

The Republic of Liberia

Executive Summary

In March 2014, Liberia confirmed its first case of Ebola Virus Disease (EVD). According to the Ministry of Health (MoH), as of 28 December 2014, the cumulative total of suspected, probable and confirmed EVD cases in Liberia was 8,018, with at least 3,423 deaths. The EVD outbreak went beyond health crisis levels and reversed some of the country's post-war gains and progress. Even the most routine health services became a challenge with the closure of health facilities. The lack of routine medical services placed children at risk of preventable diseases; indeed, an isolated measles outbreak was reported in December. Pregnant mothers (190,000/year) also remain at risk, given the lack of access to appropriate pre- and antenatal care, as well as the potential lack of access to adequate nutrition. Children and adolescents in Liberia faced multiple risks related to the EVD crisis, making it a challenge to have their fundamental rights protected. The closure of all Liberian schools for the 2014/15 academic year took a big toll on the already weak education sector, affecting 1.5 million children and 44,250 teachers. The total number of identified orphan children (children who have lost one parent, both parents and their primary caregiver due to EVD) was 4,519, although it is estimated that as many as 7,500 children have been orphaned due to EVD. The EVD outbreak severely curtailed and even halted regular programme activities. Government capacity to identify affected children and to provide them with essential protection services was outstripped by the scale and pace of the outbreak.

Despite the challenges, UNICEF Liberia emerged as a key partner in the government-led EVD response efforts. Since the beginning of the outbreak, UNICEF airlifted 8,784 cubic meters (worth over US\$ 22 million) of essential life-saving supplies for EVD prevention and treatment. UNICEF played a key role in the construction and set up of Ebola Treatment Units (ETUs) and Community Care Centres (CCCs) and the deployment of Rapid Isolation and Treatment of Ebola (RITE) teams with supplies and personnel to respond to outbreaks. Led by UNICEF Liberia, social mobilization and community engagement efforts focused on supporting all six pillars of EVD management, namely isolation, outreach, safe burials, health promotion, psycho-social support and contact tracing. The EVD outbreak provided an opportunity to accelerate some programming areas: the social work force in Liberia increased tenfold to 120 and is distributed across the country and working closely with established structures for efficiency and speed of case identification, follow up and referral. As part of the EVD emergency response effort, three field offices located in Gbarnga, Harper and Zwedru were established to strengthen rapid response mechanisms at the county Level through a flexible long-term field presence. UNICEF Liberia was quickly able to deploy staff across the country and engage with almost 3,000 government and non-government personnel across 15 counties, mainly to support social mobilization efforts.

Moving forward, UNICEF Liberia will support the government-led process of reopening schools for the 2015/2016 academic year. UNICEF also hopes to use the opportunity of back-to-school advocacy and resources to galvanize the enrolment of 500,000 children that were previously not enrolled in schools.

UNICEF Liberia also recognized opportunities for improving the lives of children that were brought about by the crisis. In the early recovery phase, Liberia needs to invest in building a resilient health system, including a decentralised community-based primary health care system, to be better prepared for and respond to emergencies in the future.

Another opportunity is to sustain the social service workforce as part of strengthening quality alternative care and case management systems. This includes the EVD response to children who have lost parents or primary caregivers and the prevention and response to violence, noting high numbers of sexual and gender-based violence against girls and women.

Before the outbreak hit Liberia, it is worth mentioning that the country made some notable gains for children. The Liberia Demographic and Health Survey (DHS) results indicate that the birth registration rate of children under 5 increased from 4 per cent in 2011 to 25 per cent in 2013. The country successfully introduced the pneumococcal conjugate vaccine (PCV) into its immunization system earlier in the year. This vaccine has great potential to reduce child mortality as the pneumococcus bacterium is among the top three causes of death in children under 5. In 2015, UNICEF Liberia hopes to build on these gains to ensure a resilient future for the children of Liberia.

Humanitarian Assistance

In line with the consolidated Ebola Response Plan of the Government of Liberia and based on lessons learned over the response period, UNICEF Liberia tailored its interventions at the subnational level based on an improved understanding of the epidemic (its location and spread pattern).

UNICEF Liberia has worked hand-in-hand with key community leaders, survivors and local partners to ensure an effective and harmonized EVD response and acceptance of care in areas with incidents or refusal to cooperate. UNICEF is the lead agency for water, sanitation and hygiene (WASH), social mobilization, and education clusters and the child protection and nutrition sub-clusters, with dedicated surge capacity.

With high incidence rates in Montserrado and Grand Cape Mount, a decentralized approach was adopted to bring the EVD response down to the community level to reach the zero case target. The implementation of this approach — intensified district level 'mop-up' campaigns — will target hotspot areas, starting with Grand Cape Mount and Montserrado in the next three months.

Preliminary knowledge, attitude and practice study findings from a handful of counties including Montserrado and Grand Cape Mount indicate that 98.1 per cent of respondents believed Ebola existed in Liberia and 60 per cent knew at least three ways that EVD can be transmitted. In addition, 82.5 per cent said they washed their hands more often than before; 89.7 per cent said they would go to a health facility if they ran a fever; and 73 per cent said they would wash their hands if and right after they found out they had touched a person suspected to be EVD positive.

UNICEF Liberia supported the setup of seven CCCs, two interim care centres (ICCs) and two transit centres, and supported the deployment of three RITE teams with supplies and personnel to respond to outbreaks, often in remote areas.

Since the beginning of the outbreak, UNICEF has brought in 8,784 cubic meters of essential life-saving supplies used for EVD prevention and treatment at the household level as well as in CCCs, ETUs, RITE sites, ICCs, transit centres and health facilities.

With support from UNICEF Liberia, case management, alternative placement of children without a primary caregiver, follow up on children in foster care, family tracing of orphaned children and other areas of traditional social protection work were scaled up from two counties to all 15 counties. Psychosocial support was provided to 7,235 children across the country, including survivor and contact children. In addition, over 4,000 orphan children were either reunified or placed in kinship/foster care. UNICEF worked hard to ensure that children who have lost parents/caregivers due to EVD continued to receive family care through kinship and foster arrangements, thus preventing institutionalization in orphanages. To facilitate this, 649 families who took in orphaned children benefitted from one-time cash assistance. In addition, 300 national youth volunteers worked closely with county health teams to reach over 8,000 contacts (both children and adults) through community engagement efforts. Eligible EVD survivors were engaged and trained to provide care to infected children in UNICEF-supported ICCs established to provide care for 'contact' children who need to be under observation for 21 days.

UNICEF Liberia played a major role in ensuring the continuity of essential health services by restoring routine immunisation services and the distribution of life-saving drugs and medical supplies. UNICEF signed partnership agreements with implementing partners in the worst affected counties to resume basic health services in 270 health facilities (57 per cent of a planned 470 across the country). In addition, UNICEF provided nutritional care and support to EVD patients in ETUs and CCCs.

In preparation for the reopening of schools at the beginning of 2015, UNICEF Liberia initiated the procurement of sanitation and hygiene supplies (hand washing buckets, sprayers, protective equipment for cleaning, thermo-guns) to ensure that all 5,181 Liberian schools have the essential infection prevention and control measures to promote safe learning environments upon their reopening, in compliance with the endorsed protocols.

Equity Case Study

Reaching unreached children under 1 with immunization services in Montserrado County

With its recent history of long and brutal civil war, Liberia is one of the GAVI Alliance 10 equity focus countries and relies considerably on donor entities to fund immunization efforts. Addressing disparities and reaching marginalized and excluded population groups has always been integral to the UNICEF child survival programme in Liberia. Disparities in immunization coverage were documented in Liberia in the 2007 and 2013 DHS, with low coverage associated with populations living in south eastern Liberia and in rural areas with less wealth and low education levels both at the national and county levels.

A 2012 review of the Expanded Programme on Immunization (EPI) noted that service delivery points in Montserrado were grossly inadequate, with only 98 of the 201 health facilities in Montserrado County providing EPI services and 63 of the 98 being private health facilities. This pointed to the significant role the private sector could play in the expansion of immunization services targeting populations in this county. Montserrado County accounts for about 33 per cent of the country's total population of 4 million, with 90 per cent of these living in Monrovia, which is urban and densely populated. With its high population density, data clearly indicates that the highest number of un-immunized children can be traced back to Montserrado. For

example, 9,516 of the 18,061 (53 per cent) of children under 1 year who did not receive the third dose of pentavalent vaccine in Liberia in 2013 were in Montserrado (MoH).

Montserrado conducted a bottleneck analysis with support from UNICEF. Key highlights included:

- Inadequate use of local data to redefine appropriate solutions to reach the unvaccinated;
- Underutilization of fixed sites;
- Low percentage of outreach sessions;
- Lack of sufficient engagement of local leaders and health volunteers.

Several activities were proposed in order to implement the solutions identified and these were ranked during the bottleneck analysis and incorporated into the country's urban EPI strategy. With support from partners (UNICEF and the World Health Organization (WHO)), the MoH implemented an equity and coverage improvement plan incorporating the activities described below.

The key innovation in this strategy was the inclusion of private health facilities and the implementation of vaccination activities in 12 large markets. In order to ensure efficiency and coordination, each market is connected to the specific health facility. Prior to the implementation of the urban EPI strategy, less than 50 per cent of the 201 health facilities in Montserrado offered routine immunization services, largely because many of the facilities are private and their staff may not necessarily be trained or equipped to offer EPI services. Through the urban EPI Strategy, the MoH has trained and deployed 62 full-time vaccinators, 50 private facilities within the Monrovia health district, and 12 large urban markets to increase access to life-saving vaccines for children. These urban markets were specifically chosen because they are located within/close to big urban slum dwellings that are frequented by mothers accompanied by their young infants.

Vaccinators are also responsible for implementing the five components of the Reaching Every District (RED) strategy to improve immunization performance and coverage. One of the key areas of their work is to enhance community linkages to better identify and respond to the drivers of immunization inequity through extensive collaboration with community leaders and community health volunteers (CHVs). Each market is linked to a specific health facility. During facility outreach, community leaders and CHVs are informed about vaccination at the market sites. Other strategies to ensure high coverage include establishing additional outreach sites that address specific community needs.

Results

Immunization services in 50 private health facilities and 12 markets, which started at a very slow pace in November 2013 following the training of vaccinators, has gradually gained momentum.

1. Strengthened coordination: conducted regular coordination meetings with private health facilities and the 22 coordinators. The 50 private health facilities have been grouped into four zones to facilitate monitoring and supervision;
2. Improved immunization coverage in Montserrado: the number of vaccinated children increased in the first quarter of 2014 compared to the first quarter of 2013. Since one-third of the country population resides in Montserrado County, increased EPI coverage in this county has significantly lifted the country's performance overall. Since March 2014, however, EPI coverage saw a significant decline due to the EVD outbreak.

- UNICEF Liberia played a key role in ensuring the availability of all vaccines on the routine EPI schedule, from fundraising to procuring all traditional vaccines and cold chain equipment.

Key lessons

- The scheduling of certain antigens on selected days of the week (a common reason for missed opportunities and drop-outs) has been reduced in the county.
- The basic infection prevention and control material provided to all vaccinators contributed significantly to building their confidence and making the implementation of immunization services possible in the midst of the EVD crisis.
- The presence of vaccinators in the markets has enabled busy mothers to access immunization services for their babies by avoiding the long waiting times that usually discourage public health facility visits.

Summary Notes and Acronyms

ABE	Alternative Basic Education
AE	Alternative Education
ALP	Accelerated Learning Programme
AMP	Annual Management Plan
C4D	Communication for Development
CCC	Community Care Centre
CDC	Centres for Disease Control and Prevention
CERF	Central Emergency Response Fund
CHV	community health volunteer
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
DCT	direct cash transfer
DHS	Demographic and Health Survey
ECD	Early Childhood Development
ECHO	European Commission
ePAS	electronic Performance Appraisal System
EPF	Emergency Programme Fund
EPI	Expanded Programme on Immunization
ETU	Ebola Treatment Unit
EVD	Ebola Virus Disease
FACE	funding authorization and certificate of expenditure
FAO	Food and Agriculture Organization
GEEAP	Gender-Equitable Education and Achievement Programme
GL	general ledger
GPS	Global Positioning System
HACT	harmonized approach to cash transfers
HMIS	Health Management Information System
HQ	UNICEF Headquarters
HRBAP	human rights-based approach to programming
ICC	interim care centre
iCCM	Integrated Community Case Management
ICT	information and communications technology
IMAM	Integrated Management of Acute Malnutrition
IMEP	Integrated Monitoring and Evaluation Plan

IPC	infection prevention and control
IT	information technology
ITSS	Information Technology Solutions and Services
JCC	Joint Consultative Committee
LISGIS	Liberian Institute of Statistics and Geo-Information Services
LTA	long term agreement
MNCH	maternal, newborn and child health
MoE	Ministry of Education
MoH	Ministry of Health
MoRES	Monitoring Results for Equity System
MOSS	Minimum Operational Security Standards
NGO	non-governmental organization
NWSHPC	National Water, Sanitation and Hygiene Promotion Committee
NYSP	National Youth Service Programme
OFDA	Office of United States Foreign Disaster Assistance
OMT	Operations Management Team
OR	other resources
ORE	other resources emergency
ORR	other resources regular
PAS	Performance Appraisal System
PBEA	Peacebuilding, Education and Advocacy
PBX	Private Branch Exchange
PCV	pneumococcal conjugate vaccine
PMTCT	prevention of mother-to-child transmission
RED	Reaching Every District
RITE	Rapid Isolation and Treatment of Ebola
RR	regular resources
SCT	Social Cash Transfer
SIA	supplementary immunization activities
SOP	standard operating procedure
UNDAF	United Nations Development Assistance Framework
UNDSS	United Nations Department of Safety and Security
UNMIL	United Nations Mission in Liberia
USAID	United States Agency for International Development
WAN	wide area network
WASH	water, sanitation and hygiene
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

External Communication and Public Advocacy

UNICEF Liberia has been at the forefront of efforts to raise awareness and conduct advocacy to improve the rights and well-being of the women and children of Liberia. UNICEF has engaged with a wide range of partners, including the Government of Liberia, development partners and the media, to strategically place UNICEF Liberia as the key focal point on child rights issues in the country. In 2014, awareness and advocacy focused on child rights, the need for adequate and appropriate healthcare, nutrition, and protection. The UNICEF Liberia focus shifted in the second quarter to the EVD outbreak and its impact on children and women in Liberia. UNICEF work also focused on raising awareness of its efforts to mitigate the impact of the EVD outbreak

on children and women, while also continuing advocacy for the restoration and continuation of general healthcare, protection and other services for these populations.

A number of media engagements took place throughout the year, with increased focus for most of 2014 on the EVD outbreak and its effects on children and women, including immunization, general healthcare, education and protection for affected children, and other aspects of the outbreak. UNICEF also raised the profile of its multi-sectorial EVD response efforts. Responding to and proactively reaching out to media resulted in wide coverage of both the effects of the outbreak and related issues in local and international media, and renewed donor interest in supporting UNICEF Liberia.

Video material, photographs, advocacy pieces, and regularly updated information were developed and shared with the UNICEF regional and global offices and National Committees, to be used for advocacy and resource mobilization purposes. This was supplemented by supporting visits by journalists contracted by the National Committees.

Last but not least, UNICEF used social media widely to promote its work on the ground, engage with a diverse audience, and advocate for a number of issues related to the welfare of children. This led to a five-fold increase in the number of Twitter followers and a tripling of Facebook 'likes' over the past year.

Identification Promotion of Innovation

UNICEF is using its field-tested RapidPro – a SMS/text message-based technology – to quickly establish a channel for communicating with youth in Liberia and provide youth with an avenue for discussing the issues that affect them and accessing the resulting repository of knowledge.

With the onset of the EVD outbreak in Liberia and the region, the already weak social systems all but collapsed. In the context of the EVD response, RapidPro is being used to engage young people and communities in discussions around a range of EVD-related issues. Using this approach, UNICEF Liberia has been able to quickly solicit information about concerns that are of top priority for the survival, development, protection and participation of children and adolescents throughout Liberia.

The information gathered from communities informed UNICEF about the areas of intervention that are a priority for various communities. UNICEF Liberia also monitored the reach and quality of its interventions by efficiently and cost effectively sending out polls. Finally the RapidPro is being used for behavioural change communications, to reinforce messaging and for social mobilization. Since the majority of households have access to a mobile phone, it makes this channel an effective way to reach a high percentage of households that would otherwise be inaccessible.

As Liberia transitions from emergency response to recovery, RapidPro/U-report will be used to investigate and engage communities on a variety of other issues, including the quality of health and nutrition services and the availability of critical drugs and water/sanitation throughout the country; attitudes and practices that impact families/children; violence against children; youth unemployment; and the functionality, challenges and particular bottlenecks in the educational system.

Human Rights-Based Approach to Cooperation

The UNICEF Liberia Country Programme 2013-2017 was developed with a strong human rights-based framework based on two important strategic documents, namely the Equity Study in Liberia and Situation of Women and Children in Liberia. To mainstream the human rights-based approach to programming (HRBAP), evidence-based advocacy was systematically used to ensure that knowledge on the situation of children highlights the disparities and inequities that affect children's lives, including disparities related to geography, wealth and gender.

Moreover, UNICEF Liberia continued to apply principles of the HRBAP while conducting criticality assessments and even when responding to the EVD crisis. UNICEF has targeted the most vulnerable and marginalized groups within affected communities, especially those who were abandoned or stigmatized by close relatives and/or communities.

Gender Mainstreaming and Equality

All UNICEF programmes in Liberia are designed to enhance the empowerment of girls and women, irrespective of sector. In 2014, women made up 54 per cent of National Youth Service Programme volunteers employed by the Ministry of Youth and Sports and funded by UNICEF to work in schools, youth centres, health facilities and agricultural centres. Girls and women also made up 75 per cent of all trainees in UNICEF programmes. These included social workers, community nurses, psychosocial support specialists, and diversion and probation officers. Youth employment and empowerment programmes aimed at extremely vulnerable groups targeted girls only, with 500 young girls from two of the poorest inner city slums who had been engaged in commercial sex or the sex trade trained and supported to start their own small businesses.

As part of work with religious and traditional leaders, UNICEF enlisted zoes, traditional secret society leaders that support female genital mutilation and child marriage. In some regions where UNICEF collaborated with zoes, child marriage decreased by 30 per cent. Liberia is the only country in the world where the prevalence of child marriage has decreased by more than 50 per cent overall (from 88 per cent to less than 40 per cent over the last 20 years).

Over 70 per cent of the 4,000 households benefiting from monthly cash assistance through the UNICEF social cash transfer programme were headed by women (this translates into more than 14,000 beneficiaries). The women in the programme were also the largest group to graduate (i.e. started an enterprise to bring in steady income or became economically independent in another way).

The gender aspect of UNICEF programming was amplified with the EVD outbreak, especially at the beginning of the outbreak (April-August), when the majority of infected Liberians were women. The increased infection rate among women was related to high infection rates among health workers (many of whom are women); their traditional role as caretakers; and their involvement in burials. All UNICEF EVD-related response efforts – from delivery of infection prevention and control supplies to provision of psychosocial support to case management of orphaned children – addressed women at least as much as men.

Environmental Sustainability

Following the EVD outbreak, UNICEF Liberia supported the Government to amend the WASH cluster strategy to ensure that solid and infectious liquid waste generated in ETUs and CCCs, as well as dead bodies, were handled and disposed of safely without causing harm to humans and the environment.

UNICEF also supported the WASH cluster to develop protocols for waste management in CCCs and ETUs. These protocols outline safety procedures for managing, in particular, faecal waste that can be highly contagious and must be handled with care.

Furthermore, UNICEF Liberia supported the design and construction of sanitation facilities, including septic tanks and drain fields, in four ETU sites in Monrovia. Three cesspool emptier trucks were provided to transport liquid waste from these ETUs. UNICEF and WHO supported the Liberia Water and Sewerage Corporation to rehabilitate the two digesters at the Fiamah sewage treatment plant to be used to hold sludge from ETUs for more than two months before disposal into the adjacent stabilization ponds. This will ensure natural treatment in the digesters before disposal in the ponds.

EPI continued to support the use of solar-powered cold chain systems at the sub-national level, as well as environmentally-friendly safe disposal of medical waste (syringe and needles) through incinerators in major health facilities. The EVD outbreak necessitated a huge emphasis on the issue of the safety of health providers and clients (including the general population) for protection against virus transmission (from contact/touch between human agents or from waste, including equipment and supplies). The use of personal protective equipment, including gloves, gowns and other disposable items, increased the quantity of waste generated in the health facilities and communities. To address this issue in an environmentally sustainable way, UNICEF invested in incinerators across the country.

Effective Leadership

The 2014 Annual Management Plan (AMP) articulated the governance structure and office management priorities, necessary committees, working groups and focal points, mechanisms for inter-agency cooperation, a calendar of 2014 major events, and mechanisms for monitoring and reviewing the programme to ensure quality implementation.

This AMP was the outcome of a review and planning meeting held on 7 December 2013, which took into account the challenges, lessons learned and way forward identified by programmes; findings and observations of the 2013 audit report; and the key emerging risks identified by the Liberia team in Enterprise Risk Management (ERM). The 2014 AMP identified six key priorities: 1) 20 per cent reduction of country office operations costs; 2) harmonized cash transfer (HACT) rollout; 3) strengthening upstream policy support and convergence of service delivery at implementation level; 4) closing the observations of the 2013 audit; 5) Level 3 monitoring; and 6) resource mobilization to fill the unfunded gap. UNICEF reviewed the key emerging risks in April 2014 in a two-day all staff meeting and revised the AMP to address some new risks, incorporating two new AMP priorities through its mid-year review process. These are 1) review and update key standard operating procedures (SOPs) as per the new guidelines and procedures; and 2) orient staff on ethical and cultural values. The Country Management Team (CMT) reviewed the implementation status of all those priorities through 12 CMT monthly meetings held in 2014.

The EVD crisis struck Liberia in March 2014, and most regular programme activities were suspended from that point. The subsequent deterioration of the EVD epidemic and the declaration of the Level 3 emergency diverted all office attention to the EVD response.

Hence, many of the 2014 AMP priorities, including full compliance of HACT and Level 3 monitoring, could not be fully achieved. UNICEF Liberia went through three Programme and

Budget Review (PBR) processes in 2014, one to adjust the support budget as per the advice of UNICEF Headquarters (HQ); and the other two to create additional positions required needed for an effective EVD response. An additional 29 international professional staff and 29 national staff were recruited in 2014 and three temporary zonal offices were established to ensure a sub-national presence for better EVD response.

A revised dashboard reflecting office priorities was used to monitor progress towards those priorities. A total of 20 internal committees or teams including the Partnership Cooperation Agreement Committee and the Contract Review Committee supported programme and office management and coordination. In addition, the Staff Association conducted monthly general staff meetings. Senior management participated in all the meetings, informing staff of relevant issues/events within the office, the United Nations system and the country. In addition, each section/unit organized weekly meetings with their staff, identified issues and concerns, and agreed on a way forward to enhance team cohesiveness. The learning and development committee organized Friday learning sessions. As of July 2014, UNICEF Liberia had successfully closed eight audit observations out of a total 13 in its first report submitted to the Office of Internal Audit and Investigations. Moving forward, UNICEF Liberia will prioritize the closing of all other audit observations in its next reporting.

Financial Resources Management

The CMT met monthly to review, monitor and decide on office priorities, security measures, financial implementation and key office management indicators, including donor reporting performance and compliance; the status of funds utilization; and direct cash transfer (DCT) status. Key financial management systems were strengthened and streamlined.

Bank reconciliations were prepared monthly within the set timelines, with prompt investigations and actions taken on reconciling items. Monthly closure of the petty cash account is in practice. Quarterly cash forecasts were practiced to ensure bank optimization. The month-end bank balance within the required standard of 25 per cent of monthly replenishment was continuously maintained. The Finance Unit scheduled Tuesdays and Thursdays to ensure timely processing of DCT liquidation documents, continued matching and clearing general ledger (GL) open items, and monitored the use of rightful GL coding and grants.

Key SOPs for the management of UNICEF vehicles and guidelines on cash transfer management were developed to streamline work processes and establish required internal controls. SOPs were also developed for field trips.

To enhance cost savings and procurement efficiency, key long term agreements (LTAs) and contracts were established for various administrative support services, including LTAs for janitorial services, vehicle spare parts, office furniture and contracts for repair and maintenance of printers/photocopiers and generators. UNICEF Liberia worked closely with the Operations Management Team (OMT) to harmonize common services and activities, including by establishing common United Nations LTAs and institutional contracts.

As of 30 December 2014, outstanding DCT over nine months represented 1.54 per cent of the total balance, and percentages of regular resources (RR), other resources (OR) and other resources emergency (ORE) utilization were 97, 83 and 87 per cent, respectively.

UNICEF Liberia is taking necessary action to close the remaining five open audit recommendations, as per the audit report issued on 23 April 2014.

Fund-raising and Donor Relations

Against the average annual ceiling of US\$ 30 million in 2014, UNICEF Liberia had a total of US\$ 50,372,129 for regular country programme implementation (US\$ 43,402,296 ORR and US\$ 6,969,833 RR). This included US\$ 13,107,190 in carry-over other resources regular (ORR) funds from 2013. In addition, UNICEF Liberia received a total of over US\$ 77 million as ORE (programmable amount) for the EVD response.

Regular country programme implementation was severely affected by the aftermath of the EVD outbreak (late March onward). HQ provided timely Emergency Programme Fund (EPF) loans totalling US\$ 6.2 million for immediate response. Through the regional emergency appeal launched jointly for the three affected countries in September, Liberia appealed for US\$ 64,765,902 for six months. As the funding needs on the ground increased rapidly, the funding target was revised to US\$ 85,811,397. Against this revised appeal, UNICEF Liberia received over US\$ 82 million (amounting to 95 per cent of the target). However, the funding received was uneven among sectors. WASH and health received more funding, which left gaps in other sectors. In December, the funding target was further revised to US\$ 187 million and the appeal duration extended to 30 June 2015.

The single largest donor to UNICEF for the EVD emergency was the United States Agency for International Development (USAID) Office of United States Foreign Disaster Assistance (OFDA), which contributed over US\$ 50 million, with additional funding in the pipeline. The approval process for OFDA contributions was fast-tracked both by the donor and UNICEF, enabling UNICEF Liberia to scale up its response and save lives. Key donors were the Federal Republic of Germany (US\$ 4 million); the World Bank (US\$ 3.5 million); Canada (US\$ 2.8 million); the Kingdom of Belgium (US\$ 2.5 million); Japan (US\$ 2.1 million); the Kingdom of the Netherlands (US\$ 1.2 million); the Kingdom of Sweden (US\$ 1 million); the United Arab Emirates (US\$ 1 million); and the Bill and Melinda Gates Foundation through the United States Committee for UNICEF (US\$ 2.5 million). Other funding entities included the Central Emergency Response Fund (CERF), the European Commission Humanitarian Office (ECHO), the Republic of Korea, and the Swiss Confederation. National Committees that made major contributions were the United States Committee for UNICEF, the Japanese Committee for UNICEF, the United Kingdom Committee for UNICEF and the Hong Kong Committee for UNICEF. As part of private sector engagement, UNICEF Liberia successfully negotiated contributions from Anadarko Petroleum and Dawnus UK.

Evaluation

The 2014 Integrated Monitoring and Evaluation Plan (IMEP) was developed based on the Country Programme's five year IMEP and priority data needs. Progress on the IMEP was reviewed on a monthly basis at CMT meetings.

Two major evaluations were prioritized in 2014: a summative evaluation of the Social Cash Transfer (SCT) project and a formative evaluation for the WASH programme. Terms of reference for the first evaluation were finalized with the support of the West and Central Africa Regional Office (WCARO) and the selection process was concluded. However, due to the EVD outbreak, the selected firm pulled out at the last minute. As a result, UNICEF agreed with the donor (the European Union) to cancel this evaluation and divert the funds to programmes. UNICEF Liberia will conduct an informal review of the SCT project in the first quarter of 2015.

The second evaluation was also cancelled because the funds under the project had to be diverted to EVD-affected counties and the project's logical framework and target groups had to be changed. UNICEF is negotiating with the donor to carry out a summative evaluation instead at the end of the EVD response.

Key findings of the DHS launched in September showed that Liberia made good progress on a number of key health indicators, including child and maternal mortality rates. The findings of this report will be used as a key source for reporting progress on MDG indicators for Liberia. That said, the impact of the EVD outbreak on some indicator results is yet to be determined.

Efficiency Gains and Cost Savings

Key LTAs and contracts for various administrative support services were signed to enhance cost savings and efficiency in procurement processes. These included LTAs for janitorial services, vehicle spare parts, office furniture and contracts for repair and maintenance of printers/photocopiers and generators.

Major administrative contracts were renewed during the year through competitive bids with subsequent detailed technical and financial review and assessment of proposals, resulting in quality services and value for money.

Working closely with the OMT to harmonize common services and activities, and working through the OMT's procurement and information and communications technology (ICT) working groups, UNICEF Liberia participated in joint contract reviews and finalised contracts for fuel supplies, security guards, fibre optic internet, and United Nations clinic expansion.

A major assessment of the UNICEF fleet vehicles was conducted at minimum cost by an LTA contractor. The assessment identified a) vehicles that are serviceable; b) vehicles to be disposed of; and c) the additional number of vehicles required to support programme and operational needs for the EVD emergency response.

Negotiations are underway to procure a Global Positioning System (GPS) car tracking systems for effective monitoring and management of office vehicles, as well as solar panels for fuel cost savings. The procurement process should be concluded before the end of the year.

UNICEF Liberia is moving away from check issuance and toward direct bank transfers, substantially cutting down required payment processing time. The bank account details of over 90 per cent of suppliers have been obtained and registered in the system.

As part of the EVD emergency response, three field offices were established to increase close interactions with local partners, enhance coordination at the sub-national level, and save costs incurred through transportation, travel and daily subsistence allowance during mission travel.

Supply Management

Supplies worth US\$ 53 million (43 per cent offshore procurement, 57 per cent local direct orders) were managed in close collaboration with programmes. Supply plan implementation was regularly monitored to ensure timely procurement and delivery of supplies.

Supply support to the Government intensified and increased many fold during the third and fourth quarters as a part of the response to the EVD outbreak.

An order of US\$ 1.63 million for the MoH was managed, with 90 per cent of supplies delivered within two weeks of the offer acceptance.

Since the beginning of August, seven charter flights brought in essential supplies as part of the overall EVD response.

The workflow process for procurement of goods and services was reviewed during the year to improve and enhance support to programme delivery. All staff members were trained on supply chain management, including use of supply resources on UNICEF intranet and dashboards. UNICEF Liberia continued to pre-qualify suppliers and update the supplier database. Twenty-nine LTAs were signed for essential goods and services.

Logistics assessments were conducted in all counties with the aim of accelerating response time as it relates to provision of essential supplies at sub-national levels.

The Contracts Review Committee handled 74 submissions worth US\$ 13,253,777. With effective screening of submissions being presented to the committee, zero submissions were returned.

UNICEF Liberia leases a warehouse for transit and storage of supplies. For the EVD response, the warehouse capacity was enhanced by securing additional space for assembling hygiene kits and storing additional equipment like pallet lifting machines. Overall, 60 per cent of all offshore supplies were transited through the UNICEF warehouse because the Government lacks adequate warehousing facilities. The inventory value stands at US\$ 4 million due to the receipt of EVD supplies in the third and fourth quarter of 2014.

Security for Staff and Premises

A security update is a standing item on the CMT meeting agenda. Staff safety and security-related measures continue to be reinforced. Efforts continued to update staff emergency contacts, personnel data and warden lists and to keep up with the quickly growing number of staff.

In close coordination with the United Nations Department of Safety and Security (UNDSS), the following key security trainings and briefings were conducted: warden training, fire safety awareness training, briefing on Ebola Contingency Evacuation Plan for International United Nations Personnel, and regular fire drills.

In compliance with the country-specific Minimum Operational Security Standards (MOSS), all staff were given a very high frequency (VHF) radio, which they used to conduct weekly radio checks. In order to increase the effectiveness of this exercise and ensure the ability to use radios for communication when the situations warrants, the ICT Unit organized a refresher training session for all staff on how to use radios. The response rate was consistently monitored and was one of the management indicators monitored by the CMT.

SOPs for field trips and missions were developed with all security measures in mind.

The ICT and transport teams conducted a vehicle MOSS-compliance assessment. An order was placed for additional VHF radios and satellite phones. New vehicles with factory-installed MOSS equipment were also ordered.

Required security adjustments recommended by UNDSS were made to the office premises, including the warehouses. These apply to a newly acquired office building adjacent to the existing office.

A national security officer position was created with the primary function to liaise with the United Nations Mission in Liberia (UNMIL) and monitor compliance with security measures and procedures.

Human Resources

UNICEF Liberia started 2014 with its regular programme activities. However, the Government of Liberia declared a national emergency following the EVD outbreak, which required the office to scale up operations in order to adequately respond to the crisis. The epidemic shifted priorities and impacted the workload and work plans for all staff members.

The office staff strength increased from 81 staff members in March 2014, prior to the emergency, to 130 staff members by November, with the recruitment of additional staff on mission from other country offices, fixed and temporary appointments and seconded staff from standby partners. UNICEF Liberia developed an operational plan to respond to the EVD emergency. Through this, staffing gaps and the need for staff competencies were identified and recruitment was carried out based on this plan. The current staff strength is expected to increase with the establishment of new field offices (Gbarnga, Harper and Zwedru) to implement programme activities in response to the Ebola crisis and thereafter, for the recovery phase programme activities.

Considering the constantly changing and uncertain environment and given the high complexity of tasks that staff had to carry out, the office initiated an open door policy to encourage dialogue and consultation to address the increased stress levels. Daily stand-up morning meetings were introduced (for core staff), which created and maintained an enabling work environment throughout the emergency.

A closer follow-up on the completion of the Performance Appraisal System (PAS)/electronic PAS (ePAS) resulted in increased completion rates from 97 per cent in 2013 to 100 per cent in 2014. Supervisors were encouraged to provide timely and adequate performance feedback to their supervisees. This process was enhanced through regular section meetings and one-on-one discussions between supervisor and supervisee.

Group trainings were held on human resource policies, operations, programme management, communications and staff development. Regular learning sessions were conducted every Friday through the Learning and Development Committee. Staff members were encouraged to participate in the 2014 Global Staff Survey.

Management maintained a communication and information flow, which was monitored through statutory committees, including at regular staff meetings. Honest discussions and staff welfare-related decisions were made at the Joint Consultative Committee (JCC) and shared with staff at general staff meetings.

UNICEF Liberia has an HIV/AIDS focal person who is a UN Cares facilitator and ensures that minimum standards for HIV/AIDS in the workplace are implemented. Personnel are fully informed about the staff counselling resources available locally, at WCARO and at HQ.

UNICEF Liberia continued to chair the Inter-Agency Human Resources Working Group, developed SOPs and agreed on a common job description for drivers that is currently being used by United Nations agencies.

Effective Use of Information and Communication Technology

UNICEF Liberia implemented all global Information Technology (IT) Solutions and Services (ITSS) project releases within the set timelines. Migration to Microsoft Office 365 and Microsoft Outlook was successfully done and several training sessions were conducted to support effective and efficient use of the new mailing system and cloud platform. Overall, 80 per cent of UNICEF staff members in Liberia are using smartphones with the Outlook mail service configured, and are able to send and receive e-mails, attend web-based conferences, and perform other corporate functions.

As part of the Ebola emergency response, 50 users' offices and three additional field offices were set up. An additional 75 users' offices are being set up as part of the required IT support in the context of the emergency.

In collaboration with the United Nations agencies based in Liberia, UNICEF actively contributed to the fibre optics project. UNICEF Liberia is now connected to a wide area network (WAN) using a 12 megabits per second (mbps) fibre line and serves as the host to the One United Nations VHF repeater Fibre and Private Branch Exchange (PBX) systems.

Business Continuity Plan ((BCP) and IT Disaster and Recovery establishments significantly improved in 2014 to adequately respond to the Level 3 emergency. Senior management residences were connected to the office local area network (LAN) via radio links to allow 24/7 secure and reliable connection to UNICEF resources. They were also connected via Bgan, a mobile satellite device used in emergencies to connect to the internet and mobile network anywhere, as a backup. An additional BCP site was identified and preparations are underway to have it fully functional. All staff members are equipped with a GSM universal serial bus (USB) modem that can be used wherever the GSM signal is available.

A number of actions were taken to reduce the ecological footprint of UNICEF Liberia. All desktop computers were systematically replaced with laptops, which consume less power and support the BCP. Printing points were centralised, having one digital sender and one LaserJet printer for all users grouped by floor, with the double-sided printing option configured on all printers.

Programme Components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Programme Support

Analytical Statement of Progress:

The CMT continuously monitored programme implementation and the achievement of programme results. The CMT met monthly and reviewed, monitored and made decisions on UNICEF Liberia priorities, security measures, financial implementation and key office management indicators. The statutory committees' members were updated following and as part of the AMP mid-year review. The Audit and Oversight Committee worked on the responses to the audit recommendations under the close monitoring and guidance of the CMT. UNICEF

Liberia communications were enhanced by connecting to a WAN using a 12mbps fibre link, which improved access to all cloud-based automation. BCP and IT Disaster and Recovery establishments were significantly improved to respond to the Level 3 emergency. Senior management residences were connected to the office LAN via radio links and Bgan as a backup, to allow 24/7 secure and reliable connection to UNICEF resources. An additional BCP site was identified and preparations are underway to have it fully functional. All staff members are equipped with a GSM USB to use for BCP to remain connected at all time. A number of administrative LTAs were established to enhance the efficiency of procurements and generate cost savings. Key SOPs were developed to streamline work processes and establish required internal controls. In response to the Ebola emergency, staff strength increased to approximately 150 with the recruitment of additional staff on mission from other country offices, fixed and temporary appointments and staff seconded from standby partners. UNICEF Liberia developed an operational plan to respond to the Ebola emergency with staffing gaps identified as part of the recruitment process. As part of the EVD emergency response, three field offices were established to increase close interactions with local partners, enhance coordination at the sub-national level, and save costs that would have been incurred on mission travel, such as transportation, travel and daily subsistence allowance. Management maintained the flow of communication and information sharing, which was monitored through statutory committees, including JCC and all staff meetings. In close coordination with UNDSS, key security awareness briefings were conducted. Staff members were well informed of current and evolving security situations. Security measures were put into place to offer staff a safe and secure workplace.

OUTPUT 1 Effective and efficient programme management and operations support to programme delivery

Analytical Statement of Progress:

UNICEF Liberia is now connected to a wide area network (WAN) using a 12mbps fibre line, which has improved access to all cloud-based automation. BCP and IT Disaster and Recovery establishments were significantly improved in 2014 to adequately respond to the Level 3 emergency. Senior management residences were connected to the office local area network (LAN) via radio links to allow 24/7 secure and reliable connection to UNICEF resources. They were also connected via Bgan, as a backup. An additional BCP site was identified and preparations are underway to have it fully functional. All staff members are equipped with a GSM USB modem to use for BCP. Staff members were able to communicate, connect to the internet and receive and share vital and critical information. Working closely with the OMT to harmonize common services and activities, and through the OMT's Procurement and ICT Working Groups, UNICEF Liberia participated in joint contract reviews and establishments for fuel supplies, security guards, direct fibre internet service, and United Nations clinic expansion. As part of the EVD emergency response, three field offices were established to increase close interactions with local partners, enhance coordination at sub-national level, and save costs that would have been incurred from mission travel, such as transportation, travel and daily subsistence allowances. UNICEF Liberia also took action to close the remaining five open audit recommendations as per the audit report issued on 23 April 2014.

OUTPUT 2 Effective and efficient Management and Stewardship of Financial Resources

Analytical Statement of Progress:

Effective and efficient financial management systems continued to be in place. Timely bank reconciliations were prepared. Month-end bank balances within the required standard of 25 per cent of the monthly replenishment were continuously maintained. Matching and clearing of GL open items, and monitoring the use of rightful GL coding and grants was done consistently. The

key LTAs established included LTAs for vehicle spare parts, office furniture, casual labours, and institutional contracts for repair and maintenance of printers and photocopiers, generators and janitorial services. This resulted in enhanced efficiency of procurements and generated cost savings. Major administrative contracts were renewed during the year through appropriate competitive bids with subsequent detailed technical and financial review and assessment of the received offers, which resulted in quality services and value for money obtained. UNICEF Liberia engaged qualified suppliers to supply a GPS car tracking system for effective monitoring and management of office vehicles, and a solar system for fuel cost savings. The procurement process for the car tracking system was concluded and the system should be in place by the first half of January 2015. Site survey and subsequent processes for the solar panel system project will start in early January 2015. UNICEF Liberia is moving away from check issuance towards having all payments made through direct bank transfers, substantially cutting down required payment processing time. The bank account details of over 90 per cent of suppliers have now been obtained and registered in the system. The finance officer position has been filled. To respond to the Ebola emergency the finance specialist and administrative specialist positions were established and filled.

OUTPUT 3 Effective and efficient Management of Human Resources

Analytical Statement of Progress:

UNICEF Liberia started 2014 with its regular programme activities. However, the Government of Liberia declared a national emergency following the EVD outbreak, which required the office to scale up operations in order to adequately respond to the crisis. The epidemic shifted priorities and impacted the workload and work plans for all staff members. The office staff strength increased from 81 staff members in March 2014, prior to the emergency, to 130 staff members by November, with the recruitment of additional staff on mission from other country offices, fixed and temporary appointments and seconded staff from standby partners. UNICEF Liberia developed an operational plan to respond to the EVD emergency. Through this, staffing gaps and the need for staff competencies were identified and recruitment was carried out based on this plan. The current staff strength is expected to increase with the establishment of new field offices (Gbarnga, Harper and Zwedru) to implement programme activities in response to the Ebola crisis and thereafter, for the recovery phase programme activities. A closer follow-up on the completion of the PAS/ePAS resulted in increased completion rates from 97 per cent in 2013 to 100 per cent in 2014. Supervisors were encouraged to provide timely and adequate performance feedback to their supervisees. This process was enhanced through regular section meetings and one-on-one discussions between supervisor and supervisee. Management maintained a communication and information flow, which was monitored through statutory committees, including at regular staff meetings. Honest discussions and staff welfare-related decisions were made at the JCC and shared with staff at general staff meetings. In close coordination with UNDSS, the following key security trainings and briefings were conducted: warden training, fire safety awareness training, briefing on Ebola Contingency Evacuation Plan for International United Nations Personnel, and regular fire drills. In compliance with the country-specific MOSS, all staff were given a VHF radio, which they used to conduct weekly radio checks. In order to increase the effectiveness of this exercise and ensure the ability to use radios for communication when the situations warrants, the ICT Unit organized a refresher training session for all staff on how to use radios. The response rate was consistently monitored and was one of the management indicators monitored by the CMT.

OUTPUT 4 Effective and efficient management of guesthouse operations (starting July 2013)

Analytical Statement of Progress:

UNICEF Liberia is in the process of expanding the UNICEF Guest House, which will be located in the new office premises, to accommodate newly recruited staff for the Ebola emergency response. The Guest House rental charge will be established to ensure self-financial sustainability in line with the organization policy.

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:

Progress towards ensuring access for children, adolescents and women to quality high-impact health services, including HIV education and prevention of mother-to-child transmission (PMTCT) services, slowed following the many unforeseen challenges generated by the Ebola outbreak in March. As of 28 December 2014, the cumulative total of suspected, probable and confirmed EVD cases in Liberia was 8,018, with at least 3,423 deaths and more than 50 per cent of health facilities were shut down for several months during the year. Though response strategies for revitalizing health services began to gain momentum in the last two months, patient patronage and the provision of services have not fully returned to pre-EVD outbreak levels in most health facilities.

As of 31 October, a total of 82,313 children under 1 (or 52 per cent of the annual target) were vaccinated with the third dose of pentavalent vaccine. The support of UNICEF Liberia ensured no vaccine stock-outs for the EPI programme in 2014. The cold chain system continued to be a priority, and 15 additional freezers and 13 generators were procured and installed at the county level. Cold rooms were procured to support the expansion of vaccine storage capacities in preparation for the introduction of additional vaccines into the EPI system in 2015, but pending construction of the regional stores for installation. Community health services were promoted through implementation of the Integrated Community Case Management (iCCM) strategy in Maryland, Grand Gedeh, Sinoe and River Gee counties. A cumulative total of 532 general CHVs were trained (225 in the first quarter) and equipped with essential supplies and drugs to provide preventative, promoting and curative services for malaria, diarrhoea and pneumonia, targeting children under 5 in communities located 5 kilometres beyond existing health facilities in these four counties. As of the end of October, incomplete data from the counties show that 14,372 (44 per cent of target population) were treated with ACTs; approximately 16,500 (50 per cent of target population) were treated for pneumonia, and 4,578 (14 per cent of target population) were treated for diarrhoea with oral rehydration salts/zinc. By the end of October, about 49.4 per cent of pregnant women attended at least four antenatal care visits, 40.3 per cent had delivered in health institutions and 44.4 per cent had received skilled attendance at the time of delivery.

PMTCT uptake decreased in 2014 from 54 per cent in 2013 to 52 per cent, but of the 624 diagnosed HIV-positive pregnant women, 442 commenced antiretroviral therapy (71 per cent), representing an improvement in the effectiveness of the strategy as compared to 2013 (874/1,375 or 64 per cent commenced treatment). Due to the EVD outbreak, a number of planned activities could not be implemented and have been deferred to 2015. These include supplementary immunization activities (SIAs) for polio and measles, as well as the introduction of new vaccines demonstration for human papillomavirus and inactivated poliovirus vaccine, which was pushed to the second half of 2015. The expansion of iCCM in Grand Kru and the training of skilled health staff on neonatal resuscitation and integrated management of neonatal

and childhood illness were similarly deferred to 2015, when the operating environment is expected to have improved considerably.

In 2015, the most immediate and critical health programming priority is to ensure effective control and halt further transmission of the Ebola virus. UNICEF Liberia will continue to work with the MoH and other partners through technical assistance (i.e. through the expansion of the UNICEF field presence with three zonal offices in Bong, Grand Gedeh and Maryland) and the provision of supplies for the establishment and management of Ebola Community Care Centres and RITE in hot spots.

UNICEF Liberia will continue to support MoH efforts to restore essential health services across the country by supporting existing systems at the MOH, complementary agreements with non-governmental partners and the county health teams, in collaboration with MoH programmes.

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:

As of the end of November, routine EPI/Health Management Information System (HMIS) reports covering the period from January to October 2014 showed that 82,313 children under 1 (or 52 per cent of the target of 157,533) were vaccinated with the third dose of pentavalent vaccine. Performance had been declining since May when the highest monthly national coverage of 89 was attained. By October, coverage had declined to 32 per cent. The major constraint was the impact of the EVD outbreak, which led to the closures of health facilities for varied periods of time, especially in the most affected counties. Illnesses and/or deaths among health workers and fear of contracting Ebola among health care staff and clients impacted access and coverage performance for all routine service indicators in the health sector. Integrated Child Health Days were conducted during African Vaccination Week in place of the cancelled polio National Immunization Days, and delivered routine EPI antigens, vitamin A, deworming and hand washing messages and supported the introduction of PCV into the 2014 EPI schedule. Adequate vaccine stocks were maintained for routine EPI activities. However, critical planned activities scheduled to take place in the second half of 2014 were deferred to 2015, including two additional rounds of polio National Immunization Days, the measles follow-up campaign, the vaccine demonstration project for human papillomavirus in two counties and the Effective Vaccine Management assessment. Improving coverage and equity through the urban EPI strategy in Montserrado County by increasing access and improving the logistics of vaccine distribution and data management remained a strong approach to reducing the numbers of un-immunized children in the country. UNICEF Liberia also contributed to further strengthening the vaccine and cold chain systems through the installation of generators for the EPI cold stores and refresher training for cold chain staff at county and district levels. UNICEF is providing additional support for re-training vaccinators on infection prevention and control (IPC) approaches, with accompanying IPC supplies, and will contribute to strengthening community awareness, supervision and monitoring in 2015.

OUTPUT 2 70 per cent of children under 5 and women of child bearing age access health low cost high impact interventions in 5 southeastern counties (Maryland, River Gee, Grand Gedeh, Grand Kru and Sinoe) including hard-to-reach areas and marginalized populations

Analytical Statement of Progress:

The iCCM rollout was extended to four counties in the first quarter of 2014, with the completion of training for 225 general community health volunteers (gCHVs) in Sinoe County. From April, all four counties, Maryland, Grand Gedeh, RiverGee and Sinoe provided curative services for malaria, pneumonia and diarrhoea for children under 5. Grand Kru completed an assessment of community structures with further steps in the process truncated due to the EVD outbreak. As of the end of October, data from these four counties shows that a total of 14,372 (44 per cent of target population) were treated with ACTs, approximately 16,500 (50 per cent of target population) were treated for pneumonia and 4,578 (14 per cent of target population) were treated for diarrhoea with oral rehydration salts/zinc. All gCHVs also received motivational/in-kind incentive materials such as t-shirts, caps and vests, while the community structures (community health committees (CHCs)/ community health development committees (CHDCs)) and gCHVs were provided with ledgers and on-going financial support for monthly meetings aimed at strengthening ownership and re-enforcing gCHV learning. Drug supplies were available for the antimalarial component throughout the year through the combined support of UNICEF Liberia and the MoH- National Malaria Control Programme (NMCP) (with Global Fund support). UNICEF supported the malaria programme this year by developing and airing radio messages specifically on the use of insecticide-treated nets and ensuring testing before treatment. With UNICEF support, planning is on-going for the long-lasting insecticidal net mass campaign, to be implemented from late January 2015. A baseline survey on maternal and child health is almost complete, pending data analysis/report, in Grand Gedeh County. Much of the activities in the community health services sector continue to rely on partners and donors. In the coming year, strengthening management and coordination mechanisms within the MoH structure at central, county and sub-county levels will further support community-based interventions to reduce maternal, newborn and child mortality in Liberia.

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

Analytical Statement of Progress:

Implementation of planned maternal, newborn and child health (MNCH) activities was greatly hampered by the EVD outbreak, which also affected health workers at the frontlines of the response. Two major activities – training of skilled staff on neonatal resuscitation and integrated management of neonatal and childhood illness – were deferred to 2015, when the situation is expected to gradually improve with the restoration of health services. According to MoH/HMIS data as of the end of October, institutional delivery stood at 40.3 per cent (compared to 48.2 per cent for same period in 2013) and Intermittent Preventive Treatment² (IPT²) coverage stood at 39 per cent (48.8 per cent in 2013). UNICEF supported skills improvement through the training of about 48 skilled facility staff and 84 CHVs in Maryland and Grand Gedeh counties on home-based maternal and newborn care, kangaroo mother care and chlorhexidine use. In December, this training was on-going for 38 skilled facility staff and 102 CHVs in Sinoe County, and integrated with training on infection prevention and control. The MoH was supported to procure over 33,000 tubes of chlorhexidine gel for umbilical cord care, which is being promoted for reducing neonatal infections and newborn mortality. UNICEF also supported the review of guidelines and protocols for maternal, newborn, child and adolescent health services and procured about 100 units of weighing scales for delivery facilities in the south east counties. To support the restoration of MNCH services following the EVD outbreak, provision of IPC and midwifery/delivery kits was actively promoted as an inter-agency intervention. In 2014, a total of US\$ 500,000 was contributed to the Health Pooled Fund to support county health teams to implement health services. The systematic collection of data for Kangaroo Mother Care (KMC)

and chlorhexidine use and other community-based services such as home visits for newborns remain to be addressed with other MoH partners.

OUTPUT 4 Key stakeholders have the capacity to plan, manage and monitor Essential Package of Health Services (EPHS) implementation at all levels including in hard-to-reach areas

Analytical Statement of Progress:

UNICEF continued to support capacity building of county health teams in 2014 with the deployment of a consultant each in Sinoe and River Gee counties (through the end of May) and in Grand Gedeh (through the end of June) for planning, implementation and monitoring of community-based interventions. At the central level, the MoH received financial support for three senior programme staff salaries (through the end of June), and the implementation of three rounds of integrated support supervision in 15 counties, reaching 64 per cent (299 of 467) of health facilities. HMIS was also strengthened through the provision of IT equipment to address increased demand on the department following the EVD outbreak. Quality assurance monitoring will increasingly be an area of support following the EVD outbreak, now that the MoH is focusing on developing and institutionalizing an IPC system in the health sector. As a result of the EVD outbreak, the yearly health facility accreditation exercise was not conducted in 2014, but available evidence from previous exercises reveals that the quality of health services has not been sustainably improved due to the paucity of funding.

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:

UNICEF continues to support HIV and MNCH interventions towards the attainment of a fully integrated child survival initiative. Through UNICEF support to the MoH, the integration of HIV into MNCH services continued to be an area of strong emphasis. PMTCT coverage is now 52 per cent (335 of 639 health facilities), up from 54 per cent in 2013 (345 of 639 health facilities). Pregnant women receive HIV counselling and testing services during the first antenatal care visit, and more than 95 per cent opt for the service. However, the EVD outbreak negatively impacted all other indicators for PMTCT and paediatric AIDS, with lower outcomes compared to 2013. For example, in 2014, 55 per cent of all pregnant women received HIV counselling and testing services and know their status, compared to 66 per cent in 2013. Although the coverage of maternal antiretroviral prophylaxis increased marginally from 64 per cent in 2013 to 71 per cent by the end of November 2014, the absolute numbers declined, from 442/624 in 2014 to 874/1,375 in 2013. While PMTCT continues to increase access and utilization of HIV services, there are challenges with the paediatric component, which has resulted in low coverage. Paediatric antiretroviral therapy uptake is still very low, at 12 per cent in 2014 (10 per cent in 2013). HIV services are poorly linked to EPI and nutrition interventions and funding is inadequate, which was highlighted during the 2014 Situation Analysis of paediatric AIDS services. Another contributing factor is human resource capacity, coupled with programme structure and loss of follow up, which also continue to worsen the burden of the epidemic.

With technical support from UNICEF, the Situation Analysis of paediatric HIV care was conducted. An elimination plan for mother-to-child transmission of HIV was developed following a bottleneck analysis of the PMTCT program, and pending validation and adoption by the MoH. A new National Strategic Plan 2015 -2019 was also finalized. These costed documents are expected to guide a multi-sectorial HIV response and provide tools for resource mobilization.

UNICEF continues to support women living with HIV through capacity development for advocacy and peer education for increased knowledge around HIV prevention and care.

OUTPUT 7 Health interventions to respond to Ebola outbreak are prioritized and essential services maintained.

Analytical Statement of Progress:

Beginning in March, Liberia faced a massive EVD outbreak. The cumulative total of suspected, probable and confirmed EVD cases in Liberia was 8,018, with at least 3,423 deaths, as of 28 December 2014. Though the outbreak is now stabilizing, Montserrado remains the epicentre, and other counties continue to face sporadic spurts of cases. Given the continuing outbreaks in neighbouring Guinea and Sierra Leone, strong vigilance and surveillance remains critical. UNICEF supported the general coordination, communication and social mobilization efforts, as well as the provision of supplies (for case management, disinfection, etc.) and contact tracing.

The number and location of Community Care Centres (CCCs) required changed rapidly as the nature and geography of the epidemic changed. UNICEF was able to adjust its strategy accordingly and committed to building and completed 12 fixed CCCs and deploying 19 mobile CCCs (sometimes referred to as Rapid Intervention for Treatment of Ebola (RITE) kits). UNICEF is the lead partner for the RITE strategy for addressing EVD outbreaks in remote locations (hotspots).

Halting the outbreak in the coming months and building a strong link between Ebola treatment centres and the regular health system with triage and referral services is a top priority.

OUTCOME 3 By 2017, 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:

Planned nutrition targets for the year were not met due to the shift in focus from regular health and nutrition programming to the humanitarian response to stop the transmission of Ebola in Liberia, which began in March and continued for the rest of 2014.

The Comprehensive Food Security and Nutrition Survey scheduled for 2014 did not push through due to the Ebola outbreak. As a result, the 2013 Liberia DHS remained the primary source of stunting prevalence rates for children under 5 (32 per cent) and body mass index among women (5.66 per cent).

Despite delays between August and October, due to the closure of 55 per cent of health facilities in the country, progress in the treatment of severe acute malnutrition remained steady. In addition, the Liberia Scaling Up Nutrition Country Team continued to ensure critical nutritional care and support during the outbreak period, in the MoH. In addition, Liberia was represented to the Second International Conference in Nutrition, held in Rome on 19-21 November.

However, because under-five vitamin A supplementation and deworming were only partly implemented in the first half of 2014, there were major delays in the prevention and control of micronutrient deficiencies. The promising pilot implementation plan for micronutrient powder supplementation in three counties was briefly curtailed.

The positive benefits of the integration of the pilot community-based iron supplementation into the community maternal and newborn care structure in Bomi were short-lived. A 21 per cent

increase in maternal iron supplementation was observed in the first three months of implementation. However, these gains were immediately affected by the Ebola outbreak, which precipitated a 35 per cent drop in the fourth month, despite adequate supply at the county level.

The nutrition sub-cluster was activated with the re-prioritization of all sector activities towards the Ebola response, which led to a harmonized approach among all relevant actors. Actors provided effective nutritional care and support to Ebola patients and vulnerable affected populations, such as Ebola-negative infants separated from their Ebola-positive mothers/caregivers or children orphaned due to Ebola. This was made possible by regular coordination meetings and concerted effort to develop local nutrition protocols.

The preliminary results of the Joint Food Security Rapid Assessment conducted by Action Contre la Faim (ACF – Action against Hunger), the Food and Agriculture Organization (FAO), the World Food Programme (WFP), the MoA and the Liberian Institute of Statistics and Geo-Information Services (LISGIS) in October 2014 revealed that prices of main commodities were higher in 2014 than that they were in 2014 in most counties. This Assessment was further supported and complemented by the information provided in the Liberia Economic Stabilization and Recovery Plan by the Ministry of Finance and Development Planning, which estimated a tremendous decrease in the economic growth rate of the agriculture and fishing industries, from 3.5 per cent to 0.8 per cent.

Many children in Liberia are vulnerable to malnutrition, due to food insecurity, limited access to health services, and lack of public trust in the health system and fear of potential Ebola transmission in health facilities. Therefore, there is an emerging need to intensify the delivery of key nutrition services during the early recovery phase of the Ebola humanitarian response. In collaboration with the MoH and key stakeholders, the impact of Ebola on malnutrition can be minimized by: 1) improving active screening at the community level; 2) strengthening routine vitamin A supplementation; and 3) scaling up treatment of acute malnutrition from 93 sites to 127 sites.

OUTPUT 1 Improve infant and young child feeding practices with at least 40 per cent of children below two years with acceptable diet, with special emphasis on most marginalised and vulnerable families in south eastern region

Analytical Statement of Progress:

By November 2014, 21 per cent of EPHS health facilities (115 out of 543) and catchment communities were offering Essential Nutrition Actions (ENA) services through 670 trained health workers and 905 trained community volunteers in five counties prioritized in 2013 and 2014 (Bomi, Grand Gedeh, Maryland, Nimba, and River Gee). Of the 670 trained health workers, 0.4 per cent are doctors, 44 per cent are nurses, 15 per cent are physician assistants, and 40.6 per cent are composed of another cadre of health workers.

Overall, 29 community radio stations and two national radio stations in 15 counties aired daily nutrition messages, once a day since the onset of EVD outbreak, in 11 local dialects (Bassa, Gio, Gola, Grebo (Maryland), Grebo (River Gee), Kpelle, Krahn, Kru, Lorma, Mano, Vai) and two languages (English and French). Messages were designed to address common issues and concerns revealed during focus group discussions with mothers and caregivers on infant and young child feeding practices.

Also central to the strategy was community nutrition awareness and social mobilization. In 2014, 21,452 households (2 per cent of households) in five counties (Bomi, Grand Gedeh, Maryland,

Monsterrado and River Gee) were reached during 32 community awareness campaigns and seven complementary food cooking demonstrations conducted from January to June in 98 markets and 72 town halls. These mothers were engaged to initiate breastfeeding an hour after birth, exclusively breastfeed children under 6 months, provide locally available nutrient-dense complementary food to children at 6 months, and continue breastfeeding children up to 24 months.

There is a need to intensify communication and engagement activities to encourage optimal infant and young child feeding practices among the non-Ebola affected population as part of the humanitarian response and during the early recovery phase. These practices may have been undermined during the outbreak period due to the potential transmission of Ebola virus from an infected breastfeeding mother or caregiver to the child. In 2015, UNICEF will support the MoH and key stakeholders to tap community groups involved in Ebola awareness, such as community mother groups, parent teacher associations, and agriculture groups in communities and schools, to engage with mothers regularly and influence optimal infant and young child feeding practices. This will be complemented by nutrition counselling at service delivery points in health facilities and community outreach by trained health workers and community health volunteers.

OUTPUT 2 Micronutrient deficiencies prevented over 90 per cent health facilities implementing EHPS interventions to improve iron and vitamin status in children, adolescent and women

Analytical Statement of Progress:

In 2014, as key interventions held during African Vaccination Week, 44 per cent of children under 5 received vitamin A once and 45 per cent of children 12-59 months received deworming tablets once.

According to HMIS data, in 2014, iron supplementation for pregnant women was low at 61.4 per cent (121,773 pregnant women). In addition, 12 per cent of women did not take iron tablets or syrup during pregnancy and the majority of women said they took iron tablets for fewer than 60 days.

Due to the common problems encountered by pregnant women in taking iron supplements, such as metallic taste, nausea, vomiting, constipation and gastrointestinal discomfort, the Liberian National Red Cross Society, in partnership with the MoH and UNICEF, found an opportunity to integrate and implement community-based iron supplementation within the existing framework of maternal and newborn care services in Bomi County. This method sought to deliver essential micronutrient interventions (iron/folic acid) and strengthen counselling among pregnant women via community health volunteers. Regular engagement with and encouragement of pregnant women by community health volunteers can increase accessibility and uptake of iron supplements.

From February to April 2014, a training module on community-based distribution of iron supplements for CHVs in Bomi County was developed and pre-tested, resulting in a 21 per cent increase in iron supplementation among pregnant women between April and June. However, the sudden shift in health sector and system attention from regular health services delivery to Ebola focused services resulted to a 35 per cent drop in iron supplementation uptake among pregnant women in July.

In May 2014, UNICEF Liberia was awarded funding to pilot test micronutrient powder supplements in three counties. Through this support, an international technical consultant

recruited to support the pilot finalized the pilot protocol in July, and initiated product branding for the micronutrient powder as a key component of the acceptability test. However, following a programme criticality analysis exercise undertaken as a result of the Ebola outbreak, implementation of micronutrient powder supplementation was temporarily stopped.

OUTPUT 3 Access for community based management of acute malnutrition increased by ensuring over 80 per cent of health centres providing treatment service, and children in emergency crisis supported with critical nutrition interventions as per the Core Commitments for Children

Analytical Statement of Progress:

Nationwide, 89 per cent of the 8,016 children with severe acute malnutrition admitted in 93 Integrated Management of Acute Malnutrition (IMAM) sites were cured. The defaulter rate was 8 per cent and the death rate was 1 per cent, which is within the tolerable limits of the Sphere Standards. On the other hand, 2 per cent of severely malnourished children admitted to the IMAM programme did not progress/respond to the treatment.

From January to November 2014, a total of 7,828 Ready-to-Use Therapeutic Food cartons, 144 cartons of Formula 75 and 111 cartons of Formula 100 were distributed quarterly to 15 counties, covering all IMAM sites nationwide. Stock-outs were reported during the peak of the Ebola outbreak between September and October 2014, despite information from the MoH that only 45 per cent of health facilities in affected counties were open during this period.

As part of the health worker mentoring exercise on modified nutrition protocols in the context of Ebola, service delivery and records from IMAM sites will be reviewed.

UNICEF, WFP, WHO and ACF provided coordinated support to the MoH to train 43 Country Health Teams (CHT) monitoring staff (one county nutrition supervisor, one data manager and one monitoring and evaluation officer per county) between April and May 2014 on IMAM database management.

Furthermore, four key MoH technical staff members were trained in an eight-day training on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology in Accra, Ghana, organized by UNICEF WCARO and ACF West Africa Regional Bureau. The four trained MoH staff members were identified as trainers to support county-level SMART methodology trainings.

During the annual review meeting, the MoH and key implementing partners identified the scale up of IMAM services in an additional 33 health facilities in six counties (Gbarpolu, Grand Bassa, Grand Cape Mount, Grand Kru, Rivercess, and Sinoe) as a key priority for the recovery phase.

OUTPUT 4 Nutrition interventions to respond to Ebola outbreak are prioritized and essential services maintained.

Analytical Statement of Progress:

Due to the unique characteristics of the Ebola outbreak, there are exceptional barriers to the humanitarian response for children, including potential Ebola transmission from mothers, caregivers, and health workers to children. In this context, management of severely malnourished children, infant and young child feeding practices, and nutritional care of EVD patients raised concerns.

In collaboration with WHO and non-governmental partners, UNICEF advocated for the development of revised local nutrition policies for use during the outbreak period. Leading nutrition sub-cluster coordination, UNICEF Liberia organized technical meetings to review global nutrition guidelines and understand Ebola-related nutrition practices in order to develop modified protocols. By mid-November, modified policies on nutrition had been completed and endorsed by the Government.

The response was slow at first due to the lack of global guidance on the outbreak. However, since the guidance was received in November, the response has been gradually picking up to ensure comprehensive nutritional care and support.

Nutritional care for EVD patients included:

By 27 November 2014, eight cartons of Formula 75, 374 litres of ultrahigh temperature milk, 748 bottles of ready-to-use infant formula, 40 cartons of therapeutic spread, 101 cartons of BP100, and one copy each of nutritional guidelines were delivered to 11 ETUs. By 14 December, 505 patients admitted in ETUs were receiving the nutrition commodities, thereby improving nutritional care during treatment.

Infant and young child feeding in the context of EVD:

County social workers in Bomi and Montserrado received orientation. Stocks of ICC were prepositioned in the Monsterrado CHT warehouse until the necessary structures and resources recommended by UNICEF can be put into place.

In the meantime, stocks will be supplied fortnightly to the ICC and monitored closely by the County Nutrition Supervisor.

Furthermore, nutrition sub-cluster members are working closely with the child protection sub-cluster to identify structures and systems for taking care of children affected by Ebola in other counties.

Overall, 92 per cent of the 352 severely malnourished children admitted in 45 IMAM sites in six counties (Bong, Grand Cape Mount, Lofa, Margibi, Monsterrado and Nimba) were cured. The defaulter rate was 6 per cent and the death rate was 2 per cent.

Four County Nutrition Supervisors from Bomi, Bong, Monsterrado, Lofa and Nimba were oriented on the modified nutrition protocols. IMAM sites in 21 outpatient therapeutic programmes and six in-patient facilities located in these five counties were assessed to determine levels of adherence to protocols on IPC and nutrition.

Mentoring exercises intended for health workers assigned to IMAM sites, and district social workers in the Bong, Lofa and Nimba counties are planned for January and February 2015.

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:

On average, 75 per cent of the population of Liberia is now using safe and improved drinking water, compared to the baseline of 68 per cent. The percentage of the population using improved sanitation facilities remained at 17 per cent (same as the baseline); and the

percentage of the population practicing open defecation increased from 44 per cent last year to 47 per cent this year. This indicates that while there has been some improvement in the provision of drinking water supply, there has been a significant decline in access to improved sanitation.

In 2014, about 28,500 people got access to an improved water supply through the construction and upgrading of hand dug wells, boreholes, small water supply systems and water kiosks. In order to ensure the long term sustainability of water points, UNICEF supported the establishment of operation and maintenance systems for the installed water supply facilities by strengthening WASH committees, setting up cash box systems, training hand pump mechanics and establishing spare parts depots. UNICEF and other aid organizations implemented Community Led Total Sanitation (CLTS) throughout the country to support the Government to eliminate open defecation and improve sanitation, especially in rural localities. Through UNICEF support alone, a total of 420 rural communities were triggered for CLTS. However, very little progress was made as a result of the Government's decision to halt all verification exercises in the country after the emergence of the Ebola outbreak. This meant that there was no further follow up on communities that declared ODF. In a bid to improve sanitation in urban areas, UNICEF worked in collaboration with Oxfam Liberia to introduce Tiger Worm Latrines, whereby a total of 40 urban households got access to the innovative latrines.

The emergence of the Ebola epidemic caused most regular WASH interventions to slow down and some to stop completely. The interventions most affected by the outbreak included CLTS/ODF verification and school WASH activities. As CLTS/ODF verification did not take place, there is no data for 2014 on the number of communities that became ODF and there is no data on the number of newly constructed family latrines that resulted from triggering. Due to the closure of all schools and the banning of gatherings, not much could be done to strengthen school health clubs and promote hygiene in schools.

In responding to the Ebola and cholera emergencies, UNICEF and other WASH agencies supported the Government to ensure the provision of a comprehensive package of WASH facilities in ETUs, Ebola Holding Centres and CCCs. WASH interventions were crucial for preventing and controlling infection so that the centres themselves did not present risks to healthcare staff, patients and the general public. Other activities included the distribution of chlorine and protective gear to ETUs, CCCs and health care facilities for disinfection purposes; health worker training on infection prevention and control; provision of hygiene kits to affected households; and delivering messages to community members on Ebola awareness and positive hygiene practices.

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

Analytical Statement of Progress:

By the end of December 2014, 24 hand dug wells were constructed and/or upgraded (benefitting about 6,000 community members) and 72 hand dug wells were still under construction, out of a total of 218 planned; 565 out of 803 planned WASH committees were established for operation and maintenance of WASH facilities; six boreholes were drilled and eight boreholes were still under development, out of 81 boreholes planned; one small water supply system was constructed (covering around 1,500 beneficiaries) and another one is under construction, out of six planned; 13 water kiosks were rehabilitated (covering about 19,500 beneficiaries) and the rehabilitation of two is on-going, out of 15 water kiosks planned; 40

household water connections were made to the urban piped water supply system (benefitting about 200 people) and 40 others were on-going, out of 100 connections targeted. Promotion of Water Guard, a household water treatment product was conducted in all 10 targeted communities in Monrovia.

A total of 667 communities (out of 698 planned) were reached with hygiene and Ebola awareness messages. On CLTS implementation, a total of 249 CLTS facilitators were trained on CLTS in five counties and 420 communities were triggered (out of 720 communities targeted). However, verification of ODF status could not happen due to the emergence of the Ebola outbreak and therefore it is not yet known how many communities achieved open defecation status after the triggering and monitoring exercise. It is also not known how many new latrines were built as a result of the triggering.

The key achievements in the response to the Ebola and cholera epidemics included the distribution of 60 tonnes of chlorine and protective gear to ETUs, CCCs and health care facilities for disinfection purposes; the training of 90 health workers on IPC; the installation of WASH facilities in four ETUs and four CCCs; the rehabilitation and upgrading of WASH facilities in two ETUs and at the Fiamah solid waste management site; the rehabilitation of the water supply system in one urban slum in Monrovia; and the provision of 24,615 household hygiene kits in four counties.

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:

In 2014, about 20,100 school children attending 67 schools benefitted from various WASH activities supported by UNICEF. The major activities accomplished included the establishment of 67 school health clubs (out 100 planned); the construction and upgrading of water points in 26 schools (out of 50 schools targeted); the construction and upgrading of 43 latrines (out of 50 targeted); and the provision of indoor and outdoor hand washing facilities in 15 out of 50 schools. In addition, about 3,000 patients (per day) benefitted from having access to an improved water supply in 10 health facilities, as a result of the construction and upgrading of water points and the establishment of operation and maintenance arrangements in all targeted 10 health facilities. During the year, UNICEF also supported the development and dissemination of school WASH teaching and learning materials in 26 schools out of 50 planned.

School WASH interventions were highly affected by the Ebola outbreak, which left many activities incomplete. Establishment of school health clubs and hygiene promotion in schools could not be completed because all schools were closed. The closure of many health facilities also led to the suspension of hygiene promotion exercises for in-patients and out patients in 15 health facilities. As a way forward, UNICEF plans to resume WASH interventions in schools in 2015, focusing in particular on: strengthening school health clubs; improving water supply, sanitation and hand washing facilities in schools; and promoting hygiene practices with school children and women attending health facilities.

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

Analytical Statement of Progress:

In 2014, UNICEF strengthened the Government's capacity to facilitate and participate in important WASH-related meetings. UNICEF provided technical and financial support to the MoH and the Ministry of Public Works to conduct the Second WASH Joint Sector Review in Liberia and to prepare for and participate in the Sanitation and Water for All High Level Meeting in Washington. UNICEF also supported the National Water, Sanitation and Hygiene Promotion Committee (NWSHPC) Secretariat to collect, analyse and disseminate WASH data and information by facilitating the training of two government staff members responsible for operating the WASH dashboard.

Through the provision of 33 motorbikes to non-governmental partners and Nimba CH office, UNICEF supported the strengthening of government and non-governmental organization (NGO) coordination and monitoring capacity.

As part of the Ebola response, UNICEF supported WASH cluster coordination with three international staff members working to strengthen coordination at national and county/district levels and information management. As a result of this support, it was possible to establish: special operating procedures, including a minimum WASH requirement for hygiene kits, CCCs and ETUs; WASH weekly situation reporting; a WASH cluster dashboard; sub-national level coordination mechanisms; checklists for monitoring and evaluating CCCs and ETUs; protocol for managing solid and liquid waste in CCCs and ETUs; and integrated WASH teams at national and sub-national levels.

Despite the efforts of UNICEF and other aid organisations to support the Government (NWSHPC, MoH, Ministry of Public Works, Ministry of Education (MoE)) on the coordination and management of WASH activities, the Government still needs additional support for mobility, data collection and analysis (including school WASH data), the establishment of mechanisms for sustainability of WASH facilities, private sector involvement in WASH and the decentralisation of CLTS activities for effective improvement of sanitation. UNICEF plans to address these constraints will be clearly reflected in the 2015 Annual Work Plan.

OUTPUT 4 WASH interventions to respond to Ebola outbreak are prioritized and essential services are maintained.

Analytical Statement of Progress:

UNICEF managed to ensure that 100 per cent of patients in ETUs and holding centres were accessing adequate and appropriate WASH facilities by supporting the installation of water supply systems, latrines, sewerage pipelines and waste treatment facilities in four ETUs and supporting the rehabilitation of similar WASH facilities in three locations. In order to strengthen infection control, UNICEF facilitated the training of 90 health workers on IPC; and distributed about 60 tons of chlorine and protective gears to ETUs, CCCs and health care facilities for cleaning and disinfection purposes. A total of 24,615 households in affected communities were provided with hygiene kits in four counties.

UNICEF supported WASH cluster coordination with three international staff that worked to strengthen coordination at national and county/district levels and information management. As a result of this support, it was possible to establish: special operating procedures, including minimum WASH requirements for hygiene kits, CCCs and ETUs; WASH weekly situation reporting; a WASH cluster dashboard; sub-national level coordination mechanisms; checklists for monitoring and evaluation of CCCs and ETUs; a protocol for managing solid and liquid waste in CCCs and ETUs; and integrated WASH teams at national and sub-national levels.

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:

The quality of Liberian education services was enhanced through extensive sector coordination and upstream advocacy efforts, implementation of the school construction programme, and continuation of capacity building within and between the MoE and relevant government and non-governmental stakeholders. Upon the closure of all schools in response to the Ebola crisis, the Education Programme pivoted rapidly to address emerging needs for effective sector coordination, nationwide social mobilization, and innovative education strategies to facilitate learning within the home environment.

As UNDAF convener agency for Human Development, UNICEF maintained alignment of education interventions within the One Programme framework. UNICEF handed over the responsibility of Coordinating Agency of the Global Partnership for Education to USAID and continued its close coordination with the MoE, donor agencies, civil society organizations and the Liberian NGO Education Forum to finalize a three-year Education Sector Operational Plan 2014-2016. The Plan provides a costed blueprint for targeting the key bottlenecks in access to education and learning achievement, effectively mapping the current resources available through on-going donor/partner programmes, while revealing the gaps within the sector's available programming resources. UNICEF support to Early Childhood Development (ECD) capacity development, girls' education, and harmonization of Alternative Education (AE) tracks all feature prominently in the Operational Plan.

Building on partnerships strengthened under the Peacebuilding, Education and Advocacy (PBEA) programme, UNICEF continued to increase capacity for programme supervision and coordination by and between the MoE, Ministry of Youth and Sport, Ministry of Internal Affairs Peacebuilding Office, and NGOs. Programme focal points within the MoE Divisions of ECD, Girls' Education, and Monitoring and Evaluation all received training on effective end user monitoring and determinant analysis, and were provided with direct support to apply these monitoring strategies during subsequent joint field visits to programme intervention sites.

The August closure of all Liberian schools in response to the unprecedented EVD outbreak presented additional challenges to a sector already struggling to address crisis-level rates of over-age enrolment and out-of-school children (23 per cent net enrolment rate as per the Education Management Information System 2013). UNICEF Liberia spearheaded the development and implementation of an Education Sector Ebola Response Plan, which includes: a) mobilization of teachers to lead community outreach and awareness efforts to stop the spread of Ebola; b) daily broadcast of educational radio content to facilitate learning at home while schools remain closed; and c) development and implementation of protocols to ensure safe and protective learning environments for Liberian students once schools are reopened.

In addition, the operationalization of the response plan includes: equipping 5,000 schools with the requisite health and hygiene measures and referral mechanisms as reflected in the protocols developed jointly with the MoE, WHO and the Centres for Disease Control and Prevention (CDC), as well as teaching and learning materials; training for 15,000 teachers on the implementation of the protocols; and a plan for adapting the school calendar to ensure the least interruption to learning. A Joint Education Rapid Assessment will take place in January to assess the impact of the crisis on the education sector and communities. The MoE began airing

the Emergency Radio Education Programme in Monrovia on 15 September; and the *Come to School* radio programme has aired 22 separate programmes, out of 288 planned over a three-month period, in the areas of social studies, geography of Liberia, history, language arts, psychosocial counselling, career guidance, and early childhood education. Beginning in 2015, daily broadcasts will be scaled up nationwide through an additional 30 community radio stations in all 15 counties.

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:

UNICEF strengthened the MoE's capacity to deliver quality pre-primary education by advocating for appropriate standards to conflict-sensitive ECD curriculum within the framework of the PBEA programme. The Ebola outbreak forced the suspension of all ECD sector activities starting in August, coinciding with the closure of all schools nationwide. Despite continuing high demand for ECD services, the probability of re-opening ECD centres remains remote until full primary and secondary education services are restored. This includes the institution of comprehensive EVD prevention and protection protocols endorsed by parents and local authorities to ensure systematic co-responsibility for the safety of all school learning environments.

With the endorsement of the Government of the Netherlands, most PBEA programme funding has been redirected to the Education Sector Ebola Response Plan. As part of the response, elements of the conflict-sensitive ECD curriculum are being integrated into emergency educational radio programmes, including caregiver guidance and parenting skills components. Activities with ECD caregivers and teachers were sustained by implementing partners in two counties, where ECD instructors are playing a crucial role in community-level EVD awareness campaigns under the MoE's leadership. In preparation for the re-opening of schools in 2015, partners are repairing damages sustained during the closure period, rehabilitating school infrastructure and expanding learning spaces through permanent construction rather than using tents as an interim measure.

Prior to the crippling impact of the Ebola crisis, administrative delays requesting DCTs and processing liquidations continued to pose significant challenges to achieving 2014 results. While the implementation of the HACT/funding authorization and certificate of expenditure (FACE) process and accompanying capacity development to strengthen monitoring, accountability, and reporting at the MoE has helped streamline the coordination of DCTs, further reinforcement of these processes is necessary to ensure the MoE's school re-opening plan can be implemented smoothly in 2015.

Given the government's prioritization to-date of primary and secondary school needs within the current response plan, dedicated funding for the re-opening of ECD centres will likely pose challenges and require additional rapid resource mobilization in the coming year.

OUTPUT 2 By 2017, basic education (G1 to G9) school aged girls and boys 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:

Significant improvements in basic education learning environments continued as the programme responded to textbook needs, streamlined its construction and furniture delivery processes, and strengthened socio-academic support systems for girls at risk of dropping out.

A total of 133,924 supplementary readers for Grade 1 were distributed to 15 counties under the guidance of 8,521 trained teachers. However, with the onset of the Ebola crisis, PBEA programme-related activities were interrupted and the funding redirected to the Emergency Radio Education Programme.

The UNICEF school construction unit completed new construction and facilities rehabilitation projects –including furniture provision – in six counties. The learning environments of 10,800 students and 240 teachers were improved through the construction of six new schools and the rehabilitation of eight others in six counties. More than 675 chairs, 35 desks, 18 library tables and 12 bookshelves were supplied to the three schools, contributing to improved learning environments for an additional 769 learners and 21 teachers.

The weak financial capacity of local contractors continued to delay the timely completion of school construction projects. However, in response to this bottleneck, streamlined monitoring processes and a management system for the timely termination of delinquent contractors were implemented, both of which have significantly accelerated implementation rates during the last two quarters of the year. The organization's expertise in school construction has proven crucial to facilitating effective field supervision and civil works construction at the CCCs being built to expand access to safe and appropriate health care for Liberia's Ebola patients.

The Gender-Equitable Education and Achievement Programme (GEEAP) continued to enhance quality-learning opportunities for at risk junior secondary students. The programme facilitated academic tutorials in mathematics, science, language arts and social studies for 1,122 learners (580 girls and 542 boys) in Grades 7-8. Overall, 374 girls participated in on-campus girls' clubs, wherein an increased focus on outreach to their out-of-school peers resulted in 67 children from local communities enrolling in formal education.

OUTPUT 3 By 2017, out-of-school girls and boys 6-18 years have increased access to age appropriate quality education and acquired Grade 6 learning achievement through alternative basic education combined with skills development

Analytical Statement of Progress:

UNICEF played a critical role in mainstreaming AE objectives into the MoE's Operational Plan and standardizing and institutionalizing the provision of appropriate learning pathways for out-of-school children and children at-risk of dropping out. Although implementation of harmonized AE programmes was disrupted in six PBEA counties by the Ebola outbreak, rapid realignment of PBEA interventions to address the emerging needs of the Ebola response allowed UNICEF to re-programme funding toward enhanced sector coordination, nationwide EVD awareness by teachers, and innovative educational radio programming for all children regardless of their enrolment status prior to the emergency.

Strategic collaboration with an array of government and non-governmental partners resulted in over 8,001 in and out-of-school children (4231 girls and 4470 boys) benefitting from sustained child-friendly, conflict-sensitive learning and recreational activities during the 2013/2014 academic year. In addition, 120 Accelerated Learning Programme (ALP) and Alternative Basic

Education (ABE) instructors improved their teaching methodologies through refresher trainings and access to complementary teaching and learning materials (ALP/ABE ratio 1:1).

Peace-building focal points from the MoE, the Ministry of Youth and Sport, the Ministry of Internal Affairs, and select NGOs benefited from capacity development through joint strategic planning exercises, monthly coordination meetings, and training of effective end user monitoring and determinant analysis. Joint field visits and spot checks initiated by UNICEF afforded all partners opportunities to apply these monitoring strategies at PBEA programme intervention sites.

The complexity of the joint PBEA planning and coordination process remained a significant challenge during the first half of 2014, impeding plans to operationalize the proposed activities under the Government's leadership. When the intensifying EVD epidemic derailed implementation of AE activities altogether, the strong field presence of PBEA NGO partners in Maryland and Lofa Counties helped the programme pivot its focus toward training AE instructors to lead frontline social mobilization efforts – in coordination with the MoE's national social mobilization training for teachers – to promote awareness, prevention, and community-based protection during the height of the outbreak. Further flexibility from donors enabled the re-direction of funding to augment and scale up the Ministry's Emergency Radio Education Programme, ensuring that future broadcasts will feature customized content to enhance social cohesion and build resilience, while extending daily broadcast coverage to all 15 counties through a network of community radio partners.

OUTPUT 4 By 2017, adolescents girls and boys, have improved their learning achievements in four core subjects in counties with education indicators below the national average

Analytical Statement of Progress:

Robust participation in Connecting Classrooms ICT activities continued at select school sites (in Bong, Margibi, Montserrado and Nimba counties), helping 627 students utilize ICTs and online resources to enhance their learning opportunities. However, recurrent maintenance issues with aging computer hardware have shifted the programme's future implementation (and exit) strategy to focus on: 1) supporting the facilitation of private-sector ICT provision and training solutions in government schools, where available; and 2) equipping the four regional MoE ICT centres to serve as off-campus computer labs for multiple schools in each region (Bomi, Gbarpolu, Grand Gedeh, and Sinoe counties). This dual strategy offers a cost-effective model to support upgraded ICT access within schools, while increasing the MoE's capacity to facilitate computer literacy and learning for students and teachers across multiple schools and communities. The shift in approach better complements UNICEF's mandate to focus on core academic outcomes in basic education (Grades 1-9) rather than interventions at the post-basic level, and will catalyse sustainable MoE engagement in ICT4Education programming by placing computer labs under direct Ministry oversight.

OUTPUT 6 Education interventions to respond to Ebola outbreak are prioritized and essential services are maintained.

Analytical Statement of Progress:

With the closure of all schools in August (and restrictions on group gatherings) in response to the Ebola epidemic, formal education throughout the country was suspended. In addition to disrupting the continued rollout of UNICEF programming around ECD, AE, and girls' education, the Ebola crisis also impacted the likelihood that activities mapped out under year 1 of the 2014-2016 MoE Operational Plan would be successfully implemented.

The Ebola crisis heightened the collaboration between the MoE and UNICEF through the development of a joint Education Sector Ebola Response Plan, supporting re-programming throughout the sector for: 1) social mobilization led by education personnel; 2) the development and distribution of Emergency Radio Education; and 3) the development of comprehensive protocols ensuring the MoE can effectively and systematically re-open schools that are safe and protective spaces for learning.

The earliest interventions under the Ebola Response Plan mobilized the workforce of teachers available to lead social mobilization for Ebola awareness during school closures. An additional push will be needed to ensure schools and communities are properly sensitized and prepared to share responsibility for school-wide health and hygiene promotion.

Liberia's Education Sector is now focused on preventing the loss of the 2014/2015 academic year by re-opening schools. Elevating school health standards to the requisite levels will place particular responsibility on teachers, who will be asked to promote on-campus safety and ensure adherence to health protocols.

The re-opening effort will require the mobilization of a great deal of resources. UNICEF Liberia re-allocated funds from both the PBEA and Let Us Learn programmes to support the MoE school re-opening effort, particularly in the area of community-led health promotion and the preparation of safe learning environments. Additional programme funding has been reallocated to enable the initial pre-positioning of vital supplies and the rollout of further education sector social mobilization efforts. Parent teacher associations, parents, teachers, and students will be equipped with the knowledge needed to ensure basic screening and hygiene procedures through the provision of training and materials. The collaborative effort between the Government, donors, and sector implementing partners has garnered funding for critical nationwide training and school safety supply needs.

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:

The 2014 Ebola outbreak actually accelerated child protection work in many areas of regular programming related to outcome 6. While in 2013, key areas of social protection work, such as case management, alternative placement of children without a primary caregiver, follow up on children in foster care, family tracing of orphaned children and other areas of traditional social protection work, were implemented in two counties only, during the Ebola outbreak, UNICEF expanded this work to all 15 counties. The number of social workers increased from 12 in 2013 to 150 by December of 2014. The number of mental health specialists increased from 2 in 2013 to 50 by December of 2014. This increase in the number of service providers, together with the training, supervision and logistics provided by UNICEF, resulted in the provision of psychosocial support to 7,235 children throughout the country (including survivor and contact children) and the reunification or alternative placement of over 4,000 children who were orphaned or lost their primary caretaker due to Ebola.

Overall, 500 adolescent girls and over 300 national youth volunteers were enlisted and supported by UNICEF to provide contact tracing and community mobilization, as well as basic psychosocial support services. These youth were placed in all 15 counties, and worked closely with county health teams (social workers are members of county health teams). They

contributed to tracing and support in community 21 day observation of over 8,000 contact persons (both children and adults). They also reached over 30,000 people with Ebola messages and organized games and psychosocial support activities for over 3,000 children. Adolescent girls focused on the urban slums of Monrovia, supporting over 40,000 inhabitants in West Point and New Cru Town with their messaging and psychosocial support activities. Over 400 child welfare committees were supported to identify orphaned and contact children and find the best-suited community-based placement for them.

The cash transfer programme continued to provide regular cash transfers to close to 4,000 labour-constrained and ultra-poor households (nearly 20,000 individuals). The cash transfers programme also expanded due to Ebola outbreak, as UNICEF included families taking care of Ebola orphaned children in the cash transfer schemes. In total, 675 children placed with kinship and foster families received one-off cash transfer payments. In addition, more than 1,000 solidarity kits were distributed to Ebola affected families and children.

DHS results indicate that the birth registration rate of children under 5 in Liberia increased from 4 per cent in 2011 to 25 per cent in 2013.

OUTPUT 1 The Capacity of relevant actors to manage social welfare cases, monitor residential facilities, and promote family-based care is improved.

Analytical Statement of Progress:

In 2014, the social work force in Liberia increased tenfold due to the Ebola outbreak; indeed, the Country Programme Document (CPD) target for child protection (to be achieved by 2017), has already been achieved. The sustainability of this achievement remains a question, as UNICEF is currently supporting the entire social work force and their operational costs. Social workers and mental health specialists, as well as youth volunteers have reached over 30,000 people with their messaging, reunified over 2,000 children orphaned by Ebola, assured cash transfers were given to close to 700 families who took in orphaned children, and supported/followed some 8,000 contacts who remained on a 21 day observation in their communities. In addition, 10 local social work supervisors, three survivor network coordinators, and two child protection experts were seconded to the MoH and the Ministry of Gender and Development to provide direct technical assistance to strengthen national and community-based child protection structures. Fifteen child welfare officers were trained to facilitate child protection, financial management and reporting and monitoring of child rights violations. The trainings were replicated at the county level. Monthly Child Protection Working Group meetings were held throughout the year and a National Child Protection Conference was also held to review the child protection situation. Overall, 432 child welfare committees (each having 10 members) were trained and are fully operational. The impact of these trainings was seen in the increasing numbers of child protection cases that reported and referred to child welfare committees, and the more than 12,000 resolved cases, including those of Ebola orphans, but also the survivors of violence, rape and other rights violations. UNICEF also supported a 1,400 member Ebola survivor network and trained and hired 50 survivors to provide services to children affected by Ebola.

In Grand Gedeh and Nimba, where case management was first introduced as part of UNICEF regular programming, 13,567 children (6,612 boys and 6,955 girls; 11,387 Liberian and 2,180 Ivorian) benefitted from child-friendly school activities through recreational, psychosocial and case management support services. In addition, 25 children were placed in informal foster care in Nimba with continuous follow up. In the area of alternative care, 20 children were removed from an illegal adoption agency in November, and are currently in a transit centre; and family tracing and reunification is underway. Work with the Inter-religious Council of Liberia continued

in churches and mosques, which have continued with monthly dedication services for children. Regular activities with adolescent girls shifted to community awareness aimed at preventing the spread of EVD.

OUTPUT 3 The most vulnerable households and individuals receive appropriate safety net transfers

Analytical Statement of Progress:

Though the Ebola outbreak presented a number of unplanned obstacles to the UNICEF-funded SCT programme, the Ministry of Gender and Development managed to continue regular cash payments to all 3,906 families included in the programme. The ban on public gatherings, the refusal of field workers to risk their health and deliver cash door-to-door, and problems with mobile money transfers were overcome with partners and the programme was fully implemented. Out of 3,804 households that are currently on the SCT payroll, 50 per cent are located in Bomi County and 50 per cent in Maryland. Overall, 939 households (25 per cent) received their transfers through mobile money payments and the rest received transfers through cash in transit. A total of 5,229 children received regular educational bonuses in 2014 (91 per cent primary and 9 per cent secondary school). One payroll audit was completed in 2014. Although integrated services such as nutritional screening for children, reproductive health counselling, violence prevention activities, etc. was not delivered during the Ebola outbreak, cash transfer recipients did receive robust infection prevention, hygiene promotion and Ebola awareness messaging. Technical support was provided to the Transitional Team for the integration of the Department of Social Welfare with the new Ministry of Gender, Children and Social Protection. During this period, US\$ 5 million of additional funds were mobilized from the World Bank for the implementation of the SCT programme for 8,500 households impacted by EVD in 2015. This will include foster grants to 2,500 children orphaned by EVD. To date, UNICEF has already made payments to some 700 families who have accepted Ebola survivor children and/or children orphaned by Ebola for care.

OUTPUT 4 All children affected by Ebola benefit from Case Management and Psychosocial Support Services and receive one of Cash Transfer

Analytical Statement of Progress:

The 2014 EVD outbreak provided an opportunity to expand the child protection case management system in Liberia. Priority was placed on expanding the social welfare workforce and providing mental health, psychosocial support, alternative care and special care for separated contact children. The social work force in Liberia was expanded tenfold due to the Ebola outbreak; indeed, the CPD target for child protection (to be achieved by 2017), has already been achieved. Social workers and mental health specialists, as well as youth volunteers have reached over 30,000 people with their messaging, reunified over 2,000 children orphaned by Ebola, assured cash transfers were given to close to 700 families who took in orphaned children, and supported/followed some 8,000 contacts who remained on a 21 day observation in their communities. In addition, 10 local social work supervisors, three survivor network coordinators, and two child protection experts were seconded to the MoH and the Ministry of Gender and Development to provide direct technical assistance to strengthen national and community-based child protection structures. Fifteen child welfare officers were trained to facilitate child protection, financial management and reporting and monitoring of child rights violations. The trainings were replicated at the county level. Monthly Child Protection Working Group meetings were held throughout the year and a National Child Protection Conference was also held to review the child protection situation. Overall, 432 child welfare committees (each having 10 members) were trained and are fully operational. The impact of

these trainings was seen in the increasing numbers of child protection cases that reported and referred to child welfare committees, and the more than 12,000 resolved cases, including those of Ebola orphans, but also the survivors of violence, rape and other rights violations. UNICEF also supported a 1,400 member Ebola survivor network and trained and hired 50 survivors to provide services to children affected by Ebola. Work with Inter-religious Council of Liberia continued in churches and mosques, which have continued with monthly dedication services for children. Regular activities with adolescent girls and national youth volunteers shifted to community awareness aimed at preventing the spread of EVD.

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:

Although the EVD outbreak severely affected the implementation of numerous child justice initiatives, gender-based violence and violence against children programmes, as well as all youth employment and empowerment programmes, did not halt, but were instead modified to better respond to the Ebola outbreak and adjust monitoring and support for children whose rights had been violated in the Ebola-affected environment. The Ministry of Justice, Child Justice Unit continued to work, albeit at a reduced scale, on advocacy, legal reform and policy issues relating to children across all areas. Indeed, during the Ebola outbreak the incidence of reported child rape cases decreased some 30 per cent (though this might be a reflection of decreased reporting, not decreased incidence), while the rate of incarceration of children, although low, remained steady during the first and second halves of the year (only 12 children were incarcerated nationally as of 15 December). The monitoring of child rights violations was stepped up, assuring that discrimination and violence against Ebola-affected families and children were addressed. Throughout 2014, monthly Child Justice Forum meetings continued to be held and weekly case tracking conferences were implemented to discuss and investigate specific cases of concern. In 2014, approximately 60 young people (83 per cent boys, 27 per cent girls) participated in diversion schemes developed by UNICEF in previous years. As of 15 December, there were 47 participants in the programme, all of whom were receiving vocational skills training and counselling.

Approximately 46 magistrates, prosecutors and city solicitors from Bong and Montserrado Counties, as well as 40 social workers, were trained on the guidelines for and practical application of international and national laws pertaining to juvenile justice. Overall, 164 child incarceration cases (129 boys and 35 girls) were monitored in prisons and police stations. All of these children were provided with free legal aid, psychosocial support and referrals, which resulted in 120 of them being released from prisons and police detention in 2014 (96 boys and 24 girls).

The National Youth Service Programme (NYSP) achieved its major outcome of reducing youth potential for violence and promoting national reconciliation. Due to the Ebola outbreak and readjustment of the planned programme, NYSP actually had double the number of participants (300) than originally planned for 2014 (150). Qualitative evidence from monitoring indicates that the participation of youth in peace building, institutional strengthening, public service delivery, and private sector development contributed significantly to the revitalization of services and thus resuscitated public confidence and engendered social cohesion. Qualitative data from monitoring also reflected that the communities highly valued the role played by the 53 national volunteers, not only in service delivery but also in fostering public confidence in the state institutions to which they were assigned. The perceived neutrality of national volunteers in the

discharge of social services mitigated public mistrust of state institutions in line with the theory of change that underpins the project design.

OUTPUT 1 Relevant institutions have the appropriate knowledge and capacity to provide gender-sensitive and age appropriate justice and protection services

Analytical Statement of Progress:

Originally planned activities within the child justice sector continued during the second half of the year, despite the Ebola outbreak. Though the focus shifted away from the legislative framework and was modified to better respond to the Ebola outbreak, monitoring and support to children in conflict with the law, as well as services for child survivors of violence continued. Indeed, during the Ebola outbreak the incidence of reported child rape cases decreased some 30 per cent (though this might be a reflection of decreased reporting, not decreased incidence), while the rate of incarceration of children, although low, remained steady during the first and second halves of the year (only 12 children were incarcerated nationally as of 15 December).

The Ebola outbreak demanded emphasis on monitoring of child rights violations, as many contact families were isolated and kept in their homes (often without food and water) by their communities. Restrictions in free movement and discrimination and rejection of children due to their Ebola status (e.g. survivors, contacts) were widespread, though the reports remained anecdotal and these cases were not systematic registered.

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OUTPUT 3 Empowered and informed adolescents and young people participating in decision making and peace building processes.

Analytical Statement of Progress:

The National Youth Service Programme (NYSP) underwent radical changes in 2014. The first half of the year went smoothly and exactly as planned: 175 NYSPs and 50 national volunteers from the fifth batch were in the field working in 97 schools, 26 health centres, nine youth centres and seven agricultural centres; and 150 NYSPs and national volunteers were recruited and trained for deployment in September 2014. However, the actual deployment of the sixth batch of volunteers was halted due to the Ebola outbreak. As a testament to the strong grassroots nature of the programme, the associations of NYSPs and national volunteers, together with the sixth batch of trainees, demanded to be deployed to fight Ebola (schools and health facilities were closed). In agreement with UNICEF, the terms of reference for the NYSPs and national volunteers were changed, they were retrained for contact tracing and community mobilization.

Close to 250 (10 were selected from the fourth batch 120 from the fifth; and 128 from the sixth) went back into the field and dispersed throughout the country to support the EVD response. Currently, this cadre is working in Ebola response interventions in the 12 counties that range from IPC, which includes contact tracing and family tracing for separated children, to psychosocial support and social mobilization. It is estimated that they have reached more than 8,000 people with their activities and have greatly contributed to a decrease in the spread of infection.

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 and AIDS

Analytical Statement of Progress:

By the end of the year, UNICEF Liberia mobilized resources totalling US\$ 95 million for programming, with a hike in funding to cover the Ebola response. UNICEF Liberia also strengthened relations with government and national committee donors through regular documentation and timely submission of donor reports and regular information sharing on programme and emergency interventions.

Faced with the escalation of the EVD outbreak in March, UNICEF Liberia shifted its programming priorities to support the Government's social mobilization and community outreach efforts to stop the spread of the disease. All efforts were incrementally scaled up and sustained through the second half of the year, with the Ebola response becoming the main programming priority of InfoComms. This required the recruitment of additional national and international staff, including field-based personnel, and strengthening partnerships with the Government, including the MoH, as well as other United Nations Country Team and National Task Force partners. Throughout the year, efforts were made to mobilize further emergency funding to scale up all UNICEF Liberia Ebola response interventions, including for Communication for Development (C4D).

During the reporting period, InfoComms key achievements were:

- Launch of the Sara book *Lets Speak Out*, which advocates for parents and victims to speak out against sexual and gender-based violence.
- Launch of the Sara book *Sara and the Plum Tree Palaver*, which promotes peaceful conflict resolution, strengthening of social cohesion and building resilience within communities.
- An event to celebrate the second annual Liberia Children's Media Day, held in partnership with the Press Union of Liberia, UNMIL, the Liberia Broadcasting System, Search for Common Ground and the Association of Liberian Community Radios.
- Raising awareness and organizational visibility through the organization of events to mark the handover of two new/renovated child-friendly schools in two counties, drawing on the participation of local and national government leaders, partners, the media and the public.
- Media releases and promotions to support other important national, regional and international events, such as the Day of the African Child and International Refugee Day.
- Mobilizing funding through various national committee, government and private donors, to scale up UNICEF C4D interventions in support of the national Ebola response.
- Organizing an event to launch the national campaign, Ebola Must Go.

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

Analytical Statement of Progress:

Given the Ebola outbreak and the spike in cases mid-2014, the focus of InfoComm was mostly on the Ebola response. Working closely with counterparts at relevant government ministries, InfoComm worked to raise awareness of the effects Ebola on the broader population and conduct advocacy around the specific areas in which women and children were affected. Only one event was held to launch the national Ebola Must Go campaign during the second half of 2014, as a government directive banned all campaigns and large events.

However, UNICEF Liberia continued with advocacy on behalf of children, including for immunization and the reactivation of healthcare services, as well as other areas related to the Ebola response, general programming, and raising awareness through formal media interventions. At least 50 international media mentions were recorded in 2014.

UNICEF Liberia worked with the Ministry of Information, Cultural Affairs and Tourism to strengthen partnerships with the media. Three meetings were held with owners and managers of media entities, editors, senior journalists and regional journalists, reaching 50 personnel. Social media and media interventions were used to support global and national advocacy campaigns, including the release of the *State of the World's Children* and other international days. There was a five-fold increase in the number of UNICEF Liberia Twitter followers, from 400 in July to 2,018 by the end of the year, and a tripling of Facebook 'likes' in 2014. Each Facebook post reaches an average of 400 people. UNICEF Liberia also supported visits from a number of journalists.

National Committees and donors were kept updated on project progress and current requirements through regular reports and situation reports, as well as through a number of interactions, including a visit by a delegation led by the head of the Swiss Committee for UNICEF.

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:

During the first quarter of 2014, the UNICEF C4D section continued to support the MoH and other partners to develop and disseminate information, education and communication materials and key messages on exclusive breast feeding, hand washing, cholera prevention/protection, polio etc.

UNICEF continued to broadcast key messages on routine immunization across the country, thus enhancing community involvement in promoting routine vaccines such as Bacillus, Calmette-Guerin (BCG), polio, pentavalent (diphtheria, tetanus toxoids and pertussis (DTP), haemophilus influenza type b (hip b) and hepatitis b), measles and yellow fever.

As per the cholera communication strategy developed in 2012, key cholera prevention kits and messages such as posters and brochures were produced and distributed in key areas for timely dissemination in case of an outbreak.

A PBEA communication strategy was developed in consultation with the PBEA Communication Task Force. The strategy provides a comprehensive plan of action to promote and sustain peace in Liberia and to ensure that the country achieves all of the development milestones reflected in its Vision 2030 document and Poverty Reduction Strategy II.

Following the onset of Ebola in March, as part of its C4D efforts, UNICEF provided support and collaborated with government and development partners (WHO, CDC, Médecins Sans Frontières) to raise awareness of the symptoms and prevention of EVD through messages and community engagement activities, in communities across the country.

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

Analytical Statement of Progress:

The MoH did not have a crisis communications C4D strategy, which meant that most material, strategies and implementation modalities had to be devised after the Ebola outbreak occurred. UNICEF was a key partner of the MoH in the development of a basic strategy for the Ebola response. Initially, the MoH and other partners were mostly reliant on UNICEF interventions, staff and partners, as well as agreements with national and community radio stations to raise awareness and prevent the spread of Ebola.

UNICEF helped revitalize the Social Mobilization Working Group, which is co-chaired by the MoH and UNICEF. As co-leaders of the message and materials development committee, UNICEF and the MoH developed all training materials and conducted trainings for communities, religious leaders, trainers, and general CHVs. UNICEF also deployed regional, county and district coordinators to coordinate social mobilisation efforts across the country. To date, close to 10,000 community volunteers, and almost 6,000 teachers have been trained to raise awareness on Ebola prevention and halting transmission.

Toward the end of 2014, with the decline in the number of Ebola cases, UNICEF was also a key player in the rapid response effort, quickly deploying staff, trainers and material to train community volunteers and coordinate social mobilization and community engagement in areas where outbreaks occurred.

UNICEF is continuing to support a wide range of C4D efforts across the country, help develop messages and material related to the changing epidemiological situation and support broader response efforts.

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

Analytical Statement of Progress:

In 2014, UNICEF Liberia significantly scaled up its resources to respond to the EVD crisis. Three rapid assessments were conducted, a Humanitarian Performance Monitoring system was established and weekly updates were provided through situation reports. In addition, a knowledge, attitude and practice study was launched with support from the MoH, LISGIS and the University of Liberia. Key findings and analysis will be released in January. UNICEF Liberia also established interactive mapping and analysis for EVD cases.

Innovative technology was established and deployed for the first time in UNICEF Liberia as part of the EVD response and beyond. mHERO and U-report were launched in November. As

Liberia transitions from emergency response to recovery, U-report and RapidPro will be used to investigate and engage communities around a variety of other issues, including: the quality of health and nutrition services; the availability of critical drugs and water/sanitation throughout the country; attitudes and practices that impact families/children; violence against children; youth unemployment; and the functionality, challenges and particular bottlenecks in the educational system.

UNICEF maintained a primary position in supporting the Government to finalize the analysis and dissemination of the Liberia DHS. DHS findings show improvement in number of key indicators related to women and child mortality rates, compared to previous years.

The limited capacity of the Government to handle the complexity and diversity of data from various sources on the EVD response remains a key challenge.

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

Analytical Statement of Progress:

Six annual work plans were finalized and signed with the respective line ministries after intensive quality review. Each work plan is aligned with the outcomes and outputs of the United Nations One Programme and the Government of Liberia Agenda for Transformation. Other achievements include the finalization of the AMP and regular monitoring of budget utilization and DCT reports during monthly CMTs. In addition, the Ministry of Finance received quarterly reports on UNICEF funds disbursements to partners (Government and NGOs). The HACT roadmap was finalized and endorsed by the United Nations Country Team and five HACT trainings were conducted with UNICEF staff and counterparts. UNICEF declared 1 April as the day to begin implementation of HACT in Liberia. Support to office statutory committees has been continuous. For example, the PCARC convened to recommend 39 PCAs with NGOs and civil society organizations, with total budget of US\$ 14,750,000.

In the area of emergency preparedness and planning, with support from the United Nations and other development partners, the Government activated the sector/cluster coordination approach to respond to the EVD outbreak in certain sectors. A contingency response plan was developed, a criticality analysis conducted and situation reports were activated.

The risk assessment library was reviewed and finalized in May. However, due to the EVD outbreak, another review plan will take place in the first quarter of 2015.

UNICEF continued its role as a lead agency for the Human Development Pillar under the United Nations One Programme.

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

Analytical Statement of Progress:

The Liberia DHS disseminated in September showed significant improvement in the under-five mortality rate, which declined from 222 deaths per 1,000 in 1986 to 94 deaths per 1,000 in 2013. Similarly, for maternal health, almost all Liberian women (96 per cent) received prenatal care from a skilled provider (doctor, nurse, midwife, or physician's assistant) in 2013, representing a substantial increase from 79 per cent in 2007. The proportion of women giving birth at health facilities and women receiving delivery assistance has also improved since 2007.

More than half of births now occur in health facilities, primarily in public sector facilities, and a skilled provider assists six in 10 births.

The PBEA baseline and the monitoring and evaluation system and tools were finalized and all implementing partners were trained on how to use and report on these tools.

With support from WCARO, a training on the Monitoring Results for Equity System (MoRES) was conducted for all UNICEF staff and key partners. Although roadmaps for rolling out MoRES by sector were developed, due to the EVD outbreak, the implementation of these roadmaps was postponed. Technical support was provided to all programmes to conduct sector mid-year and end year reviews, monitor IMEP progress and report on key performance indicators on a monthly basis.

A key challenge under this output was that almost all activities related to monitoring and evaluation under the regular programme were postponed until further notice due to the EVD outbreak.

OUTPUT 3 Efficient and effective humanitarian response

Analytical Statement of Progress:

As part of the EVD response, three rapid assessments were conducted and helped to inform sectorial strategic planning, advocacy and response. In addition, UNICEF finalized preparation of the knowledge, attitude and practice study focused on EVD. The Humanitarian Performance Monitoring framework was established to track and report on key humanitarian indicators on a weekly basis. UNICEF Liberia developed an interactive mapping tool to track and map the number of cases per county.

Innovation was institutionalized for the first time at UNICEF Liberia, with the use of RapidPro and U-report to support the Ebola response and beyond. Agreement was reached with two major mobile networks on common short codes. Two partnership agreements were signed to train and register an additional 50,000 U-report users in six counties by the end of June.

The reliability of data remained a key challenge in the EVD response. UNICEF will strengthen its decentralized monitoring system at the field level in 2015 and ensure real-time monitoring using innovative approaches being piloted in all programme areas.

OUTCOME 10 Effective and efficient supply and logistics management and support to programme provided to all programme

Analytical Statement of Progress:

The supply function provided efficient supply and logistics management support to programmes. Supply planning was reintroduced in 2014 and in liaison with programme sections, the 2014 Supply Plan was developed. The work flow processes for procurement of goods and services were revised in the first quarter with the objective of enhancing the capacity of both supply and programme colleagues to ensure timely compliance with lead times. LTAs were extended and new ones established to facilitate prompt response to programme implementation needs, and to avoid over-stocking of supplies for long periods of time. In the second quarter of 2014, the Supply Unit workload gradually started to intensify due to the EVD response. The procurement value through June 2014 was US\$ 1,162,585.40, which represents a 59 per cent decrease from the procurement value of June 2013 (US\$ 2,805,655.27), which can be attributed to the low pace of procurement and limited funding at the beginning of the year. In 2013, the total

procurement value was US\$ 4,644,940 at the end of December. UNICEF continued to pre-qualify suppliers and update the supplier database, as part of strategic risk management. UNICEF participated in United Nations Procurement Working Group activities, was responsible for establishing LTAs for fuel and direct fibre optic services, and served on various evaluation committees under the Delivering as One initiative. Total stock value in the warehouse as of June 2014 was US\$ 434,502.18. The reduction in this value when compared to June 2013 (US\$ 509,037.69) was the result movements of supplies to programme partners and beneficiaries in the first quarter. Supplies were transited through the warehouse due to limited government warehousing spaces. The value of stock in the warehouse for more than one year amounted to US\$ 113,795.24, which is above the 2014 target, due to UNICEF support to the Government to control the EVD outbreak. The increase is due to the storage of critical supplies for emergency intervention in the child survival and education sectors. With regards to improving government capacity, the Supply Unit participated in various meetings and provided guidance on procurement of services and supply chain issues with the Health Pool Fund and National Drug Stores. Procurement status monitoring was established and carried out on a real time basis and placed on the shared drive. The Supply Team met weekly to review and monitor progress in procurement and shipping/clearance of goods and services.

OUTPUT 1 Efficient and Effective Supply and Logistics for Programme Delivery

Analytical Statement of Progress:

Supply throughput of US\$ 53 million (43 per cent offshore, 57 per cent local direct orders) was managed in close collaboration with programmes. Supply plan implementation was regularly monitored to ensure timely procurement and delivery of supplies. Supply support to the Government intensified and increased many fold during the third and fourth quarters in direct response to the Ebola outbreak. The indicators related to warehouse inventory are not indicative of the current scope of supply operations in the country. An order of US\$ 1.63 million for the MoH was managed through procurement services waiving handling charges, and completed expeditiously, with 90 per cent of supplies received within two weeks of acceptance of cost estimates. The Supply Division provided direct support to UNICEF Liberia, with regular charter flights bringing in essential supplies in response to the Ebola outbreak, as well as other programme supplies. In total, 20 charter flights had been received since the beginning of August 2014. Workflow processes for the procurement of goods and services were reviewed during the year to improve and enhance support to programme delivery measures. Training was provided to all staff on supply chain management matters, including the use of supply pages on the UNICEF intranet and dashboards. The Supply Unit continued to pre-qualify suppliers, update the supplier database and establish LTAs for essential goods and services. In total, 29 LTAs were established in 2014. The Supply Unit participated in the United Nations Procurement Working Group meetings and took the lead to establish LTAs for fuel and internet services for the United Nations family in Liberia. A logistics assessment was conducted in all counties in the context of EVD to improve response time in the provision of supplies at sub-national levels. The Contracts Review Committee was well managed, with 74 submissions totalling US\$ 13,253,777. With the effective screening of submissions presented to the Committee, no submissions were returned. For the EVD response, warehouse capacity was enhanced by securing additional space for packing hygiene kits, medicines and medical supplies kits and additional equipment, including pallet-lifting machines. Overall, 60 per cent of offshore supplies were transited through the UNICEF warehouse because the Government lacks adequate warehousing facilities.

Evaluation

Title	Sequence Number	Type of Report
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Other Publication

Title
Ebola is Real (video): https://www.youtube.com/watch?v=zeAfUICr-iQ
Ebola is Real (song): https://soundcloud.com/unicef-liberia
Ebola is Real (radio spots and dramas in all 16 dialects): https://soundcloud.com/unicef-liberia
Liberia Demographic and Health Survey
Sara series: 'Sara and the Plum Tree Palaver'
Sara series: 'Let's Speak Out'

Lessons Learned

Document Type/Category	Title
Innovation	Using SMS technology for the Ebola emergency response