UNICEF Annual Report 2017

Liberia

Executive summary
The reporting year of 2017 was the first year in which the children of Liberia lived without a single case of Ebola since the first outbreak was reported in 2014. UNICEF Liberia focused on supporting the Government in resilience-building and accelerating progress in development planning. Already reports indicate that these are bearing results for children and women in Liberia. Much of UNICEF Liberia’s focus was on programmes that address inequities, with emphasis on addressing issues faced by children and the wider population in the most disadvantaged areas.

In line with UNICEF Liberia’s continued focus on strengthening the community-based approach, 265,000 people (40 per cent of the hard-to-reach population), including 37,000 under-five children, accessed community-focused public health services; 276 communities (of over 93,000 people) were declared open defecation free (ODF); psychosocial, health and legal assistance was provided to 173 child victims of sexual violence; 2,000 traditional and community leaders, parents and students were engaged to end child marriage; and immunization coverage was maintained at 76 per cent as of September 2017. Based on lessons learned from government community-based approaches, the World Bank pledged US$2 million to expand the community health assistant (CHA) initiative for another two years.

Approximately 13,000 under-five children with severe acute malnutrition (SAM) accessed treatment and nearly 15,000 women who were pregnant or lactating received nutrition counselling during the year.

Over 980,000 students accessed quality education as 11,000 school teacher were trained on child-focused learning. Over 5,000 schools received teaching and learning materials. A total of 4,300 girls and boys from districts with low learning outcomes attained an 80 per cent average score in four core subjects. Through joint advocacy, the Education Reform Act was amended to provide free education for children aged three to five years old, and a multi-sector communication and advocacy strategy was launched to promote early childhood development (ECD) services.

An estimated 58,000 people living in five communities of the capital’s most congested slums benefited from the extension of water supply systems and gender- and disability-friendly sanitation facilities, while 41,000 students benefited from improved water, sanitation and hygiene (WASH) services and 39,000 benefited from better WASH systems in 10 healthcare facilities.

UNICEF Liberia implemented joint programmes to prevent sexual and gender-based violence and harmful traditional practices, and on adolescent development, as well as delivered programmes through 20 partnership agreements totalling US$4.7 million.

UNICEF Liberia supported South-South cooperation, including hosting the annual review by the
Directorate-General for International Cooperation (DGIS) and the Department for International Development, which brought together representatives from 11 countries and selected donors to share lessons learned and innovative solutions implemented across Africa.

A UNICEF Liberia and partner-supported study on out-of-school children showed that 51 per cent (441,025) of children between ages six and 11 were not in age-appropriate grades, and that approximately 34 per cent (214,024) were physically out of school. The findings were used in the development of the Education Sector Plan (2017–2020), which emphasized elimination of the cost for ECD and age-appropriate enrolment.

UNICEF Liberia spent US$33.8 million (including US$10 million in new contributions) on programming for children and women in 2017. The Power of Nutrition and the United Kingdom National Committee for UNICEF (UNICEF UK) committed US$9.2 million for nutrition programmes over three years. This was the first contribution to UNICEF globally by Power of Nutrition. UNICEF Liberia continued to advocate for funds to sustain and expand programming. However, challenges remained in securing additional donor funding to expand programmes and funding from the Government of Liberia for sustainable service provision because of low fiscal space. Another challenge was attracting technically qualified personnel, and meeting the standards of gender parity and geographical diversity.

The most significant shortfalls were related to the inability to recruit the 450 social workers that Liberia needs and retain the 120 that were previously trained and recruited, due to unavailability of funding at the relevant ministry to pay for their retention; as well as the inability to secure adequate funding or partners to support the recruitment and deployment of the full complement of community health assistants (CHAs) across Liberia.

In 2018, Liberia will face three key transitions: a new President, a new Government and the withdrawal of the United Nations Mission. Therefore, investments in child rights with an emphasis on integration of services was prioritized by UNICEF and the United Nations Country Team (UNCT) as a foundational principle of the next National Development Plan, which prioritizes alignment of the forthcoming UN Development Assistance Framework (UNDAF) and UNICEF’s Country Programme Document (CPD).

**Humanitarian assistance**

In 2017, the humanitarian assistance provided by UNICEF Liberia focused on supporting the Government to keep Ebola defeated and on building a resilient public health system with integrated emergency preparedness with emphasis on containing a potential Ebola flare-up.

Following the Ebola outbreak of 2014–2015, which underscored the country’s high epidemic potential and exposed its weak public health system, UNICEF Liberia worked with the Government and partners to implement the revised National Policy on Community Health Services, set in 2015, in accordance with the Investment Plan for Building Resilient Health Systems in Liberia (2015–2021). In 2017, the deployment of 2,665 community health assistants strengthened human resource capacities at the community level. UNICEF Liberia supported the deployment of 743 assistants in the five south-eastern counties. To date, 588 assistants have completed all the training modules and all of them received training on community events-based surveillance.

On 25 April 2017, the Ministry of Health (MoH) was notified about a cluster of unexplained health events in Greenville City in Sinoe County (southeast), which involved 14 cases and resulted in eight deaths. By 25 May, the outbreak had spread to two other counties,
Montserrado (central) and Grand Bassa (central), raising the case count to 31 and the number of related deaths to 13. Neisseria meningitidis serogroup C was identified as the cause of the deaths. Another small-scale meningococcal septicaemia outbreak was reported in Grand Kru County (southeast) in August and September 2017 (three cases, including one death). As Co-Chair of the National Health Promotion Technical Working Group, UNICEF Liberia provided technical support to the Government and partners to develop a plan to implement social mobilization activities in response to the meningococcal outbreak in Sinoe and Grand Kru counties. Volunteers visited approximately 5,400 households and provided about 50,000 persons with health and prevention information. Some 148 community and religious leaders and 4,597 community members participated in the activities and 190 focal group discussions were organized with the objective of determining the communities’ perception of the calamity and to track rumours about the cause of the outbreak. A total of 124 community leaders (82 women) and 5,441 community members participated in those discussions. UNICEF Liberia worked with radio stations in Sinoe and Grand Kru counties to disseminate radio announcements. This included airing messages and broadcasting radio talk shows in local languages.

In response to a measles outbreak reported in Bong County (northeast) in September 2017, 972 children aged six months to 10 years were vaccinated against measles in the three affected communities – Kayata, Gbartala and Kandakai. Community health assistants also conducted an active case search for measles and mobilized families to receive vaccinations and vitamin A supplements. UNICEF Liberia provided high-quality potent measles vaccines and vitamin A for that outbreak response.

Low-lying areas of Liberia are prone to flooding, an issue compounded by the country’s ineffective water and sewage infrastructure, improper waste disposal, pollution and open defecation – conditions under which waterborne illnesses such as cholera and diarrhoea thrive. UNICEF Liberia responded to a flood emergency in the town of Unification in Margibi County (central) in April, which affected an estimated 3,000 persons and included the provision of Water Guard for household water treatment to 466 families (2,485 persons), and psychosocial support services to 28 children (18 girls, 10 boys).

UNICEF Liberia undertook its annual emergency preparedness planning in line with the UNICEF Preparedness Procedure and used the emergency preparedness planning platform. Staff from UNICEF Headquarters and the UNICEF West and Central Africa Regional Office (WCARO) extended support to the Country Office (CO) in its effort to graduate to the online platform in September 2017. UNICEF Liberia, as part of the preparedness planned for a multi-risk response under three scenarios – floods, epidemics (including Ebola) and electoral violence – prepared an emergency preparedness and response plan to respond to the highest estimated affected population of 30,000, with a standing capacity able to respond at any time and immediately to the needs of 5,000 people without external support. UNICEF, along with other UN agencies, prepared a humanitarian contingency plan for the possible internal displacement of Liberians, refugees and third-country nationals should there have been any violence during the just concluded elections.

### Equity in practice

As per the Household Income and Expenditure Survey 2017, about 50.9 per cent of the population of Liberia is classified as poor. The poverty level is significantly higher in rural areas compared with urban areas (71.6 per cent of the population versus 31.5 per cent of the population, respectively), while inequality is higher in urban areas (0.32) than in rural areas (0.27). The south-eastern region had the highest poverty level, at 81.3 per cent. Other surveys and studies showed that the inequity in access to services and inequality in outcomes are
extreme between wealth rankings, counties and urban and rural locations in Liberia. In recognition of this, UNICEF Liberia shifted its focus of services to being equity-based.

In 2017, UNICEF Liberia intensified efforts to reduce equity gaps in the coverage of essential services among children and women in underserved areas through multiple programmes. Essential health services were made available to the most disadvantaged children (who live more than one-hour walking distance from the nearest health facility) in the five counties in the south-eastern region, covering an estimated 40 per cent of the population of those counties. This specific intervention benefited 36,959 children under five years old through the availability of integrated community case management services.

To address inequities in urban slums, UNICEF Liberia supported the delivery of immunization services in 45 additional health facilities and seven marketplaces, as well as in 129 facilities in the urban areas of Montserrado County (central). Through the defaulter tracing system placed in 30 health facilities in Montserrado County, 663 defaulters were tracked and immunized through phone call reminders, and 164 defaulters were immunized through referrals from community health volunteers in August 2017.

UNICEF Liberia and partners conducted a nationwide water-point mapping exercise that highlighted the scale of inequitable access to WASH facilities in south-eastern Liberia and in urban slums in Monrovia. UNICEF revised the targeting of the WASH programme in underserved areas to ensure that WASH services are available to deprived communities in accordance with the observations resulting from the water point mapping exercise.

The WASH in Institutions project addressed equity gaps by taking into consideration vulnerabilities associated with people with disabilities, especially regarding access to sanitation facilities. UNICEF provided comprehensive WASH packages to 120 schools, with attention given to disability-friendly latrines through the construction of ramps and grab railings, benefiting 41,203 students (19,476 girls, 21,727 boys), and 10 health-care facilities covering 39,000 persons. Also, an urban slum project in Clara Town provided an estimated 58,000 people with water and sanitation services.

UNICEF Liberia targeted nine counties that have high levels of sexual and gender-based violence and provided support to vulnerable communities to prevent violence. Ten community action groups were established in three counties and child survivors were engaged to address violence against children and harmful practices. An estimated 16,400 people were reached through those initiatives. Additionally, 18 gender-based violence observatories and 14 schools established buddy systems to prevent, monitor, report and respond to sexual and gender-based violence and sexual exploitation and abuse, and to link rape survivors to one-stop centres for protection services.

The Gender Equitable Education Programme addressed issues of access, retention and completion of education for adolescent girls in 42 schools (upper basic and junior high school) in six counties. The programme supported afterschool tutorials in those schools, focusing on improving student learning outcomes in the four core subject areas. With a ratio of 60 per cent girls to 40 per cent boys, 4,344 students (2,557 girls, 1,787 boys) were enrolled in the tutorials. Those schools set up girls’ clubs to provide leadership and psychosocial life skills. The girls’ clubs enabled 477 out-of-school girls to enrol in junior high schools through community outreach programmes.

Lack of adequate data and analysis poses a challenge in addressing equity gaps. Periodic data
on the status of key indicators disaggregated by sex, age, location and wealth ranking, as appropriate, are not available in Liberia. The Demographic and Health Survey (DHS) and Population Census planned for 2018 offers an immense opportunity to sharpen the equity focus. UNICEF Liberia is collaborating with the Liberian Institute of Statistics and Geographical Information Services (LISGIS) and other UN agencies to advocate the inclusion of disaggregated data on the indicators of disability, child nutrition and child protection in DHS 2018, which would help to sharpen the programme design.

**Strategic Plan 2018-2021**

The Government of Liberia-UNICEF Liberia Country Programme of Cooperation (2013–2017) was extended for one year to the end of 2018, to give the UNCT time to ensure that planning for the next UNDAF cycle is aligned with national priorities and the development planning cycle of the Government. In preparation for that, submission of the required CPD 2019–2023 to the UNICEF Executive Board was scheduled for September 2018. This opportunity will be used to align the priorities in CPD 2019-2023 to those articulated in the Strategic Plan 2018-2021.

UNICEF Liberia used the results framework indicators of the Strategic Plan 2018–2021 as a basis to review the situation of children and to identify programming priorities pertaining to child rights in Liberia from an equity angle. The analysis was undertaken in the context of the Sustainable Development Goals (SDGs) and the comparative advantage of UNICEF as a member of the UN. Key programmatic strategies, theories of change and associated risks were articulated at a preliminary level. The analysis was being incorporated in the development of Programme Strategy Notes and the CPD 2019–2023.

The alignment of the CPD to the Strategic Plan 2018-2021 and the SDGs will ensure UNICEF Liberia delivers results for children in line with national, regional and global plans and priorities.

However, periodic data on the status of key SDG indicators disaggregated by sex, age, location and wealth ranking, as appropriate, are not available in Liberia. The lack of adequate data and analysis is a challenge in addressing equity gaps and tracking progress. The planned 2018 Liberia Demography and Health Survey (LDHS) will provide a baseline for the outcome indicators of the new UNDAF and CPD. A population census of Liberia that is underway will provide additional demographic data, enabling the country to initiate tracking progress against the SDG indicators.

In the effort to formulate the CPD, key strategic shifts in programming were identified: fostering cross-sectoral and multisectoral programming and supporting innovations in programming and advocacy processes and practices. The two strategic shifts in programming resonate with the focus of Strategic Plan 2018–2021. Such alignment of the country programme’s strategic focus and results framework in the context of the SDGs, with the UNDAF and Strategic Plan 2018–2021, enable UNICEF Liberia to deliver results for children in line with national, regional and global plans and priorities.

**Emerging areas of importance**

**Focus on the second decade.** UNICEF Liberia continued to call for a national adolescent empowerment strategy and a foundational life-skills curriculum for adolescents. The final draft of the strategy is under review for endorsement. The life skills curriculum was developed and rolled out through youth centres and adolescent resource centres to empower young people with basic life skills and by using a peer-led methodology to increase the sustainability and scale-up of the programme. The curriculum was disseminated to 12 partners – including relevant government departments, UN agencies and community service organizations in Liberia.
– and 16 master trainers were trained to use it.

UNICEF Liberia and other UN agencies integrated adolescent issues, especially for girls, into programmes as a cross-cutting priority. UNICEF Liberia continued to advocate for integration of adolescent sexual and reproductive health, including menstrual hygiene and life skills training, under the health and education sectors of Liberia. UNICEF supported the Ministry of Health (MoH) in training health-care workers in quality service provision for adolescents.

UNICEF developed joint proposals that integrated child protection and education into interventions, such as adolescent HIV and AIDS prevention, sexual and reproductive health, literacy and life-skills training, as part of its work directed towards dealing with issues affecting adolescents.

**Urbanization and children.** It is estimated that more than 50 per cent of the population of Liberia resides in urban areas and that children comprise almost 50 per cent of the total urban population. Monrovia, the capital city, is home to about one-third of the national population. Children and women in urban areas face multiple hardships because of the unprecedented growth of the urban population in the last decade.

UNICEF continued to improve access to health and nutrition services and WASH facilities in urban areas. Under an urban WASH programme, an estimated 58,000 persons in Monrovia attained improved access to water through the completion of a five-kilometre extension of a water supply pipeline connecting to 30 water kiosks in Clara Town, Freeport, Bilima, Jamaica Road and Doe communities. That programme was supplemented with construction of gender-separated and disability-friendly public latrines, addressing equity gaps related to access to safe water supply and improving sanitation in slum communities.

A defaulter tracing system and community outreach activities introduced in 2017 increased immunization coverage in the urban county of Montserrado (central), contributing to one-third of the national immunization coverage of Penta-3 vaccinations. Two hundred young people from 20 urban communities with the highest potential for conflict were provided with skills in conflict resolution. They conducted dialogues within their communities to promote peace during and after the national elections to avoid civil unrest.

**Accelerate integrated early childhood development (ECD).** The Education Reform Act was amended to provide free education for children three to five years old. The national inter-sectoral ECD Advocacy and Communication Strategy was launched in December 2017 to improve holistic understanding of ECD across sectors and strengthen awareness about ECD and related coordination mechanisms at national and local levels. UNICEF Liberia spearheaded the development of the strategy by facilitating consultations with stakeholders, drafting the policy and facilitating the finalization and launch of the strategy. The strategy was implemented, contributing towards a better understanding and integration of ECD programming across sectors including health, nutrition, WASH, child protection, education and communication for development (C4D). UNICEF developed communication messages for partners to use to scale up ECD advocacy across the country.

A parenting programme was piloted in Bong, Grand Bassa and Grand Gedeh counties. The partnership resulted in the development of a user-friendly curriculum guide, a training manual and standards for the establishment and management of community-based ECD centres. The national Inter-sectoral ECD Committee was reactivated, and 600 children (360 girls, 240 boys) in Margibi, Bong and Grand Kru counties received assistance through early stimulation, the
distribution of learning kits and birth registration during the commemoration of the National Week of the Young Child in May 2017. Advocacy activities carried out during this week resulted in increased awareness in communities in three counties on the importance of ECD, the role of play and the importance of enrolling children in school at the appropriate age (age six at grade one).

**Summary notes and acronyms**

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>C4D</td>
<td>communication for development</td>
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<td>CHA</td>
<td>community health assistant</td>
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<td>CLTS</td>
<td>community-led total sanitation</td>
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<td>CMT</td>
<td>country management team</td>
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<td>CO</td>
<td>Country Office</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DfID</td>
<td>Department for International Development (UK)</td>
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<td>DGIS</td>
<td>Directorate-General of International Cooperation</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>HACT</td>
<td>harmonized approach to cash transfer</td>
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<td>ICT</td>
<td>information and communications technology</td>
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<td>LISGIS</td>
<td>Liberian Institute of Statistics and Geo-Information Services</td>
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<td>LTA</td>
<td>long-term agreement</td>
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<td>MGCSP</td>
<td>Ministry of Gender, Children and Social Protection</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>OIAI</td>
<td>Office of Internal Audit and Investigations</td>
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<td>OR</td>
<td>Other Resources</td>
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<td>ORE</td>
<td>Other Regular Resources</td>
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<td>PoN</td>
<td>The Power of Nutrition (NGO)</td>
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<td>PRIME</td>
<td>Plan for Research, Impact Monitoring, and Evaluation</td>
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<td>RR</td>
<td>Regular Resources</td>
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<td>RSM</td>
<td>Residential Security Measures</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SP</td>
<td>Strategic Plan</td>
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<td>SUN</td>
<td>Scaling Up Nutrition</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNDAF</td>
<td>UN Development Assistance Framework</td>
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<td>UNDSS</td>
<td>UN Department of Safety and Security</td>
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<td>United Nations Children’s Fund</td>
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<td>United Kingdom National Committee for UNICEF</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WCA</td>
<td>West and Central Africa Regional Office (UNICEF)</td>
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**Capacity development**

UNICEF Liberia continued to focus on capacity-building at the community level to enable communities to protect and realize child rights, and for service providers to support and expand social service infrastructure. The capacity-building for, and the deployment of, 743 community health assistants improved access to essential healthcare services for persons living more than five kilometres from health facilities in the five south-eastern counties.
Through the community-led total sanitation (CLTS) approach, UNICEF enhanced the capacity of households and communities to build and use toilets. Some 276 communities (93,450 persons) benefited from the approach. The capacity of 246 MoE, Ministry of Public Works and MoH officials and school principals from all 15 counties were strengthened in monitoring, supervising and reporting on WASH in school activities, and 50 officials received training on verification and certification of child-friendly schools.

UNICEF supported the capacity-building of 228 officers of the women and children protection section; 18 social workers; 46 magistrates, city solicitors and prosecutors; and 13 public defenders on the Juvenile Justice Diversion Guidelines and investigation techniques for trafficking cases.

Three hundred female teachers and 30 female caregivers acquired knowledge and skills to interpret and implement the early childhood development curriculum in 30 community ECD centres in underserved communities. UNICEF Liberia, MoE and two local non-governmental organizations (NGOs) facilitated capacity-building of 11,186 teachers on learner-centred and gender-responsive pedagogy. This resulted in improved learning outcomes for at least 29,500 students in 42 model schools.

**Evidence generation, policy dialogue and advocacy**

UNICEF Liberia extended technical and financial support to a study on out-of-school children in Liberia. The study showed that 51 per cent (441,025) of children between ages six and 11 years were not in age-appropriate grades, and that approximately 34 per cent (214,024) were out of school. The findings contributed to ongoing advocacy to improve access to quality alternative education opportunities for out-of-school children, which targets over-age pupils taking into account their cognitive abilities. The findings informed the development of the Education Sector Plan (2017–2021) to include alternative education interventions for over-age and out-of-school children.

UNICEF Liberia worked with Liberian Institute of Statistics and Geo-Information Services (LISGIS) to plan the Liberia DHS and the Population Census. UNICEF Liberia collaborated with UN agencies and partners to provide technical and financial support to the Liberia DHS and the Census. UNICEF continued advocacy for the inclusion of disability measurements, nutrition and child protection indicators in the DHS. UNICEF Liberia advocated that the Government incorporate and prioritize the SDG targets and indicators, and align LiberianInfo with the SDGs.

**Partnerships**

UNICEF Liberia was the convenor and co-lead of the Scaling Up Nutrition movement. Through advocacy, UNICEF Liberia successfully ensured that the Government of Liberia appoint a focal point for Scaling Up Nutrition activities in the MoH who will provide leadership for the movement. UNICEF Liberia, in partnership with UN agencies, successfully undertook a zero-hunger review and initiated implementation of a comprehensive food security and nutrition survey. UNICEF was involved to scale up coverage of nutrition interventions at the subnational level.

To improve efficiency and decrease stock-outs of medications at health facilities, UNICEF Liberia continued to work with USAID to develop and implement an e-logistics management and information service for medicines using the UNICEF RapidPro system. UNICEF Liberia and USAID jointly provided technical advice on the construction of a national warehouse for health-related supplies to store medicines safely and appropriately, and at global standards.
UNICEF and the Ministry of Public Works were co-leads of the WASH sector. UNICEF provided technical assistance to the Government of Liberia and the WASH sector as a whole. UNICEF, in partnership with the Liberia WASH Consortium, supported the undertaking of a water point mapping exercise to provide updated WASH information for Liberia to support equity-focused programming for the sector.

UNICEF, the World Bank and Open Society Initiative for West Africa comprised the local chapter of the ECD Action Network, a global initiative. Through the network, UNICEF supports implementation of the early learning initiatives in the education sector. UNICEF was an active member of the Global Partnership for Education and provided support to the Partnership appraisal process, which resulted in US$11.9 million earmarked for the education sector.

**External communication and public advocacy**

Support from UNICEF Liberia for training more than 70 journalists from across the country boosted coverage of issues faced by children and women. Partnerships with a network of six national and 30 community radio stations helped reach an estimated 85 per cent of the population, providing a platform for advocacy and awareness related to prevention of neonatal and premature child deaths, early childhood education (ECD), nutrition and WASH, among other topics. In line with the global communications and public advocacy strategy, UNICEF Liberia provided a forum for young people to be heard by enabling members of the Children’s Representative Forum to engage with mass media to discuss and raise awareness on issues facing children and youth.

UNICEF localized the contents of global media releases and social media initiatives to make them relevant to national audiences and drive positive change. To expand reach of advocacy and communication efforts, and drive engagement of audiences and action on issues that affect children and women, UNICEF used social media channels to target youth and non-traditional audiences in and outside Liberia and international days such as Global Handwashing Day, Day of the African Child and World Children’s Day to highlight priorities for children. This resulted in increased engagement, 900 ‘likes’ on Facebook and 120,000 impressions on Twitter during the reporting year.

To support UN coherence, promote the SDGs and increase advocacy for children under the ‘One Voice’ concept, UNICEF Liberia was the Co-Chair of the UN Communications Group. UNICEF Liberia led efforts to revise the joint UN communications strategy and develop the communications component of the UN Transition Strategy.

**South-South cooperation and triangular cooperation**

UNICEF Liberia continued to promote and facilitate South-South and triangular cooperation through knowledge exchange and sharing good practices and lessons learned. In 2017, knowledge-exchange activities built capacity among government leaders. Senior government officials representing 11 countries participated in the fourth Joint DGIS-DfID WASH Annual Review Meeting in Liberia, and participants visited UNICEF Liberia project sites.

With support from UNICEF, the Assistant Minister for Vital Statistics and Birth Registration Coordinator attended a conference on civil registration. The lessons learned and best practices shared at the conference were incorporated into the draft national birth registration policy.

UNICEF Liberia and UNICEF WCARO jointly supported the participation of the Deputy Minister of Instruction from MoE in the Southern and Eastern Africa Consortium for Monitoring
Educational Quality meeting, held in Botswana, to share experiences on measuring learning outcomes using standardized learning assessments.

UNICEF coordinated the participation of senior staff from the Ministry of Finance and Development Planning and the traditional governor from the Traditional Council in the End Child Marriage Conference.

UNICEF Liberia supported the participation of representatives of LISGIS and the National Commission on Disabilities in a child disability measurement workshop held in Dakar, to strengthen the capacity of LISGIS to integrate global disability measurement standards into the Population Census and DHS in 2018.

Identification and promotion of innovation

Liberia recorded a high rate of participants in U-Report: the fourth-highest of all U-Report platforms worldwide. In 2017, U-Report conducted 12 polls on issues of importance to young people in Liberia by using free text messages on simple talk and text phones, enabling a wider cross section of society, especially young people, to share opinions. The polls, which registered an average response rate of 16.5 per cent and 143,000 subscribers, provided important feedback. The accomplishments of U-Report were presented at a national peace-building conference sponsored by the Swedish Embassy, during which a member of the U-Report Steering Committee highlighted the impact of U-Report on combating the ‘sex for grades’ phenomenon in Liberia.

UNICEF, USAID and IntraHealth worked with MoH to produce near real-time reporting of essential health information with the objective to improve decision-making during routine and emergency health service deliveries. This information was being disseminated to the more than 17,000 health staff from affiliated organizations who are enrolled in mHero The electronic integrated disease surveillance and response system, a new component of mHero, was introduced. This platform was being piloted in two counties and will improve the reporting of epidemics in a more systematic manner. The system incorporates a workflow that connects lab technicians with transport teams and district and county health officers, which paves the way for a more rapid and efficient system for reporting epidemics.

Weak infrastructure, salary delays and long travel time were some reasons for absenteeism and low motivation of health workers who were posted in remote health-care facilities in Liberia. To address this, MoH and partners initiated mStar to roll out mobile salary payments for health workers to ensure timely and transparent disbursements of salaries.

Support to integration and cross-sectoral linkages

UNICEF Liberia continued to foster cross-sectoral and multisectoral programming at the national level. It helped MoE finalize, adopt and implement an intersectoral ECD advocacy and communications strategy. Continued advocacy led to the revival of the national intersectoral ECD committee, which strengthened coordination at national and local levels and increased awareness about ECD across sectors including health, nutrition, WASH, child protection, education and communication for development.

Cross-sector issues, such as WASH in schools and girl’s education, were prioritized in 2017, which resulted in enhanced programme results, specifically the provision of a comprehensive WASH package that includes toilets, water points, hand-washing stations and school health clubs in 120 schools that met the WASH child-friendly-school criteria.
UNICEF Liberia facilitated collaboration between MoE and the Ministry of Gender, Children and Social Protection to advance girls’ education and prevent sexual abuse and exploitation and to sensitize school communities on sexual and gender-based violence. UNICEF collaborated with MoE, the National AIDS Commission and MoH to ensure that peer education and sexual reproductive health, including family planning, were integrated in the school health programme to ensure that this information reached young people.

UNICEF Liberia worked with the World Food Programme, the Food and Agricultural Organization of the UN and the Ministry of Agriculture to strengthen the enabling environment for multisectoral approaches for nutrition interventions. A strategic review was undertaken to determine actions needed to achieve zero-hunger in Liberia by 2030. One of the key outcomes of the review was the strengthening of the food security and nutrition policy architecture.

**Service delivery**

The Ebola outbreak in Liberia demonstrated the importance of community engagement for effective and sustainable service delivery. Community engagement through the community health assistant programme was the key service delivery approach used in 2017. This approach empowered communities to play a greater role in their well-being. UNICEF supported the training and deployment of 743 community health assistant and 108 community health services supervisors, covering 40 per cent of the population (228,272 people) in the five south-eastern counties. The implementation of the CHA programme improved access to integrated health-care services, benefiting an estimated 11,218 children under five years old and 34,551 pregnant women.

UNICEF supported MoH to mainstream a comprehensive package of 10 direct nutrition interventions. The nutrition programme implementation strategy shifted from area-based to a scaled-up system-strengthening approach, whereby a full package of nutrition services is provided routinely in public health facilities. UNICEF supported the Government to integrate a set of 15 standard nutrition indicators into the Health Management Information System. The regular collection and reporting of nutrition indicators by the System will enhance delivery of nutrition services by ensuring evidence-based decision-making at the sub-national level.

The WASH programme continued to highlight the extreme importance of infection prevention and control measures in institutions, and focused on community engagement approaches such as the community-led total sanitation that reached 267 communities and involved 93,450 people. UNICEF-supported education programmes continued to integrate the prevention of school-related gender-based violence with improved WASH facilities. Some 120 schools benefited from the provision of a complete WASH package, which included sanitation facilities, water points, group hand-washing facilities and the establishment of school health clubs.

**Human rights-based approach to cooperation**


UNICEF Liberia provided technical and financial support to key duty bearers in MoH, MoE, the Ministry of Justice and the Ministry of Gender, Children and Social Protection to improve essential services to children and fulfil children’s rights. UNICEF supported an initiative with the Ministry of Gender, Children and Social Protection and the Ministry of Justice to improve the
provision of quality social welfare and protection services to child victims of sexual violence. As a result, 173 child victims received a package of services that included psychosocial, health and legal assistance. UNICEF Liberia supported MoH in training 101 birth registration personnel and 78 vaccinators who, together with other service providers, played a role in the birth registration of 34,753 children in 2017.

UNICEF Liberia facilitated the right to participation and strengthened the capacities of rights holders, in particular adolescents, youths and community leaders, by establishing and strengthening community-based mechanisms such as child welfare committees, gender based violence community action groups and buddy systems in schools. The mechanisms fostered dialogues in communities and with local authorities about child rights’ issues, and boosted children and adolescent participation in activities and campaigns to raise awareness on violence against children.

**Gender equality**

UNICEF Liberia, along with the UN Gender Theme Group and the National Gender Taskforce, successfully lobbied to enact the Domestic Violence Act, passed by both houses of Parliament and pending final endorsement by the President. The legislation seeks to ensure access to justice for survivors of all forms of gender-based violence, such as domestic or sexual violence, and provides psychosocial and economic empowerment opportunities to support survivors’ recovery and reintegration.

The emphasis on gender mainstreaming by UNICEF Liberia resulted in an enhanced role for female duty bearers at the community level. In 2017, 52 per cent of the community health services supervisors recruited were women, and 3,344 female teachers were trained to provide child-centred and gender-responsive teaching and psychological first aid.

UNICEF provided technical and financial support to a national campaign to end child marriage. In the five counties supported by UNICEF, more than 2,000 people were involved in the campaign, including religious and traditional leaders, students and parents. The five counties pledged to work on stopping child marriage by continuing to raise awareness about the issue and instituting measures to prevent it.

In 2017, UNICEF Liberia extended training to 213 girls and 212 boys on adolescent sexual and reproductive health to prevent unwanted pregnancies and sexually transmitted infections. UNICEF supported the reintegration of 477 out-of-school girls into schools, and 4,537 girls attended academic tutorials under the gender equitable education programme, which enabled them to advance to the next grade. UNICEF supported the strengthening of gender observatories and the provision of quality case management (psychosocial support services and medical and legal advice) to 200 girls who were victims of sexual violence. Training of 180 students on the buddy system for protection from sexual violence in schools was facilitated by UNICEF.

In 2017, the total annual spending on targeted priorities to advance girls’ secondary education and end child marriage was US$ 1,870,594 and US$ 839,886 respectively.

**Environmental sustainability**

In 2017, UNICEF Liberia focused programmes and operations on protecting the environment, water sources, and ensuring the Government of Liberia had capacity to reduce the contamination of water sources.
UNICEF carried out a comprehensive environmental impact assessment of 120 schools targeted for construction or rehabilitation of water supply and sanitation facilities as part of the WASH in Schools project. The assessment detected no high magnitude environmental risks for the schools. However, risk mitigation measures for minimal risks were identified and the Ministry of Public Works applied measures based on recommendations from the assessment.

UNICEF supported the installation of three solar-powered submersible pumps in three health facilities, and 120 rainwater harvesting systems in schools. It helped the Ministry of Public Works map water points and monitor the functionality of water sources during the year, and supported MoH conduct water quality monitoring and surveillance, especially along coastlines where water points are prone to saline intrusion. In the WASH programme, UNICEF continued to use the CLTS approach to eliminate open defecation and reduce groundwater contamination.

In the office, UNICEF Liberia reduced its carbon footprint through the following actions: installed cut-outs on air conditioners to run only during office working hours; used code printing to minimize unnecessary and accidental printing and reduce paper wastage; and installed energy-saving bulbs and switched off power from the mains when offices close. The solar system installation of 91 key switch/timers and use of LED lighting generated a 12 per cent reduction in monthly fuel consumption for a saving of US$21,600 annually.

The office greening efforts were co-funded by the Greening and Accessibility Fund in 2017. A project to install a global positioning system for fleet management was completed during 2017, leading to improved fleet management and effective monitoring of fuel consumption.

**Effective leadership**

A community management team review of operations and programme performance revealed that challenges identified by the internal audit report were due to a weak understanding of work processes. An action plan was developed to address the challenges, including the development or revision of office-wide standard operating procedures.

The community management team revised its agenda to improve quality assurance; track adherence to the standard operating procedures; and take action based on: key performance indicators, the Insight CO dashboard, enterprise risk management and DCTs to implementing partners. Responses to 12 of the 14 audit recommendations were uploaded for Office of Internal Audit and Investigations review, while action on the remaining two will be completed in 2018.

The 2017 Annual Management Plan took into account: 2016 progress; key weaknesses identified during the country programme midterm review; challenges associated with post-Ebola recovery; risks identified in the enterprise risk management exercise; and business continuity, (tracked twice yearly at CMT meetings with one simulation exercise in 2017). The 2017 Annual Management Plan was aligned to the Insight dashboard and became the basis of performance evaluation review indicators for staff.

Weekly senior management meetings reviewed programmes and operations performance and challenges throughout 2017 and addressed issues that had potential for reputational or financial risk. High-value projects were reviewed periodically to ensure they were on track and that issues were addressed quickly and appropriately. This resulted in no reputational issues, as well as successful completion of a US$6 million USAID-funded project that was extended beyond the original time frame.
The UNICEF Liberia Representative continued to advocate with relevant ministers to ensure accurate and timely implementation of programmes and DCT liquidation and reporting.

**Financial resources management**

The standing community management team agendas included monitoring financial and contribution management, outstanding direct cash transfers and supply inventory ageing. Expenditures and the status of direct cash transfers were monitored by programme sections in weekly section meetings. There were no outstanding direct cash transfers over the first nine months of the year and no write-offs were recorded in liquidations. Financial utilization for Regular Resources (RR) was 99 per cent, Other Resources (OR) was 99 per cent and Other Regular Resources (ORE) was 96 per cent respectively in 2017.

The CO completed timely bank reconciliations and took appropriate follow-up actions to investigate and clear the reconciling items. Bank optimization was monitored to ensure the cash balance was maintained within 25 per cent of the cash replenishment during the month. UNICEF Liberia maintained end-month bank balances within the threshold of 25 per cent in 10 months. Following the joint UN bank review, bank charges for the last quarter of the year 2017 were nil, compared to the total annual bank charges of US$135,000 in 2016.

Budget control and financial procedures were strengthened by the development and implementation of SOPs to address OIAI observations of direct cash transfer management and HACT, as well as linking deliverables and timeframes to contract payments. In line with this, the community management team monitored financial control measures.

**Fundraising and donor relations**

UNICEF Liberia raised US$10.14 million in new funding in OR in 2017, compared to the targeted amount of US$22.32 million, resulting in a funding gap of US$12.2 million (54.6 per cent) of the fundraising target.

The total ceiling for the Country Programme (2013–2017) was US$150 million, of which US$126.5 million was to be raised in OR. As this report was written, US$71.8 million was raised (56.8 per cent), resulting in a funding gap of $45.7 million. Based on positive outcomes from the CHA programme, UNICEF Liberia and Government secured an additional US$2 million from the World Bank to continue and extend health services in the southeast. UNICEF Liberia received funding for a UN-Government joint programme on prevention of sexual and gender based violence.

UNICEF Liberia strengthened its partnerships with existing donors including USAID and the Government of Japan. Notably, it was part of an innovative tripartite partnership that involved UNICEF UK and the Power of Nutrition. This is the first time that UNICEF received funding from Power of Nutrition globally.

UNICEF Liberia maintained its record of 100 per cent of donor reports sent on time, and improved the quality of donor reports by highlighting results in line with donor agreements. After being drafted by the relevant programme specialists and section chiefs with inputs provided by responsible persons, donor reports were reviewed by the reports officer and the resource mobilization specialist, and shared with the Deputy Representative for final clearance and onward submission to donors.

UNICEF Liberia fulfilled important donor visibility requirements by ensuring adequate recognition for the support provided by donors through branded material and in the relevant
communications content. It hosted international donor visits from UNICEF UK, the PoN and the UN Foundation, and organized field visits for in-country donors.

**Evaluation and research**

UNICEF Liberia contributed to the joint management response to the first recommendation of the evaluation of the UNICEF response to the Ebola outbreak in West Africa 2014–2015 (Guinea, Liberia and Sierra Leone). The evaluation was conducted at the end of 2016 and the report was published in March 2017. It focused on the UNICEF corporate response to the Ebola emergency from August 2014 to the end of 2015, when the outbreak was declared a Level 3 emergency. In coordination with UNICEF WCARO, UNICEF Liberia continued to follow up on all the agreed actions to achieve full compliance with the first recommendation.

In 2017, UNICEF Liberia completed seven of 13 planned studies or assessments. Four were awaiting validation by partners, while two were extended to 2018. The studies and assessments were planned jointly with relevant government counterparts, with the Government leading implementation. Delays were attributed to the lack of in-county expertise to undertake such specialized work. To mitigate this, UNICEF Liberia worked with UNICEF WCARO to set up LTAs with specialized agencies and field experts to ensure technical expertise. In 2018, UNICEF Liberia plans to undertake a learning-oriented evaluation with the Ministry of Finance and Development Planning to enhance Government capacity to conduct evaluations.

UNICEF Liberia reviewed the recommendations of the completed evaluations from the current programme cycle to incorporate them into the next country programme document and the costed evaluation plan for 2019–2023.

**Efficiency gains and cost savings**

The use of long-term and one/joint UN LTAs made the CO more efficient and reduced operating costs. The joint LTA for fibre internet services generated an annual cost saving of US$43,200 across participating UN agencies; UNICEF Liberia reduced costs of US$4,200 in 2017.

Following a joint UN bank review, UNICEF Liberia had no banking charges levied in the fourth quarter of 2017.

The office replaced the leased telephony system (wide area network digital communication), which had incurred a monthly charge of US$900, with its own VOIP GSM Gateway equipment.

The solar system and the greening initiatives implemented by the office and co-funded by the Greening and Accessibility Fund, including the installation of 91 key switches/timers to regulate power to air conditioners during non-office hours and the change of 30 security lamps to technologically enhanced LED lighting fixtures, reduced the quantity of fuel ordered monthly from 5,100 gallons in 2015/16 to 4,500 gallons in 2017, generating a saving of approximately US$21,600 annually.

The global positioning system and fleet management project was completed for on-the-spot location of vehicles and effective monitoring of fuel consumption to make fleet management more efficient and result in lower fuel usage.

Also of note, UNICEF Liberia expressed interest to move to One UN House (Pan African Plaza) in April 2018, which will potentially generate an annual cost saving of approximately US$191,000.
Supply management

Supply functions were a critical component of the Country Programme in 2017, with a throughput value of about US$14 million. UNICEF Liberia supported the country programme through the procurement and distribution of teaching and learning materials. The quality of health and nutrition services was enhanced through the procurement and provision of essential health and nutrition supplies to health facilities and communities, including vaccines and injectable devices. Safe and protective school environments were promoted through the procurement of institutional services and water pumps for rehabilitation, and the upgrading of WASH facilities in 120 schools in five counties (Bong, Grand Cape Mount, Lofa, Margibi and Montserrado).

The annual supply planning process was completed in the first quarter of 2017. The plan was reviewed and adjusted periodically to reflect funds available and actual costs of goods in local and offshore markets.

Key initiatives undertaken in 2017 to improve the supply function included the establishment of local LTAs for regularly-used supplies and services; the benefits included reduced transaction time, a shortened lead time and delivery period, uniform quality and improved relationships with suppliers. Priority was given to the timely delivery of supplies and supply-related services for local and offshore procured goods.

Management of resources and oversight assurance for warehouse operations and inventory management was done through monitoring goods in transit, reports on ageing inventory and reducing over-aged programme supplies, stock verification, and reconciliation of midyear and year-end physical stock counts.

Technical assistance related to supply functions extended to the Government included training of partners on supply chain management, best practices in warehousing operations and inventory management, and customs clearance and delivery of vaccines and vaccine devices for MoH.

### FINAL OUTPUT 1

<table>
<thead>
<tr>
<th></th>
<th>Value of all supply input (goods and services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$3,580,173.89</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$518,202</td>
</tr>
<tr>
<td>Services with construction</td>
<td>US$6,818,878.36</td>
</tr>
<tr>
<td>Construction (where applicable)</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>US$10,917,254.25</strong></td>
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</table>

### FINAL OUTPUT 2

<table>
<thead>
<tr>
<th></th>
<th>Value of supplies channelled via Procurement Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>via Regular procurement services</td>
<td>US$389,938.41</td>
</tr>
<tr>
<td>via Gavi Alliance</td>
<td>US$2,705,708.60</td>
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**FINAL OUTPUT 3**

<table>
<thead>
<tr>
<th>Value of locally managed procurement</th>
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<tbody>
<tr>
<td>Programme supplies</td>
<td>US$1,663,636.62</td>
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<tr>
<td>Operational supplies</td>
<td>US$518,202.20</td>
</tr>
<tr>
<td>Services</td>
<td>US$6,818,878.36</td>
</tr>
<tr>
<td>Grand total</td>
<td>US$9,000,717.18</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Current value of inventory, UNICEF warehouse</th>
<th>US$251,645.64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total value, supplies issued from UNICEF warehouse</td>
<td>US$2,241,748.31</td>
</tr>
<tr>
<td>Total value, supplies managed in UNICEF warehouse</td>
<td>US$2,493,393.95</td>
</tr>
</tbody>
</table>

| Total value of construction projects via partnership (WASH HACT) | US$1,171,815 |

**Security for staff and premises**

UNICEF international staff residences were compliant to Residential Security Measures. Financial support in line with UNICEF procedures was provided to national staff to enhance compliance.

UNICEF maintained access-control to its premises through the deployment of security personnel. The office and warehouses perimeter walls were reinforced with the installation of concertina wire, security lights and video surveillance cameras. All accessible windows were grilled and shatter blast film was installed on the glass doors and windows to minimize the risk of injury. Fire-fighting equipment was recalibrated and alarms maintained to ensure there was no risk to staff and property. A fire safety drill was conducted in the reporting year.

First aid kits were made available, and four trauma bags were procured and two staff members trained and certificated in their use. Other measures included: with the support of UNDSS, an emergency evacuation drill for international staff, and a building evacuation exercise at the main premises in Mamba Point and at the warehouse.

The warden system and communications tree for national and international staff were updated and in place. UNDSS Security Clearance Procedures for all staff movement were maintained and security advisory and administrative instructions were shared regularly with all staff.

**Human resources**

Through the programme budget review process, UNICEF Liberia abolished 42 of 48 vacant positions and closed three field offices that had been established to support the Ebola response.
These changes were part of the transition to regular programming.

UNICEF scheduled and organized an all-staff performance management workshop in preparation for the 2017 performance appraisal and 2018 performance planning.

UNICEF continued to face challenges in attracting qualified personnel and concluding recruitments on time. By end of 2017, UNICEF Liberia’s ratio of male to female staff for international staff was 67:33. The ratio of international staff from programme versus donor countries was 89:11. Attaining and maintaining gender and geographical parity was difficult. For example, the innovation specialist post was advertised three times following two consecutive declines of offers by two recommended female candidates. Nevertheless, the office continued to push for the selection of qualified female candidates, reinforced by a CMT decision to document the justification to recommend a male candidate when a qualified female candidate was not found. Similarly, UNICEF Liberia continued to make extra efforts to recruit international professionals from donor countries through headhunting and use of the organizational talent group.

The adoption and roll-out of the EPR was updated, and programme and operations staff needs were established for possible humanitarian scenarios. In response to the 2017 Global Staff Survey results, the CO established an action plan on ‘speaking up’ issues prioritized by staff – namely transparency, performance management, and career and professional development – which the CMT periodically reviewed.

Given the financial constraints, after an analysis of OR-funded posts, UNICEF decided to fill positions critical for programme delivery. RR temporarily funded some OR-funded positions, with adjustments made as OR funds became available.

**Effective use of information and communication technology**

Programme implementation was supported by an effective and efficient information and communications technology (ICT) system. UNICEF Liberia was in compliance with UNICEF-standard ICT tools, enhanced by the introduction of recommended hardware. The level of ICT hardware compliance was at 91 per cent at the end of 2017, with efforts to ensure full compliance in 2018.

UNICEF Liberia experienced minimal downtime in connectivity. To free up the business link for core applications and address the high latency nature of was activated as a routine link to support the load requirements, based on a recommendation by the Regional Chief of ICT.

To ensure more effective use of ICT resources, UNICEF introduced network printers and discontinued the use of almost all individual printers, established a PIN code system for printing, and introduced a voice over internet protocol system GSM gateway that increases efficiency and reduces costs related to the use of leased systems.

UNICEF adopted innovative approaches to strengthen programme delivery by using RapidPro technology to conduct polls and real-time data collection through U-Reporters and the mHero platform. The subscriber base of those platforms increased by over 30,000 new subscribers, to 143,000, during the year.

UNICEF used social and new media to expand advocacy and external relations, primarily through Facebook and Twitter, to influence behaviour change and promote UNICEF programmes.
Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Effective and efficient programme management and operations support to programme delivery.

Analytical statement of progress
In 2017, the CO implemented activities aimed at cost savings and efficiency gains. The United Nations joint banking services review exercise, concluded in late 2016, resulted in zero bank charges for 2017 compared to the usual annual charges of approximately US$135,000.

The replacement of the leased telephony system (wide area network digital communication) with the office’s VOIP GSM gateway equipment, effective from 1 November 2017, will generate savings of US$10,800 per annum.

An installed solar power system, and Environmental Impact Reduction initiatives implemented by the office and co-funded by the Greening and Accessibility Fund, reduced the fuel ordered monthly from 5,100 gallons in 2015/16 to 4,500 gallons or by 600 gallons (12 per cent of the total amount) in 2017, a monetary savings of about US$21,600 annually. The Environmental Impact Reduction initiative installed 91 key switch/timers to regulate power to air conditioners during non-office hours, and changed 30 250-watt security lamps to technologically enhanced LED lighting fixtures and 50-watt bulbs (improving energy efficiency by reducing security lighting from 7,500 watts to 1,500 watts). The continued operations of the solar power system and the Environmental Impact Reduction generated cost savings and reduced the office’s environmental footprint.

With the last procurement of laptops, the office became 91 per cent computer compliant for Windows 10, increasing staff work efficiency. UNICEF adopted and rolled out e-tools, effective 1 November 2017, for trip and partnership management modules, strengthening result-based management within the office. In February 2017, the CO validated and adopted the 20 standard operating procedures that were updated or developed in 2016. This helped streamline the processing of transactions, which in turn made the office more efficient and effective.

As part of the United Nations One House initiative, the CO participated actively in joint United Nations cost benefit analysis activities and rent negotiation, in consultation with the administration in United Nations Headquarters and the WCARO, and signed the letter of interest to move to One United Nations House, Pan African Plaza, tentatively set for April 2018, after it is vacated by the Mission. Moving to the Pan American Plaza will save annual costs by approximately $191,000.

The CO implemented 12 of the 14 audit recommendations (86 per cent) and sought the Office of Internal Audit Investigation’s review and closure of the same. The remaining two recommendations, a market survey and the preparation and signing process of the annual workplan, will be completed before the end of the first quarter of 2018.

OUTPUT 1 Effective and efficient governance and systems.

Analytical statement of progress
In 2017, the percentage of service level agreement breaches was zero, as compared with 0.82 per cent achieved in 2016. The UNICEF Liberia ICT system uptime rate was 99.35 per cent in 2017, a marginal decrease from the 99.99 per cent baseline and the 2016 rate of 99.45 per cent.

Ninety-eight per cent of UNICEF vehicles were compliant with minimum operating security standards, compared to 91 per cent in 2016. This high rate can be attributed to the acquisition of new vehicles and additional maintenance work, equipment and spare parts that were secured during the first and second quarters of 2017, with the objective of making all vehicles standards-compliant.

Also during the reporting year, the business continuity plan was reviewed and updated, incorporating potential business disruptions that would require the plan to be invoked. A business continuity plan simulation exercise was successfully conducted on 22 September 2017, which resulted in the identification of areas for improvement to increase the level of readiness for business continuity.

Validation and adoption of the 20 updated or newly developed standard operation procedures completed in late 2016 took place in February 2017 with the participation of all staff. Three amendments (issued in January, June, and December) were made to the table of authorities to reflect staff movements and the new segregation of duties rules following the introduction of e-ZHACT. The final procurement of laptops across all sections has made the office 91 per cent Windows 10 computer compliant.

At the CO’s request, the Regional Chief of ICT led an ICT mission in November to provide support on premises migration to One United Nations House and conducted an ICT peer review to strengthen ICT performance and controls. The key recommendation from the peer review was to reduce the VSAT bandwidth to the minimum and bring in a secondary internet service provider to serve as a routine link, to address the high latency of the VSAT. Also the secondary internet service provider can support office load in the event of a problem with the business one. It was recommended that the office discontinue using small printers and migrate to group multifunctional printers, and equipment needed for remote presence/virtual meetings be set up to enhance efficiency and reduce energy consumption.

The adoption and roll-out of e-tools took effect on 1 November 2017. As a result, all trip management was carried out in e-tools and all programme cooperation agreements and small-scale funding agreement were entered and handled in the Partnership Management module.

The CO implemented audit actions on 12 of the 14 audit recommendations (86 per cent) and sought a review of the work carried out from the Office of Internal Audit Investigation to validate them. The remaining two recommendations, a market survey and the preparation and signing of the annual workplan, will be completed in 2018.

**OUTPUT 2** Effective and efficient management and stewardship of financial resources.

**Analytical statement of progress**

In 2017, end-month bank balances in 10 months were less than 25 per cent of the monthly replenishment amounts, compared to the baseline of seven months and the 2016 performance of six months. This was attributed to daily monitoring of VISION cash balances and reviews of cash needs before requesting cash replenishment. RR funding was 99 per cent committed, and
direct cash transfer outstanding balances of more than nine months were 0 per cent of the total balance.

The Deputy Director of Finance approved a new account with United Bank of Africa and closing the existing account with ECO Bank, following a banking services review that included the joint participation of United Nations agencies in Liberia. Transactions processing, including payroll payments, through the United Bank Africa were tested. The timeliness and the accuracy of transactions processed, as well as the bank’s responses to queries, were positive. To avoid unnecessary interruption to year-end closure activities, the CO requested the closing letter from the Division of Finance and Administrative Management for the ECO Bank account in January 2018. During 2017, the CO saved approximately US$135,000 as a result of the joint banking services review.

UNICEF Liberia signed a letter of interest to move to One United Nations House – the Pan African Plaza, tentatively on 1 April 2018, based on an estimated cost saving of US$191,000 per annum.

Approximately 80 per cent of on-site power generation is sourced from five generators run by the CO. The other 20 per cent is provided by a solar power system installed in September 2015. Over the reporting period, the solar power system produced an average of six hours of energy daily, accounting for 25 per cent of the daily energy needs of the office and warehouse, mainly for after office hours and over the weekends. The installation has reduced quantity of fuel ordered monthly from 5,100 gallons in 2015/16 to 4,500 gallons in 2017, which equates to about US$ 21,600 annually.

Based on 2016 report, anticipated improvement in the solar production of eight hours (as planned) was not realized due to technical glitches and power needs and imbalances in loads (50-60hz) of the infrastructure in place. Consequently, Supply Division negotiated with the generator supplier company to extend the warranty for another year.

Environmental Impact Reduction initiatives were implemented by the office with co-funding from the Greening and Accessibility Fund. They included the installation of 91 key switch/timers to regulate power to air conditioners during non-office hours and changing 30 security lamps requiring 250-watt bulbs to technologically enhanced LED lighting fixtures requiring 50-watt bulbs. This action has improved energy efficiency through reducing security lighting from 7,500 watts to 1,500 watts.

Scheduled year-end asset and premises counts were completed before the set deadlines. The Liberia office registered 100 per cent compliance as at 31 October 2017.

OUTPUT 3 Effective and efficient management of human resources capacity.

Analytical statement of progress
In 2017, 16 of the total 28 vacant posts were filled (three international, six national and seven general service). In addition, ten temporary appointment positions were filled. Because of a lack of funding, actions were not taken to fill 12 vacant posts. Recruitment for two national officer posts was ongoing.
In general, recruitment continued to be a challenge for the Liberia CO due to intense competition for qualified staff with other organizations and scarcity of national professionals. In spite of these challenges, the Human Resources Unit prioritized the recruitment of posts approved during the 2016 Programme Budget Review. In four recruitments, the key performance indicators were not met because of a staffing gap created by the resignation of the human resources specialist in September 2016.

The proportion of female staff members remained constant at 40 per cent for international staff, 39 per cent for national officers and 30 per cent for general service staff. UNICEF Liberia made extra efforts to recruit female candidates.

The Liberia CO reviewed the office structure with a focus on cleaning the Post Authorization Table, which resulted in the abolition of 42 of the 48 positions established during the Ebola crisis and the closure of three field offices.

The human resources section gave regular briefings to management on human resources-related issues through the country management team and joint cooperation committee meetings. This initiative facilitated timely decision-making for management.

In 2017, the learning plan was developed following a fair, transparent and all-inclusive process that ensured clarity on the roles and responsibilities of staff members, supervisors, the Learning and Staff Development Committee, the Representative and the Regional Office. The process ensured compliance with UNICEF policy guidelines on training.

As of 31 December 2017, 89 per cent of the group trainings planned for the year were completed, including on the following topics: Talent Management System (TMS)/MyCase; security awareness; insight training; prevention of sexual exploitation and abuse; ethics dialogue sessions; donor reporting; business continuity plan awareness; and group learning on applying the theory of change approach to country profile documents.

The Liberia CO collaborated with United Nations Human Resources Working Group to identify opportunities to streamline work related to human resources and build cohesion among United Nations agencies.

Three security awareness-training sessions were held for all staff members. All new staff received an induction security briefing within the first week of arrival. All residences of international staff members were 100 per cent compliant with Residential Security Measures.

Information on all UNICEF staff members was logged in the database including staff names, contact information and information on family members. Warden lists were updated on a regular basis. With the support of the United Nations Department for Safety and Security, the CO conducted building-evacuation drills at the main office in Mamba Point and warehouse premises in July 2017, and an evacuation drill for international staff in May 2017.

**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**
The trend in routine immunization coverage rates was progressive in 2017. Penta-3 administrative immunization coverage rose from 62.5 per cent in September 2016 to 76.3 per cent in September 2017. Three anti-polio campaigns were conducted, attaining an average round coverage of 97.5 per cent, against a target average of 95 per cent. Measles coverage was 68.2 per cent and Tetanus Toxoid (TT-2) coverage for pregnant women was 37 per cent in 2017. In addition, an inactivated polio vaccine was successfully introduced in the country’s immunization schedule in July 2017. Institutional delivery rates declined from 56.8 per cent in December 2016 to 52.2 per cent by September 2017. The proportion of pregnant women using intermittent preventive treatment (IPT2) for malaria prophylaxis stood at 59.9 per cent.

In 2017, the Government of Liberia effectively collaborated with key health sector partners, including UNICEF, the World Health Organization (WHO), GAVI Alliance, the World Bank and the USAID in supporting the delivery of high-quality immunization in the most vulnerable and hard-to-reach areas. Under the flagship programme, the Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health (2016–2020), the Government of Liberia ensured that life-saving interventions were made available to all mothers and new-borns. In 2017, UNICEF continued to support the Government in restoring health services and improving coverage of life-saving interventions through the implementation of the integrated management of neonatal and childhood illness (IMNCI), the maternal and newborn death and surveillance and response (MNDSR) and basic emergency obstetric and newborn care with a special focus on vulnerable populations and hard-to-reach communities. Also during the reporting year, UNICEF supported the training of 90 health workers in emergency and neonatal care, 338 health workers on the revised MNDSR guidelines, 409 health workers in use of chlorhexidine and 90 health workers in IMNCI.

Since the inception of the community health assistant (CHA) programme in 2016, the MoH and UNICEF recruited and trained 108 community health services supervisors (CHSSs) and 743 community health assistants (CHAs), and were deployed in the five underserved south-eastern counties, representing 28 per cent of the CHAs workforce in Liberia. By October 2017, using an integrated community case management implementation approach, 30.4 per cent of children under the age of five years with diarrhoea were treated with oral rehydration salts (ORS) and zinc and 43 per cent of children under the age of five years with fever were treated with artemisinin-based combination therapy (ACT) for malaria within 24 hours at the community level.

In the five south-eastern counties, seventy-four per cent of the targeted 118 health facilities reported no stock-out of paediatric ACT, ORS and amoxicillin against the annual target of 50 per cent by October 2017. Between January and November 2017, US$1,988,707.25 worth of UNICEF-procured essential medicines and supplies were distributed to health facilities in 15 counties. Diarrhoeal disease set packings for responding to emergencies were pre-positioned in the five south-eastern counties. Infection, prevention and control supplies worth US$310,710 were procured to cope with continuing need for such supplies in the country. Fourteen tents procured during the Ebola Virus Disease epidemic were handed over to the National Drug Services as part of the emergency pre-positioning items.

Four hundred and seventy (69 per cent) of the country’s health facilities sustained integrated reproductive, maternal, newborn, child and adolescent health and prevention of mother-to-child transmission (PMTCT) of HIV services. Seventy-one per cent of the pregnant women who received antenatal care received HIV counselling and testing and are aware of their results; 40.2 per cent of HIV-positive mothers were initiated on anti-retrovirals as against the annual target of 88 per cent, and 80.2 per cent of infants born HIV-positive received anti-retrovirals in
the reporting period as against the annual target of 96 per cent.

Despite this progress, there were several challenges in the implementation of the programmes as a result of administrative barriers. Delays were encountered in a few other areas, such as the operationalization of one of the two regional cold stores, completion of trainings for CHAs and distribution of essential drugs and supplies from health facilities to the community, which impeded the achievement of the planned milestones.

UNICEF supported the Government in accelerating the country’s progress in reproductive, maternal, newborn and child health by facilitating financial and technical contributions from many partners, including, among them, the Swedish International Development Cooperation Agency, the World Bank, USAID, Japan, the Bill & Melinda Gates Foundation (BMGF) and the Government of Saudi Arabia. Continued support from the World Bank, the Government of Saudi Arabia, BMGF and Japan is expected in 2018. UNICEF worked with such partners as WHO, USAID, the United Nations Population Fund (UNFPA, Jhpiego, and the Centers for Disease Control and Prevention) to achieve the desired results planned in 2017.

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
Penta-3 nationwide coverage in children aged less than 1 increased from 62.5 per cent in September 2016 to 76.3 per cent in September 2017. In Montserrado, a county that is home to one third of the country’s population, coverage increased from 56 per cent in September 2016 to 75 per cent by September 2017.

During three rounds of an anti-polio campaign (February, March and November) coverage as reported by independent monitors was 97.4 per cent, 97.4 per cent and 97.7 per cent, respectively, against a target of 95 per cent. Non-compliance during polio supplementary immunization activities decreased from 4.5 per cent in 2016 to 1.5 per cent in 2017 as a result of community engagement for increased acceptability of vaccines. During the reporting year, 134,723 children (69.9 per cent) received a BCG vaccine, 136,431 (81.4 per cent) were reached with Penta-1, 127,899 (76.3 per cent) with Penta-3 and 114,339 (68.2 per cent) with a measles vaccine; while 71,785 pregnant women (37 per cent) received TT-2. In addition, the IPV vaccine was successfully introduced in the country’s immunization schedule in July.

Service delivery was strengthened through monthly outreach sessions, which contributed to reaching 33 per cent out of 76.3 per cent of children received Penta-3 countrywide. Defaulter tracing was piloted in 30 health facilities in Montserrado County. In a given month of implementation (August), 663 defaulters were vaccinated because of 765 phone calls made to them. An additional 64 defaulters were vaccinated following referrals by general community health volunteers.

These results were mostly achieved through the implementation of the Reaching Every District (RED) Strategy carried out by MoH in close collaboration with its partners, UNICEF, WHO, CDC, the Liberian Immunization Platform and John Snow, Inc. UNICEF extended technical and financial support to MoH and partner organizations for the implementation of three of the five key pillars of this RED strategy, namely re-establishing outreach services, strengthening supportive supervision and linking services with communities to boost immunization coverage,
with a special focus on the most vulnerable populations.

Cold chain capacity was expanded through the operationalization of a regional cold store in Bong county. Training of regional and county cold chain officers was given to mitigate disruptions in the cold chain system.

Despite significant progress in vaccine coverage, the Public Health System is recovering slowly from the devastating 2014–2015 Ebola Viral Disease crisis. UNICEF, as a key immunization partner of the Government, supported procurement and delivery of vaccines and capacity-building of mid-level managers and health service providers on ‘immunization in practice’ and ‘immunization supply and cold chain management’. The stalled presidential run-off elections, which were to be held in early November 2017, resulted in the postponement of the nationwide measles campaign. The second regional store was not operationalized because of delays in procurement of supplies. Measles outbreaks were reported in some counties because of an increasing cohort of unimmunized children. The Government plans to conduct a nationwide measles campaign in February 2018 to deal with this issue.

**OUTPUT 2** 70 per cent of children

**Analytical statement of progress**

UNICEF supported recruitment of 108 CHSSs and 743 CHAs (28 per cent of CHAs). The CHSS and CHAs covered 228,272 people and provided integrated case management services (diagnosis and management of pneumonia, diarrhoea and malaria) to 36,959 under-5 children. 588 (79.1 per cent) of the 743 CHAs were trained in the four CHA training modules. Another 155 completed training in the first three modules and planned to complete last module by December.

Between July and October 2017, CHAs in three south-eastern counties (Maryland, Sinoe and River Gee) conducted 148,364 cumulative routine household visits aimed at extending the primary health care to hard-to-reach and vulnerable communities. By October 2017, 30.4 per cent of under-5 children with diarrhoea were treated with ORS and zinc, and 43 per cent of under-5 children with fever were treated with ACT for malaria within 24 hours of diagnosis, as against 2017 target of 75 per cent and 60 per cent respectively.

In 2017, the number of under-5 children with diarrhoea who were treated with ORS and zinc declined by 19 per cent compared with the previous year. Similarly, the number of under-5 children with fever who were treated with ACT at community level declined by 21 per cent compared with 2016. However, the decline in the five south-eastern counties implementing the CHA programme, was much less than nationally (only 7.1 per cent for malaria and no decline for diarrhoea). Progress towards achieving the national annual target of 75 per cent and 60 per cent of under-5 children with diarrhoea treated with ORS and zinc and with fever treated with ACT respectively, was constrained due to delayed completion of CHA trainings and a shortage of essential drugs at the community level.

While nationwide, birth delivery outside health facilities decreased by 38 per cent; however, in the UNICEF supported south-eastern counties, the decline was 40 per cent, mostly because of health promotion and referrals by CHAs. Institutional deliveries in the five south-eastern counties increased from 47 in 2016 to 53 in 2017.

The implementation of the CHA programme was supported by implementing partners
(Samaritan Purse, Partners in Health and Medical Teams International) in four out of the five south-eastern counties (Grand Kru, Maryland, Rivercess and Sinoe) whilst in the fifth south-east county, Grand Gedeh, implementation was directly by the county health team. The CHA programme was implemented in seven additional counties with support of partners, namely USAID/Maternal and Child Survival Programme, Last Mile Health, Save the Children, International Rescue Committee and Plan International. These partnerships facilitated knowledge exchange and implementation of best practices.

To address the shortage of essential drugs at the community level, UNICEF consistently followed up with the National Drugs Services and continued to advocate with senior MoH management for increased allocation of drugs to the community. In partnership with Last Mile Health, UNICEF’s continued technical support to the Supply Chain Management Unit of MoH led to some improvement in timely distribution of essential medicines for the CHA programme.

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

**Analytical statement of progress**

UNICEF convened key stakeholders meeting was held with 40 participants representing the country’s 15 counties, hospitals and NGO partners, and a newborn, child and maternal health services, bottleneck analysis was completed resulting in a Liberia ‘Every Newborn’ Action Plan that is yet to be validated and costed. In addition, data on stillbirths were incorporated in the health management information system as part of the routine reporting system.

UNICEF led formulation of the revised MNDSR guidelines, which were validated in September 2017. Those guidelines now include newborn death surveillance and review. Some 338 health workers were trained on the revised guidelines.

To improve the quality of service delivery, UNICEF procured 200,000 chlorhexidine 7.1 per cent gels and supported the training of 409 health workers on using chlorhexidine for umbilical cord care. To ensure proper use at health facilities, 4,499 Job Aids for Health Workers were produced and disseminated across 701 health facilities in the country. In addition, 35,000 leaflets for mothers and caregivers were produced to support interpersonal communication with mothers’ post-delivery use of chlorhexidine for umbilical cord care throughout the country.

UNICEF trained 25 health workers in Grand Kru, 25 in River Gee and 40 in Sinoe in emergency and neonatal care to support maternal and newborn services. Twelve Mama Natalie mannequin sets were provided to support skills-building and practice sessions in emergency and neonatal care trainings and 120 newborn resuscitation kits were distributed to 120 health facilities in the five south-eastern counties.

UNICEF procured and installed 25 solar suitcases for 25 health facilities in Grand Gedeh, River Gee, Sinoe, Grand Kru, and Maryland to be used in delivery rooms where securing electricity is a major problem. The installation plan was synchronized with the country’s plan for the ‘Light Every Birth Initiative’ to work with EnDev (an NGO that collaborates with MoH on the installation of solar suitcases).

Some 425 adolescents and 49 adults received training on adolescent sexual and reproductive health in August 2017, and 90 health workers in River Gee, Maryland, and Bomi counties (30 each), received training from UNICEF on IMNCI. Training materials for Helping Babies Survive
(essential care for small babies) were printed and 60 pre-term birth simulators and 60 breastfeeding simulators were procured for national trainings of trainers.

UNICEF, along with its partners including CDC, the Maternal and Child Survival Programme/Jhpiego and other United Nations agencies, namely UNFPA WHO, UN Women, and UNAIDS, continued to provide technical support to strengthen the quality of skilled birth attendance through policy guidelines, capacity-building, and the procurement of essential commodities.

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
By October 2017, 88 of the 118 health facilities (74 per cent) in the five south-eastern counties reported zero stock-out of paediatric ACT, ORS and amoxycillin as against the target of 50 per cent.

Between the first and second quarters (Q1 and Q2) of 2017, community accountability in the essential package of health services for Grand Kru County showed encouraging trends with increased updates of essential health services. Following the introduction of community engagement in Q2 of 2017, uptake of health services in two pilot districts in Grand Kru county (Buah and Trehn) increased for antenatal care (52 per cent in Q2 from 40 per cent in Q1), institutional delivery (70 per cent in Q2 from 50 per cent in Q1) and postnatal care (69 per cent in Q2 to 43 per cent in Q1).

Some 127 staff members were trained in the revised paper-based Logistics Management Information System (LMIS). Thirty members of the county health team staff received training on using m-Hero, a RapidPro-based technology for reporting on stock availability for tracer commodities, in the five south-eastern counties. One round of physical inventory was completed to assess essential stocks in health facilities in the five south-eastern counties.

UNICEF continued to support the procurement of essential medicines and health supplies based on the MoH 2016 forecast, excluding USAID-supported Fixed Amount Reimbursement Agreement counties’ quantification needs. Between January and November 2017, US$1,988,707.25 worth of UNICEF-procured essential medicines and supplies were distributed to all health facilities in the country. In addition, diarrhoeal disease-set packages for responding to emergencies were pre-positioned in the five south-eastern counties. Interpersonal communication supplies worth US$310,710 were procured and distributed to address continuing interpersonal communication needs. Some 14 tents procured during the Ebola Virus Disease crisis were handed over to the National Drug Services as part of the pre-positioning items.

UNICEF, in collaboration with MoH Infrastructure Unit, completed a field assessment of county depots’ design and formulated restructuring plans and costed bills of quantities for upgrading the county depots in Sinoe, Maryland and Grand Kru to comply with good storage and distribution systems.

A national monitoring team of 16 trained national supervisors reviewed the use of reproductive, maternal, newborn and child health services and provided on-site hands-on support to health facility staff. Some 138 facilities were visited or supervised during the first round (January–March 2017) of joint supervision.
UNICEF collaborated and partnered with the following organizations: the World Bank for the procurement and distribution of essential medicines; USAID, community health systems and Chemonics in the design of the electronic LMIS systems and oversight for the National Drug Stores (NDS)/Central Medical Store (CMS); the Global Fund to roll out the revised LMIS and distribute essential medicines and health supplies, and Intrahealth for the m-Hero roll-out. Restructuring of the National Drug Service with the intent to make its management more efficient would support country efforts to address challenges related to access to essential medicines.

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
The number of health facilities providing Option B+ to eliminate mother-to-child transmission of HIV increased to 470 (69 per cent) in 2017 from 336 in 2016. Procurement of HIV test kits and cartridges for the GeneXpert machine made it possible to revamp and accelerate the testing of pregnant women and children. As of October 2017, 71 per cent of pregnant women who had received antenatal care obtained HIV counselling, were tested and know their results; 40.2 per cent of HIV-positive mothers were initiated on anti-retrovirals (target 88 per cent); 80.2 per cent of infants born to HIV-positive mothers received anti-retrovirals (target 96 per cent); 19.6 per cent of infants born to HIV-positive women received a virological test for HIV within two months of their birth; and 83 per cent of children and adults with advanced HIV infection are currently receiving anti-retroviral combined therapy. Early infant diagnosis remains a challenge due to limited availability of paediatric diagnostic services in Liberia.

Seven community-based organizations received training to provide sexual and reproductive health and rights education as well as sensitization on prevention and control of HIV. Support groups for women living with HIV were empowered to form two mother-to-mother peer groups that linked 57 HIV-positive pregnant women in the counties of Grand Gedeh and River Gee, and 32 people living with HIV extended peer support to others for treatment adherence.

UNICEF Liberia procured cartridges for GeneXpert machines along with dried blood spot bundles and renewables to accelerate paediatric HIV care, especially for early infant diagnosis services; however, it remains a challenge to screen all infants and provide such services. Dried blood spot samples are being sent to Nigeria for analysis to support the early infant diagnosis programme.

In 2017, 1,350 in-school adolescents received HIV life skills education and 20 were trained as peer educators to drive the HIV prevention agenda. With technical assistance from the regional office, support was provided to the National AIDS Commission to conduct a rapid assessment on adolescents and HIV using the Adolescent Assessment Decision Makers Tool.

Limited in-country laboratory services is a major challenge, especially point of care diagnostic services for early detection of HIV in children. Failure to follow up on defaulters contributed to the decline in the gains in this area made in previous years.

As a member of the United Nations Theme Group on HIV and AIDS, UNICEF Liberia contributed to the implementation of the United Nations Joint Programme of Support to the
National HIV and AIDS Response in Liberia (2015–2018). It supported the roll-out of Option B+ for the elimination of mother-to-child transmission in the six south-eastern counties (Rivercess, Sinoe, Grand Kru, Maryland, River Gee, and Grand Gedeh), resulting in more facilities that provide this service. The Theme Group supported the integration of the reproductive, maternal, newborn, child and adolescent health services and the elimination of mother-to-child transmission and paediatric HIV care. These partnerships resulted in harmonized approach for the reduction of HIV transmission from mother to child in Liberia.

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 2 years

Analytical statement of progress

During the reporting period, nutrition interventions were provided in 78 per cent of the health facilities across the country (target 75 per cent). At least 15 per cent of households nationwide were reached with information on IYCF target 10 per cent. Of the 510 health workers trained with UNICEF support in 2017, 154 were community health workers. By November 2017, about 78 per cent of the country’s community health workers had been trained on promoting IYCF practices (year’s target 55 per cent).

Some 14,841 mothers (33 per cent of the year target) received counselling on appropriate IYCF practices. Additionally, 10,579 newborns (70 per cent of the target) were introduced to breastfeeding within the first hour of birth in birthing facilities. UNICEF supported the preparation of the Baby Friendly Hospital Initiative (BFHI) guidelines. The objective of the guidelines is to ensure that every baby gets the best start in life by creating a health-care environment in which early initiation and exclusive breastfeeding is the norm. Three hospitals – one each in the counties of Gbarpolu, Bomi and Lofa – are pilots, after which a nationwide scale-up will be initiated. Consequently, 106 health workers from those three counties were trained on the BFHI guidelines. The facilities are expected to be certified in early 2018. Afterwards, a countrywide roll-out of the initiative is planned based on experiences and lessons learned in the first phase.

During the reporting period, micronutrient powder supplementation was expanded in the country’s 15 counties. Some 39,000 children aged six to 23 months were reached with micronutrient powder supplementation over the year. A total of 216 health workers were trained on supplementation. Additionally, 144,332 pregnant women were reached with iron folic acid supplementation across the 15 counties. UNICEF supported vitamin A supplementation in which 836,210 children (94 per cent) aged 6–59 months were reached. Deworming of children aged 12–59 months was undertaken, with 750,780 children reached.

Some 13,434 under-five children were admitted and treated for severe acute malnutrition (SAM) in UNICEF-supported Government health facilities (number of children cured/recovered – 11,058; defaulted – 1,116; died – 173; non-respondents – 240 and medical transfer – 847). SAM management services were provided in 127 outpatient facilities in the country and 19 inpatient facilities. Currently, only about 29 per cent of the country’s designated public health facilities (127 of 437) were providing SAM treatment, reaching about 39 per cent of SAM cases, indicating the need to scale up this drive in 2018.

A limited number of nutrition indicators were integrated in health management information systems at the start of the year. This was a challenge in monitoring and tracking progress on the provision of nutrition services. In 2017, CEF supported the Government to integrate a set of 15
standard nutrition indicators in health management information systems. Reporting of nutrition interventions has gradually picked up from two counties at the start of 2017 to 12 counties at the end. In the immediate term, availability of routine programme data will enable timely and evidence-based decision-making at the subnational level, which is expected to improve coverage of nutrition interventions in the long term.

UNICEF and other nutrition sector partners supported the Government to strengthen its regulatory framework supportive of food fortification in the country and to revitalize the National Fortification Alliance. The mandate of the Alliance is to 'serve as the forum for generating policy guidance and coordinating all activities relating to food fortification in Liberia'. Guidelines for the National Fortification Alliance were adopted and the Alliance was officially launched by the Government in October 2017. To help monitor universal salt iodization, UNICEF provided salt testing kits that will be deployed at ports of entry to track salt iodization. Following lobbying by the National Fortification Alliance, the President of Liberia signed a law for the mandatory fortification of wheat flour.

In 2017, the Scaling Up Nutrition (SUN) Movement (country team membership was reactivated and has since initiated a review of the National Nutrition Policy). The Movement has identified nutrition champions who are expected to represent and advocate nutrition issues in the country. The Government has assigned a SUN focal point who has taken up the leadership of the SUN Movement in the country.

Under the umbrella of the SUN Movement, UNICEF collaborated with the Food and Agriculture Organization of the United Nations and the World Food Programme on issues related to food security and nutrition. It linked up with the two organizations to undertake the 'Liberia Zero Hunger Strategic Review'. The main overarching recommendation from the review was the need to strengthen multi-sectoral approaches to address food security and nutrition challenges, with a special focus on ensuring that direct nutrition interventions are implemented at scale in vulnerable counties.

The main challenge in addressing stunting in the country was the limited coordination and funding of multisectoral approaches to deal with the different determinants of stunting. The coverage of Direct Nutrition Interventions remains low, while nutrition sensitive interventions are either underfunded or non-existent

**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**

As of December 2017, 61,158 pregnant women were reached with counselling on appropriate IYCF practices. Because this intervention was only introduced in health facilities in 2017, only 70 per cent of the year target was achieved. Across the country, 16,124 newborns delivered in birthing facilities were introduced to breastfeeding within the first hour of birth. UNICEF provided technical and financial support to the Government to train 510 health workers on IYCF practices (356 health workers and 154 community health workers). By the end of 2017, 78 per cent of community health workers were trained on promoting IYCF practices and providing related counselling.

UNICEF has supported the Government in efforts to integrate IYCF interventions into the public
health facilities across the 15 counties. This followed a change of strategy from area-based implementation to a system strengthening approach in which a comprehensive set of nutrition services that includes IYCF are provided routinely in all public health facilities.

With regard to the BFHI, UNICEF has supported the preparation of the BFHI guidelines. The objective of the initiative is to ensure that every baby gets the best start in life by creating a health-care environment in which breastfeeding is the norm. The guidelines were adopted by the Government earlier in the year and the implementation of it has started. Three hospitals, one each in Gbarpolu, Bomi and Lofa counties, were supported to become baby friendly in the first phase. A total of 106 health workers from those three counties were trained on BFHI for them to gain the necessary skills and competencies. It is expected that the facilities will be certified in early 2018 and afterwards a countrywide roll out of the initiative is planned based on experiences and lessons learned in the first phase.

UNICEF continued to collaborate with the media to raise awareness on nutrition. Some 39 FM stations aired nutrition messages in local dialects, with an estimated reach of about 1.5 million people. A total of 104 sets of various IYCF job aids were distributed to health facilities and used during counselling sessions.

The main challenge pertaining to this effort was the lack of routine technical support at the subnational level. Additionally, reporting on IYCF indicators was only initiated in 2017 and the timeliness and quality of related reports remains a great challenge. Two challenges associated with this were addressed through increased field visits and job trainings of health workers.

UNICEF partnered with Action Against Hunger and Samaritan’s Purse to provide technical support to the Government in seven counties. The implementing partners provided trainings on IYCF; mentored and coached MoH staff; gave on-the-job trainings; and supported data collection and reporting.

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
In 2017, the 15 counties of Liberia (only three counties in 2016), initiated micronutrient powder supplementation. Countrywide, 65,593 children aged 6–23 months received micronutrient powder supplementation, a six-fold increase from 9,485 children in 2016. Additionally, 216 health workers from nine counties were oriented on micronutrient powder supplementation. There was mixed progress in the roll-out of this intervention, mainly because the introduction of micronutrient powder requires adequate preparatory work at the national and subnational levels and health workers needed to be oriented or trained on the initiative.

UNICEF continued to support maternal supplementation with iron folic acid. A total of 166,877 pregnant women received iron folic acid supplementation across the 15 counties. This effort aimed to reduce maternal anaemia.

Two rounds of vitamin A supplementation were conducted (in March and November) in 2017, reaching 833,282 children aged 6–59 months. This represents coverage of 94 per cent. Deworming of children aged 12–59 months was undertaken; this effort reached 750,780 children.
At the upstream level, UNICEF supported the Government in strengthening regulations that are supportive of food fortification in the country. Consequently, the National Fortification Alliance was revitalized. The mandate in the draft terms of reference calls on the Alliance to ‘serve as the forum for generating policy guidance and coordinating all activities relating to food fortification in Liberia’. Guidelines for the Alliance were adopted by the collective and membership was agreed upon, which mainly includes representatives of industry, civil society organizations, the Government of Liberia and United Nations agencies. The National Fortification Alliance, which is led by a nominee from the Ministry of Commerce and Industry, was officially launched in October 2017.

The salt sold in the country was iodized, however its adequacy wasn’t ascertained. To help monitor the effort to achieve universal salt iodization, following a request from the Government, UNICEF procured and delivered salt testing kits with funding from the current investment. Through the Alliance, the President signed a law for mandatory fortification of wheat flour.

The national roll-out of micronutrient powder supplementation was delayed in many counties because health workers are not aware of this new commodity and require training on how to administer it. This challenge was addressed through capacity-building efforts targeting health workers, plus the introduction of reporting tools.

The two implementing partners of UNICEF, Action Against Hunger and Samaritan's Purse, were active in increasing the coverage of micronutrient powder supplementation in their target counties through the following actions: provision of trainings on micronutrient powder, mentoring and coaching MoH staff; providing on-the-job trainings; and supporting data collection and reporting related to micronutrient powder. Following this support, seven counties have reported better progress in micronutrient powder supplementation compared to those in which the implementing partners have not provided any support.

**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**
A total of 18,116 under-five children were admitted for treatment of SAM representing 88 per cent of the year’s target. A total of 127 outpatient and 19 inpatient facilities (29 per cent of country’s health facilities) provide SAM management services. Only about 39 per cent of those suffering from severe acute malnutrition (SAM) were reached with treatment services indicating the need to scale up treatment in 2018.

The performance indicators for SAM management services were good compared to the internationally recognized SPHERE standards:
- Cure rate was at 91 per cent against the SPHERE minimum acceptable threshold of 75 per cent.
- Default rate was at eight per cent compared to <15 per cent.
- Death rate was at one per cent against <10 per cent as per SPHERE standards.
UNICEF gave technical support, supplies and capacity-building to MoH for the treatment of children with SAM. A total of 82 health workers were trained on management of SAM in the counties of Grand Kru and River Gee during the reporting period.

During the first quarter of 2017, the SUN Movement country team membership was activated and functional. The team prepared for the review of the National Nutrition Policy. The Government identified a SUN focal point, who took up leadership of the SUN Movement. UNICEF, as the lead nutrition partner of the Government, supported nutrition sector coordination at the national level through regular coordination meetings led by the Nutrition Division. The nutrition sector coordination forum ensured a common strategy and harmony in the implementation of nutrition programmes in the country.

A high health worker turnover rate was the main challenge in managing children suffering from SAM. Trained health workers are constantly rotated or reassigned to other duties, creating capacity gaps. Accordingly, the programme needs to continue to build the capacity of health workers deployed in facilities that are providing SAM management. Community outreach related was almost non-existent; early detection, referral and follow-up of children suffering from SAM was lacking. This challenge will be addressed through the engagement of CHAs, supported by UNICEF Health. In 2018, the focus will ensure service quality is maintained and more facilities are supported to provide SAM treatment services.

UNICEF partnered with Action Against Hunger and Samaritan’s Purse in the management of SAM in seven counties. The implementing partners provided mentoring and coaching to MoH staff; extended on-the-job trainings; and supported data collection and reporting related to SAM management.

**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**

In 2017, an estimated additional 129,150 (71,032 females and 58,118 males) new users/persons across six counties (Grand Cape Mount, Gbarpolu, Grand Gedeh, River Gee, Maryland and Grand Kru) were provided with improved water, higher than the year’s target of 100,000 additional new users/persons. The number surpasses the 2017 annual target and brings a cumulative total of 261,555 persons, which exceeds the country programme target of 250,000 persons.

Regarding sanitation, 98,240 additional persons, as compared to the year target of 100,000 persons, attained access to improved sanitation and hygiene facilities, and were exposed to hygiene promotion messages using the community-led total sanitation (CLTS) approach that empowers communities to achieve open-defecation-free (ODF) status. This is an improvement on the sanitation coverage of 2016, which was 17 per cent, but less than the 2017 target of 25 per cent. All in all, this brings a cumulative total of 223,530 persons with access to sanitation facilities, compared to the Country Programme target of 250,000 persons.

The 98,240 people with access to improved sanitation had access to handwashing facilities (the presence of hand-washing facilities is a benchmark used for declaring a community ODF). The estimated additional persons with increased access to handwashing facilities, estimated at 10 per cent in 2016, was lower than the 2017 target of 24 per cent. The exact number of people
who engaged in good handwashing hygiene and taking up hygiene messages was yet to be
determined through a knowledge, attitudes and practices study.

Significant achievement and progress was made in setting infection, prevention and control
measures for health facilities and schools through WASH interventions, which provided and
restored WASH services at target schools and health-care facilities. WASH interventions were
implemented and completed in 10 of the 19 targeted health facilities for 2017. Implementation
was done in the following counties: Grand Kru (3); Maryland (1); Montserrado (3); and River
Gee (3), reaching an estimated catchment of 39,000 inpatients and outpatients with a
comprehensive package of WASH interventions.

During the reporting period, 41,203 students (19,476 girls and 21,727 boys) in 123 schools of
the 2017 target of 140 schools were reached with a comprehensive package of WASH
interventions. Although the annual target was not reached, it was an improvement on the 102
schools that had improved WASH facilities in 2016. In addition, school WASH committees and
120 school health clubs were established or reactivated, with training to ensure proper operation
and maintenance of WASH services and facilities in the schools.

The above results were achieved in partnership and collaboration with NGO implementing
partners that improved WASH in communities through programme cooperation agreements and
contractors, or contracting NGOs that carried out WASH improvements at schools and health
facilities.

UNICEF supported the Government in water point mapping, which resulted in the production of
a water atlas that captures data on the functionality of water systems and the number of people
with access to improved water at any one point in the future. It helped the Government establish
and maintain a database on ODF communities and introduced participatory hygiene and
sanitation transformation (PHAST) for communities attain and sustain ODF status and meet
improved sanitation indicators.

Most contractors for WASH-in-schools faced difficulties obtaining financing for construction
work, which led to delays. To mitigate the risk, UNICEF held regular meetings with contractors
and frequently made monitoring visits to ensure timely completion of WASH work.

To achieve the above results, UNICEF provided technical assistance to the Ministry of Public
Works, the Ministry of Education and MoH, and helped to build the capacity of the staff of those
ministries at the national and subnational levels through trainings and the sharing of best
practices. UNICEF supported advocacy events, such as Global Hand-washing Day, and several
studies and activities geared towards WASH sector strengthening and evidence generation,
such as the water atlas.

Achievements related to this outcome were made possible with funding, partnerships and good
collaboration with Government of Liberia partners such as the Ministry of Public Works, MoH,
the Ministry of Education, the Liberia Water and Sewer Corporation, the Monrovia City Council,
NGOs (local and international); donors such as the Ministry of Foreign Affairs of the
Netherlands, USAID, the Government of Germany and the Government of the Russian
Federation; and United Nations entities, such as UNFPA-Multi-Partner Trust Fund Office, the
United Nations Trust Fund for Human Security and the International Labour Organization; the
World Bank, Government ministries and bodies, implementing civil society organizations and
contractors.
OUTPUT 1 Children less than five 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
An estimated additional 129,150 persons (71,032 females and 58,118 males) had increased access to safe water supply. This outcome was supported by UNICEF through the construction or rehabilitation of 370 water points: 171 new hand-dug wells, 170 rehabilitated water points and 29 new boreholes.

To ensure the sustainability of water and other WASH facilities, the programme contributed towards training 558 hand pump attendants (223 females, 335 males) and 2,798 community WASH Committee members (1,314 females, 1,484 males). To ensure the sustainability of water points and access to hand pump spare parts and to reduce the time to repair broken hand pumps, 28 spare parts depots were established and stocked with ‘seed’ spares, serving 218 communities in the counties of Gbarpolu, Grand Cape Mount, Grad Gedeh, Grand Kru and Maryland.

The WASH programme contributed to improve access to water supply in urban slum communities in Monrovia by completing a fivekm extension of a water supply pipeline that connected to 15 new water kiosks and 15 rehabilitated ones and serves an estimated 58,000 persons in 9,600 households in Clara town, Freeport, Bimila, Jamaica Road and the Doe community.

On sanitation, 276 of the 300 targeted communities were declared and certified ODF, covering an estimated 98,240 additional persons in 2017, of the annual target of 100,000, in the following counties: Grand Cape Mount, Grand Gedeh, River Gee, Maryland and Grand Kru. A CLTS approach was used and 639 leaders (318 females, 321 males) were trained.

Activities to promoting hygiene were conducted in 300 communities, and households installed hand-washing facilities made from local materials, reaching an estimated 98,240 additional persons in 2017. As part of post ODF activities, UNICEF and implementing partners in collaboration with the National Public Health Institute of Liberia conducted a training of trainers on participatory hygiene and sanitation transformation for 34 people (23 males, 11 females), who will roll it out for ODF communities move up the sanitation ladder.

The programme constructed 10 new six-seat public toilets and rehabilitated 10 existing latrines in Clara town and four other adjacent slum communities under the Urban WASH project, reaching an estimated 50,000 persons. In those communities, the programme trained five community-based enterprises in the management of solid waste and WASH facilities and furnished cleaning materials and equipment for the management of constructed sanitation facilities.

The hygiene promotion and behaviour change component, which involves household water treatment and storage, was implemented through Population Services International with the sale of 9,264 bottles (386 cartons) of Water Guard™, using a social marketing approach.

The major challenge for this outcome was verifying the number of people practising good hand hygiene, to be determined with a knowledge, attitudes and practices study in 2018. UNICEF provided technical assistance to MoH to compile a database of ODF communities.
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 contracts with five NGOs, a comprehensive WASH package was provided to 123 of the 140 targeted schools in five Ebola-affected counties. The comprehensive WASH package included: improved water supply through hand-dug wells, borehole drilling and rainwater harvesting systems; group and individual hand-washing stations; and gender-sensitive and disability-friendly latrines with ramps and grab rails.

The WASH programme completed the construction or rehabilitation of WASH facilities – which serve an estimated 41,203 students (19,476 girls, 21,727 boys) – in 123 schools in five counties (Bong (25), Lofa (20), Grand Cape Mount (28) Margibi (25) and Montserrado (25)). This was complemented with activities that promote hygiene, such as handwashing, and training 3,320 school health club members (1,815 males, 1,505 females) who are students, teachers or parent teacher association members at the 123 targeted schools.

UNICEF worked with contractors to complete the installation or upgrading of comprehensive WASH packages in 10 of the 19 planned health-care facilities in line with UNICEF/WHO WASH Facility Improvement Tools. The 10 health-care facilities were in addition to the 13 health-care facilities that met WASH in health facility criteria by the end of 2016. The WASH package consists of water supply systems with photovoltaic water treatment units, rainwater harvesting units, sanitation facilities, hand-washing stations, laundries (equipped with driers and washing machines) and mortuary units in 10 health-care facilities in the counties of Grand Kru (3), Maryland (1), Montserrado (3) and River Gee (3), reaching an estimated catchment of 39,000 inpatients and outpatients.

Construction of WASH facilities continued in the nine remaining health-care facilities in the counties of Bong (1), Grand Gedeh (1), Margibi (2), Montserrado (2) and Nimba (3) and were at various stages of implementation. A capacity-building/skills development training was carried out for 20 health facility staff (two per health facility) on operation, maintenance and management of WASH facilities in the health facilities.

Timely completion of the WASH project was a challenge encountered by contractors and a key lesson learned from previous years. To overcome this challenge, UNICEF used several contractors with a smaller number of projects and focused contractors’ activities in one district within the same county. For example, five contractors for WASH in 120 schools (20–25 schools per contractor). The contractors were urged to pre-position construction materials at sites before the seasonal rains intensified.

Achieving this output result was possible with funding, partnership and collaboration between UNICEF and donors such as USAID and the Ministry of Foreign Affairs of the Netherlands (funded WASH in 120 and 20 schools respectively); the Multi-Partner Trust Fund Office, United Nations Trust Fund for Human Security and the World Bank (funded WASH improvements in health facilities); and collaboration with government ministries, such as the Ministry of Public Works, MoH, the MoE; and implementing civil society organizations and contractors.
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
The programme facilitated an environmental impact assessment for the implementation of WASH in 120 schools in five counties, essential for the installation of new WASH services in these schools under the USAID-funded project. The assessment was conducted successfully within a set time frame. The programme included a geophysical study of target sites for drilling boreholes.

To build the capacity of relevant government ministries at national and subnational levels, UNICEF supported several studies and activities aimed at strengthening the WASH sector.

UNICEF supported a comprehensive water point mapping exercise, carried out in collaboration with the WASH Consortium and in partnership with MoH, MoE and Ministry of Public Works. Data collected from the mapping exercise was collated and analysed. The results were uploaded as an interactive water point atlas that puts national functionality and use of water points at 64.7 per cent for 2017 compared with 53.5 per cent in 2011. The water point atlas can be accessed by anyone and is useful for planning.

The WASH programme, with support from the UNICEF Regional Office, finalized the WASH finance scoping study that targeted NGOs, the Government, consumers (duty bearers), WASH service providers (rights holders), public–private organizations and institutions, and banking institutions (Eco Bank). It reviewed taxes, tariffs and transfers as sources of innovative funding for WASH programmes. With a consultant, the WASH programme completed a sustainability assessment of WASH facilities and services in six counties funded by the Government of the Netherlands (Directorate General for International Cooperation) between 2013 and 2016. The report indicated that the functionality of water supply facilities was 71.3 per cent in the six counties in total and 100 per cent of facilities in Maryland County.

A monitoring process led by the National Water, Sanitation and Hygiene Promotion Committee, which the WASH programme facilitated with support from the UNICEF Regional Office, was 90 per cent complete, paving the way for a joint sector review that was delayed until 2018.

To advocate for WASH-sector strengthening and create an enabling environment, UNICEF supported the participation of ministers, deputies and technical representatives from the Ministry of Public Works, MoH and the Ministry of Finance and Development Planning at the Sanitation and Water for All High-Level Meeting in Washington, D.C., the World Water Week in Stockholm, a training on scaling up CLTS in Dakar (MoH), a WASH FIT in Senegal (MoH) and the Sanitation and Water For All seminar at the University of North Carolina.

UNICEF provided technical assistance to MoH for ODF verification and certification, and maintained the CLTS database; supported training of MoE officials at national and county levels to conduct supervision, monitoring and reporting on WASH in schools; and provided support to the National Public Health Institute of Liberia for water-quality monitoring in communities and institutions in six counties.
OUTCOME 5  By 2017, 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
UNICEF Liberia supported qualified teachers for 503,370 students (ratio of one teacher to 45 students) in 4,460 schools nationally with a training for 11,186 teachers (1,123 teachers under the gender equitable education programme and 10,063 teachers under the Education Crisis Response for Liberia Project supported by USAID). The teachers acquired basic knowledge and skills on learner-centred and gender-responsive pedagogy, to facilitate effective teaching and child-friendly learning environments.

At the upper basic level, 4,344 students (2,557 girls, 1,787 boys) that attended after-school tutorial classes in 42 schools under the gender equitable education programme attained an average score of 80 per cent or higher in the core subject areas, namely mathematics, science, language, arts and social studies. This was an achievement in learning outcomes in the schools modelling the Programme, which could help the country’s net enrolment rate and the gross enrolment rate if rolled out nationally.

UNICEF Liberia worked with development partners including the World Bank, the European Union, USAID, the NGO Forum and the Teachers’ Association in the Education Sector Development Committee, in appraising the documentation submitted for funding from the Global Partnership for Education. This resulted in a Global Partnership for Education grant worth US$11.9 million given to the MoE to improve the skills of ECD teachers and to strengthen accountability at the school level.

UNICEF Liberia continued to collaborate with NGO partners (Aiding Disadvantaged Traumatized Women and Girls, Building Resources Across Communities and Youth in Action for the Prevention of HIV/Aids to accelerate implementation of early childhood education and girls’ education programmes. UNICEF Liberia, the MoE and Education Sector Development Committee partners developed an operational plan to facilitate the implementation of the Education Sector Plan (2017–2021).

UNICEF will continue to support capacity-building of the Government at the central and decentralized levels and enhance service delivery by strengthening and expanding its existing partnerships that focus on the most vulnerable and marginalized children, including children with disabilities.

To improve access to quality ECD services, UNICEF supported the enrolment of 900 children in 30 community-based centres in three underserved counties (Bong, Grand Bassa and Grand Gedeh) that were models for the provision of such services. This was a 100 per cent achievement of the 2017 target. The lessons learned will support scaling up provision of quality community-based ECD services.

At the early childhood education level, 2016 data showed a decline in National Enrolment Rate (NER) from 34.5 to 29.4 per cent. The NER at primary school level increased from 26.9 per cent to 49 per cent, but almost half of the students in primary school were not in the appropriate grade for their age. NERs in the 2017 Education Management Information System will depend on the number of ECD centres and schools that return the census questionnaire.

While the total number of students accessing ECD and primary education was unknown,
coverage at all levels of the education system was a problem, as no measures were undertaken by the MoE to create alternative learning opportunities for over-aged learners. The gross enrolment (overall) rates recorded in 2015 of 116 per cent and 88 per cent at the early childhood education and primary levels, respectively, reflected improved access to education but also the challenge of late entry into Grade 1, which resulted in overage enrolment.

While EMIS data for the 2016–2017 school year was being processed, a Liberia out-of-school children study conducted in 2017 indicated that 1,467,541 students were enrolled at all school levels, while 634,381 children were out-of-school at primary and junior secondary school levels. Estimates in the report indicated that of the 741,180 primary school-age children and 295,514 junior high school-age children, 121,598 (16.4 per cent) and 52,028 (17.6 per cent), respectively, were not in school. The findings of the study indicated that 336,303 primary school-age (53 per cent) and 5,910 junior high school-age children (2 per cent) were at risk of dropping out of school.

Two reasons cited for children dropping out of school were inability to pay school fees or levies and other expenses, and being over-age or late enrolment. Some children never enrolled in school for the following reasons: household poverty; they live in rural areas; and the distance from their homes to school. UNICEF and education sector partners used the study findings to advocate with Government and donors alternative education opportunities for out-of-school children, and strategic interventions as under the Education Sector Plan (2017–2021) for over-aged and out-of-school children.

UNICEF Liberia contributed to this outcome through the provision of technical and financial assistance and logistical support for the delivery of learning materials to schools.

**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 2017, UNICEF supported 30 community-based ECD centres, reaching 900 children three to five years old with learning materials and early stimulation. Additionally, 300 teachers from existing pre-primary schools and 30 caregivers from the 30 project communities were trained on the interpretation and implementation of the early childhood education curriculum.

Though the target of reaching 900 children three to five years in 30 underserved communities was met, the scale was limited compared to the demand for quality ECD services in Liberia. The lessons learned from the model centres will help scale up ECD interventions. Limited funding for ECD by the Government and donors hindered progress in scaling up provision of quality ECD services. The early learning policy and early learning (ECD) curriculum existed. Standards for establishing and managing community-based ECD centres were developed in 2017 and piloted. The early learning development standards were under development.

UNICEF Liberia supported the MoE to achieve the above results with the provision of learning materials and technical and financial support. UNICEF advocacy resulted in the reactivation of the national Inter-sectoral Early Childhood Development Committee and the finalization and launch of the Early Childhood Development Advocacy and Communication Strategy. UNICEF facilitated technical assistance through a partnership with BRAC. Modelling of the community
ECD centres in 30 underserved communities in three counties was made possible through technical assistance and financial support from UNICEF Liberia.

The reactivation of the Inter-sectoral Early Childhood Development Committee strengthened collaboration and coordination at all levels. These results were achieved through a combination of technical assistance provided by UNICEF Liberia and partners, the cascade model of training used and the engagement of BRAC to facilitate the roll-out of the training and the development of standards for ECD centres.

The partnership with BRAC and collaboration with ECD partners and the Bureau of Early Childhood Education facilitated the development of a user-friendly curriculum guide, a training manual and standards for the establishment and management of community-based ECD centres. UNICEF strengthened its partnership with the MoE, the World Back and the Soros Foundation as part of the roll-out of the global Early Childhood Development Action Network.

UNICEF plans to support modelling of early learning based on the results of the ongoing World Bank-funded Early Learning Systems Research.

**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**

UNICEF increased school attendance by providing learning materials to 232,065 learners. The 2017 Country Programme target of 40 schools benefiting from interventions targeting girls specifically was exceeded. To date, 8,400 students under the gender equitable education programme (400 more than the country programme target of 8,000 boys and girls in junior high school) achieved improved learning outcomes. A total of 4,344 learners (2,557 girls, 1,787 boys) accessing after-school tutorial classes at the upper basic or junior high school levels in 42 schools implementing the Programme attained a score of 80 per cent or higher in the core subject areas as a result of training given to teachers trained under the programme.

The country programme target to reach 344,307 children in humanitarian situations was exceeded: to date, 952,085 learners from Grades 1 to 12 attended school since 2015 through the provision of learning material under a USAID grant.

The country programme target to train 10,000 teachers to improve learning was exceeded by 1,186. A total of 1,123 teachers (115 females, 908 males), representing 112 per cent of the target under the gender equitable education programme and 10,063 teachers (101 per cent of the target under the USAID grant) were equipped with knowledge and skills on learner-centred coaching and gender-responsive pedagogy, increasing learning outcomes of 503,370 students.

The learning environment of 37,977 students (17,914 girls, 20,063) in 123 schools improved with the provision of water, sanitation and hygiene facilities; at least 29,500 students enrolled in gender equitable education programme schools benefited from an improved environment through capacity development of 1,123 teachers, six county education officers, 18 district education officers and 42 school principals on the Girls’ Education Policy, the Teachers’ Code of Conduct and Ebola prevention.

Scaling up the gender equitable education programme was hampered by limited funding.
However, children with disabilities benefited from education programme interventions, and future advocacy and fundraising efforts will prioritize this group.

UNICEF facilitated progress in the realization of the above results through the provision of financial and technical assistance for teacher training, logistical support for the distribution of school supplies and capacity development of teachers. Regarding training for teachers, the European Union is supporting the piloting the ‘B’ Certificate programme for teachers of grades 7–9 (junior high school). A partnership with local NGOs, Aiding Disadvantaged Women and Girls and Youth in Action for the prevention of HIV/AIDS, achieved results under the gender equitable education programme, capacity-building initiatives, ownership and sustainability. Hence there were significant improvements in the pass rates and learning outcomes of students attending after-school tutorials, as highlighted above.

The collaboration with the Child Protection Section and Ministry of Gender, Children and Social Protection continued in schools to promote the importance of girls’ education and prevention of sexual abuse and exploitation.

Future adjustments include scaling up in-service training on learner-centred and gender-responsive pedagogy using school clusters.

**OUTPUT 3** By 2017, Out of school girls and boys ages six to 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**
A study on out-of-school children commissioned by UNICEF Liberia in 2016 was finalized in 2017. The findings provided evidence to inform education policies and strategies and on-going sector reforms to provide inclusive and equitable education programmes. The findings were used to advocate to the Government of Liberia and donors to support alternative education opportunities for out-of-school children and to support the Education Sector Plan (2017–2021) interventions on the provision of quality alternative and accelerated education pathways for overage and out-of-school children.

UNICEF provided technical support for the harmonization of the Accelerated Learning Programme Policy Guidelines and the Alternative Basic Education Policy into one policy, the Alternative Education Policy. The policy was finalized, validated and launched. The harmonized policy guides education sector partners supporting alternative education programmes for out-of-school children, school dropouts and over-aged learners.

The main challenge of this outcome in 2017 was lack of funding to support teacher training and access for out-of-school children to formal or non-formal education. While the Alternative Education Policy was harmonized, the accelerated learning programme and the alternative basic education programme used different modules for core subject areas (though both programmes are a condensed primary education curriculum). The programmes’ curricula need to be harmonized, and different cognitive levels addressed through the teachers’ guides, as the basic literacy and numeracy concepts at primary school level are the same. To this end, UNICEF Liberia provided technical support to harmonize the Alternative Education Policy framework and financial and technical assistance for the study on out-of-school children.
UNICEF Liberia worked closely with USAID, the European Union, the Ministry of Education and Education Sector Development Committee partners in the harmonization of the Alternative Education Policy, and conducting and validating the study on out-of-school children. Notably, the USAID-funded Advancing Youth Programme provided funding and technical support for the harmonization of the policies.

Until UNICEF Liberia mobilizes adequate funding for alternative education programming, the programme will focus on assisting the Government in disseminating the findings of the study and advocating their use in evidence-based programming. UNICEF will advocate the harmonization of the accelerated learning programme and the alternative basic education programme curricula.

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
Between 2016 and 2017, there was a drop in the number of children that benefited from quality essential social services from 128,000 to 38,000, largely due to a weak social system in which the number of experienced social workers declined. In addition, there were fewer birth registration staff in 2017 than in 2016 because of a decrease in birth registration rates and a reduction in funds supporting critical life-saving case management services for vulnerable children, including those orphaned by Ebola.

In 2016, approximately 128,000 births were registered. In 2017, only 38,665 births were registered. This decline was mainly due to limited funding both from UNICEF and other partners, especially Plan International. UNICEF supported macro-level initiatives for birth registration (development of the birth registration policy, integration of the servers and revisions to the database), but support to decentralized regions lagged as other partners supporting birth registration ended their 2017 funding support, so overall funding has declined below 2016 levels.

UNICEF continued to support system strengthening through capacity development of social workers and birth registration staff and the development of policy and guidelines to improve the quality of services provided. During the reporting year, trainings in the relevant fields of child protection work were provided to 35 child welfare committee members of volunteer community groups monitoring children’s rights, and 123 birth registration staff and service providers. The birth registrars were trained jointly with immunization providers to increase birth registration rates, as medical professionals are cross-trained and have the information necessary to refer children in need.

The number of children who received case management services was less than the previous year because the number of social workers decreased. Case management services involved identification of separated children, unaccompanied children, foster care placement, referral for accessing basic services, family tracing, reunification and reintegration, and follow-up.

UNICEF funded scale-up and salaries for 120 social workers at the Ministry of Gender, Children and Social Protection (MGCSP) during the Ebola Disease crisis. As a result of that support, the number of social workers increased from 12 prior to 2014 to 120 in 2015. Since the crisis, UNICEF advocated that the social workers be put on the Government payroll. The number of
social workers currently employed is far short of the 450 needed to match the population size. To date, MGCSP retained 63 of the social workers and put them on the Government payroll. To date, 52 per cent of the country’s districts have trained social workers, compared with 98 per cent during the 2015–2016 period.

In 2017, progress was made in the implementation of the Children’s Law. Also, the national Child Welfare and Protection Policy was developed and endorsed and the National Plan of Action for Child Protection appeared to be on track to be completed during the year and validated in 2018.

Child welfare committees continued to be active in seven counties, in an estimated 47 per cent of the districts in Liberia. However, their concentration declined compared to 2016, when 60 per cent of the districts had active and functional child welfare committees. The decline can be attributed to the absence of social workers to mobilize, support and provide follow-up to the committees. Also, some districts have no committees.

While the number of child welfare committees decreased, the Independent Accreditation Committee continued to meet regularly to provide oversight and monitoring to child welfare institutions. In 2017, 11 substandard orphanages were closed and 28 were put on probation while they improve the quality of care in compliance with alternative care guidelines. The objective of MGCSP in chairing the Independent Accreditation Committee was to ensure that only children without family-based care are placed in orphanages, that all orphanages meet minimum standards of care as per government guidelines and that children are protected from abuse while away from their families. There are now 2,216 children in 63 orphanages, down from 3,600 children in 83 orphanages in 2013.

UNICEF worked with the Interreligious Council of Liberia to improve access to education through school fees payment; increase access to health services for the most vulnerable children; and improve life skills training by linking it to income-generation for at-risk girls. Fifty girls gained skills to produce goods for small markets, and 227 children orphaned by Ebola were enrolled in schools.

UNICEF Liberia was a co-Chair of the Child Protection Network and the Independent Accreditation Committee, a member of the Social Protection Steering Committee and the National Mental Health and Psychosocial Support Pillar, coordinating bodies for relevant sectoral actors. Through those entities, UNICEF influenced major decisions regarding child protection and informed policy to reflect international standards and UNICEF core values for children.

In 2017, UNICEF supported MGCSP to establish the case coordination group, a coordinating body made up of line ministry workers providing case management to the most vulnerable children, including survivors of abuse and neglect. This body supported case-by-case conferencing to address critical case issues and ensure lasting and durable solutions.

**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**
The two birth registration servers, one for Montserrado and a second one for the rest of the country, were merged into one integrated system with the objective to ensure safe and
consistent storage. The Government was drafting a birth registration policy within the context of revitalizing the civil registration and vital statistics system.

In 2017, the Independent Accreditation Committee monitored child welfare institutions. It closed 11 substandard orphanages and put another 28 on probation while they improve the quality of their care for children. The country reported that the number of children in orphanages declined by only 3 per cent in 2017, to 2,216, from 2,278 in 2016. The MGCSP caseload of vulnerable children to date is 117, of whom 36 are in transit homes awaiting reunification. Also during the reporting year, 31 children were placed in foster care arrangements, 10 children were reunified with their biological families and 40 children (20 boys and 25 girls) were adopted (25 inter-country and 20 domestic or in-country).

A total of 45 birth registrars and 65 other service providers, who received training during the year, supported birth registration campaigns for three counties, enabling 3,005 children to obtain birth certificates (Maryland (1,292), Grand Kru (1,133) and Grand Bassa (580)). Overall, birth registration slowed in 2017 with a total of 34,753 having birth certificates mainly because of limited funding at the county level, suspension of birth registration activities and withdrawal of funding from NGOs that supported the campaign prior to 2017. The Government was considering equipping county service centres to carry out the function, thus shifting the focus from individual health centres where birth registration should be taking place regularly. Birth registration continued at health centres but with less logistical support.

UNICEF Liberia’s major achievements were: obtained Government support to cover the salaries of the social workers; the development of the National Child Protection Policy; and the development of the national Child Protection Policy Plan of Action. UNICEF supported 120 social workers during the Ebola crisis. After Ebola when UNICEF support ended, over 70 per cent of the social workers were dropped because there were no salaries.

In 2016, UNICEF and the Government estimated the country’s social worker requirement to be 450 on the Government payroll, but with only 63 social workers on board, management of children’s cases remained a major challenge. UNICEF continued its advocacy to achieve the required national pool of social workers.

**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**

With UNICEF advocacy in the implementation of the Social Protection Strategy, with focus on the social cash transfer component, 235 of children who were orphaned by the Ebola Virus Disease had equal access to cash transfer services.

The success of MGCSP in 2017 was the passing of the Domestic Violence Act, which UNICEF supported, and which was written to ensure greater legal support for women experiencing violence. The clause that would have banned female genital mutilation in the country, at least for children, was removed from the act after objections from the House and the Senate. Female genital mutilation remained an issue in Liberia, and will require greater advocacy to be banned.

UNICEF extended support to the Liberia National Children’s Representative Forum (formerly the
Children’s Parliament) for elections held in 2017. It helped the Forum draft a children’s manifesto, which raised awareness of the gaps in children’s rights in Liberia and called for action by the Government. UNICEF supported the Children’s Forum to develop its plan of action and raise awareness on the need to protect children from electoral violence while at the same time calling on political parties to prioritize education, health, social protection and other social services for children.

The National Social Protection Steering Committee held four quarterly meetings, revised the terms of reference for the group and developed the national Social Protection Floor Framework. The members of the Forum, particularly with participation from MGCSP, UNICEF and the International Labour Organization, developed a fact sheet for legislature on the benefits of the Social Protection Floor Framework and called for Government support for the action.

MGCSP completed the development of the Child Protection Policy (aligned to the Children’s Law 2011), and UNICEF hired a consultant to draft a national plan of action for children to accompany the policy. This plan of action, expected to be finalized by the end of 2017, will set the framework for children’s services for the next five years.

The plan of acceding to the Hague Convention on Inter-country Adoptions was deferred to 2018 at the request of MGCSP, based on the view that there were too many competing priorities including the presidential election run-off that would affect the timing.

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

Children in conflict with the law were supported in 2017 through the expansion of the Diversion Programme to all the 15 counties of Liberia. Social workers based in each county provided mediation and case management services. As of 18 December 2017, 120 juveniles were released from prison and 27 remained incarcerated. Of the remaining prisoners, seven of them had been sentenced for such crimes as rape, murder or robbery. Meanwhile, another 724 cases were mediated outside the court system, removing the risk of children being detained in adult prisons.

Two hundred young people, the targeted number for the year, and 20 adults participated in peaceful conflict management training in preparation for the country’s upcoming elections. The young people will lead community dialogues to spread the knowledge gained to support a peaceful elections process and transition to a new Government. They were selected from six key counties, particularly from urban areas in those counties where election-related violence is more likely to occur.

Ten community action groups, 18 gender-based violence observatories and 14 buddy systems — established with UNICEF support for preventing and responding to violence — relayed a message about protecting children from violence to key stakeholders (young people and adults) from 10 communities in three counties. Ad hoc reports from those communities revealed actions taken to increase awareness of the impact of violence on children, including raising awareness both face-to-face interaction and at community meetings. The groups referred victims of violence to one-stop centres and social workers employed by the Ministry of Gender, Children and Social Protection (MoGCSP).
UNICEF Liberia promoted access to justice for children by supporting the operational costs of the Sex Crimes Unit of the Ministry of Justice. This support, which included funding phone credit and fuel for case liaison officers, enabled the staff to maintain contact with victims and witnesses and to ensure that they were able to attend court proceedings. County-specific revisions to the sexual and gender-based violence referral pathway facilitated victims’ access to medical, legal and psychosocial services.

UNICEF Liberia had been funding the Child Justice Section (20 staff members and logistical support) for the past five years to ensure that diversion is provided to eligible children. In 2017, UNICEF only supported the child justice section for the first six months of the year but it continued to advocate that the Government of Liberia take up budgetary support for the section.

UNICEF Liberia participated in the Child Justice Forum, the Sexual and Gender-Based Violence Task Force, the United Nations Gender Theme Group, and the Mental Health Psychosocial support (MHPSS) Pillar, all of which are involved in the coordination and oversight of services for victims of sexual and gender-based violence and children in contact or 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**

During the reporting year, the Sex Crimes Unit received 150 child survivors’ cases of rape. As a result of those referrals, 50 survivors and 30 witnesses received quality case management services (representing 33 per cent of the cases). Fifty-six cases were submitted to a grand jury, and 54 true bills and two ignoramuses were obtained. Three cases of rape involving children were prosecuted in Montserrado County, resulting in two convictions. In the same county, 122 precepts and case assignments were served.

MGCSP handled 506 gender-based violence cases in 2017, of which 370 (73 per cent) were rape cases involving children. Consequently, 173 child survivors benefited from quality case management services, such as access to medical services and legal records.

The scaling-up the Child Justice Section of the Ministry of Justice to all 15 counties through the Diversion Programme was the greatest success in the reporting year. The Formal Integration Regulation for the establishment of the Child Justice Section as a standard section of the Ministry of Justice was drafted and reviewed by various sections of the Ministry for approval. This Section was set up in 2011 and UNICEF has supported it since then. It now handed over the role to the Government.

With support from UNICEF, 228 officers of the Women and Children Protection Section of the Liberia National Police (compared to the year target of 178); 18 social workers; 46 magistrates, city solicitors and prosecutors; and 13 public defenders gained knowledge on the diversion guidelines, fundamentals of child protection, investigation techniques for trafficking cases, the Penal Law and the Children’s Law.

Ten community action groups were established with UNICEF support to address issues of violence at the community level. Key stakeholders in each of the communities were trained to take remedial actions to prevent and respond to violence against children in their respective
communities. Working through established community action groups increased the level of community awareness and interventions in preventing violence and making referrals.

Eighteen gender-based violence observatories in nine counties (Bassa, Lofa, Bong, Nimba, River Gee, Margibi, Grand Cape Mount, Gbarpolu, Bomi) were supported and active, and reported 100 cases of sexual and gender-based violence, conducted 45 follow-ups and organized 18 network meetings to increase awareness of the harm done by compromising cases. The Gender-Based Violence Observatory Network promoted awareness of the sexual and gender-based violence referral pathway, which was printed and distributed by MGCSP and UNICEF in 2016, and the prevention of all forms of gender-based violence, including sexual exploitation and abuse. In addition, 14 buddy clubs were established in eight schools.

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

Analytical statement of progress
In 2017, about 60 per cent of the target of 530 adolescents (320) placed in life skills (conflict resolution and mediation, good decision-making, and sexual and reproductive health) and literacy trainings completed the programme. Eighteen per cent of the target 530 adolescents (95) are enrolled in vocational skills training and should finish in June 2018. The remaining 22 per cent (115 adolescents) enrolled in life skills and literacy trainings to be completed in 2018.

A life skills manual was developed and rolled out at youth centres and adolescent resource centres, using a peer-led methodology to increase programme sustainability and take it to scale. The curriculum was disseminated to 12 partners. A training of trainers was conducted for 16 representatives of the Ministry of Youth and Sports, MGCSP, Samaritan’s Purse and SHALOM.

A national adolescent empowerment strategy was developed. This process included stakeholders from relevant ministries. The strategy laid out opportunities for adolescent engagement and describes the critical role Government plays. Roll-out and dissemination by the Ministry of Health is being supported by UNICEF.

The 2017 focus was on boosting young people’s conflict resolution skills before the elections. Two hundred young people from 20 communities were trained and started dialogues in their communities to promote peace during and after the elections. Trainees were from the six counties with the highest potential for conflict. Planned activities included town hall meetings with communities and high-risk youth groups, engagement with political youth groups, appearances on radio talk shows, and production and distribution of flyers, banners and posters to promote peace.

Two resource centres were equipped with materials to make them more adolescent-friendly, accessible and ideal for provision of adolescent development and empowerment programmes. Adolescents used these resource centres’ services (livelihood skills training, literacy education, counselling/psychosocial support and life skills trainings) and regularly met there to discuss issues and provide peer support services.

Community dwellers continue to highlight the need to scale up the programme, as need exceeds the capacity of the programme. UNICEF obtained some funding commitments for the construction of two resource centres as part of scale-up efforts.
The Family Health Division received funding to train 74 health care workers from Bomi, Capemount and Gbarpolu counties on providing adolescent sexual and Reproductive Health Services. The workers now provide quality family planning and other services at their respective health facilities. So far, 117 adolescents (19 boys, 98 girls) accessed the safe spaces in the counties of Gbarpolu and Bomi and received age-appropriate medical care from professionals trained to address adolescent sexual and reproductive health.

To honour the 2017 International Day of the Girl Child, UNICEF supported the Adolescent Working Group and MGCSP to implement Girls Peace Train Campaign, in which 200 adolescent girls participated and disseminated messages on violence-free elections. In addition, 27 of these girls participated in the ‘Take a Girl To Work Campaign’, and were mentored by staff at 12 child protection organizations for two days.

**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**

A number of policies that benefit children and women were either amended or developed in 2017 through UNICEF advocacy and provision of technical assistance. Clearer guidelines on education programming for children and youth, focusing on alternative basic education and accelerated learning programmes, make consistent the initiatives by various partner organizations; children between the ages of three to five now have legal status to access free ECD initiatives; and programming for adolescents will be conducted under a clear framework and guidelines. To end harmful traditional practices and support the Government and President’s priority focus on this issue, UNICEF provided technical support for the development of a National Plan of Action to end harmful traditional practices.

As part of the global push for ECD, UNICEF joined the Early Childhood Development Action Network with the Open Society Initiative for West Africa and World Bank to ensure a coordinated approach to achieving results for children below the age of five. To address issues related to sexual and gender based violence of children in schools and promote synergies between Education and Child Protection, UNICEF explored and implemented joint efforts between the Ministries for Gender, Children and Social Protection and Education as well as within the sections to promote synergies in programming.

To improve efficiency and decrease stock-outs of medications at health facilities, UNICEF worked with USAID to develop and implement an e-Logistics Management and Information Service for medicines using UNICEF’s Rapid-Pro system. The system is expected to connect national and sub-national health and logistics systems to track medicines through the logistics system and ensure availability at health facility level.

To enable the MoH to check on tracer commodities and reduce stock-outs in the southeast, where electronic reporting was constrained by a lack of proper internet services, UNICEF Liberia partnered with Intrahealth, which uses UNICEF’s mHero SMS-based system to build a database of pharmacists at county health depots and officers in charge of health facilities. To ensure that medicines, especially vaccines, are stored safely, appropriately and to global
standards, UNICEF Liberia partnered with USAID and provided technical advice in the construction of a national warehouse for health sector supplies.

To support availability of health services, UNICEF joined development partners and donors in financial and technical support to the Health Pooled Fund, including by Co-Chairing the Pooled Fund Secretariat. Communities were empowered with information on health, nutrition, WASH and other focus areas with innovative communications for development strategies, while national and sub-national structures were empowered to respond quickly and appropriately to outbreaks of measles, yellow fever, lassa fever and monkey pox.

In promoting the One Voice concept of the Delivering as One initiative in Liberia, and in line with the UN Country Team’s decision to transition the UN Communications Group from the chair of the UN Mission that ends in 2018, UNICEF took over as Co-Chair in April 2017. UNICEF will take over as Chair end of March 2018. In this capacity, UNICEF Liberia contributed to joint communications through the revision of the UN joint communications strategy, the development of the communications component to the UN transition strategy and messaging on transition.

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

**Analytical statement of progress**

Continued engagement with donors with a focus on equity and addressing gaps in service delivery, especially for most vulnerable populations, resulted in the provision of close to US$38 million in funding for child-focused programming on health, education and protection. However, UNICEF Liberia raised only US$10.1 million in new funding OR in 2017, compared to the target of US$22.3 million.

The funding available for use in 2017 included the first two tranches of a US$4.6 million pledge of support for a three-year period from the Power of Nutrition, with match funding from UNICEF UK for nutrition interventions in five counties. This was the first time UNICEF received funding from PoN globally. Partnerships with donors were strengthened through timely results-based reporting and field visits to project sites by Power of Nutrition, the UK National Committee and the representative of a private fund, all of whom support nutrition programming; by USAID for a WASH in schools project funded by the agency; and presentation of progress on immunization and health interventions to a high-level USAID health delegation. To ensure equity-focused programming, UNICEF Liberia submitted proposals for under-funded areas on child protection and education, and supported fundraising drives by the Power of Nutrition and UUK.

Programmes on alternative basic education and accelerated learning programmes had clearer guidelines following amalgamation of the two policy documents. More children are expected to be enrolled into ECD initiatives and in school at the appropriate age as a result of an amendment in the Education Reform Act to include free ECD for three to five year olds. Clearer guidance and processes will be available when the draft birth registration policy is approved. Harmonized and coordinated approaches to programming for adolescents will follow the adoption of the National Comprehensive Integrated Adolescent Strategy for Liberia. Stricter penalties for domestic violence will follow the passage of the Domestic Violence Bill.

Children’s issues were covered on mass media, especially national and community radio as a result of advocacy and training for journalists and media practitioners, and provision of access to media for the Children’s Representative Forum. Advocacy for the rights of children and
women, especially on ECD, prevention of violence against children, prevention of premature or neo-natal death, and improved access to health and other services was conducted using strategic events, including the Day of the African Child, International Women’s Day, World Water Day and World Children’s Day and meetings with Government and development partners.

UNICEF reached audiences in and outside Liberia with online media to advocate for the rights of children, highlight issues, promote programming priorities and drive action. Social media presence grew this year, registering over 900 new likes on Facebook and 120,000 new impressions on Twitter. National audiences were made aware of global advocacy issues through localized content on media releases and social media posts.

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

Analytical statement of progress
An estimated 300,000 households were reached during each round of the four polio immunization campaigns through social mobilization and community engagement efforts by 12,225 community health volunteers, as well as through community health assistants for awareness on all health related issues, while community meetings were held with just over 16,600 persons, including community, religious and traditional leaders, women and youth groups, and county-authorities. This was done through five national, 75 county and 455 district advocacy and community engagement meetings, and radio talk shows in local languages featuring prominent religious and community leaders and sub-national health authorities. The immunization campaigns, routine immunization efforts, and other social mobilization and community engagement efforts were supported by the dissemination of close to 8,000 messages on immunization, WASH, health, nutrition, prevention of injury from explosive remnants of war and maternal health, on a network of six national and 30 community radio stations which had a partnership with UNICEF Liberia. Based on radio coverage and social mobilization efforts, it is estimated that the messages reached close to 85 per cent of the population.

Communities had improved access to information through the development and distribution of twenty-five new or revised messages and IEC/BCC materials (posters, flyers and banners) and eight radio messages on maternal health, immunization, leprosy and rabies, Monkey Pox, prevention of injury or death from unexploded ordnance and explosive remnants of war, and production of over 200,000 posters on hand washing, maternal health, outbreak response and for use during vaccination campaigns.

In addition, response mechanisms, such as the Health Promotion Technical Working Group, its sub-committee on message and material development and sub-national response structures related to social mobilization were operational and responsive with support from UNICEF Liberia. This included a response to a cluster deaths incident and outbreaks of lassa fever and yellow fever. Funding was made available for polio vaccination campaigns by the Regional Office as a result of the development of proposals and requests for funding by UNICEF Liberia.

Responding to efforts to reduce the number of neonatal and maternal deaths, especially in the southeast where health indicators are the lowest, the Ministry of Health is piloting a social mobilization push in Grand Gedeh County. To support this push, key messages and materials
were developed to educate the community and raise awareness about the issues that contribute to the incidence of maternal and neonatal deaths, steps to be taken by community members to reduce deaths, and promote increased utilisation of peri-natal care. Results from this initiative will only be available in 2018. UNICEF Liberia is providing financial and technical support to the pilot project.

To promote informed programming UNICEF Liberia provided technical and financial support for a knowledge, attitudes and practices survey on caretakers perception to immunization, which is presently being finalized (reported under health).

**OUTPUT 3** To promote life saving behaviours to prevent EVD through social mobilization interventions including community engagements.

**Analytical statement of progress**

There were no EVD cases reported in 2017, but other outbreaks of meningitis, measles, yellow fever and monkey pox were managed and controlled at national and subnational levels with support from the National Health Promotion Division and UNICEF.

During two small-scale meningococcal septicemia outbreaks in Sinoe County and Grand Kru Counties in April and September, close to 50,000 persons and 5,400 households in affected and ‘ring’ communities were reached through social mobilization by 290 community volunteers, who were supported by UNICEF Liberia through the MoH, ensuring families were aware of prevention and response actions. The support of 148 community and religious leaders was sought to appeal for community adherence to safety protocols and help prevent any spread.

The ‘ring approach’ employed intensive social mobilization activities covering the hot spot and surrounding communities. A UNICEF Liberia partnership with the only radio station in each county helped disseminate messages, organization of programmes and talk shows in local languages and raised awareness on prevention measures.

Close to 200 focal group discussions were conducted during the course of the outbreak to determine the communities’ perception and track rumours about its cause. Support for the printing and dissemination of 3,000 fact sheets with health and prevention information as well as social mobilization, community engagement, coordination, monitoring and supervision of the outbreak response was provided by UNICEF Liberia.

To help communities with information required to stay safe, prevent and stop the spread of measles, yellow fever and monkey pox outbreaks, a number of messages and materials were developed and messages aired on radio, using different approaches to reach a wide audience.

To ensure rapid response and engagement with communities, a network of community and national radios were under partnership agreements through much of 2017. Material and messages on common outbreaks as well as on Ebola were pre-positioned in 2016 and 2017 at national and sub-national level. UNICEF worked with the MoH to ensure coordination mechanisms, such as the health promotion technical working group and message and material development committees, were functional. To assist with response, a roster of previously-trained community volunteers who could be mobilized and deployed within 48 hours of the onset of an emergency or outbreak was updated during the year.
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

UNICEF Liberia continued to strengthen the implementation of equity-focused programming by generating new evidence. In 2017, seven studies and assessments were completed to address substantial data gaps that enabled UNICEF and partners to strengthen evidence-based programming in health, WASH and education. The topics of the studies included: a KAP study on barriers to uptake of immunization; a sustainability check on WASH facilities and community structures funded by the Netherlands' Directorate-General for International Cooperation; water point mapping in six counties; scoping on innovative financing approaches in the WASH sector; and out-of-school children. These studies were conducted jointly with the Government and provided reliable baseline information on service delivery, focusing on the readiness of facilities to provide basic services.

The sustainability check on WASH facilities indicated average scores of 65 per cent for sustainability and 47 per cent for sanitation and hygiene behaviour in four counties. The Ministry of Public Works is adopting the study recommendations to improve WASH facilities’ sustainability. The water point mapping indicated that an estimated 129,150 people across the six counties were provided with improved drinking water. UNICEF Liberia used the study recommendations to establish 28 spare parts depots that will serve 218 communities. The study on out-of-school children indicated that 121,598 of primary school-aged children (16.4 per cent) and 52,028 junior high school-aged children (17.6 per cent) were physically out of school. The Ministry of the Education and UNICEF Liberia used the study findings to strengthen advocacy and awareness on the plight of out-of-school children.

The KAP study on barriers to the uptake of immunization showed that that 95.4 per cent of children below 24 months were vaccinated, while 4.6 were never vaccinated. The proportion of unvaccinated children was higher in rural areas (6.1 per cent) than in urban areas (1.8 per cent). It indicated that approximately 70 per cent of the surveyed children were fully immunized and that 30 per cent had defaulted on the vaccine schedule. About 38 per cent of the respondents mentioned distance from vaccination sites and 14 per cent of the respondents cited illness as the reason mothers were unable to take their children for vaccination. The Ministry of Health and UNICEF Liberia are collaborating to address these issues.

UNICEF Liberia continued to support innovative approaches to achieve results for children. U-Report Liberia conducted 12 polls during the year with an average response rate of 16.5 per cent. The poll findings provided feedback on service delivery and insight on the opinions of young people on matters of importance for children and adolescents. The U-Reports successfully advocated a peaceful election by appealing to young people on behalf of Liberian National Police and the U-Report Steering Committee. Also in 2017, U-Report Liberia recruited 37,211 young people as potential U-Reporters and more than 100 U-Report field mobilizers benefited from trainings of trainers, which enabled them to serve as U-Report ambassadors at the county and community level.

mHero improved health-care delivery in remote and distant health facilities. The MoH capacity to gather and use near real-time data was enhanced through enrolling 17,000 health staff and workers of affiliated organizations in mHero. Based on the impressive results of mHero, the MoH and partners initiated mStar to roll out mobile salary payments for health workers to
improve timely and transparent disbursements of salaries, addressing the issue of absenteeism and low motivation.

UNICEF Liberia will take over managing the mHero platform from IntraHealth in 2018. The CO plans to scale up the mHero platform to further improve health outcomes in Liberia by improving its use with technical assistance, developing a governance framework, localizing it, developing a decentralization strategy and awareness-raising.

UNICEF Liberia worked with the Liberian Institute of Statistics and Geographical Information Services to plan and conduct the Liberia Demographic and the Population Census. UNICEF Liberia, its partners and United Nations agencies collaborated to provide technical and financial support to this Survey and the Population Census. UNICEF Liberia continued to advocate the inclusion of disability measurements and nutrition and child protection indicators in those surveys. It continued to advocate with the Government for the incorporation and prioritization of the Sustainable Development targets and indicators to align LiberiaInfo with the SDGs.

The CO began preparing the Country Programme Document with a review of the situation of children and women in Liberia and conducting a strategic moment of reflection with technical support from WCARO. UNICEF Liberia used the results framework indicators of the Strategic Plan 2018–2023 to review the situation of children with regard to child rights. The findings indicated the key gaps in realizing child rights in the country. The key programmatic strategies were articulated at a preliminary level and the analysis was incorporated in the development of Programme Strategy Notes and Country Programme Document 2019–2023.

The major challenge faced by UNICEF Liberia and its partners remained the lack of disaggregated data for many key indicators. Such information is essential for conducting equity analysis of children and women and monitoring progress of SDGs. UNICEF will continue to support and advocate with the Government and partners to review and add indicators to fill data gaps in routine systems and national surveys.

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

**Analytical statement of progress**

Guided by the midterm review in 2015, the CO developed the Annual Workplan based on results at the outcome and output level, with SMART indicators and milestones, in collaboration with the Ministry of Finance and Development Planning, sectoral ministries and partners.

The focus of the plan was on the post-Ebola transition, recovery and resilience-building. The formulation of the plan for 2017 continued to focus on priorities identified in the midterm review: (a) the rapid restoration of health and social welfare services (including child protection) severely impacted by the Ebola outbreak; (b) placing greater emphasis on community engagement and community-based initiatives; and (c) increased investment in the role of communication for development in advocacy and behaviour change, in the light of its vital role in curtailing the spread of Ebola.

The annual workplan was approved in the first half of the year. The midyear and end-year reviews were conducted with the participation of key line ministries, donors, and NGO and civil society organization partners. The end of year review was carried out in two phases. The first
phase was at the sectoral technical level, and the second phase entailed the joint review and planning meeting with all relevant partners.

UNICEF signed 20 partnership agreements in 2017 with national and international NGO partners, covering the education, health, nutrition, WASH, HIV and communication for development sectors. The total value of those partnerships was approximately US$4.76 million, of which UNICEF Liberia contributed US$4.74 million as cash and more than US$21,000 in supplies. A long-term agreement for all HACT assurance activities was in place, and a workplan was developed and implemented in 2017. Seven micro-assessments, 32 spot checks and three scheduled audits were completed for partners. The template for field monitoring visit reports was adjusted to ensure that the report is easy to use, defines results expected from the visit and states specific follow-up actions. Fifty-four programme monitoring visits were conducted in 2017, achieving the annual target. The findings of the HACT assurance activities were shared with relevant partners, and the necessary capacity development and compliance activities conducted.

UNICEF Liberia undertook its annual preparedness planning in line with global procedures and by using the Emergency Preparedness Planning Platform. Staff from headquarters and the RO supported the CO in its effort to graduate to the online EPP platform in September 2017. UNICEF Liberia planned a multi-risk response across three scenarios: floods; epidemics, including Ebola; and electoral violence. CO, along with other United Nations agencies, prepared a humanitarian contingency plan for the possible internal displacement of Liberians, refugees and third-country nationals as a result of the elections.

During the reporting year, the CMT monitored progress in managing risk at the AMP midyear and end-year review. The CO trained key staff to use level three simplified standard operating procedures for an emergency and several standard operating procedures for internal management were revised or drafted to enhance efficiency and effectiveness.

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

**Analytical statement of progress**

The capacity of sectoral programme planning was enhanced with five studies and assessments completed during the year. Those studies generated new evidence for equity-focused programme planning and addressed substantial data gaps. The topics of those studies were as follows: a Knowledge Attitude and Practice study on barriers to the uptake of immunization; a sustainability check on WASH facilities and community structures funded by the Netherlands’ Directorate-General for International Cooperation; water point mapping in six counties; scoping on innovative financing approaches in the WASH sector; and out-of-school children. The CO prepared and monitored progress in implementing the Plan for Research, Impact Monitoring, and Evaluation for 2017. Eight other studies and assessment are ongoing and are expected to be completed by the end of the first quarter of 2018.

UNICEF strengthened innovative approaches to achieve better results for children. mHero enhanced MoH capacity to gather and use near real-time data by enrolling 17,000 health staff and workers of affiliated organizations. U-Report Liberia conducted 12 polls during the year with an average response rate of 16.5 per cent, and recruited 37,211 young people to be U-
Reporters in five counties. Liberia had the third-highest number of registered U-Reporters globally, at 143,453. To focus on equity, U-Report awareness and recruitment campaigns targeted hard-to-reach and deprived areas in Bong, Margibi, Maryland, Montserrado, Lofa, Grand Gedeh, Grand Kru, Sinoe and Nimba counties. Based on the results of U-Report and mHero, UNICEF Liberia collaborated with the MoE to roll out EduTrac to respond to data needs by using text messages to collect first-hand data from school principals and district education officers.

The Liberia Info database was upgraded and operationalized with 420 indicators (increased from 37). Thirty-eight focal persons from 19 Government ministries and agencies in Monrovia were trained on using and administrating modules of DevInfo software. As part of efforts to decentralize DevInfo to the county level, an additional 70 Government officials from 10 line ministries and Government institutes received similar training on DevInfo.

UNICEF Liberia participated in the decision-making processes of planning and coordination forums including the United Nations country team, the Inter-Agency Programming Team, the Inter-Agency HACT Working Group, the Human Development Pillar of the United Nations One Programme and outcome group meetings.

The domestication of the SDGs did not progress as planned in 2017, as SDG targets and indicators were not agreed upon and finalized by partners. The CO will advocate with the Government to incorporate and prioritize targets and indicators in 2018.