



The Country Programme Action Plan 2008 – 2012

Between

The Government of Liberia

and

The United Nations Children's Fund (UNICEF)

THE FRAMEWORK

The Government of Liberia (hereinafter referred to as “the Government”) and the United Nations Children's Fund (hereinafter referred to as UNICEF) being in mutual agreement to the content of the Country Programme Action Plan (CPAP) and to their responsibilities in the implementation of the Country Programme; and

Furthering their mutual agreement and cooperation for the fulfilment of the Convention on the Rights of the Child, the commitments of the United Nations General Assembly Special Session on Children, the Millennium Development Goals (MDGs) and the Millennium Declaration.

Supporting the formulation and implementation of national priorities enunciated in the second interim Poverty Reduction Strategy (iPRS) and other key national policy documents;

Building upon the experience gained and progress made during the implementation of the previous Programmes of Cooperation;

Fully aware of the needs to strengthen aid effectiveness and fully committed to the principles of harmonization and simplification, and their implications at the country level;

Entering into a new period of cooperation from January 1, 2008 to December 31, 2012;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

I. BASIS OF THE RELATIONSHIP

1. The Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF on July 20, 2001 provides the basis of the relationship between the Government and UNICEF. This Country Programme Action Plan for the period 2008-2012 is to be interpreted and implemented in conformity with the BCA. The programmes and projects described herein have been agreed jointly by the Government and UNICEF.
2. The CPAP is based upon and further elaborates the Country Programme Document (CPD) for Liberia 2008-2012 which was endorsed by the Government of Liberia and approved by the Executive Board of UNICEF in September 2007. The CPD was in turn based on the relevant programme areas outlined in the United Nations Development Assistance Framework (UNDAF) 2008-2012.¹

II. SITUATION ANALYSIS

3. The estimated Liberia population is 3.2 millions inhabitants, among whom 1.8 millions are children under 18 years old and 50.1% are female.² The war in Liberia had a devastating impact on women and children and virtually wiped out the political, economic and basic service infrastructure. This programme of cooperation seeks to ensure children are at the centre of Liberia's transition, its rehabilitation process, peace and future development.
4. 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 onset of development funding - progress is fragile and easily reversed. Nevertheless, new opportunities are emerging to support Government's efforts to substantially improve the lives and protective environment of women and children. To stabilise

¹ In particular UNDAF Outcomes 3, 4, 5 and cross-cutting issues.

² The Liberia Institute of Statistics and Geo-information Services (LISGIS),

the security situation and eventually take over from the UN Peacekeeping Force, 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% of whom are children. A total of 326,826 internally displaced persons (IDPs) have returned to their homes, 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 the countries of asylum in the region.

5. Though 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.
6. Many of the structural factors that contributed to the outbreak of violence, including exclusion of large parts of society in 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%, is building on a very small base.
7. Recent socio-economic data indicate continuous widespread poverty, with at least 76% of the population living on less than US\$1 per day and 52% surviving on less than US\$0.50³. An estimated 91% of the population is considered vulnerable to food insecurity. The level of 39% malnutrition in under-fives is unchanged since 2000; 27% are underweight and 7% are wasted – 12% in some counties.⁴ It is unlikely that Liberia will halve the proportion of people whose income is less than US\$1 per person a day or halve the prevalence of underweight among children by 2015.
8. The under five mortality rate is 235 per 1,000 live births. The major childhood illnesses are malaria (42%), diarrhoea (22%) and acute respiratory infection (12%). At least 20% of child mortality is attributable to diarrhoea and cholera that are endemic. The main underlying causes of high childhood mortality are: i) limited access to health, water and sanitation, ii) poor quality of the services provided, iii) inadequate information and knowledge about good care practices at the household level. Around 68% of the population do not have access to safe drinking water and 76% lack access to improved sanitary facilities. In recent years, the immunization coverage has improved significantly with 88% of children receiving three doses of combined diphtheria/pertussis/ tetanus vaccine (DPT₃) and measles coverage of 80% in 2006 and 97% in 2007. The adjusted maternal mortality ratio is estimated at 1,200 deaths for 100,000 live births.⁵ It is unlikely that Liberia's MDG goal relating to reduction of maternal, and child mortality will be achieved. Whereas access to improved water sources can be achieved, attainment of improved sanitation coverage is unlikely.
9. The primary school net enrolment rate is 25% (16% for girls) while gross enrolment is 155%, 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 the education inputs and processes.⁶ 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% are not properly qualified). Over 60% of rural women have not been to school. Liberia is not yet on track of eliminating gender disparity in primary and secondary education and reaching universal primary completion by 2015.

³ Liberia National Human Development Report 2006,

⁴ Liberia: Comprehensive Food Security and Nutrition Survey, 2006.

⁵ UNICEF: State of the World's Children Report 2008.

⁶ Ministry of Education: School Census, 2006.

10. With 86% of the population displaced at least once during the conflict years, many children lived in settings with insufficient basic care and parental guidance. Sexual exploitation and abuse of girls and women remains a serious problem with the majority of reported rape cases being perpetrated against children aged 10-14. Consultations during the development of the national poverty strategy paper revealed over-riding concern of both boys and girls over lack of personal safety for adolescent girls and their high vulnerability to sexual violence and exploitation. Teenage pregnancies, early marriages and other harmful traditional practices, including FGM/C, are prevalent. The majority of children under five years old (96%) do not have birth certificate.⁷ Institutionalisation of children, particularly in orphanages, is still common despite the fact that the community option for their care is still viable. Children in conflict with the law have no opportunity to access justice as the juvenile justice system is moribund. Sustainable social and economic re-integration of the children formerly associated with fighting forces and other war affected children is critical given the violence they experienced or perpetrated. Communities and families still need assistance to normalize the environment (given the social dislocation) for the well-being of children following multiple and protracted displacements during the conflict.
11. The national HIV prevalence rate among women attending antenatal clinics in sentinel sites is put at 5.7% compared to 4% in 2004.⁸ Factors that accelerate HIV transmission abound, including sexual violence, poor access 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. A national HIV/AIDS strategic plan will be developed in 2008 to increase access to HIV/AIDS services in Liberia. The National Aids Control Programme (NACP) is also being strengthened to ensure proper roll out of preventive, care and treatment interventions for HIV and AIDS. The recent establishment of the National AIDS Commission (NAC) reinforces the commitment of Government of Liberia to the fight against AIDS. All the line ministries are represented in the NAC, with the President as the chair of the Commission. Nevertheless, halting and beginning to reverse the spread of HIV/AIDS by 2015 pose a considerable challenge.
12. The IMF and the World Bank reports show little optimism for Liberia's economic outlook in the medium term. Liberia's economic recovery will be led by production in timber, iron ore, and domestic agriculture, while rubber production is expected to continue its decline. Even in the best case scenario, with a GDP growth of 7.7% rising to 10.1% in 2011, there would be a rise of GDP per capita to US\$174, remaining well below the pre-war 1988 figure of US\$525. The current account deficit will widen from 2% to 11% of GDP in 2011. Liberia's public sector outstanding external debt is projected at US\$3.876 billion in 2007. The dearth of livelihood opportunities, with over 53% of the population being under 20 years of age and unemployment rate of 85%⁹, adds to the challenges lying ahead for the country in securing a more prosperous and stable future for Liberia's children.
13. A rapid assessment of communication channels in Liberia shows that community dialogue and interpersonal communication can be conducted at scale by mobilising existing networks such as community health workers, child welfare committees and theatre for development troupes. Development issues can be given further impact if they are amplified by community-based and national media, such as the network of 40 community radio stations that have been established, and existing national broadcasters such as STAR and UNMIL radios. These communication channels can be used to stimulate and coordinate community action on development issues, and to establish a policy dialogue between citizens and government officials.
14. Other networks such as the national school system and national sports federations can also be used to promote community dialogue and communication. Sports activity in schools engages young people and can achieve several related development aims. It improves people's

⁷ Preliminary Report of the 2007 Liberia Demographic and Health Survey.

⁸ NACP, HIV/AIDS surveillance report, 2007.

⁹ UN Common Country Assessment, United nations in Liberia, Monrovia, June 2006

physical condition and reduces the likelihood of disease, while teaching the implicit lessons and social skills that benefit young people and therefore the wider society. Sport brings young people together in safe and familiar environments where discussions can take place and community feedback can be sought and received. The issues raised can then be amplified by the network of community radio stations and national broadcasters to stimulate dialogue between communities and all levels of government.

15. Revitalization of Liberia's statistical system is still at very early stages and quality data are still inadequate. The World Bank rated Liberia's statistical capacity in 2006 at 45%, compared to global average of 75%. The Bank found data collection to be the weakest aspect followed by statistical practice and indicator availability.¹⁰ Assessment of the national capacity to monitor progress towards achievement of the MDGs revealed serious inadequacies in the data and information systems. UNICEF's core area of focus – poverty eradication, primary education, gender equity, under-five and maternal mortality – were the most affected.¹¹ This reinforces the need for a well orchestrated and supported national initiative to strengthen data collection, analysis and management capacity; increase human and financial resources; clarify responsibilities and strengthen collaboration between government ministries and departments that generate the different types of official statistics.
16. The consolidation of peace and the ability of the country to respond to the sequels of Liberia's conflict and 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, country presence and operational capacities, is well placed to support the Government of Liberia in the task of bringing change in the best interests of children.
17. The Ministry of Gender and Development (MOGD) plans to review progress made in the implementation of the WFFC commitments and prepare the second CRC Country report. In preparation for these activities, the MOGD is developing a matrix of civil society groups that will be mobilized to support/contribute to the next CRC Country report. To alleviate the human resources capacity the Ministry has requested UNICEF to assist in building the capacity of the Children's Unit to be able to provide the leadership required for the two processes and for overall coordination of CRC implementation in the country.

III. PAST COOPERATION AND LESSONS LEARNED

Key Results

18. A key achievement has been in health despite the devastation of the war. Immunization has registered remarkable progress; DPT₃ coverage increased from 32% in 2004 to 88% in 2006. This increase was achieved by a combination of targeted campaigns, outreach and rebuilding routine systems for long-term sustainability. The services were expanded to all the 15 counties with 318 health facilities providing immunization activities during 2006, up from 187 in 2004/5. The County Health Teams were strengthened through trainings and institutional support as were other important players in the national health system. The first ever national maternal and neonatal tetanus (MNT) campaign, launched in June 2006, has achieved 90% coverage in the five most affected counties.
19. 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, 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. Also, 550 primary school teachers (60% female) were trained, bringing the total

¹⁰ <http://ddp-ext.worldbank.org/ext/CSIDB/getCountryStatInfoXML?id=LBR&format=CSIDB>

¹¹ MPEA, UNMIL (2004). Liberia: Millennium Development Goals Report 2004.

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's support.

20. Up to 12,000 children were released from armed groups with 9,200 of the children receiving reintegration assistance with UNICEF support. The programme of cooperation established community support networks based on child welfare committees to facilitate the reintegration of demobilized children; monitor report and respond to cases of child abuse and exploitation in communities. The assessment of laws, policies and practices of the institutional care of orphans and other vulnerable children; and of 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 specialised sections within the police force for the protection of women and children.
21. UNICEF supported the establishment and operation of eight PMTCT sites and development of the national guideline for HIV/AIDS treatment and care in Liberia. The key challenge is to ensure that at least 50% of ANC clinics in the country have integrated PMTCT in the minimum package of services. In this regard, UNICEF will support the development and implementation of a national PMTCT and HIV/AIDS paediatric care policy and plan action. It will also support the national programme in scaling-up PMTCT services and improving the monitoring and evaluation system.

Lessons learned

22. Owing to the weak national and local government structures, country programme implementation since 2003 depended on international and national NGOs and faith-based organisations. At one point, the country programme worked with 150 implementing partners. This brought major challenges in ensuring quality service delivery and development of capacity of the partners. This mode of operation is not sustainable in the long-term and will be addressed by shifting support to government to strengthen service infrastructures at all levels
23. Re-integration of children associated with the fighting forces is a complex and lengthy process. Various barriers to successful reintegration remain, including stigma, psycho-social problems, drug abuse, lack of preferred livelihood opportunities, and exclusion from local decision making processes. Despite the success of the DDR programme if other risk factors related to the pressures of reintegration and needs of other marginalised children who never accessed the reintegration programme are left unaddressed, these problems have the potential to reverse the gains so far made and foster renewed violence and conflict.
24. Four years of support to the Accelerated Learning Programme (ALP), which compresses the 6-year primary school level curriculum into 3 years, have shown that, while it has provided access to basic education to 60,000 children (45% girls), it has no exit strategy for the children who complete the ALP but do not wish to continue with secondary school education. This will be addressed in the new country programmes as the ALP can significantly contribute to the peace building process and should therefore be strengthened and implemented nation-wide.
25. Analysis by WCARO in 2006 showed that a 10% drop in health service coverage would increase maternal mortality by 6%. Owing to the humanitarian imperatives, the Country Programme has focused on service delivery but recognises that this on its own is not sustainable and will not be able to achieve long-term results because of the weak institutional and technical management in government and communities. Assistance is also needed to develop policies that will deliver results for children.

26. The challenges of the operating environment have made implementation of the WASH programme extremely difficult. The emphasis on physical infrastructure is labour intensive, especially in terms of monitoring. The lack of capacity and the poor governance in the sector continue to present significant challenges.
27. From the lessons learned, the new programme of cooperation will adopt a two prong approach: the continuation of life-saving service provision at county and local levels when and where needed, and the progressive shift towards policy analysis and development, strategic planning and institution building to deliver sustainable results for children.

IV. PROPOSED PROGRAMME

Programme Outcome and Strategy

28. The overall goal of the country programme is to contribute to the reduction of child mortality and vulnerability and the development of a safe, secure and peaceful environment for children. By 2012, the programme will specifically contribute to: i) reducing under-five mortality by 30%; ii) increasing primary school net enrolment by at least 75% with gender parity through to grade 6 and 90% retention and completion rates; and iii) creating a protective environment for children with effective institutions against violence, exploitation, abuse and neglect.
29. The programme reflects UNICEF's normative mandate as outlined in the CRC, especially in supporting policy, legislative and administrative reforms. 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 approach that aims to strengthen national and county level ownership, co-ordination of initiatives in the best interests of the child and appropriate participation of children.
30. The communication and advocacy strategy will focus on achieving social change for the protection of children and women. Ensuring children's voices are heard, amplified and heeded will be an important element. Partnership and networking will mobilise and leverage resources for children. In this regard, the capacity of existing community-based networks and organizations will be developed to facilitate dialogue on key issues related to child survival, development and protection, using a "Triple A" process of analysis, assessment and action. Issues raised in the dialogue process will be given further voice by mass media, and also create space for government officials to listen and respond to community issues. The community radio stations in Liberia will constitute an important element of the communication channels. In this way the strategy will link Liberia both horizontally (across geographic areas and between communities) and vertically (between community members and decision-makers in government) creating a communication environment that supports social and individual change, and building advocacy opportunities for policies and services that fulfil the rights to survival, protection, health and development.
31. As part of this strategy, and to promote reporting respectful of human rights, a network of responsible media professionals recognised as promoters of child rights will be established. Adolescents will be trained in media production aimed at increasing the proportion of media programmes on children and women's issues with participation of adolescents. UNICEF will also promote the production by children and for children of radio, newspaper programmes and newspaper articles dedicated to women's and children's rights in schools and at the community level.
32. The inherent strengths of the national education system will be harnessed as an avenue into the lives of communities and young people. Using in-school sports as a vehicle, community dialogue will be developed whereby local concerns and perspectives can be expressed, while explicit lessons can be taught, especially those central to UNICEF's programmatic goals: information about HIV/AIDS; defending and emphasising the Rights of Children and supporting

their protection; promoting peace-building initiatives in order to resolve conflicts and create the conditions conducive to peace, whether at an interpersonal, inter-group, national or international level; encourage the creation of safe and protective environments free from violence.

33. Gender, emergency preparedness and HIV/AIDS will be mainstreamed into sectoral programmes. The Paediatric AIDS, PMTCT, Prevention, and Protection (4Ps) components will be co-ordinated to ensure coherence and consistency. The PMTCT services and Paediatric HIV/AIDS treatment and care will be integrated into Child Survival Programme. Maternal and child health, and immunisation services will provide entry points for delivery of the PMTCT package. Nutrition, water and sanitation clusters will be used to respond to the care and support requirements of infected mothers and the exposed children. HIV prevention in the youth will be managed by the Basic Education and Gender Equality (BEGE) Programme. UNICEF will support the Ministry of Education to develop a national strategic plan for the education sector with HIV prevention in schools as an integral part. The BEGE Programme will also work with the Child Survival Programme and the Child Protection Programme to support care and treatment of people living with HIV/AIDS. Finally, the Child Protection Programme will seek to promote a protective environment for people infected or affected by HIV/AIDS and also to ensure that their rights respected. Services such as psychosocial support, life skills development, and income generating activities aimed at mitigating the impact of HIV/AIDS will be managed by Child Protection Programme. The overall management and coordination of the 4Ps will be done through a HIV/AIDS Technical Working Group with representation of each of the programmes facilitated by the HIV/AIDS Specialist. The technical working group will be chaired by the Representative.
34. 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 provides new opportunities for additional and innovative child-centred policy, advocacy and programme initiatives, including the areas of child budgeting and the development of a cross-cutting child policy within the 2008-2012 poverty reduction strategy. These and other opportunities, such as adolescent and young people's networking, will be implemented over the course of this country programme.
35. The Country Programme of Cooperation aims to increase capacity in public policy analysis and research, using up-to-date evidence and participatory methods to leverage resources for the critical efforts for women and children. The Country Programme will undertake, within the context of the transition phase of Liberia, analytical work, including Participatory Action Research, to deepen understanding of the factors influencing the situation of children and the realisation of their rights, to inform and influence the overall strategic direction of policies and actions, and to help ensure that governance is based on public consultation and participation.

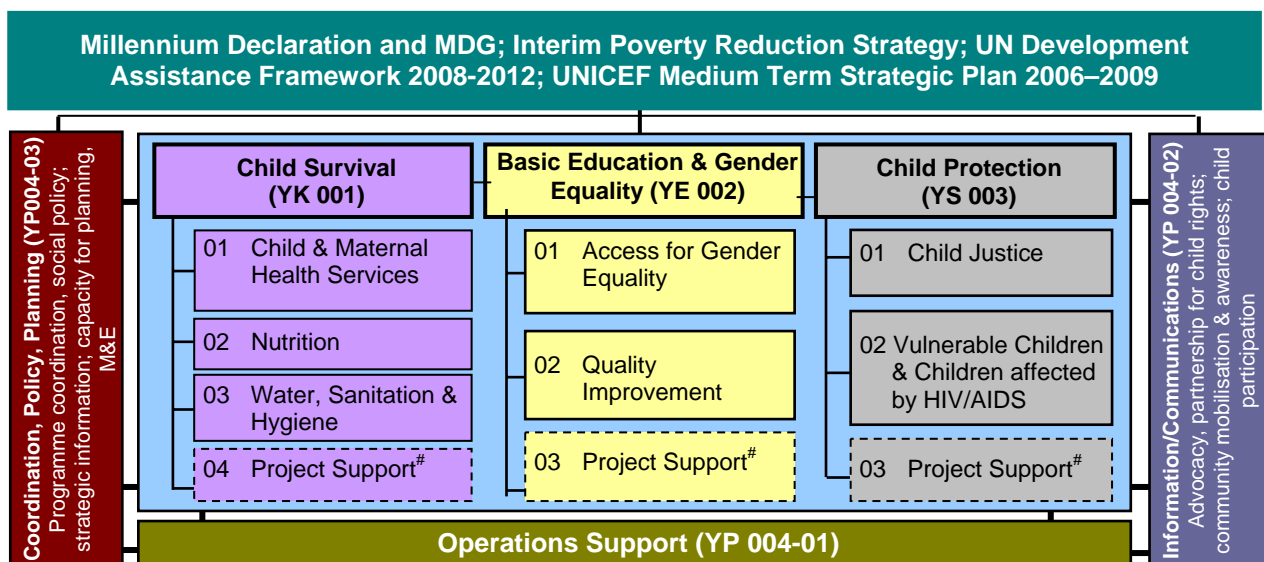
Programme Geographical Coverage

36. The programme will expand from the original focus on seven most affected counties to support national coverage and country-wide interventions through a co-ordinated UN 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 bringing to a halt the still widespread occurrence of gender-based violence and to end ongoing harmful traditional practices such as female genital mutilation and early marriage.

Country Programme Structure

37. The programme management will be divided into three technical areas – child survival, education and gender equality, and child protection. This will be supported by specialists in policy, planning and research; and another in programme communications.

Government of Liberia - UNICEF Programme of Cooperation, 2008-2012



Project Support cover section level planning & programme development; monitoring & evaluation; promoting cross-sectoral linkages; project support; and in the case of Child Protection, emergency preparedness & response.

Programme Component

Child Survival Programme

38. In line with the UNDAF outcome 4.2 (Maternal and under five mortality rates reduced by 30%), this component will contribute to a 30% reduction in child morbidity and mortality through capacity development and contribution to sector reform at national and county levels. The three outcome result areas are i) improved policy frameworks for the survival of children under five years and women of child-bearing age are ii) strengthened capacity of child survival related ministries and iii) improved capacities of caregivers and communities for child survival and maternal health. This Child Survival component will be organised around the following focus areas:

- a) The Maternal and Child Health Services Cluster will include: i) the Expanded Programme on Immunisation (EPI) that will be strengthened through supervision and reporting, and installation of solar refrigerators in at least 76% of health facilities with sustainable, routine immunisation services for immunization of 90% of infants and 80% of pregnant women with the TT2 vaccine. ii) Establishment of PHC services at institutional and community levels to include training of staff and management for deliverance of the basic health package in all PHC units. iii) Support to scale-up of 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 ANC under an opt-out approach.

- b) The Nutrition Cluster will support nutrition services nationwide at PHC facility and community levels to enable 75% of infants to be adequately fed, including exclusive breastfeeding and complementary feeding as well as providing therapeutic feeding services, nationwide Vitamin A supplementation and de-worming. Programme communication will support community learning, using a “Triple A” approach, empowering caregivers to implement basic nutrition activities such as growth monitoring and promotion of children 6 to 36 months as well as improve knowledge of family and caregivers on proper feeding and caring practices of children.
 - c) The Water, Sanitation and Hygiene (WASH) Cluster aims to increase effectiveness in policy and strategic planning; achieving results at scale; and ensuring resource leverage. Working at three levels, the Cluster will focus on: i) sector financing and governance policy; ii) training and monitoring service providers to participate in the design and implementation of well-targeted capacity development in the health, education and WASH sectors and to implement high impact low-cost WASH interventions at scale; and iii) to find rapid and efficient approaches to fast track ‘at scale’ promotion of basic hygiene, sanitation and safe water usage at household level, through a) conducting participatory community-based research to understand the socio-economic opportunities and constraints related to hand washing and safe water usage and b) mobilize local, community networks and media channels to facilitate community learning around key behaviours, since sustainable results will no doubt involve changes to gender roles and the division of labour in the family
 - d) At the community level, the integrated communication strategy would focus on consultation at household and community levels to reinforce the learning around an integrated package of key behaviours such as exclusive breast-feeding, hand washing, correct use of an ITN and re-hydrating children after they have had diarrhea. Media and public information channels will play a central role along with advocacy messages by politicians, community leaders, ‘stars’ and sports personalities to ensure that interest is maintained after an initial campaign in keeping children sleeping under bed nets, ensuring immunization etc.
 - e) Supporting this would be a ‘Sports for Development’ strategy, using school and community-level sports to bring together both in- and out-of-school youth, facilitating community consultation and learning and the transmission of key advocacy messages.
 - f) Recognizing that there are areas that are relatively difficult to access for routine activities, the child survival component will support 3 to 4 times yearly outreach services to these areas comprising a minimal package of proven high impact cost effective interventions. At a minimum, this package should include immunization for children and women, free distribution of long lasting insecticide treated bed nets for children under five and pregnant women; vitamin A supplements; de-worming for children; communication of key health, nutrition and sanitation messages; and supervision of simple malaria treatment in the homes.
39. To scale up child survival and reduce child mortality within the set targets for the MDGs, the child survival programme component will ensure that sectoral policies support accelerated child survival and development. The process is already on-going in the health sector using the MBB approach. Under the water sector reforms, Integrated Water Resources Management Policy, which will be the over-arching policy in that sector, is already in process. This programme component will ensure that ensuing sub sector policies will support accelerated child survival.

40. The following components will be implemented to ensure attainment of child survival programme results.

Cluster (Component)	Sub-cluster (components)
01: Maternal and Child Health	1. Immunization Plus
	2. PHC services and community based child health interventions (incl. emergency health)
	3. PMTCT and Paediatric Care
02: Maternal and Child Nutrition	1. Prevention of Malnutrition and micronutrient deficiencies
	2. Treatment of Malnutrition (incl. emergency nutrition)
03: Water, Sanitation and Hygiene	1. Policy development and national planning
	2. Increasing access to safe water, sanitation and hygiene
	3. Emergency WASH
04: Project Support	1. Planning, Coordination, M&E
	2. Project Support

Basic Education and Gender Equality Programme

41. This component will have a national coverage and be based on a number of interlinking initiatives contributing to an increase in the primary school net enrolment ratio from the current 25% to 75%, with gender parity through to grade 6 and retention to achieve completion rates of 90%. The achievement of these results will contribute to achieving the UNDAF outcome of Pillar 4 (Improving education with an emphasis on increased learning achievement) and to reaching the MDGs 2 and 3. The programme will also contribute to the development of national policy frameworks that are supportive of the right of all children to access quality primary education, to remain in school and learn the relevant knowledge, skills and values for the level. Improved education creates space for the so far excluded children to enrol in school and while there to receive the necessary resources to effectively participate in the learning process and acquire the relevant competencies. There will be two components: Increasing Access to Quality Education for Gender Equality and Quality Improvement for Retention and Completion..
42. The Access component will initially focus on strengthening the existing Accelerated Learning Programme (ALP), providing expanded 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.
- VII. The Quality Improvement component will use the child-friendly schools approach, which includes quality of the learner, the environment, the teaching / learning process, the content of the curriculum, and of learning outcomes. Minimum packages for improving quality in these areas will involve working with other sectors: for example, water, sanitation and hygiene education in the school and community environment; the health sector for screening of learners for physical learning problems, as well as prevention of simple illnesses; child protection for care and support for girls and other children affected by AIDS, violence and abuse; and social mobilisation around the right to education and against sexual abuse in school.
43. The Quality Improvement component will also focus on providing inputs to teacher 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/Teachers' Associations; provision of essential kits of core teaching and learning materials. The operationalization of the EMIS and its update through routine school censuses, the establishment of clear financial management procedures;

the design and implementation of a more equitable and efficient payroll and incentive scheme for teachers and school managers will be supported under this component.

44. At this stage of Liberia’s development, linkages between the Child Survival Programme, Child Protection and the Education and Gender Equality Programme will be created to ensure attainment of results in a more efficient manner. Implementation of the Child Friendly Schools initiative will be done together with Child Survival and Communications Sections. UNICEF, Government and communities will explore the possibility of using primary schools as resource centres for community learning on key behaviours related to child survival. Working with the Child Protection Section, a “child-to-child” approach can be supported in schools to identify children who are not in school, or who have not been immunized. All these activities will be supported by a focused advocacy effort using a communication strategy to disseminate the approach.
45. In order to attain the results for Basic Education and Gender Equality Programme, the following components will be implemented.

Component	Sub-component
01: Access to Quality Basic Education	1. Education Policy & Capacity Development
	2. Increasing access through ALP and other NFE programmes
	3. Gender Parity
02: Quality Improvement	1. Child Friendly Schools
	2. Learning Achievement
	3. Emergency Preparedness and Response
	4. Prevention of HIV, STI infections among Learners
03: Project Support	1. Planning, Coordination, M&E
	2. Project Support

Child Protection Programme

46. The Child Protection programme will contribute to the creation of a protective environment for children against violence, abuse, exploitation and neglect. It will focus on systems development for the legal and social protection of children throughout the country. Achievement of these results will contribute to UNDAF Outcome 3, namely: Democratic, accountable and transparent governance is being advanced in a participatory and inclusive manner and in accordance with human rights standards. And UNDAF Outcome 5: An enabling environment in place and organisational capacities enhanced to improve access to HIV/AIDS prevention, treatment, care and support as well as addressing stigma and discrimination. These encompass MDGs 1, 3, 6 and 7.
47. In this regard, the programme will support the formulation and implementation of legislation and policies that protect and promote the rights of children. Laws and policies that relate to children will be reformed to conform to international standards and treaties such as the Convention on the Rights of the Child (CRC) and its Optional Protocols. Policies to be formulated and implemented include children policy, birth registration policy, social welfare policy and orphans and other vulnerable children (OVC). The programme will also support capacity building of key duty bearers involved in child protection at different levels in a systematic way. Community support structures and mechanisms will be strengthened to prevent and respond to various child rights violations in the communities, including protection of children from coming into contact with the law and to divert those in conflict with the law from entering the formal justice system. UNICEF will continue to work with other rights bodies and networks to highlight and monitor child rights violations. A key result of the programme will be the creation by media of public awareness of children’s rights through accurate and balanced coverage of children’s issues.

48. The Child Protection Programme will have two components - the Child Justice component; and vulnerable children and children affected by HIV/AIDS component. The Child Justice component will provide the basis for the development of a child justice system and its expansion throughout the country. It will support the development of the police child protection service alongside the social welfare and probation services and the judiciary.
49. The Vulnerable Children and Children Affected by HIV/AIDS component will develop and support the implementation of care and support programmes for children affected by HIV/AIDS, children deprived of parental care, children with disabilities, children and young people at risk of sexual exploitation and abuse. The national and community capacity to prevent and respond to child trafficking and the worst forms of child labour will also be developed. The programme will build the capacity of vulnerable children through vocational skills training and business development skills and through the provision of psycho-social support. It will also ensure that the institutions for care meet minimum standards for care and build capacity of caregivers at all levels to deliver quality care and alternative arrangements. It will also ensure the attainment of the right of the child to an identity by revitalising the Birth Registration System and decentralized to the counties, to ensure that children have access to this service. This component will support:
- a) Interventions for community-level protection against sexual violence in the 15 main urban areas and in all the primary and secondary schools;
 - b) the development of nationwide protection systems to identify and respond to cases of child labour and child trafficking;
 - c) community-based social and economic reintegration to enable vulnerable children (OVC/CABA) to embarked on a sustainable livelihood; and
 - d) development of services such that 80% of reported cases of sexual violence receive appropriate care and support and 50% of vulnerable children and children affected by HIV/AIDS are identified and provided with appropriate care.
50. The Child Protection component will also invest in operational research, systems for advocacy, policy and planning, monitoring and evaluation. Studies will be conducted as part of the IMEP (see annex 2) to ensure that the conditions that lead to child rights violations are understood, and to develop interventions that address their underlying and basic causes, in addition to supporting the enforcement of the laws. To achieve synergy and results, networks established to conduct dialogue on child survival will be used for community discussion on protection issues.
51. The Child Protection Programme will consist of the following components.

Components	Sub-components
01: Child Justice	1. Juvenile Justice
	2. Legislative Reforms for Children
02: Vulnerable Groups	1. Social and Economic Reintegration & CABA
	2. Sexual Exploitation and Abuse, Child labour and Child Trafficking
	3. Birth Registration, children deprived of parental care & children with disability
03: Project Support	1. Planning, Coordination, M&E
	2. Protection during emergencies
	3. Project Support

Coordination, Policy and Planning Unit

52. The Coordination, Policy and Planning (CPP) unit will coordinate and provide cross-cutting support to the country programme to facilitate attainment of country programme results. The unit will enhance the capacity of UNICEF and government counterpart agencies in public policy analysis, planning, research and gathering, analysis and using up-to-date evidence to leverage resources for the critical efforts for women and children. The analytical work will seek

to deepen understanding of the factors influencing the situation of children and the realisation of their rights, and to inform and influence the overall strategic direction of policies and actions. The CPP unit will also be responsible for institutionalizing results-based programming and ensuring the collection and analysis of accurate and reliable data, development of indicators and strengthening the M&E capacity of partners, through the IMEP.

53. Emergency preparedness and response remains a priority, considering the fragile political situation in the sub-region, threats of epidemics and natural disasters. The programme will also ensure that children who are caught up in emergencies are cared for and protected. The emergency preparedness and response plans aspect of the country programme will seek to enhance capacity of LCO and partners to operationalise the Core Commitments for Children (CCC) and UNICEF’s role as lead agency for nutrition, water and sanitation, and accountabilities for education and emergency data communication within the context of the IASC’s cluster approach to humanitarian response. The capacity of the partners will be regularly assessed and enhanced accordingly. National and county contingency plans will be regularly updated to reflect the situation on the ground. The capacity of communities to respond to emergencies will be built up and emergency stock pre-positioned for quick response. The Deputy Representative is in charge of ensuring emergency preparedness with support of an emergency preparedness and response team, while the sections will develop and ensure implementation of sectoral preparedness plans.
54. The unit, which is located in the office of the Deputy Representative, will have the following components.

Components	Sub-component
01: Social Policy and Planning	1. Social Policy Analysis and Development
	2. National Planning Capacity
	3. Programme Coordination, Emergency Preparedness and Response
02: Research, M&E	1. IMEP and Strategic Information
03: Project Support	1. Project Support

Information and Communication Unit

55. The Information and Communication (INFOCOM) unit will contribute to putting and maintaining children’s issues on the national agenda. The specific outputs being that; i) children’s voices are heard and heeded, and ii) UNICEF’s contribution to the reconstruction and development of Liberia is understood. INFOCOM will also work with other sections within UNICEF and partners to ensure the necessary social change required to uphold child rights in Liberia.
56. There will be two components: Advocacy and partnership for child rights which will be responsible for external relations, media, advocacy, fund raising, donor relations and documentation. The Programme Communications project will support the child survival, basic education and equality, and child protection programmes to develop and implement programme communication and social mobilization strategies that promote rights-based actions to attain the country programme results. The areas to be covered include girls’ education, immunization, hygiene promotion, HIV/AIDS, Avian Influenza prevention, and promotion of children and women’s rights. The unit will work with other sections and partners to create space for debate and facilitating dialogue as a way of galvanizing actions for children by duty bearers and building the capacity of claimholders.
57. The country office will support through a participatory process the relevant government ministries and other stakeholders in mainstreaming advocacy and communication interventions in a coordinated way for consistency and to prevent overlapping in the planning and implementation of information and communication activities.

disposal units procured by UNICEF are installed to serve the facilities that UNICEF supports. In addition, advocacy campaigns will be conducted with all concerned partners to institutionalise improved waste management and disposal practices at the PHCs and other health care facilities. Adequate measures will also be taken to minimise temporary disturbance to the environment, especially during rehabilitation or construction of health clinics. UNICEF will assure that rehabilitation of schools and other buildings will have no negative impact on the environment. The programme will support environmental awareness campaigns in communities and schools.

Operations Support

62. The key result for the operations support is to achieve optimal implementation of the country programme at all levels within the UNICEF/UN rules and regulations. It shall ensure effective management of resources, adequate guidance to staff and offices; adequate internal controls and accountability over use of UNICEF resources; safety and security of UNICEF personnel and property; effective procurement, safekeeping and delivery of programme/office supplies and equipment; and adequate and efficient IT/ telecommunication, administrative and other operational support to programme and staff.
63. The costs will cover operational needs, including staffing, information and communication technology, security, warehousing and logistics, and equipment and supplies which can not be directly attributed to a specific programme. The total budget over the next five years is US\$11.82 million. The details of all such needs/costs and their justifications are provided in the Country Programme Management Plan.

Summary Budget

Table 2: Country Programme Summary Budget (US\$ '000)

Programme	Source	2008	2009	2010	2011	2012	Total
Child Survival	Sub-total	4,669	4,669	4,669	4,669	4,669	23,345
	RR	1720	1720	1720	1720	1720	8,600
	OR	2,949	2,949	2,949	2,949	2,949	14,745
Basic Education and Equality	Sub-total	3,510	3,510	3,510	3,510	3,510	17,550
	RR	488	488	488	488	488	2,440
	OR	3,022	3,022	3,022	3,022	3,022	15,110
Child Protection	Sub-total	1,939	1,939	1,939	1,939	1,939	9,695
	RR	542	542	542	542	542	2,710
	OR	1,397	1,397	1,397	1,397	1,397	6,985
Information and Communication	Sub-total	441	441	441	441	441	2,205
	RR	370	370	370	370	370	1,850
	OR	71	71	71	71	71	355
Coordination, Policy and Planning	Sub-total	771	771	771	771	771	3,555
	RR	650	650	650	650	650	3,250
	OR	61	61	61	61	61	305
TOTAL	RR+OR	11,270	11,270	11,270	11,270	11,270	56,350
	RR	3,770	3,770	3,770	3,770	3,770	18,850
	OR	7,500	7,500	7,500	7,500	7,500	37,500

V. PARTNERSHIP STRATEGY

64. UNICEF Liberia has a large number of partners as outlined in the matrix on partnership in annex 1. The Government of Liberia is the major partner. UNICEF programme staff will work directly with its most relevant line Ministries and related divisions and units. National partners will include ministries and institutions mandated and involved with coordination or implementation of the various component of the country programme. These include the Ministry of Planning and Economic Affairs, the Ministry of Health and Social Welfare, the Ministry of Education, the Ministry of Public Works, the Ministry of Lands, Mines and Energy, the Ministry of Gender and Development, the Ministry of Youth and Sports, the Ministry of Labour, the Ministry of Justice, Ministry of Internal Affairs, Ministry of Commerce, Ministry of Information, the Liberian National Police, the Liberia Water and Sewerage Corporation, the Liberia Institute of Statistics and Geo-information Services, the National AIDS Commission, the Truth and Reconciliation Commission, the National Commission for Demobilization, Reintegration and Reintegration.
65. The national level partners will also include civil society partners such as news media for media dissemination, religious organisations for attitude change and research and training institutions such as the University of Liberia. UNICEF will also explore possibility of working with the private sector especially in relation with skills development and prevention of child labour. Structures for decentralized service delivery (at county up to community levels) are currently being articulated by the Government and development partners. UNICEF and the respective national partners will work with the County and District authorities using support of NGOs and community structures to deliver the services to children and women.
66. UNICEF collaborates with the United Nations Mission in Liberia and other UN agencies within the context of UNDAF. UNICEF will work with UNAIDS on policy development and technical guidance; with UNDP on the provision of HIV/AIDS drugs, supply and equipment. It will pursue its collaboration with UNFPA on reproductive health, HIV prevention for youth and adolescents and capacity building. UNHCR will continue to support the programme in HIV prevention, care and treatment for returnees. Collaboration with WFP in nutrition policy development, provision of food items to malnourished children, pregnant women, and people living with HIV/AIDS will continue. WHO's support in strategy development and child survival package will be strengthened during this programme cycle. UNICEF will continue joint programming and seek new joint projects/programmes with them. Some of the existing and planned programmes are presented as annex 1.
67. UNICEF will seek continued partnership with several governments, bilateral or multilateral agencies including, Japanese, USA, Swedish, Dutch, British, Irish governments; the World Bank, the EU, etc. Liberia Country Office is increasing its links with ECOWAS, neighbouring Sierra Leone, Guinea and Cote d'Ivoire in the Mano River Union (MRU) on emergency preparedness and response, EPI and child protection.

VI. PROGRAMME MANAGEMENT

Institutions responsible for implementation and coordination

68. The Ministry of Planning and Economic Affairs (MFEA) is responsible for overall programme coordination. Responsibilities for programme management rest with heads of Government Ministries (Ministry of Health and Social Welfare (MoHSW) will be the lead partner of Child Survival Programme. The Ministry of Education (MoE) will be the lead partner for the Basic Education and Gender Equality Programme, while the Ministry of Gender will be the lead partner for Child Protection Programme). UNICEF will also work closely with the Ministry of Information, the National AIDS Control Programme, the Liberian Institute of Statistics and Geo-

information Services. For each programme component, a government official will be officially designated to work with UNICEF professional. The key responsibilities for UNICEF and lead partners are planning, managing and monitoring related programme activities.

69. Openness, transparency and accountability are the principles under girding UNICEF's management strategy. Management will be geared towards organising the Country Programme's resources to achieve the identified results. In the early part of the CP, additional attention will be paid to compliance with UNICEF and UNCT processes through the review and development of adequate SOPs, consolidating RBM throughout the programme. Attention will be paid to enhancing human resource management through applying the organisation's HR policies effectively for staff members' well-being, enhancing supervisory and management skills, and upholding and promoting integrity, professionalism and respect for diversity.
70. Annual Work Plans (AWP) are developed every year based on the signed CPAP. AWP's will detail the activities to be carried out, the responsible implementing institutions, time-frames and planned inputs and outputs by the Government and UNICEF. They constitute the basis for all resource transfers to implementing partners agreed between the Government and UNICEF. All Cash transfers to an Implementing Partner (IP) are based on the AWP's agreed between the IP and UNICEF. IPs assume full responsibility and accountability for the effective use of UNICEF's resources and the effective management and delivery of outputs as outlined in AWP. Implementing partners may include government entities, United Nations organisations, NGOs and inter-governmental organisations. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNICEF or refunded. Liberia still operates on CAG basis as the UNCT prepares to start HACT implementation in 2009. Cash transfer modalities between UNICEF and implementing partners (IPs) will be further articulated and disseminated by UNICEF to the IPs.
71. The Government and UNICEF will conduct annual planning and review meetings for all programmes covered by this CPAP, usually in the last quarter of each year. A mid-term review is planned at mid course of the cycle in 2010. The integrated monitoring and evaluation plan has been articulated and is presented as annex 2.

VIII. MONITORING, ASSURANCE AND EVALUATION

72. The Country Programme will be monitored and evaluated through a five-year Integrated Monitoring and Evaluation Plan (IMEP) which will be operationalised every year in the AWP. The attached five-year (2008-2012) IMEP was developed in conjunction with the government, the UN and NGO partners. It takes into account the national context of post conflict, national weak capacity of human resources and statistical systems in M&E. It takes stock of the numerous data and information gaps that characterise post conflict Liberia. It aims primarily at the utilisation of information. It values the Country Programme collaboration with other structures collecting data. It addresses UNICEF's staff and national capacity building in M&E. It focuses on the quality rather than on the quantity of studies, surveys, and evaluations to be conducted.
73. Key M&E activities include field visits; annual review/planning meetings; evaluations of major programme interventions and strategies; surveys and studies to establish baseline data, track changes, improve knowledge on specific issues affecting the realisation of children and women rights; updating of the Situation Analysis of Children and Women; capacity strengthening of partners and UNICEF staff in data collection, analysis and dissemination; support to the development of databases; implementation of *Liberia Info* to support MDG and PRS monitoring and reporting; support to major data collection activities of partners, including the population census in 2008 and MICS or DHS in 2010-11.
74. Achievement of and contribution to different levels of the programme results (impact, outcome, outputs and process) will be assessed with indicators outlined in the results matrix (annexe 3).

75. All these activities will be conducted in collaboration with national and UN partners, major international NGOs, bilateral and implementing partners, and intervention beneficiaries. Audits may be commissioned by UNICEF in line with its policies and procedures.
76. Implementing Partners agree to cooperate with UNICEF for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNICEF. To that effect, Implementing Partners agree to the following:
- a) Periodic on-site reviews and spot checks of their financial records by UNICEF or its representatives,
 - b) Programmatic monitoring of activities following UNICEF standards and guidance for site visits and field monitoring,
 - c) Special or scheduled audits. UNICEF, in collaboration with other UN agencies and in consultation with the Ministry of Planning and Economic Affairs will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNICEF, and those whose financial management capacity needs strengthening. The audits will be commissioned by UNICEF and undertaken by private audit services.

Linkage to the UNDAF M&E Plan

77. The Country Programme IMEP is aligned with the UNDAF Monitoring and Evaluation Framework. It attempts to synchronise major data collection activities with major planning exercises (CCA, UNDAF, PRSP, etc.), and decision making opportunities (MTR, joint UNDAF MTR, CPDs, CPAPs, etc.). It pursues also harmonisation of indicators definitions, baselines and targets among partner agency and the Government. The use of *Liberia Info* as monitoring source of MDGs and UNDAF results indicators will be crucial in achieving this harmonisation and strengthening data utilisation, dissemination and evidence-based reporting. UNICEF support to capacity development in M&E will be in line with other partners' efforts in, the context of UNDAF and the PRS.

VIII. COMMITMENTS OF UNICEF

78. The UNICEF Executive Board has approved a total commitment not exceeding the equivalent of US\$18,850,000 from UNICEF Regular Resources, subject to availability of funds, to support the activities detailed in the Country Programme of Action Plan, for the period beginning January 1, 2008 and ending December 31, 2012.
79. The UNICEF Executive Board has also authorized UNICEF to seek additional funding to support the programme specified in the Country Programme Action Plan, referred therein as Other Resources, to an amount equivalent to US\$37,500,000. The availability of these funds will be subject to donor interest in the proposed projects. To this end, UNICEF will undertake to advocate their support within the local and international donor community.
80. The above funding commitments and proposals are exclusive of funding received in response to emergency appeals, which may be launched by Government or by the United Nations System in response to a Government request.
81. UNICEF support to the development and implementation of activities within the Country Programme Action Plan may include technical support, cash assistance, supplies and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities and staff

support. Part of UNICEF support may be provided to Non Governmental and Civil Society Organisation as agreed within the framework of the individual programmes.

82. UNICEF shall appoint project staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities.
83. Subject to annual reviews and progress in implementation of the programme. UNICEF funds are distributed by calendar year and in accordance with the Country Programme Action Plan. These budgets will be reviewed and further detailed in the Annual Work Plans. By mutual consent between the Government and UNICEF, if the rate of implementation in any projects may be re-allocated to other programmatically equally worthwhile projects that are expected to achieve faster rates of execution.
84. UNICEF will consult with ministries and agencies concerned on timely requisition of cash assistance, supplies and equipment, or services. UNICEF will keep concerned officials informed of the movement of commodities, in order to facilitate efficient and timely clearing, warehousing and distribution.
85. In consultation with the Government focal cooperation department, UNICEF maintains the right to request a joint review of the use of commodities supplied but not used for the purposes specified in the Country Programme Action Plan and Annual Work Plans, for the purpose of reprogramming those commodities within the framework of the CPAP.
86. Where the UN agencies other than UNICEF are supporting the same partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those agencies.

IX. COMMITMENTS OF THE GOVERNMENT

87. When organizing periodic programme review and planning meetings, including annual reviews, annual planning meetings and the mid-term review, government shall encourage and facilitate the participation of donors, United Nations agencies, members of the UNICEF Executive Board, non-governmental organizations or civil society organizations, as appropriate.
88. The Government will provide all personnel, premises, supplies, technical assistance and funds, recurring and non-recurring support, necessary for the programme, except as provided by UNICEF and/or other United Nations agencies, international organisations or bilateral agencies, or non-governmental organisations.
89. The Government will support UNICEF's efforts to raise funds required to meet the financial needs of the Programme of Cooperation and will cooperate with UNICEF by: encouraging potential donor government to make available to UNICEF the funds needed to implement the unfunded components of the programme; endorsing UNICEF's effort to raise funds for the programme from the private sector both internationally and in Liberia; and by permitting contributions from individuals, corporations and foundations in Liberia to support this programme which will be tax exempt.
90. A standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP), will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNICEF will reimburse or directly pay for planned expenditure. The Implementing Partners will use the FACE to report on the utilization of cash received.
91. The Implementing Partner shall provide the account details and identify the designated officials authorized to request and receive resources. Cash resources received shall be used in accordance with established national regulations and international standards, in particular

ensuring that cash is expended for activities as agreed in the AWP's only, and ensuring that reports on the full utilization of all received cash are submitted to UNICEF within six months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, UNICEF regulations, policies and procedures will apply.

92. To facilitate scheduled and special audits, each Implementing Partner planned to receive cash transfers from UNICEF will provide designated auditors, and other individuals authorized by UNICEF and its partner, timely access to:
 - a) all financial records which establish the transactional record of cash transfers provided by UNICEF;
 - b) all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.
93. The findings of each audit will be reported to the Implementing Partner and copied to UNICEF. Each Implementing Partner will furthermore
 - a) Receive and review the audit report issued by the auditors.
 - b) Provide a timely statement of the acceptance or rejection of any audit recommendation to UNICEF.
 - c) Undertake timely actions to address the accepted audit recommendations.
 - d) Report on the actions taken to implement accepted recommendations to UNICEF on a quarterly basis.
94. In accordance with the BCA, the Government will be responsible for the clearance, receipt, warehousing, distribution and accounting of supplies and equipment made available by UNICEF. No taxes, fees, tolls or duties shall be levied on supplies, equipment, or services furnished by UNICEF under this Country Programme Action Plan. UNICEF shall also be exempt from Value Added Tax (VAT) in respect of local procurement of supplies or services procured in support of UNICEF assisted programmes.
95. Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations System (as stated in the ICSC circulars).
96. The Government will authorise the publication through various national and international media of the results of the Programme of Cooperation, and experiences derived from it.
97. As per the provision of the BCA, the Government will be responsible for dealing with any claims, which may be brought by third parties against UNICEF and its officials, advisors and agents. UNICEF and its officials, advisors and agents will not be held responsible for any claims and liabilities resulting from operations under this agreement, except where it is mutually agreed by Government and UNICEF that such claims and liabilities arise from gross negligence or misconduct of such advisors, agents or employees.
98. Without prejudice to the generality of the foregoing, the Government shall insure or indemnify UNICEF from civil liability under the law of the country in respect of project vehicles under the control of or use by the Government.

X. OTHER PROVISIONS

99. This Country Programme Action Plan shall supersede any previously signed Master Plan of Operations and become effective upon signature, but will be understood to cover programme activities to be implemented during the period from January 1, 2008 through December 31, 2012.
100. The Country Programme Action Plan may be modified by mutual consent of the Government and UNICEF, based on the outcome of the annual reviews, the Mid-Term Review or compelling circumstances.
101. Nothing in this Country Programme Action Plan shall in any way be construed to waive the protection of UNICEF accorded by the contents and substance of the Convention on Privileges and Immunities of the United Nations adopted by the General Assembly of the United Nations on 13 February 1946, to which the Government of the Liberia is a signatory since March 14, 1947.

IN WITNESS THEREOF, the undersigned, being duly authorised, have signed this Country Programme Action Plan on this 11th day of March, 2008, in Monrovia, Liberia.

For the Government of Liberia

Name: **Toga Gayewea McIntosh**
Title: Minister of Planning and Economic Affairs
Signature: _____
Date: _____

For the United Nation's Children's Fund

Name: **Rozanne Chorlton**
Title: UNICEF Representative
Signature: _____
Date: _____

Annex 1: UNICEF Country Programme of Cooperation 2008-2012 – UN Joint Programming and Collaboration

PARTNER	Child Survival	Basic Education and Gender Equity	Child Protection
FAO	Policy development		
ILO/IPEC			Vocational training; business development services, Child Labour
IOM			Child trafficking
UN Habitat	Policy development Infrastructures		
UNAIDS	Technical guidance Policy development	HIV/AIDS	Children with HIV/AIDS
UNDP	Policy development Technical guidelines Provision of HIV/AIDS drugs, supply & equipment	Construction Equipment	
UNEP	Policy formulation		
UNESCO		EMIS Policy development Programme reviews	
UNFPA	Reproductive health Capacity building HIV prevention for youth & adolescents	Girls' education Gender, sexuality, life skills	
UNHCR	HIV/AIDS prevention, care & treatment for returnees	Construction/ Rehabilitation Latrines, water points	Child trafficking Children's Act
UNIFEM			Juvenile Justice Gender-Based Violence
WFP	Nutrition policy development Provision of food items to specific vulnerable groups (malnourished children, pregnant women, PLWHA)	School meals Girls' education take home rations OVC support	
WHO	Technical support, HMIS, Strategy development Child survival package	HIV/AIDS Nutrition	
World Bank	Child survival package Capacity strengthening Construction, rehabilitation Provision of drugs and medical supply & equipments	EFA/Fast Track Initiative Capacity development Response of Ed. Sector to HIV/AIDS	

Annex 2: Country Programme Integrated Monitoring and Evaluation Plan, 2008 - 2012

LEVEL	2008	2009	2010	2011	2012
Major events / processes using research, M&E data	<ul style="list-style-type: none"> Annual Review Joint UNDAF Review 	<ul style="list-style-type: none"> Annual Review Joint UNDAF Review 	<ul style="list-style-type: none"> Joint UNDAF MTR (Joint) mid-term review 	<ul style="list-style-type: none"> Revised CPMP Annual Review UNDAF Review 	<ul style="list-style-type: none"> CPD, SRM; CPMP/IB End CPReview CPAP, RM, IMEP
Surveys and Studies	<ul style="list-style-type: none"> Risk mapping of child vulnerability Juvenile justice system capacity assessment Study on policy related to children SitAn child trafficking Health services financing studies KAP/Community survey Sero-prevalence survey Post ITN/TT campaign surveys Local latrine technologies preference and affordability survey Safe water and sanitation survey Mapping of health facilities Morbidity/ mortality studies of common childhood illnesses Access and utilization of health services 	<ul style="list-style-type: none"> SitAn on child labour Nutrition/micronutrient survey Household survey [on what?] Study of hand pump maintenance options for community based maintenance of water supplies Post TT campaign surveys Maternal morbidity/ mortality 	<ul style="list-style-type: none"> SitAn of young people vulnerability Conduct a MICS/DHS Immunization cluster survey Liberia comprehensive ground water study 		
Evaluations	<ul style="list-style-type: none"> Evaluation of capacity building of CHTs Evaluation of the psycho-social programmes provided by the child protection partners. 	<ul style="list-style-type: none"> Evaluation of the BDS Evaluation of work in SEA prevention 	<ul style="list-style-type: none"> Evaluation of work with community structures Evaluation of capacity building of CHTs 	<ul style="list-style-type: none"> Evaluation of the BPHS and the ACSD strategy and plan of action 	<ul style="list-style-type: none"> Joint UNDAF Evaluation
Monitoring Systems	<ul style="list-style-type: none"> DevInfo (<i>LiberiaInfor & EmergencyInfo</i>) HMIS EMIS Birth Registration 	<ul style="list-style-type: none"> DevInfo HMIS EMIS M&E systems on child protection 	<ul style="list-style-type: none"> DevInfo HMIS EMIS M&E systems for child protection 	<ul style="list-style-type: none"> DevInfo HMIS EMIS M&E systems for child protection 	<ul style="list-style-type: none"> DevInfo HMIS EMIS M&E systems for child protection
Partners' major data collection activities	<ul style="list-style-type: none"> Analysis of DHS Data National population and housing Census 	<ul style="list-style-type: none"> Annual statistical abstract with MPEA 	<ul style="list-style-type: none"> Annual statistical abstract with MPEA 	<ul style="list-style-type: none"> Annual statistical abstract with MPEA 	<ul style="list-style-type: none"> Annual statistical abstract with MPEA
M&E Capacity Building	<ul style="list-style-type: none"> Training for Gvt and partners on M&E Training on HACT Training for County Health Teams 	<ul style="list-style-type: none"> Training on effective M&E Training on HACT 			

Annex 3: CPAP Results and Resources Framework

1. Child Survival Results

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	UNDAF OUTCOME 4.2	Maternal and under five mortality rates reduced by 30%					
1	Strategic results: By 2012 the national rates of maternal and under five child mortality reduced by 30%	Maternal mortality ratio	760/100,000	532/100,000	DHS/MICS/Census	National	Delay in policy dialogue and development of action plan. Limited funding
		Under five mortality rate	235/1,000	165/1,000	DHS/MICS/Census	National	
1.1	Outcome statement 1: Vaccination coverage rates are improved and sustained above 90% for common vaccine preventable diseases according to the national protocols and at least 60% children and women are covered by a minimal package of high impact interventions integrating maternal, neonatal, infant health components including malaria control and PMTCT/paediatric care and treatment and appropriate response to emergencies are in place according to UNICEF's CCC.	National plan for child survival based on African Union Framework for child survival approved and implemented.	Transitional Child Survival Strategy	National Action Plan for Child Survival	Availability of approved National Action Plan for Child Survival	National	<u>Assumptions</u> Reinforced partnerships and alignment to the BPHS by all partners Sustained high level of funding Improved coordination between partners The ongoing restructuring/decentralization and health system strengthening process by the MOH would improve capacity in the sector
		% of children receiving 3 doses of pentavalent vaccine					
		% of pregnant women receiving at least 2 doses of TT					
		% of children receiving the basic package of health interventions					
		% children and pregnant women sleeping under ITN					
		% of HIV/ADS prevalence					
	% of children HIV positive	Sero-sentinel survey 2006 : 5,7% N/A			Sero-sentinel survey PMTCT assessment		
1.1.1	Output statement: By 2012, 90% of children <1 and 80% of pregnant women fully immunized	% of <1 year immunized with 3 doses of pentavalent vaccine	N/A	90%	EPI coverage survey, MICS, DHS	National	That the GOL/MOH would remain committed to acceleration of child survival
		% of pregnant women immunized with TT2	75%	80%			

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
		Neonatal tetanus protection	ND	100%			
	<p>Course of action</p> <ul style="list-style-type: none"> • Supply of bundled vaccines (BCG, Measles, TT, Polio) • Support the development of policies • Reinforcement of vaccine storage and management at all levels • Support EPI logistics • Training of staff • Social mobilization • Reinforced coordination and supervision at all levels • Reinforce surveillance of vaccine preventable diseases • Introduction of new vaccines (support procurement, training and social mobilization) • Integration of other child and maternal interventions in routine vaccination • Reinforcement of injection security through installation of WDU 						
1.1.2	Output statement: Maternal and neonatal tetanus is eliminated, measles and yellow fever controlled through the organization of mass vaccination campaigns and reinforced surveillance and vaccine preventable diseases outbreaks controlled	Measles coverage	80%	95%	Post vaccination campaign Survey	Nationwide	
		TT coverage	80%	90%			
		# of vaccine preventable diseases outbreaks controlled			Disease surveillance report		
	<p>Course of action</p> <ul style="list-style-type: none"> • Supply of bundled vaccines • Organization of TT campaigns in 2008/2009? • Organization of measles campaigns in 2008/9? • Organization of yellow fever campaigns in 2009? • Reinforcement of surveillance • Organization of post campaign surveys • Supervision, monitoring and evaluation • Participate at health cluster meetings • Emergency preparedness and response 						
1.1.3	Output statement: The National Health policy	Policies of all concerned ministries and institutions support survival of	National Health Policy and Plan	Approved National Action	Evaluation	Nationwide	Risks Delay in policy dialogue

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	and plan and child survival action plan implemented coordinated and evaluated at County level and performance of the health system improved	under five children and women of child-bearing age.					and development of action plan. Delay in implementation due to limited capacity in the health sector Assumptions That donor interest would remain high in supporting the health sector
		All concerned ministries and institutions use one comprehensive national plan of action for child survival	Transitional Strategy for ACS	Plan for Child Survival	Evaluation		
		Health financing plan implemented	Health financing plan				
		Functional Health Management Information System			HMIS reports		
	<p><u>Course of action</u></p> <ul style="list-style-type: none"> • Advocate with Government, Donors, and Civil Society • Continue the process for developing the investment case for Liberia (MBB) • Build capacity of Government and NGO partners for child survival • Provide policy framework for programme development • Mobilize and Leverage resources for child survival • Reinforce partnerships and coordination • Provide evidence for basis of policy, programme planning, advocacy, resource mobilization and allocation • Monitor, supervise and evaluate • Support alternatives of financing the health system • Support the Health Management Information System 						
1.1.4	<p>Output statement: By 2012, 60% of children <5 and women of child bearing age access the basic package of health services at both facility and community levels</p>	% of children <5 and women of child bearing age accessed the Basic package of health services	45%	60%	DHS/MICS	Nationwide	<p>Risk Delay in rolling-out the BPHS due to limited funding and capacity in the sector</p> <p>Introduction of user fees may reduce utilization of services</p> <p>Assumptions Quality of health care would improve and service beneficiaries can afford and would use the services</p>
	% of births attended by skilled personnel	26%	30%	DHS/MICS			
	% of pneumonia cases. diagnosed in <5yrs. that are treated with antibiotics	N/A	50%	DHS/MICS			
	Coverage of maternal care services	45%	50%	DHS/MICS			
	% of health facilities delivering integrated MCH services including emergency obstetric care	10%	60%	Health Facility Assessment Report			
	% of pregnant women who have at least 4 antenatal visits	N/A	50%	DHS/MICS			

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
		% of post partum women who have at least 2 post natal visits	N/A	50%	DHS/MICS		The MOH and partners would embark on Intense advocacy, resource mobilization and leveraging to improve sector financing
		% of pregnant women who accessed the anaemia control package (IPT, iron, LLINs)	N/A	60%	DHS/MICS		
	<p>Course of action</p> <ul style="list-style-type: none"> Implement the Basic package of Health Services (IMCI) in clinics and communities Conduct IEC/BCC to promote key family and community practices for maternal and child survival Improve case management Train health personnel Train and support CHWs Provide medicines, medical kits and equipment to improve obstetric and neonatal care Improve pre and post natal care Conduct assessments and surveys Supervise, monitor and evaluate 						
1.1.5	<p>Output statement: At least 85% of children and pregnant women sleep under LLINs, 60% of pregnant women received two doses of Sulfadoxine+Pyrimethamine, and 80% of children with simple malaria are correctly managed, using the national protocols</p>	% of <5 who slept under LLINs the previous night	54%	85%	DHS/MICS	Nationwide	<p>Risks Demand for LLINs may be exceed supply and lower coverage</p> <p>Assumptions Funding from GFTAM and other sources for procurement and distribution of free LLINs would increase in the next 5 years to expand and sustain coverage and use</p>
		% of pregnant who slept under LLINs the previous night	54%	85%	DHS/MICS		
		% of pregnant women who received two doses of IPT-SP	54%	85%	DHS/MICS		
		% of children < 5 years with fever properly treated with anti-malarial medicines	N/A	90%	Assessments/surveys		
	<p>Course of action</p> <ul style="list-style-type: none"> Distribute free LLINs to children <5 years and pregnant women Provide ACT, SP and other anti-malaria medicines to health facilities Promote use of LLINs Conduct assessments and studies Supervise, monitor and evaluate 						
1.1.6	<p>Output statement: At least 50% of pregnant</p>	PMTCT and Paediatric care components well integrated into the	Draft policy			Nationwide	

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	women and children access the PMTCT/paediatric HIV care package	approved HIV/AIDS policy					
		# and % of MCH facilities delivering the complete PMTCT and paediatric care package of services	5%	50%	Monitoring reports of PMTCT facilities		
		% of HIV infected women who received ARV to reduce risk of MTCT.	5%	50%	Monitoring reports		
		% of HIV infected women who received at least one counselling session on infant feeding during ANC and post natal visit.	N/A	100%	Monitoring reports		
		# and % of infants born to HIV infected women who received ARV for PMTCT	31infants received ARV	50%	Monitoring reports		
		# and % of infants born to HIV infected women who received cotrimoxazole with 2 months of birth.	N/A	50%	Monitoring reports		
		# and % of infants born to HIV infected women tested for HIV by 12 to 18 months	N/A	50%	Monitoring reports		
	<p>Course of action</p> <ul style="list-style-type: none"> Review of existing policies on HIV/AIDS and ensure inputs on PMTCT/Paediatric care and finalize policy Extend PMTCT services to 25 sites and Paediatric care to 15 hospitals Disseminate norms and guidelines Provide sites with necessary supplies (tests, cotrim, ARV, other test kits) Training of personnel HIV/AIDS counselling Supervision, monitoring and evaluation 						
1.2	Outcome statement 2: By 2012, 75% of infants are adequately fed, including exclusive breastfeeding and	Low birth weight	N/A		DHS	National	
		Underweight prevalence	27%	13.5%	National Nutritional survey DHS		
		Stunting prevalence	39%	29%			

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	complementary feeding as well as receive adequate therapeutic feeding services, nation wide Vitamin A supplementation and de-worming including children affected by emergencies according to UNICEF's CCC	Wasting prevalence	7%	< 5%	National Food security and nutrition survey	National	
1.2.1	Output statement: By 2012, at least 90% of children 6 -11 months receive Vitamin A supplementation twice yearly, 90% aged 12-59 months receive Vitamin A supplementation and de-worming twice yearly, 50% of pregnant women receive complete course of iron and folic acid and de-worming and 50% of lactating mothers receive vitamin A supplements	% of children 6 to 59 months received Vitamin A in last 6 months	71%	90%	DHS National Food security and nutrition survey	National	
		% of children 12-59 months de-wormed in last 6 months	45%	90%	DHS National Food security and nutrition survey	National	
		% of pregnant women receiving iron and folic acid supplementation	N/A	50%	DHS National Food security and nutrition survey	National	
		% of lactating mothers receiving vitamin A	N/A	50%	DHS National Food security and nutrition survey	National	
	Course of action <ul style="list-style-type: none"> • Development of the Nutrition policy and Plan of action • Organization twice yearly of mass VAS and DW campaigns until 2009? • Integration of VAS and DW into routine immunization • Promotion of supplementation of iron and folic acid and vitamin A in lactating women during antenatal and post natal care (in communities) • Supervision, monitoring and evaluation 						
1.2.2	Output statement: By 2012, at least 50% of mothers and caregiver practice optimal infant and young child feeding and caring behaviour in targeted communities	% of mothers practicing early initiation of breastfeeding	40%	75%	DHS National Food security and nutrition survey	National	
		% of mothers practicing exclusive breastfeeding	22%	50%	DHS National Food security and nutrition survey	National	
		% of caregivers practicing complementary feeding in targeted communities	46%	75%	DHS National Food security and nutrition survey	National	

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	Course of action <ul style="list-style-type: none"> • Development of Nutrition policy and Plan of Action • Promotion of good family practices • Social mobilization • Training of medical personnel and others • Supervision, monitoring and evaluation • Development of IEC/BCC materials 						
1.2.3	Output statement: At least 90% of severely malnourished children in targeted zones are identified and at least 90% correctly treated according to national protocols including children affected by emergencies	% of identified severely malnourished children treated and recovered	N/A	90%	DHS National Food security and nutrition survey	National	
		% of identified cases of moderate malnutrition treated and recovered	N/A	90%			
		% of cluster members trained on emergency preparedness and response	N/A	90%	DHS National Food security and nutrition survey	National	
		% of emergency supplies distributed and used by affected population					
	Course of action <ul style="list-style-type: none"> • Develop national treatment protocols with other partners • Identify areas with high malnutrition rates • Active search of malnourished children • Support case management in 6 Nutrition Rehabilitation facilities • Lead the nutrition cluster • Training of nutrition workers • Conduct nutrition surveys and participatory vulnerability assessments • Supervision, monitoring and evaluation 						
1.3	Outcome statement 3: By 2012, the prevalence of diarrhoeal related disease has decreased by 60%	Prevalence of diarrhoea in under 5s	22%	8%	Survey	National	
1.3.1	Output statement: By 2012, WASH policies are developed and integrated into the comprehensive child survival action plan and	Sanitation policy developed	2004 Water and Sanitation Policy Framework	Sanitation Policy developed	Policy documents	National	
		Water policy developed					
		National strategic plan for meeting	2007 Integrated Water	Water Policy			

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	service providers have the capacity to design well targeted high-impact water supply, hygiene and sanitation interventions	MDG targets developed # of projects designed in response to the strategic plan	Resources Management policy drafted and validated	developed			
Course of action <ul style="list-style-type: none"> • Advocacy with Government, Donors, and Civil Society • Provide policy framework for programme development (Water and Sanitation, Child Survival) • Reinforce partnerships and coordination • Provide evidence for basis of policy, programme planning, advocacy, resource mobilization and allocation • Training • Monitor, supervise and evaluate • Cluster Lead • Mobilize and Leverage resources for child survival 							
1.3.2	Output statement: By 2012 at least 60% children less than 5 years old and women of childbearing age use the basic WASH package or the comprehensive WASH package as appropriate	% of households using safe water	N/A	60%	Survey	National	Assumption: Adequate resources mobilized or leveraged for service delivery under the comprehensive WASH package
		% of households using safe means of excreta disposal	24%	60%	DHS		
		% of household with access to safe water sources	N/A	60%	Progress monitoring reports, DHS		
		% of households having family latrines	(Access at 34%)	60%	Progress monitoring Reports		
		% of households practicing safe management of drinking water	N/A (access at 25%)	60%	DHS, Survey		
Course of action <ul style="list-style-type: none"> • Build capacity of service providers and strengthen service delivery • Improve communication channels between community members and service providers, increasing community demand for services and improving response from service providers • Build capacity to use communication materials at scale (safe hygiene and safe water use) • Build capacity of community members for improvement of water sources and management of water and sanitation facilities. • Improve water sources • Provide supplies for family latrines construction, water storage and water treatment • Reinforce partnerships and coordination • Supervise, monitor and evaluate 							
1.3.3	Output statement: All boys and girls under 5	% of cluster members trained on emergency preparedness and	10	30	Training report	National	Assumption: resources will be mobilized for

#	Level	Indicators	Baselines	Targets	MOV	Geogr. Focus	Risks and assumptions
	and women of child bearing age affected by emergency are provided with basic WASH services in line with the UNICEF's Core Commitments for Children (CCC)	response					emergency response
		# of agreements in place with partners for emergency preparedness activities	0	6	Signed agreements		
		% of emergency supplies identified and pre-positioned	Harper and Monrovia	Harper and Monrovia	Stock Inventories		
		No of boys and girls under 5 and women of child bearing age using water and sanitation services	N/A	Not pre determined	Survey/assessment Monitoring Reports		
		% of emergency supplies distributed and used by affected population	N/A	100% Dependent on emergency event	Government receipts		
	<u>Course of action</u> <ul style="list-style-type: none"> • Train CHWs and household members in water treatment, safe hygiene practice. • Provide supplies and equipment. • Build capacity of community members for improvement of water sources and management of water and sanitation facilities. • Supervise, Monitor and Evaluate • Develop and produce materials for communication for behaviour change (safe hygiene and safe water use) 						

2. Basic Education and Gender Equality Programme

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
2.	Strategic Result Statement: By 2012, improved education with emphasis on increased learning achievement in primary schools						
2.1	Outcome Statement Increased access to quality primary education with emphasis on gender parity through to grade 6, retention & completion	<ul style="list-style-type: none"> - Monitoring Learning Achievement at lower primary results - % of learners completing grade 6 & passing the WAEC Exams - Net enrollment ratio (NER) - Primary school retention rate - Completion rates - Gender parity by grade 	<p>N/A</p> <p>EMIS</p> <p>25%</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>90%</p> <p>90%</p> <p>75%</p> <p>90%</p> <p>90%</p> <p>1:1</p>	School Census/ EMIS results	national	
2.1.1	Output Statement National frameworks are supportive of the right of all children especially girls and the most vulnerable to access quality primary education	<ul style="list-style-type: none"> - Ed. Sector policy /plan reflecting right of all children to access & benefit from quality primary education - National standards on provision of primary education developed and utilized - National policy on girls' education fully implemented - School fee abolition policy developed and implemented (emphasis on the hard to reach girls and boys) - At least 25 % of the National budget allocated to education and 50% allocated to primary education 	<ul style="list-style-type: none"> - N/A but LPERP reflects a focus on girls & under-served communities N/A 5% N/A FY2007/08 	<ul style="list-style-type: none"> - Sector policy/ plan included for children with disabilities, from poor families & girls - School size & grade - Classroom model - Core requirement for teaching qualification by level - National achievement by basic stds. 100% 100% - 25% national - 50% to Primary 	<ul style="list-style-type: none"> - Ed sector policy/Plan & corresponding budget - Model doc - EMIS reports - Annual reports - Sector review reports -Reports on progress by chapter & component % females entering teaching Budget Docs. - Sector plans, budgets -Policy Doc. -Action Plan -Progress reports - State & MOE Budget docs.; annual work-plans - Child Rights Audits & Budget analysis reports 	<p>National</p> <p>- National</p>	<ul style="list-style-type: none"> • Implementation plans prepared on time • CAG disbursed and liquidated on time - Peace remains - Economic growth rate remains as projected - Govt. priorities - Ed. Remains Govt. priority.

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
		-Education contingency plans developed, budgeted & continuously updated to ensure effective response in emergencies	- N/A	- Ed. EPR reflected & regularly updated in sector plans & budgets			
Course of Action: <ul style="list-style-type: none"> • Develop, publish and disseminate criteria for establishing schools; determine national standards for provision of primary schools • Provide input for inclusive education in education sector policy & plan; • Conduct participatory vulnerability & disparity analysis; Advocate for equitable budget; Assist communities to organize and advocate for improved education on their own behalf – for example by strengthening PTAs, Develop formula funding, implement & monitor results (for inclusive education) • Identify & determine school sites in under-served communities • Grade schools according to size/number of learners • Develop action /implementation plans for each chapter/component of the Girls' Education Policy , facilitate implementation (funding and technical input & monitor the same • Determine components & develop the School Fee Abolition policy; publicise & specify which school fees are abolished; cost these • Institute & implement formula funding for school grants; monitor implementation & adjust accordingly to meet equity criteria • Through TA and training activities contribute to capacity of MOE decision makers to collect, analyse, use knowledge, data to address disparities in education provision 							
2.1.2	Output Statement Increased access to quality primary education for children whose schooling had been disrupted by civil war	<ul style="list-style-type: none"> - Reduced number of older children/adolescents enrolled in formal primary school programme - Gross enrolment ratio in formal primary school - Increased Net Enrollment Ratio - High transition rate to Junior High school/ALP levels IV&V & other skills training institutions - Skills training programme developed and utilized for ALP Level III graduates choosing this option - ALP curriculum revised, used and adhered to & required teaching / learning materials provided & used - Criteria for selecting learners published, used & monitored - ALP manuals & teacher training framework revised to be aligned with 	<ul style="list-style-type: none"> 73% 155% 25% N/A N/A N/A Partially Partially 	<ul style="list-style-type: none"> 10% 100% 75% 85% 100% 100% 100% 100% 	<ul style="list-style-type: none"> EMIS/Census report “ “ EMIS reports; Training programme reports “ Skills training programme reports; monitoring reports “ “ Curriculum doc. Distribution reports and classroom observation & monitoring “ “ Criteria document Manual & framework 	<ul style="list-style-type: none"> National “ “ “ “ “ “ “ “ “ “ “ 	Same as above

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
		the curriculum - ALP learners provided with & using relevant textbooks - Increased # of master trainers to cover demand - ALP available in all counties/districts/schools to meet demand - Number of level three students sitting & passing the WAEC exam	N/A 40% 40% 60%	100% 100% 100% 100%	doc Textbooks and classroom observation MoE recruitment records EMIS/Census report WAEC exam results	" " " "	
<p>Course of Action / Activities</p> <p>Expansion of programme to cover demand in all counties</p> <ul style="list-style-type: none"> Develop national policy & refine available guidelines based on good practice and ALP assessment recommendations, publish, disseminate, implement & monitor results Revise the ALP curriculum and Teacher Training Framework & manuals Revise the ALP text books based on recommendations, distribute & monitor usage Improve supervision and monitoring by strengthening capacity of supervisors to develop a standard supervision & monitoring tool, regularly visit schools, collect relevant programme data, analyse and use results to make decisions Strengthen student associations and parent-teacher associations (or similar mechanisms) so that claim-holders (parents and students) can communicate more effectively with duty bearers (education administrators, principals and teachers) Increase Master Trainers' Trained recruiting more & advocating for including more women in the training Develop/identify (with other agencies/orgs) and implement skills training programmes for graduate level III students Develop exit strategy for Level III graduates such as ALP levels IV and V, adult education / literacy programme, a combination of a combination of academic & skills development Distribute teaching and learning materials to schools and monitor utilization Regularise MOE payment of examination fees by collecting & providing the relevant student data to MOE by the March every year; publish results by July Support MOE to coordinated and monitor the training and certification of ALP teachers, in order to facilitate regularising of their payroll 							
2.1.3	Output Statement Child Friendly Schools approach fully implemented in primary schools	Improved school physical environment: - Separate latrines for girls & boys / male & female teachers in primary schools in appropriate ratios (girls – 1:20, boys 1:25); - Hand-washing facilities; provided close to latrines; - Water points available within 100 metres of school - SMCs/PTAs managing the maintenance of WASH facilities; - Child to child hygiene education	25% 20% 30% N/A	80% 80% 100% 100%	-Construction & monitoring visits reports - End user monitoring visit reports - MOE way-bills - Reports from schools, - Facilities reports Minutes of meetings & maintenance records - Reports from communities of hygiene related behaviour	National	

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
		<p>promotion clubs established & effectively functioning in 50% of all schools;</p> <p>- Number of classrooms with basic classroom furniture, equipment & teaching & learning materials</p> <p>Improved quality of the learner:</p> <p>- Screening of first grade learners on admission to schools for learning problems & prevention of simple illnesses;</p> <p>- Teachers trained in health education; Schools receiving & teachers using First Aid Kits</p> <p>- # of learners receiving & using the minimum quality of package of learning materials</p> <p>Improved teaching /learning processes:</p> <p>-Number of school committees established & functioning effectively</p> <p>- Teachers trained & teaching in CFS approach</p> <p>- Increased % of hard to reach children enrolled and learning in quality primary schools</p>	N/A	50%	- Distribution receipts; end-user monitoring receipts /reports		
			N/A	75%	-School health reports		
			N/A	50%	- Training reports; distribution reports; logbook of use		
			N/A	75%	-Minutes of committee meetings;		
			N/A	25%	- Training reports - Classroom observation - supervisor monitoring reports		
			N/A	50%	- EMIS reports - School census reports		
			N/A	5%			
			N/A	25%			
	<p>Course of Action</p> <ul style="list-style-type: none"> With MOE & other partners, develop minimum quality and essential learning packages, publicise, implement & monitor utilization Construct latrines in the appropriate ratios; provide hand-washing facilities close to latrines; provide water points within 100 metres of the school Train SMCs/PTAs to maintain WASH facilities Establish child to child hygiene promotion clubs, monitor their performance Working with school health team, train teachers in screening and detection of simple illnesses & learning problems; provide & train teachers in use of First Aid Kits 						
2.1.4	Output Statement	-Number of schools where over 50% of teachers have been trained to 'C' certificate level	N/A	25% of schools	- EMIS reports - MOE reports - Workshop reports		
	Primary school learners' achievement improved through strengthened						

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
	learning processes & supervision	<ul style="list-style-type: none"> - % of schools where teachers use learner centered pedagogy - Teacher education programme reflects CFS approach - All school supervisors trained in basic school management using participatory supervision approaches - % of learners by grade achieving higher scores in Monitoring Learning Achievement at Lower Primary school tests 	N/A N/A N/A N/A	50% 100% 50% 50% of all learners in all grades	<ul style="list-style-type: none"> - Classroom observation - Supervisor reports of monitoring visits - Revised teacher education programme - TTI programme plans - Basic School Management programme - School plans, reports - Teacher appraisal reports - Teacher schemes of work & lessons plans - Comparative school continuous assessment results - Results of MLAP administered to sample schools 		
	Course of Action						
	Outcome Statement All school aged children affected by emergencies provided with & use education services	<ul style="list-style-type: none"> - % of girls & boys receiving & using basic education & life skills services Availability of budgeted, continuously updated Education Contingency plans responding to emergencies 	-TBD based on emergency N/A	<ul style="list-style-type: none"> - All school age children & adolescents affected by emergencies - Ed. EPRR reflected & regularly updated in sector plans 	<ul style="list-style-type: none"> - Joint assessments - Monitoring reports - Cluster coordination meetings - EPR Budgeted plans 	- Nation –wide -National	
2.1.5	Output Statement Education partners have capacity for sectoral coordination or cluster leadership	<ul style="list-style-type: none"> - Ed. sector coordination or cluster established & functioning effectively - % of clusters/ sector coordination members trained on emergency preparedness & response - # of agreements in place with partners for emergency preparedness activities - % of supplies identified and pre-positioned 	- TBD through sectoral coordination process -	- Govt. & agencies	<ul style="list-style-type: none"> - Cluster TOR - Meeting reports - Capacity assessment reports - CCC performance monitoring 	National	
	Course of Action						

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
	<ul style="list-style-type: none"> Identify partners & conduct capacity assessment Establish clusters/sector coordination mechanism Conduct sector gap analysis & identify course of action Conduct vulnerability assessment & analyse results Conduct training & capacity development activities Develop agreements with partners Develop & update costed contingency plans 						
	Output Statement All school aged children affected by emergencies provided with & use education services in accordance with the CCCs	-# of school aged children accessing basic education services -% of emergency supplies distribute & used by affected school population - CCC performance monitoring			- TBD through assessment	- All school aged children & adolescents affected by emergencies	
	Course of Action <ul style="list-style-type: none"> Conduct rapid assessment Develop CCC performance monitoring tool with indicators Identify, procure & distribute supplies Conduct monitoring visits using CCC tools Conduct regular sector coordination meetings 						
	Outcome statement: Primary school & ALP learners have correct information, attitudes & relevant skills to reduce the risk and vulnerability to HIV (MDG #s 2, 3, 6, MTSP FA 2,3)						
	Output Statement The national response to HIV/AIDS in the education sector policy and strategy developed & cover school children and adolescents	% of primary school children and adolescents participating in life skills programmes who correctly state the three main ways of avoiding HIV infection (ABC) – by sex and age group	N/A	-80% of school children & adolescents	Pre-and post – training data analysis results	National	
	Primary school children and adolescents have access to accurate STI	-% of schools providing STI & HIV/AIDS information -% of schools providing life skills	N/A N/A	As above	As above		

#	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risks & Assumption
	and HIV/AIDS information and life skills education programmes to reduce their vulnerability to infection & be supportive of those affected	education - % of primary school children & adolescents expressing non-discriminatory attitudes towards people with HIV/AIDS – by sex and age group	N/A				
	A School Awareness extra-curricular programme for HIV/AIDS prevention is part of the national sector prevention response	- # of schools providing HIV/AIDS Awareness programmes -% of learners participating in programmes	N/A				

3. Child Protection

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
	UNDAF Outcome	By 2012, democratic, accountable and transparent governance in a participatory and inclusive manner and in accordance with human rights standards					
3.1 Outcome statement 1	Boys & girls in contact with the law have legal, quality care and protection by 2012	<p>% of girls and boys provided with legal services.</p> <p>% of boys & girls accessing care and protection services.</p> <p>% of boys & girls diverted from the formal legal & justice system.</p> <p>No. of magistrates, judges and probation officers are using up to date child justice procedures</p> <p>No. of Police stations cooperating systematically with social workers when dealing with child cases.</p> <p>Existence of functional community care and support services.</p>	To be determined	<p>80% of boys and Girls in contact with the law</p> <p>250 magistrates, 250 social workers, 100 judges, 500 police, 150 Paralegals and members)</p>	<p>Monthly, mid year, annual and evaluation reports</p> <p>Records of children accessing services</p> <p>Feedback from boys and girls, families and caregivers,</p> <p>Probation Officers' and Social workers' 'case management records</p>	Nationwide	<p>Assumptions</p> <p>1. Adequate capacity (human resources) exists in government to deliver results for children.</p> <p>2. adequate funding to the Country Programme</p> <p>3. Security situation remains stable.</p> <p>Risks</p> <p>1. Inadequate funding</p> <p>2. Change in government priorities.</p> <p>3. Inadequate human resource in gov't ministries.</p> <p>4. National & regional insecurity.</p>
Out put 3.1.1	Governments Policies and programmes are guided by the children's Act by 2012	Children's issues are visible in government's policies and programmes	To be determined by conducting survey	All boys & girls	PRS, National budgets, National debates	Nationwide	
<p>Course Of Action:</p> <ol style="list-style-type: none"> 1. Review existing laws and policies on children in relation to international standards 2. Development of the Children's Act 3. Development of a children policy 							

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
Output 3.1.2	Magistrates, judges, paralegals and police have knowledge and skills to address child justice	No. of magistrates, judges, paralegals, Social Workers & police and Probation Officers trained.	No judges and magistrates trained on update child justice procedures.	250 magistrates, 250social workers, 100 judges, 500 police, 150 Paralegals and 100 probation officers	Training reports Monthly, quarterly annual reports	Nationwide	
Course of Action <ol style="list-style-type: none"> 1. Development of training materials on child justice 2. Capacity building for magistrates, judges, paralegals, police, probation officers and social workers 3. Sharing of best practices 4. Support to academic and professional institutions to include justice for children and child protection module in official curricula. 							
Output 3.1.3	Boys and girls at risk of coming into contact with the law and those who have lost their liberty have access to diversion programmes nationwide by 2012	No. of boys and girls at risk. No. and Types of functional diversion activities by communities Number of boys & girls diverted from judicial system	None	Community structures, children in contact with the law, children at risk, police magistrates, judges, probation officers and social workers	Monthly and mid year reports and monitoring reports	Nationwide	
Course of Action <ol style="list-style-type: none"> 1. Establishment and development of diversion programmes for prevention and response to boys and girls who get into contact with law 2. Identification and training of community structures to provide diversion programmes 3. Training of social workers to support diversion programmes 4. Establish and train Peer support groups on crime prevention in communities 5. Conduct community risking mapping assessment. 							
Output 3.1.4	Juvenile Offenders have access to rehabilitation and reintegration services	No. and type of functional rehabilitation and reintegration services at National &Community levels No. of boys and girls receiving services Availability of community based monitoring systems	To be determine through a Survey		Monthly report Reports from legal Aid institution Police statistics	Nationwide	Same as above
Course of Action: <ol style="list-style-type: none"> 1. Development of monitoring system 2. Capacity building of Community, peer support and staff that provide rehabilitation services 3. Social mobilization of community networks and young people for prevention of juvenile offences 4. Establishment and development of rehabilitation services for boys and girls who get into conflict with the law. 							

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
Outcome 3.2	A safe and protective environment devoid of violence, exploitation, abuse and neglect exists for vulnerable children and youth by 2012.	<p>No. of separated boys and girls reunified with their families.</p> <p>Reduced incidence of trafficking</p> <p>Reduction in number of sexual violence cases reported.</p> <p>Availability of care facilities such as Safe homes</p> <p>Existence of reintegration services for child victims of trafficking sexual violence and child labour</p> <p>Existence of preventive services such as education against HIV/AIDS, Sexual Violence</p> <p>Presence of community support networks for girls, boys and young people affected by HIV/AIDS</p> <p>No of boys, girls and young people affected by HIV/AIDS receiving care and protection services</p>	To be determined	Boys, girls and young people affected by HIV/AIDS victims of child trafficking and worst forms of child labour, & survivors of sexual violence.	Monthly, mid year, annual and monitoring reports. Situational studies and evaluation reports	Nationwide	<p>Assumptions</p> <ol style="list-style-type: none"> 1. Adequate capacity (human resources) exists in government to deliver results for children. 2. adequate funding to the CP 3. CP priorities in line with Govt priorities. 4. Security situation remains stable. <p>Risks</p> <ol style="list-style-type: none"> 1. Inadequate funding 2. Change of govt priorities. 3. Inadequate human resource in gob's ministries. 4. National & regional insecurity.
Output 3.2.1	Boys, girls and young people affected by HIV/AIDS have community care and protection by 2012	<p>No. and types of structures/network developed to support girls, boys and young people affected by HIV/AIDS</p> <p>No. of girls, boys, and young people Affected by HIV/AIDS receiving care and protection.</p>	<p>2.7% (preliminary findings DHS-Liberia)</p> <p>Surveys & assessment on the work with communities.</p>	<p>90% of children affected by HIV/AIDS and other vulnerable children</p> <p>100% of identified survivors referred.</p>	Monthly, mid year and annual reports,	Nationwide	

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
Course of action <ol style="list-style-type: none"> 1. Build capacities of communities to provide peer support to prevent HIV/AIDS 2. KAP survey undertaken on HIV/AIDS among young people 3. Situation analysis of orphans and vulnerable children 4. Development of life skills programme for out of school youths 							Assumption Parents have a positive attitude towards birth registration.
Output 3.2.2	Children deprived of parental care and disabled children have access to quality care and protection services as per national standards	No. of boys and girls placed in alternative care arrangements No. of care facilities are applying minimum standards for care institutions No. of boys and girls accessing family tracing and reunification services.	To be determined	Orphaned children abandoned Children, unaccompanied children, neglected and abuse children, Street children and disabled children.	Monthly reports, monitoring reports, assessment reports, police records, MOH-SW records	Nationwide	
Course of Action <ol style="list-style-type: none"> 1. Review and update of laws and policies on adoption in line with international standards 2. Development of alternative care arrangements for children in care institutions 3. Capacity building for caregivers at care institutions, foster care families, community support networks, social workers, adoption case management workers, magistrates and judges 4. Support to the development and implementation of national standards for care of children without primary caregivers. 5. Development of mechanism for monitoring the situation of children without primary care givers 6. Development and dissemination of social welfare policy 							
Output 3.2.3	Girls and boys and young people at risk of sexual violence, exploitation and abuse have access to national and community protection systems	No. of reported sexual violence, exploitation and abuse cases receiving comprehensive care. No. of communities and schools apply preventive measures to protect boys, girls and young people against Sexual violence, exploitation and abuse Number of Sexual violence, exploitation and abuse cases brought to court and successfully adjudicated. No. of functional Women and Children Protection Sections of the Liberia National Police.	To be determined	Survivors of Sexual violence, exploitation and abuse and other children and young people at risk.	Reports from safe and juvenile homes, reports from women and children protection unit of the LNP.	Nationwide	

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
Course of action							
<ol style="list-style-type: none"> 1. Prevention campaigns in and out of school 2. Research undertaken on SEA 3. Strengthen existing referral mechanisms for reported SEA cases 4. Establishment of WACPS-LNP nationwide 5. Strengthen capacity community structures & stakeholders(police, magistrates) in prevention and response to SEA 6. Empower the out of school with life skills 							
Output 3.2.4	Boys and girls have access to birth registration services nationwide by 2012.	% of birth registered. Vital statistics system functional national wide.	1% of birth registered.	25% of Children 6-18 years 50% birth registration of 0-5years	Monthly, mid year and annual reports Birth Registration assessment report. National annual vital statistics report	National wide	
Course of action:							
<ol style="list-style-type: none"> 1. Support the decentralisation of birth registration system. 2. Nationwide awareness on importance of birth registration 3. Identification of community structures to record and monitor all new births. 4. Capacity development for the Bureau of vital statistics in the MOH & social Welfare 5. Capacity building for teachers/schools, health centres, boys, girls, and young people to carryout social mobilization for birth registration. 6. Revision of laws and Policy with reference to birth registration 7. Capacity building of administration of birth registration 8. Acceleration: joined campaign for immunisation and birth registration, responsibilities to facilitate birth registration of the teacher during school registration, integration of birth registration into life skills for youths, newborn registration by immunisation workers. 							
Output 3.2.5	National and community structures have capacity to prevent and respond to child trafficking and worst forms of child labour by 2012.	No. of boys, girls and young people reported trafficked and those in worst forms of child labor situations. No. of boys, girls and young people receiving family tracing, reunification and reintegration services. No. of regulatory system	To be determined	All reported cases of boys and girls and young people trafficked. 50% of boys and girls and young people in mining communities, plantations and fishing involved in worst forms of child labour	Situational reports, mid term reviews, monitoring reports,	Nationwide	
Course of action.							
<ol style="list-style-type: none"> 1. Conduct assessments and studies on child labour and child trafficking. 2. Training for the police, immigration officers, and communities to monitor and prevent child trafficking and worst forms of child labour. 3. Development of mechanisms to prevent child trafficking and worst forms of child labour. 4. Strengthen regulatory system to combat and respond to child trafficking and worst forms of child labour. 							

No.	Level	Indicators	Baselines	Targets	MOV	Geographical Focus	Risk & Assumptions
Output 3.2.6	Vulnerable boys, girls and young people have access to social rehabilitation and economic reintegration services by 2012.	No. of boys, girls and young people accessing business development services No. of boys, girls and young people who have completed vocational and life skills training. No. of psychosocial care support services available at district and county level	4000 children in vocational skills Other vulnerable children to be determined	3000 child beneficiaries of reintegration programmes 3000 other vulnerable children and young people	Monthly, mid year, annual report & evaluation report Situational report	Nationwide	
Course of action: <ol style="list-style-type: none"> 1. Conduct assessment on vulnerable boys , girls and young people 2. Strengthen a mechanism to link vulnerable boys, girls and young people to reintegration services. 3. Strengthen the capacity of community structures to support other vulnerable boys and girls and young people. 4. Map out availability of psychosocial services available. 5. Provide vocations skills training to children affected and those associated with fighting forces in a more integrated manner. 6. Link up children trained in vocational skills to Business Development Services. 7. Empower the out school with life skills. 							
Output 3.2.7	All boys, girls and young people have care and protection during emergency in line with UNICEF's Core Corporate Commitment (CCC)t.	No. of separated boys and girls reunified. Availability of functional sector coordination/sub-cluster % of cluster members trained on emergency preparedness & response Ratio of supply stock pre-positioned in line with minimal level of readiness	To be established whenever there is an emergency.	All children affected by emergencies	Rapid assessment reports, Monitoring reports. Core corporate Commitment performance monitoring. Minutes of meetings, Situational reports	15 counties	
Course of action: <ol style="list-style-type: none"> 1. Rapid assessments 2. Conduct sectoral Capacity gap analysis 3. Development of contingency plans 4. Identification of partners and capacity building 5. Identification of capacity building of community structures on emergency preparedness 6. Strengthening the Sector/Cluster Coordination 7. Pre-positioning of emergency supply stock 8. Core Corporate Commitment (CCC) performance monitoring 							

4. INFORMATION AND COMMUNICATION

No.	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risk & Assumptions
UNDAF Outcomes: 3, 4 & 5.							
Outcome statement 4.1	Children's issues high on the national and international agendas.	<ul style="list-style-type: none"> Child rights on the national/local agenda Government policy influenced to guarantee essential resources for children issues 	NA	TBD		Nationwide	
Output 4.1.1	Cross-cutting integrated advocacy strategy developed and support programmatic goals of the country office of reducing under-five mortality by 30%; increasing primary school net enrolment by at least 75% with gender parity through to grade 6 and 90% retention and completion rates; and creating a protective environment for children with effective institutions against violence, exploitation, abuse and neglect.	<p>#of partnerships developed during the course of each year at national and international level</p> <p>Functional coordinating, M&E arrangement for advocacy and communication interventions established.</p> <p>Sector policies /plans reflect rights of all children to access & benefit from quality primary education, health and a protective environment, welfare.</p>	NA	TBD			
<p>Course of Action.</p> <ul style="list-style-type: none"> Develop a cross-cutting integrated communication and advocacy strategy Facilitate Documentation and access to information for decision making by partner as national, county and community levels Dialogue facilitated at community level focusing on issues related to children – children and young people participation Creation of a global national and international coalition to “UNITE FOR CHILDREN’ IN LIBERIA 							
Output 4.1.2	Increased funding for children's programmes	<p>#of initiatives funded through resource mobilization</p> <p>% of country programme funded</p> <p>% of new donors</p> <p>% of continuing or repeat funding</p>					
<p>Course of Action.</p> <ul style="list-style-type: none"> Develop and implement fundraising strategy with partners Mobilize and leverage resources for child survival, protection, WASH and Education Production of donor reports Develop a database of donors that support the Poverty reduction strategy for Liberia at local and international level # of organizations at the local and international level providing funding to support UNICEF programmatic goals Create handbook for partners on fundraising 							

No.	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risk & Assumptions
Output 4.1.3	Information on children availed to a wide spectrum of audiences .	# of fields visits organized for media and Natcoms # of feature stories written and published on the web and newspapers # of newspapers covering children's issues in Liberia and outside	NA	TBD			
<p>Course of Action.</p> <ul style="list-style-type: none"> • Develop media strategy around events and child survival, protection and education issues • Develop partnerships with the mass media • Identify projects for visits by the media • Create communication channels between media and community networks • Develop humanitarian information hub on children's issues in Liberia with increased feeds to WCARO webpage for Liberia • Develop an e-newsletter • Use MICS to develop news stories for the web • Produce video stories for the web and natcoms • Generate media coverage of major key events • Develop external partnerships with major news outlets • Support development of a one UN Communication strategy for Liberia 							
Outcome statement 4.2	Improved community participation in social change communication						
Output 4.2.1	Develop a strategic communication framework that addresses children's issues at the county level and lower levels.	# of service providers who can design and implement well targeted high-impact programme communication interventions for child survival, protection and education	NA	TBD			
<p>Course of Action.</p> <ul style="list-style-type: none"> • Workshop with partners and community representatives to develop strategic communication framework that addresses children's issues at the county level and lower levels • Build the capacity of CHW, youth organizations, NGOs in planning, coordinating and implementing programme communications activities • Establish community support networks for girls, boys and young people • Prepare handbook on advocacy, social mobilization for managers of programmes • Build a pool of communication experts from the various ministries, NGOs, youth networks • Identify research areas for evidence-based programming 							

5. COORDINATION, POLICY AND PLANNING UNIT

No.	Level	Indicators	Baselines	Targets	MOV	Geogr Focus	Risk & Assumptions
	UNDAF Outcomes: 3, 4 & 5.						
Outcome statement 5.1	Children's issues effectively highlighted and placed on national agenda	<ul style="list-style-type: none"> Child rights on the national/local agenda Government policy influenced to guarantee essential resources for children issues 	NA	TBD		National and County levels	
Out put1 5.1.1	Capacities of UNICEF and government partners in evidence-based policy analysis, formulation and national planning enhanced	<ul style="list-style-type: none"> Government plans are Results-based and reflects the rights and welfare of children 	NA	TBD			
Course of Action: <ul style="list-style-type: none"> Social and economic policies formulated and legislation enacted for advancement of children's rights HRBAP mainstreamed in UNICEF and Government partner's plans 							
Output 5.1.2	Strengthened national capacities for data management, monitoring and evaluation	<ul style="list-style-type: none"> 	NA	TBD			
Course of Action: <ul style="list-style-type: none"> Implement IMEP Develop national knowledge/database to monitor the situation of children and women National capacities for data collection, management, dissemination and M&E enhanced 							

UNDAF OUTCOME 4.2 Maternal and under five mortality reduced by 30%

CHILD SURVIVAL PROGRAMME

RR = 8,600,000

OR = 14,745,000

Total = 23,345,000

Expected Outcomes/ Outcome indicators	Expected Outputs	Output Targets and Indicators (B=Baseline; T=Target)	Indicative Resources per year					TOTAL
			2008	2009	2010	2011	2012	
Vaccination coverage rates are improved and sustained above 90% for common vaccine preventable diseases according to the national protocols and at least 60% children and women are covered by a minimal package of high impact interventions integrating maternal, neonatal, infant health components including malaria control and PMTCT/paediatric care and treatment and appropriate response to emergencies are in place according to UNICEF's CCC.	By 2012, 90% of children <1 and 80% of pregnant women fully immunized	90% of <1 year immunized with 3 doses of pentavalent vaccine	RR 127,500	RR 120,000	RR 200,000	RR 205,000	RR 120,000	RR 772,500
		80% of pregnant women immunized with TT2	OR= 220,000	OR 260,000	OR 245,000	OR 300,000	OR 275,000	OR 1,300,000
		100% children are protected against Neonatal tetanus						
	Maternal and neonatal tetanus is eliminated, measles and yellow fever controlled through the organization of mass vaccination campaigns and reinforced surveillance and vaccine preventable diseases outbreaks controlled	500,000 children aged 9 to 59 months are vaccinated against measles	RR= 127,500	RR 135,000	RR 55,000	RR 50,000	RR 135,000	RR 502,500
550,000 WCBA are vaccinated against TT		OR 110,000	OR 120,000	OR 230,000	OR 175,000	OR 200,000	OR 835,000	
The National Health policy and plan and child survival action plan implemented coordinated and evaluated at County level and performance of the health system improved	National Health policy and plan implemented	RR= 100,000	RR 100,000	RR 100,000	RR 100,000	RR 100,000	RR 500,000	
		OR= 109,000	OR 200,000	OR 230,000	OR 200,000	OR 200,000	OR 939,000	
By 2012, 60% of children <5 and women of child bearing age access the basic package of health services at both facility and community levels	The % of children and WCBA accessing the Basic package of health services has increased from 45% to 60%	RR= 100,000	RR: 100,000	RR: 100,000	RR: 100,000	RR: 100,000	RR 500,000	
		OR=200,000	OR: 270,000	OR: 350,000	OR: 400,000	OR: 400,000	OR 1,640,000	
		50% of pneumonia cases diagnosed in						

	<p><5yrs are treated with antibiotics</p> <p>The Coverage of maternal care services increases from 45% to 50%</p> <p>The % of health facilities delivering integrated MCH (including emergency obstetric care) services increases from 10% to 60%</p> <p>50% of pregnant women who have at least 4 antenatal visits</p> <p>50% of post partum women who have at least 2 post natal visits</p> <p>60% of pregnant women who accessed the anaemia control package (IPT, iron, LLINs)</p>							
<p>At least 85% of children and pregnant women sleep under LLINs, 60% of pregnant women received two doses of Sulfadoxine+Pyrimethamine, and 80% of children with simple malaria are correctly managed, using the national protocols</p>	<p>The % of <5 who slept under LLINs the previous night is increased from 54% to 85%</p> <p>The % of pregnant who slept under LLINs the previous night increases from 54% to 85%</p> <p>The % of pregnant women who received two doses of IPT-SP improves from 54% to 85%</p> <p>90% of children < 5 years with fever properly treated with anti-malarial medicines</p>	<p>RR= 55,000</p> <p>OR= 175,000</p>	<p>RR: 5,000</p> <p>OR: 110,000</p>	<p>RR: 55,000</p> <p>OR: 100,000</p>	<p>RR: 55,000</p> <p>OR: 100,000</p>	<p>RR: 55,000</p> <p>OR: 100,000</p>	<p>RR 275,000</p> <p>OR 585,000</p>	
<p>At least 50% of pregnant women and children access the PMTCT/paediatric HIV care package</p>	<p>PMTCT and Paediatric care components well integrated into the approved HIV/AIDS policy</p> <p>25 PMTCT sites are establish</p> <p>15 county hospitals deliver paediatric care services</p>	<p>RR 192,000</p> <p>OR 242,000</p>	<p>RR 192,000</p> <p>OR 290,000</p>	<p>RR: 192,000</p> <p>OR: 360,000</p>	<p>RR: 192,000</p> <p>OR: 360,000</p>	<p>RR: 192,000</p> <p>OR: 360,000</p>	<p>RR 960,000</p> <p>OR 1,612,000</p>	

		<p>The % of HIV infected women who received ARV to reduce risk of MTCT is increased from 5% to 50%</p> <p>100% of HIV infected women who received at least one counselling session on infant feeding during ANC and post natal visit.</p> <p>4,000 / (50%) of infants born to HIV infected women receive ARV for PMTCT</p> <p>4,000 / (50%) of infants born to HIV infected women who receive cotrimoxazole with 2 months of birth.</p> <p>4,000 / (50%) of infants born to HIV infected women tested for HIV by 12 to 18 months</p>						
<p>By 2012, 75% of infants and young children receive optimal feeding and care. Nation wide Vitamin A supplementation and de-worming of children 6-59 months, 50% of pregnant women and children receive iron/folate supplementation, 50% of postpartum receive vitamin A supplementation within 8 weeks of delivery. 6 – 36 months nutritional status monitored. De-worm 150,000 primary school children 6 – 15 years. Appropriate response to nutritional emergencies according to UNICEF's CCC</p>	<p>By 2012, at least 90% of children 6 -59 months receive Vitamin A supplementation twice yearly, 90% aged 12-59 months receive de-worming tablets twice yearly,</p> <p>50% of pregnant women and children 24 – 59 months receive complete course of iron and folic acid and de-worming</p>	<p>The % of children 6 to 59 months who received Vitamin A in last 6 months increased from 71% to 90%</p> <p>The % of children 12-59 months de-wormed in last 6 months increased from 45% to 90%</p> <p>% of pregnant women receiving iron and folic acid supplementation</p> <p>% of lactating mothers receiving vitamin A supplementation increased from 12 to 50%</p> <p>% of pregnant women and children 12 – 59 months de-wormed</p> <p># of school children de-wormed in schools</p>	<p>RR 70,000</p> <p>OR 80,000</p>	<p>RR 80,000</p> <p>OR 95,000</p>	<p>RR 80,000</p> <p>OR 120,000</p>	<p>RR 80,000</p> <p>OR 120,000</p>	<p>RR 80,000</p> <p>OR 120,000</p>	<p>RR 390,000</p> <p>OR 535,000</p>
	<p>By 2012, at least 50% of mothers and caregiver practice optimal infant and young child feeding and caring behaviour in targeted communities</p>	<p>The % of mothers practicing early initiation of breastfeeding increased from 40% to 75%</p>	<p>RR= 30,000</p>	<p>RR 35,000</p>	<p>RR 35,000</p>	<p>RR 35,000</p>	<p>RR 35,000</p>	<p>RR 150,000</p>

		The % of mothers practicing exclusive breastfeeding improves from 22% to 50%	OR=70,000	OR 90,000	OR 90,000	OR 90,000	OR 90,000	OR 430,000
		The % of caregivers practicing complementary feeding in targeted communities increased from 46% to 75%						
	At least 90% of severely malnourished children in targeted zones are identified and treated, at least 80% cured/recovered according to national protocols including children affected by emergencies	At least 90% of cases of malnutrition are identified	RR 90,000	RR 80,000	RR 80,000	RR 80,000	RR 80,000	RR 410,000
		At least 90% of identified severely malnourished children treated and 80% recovered /cured	OR 90,000	OR 105,000	OR 150,000	OR 150,000	OR 150,000	OR 645,000
		At least 90% of identified cases of moderate malnutrition treated and 80% recovered						
		100% of cluster members trained on emergency preparedness and response						
		100% of emergency supplies distributed and used by affected population						
By 2012, the prevalence of diarrhoeal related disease has decreased by 60%	By 2012, WASH policies are developed and integrated into the comprehensive child survival action plan and service providers have the capacity to design well targeted high-impact water supply, hygiene and sanitation interventions	Sanitation policy developed	RR=100,000	RR: 50,000	RR: 50,000	RR: 50,000	RR: 50,000	RR 300,000
		Water policy developed	OR=90,000	OR: 100,000	OR: 80,000	OR: 45,000	OR: 40,000	OR 355,000
		National strategic plan for meeting MDG targets developed						
		# of projects designed in response to the strategic plan						
	By 2012 at least 60% children less than 5 years old and women of childbearing age use the basic WASH package or the comprehensive WASH package as appropriate	60% of households are using safe water	RR=284,000	RR: 334,000	RR: 334,000	RR: 334,000	RR: 334,000	RR 1,620,000
		60% of households using safe means of excreta disposal up from 24%	OR=200,000	OR: 245,000	OR: 345,000	OR: 380,000	OR: 385,000	OR 1,555,000
		26% increase in access to safe water sources						
		35% increase in family latrines						
		60% of households practicing safe						

		management of drinking water						
	All affected boys and girls under 5 and women of child bearing age affected by emergency are provided with basic WASH services in line with the UNICEF's Core Commitments for Children (CCC)	<p>30% of cluster members trained on emergency preparedness and response</p> <p># of agreements in place with partners for emergency preparedness activities</p> <p>% of emergency supplies identified and pre-positioned</p> <p>No of boys and girls under 5 and women of child bearing age using water and sanitation services</p> <p>100% of emergency supplies distributed and used by affected population</p>	RR= 0	RR: 0	RR: 0	RR: 0	RR: 0	RR 0
			OR= 40,000	OR: 45,000	OR: 50,000	OR: 50,000	OR: 50,000	OR 235,000
UNICEF staff for programme planning, implementation, monitoring and evaluation			RR= 444,000	RR: 444,000	RR :444,000	RR: 444,000	RR 444,000	RR 2,220,000
			OR= 1,323,000	OR 1,019,000	OR: 579,000	OR: 579,000	OR: 579,000	OR 4,079,000