



RESILIENCE  
Justice  
Choice  
Solidarity  
POWER  
Voice  
HEALING  
TRANSFORMATION  
COURAGE  
Sisterhood  
Freedom  
COLLECTIVE  
AGENCY



Annual  
Report

2025

Building Power from Within

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# Foreword

Executive Director

## Building Power from Within



In 2025, medica Liberia stood at a pivotal intersection, honoring nearly two decades of trauma-sensitive, survivor-centered work while boldly expanding our reach into new communities and deeper partnerships. This year, we reached more than 10,000 people and supported 478 women and girls directly with legal, psychosocial, and sexual and reproductive health support. Our focus was on building power from within, empowering women, girls, and communities to lead and advocate for their own transformation, and not just receive services.

Alongside our partners, we continued to deliver psychosocial, legal, and sexual and reproductive health support while investing in long-term prevention and systems change. Against the backdrop of persistent gender-based violence and systemic barriers to justice and healthcare in Liberia, we witnessed communities stepping forward with courage and creativity. From the bustling markets of Montserrado to the remote villages of River Cess, women and girls raised their voices, challenged harmful norms, and built networks of solidarity that are reshaping what safety and dignity mean in their daily lives.

This year, medica Liberia also expanded the SASA! Together methodology in 317 communities within 5 counties. This community mobilization approach addresses the root causes of violence by transforming power imbalances between women and men. Across seven counties implementing SASA! Together, activists, leaders, drama groups, and peer educators sparked critical conversations about respect, equality, and shared power in homes and public spaces. The ripple effects have been profound: men reflecting on their roles as partners and fathers, young people advocating for their reproductive rights, and survivors finding pathways to healing and justice.

Beyond service delivery and community engagement, medica Liberia strengthened its role in advocacy and policy influence, working alongside partners to advance structural change at the national level. In 2025, medica contributed to ensuring that gender considerations were meaningfully integrated into Liberia's Nationally Determined Contributions (NDC 3.0), reinforcing the critical link between climate action and gender equality. We also continued our advocacy for greater government ownership and financing of SGBV services through gender-responsive budget analysis and dissemination, engaging key stakeholders to strengthen accountability and promote sustainable investment in survivor-centered services. These efforts reflect our commitment not only to responding to violence, but to transforming the systems and structures that enable it to persist.

Yet 2025 was not without its challenges. We navigated staffing constraints, logistical barriers in hard-to-reach areas, and the ongoing challenge of ensuring timely access to justice for survivors. Despite these obstacles, our teams, alongside protection network members, community-based organizations, and institutional allies, remained steadfast in their dedication to creating lasting change.

This report celebrates the resilience, leadership, and collective power of the communities we serve. It is a testament to what becomes possible when we trust local knowledge, invest in grassroots structures, and center the voices of those most affected by violence. I extend my deepest gratitude to the survivors, community activists, volunteers, partners, our dedicated staff, and our donors whose trust and commitment make this work possible.

As we look ahead in hopes for a more just and equitable world amidst escalating violence globally and rollbacks on women's rights and autonomy, medica Liberia remains committed to building a future where women and girls live free from violence with dignity, power, and choice.

**With Love and Solidarity,  
Yah Vallah Parwon**

*Yah Parwon  
Country Director*

# Abbreviations & Acronyms



<b>mL</b>	medica Liberia
<b>FGM</b>	Female Genital Mutilation
<b>LFF</b>	Liberian Feminist Forum
<b>LWEP</b>	Liberia Women Empowerment Project
<b>PTA</b>	Parent-Teacher Association
<b>RAYWOM</b>	Radical Young Women Movement of Liberia
<b>SASA! Together</b>	Start, Awareness, Support, Action! Together (Community Mobilization Approach)
<b>SEA</b>	Sexual Exploitation and Abuse
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STA</b>	Stress and Trauma Sensitive Approach
<b>STARS-4-SGBV</b>	Strengthening Action, Response, and Services for Sexual and Gender- Based Violence
<b>VSLA</b>	Village Savings and Loan Association
<b>WONGOSOL</b>	Women ngo secretariat of Liberia
<b>RAYWON</b>	Radical Young Women Movement of Liberia
<b>S4S</b>	Sisters 4 Sisters Liberia

# About medica Liberia



## Vision:

We envision a just, violence-free society where women and girls live with dignity.



## Mission:

We are a feminist organization committed to transforming society and supporting women and girls affected by all forms of violence through counseling, capacity development, advocacy, and the advancement of women's rights.



## Values:

medica Liberia upholds the principles and values of respect, integrity, confidentiality, solidarity, and woman-centeredness.



## Our Program Areas

- Strengthening community-based organizations and structures to prevent and respond to SGBV
- Promoting women's economic justice
- Providing direct psychosocial, reproductive health, and legal support services for SGBV survivors
- Advancing policy advocacy
- Enhancing institutional capacity



# Our Current Projects

- Concerted Action for Zero Tolerance against SGBV in the Mano River Region
- Strengthening direct SGBV prevention and response services for survivors in rural communities in Sinoe County
- Strengthening Action, Response, and Services for Sexual and Gender-Based Violence (STARS-4-SGBV) in South-Eastern Liberia
- Liberia Women Empowerment Project (LWEP) – Social norms change and community mobilization to address GBV
- Strengthening communities and institutions to promote psychosocial health and the protection of women
- Stronger Together: A Gender Transformative Action Coalition
- Strengthening Community-Led Gender-Based Violence Prevention Dialogues and Radio Messaging in Four Counties of Liberia in Direct Partnership with Ministry of Gender Children and Social Protection.
- Born Perfect Bus Tour: National Campaign to End Female Genital Mutilation (FGM) in Liberia.



## Core Strategies



### Stress and Trauma Approach (STA):

A survivor-centered approach that focuses on providing immediate response and support to survivors of violence, addressing their emotional and psychological needs.



### SASA! Together:

A violence-against-women prevention approach. Through this strategy, we strengthen communities and institutions to promote the psychosocial health of women and girls affected by violence and increase their protection from gender-based violence.



### Village Savings and Loan Association (VSLA):

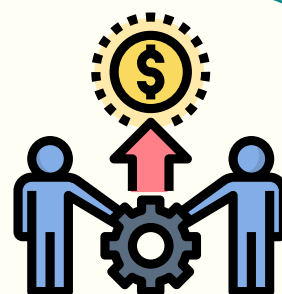
Our sustainability approach empowers women economically by supporting them in forming savings and loan groups. These groups provide financial support while fostering leadership, entrepreneurship, and business skills among women in the community.

# From 2024 → 2025: What Changed



## 2024 Strengthening Systems and Reach

medica Liberia focused on consolidating services, strengthening institutions, expanding partnerships, and responding to heightened SGBV risks post a politically charged election year in 2023. The emphasis was on scale, coordination, and ensuring survivors could access critical services.



## 2025 Building Power from Within

In 2025, the work shifted more intentionally toward community ownership, prevention, and movement building. Survivors, youth, activists, and community leaders increasingly led responses themselves, monitoring services, challenging harmful norms, and sustaining action beyond project timelines. Prevention and response were more deeply integrated, and feminist coalition work amplified collective advocacy at national and regional levels. This shift was visible in practice: SGBV Protection Network members independently identified cases and referred survivors to health facilities, police, or legal services, while community members increasingly channeled referrals through trusted local actors rather than waiting for external interventions. Youth mentoring programs created safe, confidential spaces for young people to report abuse and seek support.



# 2025 at a Glance



## Impact, reach, and collective action

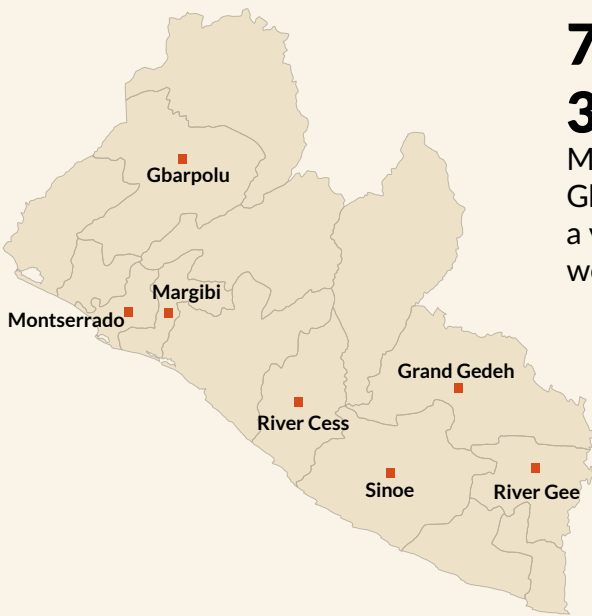


### Geographic Reach

**7** counties and

**327** communities engaged across Liberia:

Montserrado, Margibi, Sinoe, Grand Gedeh, River Gee, River Cess, Gbarpolu, reflecting a growing national footprint and its commitment to a violence-free society. Of these, 317 communities across 5 counties were newly reached in 2025.



### People Reached



**Over 10,000**

**participants engaged**

directly and indirectly reached across all medica Liberia programs spanning community mobilization, youth engagement, service provision, economic empowerment, and system strengthening.

### Survivors Supported



Despite a slight decrease from 558 survivors reached in 2024, **478** women and girl survivors accessed trauma-sensitive services in 2025, reflecting a focus on quality, depth of care, and more targeted outreach.

**56% received** pre-referral psychosocial counseling through SGBV Protection Networks, demonstrating the growing capacity of communities to provide immediate support to survivors before formal referrals.



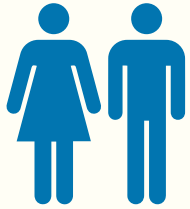
### Community Mobilization and Leadership

Building on 309 Protection Network members in 2024, medica Liberia nearly doubled its community reach in 2025

**570**

**Protection Network members** mobilized and trained in SGBV/SRHR, and STA approaches for prevention, survivor care, and referrals.





## Youth Engagement and Education

Building on 30 school clubs established in 2024

**40 school clubs** were established across Grand Gedeh, Sinoe, and River Gee in 2025

**279 adolescents** (136 girls, 148 boys) engaged in peer-to-peer SRHR education campaigns, championing youth-led learning and reproductive rights across these three counties.

## Economic Empowerment

**307 women and survivors** strengthened economic resilience through VSLA-supported training and income-generating activities.



**Over 240 women and survivors** actively participated in savings and loan groups.

**27 VSLA groups** sustained community safety nets, through solidarity funds, providing direct support to survivors across 30 communities in 5 counties.

## Systems Strengthening and Institutional Capacity

**Over 200 service providers** across health, security, judiciary, and media trained in the Stress and Trauma Approach (STA).



**76% demonstrated increased STA knowledge** (surpassing the 70% target), strengthening survivor-centered service delivery.

## Legal & Justice Outcomes

**478 survivors** accessed services



### Over 90 legal cases were supported

through counseling, court accompaniment, and mediation, primarily involving denial of resources, rape, and sexual assault, ensuring that survivors had a guided pathway to justice.

### 25 denial-of-resource cases

concluded successfully, with compensation, property rights, and child support awarded, restoring dignity and security to survivors and their families. Critically, 16 perpetrators were held accountable through pre-trial detention or legal proceedings, sending a clear message that violence and abuse carry consequences.

### 16 perpetrators held accountable

through pre-trial detention or legal proceedings, sending a clear message that violence and abuse carry consequences.

**Note on figures:** The results above reflect highlights and consolidated achievements across medica Liberia's projects in 2025. Participation counts reflect engagements and may include repeat participation across activities.

# Programmatic Interventions

## Transforming Power, To Prevent Violence



The root of gender-based violence lies not in individual acts alone, but in the deeply embedded power imbalances that shape relationships, families, and communities. In 2025, medica Liberia committed to addressing these root causes through the SASA! Together methodology. This proven approach invites communities to reimagine power as something shared rather than wielded over others.

Across Montserrado, Margibi, Gbarpolu, Grand Gedeh, River Cess, River Gee, and Sinoe Counties, we witnessed the power of collective reflection and dialogue. Community activists, women and men alike, facilitated conversations about power dynamics in relationships, household decision-making, the consequences of violence versus the benefits of balanced power, and gender roles in public squares, churches, schools, and homes. While using Power Posters and Leadership Leaflets as entry points for difficult discussions. These weren't lectures or top-down training; they were invitations to examine everyday experiences:

***Who makes decisions in your home? What happens when disagreements arise? What does respect look like between partners?***

The responses were remarkable. In one community in Montserrado, a male activist shared how SASA! Together Messages had transformed his relationship with his wife.



**"I used to believe that as the man, I should have the final say in everything," he said.**

**"But now I understand that when we make decisions together, our family is stronger. My wife is not my subordinate; she is my partner."**

His testimony resonated with other men in the room, sparking a conversation about masculinity, leadership, and love that continued long after the session ended.



In Gbarpolu County, where SASA! Together Activities began in earnest this year, and community leaders who were initially skeptical became some of the approach's strongest champions. After participating in self-reflection exercises on power and privilege, several leaders acknowledged their own complicity in maintaining harmful norms. One elder committed to speaking out against early child marriage in his community, recognizing that the practice perpetuates cycles of violence and limits girls' potential.

The SASA! Together drama groups brought these messages to life through performances that depicted the consequences of violence and the beauty of balanced relationships.

In River Cess, a drama sketch showing a father sharing household responsibilities with his wife drew laughter at first, then thoughtful silence. Audience members began asking questions: Is this possible? Can men do this without losing respect? The drama group responded not with definitive answers, but with more questions, inviting the community to envision new possibilities together.

Young people, too, were powerful agents of prevention. Girls' and Boys' Health Clubs became spaces where adolescents could discuss topics often considered taboo, such as menstrual hygiene, consent, healthy relationships, and early marriage. During a peer-to-peer awareness campaign on early child marriage, a teenage girl in Montserrado shared her own story of resisting family pressure to marry at age 15.

**"I want to finish school," she told her peers. "I want to choose my own future."**

Her courage inspired other girls to speak up, and several went on to counsel friends who were facing similar pressures.



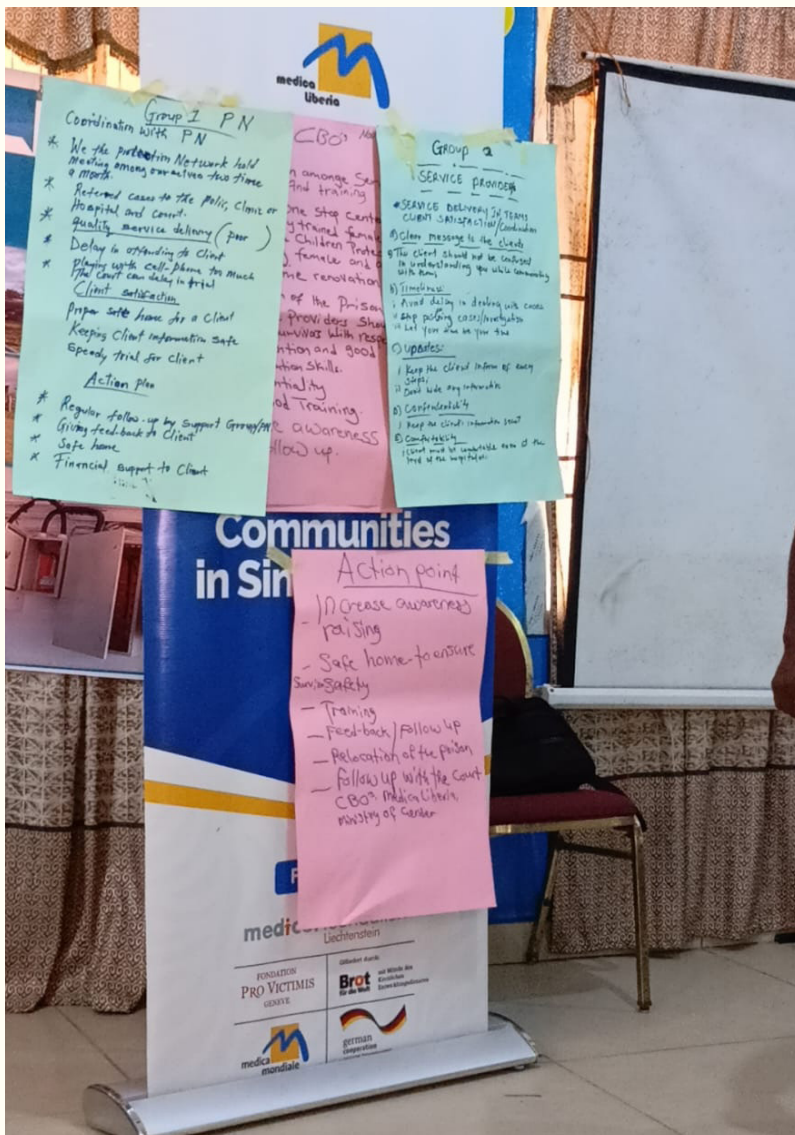
The ripple effects of this prevention work are already visible. Community members are intervening when they witness violence, rather than looking away. Parents are questioning practices they once accepted as "tradition." Young men are challenging their peers who make disrespectful jokes about women. And in SASA! Together, during planning meetings, participants develop their own action plans to sustain these conversations beyond medical Liberia's presence.





But we also recognize that shifting deeply rooted norms is slow work. Cultural resistance persists. Some men continue to view SASA! Together messages as threats to their authority. Some women fear that challenging traditional gender roles will bring conflict into their homes. And in communities facing economic hardship, conversations about power can feel abstract when survival is the daily concern.

Yet the momentum is undeniable. What began as individual reflections is becoming collective movements. Communities are not waiting for permission to change; they are claiming the power to rewrite the norms that govern their lives. In 2025, More people named violence as a community concern, not a private matter. More men reflected on power and partnership, and more young people spoke openly about consent and choice. These changes are not linear, and backlash remains real; communities are building the confidence and collective power to prevent violence and sustain change.

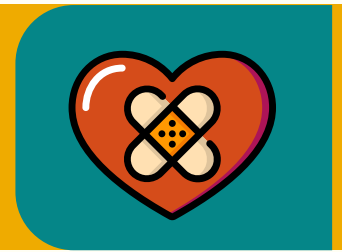


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# Centering Survivors in Healing, Justice, and Choice



For every survivor of sexual and gender-based violence, the journey toward healing and justice is deeply personal, shaped by trauma, fear, hope, and courage. In 2025, Medica Liberia walked alongside hundreds of women and girls as they navigated this journey, providing trauma-sensitive support that honored their agency, dignity, and right to decide their own path forward.

In Sinoe County, where medica Liberia has worked for over a decade, our integrated approach to survivor support continued to evolve. Women and girls who experienced rape, physical assault, denial of resources, or emotional abuse found safe spaces where they could share their stories without judgment. Psychosocial counselors, community outreach workers, and Support Group Women provided compassionate counseling, sometimes in offices, sometimes in survivors' homes, sometimes under a tree in a quiet corner of the village.

One survivor's story captures the transformative power of this support. A young woman in her twenties came to medica Liberia after her partner physically assaulted her and denied her access to food and shelter for their children. She was terrified, not only of her partner but of the judgment she anticipated from her community if she sought help.



**"I thought people would say I was a bad wife...I thought they would blame me,"** she shared.

But when she met with a Support Group woman—a community volunteer trained and mentored by medica Liberia in trauma-sensitive SGBV response and serving as a first responder for survivors within the community—she found something different: empathy, validation, and a roadmap for safety.



**"I didn't know I had rights, she said after the court ruling. Now I know that I deserve respect. I deserve safety. And I will teach my daughters the same."**

Stories like hers were repeated across every county where medica Liberia worked in 2025. In Grand Gedeh, a twelve-year-old survivor of sexual abuse received immediate medical treatment and counseling, overcoming significant barriers of distance and limited transportation thanks to the coordinated efforts of the reproductive health team and Protection Network members. In Montserrado, survivors of rape were accompanied to police stations and courts, supported through the often-retraumatizing legal process with dignity and care.



Legal interventions were not always straightforward. Some cases were compromised at the community level, with families pressuring survivors to accept mediation rather than pursue justice through formal channels. Some perpetrators evaded accountability by fleeing or using their influence to delay court proceedings. But even in these difficult cases, survivors received counseling, validation, and knowledge of their rights, planting seeds that may bear fruit in the future.



Reproductive health services were critical lifelines, particularly for survivors of sexual violence. Health officers accompanied survivors to facilities, including Peace Clinic, JFK Medical Center, Gateway Medical Center in Monrovia, the capital of Liberia and rural health centers, ensuring they received timely post-rape care, treatment for injuries, and family planning counseling. In many cases, medica Liberia covered costs that would have been prohibitive for survivors, such as transportation, medication, and diagnostic tests, removing financial barriers to essential care.

What sets medica Liberia's approach apart is the integration of the Stress and Trauma Approach (STA) across all services. Whether a survivor was meeting with a counselor, a lawyer, or a reproductive health officer, the response was consistent: trauma-informed, survivor-centered, confidential, and respectful of the survivor's autonomy. This approach recognized that healing is not linear, that survivors may change their minds about what support they need, and that empowerment comes from choice, not from being told what to do.





Support Group Women were the backbone of this work. Many are survivors themselves, bringing lived experience, cultural knowledge, and deep empathy to their roles. They conducted counseling sessions in safe spaces they manage, led self-initiative meetings where women could support one another, and accompanied survivors through every step of the referral pathway. Their leadership demonstrated that healing is most profound when guided by those who have walked the same path.

Yet the challenges remain daunting. Safe homes for survivors are scarce. Court delays leave survivors in limbo for months or even years. Police lack the logistics to investigate cases in remote areas. And stigma still silences too many women and girls who deserve justice.

But for those who found the courage to seek help in 2025, medica Liberia was there, offering services, standing in solidarity, intervening, and accompanying on the long road toward healing.

By the end of 2025, client satisfaction data reflected the quality of this work: the vast majority of survivors reported feeling respected, heard, and supported. Many said the services helped them cope and regain control of their lives. A significant number said they would recommend medica Liberia to others, a testament to the trust built through trauma-sensitive care.



# Young People as Leaders in Sexual and Reproductive Health Rights



Young people, particularly adolescent girls, are among the most vulnerable to gender-based violence and harmful practices like early child marriage. But they are also powerful agents of change, capable of leading movements, challenging norms, and advocating for their own rights. In 2025, medica Liberia invested deeply in youth leadership, creating spaces where adolescents could learn, organize, and speak out.

Girls' and Boys' Health Clubs became vibrant hubs of peer education and advocacy. In schools across Montserrado, Margibi, Grand Gedeh, River Gee, and Sinoe, club members gathered regularly to discuss topics that are too often considered taboo: menstruation, puberty, consent, healthy relationships, early marriage, and sexual and reproductive health rights. Trained mentors facilitated these conversations, but the young people themselves led them, sharing knowledge, asking questions, and supporting one another.

The impact of this peer-to-peer approach was evident during the Menstrual Hygiene Management campaign. Girls' Club members across ten communities led awareness sessions in schools, reaching their peers with information on menstrual hygiene, reducing stigma, and advocating for access to sanitation facilities. In several schools, these campaigns led to the creation of dedicated girls' rooms equipped with water, pads, and privacy, resulting in tangible improvements in girls' comfort and school attendance.

One girl in Montserrado described the transformation this way:

**“Before, I was embarrassed to talk about my period. I would miss school because I was afraid of what people would say. But now, we talk about it openly in our club. We support each other. And I feel confident going to school every day.”**

Boys' Clubs also played an important role, encouraging young men to reflect on their attitudes and behaviors. During sessions on physical violence against women, boys discussed the causes and consequences of violence, challenged narratives that equate masculinity with aggression, and committed to treating girls and women with respect. Some boys reported having difficult conversations with their fathers and older brothers, questioning practices they had previously accepted as normal.

The peer education model proved particularly effective because it recognized young people as experts in their own experiences. Rather than receiving lectures from adults, adolescents learned from one another, building confidence and leadership skills in the process. Club members trained in SGBV and SRHR conducted their own awareness sessions, reaching hundreds of peers across schools and communities.

Mentors, many of them young adults themselves, provided crucial guidance and support. They facilitated sessions on topics such as early child marriage, helped clubs navigate sensitive conversations, and connected young people to services as needed. In several communities, mentors intervened when they learned that club members were facing pressure to marry or drop out of school, providing counseling and linking families to alternative support.

The Anti-Sexual Exploitation and Abuse (SEA) Task Force initiative in schools addressed another urgent concern: sexual violence perpetrated by teachers and school staff. Through meetings with school administrators, PTA members, and community leaders, medica Liberia advocated for stronger reporting mechanisms, zero-tolerance policies, and dedicated hotlines for students to report abuse. At one school, the task force successfully advocated for placing suggestion boxes in counselors' offices to create a confidential channel for students to voice complaints.

Young people also participated in larger advocacy moments. During the International Day of Zero Tolerance for FGM, adolescent club members joined government officials, traditional leaders, and development partners in Monrovia to call for the end of female genital mutilation. Their presence sent a powerful message: young people are not waiting for adults to solve these problems; they are at the forefront of demanding change now.





But the challenges facing young people remain immense. Early child marriage continues to be normalized in many communities, driven by poverty, tradition, and limited educational opportunities for girls. Access to comprehensive sexuality education is inconsistent. And adolescents, particularly those who are marginalized because of disability, sexual orientation, or involvement in sex work, face stigma that limits their access to SRHR services.

Yet the momentum is building. Young people are organizing, speaking out, and refusing to accept the status quo. They are not the leaders of tomorrow; they are the leaders of today. And medica Liberia is proud to walk alongside them.



# Grassroots Leadership

## Driving Community-Led Protection



Sustainable change cannot be imposed from the outside; it must be cultivated from within by communities that claim ownership of their own protection systems. In 2025, medica Liberia saw a deepening of community ownership, as Protection Network members, Support Group Women, and local leaders assumed roles that went far beyond simply referring survivors or attending training sessions.

Support Group Women, in particular, emerged as pillars of their communities. These women, many of whom are survivors themselves, conducted self-initiative meetings where they provided counseling, shared coping strategies, and built solidarity with other women facing violence or hardship. In Duazon, Gray Town, and the World Bank communities, Support Group Women managed dedicated safe spaces where survivors could access confidential support, free from judgment or stigma.

What made these women so effective was not just their training in trauma-sensitive counseling, but their lived experience and cultural knowledge. They understood the social dynamics, the economic pressures, and the family loyalties that shape survivors' decisions. They knew when to push and when to wait, when to involve authorities, and when to rely on community mediation. And they carried the trust of their neighbors, a trust that cannot be manufactured through external programming.

In Sinoe County, Support Group Women went beyond their designated roles, conducting house-to-house awareness sessions on their own initiative, organizing group counseling sessions, and following up with survivors for months after initial contact. One Support Group woman described her work this way: her work this way:

**“When a woman comes to me, I see myself. I remember when I was suffering and had no one to talk to. Now I can be that person for others. This is not just my job, it is my calling.”**



SGBV Protection Network members, too, expanded their roles in 2025. In addition to making referrals, they began monitoring the quality of SGBV services at public institutions, health centers, police stations, and courts, using tools co-developed with medica Liberia. These monitoring visits provided valuable feedback to service providers and created accountability for trauma-sensitive, survivor-centered care. The fact that community members, many of whom have limited formal education, can conduct these assessments independently speaks to the depth of capacity built over years of partnership.



Local leaders and elders also stepped up. In the past, traditional leaders were sometimes barriers to change, upholding norms that justified violence or prioritizing family reputation over survivors' safety. But in 2025, we saw leaders becoming allies. Through SASA! Together training and reflective dialogue, some leaders began to denounce harmful practices publicly, mediate disputes centered on survivors' well-being, and use their influence to shift community attitudes.



One chief in River Cess shared his transformation during a SASA! Together planning meeting:

**“For many years, I believed that what happens between a man and his wife is private. I did not intervene when men mistreated their wives, because I thought it was not my place. But now I see that violence is everyone's concern. When one woman suffers, the whole community suffers. I will no longer stay silent.”**



SASA! Together activists and drama groups also demonstrated remarkable leadership. They planned and led community conversations, performed skits that challenged harmful norms, and developed action plans to sustain prevention activities. In several communities, activists reported receiving requests from neighboring villages to bring SASA! Together sessions to them, evidence that the approach was resonating far beyond medica Liberia's immediate reach.

Economic solidarity through Village Savings and Loan Associations (VSLAs) added another layer to community ownership. Women who came together to save and lend money also became support networks for one another, discussing family conflicts, sharing strategies for dealing with abusive partners, and pooling resources to help survivors in crisis. These groups demonstrated that empowerment is not just about knowledge or services, it is also about economic power and collective action.

Perhaps most importantly, communities began taking initiative without waiting for medica Liberia's direction. Support Group Women organized additional counseling sessions. Protection Network members conducted awareness campaigns during community events. SASA! Together activists created new discussion topics based on issues emerging in their communities. The shift, from participation to ownership, from implementation to leadership, is the ultimate marker of sustainability.



Of course, challenges remain. Some Protection Network members still need mentorship to handle complex cases. Literacy gaps limit some members' ability to document cases or use certain tools. In a few communities, leadership turnover has required re-engagement and relationship rebuilding.

But the trajectory is clear: communities are not waiting for outsiders to solve their problems. They are building their own solutions, drawing on medica Liberia's support as a resource, but leading the work themselves. This is the future we have been building toward, and in 2025, it came powerfully to life.

# Building Trauma Sensitive Systems that Serve Survivors



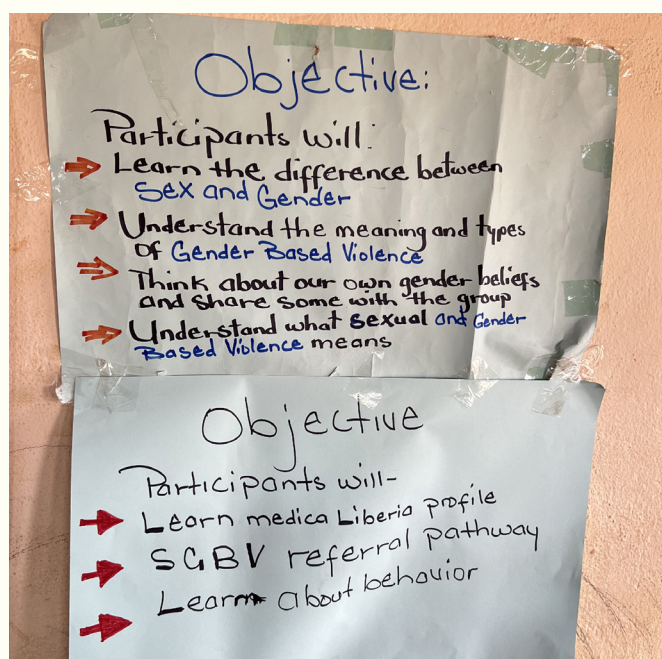
Ending sexual and gender-based violence requires more than individual interventions; it requires systemic change. Public institutions – including police, courts, and health facilities – must be equipped and motivated to provide trauma-sensitive, survivor-centered services. In 2025, medica Liberia deepened its work to build the capacity of these institutions, train service providers, strengthen coordination, and advocate for policies that center on survivors' rights.

The Stress and Trauma Approach (STA) remained at the heart of this institutional strengthening. STA is not just a set of techniques; it is a philosophy that recognizes how trauma affects survivors' brains, bodies, and behaviors, and shapes responses accordingly. It emphasizes empathy, active listening, informed consent, confidentiality, and respect for survivors' autonomy. And crucially, it acknowledges that service providers themselves can experience vicarious trauma and need support.

Throughout 2025, medica Liberia conducted STA training for security personnel, healthcare workers, and justice-sector actors across multiple counties. In Montserrado, police officers from the Liberia National Police, Drug Enforcement Agency,

and immigration learned how to interview survivors without re-traumatizing them, how to maintain confidentiality, and how to coordinate with other services. In Grand Gedeh and River Gee, healthcare workers explored the physiological impacts of trauma, ethical standards in survivor support, and behavior change communication.

These training sessions were not one-off events but the beginning of ongoing relationships. medica Liberia provided follow-up mentorship and conducted joint monitoring visits to assess service quality. It created platforms for interdisciplinary exchange, enabling service providers to share challenges and learn from one another.



In Sinoe County, these interdisciplinary meetings brought together health workers, police officers, court officials, and Protection Network members to discuss cases, clarify roles, and identify gaps in the referral pathway. One recurring challenge was the lack of feedback loops; survivors would be referred from one institution to another, but the referring actor rarely learned what happened next. Through these meetings, participants agreed to strengthen communication, share updates (with survivors' consent), and jointly problem-solve when barriers emerged.



Monitoring of service quality yielded important insights. In Sinoe, Protection Network members used visual monitoring tools to assess health facilities, police stations, and courts. Their findings highlighted strengths, such as survivors reporting that they felt respected during medical exams, but also persistent gaps, including shortages of trained staff, lack of resources for transportation or medication, and inconsistent application of STA principles.

These findings were shared with institutional leadership, creating opportunities for constructive dialogue about how to improve. In some cases, health facilities requested refresher training for newly assigned staff. In others, police stations acknowledged the need for better coordination with other services. While not all gaps could be addressed immediately, the monitoring process created transparency and accountability that had been lacking.





The Born Perfect Bus Tour is a high-visibility, community-focused initiative aimed at driving social norm change and strengthening political commitment to end Female Genital Mutilation (FGM) in Liberia. This initiative will kick off the first quarter in 2026.



Yet significant challenges remain. High institutional turnover, driven in part by the reassignment of trained police officers and health workers, continues to undermine the continuity of trauma-sensitive care. Resource constraints limit access to medication, transportation, and safe homes for survivors. And cultural attitudes within institutions, such as victim-blaming or dismissiveness toward "private" issues. Despite these challenges, the progress is undeniable. Service providers who once saw SGBV as a peripheral concern now recognize it as a core part of their mandate.

medica Liberia also engaged with policymakers and national coordination mechanisms. Participation in County Health Team meetings, SGBV taskforce planning sessions, and national dialogues on women's empowerment positioned medica Liberia as a trusted partner in shaping broader strategies. During a County Health Team meeting, medica Liberia presented data on SGBV cases, follow-up sessions, and medical referrals to inform county-level planning and resource allocation. For instance, through the STAR4 project, the County-level GBV Taskforces in River Gee and Sinoe were revamped, and the Grand Gedeh Taskforce was strengthened. As a result there is improved coordination and response to GBV cases in the counties.

Survivors who once faced hostility or indifference at police stations and health facilities now more often find empathy and support. Coordination among institutions, though still imperfect, has improved, creating a more coherent referral pathway.

Advocacy for systemic change also happened at the national level. During the International Day of Zero Tolerance for FGM, medica Liberia joined government officials, traditional leaders, and development partners in calling for stronger laws, survivor-centered advocacy, and alternative livelihood support for traditional practitioners.

Sustainable systems change is slow. But in 2025, medica Liberia and its partners continued to build on the critical work they started in 2006, training hundreds of service providers, strengthening coordination mechanisms, and creating models of trauma-sensitive care that can be scaled and sustained.

Additionally, in 2025, mL worked with the Global Campaign to end FGM to secure additional funding to expand ongoing engagement in support of the passage of the proposed Women and Girls Bill. Through this engagement, mL received funding from Irish Aid and UN Women to pilot a project.



# Feminist Solidarity and Collective Action for Gender Justice



Gender justice cannot be achieved in isolation. It requires feminist solidarity, collective action, and strategic advocacy to challenge the systems and structures that perpetuate inequality. In 2025, medica Liberia advanced its work as a movement builder, bringing together a consortium of five organisations that formed the Feminist Coalition to amplify voices, share knowledge, and influence policy for the rights of women and girls. The Coalition comprises the Women NGO Secretariat of Liberia (WONGOSOL), the Radical Young Women Movement of Liberia (RAYWOM), the Liberia Feminist Forum (LFF), Sisters 4 Sisters Liberia (S4S Liberia), and medica Liberia (mL).

The Liberia Feminist Forum's (LFF) Knowledge-Sharing Session on "Feminist Leadership: Understanding Power and Privilege" was a highlight of the year. Fifty participants from women-led and feminist organizations gathered to explore the history and meaning of feminism, African feminist principles, and the intersections of power and privilege in their own work. The session was a conversation, grounded in participants' lived experiences and collective wisdom.

Participants reflected on what feminism means in the Liberian context, where the term is often misunderstood or stigmatized.

**"People think feminism is about hating men or wanting to be superior," one participant said. "But for me, feminism is about equality, dignity, and justice for all. It's about recognizing that women's rights are human rights."**

Others emphasized the need to document Liberia's feminist history, the stories of women who fought for peace, led civil society movements, and advocated for gender equality in the aftermath of war.

The session also grappled with difficult questions about power and privilege within feminist movements. Who gets to speak for "women" when women's experiences are so diverse? How do class, education, ethnicity, and geography shape access to feminist spaces? What does it mean to practice feminist leadership in organizations and coalitions? These questions did not have easy answers, but the willingness to ask them reflected a maturing movement that is becoming more reflective, inclusive, and accountable.

The Feminist Coalition's Coordination Meetings throughout the year provided another platform for collective strategy. Partners reviewed progress on joint advocacy efforts, discussed challenges, including limited funding and shrinking civic space, and outlined priorities for the year ahead. These meetings were spaces for solidarity, where partners could share frustrations, celebrate wins, and remind one another that they were not alone in the struggle.





**"I know for sure that I am in a safe space. I feel loved. I feel cared for, and my concerns are taken into consideration. I don't have to hang my head or look over my shoulder when I'm with a member of the coalition. I can say what is on my mind, and we are treated as equals. It does not matter where I come from or what I have done; once I'm with my sisters, I feel very free and loved. They care, and they are concerned when I am not around."**

***Caroline Caranda, LFF***

Media engagement amplified the Coalition's visibility and influence. Three Coalition members participated in a live radio discussion on OK FM, discussing the Coalition's objectives and the work of member organizations. The radio appearance reached listeners across Monrovia and beyond, introducing many to the concept of a feminist coalition and sparking conversations about gender equality in workplaces, homes, and communities. The Coalition also released a position statement in response to President Joseph N. Boakai's State of the Nation Address, offering a feminist analysis of national priorities and calling for greater attention to women's rights, SGBV prevention, and gender-responsive governance. This public positioning demonstrated the Coalition's role as a critical voice in national policy discourse.



The Radical Young Women Movement of Liberia (RAYWOM) added energy and urgency to the Coalition, bringing younger feminists into leadership roles and centering the experiences of women who are too often excluded from mainstream feminist spaces. RAYWOM's first Coordination Meeting signaled growing momentum among young feminists who are demanding not just inclusion in existing structures, but the transformation of those structures to be more responsive, intersectional, and radical.

Addressing safety and security is central to sustainable feminist organising. Sisters 4 Sisters, a member of the Feminist Coalition, hosted a two-day safety and security training that brought together activists and human rights defenders. Participants explored feminist principles and their link to security, discussed gender-specific threats, and shared personal experiences. Sessions highlighted digital safety, psychosocial well-being, and the importance of mutual support within activist networks.

Pre-training assessments revealed that only 9 of 33 participants frequently applied safety measures; post-training follow-up showed that proportion rose to 100%. Participants also reported a substantial increase in their sense of safety, with average self-ratings rising from from an average of 4/10 to between 8 and 10 out of 10. The training covered digital security, threat mapping, and psychosocial wellbeing, with 31 participants reporting high confidence in applying these skills to sustain their advocacy work. A key highlight was the practical action plans and commitments developed by participants to apply the tools learned.

"I'm most proud that I have been able to share my knowledge with the other women, that they have been empowered to say, 'Yes, this is what I want,' and to stand up for their rights. To say, 'We are women, and this is part of our existence, and it is because of our struggle that we can do something for ourselves.' It is a proud moment for me to see other women looking up to me." **Caroline Caranda, LFF**

Movement-building is messy, slow, and sometimes frustrating. Coalition members do not always agree. Power dynamics within the movement can replicate the very inequalities feminists seek to dismantle. Resources are scarce, and the pressure to compete for funding can undermine solidarity.

But in 2025, the Feminist Coalition demonstrated that despite these challenges, collective action is possible and powerful.

The Coalition's strength lies in its diversity, bringing together large organizations and small grassroots groups, older feminists and younger activists, those working on legal reform, and those engaged in community mobilization. This diversity is not always easy to manage, but it is essential. Gender justice requires multiple strategies, voices, and entry points for change.

As medica Liberia looks ahead, the commitment to movement-building remains central. Because ending violence against women and girls is not the work of a single organization, it is the work of a movement. And that movement is growing stronger every day.



# Building Power from Within: Voices from the Community

I used to be afraid to speak, but the support group made me feel like I was not alone. They followed me, stood by me at the hospital, and even talked to my people. That gave me strength to continue.

*Survivor, Sinoe*



When my client comes to me, I listen attentively and help solve the problem, and refer them through the pathway. Keeping their secrets is important.

*Support Group Member*



We don't expect overnight results, but this process empowers activists and leaders to start shifting harmful norms," a facilitator said. "Safer families mean healthier relationships, more financial stability, and better opportunities for children.



It is time for CSOs to call out public officials and put them on record. This budget analysis is a welcome development, and we fully support it. We believe it is not just a report but a working tool that can drive meaningful action.

*Hon. Moima Briggs-Mensah, House of Representatives Chairperson on Gender*



I'm most proud that I have been able to share my knowledge with the other women, that they have been empowered to say, "Yes, this is what I want," and to stand up for their rights. To say, "We are women, and this is part of our existence, and it is because of our struggle that we can do something for ourselves." It is a proud moment for me to see other women looking up to me."

*Caroline Caranda, LFF*



One of the main challenges has been getting grassroots women to come on board. Often, they feel shy and fear their voices won't be heard because they believe they are not, quote-unquote, "educated enough"; to be in the same space. With the support of Medica Liberia, we are addressing this. They take into account whatever we share about our challenges. We meet to discuss and manage those challenges, encourage them, and provide insight into our work.

*Caroline Caranda, LFF*



As a Screener on SGBV cases, I used to work alone. But after being joined by other professionals, we started working together as a team. It reduced the workload and made it easier for survivors to get the proper treatment and relief from stress and trauma.

*Roselyn Togba, Registered Nurse*



This training will help our instructors and officers understand the human side of policing. When we approach our work with empathy and awareness, we serve the people of Liberia better, and we build stronger connections between the police and the communities we protect.

*Comm. Saymor K. Mulbah – Commissioner of Police for Training and Manpower Development of the LNP-Training Academy,*



When police officers are equipped to understand trauma, both their own and that of survivors, it transforms how justice is delivered," Madam Florida D. Clarke, Psychosocial/ GBV Trainer of Medica Liberia



For the very first time in Liberia, the budget analysis is being used as a national tool. The Ministry of Gender is now using this budget analysis to advocate for increased allocations for SGBV services, including safe homes, one-stop centres, and the criminal court. For me, that was a moment. One of our suggestions was also. The need to establish a survivor support fund. I believe this was established during last year's GBV conference held during the 16 Days of Activism, and I just think about the impact that's going to have on the lives of women and girls in Liberia.

*Fenny Taylor-Diggs, Programme Manager*



# Lessons Learned and The Road Ahead

As we reflect on 2025, several lessons emerge that will guide our work in the years to come.



**First, community ownership is not a goal to be achieved; it is a process to be nurtured.** True ownership develops over time, through consistent support, trust-building, and the willingness to step back and let communities lead. medica Liberia's role is not to be the expert who delivers solutions, but the partner who walks alongside communities as they build their own power.



**Second, prevention and response are inseparable.** We cannot end violence without changing the norms that justify it. But we also cannot ask communities to prevent violence while survivors are denied justice and healing. Our integrated approach combines SASA! Together, prevention work with trauma-sensitive survivor services reflects the reality that transformation requires both.



**Third, young people are not beneficiaries; they are leaders.** The energy, creativity, and courage of adolescent girls and boys remind us that the next generation is already shaping the future. Our responsibility is to create spaces where their voices are heard, their leadership is supported, and their rights are protected.



**Fourth, systems change is slow but essential.** Training individual service providers is not enough; we must change policies, strengthen coordination, create accountability mechanisms, and build institutions that are responsive to survivors. This work is less visible than direct service provision, but it is the foundation for sustainability.



**Fifth, feminist solidarity is a practice, not a slogan.** Building coalitions requires ongoing investment in relationships, in shared analysis, in collective action. It requires navigating differences with honesty and humility. It requires recognizing that we are stronger together than apart.



As we look ahead to 2026, Medica Liberia remains committed to these principles. We will expand our reach into new communities while deepening support in existing areas. We will continue training service providers and strengthening systems. We will amplify the voices of survivors, activists, and feminist leaders. And we will trust in the power of communities to lead their own transformation. The work is far from finished. But in 2025, we witnessed what becomes possible when women and girls claim their power, when communities challenge harmful norms, and when movements come together in solidarity.

**This is the foundation we are building on.  
And we are only just beginning.**

# Key Media and Advocacy Highlights in 2025

In 2025, medica Liberia strengthened its national visibility and policy influence through strategic media engagement, public advocacy, and high-level dialogue. These moments amplified survivor voices, advanced feminist analysis in national discourse, and positioned medica Liberia and its partners as trusted leaders in the movement to end sexual and gender-based violence.



## Front Page Africa

- **medica Liberia launches SASA! Together training** to combat gender-based violence and transform communities.
- **Launch of the STARS-4-SGBV project**, renewing commitment to strengthening action, response, and services for survivors in South-Eastern Liberia.
- **Feminist Alliance presentation of national budget analysis findings** at the National GBV Conference during the 16 Days of Activism Against Gender-Based Violence.
- **Stress- and trauma-sensitive Training of Trainers for the Liberia National Police Academy and Training School**, strengthening survivor-centred policing.

## Liberian Observer

- **Community-led SGBV response initiatives highlighted in Southeast Liberia**, demonstrating grassroots leadership and survivor-centred protection.
- **Call for national ownership and sustainable SGBV services in Liberia**, advancing policy dialogue on long-term financing and institutional accountability.
- **Launch of Liberia's feminist budget analysis report**, highlighting funding gaps and advocating for increased national investment in SGBV services.
- **Feminist Coalition Training of Trainers workshop** to deepen women's rights advocacy and collective leadership.
- **Gender Analysis of the State of the Nation Address**

## Global News Network

- **Feminist position statement responding to the President's State of the Nation Address (SONA)**, advancing gender-responsive national priorities.



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