# From Law to Reality: Assessing Policy and Implementation Failures in SRHR and Human Rights in Liberia

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| Acronyms | Meanings |
|---|---|
| AIDs | Acquire Immune Deficiency Syndrome |
| ARN | Amplifying Rights Network |
| ART | Anti-Retroviral Therapy |
| APHRC | African Population and Health Research Center |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil Society Organization |
| DV | Domestic Violence |
| DVA | Domestic Violence Act |
| DPO | Disabled Persons' Organizations |
| EU | European Union |
| GBV | Gender-Based Violence |
| HIV | Human Immunodeficiency Virus |
| HRD | Human Rights Defender |
| INCHR | Independent National Commission on Human Rights |
| INGO | International Non-Governmental Organization |
| KII | Key Informant Interview |
| LGBTQ+ | Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and others |
| LNP | Liberia National Police |
| MGCSP | Ministry of Gender, Children, and Social Protection |
| MoH | Ministry of Health |
| MoJ | Ministry of Justice |
| NGO | Non-Governmental Organization |
| NCD | National Commission on Disabilities |
| NMRF | National Monitoring and Reporting Framework |
| SRHR | Sexual and Reproductive Health and Rights |
| SGBV | Sexual and Gender-Based Violence |
| UN | United Nations |
| USAID | United States Agency for International Development |
| PLHIV | People Living with HIV |
| PWD | Persons with Disabilities |
| WACPS | Women and Children Protection Section |

| | |
|---|---|
| WHO | World Health Organization |
| WHRD | women human rights defenders |

## Executive Summary

The rights of Liberian women, girls, and marginalized groups are being systematically undermined by a failure of implementation, despite a progressive legal framework. This is demonstrated by one of the highest rates of maternal mortality in the world (742 deaths per 100,000 live births), widespread gender-based violence (intimate partner violence affects 44% of married women), and the near-complete exclusion of people with disabilities from public life because of inadequate infrastructure and attitudinal barriers.

Liberia has established a robust and progressive set of legal and policy frameworks aimed at advancing Sexual and Reproductive Health and Rights (SRHR) and protecting vulnerable groups, including the Domestic Violence (DV) Act, the Rape law national HIV & AIDS policies, protections for Human Rights Defenders (HRDs), and commitments to safeguard the rights of Persons with Disabilities (PWDs) and the Inclusive Education Act (2022).

However, this analysis concludes that the effectiveness of these frameworks is severely undermined by a consistent and interconnected set of implementation failures, which perpetuate alarming rates of human rights violations. The stark reality on the ground stands in direct contradiction to the protections enshrined in law, with endemic gender-based violence evidenced by the fact that 44% of ever-married women in Liberia have experienced physical or sexual violence from an intimate partner, and 38% of women believe a husband is justified in beating his wife (LDHS 2019-2020).

The justice system is failing survivors, as critical legal loopholes, such as the exemption of marital rape from the Rape Law, coupled with corruption and a lack of forensic capacity, foster a pervasive culture of impunity for perpetrators. Furthermore, SRHR outcomes are among the worst in the region, with a maternal mortality ratio of 742 deaths per 100,000 live births (world Bank, 2023) and a contraceptive prevalence rate of only 31% among married women (LDHS 2019-2020), highlighting a critical gap in access to essential services.

Marginalized populations, including Persons with Disabilities and people living with HIV, face systemic exclusion and severe stigma, which is compounded by a near-total absence of accessible infrastructure and discriminatory attitudes within the healthcare system. These statistics are symptoms of deeper, systemic deficiencies, including chronic underfunding that renders policies ineffective, weak institutional capacity and fragmented coordination across government ministries, and deeply entrenched social norms that resist gender equality.

This report provides evidence-based recommendations to guide ARN's advocacy towards closing these gaps and holding the government accountable for turning its written commitments into tangible protections and services for all its citizens, especially the most marginalized.

The analysis reveals that Liberia's crisis stems not from an absence of laws but from a catastrophic failure in their implementation, driven by four primary factors:

- Persistent Underfunding: Laws are enacted as "unfunded mandates" that lack a budget for implementation.
- Fragmented & Siloed Government: The state's response is paralyzed by a lack of coordination among ministries.
- A Culture of Impunity: Offenders are not held accountable by a feeble, underfunded legal system.
- Deeply ingrained harmful norms: Legal protections at the local level are vetoed by patriarchal.
- Weak Institutional Capacity: with limited trained personnel and unclear coordination mechanisms.

This assessment offers a concise, fact-based plan for bridging this gap. The Amplifying Rights Network (ARN) is positioned to spark revolutionary change by focusing on these underlying causes through coalition building, strategic lobbying, and the deployment of tried-and-true models like the National Monitoring, Reporting, and Follow-up (NMRF) mechanism. For Liberia's most vulnerable citizens, funding this approach would immediately translate paper safeguards into real safety, health, and justice.

## Introduction

Liberia has taken important steps to strengthen its legal and policy frameworks for advancing sexual and reproductive health and rights (SRHR) and protecting vulnerable groups. Key instruments include the Domestic Violence (DV) Act, the Rape law national HIV & AIDS policies, protections for Human Rights Defenders (HRDs), and commitments to safeguard the rights of Persons with Disabilities (PWDs). Despite these frameworks, implementation remains uneven. Weak enforcement mechanisms, resource constraints, and limited coordination across institutions have created gaps that reduce the effectiveness of these protections and leave marginalized populations exposed to rights violations.

Civil society organizations, including the Amplifying Rights Network (ARN), play a critical role in monitoring the implementation of these frameworks and mobilizing advocacy for stronger accountability. However, advocacy efforts are often hampered by the lack of comprehensive and systematic evidence on where and how these gaps occur. Mapping these gaps will equip ARN and its partners with actionable data to influence policy reform, resource allocation, and enforcement practices.

At the same time, Liberia's post-conflict context presents unique challenges. Fragile institutions, deeply entrenched patriarchal norms, and chronic underfunding create barriers to sustainable prevention and response to gender-based violence (GBV). Programming efforts, though well-intentioned, often operate in silos, without adequate coordination or evidence-based strategies to address root causes such as economic inequality, harmful cultural practices, and weak rule of law.

In addition, marginalized groups such as persons with disabilities, who face double discrimination, and people living with HIV, who experience stigma-related violence, are often insufficiently integrated into advocacy and programming. The absence of systematic assessment mechanisms means that valuable lessons, community-led innovations, and critical coverage gaps remain undocumented. This limits opportunities to scale effective interventions and weakens accountability to national frameworks like the National Action Plan on GBV and to Liberia's international commitments under CEDAW and the Beijing Platform for Action.

## Purpose of the Assessment

The purpose of this assessment was to identify and analyze the gaps in the implementation of Liberia's key rights-based policies the DV Act, protections for HRDs, HIV & AIDS frameworks, rape law, and disability rights policies. By generating evidence on where these frameworks fall short, ARN will strengthen its ability to influence decision-making processes and advocate for inclusive, rights-based approaches to SRHR.

## Objectives

1. Policy Mapping: Document existing policies and legal frameworks (DV Act, HRD protections, HIV & AIDS, rape law, and PWD rights) and analyze their intended scope.
2. Gap Analysis: Identify gaps in implementation, enforcement, and resource allocation, with attention to how these gaps impact women, PWDs, people living with HIV, and HRDs.
3. Advocacy Linkages: Develop evidence-based recommendations and advocacy tools (Policy Brief) that enable ARN and partners to engage government, donors, and civil society actors effectively.

## Expected Outcomes

- A comprehensive analytical report with evidence-based findings and a gap analysis detailing weaknesses in the implementation of the DV Act, HRD protections, HIV & AIDS, Rape Law and disability rights policies.
- Policy briefs tailored for government, civil society, and development partners.
- Strengthened evidence base ARN's advocacy, positioning it as a key actor in shaping Liberia's SRHR policy environment.

## Methodology

The methodology employed in this study adopted a multifaceted approach to ensure a thorough understanding of the implementation challenges associated with national laws, policies, and international commitments. The process was structured as follows:

### 1. Desk Review

- Conducted a detailed examination of existing SRHR and Human Rights national laws, policies, and government reports.
- Analyze international commitments and treaties to which the country is a signatory, focusing on their implications for domestic law and compliance.
- Review scholarly articles, research papers, gray literatures, and publications from credible sources to gather background information and contextualize findings within global, regional, and local frameworks.

### 2. Key Informant Interviews

This study engaged a diverse group of participants through semi-structured interviews, ensuring that it captured a wide range of perspectives on the implementation challenges faced by various stakeholders. Participants included the Paramount Young Women

Initiative, Community Healthcare Initiative, Inclusive Development Initiative, National AIDS & STIs Control Program, AIFO, Ministry of Justice, Office of the High Commissioner on Human Rights, Independent Human Rights Commission, West Point Women, CSO Platform, and Rural Women and Girls.

### 3. Sampling Techniques

Purposive Sampling was used to identify specific individuals based on their expertise, experience, and roles in relevant governmental, judicial, and civil society organizations. A total of 12 Key Informant Interviews (KIIs) were conducted and 15 documents were reviewed. The research utilized Snowball Sampling by asking initial interviewees for referrals to identify additional participants, which allowed for the exploration of informal networks and extended the reach to less visible but important actors in the enforcement landscape. Fieldwork took place in Montserrado county.

### 4.Data Analysis

Analyzed the data collected from key informant interviews using qualitative analysis methods. We employed thematic framework analysis and utilized NVivo version 15 to organize the coding process. Additionally, we triangulated information obtained from various sources, including the desk review, to enhance the validity of the findings, ensuring a comprehensive understanding of the implementation landscape.

Analysis of the desk review was organized around some guiding questions: What are the main themes and findings in the existing literature? Are there any significant gaps in the current research that warrant further exploration? How do the findings from the desk review align with or challenge the insights gathered from the key informant interviews? We utilized a thematic framework to categorize and summarize the data extracted from the literature, highlighting important trends, methodologies, and outcomes. To strengthen the validity of our findings, we triangulated information gathered from the desk review with data obtained from our key informant interviews. This provides a more holistic view of the implementation landscape and informs our conclusions.

## Results

The findings of this assessment are based on Key Informant Interviews (KIIs) conducted with representatives of the government, UN agencies, and civil society organizations involved in promoting and protecting human rights and SRHR in Liberia. The results are organized into two main sections: (1) individual policy and legal framework analyses, and (2) cross-cutting themes that reveal systemic patterns across all policy areas.

## Domestic Violence (DV) Act (2019)

**Law on the Books**

The Domestic Violence Act (2019) represents a comprehensive legislative effort to address domestic violence. Section 2 provides a comprehensive definition of domestic violence including physical, sexual, emotional, verbal, psychological, and economic abuse. Sections 5-10 establish a detailed legal mechanism for survivors to obtain Emergency, Interim, and Final Protection Orders from the court, prohibiting the abuser from contact, residence, or specified behaviors. Section 12 mandates police to respond immediately to domestic violence reports, provide assistance, and arrest where probable cause exists. Section 13 assigns clear mandates for a multi-sectoral response, designating the Ministry of Gender as lead coordinator, the Ministry of Justice for prosecution and legal aid, the Ministry of Health for medical care and counseling, and the Ministry of Internal Affairs for engagement with traditional leaders. Section 16 obligates the government to provide or support safe shelters and counseling services for survivors.

**The Implementation Reality ("Law in Action")**

***Successes***

The DVA is widely recognized by regional experts as one of the most comprehensive domestic violence laws in West Africa. Its strength lies not just in criminalization, but in its multi-sectoral, survivor-centered design, mandating health, justice, and social services. The law has been successfully used by coalitions like ARN and the Women Human Rights Defenders Network as a powerful advocacy tool. Its existence has empowered CSOs to demand specific services (like protection orders) and hold ministries accountable to their assigned roles.

***Critical Gaps***

Despite its strong legal foundation, the DVA's implementation is marked by significant failures that leave survivors vulnerable. Protection orders, while legally available, are rarely issued due to lack of judicial training, unclear procedures, and survivors' limited awareness of their rights under the Act. The mandated government-supported shelters remain largely non-existent, forcing survivors to rely on overstretched NGO facilities or return to abusive situations. The inter-ministerial coordination mechanism established under Section 13 has never been formally activated, resulting in fragmented responses across ministries with no clear accountability. Police often lack training on the DVA's provisions and continue to treat domestic violence as a "family matter" requiring informal mediation rather than legal intervention. Additionally, no dedicated budget line exists within the Ministry of Gender's allocation specifically for DVA implementation, leaving the Act without the financial resources necessary for operationalization.

*Geographic and Service Delivery Inequity*: Enforcement and essential services are overwhelmingly concentrated in Monrovia. Rural populations face a near-total absence of accessible police units trained on the DVA, courts that process protection orders, or state-funded safe shelters and psychosocial support.

Several data sources desk review, and Key Informant Interviews (KIIs) converge on identifying chronic underfunding, weak inter-agency coordination, and inadequate awareness as the root causes of the DVA's failed implementation.

A fundamental divergence exists between the law's vision of a state-funded, integrated protection system and the reality of a project-based, externally funded patchwork of services. This gap between legislative intent and operational reality creates systemic instability and denies survivors their legally guaranteed rights.

**Strategic Recommendations**

- *Pilot and Scale Protection Order Systems (Ministry of Gender, MOJ, Judiciary):* Advocate for a funded pilot program in 2-3 counties to train magistrates, police, and community workers on the protection order process, creating a model for national rollout.
- *Budget Line Advocacy (ARN/Civil Society):* Demand a visible, specific line item in the Ministry of Gender's budget.
- *Executive Order for Coordination (ARN/Civil Society):* Push for a Presidential or Cabinet-level Executive Order to formally activate and empower the inter-ministerial committee with a secretariat and quarterly public reporting requirements.

## The Rape Law

**Law on the Books**

The 2006 Rape Law (An Act to Amend the New Penal Code), as amended, is the principal statute criminalizing sexual violence in Liberia. Section 14.70 defines "rape" as "sexual intercourse" with another person without consent, accomplished through force, threat, intimidation, or fraud, or with a person who is unconscious, incapacitated, or under 18 years. Section 14.71 classifies rape as a first-degree felony punishable by imprisonment. Section 16.3 amends the Penal Code to make rape a non-bailable offense. However, the law's definition explicitly excludes spouses, thereby legally exempting marital rape from prosecution under this statute. The law led to the creation of Criminal Court "E" in 2008, a dedicated court for prosecuting rape and sexual and gender-based violence cases.

**The Implementation Reality ("Law in Action")**

***Successes***

The law's severity and public pressure led directly to the establishment of Criminal Court "E" in 2008, creating Liberia's first-ever judicial body dedicated exclusively to sexual violence. This institutionalization represents a major paradigm shift, acknowledging that rape requires specialized legal attention. The very existence of this court, its growing (though overstretched) caseload, and its symbolic importance for survivors are direct outcomes of the law. It provides a critical institutional foothold for advocacy and future reform.

***Critical Gap***

*The Marital Rape Exemption:* This is a fatal legislative flaw. It creates a legal sanctuary for perpetrators within marriage, contradicting principles of bodily autonomy and non-discrimination under CEDAW. It sends a societal message that sexual violence by a husband is not a crime.

*Systemic Collapse of Enforcement:* The law's strength is nullified by the justice system's operational failures:

- *Forensic Deficit:* No standardized, nationally available rape kit system or forensic laboratory capacity for DNA analysis, crippling evidence collection.
- *Corruption in Process:* The non-bailable provision is undermined by reports of corruption, where perpetrators secure release, intimidating survivors (KII_03).
- *Court "E" Overwhelm:* The specialized Criminal Court "E" (established 2008 per this law's intent) is crippled by backlog, underfunding, and limited geographical reach.

A plain divergence exists between the law's punitive intent and a justice system plagued by corruption, lack of forensic capacity, and critical underfunding. As a legal advocate *(KII_03)* stated, *"The law is strong on paper, but the system is broken... corruption in the bail process... lack of forensic capabilities."* Reports from Human Rights Watch (2021) corroborate this systemic failure, leading to de facto impunity.

All sources agree that Criminal Court "E" is overwhelmed and under-resourced, with massive backlogs that deny timely justice.

**Strategic Recommendations**

- *Immediate Legislative Amendment (Ministry of Justice, Legislature, Judiciary):* Advocate for a bill to delete the spousal exemption in Section 14.70, aligning the law with CEDAW and the Maputo Protocol.
- *Budgetary Advocacy for Forensics (Civil Society Organizations/ARN):* Demand a specific budget line in the Ministry of Justice and LNP allocations for establishing a national forensic evidence system for SGBV cases, including rape kits, DNA analysis capacity, and trained forensic personnel.
- *Performance Audit of Court "E" (Ministry of Justice):* Commission and publicize an independent audit of Criminal Court "E's" backlog, funding, and logistical needs to create evidence for targeted resourcing advocacy.
- *Judicial Capacity Building (INGOs and Development Partners)*: Support training programs for judges, prosecutors, and court personnel on survivor-centered approaches and trauma-informed legal processes.

## The National HIV & AIDS Policies

**Policy Profile ("Policy on the Books")**

The National HIV & AIDS Policy and Strategic Plan (2021-2025) commit to a multi-sectoral, rights-based response with several key emphases. The policy explicitly aims to reduce stigma and discrimination by protecting the rights of people living with HIV (PLHIV) and key populations. It promotes the integration of HIV prevention, treatment, and care with broader sexual and reproductive health rights and gender-based violence services. The policy guarantees confidentiality in testing and treatment while emphasizing the role of PLHIV networks in service delivery, advocacy, and monitoring as part of a community-led response.

**The Policy in Action**

***Successes***

Despite funding challenges, Liberia has maintained a national program providing free Antiretroviral Therapy (ART), preventing countless deaths and reducing mother-to-child transmission. This is a significant public health achievement. The policy's emphasis on community-led responses has fostered strong networks of People Living with HIV (PLHIV). These networks are now critical partners in service delivery, peer counseling, and advocacy, demonstrating a successful model of affected community engagement.

***Critical Gaps***

*Stigma in Healthcare Settings:* The policy's goals are undermined by severe stigma in healthcare settings and donor dependency that threatens sustainability. A key divergence exists between the policy's guarantee of confidential, non-discriminatory care and the lived reality of PLHIV. KIIs reveal rampant stigma and breaches of confidentiality by health workers, deterring testing and treatment adherence.

*Donor Dependency:* The desk review and KIIs converge on the finding that the national HIV response is heavily reliant on external donor funding, with minimal government investment, making programs vulnerable and unsustainable. With current cuts in donor funding, essential services face critical disruption.

*Lack of Specific Anti-Stigma Legislation:* The policy's call for a protective legal environment has not resulted in a specific "HIV Anti-Discrimination Act" that provides legal redress for violations of confidentiality or denial of services.

*Weak Service Integration:* Despite policy commitments, HIV services remain largely siloed from broader SRHR services. Missed opportunities for integrated care (e.g., linking GBV survivors with HIV testing, integrating family planning with HIV treatment) persist at facility level.

**Strategic Recommendations**

- *Advocate for a Patient Rights Law/Charter (Civil Society Organizations/ARN):* Push for the enactment of a Health Facility Patient Rights Charter into law or binding regulation, with clear sanctions for violations related to HIV status.
- *Promote "Integration" Budgeting (MoH, National AIDS Commission, Legislature):* Ensure that the Ministry of Health requires all HIV and SRHR program proposals (from government and partners) to demonstrate a budget and plan for service integration at the facility level.
- *Support Community-Led Monitoring as Evidence (Development Partners/Donors):* Strengthen and fund networks of PLHIV to systematically document rights violations and use this data in policy dialogues with the National AIDS Commission and Ministry of Health.

## Persons With Disabilities Act (2021)

**Laws on the Books**

The Persons with Disabilities Act (2021) contains several key provisions protecting the rights of persons with disabilities. Section 5 prohibits discrimination against PWDs in all forms. Section 13 mandates that all public buildings, roads, walkways, and transportation be made accessible within a specified timeframe and requires reasonable accommodation. Section 18 guarantees the right to accessible sexual and reproductive health rights information and services. Section 24 establishes the National Commission on Disabilities with monitoring powers to oversee implementation and compliance.

**The Implementation Reality**

***Successes***

The passage of this law represents a transformative shift from a charity-based to a rights-based model for disability inclusion. It provides a powerful, legally enforceable mandate for accessibility and inclusion that DPOs and allies did not have before. The PWD Act establishes the National Commission on Disabilities with a mandate to monitor implementation a key institutional actor for future accountability. The law provides DPOs with a legal tool to challenge exclusionary practices and demand their rights.

***Critical Gaps***

*Lack of "Reasonable Accommodation" Guidelines:* The PWD Act's core operational term ("reasonable accommodation") has no legally binding ministerial regulations or standards to define it for builders, school principals, or hospital administrators, rendering the mandate unenforceable.

*Inaccessible Infrastructure:* The government's own infrastructure projects (new schools, health clinics, ministries) do not include universal design standards, systematically violating the law from the point of construction. There is powerful convergence between the desk review and KIIs from Disabled Persons Organizations (DPOs) on the primary barrier: inaccessible physical infrastructure. A DPO representative (KII_01) stated, "*Schools have no ramps, no accessible toilets... There is discrimination with disability in education."* This applies equally to health clinics and public buildings.

*No Ring-Fenced Budget for Inclusion:* A critical divergence exists between the comprehensive legal mandate for inclusion and the complete lack of a budget and operational plan to build ramps, train health workers in disability-sensitive care, or procure assistive devices.

*Stigma and Discrimination:* Beyond physical barriers, PWDs face pervasive attitudinal barriers and stigma within healthcare, education, and employment settings. The law alone cannot address these deeply ingrained discriminatory attitudes without accompanying awareness campaigns and enforcement mechanisms.

There is powerful convergence between the desk review and KIIs from Disabled Persons Organizations (DPOs) on the primary barrier: inaccessible physical infrastructure. A DPO representative (KII_01) stated, *"Schools have no ramps, no accessible toilets... There is discrimination with disabilities in education."* This applies equally to health clinics and public buildings.

A critical divergence exists between the comprehensive legal mandate for inclusion and the complete lack of a budget and operational plan to build ramps, train teachers in inclusive pedagogy, or procure learning aids.

**Strategic Recommendations**

- *Demand Subsidiary Regulations (CSOs/ARN/Disability Rights Groups):* Advocate for the Ministry of Public Works and Ministry of Education to issue legally binding Accessibility Standards Regulations and Inclusive Education Guidelines within a specified timeframe.
- *Public Infrastructure Audit (Ministry of Public Works, Ministry of Education):* Partner with the National Commission on Disabilities and engineering bodies to conduct and publish a public audit of key government buildings for accessibility, naming and shaming specific ministries.
- *Budget Tracking for Inclusion (CSOs/ARN/Disability Rights Groups):* Analyze the Ministry of Education's annual budget and publicly highlight the absence of the dedicated inclusive education line, proposing a specific percentage allocation.
- *Stigma Reduction Campaigns (Development Partners/UN Agencies):* Support nationwide awareness campaigns targeting healthcare providers, educators, and employers on disability rights and inclusive practices.

## Inclusive Education Act (2022)

**Law on the Books**

The Inclusive Education Act (2022) establishes the legal framework guaranteeing the right to inclusive education for all children in Liberia. Section 4.1 guarantees every child the right to free, compulsory, and inclusive education in a mainstream setting. Section 5 mandates the Ministry of Education to adapt curricula, train teachers, and provide assistive devices and support staff to facilitate inclusive learning environments. The Act explicitly prohibits the exclusion of children with disabilities from mainstream schools, reinforcing the

principle of non-discrimination in educational access. Despite these comprehensive legal provisions, implementation remains a significant challenge requiring adequate budgetary allocation and systematic capacity building across the education sector.

**The Implementation Reality**

***Successes***

The Inclusive Education Act legally enshrines the right to inclusive education, providing a tool for parents and advocates to challenge exclusionary practices in schools. This represents a significant policy victory, moving Liberia toward international best practices in education. The law provides a clear mandate and accountability framework for the Ministry of Education.

***Critical Gaps***

*Inaccessible School Infrastructure*: The near-total absence of ramps, accessible toilets, and appropriate facilities in schools makes the legal right to education physically impossible for many children with disabilities. As noted by KII_01*: "Schools have no ramps, no accessible toilets... How can we talk about inclusive education when children cannot even enter the school building?"*

*Lack of Trained Teachers:* The Ministry of Education's budget contains no dedicated, substantial line for teacher training in inclusive pedagogy, procurement of assistive devices, or hiring of support staff, making the legal right to inclusive education a hollow promise.

*No Implementation Guidelines:* The Act lacks detailed operational guidelines for school administrators on how to implement inclusive education, leaving schools without practical direction.

**Strategic Recommendations**

*Demand Implementation Regulations (CSOs/ARN/Disability Rights Groups):* Advocate for the Ministry of Education to issue comprehensive Inclusive Education Implementation Guidelines within 6 months, detailing responsibilities, standards, and timelines.

*Teacher Training Budget Advocacy (CSOs/ARN/Disability Rights Groups):* Push for a specific, substantial budget line in the Ministry of Education's annual budget for inclusive education, including teacher training, assistive devices, and school accessibility retrofits.

*Pilot Inclusive Schools Model (Development Partners/INGOs):* Support the establishment of pilot inclusive schools in selected counties as demonstration sites, documenting lessons learned for national scale-up.

*Inter-Ministerial Coordination (CSOs/ARN/Disability Rights Groups)*: Advocate for a formal Memorandum of Understanding between the Ministry of Education and the National Commission on Disabilities to coordinate implementation of the Inclusive Education Act and PWD Act.

## Assessment of Protections for Human Rights Defenders (HRDs)

**Policy Profile ("Commitment on the Books")**

Liberia has made international and political commitments to protect HRDs, primarily through its endorsement of frameworks like the UN Declaration on Human Rights Defenders. The government has acknowledged the critical role of activists, especially Women Human Rights Defenders (WHRDs) working on sensitive issues like GBV and FGM.

**Implementation Reality ("Commitment in Action")**

While Liberia lacks a specific domestic law protecting HRDs, a significant achievement is the development of a robust, collaborative, and politically recognized civil society ecosystem. HRDs, particularly Women Human Rights Defenders (WHRDs), have successfully organized into formal and informal networks that provide mutual support, amplify voices, and coordinate advocacy.

The establishment and sustained operation of networks like the Women Human Rights Defenders Network and the Amplifying Rights Network (ARN) are themselves implementation achievements. These coalitions have proven effective in achieving legislative milestones and shaping national discourse (KII_09). Their continued advocacy on sensitive issues like the FGM ban demonstrates a degree of operational space and resilience, even in a high-risk environment.

### *Critical Gaps*

**Limited Domestic Legal Framework:** While Liberia has made international commitments to protect human rights defenders, these commitments have not been fully domesticated into binding national law. A Human Rights Defenders Protection Act has been drafted and is currently under review, representing a significant step toward formalizing protections. However, in the absence of enacted legislation, HRDs, particularly women human rights defenders (WHRDs), continue to operate in a high-risk environment characterized by threats, intimidation, and limited state protection. A profound divergence exists between the government's international pledges and the absence of concrete legal and physical protection mechanisms for HRDs at the national level. The expedited review and enactment of the pending HRD Protection Act is critical to bridging this gap and ensuring that defenders can carry out their vital work without fear

of reprisal. A profound divergence exists between the government's international pledges and the absence of concrete legal and physical protection mechanisms for HRDs at the national level. Reports from Amnesty International (2022) document threats against WHRDs, especially during the COVID-19 lockdowns.

KIIs with CSO leaders and desk review confirm that security for advocates is self-provided or supported by NGOs, not by the state.

**Strategic Recommendations**

- *Enact a Specific Law (CSOs/ARN/HRD networks):* Advocate for the drafting and passage of a Human Rights Defenders Protection Act that legally defines HRDs, criminalizes acts against them, and mandates state protection.
- *Operationalize Protection (Ministry of Justice, Liberia National Police, Legislature):* Urge the Ministry of Justice and LNP to establish a dedicated, responsive focal point to receive and investigate threats against HRDs, ensuring their safety is a state responsibility.
- *Document and Publicize Violations (CSOs/ARN):* Support HRD networks to systematically document threats and violations, creating an evidence base for advocacy and international engagement.
- *International Advocacy (Development Partners/UN Agencies):* Leverage Liberia's international commitments through engagement with UN Special Rapporteurs and regional human rights mechanisms when domestic protections fail.

## Abortion Law Reform and SRHR Gaps

**Law on the Books**

Currently, Liberia's legal framework on abortion is highly restrictive, governed by the Penal Law of 1976, which only permits abortion to save the life of the pregnant woman. However, there is ongoing advocacy and legislative discussion to pass a new, more liberalized abortion law that would expand the grounds for legal abortion, aligning it with regional and international human rights standards.

**The Implementation Reality**

***Current Status and Advocacy Efforts***

There is clear convergence between the goals of the pending abortion law and ongoing advocacy efforts on comprehensive SRHR. Current evidence shows that an estimated 38,779 induced abortions occurred in Liberia in 2021, and 37% resulted in severe complications. Abortion alone accounts for 10% of maternal deaths (APHRC, 2023) a situation that is alarming but preventable.

***Critical Gaps***

*The Current Reality of Unsafe Abortion:* Due to the restrictive law, women and girls resort to unsafe abortions, leading to high rates of maternal mortality and morbidity. This is a preventable public health crisis. As noted by KII_07: "*On the overall, you know how many people die from abortion daily. And the revised public health law is being compromised simply because of the abortion column. And if the law is not being passed, we cannot hold anyone responsible or accountable because there's no law."*

*Political Resistance:* The abortion law reform has faced significant political and religious opposition, resulting in delays and the politicization of what should be treated as a public health issue.

*Preparedness Gap:* While advocacy continues for legal reform, there has been limited systematic preparation of the health system to provide safe abortion and post-abortion care once legal reforms are achieved.

**Strategic Recommendations**

- *Sustained Legislative Advocacy (CSOs/ARN/)*: Continue coordinated advocacy for passage of the revised Public Health Law with expanded grounds for legal abortion, using evidence on maternal mortality and unsafe abortion complications.

- *Passage of the revised Public Health Law (MoH, Legislature):* Expedite review and passage of the revised Public Health Law with expanded legal grounds for abortion as a maternal mortality reduction strategy.

- *De-politicization Strategy (CSOs/ARN/):* Frame abortion law reform as a public health and maternal mortality reduction issue rather than a moral or religious debate, using data and survivor stories.

- *Proactive Capacity Building (MoH):* Support training of healthcare providers in safe abortion care and comprehensive post-abortion care in anticipation of legal reform, ensuring the health system is ready to implement when the law changes.

- *Regional Learning (Development Partners/INGOs):* Facilitate exchanges with countries in the region that have successfully reformed abortion laws to learn advocacy strategies and implementation lessons.

## CROSS CUTTING THEMES

*Table 1: Cross-cutting Themes*

This table presents the thematic structure organizing findings into four cross-cutting themes with associated subthemes

| Cross-Cutting Themes | Subthemes |
|---|---|
| Theme 1: Institutional Roles and Coordination | 1.1.Fragmented Coordination in Liberia's Human Rights Landscape<br>1.2.Capacity Building for Inclusive SRHR Services<br>1.3.Gender Based Violence and Rape<br>1.4.Legal gap and Restrictions on holistic SRHR |
| Theme 2: Policy Awareness and Implementation Gaps | 2.1. Legal and Policy Gaps<br>2.2. The Implementation Gap in Domesticating International Law<br>2.3. Chronic underfunding<br>2.4. Structural and Cultural Barriers |
| Theme 3: Systemic Weaknesses in Accountability and Monitoring | |
| Theme 4: Promising Practices Models | |

## Theme 1: Institutional Roles and Coordination

### 1.1.Subtheme: Fragmented Coordination in Liberia's Human Rights Landscape

The Domestic Violence Act (2019), the Rape Law, the National HIV & AIDS Policies, protections for Human Rights Defenders (HRDs), the Persons with Disabilities Act, and the Inclusive Education Act are not isolated documents; they are designed as blueprints for a unified, multi-sectoral government response.

The DVA explicitly assigns roles and responsibilities across key ministries, including Gender, Justice, and Health, and mandates the establishment of coordination bodies, such as the National GBV Steering Committee. The Rape Law envisions coordination between the judiciary, police, and health sector for forensic evidence collection and survivor support. The HIV/AIDS Policy is predicated on inter-ministerial collaboration between Health, Gender, Education, and Labor to achieve its strategic objectives. The PWD Act and Inclusive Education Act require coordination between Education, Health, Public Works, and the National Commission on Disabilities to ensure accessibility and inclusion. All envision a cohesive state machinery working in concert to uphold human rights.

**The Implementation Reality**

The reality on the ground starkly contrasts with this vision of coordination, revealing a system hampered by fragmentation and weak oversight. Evidence from the desk review and Key Informant Interviews (KIIs) consistently identifies institutional silos as a primary barrier to effective implementation across all policy areas.

*GBV Response:* The desk review of the National GBV Plan of Action (2019-2023) reveals that its envisioned coordination structures are either non-operational or meet irregularly without decisive action. A representative from the Ministry of Justice (KII_05) lamented the lack of inter-ministerial communication, stating, *"What one government ministry does is not known to another ministry*."

*HIV/AIDS Response:* The National AIDS Commission, meant to coordinate multi-sectoral response, struggles with limited authority and resources to enforce coordination across ministries. HIV services remain siloed from SRHR and GBV services despite policy mandates for integration.

*Disability Inclusion:* The Ministry of Education, Ministry of Health, and Ministry of Public Works operate independently on disability-related mandates without systematic coordination with the National Commission on Disabilities. This results in schools being built without accessibility features even as the Inclusive Education Act is being implemented.

*HRD Protection:* There is no coordinated mechanism across Ministry of Justice, Ministry of Internal Affairs, and LNP to respond to threats against human rights defenders, leaving protection efforts to ad-hoc interventions by individual officers or units.

*Accountability Gap in Oversight:* The Independent National Commission on Human Rights (INCHR), the state body mandated by law to monitor violations and hold the government accountable across all these policy areas, is itself crippled by a lack of capacity. KIIs and shadow reports converge on the fact that the INCHR is severely underfunded and lacks the political leverage to enforce its recommendations. An INCHR Representative (KII_08) confirmed this powerlessness, stating, "*We come up with reports annually with clear recommendations... but it takes years for institutions to adhere*." This creates a critical vacuum in the accountability ecosystem.

These challenges operational silos and a weakened oversight body create a profound structural gap in implementation across all human rights policies. The effectiveness of policy becomes contingent on ad-hoc political will rather than being driven by a systematic, accountable, and well-coordinated state machinery as the laws themselves intend.

### 1.2.Subtheme: Capacity Building for inclusive SRHR services

Liberia's key policies, including the National HIV & AIDS Policy the Persons with Disabilities Act (2021), the Domestic Violence Act, and the Rape Law, establish a legal obligation for the state to provide non-discriminatory, confidential, and inclusive Sexual and Reproductive Health and Rights (SRHR) services. These frameworks envision a holistic system where clinical care is seamlessly connected to psychosocial support and protection services, ensuring dignity and recovery for all, including survivors of GBV, people living with HIV, key populations, and persons with disabilities.

**The Reality**

*Unbalanced Investment:* The reality reveals a critical imbalance: significant investment in one part of the care continuum is being undermined by the near-total collapse of other essential components.

*Clinical Care Training Successes:* There is clear convergence between reports from Civil Society Organizations (CSOs) and Key Informant Interviews (KIIs) on the success of capacity-building for healthcare providers. International partners and local CSOs have been pivotal in training health workers on disability awareness, respectful communication with PLHIV, GBV survivor-centered care, and confidentiality. An international partner (KII_09) detailed: "*So since then, we've been training health workers... how to approach each person with disabilities, what are the sensitive issues you need to consider... confidentiality of information."*

However, these trainings are not conducted nationwide but in selected project sites since they are solely supported by donors: "*We've been training health service providers in 74 health facilities distributed in five counties: Lofa, Bong, Nimba, Bomi, and Montserrado in different districts, with the support of our partners*" (KII-09).

*The Psychosocial Support Gap*: While a GBV survivor, PLHIV, or person with disability may receive competent clinical care, the system often fails them immediately afterward. KIIs with stakeholders and desk review evidence converge to reveal an alarming shortage of psychosocial support across all these populations. Mental health services are severely limited or non-existent, leaving survivors without the critical counseling needed for long-term recovery.

*The Protection Infrastructure Gap:* Equally concerning is the shortage of safe homes and shelters for GBV survivors. The lack of state-funded, accessible safe spaces, particularly in rural areas, was frequently cited in KIIs as a major barrier to escaping violence. As noted by KII_07: "*Some counties do not have the one-stop center that's supposed to provide medical care, psychosocial support, legal support, and all of that. So, with the limited resources and if donor funding does not support that, how can you be able to finance those cases for survivors to get medical support so that perpetrators can be able to go through the justice system*?"

*Fragmented and Unsustainable Approach:* The current capacity-building landscape, while essential, is fragmented and unsustainable. Investing only in clinical training for select facilities is insufficient. A survivor's journey does not end at the clinic. A sustainable response requires strategic shift towards simultaneous and integrated investment in psychosocial counseling capacities, protection infrastructure, and nationwide coverage rather than pilot sites. Only by linking clinical care with emotional recovery and physical safety can Liberia's health system fulfill the holistic promise of its laws.

### 1.3.Subtheme: Gender Based Violence and Rape

*Legal Framework vs. Operational Reality:* A profound divergence exists between the intent of protective laws (the Rape Law and DV Act) and the operational failures of the justice system meant to uphold them. While these laws exist to provide justice and protection, KIIs with legal aid providers and reports from organizations like Human Rights Watch (2021) reveal a system plagued by structural weaknesses. A legal advocate (KII_03) explained: *"The law is strong on paper, but the system is broken. We see corruption in the bail process that allows perpetrators to walk free and intimidate survivors, and a complete lack of forensic capabilities to gather evidence."*

*Budgetary Crisis for Justice Institutions:* The Judiciary's total budget consistently hovers around 1.5% to 2% of the national budget, far below international benchmarks. Criminal Court "E" does not have a specific, publicly detailed line item. Similarly, the Women and Children Protection Section (WACPS) under the LNP does not have a distinct, transparent budget line. Reports from the General

Auditing Commission and assessments by partners like UN Women have explicitly noted that both institutions are critically underfunded.

Their operations including fuel for patrols and investigations, forensic kits, witness protection, and even basic stationery are heavily reliant on short-term project funding from international donors rather than core government funding. A Key Informant (KII_07) explicitly linked this underfunding to operational failure*: "With the limited resources and if donor funding does not support that, how can you be able to finance those cases for survivors to get medical support so that perpetrators can be able to go through the justice system?"*

*One-Stop Centers:* One-stop centers have been established in some counties to respond to SGBV cases, and significant efforts have been made by CSOs to train duty bearers (police and health workers). However, there is a critical divergence between trained duty bearers in some locations and the severely under-resourced wider support ecosystem. Many counties lack one-stop centers entirely, and even where they exist, sustainability is threatened by donor dependency.

### 1.4.Subtheme: Legal gap and Restrictions on holistic SRHR

Currently, Liberia's highly restrictive abortion law (Penal Law of 1976) creates a significant gap in the full realization of SRHR. An estimated 38,779 induced abortions occurred in Liberia in 2021, with 37% resulting in severe complications. Abortion accounts for 10% of maternal deaths a preventable crisis. As noted by KII_07: "*Young women are losing their lives. Women are facing fertility issues because there's no post-abortion care."*

*Marital Rape Exemption:* The Rape Law's failure to criminalize marital rape creates a legal sanctuary for perpetrators within marriage, fundamentally contradicting the protections offered by the DV Act and undermining the holistic SRHR framework.

*Legal Contradictions on Child Marriage*: While the Domestic Relations Law (2016) sets the marriage age at 18, recognized customary law permits marriage at 16. This contradiction actively facilitates child marriage and undermines SRHR protections for girls.

*Lack of Anti-Stigma Legislation for PLHIV*: The HIV/AIDS Policy's call for a protective legal environment has not resulted in specific legislation providing legal redress for violations of confidentiality or denial of services to PLHIV, leaving a critical enforcement gap.

## Theme 2: Policy Awareness and Implementation Gaps

### 2.1.Subtheme: Legal and Policy Gaps

A consistent finding across all data sources is the profound gap between the progressive intent of Liberia's laws and the reality of their implementation. This gap manifests in several ways, most notably through internal legal contradictions that undermine the coherence of the overall legal framework.

Multiple examples exist where different parts of Liberia's legal framework directly contradict each other. The statutory Domestic Relations Law sets the marriage age at 18, yet customary law permits marriage at 16, creating a loophole that enables child marriage to persist. Similarly, while the Domestic Violence Act protects women from intimate partner violence, the Rape Law explicitly exempts marital rape, resulting in a fundamental contradiction in protection for married women. Although the Persons with Disabilities Act mandates accessibility in all public spaces, building codes and procurement regulations remain outdated, rendering the statutory mandate unenforceable in practice. These internal contradictions reflect a fragmented approach to legal reform where individual laws are enacted without adequate harmonization, significantly weakening their collective impact on protecting sexual and reproductive health rights in Liberia.

As noted by KII_04: "*There are a lot of gaps in our laws... we need harmony between the laws. The customary law and statutory law are in constant conflict, and girls pay the price."*

Both the desk review and key informant interviews converge on a critical finding: the systematic exclusion or inadequate protection of specific vulnerable groups across multiple policies. Most notably, existing laws remain silent or inadequate regarding the rights of LGBTQ+ individuals in the context of sexual and reproductive health rights and HIV services, leaving this population without explicit legal protection or recognition. Consequently, key populations face significant legal and practical barriers to accessing essential HIV prevention and treatment services, despite being disproportionately affected by the epidemic. Furthermore, the definition of disability in some policy documents remains outdated and does not align with the progressive social model of disability adopted by the Persons with Disabilities Act, creating inconsistencies in how disability is understood and addressed across the health and social protection sectors. These gaps reflect a broader pattern of policy development that fails to adequately center the needs and rights of the most marginalized populations, thereby perpetuating their exclusion from comprehensive sexual and reproductive health services. A representative from a key population network (KII_04) stated, *"These are sticky issues... there are so many exclusions. The law does not see us, and so the state does not protect us."*

This pattern reveals that Liberia has been more successful at passing progressive legislation than at creating the detailed regulatory and operational frameworks needed to implement them.

### 2.2.Subtheme: The Implementation Gap in Domesticating International Law

A significant concern raised across multiple policy areas is the chasm between Liberia's international commitments and domestic enforcement. Despite ratifying numerous international treaties (CEDAW, Maputo Protocol, CRPD, UN Declaration on HRDs), the government consistently fails to domesticate these into enforceable national frameworks.

While CEDAW and the CRPD have been ratified, their principles such as criminalizing marital rape and mandating accessible infrastructure remain unenforced. Similarly, international commitments to protect human rights defenders and prohibit HIV-related discrimination lack corresponding domestic legal frameworks. This pattern indicates that international obligations are often treated as symbolic endorsements rather than catalysts for meaningful legal and institutional reform. As noted by KII_07: "*Government has signed up to so many universal treaties... but they don't really domesticate these laws."*

### 2.3.Subtheme: Chronic Underfunding

Across all policy areas examined in this assessment, a single root cause emerges with devastating consistency: chronic and systematic underfunding that renders progressive laws into hollow promises. While Liberia has demonstrated political will to pass comprehensive legislation, the government has fundamentally failed to translate these legal commitments into budgetary reality. This creates what stakeholders repeatedly described as "unfunded mandates" laws that exist on paper but lack the financial resources necessary for implementation.

***The Scale of the Budget Crisis***

The overall national budget context is characterized by severe fiscal constraints. Liberia's approved national budget has increased from US$738.8 million in FY2024 to US$851.8 million for FY2025. Despite this nominal growth, the budget's structure reveals profound limitations: over 87.9% is allocated to recurrent expenditures, with an estimated 35.8% of total revenue directed toward salaries and benefits for less than 1% of the population employed as public servants. This fiscal reality is further underscored by the government receiving funding requests exceeding US$2 billion for 2025, against which it could only allocate US$851.8 million. Consequently, even sectoral budget increases are rendered largely symbolic, as overall allocations remain grossly insufficient to meet the operational mandates and service delivery obligations established by law.

## Sector-Specific Budget Allocations and Gaps

### Ministry of Gender, Children and Social Protection (MGCSP)

Synthesizing the budgetary allocation with the Ministry's extensive mandate reveals a profound operational challenge. For Fiscal Year 2023, the Ministry of Gender, Children, and Social Protection (MGCSP) received an appropriation of US$2.88 million, representing just 0.37% of the total national budget. Its allocation declined to US$2.61 million (0.36% of the budget) in the recast 2024 budget. This minimal and decreasing funding is starkly disproportionate to the Ministry's critical statutory and coordinating responsibilities. As the lead agency, the MGCSP is mandated to implement the Domestic Violence Act (2019), requiring the provision of shelters, psychosocial services, and protection orders execute the National GBV Plan of Action, oversee social protection programs, drive gender mainstreaming across all government sectors, and coordinate One-Stop Centers for GBV survivors. The severe inadequacy of its budget directly impedes its capacity to fulfill these wide-ranging, resource-intensive functions, creating a significant gap between legal mandates and actionable service delivery for vulnerable populations. *"Some counties do not have the one-stop center that's supposed to provide medical care, psychosocial support, legal support,"* KII_07.

The budget for Gender and Inclusion Units across nine ministries, agencies and commissions increased from US$380,000 in 2022 to US$569,552 in 2024, but this remains grossly inadequate for coordination, research, monitoring, and programmatic interventions across multiple institutions.

### The Judiciary (Including Criminal Court "E")

The Judiciary is systemically underfunded, receiving only 1.5-2% of the national budget below the UN's recommended 2.5-3% benchmark. Within this constrained allocation, specialized courts like Criminal Court "E" operate without a specific budget line, resulting in severe operational deficits. This manifests as massive case backlogs, no witness protection program, inadequate forensic resources, geographical confinement to Monrovia, and insufficient funds for basic operational costs such as fuel and allowances. Consequently, the court is structurally unable to fulfill its mandate to deliver effective and accessible justice. As noted by KII_07: *"With the limited resources and if donor funding does not support that, how can you be able to finance those cases for survivors to get medical support so that perpetrators can be able to go through the justice system?"*

**Women and Children Protection Section (WACPS) - Liberia National Police**

The Women and Children Protection Section (WACPS) operate without financial transparency or dedicated state funding. It is subsumed within the Liberia National Police's (LNP) block grant budget, lacking a distinct, publicly visible line item. Audits by the General Auditing Commission and independent assessments confirm the unit is critically underfunded. Its operations are heavily dependent on volatile, short-term donor funding from partners like the UN, EU, and USAID. This unsustainable model has led to severe resource deficits, including insufficient fuel for patrols and investigations, a lack of forensic rape kits, no budget for essential communication equipment, and a reliance on donors for basic stationery. With recent cuts in this external support, the WACPS's operational capacity to protect vulnerable populations has been severely compromised, revealing a systemic failure to institutionalize and prioritize this critical function within national budgetary frameworks.

**Ministry of Health**

While the health sector allocation has seen a substantial nominal increase to US$85.8 million (approximately 10% of the FY2025 budget), critical resource gaps persist that undermine the delivery of essential and equitable services. The increase does not adequately address systemic donor dependency or the need for inclusive infrastructure. Notably, HIV programs remain heavily reliant on external funding, with minimal government investment, posing a direct threat to program sustainability. Efforts to provide integrated Sexual and Reproductive Health and Rights (SRHR) services are geographically limited, with donor-funded training reaching only 74 facilities across five counties rather than being institutionalized nationwide. Furthermore, there is no dedicated budget for making health facilities accessible to persons with disabilities, such as through retrofitting with ramps, accessible examination tables, or specialized equipment. The functionality of One-Stop Centers for gender-based violence survivors remains inconsistent and donor-dependent across counties. A severe, cross-cutting shortage of mental health and psychosocial support services further weakens the effectiveness of programs for GBV survivors, people living with HIV, and persons with disabilities. Consequently, the increased budget fails to translate into sustainable, accessible, or comprehensive health service delivery for the most vulnerable populations.

**Ministry of Education**

The education sector's increased budget for FY2025, while notable, is not structured to address critical inclusion gaps. There is a significant omission in the Ministry's financial planning: the absence of a dedicated and substantial budget line for inclusive education. This systemic oversight manifests in a lack of funding for essential components, including specialized teacher training in inclusive

pedagogy, the procurement of assistive devices and tailored learning materials, the hiring of support staff for children with disabilities, and necessary accessibility retrofits for school infrastructure such as ramps and toilets. Consequently, despite a larger overall allocation, the budget fails to institutionalize the resources required to ensure equitable access to quality education for all learners, perpetuating the exclusion of students with disabilities from the education system. As noted by KII_01: *"Schools have no ramps, no accessible toilets... How can we talk about inclusive education when children cannot even enter the school building?"*

**National Commission on Disabilities**

The National Commission on Disabilities (NCD) operates under conditions of severe financial constraint, directly contravening the robust mandate granted to it by the Persons with Disabilities Act of 2021. This underfunding cripple its core regulatory and enforcement functions. The Commission lacks the necessary human resources to conduct systematic monitoring of compliance. Consequently, it cannot perform essential duties such as carrying out nationwide accessibility audits, enforcing established accessibility standards, or developing and issuing binding accessibility regulations. This chronic resource deficit effectively renders the Commission unable to execute its statutory authority, leaving the rights and protections enshrined in the 2021 Act without a functional institutional mechanism for implementation and oversight.

**Independent National Commission on Human Rights (INCHR)**

The Independent National Commission on Human Rights (INCHR) is critically underfunded for its expansive mandate of national oversight and protection, leading to a severe operational deficit. As one representative (KII_08) stated, the Commission's ability to drive change is hampered because while "*we come up with reports annually with clear recommendations... it takes years for institutions to adhere.*" This inertia stems from the INCHR's lack of capacity to compel action, evidenced by a severely limited field presence described as having only "*one whistleblower in five districts*" (KII_09) insufficient funds to conduct thorough investigations, and a lack of political leverage to enforce its recommendations. Furthermore, it has no dedicated budget for the systematic monitoring of policy implementation across the government. This fundamental resource gap creates a critical accountability vacuum, reducing the state's primary human rights oversight body to a largely symbolic entity with limited operational power to ensure compliance or remedy violations.

**Donor Dependency**

The systemic and chronic underfunding of domestic institutions has precipitated a dangerous and pervasive dependency on external donor funding, undermining the sustainability and sovereignty of the national human rights protection framework.

Across critical sectors, core functions are externally financed rather than state-supported. In the Health and HIV sector, life-saving programs like the free Antiretroviral Therapy (ART) initiative and service integration efforts are funded by donors such as the UN and World Bank, placing their long-term viability in jeopardy. The response to Gender-Based Violence (GBV) is similarly outsourced: One-Stop Centers are donor-funded and absent in many counties, NGOs operate shelters, legal aid is provided by civil society, and even essential forensic kits are procured through external grants.

Efforts toward Disability Inclusion are not nationally institutionalized, with accessibility audits, support for Disabled Persons' Organizations (DPOs), and training initiatives all financed by international partners. Most critically, the physical protection of Human Rights Defenders (HRDs**)** is not a state-guaranteed function; security is either self-provided or NGO-supported, and any existing protection mechanisms are entirely donor-dependent.

This entrenched reliance transforms donors from strategic partners into de facto primary service providers, creating a fragmented and fragile ecosystem where the continuity of essential protections is contingent on external priorities and funding cycles, rather than embedded as a permanent state obligation.

As noted by multiple KIIs, civil society performs core state functions: *"People rely on civil society for bulk of the work to be done."* This creates project-based, intermittent accountability rather than systemic, sustainable state responsibility.

**The impact of underfunding**

- The underfunding directly translates to measurable human rights violations and preventable deaths:
- 742 maternal deaths per 100,000 live births (many preventable with adequate funding)
- 38,779 abortions in 2021, with 37% resulting in severe complications (10% of maternal deaths)
- 44% of ever-married women experiencing physical or sexual violence (inadequate GBV response services)
- Systematic exclusion of PWDs from education, healthcare, employment (no accessibility infrastructure)
- Culture of impunity for perpetrators (underfunded justice system)
- Stigma-driven treatment interruption for PLHIV (inadequate anti-discrimination enforcement)

These are not mere statistics they represent thousands of Liberian women, girls, persons with disabilities, and other marginalized populations whose legally guaranteed rights remain unrealized due to budgetary neglect.

## Strategic Recommendations: Budget Advocacy (for ARN/CSOs, HRDs)

1. Create Visible, Dedicated Budget Lines:

- Demand a specific line item: "Implementation of Domestic Violence Act: Shelters, Protection Orders, and Survivor Support with minimum 1% of national budget
- Create dedicated line for Criminal Court "E" and WACPS operations separate from block grants
- Establish ring-fenced "Disability Inclusion Fund" for accessibility across sectors
- Create "HIV/SRHR Integration Fund" in Ministry of Health budget

2. Budget Transparency and Tracking:

- Produce annual "Budget Scorecards" comparing mandated services to actual allocations
- Train CSOs on budget tracking and analysis for public accountability
- Publish quarterly execution reports for gender, health, and justice sectors

3. Develop Costed Implementation Plans:

- Work with Ministries to develop detailed, costed implementation plans for DV Act, PWD Act, Inclusive Education Act
- Calculate actual cost of nationwide rollout of protection orders, accessible schools, one-stop centers
- Present evidence-based budget requests showing cost per service vs. current allocation

4. Leverage International Benchmarks:

- Advocate for Judiciary budget to meet UN benchmark of 2.5-3% (currently 1.5-2%)
- Compare Liberia's health sector allocation (10%) to WHO recommendation of 15%
- Use regional comparisons to show Liberia's underfunding relative to neighbors

5. Target Reallocation:

- Advocate for reducing recurrent expenditure (currently 87.9%) to create space for service delivery
- Challenge inflated legislative salaries and administrative costs
- Propose reallocation of 5% of public administration budget (currently US$336 million) to critical services

6. Address Donor Dependency:

- Push for government to progressively increase domestic funding for currently donor-dependent programs
- Advocate for transition plans ensuring service continuity when donor funding ends
- Demand government co-financing requirements for all donor-supported programs

7.Hold Government Accountable:

- Use legal advocacy: File public interest litigation for failure to implement funded mandates
- Engage international mechanisms: Report budget failures to CEDAW, CRPD committees
- Public campaigns: "No Budget, No Rights" advocacy highlighting the unfunded mandate crisis
- Legislative pressure: Coalition lobbying for budget oversight and execution monitoring

Liberia's human rights crisis is fundamentally a budget crisis. Until progressive laws are matched with adequate, sustained, and accountable budget allocations, they will remain aspirational documents rather than lived realities for the majority of Liberians. ARN's advocacy must therefore make budget accountability and adequacy central to all policy reform efforts.

### 2.4.Subtheme: Structural and Cultural Barriers

Despite strong legal frameworks across all policy areas, implementation remains critically weak due to interconnected barriers that undermine enforcement and access to justice.

*Cultural Norms vs. Legal Principles:* The most profound divergence exists between laws' foundational principles of equality and deeply entrenched cultural norms:

***On GBV:*** The DV Act provides protection orders, but patriarchal norms discourage their use. A grassroots women's rights defender (KII_03) explained, "*They will say you want to challenge men now... so even if the law is there, the community pressure is too much." Another respondent* (KII_10) noted, "*People believe that it is normal that women should be abused..."*

***On Disability****:* Beyond physical barriers, PWDs face pervasive attitudinal barriers and stigma. A DPO representative (KII_01) stated, "*There is discrimination with disability in education. Schools have no ramps, no accessible toilets".* But even when physical access exists, stigma leads to exclusion and low expectations.

***On HIV:*** Stigma in healthcare settings contradicts the policy's guarantee of confidential, non-discriminatory care. Fear of disclosure and discrimination deters people from testing and treatment.

***On SRHR:*** Cultural and religious opposition to comprehensive sexuality education, family planning, and abortion law reform creates barriers even where policies support these services.

### Theme 3: Systemic Weaknesses in Accountability and Monitoring

Liberia's accountability system for human rights and SRHR is fragmented and unsustainable, relying on civil society to perform core state functions due to crippled oversight institutions and a lack of government ownership. This system is **unsustainable** because it is primarily funded by short-term, external donor projects rather than consistent state budget allocations, meaning that critical monitoring, reporting, and public awareness activities cease when project funding ends. This creates a cycle of intermittent accountability that cannot guarantee long-term protection of rights or continuous institutional improvement.

Liberia's accountability system for human rights and SRHR is fragmented and unsustainable, relying on civil society to perform core state functions due to crippled oversight institutions and lack of government ownership. This affects implementation of all policy areas examined.

**Under-Resourced State Oversight Mandate**

The Independent National Commission on Human Rights (INCHR), the state body mandated to monitor violations and hold government accountable across all human rights issues (GBV, disability rights, HIV discrimination, HRD protection), is severely underfunded.

An INCHR representative (KII_08) confirmed: *"We come up with reports annually with clear recommendations... but it takes years for institutions to adhere*." The Commission lacks adequate staff and resources for systematic field presence*: "...one whistleblower in five districts."* This creates a critical vacuum in accountability across all policy areas. State oversight is symbolic, not operational.

Individual ministries lack robust internal monitoring mechanisms:

- The Ministry of Gender has no systematic data on protection orders issued or DV cases
- The Ministry of Education lacks tracking systems for children with disabilities in schools
- The Ministry of Health has incomplete HIV cascade data
- The Ministry of Justice has no public database on rape case outcomes

***Overreliance on Civil Society***

CSOs conduct implementation, reporting, and awareness-raising that should be government functions. As noted in KIIs: "*People rely on civil society for bulk of the work to be done."* While this demonstrates civil society's strength, it creates unsustainability:

- *On GBV:* CSOs run shelters, provide legal aid, conduct awareness campaigns
- *On Disability:* DPOs provide peer support, conduct accessibility audits, advocate for services
- *On HIV:* PLHIV networks deliver peer counseling, adherence support, and stigma reduction programs
- *On HRD Protection:* Networks provide security alerts and mutual protection, not the state

These efforts are donor-dependent and fragmented. When project funding ends, critical monitoring, reporting, and service delivery cease. This creates intermittent accountability that cannot guarantee long-term protection.

**Critical Data Deficit**

The absence of robust data systems constitutes a critical and pervasive weakness across all sectors under review. Key informant interviews highlight this foundational failure, with one participant asking pointedly: "*How well do we even safeguard these data?"* This systemic shortcoming manifests in several specific, consequential gaps: there exists no comprehensive, end-to-end database to track Gender-Based Violence (GBV) cases from initial report through to prosecution and final outcome. Disability-disaggregated data remains limited or absent in health, education, and employment sectors, rendering persons with disabilities invisible in key statistics. Monitoring data for HIV programs is often incomplete, and there is no systematic documentation of threats against Human Rights Defenders (HRDs). Furthermore, there is a lack of monitoring data on the implementation of court orders and protection orders. This profound data deficit creates a fundamental inability to accurately track progress, evaluate the impact of interventions, or apply evidence-based learning to inform future policy and programming, thereby perpetuating cycles of ineffective response.

**Gap in Domestic Law Monitoring**

The National Monitoring, Reporting and Follow-up Mechanism (NMRF), led by the Ministry of Foreign Affairs and Ministry of Justice, exists for monitoring international human rights obligations. However, there is no equivalent systematic mechanism for monitoring implementation of domestic laws. As noted by KII_05*: "The NMRF meets to monitor Liberia's international obligation on human rights... we need the same for local laws."*

As a result, a fundamental gap in centralized and systematic oversight emerges across all critical human rights protections. There is currently no coordinated mechanism to track the implementation of the Domestic Violence Act, nor any systematic monitoring of compliance with the Persons with Disabilities Act. Similarly, no unified reporting exists on the enforcement of the Rape Law, and there is a lack of consolidated assessment for the outcomes of the National HIV/AIDS Policy. Most critically, there is no dedicated tracking mechanism to identify and address protection gaps for Human Rights Defenders. This lack of institutionalized monitoring prevents a holistic understanding of progress, obscures accountability, and allows systemic failures in policy execution to persist without detection or remedy, fundamentally undermining the state's ability to protect rights in practice. Implementation of national legislation remains untracked and unassessed, creating an accountability void.

### Theme 4: Promising Practices and Coordination Models

Despite the challenges, several positive examples were highlighted that offer pathways forward and demonstrate what works when properly resourced and coordinated.

**The NMRF Model: Coordinated Monitoring**

The National Monitoring, Reporting and Follow-up Mechanism (NMRF), led by the Ministry of Foreign Affairs and Ministry of Justice, was cited as a successful model for interagency collaboration on international human rights obligations.

Why It Works:

- Clear institutional mandate and leadership
- Regular meetings with documented outcomes
- Multi-stakeholder participation (government, CSOs, UN)
- Structured reporting framework
- Links to international accountability mechanisms

*Application to Domestic Laws:* Multiple stakeholders (KII_05) suggested adapting this model: "*We need the same for local laws."* A similar mechanism for monitoring domestic policy implementation (DV Act, PWD Act, Rape Law, HIV/AIDS Policy) could address the coordination and accountability gaps identified throughout this assessment.

**Grassroots Advocacy Movements**

Community-level initiatives demonstrate strong potential when locally owned and culturally appropriate.

*Women's Groups*: Women's groups in urban communities have achieved measurable impact through grassroots advocacy. As noted by KII_04: "*We started raising awareness on family planning... teenage pregnancy reduced significantly*."

*County-Level INCHR Monitors:* Despite resource constraints, INCHR's county monitors have contributed to gradual progress in some areas. An INCHR representative (KII_08) noted: *"In some areas, there have been some successes... we see a reduction in the number of early and forced marriages as compared to before... Our monitors have worked in different counties giving awareness and raising understanding."*

Community-Based HIV Support: PLHIV networks have successfully delivered peer counseling, treatment adherence support, and stigma reduction at community level, demonstrating effective community-led response.

*Key Success Factors:*

- Trusted community actors drive change
- Culturally appropriate messaging
- Sustained engagement over time
- Peer-to-peer approaches
- Local ownership and leadership

These successes are localized and donor-dependent. Sustainability requires transitioning from donor-driven interventions to government-led programming with adequate resources.

**Coalition-Based Advocacy**

Collaborative advocacy combining national coalitions with affected communities' voices has proven most effective for legislative change and policy influence. ARN and Women HRD Network Success: These coalitions have been instrumental in achieving legislative milestones:

- Passage of the Domestic Violence Act
- Advancing the FGM ban
- Raising awareness on disability rights
- Advocating for HIV anti-discrimination measures
- Protecting space for human rights defenders

As emphasized by KII_09: "*You cannot just succeed as a single organization in advocacy. You have to collaborate to have a stronger voice."*

*Survivor-Led Advocacy:* The effectiveness of having directly affected individuals speak publicly to drive change was highlighted: *"It's much easier for you to have a rape survivor speaking for the passage of a rape law... it's evidence-based."*(KII_09). Similarly, PLHIV networks leading HIV advocacy and DPOs leading disability rights advocacy strengthen legitimacy and accountability.

Key Success Factors:

- Strength in numbers and unified voice
- Evidence-based advocacy using data and lived experience
- Strategic use of media and public engagement
- Sustained, long-term commitment (KII_07: "*With consistency in our advocacy, we can achieve a whole lot... advocacy is not a one-day thing*.")
- Multi-stakeholder alliances including government allies

**Integrated Service Delivery Models**

Where integrated services have been piloted, they demonstrate better outcomes:

*One-Stop Centers:* Counties with functioning one-stop centers show better GBV response outcomes by integrating medical care, psychosocial support, legal aid, and police response in one location. Though limited in number and donor-dependent, they prove the value of integration.

*Facility-Level Integration:* The 74 health facilities where integrated training has occurred (HIV, SRHR, disability-sensitive care, GBV response) in five counties show improved service quality and client satisfaction, demonstrating that integrated capacity building works when properly resourced.

*Challenge:* These models remain pilot projects in select locations rather than national standards, and their sustainability is threatened by donor dependency.

**Lessons for Scale-Up**

Promising practices share common elements that should inform national scale-up strategies:

*Clear Coordination Mechanisms:* NMRF's structured approach

*Community Ownership:* Grassroots movements' local leadership

*Coalition Power:* ARN and networks' unified advocacy

*Integration:* One-stop centers and integrated health facilities

*Sustained Engagement:* Long-term commitment over quick wins

*Evidence-Based:* Using data and lived experience

*Multi-Stakeholder:* Government, CSOs, affected communities, donors working together

*Critical Gap*: All these promising practices lack government budget support for sustainability and national scale-up. They remain dependent on time-bound donor projects, creating vulnerability and limiting their transformative potential.

## Conclusion

This assessment concludes that the advancement of human rights and Sexual and Reproductive Health and Rights (SRHR) in Liberia is constrained by a profound and systemic implementation gap. While the nation has established a commendable and progressive legislative framework, the translation of these laws into tangible protections and services for citizens, particularly women, girls, and marginalized groups, remains critically weak and ineffective. The analysis reveals that the core impediments are not the policies themselves but deeply rooted systemic failures. These include **chronic underfunding** that renders laws as unfunded mandates, **fragmented coordination** among government ministries leading to siloed and duplicated efforts, a **pervasive culture of impunity** rooted in the unaddressed legacy of the civil conflict, and **deep-seated socio-cultural resistance** that normalizes rights violations and silences survivors.

The evidence is stark: high maternal mortality, widespread acceptance of gender-based violence, and the systemic exclusion of persons with disabilities are not merely statistics but symptoms of a broken implementation chain. The justice system, hampered by corruption, legal loopholes like the exemption of marital rape, and a critical lack of forensic capacity, fails to deliver accountability, thereby reinforcing cycles of violence. Furthermore, the accountability ecosystem is unsustainable, over-relying on donor-driven civil society to perform core state functions while key national institutions like the Independent National Commission on Human Rights (INCHR) remain critically under-resourced.

Despite these challenges, the report identifies a path forward through promising practices. The collaborative model of the National Monitoring, Reporting and Follow-up Mechanism (NMRF) demonstrates the potential of interagency coordination. Grassroots women's groups and national coalitions like the Amplifying Rights Network (ARN) have proven that survivor-led, consistent advocacy can achieve legislative change and shift community norms. These successes, however, remain localized and vulnerable to the volatility of external funding. This requires not only closing the funding and coordination gaps but also fundamentally reforming the accountability ecosystem to ensure that monitoring and oversight are state-owned, sustainably funded, and resilient beyond the lifecycle of external projects

Ultimately, Liberia's policy frameworks provide a solid foundation for progress, but the crisis lies in execution. A strategic shift is imperative. Moving from scattered, issue-specific advocacy to a targeted, multi-stakeholder strategy that addresses the root causes of implementation failure specifically, inadequate budget allocations, weak coordination mechanisms, entrenched impunity, and harmful social norms is essential. By leveraging the evidence compiled in this report, ARN and its partners are equipped to champion this shift, holding the Government of Liberia accountable for transforming its written commitments into concrete, funded, and measurable actions that secure dignity, justice, and rights for all its citizens.

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# Appendix A: Key Informant Guide

## Appendix A: Key informant Guide

Back ground and Role

1. Can you tell me about your organization's role in promoting SRHR and human rights in Liberia?

2. How has your ur organization engaged with legal and policy frameworks?

   (Probe for: the Domestic Violence Act, policies protecting Human Rights Defenders, HIV & AIDS policies, or disability rights policies, Liberia Rape Law )

Policy Awareness and Implementation

3. From your perspective, how well are these policies (DV Act, HRDs, HIV & AIDS, PWDs) being implemented in practice?
4. What challenges or barriers have you observed in their enforcement or uptake?
5. How effectively are government institutions and civil society coordinating around these frameworks?

Gaps and Barriers

6. What gaps exist in these laws or policies themselves?

   (Probe for: missing provisions, weak protections)

7. What gaps exist in the implementation of these policies?

   (Probe for: limited resources, capacity constraints, lack of awareness)?

8. Are there specific groups (such as women, PWDs, people living with HIV, or HRDs) who are not adequately reached or protected under current implementation?

Good Practices and Lessons

9. Have you seen any promising practices or successful initiatives that have strengthened the implementation or accountability of these policies?
10. What lessons can be drawn from your organization's or others' experiences that could inform better implementation?

Recommendations for Advocacy

11. What key advocacy priorities should be pursued to strengthen the implementation of the DV Act, HRD protections, HIV & AIDS, and disability rights policies?
12. How can ARN and its partners work with government, civil society, and development partners to ensure stronger accountability and inclusiveness in these frameworks?

## Appendix B: Desk Review Checklist

| Authors | Title of the research | Year of the document | Focused Areas | Key learnings/info shared | Analysis, relevance, and recommendations for the 16 Days of Activism | Type of Document | Remarks from feedback loops/validation (with whom, when and how?) | Any other relevant comments |
|---|---|---|---|---|---|---|---|---|
| Government of Liberia | The Domestic Violence Act | 2019 | DV, GBV | Defines forms of DV, outlines protection orders, and assigns responsibilities to the Ministry of Gender, Children & Social Protection. | Relevance: Core legal framework. Gap: Lack of public awareness and limited implementation mechanisms (e.g., few dedicated courts, underfunded shelters). Recommendation: Analyze budget | National Legislation | To be validated with Ministry of Gender officials via KIIs. | The Act is progressive but its reach outside Monrovia is minimal. |

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| | | | | | allocations for implementation and training of judiciary/police. | | | |