group.

The MARPs were defined in the program application to consist of the following groups: "Socio-economic, cultural, and behavioural factors leave specific groups at higher risk or vulnerable to HIV infection, or to the impact of AIDS, in particular young women and girls. Key groups at risk include (female and male) sex workers and their clients; men who have sex with men; orphans and vulnerable children, including street children; men in incarceration; injecting drug users, mobile populations including internal and external traders, truck drivers, commercial motorcyclist, and security personnel[14]". The following overview has been reported in the latest progress report for the LCL program, showing which MARPs and how many have been reached through which types of activities:

*- 113 **adolescent girls** have attended five trainings in life skills.*
*- 5 **adolescent girls** clubs have been established thus far.*
*- 47 **adolescent girls** have completed vocational training in soap making and arts & crafts and have begun income generation activities for sustainability.*
*- 8 health clubs have been established **in schools** out of the Lutheran School System:*
*- 61 male **commercial drivers and motorcyclists** have attended two days HIV and SGBV peer education workshops*
*- 3 HIV and SGBV awareness conducted with **commercial motorcyclists***

[13] During fieldwork, the CBO DUCHASC also reported to have received a grant from Geneva Global for Ebola awareness raising; however this is not indicated in the report.
[14] Application to CISU, p.8.

*- 55 **security personnel** from nine (9) security agencies of government namely; Drugs Enforcement Agency, Bureau of Immigration and Naturalization, Liberia National Police/Police Support Unit, Arm Forces of Liberia, Ministry of Justice – Prison Guards/Correction Officers, Liberia National Police/Women and Children Protection Units and the Ministry of National Security) have attended 3 days awareness training in HIV, SGBV and HTP.*
- 55 Awareness visits have been conducted with prisons
*- Contacts have been established with an **MSM group.***
- 69 Mobile tests have been conducted to key population with 2,406 beneficiaries; with 11 positive cases.
*- 128 **Adolescent girls and sex workers** have received counselling and are making positive life choices.*
*- 50 **cross border traders** have acquired HIV and SGBV knowledge and are creating awareness among their peers.*

In general, the MARPs actually reached by the program correspond to the ones outlined in the application, in particular adolescent girls has been at focus in most CBOs, at times overlapping with the sex workers category. The MSMs have not been reached by the program, although it is mentioned in the latest progress report that "Contacts have been established with an MSM group."

Photo: The team met with "Daughters of the King" – a group for adolescent girls.

One of the targets defined for MARPs has been that "15 CBOs have been able to conduct a total of 20 awareness meetings reaching 100,000 youth and Most-At-Risk People and at least 3,500 MARP have opted to be HIV tested". The above quotation shows that the program target of 3,500 MARPs tested was reached at about 2/3 in 2014 ("69 Mobile tests have been conducted to key population with 2,406 beneficiaries").

During the fieldwork several examples were seen of how MARPs had been reached through trainings and awareness raising. The team met with commercial drivers, cross border traders, adolescent girls, prison staff and trained security personnel (police officers dealing with victims of SGBV).

The general feedback from these meetings was that the trainings had been very useful, and that people now possessed knowledge and awareness, which they did not have before, especially in relation to prevention of HIV. For LCL, the inclusion and focus of MARPs in the LCL HIV/AIDS program has been a new experience and according to LCL staff they now feel confident to build on this basic experience and continue with targeting MARPs in the program.

One of the lessons learned of LCL in relation to MARP has been that targeting MARP is "an expensive venture." In particular it was mentioned that sex workers was a difficult target group to reach, for a number of reasons. Gaining the confidence of sex workers took a lot of time, often even requiring acceptance from the "middleman", interaction with sex workers usually had to take place at night, and finally the efforts to provide alternatives for income for sex workers were not attractive (financially speaking) to the sex workers. Another group, which proved hard to reach to reach were the drivers, since they were a very mobile group, and often busy trying to make money, and therefore at times reluctant to take part in trainings or meetings. The solution to this problem was to go through the drivers' trade union, who could speak on behalf on the drivers and facilitate contacts to the individual drivers.

According to the NACP, focusing interventions on MARPs is a global trend in prevention of HIV transmission, which will continue in the future. The improved capacity of CBOs in this particular field is therefore also a potential strength when it comes to attracting funding for HIV prevention from possible other sources in the future.

4.2.2 Objective 2: Addressing SGBV and Harmful Traditional Practices

Objective 2: Through awareness raising and advocacy sexual gender based violence including harmful traditional practices have been addressed in Margibi, Bong, Lofa county by 2015

The second objective of the program focuses on addressing SGBV including harmful traditional practices. The rationale for including this objective was a lesson learned by the LCL that HIV&AIDS can be used as a leverage to give sexual education and to talk openly about harmful traditional practices such as female genital mutilation (FGM). The program therefore decided to use HIV and AIDS awareness raising as a leverage to create awareness about women's right in connection with FGM and SGBV as well as MSM's right to get access to condoms and VCT.

The program has targeted duty-bearers including traditional leaders and healers to work with them as change agents to go against gender based violence in their local communities. The data reflecting progress under this objective is only based on written accounts in annual and progress reports, as activities under this objective were not part of the fieldwork.

According to the final progress report, not all foreseen activities were implemented, but the following ones were carried out under this objective:

- 26 Traditional Birth Attendants (TBAs), TTMs[15] and Traditional Leaders have attended 3 days HIV, SGBV and HTP training in Foya, Lofa county.
- 30 Animators have been provided skills through training;
- 5 palava hut discussions have been conducted in Zwedru, Fish Town, Pleebo, and Voinjama.
- 34 women from Bomi and Montserrado have attended SGBV and HTP training.
- 2 women groups have received sub-grants and are carrying out awareness HIV, SGBV and HTP awareness activities in their respective communities.

A training report was produced as part of the traditional leaders' training. The report shows that the participants expressed many misconceptions and myths about HIV and AIDS, its cause and means of transmission. The training covered issues in relation to HIV and AIDS, prevention of transmission, including is situations of birth-giving. The training report describes that participants were taught to use safe instruments and hand gloves when assisting in birth, and even in cases, where gloves were not available they should use alternatives such as plastic bags.

It is clear from the report that the training brought new insights and knowledge, but also that the topics were making some participants uncomfortable: "After understanding how HIV is spread or gotten, we highlighted some facts on HIV & AIDS and current data on the disease both in Liberia and the world. We brought some quietness and silence among the TTM/TBAs in attendance. When asked why the hall is quiet? Many said the world is coming to an end and God is tired of us as human[16]".

At the end of the training a resolution was made that TTM/TBAs should advocate for the right of Women and not to be silent any more about SGBV issues in the community.

4.2.3 Objective 3: Improving quality of life for PLHIV

Objective 3: By 2015 the organisation for PLHIV has been developed resulting in improved quality of life of people infected with HIV, orphans and vulnerable children and their families in 8 counties by 2015

The third objective of the program focuses on addressing the holistic needs of PLHIV through support and care including care and support for the household of affected families. Family support groups have received training in home-based care to enable them effectively caring for infected family members, OVC and caregivers themselves. Strengthening PLHIV and their relatives and households financially has been aimed at through IGAs and VSLAs. Another key activity under this objective has been advocacy efforts in particular in relation to the chapter 18 of the revised public health law of Liberia (2010), which penalises discrimination of PLHIV.

[15] Trained Traditional Midwife (TTM)
[16] Traditional and Healer Workshop in Foya report, p.2.

During the fieldwork, the team met with representatives from the EAI association, several EAI sub-groups attached to the CBOs, FSGs and with the individuals and organisations directly involved in advocacy. It is the impression of the team that objective of "improved quality of life of people infected with HIV, orphans and vulnerable children and their families in 8 counties by 2015" has been achieved.

One of the particular expected outputs under this objective was that EAI would be able to forward at least 15 cases of discrimination to the relevant authorities and do follow up. During the meeting with EAI, it was mentioned that they had managed to forward four cases to authorities. However, they also mentioned that many more cases had been dealt with thorough mediation of conflicts, and therefore not reached the authorities. So by including these additional cases, there had been more than 15 cases dealt with according to EAI. Furthermore, the EAI representatives mentioned that the distance to Monrovia made it challenging to follow up on cases. In relation to other achievements, it was mentioned that PLHIV in Lofa County did not previously have access to drugs, but through advocacy efforts by EAI, they were now available.

With regard to efforts to improve the financial situation of PLHIV, their households and relatives, the final progress report describes that

- *8 (FSGs) groups have received grants for income generation activities*
- *1 Family Support Group have been provided grant for agriculture activity.*
- *1 VSLA training has been conducted with representatives of five CBOs.*
- *5 VSLA groups in Montserrado, Kakata, Buchanan, Zwedru, and Gbarnga are active, while members of FAAG in Foya are engaged in monthly 'Susu'.*
- *Representatives of EAI sub groups have received training in agriculture*
- *3 EAI sub groups has received sub grant for agriculture activities*
- *6 EAI groups have received sub grant for income generation activities.*

A large part of the awareness activities under this objective have also been carried out by the NGO "Anti-AIDS Media Network." The messages which were disseminated by the Media Network centred around issues of the Revised Public Law on HIV/AIDS, stigma and wilful infections, and SGBV and rape. The final progress report gives an overview of the many awareness raising and media activities that have been carried out by the program.

- 2,300 stickers on SGBV, HTP and HIV have been produced and disseminated; 2 sets of jingles have been produced and broadcasted.
- Establishing hotline telephone: 50 media personnel some of whom are engage in awareness activities have attended three days on HIV, SGBV and HTP.
- 94 Radio programs have been broadcasted on rights in connection with HIV, SGBV and HTP.
- 186 Calls (114 males, and 72 females) especially on HIV & SGBV received;
- 30 Newspaper article publications on HIV, SGBV, HTP and Programme related activities.

Photo: Sticker disseminating information from the revised Public Health Law

4.2.4 Summing up on effectiveness

This section summarises the analysis by answering the four evaluation questions, which were formulated for the effectiveness criteria.

Evaluation Question: To which extent has the program achieved its objectives, indicators and anticipated goals?

Overall, the evaluation has found that the LCL program has achieved its objectives and anticipated goals. The program is a large and complex one, and not all aspects of the program progress including achievements of targets are available in the reports.

For most of the impact-related indicators/targets, however, data has not been available, so for that level of results it is not possible to assess the realisation of objectives. In general it is advised to make a clearer distinction in the future between

inputs – outputs – outcomes - impact-related targets and indicators. Furthermore, the formulation of objectives should follow the same structure, so that they are more at the same level in terms of levels of expected results. For example the current design shows that objective 1 consists of both a quantitative target (15 CBOs) and outcome and impact level elements, whereas for the second objective, the key element is "sexual gender based violence including harmful traditional practices have been addressed" and the indicators do not specify numbers of local duty bearers that should be involved. Finally, objective 3 is also a combination of quantitative target (8 counties) combined with impact related elements (improved quality of life of people infected with HIV). It is therefore recommended to design future objectives along the same structure; this could also improve reporting as progress reporting could follow the same format for all three objectives.

As mentioned earlier, not all activities were carried out as planned. In particular the program was impacted by the outbreak of Ebola, which partly set the program on hold, and also had severe personal consequences for the LCL organisation.

It is found that especially the achievements in relation to objective 2 are under-documented, and although the individual activities of training are documented, the actual outcomes of the awareness raising are not so. In relation to objective 3, information exists with regard to the trainings on financial strengthening of PLHIV and FSGs, but the outputs and outcomes of the advocacy strategy are not well documented.

Despite these challenges and shortcomings, the evaluation has found that the LCL program has produced a range of very positive outcomes for different target groups, and in alignment with the national strategies, leading to a fulfilment of the overall development objective: "To contribute to the national response of HIV and AIDS which seeks to promote positive change of behaviour and reduce the psychosocial impact of HIV and AIDS on the individual and society."

Evaluation Question: What are the strengths and weaknesses of existing processes and methodologies in connection with capacity building of community based organisations as well as people living with HIV?

During the evaluation, it became clear that strong and well-functioning CBOs in general reflects the individuals who manage and take part in the CBO: The stronger members, the stronger the CBO. On the other hand, the capacity building, which has been provided by the program is crucial in relation to how well the CBO can develop and effectively manage the activities and its members. However, independent of the quality and relevance of the training, it is found that there needs to be a sufficiently strong member base to move the CBO forward based on the skills and knowledge, which has been provided by the capacity building. In this way, the capacity building efforts also depends on those individuals who attend the training because if they do not remain within the CBO, then that capacity building investment will be lost. A few examples were seen during the fieldwork, where it was mentioned that the person who had gone for training from the particular CBO was no longer attached to the CBO, and had not secured that skills and knowledge was transferred to the other members before she/he left the area. Retention of members is obviously an issue for

all member based organisations and although it is mentioned here, it was not found to be a dominant problem in the CBOs.

These considerations lead to one identified **weakness** in the way in which the capacity building has been done. The evaluation found that capacity building has been implemented as a one-size-fits-all whereby all CBOs were gathered for the same training. After the training, the LCL program managers have supported the CBOs during monitoring visits and distant communication. The weakness of this approach has been that a) few representatives from each CBO could attend the training, 2) the training was not tailor-made the individual CBO.

On the other hand, one **strength** of the capacity building has been the comprehensive approach to CBO needs, providing capacity building and organisational support addressing organisational, technical, and financial needs. Furthermore the overall focus on strengthening CBOs, is regarded a strength of the program, not least in relation to sustainability. The capacity assessment tool is also a potential **strength** of the program, however, it was found that its potential has not been fully realised. As mentioned earlier, only four reports were available for both 2012 and 2015 out of 15 targeted CBOs.

Evaluation Question: To what extent are the activities sufficient to realise agreed objectives?

In general, the program has produced a lot of activities, which in various ways have contributed to the realisation of objectives. It has been found that the original program design was realistic and that it was well balanced between inputs and outputs.

The capacity building of CBOs still has a way to go for many of the CBOs, and it is not likely that majority of the CBOs which were capacity built can continue the work without continued technical and financial support from LCL. The issue of financial sustainability is obviously key in this regard, and the evaluation has found that nether the VSLAs or the IGAs can solve this challenge.

Evaluation Question: What were the major factors influencing the achievement or non-achievement of the objectives?

As mentioned earlier, the outbreak of Ebola was a key factor influencing the program implementation. At the same time, the CBOs played an important role in the awareness raising and prevention of the spread of the virus. Several of the CBOs became actively engaged in the fight against Ebola, and thanks to its existing structures and networks, they could quickly mobilise and reach out to the communities. In this regard, the program has indirectly contributed to the fight against Ebola, also even directly so through provision of additional support in the hard times.

4.3 Efficiency

Evaluation Question: How have the diaconal assets in the congregations been utilized and what are their possible potential?

Evaluation Question: What is the level of cost-effectiveness of the program including the areas where utilizing of human resources are prioritized?

The efficiency question focuses on the extent to which there are under utilized resources within the congregations, which the program should seek to increasingly utilize. In a sense it is a tricky question since the strategic decision to focus on and support the CBOs through capacity building was mainly made to ensure the independence and neutrality of the implementing organisations.

Many of the CBOs with whom the team met were doing awareness raising activities in LCL schools and the local LCL church. Also in terms of human resources, the team saw examples of church members who had received training in previous phases of the program and who joined CBOs as members. Furthermore, the DUCHASC CBO had been granted a piece of land by the Baptist church for their office building. Given that many of the CBOs struggle with ways of figuring out how to manage the challenges of paying office rents in the future, it raises the question of whether the local churches could be of assistance in similar ways as to the assistance that DUCHASC received in terms of land?

It has been mentioned by both DMCDD and the NACP representative that the issue of allowance is potentially problematic to the program, both in terms of engagement and finances. During the meeting with NACP it was stated that: ""*When you have people come for training, they listen less, because they mainly come for the DSA*[17]*. Mentoring on the job will be better.*" Furthermore, the payment of allowances to training participants and volunteers is also an issue in DMCDD. The question of allowances is a major discussion within many development organisations, and touches on key questions in relation to motives, ownership, priorities, accountability etc. The issue is too large for being dealt with in this evaluation, but it does point to the need for a thorough analysis of budget allocations for allowances, and whether the program can think of alternative incentive structures for program implementation?

[17] Daily Subsistence Allowance (DSA)

4.4 Impact

Evaluation Question: What impact in peoples' lives have been created by the program?

Evaluation Question: How has the advocacy strategy been implemented and what has its impact been?

Evaluation Question: What is the impact of the sub-grants?

This section on impact is structured around the three evaluation questions listed above. The first question is a broad question, seeking to understand the impact in people's lives, whereas the two others focuses on specific impacts of two aspects of the program: the sub-grants offered to the CBOs and the advocacy strategy.

4.4.1 Impact in peoples' lives

Level of impact in people's lives is high. During the field work the team met with mainly three groups of beneficiaries: EAI groups, family support groups, and MARP groups including adolescent girls, commercial drivers, and cross border traders. Whereas the EAI groups and FGSs are directly affected by HIV (themselves and relatives) the MARPs are at risk of being infected with HIV[18] so the impact is very different for those two categories.

PLHIV

Through the meetings with PLHIV, the consultants were given feedback and stories about how the program had benefitted them in many and different ways. Similar stories were told during different meetings – participants found comport, support, relief and hope in joining the group – it made them feel they were not alone, they could share their status freely, and they could discuss important aspects such as how to go about revealing your status, how to handle your medicine and maintain drug adherence, and how to live with HIV in general; including awareness about how to avoid infecting others. In other words, for the PLHIV the program has made high level of impact in relation to physical, psychological and social well being. Group members expressed high level of appreciation for the program and shared the hope that the program would continue in the future. In the following some selected quotes from focus group discussions are presented to illustrate the program impact at the personal level for PLHIV:

Story by one female EAI member:

> *"I was raped in 2010 and got pregnant, during one of my check-ups I got tested and was positive. After hearing my status I became very frustrated and experienced how my friends started to turn against me and stigmatize me. My mother brought me to the EAI group. I have been forced to move 3*

[18] The distinction should not be taken as if the MARPs targeted by the program are not HIV positive. Some might be, but the distinction is based on the first groups knowing of the status, whereas this is not the same for the second.

times, because of stigmatization since I went public about my status. After my mother died, I had no one to support her, another reason why the EAI group now is every important to me. I also receive help for school fees for her children".

Story by one male EAI member:

"I got diagnosed in 2004, my wife died in 2003. My sister told me to go for a testing (she was friends with the director at that time). However, it took a month before I received the results of my test, when I heard my status the first thing I thought of was my fiancée. She was later also tested positive. I did not go public about my status, because stigmatization was a huge problem at that time. Counselors brought people together to share their stories, and see that they are not the only one with the virus. I was the 3rd person (1st male) to join the group. The purpose of the group was to strengthen other people to accept their status and encourage them to share their status in order to create awareness about HIV – I used myself as an example. As I said "Need support to live long" – stressing the importance of having people behind you. I also received help for my children education[19]".

Family support groups

For the family support group members, many examples were also given of how members benefited from the group participation. One of the key roles of the family members joining the group is to assist and support their HIV positive relative. The support came in many ways – by helping their relative to take the medicine and be knowledgeable about the importance of proper nutrition, to be of emotional support, in some cases also to be of financial support to cover transport and health related costs.

In addition to these "practical" aspects of support, the family support group was also about how members could support their relative in relation to acceptance – to support their relative emotionally. Members of the family support groups expressed appreciation of being in the group, because they could share and exchange experiences of how to support their relatives as well as supporting each other at times when their relatives were sick. At the same time, the group was also a forum for discussing perceptions about HIV and AIDS, as expressed by one counsellor: "*We correct misperceptions, there are so many myths*."

MARPs

The team also met with a range of MARPs who had been reached by the program through group formation and/or training. The groups met with groups of adolescent girls, commercial drivers, and cross border traders.

[19] It should be mentioned that funds for school fees have not been provided by the program. Funds for school fees have been provided through another intervention.

One of the key impacts produced by the MARP focused activities is prevention of HIV transmissions. Awareness and exact knowledge about risks and ways of HIV transmission have been built among those groups. Furthermore issues around SGBV, equality of men and women and girls' rights to say no to sex has also been important messages, which people have learned. Those met with during the evaluation expressed that this knowledge has been very important and that they got information, which they did not have before.

4.4.2 Impact of the Advocacy Strategy

Evaluation Question: How has the advocacy strategy been implemented and what has its impact been?

The LCL program produced an Advocacy Strategy and employed an advocacy officer to ensure its implementation. According to the strategy, its purpose was "to improve the effectiveness of advocacy activities undertaken by the LCL AIDS Programme and propose a framework to enhanced networking and coordination[20]".

The evaluation has found that the advocacy strategy is missing a clear linkage with the overall program design. The team was informed that the strategy had not been restricted to the frames of the project, meaning that there has not been a budget for achieving the entire strategy plan. Therefore it is also a challenge to see which parts of the strategy feed directly into objectives of the LCL program, and which ones are additional. For example the advocacy strategy outlines four major objectives, where objective 1 aims at securing affordable treatment to all PLHIV and GBV survivors (to be provided by government). As this objective is not included in the program design, it might explain why the objective seems to have been left somewhere behind.

The monitoring and follow up framework of the strategy is only briefly described in the document: 1) Changes made as the result of this implementation will be documented to determine what changes are necessary to action plan, messages and partners, and 2) The LCL HIV and AIDS Committee will review this strategy at regular intervals and conduct a formal review in the first quarter of each year.

It is therefore also impossible at this stage to document the progress of the advocacy strategy apart from what is covered under the general program reports, since no separate follow up mechanism of the advocacy strategy has been implemented.

When discussing the major achievements of the strategy, the advocacy officer mentioned the following:

- Increased awareness of the revised law;
- Establishment of family support groups and increased acceptance by close relatives to PLHIV, and through the FSGs that have also made it clear that it is important to share their status with family in order to prevent themselves from being convicted for willful transmission;

[20] LCL AIDS Program, Advocacy Strategy, p.5.

- Raising awareness about self-stigma and the importance of revealing your status to a relative.

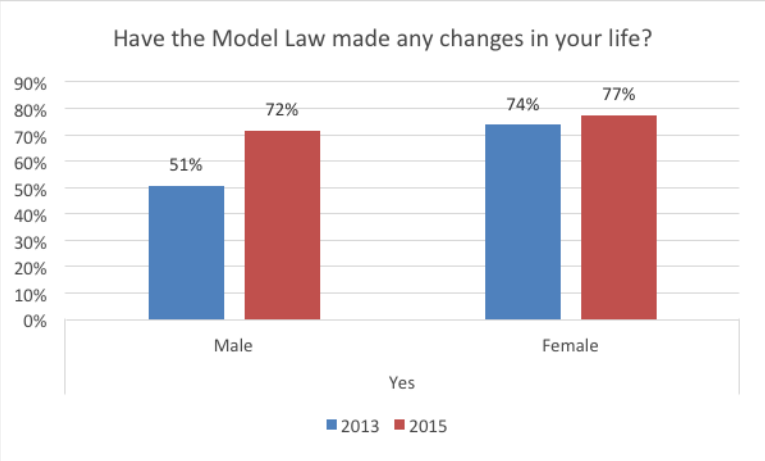
The achievements mentioned above are well in line with findings from the endline survey, which was carried out by LCL at the end of the program, following up on a baseline study from 2013[21]. The following provides a range of highlights from the survey, showing positive progress and impact for PLHIV in relation to awareness of rights, application of rights, stigmatisation and revealing of status.

Findings from Endline Survey: Rights

Overall, the survey found an increase in the knowledge regarding the Revised Public Health Law and what rights PLHIV have. 88% state they have heard about the Revised Public Health Law, which is a significant increase from 2013 (70%). Likewise, more are reporting that the Revised Public Health Law has had an impact on their lives (75% vs. 67% in 2013).

There has also been an increase in people stating that the revised law has had an impact on their life. 75.6% of the respondents answer "yes", while this was 67.6% in 2013. Thus, in line with more people being aware or have heard about the health law, more people have also had their life changed by the law. Figure 6 shows there is a difference between women and men, thus more women declared their lives have been changed. Nevertheless, there is a huge increase in the number of men stating a difference in their life due to the Model Law compared to 2013.

Figure 6: Respondents whose lives have been changed due to the Model Law

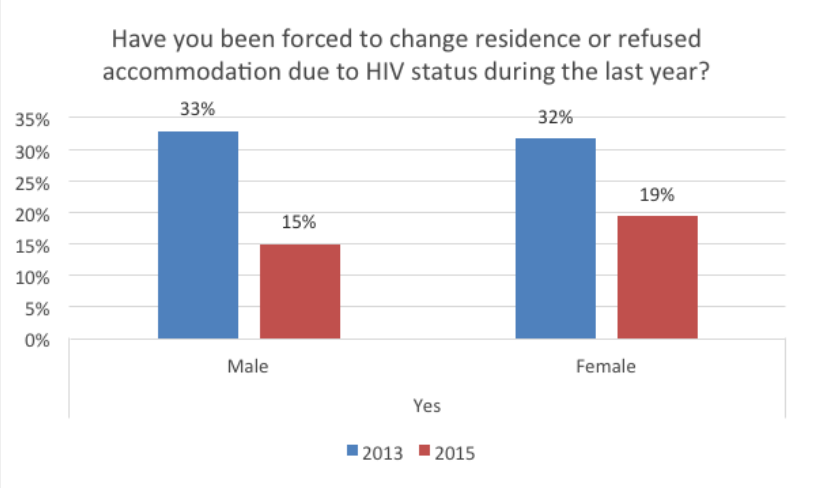


Findings from Endline Survey: Stigma and attitude

Looking at the broader picture, members seem to experience less stigmatization, when comparing the two surveys. For example, there has been a decrease from 32% (2013) to 18% (2015) in the number of respondents being forced to move or denied accommodation. As can be seen in the figure below, women are most discriminated.

[21] Extract from the Endline Report.: People Living with HIV Rights, Adherence, and Awareness Endline survey was conducted in November 2015, the report was issued in January 2016.

Figure 7: Distribution of respondents who have been forced to move

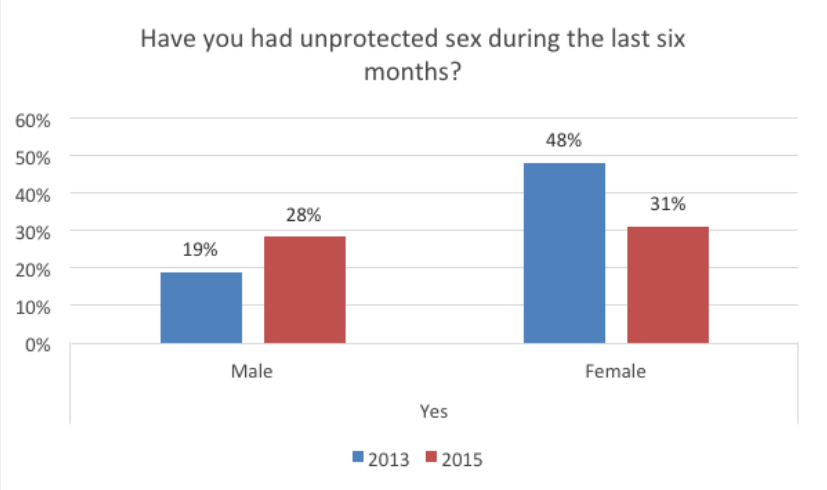


27% report having experienced stigmatization within the last six months, where gossip is reported as the most experienced type of stigmatization. Meanwhile, the stigmatization from relatives has decreased from 26% (2013) to 15% (2015). Furthermore, 32% of the respondents answer they have confronted or educated someone who has stigmatized them.

82% have shared their status with at least one person. Most often, the person is a Pastor/Iman, respondent's mother or partner. While disclosing their status, PLHIV also risk losing contact with their friends or relatives. Around 20% of the respondents replied they have lost contact to someone, upon disclosing their HIV status. Meanwhile, less are feeling guilty from not sharing their status, a decrease from 44% (2013) to 27% (2015).

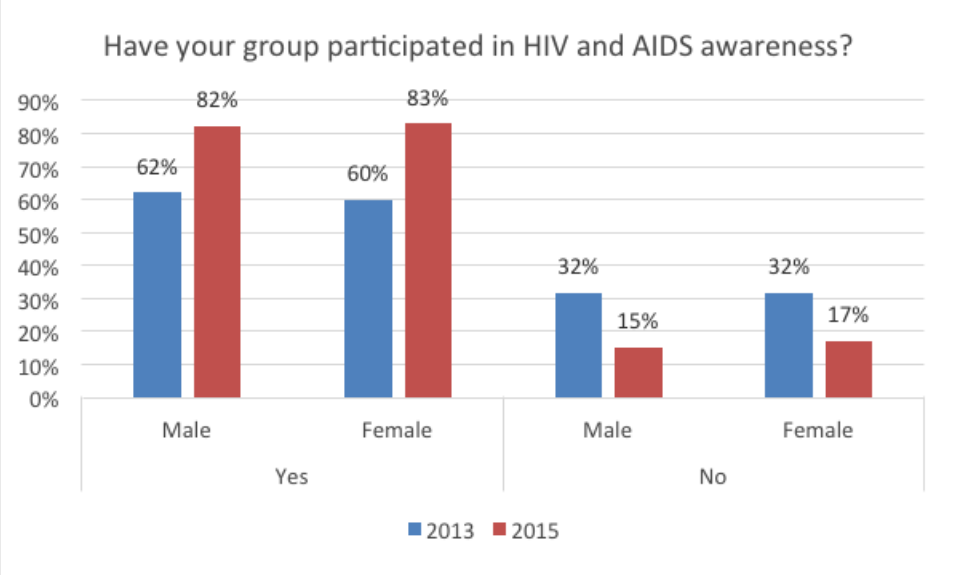
There has also been a decrease in the number of respondents having unprotected sex. Compared to 2013 40% stated they had unprotected sex, while in this survey 30% of the respondents had unprotected sex. However, between the two surveys, more men appear to have unprotected sex, which is a bad trend. Of the reasons for having unprotected sex, the decision to have a child is the most common.

Figure 8: Distribution of respondents having unprotected sex in the last six months



Findings from Endline Survey: Awareness
83% of the respondents answered their group participated in some kind of awareness activities. This is an increase from 2013 of 23%. Furthermore, a third of all the awareness activities are on prevention of HIV and AIDS.

Figure 9: Distribution of respondents' group being active in awareness



4.4.3 Impact of the Sub-Grants

Evaluation Question: What is the impact of the sub-grants?

In order to strengthen the financial sustainability of the program, LCL established a grant scheme for CBOs to apply for funds to initiate and run IGAs. Since the current phase of the LCL program began, a total of 29 grants have been provided to CBOs for IGA. Reference is made to annex 5 for a full overview of the grants. The size of the grant has ranged from USD 500 (majority of grants) to 2,000 (only twice). All in all, about USD 20,000 have been distributed as IGA grants in the years 2014 and 2015.

The findings in relation to the IGA implementation are that results are mixed, ranging from failed projects to some very successful and productive ones. However, the monitoring and reporting on IGA progress is limited, so there does not exist reliable data in relation to the economic profits made of the IGAs. The overview in annex 5 does provide some information, showing that a number of CBOs have been able to generate income from the projects.

The team visited several CBOs who were implementing IGAs. In some visits, there was a discussion concerning the distinction between doing income generation for the CBO, and doing income generation for the CBO members. The IGAs were implemented as CBO group projects, but the observation from the field visits was, that in reality, few individuals from each CBO were responsible and committed to

maintaining and/or running the IGA. In some instances, members had gained personal income by investing time in the income generation, so in that sense members had a personal incentive to engage in the IGA. However, it raises the question of the relevance of the IGA from the CBO sustainability perspective. The issue of personal incentives was mentioned in several meetings, and at times it was recommended to the consultants that a small stipend should be paid to volunteers to provide them with an incentive to carry out IGA related work.

Having said that, there were also some examples of how the CBO had benefitted financially, but the general impression is that the IGAs have not produced significant amounts for the CBOs. There are, however, other positive aspects of IGAs, which should be highlighted when discussing the impact of the sub-grants. Even in cases, where profit is distributed (fully or partly) among CBO members, there is a degree of positive impact for those individuals. Furthermore, the opportunity to do IGAs as a CBO member might even be considered an asset or resource for the CBO, which can potentially attract interest from non-members. Also, the IGAs are considered as having the potential to generate group cohesion, although the opposite is of course also possible given that members disagree about the distribution of profit etc.

It is important to consider these non-financial factors when assessing the results of the IGAs, because the profits made at the time of the evaluation do not balance out the investments made. It should of course be mentioned in this regard, that in the future additional income can be generated based on the investments already made. Finally, the team visited one CBO who had been able to attract a contract with another NGO concerning training of business and soap production skills of young female sex workers. Their capacity to do so was built through the LCL program, so the IGA scheme has created some additional impacts and positive side-effects beyond its own objective.

4.5 Sustainability

Evaluation Question: How is the sustainability of the program? - including financial, technical, environmental and social/political sustainability with focus on sustainability at community level.

The issue of sustainability has been central to this phase of the LCL program, and the focus on capacity building of CBOs is mainly because of sustainability concerns – both organisationally and financially.

Financial sustainability
The major components of the program consist of capacity building, awareness raising, advocacy and service delivery (including counselling and testing). These can all be considered activities and services that do not have good prospects in terms of financial sustainability, and options for these to continue without the current funding are vey small. Having said that, two VCT centres have been taken over by the government in previous phases of the program. According to LCL, the likelihood that the government will or can increase its number of staff to take over more VCT centres in the future is also very small. In this regard it should also be mentioned that the Ebola outbreak was causing severe set backs for the entire health system in Liberia, so any plans for increased government ownership of VCT centres have been overshadowed by other urgent issues.

Given those challenges it is regarded a very well thought strategy to enhance the capacity of the CBOs, for them to be able to continue the program activities and to generate own funds. However, since the program funding is significant in size, there is a gap between the current size of the program and what the CBOs can realistically absorb in terms of activities in the future. As described under the impact section, the potential of the IGAs to provide the CBOs with significant funds is limited by several factors. Rent is a pressing issue for most CBOs, as they have been informed that program funds for rent would expire with the end of the program in December 2015. Some CBOs have invested in a piece of land to reduce fixed running costs for rent.

Photo: The photo shows a piece of land purchased by one CBO (BOCAP), which will be used for agriculture activities and CBO office facilities.

During the fieldwork visits were also made to CBOs and groups who had implemented VSLA activities. Several VSLA members had profited from the VSLA membership though interests and investments in small businesses. The profits were at individual levels, not at CBO level. This means that the VSLAs have potential for improving the financial situation of individuals, but not the situation of the CBO itself.

Having mentioned these factors that constrain sustainability, it should also be mentioned that the team experienced some promising and encouraging examples of CBOs, which were very strong and active, and which had furthermore managed to attract different funding sources for other programs and projects.

The skills and experiences gained from the implementation of IGAs, has for some CBOs meant that, they now have a profile and expertise on business development and entrepreneurship, which can be applied in business trainings. An example of such was seen in the DUCHASC CBO, which had started a soap production, which had expanded to become a small soap factory. One of the CBO member, who was in charge of the soap factory, had been tasked to train different groups on soap making and business development. Two examples of such were mentioned: First a group of 125 Ebola survivors and secondly 25 adolescent girls who were in particular vulnerable (sex workers, single parents, and high-school drop outs). Although this is presented as a positive case, it also raises the question whether there is a risk that the IGA efforts take too much time and engagement by members in proportion to time needed for doing awareness raising activities and outreach?

Photo: Stock of soaps produced by the Duport Road CBO

Several CBOs also received funds for Ebola awareness from other NGOs, which provided them with an opportunity to work for other funders and get additional experience in community mobilisation, awareness raising about on prevention etc. There were also several examples of how the Ebola epidemic had brought funding to CBOs for lasting investments such as computers, generator and renovation of office space.

In relation to financial sustainability, the team finds that the best way for CBOs to become financially sustainable is by being able to attract different funding sources, and not rely on a single source. Given the limited prospects for the CBOs to become financially sustainable by relying on the VSLA or IGA projects, it might be useful to consider financial sustainability of CBOs to mean that they don't rely on one single development partner, but have the capacity and strength to attract different development partner funding opportunities. As part of capacity building, the CBOs have been trained on proposal writing, but it is found that this particular skill should continue to be provided. Some CBOs have had success of submitting proposals to other development partners, but examples were few.

Organisational sustainability
The program has focused on capacity building and there is now a range of CBOs, groups of MARPs, traditional healers and leaders, and individuals who possess skills and knowledge about key issues in relation to HIV&AIDS, SGBV, and HTPs. In support of sustainability is the high numbers of people involved in training and reached through awareness raising. It is considered a lasting effect of the program, because large groups of people are now provided with crucial information on HIV transmission and prevention.

The results of the capacity building of the CBOs will continue to exist given that the individuals of the CBOs continue their engagement. Although the CBOs are independent from LCL, due to the history and personal networks, CBOs continue to implement part of the awareness raising activities through churches and in LCL schools. However, the majority of activities are implemented in schools and churches that are not Lutheran. For example, out of the eight new schools clubs established during the implementation period, seven were established in non Lutheran schools. Several LCL churches have health committees that conduct awareness on health related issues including HIV. It was a program strategy to get CBOs engaged with other churches in the communities in order to have the involvement of other religious groups in the CBO activities.

There are different examples of engagement between CBOs and government institutions at decentralised levels. Some CBOs are positively engaged with County Health Teams, and Focus Groups on HIV and SGBV. In some cases, CBOs have been represented on various working committees and technical working groups. This engagement is also a factor in support of sustainability, and it should be considered to explore further possible ways for CBOs of engaging with local governments to strengthen government ownership and engagement further. Another example was seen in Gbarnga where the team met with one police representative who worked in the "Women and Child Protection" unit of the police station. He had attended a training by BOCAP and he told the team that the training had provided him had and his unit with knowledge about how to deal with victims of SGBV in relation to reduction of risks of transmission of HIV after cases of rape.

LCL itself has now many years of experience with the HIV and AIDS program and has built strong capacity within the area. This capacity can both be of use in relation to continued engagement of HIV and AIDS awareness raising through its church structures, and eventually also in applying for funds from other donors. According to LCL management, the program depends on a donor for its continuation.

4.6 Gender

Evaluation Question: How has gender been incorporated in the program including the role of women in project implementation and management at all levels?

Evaluation Question: To what extent do women benefit from the outputs produced by the project?

Although the LCL program does not have a specific gender strategy, neither an explicit gender analysis of its program design, gender is well integrated in various and different ways in the program design. It should still be considered, though, to include more gender considerations in future program design, including specific considerations in relation to, especially, adolescent boys.

The midterm review noted, "It is recommended that as the Programme moves to the next phase, the Programme considers having in place interventions against SGBV, sexuality education for girls/young women as well as for and boys/young men, among other aspects.[22]" The evaluation notices that this recommendation has been acted on, but that the last part concerning young boys/men still needs improvement. In general, the evaluation finds that the program should aim at increased male involvement in areas where there is currently a strong focus on female participation.

In the program, the design acknowledges that especially young women and girls are vulnerable to HIV, and furthermore that HIV prevalence rates are higher for female than for male. There are mainly socio-cultural reasons for this male/female imbalance, and the program directly targets the root causes of HIV transmissions through a strong focus on gendered risk factors in relation to both target group (notably adolescent girls), and thematically by providing training and awareness raising about Harmful Traditional Practices and SGBV – practices which almost exclusively victimise and harm girls and young women.

The LCL program carried out a baseline and endline survey on the Knowledge, Attitude, and Practice Survey among students in six senior LCL high schools. According to this survey, "11% of the students have been asked by a school authority to have sex with them. Compared to the baseline from 2013, this is an increase from 9% to 11%. The majority reporting these cases have been female students between 15-19 years old". The result illustrates how important it is for young women to be aware of their rights and not least the right to refuse sex. However, turned around, the result also shows an urgent need to include men and boys in efforts to change mind-sets about gender relations, power structured, exploitation etc.

Program Representation

Looking at the participation of female vs. male in trainings and program activities, CBO members and leadership, and beneficiaries' groups, it is found that girls and women are overrepresented in the beneficiaries' category; both in relation to groups

[22] LCL Hiv-AIDS program, Mid Term Review, 2011, p.38.

for PLHIV as well as MARP trainings. When it comes to CBO management, there is a slight male overrepresentation.

The following table provides gender-disaggregated data on CBO management and members:

Table 1: CBO management and members[23]

CBO	Coordinator (M/F)	Female Members		Male Members		Total #members
		No	%	No	%	
BAMOGVISO	Male	6	46.2%	7	53.8%	13
Peer Vision	Female[24]	46	80.7%	11	19.3%	57
SHAPE	Male	2	20%	8	80%	10
Bilingual	Male	7	46.7%	8	53.3%	15
AAMIN	Male[25]	4	15.4%	22	84.6%	26
BOCAP	Female	6	46.2%	7	53.8%	13
DUCHASC	Female	12	60%	8	40%	20

As can be seen from the above table, there is no clear pattern in relation to CBO management and members, although there is a slight overrepresentation of male CBO managers. With regard to members, three CBOs have almost equal representation of male/female, one has strong female membership profile, and two CBOs have strong male membership profiles.

Table 2: Beneficiaries[26]

CBO Group	Female members		Male Members		Total #members
	N	%	N	%	
BAMAGVISO FSG	5	71.4%	2	28.6%	7
EAI Association	8	61.5%	5	38.5%	13
Bilingual EAI sub-group	12	100%	0	0%	12
Bilingual VSLA	14	100%	0	0%	14
Peer Vision VSLA	3	50%	3	50%	6
Peer Vision FSG	7	70%	3	30%	10
Peer Vision EAI sub-group	5	50%	5	50%	10
BOCAP EAI sub-group	15	83.3%	3	16.7%	18
BOCAP Women Group	8	100%	0	0%	8
Voinjama EAI sub-group	4	44.4%	5	55.6%	9

This table shows that there is a strong over representation of women when it comes to groups of beneficiaries. In only one out of 10 visited groups, there were more men

[23] Source for this data is the seven CBO assessment reports submitted in 2015.

[24] Executive Director

[25] Executive Director

[26] This data reflects participants in meetings with the evaluation team. As such it is not official records. However, it is assumed that the representation in the evaluation meetings reflects a proportionate relationship with the real membership base.

than women. The table furthermore shows that three groups existed exclusively of women.

Photo: The team met with one VSLA women's group in Bilingual CBO.

Another overview, which has been produced on program participants, is attached as annex 6. The overview shows that of all the trainings provided to, mainly, MARPs, the far majority is female. For the adolescent girls, this is obviously not surprising, and there have also been other thematic workshops/trainings for exclusive female participants. Trainings, which have had high or exclusive male participation, are the ones for commercial drivers, security personnel, and media personnel.

Within the LCL program management team, the overall program director is female, whereas five male staff members (program officer, training officer, training officer assistant, M&E officer, and advocacy officer) represent the rest of the team.

These figures demonstrate that the program is doing well in ensuring representation of women and girls in the immediate outputs of the program. The strong current focus on adolescent girls is legitimate given that their particular vulnerability; however to really address and change dynamics between the sexes, especially at adolescent age, equal involvement of boys is considered to be key. The next step should therefore be to ensure equal representation of adolescent boys; in relation to especially awareness on SGBV, and more broadly, engaging both girls and boys in discussions about gender norms and stereotypes related to mother and fatherhood, sexual responsibility, decision-making and violence.

5. Lessons Learned

1. Most-at-Risk Populations can be reached, although at times with difficulties
MARPs can be reached with targeted interventions, but some groups more difficult to reach than others. In particular reaching out to commercial sex workers is very resource demanding and is very difficult to provide viable livelihood alternatives. Drivers were difficult to reach individually, but after establishing contacts to their Union it went well. Furthermore reaching out to MSM was almost impossible and sensitive and constrained by legal factors.

2. Reaching some MARP groups has required payments
For some groups (like commercial drivers and sex workers) it proved difficult to have people to stay for the workshops. The program provided participants with a transport allowance, which facilitated their participation.

3. CBOs proved to be effective channels for fighting the outbreak of Ebola
When Ebola hit Liberia, the CBOs offered effective structures with local presence and were therefore included in the fight against the outbreak. The CBOs managed to flexibly adapt their awareness raising and messages of prevention from HIV&AIDS to Ebola, and proved in this way to be crucial for community based mobilisation. It proved the relevance of usefulness of CBOs, and gave them additional funds and experience with new development partners.

4. Strong and well-functioning CBOs can become sustainable, also financially
The strategy of capacity building CBOs to become more independent and sustainable have worked well in some cases, where CBOs are now strong organisations, with high levels of activities and in partnership with several development partners. However, it also requires a very committed and strong leadership, which does not exist in all CBOs.

5. Combining IGA with individual incentives increases engagement and motivation
The evaluation team visited a range of groups who did income generation and VSLAs. It became clear that profits were partly distributed to those members who were active engaged in implementing the projects. Although the aim of the IGAs was to make the CBO get access to income, members will expect to get something out of their engagement also, so individual benefits from IGAs motivate members to contribute with their time and engagement.

6. Majority of conflicts of discrimination of PLHIV are not reported and pursued by the LCL Head Office
With the new anti-discrimination law PLHIV now have a window for reporting cases of discrimination and revealing of their status. The program was providing support for receiving such cases. However, the experience of the EAI Association is that in most cases settle these cases are settled internally (though mediation for example or through mediation by the LCL counsellor or EAI representative), so very few cases were brought to the LCL head office.

6. Conclusions

This report has provided an analysis of the results of the LCL HIV AIDS program through analysis of the five OECD DAC evaluation criteria. As described in this report, the program has been implemented in accordance with its design, and has met its objectives.

The program has been successful in reaching large number of beneficiaries: PLHIV, their relatives, and MARPs. In this way the program has both managed to raise awareness about HIV and AIDS and how to prevent its transmission, as well as supporting PLHIV in financial, emotional, psychologically and physical ways. The program's contribution to improvements in quality of life for PLHIV cannot be underestimated, and the awareness and degree of appreciation of this by beneficiaries is high. As engagement with MARPs was new to LCL prior to the program, there is now a stronger foundation in the organisation of building further on these experiences for engaging with more MARPs and in more locations in a future intervention.

The CBOs have played a key role in terms of reaching and engaging with the community levels. One of their many tasks has been to raise awareness of HIV and AIDS, its causes and not least the possibilities for prevention. In terms of outreach and ensuring that services are also available for populations in more rural areas, the CBOs are absolute key. Their high degree of value was also demonstrated during the Ebola outbreak, where their structure and its presence in communities combined with CBOs' experience of community mobilisation and awareness raising made them valuable agents in the fight against the Ebola epidemic. This is an important contribution by the program, which should be credited none regardless of the fact that this was not planned for, neither part of the objectives. The current efforts of capacity building have proved positive results, but continued capacity building is needed to ensure improvements of some CBOs and the continued strength and engagement of other CBOs.

The sustainability of the program is challenged by the fact that the government of Liberia has limited means to take over the basic services provided by the program. It leaves the LCL program with a challenge of exit, but at this stage the only way forward is to continue the engagement with the government and advocate for increased for government ownership of program services. As demonstrated in this report, the program is perfectly aligned to national policies and priorities on HIV and AIDS, and with increasing HIV prevalence rates, the needs for a continued program are clear.

The LCL program has become a model program within the LCL, and elements from it have been replicated in other LCL implemented HIV&AIDS programs in other countries. The development of Counselling methods and curriculum has been a landmark of the LCL HIV&AIDS program. It is time to rethink how LCL can re-define itself as a centre stage actor in relation to HIV and AIDS in Liberia. Some of the current elements of the program might be considered in this regard, such as advocacy and stigma, reaching MARPs and SGBV. Combined with a unique local presence through the CBOs, and many years of engagement, LCL is well positioned to continuously contribute to the national response to HIV and AIDS.

7. Recommendations

In accordance with the TORs, the recommendations should be "forward-looking recommendations for future interventions to ensure future organizational direction, sustainability and effectiveness of the program – also in light of Danida's "Strategy for Danish Support to Civil Society in Developing Countries." In the following, some highlights are presented from the strategy, which are found to be of particular relevance for the LCL program.

Danida's Strategy is from 2014, and has thus come out during the implementation of the current LCL program phase. The objective of Denmark's support to civil society is phrased as: *To ensure that civil society in the global South has the space and capacity to gain influence to combat poverty and inequality, promote human rights as well as sustainable development in an accountable, inclusive and transparent manner, in particular in favour of poor and excluded groups."*[27]

The fulfilment of the objective will be through support to the following priority areas:

- Capacity development of civil society actors in the global South to promote their agendas for change.
- Advocacy work of civil society actors in the global South at local, national, regional and international level.
- Networks through capacity development of civil society actors in the global South to establish, develop and participate in networks at local, national, regional and international level to promote their agendas for change.
- Mutually contributing and benefitting partnerships between civil society actors.
- South-South initiatives to promote capacity development, advocacy and networking.
- Civil society engagement with duty bearers, including the efforts of civil society to enhance the responsiveness of duty bearers, the private sector and institutions of democratic control to the rights of the poor and excluded[28].

Finally, the strategy emphasises the need for documentation and demonstration of results. With these key issues identified in the Danida strategy, and based on discussions and observations from the field, the following recommendations are provided:

1. Improve monitoring framework incl. outputs, outcomes, and impact indicators
It is recommended for a future program to design a solid monitoring framework based on the logframe. The monitoring framework should combine all indicators at output, outcome and impact levels. The current design has three objectives, each with a mix of targets at outputs, outcome and impact levels, but they are not clearly categorised as such, and there also has been lacking a clear framework for monitoring of these targets. In addition, it has also been found that several reporting mechanisms are in place in the program, including capacity assessment reports and CBO progress reports. However, the ways in which these reports from the CBOs actually feed into the program monitoring framework seem not to have been clearly defined, nor implemented. With the above quoted need by Danida for demonstration of documentation of results, it is crucial that indicators at outcome and impact levels are well designed, and well integrated with outputs indicators.

[27] Policy for Danish Support to Civil Society. 2014. P.7
[28] Ibid, p.8

2. Develop a clear advocacy strategy with clear linkages to project design
Linked to recommendation 1, it is also recommended that the advocacy strategy be revised and improved to be a more clear and guiding document, including establishing clear linkages with the overall program design, including linking outputs, outcomes and impact targets and indicators with the overall program design.

3. Continue capacity building of CBO through tailormade "on-the-job" sessions
The program should continue to focus on capacity building of CBOs. However, it is recommended designing this capacity building around more tailor-made and stratified capacity building. The capacity building should take place within each CBO, which would also allow for larger attendance (not just 1-2 representatives) and it should ensure that focus areas, existing capacity levels, needs etc. are taking into account. It might be worth considering delegating the capacity building to individuals who are anchored in the areas, and who can follow and support the CBOs more closely. One of the advantages of this model would also that the entire CBO management group could be involved and part of the capacity building, which would make the CBOs less fragile to situations where few individuals who have been trained leave the CBO.

4. Ensure measures for cross-CBO learning
The 15 CBOs which have been capacity built through the program have very different levels of organisational and financial strengths, types of activities, and membership base. Some CBOs perform very well, others less so. Some CBOs might be considered for capacity building of other CBOs through exchanges and experience sharing, since they will be in a very advantaged position in relation to understanding CBO needs, challenges, opportunities etc.

5. Continue focus on CBO financial sustainability
The program should continue to focus on financial sustainability of CBOs. The evaluation found that the VSLA activities were limited, and that the way in which the concept was implemented was not optimal. Expertise on the VSLA concept should be provided to CBOs, by for example a VSLA specialised institution. As mentioned the IGAs have not yet yielded much income, and it is recommended to focus on capacity building of CBOs to improve their proposal writing skills, as well as to assist them in networking and linking them up with potential other development partners.

6. Networking with other civil society actors in Liberia to enhance advocacy
It is recommended to seek networking and alliance building with like-minded NGOs in the country, and to make joint efforts towards the government in relation to advocating for increased government accountability towards the poor and marginalised people in the country.

7. Continued engagement with Government institutions
As mentioned in the Danida strategy extract above, Advocacy work of civil society actors in the global South at local, national, regional and international level is prioritised. It is recommended to continue the advocacy efforts of the program, and to have specific targets of engagement with government institutions at decentralised levels, for purposes of coordination, sustainability, and advocacy.

8. Continued focus and engagement on SGBV

As demonstrated in this report, statistics on SGBV are alarming, and need continued attention from the program. There is a lot of experiences and training materials developed in the past phase, which can be applied to more target groups and in new target areas. The involvement of adolescent boys is found to be key in this component.

9. Develop more gender specific outputs, outcomes and impact indicators/targets

It is recommended to highlight and design more gender specific outputs, outcomes and impact targets. This would include considering ways and areas in which men and boys should be more targeted in the program, and how their involvement would contribute to new possible changes, which would not be reached if only girls and women were included in the activities.

Annex 1: Terms of Reference

Terms of reference
for
evaluation of the project:
"Strengthening HIV Prevention and Care among Most-at-Risk and Vulnerable population**"**
implemented by the Lutheran Church in Liberia
August 2012 – December 2015.

BACKGROUND:

The Lutheran Church in Liberia prioritised the response towards HIV and AIDS in 2001. 15 years after the first HIV positive case in Liberia was identified at the Lutheran Curran Hospital, the church conducted a 5-day AIDS awareness workshop followed by a needs assessment. It was found that no voluntary testing services were provided except on a small scale at the National AIDS Control Program office and Mother Pattern College in Monrovia.

- A 5 year Voluntary Counselling and Testing project was introduced as the entry point to HIV prevention beginning February 2003.

- Another 3 year project was implemented in February 2005 with the objective to prevent HIV infection amongst Internally Displaced People (IDP's) in six camps, raised as a result of civil war. Following it was decided to follow the IDPs into their home area in Lofa in the Northern part of Liberia.

- In 2005 the Lutheran World Federation made a three year grant available for a project similar to the first project, but located differently namely in Kakata and Buchanan.

These three projects form the LCL HIV and AIDS program and ended May-July 2008. The overall program development objective was, to promote a positive change of behavior and reduce the psychosocial impact of HIV and AIDS on the individual and the society through a counselling strategy. The program developed objectives and activities related to establishing HIV voluntary counselling and testing centers, training counsellors, creating community awareness in HIV and AIDS, sensitization and mobilization for a community based response to AIDS crisis e.g. mobilization of zooes (traditional medicine doctors) and Traditional Birth Attendants and enabling people living with HIV and AIDS to do advocacy work.

An external evaluation was conducted in November 2007.
The external evaluation recognized LCL AIDS program for the great achievements despite the implications of the war in the country. The program has established VCT centres providing quality services, and contributed to a model for quality training of counsellors in the country

The training component was seen as the most successful component of the work. Counsellors were trained and many of them are in service with LCL and other organizations in Liberia and have in this way contributed to human resource development in many NGOs as well as the government. Other aspects of the past program included curriculum

development and the formation of five PLWA support groups and 20 AIDS Care Support groups at national and community levels.

Phase II "Scaling up HIV prevention and care in Liberia" a five-year project, was the outcome of the recommendations from the evaluation report as well as consultations with all stakeholders of the past program. Phase II was implemented from 2008 to 2013 and continued with the same strategy when it comes to counselling and testing as well as awareness creation, but the project area was expanded to the south eastern region of Liberia with additional of four counties. The phase put more emphasis on building up the capacity of community groups and people infected by HIV and AIDS as well as advocacy work.

A mid-term review was conducted in 2011. National and county level authorities in Liberia consulted by the Mid Term Review team indicated that the project has significantly contributed to the country's national HIV & AIDS response. The review recommended that a strategy for development of the PLHIV and Community groups' organisational capacity should be developed, including relevant benchmarks for the organisational development of the groups towards independence, including organizational management, increased roles in prevention, and community and home based care and support.

The LCL AIDS Programme started to follow up on these recommendations and conducted a capacity assessment of 15 CBOs. A strategy for a phase III was worked out, but only funds for the first 2 ½ year was obtained. The present phase has emphasis on developing community Support Groups into Community Based Organisations and to focus on most-at-risk groups like prisoners, sex workers etc.

PURPOSE OF THE EVALUATION

The purpose of the evaluation is to review the development and performance of LCL AIDS program "Strengthening HIV Prevention and Care among Most-at-Risk and Vulnerable population" first part of phase III from August 2013 to December 2015 and to give concrete recommendations for the next part of phase III.

As counseling and testing have been subject for reviews and evaluation earlier the focus in this evaluation will be on the development of community based organisations as well as the shift of focus to people most at risk.

OBJECTIVE OF THE EVALUATION

To carry out

- a summative evaluation of the efficiency, effectiveness, impact, relevance, feasibility and sustainability of the project.

-a formative evaluation with strategy and operational recommendations for future interventions to ensure future organizational direction, sustainability and effectiveness of the program of LCL in the light of Danida's "Strategy for Danish Support to Civil Society in Developing Countries.

SCOPE OF WORK

The evaluation report must provide an overall assessment of the extent to which the project objectives have been reached, including:

- To evaluate the progress of LCL AIDS program and its achievements against the set objectives, indicators and anticipated goals. To what extent have agreed objectives been reached? Are the activities sufficient to realise agreed objectives?
- To evaluate strengths and weaknesses of existing processes and methodologies in connection with capacity building of community based organisations as well as people living with HIV.
- An assessment of the impact of sub grants.
- To identify best practices, lesson learnt, challenges during the project period with special emphasis on the advocacy, community based organisations and people most at risk.
- An assessment on how the advocacy strategy has been implemented and its impact.
- An assessment of the sustainability of the program – including financial, technical, environmental and social/political sustainability with focus on stainability at community level.
- An assessment of how the diaconal assets in the congregations have been utilized and possible potential.
- An assessment of the cost-effectiveness including the areas where utilizing of human resources are prioritized .
- An assessment of the gender aspect of the project including an assessment of the role of women in project implementation and management at all levels and to what extent women benefits from the outputs produced by the project.

The report should contain recommendations, developed in consequence with the main findings in the above areas and addressing the possible need for an adjusted or new strategy and project design.

THE EXPECTED OUTPUT:

The outputs of the review should include, but not necessarily be limited to:

- A de-briefing report to be presented to interested parties at the end of the review field work (app. 4 pages).
- A comprehensive report in English of app. 20 pages.
- An executive summary of maximum 2 pages

METHOD OF WORK

Desk studies of all relevant material submitted to the evaluation team before the onset of the field work, so as to form a substantial impression of the project, its stakeholders and the activities in question.

The evaluation team will visit and hold formal and informal interviews with at least the following stakeholders:

The Bishop and General Secretary of LCL
Senior staff of LCL AIDS program
LCL AIDS program advocacy officer
Eye association's board
5 community based organisations and their members as well as target groups
1 PLHIV group

1 school AIDS club
1 prison
NACP

TIME FRAME

The review is scheduled to take place in October or beginning of November. 6 days are allocated to fieldwork by the evaluation team.

Preparation prior to fieldwork:
Team leader: 2 days
Team member: 1 days
Field work: Team leader: 6 days
Team member: 6 days
Travel to Liberia.
Team leaders: 2 days
Report writing
Team leader: 3 days
Team member: 2 days

Main findings and conclusions will be discussed on site with the LCL in a debriefing meeting before departure.
A full report will be drafted by the team leader and presented to LCL, Promissio and DMCDD for comments by xxx
Final report shall be submitted by xxx and will be shared with

- Lutheran Church in Liberia
- Promissio
- Danish Mission Council Development Department
- Civil Society in Development (CISU)

COMPOSITION OF TEAM

The evaluation will be carried out by a consultant (teamleader) from Denmark and a local consultant.

The coordinator of the LCL AIDS program will serve as a resource person for the evaluation team and will work out a proposal for an itinerary for the above mentioned field visits.

RESPONSIBILITIES

DMCDD: Developing Term of Reference
Contracting consultants
Hold a preparation meeting with the consultant from Denmark
Comment on the draft report

LCL AIDS Program:
Prepare all practical issues with regard to the logistic (Accommodation and transport for consultants, propose itinerary, invitations to participants)
Make senior-staff available as resource persons.

Make all required docuemtns available for the consultants
Give comments to the draft of the evaluation report.

Consultants: Conduct desk review
Conduct field visit to the proposed target groups and stakeholders
Write debriefing note, report and summary.

BACKGROUND INFORMATION

Project documents: "Strengthening HIV Prevention and Care among Most at Risk and Vulnerable population phase III
Status report submitted to Danida for 2014
Quarterly progress and financial report for April - August 2015
Report for sub-grant provided to community based organisations.
Supervision report June 2015

Annex 2: Evaluation Matrix

Overall Evaluation question	Sub-questions and issues to be addressed	Source of information and indication of any missing sources	Data collection Methodology
(1) Relevance			
1.1 To what extent are the objectives of the programme still valid?	- Focus on the particular vulnerable groups targeted by the programme - Focus on CBOs and their role and capacity in obtaining the objectives. - Focus on FGM and GBV and to which extent these issues are still relevant. - Any recommendations in this regard?	- Documents - CBO visits - NACP reps. - LCL staff, - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
(2) Efficiency			
2.1 How have the diaconal assets in the congregations been utilized and what are their possible potential?	- Focusing on human resources in the congregations and how these represent a comparative strength to other civil society organisations. - Any recommendations in this regard?	- Documents - LCL staff, - EAI staff - NACP reps.	- Document reading - Interviews
What is the level of cost-effectiveness of the program including the areas where utilizing of human resources are prioritized?	- Human resources at which units/levels? - Possible comparisons between areas where utilizing of human resources are prioritised and areas where they are not? - Any recommendations in this regard?	- Documents - CBO visits - LCL staff, - EAI staff.	- Document reading - Interviews
(3) Effectiveness			
3.1 To which extent has the program achieved its objectives, indicators and anticipated goals?	- Focus on CBOs and their role in obtaining the objectives. - Do we have the data concerning the objective	- Program document - Mid Term Report - Progress Reports	- Document reading - Interviews - Focus group discussions

Overall Evaluation question	Sub-questions and issues to be addressed	Source of information and indication of any missing sources	Data collection Methodology
	2: Reduction of of GBV, Lofa County? - Effectiveness of advocacy efforts? - Any recommendations in this regard?	- Documents - CBO visits - LCL staff, - EAI staff.	(CBOs)
3.2 To what extent are the activities sufficient to realise agreed objectives?	- Focus on CBOs' capacity to actually implement activities. - Consider the theory of change of the program and to which extent the linkages between activities and objectives were effective in implementation. - Discuss possible changes in the design, which would have increased effectiveness of the program. - Any recommendations in this regard?	- CBO visits - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Interviews - Document reading - Focus group discussions (CBOs)
3.3 What were the major factors influencing the achievement or non-achievement of the objectives?	- Issues of financial, contextual (including ebola), social, capacity and others. - Any recommendations in this regard?	- CBO visits - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
3.4 What are the strengths and weaknesses of existing processes and methodologies in connection with capacity building of community based organisations as well as PLHIV?	- Discussion of counselors' role - Representation and outreach of CBOs - Any recommendations in this regard?	- CBO visits - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
(4) Impact			
4.1 What is the impact of the sub-grants?	- Impact to be looked at both in terms of income, as well as organizational development	- CBO visits - LCL staff	- Document reading - Interviews with CBO reps

Overall Evaluation question	Sub-questions and issues to be addressed	Source of information and indication of any missing sources	Data collection Methodology
	and sustainability measures. - Any recommendations in this regard?	- EAI staff. - Overview of sub-grants (grant, type of activity and level of income generation)	concerning their sub-grants
4.2 How has the advocacy strategy been implemented and what has its impact been?	- Discuss both advocacy strategy as well as concrete initiatives - What is the conceptual understanding of advocacy in the organization? How is it defined and does it comply with the strategy? - Any recommendations in this regard?	- Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews
4.3 What impact in peoples' lives have been created by the program?	- Provide concrete evidence and examples of impact - Any recommendations in this regard?	- CBO visits - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
(5) Sustainability			
5.1 How is the sustainability of the program? - including financial, technical, environmental and social/political sustainability with focus on stainability at community level.	- Financial: VSLAs and subgrants/IGA - Technical. Capacity building of CBOs and implementing organisations - environmental: Has the program had specific effects on the environment? - Social/Political: Are the results at local levels considered sustainable / what is the likelihood that these will last beyond the project? - Any recommendations in this regard?	- CBO visits - Progress Reports - Program document - Mid Term Report - LCL staff - NACP reps. - EAI staff. - Overview of sub-grants (grant, type of activity and level of income	- Document reading - Interview with CARE - Interviews with CBO reps. - Focus group discussions (CBOs, VSLAs and sub-grantees)

Overall Evaluation question	Sub-questions and issues to be addressed	Source of information and indication of any missing sources	Data collection Methodology
		generation) - Overview of VSLA groups, and their activities	
(6) Other aspects			
6.1 To identify best practices, lesson learnt, challenges during the project period with special emphasis on the advocacy, community based organisations and people most at risk.	The description and analysis of best practices, lesson learnt, and challenges will be based on the above listed questions and issues.	- CBO visits - Progress Reports - Program document - Mid Term Report - LCL staff - NACP reps. - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
6.2 How has gender been incoroporated in the program including the role of women in project implementation and management at all levels?	- How is gender incorporated in the program design? Does implementation comply with the design? If not, how and where does it differ? - Has there been any development over time with regard to gender? - How could another gender focus affected results differently? - Focus specifically on FGM/GBV practices - Any recommendations in this regard?	- CBO visits - Program document - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)
6.3 To what extent do women benefit from the outputs produced by the project?	- Retrieve numbers on women and men in relation to trainings, counselors, service provision, IGA, and VSLA - Any recommendations in this regard?	- CBO visits - Program document - Progress Reports - Mid Term Report - LCL staff - EAI staff.	- Document reading - Interviews - Focus group discussions (CBOs)

Annex 3: Programme for Field Visit

	Evaluation team
Monday Nov. 9	14:35 Julie arrival with Kenya Airways Meeting with consultant from Liberia
Tuesday Nov. 10	8:30 LCL morning devotion 9:00 Briefing and planning 10:00 Meeting with bishop and General Secretary 11:30 Visit DUCHASC (CBO) 13:30 Visit BAMOGVISO (CBO) (*Lunch on the way)*
Wednesday Nov. 11	9:00 Meeting with senior staff 10:30 Meeting with Counselors 10:45 Meet with Advocacy Officer and EAI 12:00 Lunch 1:00 Visit Bilingual (CBO) Interview with: - VSLA group - EAI Sub group
Thursday Nov. 12	8:00 - Travel to Kakata (1 ½ hours) 9:30 - Meeting with Peer Vision (CBO) Interview with: - Daughters of the King - PLHIV group - Family Support Group - Commercial drivers - Board/Management committee 13:00 Travel to Gbarnga (2 hours) 15:30 Visit to Gbarnga CBO Interviews with: - PLHIV group - Board/management committee incl counsellors **Overnight in Gbarnga/Phebe*
Friday Nov. 13	9:00 - Interview with: - Trained Security personnel - Women group 10:00 - Visit to Gbarnga prison 11:00 - Travel to Voinjama (*Overnight in Voinjama*)
Saturday Nov. 14	8:00 - Interview with: - Counselor, Borbah & Yandisu - EAI Sub group (*visit piggery project)* 10:00 Travel to Foya (1 hr 30 minutes) 12:00 - Meet with FAAG (CBO) - Interview with EAI sub group (visit construction project site) 14:00 - Depart for Zorzor (*Overnight in Zorzor*)
Sunday Nov 15	8:30 - Meet YANOL leadership - Interview Cross border traders leadership 11:00 - Depart for Monrovia
Monday Nov 16	10:00 - Meeting with NACP 11:00 - Meeting with Care 12:00 - Debriefing 13:00 - Departure for Airport - Julie departure with Kenya airways 15:40

Annex 4: List of People met

No.	Name	Organization	Position
1.	Rev. Janice F. Gonoe	LCL HIV Programme	Programme Director
2.	Mr. James Osantoe Korboi	LCL HIV Programme	Programme Officer
3.	Mr. Batie Nah	LCL HIV Programme	Advocacy and IEC Officer
4.	Rev. Dr. D. Jensen Seyenkulo	Lutheran Church in Liberia	Bishop (LCL)
5.	Mrs. Naomi G. Ford-Wilson	Lutheran Church in Liberia	General Secretary (LCL)
6.	Rose Kamara	Duport Road	Executive Director
7.	Yanquoi F. Jognson	Duport Road	Program Officer
8.	David Varla	BAMOGVISO/CBO	Head
9.	Aaron Ballah	BAMOGVISO/CBO	Community Chairman
10.	Benjamin Jallah	BAMOGVISO/Family Support Group	Head
11.	Mrs. Grace Stevens	BAMOGVISO	Counselor
12.	Mary Cooper	Eye Association/Monrovia	Member
13.	Henry Lawerence	Eye Association/Monrovia	Member
14.	Papa Quaqua	Eye Association/Monrovia	Member
15.	Mr. Necus M. Andrews	Anti-AIDS-Media Network	Executive Director
16.	Betty Nelson	Bilingual/VSLA	Chairlady
17.	Ma Kpana	Bilingual/Family Support Group	Member
18.	Weady Saydee	Bilingual/Eye Association	Member
19.	Cecelia Gizie	Peer Vision/Family Support Group	Member
20.	Ms. Vinah C. Kangboe	Peer Vision	Executive Director
21.	Moima Kamara	Peer Vision	Counselor
22.	Gbolu V. Morris	Peer Vision	Volunteer Counselor
23.	James Kpanaku	Peer Vision	Volunteer Counselor
24.	Anderson Flomo	Peer Vision	Counselor
25.	Benedict Mitchel	Peer Vision/Eye Association	Leader
26.	Mamie Koryon	Peer Vision/daughters of the King	Leader
27.	Musa Ballah	Peer Vision/Commercial Driver	Head
28.	Massah S. Momoh	BOCAP/Eye Association	Leader
29.	Mrs. Quita Saybay Togbah	BOCAP/CBO	Coordinator
30.	Saybah Kollie	BOCAP/CBO	Counselor
31.	Angeline Nakamue	BOCAP/CBO	Volunteer Counselor
32.	Philip Mckay	BOCAP/CBO	Program Officer
33.	Kponpoe R. Rennie	BOCAP/Hope for Women	
34.	Henry C. Menekamue	WCPS/LNP/Gbarnga	Regional Coordinator
35.	Feshell A. Dean	Gbarnga Prison	Prison Superitendent
36.	Edwin Cordor	YANOL	Executive Director
37.	Jerome Sumo	YANOL	Secretary

38.	Betty Wolobah	YANOL	Finance
39.	Yamah Sumo	YANOL/Cross Boarder Women	Chairlady
40.	-	Borbah-Yandisu/CBO	Executive Director
41.	Alice Kollie	Borbah-Yandisu/Eye Association	Head
42.	Jerry Mulbah	Borbah-Yandisu	Counselor
43.	Janjay Jones	National AIDS Control Program	Manager for program implementation

Annex 5: Overview of IGAs

CBO	Subgroup	Requested	Received According to overview	Date	Purpose	**Achievements** In terms of income
Bamogviso	CBO	$500	$500	April 2014	Oil Business	May 2014 $44,100 LD for 5 gallons, profit $$710 LD September 2014 sold 2nd batch of oil January sold 3rd batch of oil March continuing sale of 4th batch of oil April-July 2015 $12,000 LD
	CBO	$508	$750	July 2015	Soap Making	*The grant was given in Sep. No report since July*
	EAI group	Proposal? At Eye Ass.	$500		*Business*	No reports – they are independent from the CBO Grant was given through the EAI
Bilingual	CBO	$500	$500	April 2014	*Clerical work*	
	CBO	Proposal?	$500		*Dry Goods*	May 2015 $1,400 LD + $15, USD
	EAI group	Proposal? At Eye Ass.	$500		*Business*	
	FSG		$500		*Coal business*	
DUCHASC	CBO	$500	$500	March 2014	Soap	January 2015 $25,000 LD February 2015 $19,000 LD March 2015 $12,000 LD April 2015 $25,000 LD May 2015 $23,000 LD

						June 2015 $68,000 LD
					Crafts Making	January 2015 $10,000 LD February 2015 $8,000 LD April 2015 $10,000 LD May 2015 $11,200 LD June 2015 $1,600 LD + $30 USD

BUSH	CBO	$500	$500	April 2014	Communication *After Jan. 15 they changed to selling oil*	The booth was sold in January 2015 for $100 USD February 2015 $1,300 LD March 2015 $750 LD April 2015 $10,500 LD + $125 USD September 2015 $3,715 LD
	CBO	$3,175.5	$500	Sep 2015	Selling dry goods	*No progress report after Sep. 2015*
	EAI group	Proposal? At Eye Ass.	$500		*Business*	*The grant was given as a loan to some members instead as the business did not work*
	FSG		$500		*Business*	*Started with coal business, but the group it did not succeed with the business*
Peer Vision	CBO	$500	$500	April 2014	Photocopier	April 2015 $2,500 LD May 2015 $20 USD July 2015 $20 USD
	CBO	$2,000	$2,000	October 2015	Selling Rice	*There are no progress report after July 2015*
	EAI group *Faith Support Group*	$775	$500	Dec 2014	Selling Coal	June 2015 $40 USD
BOCAP	CBO	$730	$500	April 2014	Public Address system *To rent out & used for*	No earnings have been reported

					awareness	
	CBO	$2,040	$2,000	Sept 2015	Soap Production Training in Soap Production	*No progress report after June 2015*
	EAI group	Proposal?	$500		*Soap Production (Materials)*	
	FSG	Proposal?	$500		*Soap Production (Materials)*	
Borbah & Yandisu	CBO	Proposal?	$500		Piggery	
	EAI group		$700	Feb 2015	Agriculture *Piggery*	February 2015 one pair of pigs bought *There are notes about the progress and work with the agriculture projects. It seems to be both benefitting the members and used for sale.*
FAAG	CBO	$758.8 USD	$650	April 2015	Piggery	*No progress reports yet*
	CBO	Proposal?	$500		*Soap making*	March 2015 *report that soap was sent to Guinea for sale* May 2015 $13,000 LD
	EAI group	Proposal?	$850		*Agriculture Piggery*	March 2014 started Cassava Farm
Artee	CBO	Proposal?	$750		Agriculture (a Cassava farm)	March 2015 Started Cassava farm
	FSG		?		*Business*	
Awyetie	CBO	$750	$750	August 2015	Soap making	*There are no progress report after August 2015*
MACAO	EAI	Proposal?	$500		Soap making	
	FSG	Proposal?	$500		*Coal - Business*	

Annex 6: Overview of Training participants

Training	Location	Date	Total number of participants[29]	# of women	% of women	# of men	% of men
Adolescent and Dropped out of school Girls	Du-port Road	22-24 January 2014	21	19	90.5%	2	9.5%
Adolescent and Dropped out of school Girls	Buchanan	27-29 January 2014	25	25	100%	0	0%
Workshop on HIV, SGBV and HTP for Drivers	Paynesville	20-21 March 2014	22	1	4.5%	21	95.5%
Adolescent girls and out of school training	Fish Town	28 Feb. 2014	22	22	100%	0	0%
Adolescent Girls Training	Zwedru		20	20	100%	0	0%
HIV & AIDS and SGBV for adolescent Girls	Gbarnga	24-25 Sep. 2015	25	25	100%	0	0%
6-Days Workshop Capacity building for FSG & EAI	Totota	10-16 Nov 2013	20	14	70%	6	30%
2-Days Worksop on HIV & AIDS and SGBV for Media Personnel	Buchanan	22-23 Sep. 2015	25	6	24%	19	76%
3-Days Religious Workshop on HIV &AIDS	Tubmanburg	30 April - 2 May 2014	25	16	64%	9	36%
3-Days Workshop for Security	Gbarnga	2-4 Feb. 2014	25	2	8%	23	92%

[29] Not all reports had information of the participants' sex, therefore the number of male and female was estimated

Training	Location	Date	Total number of participants[29]	# of women	% of women	# of men	% of men
Personnel							
3-Days Training of Trainers on SGBV and HTP	Monrovia	16-18 Oct. 2013	20	10	50%	10	50%
Stakeholder Management Workshop	Monrovia	13 Sep. 2013	40	8	20%	32	80%
The Cross Boarder and Internal trader Workshop	Zorzor	29 Jan – 1 Feb. 2014	25	25	100%	0	0%
Traditional and Healer Workshop	Foya	29 Jan. – 1 Feb. 2014	26	26	100%	0	0%
HIV, SGBV and HTP awareness Women Workshop		7-9 May 2014	33	33	100%	0	0%
Women HIV, SGBV and HTP Workshop	Gbarnga	24-25 Sep. 2015	27	27	100%	0	0%