

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION LIBERIA IN 2008



CORE COUNTRY DATA

Child population (thousands)	1922
U5 mortality rate (2006)	235
Infant mortality rate (2006)	157
Maternal mortality ratio (adjusted 2005)	1200
Primary school net enrolment ratio (total/female) ¹	25/16
% U1 fully immunized (DPT3) ²	88
% population using improved drinking water sources ³	32
HIV/AIDS prevalence rate ⁴	5.2
% U5 suffering moderate and severe malnutrition ⁵	39

Sources: *The State of the World's Children 2008*

¹ National census of schools, 2006

² EPI administrative records, 2006

³ Comprehensive Food Security and Nutrition Survey, 2006

⁴ Interim Poverty Reduction Strategy, 2006

⁵ Comprehensive Food Security and Nutrition Survey, 2006

Liberia, though still a fragile State, continues to make considerable progress transitioning from emergency to reconstruction and development. Government is making effort to revitalize public institutions, and develop and implement a poverty reduction strategy. Progress is however hampered by the continuing humanitarian emergencies that deny children and women the right to health care, safe water and sanitation, education and protection. Funding contribution raised through the *Humanitarian Action Report* will benefit 1,120,000 children.

Summary of UNICEF financial needs for 2008

Sector	US\$
Child survival (health, nutrition and water, sanitation and hygiene)	9,985,000
Education and gender equality	4,080,000
Child protection	4,105,000
Total*	18,170,000

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

Although Liberia is steadily moving from emergency towards political stability and sustainable recovery, the progress is still fragile and can be easily reversed. Many of the structural issues that contributed to the outbreak of violence have yet to be resolved and the legacy of the conflict continues to affect many aspects of life. The re-establishment of state authority, the rule of law and recovery of basic social services are still in the early stages. This is starkly reflected in the situation of women and children in Liberia

Three-quarters (76.2 per cent) of the estimated 3.2 million people are living on less than a dollar a day (Liberia Human Development Report 2006). This situation is aggravated by the high level of unemployment (80 per cent) and food insecurity estimated at 51 per cent of the population. Liberia has the fifth highest under-five mortality rate (235 deaths per 1,000 live births) in the world. Infant mortality is estimated at 157 per 1,000 live births compared to the average sub-Saharan Africa rate of 102 per 1,000 live births. The maternal mortality ratio, estimated at 1,200 deaths per 100,000 live births, is one of the highest in the world. The burden of disease in young children is, as a result, malaria, diarrhoea, and vaccine-preventable diseases, such as measles, neonatal tetanus, diphtheria, whooping cough and acute respiratory infections. Malaria accounts for up to 50 per cent of all illnesses among children, followed by acute respiratory infections (35 per cent) and diarrhoea (22 per cent). At least 18 per cent of deaths among under-five children are caused by malaria. Malnutrition is a problem in Liberia. Stunting in children (6-59 months) has remained high (39.2 per cent) for nearly two decades, while underweight is currently estimated at 26.8 per cent. Vitamin A deficiency in children (6-35 months) is estimated at 53 per cent and prevalence of iron deficiency anaemia is 87 per cent. Child-caring and rearing practices as well as hygiene practices are largely not supportive of the survival and well-being of young children. The official consensus puts national HIV prevalence in 15- to 49-year-olds at 5.2 per cent. Although access to basic health care is gradually improving, it is still low (10 per cent). Safe water coverage is 32 per cent, while access to adequate sanitation is estimated at 24 per cent. Household and community hygiene practices are very poor.

The primary school net enrolment ratio is 25 per cent, while gross enrolment is 155 per cent, showing clearly the strong desire for education among those who missed out during the conflict years. There is a backlog of children estimated at over 400,000, who are currently too old for the primary level of education. Only a third of primary schoolchildren reach grade 5, mostly due to the low quality of the education inputs and processes. There are still approximately three boys to two girls in primary and secondary schools and more than three boys to one girl at tertiary levels. 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).

The chaos and insecurity of natural disasters¹ and concern over regional instability threaten or destroy roads, access to food, water, shelter, social protection and support, health care and education, and results in increased vulnerability in communities. The forced displacement of families and the separation of children from their caregivers put them at grave risk of violence, abuse, abduction and exploitation. With 86 per cent of the population displaced at least once during the conflict years, many children live in settings deprived of basic care and parental guidance. Despite the end of conflict, sexual and gender-based violence is a disturbingly common feature, with the majority of reported rape cases being perpetrated against children aged 10-14 years. This increases the risk of HIV transmission. Liberia continues to experience outbreaks of diarrhoeal diseases, displacements and disruption of movements due to floods. In addition, sustainable social and economic reintegration of the 12,000 children formerly associated with fighting forces (CAFF) 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. It should also be noted that the transition is not only from relief to development but also between the loss of humanitarian funding and the onset of development funding.

Implementation of the Inter-Agency Standing Committee (IASC) cluster approach to respond to humanitarian emergencies started in Liberia in 2006. A multi-agency assessment of the cluster approach found some positive outcomes, such as the forging of stronger partnerships between the line ministries, the donor community, NGOs and the UN, and the mobilization of funds. UNICEF leads the clusters for nutrition and water, while continuing strong field work in education, health and child protection. Consequently, UNICEF Liberia is strengthening its response capacity throughout the organization, including by creating emergency-related training opportunities and ensuring more consistent application and response to real-time evaluations. Work is going on to strengthen early warning, preparedness activities, and awareness of new and emerging policy debates as well as innovative approaches.

¹ In particular floods, existing and potential new pandemics (e.g., HIV/AIDS and avian influenza).

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Liberia's children and women. Routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and Social Welfare. Measles and DPT3 coverage increased from 42 per cent and 32 per cent in 2004 to 94 per cent and 88 per cent in 2007 respectively. Liberia is on track to be certified polio-free. A national campaign that provided more than 650,000 children with measles vaccine, vitamin A and deworming *mebendazole* tablets was held in January 2007. A national tetanus vaccination campaign reached 280,000 women of childbearing age. In collaboration with the national malaria control programme, 250,000 insecticide-treated mosquito nets were distributed to pregnant women and under-five children.

To help rebuild Liberia's public school system, and strengthen the capacity of the Ministry of Education, UNICEF provided teaching and learning materials and other supplies for 800,000 students in all 15 counties and trained 550 (60 per cent women) primary schoolteachers. With UNICEF's support, the Ministry of Education established the Girls' Education Unit and developed the first Management Information System using data from the first national school census. During 2007, 700 participatory hygiene promotion sessions were held in eight counties. UNICEF worked in cooperation with the UN Mission in Liberia and other partners to provide reintegration assistance to demobilized children formerly associated with fighting forces (CAFF). At least 3,000 demobilized children have graduated from skills training programme and 600 of them have enrolled for Business Development Skills. Another 2,500 CAFF are attending formal education through the Community Education Investment Programme (CEIP). A national avian and human influenza (AHI) preparedness plan has been adopted by Government and a National AHI Task Force is working to implement it.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

The United Nations in Liberia is an integrated mission with the UN Country Team (UNCT) working as a pilot country for the humanitarian cluster system. UNICEF is the lead agency in nutrition and water, sanitation and hygiene under the humanitarian cluster approach and is also a key actor in the child protection and health sectors.

Regular programme

The *Humanitarian Action Report* is derived from the Government of Liberia – UNICEF Country Programme of Cooperation 2008-2012. The Country Programme aims to 'deliver as one' with sister agencies and directly contributes to the UN Development Assistance Framework (UNDAF) priority outcomes, including improved health and education; access to HIV/AIDS prevention, treatment and care, and social and legal protection. The UNDAF is designed to contribute to the interim Poverty Reduction Strategy (iPRS) which defines Liberia's goals for development and progress towards achieving the Millennium Development Goals (MDGs).

Focus

UNICEF will provide humanitarian support to 1.8 million children and women of childbearing age and to the host community most affected by the past conflict and natural disaster in Liberia. Particular attention will be paid to the south-eastern part of the country which is hard to reach as a result of poor road conditions and floods.

Child survival (US\$ 9,985,000)

Health and nutrition (US\$ 5,250,000)

Some 1.2 million children and women will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to 27 health centres;
- Train 200 health workers on the integrated management of childhood illnesses;
- Launch a measles vaccination campaign with an estimated target population of 500,000 children;
- Vaccinate 140,000 children under age one with DPT3 and maintain DPT3 coverage above 87 per cent;

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- Vaccinate 600,000 women of childbearing age targeted to receive tetanus toxoid vaccinations during a maternal and neonatal tetanus vaccination campaign;
- Procure/distribute 150,000 insecticide-treated mosquito nets to under-five children and pregnant women;
- Continue supporting three therapeutic feeding centres for 2,000 severely malnourished children;
- Procure/distribute vitamin A and worm treatment medicines to under-five children, directly benefiting 600,000 children;
- Improve coordination of humanitarian action as nutrition cluster lead.

Water, sanitation and hygiene (US\$ 4,735,000)

Some 150,000 persons, focusing particularly on children and women, will be reached through the following key activities:

- Rehabilitate/construct 200 wells and adequate sanitary facilities in 200 schools;
- Rehabilitate/construct 300 boreholes/wells to provide safe drinking water to some 300 individuals in permanent and return areas;
- Rehabilitate/construct 1,000 household latrines;
- Train 15 local water management teams in county/community water and sanitation assessments, strategic options, rehabilitation planning, leak detection, water testing and repair and maintenance of mini water supply systems;
- Promote hygiene education and hygiene awareness programmes in 200 schools and the catchment communities in order to complement existing water and sanitation services;
- Conduct cholera outbreak prevention activities in 10 cholera hotspots;
- Improve coordination of humanitarian action as water cluster lead.

Education and gender equality (US\$ 4,080,000)

Some 450,000 schoolchildren of which 60,000 are older children whose education was disrupted by the war and 300 accelerated learning programme (ALP) teachers will benefit from the following key activities:

- Deliver school supplies for 450,000 children in 300 schools;
- Procure/distribute recreational kits to 300 public schools;
- Train 300 primary schoolteachers, with particular attention to ALP methodologies, HIV/AIDS and peace education;
- Support the construction of 10 temporary school/classroom structures to accommodate 10,000 primary schoolchildren.

Child protection (US\$ 4,105,000)

Some 10,000 children associated with fighting forces as well as those at risk of recruitment are targeted through the following key activities:

- Complete the reintegration process of 10,000 demobilized and other vulnerable children through linking them with the accelerated learning programme and skills training programme, including providing 2,500 former CAFF with business development skills training;
- Train 500 teachers on, and the response to, sexual exploitation and abuse (SEA). Five thousand students in 50 schools will also receive SEA training and sensitization;
- Support prevention, identification, documentation, tracing, care and reunification of an estimated 500 separated children;
- Continue to support transit centres for juveniles as alternative to detention with adults, with separate centres for girls and boys;
- Train 150 Liberian National Police officers serving in the Women and Children's Protection Unit.