

## Liberia

### Part 1: Situation update in the country

In 2018, Liberia experienced the first democratic transfer of power in 73 years, as the country's 24<sup>th</sup> President was inaugurated and the first female Vice President was appointed. Separately, in a previously planned process and as evidence of Liberia emerging from war to peace, it was also the first year since 2003 that the country did not have a UN peacekeeping mission, after the last mission withdrew in March 2018.

Following the inauguration, the new Government, in collaboration with UNICEF and all United Nations agencies, conducted a series of multi-stakeholder consultations that culminated in the launch in October of a medium-term strategy, the Pro-Poor Agenda for Prosperity and Development 2018–2023. The strategy is the country's second National Development Plan anticipated under the Liberia Vision 2030 framework, aligned with the Sustainable Development Goals (SDGs), the Economic Community of West African States 2020 and Africa 2063. The strategy presents the Government's priorities and interventions aimed at building human capital, restoring growth, diversifying the economy, sustaining peace and building a more capable state. It explicitly states that it is 'a framework for inclusion, more equitable distribution of national wealth, and a rights-based approach to national development.' The major focus is on improving the well-being of people, leaving no one behind. The strategy marks a paradigm shift from sectoral-based national development planning to an integrated pro-poor multi-sectoral approach, with a major focus on addressing disparities and inequality between demographic groups and regions of Liberia.

The first of the strategy's four pillars focuses on increasing access to education, expanding access to health and nutrition services, reducing violence toward women and girls, reducing social inequality and increasing social protection coverage. It also focuses on strengthening and expanding child justice programmes, enhancing social protection, increasing access to basic water services and reducing open defecation. The strategy thus opens and formalizes operational space for the pursuit of child rights, creating an opportunity for UNICEF to ensure that child rights continue to be mainstreamed and integrated into Liberia's development efforts.

According to 2016 estimates, Liberia's population was approximately 4.2 million. The national average household size was 4.3 people and females made up 51 per cent of the population. Fifty-one per cent of the population was under the age of 19. Approximately 16 per cent of the total population was under the age of 5; 43.82 per cent was under the age of 15; and 19.56 per cent were age 15–24. Poverty was widespread, affecting the majority of the Liberian population. While there were no statistics available on specific rates of child poverty, given that 50.9 per cent of the Liberian population – or approximately 2.2 million people – were economically poor, it is reasonable to estimate that half of Liberian children lived in poverty. Non-monetary poverty indicators such as access to health care, education, infrastructure and public services also were marked by stark rural/urban and gender disparities.

A major contributing factor to the rural/urban divide was the poor state of roads, indicative of Liberia's low economic status. Only 657 km of some 10,600 km of roads in the country were paved. Heavy downpours during the six-month rainy season continued to constrain programme

implementation and had a negative impact on the ability of populations in remote communities to access essential services.

In 2017 Liberia's gross domestic product (GDP) was US\$2.158 billion and GDP per capita was just US\$456, which was low relative to other nations in West Africa. The Liberian economy was badly affected by the outbreak of Ebola Viral Disease in 2015 but it has begun to show very modest signs of recovery. In 2017 GDP growth was an estimated 2.5 per cent, following zero per cent growth in 2015. While medium-term growth estimates remained positive, the economy was still vulnerable to shocks. Liberia has also seen relatively high inflation, largely driven by the depreciation of the exchange rate. The continuing decline in value of the Liberian dollar (from US\$1 equal to LRD108 in June 2016 to roughly LRD160 in December 2018) was another driver of poverty, with the US dollar continuing to dominate the transactional economy. The impact on the Liberian economy of the physical closure and withdrawal UN Peacekeeping mission was yet to be determined at year end.

In 2018, there were four outbreaks of preventable diseases and flooding. The recent outbreak of Ebola Virus Disease in the Democratic Republic of Congo led to a resurgence of the latent fear among the public of another outbreak in Liberia.

Within the overall context outlined above, the situation of Liberian children in 2018 remained dire. Neonatal mortality, infant mortality and under-five mortality have been declining since the early 1990s. Despite progress over the last few decades, Liberia has not been able to meet international development goal targets related to child mortality. Latest national estimates of the 2018 UN Inter-Agency Group for Child Mortality Estimation data set indicated that as of 2017 the under-5 child mortality rate in Liberia stood at 75 deaths per 1,000 live births, the infant mortality rate stood at 54 deaths per 1,000 live births and the neonatal mortality rate stood at 25.1 per 1,000 live births. Those numbers represent a 71 per cent reduction in the under-five mortality rate since 1990 and an average annual neonatal mortality rate reduction of 1.2 per cent from 2000 (0.78 per cent in the last 10 years). The neonatal mortality was higher in urban areas (37 deaths per 1,000 live births), especially in Greater Monrovia (41 deaths per 1,000 live births), than in rural areas (31 deaths per 1,000 live births). The neonatal mortality rate was higher for males (37 deaths per 1,000 live births) than for females (30 deaths per 1,000 live births). The burden of under-five deaths remained high in terms of absolute numbers, and translated to nearly 11,000 under 5 deaths, of which 4,000 happened during the first four weeks of life. In light of Liberia's progress over the last few decades, the country is likely to reach the SDG under-five mortality rate target of 25 deaths per 1,000 by 2030.

Children's nutritional status was poor, with stunting affecting nearly 35.5 per cent of all children under five (CFSNS, 2018). Grand Bassa County reported a critical level of stunting at 41 per cent. At 4.8 per cent, the national prevalence of wasting in children under five years was low, based on the new World Health Organization threshold. Vitamin A deficiency was common, at 13 per cent among children aged 6 to 35 months, while the coverage rate of vitamin A supplementation was 86 per cent. Anaemia among children aged 6 to 35 months was high, at 59 per cent. Anaemia was prevalent among women who were pregnant, at 38 per cent, with the iron supplementation coverage rate at 68 per cent.

Access to quality education continued to be a major challenge, with high rates of over-age enrolment, dropout and out-of-school children. Approximately 82 per cent of students in primary school were over-age, and 40 per cent were more than three years over-age. Only 59 per cent of students who enrolled in school continued to grade 9 and 17 per cent of children 6-14 years

were out of school (Education Sector Analysis, 2016). A number of steps were taken in 2018 to increase access to quality education. The promotion of early childhood education was one of the key strategies to address these issues. Other strategies to improve access included expanding the Liberia female teacher training programme, enforcing the teacher's code of conduct, piloting direct school grants to reduce the financial burden on parents, and prioritizing programmes that curb gender-based violence.

The enabling environment to achieve gender equality also was strengthened in 2018. At national level, the Pro-Poor Agenda for Prosperity and Development strategy emphasizes gender equality by including a specific focus on women and girls. The strategy states: 'Going forward, human capital development in Liberia must cut across various social sectors and the Government of Liberia is the main duty bearer. It must also cut across gender with the exigency of addressing historic and systemic biases against girls and women in their homes, in the marketplace, and in the political arena.' UNICEF and other United Nations agencies also participated in the launch of the Women's Caucus of the Legislature to advocate for the passage of bills relevant to the rights of girls and women and provide a platform for their views to be heard and addressed at Liberia's highest policy making body. A five-year National Gender-Based Violence Prevention Strategy and Plan of Action were also validated and finalized.

Data on child protection in Liberia was limited or outdated. The data available indicated that violence against children was a major issue. Only one-quarter of all children under 5 had a birth certificate and 44 per cent of women and girls aged 15-49 had undergone female genital mutilation. Ministry of Gender Children and Social Protection 2016 data showed that 74 per cent of 933 reported rape victims were children (14 boys, 679 girls). According to the Liberia Demographic and Health Survey 2013, at least 35 per cent of ever-partnered women and girls aged 15 years and older were subjected to physical, sexual or psychological violence and 13 per cent of girls between 15-19 years old had experienced sexual violence. Social shifts have been observed on the issue of sexual gender-based violence. In 2018 there was greater attention, public debate and openness around the issue of female genital mutilation, mostly triggered by the failure in 2017 to pass the Domestic Violence Law that banned the practice and a subsequent Executive Order on the same by the then-President. Engagement by UNICEF, the UN, and partners with community-based leadership, considered gatekeepers of secretive traditional Sande society for girls where female genital mutilation is practiced, resulted in a commitment by the National Traditional Council of Chiefs of Liberia to close the Sande society 'bush' schools during the school year. UN Women recently reported that 21 bush schools were closed during 2018. Continuous follow up and engagement with traditional leaders is needed, along with ensuring social accountability at the community level, so that commitments are translated into sustainable changes leading to abandonment of the practice.

There were large inequities in WASH services between people who lived in rural and urban areas. Approximately 70 per cent of Liberia's population accessed and used basic drinking water sources. The low functionality of water facilities remained a major concern. The comprehensive geo-referenced mapping of water points conducted in 2017 revealed that only 65 per cent of water points were reported to be functional, compared to 53 per cent in 2011. Slums in Monrovia and the southeast counties had the worst indicators for basic water supply. Only 17 per cent of Liberia's population (6 per cent in rural areas and 28 per cent in urban) had access to basic sanitation. This situation did not change over the last three years. Some 61 per cent of the rural population practiced open defecation, compared to 23 per cent in urban areas. According this assessment, the quality of WASH in school facilities was poor in Liberia.

Only 58 per cent of all schools in the country had access to water from any source, with hand pumps being the most common source. The percentage of urban schools with access to water was somewhat higher than the percentage of rural schools with access (69 per cent compared to 47 per cent). There were on average 118 boys and 113 girls per latrine – far more than the international standard of 25 girls and 50 boys per latrine. Unfortunately, due to a lack of data, it is not possible to assess the quality of latrines available in schools (type, availability of doors, etc.). Only 37 per cent of schools had functional latrines with menstrual hygiene bins. According to the WASH in health care facilities assessment report, only 50 per cent of health facilities were estimated to have access to basic WASH services.

In line with UNICEF Regional Office guidance provided under the Regional Director's feedback on the 2017 annual report, UNICEF adopted three of the eight regional key results for children: increasing immunization, birth registration and; access to basic education.

UNICEF moved its office into the One UN building in 2018, achieving efficiency gains from business operating procedures and increased synergies in programming.

## **Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Documents**

UNICEF's work contributed to the achievement of three areas of the UN Common Chapter, all six of which are included in the UN Development Assistance Framework 2013-2019. UNICEF achieved results that contributed to improving adolescent and maternal health, achieving gender equality and the empowerment of women and girls and ensuring greater availability and use of disaggregated data for sustainable development.

### **Goal area 1: Every child survives and thrives**

#### **Children surviving through disease prevention**

In 2018, Liberia exceeded the Penta 3 national immunization target of 85 per cent, reaching 96.5 per cent as of December. National coverage of supplementary immunization activities reached 98 per cent for polio and 97 per cent for measles, against annual targets of 90 per cent for each campaign. A number of initiatives helped lower dropout rates between DPT1 and DPT3 to 8 per cent (against a 10 per cent annual target), including defaulter tracking, awareness generation and increasing vaccination points in urban areas, especially in Montserrado County.

There was an uninterrupted vaccine supply, with no stock-outs of measles vaccines thanks to efficient vaccine procurement by UNICEF. UNICEF procured 1.34 million doses of traditional vaccines (funded from regular resources), and 1.7 million doses of bivalent oral polio vaccine (with funding from the Global Polio Eradication Initiative). To increase national immunization coverage rates, UNICEF worked in partnership with the GAVI Alliance, the Alwaleed Foundation, the World Health Organization, Centres for Disease Control and Prevention, John Snow International, Liberia Immunization Platform and JHPIEGO.

UNICEF also procured and supported the installation of solar-powered cold chain equipment, expanding the national cold chain to 115 new health facilities nationwide, most of them in hard-to-reach areas. Consequently, vaccine storage capacity increased by 39 per cent from 27,000 litres in 2017 to 37,590 litres in 2018. This investment helped deliver immunization services to

an estimated additional 14,500 children under 12 months and 16,500 pregnant women. Those efforts were complemented by awareness campaigns through community engagement and behaviour change communications.

As chair of the Liberia Coordinating Mechanism Oversight Committee, UNICEF played a supporting role in the mass distribution of 2,477,414 long-lasting insecticide-treated nets for malaria prevention by the Ministry of Health, the Liberia Coordinating Mechanism and Plan International.

Both the routine and supplementary immunization results, as well as malaria prevention activities, contributed to reducing under-five mortality, achieving national priorities in health service delivery under Pillar One of the Pro-Poor Agenda for Prosperity and Development strategy; and achieving Country Programme Document Outcome 1, SDG 3, UNICEF West and Central Africa Regional Office Key Result for Children 1, and United Nations Development Assistance Framework Outcomes 3.1 and 4.4.

UNICEF enhanced infection prevention and control in 9 of 13 targeted health care facilities through the construction of improved WASH facilities, serving approximately 36,011 patients, of which 2,300 were women who were pregnant. All latrines constructed were disability friendly and clearly marked and separated for female and male use, thus also contributing to menstrual health and hygiene management. To ensure sustainability, UNICEF provided basic training in operation and maintenance for 18 utility staff from those health care facilities, and will provide relevant tools and materials for maintenance.

This contributed to achieving national priorities under Pillars One and Three of the Pro-Poor Agenda for Prosperity and Development strategy; Country Programme Document Outcomes 1 and 3, Key Results for Children 8, SDGs 3 and 6, and UN Development Assistance Framework Outcomes 3.1 and 3.5. It also contributed to the national post-EVD priority of improving the resilience of health facilities, as well as UNICEF Gender Action Plan (GAP) integrated gender priorities of gender-responsive WASH systems and gender-equitable health care.

In the five southeast counties of Liberia (Grand Gedeh, Grand Kru, Maryland, River Gee and Sinoe), where 40 per cent of the population lived more than five kilometres away from the nearest health facility, excellent progress was made in treating children for major life-threatening diseases such as pneumonia, diarrhoea and malaria. From 2017 to October 2018, the percentage of under-5 children diagnosed with pneumonia that received antibiotics increased from 22 per cent to 84 per cent. The percentage treated for diarrhoea with oral rehydration salts and zinc increased from 25 per cent to 91 per cent, and those treated with artemisinin combination therapy (ACT) for symptoms of malaria within 24 hours increased from 32 per cent to 57 per cent.

Those results were delivered by mobilizing and training community health assistants (CHAs) to deliver preventive, promotive and basic curative health services to remote communities. UNICEF supported this programme by paying monthly incentives to all 743 assistants and 108 community health service supervisors. UNICEF worked with the Ministry of Health to develop a child-friendly communities real-time monitoring application that will be piloted and scaled-up in 2019. The health workers will use the app to track, monitor and report on the status of children in their communities in real-time.

UNICEF also procured drugs for integrated community case management services.

Maintaining uninterrupted supplies of essential medicines (oral rehydration salts, amoxicillin and ACT) in health facilities in the five target counties remained a challenge, with only 65 per cent of health facilities reporting no stockouts of those medicines against a 2018 target of 78 per cent.

These results contributed to reducing under-five child mortality and morbidity and achieving national priorities under Pro-Poor Agenda for Prosperity and Development Pillar One, Country Programme Document Outcome 1, SDG 3 and UN Development Assistance Framework Outcomes 3.1 and 4.4.

Liberia's greatest nutritional success in 2018 was in micronutrient supplementation coverage. Vitamin A supplementation and deworming treatment reached 820,140 children (97 per cent) and 735,322 children (80 per cent) aged 6–59 months, respectively. UNICEF procured all the vitamin A and deworming tablets, while service delivery was carried out by the Ministry of Health. A total of 204,373 children aged 6–23 months received micronutrient powder supplements procured by UNICEF (reaching 87 per cent, against the annual target of 40 per cent).

The percentage of children exclusively breastfed was 51 per cent (down from 55 per cent in 2013) while only 23 per cent of children aged 6–23 months met the minimum acceptable diet (up from 4 per cent in 2013). Some gains were made in infant and young child feeding. A total of 491 community health assistants in two target counties were trained in infant and young child feeding counselling, supporting more than 2,000 mothers. A total of 119,500 pregnant women were counselled on infant and young child feeding (68 per cent, exceeding the annual target of 48 per cent).

Ninety-three per cent (19,570) of children aged 6–59 months admitted for treatment of severe acute malnutrition were discharged as cured; 5 per cent (1,053) defaulted on treatment; 1 per cent (210) died, and another one per cent did not respond to treatment. The performance indicators of cured, death and defaulter rates met global norms and standards. UNICEF was the key partner to the Ministry of Health in scaling up the severe acute malnutrition programme. Ninety-seven new facilities were established, increasing the number of facilities providing severe acute malnutrition services to 222 (51 per cent of Ministry of Health facilities), with services accessible to children in all 15 counties in the country. UNICEF also procured supplies and equipment for severe acute malnutrition treatment for the entire country.

The results detailed above contributed to achieving the 2013 – 2019 Country Programme Document outcome 2, national priorities under Pillar One of the Pro-Poor Agenda for Prosperity and Development strategy, SDGs 2 and 3, Key Results for Children 2 and UN Development Assistance Framework Outcomes 3.1 and 4.4.

According to 2013 data, rates of HIV infection were higher in women (2 per cent) than in men (1.7 per cent), creating a greater burden for women as well as increased potential for mother-to-child transmission. In 2018, HIV counselling and testing was provided to approximately 10 times as many adolescent girls as boys (15,135 girls, 1,468 boys) as an ongoing project specifically focused on girls. By October 2018, 84.4 per cent of women who were pregnant and who tested positive for HIV knew their status (exceeding the annual target of 75 per cent). Of pregnant women infected, 75.9 per cent received anti-retroviral treatment to prevent mother-to-child transmission of HIV (exceeding the annual target 50 per cent). UNICEF supported the Ministry of Health to achieve those results by creating demand for services through HIV-

infected mother-to-mother peer support and through on-site mentoring, coaching and supportive supervision of health facility service providers in eight counties.

As many as 177,960 women who were pregnant were provided iron folic acid supplementation by December 2018 (84 per cent against the 2018 target of 80 per cent). UNICEF helped develop the strategy for iron folic acid distribution and provided supportive supervision to help improve coverage.

To reduce preventable newborn mortality and stillbirths and maternal mortality and morbidity, UNICEF worked with the Ministry of Health to develop the Liberia Every Newborn Action Plan, which provides a specific roadmap focused on key actions needed in the critical period of life from pre-conception through pregnancy, delivery and the first six weeks after birth. Gender equity was a guiding principle of the plan.

Those results contributed to achieving national priorities under Pillar One of the Pro-Poor Agenda for Prosperity and Development, Country Programme Document Outcomes 1 and 2, SDGs 3 and 5, and UNDevelopment Assistance Framework Outcomes 3.1 and 3.6; as well as aligning with the GAP integrated gender priority of quality maternal care and the targeted GAP priority of pregnancy care and HIV prevention for adolescents.

While overall figures for births in health facilities remained lower than national targets, progress was made in UNICEF-supported counties. For example, in Grand Kru and Sinoe counties, the rates increased from 51.4 per cent in 2017 to 60.6 per cent in 2018, well above the national average of 50.3 per cent. Of the 14,300 live births in all five UNICEF supported counties in the southeast, 13,825 of them were delivered in a health facility. UNICEF helped achieve those results by supporting community engagement through the CHA programme and distributing 6,799 'Mama and baby kits' to women who delivered in health facilities.

Those results contributed to achieving national priorities under Pillar One of the Pro-Poor Agenda for Prosperity and Development, Country Programme Document Outcome 1, SDG 3, and UNDevelopment Assistance Framework Outcome 3.1. They also align with the GAP integrated gender priority of quality maternal care.

## **Goal area 2: Every child learns**

No national learning assessments, or surveys on out-of-school children were conducted in 2018. Only 35 per cent of students who took the 2017/2018 West African Senior School Certificate Examination passed.

In 2018, a total of 7,725 children age 3-5 (4,635 girls and 3,090 boys) were enrolled in 405 early childhood education centres, of which, 7,425 children enrolled in 2018 alone (against the target of 3,200). This was due to the establishment of 40 community-based early childhood development centres in underserved-communities, the training of an increased number of pre-primary teachers and early childhood development caregivers (640 teachers/caregivers) and provision of teaching and learning materials by UNICEF. With UNICEF support, the Ministry of Education disseminated the Early Childhood Development Advocacy and Communication Strategy and National Intersectoral Policy on Early Childhood Development, which resulted in increased awareness of its importance and of age appropriate enrolment. UNICEF also funded the printing and dissemination of the early childhood development curriculum for training of teachers. The curriculum includes components on nutrition and child protection.

Early childhood education is a major national priority in the Pro-Poor Agenda for Prosperity and Development strategy. These results also contributed to Country Programme Document Outcome 4, Key Results for Children 3 and 4, SDG 4.2 and UNDevelopment Assistance Framework Outcomes 3.2 and 4.4. They also align with the GAP integrated gender priority of achieving gender equality in access to education.

UNICEF funded the Gender-Equitable Education Programme, which enabled 9,004 adolescents (5,600 girls and 3,404 boys) to access academic tutorials to improve their performance in four core subjects. Of those students, 6,000 (3,220 girls and 2,780 boys) achieved an average score of 80 per cent or higher after receiving tutoring. The effectiveness of this academic tutorials due its focus on child-centred and gender responsive pedagogy, supportive supervision to ensure quality teaching, provision of learning materials and supplementary school feeding.

To help keep more girls in schools, the programme reached 45 schools in six counties with a holistic package that included girl-friendly WASH facilities compliant with menstrual health and hygiene management. A buddy system was established where selected students were trained on life skills, peer support and where to report cases of sexual abuse. PTAs were trained on PSEA. Girls' Clubs also provided information and training to members on sexual and reproductive health, life skills and leadership.

#### **Out-of-school children learn by accessing alternative education**

Under the Gender Equitable Education Programme, UNICEF supported 1,355 out-of-school adolescents (885 girls and 470 boys) to return to school. The outreach activities conducted by the Girls' Club members led to an increase in the number of adolescents accessing tutorials and returning to school. Alternative basic education tutorials through the 'Be a Change Agent Programme' reached 60 adolescents (53 girls, 7 boys). In 2019, efforts will be made to consolidate these efforts under the Let Us Learn initiative, which aims to combine both the Gender Equitable Education Programme and the Be a Change Agent programme.

Those programme results contributed to achieving national priorities under Pillar One of the Pro-Poor Agenda for Prosperity and Development, Country Programme Document Outcome 4, SDG 4, Key Results for Children 3, 4 and 8, and UNDevelopment Assistance Framework Outcome 3.2. They align with the GAP focus on the second decade of life and gender and the integrated priorities of achieving gender equality in access, retention and learning; and gender-responsive WASH systems, as well as the targeted priorities for adolescents of empowerment and wellbeing for adolescent girls; improving girls' secondary education and skills; and menstrual health and hygiene management.

#### **Children learn by accessing quality education**

Through the Gender Equitable Education Programme, UNICEF funded the training by the Ministry of Education of 3,000 basic education (Grades 1–9) teachers (208 female and 2,792 male) -100 per cent of the 2018 target- in learner-centred and gender-responsive pedagogy, contributing to improving the quality of basic education with a gender focus. UNICEF supported the Ministry of Education to train 640 public pre-primary teachers and early childhood development practitioners (503 female and 137 male) in three education regions, exceeding the annual target of 500. The low number of female teachers trained at basic education level was a concern. Only 16 per cent of teachers for Grades 1–12 were female. UNICEF will support increased training for female teachers in 2019.

Those results contributed to achieving national priorities under Pillar One of the PAPD, CPD Outcome 4, SDG 4, KRCS 3 and 4, and UNDAF Outcome 3.2; as well as aligning with the UNICEF Strategic Plan focus on the second decade of life. They also align with the GAP integrated priorities of achieving gender equality in access, retention and learning, as well as the targeted priority for adolescents of improving girls' secondary education and skills. For ECE, the results align with the GAP integrated gender priority of gender equality in teaching and education systems.

### **Goal area 3: Every child is protected from violence, abuse and exploitation**

Children are protected from exploitation by gaining legal status through birth registration. Fewer births were registered in 2018 than in 2017 (26,923 vs. 38,665). The Ministry of Health continued to train health workers, including the community health assistants, in birth registration (248, against a target of 132). This was due to UNICEF's continuous advocacy efforts and support to mainstream birth registration training into health service training and to ensure birth registrars are jointly trained with immunization staff. Those efforts are expected to lead to increased birth registrations in 2019.

Those results contributed to the achievement of national priorities under Pillar One of the PAPD, Country Programme Document Outcome 5, Key Results for Children 7, SDGs 16.9 and 17, and UNDevelopment Assistance Framework Outcomes 3.3 and 4.4.

#### **Children in conflict with the law have their rights protected**

In 2018, 75 per cent of girls and boys in conflict with the law (458 children) were subjected to a diversion order as opposed to a custodial sentence and 133 children were mediated and released during post-trial detention. By October 2018, only nine children were in detention. This was the result of UNICEF support for the network of trained judicial professionals (Juvenile Court judges, magistrates and social workers of the Child Justice Division and Women and Child Protection Unit of the Liberia National Police) in all 15 counties, who were made aware of the diversion guidelines and the Juvenile Procedural Code, in line with the Children's Law. Close to 20 per cent of children were only diverted post-trial and after being in detention. There was a lack of awareness on the part of Magistrates' Courts sitting as Juvenile Courts and lack of follow-up by Ministry of Justice social workers.

#### **Child victims of violence, abuse or exploitation receive quality essential social services**

In 2018, hands-on coaching and mentoring were provided by UNICEF for both informal and formal service providers. Informal service providers included child welfare committees, gender-based violence observatories and other community-based structures. Social workers are the formal service providers. As a result, 2,531 children (1,329 girls and 1,202 boys) who reported violence, abuse or exploitation received improved case management services from 68 social workers (exceeding the target of 57) employed by MGCSP and the Sex Crimes Unit at the Ministry of Justice. There were still no standard operating procedures, accountability framework or uniform approach to case management. There is a high likelihood of under-reporting in the counties as the majority of cases are centred around Montserrado county.

These results contribute to achieving Pillars One and Four of the PAPD, CPD Outcome 6, SDGs 5 and 16, KRC 5 and UNDAF Outcome 3.3. They also align with the GAP integrated gender priority of response to gender-based violence against girls and boys.

### **Children are protected through prevention and empowerment**

In 2018, UNICEF's efforts to prevent sexual gender-based violence included sensitization/awareness-raising sessions, including training on PSEA through the UN Joint Programme on Sexual Gender-Based Violence, reaching 11,214 people. The majority of participants were young people and adolescents. The gender-based violence observatories and child welfare committees were the main catalysts triggering discussions around sexual gender-based violence. There was increased engagement with community-based leadership who are gatekeepers on female genital mutilation and child marriage.

These results contribute to achieving Pillar One of the PAPD, CPD Outcome 6, SDGs 4 and 5, KRC 5 and UNDAF Outcome 3.4; while the high number of adolescents reached aligns with the UNICEF Strategic Plan focus on the second decade of life. These results also align with the GAP integrated gender priority of prevention of and response to gender-based violence against girls and boys.

A total of 530 adolescents (500 girls and 30 boys) living in two major urban slums were empowered through the Be a Change Agent programme, which provided them with increased knowledge on how to protect themselves as well as with life skills to make healthy decisions and alternative basic education. They also received vocational skills trainings, which equipped them with marketable skills for income generation, and business skills and start-up kits, which they used to establish self-managed businesses. Those services were delivered at two adolescent friendly resource centres, which serve the multi-faceted needs of adolescents at risk. Of the 530 adolescents who participated, 503 (30 boys, 473 girls) acquired comprehensive knowledge on HIV/AIDS; 65 (50 girls and 15 boys) completed vocational training, and 30 (26 girls and 4 boys) became employed.

The above results contribute to achieving Pillars One and Three of the PAPD; CPD Outcome 6; SDGs 4, 5 and 11; KRC 4 and UNDAF Outcomes 3.2, 3.4, 3.6; and align with the UNICEF Strategic Plan focus on adolescence. They also align with the GAP targeted adolescent gender priorities of empowerment and wellbeing for adolescent girls, and the integrated gender priority of prevention of and response to gender-based violence against girls and boys.

### **Goal area 4: Every child lives in a safe and clean environment**

#### **Children live in a safe and clean environment through better sanitation**

A total of 22,500 people (12,150 females and 10,350 males) living in 90 communities were using basic sanitation facilities and washing hands with soap, with their communities declared open defecation free in 2018. During the year, 70 other communities with 27,560 people were also triggered to graduate to open defecation free status, bring the total to 50,060 people (25,412 females and 24,648 males) in 160 communities reached with the Community-Led Total Sanitation approach. This exceeded the annual target of 40,000 by more than 25 per cent. This was made possible through targeting larger communities, as well as through community participation and ownership. UNICEF supported training sessions for 220 natural leaders and 290 community WASH management committee members. UNICEF also collaborated with partners, including MoPW, the Ministry of Health and the National Public Health Institute of Liberia, who provided monitoring, information management, planning and open defecation free certification. There were delays in the development of some partnership agreements, which in turn delayed the graduation of some of the 70 triggered communities to open defecation free status. To mitigate impact of late start in implementation of community-led total sanitation in 70

communities, partnership agreements were extended to the first quarter of 2019. Duplication of efforts was avoided through coordination with the Liberia WASH Consortium and Global Communities and synergies were increased to maximize results at county level. It is envisaged that the measures put in place will enable the triggered communities to reach open defecation free status in 2019. It is also anticipated that the existing partnerships will continue to be utilized, reducing any delays in implementation processes.

These results contribute to achieving Pillars One and Three of the PAPD, including the national priority to end open defecation by 2030; CPD Outcome 3, KRC 8, and SDG 6.2, and UNDAF Outcome 3.5.

There were no confirmed cases of diarrhoea or cholera in 459 communities and 50 schools in six counties after water quality testing conducted by the National Public Health Institute of Liberia with equipment and support provided by UNICEF. The Institute also conducted water quality tests in 21 health care facilities. Approximately 114,750 people benefitted from the water quality testing.

In 2018, UNICEF and contractors began work to improve WASH facilities in 100 schools and completed work in four schools where basic WASH services were provided, serving 789 children (363 girls and 426 boys). This included the construction of separate latrines for boys and girls. Menstrual hygiene management services also were provided at 45 schools, including containers for menstrual hygiene waste in latrines, water close to latrines for cleaning, and educational materials to enhance awareness on menstrual hygiene management in schools. Construction work began in October 2018, to be completed in May 2019, following delays related to challenges in accessing some areas of the southeast during the rainy season. To ensure sustainability of this initiative, UNICEF provided funding to the Ministry of Education to produce the School Health Club Manual/Guidelines for operation and maintenance of school WASH facilities and dissemination of hygiene messages. UNICEF also funded the training of 100 school health clubs (with equal representation of boys and girls) to ensure maintenance and sustainability of WASH facilities.

An estimated 36,011 persons benefitted from WASH services in nine healthcare facilities.

These results contribute to achieving Pillars One and Three of the PAPD, CPD Outcome 3, SDGs 4 and 6, KRC 4 and 8 and UNDAF Outcomes 3.2, 3.5 and 4.1. They also align with the GAP targeted adolescent gender priorities of empowerment and wellbeing for adolescent girls, and menstrual health and hygiene management, as well as integrated gender priorities on gender-responsive WASH systems.

UNICEF funded the MoPW to produce a water mapping report, which assisted the Government to position WASH interventions in areas where there were high WASH deprivations, thus improving planning and implementation and addressing children's equity issues.

UNICEF funding enabled MoPW and the National Public Health Institute of Liberia to regularly monitor water points and Community-Led Total Sanitation communities and keep information up-to-date, including reporting on equity of access to WASH services and functionality and sustainability checks. When problems arose, a county-level WASH coordinator ensured that the community-level WASH committee undertook any necessary repairs. Spare parts depots were being established to serve all communities within a 10km radius.

UNICEF also provided WASH support to 15,000 people affected by floods in 2018.

### **South-South cooperation**

UNICEF support enabled Liberia to contribute to efforts geared toward maintaining south-south cooperation and to improve knowledge of staff and institutions. The Assistant Minister for Community Services in MoPW attended the Mahatma Gandhi International Sanitation Convention in India where, in addition to having an opportunity to share ideas with Ministers from more than 100 countries on scaling up sanitation, he met with the Executive Director of Sanitation and Water for All and advocated for increased support. As a result, the Government began to develop a roadmap for ending open defecation, a priority in the Pro-Poor Agenda for Prosperity and Development strategy. The National WASH Coordinator from the Liberia WASH Secretariat also attended the eighth World Water Week in Brazil and the joint annual review meeting of the Netherlands Directorate-General for International Cooperation funded programme, which brought together representatives of nine countries from the region for broad programme review and knowledge sharing.

These results contribute to achieving Pillars One and Three of the PAPD, CPD Outcome 3, SDGs 4 and 6, KRC 8 and UNDAF Outcomes 3.5 and 4.1, as well as the UNICEF Strategic Plan goal of 'leaving no one behind'.

### **Goal area 5: Every child has an equitable chance in life**

Various strategic achievements by UNICEF in 2018 contributed to improved equity for children. Multi-sectoral advocacy by UNICEF Liberia and other partners influenced the drafting of the Pro-Poor Agenda for Prosperity and Development strategy to make Pillar One more child-sensitive, with a focus on realization of all children's rights and the principle of 'leaving no one behind'. UNICEF also worked with the Government and the World Bank to include cash transfers with a nutrition focus in the social protection section of the strategy's Pillar One. UNICEF commissioned an update of the Situation Analysis of Children and Women in Liberia, with an equity focus. The Situation Analysis was used during the Strategic Moment of Reflection to determine the programme priorities for the Country Programme of Cooperation 2020-2024.

UNICEF supported the drafting of standards for establishing and managing community-based early childhood development centres that were adopted by the Ministry of Education. Those standards emphasize establishing community-based early childhood development centres in hard-to-reach areas where there are no existing schools or pre-primary programmes.

The water mapping report developed with support from UNICEF helped the Government ensure equitable access to WASH services for children and their families.

UNICEF continued to implement programmes that addressed geographic disparities. Those included the community health assistant programme and cold chain equipment optimization platform to improve immunization access in hard to reach areas and other interventions such as early childhood development centres and therapeutic feeding centres.

The Be a Change Agent Programme initiative contributed to improving equity for adolescents. Through U-Report, more than 21,824 youth and adolescents were engaged through polls on issues such as HIV/AIDS, rape, early marriage, drug abuse and female genital mutilation. The findings of those polls were used to improve programming and to support advocacy.

Through 32 community and 7 national radio stations, an estimated 85 per cent of Liberia's population accessed information on improving hygiene practices, education, nutrition, immunization and prevention of sexual gender-based violence. Radio messages and interactive communication also were conducted through mass awareness-raising through interpersonal communications during immunization campaigns and U-Report push notifications. U-Report had more than 154,000 registered users.

### **Gender dimension**

In line with UNICEF's Gender Action Plan, UNICEF Liberia completed a gender review of its country programme. The gender review highlighted some of the challenges and opportunities to improve and strengthen the lives of women and girls in Liberia and work toward ending gender inequality and discrimination. The review provided a platform to link the challenges identified in the situation analysis and the suggestions of focus and activities within the results framework to inform future programming priorities. UNICEF incorporated the findings and recommendations from the review in the ongoing development of the next Country Programme Document 2020-2024.

### **Humanitarian situations**

In August 2018, when a flood situation was declared a national disaster by the National Disaster Management Agency, UNICEF provided substantive support under the One UN response effort. Nearly 60,000 people were affected in six counties. UNICEF provided WASH family kits, including Water Guard, drinking cups, multipurpose soap, and chlorine to disinfect water sources, benefitting approximately 15,000 people. UNICEF participated in monitoring and supervision of relief efforts as part of a team comprised of local authorities, government and United Nations agencies. UNICEF also supported the provision of psychosocial support, food and non-food items services to 31 children (13 boys, 18 girls) during a flood at the Shara Community in Montserrado County.

The Annual Emergency Preparedness Planning was carried out in line with UNICEF's Preparedness Procedure using the Emergency Preparedness Planning platform UNICEF planned for a multi-risk response under four scenarios – floods, epidemics (including Ebola Viral Diseases), civil unrest and acute malnutrition – and prepared an emergency preparedness and response plan to respond to the highest estimated affected population of 30,000, with a standing capacity to be able to immediately respond to the needs of 5,000 people without external support.

### **Other cross-cutting work**

To facilitate tracking of SDG indicators, with UNICEF funding, in 2018 the LiberiaInfo database was upgraded and operationalized with SDG indicators. UNICEF Liberia supported the Government in preparing to undertake the Liberia Demographic and Health Survey scheduled for 2019. The Comprehensive Food Security and Nutrition Survey conducted in collaboration with partners provided a baseline assessment of national and global targets to assess the food and nutrition situation in the country and provided data for major food security and nutrition indicators for programme planning by the Government of Liberia and its partners.

In response to the recommendation made by the UNICEF Regional Office and with its technical

support, a formative evaluation of the Be a Change Agent Project and the mid-term evaluation of the Accelerated Sanitation and Water for All Programme were completed in 2018. The evaluations facilitated discussions with MFDP to agree on the development of a robust Monitoring and Evaluation framework of the Pro-Poor Agenda for Prosperity and Development strategy, with a stronger focus on the evaluation function.

To improve on the limited availability of data in Liberia, UNICEF initiated or scaled-up real-time data generation and dissemination in health, child protection and education using the SMS-based U-Report and mHero platforms. As a result, frontline health worker response rates increased from 26 per cent in 2017 to 34.4 per cent in 2018. The mHero system was used by the Ministry of Health for surveillance, human resources, logistics and supply management. Data generated through 20 U-Report polls contributed to improved decision making in programmes, advocacy and increased youth citizen engagement. For example, knowledge gaps discovered through polio and HIV and AIDS polls were addressed in communication for development (C4D) messaging. Results from other polls also informed and guided implementation of the national adolescent empowerment strategy. U-Report poll response rates doubled between May and November 2018 and 124 U-Report field mobilizers were trained and recruited an additional 11,594 U-Reporters (against a target of 15,000). Overall, there were a total of 154,718 U-Reporters in Liberia, 37 per cent of them female.

Approximately 85 per cent of the population, including 263,250 households, was reached and empowered with information to promote behaviour change during 2018 using a combination of communication for development initiatives. These included the use of nationwide radio networks, development and dissemination of IEC material, media engagement, and inter-personal communications. This was made possible through budgeting across all functional areas, mechanisms at the Ministry of Health for coordination of such efforts and use of established community engagement mechanisms.

UNICEF worked with the Children's Representative Forum, trained journalists and worked with UN Agencies to advocate for the rights of children. This was achieved through engagement with the legislature, radio and TV networks and social media, and through international days such as World Children's Day and the Day of the African Child.

UNICEF also supported consultations with religious leaders and youth/adolescents to influence prioritization and inclusion of the most marginalized and hard to reach in the Pro-Poor Agenda for Prosperity and Development strategy. The newly inaugurated WASH Legislative Caucus of the 54th National Legislature, following engagement with UNICEF and partners, was made aware of the need for increased budgetary allocations for WASH. To influence equity and gender-sensitive policies and programmes across Liberia, UNICEF collaborated with the UN and the legislature in launching the legislature's Women's Caucus. UNICEF and the other UN agencies will continue this engagement in 2019 to help ensure the passage of a Domestic Violence Act and a Female Genital Mutilation Act prohibiting and criminalizing the practice.

The move to the One UN House in 2018 resulted in significant cost savings and efficiency gains. Approximately US\$270,000 was saved in 2018 from the waiving of bank charges (US\$136,350) and reduction in internet costs (from US\$450 to US\$150 per MB) and reduced office rent (US\$127,333). UNICEF's use of solar power at its warehouse reduced daily energy costs by 25 per cent and the installation of its solar system at the One UN House helped bring down the cost of energy for all UN agencies. These cost savings were made possible through a UN system-wide implementation of a business operations strategy as well as through UNICEF-

led initiatives, including the establishment of long-term agreements for regularly procured goods and services. Efficiency gains were also made possible through joint supply chain management and harmonized approach to cash transfer (HACT) trainings for implementing partners, unified reference checks for staff and a common driving test, among other initiatives. UNICEF also improved its efficiency through the full implementation of corporate applications such as HANA in its enterprise management system Vision, which drastically improved the speed of transactions and monitoring of funds. UNICEF achieved 120 per cent of programme assurance indicators under the harmonized approach to cash transfer (HACT) modality.

the UNICEF country management team and other statutory management and coordination mechanisms ensured the implementation of priorities in the annual management plan, as well as adherence to policies and procedures, and timely implementation of operational and programmatic functions through the regular tracking of a wide range of indicators. In line with the UNICEF Regional Office recommendation, UNICEF Liberia developed and implemented a gender ratio improvement strategy that helped it to meet the established target, achieving an increase from 32 per cent in 2017 to 37 per cent in 2018.

### Part 3: Lessons learned and constraints

The change in government administration after 12 years led to a prolonged transition, with many positions at all levels remaining unfilled for protracted periods. During that time ministries were not fully functional, resulting in a three-month freezing of funds transfer from UNICEF to the Government and delaying programme implementation. The change in government also meant that coordination between ministries was weaker in the first half of the year and the focus was primarily on transforming the President's manifesto into the PAPD and less on implementation.

Attrition rates of staff in key areas such as health and child protection were high. This led to loss of knowledge and capacity in an environment where the capacity and skills of government are generally already low. Skills in supply and logistics management were particularly scarce, exacerbating the difficulties in distributing supplies caused by poor road conditions, particularly during the six-month rainy season. This poor transport connectivity also hindered outreach to rural populations and made access to services difficult for the poorest and most remote communities.

Another major constraint was limited funding and resources. Funding to Liberia dropped substantially with the end of the Ebola Viral Disease crisis, leading to a shortfall in UNICEF Liberia 2018 funding of 29 per cent (UNICEF raised just under US\$10 million out of a target of US\$14 million). This funding shortfall also impacted programme implementation due to resulting difficulties in employing and retaining critical staff. In the context of Liberia's extensive poverty and poorly performing economy, fraud risk was another major obstacle to smooth programme implementation.

There was an overall lack of data and research on issues affecting children in Liberia, with disaggregated data unavailable for many key indicators. This lack of robust and up-to-date data impeded programme prioritization and precise targeting of the most vulnerable children.

Full realization of children's rights was hampered by the fact that the Children's Law of 2011 was only partially implemented, with no regulatory framework or standard operating procedures

in place. For example, when a child is referred for case management, there is no common understanding among the various ministries and actors involved of the processes that need to occur and in what order, nor who is responsible for what, including for the links between statutory and non-statutory service providers.

## **Lessons learned**

What gets measured gets done. The inclusion of nutrition indicators in the HMIS catalysed improved accountability among health workers, led to improved availability of nutrition services and enabled timely evidence-based decision making.

The child-friendly communities initiative increased synergy and convergence among the UNICEF sectors of nutrition and health. Preliminary implementation of the initiative indicated it improved feedback loops and programme adjustment focusing on integration and convergence of all UNICEF programmes and addressed overlapping deprivations of children. This included initiatives in child protection, communication for development (C4D), health, nutrition and WASH.

The Ministry of Health, which is responsible for community-led total sanitation programming, reported that some communities that were declared open defecation free slid back to open defecation, although the extent of backsliding was not fully established. This highlighted the challenge of sustaining outcomes in this area. The following steps were suggested to address that challenge: strengthening post-open defecation free monitoring through the use of local natural leaders and community based organisations; and engaging and promoting ownership of programming by the local Ministry of internal Affairs at community, district and county levels.

In the context of limited resources, it is vital that areas of intervention be chosen carefully and that those that will deliver the maximum results for children are prioritized. This involves pooling resources through a multisectoral approach to achieve efficiency and the highest possible return for every dollar spent, as well as finding innovative ways to mobilize resources. Sustainability must be built into interventions from the beginning if results are to be embedded in society. Another factor in the success or otherwise of UNICEF interventions is a strong relationship between national policy/strategic reforms and indicator outcomes: without Government policy or reform to support them, UNICEF programmes struggle to succeed.

In 2018, the best results for Liberian children were achieved through working with community structures and community-based organizations. The community health assistant CHA programme is an example of the success of this approach. The involvement of CHAs/community health volunteers was critical to achieving high rates of immunization and nutritional supplementation coverage. Behaviour change also was best achieved through engagement at the community level

The overall lack of quality, disaggregated data and research in Liberia was an issue and must be addressed in future programme design. This may include **improving over all data collection methods**, reducing the overall number of indicators, as well as choosing and crafting them with care.

Approximately one-quarter of Liberia's population lives in Montserrado County, where there is a high concentration of wealth and services. This fact can distort statistics when they are averaged nationwide, creating a statistical success but a failure to reach the poorest and most

vulnerable and marginalized. Following the regional approach that the new government has outlined in the Pro-Poor Agenda for Prosperity and Development strategy is expected to help overcome this issue.

Due to the change in government, the current Government of Liberia–UNICEF Country Programme of Cooperation was extended to the end of 2019. This decision was taken to allow the United Nations Country Team to ensure that planning for the next United Nations Development Assistance Framework cycle is fully aligned with the new national priorities and development planning cycle of the new Government of Liberia. UNICEF thus has a full year to integrate the lessons learned in 2018 into its planning not just for 2019 but also for the next four-year Country Programme of Cooperation, which will begin in 2020.

Priorities will be chosen carefully based on where UNICEF can have the greatest impact and where results for children can be maximized, given the context of limited fiscal space and contraction of UNICEF resources. The priorities selected will also be aligned with the Pro-Poor Agenda for Prosperity and Development (including following the strategy's regional approach), as well as the SDGs, key results for children, the UNICEF Strategic Plan and UN Development Assistance Framework, in order to maximize synergies and avoid duplication of efforts. A strong focus will be placed on multi-sectoral programming and community-based approaches, as these proved the most effective strategies in 2018 for deep and sustainable change that improves the lives of Liberian children.

The Government and UNICEF, in collaboration with civil society, children's representatives, adolescents, and the private sector, undertook a 'Strategic Moment of Reflection' to discuss issues facing children in Liberia, review progress in implementation of the current UNICEF-supported programme in the country, and identify ideas areas of priority focus for the next UNICEF-supported country programme of cooperation (2020 – 2024). Participants agreed that the programme should focus on preventing violence against children, increasing birth registration, reducing under five mortality and stunting, improving adolescent nutrition, ending open defecation, and increasing equitable access to inclusive quality education at early childhood education and primary levels, particularly for girls. Those programmes would be in line with UNICEF's global and regional goals. A review of skill sets for implementation of such programmes was also initiated.

END/