

Liberia

Executive Summary

UNICEF resumed relevant regular programming in 2015 and contributed significantly to the steady restoration of services across all sectors after the main Ebola Virus Disease (EVD) outbreak ended in May 2015. Liberia remained a Level 3 emergency throughout 2015. Despite additional requirements related to addressing postponed activities from 2014 and supporting the response to two smaller EVD outbreaks, many key results were achieved.

Support to the Ebola response helped the country end active transmission chains three times in 2015, working with the Government of Liberia (GoL) and partners.

Three successful nationwide immunisation campaigns of oral polio vaccine (OPV), measles (MCV) and deworming were conducted. The campaigns exceeded targets, achieving 101 per cent, 85 per cent and 94 per cent administrative coverage for rounds 1, 2 and 3 of OPV, and administrative coverage of 99 per cent for MCV. No vaccine stock-outs were recorded for Expanded Programme on Immunisation (EPI) needs in 2015. UNICEF contributed significantly to these successes with GoL and partners.

A Back to School campaign ensured a safe learning environment when students returned to school in February following six months of closure: Close to 1,200,000 students in 4,619 schools benefited from the distribution of Infection Prevention and Control (IPC) kits; key stakeholders at the decentralised level were trained on IPC protocols; 6,163 teachers and 2,763 PTA members were trained in pedagogy and provision of psycho-social support; and 550,000 children and 25,500 teachers benefited from the distribution of teaching and learning materials.

Birth registration (BR) services were reactivated in all fifteen counties with 17,700 births recorded by December 2015, including children born during the EVD outbreak and a pre-2014 backlog.

Successful lobbying for the adoption of a Community Health Worker (CHW) programme led to its incorporation as a critical element of the post-Ebola Investment Plan for Rebuilding Resilient Health Services. CHWs are key to community surveillance in Integrated Disease Surveillance and Response (IDSR), and reach 29 per cent of the population who live more than 5km from a health facility. Five counties have already started implementing components of the CHW programme in the south-east region of the country.

UNICEF Liberia adopted innovative SMS-based technology (Rapid-Pro) in all programmes to enable near real-time monitoring of results for children, and connect young people to vital information and preventive EVD messages.

The impact of the EVD outbreak affected programme delivery, leading to some shortfall in the achievement of programme priorities. A lack of reliable data and analysis had an impact on programming and monitoring, while a lack of adequate and un-earmarked funding

contributed to shortfalls in achieving some results.

17 per cent of reported sexual and gender-based violence cases against children resulted in prosecutions, far below the 45 per cent target. Multiple factors contributed, including backlog of cases due to lack of available family court judges; lack of effective collection and processing of evidence; and lack of community trust in the system to pursue cases to the end. A new phase of a UN Joint Programme to address some of these shortfalls, validated in October 2015, remains unfunded.

Routine immunisation coverage fell short of the annual target of 85 per cent (160,841) of under-one children vaccinated with the third dose of Penta vaccine, reaching only 64 per cent coverage. Slow recovery from the EVD outbreak and lingering fears about immunisation contributed to these results.

Integrated Management of Acute Malnutrition (IMAM) programme coverage remained low at 26 per cent against the 2015 target of 50 per cent. Only Grand Gedeh, Montserrado and Nimba counties reached or exceeded the target.

As Liberia emerged from the EVD crisis at the end of March 2015, UNICEF began transitioning from emergency response to recovery as well as the resumption of regular programming. Restoration of health, child protection and education services, while maintaining capacity to respond to residual EVD outbreaks, became the focus for the remainder of the year.

UNICEF Liberia built on existing partnerships with UN agencies through the One Programme framework and continued close collaboration with the Ministry of Education, Ministry of Gender, Children and Social Protection; Ministry of Health and Social Welfare; Ministry of Information, Culture and Tourism; Ministry of Public Works; amongst others, as well as community health volunteers, traditional and religious leaders, youth and media as agents of change. UNICEF Liberia led the Education, WASH (water, sanitation and hygiene) and Nutrition clusters, as well the Child Protection Sub-Cluster and the Social Mobilization/Community Engagement Pillar (unique to the EVD response) during the outbreak, and was a key member of other technical working groups.

Humanitarian Assistance

UNICEF and partners supported the Government of Liberia in adapting strategies to combat the EVD throughout 2015; Phase 1 (2014) was rapid scale-up of treatment beds and safe burials; Phase 2 (January - July 2015) strengthened case finding, contact tracing, and community engagement; and Phase 3 (August 2015 - March 2016) focuses on rapidly identifying and responding to residual Ebola risks.

In 2015, there was a sharp decline in the number (48 confirmed) and geographic spread (three of 15 counties) of EVD cases. Liberia was declared EVD free 9 May, 42 days after the burial of the last confirmed case. Two more outbreaks in June and November, though limited in cases (nine confirmed with three deaths) reinforced the need for an effective surveillance and rapid response system to quickly stop outbreaks, likely through 2016, from spreading, and to move from aiming for “EVD free” to the more accurate “breaking the transmission chain”. The response to the November outbreak was the swiftest and most organised to date, building confidence that Liberia can adequately respond to future outbreaks with continued strong partner support.

At the start of 2015, EVD was circulating in areas of Montserrado County, where one third of the population lives. The Communications for Development (C4D) team engaged the Mayors of Monrovia and Paynesville to assist in accessing communities as part of “Operation STOP Ebola”. They resolved the community level issues that were causing hostility to EVD workers and led EVD responders into communities that had previously blocked access. Their interventions were key to Liberia ceasing transmission for the first time in 2015.

To help families remain informed about the status and location status of relatives admitted to Ebola Treatment Units (ETUs), UNICEF supported the introduction of the Trace and Go System, a SMS-based patient information service. It was used successfully in the June and November outbreaks and will also be used in regular healthcare services. U-Report, another SMS-based platform intended for youth, has 63,000 U-reporters and continued to be used during EVD outbreaks to poll citizens and share information.

UNICEF’s support to Liberia Water and Sewer Corporation (LWSC) was crucial in the effective decommissioning of ETUs in 2015. Support included training staff in infection prevention and control (IPC) and liquid waste management, and providing Personal Protective Equipment and five cesspool emptier trucks. LWSC collected 328,285 gallons of EVD liquid waste and safely stored it at Fiamah wastewater treatment plant in Monrovia.

UNICEF supported the Ministry of Gender, Children and Social Protection to continue identifying and assisting EVD affected children through the deployment of 120 county-based social workers. A total of 1,200 EVD survivors were trained and deployed to work with the social workers. Support to children included registering 8,530 children who lost one or both parents/primary caregivers, one-off cash grants provided to 4,436 orphans, and care and mental health and psychosocial support provided to 15,758 (7,116 boys and 8,642 girls). Significant progress was made towards implementation of Alternative Care Guidelines, particularly support towards strengthening kinship care that played a crucial role during the EVD response.

As the epidemic receded, UNICEF supported the resumption of basic services alongside the humanitarian response. To reopen schools after six months of closure, UNICEF supported the Ministry of Education to develop Safe Schools Guidelines and provided IPC kits to 4,600+ schools to reduce Ebola risk.

UNICEF supported surveillance strengthening at Guinean and Sierra Leonean borders, as they had active EVD transmission, by delivering IPC supplies to all official border crossing points. C4D strengthened community engagement efforts along the same borders to encourage active monitoring of visitors and referral of those showing signs of illness.

Following a UNCT decision to close down the cluster approach in September, all UNICEF led clusters – WASH, Education, and Nutrition and the Child Protection sub-cluster - were successfully closed and transitioned to Government-led committees and working groups. UNICEF continued to co-lead the Psycho-social (PSS), WASH, and Social Mobilization pillars with Government and ensured that Nutrition and Education standard operating procedures (SOPs), developed within the clusters, were followed through the PSS pillar.

Three UNICEF Field Office Teams, headed by Emergency Specialists, continued to serve as mobile rapid response teams. They were deployed in each of the hotspots during the year and provided technical and coordination support to UNICEF co-led pillars. In the last

two outbreaks, UNICEF assisted County Health Teams to set up Emergency Coordination Centres with tents, furniture, water and sanitation services and rain gear so responders could be based adjacent to the hotspot.

Summary Notes and Acronyms

ABE - Alternative Basic Education
AE - Alternative Education
ALP - Accelerated Learning Programme
AMP - Annual Management Plan
C4D - Communication for Development
CCC - Community Care Centre
CDC - Centres for Disease Control and Prevention
CERF - Central Emergency Response Fund
CHV - Community health volunteer
CHW – Community Health Worker
CLTS - Community-Led Total Sanitation
CMT - Country Management Team
DCT - Direct cash transfer
DHS - Demographic and Health Survey
ECD - Early Childhood Development
ECHO - European Commission
ePAS - electronic Performance Appraisal System
EPF - Emergency Programme Fund
EPI - Expanded Programme on Immunisation
ETU - Ebola Treatment Unit
EVD - Ebola Virus Disease
FACE - Funding authorisation and certificate of expenditure
FAO - Food and Agriculture Organisation
GEEAP - Gender-Equitable Education and Achievement Programme
GL- General Ledger
GPS - Global Positioning System
GSS - General Staff Survey
HACT - Harmonised approach to cash transfers
HMIS - Health Management Information System
HQ - UNICEF Headquarters
HRBAP - Human rights-based approach to programming
ICC - Interim Care Centre
iCCM - Integrated Community Case Management
ICT - Information and Communications Technology
IMAM - Integrated Management of Acute Malnutrition
IMEP - Integrated Monitoring and Evaluation Plan
IPC - Infection Prevention and Control
ITSS - Information Technology Solutions and Services
JCC - Joint Consultative Committee
LISGIS - Liberian Institute of Statistics and Geo-Information Services
LTA - Long Term Agreement
MNCH - Maternal, Newborn and Child Health
MoE - Ministry of Education
MODA - Multidimensional Overlapping Deprivation Analysis
MoH - Ministry of Health

MoPW – Ministry of Public Works
MoRES - Monitoring Results for Equity System
MOSS - Minimum Operational Security Standards
NGO - Non-Governmental Organisation
NWSHPC - National Water, Sanitation and Hygiene Promotion Committee
NYSP - National Youth Service Programme
OFDA - Office of United States Foreign Disaster Assistance
OMT - Operations Management Team
OR - Other Resources
ORE - Other Resources Emergency
ORR - Other Regular Resources
PBEA - Peacebuilding, Education and Advocacy
PER - Performance Evaluation Review
PBX - Private Branch Exchange
PCV - pneumococcal conjugate vaccine
PMTCT - Prevention of Mother-to-Child Transmission of HIV
RED - Reaching Every District
RITE - Rapid Isolation and Treatment of Ebola
RR - Regular Resources
SCT - Social Cash Transfer
SIA - Supplementary Immunization Activities
SOP - Standard Operating Procedure
UNDAF - United Nations Development Assistance Framework
UNDSS - United Nations Department of Safety and Security
UNMIL - United Nations Mission in Liberia
USAID - United States Agency for International Development
WAN - Wide Area Network
WASH - Water, Sanitation and Hygiene
WCARO – UNICEF West and Central Africa Regional Office
WFP - World Food Programme
WHO - World Health Organisation

Identification and Promotion of Innovation

UNICEF Liberia invested heavily in mainstreaming innovations across a number of programme areas and sectoral interventions. There are now more than 63,000 U-Reporters in Liberia, with over 61,000 youth recruited in 2015 alone. The U-report Steering Committee leveraged 30 polls, gathering information on issues concerning adolescents and youth in areas including education; violence in schools and the community; youth unemployment; and HIV and AIDS. The Steering Committee used this information to raise awareness; advocate for change; and lobby ministers, parliamentarians and the media to take action. U-Report Liberia, along with other selected countries, posed questions to world leaders at September UN General Assembly and streamed their responses live. U-Report Liberia was presented as a case study at the Global Consultation Summit, ahead of the World Humanitarian Summit 2016. It was recognized as a useful tool for (near) real-time dialogue with affected populations during emergencies. Adaptations of Rapid-Pro used in 2015 included: a) Rumour Bank: gathered EVD rumours allowing social mobilisation sector to adjust strategy and messages. b) EduTrack: provided school administrators a channel to report to MoE and Education Cluster on the progress of schools re-opening after closing due to EVD. c) mHERO: fully integrated with other Health Management Information Systems at Ministry of Health (MoH), allowing for automatic data collection, reporting, and

exchange of critical information and messages between MoH and frontline health workers.

d) Trace and Go (TAG): SMS-based patient information service tracking patients as they traverse the medical system and keeping families informed about their health and location.

e) WASH Voucher System: tracked hygiene kit distribution and automated voucher verification and cash transfer to WaterGuard vendors. As a result, implementation was more efficient, secure, transparent and cost effective.

Human Rights-Based Approach to Cooperation

All programmes of UNICEF Liberia comprehensively reviewed their results and strategies, collected and analysed new data, and examined the results and interventions from a human rights and equity perspective, as the UNICEF Liberia Country Office (CO) reached the mid-point of its current Country Programme cycle (2013-2017). Based on the outcome of this analysis, and drawing on the lessons learned from the past three years, adjustments were made in results and strategies in order to accelerate the achievements of equitable and sustained outcomes for the most disadvantaged children in Liberia. In the context of EVD, recovery processes were considered in results adjusted processes. A comprehensive Multidimensional Overlapping Deprivation Analysis (MODA) was conducted for Liberia in 2015 using data from the Liberia Demographic and Health Survey (LDHS) of 2013 as part of the implementation of equity-focused programming. The analysis showed that the south-east region of Liberia was still the most deprived region, especially considering multiple deprivations of three dimensions or more. Based on this analysis, UNICEF Liberia decided to roll-out the equity focused programming approach – level 3 monitoring in the south-east region in 2015. UNICEF Liberia will complement and refine the findings of the MODA analysis with a comprehensive Equity focused Situation Analysis conducted in early 2016.

Gender Mainstreaming and Equality

UNICEF Liberia remains committed to ensuring gender mainstreaming in programming across all sectors and plans a gender audit of its programme in 2016. Implementation of child protection activities were tracked using gender dis-aggregated data for separated children; child victims of sexual and gender-based violence; children in contact with the law; and youth and adolescents. UNICEF Liberia ensured active participation and engagement of both sexes during the EVD response to facilitate peer counselling.

Women and children were disproportionately affected by EVD beyond the virus itself, with less access to antenatal care and routine immunisation. UNICEF Liberia recognised the need to strengthen services available to women and conducted trainings on home-based maternal and newborn care for health professionals in three south-east counties. UNICEF Liberia partnered with various women's groups to help children affected by EVD. Between 2013 and 2015, systems for operating and maintaining WASH facilities were put in place in communities in seven counties by training 251 gender-balanced WASH committees. During the same period, 158 gender-balanced school health clubs were established and trained on hygiene promotion and operation and maintenance of WASH facilities in schools.

The Education programme promoted gender equality through the Let Us Learn Programme piloted in six secondary schools which benefitted 1,200 adolescents (60 per cent girls) who were exposed to after school extra tutorials. This resulted in a 25 per cent improvement in the performance of the students in the core subjects (Mathematics, Science, Language Arts and Social Studies). Most (86 per cent) of the students progressed to the next grade.

There was a 95 per cent retention rate for girls in the programme compared with 80 per cent at the start of the programme.

Environmental Sustainability

The use of ground water resources was developed to provide access to improved water supply for the country. UNICEF Liberia supported the Ministry of Public Works to undertake a hydrogeological investigation, not only for borehole drilling purposes, but as an essential step towards hydrogeological mapping that will inform subsequent water resources for future development.

The use of renewable energies to minimize the use of diesel-driven water pumping systems was explored. Due to Liberia's vulnerability to the impact of climate change, emphasis was placed on water resource development and on increased conservation and management of the available, finite water resources. Where feasible, rain water harvesting through roof-catchments was promoted as part of the broader interventions on disaster risk reduction and environmental sustainability.

In rural areas, UNICEF promoted sanitation technologies comprised of pit type latrines where the pits (lined or unlined) are dug to a depth of two to three metres. UNICEF Liberia supported the Government to put in place appropriate waste collection systems to manage on-site healthcare waste generated at health facilities. Solid waste management is a challenge in Liberia and the practice of burning garbage, open dumping and use of un-engineered sanitary landfills is likely to pose long-term environmental risks to the country. The ongoing formation and training of WASH committees was aimed at making communities more resilient to climate change as it improved operation and management of established water and sanitation systems.

Noting the key role of children in environmental sustainability, UNICEF Liberia supported the Ministry of Education and WASH Sector in the engagement of school health clubs and inclusion of Parent-Teacher Associations to enable the integration of key environmental management concepts and principles into the education curriculum.

Effective Leadership

UNICEF Liberia developed the Annual Management Plan (AMP) in 2015, identifying eight key office-priorities covering programme, operations, implementation and monitoring mechanisms. Considered during this prioritisation process were: EVD Level 3 emergency and its transition; 2013 audit observations (2014/09), Enterprise Risk Management (ERM) risk-library; Harmonised Approach to Cash Transfers (HACT) compliance; and cost-savings measures. Committees and working groups to lead each priority to achieve the desired results were outlined in the AMP. Progress was monitored at monthly Operations Management Team (OMT), Programme Management Team (PMT) and Country Management Team (CMT) meetings. The CMT revised the office monitoring indicators to align with these priorities and progress was regularly discussed in CMT meetings.

An international HACT Specialist was hired and UNICEF Liberia achieved full HACT-compliance in 2015. All audit observations of 2013 audit were closed and sustainability of compliance measures was ensured. An 'audit self-assessment exercise' was initiated to identify gaps in compliance of office procedures and programme management, which allowed the CO to undertake corrective measures. Simplified programme cooperation

agreement (PCA) procedures were introduced to expedite programme delivery during the level three EVD emergency. Both the ERM risk-library and Business Continuity Plan (BCP) were updated in 2015 and a BCP simulation exercise was conducted. As a cost-savings measure rain-water harvesting for office-water and a Global Positioning System (GPS) vehicle-tracking system were introduced. Plans were developed for the installation of a solar power system in the office as an alternative power supply.

An all-staff retreat led to the development of an action plan to improve staff motivation. Three Joint Consultative Committee meetings with the local staff association were held to address staff concerns. Twenty-eight training sessions were conducted for staff-training and three staff were awarded with university grants to enhance their higher education and career development.

Financial Resources Management

The CMT met on a monthly basis to review and monitor office priorities including financial implementation, key management indicators, donor reporting performance and compliance; utilisation of funds; and direct cash transfers (DCT) status.

UNICEF Liberia's Table of Authority was routinely updated. Zero violations of segregation of duties were recorded. UNICEF Liberia conducted a self-assessment audit. The findings of this assessment will be used to improve financial internal controls and work processes, and to prepare for the audit in the second quarter of 2016.

Efficiency and quality of payment processing were significantly improved and standard operating procedures (SOPs) for payment processes were developed. Bank reconciliations were prepared on a monthly basis with prompt investigation and action taken on reconciling items. The practice of quarterly cash forecasts was adopted to ensure bank optimisation. A new integrated cash management system (Overture5) enabled timely replenishments. Outstanding Performance and Accountability Reports (PAR) and other general ledger account balances were consistently monitored with advice sought from the Division of Financial and Administrative Management in resolving challenges. Policy, planning and evaluation records in VISION were organised and reconciled with the records. As of 14 December 2015, DCTs over nine months represented 0.9 per cent of the total balance, while percentages of regular resources (RR), other resources (OR) and other resources emergency (ORE) utilisation were 94 per cent, 60 per cent and 73 per cent respectively.

Fund-raising and Donor Relations

UNICEF Liberia had a total of US\$ 125 million available funding in 2015, including contributions and carry-over funds. US\$ 84 million was spent in 2015. The Emergency Ebola Humanitarian Action for Children (HAC) appeal was effectively utilised for the EVD response and was 93 per cent funded by donors. UNICEF Liberia received a loan from the Emergency Programme Fund in 2014, totalling US\$ 6.2 million, of which more than 80 per cent was repaid by December 2015.

Regular donors continued their generous commitment to UNICEF Liberia and many first-time donors contributed their support, including the Republic of Korea, United Arab Emirates, Motion Picture Television Fund, World Bank, Russian Federation, Anadarko Petroleum, Luxembourg Committee, Korean Committee, and Hong Kong Committee.

A close working partnership was also maintained with Monrovia-based donors such as U.S. Agency for International Development (USAID), USAID/Office of U.S. Foreign Disaster Assistance (OFDA), Department for International Development (DFID), European Union (EU) Delegation, Swedish International Development Cooperation Agency (SIDA), Swiss Development Cooperation (SDC), World Bank (WB), and Japan International Cooperation Agency (JICA).

UNICEF Liberia maintained its status of never having missed a donor report deadline in four years.

Successful donor engagement led to secured funding commitments from Netherlands, Japan, Andalucía, German National Committee, US Fund and private donors. Additionally, UNICEF Liberia negotiated approval for the reprogramming of funding during the recovery phase in 2016 with USAID, USAID/OFDA and WB.

UNICEF Liberia welcomed Goodwill Ambassador Orlando Bloom in March 2015, when he visited children and families affected by EVD and raised the profile of the outbreak. His visit was a major highlight and resulted in mass public engagement and visibility of the EVD response. Other field visits include the Canadian delegation, DFID, multiple visits from Swedish SIDA, UK National Committee, German National Committee and private donors.

Evaluation

The Social Cash Transfer Programme final evaluation, postponed in 2014 due to the EVD outbreak, was conducted in 2015. The evaluation was a quasi-experimental, cross sectional study, comparing beneficiary households (experimental group) and non-beneficiary households (comparison group). Quantitative and qualitative results reflected the positive impact of the pilot programme across the areas of food security, education, health and health-seeking behaviour, asset ownership, housing quality, household expenditures, and the well-being of household members. It revealed multiplier effects of the cash transfers on local economies, and beneficiary households reported a reduction in gender-based violence and improved decision-making powers of women. Recommendations included scale up and improvement of targeting approaches and grievance-handling mechanisms.

The Terms of Reference for a Department for International Development (DFID)'s WASH evaluation was finalised in consultation with UNICEF Regional Office, and a consultant identified to conduct field work in early 2016. The objective of the evaluation was to provide an assessment on the relevance, effectiveness, efficiency and sustainability of the programme and extract lessons learnt and good practices for improving programme approaches and interventions. Consideration will be made to include equity-focused questions and involve marginalised groups during the data collection process to ensure that the evaluation is equity-focused.

UNICEF Liberia supported several other baseline studies to enhance the generation of evidence-based information and ensure the availability of essential data. The community health survey; mapping of health workers; and WASH in Schools were major studies in which UNICEF invested this year.

Due to the unique nature of the EVD outbreak and response, UNICEF Liberia supported a one-time case study documenting C4D's response in three highly affected counties.

Innovations, like U-report, were widely used to measure and evaluate communities' knowledge about key issues and guided UNICEF Liberia's EVD response. UNICEF Liberia also identified lessons learned in the Child Protection response.

Efficiency Gains and Cost Savings

Following the peak emergency period, the CO's strategy for communication including telephony, data communication and internet connectivity was revisited and revised. This strategy revision took effect from December 2015 and generated a communication cost reduction of approximately by US\$ 100,000 annually.

Power supplies were assessed and generators replaced to improve efficiency and cost effectiveness. Plans were developed, as part of the 'greening effort', to save fuel costs through the installation of a solar power system in the office as an alternative power supply. Transport services were monitored regularly and a shift system was introduced to further manage costs, while overtime and compensatory time off was monitored and significantly curtailed. The Global Positioning System (GPS) vehicle tracking system assisted the transport department to successfully track and monitor vehicle movement and speed limits.

UNICEF Liberia Supply, Administration, and Information and Communication Technologies (ICT) sections, together with other UN agencies through the Procurement and ICT Working Groups, jointly established long term agreements for frequently used goods and services. UNICEF Liberia worked with the Operations Management Team to harmonise common services and activities, including conduct a review of engaged travel agents and harmonising staff shuttle services.

Supply Management

UNICEF Liberia 2015 Supply input (goods and services)	Value in US\$
Programme Supplies	24,745,658
Operational Supplies	1,532,382
Services with Construction	12,158,926
Construction (where applicable)	0
Grand Total	38,436,966

Supplies channelled via Procurement Services	Value in US\$
via Regular Procurement Services	13,936
via GAVI	5,171,946
Grand Total	5,185,882

Locally managed procurement	Value in US\$
Programme Supplies	12,967,241
Operational Supplies	963,889
Services	12,161,926
Grand Total	26,093,056

The value of the inventory of programme supplies controlled by the UNICEF Liberia CO, physically in the warehouse as of 5th of January 2016, was \$US 5,202,404 of which \$US 2,781,271 were supplies prepositioned for Emergencies.

The value of programme supplies issued from local warehouses controlled by UNICEF Liberia CO recorded in VISION 5 January 2016 was \$US 19,416,434.

The total value of supplies managed in the UNICEF Liberia CO-controlled warehouse through the year was \$US 24,664,010.

Essential supplies procured included (i) pharmaceuticals, medical supplies, vehicles and ambulances (ii) Infection, prevention and control (IPC) materials (iii) learning and teaching materials (iv) vaccines and cold chain supplies (v) hygiene kits, chlorine, garbage collection trucks and (vi) recreation kits.

Provision of logistics and distribution expertise to the Government ensured minimal interruption or stock outs in the distribution of essential and other medical supplies to health facilities. UNICEF engaged the Government to strengthen their logistical capacity by providing technical support; warehousing rental space; and transportation assistance. Due to weak government capacity in logistics and warehousing facilities, UNICEF Liberia continued to support in-country logistics (customs clearance, warehousing and transportation).

Security for Staff and Premises

Staff safety and security related measures were reinforced throughout 2015. UNICEF Liberia made efforts to enhance staff safety and security through Minimum Operating Security Standards (MOSS) upgrades and fire preventive measures, including electronic access control doors in the office building and replacement of shatter films for windows. The Security Advisor from UNICEF Chad completed a one-month mission to help UNICEF Liberia address security related issues in the absence of a national security officer. Recommended security enhancement measures, such as increasing the number of CCTV cameras on the office premises and raising the perimeter of the compound were addressed, while other recommendations are being implemented. UNICEF Liberia engaged a qualified contractor to assess the office's electrical system and provide recommendations for a system upgrade as part of fire prevention measures.

In close coordination with the United Nations Department of Safety and Security (UNDSS), the following key security trainings and briefings were conducted: warden training; fire safety awareness and fire drill; and an evacuation drill for international staff. Standard Operation Procedures (SOPs) for field trips and mission travel were developed with security measures incorporated. Recommended security enhancements by UNDSS were carried out on both office and warehouse premises. The SOP for the electronic access

control system was developed and shared with all staff and the contracted security company to facilitate compliance. The Business Continuity Plan (BCP) was updated and a simulation exercise was conducted. The majority of the recommendations from the simulation exercise were addressed and implemented. A list of MORSS compliant residences was developed to guide international staff in selection of their housing. UNICEF Liberia coordinated with the UNDSS for regular inspection in order to obtain 100 per cent MORSS compliance for international staff residences.

Human Resources

UNICEF Liberia focused on staffing priorities to effectively respond to the EVD outbreak, making use of temporary staffing and surge mechanisms within the L3 Corporate Emergency Framework.

The CO hired 60 staff in all categories under Fixed Term and Temporary contracts. The CO worked to recruit the most qualified candidates available in each recruitment, which resulted in the promotion of many staff as well as bridging many staff on Temporary Appointments to Fixed Term. The importance of completing PERs was reiterated at all levels. PER completion for 2014 was at 94 per cent, and completion for 2015 Mid-Year review is at 90 per cent.

The CO held a two-day all staff retreat in June facilitated by external consultants on the Global Staff Survey results. This led to five action areas: Information Sharing, Transparency, Accountability, Career Development, and Self Care. The CO continued to monitor the progress of the action plan into 2016. The HIV/AIDS Specialist coordinated with other UN Cares focal points on a UN-wide effort to ensure the 10 minimum standards of UN Cares were implemented. The office was able to implement four out of the 10 standards; with focus on eradicating Ebola, efforts were underway to ensure 2016 will include greater information sharing.

There was a 99 per cent completion rate on the mandatory Ethics course, while fifty staff completed training on the harmonised approach to cash transfers (HACT). The CO conducted an ERM workshop and training session with selected staff from all sections with the support of the Regional Office Change Management Specialist. Recommendations from the workshop were reviewed for implementation in 2016.

Effective Use of Information and Communication Technology

UNICEF Liberia completed 100 per cent of global Information Technologies Solutions and Services (ITSS) project releases. The use of Office 365 and Outlook was both effective and efficient in meeting the needs of the office. Several staff training sessions were conducted to improve use of information and communication technologies (ICT) tools. High quality audio devices aiding video and voice conference calls were procured. The IT Disaster Recovery (ITDR) plan was improved and endorsed by the Representative. Two additional Business Continuity Plan (BCP) sites were located and approved. All staff identified as key to business continuity processes were equipped with a Global System for Mobile Communications USB modem to use for BCP. The ICT section provided support to the office and ensured implementation of electronic access control in the office building; webmail telephone directory allowing staff access to an updated telephone directory; and installation and support of the Geographic Information System (GIS) i.e. ArGIS application. Best practices on green printing were established, including common printing areas assigned per section. This resulted in effective reduction of ICT power consumption. In

collaboration with other UN Agencies, and through the ICT Working Group, negotiation with the internet connectivity service provider, agencies successfully obtained a substantial reduction in fibre line charges.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Programme Support

Analytical Statement of Progress:

Programme implementation and achievement of results were continuously monitored by the Country Management Team (CMT). The CMT met monthly to review and monitor office priorities, including financial implementation and key office management indicators. Member of the statutory committees were updated and reflected in the 2015 AMP. All open recommendations from the 2013 audit were closed. The outcomes of the audit self-assessment exercise will be used as one of the key references for preparation ahead of the up-coming audit scheduled to take place in the second quarter of 2016. The Business Continuity Plan document was updated with one business continuity simulation exercise conducted in 2015. The majority of the recommendations arising from the simulation have been addressed with a target for full implementation within the first quarter of 2016. A second simulation exercise will be conducted early next year. The Table of Authority (TOA) was regularly updated. The latest update of the TOA generated no segregation of duties (SOD) violations. To increase efficiency and cost saving efforts, UNICEF Liberia revisited and revised the office's strategy for communications, including telephony, data communication and internet connectivity. The change took effect from December 2015 and would generate a communication cost reduction of approximately by USD 100,000 annually. Solar power system installation is another initiative taken by the office as a way to save fueling costs. The tendering process for this system is underway and the system will be operationalized by the first quarter of 2016. The office engaged a qualified contractor to assess the electrical system and provide recommendations for system upgrade to improve fire preventive measures. Implementation of these recommendations is underway. A comprehensive Enterprise Risk Management review exercise was conducted, taking stock of the risk library and identified an action plan to mitigate the residual risks. Progress will be regularly monitored by the CMT. An annual staff retreat was held in June. Three key areas, identified by staff, were addressed including improved information sharing & communication, transparency in decision making, and accountability. UNICEF Liberia has made and continues to make efforts to enhance security and staff safety through MOSS upgrades to the office and warehouse premises and fire preventive measures.

OUTPUT 1 Effective and efficient programme management and operations support to programme delivery

Analytical Statement of Progress:

The majority of recommendations following the BCP simulation exercise have been addressed and will be fully implemented within the first quarter of 2016. Another BCP simulation exercise is planned for early 2016. The latest update of the Table of Authority (TOA) in November 2015 has generated No segregation of duties (SOD) violations. The findings and recommendations from the audit self-assessment exercise concluded in December 2015 will be used as one of the key references in preparation for the up-coming

audit scheduled to take place in the second quarter of 2016. The office has conducted a comprehensive Enterprise Risk Management review exercise, taking stock of the risk library and identifying an action plan to mitigate the residual risks. Progress will be regularly monitored by the CMT. Information and Communications Technologies (ICT)-related initiatives and achievements include (i) effective implementation of green printing, including maintenance reduction, toners consumption reduction, number of printer in use reduced, and both side printing feature, and (ii) effective implementation of users data protection system and policies, including sync backup to external drive and critical data on UNICEF cloud set for each user (One Drive for Business).

OUTPUT 2 Effective and efficient Management and Stewardship of Financial Resources

Analytical Statement of Progress:

Following the peak emergency period, the office's strategy for communications, including telephony, data communication and internet connectivity, has been revisited and revised. This strategy revision took effect from December 2015 and would generate a communication cost reduction of approximately by USD 100,000 annually. Solar system installation is another initiative taken by the office with an aim to saving the environment as part of the greening efforts and to saving the fuel costs from using generators as a sole power supply. The tendering process for this solar energy system is underway and the system should be operationalized by the first quarter of 2016. The transport and drivers management, including overtime and CTO hours monitoring and shift system, continues to be streamlined and closely monitored. The GPS vehicle tracking system has been assisting the transport unit to track and monitor vehicle movements and locations as well as the speed limits. An enhanced feature on fuel consumption report is required to maximize the use of the system and acquiring the required device to generate the fuel consumption data is in the process. The Supply and Admin Units continue with the efforts in establishing LTAs for frequently used goods and services and this has been being done jointly with other agencies through the Procurement Working Group and also in-house. The Finance Unit is in regular contacts and meetings with the ECO Bank Manager discussing bottlenecks and required service improvements. The implementation of the overture5 for cash management has enabled timely cash replenishments. The Finance Unit has consistently investigated and followed up on the long outstanding PAR balances and sought advice and support from DFAM in resolving the same. Proceeds received from the asset disposals of about USD 100,000 will be credited back for the office to use for operations support in 2016. This is to be followed up with the DFAM early next year.

OUTPUT 3 Effective and efficient Management of Human Resources

Analytical Statement of Progress:

In 2015, UNICEF Liberia continued to focus its staffing priorities to effectively respond to Ebola Response, making use of temporary staffing and surge mechanisms available within L3 Corporate Emergency Framework. The office hired 60 staff in all categories under Fixed term and temporary contracts. The office worked to recruit the most qualified candidates available in each recruitment, which resulted in the promotion of many staff as well as bridging many staff on Temporary Appointments to Fixed Term. The importance of completing PERs was reiterated at all levels. PER completion for 2014 is at 94%, and completion for 2015 Mid-Year review is at 90%. The 2014 GSS results when announced presented a unique opportunity to UNICEF Liberia to not only deliberate on staff issues, but also to reflect on challenges associated with the Ebola response. The CO held a two day all staff retreat in June facilitated by external consultants. The retreat not only provided staff a

forum to discuss GSS results but to express their current concerns and build on the three identified themes. This resulted in 5 specific action areas: Information Sharing, Transparency, Accountability, Career Development, and Self Care. The retreat action points were shared with the Regional Office for further action, with specified focal points. The office continues to monitor the progress into 2016.

The HIV/AIDS Specialist coordinated with other UN Cares focal points on a UN wide effort to ensure the 10 minimum standards of UN Cares were implemented. While the office was able to implement 4 out of the 10 standards, given our focus on eradicating Ebola, efforts are underway to ensure 2016 will have greater information sharing. At end of 2015, there was a total staff of 157 with gender mix at 34% Female and 66% Male. The office continues to strive for improving gender and geographic diversity. The office conducted a workshop and training session with selected staff from various sections with the support of the Change Management Specialist from the Regional Office. Recommendations from the workshop are being reviewed for implementation into the 2016 AMP. The office engaged a qualified contractor to assess the electrical system to enhance fire preventive measures, which is being implemented. Recruitment for a national Security Officer is ongoing. The Office received RRE fund that was RR advance to fund emergency positions and programme emergency response. The Office did not use and returned this money.

OUTPUT 4 Effective and efficient management of guesthouse operations

Analytical Statement of Progress:

Maintenance of the UNICEF guest house was assessed in line with the Financial and Administrative Policy 7: Property Plant and Equipment, Supplement 6: Guidelines for Premises with a target to make a decision made on whether the guesthouse should be continued or closed down by the end of January 2016. By the end November 2015 the amount of revenue recorded is US\$ 18,328 and expenses US\$ 24,814 reflecting a gap of US\$ 6,486.

OUTCOME 2 By 2017, children, adolescents and women, especially in the most vulnerable and hard-to-reach areas, including those in emergencies, utilize high impact evidence-based quality essential health services.

Analytical Statement of Progress:

Following the huge challenges in the health sector occasioned by the massive outbreak of the Ebola Virus Disease since March 2014, UNICEF contribution, in collaboration with other partners has seen a steady progress in the restoration of health services towards ensuring access for children, adolescents and women to quality high-impact health services including HIV education and utilization of PMTCT services. Over 10,821 cases and 4,785 deaths including 192 health worker deaths were reported from across 15 counties (as of May 9, 2015 when the outbreak was first declared over). Liberia has suffered two episodes of re-occurrence in 2015 (June, with 6 cases and 2 deaths, and in November with 3 confirmed cases and 1 death). The country has now successfully stopped the EVD outbreaks twice (in May and September) and the experience over the period is being applied for the current outbreak of cases. Though patient patronage and coverage for services have not fully returned to pre-EVD outbreak levels in many program intervention

areas, sustaining the steady improvement and momentum is critical to restoring confidence in the health sector and building resilience to future shocks to the health system.

A total of 103,231 children under one year (or 64 per cent of annual target of 160,841) have been vaccinated with the 3rd dose of Penta vaccine as of 31 December, while UNICEF support has ensured that no vaccine stock-outs were recorded for the EPI programme needs in the country. All deferred supplementary immunization activities from 2014 were successfully implemented, including a measles campaign for children 6 months – 59 months, and three full rounds of Polio National Immunization Days in May, June and October 2015 for children 0 – 59 months, all reaching more than 90 per cent coverage by independent monitoring survey. The cold chain system continues to be a priority with the procurement of additional cold chain equipment and a refrigerated van for vaccine distribution in the country. The installation of cold rooms, procured to support expansion of the vaccine storage capacities for introduction of new vaccines, are still pending construction of the regional stores and arrival of the technicians from the off-shore suppliers of the equipment. An Effective Vaccine Management assessment and improvement plan would continue to support efforts to strengthen the cold chain system for the future.

Community health services through implementation of the integrated community case management (iCCM) strategy was expanded to include Grand Kru county with training of 110 general community health volunteers (gCHVs), while a refresher training was conducted for the 541 gCHVs already engaged in Grand Gedeh, Maryland, River Gee and Sinoe counties since 2014. The iCCM strategy provides preventative, promotive and curative services targeting children under 5 years for malaria, diarrhoea and pneumonia in communities located beyond 5km of existing health facilities in these 4 counties. As of end October, incomplete data from four counties show that 18,289 (49 per cent of the target population) were treated with ACTs; 10,983 (29 per cent of target population) were treated for pneumonia and 6,931 (18 per cent of the target population) were treated for diarrhoea with ORS/Zinc. The Ministry of Health (MoH) has already approved a revision of the Community Health Service policy (draft document to be validated in December) for an incentivized Community Health Worker programme, delivering an enhanced package of services (including iCCM) for implementation from January 2016. By end October, about 43 per cent of expected pregnant women have attended at least 4 ANC visits, 34.4 per cent have delivered in health institutions and 37.3 per cent received skilled attendance at delivery.

In revamping the HIV programme, the national elimination of mother to child transmission (eMTCT) plan developed following the conduct of the bottleneck analysis of the service provision has been disaggregated to context-specific county plans (decentralized eMTCT and Paediatric Treatment, Care, and Support Plan) to ensure better focus at the implementation levels. Data as of October 2015 indicates that 41 per cent of pregnant women received HCT services while 40 per cent of positive pregnant women were placed on antiretrovirals (ARVs) to reduce the risk of MTCT.

In 2016, UNICEF will continue to work with the MoH and partners to consolidate the gradual recovery of health services following the Ebola outbreak, and support implementation of the key priorities of the Government as detailed in the Investment Plan for rebuilding resilient health services. Decentralized health systems strengthening, with emphasis on monitoring and performance reviews of programme implementation with

district and community levels participation will be promoted across the different intervention areas for the health programme.

OUTPUT 1 Provide Technical Support for EPI Planning and Prepositioning of supplies for Health Emergencies and Disease Outbreaks

Analytical Statement of Progress:

As of end December, routine EPI/HMIS reports covering the period January – December 2015 shows that 103,231 children less than 1 year old (64 per cent of annual target of 160,841) have been vaccinated for Penta-3 nationally. The challenges include a slow recovery from the EVD outbreak since last year, with lingering fears for immunization especially following the Ebola vaccine trials at the beginning of the year. The deferred supplementary immunisation activities (SIAs) from 2014 were held – with survey coverage for OPV above 91 per cent in all 3 rounds. The May round was integrated with Measles vaccination and Mebendazole (both reaching 99% of target, and 90% by post coverage survey for measles) while the June and October exercises were integrated with Vitamin A. Adequate vaccine stocks continue to be maintained in the country for routine and supplementary immunization. Strengthening of the vaccine and cold chain systems was boosted through technical support for Effective Vaccine Management assessment with development of improvement plan and procurement of cold chain equipment (iceline refrigerators, voltage stabilizers and fridge tags) and spares as well as a refrigerated van for vaccine distribution. Improving coverage and equity through the urban EPI strategy in Montserrado County remains a strong response for reducing the numbers of un-immunized children in the country and would be expanded after a review of the phase one implementation in 2016. Further strengthening of the cold chain systems continues through installation of cold rooms in the 2 Regional Stores, procurement of freezers and solar refrigerators, as well as recruitment and training of cold chain technicians at county levels in 2016. UNICEF would also provide communication support for the introduction of new vaccines – IPV, tOPV-bOPV Switch, Rota, demo HPV and Ebola vaccines, and the implementation of a program review/ coverage survey in accordance with the milestones of the new cMYP (2016 – 2020) which is under finalization.

OUTPUT 2 Support to Community Health Services

Analytical Statement of Progress:

The roll-out of the iCCM strategy stalled by the EVD outbreak last year received strong advocacy support in 2015 with the Community Health Worker (CHW) program adopted as one of critical items in the investment plan for rebuilding a resilient health service in the country. The draft Community Health Policy to guide implementation is completed, pending validation and adoption in December. Other key activities, including a baseline survey, gCHV mapping and development of a curriculum for the new cadre of CHWs are ongoing. In the interim, UNICEF supported the training of 34 Community Health Service Supervisors (for the 34 districts of the 5 focus SE counties Maryland, RiverGee, Grand Gedeh, Sinoe and Grand Kru), a refresher training for 541 gCHVs in these counties (first time for 110gCHVs in Grand Kru) on assessment and treatment of malaria, ARIs and diarrhoea as well as the strengthening of the community support structures – CHCs and CHDCs. To strengthen field supervision and data collection, 5 motorcycles (one per county) has been provided for the use of the iCCM focal points in the UNICEF-supported counties in the

South East. Provision of iCCM services reported from 4 counties shows 18,289 (49% of target) treated for malaria with ACTs; 10,983(29%) treated for pneumonia and 6,931 (18%) treated for diarrhea with ORS/Zinc as of end October. During the year, UNICEF supported the revision of treatment and therapeutic guidelines for the use of Artemeter-Lumefantrine (for Malaria) and Amoxicillin (for ARIs). The MoH is prioritizing the development of a community based information system (CBIS) to improve data management. UNICEF supported availability and ownership of LLINs through the communication component of the 2015 LLINs mass campaign achieving 98.9% distribution with the 2.8m nets. Strengthening national commitment and integrated supply chain systems would assure availability of commodities and longterm sustainability of community health services.

OUTPUT 3 National and county levels have technical and managerial capacity to provide newborn, child and maternal health services (UNDAF output 3.1.1)

Analytical Statement of Progress:

Implementation of planned activities in maternal, newborn and child health are gradually picking up with improvements in the indicators following the Ebola Virus Disease outbreak last year. Though MoH/HMIS data (as of end October) for institutional delivery (34.4 per cent) and IPT 2 coverage (31.3 per cent) is not yet at the pre-EVD levels of end 2013 (40 per cent and 46 per cent respectively) analysis of quarterly data shows improvements in the period July – Sept 2015 for institutional delivery (44.2 per cent) and IPT 2 (38.6 per cent) compared to the corresponding period in 2014 (28.3 per cent per cent for institutional delivery and 23.7 per cent for IPT2) at the peak of the EVD outbreak. In the critical area of newborn health, UNICEF provided support for the Helping Babies Survive (incorporating neonatal resuscitation and essential care for every newborn) training package with training of 48 master trainers for 14 counties, and 96 skilled health staff for the roll out in Grand Gedeh, Sinoe and Bomi counties. 60 Neonatal Simulator Resuscitation kits have also been given to counties for future refresher trainings. Training of additional Community Health Volunteers on Home Based Maternal and Newborn Care (total of 540 in Maryland, Grand Gedeh and Sinoe) is under process, scheduled by end of year. UNICEF procured midwifery kits (500), component items for safe delivery kits – tetracycline ointment, gynaecological gloves and misoprostol tablets, with each complete midwifery kit able to support 50 deliveries. A total of US\$350,000 has been contributed in 2015 to the Health Pooled Fund to support implementation of health services by the county health teams. Systematic collection of data for KMC and Chlorhexidine use remains to be addressed with other MoH partners. In 2016, UNICEF support will prioritize improvement of quality MNCH services through supportive supervision, coaching/mentoring and strengthened monitoring at all levels including involvement of communities in Maternal and Neonatal Death Surveillance and Reporting (MNDSR).

OUTPUT 4 Key stakeholders have the capacity to plan, manage and monitor EPHS implementation at all levels including in hard-to-reach areas (UNDAF output 3.1.3)

Analytical Statement of Progress:

In collaboration with WHO and other key partners, UNICEF has provided technical support to the MoH for the development of post EVD investment plans at national, county and district levels. The costed plan reflects 9 strategic areas for the government through 2021, including the establishment of an incentivized Community Health Worker (CHW) programme and establishment / strengthening of district health management systems. A

total of 15 ambulances and 36 motorcycles have been procured and donated for MNCH referrals and field supervision as part of delivery of the EPHS at county levels. At the central level, the Ministry of Health received financial support for implementation of 2 rounds of integrated support supervision in the 15 counties, with 75 per cent (357) facilities visited. Quality assurance monitoring is a critical component of the MoH plans going forward, with strengthening of decentralized systems monitoring and regular performance reviews to be supported by UNICEF.

OUTPUT 5 Service delivery and organizational capacities enhanced to improve access and utilization of PMTCT, HIV and AIDS services, prevention, care and support as well as addressing stigma and discrimination

Analytical Statement of Progress:

The implementation of HIV related activities especially for scaling up the uptake of PMTCT in an integrated MNCAH service delivery setting was enhanced by on-site mentoring to improve the quality of service. There were gains made at the onset of the country programme cycle until the outbreak of the Ebola Virus Disease (EVD) with the attendant negative impact on the health system including the provision of HIV service across the country. Health facilities providing HIV/PMTCT services were partially closed because of the absence of the service providers which was due to the directive of the Government to divert all focus of health support services to the EVD response. Another reason was the fear factor of being infected due to the trend of the outbreak. Supply of HIV test kits for testing during the period of 2014/2015 was a challenge.

Early infant diagnosis was discontinued as the national laboratory capacity was being used solely for the EVD response. PMTCT and Paediatric treatment, care and support services stagnated during the period, including most of 2015. Data as of October 2015 indicates that 41 per cent of pregnant women received HCT services while 40 per cent of positive pregnant women were placed on ARVs to reduce the risk of MTCT. In revamping the HIV programme, the national eMTCT plan developed following the conduct of the bottleneck analysis of the service provision has been disaggregated to context-specific county plans (decentralized eMTCT and Paediatric Treatment, Care, and Support Plan) to ensure better focus at the implementation levels. It is geared towards scaling up invention which would increase demand for access and utilization of service as well as increasing and improving service provision in terms of quality. The plan provides remedial actions which are transformed into strategies and activities for implementation.

OUTPUT 6 Health interventions to respond to Ebola outbreak are prioritized and essential services maintained.

Analytical Statement of Progress:

UNICEF continues to provide ongoing support to the MoH for restoration of essential health services since the outbreak of Ebola Virus Disease in 2014. Through PCAs with eight NGO partners, UNICEF provided essential health, nutrition and WASH supplies (value US\$ 3.9m) and cash support (US\$ 707,584) for health worker training and logistics covering 270 health facilities to serve 321,551 under 5 children and 96,061 pregnant women. With the EVD outbreak largely contained in 2015 (sporadic but limited re-infections in June and November), pharmaceuticals procured during the outbreak are being transferred to the MoH for use in the regular health programme with procurement processes initiated for essential medicines against the forecasted needs of the MoH in 2016. Limited capacities

for storage, distribution, monitoring and supervision of pharmaceuticals management is a major constraint at national, county and health facility levels leading to avoidable wastages across the supply chain and repeated reports of stock-outs at service delivery levels in the country. To strengthen the supply chain management system, UNICEF has provided financial resources for additional warehousing space for the National Drug Service (NDS), including costs for distribution to the end-users for the next one year period. A six month Technical assistance with an International staff is being recruited to support supply chain management at the national level. Support for the EVD and other medical emergencies response continues with supply of pharmaceuticals as needed, including pre-positioned Rapid Isolation and Treatment of Ebola Strategy (RITES) kits and diarrhea /IEHK kits at central level. Of the total 12 Community Care Centres (CCCs) constructed for the EVD response in 2014, decommissioning process has been completed for 6 sites with conversion for alternate uses (such as triage and isolation unit, learning and alternate care centres) with the remaining 6 due for a similar exercise by end of year.

OUTCOME 3 By 2017, nutritional status of children under 5-years, adolescent girls and women improved with special focus on reduction on chronic malnutrition in children below 2 years

Analytical Statement of Progress:

Reactivation of nutrition services nationwide in the post-Ebola recovery period have resulted to the improvement in the utilization of nutrition services.

Monthly admissions to the Integrated Management Acute Malnutrition (IMAM) programme have increased. Efforts to improve community nutrition services in some counties have been effective in creating awareness on the importance of nutrition, and improving access of beneficiaries to nutrition services. In counties where community nutrition services have been initiated, monthly increase in admissions have been observed.

Scale up of fixed outpatient therapeutic programme (OTP) sites in six counties and establishment of temporary OTP sites in hard to reach communities are important to encourage not just utilization of nutrition services but also to ensure continuity of accessing these services and prevent defaulters. As a way forward, the community nutrition services should be strengthened, and scaled up in counties with weak community nutrition systems.

Promotion of optimal infant and young child services at the community level through mass media campaigns, community awareness activities, and nutrition counselling was strengthened. Although the number of individuals reached with nutrition messages increased by threefold compared to 2013 and 2014, activities need to be further intensified. In addition, regular and meaningful engagement with pregnant women and mothers by trained health workers and community health volunteers must be strengthened.

To date, there is no system in place that compels and monitors health workers to provide nutrition counselling services. Thus, as a way forward, a mother and baby friendly hospital programme will be initiated in 2016 to ensure that trained health workers regularly provide nutrition counselling services during antenatal care visit.

The positive feedback from mothers, caregivers and health workers in the introduction of micronutrient powder supplementation in two counties provided indication of acceptance of

the target population to use the product. Engagement with stakeholders at all levels about the product was useful in generating support to continue with the district-wide distribution of the product. Regular household visits and provision of a standard simple and clear instructions with actual demonstration ensured that mothers utilize the product appropriately. Since distribution modality in the two counties differ (one is a health facility based distribution and the other is a community based distribution), it is really important to ensure detailed documentation is done to record best practices and lessons learned. It will also allow the Government to gather sufficient evidence on the modality that the works effectively.

Maternal nutrition programme especially iron supplementation should be reviewed closely. Although community-based iron supplementation had been reintroduced in Bomi County, it is important that a bottleneck analysis of the programme will be done in 2016 to address not just the demand for services but also the supply in relation to the services as well as the supporting maternal health policies and structures.

The best practices and lessons learned from the Ebola nutrition response have been documented through the Nutrition Cluster. Lessons from implementing partners who played a critical role in the response have been beneficial in shaping future response. It is also important in informing the revision of the global guidelines. There is a need to remain vigilant in ensuring the implementing partners comply to the protocols especially those that worked well in the past.

The national level coordination through the Scaling Up Nutrition (SUN) initiative remained a priority for the sector. Although there was active participation from the Government in quarterly conference calls and annual global conference, the establishment of the national secretariat and the official designation of the SUN focal point remained a challenge. Meanwhile, UNICEF initiated engagement with ACF to reconvene the SUN Civil Society Organization (CSO) network to demonstrate coordination at the decentralized level. In 2016, a series of advocacy meetings on nutrition with different stakeholders will be planned to strengthen Government commitment.

OUTPUT 1 Improve infant and young child feeding practices with atleast 40 per cent of children below two years with acceptable diet, with special emphasis on most marginalised and vulnerable families in south eastern region

Analytical Statement of Progress:

A total of 87,080 individuals (204 per cent increase from pre-EVD outbreak data of 28,614) from Bomi, Gbarpolu, Lofa, Maryland, Margibi and River Gee counties were reached with key messages on early initiation and exclusive breastfeeding including timely complementary feeding while 3,394 pregnant women, mothers and caregivers received nutrition counselling. These individuals were reached through community awareness campaigns, food demonstrations, and nutrition counselling in 101 communities by trained health workers and volunteers.

To complement community activities, one national radio station, five FM radio stations, and 31 community radio stations aired nutrition messages in 11 local dialects and two languages twice a day.

100 public health facilities in addition to the existing 115 public health facilities pre-EVD outbreak have started to offer nutrition counselling services to pregnant women and lactating women during antenatal care and post-partum visits, and mothers of children under two years during child health care visits. The rollout of nutrition counselling training in 4 additional counties (Gbarpolu, Lofa, Margibi and Rivercess) have led to 570 trained health workers (78 per cent increase from pre-EVD outbreak data) and 1,154 trained community health volunteers (104 per cent increase from pre-EVD outbreak data) from 100 public health facilities.

From 2013 to 2015, nine counties were targeted for the rollout of Essential Nutrition Action services wherein 57 per cent of health workers and 49 per cent of community general health volunteers nationwide were trained to provide nutrition counselling services. As a result, 58 per cent of the public health facilities nationwide are offering nutrition counselling services by the end of 2015.

The main challenge in the promotion of optimal infant and young child feeding practices in Liberia was the lack of decentralized systems and structures to supervise, monitor and report data on these activities. The lack of standardized community health services supervision, monitoring and reporting protocols and tools made it challenging to collect information from community health volunteers on their activities.

Thus in 2016, specific indicators for infant and young child feeding in the HMIS must be reviewed for appropriateness and applicability while proxy indicators to measure coverage of the programme must be considered. Close collaboration with Community Health Services is crucial to ensure that the community based monitoring and information system captured appropriate nutrition indicators. Furthermore, the institutionalization of mother and baby friendly health facilities is important to ensure implementation and reporting on active nutrition counselling services in maternity units.

OUTPUT 2 Micronutrient deficiencies prevented over 90 per cent health facilities implementing EPHS interventions to improve iron and vitamin status in children, adolescent and women

Analytical Statement of Progress:

Biannual vitamin A supplementation and deworming in 2015 was integrated with three national immunization campaigns in February, June and October 2015. As a result of these campaigns, 62 per cent (519,710) children 6 – 59 months and 72 per cent (518,104) children 12 – 59 months nationwide received vitamin A supplements and deworming, respectively, at least twice in 2015.

The low coverage in 2015 was mainly due to poor management of supplies at the national level resulting to limited supply availability in distribution points. Analysis of campaign results at the district level is also not done thus persistent challenges in the campaign remain unresolved. In 2016, the sector recommends to ensure analysis campaign results at the district level. Application of the monitoring for results and equity-based system is important to identify and address bottlenecks.

Micronutrient powder supplementation (MNP) pilot activities in two counties, River Gee and Bomi, commenced in August 2015. 60 children 6 – 23 months participated in the pilot and

received micronutrient powder supplements in Bomi and River Gee counties. 46 health workers trained as MNP distributors to the mothers/caregivers of 6-23 months old children. The feedback were: (1) the MNP was easy to use; (2) mothers/caregivers understood the simple and clear message about the MNP, like the benefits, frequency of use and use of the product. The food demonstration aided in the ease of use of the mothers/caregivers. 157 county health officials, NGO partners, community leaders, civil society, church leaders, and town chiefs were oriented on the MNP to ensure local ownership of the initiative.

A total of 249 children six to 23 months benefitted from micronutrient powder supplementation distribution in River Gee in the first week of December 2015.

Scale up of MNP supplementation across all districts in the pilot counties should be accelerated in the first quarter of 2016.

OUTPUT 3 Access for community based management of acute malnutrition increased by ensuring over 80 per cent of health centers providing treatment service, and children in emergency crisis supported with critical nutrition interventions as per CCC

Analytical Statement of Progress:

A total of 9,869 children with severe acute malnutrition were admitted in the IMAM sites nationwide from January to September 2015. This is 23 per cent increase (8,005 in 2014) in admission for the same period in 2014. Out of the 9,869 children with severe acute malnutrition admitted in the IMAM sites nationwide, 90 per cent were new admissions.

36,631 children under five were screened for malnutrition through active nutrition screenings in Bomi, Gbarpolu, Margibi, Maryland, and River Gee counties. 1 additional nutrition inpatient facility in Montserrado and 34 additional outpatient therapeutic programme (OTP) sites in Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Kru, Rivercess and Sinoe counties were established. By the end of 2015, 100 per cent of 88 health districts have at least one nutrition treatment site. In addition, 15 temporary community nutrition outreach sites offering remote OTP services were established in Margibi county in October 2015.

6,902 children enrolled in the programme were discharged. 96 per cent of severely malnourished children discharged from the programme were cured while 2 per cent defaulted, 1 per cent died, and 1 per cent did not respond to treatment.

The coverage of the programme remain low at 26 per cent. Out of the 15 counties, only Nimba, Montserrado, and Grand Gedeh counties have reached at least 50 per cent coverage. Geographic access to services is major challenge especially among communities beyond 5 kilometers from the nearest nutrition treatment site. While many counties have outpatient services in all its health districts, many severely malnourished children were not reached. Active screening, referral, and community outreach in many counties is not done.

Strengthening active nutrition screening in hard to reach communities is crucial and recommended for consideration in 2016 to ensure timely detection, referral and follow up of severely malnourished children. The integration of community nutrition services with community outreach activities is important to ensure that nutrition treatment services is not

seen as vertical programme but as an essential component of the community health services package.

OUTPUT 4 Nutrition interventions to respond to EVD outbreak are prioritized and essential services maintained.

Analytical Statement of Progress:

82 per cent (375 out of the 460) patients admitted in EVD treatment and care centers in 2015 received comprehensive nutritional care and support while 38 infants below 12 months who could not be breastfed (orphaned or children of EVD survivors) received special nutrition support.

Through the Nutrition Cluster, a Rapid Nutrition Assessment in communities of six districts in six counties highly affected by EVD (100 or more confirmed EVD cases) was conducted in March 2015. The result showed a prevalence of Global Acute Malnutrition (GAM) of 1.6 per cent (0.5 – 4.6 95 per cent C.I.). This is classified as “acceptable” as per the WHO classification and this result may reflect more on the impact of EVD interventions which were widely implemented before and during the assessment period in the communities.

There was a gradual and steady increase in admission of severely malnourished children as nutrition treatment activities in the six counties highly affected were reactivated. A total of 6,269 severely malnourished children highly affected counties were admitted to the programme from September 2014 to July 2015. Only 36 per cent of the children expected to suffer from severe acute malnutrition have been identified and admitted in the programme. Of the six counties, it is only Nimba and Montserrado counties with a coverage rate of 77 per cent and 56 per cent respectively that are on track to achieve the minimum recommended coverage as per the SPHERE standards. Bong county coverage rate is the lowest at merely 19 per cent.

The unclear role and coordination mechanisms between EVD Operations Centre and MoH Nutrition Division in managing the EVD response in treatment centres led to lost opportunities to appropriately document nutritional care and support to patients, and improve the existing clinical guidelines.

OUTCOME 4 By 2017, children and their caregivers using safe water, and practicing safe sanitation and hygiene in targeted underserved areas increased .

Analytical Statement of Progress:

During the period under review, UNICEF continued to strengthen its strategic partnership with the Government (mainly Ministry of Public Works, Ministry of Health, Ministry of Education, Liberia Water and Sewer Corporation and Monrovia City Cooperation), UN agencies, NGOs and the private sector to ensure that the overall goals of the Country Programme, One Programme and Agenda for Transformation (AfT) are met. The major objective of the 2015 water, sanitation and hygiene (WASH) plan was to reduce risks to children from inadequate safe water, sanitation and hygiene services. High priority was given to WASH interventions for EVD response and recovery and for re-opening of schools and health facilities that were closed during the EVD outbreak; deployment of low-cost and high-impact interventions initiated including hand-pump wells and household water treatment; community-led total sanitation (CLTS); and WASH in urban slums.

Owing to the fact that WASH interventions constituted a key pillar in EVD prevention/control and subsequent recovery/resilience building interventions, UNICEF WASH unit responded to the EVD outbreak by supporting: WASH Sector/Cluster coordination, monitoring and evaluation; delivery of WASH Services in eight EVD Treatment Units (ETUs), 12 Community Care Centres (CCCs), affected communities in rural and urban slums; management of EVD infected solid and liquid wastes; management of information and knowledge; provision of WASH supplies necessary for prevention and control of EVD infection (including household hygiene kits); mobilization and awareness raising on positive hygiene practices; operational support to Liberia Water and Sewer Corporation and Monrovia City Corporation; and enhancing technical (human resources) support. As part of the post-EVD response, the WASH unit (and in collaboration with Health, Communication for Development, Nutrition and Education sections) has partnered with the Government of Liberia in the implementation of the national recovery and resilience building plan, with specific focus on ensuring of appropriate infection prevention and control measures needed for the safe re-opening/operation of schools and health facilities. Key interventions include the provision of back-to-school WASH kits to 4,619 schools to facilitate adequate hand washing practices to about 1,190,000 school children in the country. During the period, UNICEF has also implemented WASH in Schools package (software and hardware) in 82 schools, with implementation of interventions to improve WASH facilities in additional 80 schools and 12 health facilities ongoing. A total of 383 communities in seven counties were declared open defecation free.

With respect to increasing access to improved drinking water, a total 345 improved water supply systems were completed (serving approximately 86,250 persons). In recognition of the sanitation challenge, a total of 383 communities in seven counties were declared open defecation free (translating to approximately 77,390 persons gaining access to basic sanitation services). Promotion of household water treatment product (Water Guard) was also conducted to around 50,000 people in 10 cholera prone slum communities in Monrovia and approximately 50,000 people in 10 communities in Ganta, Harper, Pleebo and Zwedru.

UNICEF has continued to maintain its support to the National Water, Sanitation and Hygiene Promotion Committee (NWSHPC) Secretariat to effectively collect, manage and analyse WASH data and develop, implement and monitor WASH plans. Sub national WASH committees/coordination teams were formed in six counties (Grand Cape Mount, Montserrado, Margibi, Bong, Zwedru and Grand Gedeh). Particular focus was given to developing Government capacity at the national and county levels to strengthen WASH monitoring, supervision, information management, reporting, and systems development.

The above mentioned accomplishments of the WASH programme were made possible through support from various donors namely the Netherlands Government (DGIS), the UK Government (DFID), USAID/OFDA, World Bank, SIDA and the German NatCom.

OUTPUT 1 Children

Analytical Statement of Progress:

In 2015, about 86,250 people got access to improved water supply after 345 water systems were constructed/rehabilitated (176 hand-dug wells constructed; 124 wells rehabilitated; 39 boreholes constructed; six motorized small water supply systems constructed). In urban Monrovia, 13 additional water kiosks were rehabilitated and 90 households were connected to the urban piped water supply network. To ensure sustainability of the water facilities,

operation and maintenance systems were put in place in communities by establishing 251 WASH committees and 33 spare parts depots were established in district headquarters and major towns in the eight counties. The target set for hand dug wells has been surpassed by 45 wells, whereas the target for small piped water supply systems will be achieved as planned by 31 December 2015. There is, however, a significant shortfall on boreholes drilled; only 39 completed out of 70 planned. This has been due to lack of reliable drilling companies in Liberia.

Promotion of household water treatment was done through recruitment of 48 Water Guard vendors in Harper (14), Pleebo (8), Zwedru (12) and Ganta (14), who were branded with Water Guard point of sales materials and trained on its usage. This resulted in wider usage of Water Guard for household water treatment, contributing to prevention of diarrhoea and other water borne diseases. The promotional activities also included 20 community outreach events, 10 market day events and 16 point of sales promotional events in Nimba, Grand Gedeh, Maryland and Montserrado.

National CLTS and Hygiene Promotion guidelines were developed, which are now followed by all WASH stakeholders. Implementation of CLTS activities resulted in 383 communities in seven counties (namely Grand Cape Mount, Maryland, River Gee, Grand Kru, Nimba, Gbarpolu, and Grand Gedeh) being declared open defecation free (ODF). In urban areas, 28 'Tiger Worm' latrines were constructed, providing access to safe sanitation to about 140 people in Monrovia slums.

Hygiene promotion and awareness campaigns were conducted in 909 rural and urban communities in the eight counties through house-to-house visits; community meetings; one to one group discussions; child to child interactions; and the use of posters. Radio messages were aired on various radio stations, covering over 1 million people in the country. Key messages include use of latrines, hand washing with soap and EVD awareness.

OUTPUT 2 Children and their caregivers have access to improved and sustainable water, sanitation and hygiene services in primary schools and health facilities

Analytical Statement of Progress:

In 2015, UNICEF's support to the government resulted in the following upstream interventions being achieved:

- a. National WASH in School protocol was developed and adopted to ensure safe learning environment within schools.
- b. WASH in School Steering Committee was established in April 2015 and comprises of MoE, MPW, MoH and Office of the President (President's Delivery Unit)
- c. WASH in School Guidelines developed, endorsed by sector partners, and launched by the President
- d. Validation/orientation on WASH in School guidelines was conducted in all 15 counties
- e. Guidelines on latrine designs developed

Separately, a total of 82 gender balanced School Health Clubs were established and trained on Operation and Maintenance of school WASH facilities and hygiene promotion in seven counties (Nimba, Grand Gedeh, Grand Kru, Maryland, River Gee, Grand Cape Mount and Gbarpolu).

On the downstream side, a total of 82 gender balanced School Health Clubs were established and trained on O&M of school WASH facilities and hygiene promotion in seven counties (Nimba, Grand Gedee, Grand Kru, Maryland, River Gee, Grand Cape Mount and Gbapolu). Similarly, a total of 82 schools (approx. 13,940 students and teachers) benefitted from user friendly, gender sensitive, improved WASH facilities in 2015 against the planned 50 schools. The schools were identified in collaboration with the Ministry of Education staff at both national and county level. In addition, UNICEF provided Back to Schools kits to over 4,527 schools.

WASH in Schools communication materials that included posters, leaflets and flipbooks were developed, pretested and distributed in all schools in Liberia along with back to school kits. A nationwide WASH in schools assessment (targetting over 5500 schools) is currently on-going in all 15 counties in Liberia. The findings of this assessment will be available in January 2016.

With respect to WASH in Health facilities, the MoH, and with support from UNICEF has conducted a nationwide assessment of WASH / waste systems in all (657 health facilities) in Liberia.

OUTPUT 3 Key stakeholders at the national and sub-national level have the capacity to effectively collect, manage and analyse WASH data and develop, implement and monitor WASH plans

Analytical Statement of Progress:

During the reporting period, UNICEF supported eight government staff from MOH, Ministry of Public Works (MPW), Liberia Water and Sewer Corporation (LWSC), President's Office and CSOs to participate in the AfricaSan 2015 conference held in Dakar in May 2015; and three government staff from MOH, MPW and Environmental Protection Agency to participate in a workshop held in Freetown, Sierra Leone to develop the EVD Treatment Units (ETU) decommissioning document in March 2015. UNICEF also supported two government staff to participate in a workshop held in Dakar, Senegal in June 2015 to discuss the transition from Cluster to Sector approach; and one government staff to participate in 2015 Sanitation and Water for All (SWA) partnership meeting in the Netherlands in November 2015. UNICEF also supported the preparations for the 3rd WASH Joint Sector Review that was conducted by Government and other WASH stakeholders in July 2015, and this provided a platform to review progress, identify challenges, document lessons learnt and collectively agree on way forward.

Through UNICEF support to Government, key sector strategic documents, guidelines, protocols and policies were reviewed, developed and adopted. Specifically, the National Solid Waste Management Policy document was reviewed and validated by the government (Ministry of Internal Affairs) and other stakeholders on 27 October 2015; the minimum WASH requirements for ETUs & health facilities; the WASH in Schools protocol; protocol for safe de-sludging of EVD waste; and rapid WASH assessment tools were all adapted.

The national & sub-national government authorities and implementing partners were empowered to coordinate and implement WASH activities through enhancing their logistics, human resources and financial capacities, whereby 19 motorbikes and three vehicles were provided. To enhance information management, and as part of strengthening coordination mechanisms at the sub national level, IT equipments were provided to all the counties (see also in Output 3.4). Through this, WASH County committees are now established and

operational in six of the 15 counties, and additional work is ongoing to further mentor them, and also expand to the remaining nine counties.

This output was accomplished as per the Annual Work Plan target.

OUTPUT 4 WASH interventions to respond to EVD outbreak are prioritized and essential services are maintained.

Analytical Statement of Progress:

In responding to EVD outbreak, UNICEF was involved in the construction of ETUs (EVD Treatment Units), CCCs (Community care centres), and WASH systems in health facilities. A total of 12 CCCs were completed. Construction and rehabilitation of WASH systems (water supply, water treatment, water tower, internal plumbing, sanitation and waste management) is ongoing in nine health facilities in six counties (Lofa, Grand Bassa, River Cess, Sinoe, Grand Kru and Maryland; whereas two boreholes have been completed in two health facilities. Families in EVD affected communities received 90,000 household hygiene kits that benefitted about 450,000 people in eight counties.

During the reporting period, UNICEF supported Monrovia City Cooperation (MCC) on solid waste management in Monrovia city through providing them with six dump trucks, IT equipment and personal protective gears. A total of 24 MCC staff were trained in management of healthcare and home based waste; and 150 waste management staff were trained on the use of hygiene kits. Waste collection staff, including CBEs in Monrovia, received 780 hygiene kits for EVD response. MCC were also provided with waste management tools including rakes, brooms, masks, boots, heavy duty gloves, aprons, rakes and diggers, to support monthly cleaning campaigns around Monrovia

UNICEF also supported Liberia Water and Sewer Corporation (LWSC) in the management of infectious liquid waste. The support included provision of Personal Protective Equipment, five cesspool emptier trucks and two 4-WD vehicles. A total of 25 LWSC staff were trained in EVD awareness, Infection Prevention and Control, and liquid waste management. LWSC were able to collect 328,285 gallons of EVD liquid and store it at the Fiamah wastewater treatment plant located in Monrovia. The support provided to LWSC was crucial for effective decommissioning of the ETUs.

In order to strengthen the national and sub-national coordination of the WASH sector for EVD response, UNICEF supported various trainings and operational funding. Different SOPs, protocols and guidelines for EVD response were developed and lessons learnt during the EVD response are currently under documentation. Among the guidelines developed is the WASH and Environmental Health Package in Healthcare facilities, which has already been validated. Training tools and materials for the package have been developed and logistical support for operationalization of the package was provided to the Department of Occupational and Environmental Health, Ministry of Health.

OUTCOME 5 By 2017, school aged girls and boys have increased access to quality education services and improved learning achievement, especially those in districts/counties with education indicators less than the national average.

Analytical Statement of Progress:

The education programme contributed significantly to strengthening the quality of education services in Liberia through provision of technical and financial support. This strengthened the Ministry of Education's (MoE) ability to implement its programmes using the life cycle approach. The programme contributed to upstream national frameworks; capacity development for MoE staff at all levels; school construction and rehabilitation; expansion of coverage for at risk adolescent girls and boys; and service delivery which facilitated the successful re-opening of schools in February after closure in August 2014 due to the EVD Virus Disease (EVD) outbreak. As convener for the UN Development Assistance Framework (UNDAF) Outcome Working Group on education, UNICEF initiated a review of progress and challenges in 2014 and facilitated the development of the 2015 Work Plan. UNICEF and Save the Children jointly assisted the MoE to respond effectively to the EVD outbreak after the activation of the education cluster. This facilitated a joint rapid needs assessment which provided data for planning the re-opening of schools. It also facilitated effective sector coordination and social mobilisation; development of safe school protocols; capacity development of District Education Officers; School Principals and Parents Teachers Association members; and the last mile delivery of Infection Prevention and Control kits nationally.

The education cluster developed a number of documents and tools useful for future emergencies, such as a strategic response plan for the transition from the EVD emergency to recovery and development, an Emergency Preparedness and Response Plan, Standard Operations Procedures (SOPs) for future emergencies and one SOP for EVD hotspots. UNICEF successfully advocated for the establishment of an Education in Emergency Working Group at central and decentralised levels to sustain the momentum gained during the education cluster response. UNICEF participated actively in the Joint Education Sector Review (JESR) subcommittees for Early Childhood Development (ECD), basic education and teacher education and in the JESR held in July. Partnership with two implementing partners, Right to Play and Africa Development Corps, continued for the implementation of the Peacebuilding, Education and Advocacy Programme (PBEA) in four counties. Partnership were created with EDC on teacher training and use of the same Alternative Basic Education Modules as part of implementation of the PBEA programme. Collaboration between UNICEF, Ministry of Education, Ministry of Youth and Sports, and Ministry of Internal Affairs (Peacebuilding Office) resulted in finalisation of the conflict sensitive ECD curriculum, while UNICEF and other sector partners helped the MoE to develop a guide to complement the curriculum. In spite of these achievements, the programme faced limited financial resources to promote ECD initiatives and implementation of basic and alternative education programme activities was delayed as funds were re-programmed to support the EVD response and the re-opening of schools. Access to quality ECD, basic and alternative learning programmes, including access to trained and qualified service providers is still limited compared to the demand. EVD disrupted the school calendar in 2014 and 2015, cutting short the academic calendar and students gained automatic promotion to the next grade without necessarily having gained the required competencies. The re-opening of schools brought to the fore a lack of reliable data. The Ministry of Education was unable to account for the number of schools, teachers and learners in Liberia and it was discovered that many schools had not been accounted for in the 2014 EMIS during the distribution of Infection Prevention and Control kits, which were a pre-requisite for the re-opening of schools.

OUTPUT 1 By 2017, pre-primary school aged girls and boys have increased access to quality education services and improved learning achievement, especially those in districts/counties with education indicators less than the national average

Analytical Statement of Progress:

Technical and financial support was provided to the Ministry of Education (MoE) to enhance capacity to implement quality pre-primary and Early Childhood Development (ECD) programmes. This was conducted through the piloting of the conflict sensitive ECD curriculum in 40 communities and was implemented by two international NGOs.

UNICEF collaborated with Open Society Initiative for West Africa (OSIWA) in the development of the curriculum and with other partners to provide technical support for the development and launch of a national ECD Curriculum Guide. The ECD curriculum was validated and approved in March, paving the way for nationwide implementation. The guide facilitates standardised implementation of the ECD Curriculum and helps teachers and caregivers to effectively interpret and implement the curriculum. Capacity building initiatives were provided for the following: 150 County and District Officers, 300 school principals and 90 ECD Inter-sectoral focal points. 107 ECD caregivers and 75 trainer of trainers increased stakeholders' understanding of ECD, the ECD Policy and provided capacity for effective management ECD programmes and centres as well as the roll out and implementation of ECD programmes nationwide. Training for 1,500 teachers/caregivers is being rolled out to improve quality of service provision. Access to early learning programmes was increased through the establishment/renovation of 33 ECD centres in four counties which benefitted 3,828 children. Despite the existence of an ECD Policy, its implementation and enforcement is weak and this sub sector remains underfunded. Progress has been further hindered by lack of awareness among parents and communities about the importance of ECD, school readiness and age appropriate enrolment. 82.4 per cent of children in pre-primary are over-aged and this results in high drop out at all levels of the education system. There is still limited access to early learning/school readiness programmes and limited access to capacity development programmes for ECD caregivers and ECD professionals. To mitigate these challenges, UNICEF supported the MoE financially and during the commemoration of the National Week of the Young Child in April, creating awareness among general public and law makers on the importance of ECD and school readiness. This garnered support from policy makers, parents, communities and development partners for more investment in increased access to ECD and enrolment of children at the right age in pre-primary and early learning (3-5 years old). Subject to availability of funds, the ECD curriculum is being progressively rolled out nationally.

OUTPUT 2 By 2017, basic education (G1 to G9) school aged girls and boys have increased attendance in school and improved learning achievement, especially those in districts/counties with education indicators less than the national average

Analytical Statement of Progress:

With technical and financial support from a UNICEF cross sectoral team (education, health, child protection, communication for development), Ministry of Health and education cluster partners, the Ministry of Education (MoE) developed safe school protocols that facilitated the progressive re-opening of schools from February to April. The UNICEF team worked jointly with MoE and education cluster partners to train all 98 District Education Officers (DEOs) on the protocols and they in turn cascaded the training in each school in their respective districts to three people in each school. This resulted in the creation of safe teaching and learning environments in all schools nationally after the training of over 10,000 teachers and 5,000 parents which provided each school with the capacity to form a

safety committee to enforce the protocols (taking of temperature and handwashing with chlorine or soap daily).

DEOs faced logistical challenges in rolling out the protocols training timely at each school and this resulted in at least 50 per cent of the schools re-opening after mid- March, one month after the official re-opening date announced by the government. In preparation for phase two of the programme, UNICEF provided financial and technical support for a rapid joint assessment in 6 counties for expansion of the Let Us Learn Programme (LUL) which focusses on girls' enrolment, completion, transition and learning achievement. This assessment resulted in the identification of 34 additional schools, thereby increasing the number of schools piloting the programme to 40 and expanding coverage from 4 to 6 counties. This facilitated the enrolment of 7,818 learners (3,117 girls and 4,701 boys) and the new phase is expected to reach 8,000 girls and boys (60 per cent girls, 40 per cent boys). School enrolment increased by 3,000 learners in child friendly environments after the completion of 4 new schools and renovation of 6 others in five counties through funding UNICEF received from the Japanese government. 2,500 learners in the same schools benefitted from improved learning environments after the supply of furniture under the same grant. The reprogramming of funds from the Let US Learn (LUL) Initiative to support the training of DEOs created a shortage of funds for consolidating other programme activities until funds for the second phase were disbursed in November. Since February, it has been difficult to track enrolment, attendance and learning achievement in basic education schools due to the poor Education Management Information System (EMIS). Partnership was created with the USAID- funded GOAL Plus project which targets girls enrolment and completion in primary schools. The choice of schools for LUL phase 2 was linked to ensuring that the girls who had benefitted from scholarships under the GOAL Plus project will transition to junior high school through complementary support from UNICEF.

OUTPUT 3 By 2017, Out of School girls and boys 6-18 years have increased access to age appropriate quality education and acquired grade 6 learning achievement through alternative basic education combined with skills development

Analytical Statement of Progress:

UNICEF provided financial support to MoE to promote access to Alternative Education (AE) programmes for out-of-school children through support to Accelerated Learning Programme (ALP) and Alternative Basic Education (ABE) programme. The two programmes are implemented through strategic partnerships with two International NGOs (Right to Play and Africa Development Corps) in four counties. This resulted in 2,677 girls and boys improving their literacy and numeracy through enrolment in ALP programmes in 34 schools. 1,136 out of school girls and boys improved their numeracy and literacy through enrolment in ABE programmes in 33 centres. 4,850 out of school girls and boys and adolescents promoted social cohesion by conducting participatory recreational activities in schools and communities supported by the Peacebuilding Education and Advocacy Programme (PBEA). The Child Friendly Teacher Handbook, providing teachers with basic information about the education system in Liberia, and key national frameworks and strategies, were finalised and 11,000 copies distributed nationwide. ALP and ABE programme implementation was delayed in two counties, after Right to Play suspended their programmes in July 2014 due to the EVD outbreak and only resumed implementation in April 2015. Implementation by Africa Development Corps were allowed to re-programme funds to support EVD related training of teachers on EVD prevention and social mobilisation on safe school protocols. Joint implementation of PBEA activities by Ministries

of Education, Ministry of Internal Affairs and Ministry of Youth and Sports in Grand Cape Mount County were abandoned after a strategic decision was made to focus on consolidating gains since the programme will end on 30 June 2016. The demand for ALP and ABE programmes exceeds supply and available funding as there are over 500,000 children out of school and yet current programmes are reaching a very small segment of the population in need of AE programmes. UNICEF continued partnerships with EDC which is implementing the USAID- funded Advancing Youth Programme by making use of their ABE trainers for training and procuring and distributing ABE materials they produced jointly with MoE. UNICEF initiated fundraising for AE programmes through the European Union (EU) and secured a provisional commitment of US\$ 13,672,200 to increase access to AE programmes for 72,000 out of school learners, including a commitment to include the underserved south east counties.

OUTPUT 4 Education interventions to respond to EVD outbreak are prioritized and essential services are maintained.

Analytical Statement of Progress:

After schools closed in August 2014 due to the EVD outbreak, UNICEF provided significant financial and technical contributions to facilitate re-opening of schools in Liberia. The 5,995 teachers trained as social mobilisers in 2014 worked closely with cluster partners and UNICEF social mobilisers to create awareness about EVD and safe school protocols. This was complemented by radio spots aired across the country which helped to reassure parents and children that it was safe for children to return to school. UNICEF procured Infection Prevention and Control (IPC) kits which helped MoE to comply with the safe school protocols. UNICEF and education cluster partners distributed IPC kits to 4,619 schools. UNICEF distributed the IPC kits to District Education Officers (DEOs), while cluster partners completed the last mile distribution to schools. 1,753 IPC kits were distributed enabling 1,196,000 students and over 40,000 teachers to return to school. UNICEF partnered with Search for Common Ground and developed fifteen peace building audio lessons which were aired on 44 community radio stations. This promoted social cohesion through reduction of stigma and discrimination for students and community members affected by EVD. Using a USAID grant, UNICEF procured teaching and learning materials (TLM) for students, teachers and 4,460 public and private schools, which facilitated re-opening of schools and reduced hidden costs of education. TLM have been distributed to 1,800 schools in five counties benefitting 550,000 students and 24,100 teachers.

To ensure teachers have capacity to facilitate quality learner-centred methodologies and provide psychosocial support to children affected by EVD, UNICEF and cluster partners supported MoE to develop training manuals to train 6,163 teachers and 2,763 Parent Teachers Association (PTA) members in fourteen counties. The training facilitates effective teaching and learning in schools and reduces stigma and discrimination of EVD affected children in schools and communities. The major challenge faced during distribution of IPC kits and TLM was lack of reliable data on number of schools, teachers and students in the country. This delayed re-opening of schools which were not captured in the 2014 EMIS. MoE staff were unable to provide accurate data related to the re-opening of schools when requested. The MoE also does not have an updated list of phone numbers for school administrators to facilitate data collection and it is difficult to reach them due to poor network coverage in many counties. UNICEF mitigated this by training central level staff on Edutrack for roll out in 2016.

OUTCOME 6 By 2017, the most vulnerable children, adolescents, and young people benefit from quality essential social services and social safety nets and live in a safe and protective environment.

Analytical Statement of Progress:

Substantial progress was made towards building a robust child protection system during the recovery phase of the EVD Virus Disease (EVD) response. Support was provided to the Ministry of Gender, Children and Social Protection (MoGCSP) to further strengthen the capacity of 120 new social workers, who were recruited in 2014, through a series of strategies such as off-site training, monitoring and supervision and on-the job coaching. Additionally, supervisors were trained in supervisory skills and guidelines, and protocols were also developed and implemented. Fifteen Child Welfare Officers and 65 Mental Health Clinicians were included in trainings, bringing total staff trained to over 200, target had been to equip total 200. The MoGCSP was strengthened to better facilitate its oversight role to the Interagency Accreditation Committee, ensuring that residential institutions are regularly monitored and adhere to minimum standards. Significant progress was made towards implementation of Alternative Care Guidelines, particularly support towards strengthening kinship care which played a crucial role during the EVD response. Care protocols were developed for the Interim Care Centers and Transit Center which opened during the emergency to care for contact children without care (target 4 centers equipped, total 3 opened). Over 700 adolescents were empowered to continue providing EVD prevention messages in their communities. Partnerships were strengthened to provide critical services to vulnerable children in need, including psychosocial support (PSS), alternative care, and social safety nets. In order to ensure that children affected by EVD remain in family care, a one off grant of US\$ 150 per child was provided, reaching a total of 4,436 children of targeted 7,500 (this cash grant is continuing to be disbursed through the MoGCSP to meet the target). Despite suffering severe disruption during the EVD outbreak, birth registration services were resuscitated across the fifteen counties. Through a mix of mobile registration campaigns and increased facility based registration, 17,705 children had their births registered and certificated in 2015. In collaboration with the World Bank, technical support was provided to scale up the social cash transfer programme to cover an additional six counties. UNICEF technical support included upgrading the programme's management information system (MIS) and specific technical input in the revision of the programme's manual of operations. UNICEF also provided business skills training and life skills training to adolescent girls as a strategy to empower them and protect themselves from sexual exploitation, child marriage, teenage pregnancy and other risks.

OUTPUT 1 The Capacity of relevant actors to manage social welfare cases, monitor residential facilities, and promote family-based care is improved.

Analytical Statement of Progress:

Great strides were made in 2015 to strengthen the case management system for child protection as a major strategy for EVD recovery efforts. This was achieved through strengthening the social welfare workforce, logistical support to bolster delivery of services, and strengthening of the information management system. The social welfare workforce was strengthened through retention of 120 Social Workers, 65 Mental Health Clinicians, 15 Child Welfare Officers (200 of 200 targeted), 18 Data Clerks and 79 Child Welfare Committees (CWCs) providing services to children.

Service delivery was bolstered through provision of eighteen vehicles, 122 motorbikes and 1,400 bicycles for use by social work supervisors, social workers and community child

welfare committee respectively. The child protection management information system was strengthened to provide accurate and robust statistics on children identified and reached by child protection services. During the year, about 700 adolescents were empowered to provide EVD prevention messages in their communities.

Birth registration services were seriously disrupted by the EVD outbreak. An assessment of BR equipment was completed in 82 health centres. As a result of this, the Central Civil Registration Office deployed mobile teams across the counties to assist local civil registration units to upgrade the BR e-database and facilitate delivery of birth certificates to all citizens who had been registered but did not have a chance to receive a birth certificate. IT and e-database equipment and motorbikes were provided to all BR units at county level which increased the effectiveness of the birth registration recovery process. By December 2015, 17,705 children had their births registered and certificated. However, due to the impact of EVD, the total number of districts reached with birth registration outreach services declined from 34 to 20 (from 40 per cent down to 17 per cent coverage). Birth Registration services were enhanced through mobile registration campaigns while offices are being reopened and re-capacitated.

The Inter Agency Committee was set up to ensure that children who have family members are not institutionalised and that orphanages meet standards of care for those who are legitimately orphans. The monitoring process has helped to identify children who could be returned home and social workers have helped reunify them. They have also assisted with closing down orphanages that did not meet standards.

OUTPUT 2 The most vulnerable households and individuals receive appropriate safety net transfers

Analytical Statement of Progress:

Technical support provided to the Social Cash Transfer Secretariat within the Ministry of Gender, Children and Social Protection, and the World Bank team was instrumental in the successful redesign of the social cash transfer programme scale up. Specifically, technical support enabled the review of the programme's targeting, approaches and information management. Through an institutional contract, the Management Information System (MIS) was upgraded to better support the new programme design. An end-of-programme evaluation was also conducted. The evaluation provided clear evidence of the programme's impact on beneficiaries, particularly on access to education, health services and adequate food. The evaluation also identified areas in need of improvement during the redesign of the scale up phase in particular, targeting, monitoring and social mobilisation.

In 2015 the National Social Protection Steering Committee was temporarily suspended due to the EVD response and a Cash Transfer Working Group was formed which continued to meet on a monthly basis. The Technical Working Group of Cash Transfers brought together all agencies providing cash transfers during the emergency and harmonised implementation approaches such as targeting, payment modalities and monitoring.

UNICEF provided technical support to the Ministry of Gender, Children and Social Protection to effectively coordinate this group. In collaboration with the World Bank, technical support was provided to scale up the social cash transfer programme to cover six additional counties. In particular UNICEF provided key technical inputs to the revision of the programme design and the manual of operations.

OUTPUT 3 All children affected by EVD benefit from Case Management and Psychosocial Support Services and receive one of Cash Transfer

Analytical Statement of Progress:

In response to the EVD outbreak, a number of child protection interventions were activated in line with the core commitments for children in humanitarian situations. A total of 300 National Volunteers (NV) were trained on EVD Response and deployed in twelve counties to conduct EVD awareness, social mobilisation, and contact tracing. In response to the outbreak that started in mid-June in Margibi County, all UNICEF field staff based in Bong County were deployed to join the response team under the leadership of Chief of Field Office. The child protection team in collaboration with social workers, mental health clinicians, and social mobilisers from UNICEF/Red Cross moved around affected communities raising awareness on EVD prevention. The affected communities were provided with basic supplies and recreation kits. Four days of Community Healing Dialogue Training took place for 30 PSS team members from Margibi and Bong Counties. This training aimed to enhance the capacity and skills of PSS workers in engaging members of the affected communities and providing them with techniques on how to treat and interact with each other in the context of EVD. Liberia Association of Psychosocial Services (LAPS), through UNICEF support, conducted structured recreational activities for 1,235 children (535 girls, 700 boys) living in heavily EVD affected communities in eight counties. These activities are part of LAPS provision of PSS to build resilience in these children and communities. In total, 8,530 children were registered as having lost one or both parents/primary caregivers due to EVD. Over 4,436 orphaned children were provided with one off cash grants; and 15,758 (7,116 boys and 8,642 girls) were provided with care and support, including mental health and psychosocial support. A total of 1,200 survivors were trained and deployed to support county social workers to identify EVD affected children.

OUTCOME 7 By 2017, all children, adolescents, and young people, especially the most vulnerable, can access gender sensitive and age- appropriate justice and protection systems and are empowered to influence the realization of their rights.

Analytical Statement of Progress:

2015 was a year of recovery for the child justice system which had been severely disrupted by the EVD outbreak. Monitoring of sexual gender-based violence (SGBV) cases was hampered by the temporary closure of one-stop facilities in some locations due to the EVD crisis. The number of SGBV cases sent for prosecution was low in 2015. The child protection programme focused on strengthening the child justice system through a number of strategies that included, support for coordination of child justice, logistical support to reinforce service provision, and capacity building for key actors in the child justice system, such as police officers, social workers, magistrates, public defenders and prosecutors. The child justice programme faced a number of challenges including a lack of prioritisation of cases involving children; funding gaps; lack of facilities for children who come in conflict with the law; and limited specialisation of child justice actors.

Other challenges included data collection and age determination issues due to lack of certificates for affected children; lack of coordination between the Ministry of Justice and Ministry of Gender Children and Social Protection with social workers; and a lack of focal persons within Prosecution and Public Defense to handle juvenile cases. The Ministry of Justice has resolved to respond to these challenges in 2016.

During 2015, support was provided to the National Youth Service Programme (NYSP) and the Junior National Volunteers (JNVs) programme, to empower youth and strengthen peacebuilding efforts. A total of 300 National Volunteers (NVs) were deployed in twelve counties, 97 public institutions (80 rural schools, 10 youth centers, 7 clinics). The NVs impacted 24, 000 pupils in public rural school. A total of 91 communities have increased their awareness about how to engage in peaceful conflict resolution and dialogue as a result of the peacebuilding campaigns conducted by NVs. Both the NYSP and the JNV programmes faced a number of challenges including a lack of Government funding allocated to the NYSP, creating continuity and sustainability challenges; lack of adequate checks and balances at youth centres; challenges triggered by the temporary relocation of the Ministry of Youth and Sports offices; delays in budgetary approval at the end of project cycles; and lack of support for the Community Peace Committee (CPC) members under the project. The programme has prioritised support to Government to institutionalise the NYSP and additional support in improving efficiency in programme management.

OUTPUT 1 Relevant institutions have the appropriate knowledge and capacity to provide gender-sensitive and age appropriate justice and protection services (includes GBV and JP interventions)

Analytical Statement of Progress:

Several achievements were realised in the child justice programme in 2015. The Juvenile Diversion Programme was expanded to an additional five counties, bringing the total number of counties to seven. A total of 225 children have benefitted from the diversion programme. Support was also provided for the recruitment and training of eight social workers and one liaison officer in order to effectively and adequately handle the issues of children in conflict with the law. Through the work of social workers and liaison officer, as well as mediation efforts by the Child Justice Unit, a total of 46 juveniles were released from prisons. A total of 195 (of target 300) Women and Children Protection Officers of the Liberian National Police were trained on Fundamentals of Child Protection from the fifteen counties. Not enough funding was obtained to train the full 300. A total of 125 Magistrates, City Solicitors, Correction Officers, and other Child Justice actors were trained on Juvenile Diversion, role of each actor, basics of the Juvenile Procedural Code, Children's Law and other relevant international legal instruments to which Liberia is a party. 179 juvenile cases were successfully handled by the juvenile court. The Section conducted three major Community Dialogues in communities to create awareness on Diversion, the Children's Law, Juvenile Procedural Code, role and responsibility of parents, amongst others. More than 500 community residents were reached. Only 16 Juveniles are currently detained in prisons within the seven counties monitored by the project, a marked reduction compared to 318 in 2012, and 358 in 2013. Through collaboration between UNICEF and UN Office on Drugs and Crime (UNODC), 33 Public Defenders were trained on Key Principles of Child Justice. The Adoption Law was also signed into law by the President of Liberia.

OUTPUT 2 Empowered and informed adolescents and young people participating in decision making and peace building processes.

Analytical Statement of Progress:

Both the National Youth Service Programme (NYSP) and the Junior National Volunteer (JNV) Programme posted impressive results in 2015. Under the NYSP, a total of 300 (of

targeted 300) National Volunteers (NVs) were deployed in twelve counties, 97 public institutions (80 rural schools, ten youth centres, seven clinics) as part of EVD response focusing mainly on contact tracing and provision of psychosocial support to affected children. Over 21,000 residents in 85 project and non-project communities mobilized against the spread of the EVD and communities' self-help initiatives to attain social cohesion. Later in the year they gradually reverted to their normal sectors providing education, health and youth development services. The NVs impacted 24, 000 pupils in public rural school.

Through the JNV programme, a total of 91 communities increased their awareness about how to engage in peaceful conflict resolution and dialogue as a result of the peacebuilding campaigns conducted by JNVs. Both the NYSP and the JNV programmes faced a number of challenges including: Lack of Government funding allocated to the National Youth Service Programme creating continuity and sustainability challenges. These challenges included: lack of adequate checks and balances at youth centers; challenges triggered by the temporary relocation of the Ministry of Youth and Sport offices; delays in budgetary approval at the end of project cycles; and lack of support for the Community Peace Committee (CPC) members under the project. The programme has prioritised support to Government to institutionalise the NYSP and additional support in improving efficiency in programme management.

OUTCOME 8 By 2017, advocacy, capacity building and partnerships at national and sub-national levels strengthened in support of equity and gender sensitive policies and programmes for health, education, protection and HIV & AIDS

Analytical Statement of Progress:

In line with the Global Communications Strategy (GCS) UNICEF Liberia increased engagement with youth and children through support to children's media day and supporting long-term engagement to help highlight issues important to them, as well as supported the sms based ureport in engaging with youth, and regularly monitored indicators to ensure alignment with proposed plans. UNICEF Liberia also continued to lead efforts in raising awareness, and advocating on issues to improve the rights and well-being of women and children in Liberia by engaging with the Government of Liberia, development partners and the media, and strategically placing the Country Office as the key focal point on child rights issues. UNICEF Liberia also achieved the following:

- Specifically addressed the post-EVD needs of women and children, including need for children to have a safe environment for education, access to adequate and appropriate healthcare, nutrition, and protection.
- Supported 35 events, missions and international days during the year, organizing events, promoting media coverage and advocacy efforts.
- Digital media engagement and innovative story-telling resulted in a significant increase in reach and engagement in 2015. Between January and December 2015, Facebook Likes had increased by around of 44 per cent (total of over 5,000), compared to the previous year. On twitter, Followers increased by 30 per cent.
- People focused communication, with more emphasis on advocacy, and providing a platform for children's voices to be heard, including disadvantaged children through children's media day and promotion of child and women related programming on community radio.

- A focus on 'telling' the story of children through mass media and through UNICEF channels, including focusing on survivors of EVD and the challenges they face as well as UNICEF support to all 'EVD affected' children, or children not able to be registered at birth owing to the EVD outbreak.
- While global focus on EVD waned in 2015, UNICEF Liberia used innovative communication efforts to ensure the focus remained on the emergency and the needs of women and children and the wider general public through proactive media outreach, news notes, media releases and articles. A range of material, including programme factsheets, photo essays, videos and multilingual tweets in languages such as Korean and Japanese, were developed. UNICEF Liberia supported regional EVD related communications initiatives, and nine videos on survivors, children and UNICEF's work were produced and used in advocacy and messaging, including for use by media, HQ and RO.
- Close integration of communication with programming, especially through planning and implementation of a multi-media effort with Communications for Development, and other substantive sections of the LCO. UNICEF Liberia is also working with a network of 30 community radio stations and 7 national and FM radio stations to broadcast messaging on nutrition, WASH, EVD prevention and vaccination campaigns, amongst others.

Given the increased workload, staffing, and specific technical requirements to all aspects of EVD related programming, the Communications for Development Unit functioned as a separate section reporting directly to the Deputy Representative. The Section supported the GoL in ensuring that global C4D benchmarks were met.

All partners of the National Health Promotion Technical Working Group (NHPTWG) adopted and applied the UNICEF 360 degree social mobilisation strategy during the outbreak, and used community dialogues to publically reinforce positive new norms. e.g. no preparing dead bodies for burial, reporting all deaths.

Successful advocacy also resulted in the establishment of a Research, Monitoring & Evaluation (RME) working group under the social mobilization pillar that developed a monitoring framework and commissioned a KAP study. Regular rumour tracking using the U-report SMS platform involving adolescents and the findings of the KAP study increased the acceptability of social and behaviour change programming among policy makers. The KAP showed an increase in knowledge and practice of the approved behaviours as 98 per cent of those surveyed (n=1170) reported to have changed at least one behaviour to prevent EVD and 96 per cent correctly said EVD could be prevented by avoiding funerals or burial rites that involve touching the dead body.

Partnerships with the Mayors of Montserrado and Paynesville under the "Operation STOP EVD platform" contributed significantly in equipping over 1.4 million residents of Monrovia with life-saving information. More importantly it helped GoL and partners make the shift from just IEC materials and jingles to real community engagement which increased the pace of understanding and acceptance of basic messages as residents had opportunities of having their concerns addressed through multiple trusted inter-personal channels of communication – including the Mayors themselves.

Capacity development for social and behaviour change communication programming focussed on identified gaps that needed to be covered to effectively respond to the

outbreak. This included guidance for training for the frontline mobilisers and interpersonal communication skills supplemented by Facilitators Training flip book and IPC Guide; research (rumour tracking and micro-assessments) including basic hands-on training on how to collect, collate and report using basic monitoring forms. Capacity development also included orientation sessions for the media and key advocates e.g. teachers, religious, traditional and women leaders.

As Co-Chair, UNICEF Liberia used the platform of the Health Promotion working group (comprising 22 partners during the peak of the crisis) to ensure commitment of all partners to common messaging through a message guide; to the use of an interpersonal (IPC) Flip book and Facilitators' Guide for training on EVD Prevention as well as to adherence to the C4D Standard Operating Procedures (SOP) for any outbreak response during phases 3 and 4 of the outbreak.

OUTPUT 1 Adequate funds mobilized/leveraged, and child friendly policies implemented through increased advocacy and strengthened partnerships.

Analytical Statement of Progress:

Regular activities of UNICEF Liberia were constrained owing to the ongoing EVD outbreak in Liberia, which continued until May, and recurring in June and November 2015.

US\$ 125 million was available to the CO in 2015, which included 2015 contributions as well as carry-over funds from 2014. Over 93 per cent was funded against the HAC target of US\$ 149 million for 2014-2015. US\$ 84 million was spent in 2015.

UNICEF Liberia maintained close working relationships with traditional and regular donors, including through regular briefings and reports, and also received funding in 2015 from several 'first-time' donors. UNICEF Liberia ensured donor compliance through regular and timely reporting, and reflection of donor and partner contributions in external communications material. 100 per cent of donor reports were submitted on time.

UNICEF Liberia continued advocacy efforts on behalf of women and children in Liberia. These efforts took place through high-level meetings with Government counterparts at President, Cabinet and technical levels, as well as through mass media, and ongoing contracts with 7 national and 30 community radio networks, and interactions with the a wide range of development partners, including visiting delegations.

UNICEF Liberia used a range of multi-media tools including videos, an op-ed, news notes, articles, and photo essays to draw attention to issues, and highlight progress, or need for interventions. The focus of some of these efforts were on promoting children and women's rights, providing a voice for children through radio and other media, promotion of breastfeeding, WASH, EVD prevention, survivor integration, and prevention of sexual and gender based violence, as well as advocating for the resumption of health services, and promotion of nationwide immunization and birth registration processes. These were supported by the use of social media and online platforms, including the CO website, Twitter and Facebook accounts, which have increased reach of advocacy and visibility efforts.

UNICEF Liberia also supported regional communications efforts including deploying a videographer to Guinea and Sierra Leone, contribution to communications and advocacy products.

OUTPUT 2 Children and families are motivated with knowledge and skills to practice positive behaviours for their survival, development, protection and well being through effective C4D strategies and action.

Analytical Statement of Progress:

A partnership with “Adolescent Agents of Social change” built on a text message based platform, u-report, involved over 51,000 persons during the peak of the outbreak and expanded to over 61,200 persons by November during phase four of the EVD outbreak. As ‘change agents’, they facilitated real time monitoring and expanded the reach of basic messages by reaching out to their siblings, peers and local community members. A partnership was later formalised with the Federation of Liberian Youth (FLY) who facilitated radio phone-in programmes and a U-report recruitment drive with more than 21 radio stations.

In an effort to establish a sustainable system for social and behaviour change programming at both national and subnational levels, UNICEF, in collaboration with the Government, supported the establishment of 15 EVD outbreak and recovery specific county social mobilisation sub-working groups that actively involved local NGOs, religious and traditional leaders, women and youth leaders and other influencers in engaging communities. A mapping of these partners indicates that at least 5,994 teachers, 18,000 traditional and religious leaders acquired new knowledge and skills for inter-personal communication around EVD. These partners were key to ensuring consistent messaging across communities and can be credited for the reach to over a third of the population through community discussions, dialogues and group meetings and door to door visits, and distribution of several thousand information, education and communication material. All county social mobilisation groups reported regular town hall meetings or community dialogues to address local concerns and agree on collective actions towards EVD safe communities

UNICEF worked with key networks like the Inter-Religious Council of Liberia (IRCL) National Traditional Council of Liberia (NTCL), Liberia Crusaders for Peace (LCP), the Mayors of the City Councils of Montserrado and Paynesville as part of “Operation STOP EVD” to ensure that senior officials and key influencers were active and visible in their localities supporting all mobilization activities and reinforcing key messages. This was supported through radio messaging on 52 radio stations (including 2 national), including on ensuring citizen’s right to access life-saving messages.

As per the exit interviews of the integrated measles campaign 94 per cent of caregivers reported to have heard messages about immunization, the majority (73 per cent) from community health volunteers, 55 per cent said poster/flier/billboard and 50 per cent from radio, contributing significantly to the coverage rate of 98 per cent.

OUTPUT 3 To promote life saving behaviours to prevent EVD, through social mobilization interventions including community engagements.

Analytical Statement of Progress:

According to the national EVD KAP study conducted in December 2014, 98 per cent of those surveyed (n=1170) reported to have changed at least one behaviour to prevent EVD and 96 per cent correctly said EVD could be prevented by avoiding funerals or burial rites that involve touching the dead body enabling households to acquire life-saving knowledge and skills.

At least 4 different radio jingles were produced and aired by at least 47 (FM and community) radio stations averaging 5 times a day during the peak of the emergency, reaching an estimated 3.5 million (i.e. over 85 per cent of the population). Three radio spots were also produced and broadcast during the measles campaign of May and one each for the polio campaigns in June and October, using the same broadcast channels. UNICEF facilitated regular broadcast through formal contracts with two media consortiums – IREX and I Media house, also facilitated radio talk shows that allowed message gaps to be bridged and local rumours dispelled.

A total of 12,122 different cadres of mobilisers raised awareness in at least 229,031 households during door to door visits and also facilitated over 3,000 community group dialogues reaching a combined total of over 2 million persons through inter-personal communication. Key local channels also used to address message gaps and create understanding included local leaders respected and trusted by their communities. Print materials - flyers, leaflets, posters [and campaign launch banners] were used by social mobilisation partners and county Health teams during the emergency and for special vaccination campaigns to reinforce key mass media and interpersonal communication messages.

Towards health system strengthening, C4D helped revise the current national health policy and in developing a tool to map all community health workers. Towards a community based surveillance system, UNICEF successfully advocated for the pairing of social mobilizers with active case finders which increased efficiency in tracking potential cases.

Synergies in programming enabled C4D mobilizers to flag psychosocial requirements of families and supported social workers to address non-compliance in real time, while close to 6,000 teachers were also engaged as “Agents of Social Change” and trained on inter-personal communication and basic EVD preventive messages.

OUTCOME 9 By 2017, National and sub-national capacity on evidence based planning, and management enhanced to emphasis on children and women's disparities across sectors.

Analytical Statement of Progress:

UNICEF Liberia started implementing equity-focused programming in 2015 using a cross-sectoral approach. The objective is to strengthen decentralised planning and monitoring of programmes to enhance dialogue and decision-making, as well as address bottlenecks that impede the scale up of high impact interventions across different sectors. UNICEF conducted capacity building for more than 240 people including Government and NGO partners at both national and sub-national levels. In Grand Gedeh county, a total of ten tracer interventions were selected: Early Childhood Development (ECD), birth registration, Community Led Total Sanitation (CLTS), Postnatal care (PNC), full immunisation (all

recommended vaccines given to a child in their first nine months), skilled birth attendance, Integrated Community Case Management (iCCM), Integrated Management of Neonatal and Childhood Illness (iMNCI), Pediatric HIV and Integrated Management of Acute Malnutrition (IMAM). The Grand Gedeh county district teams and partners will regularly track effective coverage and use of basic services on a real-time basis.

Capacity of government officials was enhanced to use the LiberiaInfo database (DevInfo.org). The database was updated in 2015 to reflect national and sub-national level social and economic datasets from surveys. This increased its relevance and improved ability to monitor progress towards national and global development goals.

Monitoring and Evaluation Technical Working under Liberia the DaO integrated management and coordination structure finalized and launched di-monitoring system to monitor and report on UNDAF outputs, indicators and key actions. Additionally, the task force conducted quality assurance of the One Programme AWP and Annual report.

UNICEF made significant efforts to mainstream innovation across all sectors (U-Report, mHERO, EduTrack, and TAG). Innovative tools for data collection, dissemination and advocacy proved very effective in the Liberian context, both during and after the EVD outbreak. Liberia's experience using the U-Report platform during the EVD outbreak has been selected as a story of success for the 2015 State of the World's Children (SOWC). Both mHERO and U-Report platforms were included as dissemination systems for the Ministry of Health's Investment Plan 2015-2021 for Building a Resilient Health System in Liberia.

The Government and other national research institutions enhanced their capacity to generate data and knowledge, as evidenced by the independent management of the Knowledge, Attitudes and Practice (KAP) study, schools assessment and community health national survey. This included processing data, tabulation, analysis and report writing of the results. However, effective use of data and bridging the gap between evidence and policy making remains a challenge. UNICEF will continue its effort to build sub-national capacities in other counties on use of the equity focused programming approach.

Regarding Emergency coordination and following a UNCT decision to close down the cluster approach in September, all UNICEF led clusters – WASH, Education, and Nutrition and the Child Protection sub-cluster - were successfully closed and transitioned to Government-led committees and working groups. Three UNICEF Field Offices established last year due to EVD response continued to serve as mobile rapid response teams. They were deployed in each of the hotspots during the year and provided technical and coordination support to UNICEF co-led pillars. In the last two outbreaks, UNICEF assisted County Health Teams to set up Emergency Coordination Centres with tents, furniture, water and sanitation services, and rain gear so responders could be based adjacent to the hotspot.

OUTPUT 1 By 2017, internal efficiency and effectiveness of programme planning and coordination enhanced

Analytical Statement of Progress:

This year marked the midpoint of UN Development Action Framework (UNDAF) implementation. UNICEF Liberia, in consultation with UNICEF Regional Office, held an

extended annual review instead of a midterm review to compressively analyse and document achievements by sector between 2013-2015; assess the relevance of the country programme's planned results; and agree on priorities for the a sectoral 2016 work plan.

The risk assessment library was reviewed and updated; and the management response plan was finalised.

WASH, Nutrition, and Education Clusters; Child Protection sub-cluster; and Social Mobilisation Pillar were all co-led by UNICEF throughout the EVD Virus Disease (EVD) crisis and were successfully closed and transitioned to Government-led committees and working groups. Three field offices (supervised by a Sr. Emergency Coordinator) headed by international Emergency Specialists and staffed with national WASH, Child Protection, Nutrition, Communication for Development (C4D) and Health Officers were utilised as mobile rapid response teams to EVD hotspots and to support regular programme coordination and implementation with Government partners at county level to support recovery. Areas of successful intervention were: the reopening of schools after seven months closure, restoration of basic health services through immunisation campaigns and social mobilisation, construction of WASH in health facilities, and resuscitation of birth registration services.

HACT assurance activities implementation in Liberia continued, with 24 micro assessments, seventeen spot checks and three internal control audits conducted by third party firms. 22 new partnership agreements were signed in 2015 (9 with International NGOs and 13 with National NGOs) with total UNICEF contribution amount of US\$ 8.2 million.

OUTPUT 2 By 2017, evidence based and equity-focused programme planning, monitoring and evaluation institutionalized.

Analytical Statement of Progress:

With support from the UNICEF Regional Office, 40 Government staff from 23 ministries and institutes were trained on the DevInfo.org utility for both User and Admin modules. The LiberiaInfo database was updated by all line ministries and uploaded online. Technical support were provided to review and finalise Terms of Reference, questionnaires and methodology for the community health baseline survey; a nationwide WASH assessment survey; and nutrition assessment. The social cash transfer final evaluation was completed. A summative evaluation of a DfID supported WASH programme is expected to start in the field in early 2016. Over 100 programme monitoring visits planned this year were 80 per cent completed.

Over 120 people were trained on Monitoring of Results for Equity Programme (MoRES) at central level and an additional 120 people from various ministries and NGO partners in Grand Gedeh County. District action plans were developed to address bottlenecks and to monitor progress.

The U-Report platform was used to collect data on issues important to and affecting Liberian youth. mHERO was fully integrated to the Health Management Information System (HMIS) at MoH, allowing for automation of data collection, reporting and dissemination of critical information and messages between MoH and frontline health workers and vice

versa. The WASH Voucher System was used to quickly track distribution of hygiene kits and facilitate automated voucher verification and cash transfer to WaterGuard vendors.

Finding disaggregated data for specific indicators at district level continues to be a major challenge. UNICEF will continue to support Government routine systems as well as find ways to use innovative approaches such as SMS to collect data for indicators in the future.

OUTPUT 3 Coordinated, Efficient and effective humanitarian EVD response

Analytical Statement of Progress:

UNICEF Liberia adopted several applications and innovative approaches to respond effectively to the EVD outbreak and to improve coordination of efforts. The U-Report platform was used to disseminate approved messages and correct information to more than 63,000 people on EVD prevention and response. A number of polls were designed to assess the level of knowledge about and attitude towards EVD. Rumour Bank, an SMS application called Dey Say, was developed to support social mobilisation to rapidly address all rumours about EVD or other related issues in Liberia.

EduTrack was developed to support the Ministry of Education (MoE) in monitoring the distribution of Infection Prevention and Control (IPC) kits and the readiness of schools to follow Safe Back to School protocols.

TAG (Trace and Go) system is an SMS based patient information service that tracks patients as they move through the medical system and automatically informs family of their status and location. It prevented unnecessary exposure and reduced the risk of contracting EVD.

Humanitarian Performance Monitoring (HPM) Indicators were monitored and reported in all Situation Reports. Technical support and training on humanitarian performance monitoring was provided to programme staff and partners. The ArcGIS training manual was developed using Liberia Context and training was provided to Liberia Institute of Statistics and Geo-Information Services (LISGIS) and key line ministry staff.

The biggest challenges in the introduction of new innovation tools was the willingness of people to accept and adopt new approaches for doing business as well as the limited capacity of government staff. In order to address these challenges, a “change management” plan will be developed for future new projects which included dedicating more time to government staff working on the innovation project.

OUTCOME 10 Effective and efficient supply and logistics management and support to programme provided to all programme

Analytical Statement of Progress:

The CO was successful in the management of Supply Assistance of the CP which contributed and impacted positively in preventing the EVD and in changing the situation of persons, especially children and women affected by the EVD. This was evident by the significant volume of major supplies including drugs and medical supplies, infectious prevention and control (IPC) materials, vaccines and devices, therapeutic food, recreation and early childhood kits, educational/learning materials, and WASH/hygiene kits and garbage collection machineries/supplies distributed throughout the country, and high volume of construction contracts and other institutional services procured. The year to date

procurement value was US\$ 35,090,414 (procurement of goods accounting for US\$ 24,468,795 - 70 per cent and institutional services US\$ 10,621,619 - 30 per cent), which showed a 29 per cent increase when compared to the initial 2015 Supply Plan total value estimated at US\$25 million as of 30 June 2015.

To date 72 per cent of total orders have been delivered on time and is above the baseline set at 62 per cent. As stated during the mid-year output, more focus was placed on reviewing of sales orders for realistic target arrival date (TAD), and delivery intent. Whereas 72 per cent of supplies were delivered on time, a total of US\$7 million of supplies are stored in the warehouse due to Government's limited storage capacity and the slow movement of supplies which were intended to eradicate the EVD virus. UNICEF provided significant assistance in logistical/transport support to Government in the distribution of supplies to the 15 (fifteen) counties and communities/facilities around the country.

OUTPUT 1 Efficient and Effective Supply and Logistics for Programme Delivery

Analytical Statement of Progress:

The progress is on track in the area of supply and logistics operations. Supply plan was finalized along with the programmes planned activities during the first quarter for a total value of approximately US\$ 25 million, of which 73.9 per cent has been requisitioned and 45.3 per cent obligated by end of June 2015. Supply plan implementation is being monitored closely and presented to CMT regularly.

By mid-2015, 39 per cent of total orders were delivered on time and 43 per cent within 30 days of SO delivery date, which is below the baseline set at 62 per cent. However, it was also noted that unrealistic TADs were requested by programmes in order to meet the emergency requirements. In approximately 15 per cent of SOs, delivery dates were set prior to release dates of the SO. More focus will be given in the area of reviewing SOs for realistic TADs as well follow up with suppliers for timely delivery.

An expression of interest to update the supplier database was launched and responses received are being evaluated so that the unit is equipped with reliable pre-qualified suppliers for local procurement.

Volume of service procurement is increasing and at midyear total value of contracts issued were US\$ 4.3 million including complex programme contracting.

Supply section was actively participating in the UN procurement working group meetings. Key activities included consolidating vendor lists, mapping all LTAs by agencies, finalizing security bid, extending Fuel LTAs, etc. A training of vendors on ethics and UN bid procedures, terms and conditions was organized for approx. 100 vendors.

Offshore supplies ordered in the last quarter of 2014 in response to EVD were received via air charters directly from Supply Division Copenhagen as well as sea shipment. Monrovia port was congested with containers received by country for EVD response.

Prior to schools opening in the country, infection protection control materials were kit packed and transported to 4035 schools. The Unit is currently kit packing learning and teachers materials for approx. 700,000 learners in 4,460 schools nationally. These materials will be transported directly to each school.

Over 90,000 hygiene kits were ordered by the WASH programme for infection prevention and control measures and the unit organized kit packing, procurement and transportation to all 15 counties and designated partners nationally - 85,000 hygiene kits have been distributed.

As the programme expanded has leased additional warehouse spaces for programme supplies and kit packing for teaching and learning materials.

Capacity development activities include supply unit to train during second half of 2015, the National Drug Stores/MOH team at the central level in best warehousing operations and inventory management practices. In Addition of above distribution and plan - More than 28,000 blankets, 1,326 cartons of OMO soap, 129 washing machines, 624 stretchers, 248 hospital beds and 5,700 biohazard bags were distributed to the 80 bigger health centres in the country.