

Advancing Legislative and Policy Reforms on Sexual and Reproductive Health and Rights

LIBERIA

Research Brief

June 2021



This brief was developed in partnership with the Ministry of Health of Liberia and the Global Financing Facility national multistakeholder platforms. It represents a review of Liberia's current legislative framework and actions taken by the government and other entities to advance sexual and reproductive health and rights. It does not reflect the opinions of the authors, including GFF secretariat staff and others who have contributed to the development of the brief. Also, it does not include policy recommendations based on the findings of the review. Rather, it is intended to provide a synthesized review of Liberia's legal framework, including annexes with national legislation with brief legal analysis on specific restrictive provisions. The primary audience for this brief is the Global Financing Facility national multistakeholder platforms, Liaison Officers and Secretariat Focal Points, World Bank Task-Teams who are involved in operations. This brief may also be useful to a broader scope of partners working on the interlinkages between gender equality laws and improved health outcomes to empower women and girls.

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ACKNOWLEDGMENTS

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Recommended citation for this research brief: Calimoutou, Emelyne. 2021. Advancing Legislative and Policy Reforms on Sexual and Reproductive Health and Rights in Liberia. Gender Equality, Laws, SRHR Series. Washington, DC: The Global Financing Facility and World Bank.

This note is part of a broader series of research briefs studying the interlinkages between gender, laws, and sexual reproductive health and rights.

CONTENTS

KEY MESSAGES	1
INTRODUCTION	2
BACKGROUND AND CONTEXT	2
INTERNATIONAL AND REGIONAL LEGAL FRAMEWORKS	3
NATIONAL LEGAL FRAMEWORK	3
NATIONAL POLICY FRAMEWORK	7
NATIONAL INSTITUTIONAL FRAMEWORK	9
CONCLUSION	10
ANNEXES	12

KEY MESSAGES

- ▶ Sexual and reproductive health and rights (SRHR) are fundamental to the general health and well-being of adolescent girls and women and encompass multiple issues—including, but not limited to—access to sexual and reproductive health services as family planning, antenatal and postnatal care, prevention of sexual and gender-based violence, harmful practices, and the right to make decisions over one’s own body.
- ▶ Legislation and policy can play a role in creating barriers to SRHR services, especially for adolescents. This series of briefs provides a comprehensive review of key legal frameworks on SRHR in Global Financing Facility (GFF) countries and highlights country-led actions to advance gender equality and SRHR.
- ▶ The government of Liberia has made significant progress to improve access to SRHR and tackle violence against women and girls. However, adolescent girls still experience certain legal restrictions in accessing family planning. These legal limitations drive health inequities.
- ▶ The new Public Health Law of Liberia as revised in 2020 may soon lift several legal barriers and improve access to SRHR services for women and adolescent girls. Resolutions and policy statements recently issued by traditional leaders also constitute powerful instruments to curb harmful practices such as female genital mutilation and child marriage.

I. INTRODUCTION

The aim of this research brief:

SRHR has been identified as a priority within the reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) continuum in all 36 current Global Financing Facility (GFF) countries. As a result, SRHR has been prioritized in every investment case to date.

This brief aims to provide a review of the international, regional and national legal, policy, and institutional frameworks on SRHR in Liberia, with a focus on adolescent girls. It highlights current country-led actions to advance legislative and policy reforms on SRHR (as defined by the Guttmacher & Lancet Commission) for adolescent girls and women of priority populations across the country investment cases. In addition, this brief supports the operationalization of the GFF Roadmap for Advancing Gender Equality.

Who should read this brief:

The primary audience for this brief is the GFF national multistakeholder platforms, liaison officers, GFF Secretariat focal points, and World Bank task-teams involved in operations. This brief may also be useful to a broader scope of partners working on the interlinkages between

gender equality, laws, and improved health outcomes to empower women and girls.

What is included in this brief:

This brief reviews laws and policies assessed against the following SRHR: (1) access to contraception; (2) access to safe abortion and maternal health services, including gynecology and obstetrical emergencies; (3) access to school for pregnant girls and comprehensive sexuality education; (4) prevention of child marriage and female genital mutilation; and (5) prevention of sexual and gender-based violence. This country brief was developed in partnership with the Liberia’s Ministry of Health and the GFF national multistakeholder platforms.

II. BACKGROUND AND CONTEXT

Over the past three decades, Liberia’s health system and infrastructures have been severely impacted. Two catastrophic events caused a decline in health services in Liberia: the long-lasting civil war (1989–2003) and the Ebola Viral Disease (EVD) outbreak (2013–2015). During the outbreak, the country experienced death of skilled and educated health workers, declines in the utilization of health services, including sexual, reproductive, maternal,

Table 1. Country-Led Actions to Advance Legislative Reforms and Policy Dialogue in Liberia

	Existing national legal framework	Restrictive provisions	Draft legal reform initiated	Policy dialogue initiated	Country-led actions
Access to contraception	✓	✓	✓	✓	✓
Access to safe abortion & maternal and health care services	✓	✓	✓	✓	✓
Access to comprehensive sexuality education	✓	✓	✓	✓	✓
Access to school for pregnant girls					
Prevention of child marriage	✓			✓	✓
Prevention of FGM				✓	✓
Prevention of sexual and gender-based violence	✓			✓	✓

Source: Compiled by the author.

newborn, child and adolescent health services (SRMNCAH). The decline was mainly caused by the temporary closure of facilities and growing mistrust of communities toward the health system. In this context, and because of persisting social norms around childbearing, birth control, and gender-based violence, women's health in Liberia is at risk. Liberia has a high prevalence of maternal mortality, adolescent fertility, and unmet need for family planning as well as harmful practices such as female genital mutilation, child marriage, rape, and transactional sex. Liberia's maternal mortality ratio is amongst the highest in the world at 1,072 deaths per 100,000 live births; 58 percent of women in Liberia have experienced FGM (LISGIS 2014); and SGBV—in particular rape—is a critical issue especially for adolescents.

The current COVID-19 pandemic might exacerbate even more these vulnerabilities (Wenham, Smith, and Morgan 2020). During the early stages of the COVID-19 outbreak, evidence emerge that essential reproductive, maternal, newborn, child and adolescent health (RMNCAH) services were closing (Burki, Talha 2020), thus preventing girls and women from accessing healthcare and other social services for at least two full months from April to June 2020.

Liberia has taken several steps to strengthen the legal protection of SRHR for women and girls. This brief acknowledges progress constituting the current revision of the 1976 Public Health Law, the 2019 Domestic Violence Law, the 2011 Children's Law, and the amendment to the penal code to expand the definition of rape, outlaw gang rape and establish stringent penalties for rape or gang rape of minors. However, the implementation of these laws remains a challenge at the community level, especially, in remote and rural settings (Oronje et al. 2011).

Building a strong and resilient health system to promote SRHR and reduce gender inequality would require repealing restrictive and discriminatory provisions to improve access to health care services. By taking a gender lens to SRHR, laws and policies are likely to have a greater impact (Starrs et al. 2018) as it will help tackle the root causes of gender inequality

and reshape unequal power relations on SRHR (Chandra-Mouli et al. 2018). Important legal reforms benefit from being backed up by enforcement, including clear mandates, procedures, funding, and accountability mechanisms (Boydell et al. 2019).

As shown in table 1, Liberia is currently leading important actions to advance legislative and policy reforms and dialogue to improve access to contraception and maternal health services, safe abortion, comprehensive sexuality education, and prevention of child marriage and FGM.

III. INTERNATIONAL AND REGIONAL LEGAL FRAMEWORKS

Liberia has ratified or acceded to the core international human rights treaties and is a party to the major regional human rights instruments that have relevance to protect women and girls' SRHR (See **annex 1** for details about the international and regional conventions). Liberia has not made any reservations to the listed international and regional instruments it has ratified, though it is worth noting Liberia has not yet ratified the optional protocol on violence against women.

As shown in **table 2**, Liberia is party to key international and regional conventions that protect adolescent girls and women's rights to health and education. By ratifying conventions, member states commit to undertaking all appropriate legislative, administrative, and other measures for the full realization of the rights they contained.

IV. NATIONAL LEGAL FRAMEWORK

Liberia has progressively adopted legislative and policy frameworks to protect adolescent girls and women's SRHR to comply with its international and regional commitments. However, some legislations include restrictive or discriminatory provisions providing women and girls with a limited legal protection.

1. National Constitution

The Liberian Constitution provides the fundamental right to health care (article 8)

Table 2. International and Regional Legal Frameworks

Conventions	Ratification status
Convention to Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962)	Acceded in 2005
International Covenant on Economic Social and Cultural Rights (1966)	Ratified in 2004
International Covenant on Civil and Political Rights (1966)	Ratified in 2004
International Convention on the Elimination of All Forms of Racial Discrimination against Women (1979)	Ratified in 1984
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987)	Ratified in 2004
Convention on the Rights of the Child (1989)	Ratified in 1993
Convention on the Rights of Persons with Disabilities (2008)	Ratified in 2012
African Charter on Human and Peoples' Rights (1981)	Ratified in 1992
African Charter on the Rights and Welfare of the Child (1990)	Ratified in 2007
The Protocol of the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003)	Ratified in 2007

Source: Compiled by the author.

*Accession has the same legal effect as ratification.

and equality regardless of gender (article 11b). However, it does not specifically address SRHR and violence against women and girls, including harmful practices. The constitution also includes a provision on promoting positive Liberian culture, that are compatible with public policy and national progress (article 5). However, there is no definition of what constitutes a “positive” culture under the Liberian national framework. If clarified, this term could potentially provide strong protection against harmful practices.

In addition, as shown in **table 3**, the Liberian Constitution does not specifically address sexual and reproductive health but provides for the fundamental right to health care (article 8).

2. National Laws

Several legislations have been recently adopted in Liberia to protect women and girls’

SRHR, the 2019 Domestic Violence Law has been recently signed and a new revised Public Health Law of Liberia (2020) is currently under review at the Parliament. (See **annex 2** for details about national laws).

The revised Public Health Law of Liberia (2020) is currently scheduled for public hearing at the Parliament. If adopted, this new law will remove legal restrictions, including on access to safe abortion and sexual and reproductive healthcare for adolescents (§ 49.4). The law clearly states that pregnant, married, and sexually active adolescents can access sexual and reproductive health care services without the consent of a parent or guardian, and, also have access to sexuality education in school settings and outside of school settings. The law will clarify the age of eligibility to access and use contraceptives (starting at 10 years old), which remained undetermined so far and contributed to create barriers to access contraception among

Table 3. The Liberian Constitution (1986)

Article	Provision
5 (b)	The Republic shall preserve, protect and promote positive Liberian culture, ensuring that traditional values, which are compatible with public policy and national progress are adopted and developed as an integral part of the growing needs of the Liberian society.
8	The Republic shall direct its policy towards ensuring for all citizens, without discrimination, opportunities for employment and livelihood under just and humane conditions, and towards promoting safety, health and welfare facilities in employment.
11 (b)	All persons, irrespective of ethnic background, race, sex, creed, place of origin or political opinion, are entitled to the fundamental rights and freedoms of the individual, subject to such qualifications as provided for in this Constitution.

Source: Compiled by the author.

unmarried, sexually active adolescents (§ 49.1). This clarification will be particularly important for providers as they will benefit from clear guidelines to deliver contraceptives (§ 49.11–49.13). All adolescents will also have the right to access of age-appropriate, gender sensitive and comprehensive sexuality education (§49.9). It also recognizes both adolescents' needs and their ability to make responsible sexual health decisions and protects confidentiality in referral procedure.

The 2020 revised public health law authorizes abortion within the 24th week conducted by a licensed and skilled birth attendant as long as the one who is pregnant has certified her informed consent, and the procedure is conducted in an environment in conformity with medical standards or in an environment that does not pose any harm to the person's health (§ 49.4.2). This new provision contradicts the current Article 16.3 of the Penal Code, which states abortion shall not be performed unless two physicians, one of whom may be the person performing the abortion, shall have certified in writing the circumstances they believe justify the abortion. Before the abortion, this certification shall be submitted to (i) (a) to the hospital where it is to be performed, or if the abortion is not performed in a hospital, to the Minister of Health, and (ii) in the case of abortion following felonious intercourse, to the County Attorney or the police. An illicit intercourse with a girl below the age of 18 is considered felonious for purpose of this Section. Article 16.3 of the Penal

Code causes delays for women receiving care by creating complex and burdensome administrative procedures and increases the costs of safe abortion services, therefore limiting the availability of health services and their equitable distribution. In this context, a harmonization of the national legal framework will be required to ensure consistency. This implies the repeal article 16.3 if the new public health law is adopted. Beyond the 24th week, a supplementary condition is required, including justifying the substantial risk that continuance of the pregnancy would impair the physical or psychological health of the mother, the child would be born with fetal abnormalities, or the pregnancy resulted from rape, incest, or other felonious intercourse.

This new law also states that the Minister of Health shall adopt regulations to provide access to information, counseling, and services to ensure safe pregnancy, childbirth, antenatal, natal, postnatal and newborn care, diagnosis and treatment of postpartum complications, and to reduce maternal, newborn, and infant morbidity and death. It supports the need for a follow-up regulation detailing how adolescent girls and women can access comprehensive emergency obstetric and neonatal care to tackle major problems, such as hemorrhage, obstructed labor, sepsis, and eclampsia. Therefore, the law acknowledges the need to address complications during pregnancy and childbirth as they remain the leading causes of death and disability among

women of reproductive age. If adopted, this public health law could be accompanied by implementation guidelines and interventions to combat the stigmatization on access to contraceptive services for adolescent girls.

Domestic Violence Act 2019 was adopted after a lengthy debate but did not contain any prohibition of FGM. In 2016, a new legislation was proposed to address domestic violence and FGM. The domestic violence Act (amending Chapter 16, Offences Against the Family of the Penal Code to add a sub-chapter on Domestic Violence) was rejected due to strong opposition against the FGM portion of the new legislation. In January 2018, his Excellency Dr. George Manneh Weah signed Executive Order No. 92 on Domestic Violence and Female Genital Mutilation to offer protection to survivors. This order was in force for only one year, as presidential executive orders lapse after one year in Liberia unless ratified by the legislature (Goitom 2018). While this executive order represented an important step, it only covered girls below the age of 18 and imposed minimal penalties on perpetrators. In 2019, a stand-alone bill for domestic violence was re-introduced over the withdrawal of the FGM section. On Thursday, July 4, 2019, the House of Representatives passed into law the 2019 Domestic Violence Act. His Excellency Dr. George Manneh Weah, signed into law the 2019 Domestic Violence Act (DVA). Any mention of FGM was removed from the Domestic Violence Act, and there is currently no penalty set out in the laws of Liberia for practicing FGM. In addition, the Penal does not contain any specific penalties for FGM. However, some provisions (sections 14.23 on recklessly endangering another person; section 14.50 on kidnapping or section 14.51 on felonious restraint) of the Penal Code might indirectly cover FGM.

The 2011 Children's Law is a comprehensive legal protection framework compliant with the Convention on the Rights of the Child and the African Charter and strengthened the overall child protection system, especially in stipulating the role and responsibilities of different actors, both government and nongovernment. It includes in Section 8, Article III (a) on the right for each child to have the right to access all medically necessary health

care, including the delivery of reproductive health services through regular clinics, hospitals, and other centers and in Section 4, Article VI (b) the direct prohibition of child marriage (c) and indirect prohibition of female genital mutilation. This legislation provides a comprehensive, but very broad child protection legal framework, and has not been followed by the adoption of regulations to detail its implementation.

The Education Act 2011 established free compulsory primary education and basic education but also promotes gender equality and the criminalization of sex offenses committed in school settings. However, it does not include any provisions clarifying whether pregnant girls can remain in school.

Liberia amended the 1976 Penal Code, more precisely Section 14.70 of the Penal Law related to rape to expand the definition of the offense of rape, outlaw gang rape and establish stringent penalties for rape or gang rape of minors. In September 2020, his Excellency Dr. George Manneh Weah issued a proclamation declaring rape as a national emergency. In order to protect adolescent girls and women from rape and sexual and gender-based violence, he set up an interministerial taskforce, which worked on the National Roadmap on Rape and Sexual and Gender-Based Violence validated during a two-day national anti-rape and SGBV conference convened by the government. President Weah also announced important measures including the appointment of a special prosecutor for rape; the establishment of a National Sex Offender Registry, a National Security Taskforce on SGBV, and the allocation of an initial amount of US\$2 million to advance the fight against rape and SGBV in the country.

V. NATIONAL POLICY FRAMEWORK

Several policies and plans have been recently adopted to protect adolescent girls and women's sexual and reproductive health and rights, indicating the Liberian government has made this a priority by laying out a clear vision, strategy, and actionable plan to improve health outcomes for women and girls.

1. Health

The Investment Case for RMNCAH (2016–20) serves as the national strategic roadmap for improving maternal health. It focuses on women, newborn, children, and adolescents and recommends a set of high-impact interventions that could significantly improve the health status and livelihood of the Liberian population.

The National Health Policy and Social Welfare Policy and Plan (2011–21) and the accompanying policy document on the **Essential Package of Health Services (EPHS)** aims to improve equitable access to health and social welfare by increasing access to and utilization of a comprehensive package of quality health services; making health more responsive to people’s needs, demands and expectation; and making health and social protection available to every Liberian at an affordable cost regardless of their social position in society. The government’s strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations, including women, adolescents, the indigent, and rural populations, complemented by a seven-year investment plan to build a resilient health system (2015–2021) developed to take into account important lessons from the Ebola outbreak.

The Investment Plan for Building a Resilient Health System in Liberia (2015–21) complements to the National Health Plan and aims to improve the health status of the Liberian population through building a resilient health system, that contributes to the achievement of the health outcomes described in **the National Health Policy and Plan (2011 – 21)** by restoring the gains lost due to the EVD crisis, optimizing the delivery of quality services toward universal health coverage, and reducing risks due to epidemics and other health threats.

2. Sexual Reproductive, Maternal Newborn, Child, and Adolescent Health and Family Planning

The Liberia Family Planning Costed Implementation Plan (2018–2022), or (CIP) details



the country’s roadmap for achieving the vision that every person in Liberia can enjoy the highest quality SRH, including family planning services; can fully exercise their sexual and reproductive rights; can manage their own fertility choices; and can have equitable access to services close to where they live. These plans present a unified strategy in which government and stakeholders articulate priority areas for investment, identify the necessary financial and human resources necessary to implement priorities, and estimate the impact of executing priority areas as planned.

The National Policy for Sexual Reproductive, Maternal Newborn, Child, and Adolescent Health (SRMNCAH) mentioned family planning as one of several strategic interventions in the SRMNCAH policy. With an aim to enhance family planning services and increase the modern contraceptive prevalence rate, to reduce maternal mortality and teenage pregnancy the policy emphasizes the government of Liberia will ensure the following the availability and provision of a full range and supply of contraceptive methods; facilities are equipped to support training, supervision, mentoring, and coaching of service providers; the principles of informed choice and rights for individual women, men, couples and young people, postpartum family planning counseling and services; family planning counseling emphasizes dual protection against sexually transmitted infections or HIV and unintended pregnancies; the provision of adolescent and youth-friendly family planning services align with standards; the strengthening of community-based family planning provision, awareness, and sensitization using multimedia channels, including local traditional methods of

communication; promotion of male involvement in SRMNCAH programs and services.

The National Family Planning Strategy (2017–21) aims to coordinate efforts to increase the use of family planning services by ensuring that couples, individuals, and adolescents of reproductive age have access to the full range of quality affordable family planning services at a location of their choice, by the end of 2021.

The Revised National Community Health Services Policy (2016–21) provides a new cadre of community health workers (CHWs). Through established criteria, individuals will be selected by their respective communities to undergo and successfully complete integrated and standardized training modules in order to be certificated as CHWs. Once trained, CHWs will be supervised to deliver an integrated and standardized service delivery package, which includes curative, preventive, promotive, rehabilitative and palliative services, to households located more than a one-hour walk (more than 5km) from the nearest health facility offering sexual and reproductive health and services.

3. Adolescents

The National Adolescent Empowerment Strategy (2017–22) is a multisectoral strategy focusing on empowerment and improved well-being for all adolescents in Liberia. It is intended to provide guidelines for stakeholders involved in the implementation of policies, programs, and projects for the development and empowerment of adolescents, and supports the country to demonstrate its commitment to existing adolescent-focused policies across all line ministries.

4. Gender

The National Gender Policy (2009–19) revised in 2017, seeks to address gender inequalities and the marginalization of women. This policy mandates mainstreaming gender in all national development processes as well as enhancing women’s and girls’ empowerment for sustainable and equitable development. In addition, the policy creates and strengthens gender responsive structures and

mechanisms, in which both women and men can participate and benefit from development programs on an equal basis. Twelve priority areas are addressed in the policy. One of the objectives of the policy is to eradicate gender-based violence in Liberia, which remains prevalent.

5. Education

The Education Sector Plan (2017–21) provides a series of strategic, evidence-based, and innovative programs to measurably improve the quality and relevance of teaching and learning for all students, including, revising the curriculum and developing instructional materials and teacher training modules that deliver culturally appropriate, gender-sensitive, age-specific comprehensive sexuality education.

6. Gender-Based Violence

The National Plan of Action for the Prevention and Management of Gender Based Violence in Liberia (2011–15) focuses on the prevention and response to gender-based violence recognizing access to justice as critical for the sustainability of peace and development. Other mechanisms that the government has put into place include: (a) the establishment of a Women and Children Protection Section (WACPS) within the Liberia National Police and other substations throughout the country to cater to women and children who have been violated and abused; (b) the establishment of a Sexual and Gender-based Violence Crimes Unit at the Ministry of Justice to prosecute sexual offense cases and ensure the protection of women and children who have been sexually abused; (c) the establishment of Criminal Court “E” to try sexual offense cases; (d) the construction and operationalization of safe homes to provide protection to survivors of GBV; (e) the establishment of “one stop centers” to provide comprehensive and integrated services to GBV survivors.

VI. NATIONAL INSTITUTIONAL FRAMEWORK

Improving health outcomes for women and girls through legislative and policy

reforms in Liberia required for a multisectoral collaboration between ministries with roles to play in ensuring women's quality access to sexual and reproductive health services and, tackling violence against women and in girls (Heymann et al. 2019). Ministries and bodies listed below would be among the main counterparts for a policy dialogue in SRHR and gender equality for improved health outcomes in Liberia.

1. Ministries

The Ministry of Health (MOH) aims at reforming and managing the health sector to effectively and efficiently deliver comprehensive, quality health services that are equitable, accessible, and sustainable for all the people in Liberia. The MOH is leading the revision of the 1976 Public Health Law by collecting relevant information and clarifying the legal implications of the measures. The Community Health Services Division (CHSD) of the MOH is tasked with ensuring access to basic health services at the community level. In order to provide these services, the division coordinates and collaborates with county health teams as well as other programs, partners and communities to scale up community health activities in the counties.

The Ministry of Gender, Children and Social Protection (MOG) advises the government on all matters affecting the development and welfare of women and children. It has a Sexual and Gender-Based Violence Unit (SGBV Unit) mandated to monitor and report on cases of SGBV throughout the country). The MOG shares information with the Ministry of Justice to recommend cases prosecution, and serves as the secretariat for the Gender-Based Violence Inter-Agency Task Force, which brings together United Nations, government, and local and international nongovernmental organizations (NGOs) to address pressing gender-based violence issues in the country.

The Ministry of Justice (MoJ), is responsible for providing effective, efficient, that and excellent public safety and legal services that promote the rule of law, ensure the safety and security of the public, and uphold the interest of the government and people of Liberia. It oversees the operations of the Women and

Children Protection Sections (WACPS) of the Liberian National Police are staffed by officers with limited training to handle cases of sexual violence. The MOJ has assigned trained SGBV prosecutors in eight counties and established SGBV subunits.

The Ministry of Internal Affairs (MIA)

conducts and improves local government through supervision and direction of activities of the political subdivisions and the central government; managing and resolving all tribal matters arising out of tribal conflicts and relationships; coordinating and implementing government services through the various units of local government; overseeing the selection, training, and efficient performance of local government personnel; overseeing the orderly functioning of tribal government; and drafting rules and regulations. The MIA includes the Bureau of Customs & Culture Affairs, which supervises and monitors all traditional culture including Poro, Sande, and other secret societies in Liberia; investigating conflicts that may arise from the traditional culture societies and making settlement amongst the citizens; coordinating and monitoring the activities of the National Traditional Council; and making periodic report to the Minister of Internal Affairs through the Deputy Minister for Administration.

The Ministry of Education (MOE) is responsible for overseeing the entire education sector, including establishing the national curriculum, standards, and policies for all schools and educational programs. This includes oversight over tertiary education for healthcare workers. The MOH collaborates, with the MOE to ensure preservice curriculums for healthcare workers are up to date with the latest evidence-based guidance for family planning services. Further, since the MOE oversees the school health policy and teaching curricula, the MOH will also ensure the current development of the comprehensive sexuality education is finalized, validated, and implemented to address health education at primary, secondary, and tertiary levels, as well as for out-of-school youth, with the objective of contributing to the reduction of teenage pregnancy and improve access to rights-based family planning. In 2014, the MOE published a Code of Conduct for Teachers and School Administrators in Liberia. The code clearly sets out that SGBV will be punished.

2. National Council

The National Council of Chiefs and Elders of Liberia (NACCEL) is the representative body of traditional authorities in Liberia. It is comprised of chiefs and elders from all political and electoral districts in Liberia, and one of its main roles is “to preserve, protect and foster positive Liberian traditions, cultural heritage and traditional institutions”. The head of the council is highly influential and is consulted by state authorities on all matters related to Liberian society. It also has an advisory role on matters related to internal affairs and is mandated to assist the government of Liberia in achieving sustained peace, reconciliation, and reunification at all levels. The NACCEL in collaboration with the MIA signed on January 3, 2019, a communique to curb teenage pregnancy and end child marriage by massive community awareness. In June 2019, the NACCEL in collaboration with the MIA agreed through a resolution to temporarily suspend all “Bush School” activities for one year. This policy statement aims to address some practices within the

Sande, often referred to as harmful traditional practices, such as FGM. The decision was reached on June 25, 2019, at the end of a two-day consultative meeting that brought together over 180 traditional leaders under the leadership of the NACCEL. This type of policy statement issued by traditional leaders constitutes a powerful instrument as FGM and child marriage are often performed in remote communities where traditional leaders tend to have more influence over communities than policymakers.

VII. CONCLUSION

This brief is intended as a support for discussion and dialogue with governments and country multistakeholder platforms and outlines the key partners with whom to engage and the specific role they can play. The brief provides an overview of the legal frameworks and policies in Liberia as well as analyzes the current ground for potential national reforms in the intent of supporting the in-country dialogue to advance gender equality and SRHR for improved health outcomes.

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ANNEXES

ANNEX 1: INTERNATIONAL AND REGIONAL CONVENTIONS

International Covenant on Economic, Social and Cultural Rights commits its parties to work toward granting economic, social, and cultural rights, including the right to health, specifically “the highest attainable standard of physical and mental health.”

International Covenant on Civil and Political Rights commits its parties to respect the civil and political rights of individuals, including the right to physical integrity, in the form of the right to life and freedom from torture and slavery.

International Convention on the Elimination of All Forms of Racial Discrimination against Women defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination, including guaranteeing women equal rights to decide “freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.” It also specifies that women’s right to education includes “access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning.”

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment around the world and the right.

Convention on the Rights of the Child set out the civil, political, economic, social, health, and cultural rights of children. Children’s rights include their right to association with both parents, human identity, as well as the basic needs for physical protection, food, universal state-paid education, health care, and criminal laws appropriate for the age and development of the child, equal protection of the child’s civil rights, and freedom from discrimination on the basis of the child’s race, gender, sexual orientation, gender identity, national origin, religion, disability, color, ethnicity, or other characteristics.

Convention on the Rights of Persons with Disabilities promotes, protects, and ensures the full enjoyment of human rights by persons with disabilities with provisions for the enjoyment of the highest attainable health without discrimination on the basis of disability, including provision of the same quality of care in the area of sexual and reproductive health as it does for other persons.

Convention to Consent to Marriage, Minimum Age for Marriage and Registration of Marriages reaffirms the consensual nature of marriages, to require the establishment of a minimum age of marriage by law, and to ensure the registration of marriages.

The Protocol of the African Charter on Human and Peoples’ Rights recognizes civil, political, economic, social, and cultural rights of individual human beings, such as the right to respect for one’s inherent dignity as a human being, including freedom from slavery, the slave trade, torture, cruel, inhuman or degrading punishment and treatment and the right to enjoy the best attainable state of physical and mental health.

African Charter on the Rights and Welfare of the Child defines the rights and responsibilities of a child and mandates protection of the girl child from harmful cultural practices such as child marriage.

Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa guarantees extensive rights to African women and girls and includes progressive provisions on harmful traditional practices, e.g. child marriage and female genital mutilation (FGM);

reproductive health and rights and ending violence against women.

ANNEX 2: NATIONAL LEGISLATIONS

2020 REVISED PUBLIC HEALTH LAW

PART X: HEALTH AND RELATED RIGHTS

Chapter 49. SEXUAL AND REPRODUCTIVE HEALTH

§ 49.1. Definitions

“Adolescent” means any person aged 10 to less than 18.

§ 49.2 Sexual and Reproductive Rights

All individuals have the right to attain the highest standard of sexual and reproductive health and to make informed choices regarding their sexual and reproductive lives free from discrimination, coercion, or violence. Sexual and reproductive rights include, but are not limited to, the right to:

1. quality and accessible sexual and reproductive health care services;
2. protection from gender, religious, ethnic or age discrimination as well as harmful cultural practices;
3. decide freely and responsibly the number, spacing, and timing of one’s children, and to have access to safe, effective, affordable and acceptable methods of family planning of one’s choice;
4. safe pregnancy, childbirth, antenatal, natal, and post-natal care and services;
5. access safe reproductive technologies, including artificial insemination;
6. safe and accessible abortion-related care as provided for in this Chapter;
7. information, counseling and services for the prevention and treatment of sexually transmitted infections;
8. information, education and services on all matters of sexual and reproductive health, including infertility, menopause and reproductive cancers;
9. specialized education for children, adolescents and marginalized groups on sexual and reproductive health and rights;
10. receive information about one’s health condition and any medical care required;
11. confidentiality of any medical or other information obtained by healthcare providers;
12. freely consent to the reproductive healthcare and services obtained;
13. prenatal diagnostics for the purpose of identifying fetal diseases and deformities;
14. essential newborn care and prevention, early detection and management of complications during the newborn period;
15. protection from unsafe cultural practices that have the proclivity to cause complications before and during the delivery of a child, and the right to reject same.

§ 49.3 Access to Sexual and Reproductive Healthcare and Family Planning Services

The Minister shall adopt regulations to ensure access to quality and acceptable sexual and reproductive health and family planning services, information, and education. The regulations shall ensure:

1. Access to information, diagnosis, preventive services and treatment of medical and surgical conditions affecting reproductive health, including sexually transmitted infections, breast and cervical cancer, prostate cancer, sexual dysfunction, obstetric fistula and other reproductive health conditions;
2. Access to the full range of contraceptive methods, including emergency contraception, provided by qualified and authorized individuals;
3. That individuals are provided with access to information on all methods of contraception, including advantages and disadvantages, so that they can give informed consent before accepting a contraceptive method;

4. That all contraceptives provided to persons are of internationally and nationally acceptable quality.

§ 49.4. Adolescent Sexual and Reproductive Health

1. The Minister shall, in consultation with health professionals and other stakeholders, develop regulations, policies, and guidelines to facilitate the provision of sexual and reproductive health services specifically aimed at adolescents including the protection of adolescent from physical and sexual violence and discrimination, cultural practices that violate the sexual and reproductive health rights of the adolescents.
2. If an adolescent fit one of the following categories, he/she may consent to all sexual and reproductive healthcare services without the consent of a parent or guardian:
 - (a) the adolescent who is married or has been married;
 - (b) the adolescent is sexually active;
 - (c) if she is pregnant;
 - (d) if he/she is a parent;
 - (e) the adolescent has been legally emancipated by a court or by conduct;
 - (f) if, in the opinion of the care provider, the health of the adolescent will be at risk if services are not provided.
3. The health care provider shall keep these services confidential. To help ensure confidentiality, healthcare providers shall:
 - (a) explain to the parent that the minor should be seen confidentially and ask the parent to notify the insurance company that you treated the minor confidentially based on his/her own consent and that disclosure of the information would be contrary to the patient's best interests.
 - (b) discuss insurance, billing and alternative forms of payment with the minor.
 - (c) educate the billing section of the care institution about the adolescent's rights to confidentiality and be sensitive to the information on bills sent home.
 - (d) consult with legal counsel before releasing any medical records that might result in harm to the minor.
 - (e) ask the minor for alternative contact information (address and phone numbers where the adolescent can be reached) if the patient does not want to be contacted at home.
 - (f) inform the patient if billing or the insurance claims process may compromise confidentiality.

§ 49.5. Maternal and Newborn Healthcare

1. The Minister shall adopt regulations to provide access to information, counseling and services to ensure safe pregnancy, childbirth, prenatal, natal, and post-natal and newborn care, diagnosis and treatment of post-partum complications, and to reduce maternal, newborn and infant morbidity and death. This shall include counseling of pregnant women, girls and their partners who are affected by or living with HIV on how to promote and sustain their reproductive health and reduce the risk of perinatal transmission of HIV. Pregnant women and girls shall be offered confidential counseling and testing for HIV/AIDS and shall be informed about mother to child transmission of HIV in accordance with Chapter 12 of this Title.
2. The Minister, in consultation with health professionals and other stakeholders, shall adopt regulations according to internationally and nationally acceptable standards:
 - (a) to promote best practices on maternal and newborn health including
 - (b) to facilitate the provision of affordable and quality maternal and newborn healthcare in all healthcare settings;
 - (c) to facilitate the provision of adequate and acceptable community based maternal and newborn healthcare services;
 - (d) to facilitate access to continuous and regular medical treatment for HIV positive mothers and children born to HIV positive mothers;
 - (e) to establish measures to ensure availability of appropriate maternal and newborn

- medications, supplies and equipment;
- (f) to disseminate information on the health effects of harmful traditional and cultural practices;
- (g) to provide preventive and curative services to all women and girls who have undergone of harmful traditional and cultural practices;
- (h) to make provisions for the prevention and management of obstetric fistula.

§ 49.6 Abortion

1. Prohibited Abortion

- (a) Before the 24th week. A person who purposely or knowingly terminates the pregnancy of another, where the pregnancy has not progressed beyond 24th weeks, otherwise than by a request or consent from the one who is pregnant, commits a felony of the first degree, unless the abortion is justified under the provisions in § 49.6(2)(a).
- (b) Beyond the 24th week. A person who purposely or knowingly terminates a pregnancy where the pregnancy has continued beyond the 24th week commits a felony of the first degree unless the abortion is justified under the provisions in § 49.6(2)(b).
- (c) Self-abortion. It is prohibited for a woman to purposely or knowingly terminate her own pregnancy by the use of any means that inflict violence upon herself otherwise than by requesting and obtaining the services of a skilled birth practitioner. A person who induces or knowingly aids another to use instruments, violence or other means upon herself for the purpose of terminating her pregnancy otherwise than by a skilled birth practitioner and in an environment that meets medical standards commits a first degree misdemeanor whether or not a signed informed consent is used to request the abortion.

2. Justified Abortion

- (a) Within the 24th week: A licensed and skilled birth practitioner is justified in terminating a pregnancy in the 24th week following conception so long as the one who is pregnant has certified her informed consent, and the procedure is conducted in an environment in conformity with medical standards or in an environment that does not pose any harm to the person's health.
- (b) Beyond the 24th week. A licensed and skilled birth practitioner is justified in terminating a pregnancy beyond the 24th week in an environment in conformity with medical standards or in an environment that does not pose any harm on the person's health, if he or she believes there is substantial risk that continuance of the pregnancy would impair the physical or psychological health of the mother or that the child would be born with fetal abnormalities, or that the pregnancy resulted from rape, incest, or other felonious intercourse. An illicit intercourse with a girl below the age of eighteen shall be deemed felonious for purpose of this Section.

3. Medical Certificate and Consent

No abortion beyond the 24th week shall be performed unless an authorized and qualified skilled birth practitioner has obtained a signed consent form from the one who is pregnant and has certified in writing the circumstances which the practitioner believes to justify the abortion. Such certificate shall be signed by the individual performing the abortion and co-signed by their supervisor or the head of the health facility. Such certificate and consent form shall form part of the patient's medical records at the health facility. Failure to comply with any of the requirements of this Section gives rise to a presumption that the abortion was unjustified.

5. Post-Abortion Care

The following shall also be applicable to this subchapter:

- (a) Anyone who has undergone an abortion shall be entitled to post-abortion care, including psychosocial support, family planning and treatment for complications related to termination of pregnancy.
- (b) It is unlawful for any person to disclose to a third party the information of an individual's

abortion.

§ 49.7. Confidentiality and Privacy

It is unlawful to disclose to a third party any information about an individual obtained in connection with the provision of sexual or reproductive health services, except under the following circumstances:

1. Prior written consent for the disclosure has been obtained from the individual or, in case of incapacity, the individual's representative. Provided that a minor shall not be deemed incapacitated under this provision because of his/her minority;
2. Disclosure is made to other health personnel for the purpose of furnishing healthcare services to the individual;
3. Disclosure is made pursuant to the order of a court of competent jurisdiction;
4. Disclosure is otherwise permitted or required by other provisions of this Title or other laws.

§ 49.8. Rulemaking Authority

The Minister may adopt regulations or guidelines further specifying:

1. the types of healthcare providers authorized to provide abortions;
2. the types of facilities where abortions may be provided;
3. the types of information and counseling that may be provided to a woman who is seeking to obtain an abortion; and ;
4. such regulations as may be necessary for the implementation of this Chapter.

§ 49.9. Right to Sexuality Education

All adolescents have the right to attain the highest standard of age appropriate and gender sensitive sexuality education and to make informed choices regarding access to sexual and reproductive health care services free from discrimination, coercion, or violence.

§ 49.10. Duty to Ensure Access to Sexuality Education

The Ministry of Health shall work with the Ministry of Education, Ministry of Gender, and Ministry of Youth and Sports to ensure access to quality sexuality education:

1. The Ministry of Health shall work with the Ministry of Education to include quality sexuality education in the curriculum of the basic primary, secondary and tertiary levels including formal, non-formal and indigenous learning systems.
2. The Ministry of Health shall work with the Ministry of Youth and Sports to ensure adolescents receive quality sexual education out of school in community settings.
3. If, for any reason, the integration of the information into the curricula is considered inappropriate, the aforementioned ministries shall develop special modules and strategies sexuality education.

§49.11. Components of Quality Sexuality Education

A quality sexuality education curriculum shall:

1. Include information about puberty and reproduction, abstinence, contraception and condoms, relationships, sexual violence prevention, and body image.
2. Provides lessons and activities promoting equality between men/boys and women/girls, zero tolerance for any form of violence against women and girls or any form of sexual exploitation of children, and the capacity of all persons to negotiate their sexual and other relationships so as to protect themselves and others by reducing or eliminating the risk sexually transmitted infection and being able to avoid sexual violence and coercion, as well as self-esteem and other life skills.

3. Include information on the causes, modes of transmission and ways to prevent sexually transmitted infections, including HIV, as described in Chapter 12 of this Title.
4. Information about the sexual and reproductive rights and responsibilities of girls and boys, including a girl's right to refuse sex and the right and ability to negotiate safer sex and the right to access health and reproductive services independently; and a boy's responsibilities to take equal responsibility for sexual and reproductive health and outcomes; to avoid rape, sexual assault, and domestic violence, inside and outside marriage.
5. Be scientifically accurate, age-specific and, as appropriate, in local languages.
6. Established reporting and referral procedures that both protect confidentiality and ensure adolescents' needs are addressed.
7. Include information about where to access sexual and reproductive health services.
8. Not be limited to traditional media, or forums, but communicate information through a variety of media channels.

§ 49.12. Curriculum Development

The Ministry of Education, Ministry of Health, and Ministry of Youth and Sports shall develop and adapt the curriculum and teaching modules to each level of instruction, after consultation with students' parent associations, private schools, and community groups, traditional and religious leaders, and other stakeholders.

§ 49.13. Training of Instructors

In order to be authorized to teach or provide information on sexuality education, teachers, instructors and any other person involved in the lesson or teaching modules provided for in Subchapter B of this Chapter must:

1. Be qualified teachers.
2. Have access to the necessary instructional materials.
3. Be trained on the sexuality education curriculum by either the Ministry of Education, in the case of in school instruction, or the Ministry of Youth and Sports, with respect to the out of school curriculum, in collaboration with the Ministry of Health.

DOMESTIC VIOLENCE ACT, 2019

§ 16.21. Offense

A person in a domestic relationship who engages in an act or omission which amounts to domestic violence as defined by this Act commits an offense of domestic violence and shall be guilty of the crime of domestic violence. The mensrea and/or actus reus of domestic violence shall constitute the following within a domestic relationship if:

- (a) there are threats to commit or committing acts of physical or sexual violence;
- (b) there are patterns causing emotional, verbal, or psychological abuse, as certified by a psychologist, psychiatrist, or behavioral specialist licensed to practice in the Republic of Liberia, after examination of the victim/survivor;
- (c) there are threats to commit or committing acts constituting economic abuse;
- (d) the person is deliberately prevented from engaging in any legitimate profession, occupation, business or activity.
- (e) the person is deprived of the right to the use and enjoyment of conjugal property or property owned in common;
- (f) there are threats to deprive or depriving a person of a legal right;
- (g) causing or attempting to cause a person to engage in any sexual activity which does not constitute rape by force, threat or intimidation;
- (h) attempting to unlawfully restrict or restricting a person's freedom of movement or conduct;
- (i) stalking or repeatedly following, pursuing, or accosting a person;

- (j) harassment;
- (k) dowry-related violence;
- (l) all other controlling or abusive behavior towards a person, where the conduct harms, or may cause imminent harm to the safety, health or well-being of the person in a domestic relationship.

§ 16.22. Number of Acts Amounting to Violation

A single act herein may amount to domestic violence against a person or a number of acts that form a pattern of behavior may amount to domestic violence.

§ 16.23. Grading

1. The offense of domestic violence shall constitute a felony of the second degree where one or more of the following aggravating circumstances are present:
 - (a) The defendant inflicted bodily injury on the survivor/victim;
 - (b) The defendant used or brandished a deadly weapon; or
 - (c) The defendant has a prior conviction under this section.
2. Except as provided in Subsection 1 hereof, the offense of domestic violence shall constitute a misdemeanor of the first degree.

§ 16.28. Duties of Institution: Duties of Police officers

In the event the complaint is carried to a police officer/police station, the officer/station shall do the following:

- (a) Assist the survivor/victim including giving assistance or advice in obtaining shelter and or medical assistance.
- (b) Record the medical reference.
- (c) Where signs of physical or sexual abuse are evident, ensure that the survivor/victim undergoes a medical examination and receives medical treatment.
- (d) Advise the survivor/victim of the right to apply for relief under this Act and options available within the judicial system.

§16.29. Civic Education Required

The Ministry of Gender, Children and Social Protection shall implement or cause to be implemented a civic education program on examples of the act or kinds of acts which are prohibited under this Act.

§16.30 Mandatory Reporting

Health care providers, school authorities, and social workers who have reasonable cause to believe that a victim/survivor (during a professional interaction) has experienced domestic violence has a duty to report to law enforcement his or her belief that the injury or death of a victim with whom he or she had a professional interaction is related to domestic violence.

CHILDREN’S LAW, 2011

Section 8 – Article 3 The right to access medically necessary health care

- 8.1 Every child shall have the right to access all medically necessary health care.
- 8.2 The Ministry of Health and Social Welfare shall work with the Ministry of Internal Affairs and local government authorities and other ministries to devise and implement programs that result in

the progressive decline of malnutrition, child illnesses, and child and parental deaths.

8.3 The Ministry of Health and Social Welfare shall work with other ministries, non-governmental organizations, and other service providers to ensure the delivery of reproductive health services through regular clinics, hospitals, and other centers.

Section 4 - Article 6 Harmful practices prohibited

No person or society shall subject a child to any of the following practices:

- (a) marrying any person when she or he is still under the age of 18;
- (b) betrothing a child into marriage or a promise for marriage;
- (c) giving over a child to work either as a means of satisfying obligations on the part of the parents regardless of whether or not the work is harmful, hazardous or indecent;
- (d) any unnecessary or uncultured practice that may inflict physical, psychosocial, or emotional pain to the child or otherwise violate or endanger her or his bodily integrity, life, health, dignity, education, welfare, or holistic development.

EDUCATION REFORM ACT, 2011

1.5 Objectives of the Act

(b) Promote equal access to educational opportunities for all Liberians, without discrimination of any kind.

(g) Promote gender equity and equality throughout the educational system and opportunities for education.

4.4 Basic Education

4.4.1 Primary Education or Lower Basic Education

(a) This level of education, which consists of full-time formal schooling that is provided for children from age six (6) to age twelve (12), and constituting grades 1-6, shall be free and compulsory for all children of the age range for such school level, and shall be free for all pupils within the public school system.

7.3.1 Sexual Offenses

The below listed offenses shall be considered as sex offenses which criminalized under the Penal Law of Liberia shall be prosecuted in a criminal court of competent jurisdiction and be governed by the Criminal Procedure Law, and the penalty shall be as prescribed by the Penal Law:

- (a) Sexual coercion, intimidation, or blackmail;
- (b) Sexual assault;
- (c) Sexual abuse;
- (d) Impregnating a student;
- (e) Rape & Gang Rape

AMENDMENT TO THE 1976 PENAL CODE

Sections 14.70 Offense

A person who has sexual intercourse with another person (male or female) has committed rape if:

- (a) (i) He intentionally penetrates the vagina, anus, mouth or any other opening of another person (male or female) with his penis, without the victim's consent; or;
- (ii) He/She intentionally penetrates the vagina or anus of another person with a foreign object or with any other part of the body (other than the penis), without the victim's consent.

(b) The victim is less than 18 years old, provided the actor is 18 years of age or older.

Gang Rape

A person has committed gang rape, a first-degree felony, if:

He or she purposely promotes or facilitates rape or agrees with one or more persons to engage in or cause the performance of conduct which shall constitute rape.

Grading and Sentencing

(a) Rape is a felony of the first degree where:

- (i) The victim was less than 18 years of age at the time the offense was committed; or,
- (ii) The offense involves gang rape as defined in sub-paragraph 2 above, or
- (iii) The act of rape complained of results in either permanent disability or serious bodily injury to the victim; or
- (iv) At the time of the relevant act or immediately before it began the defendant threatened the victim with a firearm or other deadly weapon.

(b) The maximum sentence for first-degree rape shall be life imprisonment, and for the purposes of bail it shall be treated as per capital offenses under section 13.1.1: Capital Offenses of the Criminal Procedure Law.

(c) Rape is a second-degree felony where the conditions set out in section 4(a)(i)-(iv) above are not met. The maximum sentence for second-degree rape shall be ten (10) years imprisonment.



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