UNICEF Annual Report 2016

Liberia

Executive Summary

In January 2016, UNICEF Liberia resumed its first full year of regular programming since the activation of the L3 emergency procedure in late 2014 due to the major outbreak of the Ebola Virus Disease (EVD). Nonetheless, UNICEF Liberia responded to continued humanitarian emergencies throughout the year.

In 2016, UNICEF utilized US$38.17 million for programming that benefited children and women in Liberia. Access to essential health services was maintained through the uninterrupted provision of medicines and vaccines to 361 health facilities throughout the country, and essential medicines were pre-positioned to enable year-round availability in hard-to-reach areas. Supplemental immunization activity coverage reached more than 90 per cent and Penta-3 immunization coverage reached 93.4 per cent, exceeding the 85 per cent annual target and 2015 coverage rates.

The full reactivation of HIV services in 378 health facilities following the end of the EVD crisis enabled more people living with HIV to access quality care, treatment and support services, and 85 per cent of HIV-exposed infants received anti-retroviral prophylaxis treatment during the year. Stunting was reduced in 11 of Liberia’s 15 counties, and nationally, the prevalence of global acute malnutrition was reduced to 3.9 per cent, considered 'acceptable' under World Health Organization (WHO) thresholds.

Approximately 225,000 people gained access to improved water, sanitation and hygiene (WASH) facilities with UNICEF Liberia’s support for construction/rehabilitation of WASH systems in 13 health facilities, while nearly 40,000 children from 102 schools gained access to learning environments with child- and gender-friendly WASH facilities through WASH-in-Schools (WinS) interventions. Some 720,000 children had increased access to quality education through the provision of learning kits to over 4,200 schools across Liberia, and 11,600 children had improved access to quality early childhood development (ECD) through the distribution of ECD kits and training for teachers.

UNICEF Liberia’s support to social services, including funding to retain social workers, enabled close to 150,000 vulnerable children and youth to access quality essential social services (including case management and birth registration). Over 141,000 birth certificates were issued, more than double the number issued the previous year and setting a new annual record, directly attributable to training of birth registrars and awareness campaigns supported by UNICEF Liberia.

As of the third quarter of 2016, 70 per cent of under-five children with diarrhoea were treated with oral rehydration sachets and zinc, however only 29 per cent of under-five children with fever were treated with ACT for the treatment of malaria within 24 hours at the community level, falling short of the annual target of 50 per cent. This shortfall was a result of the delay in the national roll out and implementation of the community health assistant (CHA) programme that provides basic health services to the estimated 29 per cent of the population that live more than five kilometres from a health facility.

To address this issue, UNICEF Liberia accelerated the training of CHAs and community health service supervisors (CHSSs) in the five south-eastern counties that have the
country’s lowest health denominators and are sometimes inaccessible during the rainy season. No results were achieved to increase access to alternative education for out-of-school children, as activities were postponed by a failure to secure funding at the Ministry of Education (MoE). UNICEF Liberia is negotiating with donors to secure adequate funding for this programme.

New partnerships were formed or strengthened in 2016; funding was received from new donors (Power of Nutrition) and pledges to continue funding received from private donors (Findels) and for additional programmes by USAID and World Bank. UNICEF Liberia delivered results in 2016 through 17 partnership agreements, totalling US$7.3 million, with national and international NGOs covering the education, health, nutrition, WASH and Communication for Development (C4D) sectors. UNICEF partnered with entities to develop a concept paper for sectoral funding under the USAID ‘Let Girls Learn’ programme, and participated in the education sector plan review for potential funding that would increase access to quality education in the country.

UNICEF Liberia, through UNICEF’s West and Central Africa Regional Office (WCARO), was granted a one-year extension of the country programme document (CPD) 2013-2017 by the Executive Board, in line with the extension of the One UN Programme in Liberia.

### Humanitarian Assistance

Liberia was declared ‘EVD-free’ on 14 January 2016, however the threat for smaller resurgence of EVD remained, evidenced by a flare-up of the virus in April. Liberia was again declared ‘EVD-free’ on 9 June 2016. UNICEF Liberia’s humanitarian assistance in 2016 was focused on supporting the Government to respond effectively to the April EVD flare-up; a measles emergency affecting 11 counties in March; and an episode of flash flooding in Margibi County in June and July affecting nearly 15,500 people.

UNICEF Liberia served as co-lead of the WASH, psychosocial support (PSS) and social mobilisation pillars during the April EVD flare-up, and provided technical assistance to the logistics pillar. UNICEF provided WASH items including soap and disinfection supplies for an EVD treatment unit; 16,804 bottles of water for 163 individuals in households under observation; and 7,096 bottles of water for 12 field teams and the EVD treatment unit. Two temporary latrines were constructed at the home of the index case where 18 individuals were under observation.

As co-lead of the social mobilisation pillar, UNICEF supported the deployment of social mobilisers to the affected area where they engaged with traditional and community leaders to raise awareness on EVD IPC. More than 275 additional UNICEF-supported community volunteers were deployed to support the response and raised infection prevention and control (IPC) awareness in approximately 17,400 households (roughly 100,000 people) in affected areas. Focus group discussions were held to identify and address local rumours and perceptions about EVD.

UNICEF Liberia supported the Ministry of Gender, Children and Social Protection (MoGCSP) to provide case management and psychosocial support for EVD-affected children and their families. With the support of UNICEF Liberia, MoGCSP social workers registered all children in households under voluntary precautionary observation for necessary support. UNICEF Liberia provided recreation kits for children under observation.

Due to the Government focus on the response to the major EVD outbreak, immunization coverage fell sharply in 2014 and 2015. Consequently, Liberia had an elevated risk for a measles epidemic in 2016. In March, UNICEF Liberia supported the national response to a measles outbreak in 11 of the country’s 15 counties that infected 425 individuals and
claimed the lives of two children. The response included measles vaccination and Vitamin A supplementation in four counties. In the longer term, UNICEF Liberia supported the Government’s expanded programme on immunization (EPI) through the procurement and supply of vaccines, cold chain strengthening, capacity building, outbreak response and preparedness, social mobilisation and monitoring of immunization services.

Heavy rains in June and July led to flooding in low-lying areas of Margibi County, affecting approximately 15,500 people in 49 towns, of whom approximately 3,400 were under-five children. The flooding displaced nearly 3,000 people. The emergency response focused on preventing disease outbreak and managing health and nutrition conditions. UNICEF Liberia provided 5,000 bottles of drinking water and 3,000 bottles of Waterguard (a water-treatment solution) to affected families to treat their household water. UNICEF Liberia provided 615 cartons of BP 100 (therapeutic) biscuits to affected families and worked with county health authorities to integrate nutrition screening and treatment into mobile clinic services. Thirty-three severely malnourished children were identified and admitted to outpatient therapeutic nutrition sites. UNICEF worked with MoGCSP to monitor affected children, provide psychosocial support and track children separated from their families and those from child-headed households to ensure that they received appropriate support.

As a co-lead in the social mobilisation pillar, UNICEF Liberia spearheaded efforts to disseminate infection prevention and control (IPC) messages in collaboration with the Margibi County Health Team. Messages on hand washing were aired on three community radio stations and the radio of the United Nations Mission in Liberia, and 3,000 flyers on hand washing were distributed to communities in the affected area.

In 2016, UNICEF Liberia mainstreamed emergency preparedness activities into regular programming in the section’s annual work plans (AWPs) and operations and revisions made as required throughout the year. Items were pre-positioned at the UNICEF warehouse to support quick response efforts; prepositioned essential medical and nutritional supplies in hard-to-reach counties are for use in the event of an emergency. UNICEF Liberia and partners supported MoH to develop a measles outbreak response plan in December 2016 in anticipation of additional measles outbreak emergencies in 2017.

**Emerging Areas of Importance**

**Urbanization.** Nearly one-third of the population in Liberia resides in the capital city of Monrovia. Poor living conditions and limited opportunities outside Monrovia drive the population to migrate to the city. Urbanization was a fundamental and cross-cutting issue in 2016. UNICEF increased access to health services in remote areas through the community health assistance programme. In 2016, five counties had implemented the CHA programme in communities further than five kilometres to a health facility. UNICEF increased access to quality nutrition treatment services in remote areas of the country where the burden of malnutrition is high: 19 community-based outpatient treatment sites were established in communities more than five kilometres from the nearest health facility. The implementation of an urban WASH programme (on upgrading water and sanitation systems) addressed the effects of urbanization in Clara Town, an urban slum in Monrovia. In addition to increasing access to safe water and sanitation, the project incorporated skills-based training and employment opportunities for youth in the slum. UNICEF Liberia provided life-skills and livelihoods training the slum communities of West Point and New Kru Town as well as alternative basic education for adolescents. Of the 146 out-of-school adolescent girls who completed the alternative basic education programme in 2016, 102 (or 70 per cent) enrolled in formal schools.

**Early childhood development.** UNICEF organized a consultative workshop on advocacy and communication on ECD to improve the holistic understanding of ECD, advocate for
integrated programming across sectors (including health, nutrition, WASH, child protection, education, and C4D) and develop an integrated advocacy and public awareness strategy on ECD. Strategies identified in the workshop will develop holistic communication on ECD, including a national ECD public awareness campaign, in 2017. Consensus was reached on piloting a parenting programme, implemented by MoE in partnership with BRAC in Bong, Grand Bassa and Grand Gedeh counties, to integrate the needs of young children in the parenting curriculum. The workshop sensitised key Government officials on issues of nutrition among young children and the benefits of parental education in ensuring uptake of optimal infant and young child feeding (IYCF) and care practices. UNICEF Liberia provided 27 recreation kits to ECD centres piloted in Montserrado County in 2016.

The second decade. Youth and adolescent empowerment have been a focus of UNICEF Liberia programming for many years. The National Youth Service Programme was funded by UNICEF Liberia for the past four years and in 2016 employed 300 college graduates, primarily as teachers in rural schools in 91 communities, where they improved the quality of education for some 5,000 secondary and junior secondary students nationwide. They were active in 10 health centres and 10 agricultural projects, and reached 3,000 at-risk youth with training in sustainable agriculture and basic business skills.

Empowerment of adolescent girls has been a focus of UNICEF Liberia, addressed through life-skills and livelihood training, education on adolescent sexual and reproductive health and the referral pathway for sexual and gender-based violence, and the Gender-Equitable Education Programme (GEEP). Adolescents were the primary group of interest for the UNICEF Health and HIV strategic framework, which utilised community engagement activities to create demand for relevant social and medical services.

Note: additional information on results achieved in analytical statement of Output 6.3.

Summary Notes and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-based Combination Therapy</td>
</tr>
<tr>
<td>AMP</td>
<td>Annual Management Plan</td>
</tr>
<tr>
<td>ARV</td>
<td>Anti-retrovirals</td>
</tr>
<tr>
<td>AWP</td>
<td>Annual Work Plan</td>
</tr>
<tr>
<td>BCP</td>
<td>Business Continuity Plan</td>
</tr>
<tr>
<td>C4D</td>
<td>Communication for Development</td>
</tr>
<tr>
<td>CHA</td>
<td>Community Health Assistant</td>
</tr>
<tr>
<td>CHSS</td>
<td>Community Health Service Supervisor</td>
</tr>
<tr>
<td>CLTS</td>
<td>Community-led Total Sanitation</td>
</tr>
<tr>
<td>CMT</td>
<td>Country Management Team</td>
</tr>
<tr>
<td>CP</td>
<td>Country Programme</td>
</tr>
<tr>
<td>CPD</td>
<td>Country Programme Document</td>
</tr>
<tr>
<td>DCT</td>
<td>Direct Cash Transfer</td>
</tr>
<tr>
<td>DfID</td>
<td>Department for International Development (UK)</td>
</tr>
<tr>
<td>DGIS</td>
<td>Directorate General for International Cooperation (Netherlands)</td>
</tr>
<tr>
<td>ECD</td>
<td>Early Childhood Development</td>
</tr>
<tr>
<td>EVD</td>
<td>EVD Virus Disease</td>
</tr>
<tr>
<td>GEEP</td>
<td>Gender-equitable Education Programme</td>
</tr>
<tr>
<td>HACT</td>
<td>Harmonized Approach to Cash Transfers</td>
</tr>
<tr>
<td>HR</td>
<td>Human Resource</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and Communications Technology</td>
</tr>
<tr>
<td>IPC</td>
<td>Infection Prevention and Control</td>
</tr>
</tbody>
</table>
The Ebola virus disease crisis underscored the need for innovative ways to empower communities to become their own agents of change. Accordingly, capacity-building was focused at the community level. UNICEF Liberia continued to implement the CLTS approach in WASH programming, which builds the capacity of households to construct and use their own toilets using local and inexpensive technology, obviating the need for subsidies. By the end of the year, 617 of 4,167 communities (14.8 per cent) were being supported under the community health assistant programme in the southeast. When fully implemented, the programme will place nearly 4,110 CHAs trained in basic medical care in all 15 counties of Liberia, increasing the capacity of the health care system at the community level.
UNICEF Liberia built the capacity of communities to address violence against children through the establishment of community action groups and action plans. Training was provided for the facilitators of 79 child welfare committees and gender observatories (volunteers who act as referral agents for victims of SGBV) in nine counties to identify and refer survivors of sexual and gender-based violence. Training was conducted for religious leaders and social workers on child protection and violence prevention, and 154 professionals (magistrates, police officers, and social workers) were trained on relevant legal and procedural processes to undertake their work in a child-friendly manner.

To address sexual and gender-based violence in schools, particularly ‘sex for grades’, UNICEF partnered with relevant ministries to sensitize communities on the Teachers’ Code of Conduct, the SGBV referral pathway and the ‘buddy system.’ With USAID funding, the capacity of 8,895 teachers and 4,134 parent-teacher association members was strengthened through training on learner-centred pedagogy, psychological first aid, the Teachers’ Code of Conduct, and community engagement.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Liberia played a critical role in the design, training, data collection and analysis of the 2016 Liberia National Nutrition Survey by providing technical support. The quarterly nutrition dashboard, developed from decentralized bottleneck analyses, informed MoH priorities in extending technical support to the affected counties. The dashboard was used by the MoH Nutrition Division to bring programme issues to the attention of high-level decision-makers within MoH.

UNICEF Liberia funding, technical assistance and data analysis supported a nationwide Services Availability and Readiness Assessment (SARA) and assessed the quality of care in 701 facilities in 14 of the 15 counties of Liberia. The Assessment provided reliable baseline information on service delivery and the readiness of health facilities to provide basic child health care, basic and comprehensive obstetric care, and HIV and AIDS services.

UNICEF partnered with the Government of Liberia to conduct a nationwide WASH in Schools (WinS) assessment and a summative evaluation of the WASH programme supported by the UK Department for International Development (DfID). The WinS assessment revealed regional disparities and deprivations and was an evidence-based advocacy tool to support dialogue on the need to prioritize and invest in underserved regions, particularly in the south-eastern counties. The SARA and WinS surveys will help in planning decentralized service delivery.

UNICEF Liberia provided technical assistance in the design of a study on out-of-school children to advocate for access to quality alternative education opportunities for out-of-school children.

UNICEF Liberia supported MoGCSP to host a working session of legislators, judges and relevant professionals on accession to the Hague Convention on Intercountry Adoption. Participants expressed a willingness to take initial steps toward accession, which UNICEF Liberia will support in 2017.

Partnerships

UNICEF Liberia led the in-country Scaling-Up Nutrition (SUN) UN Network (FAO, WFP and WHO) and built the capacity of SUN civil society organizations, while continuing to support the National WASH Promotion Commission and the National Technical Coordination Unit to enhance collaboration and engagement on WASH initiatives.
In partnership with DFID; the Government of the Netherlands Directorate General for International Cooperation (DGIS), the Ministry of Public Works (MPW), MoE, MoH, and six NGOs, UNICEF Liberia supported implementation of the WinS project. UNICEF Liberia partnered with the USAID Office of Foreign Development Assistance (OFDA), DGIS and MoH for the construction and rehabilitation of WASH systems in 13 healthcare facilities.

Partnership with USAID bolstered UNICEF Liberia’s efforts to conduct outreach immunization sessions and periodic intensification of routine immunization campaigns; implement the urban immunization strategy in Montserrado; introduce new vaccines (Rota and Human Papilloma Virus); and provide logistics and cold chain management, supportive supervision, and social mobilisation.

In partnership with the World Bank, MoH and international NGOs (Samaritan’s Purse, Medical Teams International and Partners in Health) UNICEF supported the CHA programme in four south-eastern counties. HIV-related activities to support maternal, child and adolescent health were implemented in partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, enabling UNICEF Liberia to procure essential medicines and health supplies, building the capacity of health staff in supply chain management, and providing technical assistance to the National Drug Service (NDS).

UNICEF Liberia established partnerships with BRAC Liberia (to support early childhood education); UNESCO and USAID (to promote access to quality education for the most vulnerable children), and received funding/commitment from the Power of Nutrition and UNICEF UK (to scale up direct nutrition interventions in ten counties to address undernutrition in the country).

**External Communication and Public Advocacy**

UNICEF Liberia developed separate but complementary communications and advocacy strategies, aligned with key priorities identified in its annual management plan (AMP) and related annual work plans, CO resource mobilisation strategy and the global communications and public advocacy strategy. UNICEF advocated and raised awareness on critical issues for children and women through local and international media, focusing on under-reported and under-funded priorities including birth registration, social service and support to orphans of Ebola. Focus was placed on localising key global media releases to suit local audiences and priorities; localising commemoration of key international events/days; and supporting the launch of the WinS assessment report, vaccination campaigns and social mobilisation efforts.

UNICEF Liberia established partnerships with a network of 30 community and six national radio stations to raise awareness of programmatic priority areas (WASH, nutrition, birth registration, hand washing and EPI). These partnerships included the introduction of training for journalists on child- and gender-sensitive issues.

UNICEF Liberia has a website and a social media presence on Facebook and Twitter. The website served as a repository of information and includes general updates related to the work of UNICEF Liberia. Both Facebook and Twitter are used for real-time information and as key advocacy tools, to highlight the work of UNICEF Liberia and to acknowledge the contributions of donors. In 2016, UNICEF Liberia’s social media engagement resulted in a steady increase in ‘followers’ on Twitter (1,300 additional followers) and just under 1,000 new ‘likes’ on Facebook, with regular engagement of followers. As a pilot country for the launch of the global digital transformation project, UNICEF Liberia has taken part in preparations for the launch of a new website in 2017.
South-South Cooperation and Triangular Cooperation

In 2016, UNICEF facilitated South-South and triangular cooperation and networking sessions to build capacity for ownership and leadership by the Government of Liberia and national partners, including the participation of a senior staff member of MPW (at the level of assistant minister) in the April 2016 DGIS annual review meeting in Abidjan. The meeting included participants from eight other DGIS-implementing countries. UNICEF Liberia supported one senior member of Government to participate in a WASH bottleneck analysis tool training workshop in Dakar, and for another senior Government member to participate in a workshop on country-led monitoring in Abidjan.

At the DGIS review forum, UNICEF and the Government of Liberia updated participants on Liberia’s post-EVD recovery activities and challenges. A platform for knowledge and experience sharing, the meeting served to review and reflect on the implementation of DGIS-funded priority WASH actions, and assess the extent that plans for the post-EVD context are in sync with broader WASH sectoral processes. A key achievement of both the Dakar WASH bottleneck analysis tool training and the country-led monitoring workshop was the cascading effect on Government and NGO partners, who incorporated key lessons in the design of the 2017 WASH AWP. The training and workshop strengthened the Government resolve to take ownership and responsibility for leadership and coordination of WASH issues nationally.

In November 2016, UNICEF Liberia supported the participation of a Government representative and member of a civil society organization at a regional workshop in Dakar and another in Geneva on the development of a C4D response strategy for potential future EVD outbreaks and preparation for the introduction of a vaccine once it is approved by WHO.

Identification Promotion of Innovation

In 2016, more than 8,096 health workers were engaged through mHero, the mobile health communication system that assists health workers and public health officials to address issues in health service delivery, update the health information system, and facilitate access to essential medicines and commodities through regular inventory checks. UNICEF collaborated with National Drug Service in utilizing mHero to monitor the distribution of essential medicines, medical supplies and nutrition commodities in four pilot counties. The information generated from mHero allowed MoH and UNICEF to eliminate disruptions to nutrition services by preventing stock-outs and facilitating the timely distribution of nutrition supplies from the central to sub-national levels.

Despite the fact of a low literacy rate, and among the smallest of the 30 countries using the U-Report platform globally, Liberia has the third largest U-Report platform in the world in terms of absolute numbers (with more than 110,000 subscribers), and is the fastest-growing U-Report platform worldwide. Its success is due to well-targeted and intense campaigns to recruit U-Reporters and the relative accessibility of the U-Report platform. U-Report conducts polls on issues of importance to Liberian youth, using free SMS messages on simple talk-and-text phones, enabling a wider cross section of society, and especially youth, to share opinions. U-Reporters in Liberia participated in global initiatives and advocacy campaigns in 2016 including gathering data for advocacy at the International AIDS Conference; providing inputs to a global report on the prevalence and impact of bullying on children presented to the General Assembly; and by supporting the ‘#I am Syrian’ initiative to raise awareness and advocate for resources and political action on the Syrian crisis.

Support to Integration and cross-sectoral linkages

Through the SUN platform, UNICEF Liberia enhanced collaboration between the Ministry of Agriculture, MoH and MoE to reduce malnutrition and stunting and supported information
exchange between these ministries and other countries through quarterly SUN conference calls. Regular collaboration through SUN enabled the ministries to comprehensively review and align their work plans.

The cross-sectoral approach of the community health assistant (CHA) programme included health (EPI, prevention of mother-to-child transmission (PMTCT), and HIV prevention), nutrition (infant and young child feeding practices, the integrated management of acute malnutrition), WASH (IPC messaging), and child protection (birth registration). The CHA programme built linkages with programmes such as the WHO-led Integrated Disease Surveillance and Response, and with reproductive health programming led by the United Nations Population Fund and UN Women. Birth registration staff were on hand during health campaigns to conduct on-the-spot birth registration.

UNICEF supported MoE in drafting the inter-sectoral ECD advocacy and communication strategy. Inter-sectoral linkages between the WASH and education sectors improved WASH outcomes in schools in the WinS assessment, led by MPW and supported by MoE and MoH, providing unprecedented data on 5,113 schools in all 15 counties of Liberia. UNICEF Liberia collaborated with MoGCSP in a joint Government of Liberia-UN work plan on sexual and gender-based violence, teacher training on the Teachers’ Code of Conduct and reinforcement of the sexual and gender-based violence referral pathway. Joint efforts were made with C4D to sensitize communities on girls’ education and child rights, to solicit behaviour change and reduce high rates of child marriage, early pregnancy, and sexual and gender-based violence, particularly ‘sex for grades’.

Service Delivery

There was a shift in programming toward greater engagement with communities to understand their priorities and create demand for services, manifested in the community engagement approach (e.g. the CHA programme), which empowers communities to determine if planned activities are appropriate, provide feedback to implementing partners, and to take ownership of development activities.

UNICEF developed results-based planning for all programmes that improved accountability, and enabled actors to focus on achieving and reporting on results rather than on reporting progress in service delivery. The development of the 2016 annual workplans was enriched with input and reflections from sectoral and non-sectoral partners. In developing the AWPs, key areas for inter-sectoral collaboration and linkages were identified and incorporated, with roles and responsibilities delineated. Resources were mapped and milestones agreed upon. Periodic reviews, spot checks and programme monitoring visits were conducted and findings assessed during implementation to inform the next steps in the implementation process. Regular/scheduled spot checks and micro assessment feedback findings were used to gauge the partner performance. Engagement with communities enabled UNICEF to understand community needs and priorities; conducting end user reviews allowed UNICEF Liberia to evaluate the relevance and appropriateness of supplies procured and delivered to partners.

Human Rights-Based Approach to Cooperation

Programming in 2016 was aligned with recommendations of Liberia’s 2015 Universal Periodic Review and concluding observations of the Committee on the Rights of the Child and the Committee on the Elimination of All Forms of Discrimination against Women. The majority of the recommendations fall under UNICEF Liberia’s child protection programme and were reflected in the child protection priorities.
In 2016, UNICEF Liberia strengthened accountability mechanisms for child rights by building the capacity of justice sector professionals. With the support of UNICEF, 122 officers of the Women and Children Protection Section of the Liberia National Police, 10 social workers, and 22 magistrates gained knowledge on child-friendly justice procedures. UNICEF Liberia assisted the MoH Birth and Vital Statistics Unit in decentralising birth registration services, reaching 92 per cent of districts with close to 141,000 births registered, the highest recorded in a single year, and double the previous year’s figure.

UNICEF built the capacity of Government social service providers to protect the rights of the child, including the right of children to not be separated from their family, with support to 120 social workers at MoGCSP who provided family tracing and reunification services for unaccompanied and separated children.

UNICEF Liberia implemented core recommendations of the treaty bodies and Universal Periodic Review in the area of education and supported the Government to implement treaty body recommendations on HIV and AIDS, maternal and child mortality, access to health, chronic malnutrition, and other issues.

**Gender Equality**

UNICEF Liberia worked with MoGCSP, the Ministry of Justice and IsraAid, to achieve results to end child marriage and address sexual and gender-based violence in regular country programming and emergencies by contributing to actions under the five-year joint Government of Liberia–UN SGBV programme (2016-2021). UNICEF Liberia worked with MoGCSP to raise awareness on girls’ rights through events such as the International Day of the Girl Child and the 16 Days of Activism against Gender-based Violence campaign. UNICEF provided technical support for the development of the National Strategic Framework on Ending Child Marriage (2017-2019), launched in December 2016 during the 16 Days of Activism campaign.

UNICEF supported operational costs of the SGBV Crimes Unit of the Ministry of Justice and printed 6,000 copies of the revised SGBV referral pathway informational poster for distribution to schools, police depots and health centres. UNICEF supported MoGCSP to develop a National Girls’ Manifesto and to mobilise support for passage of the Domestic Violence Act.

UNICEF addressed gender inequities in education under the Let US Learn Global Programme, implemented in Liberia as GEEP. GEEP community education monitors track out-of-school girls and conduct home visits to encourage girls to return to school. The programme includes ‘girls’ clubs’ that incorporate life-skills training, peer mentoring and community outreach to reintegrate out-of-school adolescent girls, and after-school tutorials to improve learning outcomes. In 2016, 7,506 learners (4,439 girls) were enrolled in GEEP and completed the school year; 2,464 adolescent girls maintained an average of 80 per cent or above in four core subjects, and 799 out-of-school adolescent girls were reintegrated.

The National Community Health Policy provides that recruited female CHAs should be not less than 30 per cent of the total CHA workforce. UNICEF Liberia promoted gender-responsive adolescent health and HIV care.

**Environmental Sustainability**

UNICEF Liberia supported the installation of solar direct drive refrigerators for vaccine cold chain maintenance; solar-powered water supply systems and modern pyrolytic incinerators at 13 health facilities; roof catchments at schools and health facilities for rain water harvesting; and a hydrogeological investigation/mapping conducted by MPW. The total
budget for these activities was US$3.8 million and benefited a catchment population of approximately 225,124 persons. UNICEF finalized plans to undertake an environmental impact assessment as part of the USAID-funded WinS project. Major challenges included the absence of a clear national policy framework on environmental sustainability and climate change risk management; limited technical expertise to execute a wide array of technologically specific activities (e.g., the design and installation of solar systems, and operation and management of pyrolytic incinerators); and weak coordination mechanisms among relevant partners.

The UNICEF Liberia Greening Committee spearheaded efforts to reduce the office’s carbon footprint. In 2016, UNICEF Liberia installed a solar power system in its main office (100KW) and main warehouse (75KW), used in place of the diesel generator system between 6:00 p.m. and 8:00 a.m. This reduced fuel consumption and air pollution by 30 per cent. UNICEF initiated rain water harvesting; reduced the use of paper by setting printers to double-sided printing as a default setting; introduced code printing to reduce accidental prints and digitized most transactions. The office reduced carbon emissions by five per cent through the use of energy-saving equipment (Energy Star-qualified products). Where possible, UNICEF Liberia combined deliveries from various sections and prepositioned essential health and nutrition supplies in hard-to-reach areas. The reduction in the number of deliveries overall increased efficiency and reduced UNICEF Liberia’s carbon footprint.

**Effective Leadership**

In February 2016, UNICEF Liberia, through the extended annual review, undertook a lighter midterm review of its 2013-2017 CP. UNICEF developed its 2016 AMP to address key weaknesses identified through the mid-term review process, address challenges of the post-EVD recovery, mitigate risks identified through an enterprise risk management exercise and improve office performance.

Key programme and operations indicators were agreed upon and were reviewed at weekly section meetings and monthly country management team (CMT), programme management team (PMT) and operations management team (OMT) meetings. Key performance indicators (KPIs), including the harmonized approach to cash transfers (HACT) assurance plan, were reviewed during section, CMT and PMT meetings.

Section meetings were attended by the HACT specialist and the supply unit, who ensured that sections were tracking progress on KPIs and recommendations made by the PMT, OMT and/or CMT. Each programme unit and section meet weekly to update and review progress in programme implementation, supply requisition and distribution, direct cash transfer (DCT), and HACT assurance activities; and to identify bottlenecks, risks, and appropriate solutions. UNICEF Liberia reviewed its standard operating procedures to improve efficiency in processing human resources, supply, logistics and financial transactions.

Implementation of recommendations from the enterprise risk management exercise was monitored by the CMT, and progress in managing risks reviewed at the mid-year and end-year reviews of the 2016 AMP to inform 2017 AMP priorities. The statutory committees and table of authorities are mandated to ensure that risks are mitigated by reviewing work processes. Monthly PMT and OMT meetings, and weekly section reviews of indicators, function as early warning mechanisms for risk.

The business continuity plan was reviewed at the end of 2016. The revised BCP will be finalized in early 2017, and two business continuity plan simulations are planned for the year.
Financial Resources Management

The country management team reviewed financial implementation, key office management indicators, donor reporting performance and compliance, funds utilization, DCT status and office priorities. The table of authority was regularly updated, most recently in September 2016, and generated no segregation of duties violations. Timely bank reconciliations remained an important mechanism for internal control of cash. Monthly cash forecasts were reinforced to ensure bank optimization, and cash replenishment requests were based on forecasted needs. UNICEF Liberia maintained end-month bank balances of less than 25 per cent of monthly replenishment amounts in seven out of 12 months in 2016.

An internal audit on the EVD response was conducted in 2016. The audit report was not shared as of December 2016. However, UNICEF Liberia began addressing the audit observations that were informally shared.

Expenditure status, including DCTs, was monitored by programme sections, resulting in zero balance of outstanding DCT balances over nine months (down from 0.9 per cent in 2015), and 100 per cent utilization of funds.

UNICEF Liberia encouraged implementing partners to access an online training module on the Funding Authorization and Certificate of Expenditure form and facilitated a HACT training session to develop their understanding on processes and build confidence and accountability among partners. Ninety-nine (of a planned 106) programme visits, 27 planned spot checks were completed, and 28 planned audits were conducted. The findings from the HACT assurance activities were shared with partners and monitored to close/address all observations.

Fundraising and Donor Relations

UNICEF strengthened its partnerships with donors, particularly those with local presence (USAID, USAID/OFDA, EU and World Bank), and engaged with USAID and USAID/OFDA to manage their contribution of more than US$70 million for the EVD emergency response. UNICEF Liberia obtained an extension of the remaining US$30 million grant, allowing for the completion of the distribution of essential drugs to end users and the construction of WASH facilities in health care facilities.

The total allocation for 2016 was US$38.17 million which was 100 per cent utilized.

UNICEF Liberia did not achieve its fundraising target of other resources-regular (ORR) for regular programming, with a shortfall of US$55 million for the CP 2013-2017 due to the suspension of regular activities during the EVD outbreak. All contributions received during the EVD outbreak period were labelled as other resources-emergency (ORE), though some were ORR in nature.

UNICEF Liberia maintained its ongoing record of 100 per cent donor reports sent on time, and improved the quality of donor reports. Drafted by programme managers and technical unit heads with inputs from all responsible persons, donor reports were shared with the Deputy Representative’s office through the reports officer and resource mobilization specialist for final clearance. A mandatory donor report checklist was developed for section heads to enhance the quality of reports, foster accountability and keep the focus of reporting on results.

Evaluation and Research

Development and finalization of the 2016 integrated monitoring, evaluation and research plan was informed by programmatic priorities and critical information gaps in the post-EVD
context. Twelve studies, evaluations and assessments were planned: seven were completed. These included three baseline assessments on the community health programme (qualitative, quantitative and mapping of community health volunteers); the National WinS Assessment; the Liberia National Nutrition Survey; the Mid-term Review Report; and a summative evaluation for a water and sanitation project funded by DFID. Three additional studies will be completed and disseminated in 2017: The Situation of Children and Women in Liberia, the Labour Survey and the Out-of-School Study. The remaining two assessments (Gender Audit and HIV Adolescent Assessment) were postponed to 2017. All these studies and evaluations were jointly planned with relevant line ministries and UNICEF; implementation took place under Government leadership.

Information sharing between UNICEF WCARO and UNICEF Liberia allowed for the efficient recruitment of consultants who provided impartial, objective and useful survey results. The findings were used in programme strategies and priorities. The WinS Assessment provided crucial data on schools nationwide for WASH-programme planning. The WASH summative evaluation revealed slippage among communities previously declared open defecation-free (ODF), indicating potential weaknesses in the CLTS programme. Accordingly, UNICEF Liberia took remedial measures and plans to conduct an in-depth study as part of the 2017 WASH AWP to understand the reasons for this slippage. Findings will be used for decentralized programme planning. A management response to address all recommendations was drafted in consultation with all stakeholders.

UNICEF Liberia met performance targets with a cumulative total of three evaluations during the current CP. UNICEF spent 0.6 per cent of its total budget on evaluations, falling short of the 1 per cent threshold established in the UNICEF Liberia evaluation policy.

**Efficiency Gains and Cost Savings**

An upgrade of the office’s solar power system in September enabled UNICEF Liberia to reduce fuel consumption by generators by 30 per cent. This translates into approximately 12 hours of exclusive solar power usage and cost savings of approximately US $4,400 per month. UNICEF Liberia led an initiative on staff shuttle cost recovery, endorsed by the UN Country Team, which reduced monthly operational costs from the operations budget by US$2,500.00. The use of long-term agreements (LTAs) enabled UNICEF Liberia to reduce costs overall. The Information and Communications Technology (ICT) section worked with a local telecommunications company to replace the office’s E-1 operating system, which will reduce costs by approximately US$10,800 annually.

UNICEF Liberia has implemented six of the eight opportunities to streamline practices recommended by the Deputy Executive Directors, including: opportunities to improve efficiency through revised financial thresholds for the contract review committee, partnership review committee, and small-scale funding agreements; undertaking only the minimum number of spot checks and micro-assessments required under HACT; and discontinuing use of staff travel authorization forms. These actions led to efficiency gains in both programme and operations in 2016.

**Supply Management**

UNICEF Liberia supported service delivery for health and education activities by ensuring the timely provision of essential goods and services totalling nearly US$12 million, and procurement of goods and services for community, school and health facility WASH programmes (worth an estimated US$7 million). Forty long-term agreements (LTAs) for the procurement of goods and services were developed. With the support of UNICEF Procurement Services, UNICEF Liberia facilitated the procurement of vaccines, cold-chain equipment and essential medicines for MoH and other partners.
UNICEF focused on building partner capacity at the national and county levels in supply-chain operations and management to ensure minimal interruption and stock-outs in the distribution of essential medicines and supplies to health facilities. UNICEF strengthened Government supply and logistics capacity by providing warehousing rental space for essential drugs, transportation assistance and prepositioning at the county level. Due to weak Government capacity in logistics and warehousing, UNICEF continued to support in-country logistics (customs clearance, warehousing, and transportation). National Drug Service took greater responsibility in 2016 for the management of warehousing including storage and distribution of quarterly nutrition supplies at county warehouses. The ongoing challenge is ensuring the timely distribution of these supplies from the National Drug Service warehouse to the county warehouses, due to limited Government logistics resources.

By the end of 2016, UNICEF Liberia had: (a) supported MoH to pre-position essential medicines and supplies to more than 361 health facilities, (b) distributed over 760,000 teaching and learning material kits to more than 4,200 schools, and (c) dispatched more than US$8 million in supplies from UNICEF Liberia warehouses, including supplies left over from the EVD crisis. UNICEF collaborated with other UN agencies on common procurement and supply-chain management, and used the dashboard for efficient supply-chain performance monitoring and response.

**FINAL OUTPUT 1**

<table>
<thead>
<tr>
<th>Value of all supply input (goods and services)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$5,755,193</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$514,111</td>
</tr>
<tr>
<td>Services with construction</td>
<td>US$5,836,366</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$12,105,671</strong></td>
</tr>
</tbody>
</table>

**FINAL OUTPUT 2**

<table>
<thead>
<tr>
<th>Value of supplies channelled via Procurement Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>via Regular Procurement Services</td>
<td>US$258,735</td>
</tr>
<tr>
<td>via GAVI</td>
<td>US$2,560,877</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$2,819,612</strong></td>
</tr>
</tbody>
</table>

**FINAL OUTPUT 3**

<table>
<thead>
<tr>
<th>Value of locally-managed procurement</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>$1,418,294</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>$511,838</td>
</tr>
<tr>
<td>Services</td>
<td>$5,836,366</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,766,499</strong></td>
</tr>
</tbody>
</table>

| Current value of inventory, UNICEF warehouse | US$1,343,033 |
| Total value, supplies issued from UNICEF warehouse | US$8,990,129 |
| Total value, supplies managed in UNICEF warehouse | US$10,022,629 |
Security for Staff and Premises

At the office level, enhanced access control measures were put in place: closed-circuit TV cameras were installed and functioning twenty-four hours per day; barbed wire and fence lighting were installed as well. One hundred per cent of UNICEF Liberia staff were certificated in mandatory 'Basic/Advanced Security in the Field' training. The main offices and warehouses were compliant with the Minimum Operational Security Standards (MOSS). Additional critical incident procedures were put in place, and security and fire awareness workshops, fire drills and inspections were conducted.

UNICEF Liberia vehicles are MOSS-compliant and outfitted with HF and VHF radios. All residences of UNICEF Liberia international staff were fully MORSS-compliant. A fire warden system for local and international staff is in place, and warden lists and the emergency communication tree was updated. The staff database was regularly updated and shared with UNICEF’s Emergency Operations Centre (OPSCEN). UN Department of Safety and Security (UNDSS) clearance procedures for staff movement were upheld.

Security management team meetings were held monthly and key safety and security issues were considered in relation to both staff and to programme planning/implementation. There were no major security-related threats that impeded activities of the UNICEF Liberia CP. UNICEF Liberia provided security information and services where relevant in programme implementation (for example, providing a security escort during delivery of programme supplies) and held security briefings for staff in partnership with UNDSS throughout the year.

Human Resources

With the lifting of the L3 emergency designation, UNICEF Liberia sought to maintain minimum emergency preparedness while resuming development programming. A results-based approach was used to assess human resource (HR) requirements and capacity gaps, and staff strength was adjusted accordingly. All emergency positions were eliminated and zonal emergency offices closed. As of 31 December, UNICEF Liberia employed 22 international professionals, 26 national officers, and 45 general services staff.

RR funds were utilised to temporarily extend critical positions (senior emergency specialist, human resources specialist, HACT specialist). An emergency focal point (child survival and development specialist) was appointed following the departure of the senior emergency specialist.

Performance-related discussions were held between supervisors and supervisees. By 30 March 2016, 89 per cent of staff had completed the evaluation phase of the performance assessment system for the preceding year, and by 30 June 2016, 96 per cent of staff had completed the planning phase of Performance Assessment System for 2016.

The final action of the Global Staff Survey 2014—office efficiency and effectiveness on HACT compliance—was completed in 2016 through both online and in-person refresher training. A consultative training plan was developed to address the capacity gaps. All programme staff completed mandatory online training on HACT and the Funding Authorization and Certificate of Expenditure form, which has led to greater facility in the use of these processes. A two-day staff retreat focused on teambuilding was held in August. Staff built their capacity through completion of a week-long training on Results-Based Management (RBM).
The UN Cares focal point provided training for other UN agencies serving as post-exposure prophylaxis kit custodians. In 2016, six of the ten UN Cares minimum standards were implemented.

**Effective Use of Information and Communication Technology**

ICT supported programme implementation with innovative projects and field data collection. The use of RapidPro technology to conduct surveys allowed for real-time data collection and tracking of supplies. ICT resources were engaged in the implementation of open-source and mobile tools: UNICEF Liberia piloted e-Trips—an innovative application for automating staff and implementing partners’ travel reports, allowing for better management by consolidating information on staff and partners’ travel.

Cloud-based service configuration allowed staff to promptly send and receive e-mails, attend web-based conferences, access Vision remotely and perform other corporate functions as required, increasing efficiency and productivity. Skype for Business, a cloud-based application, bridged the communication gap between geographical locations by enabling staff to attend video conferences remotely.

All three BCPs and the IT disaster recovery establishments were satisfactorily completed at the warehouse and senior management residences, and connected to office LAN via radio links for a secure and reliable connection to UNICEF resources.

UNICEF Liberia has reduced its ICT footprint through the closure of all three zonal offices and other measures such as eradicating the use of individual printers and setting network printers to be duplex print-ready to conserve paper. UNICEF Liberia invited the regional ICT chief to assess the effectiveness and efficiency of ICT processes; recommendations implemented in 2016 included the installation of universal WiFi for UNICEF staff to ensure a secure connection and reduction in the number of office printers to reduce spending on ink cartridges.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Effective and efficient management and operations management and support to programme provided to all programme

**Analytical Statement of Progress:**
In 2016, activities were implemented contributing to significant cost savings. The communication strategy was revisited and post-paid GSM numbers were converted to pre-paid monthly top-up credit injections with a discontinuation of data roaming. The solar power system was operationalized and the office worked to maximize the system’s capacity. Control and monitoring mechanisms for overtime requests and approvals were strengthened, and cost recovery rates for shuttle services were determined based on the actual amounts of the associated costs, excluding drivers’ salaries. Participation in the Request for Proposal for banking services evaluation enabled achievement of substantial savings from bank charges and improved the efficiency of business transactions.

The development and revision of 20 Standard Operating Procedures (SOPs), a 2016 AMP priority, contributed to office efficiency and effectiveness. With adequate preparatory activities and training provided to staff, the GSSC transitions for finance, MDM and HR module were successful and smooth.
Operations 2016 AWP was developed with the full participation of the Operations team members. The progress of work plan implementation was monitored at weekly section and monthly OMT meetings. Key Operations matters were tabled for discussion at monthly CMT meetings. This facilitated the achievement of work plan results. UNICEF Liberia’s Operations team participated in coordination activities through the UN OMT and its working groups to contribute to and benefit from resulting cost savings and efficiency gains for the entire UN system.

Two Operations-related AMP priorities were not fully implemented: the Suppliers Market Survey for key commodities and services utilised by the CO, and 50 per cent closure of May’s audit recommendations. The Liberia CO did not yet receive an official audit report from OIAI. However, the office had already implemented informal audit observations by year’s end.

UNICEF Liberia collaborated with UN agencies, namely the OMT and affiliated working groups, HR, ICT, Admin/Finance and Supply and the UNDSS. Technical assistance was received from the Regional Operations, ICT, HR and Security Advisors Teams.

**OUTPUT 1** Effective and efficient governance structures and systems.

**Analytical Statement of Progress:**
The office maintained five service level agreements with service providers. In 2016, UNICEF Liberia experienced three breaches in technical services but obtained redress for all three breaches (breaches were compensated by the service providers).

In 2016, the percentage of service level agreement breaches was 0.82 per cent, down from the five per cent baseline but a slight increase over the 0 per cent achieved in 2015. UNICEF Liberia’s ICT system uptime rate stood at 99.45 per cent, a marginal decrease from the 99.99 per cent baseline and 2015 rate. Ninety-one per cent of UNICEF vehicles were MOSS-compliant, and plans were underway to equip the outstanding vehicles with radios to rapidly bring them into compliance.

In line with AMP priorities, SOPs for 20 work process areas were developed and updated, streamlining and simplifying business processes and procedures. A participatory approach was used for the exercise to foster ownership and engender office-wide knowledge, understanding and use of the SOPs. The operationalization and monitoring adherence to the established SOPs will continue to be one of the office’s 2017 key priorities.

Three amendments were made to the table of authorities to reflect staff movements, as well as to reflect changes in workflows following the GSSC transition. At a special August session, the CMT reviewed the implementation progress of the enterprise risk management recommendations and identified action points for follow-up, including a suggested drill for the warden system that includes national staff relocations. UNDSS scheduled this drill for February 2017 for all UN agencies.

UNICEF Liberia transitioned to the GSSC on 29 June, and the timely implementation of preparatory activities made the transition to GSSC a success. The CO fully transferred HR services to the GSSC on 14 November 2016. The Human Resources Unit organized three trainings to familiarize all staff with the use of new HR systems (ACHIEVE, MyCase and the Talent Management System.

UNICEF Liberia was occupied during the first half of 2016 with audit preparation activities and audit field work. Consequently, some planned activities had to be carried forward to 2017, including the BCP simulation exercise. Despite this shortfall, the BCP documents were
reviewed and revisions to make the BCP more practicable and effective for emergency response will be finalized in 2017.

The final 2016 audit report was not received by the end of the year. UNICEF Liberia has already begun to take measures to address the audit observations, and the office’s audit task force has been tasked with monitoring implementation. The implementation of the audit observations/recommendations will continue to be one of the key office priorities in 2017.

Regional ICT conducted a peer review mission from 19-23 September 2016 to provide recommendations to strengthen ICT performance and controls, and laid a foundation for the office’s ICT priorities and governance for 2017.

The recommendations will be fully implemented within the first quarter of 2017.

OUTPUT 2 Effective and efficient Management and Stewardship of Financial Resources

Analytical Statement of Progress:

In 2016, seven out of 12 months had end-month bank balances that were less than 25 per cent of monthly replenishments, below the 2015 performance of 10 months. RR funding was 100 per cent committed, and DCT outstanding balances of more than 9 months represented 0.00 per cent of the total balance.

The Finance Unit will be required to thoroughly monitor the month-end cash balances and diligently work with programme sections to ensure cash needs are forecasted as realistically as possible to improve performance. DCT outstanding balances were critically reviewed by both the PMT and CMT with required actions addressed to clear long outstanding balances. The timely bank reconciliation remains a positive internal control area.

In September, a solar power system was installed at the main office and warehouse, which enabled the office to switch to solar-generated power after regular working hours, reducing the fuel costs by 30 per cent. The fuel usage reduction is anticipated to improve after the system is fully stabilized.

Controls and monitoring mechanisms for overtime work were strengthened in the interest of staff well-being, to increase efficiency and to reduce overtime expenses. UNICEF Liberia took the lead in streamlining the cost of staff shuttles throughout the UN agencies in the country.

The OMT and the Procurement Working Group collaborated to develop joint LTAs for enhanced efficiency and cost-effectiveness. Common LTAs in 2016 included fuel supplies, tanker and drinking water, travel agents, security guards, vehicle garages and internet connectivity.

The electrical re-wiring project work was completed for the office and warehouse, a crucial step taken in 2016 to improve fire-preventive measures.

UNICEF Liberia in collaboration with UN agencies, conducted a joint evaluation of banking services proposals submitted by invited banking entities. The outcome of this exercise once implemented will enable UNICEF Liberia to achieve substantial savings from bank charges of approximately US$110,000 annually and make business transactions more efficient.

A paperless travel authorization process was fully implemented. The streamlined strategy towards telephony and data communications post EVD emergency resulted in communication cost reduction by approximately US$100,000 annually.
The annual asset count and reconciliation exercises were completed on 29 September 2016. The approved post physical count PSB’s recommendations will be fully implemented within the first quarter of 2017 timeframe.

A greening committee was established to create an organization cultural shift to greater consideration of environmental impacts in decision-making processes and activities. In December, the CO applied for funding support through the Greening and Accessibility Fund on a project to improve Energy Efficiency by using technologically enhanced LED lighting fixtures and installation of key switch/timers to regulate power to air conditioners during non-office hours.

The drastic post-EVD reduction of funds prevented the CO to extend the contracts of experienced staff in critical Operations positions. Staff re-profiling as a result of the GSSC transition and a critical analysis of human capacity needs will be carried out in 2017.

OUTPUT 3 Effective and efficient Management of Human Resources

Analytical Statement of Progress:
With reduced staffing needs following the end of the EVD emergency, HR capacity was reduced from 154 (as of 31 December 2015) to 92 (as of 31 December 2016). A Programme Budget Review reflecting the updated priorities of the regular (non-emergency) CP was finalized in June 2016, and resulted in the creation of five new positions and the extension of OR-funded positions in several key areas.

By 30 March 2016, 89 per cent of staff had completed the evaluation phase of the performance assessment system for the preceding year, and by 30 June 2016, 96 per cent of staff had completed the planning phase of Performance Assessment System for 2016. The CO action plan on the 2014 Global Staff Survey results was fully implemented in September 2016 with the completion of the remaining action point on office efficiency and effectiveness in compliance with the HACT.

Three new HR programmes---ACHIEVE, MyCase, and TMS---were institutionalized as part of global UNICEF HR reforms. Three group trainings were conducted on these new systems, which provided staff with basic knowledge on their functions. Six additional group trainings were conducted by HR on various professional development and skills training during the year to enhance the capacity of UNICEF Liberia staff.

Two security sessions were held, and 100 per cent of staff who joined UNICEF Liberia in 2016 attended an induction security briefing within the first week of their arrival. Quarterly reviews of all existing residences of international professional staff and new residence requests were conducted with the assistance of UNDSS. National staff were provided with salary advances, upon request, to enhance security measures at their residences. A re-wiring of the office electrical system was completed as a fire prevention measure, and CCTV camera monitoring display units were installed in the Security Operation Centre of UNDSS, enabling Security Operation Centre to monitor security within and outside the UNICEF Liberia office compound at all times.

Because UNICEF Liberia focused most of its efforts on the rollout of new HR systems, and an internal audit in April and May, group trainings fell short of the baseline target of 34. Accordingly, in 2017, more focus will be placed on learning and development initiatives, including supporting staff in the implementation of professional development plans (linked to the Agora online platform) in annual performance planning. With the institutionalization of TMS, the use of KPIs will be expanded from recruitments for IP fixed-term positions to all positions.
UNICEF Liberia collaborated with the UN HR Working Group to identify opportunities for streamlining HR work and building cohesion among UN agencies. Key activities (such as a unified on-board package and a costing framework for national consultants) were completed in 2016, while additional activities were postponed to 2017 pending review and approval from the OMT.

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

Analytical Statement of Progress:
When Liberia emerged from the major EVD outbreak in May 2015, UNICEF Liberia and partners supported the Government to restore health services and to build a more resilient health care system. Based on the priorities set forth in the Government’s Investment Plan for Building a Resilient Health System in Liberia and the National Health and Social Welfare Policy and Plan 2011-2021, UNICEF Liberia and partners assisted the MoH in developing the National Community Health Services Policy. A core element of National Community Health Services is the training of a new cadre of CHWs to provide basic health services to the estimated 29 per cent of the population living more than five kilometres (or a one-hour walk) from the nearest health facility. Community health services administered by CHAs are intended to bridge the gap between health facilities and communities, and ultimately to reduce inequities in health outcomes.

In 2016, the Government of Liberia remained committed to its co-financing contribution, provision of qualified and dedicated staff, and effective collaboration with key health partners (UNICEF Liberia, WHO, GAVI and USAID) in supporting the delivery of high-quality immunization services. Under the flagship programme roadmap for accelerating the reduction of maternal and new-born morbidity and mortality in Liberia (2011-2015), the Government of Liberia strove to ensure that life-saving interventions were made available to all mothers and new-borns.

UNICEF Liberia and partners (World Bank, USAID) worked with MoH and other ministries (including the MoE and the MoGCSP) and civil society organizations to develop an integrated and standardized health service delivery package and training curriculum for CHAs. In 2016, UNICEF Liberia supported the CHA programme in the five south-eastern counties--- among the most deprived in the country--- to extend the reach of the country’s primary health care system to hard-to reach and vulnerable communities. Of the programme’s anticipated total of 2,000 CHAs and 500 CHSSs UNICEF Liberia has supported 872 CHAs and 108 CHSS for deployment to the southeast.

Using Penta-3 and measles vaccines as indicators, the trend in routine immunization coverage rates was progressive in 2016: Penta-3 administrative immunization coverage rose from 68.7 per cent in December 2015 to 93.4 per cent in December 2016. UNICEF Liberia ensured the availability of effective cold chain and logistics systems and timely procurement and delivery of vaccines (BCG, OPV, measles and tetanus toxoid) precluded vaccine stock-outs, contributing substantially to the increased immunization coverage. Two new vaccines were introduced in 2016: Rotavirus (nationally) and Human Papilloma Virus (HPV) (piloted in two counties). The increase in immunization coverage was due in large part to wide-scale social mobilisation activities carried out by 2,328 general community health volunteers (gCHVs), 201 social mobilisation supervisors and 1,000 town criers deployed in hard-to-reach areas during the National Immunization Days campaigns.

Institutional delivery rates increased from 47.6 per cent in December 2015 to 56.8 per cent in December 2016. The percentage of pregnant women using IPT2 (for malaria prophylaxis)
increased substantially, from 37.2 per cent in 2015 to 48.4 per cent in 2016. With the support of UNICEF Liberia and partners, the SARA and Quality of Care (QOC) was completed. Of the 701 health facilities assessed, SARA found that 89 per cent offered delivery care services, but that the mean availability of newborn signal functions (i.e., essential services) stood at just 55 per cent, and that only 51 per cent of hospitals were able to provide comprehensive emergency obstetric and newborn care. SARA is the first comprehensive assessment of its kind in Liberia, providing much-needed baseline information on the service provision capacity of health facilities in Liberia. Its findings will enable the Government and partners to track progress in the health system’s response to increased investments over time. UNICEF and partners successfully advocated for weekly reporting on the MNDSR to be included in the IDSR.

Up to September 2016, 335 health facilities sustained service provision for integrated reproductive, maternal, newborn, child and adolescent health (RMNCAH) and PMTCT of HIV services. Nearly 85 per cent of all infants born to HIV-positive mothers were initiated on anti-retrovirals (ARVs) for PMTCT (as compared with 83 per cent during the same period in 2015), while ARV initiation for HIV-positive pregnant women increased from 22 to 59 per cent between 2015 and 2016.

UNICEF Liberia is a member of the H6 Partnership that supported MoH to accelerate progress in maternal and newborn health through contributions from the Swedish International Development Cooperation Agency (SIDA). Results achieved in the health sector were made possible through close collaboration with WHO, USAID, UNFPA, JHPIEGO, and the CDC, all of which extended technical and logistics support to MoH at both the national and county levels.

OUTPUT 1 National routine immunization reaches each and every child, coverage is sustained at more than 85 per cent as measured by Penta 3 and SIAs reach >90 per cent coverage of the target population including hard-to-reach areas

Analytical Statement of Progress:
By December 2016, 93.4 per cent (or a total of 150,307) of children under one year of age were vaccinated with Penta-3, up from 68.7 per cent the previous year. An average of 97 per cent coverage was achieved during four rounds of SIA, with the highest coverage reached in October (99 per cent) and the lowest in March (95.7 per cent). This increased coverage was due in part to the increased number of outreach activities conducted in 2016, including one Periodic Intensification of Routine Immunization and two outreach sessions. UNICEF Liberia and partners built the capacity of 1,068 health care workers and 50 national- and county-level EPI supervisors in immunization service delivery. To address inequities in access to health services, the urban immunization strategy in Montserrado County was expanded from 50 to 60 public health facilities and from 12 to 15 market sites between 2015 and 2016. The use of community structures to promote social mobilization increased the demand for immunization services.

UNICEF ensured the uninterrupted supply of high-quality, WHO-standard vaccines by providing technical support to MoH for vaccine forecasting, ensuring that forecasted vaccines arrived in Liberia on time; that distributions made on schedule; and ensuring the quality and potency of vaccines through temperature monitoring studies from the national level to service delivery points, including a temperature mapping study for two cold rooms and one freezer room at the national level. Functional cold chain equipment at service delivery points increased by 29 per cent (from 343 functional CCEs in 2015 to 483 in 2016). UNICEF Liberia procured and delivered 4,150,000 doses of OPV for four rounds of polio SIAs and 1,328,500 doses of vaccines for routine immunization (BCG, OPV, measles and tetanus toxoid). UNICEF also supported the installation of 140 solar direct drive refrigerators to strengthen the cold chain system at the county level.
To sustain the high coverage of Penta 3, two rounds of Periodic Intensification of Routine Immunization were planned, but only one was conducted in January and May 2016 due to a shortage of funds at the county level. To prevent further funds shortages, UNICEF worked with MoH to ensure the timely submission of requests, disbursement and liquidation of funds. A major challenge was the high attrition rate of vaccinators, as 80 per cent of them were not included on the regular Government payroll. To mitigate this, UNICEF Liberia advocated for MoH to partner with training institutions to formalize the training and accreditation of vaccinators in order to accelerate their recruitment.

In collaboration with WHO, UNICEF Liberia conducted an equity assessment to identify children who were missed during earlier immunization activities in five counties. WHO, USAID and partners successfully introduced Rotavirus vaccine nationally in routine immunization and the HPV vaccine demonstration programme in Bong and Nimba counties.

**OUTPUT 2** 70 per cent of children

**Analytical Statement of Progress:**
In 2016, the provision of basic health services increased in four of five targeted south-eastern counties for communities located more than five kilometres (or a one-hour walk) from the nearest health facility, through the integrated community case management approach of the community health programme.

UNICEF Liberia supported CHAs in five south-eastern counties (Grand Gedeh, Grand Kru, Maryland, River Gee and Sinoe) to provide basic maternal and newborn health services to hard-to-reach populations, and provided technical assistance to the MoH to develop and adopt the Revised National Community Services Policy and Revised National Community Health Services Strategic Plan, 2016-2021. UNICEF Liberia supported MoH in recruiting and training 125 master trainers in all 15 counties, and contributed to the development of the CHA/CHSS training curricula. With UNICEF support, 872 CHAs and 108 supervisors were recruited by county health teams and other implementing partners and implementation of the CHA programme began in four of the target five counties. By end of 2016, 58 per cent of CHSSs and 30 per cent of CHAs had been recruited in Grand Gedeh, River Gee, Sinoe and Maryland. CHSS training was ongoing in Grand Gedeh, Maryland and River Gee. Recruitment and training of all CHAs and CHSSs are expected to be completed in 2017.

By December 2016, 70 per cent of children under five with diarrhoea were treated with oral rehydration sachets and zinc, exceeding the annual target of 50 per cent; 29 per cent of children under five with fever were treated with ACT for the treatment of malaria within 24 hours at the community level, falling short of the annual target of 50 per cent.

This shortfall was due to the delay in the roll out and implementation of the CHA programme. It was expected that all CHAs and CHSSs would be trained and deployed to provide basic health services to hard-to-reach populations in 2016. However, due to delays in finalization of the CHAs/CHSS curricula and recruitment of front-line workers, 2016 targets for these basic services were not met. UNICEF was accelerating training for the CHAs and CHSS who were recruited in the five south-eastern counties, with an anticipated completed date in January 2017.

UNICEF engaged three implementing partners (Partners in Health, Medical Teams International and Samaritan’s Purse) through PCAs for the effective implementation of the CHA programme in four south-eastern counties (Grand Kru, Maryland, Rivercess and Sinoe). UNICEF provided direct support to the Grand Gedeh County Health Team for the implementation of the CHA programme, implemented in seven additional counties with the
technical and financial support of the USAID Maternal and Child Survival Programme, Last Mile Health, Save the Children, the International Rescue Committee, and Plan International.

OUTPUT 3 National and county levels have technical and managerial capacity to provide newborn, child and maternal health services

Analytical Statement of Progress:
In 2016, 56.8 per cent of births were attended by skilled birth attendants, surpassing the annual target of 50 per cent. The proportion of pregnant women using IPT2 (for malaria prophylaxis) was nearly met by December 2016 at 48.4 per cent against a targeted 50 per cent.

Progress in MNCAH gained momentum in 2016 following a decline during the EVD outbreak and its aftermath. UNICEF supported the capacity building of 540 community health volunteers (360 trained traditional midwives and 180 general community health volunteers) on home-based maternal and newborn care in Grand Gedeh, Maryland and Sinoe counties, as well as the capacity building of 90 health workers from Grand Gedeh, Grand Kru and Sinoe counties in the IMNCI to strengthen service delivery for newborn health at clinics and hospitals.

UNICEF Liberia supported SARA that assessed 701 health facilities throughout Liberia. SARA found that 89 per cent of health facilities offered delivery care services, but only 55 per cent of assessed health facilities could provide newborn signal functions (i.e., essential services), and only 51 per cent of hospitals assessed could provide comprehensive emergency obstetric and newborn care.

MNDSR indicators were included in the IDSR and reported on a weekly basis. Reporting of maternal and newborn deaths remained low, at only 10 to 15 per cent of all estimated maternal and newborn deaths due to the prevalence of unreported deaths occurring outside of health facilities. UNICEF conducted MNDSR in Maryland County, however the quality and management of MNDSR data were constrained by issues in data collection, timeliness, accuracy, analysis and feedback for action. UNICEF advocated for a stronger collaboration with the Monitoring and Evaluation Division and Family Health Division of MoH to address these challenges.

UNICEF Liberia provided technical assistance to MoH for tracking progress on newborn health as part of the West and Central Africa Every Newborn Action Plan. Under this initiative, UNICEF advocated for the inclusion of stillbirth reporting in routine reporting systems, which will provide critical evidence to address intrapartum causes of death and prevent neonatal mortality. UNICEF Liberia procured 200,000 units of Chlorhexidine for umbilical cord treatment, sufficient to cover all annual births, and provided instructional materials for caregivers and health clinics on its appropriate use in newborns.


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

Analytical Statement of Progress:
EPHS is linked to the ensured availability of essential medicines and supplies at health clinics and in communities. Four rounds of essential medicines distribution in 2016 effectively ensured the availability of essential medicines in 361 health facilities. Essential medicines were prepositioned in remote counties to ensure availability before the rainy
season, when travel by road becomes almost impossible and vulnerable populations are at risk of being deprived of essential medical services. Prepositioning essential medicines contributed to service continuity and enabled the county health teams to continue to respond to health needs throughout the year.

UNICEF Liberia supported the procurement of essential medicines and health supplies based on the MoH 2016 forecast, excluding quantities procured by the USAID Fixed Amount Reimbursement Agreement programme. UNICEF provided technical and financial support to the MoH Supply Chain Management Unit for integrated capacity building on the Logistics Management Information System (LMIS), as well as capacity building for health facility staff on the rational use of medicines, pharmacovigilance, and pharmaceutical waste management. A total 157 health professionals, including 110 officers-in-charge, 11 dispensers, five county pharmacists and 30 support staff from all 15 counties of Liberia obtained skills in these subjects in 2016, with a curriculum integrating inputs from the MoH Pharmacy Division, SCMU and the Liberia Medicines and Health Products Regulatory Authority, comprehensively addressing all elements of supply chain management.

To support the CHA programme, UNICEF provided technical support to include a community-based component in LMIS. With the introduction of Community-LMIS (c-LMIS), OICs supported the drug and supply needs of CHAs and CHSSs at the community level. To review utilization and service delivery at the health management pattern two rounds of joint integrated supportive supervision of MNCH services were completed in 75 per cent of the targeted 422 facilities in 15 counties. Once gaps were identified in service delivery, skills, drug management, supplies and information, community health teams assisted health workers to promote better EPHS service provision.

UNICEF Liberia worked with WHO and the MoH Pharmacy Division to update the Essential Drug List in accordance with the latest guidelines. In partnership with USAID CSH, UNICEF provided technical assistance to SCMU to review the list of tracer commodities to monitor supply chain performance, the finalization of the redesign of LMIS, and, in collaboration with Last Mile Health and USAID Deliver, the design of the LMIS component.

Stock-outs of certain programmatic commodities, including for mental health, continued due to weak coordination among procurement partners and misalignment between various supply chain actors. UNICEF supported MoH in procuring a limited amount of mental health drugs.

The involvement of county pharmacists and health facility staff has proven beneficial in improving supply chain delivery and increasing access to medicines and health supplies.

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

Analytical Statement of Progress:
In 2016, HIV services were fully reactivated at the health facility level and a total of 378 health facilities were providing HIV services in 15 counties. Integrated RMNCAH, elimination of MTCT and paediatric HIV care was provided at 335 health facilities. ARV initiation for HIV-positive pregnant women more than doubled in 2016, up from 22 per cent in 2015 to 59 per cent in 2016. There was a slight increase in the percentage of HIV-exposed infants receiving ARV prophylaxis treatment, up from 83 per cent in 2015 to 85 per cent in 2016.

The capacity of community-based organizations was built to facilitate awareness sessions on sexual and reproductive health and rights in Grand Gedeh, Maryland, Nimba and River Gee counties. The community-based organizations conducted community outreach; and
trained youth, adolescents and women’s groups on HIV and AIDS, sexual and reproductive health, and on EVD infection prevention and control. In 2016, outreach sessions reached 513 adolescents and youth from four counties. Additionally, 80 adolescents and youths were trained as peer educators in HIV prevention and sexual and reproductive health and rights.

UNICEF provided technical assistance to strengthen the implementation of integrated RMNCAH and HIV services in six south-eastern counties, where 96 per cent of health facilities were providing integrated RMNCAH and HIV services. UNICEF Liberia provided technical assistance to three additional priority counties (Bomi, Gbarpolu and Montserrado) by supporting county health teams in programme design, capacity building of service providers, procurement of HIV commodities and revised data collection on HIV and PMTCT. UNICEF Liberia supported the roll out of Option B+ for eMTCT, and the capacity of 219 of 250 health workers (nurses, midwives, pharmacists) was built, enabling them to provide treatment in accordance with Option B+ in all nine target counties. In 2016, there was an incremental increase in early infant diagnosis with the provision of Dried Blood Spot bundles.

UNICEF Liberia supported care, life/livelihood skills training and empowerment programmes for vulnerable girls and women living with HIV through the use of Greater Involvement of People Living with HIV and AIDS approach.

Despite an increase in the ARV/ART initiation rate in HIV-positive pregnant women, a gap remains between those who test positive for HIV and those who have initiated treatment (41 per cent), due to the unavailability of drugs, lack of trained staff and weak social support. A similar challenge was among infants born to HIV-positive mothers, 15 per cent of whom were not initiated on ARVs to prevent mother-to-child transmission. UNICEF as chair of the Oversight Committee will continue to advocate to improve access to HIV treatment, care and support.

As a member of the United Nations Theme Group on HIV/AIDS, UNICEF Liberia contributed to the development of the Joint United Nations Programme on HIV and AIDS, which guides UNAIDS, WHO, UNFPA, UN Women, UNDP and the African Development Bank in supporting the national HIV response.

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

Analytical Statement of Progress:
Eleven counties that experienced a decline in stunting levels between 2013 and 2016 each implemented at least four of the following seven nutrition-specific and nutrition-sensitive interventions beginning in 2013:

(1) Attained at least 75 per cent coverage of under-five malaria treatment of those diagnosed or tested,
(2) Increased SAM admission coverage and/or effective coverage,
(3) At least 40 per cent of households were food-secure,
(4) Attained at least 80 per cent growth monitoring coverage,
(5) Conducted IYCF promotion activities (awareness and/or counselling),
(6) At least 60 per cent ANC 4+ (i.e. four antenatal visits) coverage,
(7) Presence of CLTS programme.

Efforts were focused on improving access and coverage through the mainstreaming of inpatient treatment services within Government health facilities. Outpatient programme (OTP) sites were established at the community level to increase access in high-burden counties. Between 2013 and 2016, the number of SAM sites rose from 56 health districts (64
per cent coverage) to 86 health districts (98 per cent coverage). The admission rate for SAM treatment rose from 20 per cent in 2013 to 49 per cent in 2016. Remarkably, this progress was maintained in eight counties despite the unprecedented outbreak of EVD in 2014-2015.

As per 2013 DHS report, 39,884 children under five in Liberia were severely malnourished. In 2016, 58 per cent (23,305) of targeted malnourished (39,884) children were admitted and treated for SAM. Performance indicators were within acceptable WHO thresholds, with cure rates above 75 per cent, defaulter rates below 15 per cent and death rates below 5 per cent. Seventy-two per cent of the SAM children admitted to the programme were aged 6-23 months, while two per cent were under six months. During the same period, 20 per cent of inpatient admissions were infants under six months of age. The majority of admissions in this age group were due to poor attachment and positioning during breastfeeding, insufficient breast milk supply of the mother, slow recovery from low birth weight, or the infant being left in the care of other family members without access to milk supply.

In order to address issues of infant malnutrition, UNICEF and partners are working on the Baby Friendly Facility Initiative (BFFI) and increasing community awareness on IYCF practices through the CHA programme.

There is a plan to further reduce stunting and improve the overall quality of service delivery through the geographic expansion and convergence of both nutrition-specific and nutrition-sensitive interventions. Efforts will be intensified to prevent further deaths due to SAM with medical complications.

The nutrition sector will focus on scaling up nutrition interventions including the promotion of IYCF practices and micronutrient powder supplementation. These activities will be complemented by a coordinated scale-up of nutrition-sensitive interventions to improve household food security as well as water, sanitation and hygiene practices.

UNICEF Liberia is the primary nutrition partner of the Government of Liberia. In 2016, UNICEF Liberia co-lead efforts in the sector through regular technical guidance to Government and NGO partners on the development of protocols, implementation of decentralized monitoring, and reporting of results. UNICEF provided supplies, logistics and financial resources required for the timely delivery of nutrition services in health facilities and communities.

Results achieved in the sector were made possible through close collaboration with the MoH and NGO partners (Action Contre la Faim, International Medical Corps and Samaritan’s Purse International Relief) that extended periodic technical assistance and logistics support to county health teams. Partner NGOs ensured that information on progress in service delivery was collected and reported timely. Collaboration with UN agencies, including the Food and Agriculture Organization (FAO), the WFP and WHO, contributed to ensuring that nutrition-sensitive programmes were implemented at scale in vulnerable counties and ultimately to the reduction in stunting in the country.

**OUTPUT 1** Infant and young child feeding practices improved with at least 40 per cent of children below two years with acceptable diet, with special emphasis on most marginalised and vulnerable families

**Analytical Statement of Progress:**
To improve IYCF practices, UNICEF Liberia supported the capacity building of skilled health workers (at the health facility level) and community health workers (at the community level) in 10 counties to provide integrated nutrition counselling and promotion services. A concept note on the Baby-Friendly Facility Initiative was developed in the second quarter of 2016 to ensure that the health care system protects, promotes and supports exclusive
breastfeeding for the first six months of a child’s life and continued breastfeeding for up to two years of age, and that mothers and caregivers are provided with adequate support to achieve this goal. The initiative hopes to give way for the development of IYCF standards in health facilities consistent with national policies and international guidelines.

In five of the 10 counties where Essential Nutrition Actions training and services were rolled out (Gbarpolu, Lofa, Margibi, Maryland and River Gee), nutrition counselling services and awareness activities were conducted by community health workers. Through partnerships with NGOs, UNICEF Liberia supported 60 community awareness campaigns and 102 complementary cooking demonstrations in these five counties.

The remaining five counties that did not benefit from NGO partnership on nutrition encountered challenges in reporting progress on the provision of nutrition counselling services. Although nutrition counselling services and community awareness activities are recognized as effective interventions for improving IYCF practices, data on coverage of these interventions is not captured in the routine data collection of the health management information system (HMIS) of the MoH, and is available only through NGO partners supported by UNICEF Liberia.

In 2017, high-level advocacy will be organized with MoH to adopt and institutionalize a monitoring framework of IYCF indicators in HMIS that is simple, useful and cost-effective. Such a monitoring framework will allow for periodic analysis of decentralized information, identification of bottlenecks, and strengthening of feedback mechanisms to address bottlenecks that would improve programme performance and results.

Inclusion of the nutrition component in the CHA programme was made possible through strong advocacy and partnership with MoH and other health sector partners.

OUTPUT 2 Micronutrient deficiencies prevented in food insecure and deprived communities targeting highly vulnerable children and women through full EPHS implementation of 90 per cent of health facilities.

Analytical Statement of Progress:
To prevent and control anaemia among young children, a total of 9,485 (or 24 per cent of) children aged 6-23 months in three target counties (Lofa, Maryland and River Gee) received MNP during the first round of distribution in May 2016. This was a significant accomplishment for the programme, as it was just introduced in Liberia in 2016.

Additionally, 78 per cent (147,981 of 188,851) of pregnant woman nationwide received 180 days of iron supplements by the end of October 2016. This is a notable improvement from the 2013 baseline of 67.6 per cent. Iron-folate supplementation of pregnant women continued to be provided in health facilities as a part of the Essential Package of Health Services.

The MNP programme was integrated with IYCF programming in three target counties. In total, 379 skilled health workers and 650 community health workers reached 29,536 mothers and caregivers in these counties to advise them on the importance of MNP use. Health workers conducted food demonstrations sessions to ensure that mothers and caregivers understood how to use MNP. Three rounds of MNP distribution were organized in June, August and October 2016 following the facility-based approach in River Gee County and a hybrid facility/community-based approach in Lofa and Maryland counties. Two rounds of joint random household visits to the homes of eligible children aged 6-23 months found that (i) 60 per cent of caretakers have knowledge on the importance of MNP, (ii) 40 per cent received a two-month supply of MNP and (iii) 10 per cent continued use of MNP beyond the initial distribution.
The most common observed changes in children who received MNP as reported by mothers and caregivers during random household visits were an increased appetite and increased playfulness or activity of children. However, the limited availability of and access to food is likely to deter progress in improving adherence to MNP use, minimum meal frequency and minimum dietary diversity standards. To address some of the issues related to sustained MNP use, community awareness campaigns and food demonstrations in public markets and town halls were organized in collaboration with county health teams and with support from community leaders.

UNICEF Liberia provided technical and financial support on the implementation of MNP through partnership with Samaritan’s Purse International Relief. UNICEF assigned a technical focal point to train and coordinate with implementing partners, develop simple and easy-to-use data collection tools, and monitor progress in the implementation of the programme with MoH.

**OUTPUT 3** Access to treatment of acute malnutrition increased by ensuring over 80 per cent through scale up of malnutrition treatment in five years using a phase-wise approach prioritizing disadvantaged and vulnerable areas including adequate, appropriate and non-gender biased nutritional care and support to affected population in emergency crisis with critical as per core commitments for children.

**Analytical Statement of Progress:**
The coverage of SAM treatment was increased with more health facilities providing service in 2016. Fifty-eight per cent of under-five children were admitted and treated for SAM (23,305 of 39,884). Performance indicators were within acceptable WHO thresholds, with cure rates above 75 per cent, defaulter rates below 15 per cent and death rates below 5 per cent.

UNICEF Liberia supported the integration of active nutrition screening, referral and follow-up by CHAs as part of community health programming. In counties that reported low coverage in 2015, 34 outpatient treatment sites were established and integrated in the community outreach activities of county health teams.

Three bottleneck analyses were conducted, the findings were used to develop three quarterly nutrition dashboards and kept stakeholders informed about health facilities in need of additional support. The dashboard was used as an advocacy tool by the MoH Nutrition Division to bring programme issues to the attention of high-level decision-makers within MoH. UNICEF Liberia played a key role in advocating for the adoption of a monitoring framework on IMAM to complement the HMIS of MoH. Evidence-based decisions made using real-time and decentralized information from regular bottleneck analysis improved programme implementation in the nutrition sector, especially in terms of improving admissions coverage and the cure rate in health facilities.

There is an ongoing need to reduce deaths even further in inpatient facilities. UNICEF Liberia and its sectoral partners will advocate for the increased accountability of hospital leadership on the management of SAM cases. The capacity of health care providers to manage cases of SAM with medical complications will be prioritized in 2017 through on-the-job coaching by county nutrition supervisor and quarterly mentoring of IMAM technical working teams. Another key action, in collaboration with the Community Health Division of MoH, will be to improve systems to support the timely referral of patients to IMAM facilities in collaboration with Community Health Division.

The establishment of community-based OTP sites was made possible through partnership with the NGOs Action Contre la Faim, International Medical Corps and Samaritan’s Purse.
International Relief. These three partners supported county health teams with the identification of communities with a high burden of malnutrition, and ensured that logistics resources were available and accessible for the implementation of activities. All supplies and materials used in the IMAM programme were provided by UNICEF Liberia and donors.

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

Analytical Statement of Progress:
Though significant gains were made ensuring that children and their caregivers have access to safe and improved water supplies, challenges remain. Access to improved sanitation lags Millennium Development Goal targets. The 2014-2015 EVD outbreak was a major setback in meeting these targets with far-reaching effects particularly on children who miss school due to ill health.

UNICEF Liberia funded, and the MPW and the MoE carried out, a nation-wide assessment of WASH facilities in schools covering 5,113 of 5,517 target schools. The WinS assessment found that 42 per cent of schools do not have safe water supply systems, and that 31 per cent of schools have no access to functional sanitation facilities; 62 per cent of schools had hand washing facilities (44 per cent more than in 2015). However, a summative evaluation conducted by DFID found that national targets for both water supply and sanitation remained unachieved.

A coordinated response to flooding in Margibi County led by the Ministry of Internal Affairs mitigated the negative impacts of the emergency, and benefited the roughly 15,000 persons affected.

UNICEF Liberia’s contributions to the WASH sector led to an upward shift in water supply and sanitation coverage in the country. In 2016, UNICEF Liberia supported the implementation of WASH improvement activities in 13 health care facilities to improve infection prevention and control that benefited an estimated 225,124 persons visiting these health care facilities annually.

Uptake of the CLTS approach was promising in 2016, steering Liberia from the path of low-implementation, high-subsidy inputs to a transformative, equity-based project in which households build and use toilets without any form of subsidy. Initial findings from the CLTS programme only documented a 17 per cent rate of access to improved sanitation facilities (one per cent below the ostensible baseline of 18 per cent and 3.8 per cent short of the programme target of 20.8 per cent). The low figure, however, may be due to low population baseline figures (2010) versus the higher population figures utilised in the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (2015), as well as an assumption of a higher projected success rate of 66 per cent of pre-triggered/triggered communities attaining ODF status at the programme design and inception stages.

In 2016, shortfalls were recorded under this output and, accordingly, the annual targets for improved access to drinking water and basic sanitation (construction/rehabilitation of 315 water points, drilling of 57 boreholes and CLTS in 300 rural communities) were not met. The shortfall was attributed to delay in procuring the implementing partners’ services: programme cooperation agreements (PCAs) were signed in late June and early July, coinciding with the most intense period of the rainy season. This delay, coupled with the extremely poor road network in the more remote counties—which often becomes impassable during the rainy season—presented challenges in accessing the most hard-to-reach communities. To avoid similar delays going forward, procurement for activities planned in 2017 was initiated in the fourth quarter of 2016 so work (particularly borehole drilling and other construction-related activities) may begin in the first quarter of 2017.
Other challenges to programme implementation in 2016 included the low sustainability of CLTS interventions, with communities either slipping back to open defecation status or failing to progress up the sanitation ladder. A more robust sanitation-marketing programme will be implemented to address these challenges. The low technical capacity of local drilling companies, which often lack robust rigs or a team of expert drillers, was a major challenge. To mitigate this challenge, a consultant hydro geologist was hired to provide training and technical supervision of the drilling process.

Results achieved in 2016 were made possible through the support of donors including DGIS, DFID, USAID, SIDA, the Government of Russia, and the United Nations Human Security Trust Fund and Multi-Partner Trust Fund. In addition to resource provision (cash and non-cash), UNICEF Liberia provided technical assistance for project design, implementation, monitoring and output management, advocacy and sensitization activities, capacity development and evidence generation.

UNICEF Liberia collaborated with Global Communities and the Liberia WASH Consortium in CLTS programming, and with WHO in improving access to safe drinking water and the implementation of WASH interventions in health care facilities (including trainings of key health care staff on WASH facility improvement tools and the WASH/environmental health package).

**OUTPUT 1** Children less than 5 years old and women have access to improved and sustainable water, sanitation and hygiene services in rural and urban communities, including emergency affected communities.

**Analytical Statement of Progress:**
In year 2016, 57,640 people (of targeted 100,000) in 114 ODF communities gained access to basic/improved sanitation through implementation of the CLTS approach in 22 districts of six counties (Gbarpolu, Grand Cape Mount, Grand Gedeh, Grand Kru, Maryland and River Gee).

In 2016, an additional, 44,155 new users (of targeted 100,000 people) in target communities gained access to improved drinking water sources through the construction (drilling and equipping) of 33 boreholes and the rehabilitation/construction of 61 hand-dug wells in communities in six counties. For each of these newly developed water systems, community WASH committees were established to ensure management, operation and maintenance of water supply infrastructure.

A shortfall is noted attributable to delays in the signing of PCAs in late June and early July, coinciding with the peak of the rainy season. This delay, coupled with the poor road network, presented significant challenges in accessing most of the more remote communities. To avoid similar delays going forward, procurement for activities planned in 2017 was initiated in the fourth quarter of 2016, so that work (particularly borehole drilling and other construction-related activities) may begin in the first quarter of 2017.

In terms of lessons learned, it is noted that engaging community resource persons (or ‘natural leaders’), community-based structures and the use of indigenous local technology and solutions is central to the success of the CLTS approach. The establishment of post-implementation monitoring and maintenance arrangements prior to project completion and the hand-over was the key to sustainability for the water supply project.

Preparation of the CLTS Guidelines was led by the Division of Environmental Health of the MoH. The NGO Global Communities and the Liberia WASH Consortium contributed technically and financially to the finalization and validation of the CLTS Guidelines in the 15
counties of Liberia.

UNICEF Liberia’s contribution included resource provision (cash and non-cash) as well as technical assistance for project design, implementation monitoring and output management, advocacy and sensitization activities, convening, capacity development, and evidence generation.

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

Analytical Statement of Progress:
Through the construction and rehabilitation of WASH facilities in schools, an additional 39,881 children (17,553 girls and 22,358 boys) in 102 schools (85 per cent of a targeted 120) in Grand Gedeh, Grand Kru, Montserrado, Nimba, River Gee and Sinoe counties gained access to WASH facilities, meeting the MoE WinS guidelines. Additionally, 102 school health clubs (comprised of 25 members each) were equipped with knowledge and skills on hygiene promotion and the operation and maintenance of school WASH facilities.

In 2016, the WASH in healthcare facilities package was implemented in 13 of 14 targeted facilities, serving a catchment population of approximately 225,124 in eight counties. As part of hazardous waste management in healthcare facilities, 12 pyrolytic (Mediburn) incinerators were installed and commissioned at 12 healthcare facilities throughout the country. These interventions were fully in accordance with established MoH standards for WASH improvements in healthcare facilities.

During programme monitoring visits, it was observed that some school administrators lock the latrine facilities citing misuse of the latrines by students. This raises concerns with respect to the behavioural sustainability of the WinS interventions and the commitment of school administrators to WinS investments. In the context of lessons learned, it was noted that improvements to physical infrastructure without effective behaviour change does not necessarily create demand for or usage of facilities. Involving county and district education officers in the monitoring and supportive supervision processes fosters ownership for the sustainability of WASH facilities in schools.

UNICEF Liberia’s contribution included resource provision (cash and non-cash) as well as technical assistance for project design, implementation monitoring and output management, advocacy and sensitization activities, convening, capacity development, and evidence generation.

In addition to the support (technical and financial) of UNICEF Liberia, the WHO contributed technically and financially to the development, finalization and validation of the WASH in healthcare facilities guidelines, the WASH facility improvement tools package, and training/skills development of health facility staff in all 15 counties of Liberia.

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

Analytical Statement of Progress:
In 2016, UNICEF Liberia supported key Government WASH partners the MPW, the MoH and the MoE for WASH promotion activities. Four staff members from MPW and MoH received international training in WASHBAT, CLTS triggering and management, WASH facility improvement tools’ roll-out, and country-led monitoring of WASH facilities.
UNICEF Liberia supported two Government staff members to attend international conferences and the Sanitation and Water for All conference in Addis Ababa. The Joint Sector Review with the Government on the WASH situation and the Sector Strategic Plan (expires in 2017), integrating key elements of the SDGs, was delayed due to competing priorities. Preparation of the Sector Performance Report was delayed. However, UNICEF Liberia continues to support the Government to achieve WASH SDG targets through scale-up CLTS for sanitation, providing access to water supply and sanitation targeting urban, rural communities and institutions (schools and health care facilities), facilitating coordinating meetings, creating and ensuring an enabling environment for WASH through support and training to GOL and partners on WASH information management and fostering private sector engagement. Six staff of the National Water Sanitation and Hygiene Promotion Committee (NWSHPC) of MPW received a refresher-training in the use of AKVO Flow, a platform used for data collection by using a mobile device.

To support capacity building, UNICEF Liberia procured and supplied equipment including laptops, digital cameras, video cameras, GPS devices, projectors and screens, as well as funds, to the national WASH Secretariat for monitoring and coordination of WASH activities at the national and sub-national levels. In collaboration with Government ministries, UNICEF developed three additional WASH guideline/planning documents (representing 100 per cent of the 2016 annual target), bringing the total number developed since 2015 to 80 per cent of a targeted 10 documents by 2017. Water quality testing and analysis was an important part of the 2016 AWP and UNICEF supported MoH with reagents and other supplies to conduct water quality analysis before water points were turned over to communities for use. UNICEF partnered with the Government to conduct periodic programme monitoring visits and spot checks.

With respect to lessons learned, the use of innovative technological options such as mobile phone apps (e.g. KVO Flow) were proven effective in increasing the sustainability of WASH facilities/systems by enabling community WASH committees to more readily access the support of technicians and hand pump spare parts.

UNICEF played a pivotal role in supporting NWSHPC as well as the National Technical Coordination Unit (NTCU) of MoH. Global Communities, the Liberia WASH Consortium and USAID were key partners of the two coordinating bodies (NWSHPC and NTCU), both of which are responsible for strengthening information management, sector monitoring, and sector coordination at both national and sub-national levels.

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

**Analytical Statement of Progress:**
A comparison between the 2014-2015 and 2015-2016 EMIS data revealed a drop in NER from 35 to 29 per cent in the last academic year. This was due to the lack of enforcement of the age-appropriate policy for entry and retention at this level. UNICEF will work with MoE and sector partners to reinforce the policy of age-appropriate enrolment which will reduce the over-age issues that permeates the education system and improve the NER at all levels.

Although NER at the primary school level increased from 27 per cent to 49 per cent, more than 50 per cent of all children aged 6-11 are still not in primary school. The 2016 Education Sector Analysis indicated that only 59 per cent of learners who start grade 1 complete grade 9. The GER indicated that many children in the education system from ECE to high school level are over-aged. This results in high drop-out, low completion rates and poor learning outcomes.]
The 2014-2015 EMIS report indicated that 426,629 learners enrolled in primary school (with reports from 3,859 schools) while the 2015-2016 report indicates an enrolment of 655,049 learners at the same level (with reports from 5,177 schools), an increase of 53.5 per cent of students (from an additional 1,318 schools).

Most of the out-of-school children have never enrolled in school and most children drop out in basic education because of school fees and other expenses, household poverty and rural status, late enrolment or overage enrolment, and distance from home to school. Assessments have shown that costs associated with schooling (including school fees) are the most significant barriers to basic education access and retention.

UNICEF Liberia supported social mobilisation campaigns, teacher training and the supply of teaching and learning materials, which increased access to improved learning environments for 11,680 pre-primary children, 7,509 learners (4,439 girls, 3,070 boys) at the upper basic education level and 7,347 out-of-school children. At the upper basic level, 94 per cent of students (7,073 students comprising 4,036 girls, 3,037 boys) transitioned to the next grade level, and more than half of them scored 80 per cent and higher in the core subjects of mathematics, science, language arts and social studies. The distribution of teaching and learning materials to 4,270 schools against a target of 4,460 schools contributed to improved teaching and learning environments for 44,144 teachers and 728,519 students.

To improve learning outcomes, UNICEF supported the training of 10,237 teachers to use learner-centred and gender-responsive pedagogy. Reports from programme monitoring visits indicate positive changes in teaching and learning in schools, improved classroom management and improved student participation in learning.

In the 40 schools supported by UNICEF to implement the GEEP, evidence suggests that after-school tutorials facilitate effective teaching and learning and if expanded nationally could impact learning outcomes and increase the NER and GER. UNICEF-supported programmes in schools included the prevention of school related gender-based violence, and provision of improved WASH facilities. WASH-in-schools interventions resulted in provision of improved water and sanitation facilities and hygiene education for 40,000 children.

Concern over the low results at the West African Examination Council examinations prompted the President to constitute a committee to identify reasons for poor performance over the past five years. The committee will present its findings in 2017.

At a broader level, UNICEF Liberia worked with key development partners of the Education Sector Development Committee, including the World Bank, the EU, USAID, the NGO Forum, and the Teachers’ Association on the development of the Education Sector Analysis and the Education Sector Plan. This process involved consultations and inputs from the Regional Office and Headquarters, and was led by the MoE and the World Bank with UNICEF Liberia participation.

UNICEF collaborated with NGO partners (BRAC, ADWANGA and YAPA) to accelerate the timely implementation of ECE and girls’ education programmes; collaborated with inter-sectoral partners on the development of the draft ECD Advocacy and Communication Strategy; and collaborated with UNESCO to launch SDG 4 in Liberia and with the World Bank and the Open Society Foundation on ECD.

Key programme steps in 2017 will include advocacy and policy dialogue on ECE, inclusive education and girls’ education. UNICEF Liberia will continue to support capacity building of the Government at the central and decentralized levels and to enhance service delivery by
strengthening and expanding upon existing partnerships to focus on the most vulnerable/marginalized children, including children with disabilities.

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

**Analytical Statement of Progress:**
In 2016, 725 teachers obtained increased capacity to interpret and implement the ECD curriculum and ECD-Community Education and Awareness Programme (ECD-CEAP), exceeding the annual target of 300 teachers by more than 100 per cent. An additional 249 teachers and caregivers are effectively utilising ECD kits supplied to ECD centres/pre-primary schools in Margibi, Montserrado and Nimba counties. The interventions collectively enhanced the quality of learning for 11,680 pre-primary children in the three counties. UNICEF supported the MoE through the provision of material, technical and financial support.

Communities in Rivercess and Montserrado counties (Paynesville) increased awareness about the importance of a child’s early years, the role of play, and the importance of sending their children to school at the right age (i.e. at age six for Grade One) after advocacy activities were conducted during the National Week of the Young Child in Rivercess County and a health fair organized by the Paynesville City Corporation from 9-10 September 2016.

An ECD Advocacy and Communication Strategy was drafted through a UNICEF inter-sectoral approach in collaboration with Government ministries and agencies and NGO partners. The draft strategy will guide the development and implementation of holistic communication on ECD and the process for launching the National ECD campaign in 2017.

Due to the limited absorption capacity of traditional partners, the implementation of activities to expand community-based ECD centres was delayed, hindering progress on increasing access to community-based ECD centres for 500 children. To avoid further delays, a partnership was established with BRAC Liberia and the target for 2017 was increased to 900 children to make up for the shortfall.

Funding shortages challenged implementing planned activities. The Early Learning and Development Strategy development process could not be initiated though preparations---including finalization of a work plan and identification of the consultant to be hired---were finalized. Negotiations were underway in late 2016 with WCARO to obtain funding for this activity.

ECD is a cross-sectoral programme and therefore requires inter-sectoral collaboration. The support and active participation of the Inter-sectoral Committee on ECD and ECD partners including OSF, BRAC and WE-CARE Foundation in the development of the ECD Advocacy Strategy was instrumental in producing a holistic document.

**OUTPUT 2** By 2017, basic education (Grades 1-9) school aged girls and boys including children with disabilities have increased attendance in school and improved learning achievement, especially those in districts/counties with education indicators less than the national average.

**Analytical Statement of Progress:**
Under the GEEP, 7,509 learners (4,439 girls, 3,070 boys) accessed after school tutorial classes and showed improvement in learning achievements: 94 per cent (7,073 students):
4,036 girls and 3,037 boys) transitioned to the next grade level, of whom 4,191 (2,464 girls, 1,727 boys) received a score of 80 per cent or higher in core subjects namely, mathematics, science, language arts and social studies.

The 173 teachers trained through GEEP are utilising learner-centred and gender-neutral pedagogy and now understand the Teachers Code of Conduct and National Policy on Girls’ Education. Monitoring teacher performance improved in GEEP schools after training of county and district education officers and school principals on child-centred pedagogy.

During the 2015-2016 school year, 10,064 teachers improve capacity to use learner-centred pedagogy after a nationwide training and provision of instructional materials through USAID funding. Reports from programme monitoring visits suggested changes in teaching and learning, with improved classroom management and increased student engagement. Under the same grant, since 2015 teaching and learning materials were distributed to 4,270 schools against a target of 4,460 schools, contributing to improving teaching and learning environments for 44,144 teachers and 728,519 students nationwide. Reports from programme monitoring visits indicated a reduction in stigmatization of and discrimination against EVD-affected children in schools and communities following the training of 10,064 teachers (of a targeted 10,000) and 4,729 parent-teacher association members (of a targeted 5,000) on PSS.

UNICEF’s partnership with two local NGOs, ADWANGA and YAYA, was instrumental in ensuring the timely implementation of planned activities and achieving planned results under GEEP. Partnership with local NGOs was pivotal in building local capacity, ownership and pride. Improvements in the pass rates and learning outcomes of students following the introduction of child-centred and gender-neutral pedagogy prompted discussion on the need to extend this training to all teachers in each of the 40 target schools and surrounding schools. However, expansion is currently not possible due to limited funding. UNICEF Liberia is negotiating with potential donors and partners for increased funding for expansion of this training.

Accessing data on the number of teachers and learners at each grade level as well as the low quality of available data were major hurdles that delayed the distribution of TLM. UNICEF Liberia trained 15 key MoE staff at the central level on the Edu-track platform, which will assist MoE to collect real-time data on key education indicators. Due to funding constraints, the education programme did not respond specifically to address the needs of children with disabilities. Future advocacy and fundraising efforts will include children with disabilities as a priority.

Collaboration with the MoGCSP has been pivotal in conducting effective advocacy about the importance of girls’, education and the prevention of sexual abuse and exploitation, as well as in sensitising school communities on the use of the SGBV referral pathway.

**OUTPUT 3** By 2017, out of school girls and boys ages 6-18 years have increased access to age appropriate quality education and acquired grade 6 learning achievement through alternative basic education combined with skills development (especially those in districts/counties with education indicators less than the national average).

**Analytical Statement of Progress:**
Through implementation of the Peace-building, Education and Advocacy programme, 7,347 out-of-school children accessed alternative learning programmes, improved their literacy and numeracy skills, and promoted peace through recreational activities in targeted schools and communities. The programme, implemented by the MoE and two international NGOs (Africa Development Corps and Right to Play), enabled 4,930 and 2,417 children and youth to access ALP and ABE, respectively, and exceeded initial targets of 2,640 (for ALP) and 2,080
The ALP and ABE programmes ended on 30 June 2016, and activities, apart from the baseline study on out-of-school children, were postponed due to funding constraints. Negotiations on funding are ongoing between the Government of Liberia and the EU.

Collaboration with MoYS and the Peacebuilding Office of the Ministry of Internal Affairs in the implementation of the National Youth Service and the National Junior Volunteers programmes respectively promoted peace in targeted communities. UNICEF Liberia collaborated with the EU to advocate with MoYS, MoE, the Ministry of Finance and Development Planning, and the Office of the President to prioritise alternative education programmes in Liberia to promote literacy, numeracy, and, ultimately, national development and sustained peace and stability.

An exit strategy was developed as an adjustment to the programme, through which the targeted communities are providing incentives to ALP and ABE facilitators to continue their work and thereby enable the learners to complete each of the three levels of the programme.

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

Analytical Statement of Progress:
Social protection systems were strengthened through the maintenance of a social welfare workforce of 120 social workers and 15 child welfare officers under the MoGCSP, 65 mental health clinicians under the MoH and 14 social workers under the MoJ Child Justice Section, who collectively provided case management services to vulnerable children nationwide. The goal of having a minimum of four social workers per county was reached in 2015 and maintained in 2016 (a substantial improvement over 2014, when there were fewer than 60 social workers for the entire country, most of whom were based in Monrovia).

Community-based services were accessible through the child welfare committees (CWCs) based in 70 per cent of Liberia’s political subdivisions, which ensured that children in need of social welfare services were referred to the appropriate authorities. The number of subdivisions where CWCs are present surpassed for a second year in a row the target of 50 per cent by 20 per cent.

Over 141,000 births were registered in 2016, setting a new record for Liberia. This result is attributable in large part to the capacity building of 186 birth registrars through training to carry out birth registration, as well as continued awareness raising on the importance of birth registration through mobile campaigns and by teaming up birth registrars with other health campaigns (such as vaccination campaigns).

UNICEF Liberia supported MoGCSP to employ social workers (paying for 75 per cent of the salary costs of the 120 social workers for four months of 2016). UNICEF Liberia funded the development of the CWC tool used to identify and report child right violations; funded training for CWCs on use of the tool; and provided logistical and programmatic support for the services provided by MoGCSP, MoH and the Inter-Religious Council of Liberia (IRCL).

UNICEF is a member of the Child Protection Network and the Mental Health and Psychosocial Support Pillar, coordinating bodies. UNICEF Liberia worked closely with IRCL to provide wrap-around services to children identified in need by social workers or CWCs. Through IRCL, religious entities provided support to children in locations where MoGCSP services were not available.
The social cash transfer programme ended and indicators reflecting the programme are no longer tracked. One new global indicator was added in 2016 to add capability in measuring the overall functioning of the child protection system in Liberia.

**OUTPUT 1** The capacity of relevant actors to manage and provide social welfare services and birth registration services improved by 2017.

**Analytical Statement of Progress:**
Seventy per cent of all political subdivisions in Liberia had a social worker present to provide case management services to vulnerable children in need, 20 per cent above the annual target. They provided 3,000 vulnerable children with services including case management, family tracing and reunification services, and foster care placement, and ensured that orphanages and transit homes complied with the minimum standards for children living in child care institutions.

The 470 CWCs gained knowledge on a tool rolled out in 2016 to facilitate identification and report child rights violations. The number of orphanages was reduced from 83 to 54, 14 per cent fewer children were living in orphanages than in 2015, and 2,278 children living in orphanages received case management services. Results were attributed in part to the Independent Accreditation Committee that monitored child welfare institutions and ensured compliance with the Alternative Care Guidelines and policies.

The number of health workers skilled in birth registration (186) exceeded the annual target of 150. The proportion of districts with birth registration services fell short of the annual target of 95 per cent, reaching 92 per cent instead due in part to funding limitations. A new server was purchased to upgrade the birth registration data collection and storage process, and three mobile birth registration campaigns were carried out. UNICEF support to Government birth registration services led to a remarkable increase in birth registration and set a new record in 2016: 141,465 children had their births registered, surpassing the previous annual record (2013) by 30,000. This success can be attributed to the motivation of skilled staff actively registering children and awareness on birth registration raised during the mobile campaigns.

The major challenge was the lack of Government funding to fully cover the salaries of the social workers and child welfare officers. UNICEF Liberia support was used to maintain this workforce in 2016, but anticipated funding constraints in 2017 have raised concern that the gains made in 2015 and 2016 may be lost. UNICEF Liberia has been working with MoGCSP to advocate for the inclusion of these staff in the Government payroll and will continue in 2017.

UNICEF provided logistical, material and technical support for case management services and supported the Bureau of Vital Statistics through technical coaching and guidance, printing birth certificates, providing a new server, training birth registration staff and implementing mobile campaigns to fast-track the birth registration process.

UNICEF Liberia partnered with International Rescue Committee (IRC) to support 11 social workers for four months. UNICEF and Save the Children collaborated to support MoGCSP in the provision of emergency supplies to safe homes for child trafficking victims. UNICEF Liberia, IRC, Save the Children, Child Fund and other Child Protection Network members collaborated to advocate for inclusion of the social welfare workforce in the Government payroll.
OUTPUT 2 The social protection system is strengthened through improving key features and elements that define the effectiveness, efficiency and reach of interventions and supporting policy development, policy relevant research and policy advocacy.

Analytical Statement of Progress:
Through advocacy with MoGCSP, 455 EVD orphans and other registered vulnerable children were added to the social cash transfer programme that provided labour-constrained and vulnerable families with monthly cash grants. In October 2016, a secretariat established to review the Adoption Law for its compliance with The Hague Convention on Inter-country Adoption met and made recommendations for actions for accession. Decision-makers in the secretariat included legislators, members of the judiciary, and representatives of the MoJ and civil society. UNICEF Liberia will maintain advocacy in 2017 to obtain formal approval from the Government to proceed with the accession process.

The Liberia National Children’s Representative Forum (formerly the Children’s Parliament) advocated with the national legislature to promote child-friendly budgeting in the national budget. The Social Cash Transfer Working Group held three meetings in 2016 during which key issues were discussed and services coordinated. This was one meeting short of the target, and replaced meetings of the National Social Protection Steering Committee, whose activities were suspended during the EVD outbreak and which has not yet reconvened.

UNICEF Liberia continued to provide technical expertise and guidance and to advocate for social protection in 2016. Attending technical meetings and providing critical inputs supported efforts to promote equal access to social protection services and programmes for vulnerable children and their families. UNICEF contributed to the selection criteria for the social cash transfer programme to ensure that the most vulnerable children, particularly those orphaned by EVD, were able to access the relevant social protection services, including cash transfers.

The World Bank is currently funding the continuation of the social cash transfer programme through MoGCSP in four counties. UNICEF supported cash transfers for EVD orphans in four counties in 2016. However, UNICEF Liberia support for the broader social cash transfer programme ended in 2015 after four years, when the programme was transferred to the World Bank, which intends to fund the programme for ten years.

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

Analytical Statement of Progress:
The MoJ diversion programme was rolled out to an additional five counties and was functioning in a cumulative total of 12 of Liberia’s 15 counties, contributing substantially to the decreased number of children held in detention. In 2016, 85 per cent of children in detention were released, a slight increase from 2015 (when 83 per cent were released). This could be in part to the number of social workers supporting diversion programming being increased in 2016, from 9 to 14 social workers, based in 12 counties. 335 of the 467 juvenile cases (71 per cent) received between January and September were mediated outside the judicial/formal legal system, 115 juveniles released from prisons/detention, and only 17 juveniles are currently in detention in the 12 counties.

Community action groups---established with UNICEF support for the purpose of preventing and responding to violence---engaged participants from eight schools, three clinics, three churches, 148 households and 90 groups of at-risk youths in group dialogue on SGBV prevention and the SGBV referral pathway.
UNICEF Liberia promoted access to justice for children by supporting operational costs of the SGBV Crimes Unit of the MoJ, where basic inputs (such as funding phone credit and fuel for case liaison officers) were effective in enabling staff to maintain contact with victims/witnesses and to ensure that victims/witnesses were able to attend court proceedings. Revisions to the SGBV referral pathway (making it county-specific) facilitated victims’ access to essential medical, legal and psychosocial services.

Tracking the rate of violence in Liberia is difficult, not only because of poor reporting, but because data collected by various agencies and organizations is not fully consolidated and compiled in one source. More robust and consolidated data collection must be instituted, both for the sake of the continuum of care provided to the victim and to gain an accurate picture of the prevalence of violence in the country.

UNICEF Liberia has funded the Child Justice Section (all 20 staff and their logistical support) for the past five years to ensure that diversion is provided to eligible children. In 2016, UNICEF Liberia funded the development and dissemination of informational materials on the SGBV referral pathway for county-specific referral sources, provided kits of essential supplies for SGBV victims for both the MoJ and MoGCSP case management systems, and supported the maintenance of the SGBV database at MoGCSP and data compilation at the SGBV Unit of MoJ.

UNICEF Liberia participated in the Child Justice Forum, the SGBV Taskforce, the UN Gender Theme Group, and the MHPSS Pillar, all of which are involved in the coordination and oversight of services for victims of SGBV and children in contact/conflict with the law.

OUTPUT 1 By 2017, Relevant Institutions and actors have the appropriate knowledge, systems and legal framework to prevent and respond to child rights violations including SGBV and all other forms of violence against children

Analytical Statement of Progress:
Six thousand copies of the SGBV referral pathway were printed and distributed throughout the country, providing communities with detailed information on how to access SGBV services in their area. UNICEF Liberia worked closely with the MoGCSP to ensure that quality services reached SGBV survivors who needed them. Access to medical care was facilitated and survivor kits were provided to MoGCSP and MoJ. In total, 75 child victims of SGBV benefited from material and cash assistance. In total, 550 victims of SGBV (495 of whom were children) accessed timely medical services, primarily through ‘one-stop’ centres providing comprehensive medical, legal, and PSS. This represents an increase from 2015, when 460 victims accessed care at the one-stop centres. A total of 96 cases (89 of which involved child victims) were received for prosecution by the SGBV Unit of MoJ, 11 cases reached a verdict, of which 9 resulted in a conviction.

With the support of UNICEF Liberia, 122 officers of the Women and Children Protection Section of the Liberia National Police, 10 social workers, and 22 magistrates gained knowledge on the Diversion Guidelines, fundamentals of child protection, investigation techniques for trafficking cases, the Penal Law and the Children’s Law. UNICEF Liberia supported the establishment of five community action groups as a pilot project to address issues of violence. The groups identified and took appropriate remedial actions to prevent and respond to violence against children in their communities. Though the community action groups did not receive financial support, they were nonetheless able to reach out to schools, families, and even clinics in their area to raise awareness about the services available to victims and the prevention of violence.
UNICEF Liberia provided financial and technical support for the production and dissemination of the revised national SGBV referral pathway document, financial support for the SGBV Crimes Unit of MoJ, and technical support for the development of the National Strategic Framework on Ending Child Marriage (2017-2019) which was launched in December 2016. UNICEF Liberia staff were involved in capacity-building workshops for justice actors, and collaborated with UN Women, the United Nations Population Fund (UNFPA) and other partners under the United Nations-Government of Liberia Joint Programme on SGBV and Harmful Traditional Practices for the overall achievement of this output. The James A.A. Pierre Judicial Institute provided free legal services to children in conflict with the law throughout 2016, and UNDP supported vocational training for adolescents in the diversion programme.

In 2017, UNICEF Liberia will redouble efforts to address the social norms that underpin the high rate of SGBV and other forms of violence against children, including the culture of silence that surrounds violence and cultural norms and practices that foster and perpetuate perceptions of the inferiority of children and women.

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

**Analytical Statement of Progress:**

Ninety Junior National Volunteers promoted peacebuilding through conflict resolution and mediation support in 90 communities in the border regions of Liberia. Additionally, 45,000 community members received improved education and health services through the work of 300 National Volunteers (NVs) who served in 118 public institutions (mostly rural schools and health centres). More than 40 NVs were added to the Ministry of Education (MoE) payroll following the closure of the NV programme, and more than 10 NV health workers were added to the MoH payroll. Eight rural elementary public schools were expanded to include junior and senior high levels when NVs joined their staff. The peace committees established in the border communities remain critical to sustaining Liberia's peace process and achieving key milestones of the Reconciliation Roadmap.

In addition, 1,180 adolescents gained knowledge on topics including conflict resolution and mediation, good decision making, and sexual and reproductive health through life-skills programming in Bomi, Grand Gedeh and Montserrado counties. Ninety per cent (161 of 179) of adolescents enrolled in literacy education completed the programme, and as a result of the literacy skills they acquired, 50 per cent of them (81) enrolled in formal schools. The parents of the remaining 80 adolescents have been encouraged to enrol their children in school. All adolescents who enrolled in the livelihood skills training programme completed it and were placed in internships. Seventy per cent of targeted adolescents (371 of 530) gained comprehensive knowledge on HIV and AIDS, as evidenced by passing scores on post-programme testing. By the end of 2016, 75 per cent of these adolescents (278 of 371) were serving as peer educators in four communities and five schools.

While these results are promising, the number of vulnerable adolescents far exceeds the capacity of the programme. This had led to poor attendance by most parents in community meetings and low participation in project activities. Where projects cannot accommodate all vulnerable adolescents in the community, it is essential to include less costly activities that will engage other vulnerable adolescents not enrolled in the programme in order to reach and encourage a greater proportion of the target population. In 2016, for instance, UNICEF Liberia used athletic activities to engage with parents and adolescents outside the life skills programme.

UNICEF Liberia fully funded the National Youth Service Programme and supported staff of the Ministry of Internal Affairs (MIA) and the Junior National Volunteers with stipends and
training, and provided financial and material support to the MoYS and the Peacebuilding Office of MIA, as well as technical expertise for several peacebuilding and reconciliation papers (e.g., the Statement of Mutual Commitments for the Peacebuilding Fund).

UNICEF Liberia is a leading member of the United Nations-Government of Liberia Joint Programme to Accelerate the Efforts to Advance the Rights of Adolescent Girls in Liberia, and worked with Government partners and NGOs such as Samaritan’s Purse and Shalom to implement adolescent programming in Bomi, Grand Gedeh and Montserrado counties.

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

**Analytical Statement of Progress:**
Communities had access to information that helped them practice positive behaviour and seek out equal access to health, education, immunization, nutrition and protection services across Liberia. This was achieved through sustained community engagement, social mobilization, mass information dissemination and advocacy efforts which were conducted under the broad framework of communications and advocacy strategies, and by increasing the skills and deploying social mobilization workers at County and District level, using networks of community and national radio stations, training and empowering national and sub-national coordination structures. Health services were improved using funds from the Health Pooled Fund to which UNICEF contributes.

UNICEF advocacy for gender and equity centred services resulted in the availability of US$57.8 million in funding for UNICEF programmes for children and women, a push for child and women centred interventions by key Government counterparts and a joint call by the Government of Liberia and UNICEF for increased investments in health, education and action to prevent violence against children. Separate advocacy efforts by UNICEF called for the appointment of a Government of Liberia focal point for the Scaling Up Nutrition (SUN) initiative, as well as for increased funding for nutrition in the annual budget to ensure adequate funds were allocated and services available to malnourished children.

The Education Sector Plan revision, which UNICEF contributed to, includes an equity focused approach and prioritization of ECD, which UNICEF and partners advocated for. There was increased awareness on addressing issues faced by out of school children as a result of UNICEF and partner advocacy with the President of Liberia, Ministers of Education and Youth and Sports.

Partnerships have been strengthened at national and sub-national levels with development partners as well as non-governmental and community based organizations to increase advocacy, awareness and demand for equitable services, including through community engagement and through radio networks, with the aim of seeking positive behaviour change and driving action on these issues.

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

**Analytical Statement of Progress:**
Advocacy and consistent donor engagement resulted in contributions of US$ 57.8 million being made available to improve the lives of children and women in Liberia. In addition, ongoing advocacy with donors who had specific interests in thematic sectors resulted in funding from the Power of Nutrition and UNICEF UK, as well as confirmation of a commitment for Phase III of the ‘Let Us Learn’ programme of US$1 million per year for the period 2019-2021 after a workshop and visit supported by UNICEF Liberia. Issues faced by
children were the focus of visits hosted by UNICEF Liberia for the Spanish and UK national committees (UK Natcom), as well as a visit by a donor to the UK Natcom.

A draft bill on the regulation of marketing of breast milk substitutes was incorporated in the amendment of the Public Health Law Bill following advocacy efforts led by UNICEF and partners. UNICEF HQ provided technical advice in developing the amendment.

At least six articles and two documentaries were printed or broadcast following proactive engagement and support to AFP, CTV Canada, CCTV Africa/America and the Guardian UK and some national media, raising awareness on some of the under-funded and under-reported areas like birth registration, social services and needs of EVD orphans.

UNICEF Liberia used meetings with the President, ministers, donors in or accredited to Liberia, development partners and legislators, and global events and days including the Day of the African Child, World Water Day, Menstrual Hygiene Day, and the launch of a WinS report to highlight specific issues and call for funding or action. The Government of Liberia and UNICEF issued a joint media release calling for increased investments in health, education and action to end violence against children at the end of the annual review, where a lack of funding in these sectors was discussed.

UNICEF Liberia’s social media followers were engaged and made aware of issues on child protection, immunization, quality education and others faced by children and women through the use of these platforms for advocacy, with 1300 new followers on Twitter and just under 1000 new likes on Facebook recorded in 2016. All advocacy efforts were supported by highlighting issues through web-articles, videos, and localizing global content.

UNICEF Liberia contributed to the development of a concept paper by a multi-partner team for funding under the USAID ‘Let Girls Learn’ programme. The Education Sector Plan review was supported by UNICEF, and revised by the World Bank and partners prior to submission to the Global Partnership for Education which will allow Liberia to access funding of almost US$ 12 million in 2017 and contribute to providing quality education services.

Donor fatigue and multiple emergencies worldwide resulted in reduced funding for programmes benefitting women and children. UNICEF Liberia is engaging with a wide range of existing and new donors and partners to leverage adequate funding for 2017, including developing briefing material on UNICEF programmes and sharing with potential donors.

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

**Analytical Statement of Progress:**

With UNICEF’s direct support to national and sub-national structures, more than 3,400 frontline social mobilisation workers (general community health volunteers, supervisors, town criers) were skilled and equipped through training and incentives to raise awareness on issues from EVD prevention, routine immunization, and introduction of the Rota vaccines to a limited HPV pilot campaign. The MoH and UNICEF co-chaired the National Health Promotion Technical Working Group as well as the Message and Materials Development Committee, functional owing to financial and logistical support provided by UNICEF Liberia and partners. Capacity was built in social behaviour change and preparedness plans for possible EVD outbreaks, and anticipated introduction of the EVD vaccine in Liberia through support to MoH and partner participation at workshops on these subjects. County health teams and sub-national structures were strengthened to plan, implement, coordinate, monitor and report on social mobilisation activity through UNICEF Liberia’s deployment of 17
county social mobilisation coordinators and 92 district social mobilisation coordinators until mid-2016. Communities across Liberia were equipped with knowledge and skills to practice positive behaviour through UNICEF Liberia support to social mobilisation and community engagement efforts, including support to community and advocacy meetings, provision of 19 new motorcycles and 73 motorcycles previously provided to the county health teams to enable social mobilisation workers and supervisors to travel into hard-to-reach communities, 100 new megaphones, two complete PA systems, generators and laptops to help reach populations with relevant health messages, development of radio messages, and printing of 500,000 posters and information, education and communication material on EVD prevention, routine immunization, vaccination campaigns and breastfeeding.

Thousands of schools and communities across Liberia were provided with updated, county-specific information on the SGBV referral pathway with UNICEF Liberia support to the MoGCSP in revising, printing and distributing informational materials.

Separately, awareness material on unexploded ordnance and explosive remnants of war were developed with UNICEF Liberia technical support, ahead of a campaign by the Ministries of Defence, Education and Justice, the Armed Forces of Liberia and the Liberia National Police to ensure populations across Liberia have the required information to report any explosives found during construction, farming and play. UNICEF Liberia worked with the MoE and partners on pre-planning for an ECD campaign scheduled for 2017.

Social mobilisation workers were not part of the Government structure and the lack of a functioning funding mechanism resulted in a delay in providing incentives to these workers. In 2017, UNICEF Liberia will work with MoH to identify a viable mechanism to ensure timely decentralized provision of incentives to social mobilisation workers, as well as the retention of these trained personnel by giving them priority when county-level health workers are being recruited to the health system.

In addition to working with Government ministries, UNICEF Liberia worked closely or supported numerous development partners in behaviour change communications efforts.

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

**Analytical Statement of Progress:**
Ten key studies and assessments conducted in 2016 contributed to bridging substantial information gaps and enabled UNICEF Liberia and partners to develop evidence-based programming in health, nutrition, WASH, education and child protection.

Two baseline assessments for community health services (qualitative and quantitative) helped the Government in drafting the revised National Community Health Services Strategic Plan 2016-2021 and the National Community Health Services Policy 2016-2021. A mapping of gCHVs was used to identify and recruit CHAs in communities, particularly in hard-to-reach areas and among marginalized populations. WinS was the first comprehensive study of its kind in Liberia, and has already informed the planning and design of a number of WinS projects in the country. The National Nutrition and Mortality Survey has enabled the Government to assess progress made in improving the nutritional status of children, informed planning for future interventions, and established a baseline for SDG indicators.

The DfID WASH programme summative evaluation identified key lessons for the Government and partners to consider in ongoing and future WASH programmes in both rural and urban settings, particularly the CLTS approach. Finally, the mid-term review of the joint Government of Liberia-UNICEF CP 2013-2017 provided an opportunity for UNICEF, the Government, and other partners to take stock of results achieved against planned results at the mid-point of the Liberia CP and to make necessary adjustments to programme activities.
and priorities for 2016 and 2017.

Three studies and assessments---the SARA and QOC, the Household Income and Expenditure Survey, and the annual school census---were conducted jointly with partners. SARA assessed the quality of care in 701 facilities in 14 of the 15 counties of Liberia, and provided reliable baseline information on service delivery and the readiness of health facilities to provide basic child health care, basic and comprehensive obstetric care, and HIV and AIDS services, which will be used to inform health sector planning.

UNICEF Liberia continued to support innovative approaches to achieve better results for children. U-Report Liberia was one of the fastest growing U-Report platforms in the world in 2016, and became the third-largest platform globally by reaching 110,000 registered U-Reporters within two years of its launching. Advocacy of U-Report steering committee members on the U-Report polls’ results continued in 2016. For example, the Advocacy by members of the U-Report Steering Committee members and UNICEF with the MoGCSP on the alarming results of the Sex4Grade’ U-Report poll published in September 2016 led to the launch of the Child Helpline by MoGCSP in November.

Liberia Info has been operational since the second quarter of 2016, and was updated with a new set of indicators and disaggregated data from relevant Government ministries in order to make this information easily accessible online. The capacity of Government in gathering and utilising near real-time data was enhanced through the operationalization and institutionalization of mHERO and EduTrack.

Equity-based programming has been institutionalized for all major programmes, and partners’ understanding of the MoRES approach was enhanced through on-the-job training during MoRES implementation. The Government of Liberia and UNICEF commissioned the first Situation Analysis in Liberia with an equity perspective at its core.

The coordination capacity of MoH with regard to information management and data exchange was strengthened with support from UNICEF and partners, leading to the finalization and budgeting of the 2016-2021 Strategic Plan for Health Information System (HIS), the first plan of its kind in Liberia. The HIS Strategic Plan was identified as a priority action in the national Investment Plan for Building a Resilient Health System in Liberia, 2015-2021. It has helped to coordinate the efforts and investments of various development partners in data collection, analysis and dissemination, and has enhanced the interoperability of information systems within MoH.

Results-based Management (RBM) training was conducted for all UNICEF Liberia programme staff to equip them with the necessary skills and knowledge to apply the RBM approach in drafting and finalizing the next CP and other important documents. The process of prioritization, causality analysis and developing theories of change for sector priorities will begin immediately after the Situation Analysis is validated in early 2017. UNICEF Liberia staff are now working with the Government and other partners to improve their understanding of the RBM approach.

Key seven relevant line ministries, UN agencies and NGOs were actively involved in all stages of the Situation Analysis process, including the design of tools for focus group discussions and key informant interviews (KIIIs), the causality analysis of the key issues affecting children and women in Liberia, identification of key bottlenecks and deprivations, and recommendations for remedial measures.

The major challenge faced by UNICEF Liberia and partners was the unavailability of disaggregated data for many key indicators. Such information is essential in conducting equity analyses for children and women and to monitor SDGs. UNICEF will continue to
advocate with the Government to review and add new indicators to fill these data gaps in routine systems and national surveys.

Three additional studies—the SitAn, Labour Survey, and Out-of-School Survey—were near completion by the end of the year, with anticipated release dates in early 2017. The two remaining assessments planned for 2016 were postponed to 2017.

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

Analytical Statement of Progress:
In consultation with the MoFDP and the UNICEF WCARO, LCO undertook a lighter mid-term review of its County Programme 2013-2017 under the banner of the extended annual review to comprehensively analyse and document achievements in each sector between 2013 and 2015, assess the continued relevance of planned results under the CP, and agree on priorities for 2016 and 2017, focusing on post-EVD transition, recovery and resilience building. The mid-term review found that priority needs going forward included (a) the rapid restoration of health and social welfare services (including child protection) severely impacted by EVD, (b) placing greater emphasis and attention on community engagement and community-based initiatives, and (c) increased investment in the role of Communication for Development (C4D) in advocacy and behaviour change, in light of C4D’s vital role in curtailing the spread of EVD.

Several SOPs for internal management were revised or drafted this year to enhance the efficiency and effectiveness of work flow process and management, such as programme planning, monitoring, donor reporting, and programme cooperation agreements.

UNICEF signed 17 partnership agreements in 2016 with national and international NGO partners covering the education, health, nutrition, WASH and Communication for Development sectors. The total value of these partnerships was approximately US$7.3 million, of which UNICEF contributed US$6.24 million as cash and more than US$210,000 in supplies.

Regarding emergency coordination and planning, LCO continued to support the Government in prevention and response to potential EVD outbreaks. LCO updated its Early Warning/Early Response (EW/ER) plan by reviewing and amending potential emergency scenarios and devising an action plan to respond to them.

LCO maintained full compliance status with HACT assurance activities in 2016. Four micro-assessments, 27 spot checks, and 28 financial audits were completed for partners who received more than US$500,000 from UNICEF in the current programme cycle. Programme monitoring visits in accordance with global guidance achieved 100 per cent status in 2016. The findings of all HACT assurance activities have been shared with relevant partners, and necessary capacity development and compliance activities have been conducted. UNICEF Liberia was selected as a pilot country for testing and roll-out of the eTools application, the purpose of which is the effective management and monitoring of UNICEF partnerships with Government and NGOs and related HACT assurance activities. The pilot was launched in 2016 within three sections of the LCO, with coverage of all other sections anticipated by 2017.

There is an ongoing need to strengthen coordination between UNICEF, UNDP and UNFPA with the implementation of HACT assurance activities. UNICEF took the lead this year in finalizing a common LTA for all HACT assurance activities on behalf of the UN, and as chair of the HACT inter-agency working group will ensure that a joint work plan is developed for
HACT in 2017.

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

**Analytical Statement of Progress:**
Support for generating evidence-based and equity-focused programme planning, monitoring and evaluation remained on track in 2016. The capacity of sectoral programme planning was enhanced by the increased data availability obtained through 10 studies and assessments supported by UNICEF in 2016. At least 8,096 health workers were engaged through the mHero application, targeting a variety of issues related to health service delivery, the health workforce, the health management information system, access to essential medicines and commodities, and leadership and governance. Information collected through U-Report on service availability and community perceptions helped LCO and its partners to devise appropriate responses and actions. UNICEF partnered with local youth NGOs to expand the number of U-Reporters by over 47,000 subscribers, by the end of 2016, there were approximately 110,000 U-Reporters in Liberia. In light of the focus on equity considerations, U-Report awareness and recruitment campaigns targeted hard-to-reach and/or deprived areas in Bong, Margibi, Maryland, Montserrado and Nimba counties. The LiberalInfo database was upgraded and operationalized with 420 indictors (increased from 37). 38 focal persons from 19 Government ministries and agencies in Monrovia were capacitated in the user and admin modules of DevInfo software. As part of efforts to decentralize DevInfo to the county level, an additional 28 Government officials from seven line ministries were capacitated through similar training on DevInfo in Grand Bassa and Rivercess counties.

Although UNICEF Liberia requested an extension of the current CP by one year (to end in 2018), preparations for a new country programme cycle began in 2016, including the drafting of a new SitAn with an emphasis on equity. With the support of the WCARO, LCO organized training in RBM in October 2016 in order to strengthen staff capacities in applying RBM in the management of programmes and projects, and to equip staff with the necessary skills to develop a new CP; 68 staff from the Monrovia office and the Maryland zonal sub-office, covering all sections (including administration and operations) were trained on RBM at this time.

Collaboration between LCO, the MoFDP, other line ministries and NGO partners was strengthened in 2016. The Government took full ownership in planning and reviewing the CP and annual sectoral work plans. UNICEF Liberia actively participated in the decision-making processes of various planning and coordination forums, including UNCT, IAPT, the Inter-agency Working Group, the Human Development Pillar of the UN One Programme, and outcome group meetings.

Although the Government convened a major conference for the domestication of the SDGs in early 2016, limited progress was made in the SDG domestication process during the year. SDG targets and indicators are yet to be agreed upon and finalized by partners. The CO will continue to advocate with the Government for the prioritization of SDG targets and indicators finalization in 2017.

Delays in liquidating outstanding funds given to key line ministries hindered implementation of Level 3 monitoring activities under MoRES. During the 2016 annual review, the LCO Representative and key ministers committed to find solutions to address this issue in 2017 and beyond.
OUTCOME 10 Effective and efficient supply and logistics management and support to programme provided to all programme

Analytical Statement of Progress:
In 2016, UNICEF Liberia enhanced the quality of learning and teaching through the provision of more than 760,000 teaching and learning kits to more than 4,200 schools nationwide. UNICEF Liberia enhanced the quality of health and nutrition services through the provision of essential supplies to health facilities.

In 2016, supply and logistics operations were driven primarily by four global strategies: (1) service delivery, (2) contracting for services (institutional), (3) monitoring, and (4) in-country logistics, as well as two enabling strategies: (1) working together for results and (2) partnership. Use of these strategies contributed significantly to supporting the progress of programme implementation and achievement of results across all sectors.

Assistance to the Government of Liberia included i) the training of Government partners on supply chain management, 2) provision of logistical support involving temporary storage of supplies intended for partners, and 3) customs clearance and forwarding.

The annual supply plan was finalized in collaboration with programme sections during the first quarter of 2016, and had an overall value of approximately US$11 million for both goods and services. Standard operating procedures for procurement activities were further simplified to enhance understanding of supply chain management and related timelines. Increased interactions between the Supply and Logistics Unit and programme and operations sections through the Unit’s participation in weekly section meetings led to greater effectiveness and efficiency in programme service delivery.

UNICEF Liberia participated in meetings of the UN Procurement Working Group (PWG) throughout the year, leading the group’s establishment of LTAs for transportation, customs clearance, fuel and fibre optics services, and participating in the consolidation and mapping of UN vendor lists and LTAs. To mitigate risks in supply and logistics, a training was organized for approximately 100 local vendors of both goods and services on ethics and UN bidding procedures, terms and conditions. Procurement operating procedures were simplified to foster clearer understanding of supply chain management and delivery activities.

There were delays in the delivery of drugs to the MoH National Drug Service (NDS) warehouses due to a lack of storage space and absorption capacity at the ministry level. This led to most offshore-procured supplies being temporarily received at the UNICEF Liberia warehouse before being forwarded to MoH stores.

UNICEF Liberia continued to take a leading role in UN inter-agency procurement activities through LTAs for common services. A number of LTAs are currently in place, resulting in better pricing and reduction in transaction times for services including commercial transportation of goods, provision of fuel, and customs clearance and forwarding services.

OUTPUT 1 Efficient and Effective Supply and Logistics for Programme Delivery

Analytical Statement of Progress:
UNICEF Liberia continued to support and build the capacity of Government partners in warehousing and inventory management and reporting through regular on-site job trainings and demonstrations in Government storage facilities, particularly in the National Drug Service (NDS) warehouses of the MoH. UNICEF Liberia built the capacity of NDS staff through the provision of a dedicated consultant, who provided training on automation of inventory management and warehousing best practices, as well as on-site supportive
supervision and mentoring.

Enhanced capacity and coordination of UNICEF and partner staff enabled the complete distribution of more than 760,000 teaching and learning kits to more than 4,200 schools, and the timely distribution/prepositioning of essential medical and nutrition supplies throughout the country. UNICEF Liberia exceeded a baseline target of 62 per cent, delivering 88 per cent of the total value of supplies ordered in 2016. Total procurement value was approximately US$20,489,453, of which US$7,475,550 accounted for the procurement of goods, US$8,019,866 for the procurement of institutional services, and US$4,527,744 for the procurement of construction services.

Although the number of construction and renovation projects has decreased in comparison to the volume and value in 2015, contracting and implementation of construction of WASH in schools and improvement of WASH in health facilities were a major function of the Supply Unit in 2016. The Supply Unit made important contributions to the integrated immunization campaigns through procurement of vaccines and injection materials and offered its logistics and distribution expertise to ensure that there were no serious interruptions or stock outs in the provision of vaccines and other medical supplies for health facilities around the country.

A total of 33 per cent of orders were delivered on time and 55 per cent within 30 days of purchase order delivery date, resulting in a cumulative total of 88 per cent of orders delivered within 30 days of the purchase order delivery date. However, logistics and transportation of supplies to end-users was a major challenge throughout the year, with difficulties in timely distribution of supplies to end users due to poor road conditions and inaccessibility during the rainy season. The total value of turn-over of supplies from the warehouse to end users was approximately of US$12 million.

### Document Centre

#### Other publications

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media Releases</td>
</tr>
<tr>
<td>Training Healthcare Workers to Save Liberia’s Babies (human interest story)</td>
</tr>
<tr>
<td>School kits enable children to continue education in Liberia (human interest story)</td>
</tr>
<tr>
<td>Changing Young Liberia Through Innovation (human interest story)</td>
</tr>
<tr>
<td>Playing to Live (video)</td>
</tr>
<tr>
<td>UNICEF Distributes up to 700,000 Teaching and Learning Kits Across Liberia (video)</td>
</tr>
<tr>
<td>Polio immunization (videos)</td>
</tr>
<tr>
<td>Peacebuilding, Education and Advocacy (PBEA) Documentary</td>
</tr>
</tbody>
</table>

#### Lessons learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson Learned</td>
<td>Engagement with community resource persons and the use of indigenous local technology and solutions remained the linchpin for success, as exemplified in the CLTS programme.</td>
</tr>
</tbody>
</table>
## Programme documents

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Title</th>
<th>Name</th>
</tr>
</thead>
</table>