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United Nations Children's Fund

Revised country programme document (no changes)

Liberia (2008-2012)

The draft country programme document (CPD) for Liberia (E/ICEF/2007/P/L.42), was presented to the Executive Board for discussion and comments at its second regular session of 2007 (5-7 September). The Executive Board approved the aggregate indicative budget of \$18,850,000 from regular resources, subject to the availability of funds, and \$37,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2012. In accordance with Executive Board decision 2006/19, the present document was revised, as appropriate, and posted on the UNICEF website no later than six weeks after discussion of the CPD at the second regular session. The CPD will be approved by the Executive Board at its first regular session of 2008, unless at least five members have informed the secretariat in writing of their wish to bring the document before the Executive Board.

Basic data[†]

(2005 unless otherwise stated)

Child population (millions, under 18 years)	1.8
U5MR (per 1,000 live births)	235
Underweight (% , moderate and severe, 1999-2000)	26
Maternal mortality ratio (per 100,000 live births, 2000*)	760
Primary school enrolment (% , net male/female, 2000)	74/58
Primary schoolchildren reaching grade 5 (%)	..
Use of improved drinking water sources (% , 2004)	61
Adult HIV prevalence rate (%)	..
Child labour (% ,5-14 year-olds)	..
GNI per capita (US\$)	130
One-year-olds immunized against DPT3 (%)	87
One-year-olds immunized against measles (%)	94

* WHO/UNICEF/UNFPA adjusted estimate. Adjusted for misclassification and underreporting.

The situation of children and women

1. Children in Liberia are better off now that the country has emerged from 14 years of war.¹ Even so, a child born today has a one in four chance of dying before the age of five years — the fifth highest under-five mortality rate (U5MR) in the world. The infant mortality rate is the third highest at 157 per 1,000 live births. Malnutrition is widespread, with 39 per cent of children younger than five years of age stunted and 12 per cent of children aged one to two years severely wasted. Only 25 per cent of school-aged children (16 per cent of girls) are in school but 23 per cent of girls under age 18 years have given birth. Over 60 per cent of rural women have not been to school.

2. The war in Liberia had a devastating impact on women and children and virtually wiped out the political, economic and basic service infrastructure. The proposed UNICEF programme of cooperation seeks to ensure children are at the centre of Liberia's transition, rehabilitation process, peace and future development.

3. The country is steadily moving from violent conflict towards political stability and sustainable recovery, but in this transition between relief and development — between the loss of humanitarian funding and the onset of development funding — progress is fragile and easily reversed. Nevertheless, new opportunities are emerging to support the Government's efforts to improve substantially the lives and protective environment of women and children. To stabilize the security situation and eventually take over from the United Nations Mission in Liberia (UNMIL), a new national army and police force are being rebuilt. The disarmament and demobilization of all the fighting groups is complete. The reintegration phase of the Disarmament, Demobilization, Rehabilitation and Reintegration (DDRR) programme has reached 81,062 ex-combatants, 13 per cent of whom are children. A

¹ The availability and reliability of data are patchy but will improve following the Demographic and Health Survey (DHS) in March 2007 and the census planned for in 2008.

total of 326,826 internally displaced persons (IDPs) have returned to their homes, with official support to IDP camps having ended in April 2006. Already, 94,807 refugees have been assisted to return home, while 350,000 spontaneously returned on their own, leaving 88,425 registered refugees still in their countries of asylum in the region.

4. Although the political situation is calm, the general internal security situation is still considered precarious. The re-establishment of state authority and the rule of law over the whole territory, as well as the recovery of basic social services, are still in the early stages. The Truth and Reconciliation Commission started its two-year programme in 2006 but progress is slow, including in addressing children's issues.

5. Many of the structural factors that contributed to the outbreak of violence, including exclusion of large parts of society from governance and ethnic and class animosities, have yet to be addressed and the legacy of the conflict continues to affect many aspects of life. The impact is compounded by the fact that economic growth, even if relatively high at 7 per cent, is building on a very small base.

6. Recent socio-economic data indicate widespread poverty, with 76 per cent of the population living on less than \$1 per day and 52 per cent on less than 50 cents per day. An estimated 91 per cent of the population is considered vulnerable to food insecurity. The level of 39 per cent malnutrition of children under five years of age is unchanged since 2000; 27 per cent are underweight and 7 per cent are wasted, rising to 12 per cent in some counties.

7. The major childhood illnesses are malaria (42 per cent), diarrhoea (22 per cent) and acute respiratory infections (12 per cent). At least 20 per cent of child mortality is attributable to diarrhoea and cholera that are endemic. Around 68 per cent of the population do not have access to safe drinking water and 76 per cent lack access to improved sanitary facilities. In recent years, immunization coverage has improved significantly with 88 per cent of children receiving three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and measles coverage of 80 per cent in 2006 and 97 per cent in 2007.

8. The net primary school enrolment rate is 25 per cent and gross enrolment is 155 per cent, showing clearly the strong desire for education among those who missed out during the conflict years. Only one third of primary school children reach grade 5, mostly due to the low quality of educational inputs and processes. The relatively high figures for gross enrolment should be seen against the low quality of learning facilities (school buildings, teaching and learning materials, class size) and the poor standards of the teachers (60 per cent are not properly qualified).

9. With 86 per cent of the population displaced at least once during the conflict years, many children live in settings where they are deprived of basic care and parental guidance. Sexual exploitation and abuse of girls and women remain serious problems, with the majority of reported rape cases being perpetrated against children aged 10 to 14. Teenage pregnancies, early marriages and other harmful traditional practices, including female genital mutilation (FGM), are prevalent. Institutionalization of children, particularly in orphanages, is still common despite the fact that many of the children have parents or guardians who can look after them. Children in conflict with the law have no opportunity to access justice as the juvenile justice system is moribund. Sustainable social and economic reintegration of the 12,000 children formerly associated with fighting forces is critical given the

violence they experienced or perpetrated. Communities and families still need assistance to normalize the environment for the well-being of children following multiple and protracted displacements during the conflict.

10. The official consensus puts HIV prevalence at 5.2 per cent, and the DHS is expected to provide a reliable estimate. Factors that accelerate HIV transmission abound, including sexual violence, poor access to and low quality of education and health care, little knowledge about HIV prevention, early sexual debut and low usage of condoms. Access to treatment is still very limited although it is expected to expand.

11. Reports of the International Monetary Fund and World Bank show little optimism for Liberia's economic outlook in the medium term. The economic recovery will be led by production of timber, iron ore and domestic agriculture, and rubber production is expected to continue its decline. In the best case scenario, with a gross domestic product (GDP) growth of 7.7 per cent in 2006, rising to 10.1 per cent in 2011, GDP per capita would increase to \$174, remaining well below the pre-war 1988 figure of \$525. The current account deficit will widen from \$8 million in 2006 to \$112 million in 2011, i.e., from 2 to 11 per cent of GDP. Liberia's outstanding public sector external debt is projected to be \$3.876 billion in 2007. The dearth of livelihood opportunities, with over 53 per cent of the population under 20 years of age and an unemployment rate of 85 per cent, adds to the challenges ahead for securing a more prosperous and stable future for Liberia's children.

12. The consolidation of peace and the country's ability to respond to post-war challenges are imperative for the well-being of children. A concerted effort is required at all levels to build trust, promote reconciliation and foster social cohesion. UNICEF, with its mandate, knowledge, presence in the country and operational capacities, is well placed to support the Government in bringing about change in the best interests of children.

Key results and lessons learned from previous cooperation, 2006-2007

Key results achieved

13. A key achievement has been in the area of health, despite the devastation of the war. Immunization has registered remarkable progress. DPT3 coverage increased from 32 per cent in 2004 to 88 per cent in 2006 through a combination of targeted campaigns, outreach and rebuilding routine systems for long-term sustainability. Services were expanded to all 15 counties, with 318 health facilities providing immunization activities during 2006, up from 187 in 2004-2005. The County Health Teams were strengthened as were other important players in the national health system. The first-ever national maternal and neonatal tetanus campaign, launched in June 2006, has achieved 90 per cent coverage in the five most affected counties.

14. As a continuation of the Back-to-School Campaign that enabled over 800,000 children to return to school, the education programme continued to supply school equipment and teaching and learning materials to all 2,545 public primary schools in the country. The Accelerated Learning Programme (ALP) has given over 60,000 over-aged children access to primary education. In addition, 550 primary school teachers (60 per cent of them women) were trained, bringing the total number of

teachers who have undergone short-term training since 2003 to 8,898. Support for capacity development in education management began with the development of the first management information system for the sector, using data from the first national school census. The ALP and girls' education policies were formulated and a school-level supervision system is also being developed. By the end of 2006, one third of public schools had water and sanitation facilities as a result of UNICEF support.

15. Some 12,000 children were released from armed groups with 9,200 of them receiving reintegration assistance. The programme of cooperation established community support networks based on child welfare committees to facilitate the reintegration of demobilized children and monitor, report and respond to cases of child abuse and exploitation in communities. The assessment of laws, policies and practices concerning the institutional care of orphans and other vulnerable children and the juvenile justice system led to concrete policy recommendations that are being considered by the Government. The capacity of the Liberian National Police to prevent and respond to sexual and gender-based violence was strengthened through the establishment of specialized sections within the police force for the protection of women and children.

Lessons learned

16. Owing to weak national and local government structures, country programme implementation since 2003 depended on international and national non-governmental organizations (NGOs) and faith-based organizations. At one point, the country programme worked with 150 implementing partners. This brought major challenges in ensuring the quality of service delivery and developing the capacities of the partners. This mode of operation is not sustainable in the long term and will be addressed by shifting support to the Government to strengthen service infrastructures at all levels.

17. Reintegration of children associated with the fighting forces is a complex and lengthy process. Remaining barriers to successful reintegration include stigma, psychosocial problems, drug abuse, lack of preferred livelihood opportunities and exclusion from local decision-making processes. Coupled with other risk factors related to the pressures of reintegration and left unaddressed, these problems have the potential to foster renewed violence and conflict. Despite the success of the DDRR programme, support to demobilized children and young people, particularly those who were marginalized before the conflict, will be needed for some years. Work is also needed to identify the estimated several thousand girls who did not receive DDRR support and establish what kind of assistance they may require.

18. Four years of experience with and support to the ALP, which compresses the six-year curriculum into three years, have shown that although it has provided access to basic education to 60,000 children (45 per cent girls), it has no exit strategy for the children who complete the ALP and do not wish to continue with secondary education. This will be addressed in the new country programme, as the ALP can significantly contribute to the peacebuilding process and should therefore be strengthened and implemented nationwide.

19. Analysis by UNICEF in late 2006 showed that a 10-per-cent drop in health service coverage would increase maternal mortality by 6 per cent. Owing to humanitarian imperatives, the country programme has focused on service delivery

but recognizes that this is not sustainable and will not be able to achieve long-term results because of the weak institutional and technical management in the Government and communities. Assistance is also needed to develop policies that will deliver results for children.

20. The challenges of the operating environment have made implementation of the water, sanitation and hygiene (WASH) programme extremely difficult. The emphasis on physical infrastructure is labour-intensive, especially in terms of monitoring. The lack of capacity and poor governance in the sector continue to be challenges.

21. Building on the lessons learned, the new programme of cooperation will adopt a two-pronged approach: the continuation of life-saving service provision; and a progressive shift towards policy analysis and development, strategic planning and institution-building to deliver results for children.

The country programme, 2008-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Child survival	8 600	14 745	23 345
Basis education and gender equality	2 440	15 110	17 550
Child protection	2 710	6 985	9 695
Cross-sectoral costs	5 100	660	5 760
Total	18 850	37 500	56 350

Preparation process

22. The planning process began with a visioning exercise led by the Minister of Gender and Development. The consultations to identify key programme areas included children, government officials and other implementing partners. The programme structure, derived from the outcomes of the United Nations Development Assistance Framework (UNDAF) 2008-2012, was discussed and agreed at a staff retreat in February 2007. In further consultation with the Government, the programme document was elaborated and finalized in planning meetings with technical ministries, under the guidance of the Ministry of Planning and Economic Affairs.

23. The education and gender equality component was prepared within the framework of the development of the Education Sector Recovery Plan Priorities drafted for the Liberia Partners Forum in February 2007 and the Fast-Track Initiative submission by the Ministry of Education in March 2007.

24. The overall direction and strategy of the country programme are in line with the Government's Interim Poverty Reduction Strategy (iPRS). Based on the iPRS and the 2006 Common Country Assessment, the United Nations prepared the

UNDAF, which was endorsed by the Government at a joint strategy meeting in April 2007. The UNDAF will be reviewed when the full PRS is completed in 2008.

Goals, key results and strategies

25. The overall goal of the country programme is to contribute to the reduction of child mortality and vulnerability and to the development of a safe, secure and peaceful environment for children. By 2012, the programme will specifically contribute to: (a) reducing U5MR by 30 per cent; (b) increasing net primary school enrolment by at least 75 per cent, with gender parity through to grade 6 and 90-per-cent retention and completion rates; and (c) creating a protective environment for children with effective institutions against violence, exploitation, abuse and neglect.

26. Given the current situation of transition from emergency to development, the programme will have three strategies: continued support for service delivery; capacity development; and support to national policy formulation. All are underpinned by a human rights-based approach that aims to strengthen national and country-level ownership and coordination of initiatives in the best interests of the child.

27. The communication and advocacy strategy will focus on achieving social change for the protection of children and women. Ensuring that children's voices are heard and heeded will be an important element. Partnership and networking will mobilize and leverage resources for children.

28. The programme will expand from the current focus on the seven most affected countries to support national coverage and country-wide interventions through a coordinated United Nations response. Central to these efforts will be targeted interventions for national capacity development, the promotion of national ownership and enabling national partners to fulfil their responsibilities as viable duty bearers and effectively ensure the realisation of children's rights. Both in design and execution, the country programme recognizes the central importance of the contributions of women and the need to empower them by addressing deep-rooted inequalities in education, employment and participation. Progress in these areas will be contingent upon successfully stopping the still widespread occurrence of gender-based violence and to end such ongoing harmful traditional practices as FGM and early marriage.

29. Gender, emergency preparedness and HIV/AIDS will be mainstreamed into sectoral programmes. The components on paediatric AIDS, the prevention of mother-to-child transmission of HIV (PMTCT), AIDS prevention and protection will be coordinated to ensure coherence and consistency.

30. Striving to redress the impact of the conflict of the last two decades, the Government has put children, adolescents and youth at the core of its recovery programme and service delivery. This will open up new opportunities for additional and innovative child-centred policy, advocacy and programme initiatives, including child-focussed budgeting and the development of a cross-cutting child policy within the 2008-2012 PRS. These and other opportunities, such as adolescent and young people's networking, will be further explored over the course of this country programme period.

31. The country programme aims to increase capacities for public policy analysis and research, using up-to-date evidence to leverage resources for critical efforts for

women and children. The programme of cooperation will undertake analytical work to deepen understanding of the factors influencing the situation of children and the realization of their rights, and to inform and influence the overall strategic direction of policies and actions.

Relation to national priorities and the UNDAF

32. The country programme is aligned with sectoral and multisectoral national strategies and development priorities, including the iPRS. The iPRS defines Liberia's goals for development and progress towards achieving the Millennium Development Goals. The UNDAF is designed to contribute to the iPRS. The UNICEF country programme aims to "deliver as one" with those of sister agencies and contributes directly to priority outcomes of the UNDAF, including improved health and education, access to HIV/AIDS prevention, treatment and care, and social and legal protection.

Relationship to international priorities

33. The programme design was guided by observations of the Committee on the Rights of the Child, the Millennium Declaration and the Millennium Development Goals, the Plan of Action of the General Assembly Special Session on Children (*A World Fit for Children*), the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS and the UNMIL mandate in relation to post-conflict recovery and consolidation of peace. The key results are in line with the UNICEF medium-term strategic plan and post-crisis transition strategy.

Programme components

34. **Child survival.** This programme will contribute to a 30-per-cent reduction in child morbidity and mortality through capacity development and to sectoral reform at the national and county levels. The three outcome result areas are: (a) improved policy frameworks for the survival of children under five years of age and for maternal health; (b) strengthened capacities of child survival-related ministries; and (c) improved capacities of caregivers and communities for child survival and maternal health. This component will be organized around the following focus areas:

(a) the child and maternal health services cluster will support: (i) strengthening of the expanded programme on immunization through improved supervision and reporting, installation of solar refrigerators in at least 76 per cent of health facilities, sustainable routine immunization services to cover 90 per cent of infants and provide 80 per cent of pregnant women with two doses of tetanus toxoid vaccine; (ii) establishment of primary health care (PHC) services at institutional and community levels, with training of staff and management on delivery of the basic health package in all PHC units; (iii) support to scaling-up PMTCT and paediatric care for the implementation of quality comprehensive services in at least one hospital per county. The PMTCT package of services will be made available to all pregnant women with access to antenatal care under an opt-out approach;

(b) the nutrition cluster will support nutrition services nationwide at the level of PHC facilities and communities to enable 75 per cent of infants to be adequately fed, including exclusive breastfeeding and complementary feeding, provision of therapeutic feeding services nationwide, vitamin A supplementation and deworming.

Communities will continue to be empowered to implement growth monitoring and promotion for children aged 6-36 months and improve the knowledge of families and caregivers on proper feeding and caring practices of children;

(c) the WASH cluster aims to increase effectiveness in policy and strategic planning; achieving results at scale and leveraging resources. Working at three levels, the cluster will focus on: (i) sectoral financing and policy; (ii) training and monitoring of service providers to participate in the design and implementation of targeted capacity development efforts in the health, education and WASH sectors, and to implement high-impact, low-cost WASH interventions at scale; and (iii) finding rapid and efficient approaches to fast track at scale the promotion of basic hygiene, sanitation and safe water usage at the household level.

35. To scale up child survival and reduce child mortality in line with the targets of the Millennium Development Goals, the child survival programme will ensure that sectoral policies support accelerated child survival and development. The process is already ongoing in the health sector, using the marginal budgeting for bottlenecks approach. Under the water sector reforms, an integrated water resources management policy is already under development. This programme will ensure that ensuing subsectoral policies support accelerated child survival.

36. **Basic education and gender equality.** This programme will have national coverage and be based on a number of interlinked initiatives contributing to an increase in the net primary school enrolment ratio from 25 to 75 per cent, with gender parity through to grade 6 and retention to achieve completion rates of 90 per cent. The programme will also contribute to the development of national policy frameworks that support the right of all children to quality primary education. There will be two components: increasing access to quality education for gender equality; and quality improvement for retention and completion.

37. The access component will initially focus on strengthening the existing ALP, expanding enrolment to address the backlog of older children, adolescents and young people, especially girls, some of whom are young mothers whose schooling has been interrupted by war. A clear strategy for their transition from ALP to other forms of learning and skills training will be developed and implemented so that the primary education system can begin to deal with the appropriate age group. Additionally, the access component will focus on prevention of HIV, care and support for young parents and achievement of gender parity.

38. The quality improvement component will use the child-friendly schools approach, which includes the learner, the environment, the teaching/learning process, the content of the curriculum and learning outcomes. Minimum packages for improving quality in these areas will involve working with other sectors, for example, WASH education in the school and community environment; health, for screening of learners for physical learning problems and prevention of simple illnesses; child protection, for care and support for children, especially girls, affected by AIDS, violence and abuse; and social mobilization around the right to education and against sexual abuse in school.

39. The quality improvement component will also focus on teachers' professional development; providing basic school management and supervisory training to principals, county and district education officers; training in governance and school community liaison for school management committees and parent-teacher

associations; and provision of essential kits of core teaching and learning materials. The component will also support operationalization of the Emergency Management Information System and its update through routine school censuses, the establishment of clear financial management procedures, and the design and implementation of a more equitable and efficient payroll and incentive scheme for teachers and school managers.

40. **Child protection.** This programme will contribute to the creation of a protective environment for children against violence, abuse, exploitation and neglect. It will focus on development of systems for the legal and social protection of children throughout the country. There are two principle components.

41. The child justice component will support the development and expansion of a child justice system and throughout the country. It will also support the development of the police child protection service alongside the social welfare and probation services and the judiciary.

42. The vulnerable children and children affected by HIV/AIDS component will support: (a) interventions for community-level protection against sexual violence in the 15 main urban areas and in all primary and secondary schools; (b) the development of nationwide protection systems to identify and respond to cases of child labour and child trafficking; (c) completion of the community-based social and economic reintegration of children associated with fighting forces, enabling 3,000 of these children to embark on a sustainable livelihood; and (d) development of services so that 80 per cent of reported cases of sexual violence receive appropriate care and support and 50 per cent of vulnerable children and children affected by HIV/AIDS are identified and provided with appropriate care.

43. The programme will also invest in systems for advocacy, policy, planning, monitoring and evaluation.

44. **Cross-sectoral costs** will cover the management of the overall country programme including fund-raising, operating and staff costs as well as maintaining compliance with the minimum operating security standards.

Major partnerships

45. The Government of Liberia, with its institutions, is the principal partner. Other partnerships will include such key national institutions as the University of Liberia and the National Information Management Centre. NGOs will remain critical partners in service delivery and in sectoral planning and coordination over the next country programme period, although there will be increased emphasis on working with government structures both at the central and county levels. The programme will continue to be linked to the strategic and operational interventions of the United Nations Country Team and UNMIL, within the context of the integrated mission approach to promote a system-wide United Nations response to Liberia's peacebuilding process. The country programme will include joint programmes with other United Nations agencies as defined in the UNDAF. Where possible and appropriate, UNICEF will explore innovative partnership modalities with the private sector. UNICEF will continue to be active in government-led coordination mechanisms, United Nations thematic groups and inter-agency coordination committees. Efforts will be made to increase the voice of children and young people

in programme development, implementation and monitoring. The transitional context requires flexibility and openness to new partnerships and networks.

46. The country programme will strengthen its collaboration with such key donors as Irish Aid, the Governments of Japan and Sweden, the United Kingdom Department for International Development, the United States Agency for International Development, the European Commission Humanitarian Office (ECHO), the European Union and National Committees for UNICEF.

47. The Information and Communication Unit will maintain close contact with donors and National Committees, providing progress reports and updates on a regular basis.

Monitoring, evaluation and programme management

48. Monitoring and reporting will be through the line ministry and the government monitoring system that will be established through the full PRS process and the sector management information systems that are emerging. Subnational monitoring will be carried out through county-based United Nations county support teams, joint United Nations subnational offices and the management information system that is being developed. The new country programme will support capacity development for relevant government institutions on monitoring and evaluation as well as data collection and information management systems and analysis. In addition to project evaluations, attention will be given to undertaking research and analytical work that will inform policy and programme strategy. The dearth of research in Liberia over the last two decades has resulted in significant gaps in data collection and analysis in most areas relevant to the realization of child rights. Areas prioritized for research during this country programme period include child survival approaches and their impact, quality improvement under the abolition of school fees, transition programmes for older graduates of the primary-school level, child labour and child trafficking, adolescent realities and priorities, and social protection more broadly. The programme will also contribute to the development of research and analytical capacities in relation to children's issues. Monitoring of the programme's impact will be aligned with monitoring of the UNDAF and PRS, all of which will contribute to the construction of a national monitoring and management information system.
