



Economic and Social Council

Distr.: Limited
10 July 2006

Original: English

For action

United Nations Children's Fund

Executive Board

Second regular session 2006

6-8 September 2006

Item 4 of the provisional agenda*

Short-duration country programme document

Liberia

Summary

The short-duration draft country programme document for Liberia is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$2,826,000 from regular resources, subject to the availability of funds, and \$5,820,000 in other resources, subject to the availability of specific-purpose contributions, for 2007.

The situation of children and women

1. Over the last year, the political and humanitarian situation in Liberia has improved. In January 2006, the new Government was inaugurated following peaceful elections in October 2005. The Government's plans for recovery and development prioritize expanding peace and security; revitalizing economic activity; rebuilding infrastructure and providing basic services; and strengthening governance and the rule of law. An 18-month interim poverty reduction strategy paper (IPRSP) is being developed and will be completed by mid-2006.
2. Government capacities remains weak and civil authority has not been fully re-established. Since the national army was disbanded, security is maintained by the United Nations Mission in Liberia. The Liberian Police Force is undergoing major restructuring.
3. During 2005, the country was progressively declared safe for the return and resettlement of internally displaced persons (IDPs) and refugees. A total of 321,745

* E/ICEF/2006/18.

IDPs received assistance, 200,000 refugees spontaneously returned and 58,127 refugees have been assisted to return home.

4. The re-integration and rehabilitation of ex-combatants continues, with about 65 per cent of the 103,000 demobilized ex-combatants reintegrated to date. Over 50 per cent of the child ex-combatants are now in school or in vocational skills training and it is fully expected that the vast majority of the 11,729 demobilized children will have some form of post-demobilization assistance.

5. There are an estimated 184,000 orphans (65 per cent lost only their father, 26 per cent lost their mother and 12 per cent both parents). The care and support of orphans is a major challenge given the weak legal framework and even weaker enforcement and monitoring. With little control or no standards, many children in orphanages are not orphans. With 57 per cent of orphanages not meeting minimum standards and the lack of regulation of alternative care systems, there is the risk of illegal adoption and trafficking. The juvenile justice system requires total reform within the context of the judicial system. Gender-based exploitation and abuse is widespread. The Police Women's and Children's Protection Unit is now established and will be rolled out nationally in the coming year. Specialized care and support for victims is limited to a few areas of Monrovia. The new Rape Law is an important step but requires judicial reform to have an impact. The humanitarian community has established a monitoring and investigation system on sexual exploitation and abuse for its staff and contractors.

6. The basic indicators remain alarmingly high, with the infant mortality rate at 157 per 1,000 live births, the under-five mortality rate at 235 per 1,000 live births and the maternal mortality ratio at 580 per 100,000 live births. Malnutrition is widespread, with 39 per cent of children younger than five years of age stunted (17 per cent severe and 22 per cent moderate) and 27 per cent underweight. The rate of iron deficiency among children aged 6-35 months is 87 per cent, with rates of 58 per cent for non-pregnant women and 62 per cent for pregnant women. Life expectancy dropped from 47 years in 2000 to 41 years in 2002. The common childhood illnesses are malaria (42 per cent), diarrhoea (21 per cent) and acute respiratory infections (12 per cent).

7. Access to safe water is estimated at 24 per cent and to sanitation at an alarming 5 per cent. This is a contributing factor to the high prevalence of diarrhoea. The main constraints to a rapid recovery include lack of coordination, very poor logistics, weak implementation capacities and limited adherence to set standards.

8. The school enrolment rate is estimated at 70 per cent of school-aged children. Public schools are generally overcrowded, unsupervised, poorly equipped and only minimally functional. The high rate of enrolment and the reported functioning of 88 per cent of schools (more than half are private) mask a critical problem of quality. All the public schools have received teaching and learning materials. The majority of teachers are unqualified and only 19 per cent are women. Teachers' salaries are irregular and less than \$1 per day. In the last 18 months 1,100 teachers have been given basic training to obtain the primary school credential, but full revision of this training curriculum is required to meet accepted standards. A girls' education policy is now being disseminated and implemented. Overall, the sector is severely constrained by insufficient supervision and monitoring, and poor resources and accountability.

9. Health services are gradually been restored, with 65 per cent of the pre-war primary health facilities functioning. However, with 90 per cent managed by non-governmental organizations (NGOs) with external support, there is little sustainability. Health management systems are weak overall. The current focus is to build the capacities of the county health teams. The cold-chain system is gradually being rebuilt with the establishment of vaccine stores in the country's 15 counties, but they require improvement. The polio campaign has been completed and there have been no reported wild polio cases for three years. Immunization coverage has steadily risen to reach 82 per cent for tuberculosis, 90 per cent for measles, 84 per cent for yellow fever and 71 per cent for three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3). The health sector has three major constraints: (a) the severe shortage of skilled personnel; (b) a very weak supervision and reporting system; and (c) no financial sustainability.

The country programme, 2007

Summary budget table

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Education	480	1 250	1 730
Child protection	480	800	1 280
Health and nutrition	480	2 000	2 480
Water, sanitation and hygiene	506	800	1 306
External relations and information	100	—	100
Cross-sectoral costs	780	970	1 750
Total	2 826	5 820	8 646

10. The national and sectoral planning processes in the country are not yet re-established and currently there is no national planning framework. The Government is operating on short-term, three to six-month cycles. The IPRSP will not be completed until mid-2006. Following this, the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF) will be completed by the end of 2006. Recognizing the volatile security situation, the transition in the country and the need to harmonize planning cycles, the member agencies of the United Nations Development Group decided on a short-duration programme for 2007 with the agreement of the Government.

11. There are no significant changes to the existing programme objectives and structure. All programme components are directly related to the medium-term strategic plan priorities and the achievement of the Millennium Development Goals, with particular emphasis on basic education, gender equality, child mortality and HIV/AIDS, and reflect the stated priorities of the new Government. Focus will be given to completion of the reintegration component of the Disarmament, Demobilization, Reintegration and Reconstruction (DDRR) programme and continued resettlement of IDPs and refugees. The country programme will play a significant part in the development of the IPRSP to ensure that the protection of children's rights is sufficiently represented in the strategic priorities.

Programme components

12. The individual programme strategies remain valid and the geographical focus on seven counties that have the largest number of returning refugees and IDPs and reintegrating children formerly associated with the fighting forces (CAFF) remains unchanged.

13. **Education.** The programme, working with 800 schools, will improve the quality of teaching and learning and increase girls' enrolment and retention rates by 10 per cent and 20 per cent, respectively. There will be an expansion of the life-skills programme. Emergency interventions such as the emergency teacher training programme and accelerated learning will begin to draw down. A one-year standard training programme will be established, with 500 teachers undergoing training in 2007. To strengthen the overall management of the education sector, the programme will provide technical and logistical support to the county education teams and technical assistance to policy revision.

14. **Child protection.** The programme will focus on completing the community-based social reintegration of CAFF and strengthening the national child protection systems. The CAFF girls will have the opportunity to join a project for 2,500 girls that will enable them to start a business based on skills attained in the DRRR skills training programme. Although a minimum service will be maintained, the need for family tracing and reunification will reduce considerably. Services and legal reform for the protection of orphaned and vulnerable children, combating child labour and prevention of gender-based exploitation and abuse will expand. This includes the roll-out of the Police Women's and Children's Protection Units to seven counties. Work will begin on the reform of the juvenile justice system. The Children's Unit in the Ministry of Gender and Development will be strengthened to monitor the implementation the Government's commitments under the Convention on the Rights of the Child.

15. **Health and nutrition.** The programme will contribute to the reduction of morbidity and mortality by continuing to expand the expanded programme on immunization through capacity-building and training. In so doing, it is expected that DPT3 coverage will reach 87 per cent. In collaboration with the World Health Organization, the county health teams will be made fully operational and provide regular and reliable information into a revamped Health Information Management System. The programme will continue to support integrated primary health care (PHC) services in 27 revitalized health facilities. In collaboration with the World Food Programme, the country programme will strengthen a national nutrition monitoring system and a common nutrition strategy. Therapeutic and supplementary feeding centres will be supported on an as-needed basis and the community-based nutrition approach will become standard and implemented by all PHC services. Vitamin A and micronutrient supplementation will continue to be a part of routine PHC services and supplementary immunization campaigns.

16. **Water, sanitation and hygiene.** The programme will contribute to the reduction of water and sanitation-related morbidity and mortality with the revision of the national policy, with hygiene as the core element. The implementation of the national strategy will be decentralized to the county level and the management of the information data base transferred to the line ministries. In addition, the programme will expand its support for improved sanitation and hygiene practices in schools and communities. A water and sanitation maintenance system will be

developed to operate in all schools. The community-based maintenance system will be expanded to reach national coverage.

17. **External relations and information.** The programme will focus on the promotion of child rights at the national and county levels through partnership, networking and information dissemination and will seek to include the rights of the child in the IPRSP and UNDAF.

Major partnerships

18. The major development in partnerships will be the systematic and measured shift in programme implementation from service delivery by NGOs to the Government. A closer working relationship between all the United Nations agencies will be fostered as part of the development of "One United Nations Approach". The United Nations Country Team (UNCT) will focus on re-establishing the leadership role of government institutions in planning, monitoring and quality assurance as well as promoting decentralization.

Monitoring, evaluation and programme management

19. Additional monitoring will be done through the UNCT. Monitoring of field work will be enhanced with field monitors for each programme component in four strategic sites in the country.

20. The following major studies and evaluations will be conducted in 2007: (a) an evaluation of the accelerated learning programme; (b) an evaluation of hygiene promotion; (c) the final evaluation of DDRR; (d) an evaluation of community-based nutrition interventions; (e) an assessment of water and environmental sanitation; and (f) an assessment of child labour.
