Executive Summary

2013 Achievements:

- High level commitment to accelerate under 5 (U5) child mortality reduction ensured through official launch of APR initiative by President Sirleaf; Child survival score card developed to monitor progress at national and sub-national levels; 65 per cent of under-one children vaccinated with Penta-3 and 95 per cent U5 against polio; No polio cases reported for three consecutive years; Community based health personnel trained on Malaria, ARI, diarrhoea and community case management in the four impoverished south eastern counties.

- Chronic malnutrition reduced from 42 per cent to 36 per cent; more than 200,000 people aware of ENA through engagement of trained community volunteers and interpersonal community outreach activities; “Scaling Up Nutrition” initiative will be launched in 2014.

- Social Cash Transfer (SCT) programme expanded and reaching 3,838 extremely poor and labour constrained families (70 per cent increase from 2012) with cash grants and integrated birth registration, nutrition and education services in Bomi and Maryland.

- Accelerated and alternative learning programmes launched for out-of-school children and 90 per cent of targeted children enrolled in 26 communities; Learning environment for 10,000 students and 240 teachers in 11 counties improved with new/rehabilitated classrooms, Water, Sanitation and Hygiene (WASH) facilities, furniture and learning materials.

- Number of pregnant women testing HIV positive and receiving ARV prophylaxis increased from 990 to 2,987; 5,424 HIV patients received ART treatment and 56 new Prevention of Mother to Child Transmission (PMTCT) and VCT sites were established.

- Children’s issues on nutrition, education and child protection received high prominence at the Post-2015 Millennium Development Goals (MDG) high level panel meeting in Monrovia co-chaired by President Yudhoyono, Prime Minister Cameron and President Sirleaf, as a result of UNICEF’s strategic advocacy efforts.

- As co-chair of the human development pillar of the Agenda for Transformation (AfT) (Poverty Reduction Strategy II 2012-2017), UNICEF ensured that all sector plans focused on vulnerable and disadvantaged children and women with evidence based targeted results.

Shortfalls:
Inadequate capacity of Government and partners, limited investment of Government resources, and substantial dependence on donor funds hampered efficient programme implementation. Only 7 per cent of EPHS facilities provide ENA services, which is below the 2013 target of 13 per cent. Only 47 per cent of the total ECD enrolment target was met and Primary school net enrolment ratio (NER) remains very low, at 23 per cent, and net completion rates are 4 per cent. Children with new birth registration doubled compared to 2012 (55,000 to 122,000) but overall the percentage of registered children is only 7.7 per cent nationally, which is far below UNICEF’s CPD goal of 50 per cent. More than 90 per cent of reported rape victims were children. UNICEF is far from achieving its target of decreasing sexual and gender based violence (SGBV) by 25 per cent.

Partnerships:
UNICEF collaborated with 30 Government and NGO partners to deliver health, nutrition, WASH, education and protection services through regular and emergency programmes. The collaborations increased Government ownership, strengthened local capacity and ensured efficient implementation and monitoring of interventions. UNICEF developed new partnerships with the Peace Building Office (PBO), Ministries and civil society organizations (CSOs) to implement peace building and advocacy programmes. UNICEF also strengthened its partnership with the Ministry of Health and Social Welfare (MoHSW) for the Scaling Up Nutrition (SUN) movement and with the Ministries of Agriculture, Education and Gender. UNICEF’s
partnership with Peace Corps, USAID and Food and Enterprise Development (FED) enhanced capacity and service delivery of the National Youth Volunteer programme to the education sector.

**Country Situation as Affecting Children & Women**

In 2013, Liberia celebrated ten years of uninterrupted peace and progress. Assisted by a stable government and support from partners, Liberia has achieved remarkable progress in improving children’s access to basic health care services and primary education, water and sanitation facilities, social welfare and protection from violence, abuse and exploitation.

Liberia’s HDI ranking jumped from 182 of 187 countries in 2011 to 174 out of 187 in 2012. Liberia is among the 14 countries that recorded impressive HDI gains of more than 2 per cent annually since 2000. The economy is projected to grow at an annual average rate of 6 per cent between 2013 and 2017.

Despite robust economic growth, the domestic economy is still constrained by inadequate roads and electricity. Youth unemployment (19 per cent for males and 32 per cent for females) is a major issue. One in every three young people is unemployed, and half of those working do not earn adequate income to sustain themselves. While industry is growing, growth is constrained by a shortage of skilled labour.

Ethnic and communal tensions and land disputes contribute to the fragility of peace with the impending drawdown of the United Nations Mission in Liberia (UNMIL). The Government will have to shoulder additional costs and responsibility for sustaining the peace. The total number of UNMIL troops will be reduced from 7,500 to 3,750 by 2015.

A major bottleneck for effective programming is the perception of widespread corruption. The Government is committed to increasing transparency and accountability. It established an Anti-Corruption Commission and passed anti-corruption laws and policies. Limited capacity and inadequate human resources hamper effective and efficient programme implementation.

Of the 3.5 million people in Liberia, 64 per cent live below the poverty line and 48 per cent are extremely poor, with the north western and south eastern regions being the most impoverished. Life expectancy is 57 years. UNICEF is a major partner of the Government’s Poverty Reduction Strategy II. The UNICEF-Government of Liberia (GoL) work plans are in line with AfT’s Human Development Pillar and UN One Programme.

Enrolment has steadily increased at all educational levels but quality and gender equality (particularly at the secondary level) has not. The failure of all 25,000 graduate applicants to Liberia University in 2013 to pass a standard university entrance exam used by other countries in the region prompted President Sirleaf to declare deteriorating quality of education as a national emergency. This was the first time that the exam had been impartially graded outside the university. President Sirleaf directed universities and Ministry of Education partners, including UNICEF, to develop a three-year strategy plan to address the problem. The 2013 education sector bottleneck analysis revealed significant gender and regional disparities. Gender-gap disparity rate at Primary School level was approximately 4 per cent, but it doubled or tripled in impoverished counties. More than 500,000 children are out of school despite the abolition of school fees. Poverty is the underlying cause of this, since parents either cannot afford associated costs (uniforms/stationaries) or because of lost opportunity cost of working.

Since 1990, Liberia has achieved a 5.4 per cent annual reduction in child mortality, the greatest percentage of reduction in Africa. The three major killers of children are malaria, ARI and diarrhoea. In July 2013, President Sirleaf launched the APR initiative and committed to further accelerate child survival efforts. Liberia has one of the highest maternal mortality rates, despite a drastic reduction from 994 in 2007 to 770 in 2010. As of September 2013, the percentage of pregnant mothers giving birth under the supervision of skilled birth attendants was only 32 per cent. Haemorrhage and sepsis are the main causes for maternal deaths, while tetanus, pneumonia, diarrhoea, birth asphyxia and prematurity are the main causes for neonatal mortality.
Immunization coverage is still low. Approximately 76 per cent of under-1 children received Pentavalent3 vaccines. Liberia will introduce Pneumococcal vaccine in January 2014. No polio has been reported since 2010.

Chronic malnutrition among U5 children is 36 per cent (up from 42 per cent in 2007, DHS). Two out of every five children are stunted. Liberia introduced a high impact nutrition services package for the first 1,000 days of a child’s life, to reduce chronic malnutrition to 20 per cent by 2017. Although 78 per cent of children are breastfed, 66 per cent of 0-6 month infants are not exclusively breastfed.

Only 5 per cent of Liberians have access to piped water at home and 44 per cent practice open defecation. Sanitation in slums is poor and requires hygiene education. Just 7 per cent of rural households have access to improved sanitation compared with 30 per cent in urban areas. Sixty per cent of rural households and 89 per cent of urban households enjoy improved water sources.

Hospitals in Monrovia recorded 1,300 rape cases between January-September 2013. Of those, 90 per cent were children, and ten died. UNICEF is advocating and working with Government, religious leaders and community leaders to address the extremely high rate of child rape and SGBV. Reluctance by many victims and their families to refer cases to the formal judicial system contributes to the problem.

As of 2010, Liberia had the world’s second lowest U5 child birth registration rate, at 4 per cent. Revitalization of the Universal Birth Registration system (mobile registration and birth registration centres in all 15 counties) doubled new birth registration from 55,000 in 2012 to 122,000 in 2013, increasing universal birth registration (UBR) to 7.7 per cent, which is still far below UNICEF’s CPD goal of 50 per cent.

About 21 per cent of boys and girls ages 5 to 14 were engaged in child labour between 2002 and 2010. Evidence shows that children are internally trafficked for domestic servitude, street vending and agricultural labour and sexual exploitation. The prospect of earning fast money from mining sectors (gold and diamonds) is particularly attractive to poor children and their families. Children as young as 12 years are mining for gold instead of attending school.

National HIV prevalence is 1.8 per cent in females and 1.2 per cent in males, with a higher incidence (3 per cent) among the wealthiest quintile. Comprehensive knowledge of HIV&AIDS is only 19 per cent for females and 32 per cent for males.

Approximately 55,000 Ivorian refugees (54 per cent female, 46 per cent male) remain in UNHCR camps and host communities in Nimba, Grand Gedeh, River Gee and Maryland counties. UNICEF is integrating its emergency response into regular programming and building national systems and capacity of counterparts for sustainable interventions.

Liberia is likely to meet MDGs 3, 6, 4 and the malaria target. Liberia is unlikely to achieve MDGs 1, 2, 5 and 7.

**Country Programme Analytical Overview**

In 2013, Liberia took significant steps forward for children. UNICEF’s strong and strategic support, as part of the One UN Programme, ensured that children’s well-being remained a top developmental priority, and all related policies and actions targeted the most vulnerable and disadvantaged children and families.

One big challenge that continues to impede expansion of quality basic services is the Government’s low absorption and implementation capacity. Liberia still depends heavily on external support to develop and implement policies and plans.

In 2013, UNICEF continued its strategic focus on strengthening capacity of institutions and training service providers at all levels. In 2014, UNICEF aims to increase Government’s ownership of programmes and accelerate national capacity through adoption of the harmonized approach to cash transfer (HACT) and continued investment in capacity building initiatives.
The bottlenecks for access to health care services, especially for communities living more than five kilometres from health centres, have been significantly reduced. UNICEF strengthened community case management structures through CHV training on malaria, diarrhoea and ARI, and supplied essential drugs in two marginalized south eastern counties. This effective intervention will be expanded to other impoverished counties in 2014.

For nutrition, UNICEF integrated ENA, Integrated Management of Acute Malnutrition (IMAM) and micronutrient deficiency management services and strengthened Communication for Development (C4D) interventions, which contributed to reducing chronic malnutrition from 42 per cent to 36 per cent.

UNICEF scaled up its WASH interventions to improve sanitation and hand pump sustainability starting in districts with the lowest WASH coverage.

Despite significant investments by UNICEF and development partners, improvement in the education sector has been slow. With support from regional experts, UNICEF developed a systematic analytical tool to identify key bottlenecks at primary and junior secondary levels, focusing on key determinants such as distance to schools and availability of trained teachers. The top priority in 2014 will be to expedite bottleneck analysis and, together with the Government and partners, accelerate improvements in education quality and provide access to education for more than half a million out of school children.

More than 1,300 cases of sexual violence against children were reported in 2013, the highest in three years. UNICEF is engaging religious leaders and civil society to reach out to communities for protection of children against all forms of violence. In 2014, UNICEF will roll out strategic C4D interventions to foster greater engagement of religious and civil societies, communities, media and children to reduce VAC in schools and communities.

UNICEF supported the development of the national Social Protection Strategy and Policy, and expanded the social cash transfer programme to Maryland County. UNICEF will continue to support the programme in 2014 and gradually hand it over to the Government of Liberia.

Youth unemployment is a constant risk factor for Liberia’s peacebuilding efforts. Unemployed youth comprise 55 per cent of the population, and are a constant threat to the country’s current political stability. UNICEF supported the National Youth Service Programme, to ensure the integration of youth in the public sector, while also increasing their participation in national development and peacebuilding efforts.

**Humanitarian Assistance**

With the security situation in Côte d’Ivoire considerably improving, the number of Ivoirian refugees in Liberia has declined to 54,621 as of December 2013 (more than 60 per cent of whom are children and women). Approximately 25,000 refugees live with host communities in Grand Gedeh, Nimba, River Gee and Maryland counties.

As the emergency response moves into the recovery phase, UNICEF is integrating its education, health, nutrition, WASH and child protection emergency interventions into regular programmes in the four affected counties. UNICEF is focused on strengthening Government ownership of programmes, with greater involvement of local partners in planning, implementation and monitoring. UNICEF is introducing long-term durable approaches into short-term humanitarian activities. For example, in child protection, UNICEF is strengthening county and district support structures and training Government and civil society workers on child protection case management to facilitate immediate response when needed.
Effective Advocacy

Mostly met benchmarks

Optional. LCO not undertaking MTR in 2013

Capacity Development

Mostly met benchmarks

Optional. LCO not undertaking MTR in 2013

Communication for Development

Mostly met benchmarks

Optional. LCO not undertaking MTR in 2013

Service Delivery

Mostly met benchmarks

UNICEF focused on the impoverished Southeast region (River Gee, Grand Gedeh, Nimba and Maryland counties) for delivery of essential maternal and child health services. The region’s already limited health, education and social services came under severe strain with the influx of more than 200,000 Ivorian refugees in 2011. With the improved security situation in Cote d’Ivoire, many refugees have returned home. The emergency situation in the region created more opportunities for UNICEF and partners to strengthen service delivery, not only for the refugees, but also for the host communities. UNICEF appointed technical consultants in county health offices in Grand Gedeh and Maryland counties to build the capacity of the county health team (CHT) in supervision, programme monitoring and evaluation, coordination, logistics and funds management. In River Gee, UNICEF and SPIR trained CHT to deliver effective IMAM services, highlighting key monthly deliverables to quickly identify and address gaps. UNICEF participated in the health and public works Ministries’ regular joint supervision and monitoring exercises. Quarterly supervision and monitoring exercises were conducted for health and nutrition, using a standard checklist developed by the health Ministry. Similarly, monthly supervision and monitoring exercises on information management, progress reporting, coordination and quality control measures were carried out for WASH activities.

Focused interventions, regular joint monitoring and coordination visits in the target counties resulted in the timely completion of key activities, including Integrated Community Case Management (iCCM) trainings in Grand Gedeh, Maryland and River Gee; ENA trainings for health workers/CHVs in River Gee, and construction of water points in schools and health facilities.

UNICEF continued to support the Government of Liberia to further improve and expand essential child protection services across Liberia. One of the most significant efforts was the expansion of the successful pilot social cash transfer programme to Maryland County. With the expansion, the number of ultra-poor and labour constrained families benefitting from the cash transfer increased by 70 per cent (to 3,838) in Bomi and Maryland counties. Increased birth registration services, both facility-based and mobile services, led to registration of 112,226 children under 13 years of age, which is twice the number registered in 2012. Community-level child protection structures and services in seven counties improved with the additional training of 320 child welfare committees (CWCs). More than 58 residential institutions were assessed and
recommendations were made for improvement, as per the alternative care guidelines. UNICEF supported the development of the Adoption law, a formal foster care system, and the diversion guidelines for children in contact with the law. Judges, magistrates, police and other stakeholders were trained and sensitized on juvenile justice and child protection. UNICEF strengthened youth empowerment and participation through technical and financial support to youth centres and the National Youth Service Programme.

**Strategic Partnerships**

*Mostly met benchmarks*

**Knowledge Management**

*Mostly met benchmarks*

Optional. *LCO not undertaking MTR in 2013*

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

Optional. *LCO not undertaking MTR in 2013*

**Gender Equality**

*Mostly met benchmarks*

**Environmental Sustainability**

*Mostly met benchmarks*

UNICEF Liberia addressed aspects of environmental sustainability in programme delivery by using local materials for construction, solar refrigerators, and manually operated water pumps. UNICEF also delivered used computers and equipment to schools and promoted improved medical and human waste management.

**South-South and Triangular Cooperation**

Liberia hosted the first international ECD conference with support from UNICEF and OSIWA. Education and
ECD experts from Liberia and seven other African countries shared good practices and lessons learned on ECD policy formulation, curriculum and capacity development of caregivers, teachers and parents. The conference, which was officially inaugurated by Liberia’s President Ellen Johnson Sirleaf, was widely covered by the media, and created awareness on the importance of ECD among parents and caregivers.

In Dakar in October, Government, UNICEF, other UN agencies and NGOs from Chad, Ouagadougou, Guinea, Liberia, Sierra Leone, Ghana, Senegal, Democratic Republic of Congo, Niger, Cote d’Ivoire and Mali attended a technical workshop on cholera in West and Central Africa. Organized by Harmonization for Health in Africa (AHH), the workshop was an ideal forum for WASH experts and policy makers to share ideas on practical solutions to reduce cholera epidemics in the region. One major outcome was the decision to introduce a new cholera vaccine in the region.

Progress of WASH projects supported by DFID and DGIS were reviewed during the annual regional WASH Review Meeting in Dakar. Experiences, innovations and ideas such as sustainable use and operation of WASH facilities were shared among Government and NGO participants from Benin, Central African Republic, Cote d’Ivoire, Ghana, Guinea, Mali, Liberia, Mauritania, Niger, Nigeria and Sierra Leone. Representatives from the Netherlands government (DGIS) and WASH Aid Advisor from UK DFID attended the meeting.

In November 2013, UNICEF participated in the Regional Mid-Term Review Meeting of the Economic Community of West African States (ECOWAS) Nutrition Forum in Monrovia, Liberia. Nutrition stakeholders in West Africa reviewed the progress made on nutrition and identified the urgent need to create more training opportunities in the region for students aspiring to pursue nutrition studies and training.

UNICEF participated in a stocktaking meeting for elimination of mother to child transmission of HIV (eMTCT) which was organized by the Joint UN Regional Team on AIDS (JURTA). Attended by 12 countries from West and Central Africa, the meeting reviewed progress made by countries on eMTCT and identified measures to achieve all HIV goals by the 2015 MDG deadline.

In collaboration with World Bank, UNICEF facilitated training on social protection policies, programme design and implementation for Government counterparts in Liberia, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Rwanda and Tanzania. The trainees learned about Cash transfer programme designs, MIS development, advocacy and strategies to scale up pilots to national programmes. The training provided an opportunity for implementing partners to learn from their peers and experts from Ghana, Nigeria and Kenya, which have long experiences in implementing social protection programmes. These south to south lessons were instrumental in the improvements made to Liberia’s own SCT programme.

Senior officials of the Ministry of Gender and Development (MoGD) and Social Protection Secretariat, Ministry of Planning and Economic Affairs (MoPEA) attended a regional conference on social protection in Harare, Zimbabwe. The meeting and collaboration with Nairobi-based African Civil Society Platform for Social Protection kick-started the formation of Liberia’s own similar platform.

UNICEF also facilitated efforts of Liberian school children to provide funds to the Philippines to support children affected by Typhoon Haiyan.
## Narrative Analysis by Programme Component Results and Intermediate Results

### Liberia - 2550

#### PC 1 - Young Child Survival and Development

**On-track**

**PCR 2550/A0/08/801 PCR 1:** 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.

**Progress:** UNICEF support in 2013 contributed significantly toward improving access for children, adolescents and women to quality, high-impact health services, including HIV education and PMTCT services.

The country achieved 76 per cent immunization coverage for Penta 3, and the three Polio supplementary immunization activities (SIAs) achieved more than 95 per cent coverage in 2013. UNICEF's strategic supply support prevented vaccine stock-outs in the country. UNICEF continued prioritizing efficient management of the cold chain system, providing supply and technical support, including installation of continuous temperature monitoring devices (fridge tags) at peripheral storage facilities across the country. UNICEF strengthened community health services through the iCCM strategy by training 4,000 members of the community health committees in 759 communities in Maryland, Grand Gedeh, Sinoe and River Gee counties. Some 130 trained community health volunteers (gCHVs) are providing treatment and referral services for malaria, ARIs and diarrhoea to approximately 33,000 people in 208 catchment communities in Maryland county. Approximately 10,000 households benefitted from long lasting insecticide treated mosquito nets distributed by UNICEF during ANC services. Approximately 42 per cent of pregnant women attended all four ANC sessions, 33 per cent delivered in health institutions, and 32 per cent received skilled attendance at delivery. Integrated ANC/PMTCT sites increased from 48 per cent in 2012 to 54 per cent in 2013 and approximately 98 per cent of pregnant women received comprehensive PMTCT services during ANC visits. The proportion of adolescents ages 15-19 years in the Adolescent Girls’ Program with comprehensive knowledge on HIV and AIDS increased from 18 per cent to 45 per cent in one year.

Bottlenecks due to inadequate absorption capacity of the Government continued to hamper achievement of planned results. In 2014, UNICEF will continue the practice of direct support to county health teams, and continue leveraging the high level political commitment achieved with the Presidential launch of A Promise Renewed to accelerate results for low-cost, high impact interventions for achieving under-5 mortality reduction in the country.

**On-track**

**IR 2550/A0/08/801/001 IR 1.1:** 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 more than 90 per cent coverage of the target population including hard-to-reach areas.

**Progress:** The programme achieved 76 per cent immunization coverage for Penta 3. Three full rounds of polio SIAs reached more than 95 per cent of children under-five years. The first and second rounds were integrated with delivery of Vitamin A and deworming tablets for eligible children under-five years. Adequate and timely supply of routine vaccine stocks ensured that there were no stock outs at the national level. Vaccine management and safety was further strengthened with the installation of continuous temperature monitoring devices (fridge tags) at peripheral storage facilities across the country, as well as installation of multi-logs at the central vaccine cold rooms. Efforts to reduce immunization inequities are underway, with UNICEF supporting the implementation of the urban EPI strategy (in Montserrado county), including recruiting and training additional vaccinators for 50 private health facilities and 12 large markets in Monrovia. With support from the Regional Office, a C4D strategy was developed to support routine immunization as well as introduction of new vaccines. UNICEF also supported planning, training vaccinators and supplying and prepositioning vaccines for introduction of the PCV vaccine in January 2014.

Major impediments to the programme are lack of quality of data and poor micro-planning. Denominator estimates are difficult and unreliable, especially in urban Monrovia, and in some cases, there is poor tracking of vaccinations between health facilities and counties. UNICEF is working on a data improvement plan with MOHSW and partners, as well as on improvements in micro-planning, for implementation in 2014.

**On-track**

**IR 2550/A0/08/801/002 IR 1.2:** 70 per cent of children under 5 and women of child bearing age access low cost high impact health interventions in 5 south eastern counties (Maryland, River Gee, Grand Gedeh, Grand Kru and Sinoe) including hard-to-reach areas and marginalized populations.

**Progress:** UNICEF’s continued investment in iCCM is helping sustain low cost-high, impact health services for children and families in the four disadvantaged counties of the southeast - Maryland, River Gee, Grand Gedeh and Sinoe Counties. Nearly 4,000 health committee members in 759 communities are better equipped with knowledge and skills thanks to training provided on community case management. An additional 130 trained gCHVs are already providing vital care and referral services on malaria, ARIs and diarrhoea in 208 catchment communities in Maryland. Nine per cent of children under 5 were treated at the community level with ORS/Zinc for diarrhoea and 19 per cent were treated with anti-malarial medication. In the remaining three counties, 415 gCHVs are completing their training under the guidance of trained health staff managing public health facilities. UNICEF supplemented the Government’s public health care efforts by supplying essential drugs to the national drug stores, including iCCM-related materials for the Southeast counties. UNICEF continued increasing the availability and ownership of LLINs by distributing more than 10,000 units to pregnant women during routine ANC services. UNICEF also pre-positioned 5 diarrhoea kits in the cholera high-risk counties of Montserrat, Sinoe, Grand Cape Mount, Gbarpolu and Grand Kru for timely management of outbreaks.
The iCCM rollout was delayed due to weak technical capacities in the counties, therefore the established targets for community treatments in 2013 were not achieved. A Road Map for Community health services is being finalized along with a community HMIS manual to standardize community health practices across the country and improve data management to adequately capture health services being provided at the community level.

**On-track**

**IR 2550/A0/08/801/003** IR.1.3 National and county levels have technical and managerial capacity to provide newborn, child and maternal health services (UNDAF output 3.1.1)

**Progress:** UNICEF, in partnership with USAID, supported the launch of A Promise Renewed, gaining high level commitment by the President of Liberia for accelerating under 5 child mortality reduction in the country. The MoHSW developed a reproductive, maternal, newborn and child health (RMNCH) scorecard for monitoring progress on interventions for RMNCH services.

UNICEF’s capacity building support improved the skills of 150 mid-level health workers on integrated maternal/child/reproductive health, including HIV in Grand Cape Mount, River Gee, Sinoe and Grand Kru counties, and trained 29 midwifery students at the Esther Bacon College. Many health INGOs are withdrawing from the counties due to funding constraints. LCO continued supporting the Pooled Fund mechanism of the MoHSW with a contribution of US$500,000, helping the Government lead the delivery of basic health services through county health teams. Empowering county and district health teams with adequate resources and training is crucial for the decentralization process, and for sustaining quality health service delivery at sub-national and community levels.

The implementation of planned maternal and newborn care activities at the community level was severely delayed in 2013 due to prolonged funds liquidation issues with the Family Health Division in the MoHSW. MoHSW/HMIS data as of the end of September 2013 showed that institutional delivery dropped to 33 per cent compared to 36 per cent in 2012, and IPT2 coverage deceased to 33 per cent from 35 per cent in 2012. The proportion of births attended by skilled staff was 32 per cent, and 42 per cent of expected pregnant women attended at least four ANC visits.

The proposed activities for the first quarter of 2014 include: training community health volunteers on home-based maternal and newborn care to identify and promote antenatal care attendance, facility delivery and control of neonatal infections; and improving skills of health facility staff on kangaroo mother care.

**On-track**

**IR 2550/A0/08/801/004 IR.1.4** Key stakeholders have the capacity to plan, manage and monitor EPHS implementation at all levels including in hard-to-reach areas (UNDAF output 3.1.3)

**Progress:** UNICEF support to the marginalized south eastern counties helped improve knowledge and skills of health workers in counties, districts and communities to better manage delivery of the Essential Package of Health Services (EPHS). UNICEF provided direct technical assistance and capacity building to county health teams through one international consultant in Maryland county and three national consultants in Grand Gedeh, Sinoe and River Gee. A Maryland County M&E officer from the Ministry is receiving training outside Liberia on planning, monitoring and evaluation.

Equipment supply from UNICEF, including two field vehicles and five motorcycles to Maryland, Grand Bassa and Grand Gedeh county health teams, improved monitoring and managing of bottlenecks in health service delivery in communities. UNICEF supported the County Health Services Division (CHSD) in conducting quarterly integrated joint supervision visits to counties, improving supervision and monitoring of EPHS and supporting the accreditation process. Further investment is needed for CHSD to play a greater role in strengthening coordination and collaboration between the MoHSW divisions for efficient use of resources and delivery of results.

In 2014, UNICEF will prioritize supporting the MoHSW in ensuring availability of key health policy document and implementation at national and sub-national levels.

**On-track**

**IR 2550/A0/08/801/005 IR.1.5:** 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

**Progress:** UNICEF continued to support the scaling-up of the integration of HIV into MNCH services. More than 98 per cent of pregnant women attending ANC volunteered for HIV counselling and testing, resulting in increased PMTCT uptake from 48 per cent in 2012 to 54 per cent in 2013. There was a similar increment in EID coverage, from 10 per cent in 2012 to 14 per cent in 2013. ARVs initiation coverage among HIV positive pregnant women increased from 37 per cent in 2012 to 48 per cent in 2013. Some 93 per cent of infants born to HIV positive women received ARVs to reduce transmission from mother to child. Some 86 per cent of HIV exposed infants were tested for HIV using DNA-PCR, of which 6 per cent were positive and placed in care and treatment. UNICEF contributed to the decentralization of HIV services through training of county authorities for local involvement and monitoring the multi-sectoral response to HIV and AIDS. The programme supported ten Government Ministries and agencies in developing the workplace policy on HIV.

UNICEF’s support for reducing HIV related stigma was championed by people living with HIV. Thirty two peers trained as buddy counsellors provided psychosocial and home-based support, and promoted adherence counselling for continuity of treatment. Additionally, 421 orphans, including children infected and affected by AIDS (CABA) and their caregivers received psychosocial support and counselling services.

Despite the increase in access and utilization, barriers to the utilization of services remain in terms of human resource capacity and geographical access. The decentralization approach for health system strengthening will provide an opportunity to bridge inequities and
improve access and utilization. Scaling up a robust community based response will facilitate access and utilization, advocacy for the availability of basic commodities, and effective management. The programme will continue onsite mentorship and training of service providers for efficient and improved service delivery in 2014.

**On-track**

**IR 2550/A0/08/801/006 IR 1.6: Adolescents and vulnerable young people have access to and utilization of basic life skills and HIV and AIDS awareness education**

*Progress:* Despite delays in fund releases, UNICEF support in 2013 helped increase the number of adolescents and young people accessing and utilizing basic life skills and HIV and AIDS education. Community awareness in 20 communities helped reach more than 6,000 adolescents and youth who were sensitized with vital information on HIV, teenage pregnancy, nutrition and sexual reproductive health. As a result, the number of adolescents at targeted communities seeking family planning services (including condoms) at health facilities increased from 54 in 2012 to 310 in 2013. More than 1,400 adolescents received HIV prevention and life skills education on adolescent sexual reproductive health, goal setting, building self-esteem, team building, and gender based violence. Some 220 adolescent girls completed literacy and education in five communities (Gbargay, Totouquelleh, Careysburg, West Point and Bensenville) in Gbarpolu and Montserrado counties.

Two youth centres were built, one in Bopolu and another in Totouquelleh, providing adolescents a safe space for discussion and consultations on the prevention of harmful traditional practices (Female Genital Mutilation, Early Marriage).

The programme is reaching out to some of the most disadvantaged communities in the country. However, due to funding constraints, thousands of extremely vulnerable girls cannot be enrolled into the programme. Resource mobilization to enroll least 50 per cent of the girls within the seven communities will be one of the top priorities in 2014.

**On-track**

**PCR 2550/A0/08/802 PCR 2: By 2017, nutritional status of children under 5-years, adolescent girls and women improved with special focus on reduction in chronic malnutrition in children below 2 years**

*Progress:* Stunting among US children was reduced from 41.8 per cent in 2010 (CFSNS, 2010) to 3 per cent in 2013 (Preliminary Report LDHS, 2013). Prevalence of low BMI among women was reduced from 10 per cent in 2010 (CFSNS 2010) to 5.66 per cent in 2013.

Those decreases can be attributed to the scale up of key nutrition interventions. Although the ENA rollout was delayed due to competing program priorities in targeted counties, a total of 256 health workers and 279 community volunteers were trained. As a result, 38 out of 543 health facilities (7 per cent) provided ENA services in 2013. Increased access to ENA services in facilities and improved delivery of nutrition services may have contributed to the decrease in stunting and low BMI rates. C4D was strengthened to complement ENA in facilities. Multimedia campaigns reached 800,000 individuals nationwide. Meetings were arranged through trained youth and PTSA volunteers reaching 6,984 households (1 per cent).

Strengthening of the program addressing micronutrient deficiency among young children and women was delayed due to lack of key information on cultural practices. A Knowledge, Attitudes and Practices (KAP) survey was developed to bridge the information gap, and ensure pilot implementation in 2014. Biannual vitamin A and deworming coverage was high: 97 per cent of US children received vitamin A, and 99 per cent of children 12 – 59 months were dewormed.

Data from the 2013 annual Integrated Management of Acute Malnutrition (IMAM) report revealed there were 6,669 children with severe acute malnutrition admitted to the IMAM program, compared to 9,000 in 2012. Admission data showed 2013 LDHS data provided a realistic picture of wasting prevalence in Liberia.

There has been significant progress in the IMAM program. In nine counties, one outpatient site has been established per health district, and county hospitals in 15 counties offered inpatient services in 2013. When compared to SPHERE standards, IMAM standards were at remarkable levels, with a cure rate at 95 per cent, and defaulter and death rates at 3 per cent and 2 per cent, respectively.

As Liberia prepares to join SUN Movement in 2014, UNICEF continued to provide lead technical guidance, following the joint strategy on reducing stunting signed in March 2013 by MOHSW and UNICEF.

**On-track**

**IR 2550/A0/08/802/001 IR 2.1: 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 the most marginalised and vulnerable families in the south eastern region**

*Progress:* Thirty eight out of 543 EPHS health facilities and catchment communities (7 per cent) offered ENA services in 2013 through 256 trained health workers and 279 trained community volunteers in River Gee and Maryland counties.

Complementing facility-based ENA interventions, an estimated 50 per cent of 1.6 million radio listeners were reached through daily broadcast of three key messages on 31 stations nationwide. Radio jingles were produced in six local dialects (Gio, Gola, Grebo, Krahn, Kru, and Mano) 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.

Community awareness and social mobilization were also central to the UNICEF strategy. In 2013, 6,984 households (1 per cent) were
visited and reached with key messages through interpersonal engagement at the household level by 71 trained Children’s Forum volunteers and 90 trained Parent Teacher Student Association members from 30 schools. Some 225,000 individuals from 163 communities and 39 markets in Bomi, Montserrado and Nimba were reached through cultural performances and mobile public announcements.

UNICEF will work closely with MOHSW to ensure ENA and BCC activities in 2014 are fully implemented in target counties without delay. Advocacy and technical support at the county level to prioritize nutrition activities will be strengthened through regular supportive supervision and monitoring.

**On-track**

**IR 2550/A0/08/802/002 IR 2.2: Micronutrient deficiencies prevented, over 90 per cent health facilities implementing EHPS interventions to improve iron and vitamin status in children, adolescents and women**

**Progress:** Ninety seven per cent of U5 children received vitamin A in 2013 and 99 per cent of children 12–59 months received deworming tablets through two rounds of a nationwide integrated polio, vitamin A and deworming campaign conducted in April and October 2013.

Some 2,829 children 6–23 months old (1 per cent) received micronutrient powder in May 2013 during a small scale distribution to test distribution channels and instructional messages, in preparation for the micronutrient powder supplementation pilot in 2014.

A baseline assessment to gather information on knowledge, attitude and practices of caregivers on infant and young child feeding and care practices, specifically on timely complementary feeding and anaemia, began in December 2013. The assessment was led by the Government through MoHSW, in collaboration with UNICEF and implementing NGO partners.

The results of the assessment will be used to guide the social marketing and communication strategy for the pilot of the micronutrient powder supplementation by second quarter of 2014. Those strategies were delayed due to the limited human resources in MoHSW with the technical capacity to conduct assessments. The qualified MoHSW personnel were engaged with LDHS 2013 during the first 6 months of the 2013.

**On-track**

**IR 2550/A0/08/802/003 IR 2.3: 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 CCC**

**Progress:** Ninety five per cent of the 6,669 severely malnourished children admitted in treatment sites in 2013 were cured. The default rate was 3 per cent and death rate was 2 per cent, which is within the acceptable limits of the SPHERE standards. That progress can be attributed to the continued scale up of the Integrated Management of Acute Malnutrition (IMAM). In 2013, an additional 9 inpatient and 21 outpatient treatment sites were established in 10 counties. An additional 581 health workers in those treatment facilities were trained on IMAM. Seventeen inpatient and 93 outpatient treatment sites nationwide offered IMAM services through a cadre of 901 trained health workers, of which 2 per cent were doctors, 42 per cent were registered nurses and 56 per cent were other health workers.

A total of 9,773 cartons of RUTF, 121 cartons of F75, 86 cartons of F100, and 10 cartons of Resomal were distributed. No stock-outs were reported in 2013 at the county level, but there were reported delays in some counties in the distribution from county warehouses to treatment sites. Those delays were due to inadequate logistical support at the county level and poor road conditions during rainy season.

To prevent this problem from recurring in 2014, UNICEF will work closely with Supply Chain Division of MoHSW to preposition stocks in warehouses of centrally accessible district hospitals.

Joint supervision and monitoring of treatment sites was conducted in May 2013, led by MoHSW Nutrition Division along with nutrition stakeholders. A total of 49 treatment sites in 6 counties were visited by the monitoring team, and it was discovered that staff turn-over was a huge challenge affecting case and supply management. The team recommended that staff turn-over be investigated in 2014 and quarterly regional trainings be established for new staff in treatment sites.

**On-track**

**PCR 2550/A0/08/803 PCR 3: By 2017, percentage of children and their caregivers using safe water, and practicing safe sanitation and hygiene in targeted underserved areas is increased.**

**Progress:** An estimated 74 per cent of the population is using safe and improved drinking water compared to the baseline (68 per cent). The percentage of the population using improved sanitation facilities rose from 17 per cent (baseline) to 18 per cent; and the percentage of population practicing open defecation decreased from 45 per cent in 2012 to 44 per cent in 2013.

UNICEF promoted point-of-use water treatment (Water Guard) in ten communities in urban Monrovia, covering more than 50,000 people; supported construction and rehabilitation of water and sanitation facilities benefitting approximately 17,250 people; and encouraged hygiene promotion through participatory methods and mass media (the national radio station and one FM radio station), reaching more than 1.2 million people. Community Led Total Sanitation (CLTS) helped in triggering 125 communities (approximately 31,250 people) to adopt and practice safe sanitation in Grand Cape Mount, Grand Gedeh, River Gee, Grand Kru and Montserrado. Monitoring of the triggered communities is ongoing. Many households responded by constructing their own latrines. The number of Open Defecation Free (ODF) communities will be determined after the verification exercise in early 2014.
For WASH in schools and health facilities, a total of 129 schools (approximately 38,700 school children) and 23 health facilities (approximately 6,900 patients) benefitted from formation of 52 school health clubs in 52 schools; construction and rehabilitation of 26 boreholes and 23 hand dug wells in schools and health centres; construction and upgrading of 168 latrine cubicles in schools and 15 latrine cubicles in health centres; construction and rehabilitation of 81 hand washing facilities in schools and 8 in health facilities; and hygiene promotion in schools and health centres. The “WASH for schoolchildren” guide book for teachers was was printed and distributed to all 129 schools and a WASH baseline survey questionnaire for the 2014 school census was drafted in collaboration with Ministry of Education (MoE)/Education Management Information System (EMIS).

Despite efforts made by various WASH actors (including UNICEF) to improve sanitation in the rural areas through hygiene promotion and triggering using CLTS approach, the overall percentage of people using improved sanitation facilities in rural Liberia remains very low (7 per cent). In 2014, UNICEF will increase the number of communities for CLTS triggering to 550 (from 125) and will put more efforts on post triggering monitoring and follow up so that more communities become open defecation free (ODF).

**On-track**

IR 2550/AO/08/803/001 IR 3.1: 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

**Progress:** UNICEF promoted point-of-use water treatment in urban Monrovia, supported construction and rehabilitation of WASH facilities for rural and urban communities, and encouraged hygiene promotion through participatory interpersonal communication and mass media. Water Guard promotion continued in ten urban communities, with products delivered to 40 sales points. Sales promotion continued through radio and other media.

Construction and rehabilitation of 3 water kiosks, 63 hand dug wells (with hand pumps), 3 boreholes, and 40 urban public latrine cubicles were completed in six rural counties and urban Monrovia, benefitting approximately 17,250 people. Some 225 Operation & Maintenance systems were set up for water and sanitation facilities. Target rural communities were identified using Water Point Mapping results. A total of nine CLTS national master trainers participated in refresher training in Monrovia and 56 people were trained as CLTS facilitators in Grand Cape Mount, Grand Gedeh and River Gee. CLTS helped in triggering 125 communities in Grand Cape Mount, Grand Gedeh, River Gee, Grand Kru and Montserrat. Monitoring of the triggered communities is ongoing.

Hygiene promotion continued in rural and urban areas through house-to-house visits by gCHVs, animators and members of WASH committees, reaching an estimated 50,000 people in 200 communities. Mass media helped reach an estimated 1.2 million people with key messages on healthy and hygienic practices. For emergency preparedness, WASH supplies were prepositioned in eight counties to serve 70,000 people for one month.

In 2013, the programme focused on strengthening operation and maintenance mechanisms and capacities of rural communities for sustaining facilities when they are constructed. As a result, the number of water points and sanitation facilities constructed or rehabilitated is low this year. There will be an increased focus on construction in 2014.

**On-track**

IR 2550/AO/08/803/002 IR 3.2: Children and their caregivers have access to improved and sustainable water, sanitation and hygiene services in primary schools and health facilities

**Progress:** Children and families from 129 schools and 23 health centres access improved water supply, sanitation and hygiene services through UNICEF’s support in developing water points, constructing and rehabilitating latrines and training children in school health clubs.

UNICEF and partners established 52 School Health Clubs and trained more than 1,000 student members. Twenty six boreholes were drilled (8 in schools and 18 in health centres) and 23 hand-dug wells were constructed or upgraded in schools and health centres, bringing WASH services to approximately 8,700 students and 6,000 patients. Some 168 latrine cubicles were constructed or upgraded in schools and 15 latrine cubicles were constructed or upgraded in health centres, benefitting 3,360 school children and 300 patients. A total of 89 hand washing facilities were constructed or rehabilitated, 81 in schools and 8 in health facilities. Targeted hygiene promotion training in 25 health centres reached approximately 7,500 people. Approximately 38,700 school children learned about health and hygienic practices through the “WASH for schoolchildren” guide book for teachers printed and distributed by UNICEF to 129 schools. In order to generate school WASH baseline data, UNICEF supported development of a baseline survey questionnaire in collaboration with MoE/EMIS for the 2014 national school census.

Major bottlenecks remain in terms of management and utilization of hand washing facilities in schools. In 2014, UNICEF and partners will prioritize strategies that focus on greater engagement and empowerment of teachers and school authorities in ensuring that hand washing is routinized in schools and becomes a habit among school children.

**On-track**

IR 2550/AO/08/803/003 IR 3.3 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

**Progress:** UNICEF supported Akvo FLOW data management training and provided transportation, IT and laboratory equipment to help Government and NGO partners in more efficient implementation, monitoring and evaluation of WASH activities at county and national levels. The training empowered stakeholders to effectively use technology to collect WASH information from the field (using smart phones) and relay it to the National WASH Committee Secretariat for managing and sharing data.
UNICEF further strengthened the capacity of partners in supervising and monitoring WASH activities, providing 49 motorbikes, 9 laptops, 9 printers, and laboratory equipment in five counties. The national guidelines for hygiene promotion and for CLTS developed in 2013 will ensure the use of a common approach for hygiene promotion and elimination of open defecation in the country.

UNICEF also supported the Government in organizing the first annual WASH joint sector review meeting for the WASH Sector Strategic Plan. The main recommendations from the review are to: improve WASH data collection in Liberia in order to monitor, evaluate and gauge WASH progress more accurately; to improve funding (from Government and partners) for WASH activities in the country in order to be able to fill the WASH gap; and strengthen the coordination of WASH activities at national and county levels so as to expedite progress on WASH service delivery.

### PC 2 - Inclusive Quality Education

**On-track**

**PCR 2550/A0/08/804 PCR 4:** 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.

**Progress:** The Programme contributed significantly to the quality of education services through extensive sector coordination and upstream advocacy efforts, implementation of the school construction program, and the introduction of after-school academic tutorials targeting at-risk adolescent girls and boys.


Previous school census data reported a Net Enrolment Rate (NER) of 44 per cent for primary-age children, but a more rigorous EMIS data collection and verification process in 2013 revealed the magnitude of Liberia’s education sector challenges: primary school NER is just 23 per cent, with more than 90 per cent of grade 1-6 learners over age. Those alarming figures presented opportunities to isolate the sector’s most urgent service and resource provision gaps, and to harmonize programming strategies around quantifiable needs. UNICEF responded by developing bottleneck analysis instruments with the Ministry of Education (MoE) so that policies, strategies, and programs in the MoE’s 2014-16 Operational Plan target the key issues affecting access and learning achievement.

To enhance: 1) access to quality services 2) coordination; and 3) implementation under the Peacebuilding Education & Advocacy programme, strengthened partnerships between the Ministries of Education, Youth & Sport, and Internal Affairs’ Peacebuilding Office, and NGOs. In six selected counties and 42 schools, revised conflict sensitivity ECD, Accelerated Learning and Alternative Basic Education curricula are being introduced, along with innovative recreational activities to strengthen community social cohesion. At the junior secondary level, the Gender-Equitable Education and Achievement Programme reported a 25 per cent improvement in students’ pass rates on post-tests vs. pre-tests on core subject areas after they participated in holistic quality enhancements (after-school tutorials, textbook provision, and teacher training on child-friendly methodologies).

In spite of these achievements, the programme faced extensive capacity, procedural, and coordination-related challenges, which limited broader impact during 2013. Foremost among those were the weak financial capacity of local construction contractors.

**On-track**

**IR 2550/A0/08/804/001 IR 4.1:** 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.

**Progress:** UNICEF’s Peacebuilding, Education and Advocacy (PBEA) programme launched ECD activities in five counties, providing 2,193 pre-primary children access to learn from a revised curriculum promoting peace multipliers such as trust, confidence, tolerance and respect. UNICEF reinforced education sector support in border communities by establishing synergistic partnerships where the MoE provided curriculum and training, while NGO partners delivered incentives and monitored implementation of services. Partnership agreements were signed with three NGOs, extending ECD coverage to 35 communities in Bong, Nimba, Grand Gedeh, Maryland and Lofa counties.

Supported by NGO partners, 30 ECD Community Education Awareness Program (ECDCEAP) trainers empowered 150 caregivers with knowledge and skills in providing quality, conflict-sensitive ECD services. Another 220 ECD teachers and coaches received training in child-friendly sports and recreation methodologies. In addition to parental skills training targeting caregivers, national radio stations publicized the importance of ECD programmes, complemented by community-specific awareness campaigns. Subsequent demand in select counties was so high that registration exceeded by 33 per cent the MoE’s recommended standard of 30 children per centre. In order to accommodate increased demand for ECD services nationwide, 20 new pre-primary classrooms were constructed, benefiting more than 600 children in 11 counties.

Administrative delays requesting DCTs, processing liquidations, and signing PCAs posed the most significant bottlenecks to achieving 2013 target outcomes. Although ECD enrolment targets were exceeded, implementation was constrained at certain sites due to MoE procedural bottlenecks and challenges with finalizing PCAs on-schedule, both of which delayed the training of parents and educators in
those communities. The implementation of the HACT/FACE with capacity development to strengthen monitoring, accountability, and reporting at the Ministry will ensure that these obstacles do not persist in 2014.

**On-track**

**IR 2550/AO/08/804/002 IR 4.2:** 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.

**Progress:** There were significant improvements to basic education learning environments as the programme responded to textbook needs, streamlined its construction and furniture delivery processes, and enhanced academic achievement for girls at-risk of dropping out. A total of 175,000 supplementary readers were printed for use by grade one learners under the guidance of 8,521 trained teachers. The learning environment for 10,800 students and 240 teachers was improved through construction of 20 new schools and the rehabilitation of 42 others in 11 counties. More than 10,000 chairs, desks, and bookshelves were supplied to the 30 new schools, contributing to an improved learning environment for 2,880 learners and 72 teachers. Access to improved facilities was further promoted through the extension of the GPE school grant to three additional counties.

The launch of the Gender-Equitable Education and Achievement Program (GEEAP) during the summer school vacation enhanced quality learning opportunities for at risk junior-secondary students (approximately 60 per cent girls). The programme facilitated academic tutorials in mathematics, science, language arts and social studies for 876 learners in grades 7-8 (559 girls, 327 boys). Test results indicated a 25 per cent improvement in students’ pass rates on post-tests vs. pre-tests in the core subjects. New enrolments during the 2013-14 academic year brought tutorial support to 1,093 students under instruction from 42 teachers trained on child-friendly coaching and mentoring methodologies. Some 391 girls formed on-campus Girls’ Clubs, where they discuss gender-specific challenges, collaborate on economic empowerment activities, and organize outreach to their out-of-school peers.

The weak financial capacity of local builders 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 accelerated implementation rates significantly during the last two quarters of 2013.

**Constrained**

**IR 2550/AO/08/804/003 IR 4.3:** 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.

**Progress:** Strategic collaboration with an array of education sector partners was critical to improving the accessibility and quality of programming for out of school children and those at risk of dropping out in six targeted counties. To ensure systematic oversight and monitoring with the participation of county/district-level authorities and implementing partners, a coordination mechanism was established between the Ministry of Education, Ministry of Youth and Sports, and the Ministry of Internal Affairs’ Peacebuilding Office. Parameters for Accelerated Learning Programs (ALP) and Alternative Basic Education (ABE) eligibility were streamlined to specify that ALP targeted learners younger than 13 years, while ABE targeted children aged 13 and above. UNICEF’s partnership with NGOs augmented implementation in Maryland, Grand Gedeh, Nimba, Lofa and Bong counties.

The ALP curriculum was revised to be more conflict sensitive. ALP teachers trained on the revised curriculum are helping students learn and practice resolving disputes through peaceful dialogue in the targeted communities. UNICEF and USAID are coordinating their support to MoE to avoid overlap within ABE implementation, and are developing quality standards for maintaining consistency across complementary programs.

The complexity of the joint PBEA planning and coordination process emerged as a significant bottleneck during the first half of 2013. Such planning impediments, coupled with the delays in signing PCAs, constrained progress toward meeting recreational and skills-development activity targets. However, current partners’ special expertise in recreational programming will help fast-track enrolment progress so that benchmarks can be met during the first quarter of 2014. The upstream coordination mechanism developed with UNICEF’s guidance is improving synergy among the diverse Government and NGO stakeholders responsible for implementing the PBEA through 2015.

**On-track**

**IR 2550/AO/08/804/004 IR 4.4:** By 2017, adolescent girls and boys have improved their learning achievements in four core subjects in counties with education indicators below the national average.

**Progress:** Robust participation in Connecting Classrooms ICT activities continued at select school sites (in Bong, Margibi, Montserrado and Nimba counties) helping 627 students in utilizing ICTs and online resources to enhance their learning opportunities. However, recurrent maintenance issues with aging computer hardware have shifted the program’s future implementation and exit strategy to focus on: supporting the facilitation of private-sector ICT provision and training solutions in Government schools where available; and 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 ICT-4-Education programming by placing computer labs under direct Ministry oversight.

Rollout of HIV awareness and life-skills programming for adolescents was postponed due to initial liquidation delays and the subsequent need to revise work plans in coordination with the MOE’s School Health Division. Annual review sessions with the MOE highlighted this administrative bottleneck, and the Ministry’s senior leadership has signalled its commitment to improve clarity, transparency, and efficiency in administrative processes in 2014. HIV and life-skills awareness programming will be harmonized with delivery of the
Gender-Equal Education and Achievement Program (GEEAP) in 2014 to ensure that planning and implementation best practices established during the GEEAP are shared across divisions within the MOE.

Constrained

**IR 2550/A0/08/804/005 IR 4.5:** By 2017, enhanced evidence-based knowledge for strengthening peacebuilding and education policies, programme design, and advocacy/communication strategies including monitoring of learning achievement according to Education Act guidelines, policies and regulations

**Progress:** In the absence of functional school boards in most counties/communities, decentralized planning and management capacity were strengthened in 2013 through policy dissemination and revision, M&E capacity-building, and inter-sectoral coordination efforts. The printing of 30,000 copies of key policy frameworks (National Education Policies, Education Act, Administrative Rules and Regulations) for CEOs, DEOs, PTAs and school boards promoted awareness of updated education guidelines. An advanced draft of the Teacher’s Code of Conduct was developed and will be included in the Child-friendly Teachers’ Guide under development. To encourage community-based accountability measures in the absence of school boards, local-level monitoring capacities were identified as part of the PBEA baseline in 30 communities. That data will be used for evidence-based reporting and measuring progress and quality of education services throughout the PBEA implementation period. A harmonized work plan for the PBEA programme in Capemount county is helping to strengthen the coordination mechanism established between the Ministry of Education, Ministry of Youth & Sports, and the Ministry of Internal Affairs’ Peacebuilding Office.

The few school boards that do exist in Liberia are managed by volunteers, and struggle to operate with extremely limited resources. The overhaul of Ministry personnel at the CEO and DEO levels during 2013 created an understandable bottleneck in this area, as decentralized staff acclimated to their new posts. Personnel changes within the MoE’s central office created disconnects in the revisions being made to the Teacher Code of Conduct, and have delayed its finalization in 2013. Close collaboration with the new MoE leadership has resulted in a renewed emphasis on sensitivity to decentralized needs, as evidenced by the adoption of county-level bottleneck analysis instruments (introduced by UNICEF) to inform the drafting of the 2014-16 Operational Plan.

**PC 3 - Child Protection**

**On-track**

**PCR 2550/A0/08/805 PCR 5:** 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.

**Progress:** The Cabinet adopted the National Social Protection Strategy and Policy, creating conditions for Government’s funding of social protection, making this one of the most prominent achievements in the Child Protection programme in 2013. UNICEF supported civil society in forming the Liberia Civil Society Platform for Social Protection, ensuring continued advocacy for social protection.

With its expansion to Maryland county, the Social Cash Transfer (SCT) Programme nearly doubled the number of beneficiary households, from 2,200 in 2012 to 3,800 in 2013, and now reaches some 15,000 individuals. Integrated social services, including birth registration, nutrition, and educational promotion, were introduced together with SCTs. Evidence from the field indicates increased programme impact, particularly in food security, and access to education and health services.

The number of operational community-based Child Welfare Committees trained and supported to safeguard children increased from 140 in 2012 to 474 in 2013. Through intensified awareness campaigns and community mobilization in six counties, the knowledge and motivation to protect children increased, resulting in a 20 per cent increase in reported cases of violence against children. Enforcement of accreditation for residential care institutions yielded substantive results: in 2013, 58 out of 83 institutions submitted applications to the Accreditation Board, which accredited 20, closed 6 (5 are to be closed) and put 27 on probation. Reunification efforts resulted in the number of children residing in institutions decreasing by 7 per cent compared to 2012. The case management system in two counties with 58,000 Ivorian refugees impacted both Ivorian and Liberian vulnerable children: some 14,000 accessed recreational, psychosocial and case management services in 2013. Ongoing collaboration with the Protection Learning Group and local universities strengthened evidence based planning and advocacy.

Mobile phone technology was used and 200 staff were trained nationwide to ensure consistent and accurate collection and usage of birth registration data. The number of registered children doubled from 55,000 in 2012 to 115,000 in 2013. Even so, the overall child registration is only 7.7 per cent, far from the CPD target of 50 per cent.

Major challenges faced included overreliance on donor funds for social protection services; and lack of clear understanding of roles of state institutions, and local leaders, criteria for entitlements, and responsibilities of service beneficiaries. In response to those challenges, the programme intends to continue advocacy for Government funding of social protection services; and intensify communication for development to ensure adequate community understanding of child rights.

**On-track**

**IR 2550/A0/08/805/001 I R 5.1** The Capacity of relevant actors to manage social welfare cases, monitor residential facilities, and promote family-based care is improved.

**Progress:** In 2013, UNICEF strengthened case management through existing local government structures. Twelve social workers were trained, equipped and deployed to two counties with Ivorian refugees, and 13 child friendly spaces were adapted to provide psychosocial, recreational, ECD and livelihood services benefitting 14,000 children and adolescents. De-institutionalization efforts on a
system level are on track. Fifty eight child welfare institutions submitted accreditation requests and only 20 qualified for accreditation. Some 250 children were reunified, placed in kinship or alternative care in 2013. The establishment of the Adoption Unit further strengthened the alternative care system in the country. Family based care was promoted in six counties through community awareness, radio programmes and direct psychosocial support, and case management services were provided to children in extremely vulnerable situations.

Major challenges in 2013 centred on poor standards for care provision. Limited Government funding negatively impacted the strengthening of child protection systems. Limited mobility and capacity of social workers hampered regular visits and support to children in their caseload. Key action points going forward will include lobbying for increased budgeting for children, continued support to MoHSW to formalize foster care, continued accreditation of orphanages and reunification of children, and introduction of case management in other counties.

**IR 2550/A0/08/805/002 I.R 5.2 Birth Registration services available across the country**

**Progress:** Birth registration services have been successfully extended to all 15 counties. The usage of mobile phone technology, applications for instant registering and modern database systems, as well as training of some 250 birth registration service providers, triggered a burst in coverage, bringing the cumulative figure of registered and certified children to 115,000 children in 2013 (49 per cent girls), compared to 55,000 in 2012.

UNICEF and partners supported the Government in designing a new five-year plan to boost birth registration efforts, aiming to achieve universal coverage (100 per cent registration) by 2018. Ninety per cent of the districts have benefitted from accessing birth registration and certification services. Monthly mass community mobilization and awareness campaigns resulted in increased community awareness on birth registration. Technological innovations have also increased birth registration management efficiency through access to offline/online birth registration and certification monitoring systems. Integrated delivery of birth registration with provision of social cash transfers also increased coverage in hard-to-reach-areas. Despite these achievements, birth registration rates in Liberia remain among the lowest in the world.

The major impediment is widespread failure to recognize the importance of birth registration, along with other challenges such as limited capacities of staff and lack of material resources (basic supplies, like ink to print certificates). The shortcomings related to funding will be addressed through increased collaboration and leveraging of resources from civil society while also advocating for more Government funding. The project will continue to build on collaboration opportunities presented by the Birth Registration Task Force in ensuring complementarity of technical and financial support of partners. Going forward, the project will continue supporting database expansion, unifying the dual system of birth registration in 14 counties, and refining communication approaches to increase demand.

**IR 2550/A0/08/805/003 I.R 5.3. The most vulnerable households and individuals receive appropriate safety net transfers**

**Progress:** In 2013 several milestones were marked with regard to introduction of social services in Liberia. On 5 July the Cabinet adopted the National Social Protection Strategy and Policy, creating conditions for Government’s funding of social protection. The coordination of the social protection sector was further enhanced with the development of the costed work-plan for the social protection sector as part of the Government’s Agenda for Transformation (AfT); and creation of the Social Policy Steering Committee chaired by the Minister of Gender and Development. In order to ensure national ownership and accountability, a civil society platform for social protection was established.

The Social Cash Transfer (SCT) Programme was successfully expanded to Maryland County and the number of beneficiary households increased by 70 per cent, from 2,237 in 2012 to 3,838 in 2013. The SCT programme also facilitated provision of integrated services including birth registration, nutrition and educational promotion activities, resulting in 92 per cent of all beneficiary children of school age (1,768 children) attending school. A comprehensive management information system (MIS) was designed and installed to improve the programme data management.

Major challenges included inability to further expand due to limited resources and limited possibility to use technology in actual cash transfers to beneficiaries (limited mobile phone coverage). Social protection is still not well understood and is yet to transition from pilot to national level. The opportunities for the programme abound, from strong evidence of positive impact of the programme on beneficiary livelihoods, to increased interest from civil society and the inclusion of social protection as a sector under the Human Development Pillar of the AfT. These opportunities call for major readjustments in programme design, as well as better planning for the national rollout within the next five years.

**PCR 2550/A0/08/806 PCR 6: 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.**

**Progress:** The Legislature passed the Adoption Law in September 2013, aligning Liberia’s legal framework with the Hague Convention. The Decent Work Bill passed by the Senate in August is fully aligned with Convention 182. The draft of the Domestic Violence Law was validated in November. More than 300 professionals and 200 youth interns were trained on applications of the Liberia Children’s Law passed during 2013. The Ministry of Justice established the Child Justice Division. Fifty trained police officers are organizing Town Hall meetings in all 15 counties, estimated to gather more than 3,000 participants, to generate dialogues on violence against children, abuse, exploitation, neglect, GBV, harmful practices, domestic violence, and justice within communities.
The comic book on prevention of sexual abuse titled "Let’s Speak Out" was developed under the Sara Communication Initiative, and will reach 30,000 children when it is distributed in schools, libraries, youth centres and health facilities. Collaborations are ongoing with a popular rap artist in Liberia to produce songs condemning sexual violence. Ninety four per cent of rape survivors are still children, and public outcry against sexual violence remains lukewarm.

As a result of monitoring the provision of free legal services and mediation in six counties, 90 per cent of children in pre-trial detention in police facilities (127 out of 145) and 53 per cent of children in penitentiaries (98 out of 182) have been released. Overall, the number of children in detention decreased by 40 per cent nationally compared to 2012.

The National Youth Service Programme for Peace and Development (NYSP) trained 175 young men and women (35 per cent) who are currently working in 52 public schools, 8 hospitals, 6 clinics, 17 agricultural projects and 10 youth centres. Their service is positively impacting academic, nutritional, health and economic outcomes for some 100,000 people. An additional 45 Junior NYSP participants have resolved more than 300 disputes and conflicts in their communities.

Major challenges faced included distrust in the formal justice system and overreliance on informal justice and protection structures; complacency with punitive, abusive, harmful practices with children; and lack of a long-term plan for employment of NYSP graduates. In response to these challenges, the programme will intensify involvement of men, local and traditional leaders in the fight against violence against children; intensify C4D; support formal justice and protection systems; and delineate long-term employment schemes for youth.

**On-track**

**IR 2550/AO/08/806/001 I.R 6.1 Relevant institutions have the appropriate knowledge and capacity to provide gender-sensitive and age appropriate justice and protection services (includes GBV and JP interventions)**

**Progress:** In 2013, 90 per cent children in pre-trial detention in police facilities (127 out of 145) and 53 per cent of children in pre-trial detention in penitentiaries (98 out of 182) were released in six counties. New pre-trial detention cases decreased by 30 per cent. Joint advocacy, training of justice professionals (more than 500 people participated in trainings this year) and strengthening justice institutions resulted in a 40 per cent decrease in the number of children in detention nationwide compared to 2012. In Monrovia Central Prison alone, the number of children dropped by 60 per cent (from 35 to 15). Sixty young people benefitted from diversion programmes based on UNICEF/Ministry of Justice (MoJ) guidelines, now piloted in two counties.

MoJ created a Child Justice Section. More than 300 professionals were trained in application of the Children's Law. Fifty police officers were trained in child safety and low enforcement, enabling them to organize Town Hall meetings in all counties in the nation to discuss justice, violence, abuse, exploitation and harmful practices against children. The Sara Communication Initiative produced a new comic book to prevent sexual abuse and improve safety and reporting of children. It will be distributed to schools and public facilities nationwide.

Main challenges include funding gaps, weak coordination with other sectors, and deeply rooted social norms. Opportunities exist and will be used to leverage resources and integrate justice for children in Government and UN lead justice reform actions, and to strengthen linkages with social services and education. In 2014, there will be increased emphasis on stronger engagement of men, religious and traditional leaders in efforts to end violence against children.

**On-track**

**IR 2550/AO/08/806/002 I.R 6.2 Laws, Policies and Regulations are compatible with universal child rights standards and children and communities have knowledge of their rights and available remedies.**

**Progress:** The Legislature passed the new Adoption Law in September 2013. Even though the Law is aligned with the Hague Convention, the convention itself is still not ratified in Liberia. The Decent Work Bill was passed by the Senate in August 2013, fully aligned with international standards for child labour and International Labour Organisation (ILO) Convention 182. The draft of the Domestic Violence Law was validated in November 2013. The highest levels of the Liberian Government have committed to ratify the Optional Protocols to the Committee on the Rights of the Child (CRC), but that has not happened at years end. Fifty police officers trained as trainers will organize Town Hall meetings in all 15 counties to discuss child justice issues with community members, traditional and religious leaders, focusing on violence against children, abuse, exploitation, neglect, GBV, harmful practices and domestic violence and share information on available remedies and referral mechanisms.

Prison Fellowship, the UNICEF/MoJ partner in supporting children deprived of liberty in six counties, is counselling and helping children in conflict with the law and their families to get appropriate legal aid, speed up the legal process and use alternatives to detention to resolve cases. Some 175 youth volunteers trained in facilitating discussions on sexual violence and remedial mechanisms using Sara’s "Let’s Speak Out!" comic book will reach more than 3,000 young people in 10 youth clubs and 7,000 in schools.

The main challenges identified were weak enforcement of the laws; cultural and customary perceptions of child rights that prevent survivors to seek remedies; and difficult and slow processes to pass new laws or amend the existing ones. The programme will address those challenges by intensifying UNICEF work with parliamentary commissions related to children and advocating for new legislation. Capacity building will continue for justice professionals, and C4D will be intensified in communities.

**On-track**

**IR 2550/AO/08/806/003 I.R 6.3 Empowered and informed adolescents and young people participating in decision making and peace building processes.**
**Progress:** The National Youth Service Programme for Peace and Development (NYSP) volunteers provided services in education, agriculture, youth development, health and social welfare sectors accessible to some 100,000 people. They have worked directly with and reached some 20,000 young people. The fifth batch of NYV volunteers (175 volunteers, 35 per cent women) were recruited through a nationwide competitive process. The volunteers underwent a five-week training programme before being deployed to 12 counties in various sectors: 52 in public schools; 8 in hospitals; 6 in health clinics; 17 in agricultural projects; and 10 in youth centres. The National Volunteers actively participated in decision making processes within the communities they serve, helping enrich their experience and critical skills for future employment.

Under the Junior National Volunteer Programme continued (JNVP), the Peace Building Office trained 45 Junior National Volunteers (JNVs) on peacebuilding and conflict resolution. The JNVs were deployed to support community leaders in establishing Community Peace Committees (CPCs) in 54 communities and train members (540 people, 20 per cent under 25 years of age) in peacebuilding and conflict resolution. As of December 2013, all 54 CPCs are functional and JNVs have contributed to resolving more than 300 disputes in their communities.

The main challenge is limited funding to retain NYVs in communities they serve, and lack of job opportunity elsewhere. Advocacy efforts will continue in 2014 to address this challenge, especially in gaining agreement and commitment by the Ministry of Education and Ministry of Youth and Sports in retaining NYVs through the NYSP budget, particularly as teachers in underserved rural areas. A partnership with the private sector also is being fostered, and several job fairs and employment skills trainings are planned for 2014.

### PC 4 - Policy Advocacy, Communication For Development and Partnerships

**On-track**

**PCR 2550/A0/08/807 PCR 7:** By 2017, advocacy, capacity building and partnerships at national and sub-national levels strengthened in support of equity and gender sensitive policies and programmes for health, education, protection and HIV & AIDS

**Progress:**

In 2013, UNICEF strategically focused on advocating and strengthening capacities and partnerships in ensuring that important policies and actions were implemented by the Government. Though UNICEF Liberia received more than the average annual CPD ceiling of US$30 million in 2013, the main concern has been under-funding in certain areas in Child Protection and CSD. Efforts were intensified to attract funding for those areas, especially to meet LCO’s obligation to provide matching funding for the cash transfer programme. 2013 was a year of leadership transition and the incoming Representative, who took the reins in July, further consolidated and strengthened the existing partnership with major donors, including DFID, Japan, Swiss Development Cooperation, European Union, Swedish SIDA, UK Natcom and private donors (through German Natcom). Efforts are underway to reach out to other major donors based in Ghana, Sierra Leone and Cote d’Ivoire. Continued advocacy meetings, strengthened partnerships and media messaging resulted in the Government committing to the Scaling Up Nutrition (SUN) movement to address chronic malnutrition; adoption of the Social Protection Strategy and Policy; establishment of a child justice division within the Ministry of Justice; and Government’s leadership in successful integration of peacebuilding into the education system. The Press Union of Liberia launched the annual Liberia Children’s Media Day (LCMD) providing a national platform for children to participate and express themselves through traditional and social media outlets.

C4D strategies supported support child nutrition, immunization, WASH, peace building and education and violence against children. Targeted nutrition: C4D interventions engaging market women and youth groups and the Liberia children’s parliament contributed significantly to increasing knowledge and motivating pregnant women and mothers in adopting infant and young child feeding practices reaching more than 7,000 households; Interventions for EPI for routine immunization and polio engaged community radio stations, women’s groups, local artists and community health volunteers in five counties, resulting in messages and art/murals developed by the communities themselves, increasing ownership and encouraging peers in their communities to vaccinate their children. This also contributed to polio vaccination remaining above 90 percent throughout the three campaigns in 2013. Continued interventions through C4D for hygiene and sanitation (CLTS) contributed to the country not having any cholera outbreaks in 2013. C4D for PBEA and violence have begun but the UNICEF communication team did not have adequate capacity in terms of human as well as financial resources to achieve concrete results.

**IR 2550/A0/08/807/001** Adequate funds mobilized/leveraged, and child friendly policies implemented through increased advocacy and strengthened partnerships.

**Progress:** LCO mobilized US$27 million from all sources in 2013, including US$7.5 million as humanitarian contributions. The Country Office operationalized its fundraising strategy and established a fundraising task force. The Office also organized visits of several donors, including the Norwegian Natcom media team, Swiss Natcom and the German Natcom (individual donors), in addition to facilitating site visits for a high level delegation from the European Union, US Congressmen and the UN Foundation. LCO continued its good track record of timely donor reporting, submitting 100 percent of donor reports before the due date.

LCO supported the official launch of “A Promise Renewed” by the President of Liberia, which resulted in commitment and political will from the highest level in reducing child mortality. LCO also organized the launch of SOWC, highlighting challenges faced by children living with disabilities in Liberia and advocating for greater investment by the Government to fulfill their rights. Liberia Children’s Media Day was initiated with the Press Union based on the ICB concept, which helped thousands of children across the country to voice their opinions through all forms of media on matters concerning them. World Day of Prayer events resulted in a nationwide appeal by the President to end violence against children and provided further impetus to religious societies for sustained prayer and action. The fifth
annual children’s festival provided children from the most remote counties and communities an opportunity to express their opinion and views to the country’s leaders and further advocate for faster action in protecting children from sexual violence.

Continued advocacy meetings, strengthened partnerships and media messaging resulted in the Government committing to the Scaling Up Nutrition (SUN) movement to address chronic malnutrition; adoption of the Social Protection Strategy and Policy; establishment of a child justice division within the Ministry of Justice; and Government’s leadership in successful integration of peacebuilding into the education system.

On-track

**IR 2550/A0/08/807/002** 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.


Interventions for routine immunization and polio engaged community radio stations, women’s groups and local artists, and trained 520 General Community Health Volunteer (gCHVs) on toolkit content and the roll out of routine immunization key messages. The interventions resulted in messages and art/murals being developed with the community, increasing their motivation in sharing and encouraging their peers in their respective communities to vaccinate children, and contributing to polio vaccination remaining above 90 percent throughout the three campaigns in 2013.

Targeted C4D interventions for nutrition engaged market women and youth groups, including a partnership with the Liberia children’s parliament in Monrovia and two counties, and contributed significantly to increasing knowledge and motivating pregnant women and mothers to adopt infant and young child feeding practices. Nutrition community outreach programmes reached more than 7,000 households.

C4D for PBEA and violence have begun but the UNICEF communication team did not have adequate capacity in terms of human or financial resources to achieve concrete results. The top priorities in 2014 include C4D to end violence against children and support to the PBEA programme, in addition to continued C4D support to health, nutrition and WASH interventions.

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**PC 5 - Planning, Monitoring and Evaluation**

On-track

**PCR 2550/A0/08/808 PCR 8: By 2017, National and sub-national capacity on evidence based planning, and management enhanced to emphasis on children and women's disparities across sectors.**

**Progress:** National and sub-national capacity were enhanced in 2013 through active involvement and support to the Liberia Development Alliance (LDA) and coordination and planning of sectoral and pillar groups of Agenda for Transformation (Aft). These forums helped to increase dialogue, share experiences among various development partners, avoid duplication, identify responsibilities and work collaboratively toward achieving the national goals for children.

Liberia hosted the second high-level post-2015 agenda meeting, where UNICEF ensured that children and women remained at the centre of the new development agenda and their voices and concerns were heard and addressed. UNICEF supported the UNCT in conducting a nation-wide consultation on the Post MDG Development Agenda in 15 counties and strongly advocated for an equity-based approach to reach the most disadvantaged children and families, going beyond the national averages currently used in MDGs.

Liberia UN Country Team launched the first UN One Programme 2013-2017 in Liberia, which contributes to national priorities. UNICEF led the human development pillar under UN One Programme, with an annual budget of more than US$50 million. UNICEF also participated in the high level Delivering As One Committee, co-chaired the Inter Agency Planning Team, and led the outcome groups for Education, Social Welfare and Water and Sanitation.

2013 was the first implementation year of the new Country Program, and several studies and surveys were undertaken to establish baselines for key indicators required for programme components. The continued support from UNICEF and partners helped the Government to release the preliminary results of the 2012 Liberia Demographic Health Survey (LDHS), which will be used as a main source for reporting to MDG indicators at the UN general assembly in 2015. The preliminary findings showed significant improvement in almost all reported indicators related to children and women's health and nutrition compared to the 2007 LDHS. Preparatory work for declaring UNICEF HACT compliance was on track at year end. Macro and Micro assessment for key Government and NGO partners was finalized by UNCT. An audit of main UNICEF partners and training of master trainers on HACT were completed. UNICEF staff and Government and NGO partners training both are expected to be finalized in early 2014. Preparations for MoRES roll out in 2014 will continue, with increased focus on enhancing M&E capacities among partners at different levels, and exploring options to enhance/improve the existing routine monitoring systems.

On-track

**IR 2550/A0/08/808/001 IR 8.1:** By 2017, internal efficiency and effectiveness of programme planning and coordination enhanced
**Progress:** The introduction of a standardized work plan mechanism and checklist ensured that all programme interventions are logically coherent and aligned with the result matrix of the GoL-UNICEF 2013-2017 Country Programme, UN One Programme and AFT. Collaboration between UNICEF, Liberian Development Alliance (LDA), line Ministries and NGO partners strengthened and ensured their full participation in all UNICEF reviews, mechanisms and meetings. UNICEF actively participated and was involved in decision making of various planning and coordination forums, including One joint steering committee consisting of UNCT, IAPT, Human Development Pillar under AFT, Human Development Pillar under UN One Programme and various sectoral and outcome groups meetings.

As part of the preparatory work for declaring HACT compliance by 2014, UNICEF supported UNCT to finalize the macro and micro assessment of 28 Government partners. UNICEF completed the micro assessment of 19 NGO partners and audit of 9 NGO partners. Six master trainers on HACT will be training all UNICEF and partner staff in early 2014.

Emergency support and coordination continued in 2013. The EW/ER portal was updated, inputs for 2014 HAC provided, Guinea and Sierra Leone Presidential election contingency plans developed in coordination with other UN agencies, and an updated SitRep provided.

Support to other internal processes continued. The AMP was developed and amended during the mid-year review, ERM risk library was reassessed and 22 PCAs and 9 SSFA were approved/amended in 2013 by the PCARC secretariat. A new PCA process was introduced whereby another layer of quality assurance led to improved quality of PCA documents. That process was commended as a good practice by the internal audit team in October 2013.

A mapping of all UNICEF interventions and several brainstorming sessions were conducted to enhance and sharpen the programme integration and focus in 2014, and to minimize resources and improve impact.

**Constrained**

**IR 2550/A0/08/808/002 IR 8.2:** By 2017, evidence based and equity-focused programme planning, monitoring and evaluation institutionalized.

**Progress:** LCO continued supporting the Liberia Institute for Statistics and Geo-Informational Services (LISGIS) to finalize and disseminate the preliminary findings of the Liberia Demographic and Health Survey (LDHS) in November. The final report is expected by mid-2014. The indicators released so far regarding infant and child mortality, maternal care, fertility and family planning and malaria show significant improvement compared to the 2007 LDHS.

Key additional surveys and baselines were supported in 2013 as LCO started its new country programme. These included KAP WASH study, Education Peace Building and Advocacy baseline, Nutrition and Food security Survey, and Prevention of Mother To Child Transmission of HIV Impact Study. MORES roadmap for Liberia was developed and bottleneck analysis training conducted for staff with support from UNICEF Headquarters. Bottleneck analysis exercises were conducted for two interventions (EPI and Education) with technical support from New York and Regional Offices. The Liberia Country Office will ensure that bottleneck analysis is conducted for other programme components in 2014.

LCO, in partnership with LISGIS, finalized the plan for “updating LiberiaInfo and conversion of LiberiaInfo into online web based version.” Implementation of the plan will start in early 2014. The master DevInfo training planned for November 2013 had to be postponed due to expiry of the global Long Term Agreement (LTA) with DevInfo. Consequently, related cascade trainings had to be delayed until a new global LTA is signed early next year.

The focus in 2014 will be on finalizing the DHS, rolling out MORES in all programme components and implementing the plan for LiberiaInfo.

### PC 6 - Cross-Sectoral

**On-track**

**PCR 2550/A0/08/800 PCR Support**

**Progress:** Despite a number of challenges, such as a limited number of staff and slim financial resources, the LCO team met all of the 2013 targets for programme support, while noticeably exceeding the baselines. Targets in areas such as Financial Management, Human Capacity Development, efficiency of ICT systems, governance, reduction in overall operations costs and gaining higher efficiency were successfully met and exceeded. Cost sharing and common services were prioritized throughout the year. Common LTA for major service providers such as fuel, security and stationary procurement/services resulted in higher quality and lower costs, while also giving the UN organizations better buying power and positioning them in a higher strategic level. Joint training and orientation plans for common business processes such as HACT were successful. ICT systems also largely benefited and gained higher levels efficiency and cost effectiveness using common approaches. For instance, the One UN ICT Network closed user group and support MoU resulted in reducing recurring internet charges by 70 per cent, and communication costs by 15 per cent.

**On-track**

**IR 2550/A0/08/800/001 IR 10.1:** Effective and efficient programme management and operations support to programme delivery

**Progress:** Further improvements were made in provision of operations support to programmes in all key areas. Staff knowledge in VISION continues to grow and the number of service requests from the region and headquarters is low compared to the first half of the year. IT systems continue to run without disruption, and system efficiency has grown noticeably. The One UN Network for internet connectivity was further fine-tuned and a direct link with local fibre optic provider was established, resulting in a further reduction of internet recurring charges by 60 per cent. A common closed user group (CUG) facility between UN agencies was established, allowing...
UN staff members to make cost-free inter-agency calls. That resulted in a reduction of 15 per cent in telephone communication charges. BCP and ICTDR documentation and sites were updated to reflect the latest changes and system updated. All UNICEF vehicles and sites continue to be MOSS compliant with adequate emergency and regular telecommunication systems. Other successful projects included PBX enhancement, integration of Skype for cost efficiency, and increasing mobility through remote access and smart devices.

**IR 2550/A0/80/800/002 IR 10.2: Effective and efficient Management and Stewardship of Financial Resources**

**Progress:** Financial resources implementation continued to be on track and 100 per cent utilization of funding was achieved by 31 December 2013. The optimal cash balances at month-end were maintained and RR fund utilization/commitments were on track, with all contingency funds utilized according to the plan. The majority of the Office desktops were replaced with laptops, resulting in reduced power consumption. All stand-alone UPS devices are removed to achieve reduced power consumption and a greener environment. The Office continued to use TOTAL as fuel provider and efforts were put into place to establish a One UN LTA with TOTAL to further reduce costs and increase efficiency and buying power. The common LTA is currently under process and being evaluated by other UN agencies. Other common LTAs are also being evaluated to achieve a common standard across the platform and further reduce operation costs, while maximizing efficiency. Progress with regard to DCTs has also been on track, and by the end of the year, the outstanding amount of DCTs greater than 9 months was reduced to 0.45 per cent.

**IR 2550/A0/80/800/003 IR 10.3: Effective and efficient Management of Human Resources**

**Progress:** The Human resources function progressed well in providing support to the LCO within the areas of recruitment, staff training, orientation of new staff and payroll implementation. A majority (72 per cent) of recruitment was completed within the stipulated timelines defined by DHR. However, the CO faced some challenges in attracting qualified candidates for national-level positions. This was primarily attributed to the low compensation packages offered by UNICEF. However, with the increase in the national salary scales announced in the fourth quarter of 2013, Liberia CO expects to receive higher response rate from qualified professionals for national-level positions. The Office’s Friday Learning Sessions continued to successfully enhance staff knowledge, capacity and understanding of UNICEF programmes, operations, processes and systems. A total of 34 learning sessions were conducted in 2013. The group orientation and learning sessions focused on a large range of topics. A number of sessions were designed to improve staff awareness and knowledge on UNICEF internal Operations such as PAS system, Recruitment policy, HACT Management, Financial processes, staff benefits, ICT systems, supply and logistics operations and other areas. Overall, the Country Office achieved 80 per cent attendance at the group training events (34 per cent females and 66 per cent males). The breakdown per category was: International Professionals (40 per cent female, 60 per cent male); National Officers (43 per cent female, 57 per cent male) and General Service (26 per cent female, 74 per cent male). In 2014 trainings will be increased and the Office will focus on meeting recruitment timelines as established by DHR.

**IR 2550/A0/80/800/004 Effective and efficient management of guesthouse operations (starting July 2013)**

**Progress:** In the second half of 2012, the guest house operations revenue generation continued to decline. By the end of the year, the operating costs exceeded the revenue, causing the Office to absorb a deficit of US$3,000. In order to break even, the CO decided to increase access of the guesthouse to non-UNICEF staff members or consultants. The guesthouse now welcomes guests from other UN agencies. During 2014, the CO will monitor closely the revenue gains in order to make an informed decision on whether to continue the guest house operations.

**PCR 2550/A0/80/809 PCR 9: Effective and efficient supply and logistics management and support to programme provided to all programme partners**

**Progress:** Throughout 2013, the Supply function delivered timely procurement and logistics support to UNICEF program teams and partners. Major achievements included improved capacity of staff and partners on procurement procedures; no stock wastages of goods stored in the warehouse; and timely delivery of supplies to program partners. In 2013, the total procurement value amounted to $4,644,940, which was an 8 per cent decrease compared to 2012 ($5,054,715). This was due to the phasing out of the emergency procurements, as the emergency situation wound down. LCO invested much effort in improving capacity of both UNICEF staff and partners on procurement processes. Extensive in-house training was provided on Procurement and VISION processes, which contributed to improving the quality of procurement requisitions for programme interventions. Specialized trainings of pre-qualified suppliers on UNICEF’s procedures and practices enhanced their understanding of UNICEF’s processes and resulted in improved performance delivery. As part of strategic risk management, UNICEF continued to pre-qualify suppliers and update the supplier database. Consequently, Long Terms Arrangements (LTAs) for essential goods and services were established along with mechanisms to avoid over-stocking of supplies for long periods of time. UNICEF participated in the UN procurement working group meetings, under the Delivering as One initiative. Total stock value in the warehouse as of December 2013 was US$985,312, below the target of US$1,000,000. The supplies stored are primarily therapeutic food, drugs, printed materials, and motorcycles pending assembly. Of that amount, supplies in the warehouse stocked for more than one year were valued at US$121,317, which is above the target for 2013. The increase is due to the storage of critical supplies for emergency intervention in the Child Survival and Education sectors. In 2013 UNICEF began to provide the Government support in the areas of customs clearance and transportation, including distribution of supplies to project sites throughout the country. This support will continue in 2014. UNICEF is leasing a warehouse for transit and storage of supplies for Government and NGO partners in order to organize inter-country logistics and provide transportation to end users and beneficiaries.
IR 2550/A0/08/809/005 Efficient and Effective Supply and Logistics for Programme Delivery

**Progress:** UNICEF made progress in improving GOL’s capacity in procurement and in-country logistics. In 2013, LCO provided support to GOL in the areas of customs clearance and transportation, including distribution of supplies to project sites throughout the country. This support will continue in 2014. Part of UNICEF’s efforts include leasing a warehouse for transit and storage of supplies for Government and NGO partners in order to organize in-country logistics and provide transportation to end users and beneficiaries.

In 2013, 57.3 per cent of supplies were delivered by the target delivery date. UNICEF faced a challenge within the area of school furniture production. LCO encountered multiple constraints, including poor quality and availability of local suppliers, bad road conditions and long rainy seasons. In cases where furniture deliveries were linked to fully constructed schools, whenever construction completion was delayed, furniture deliveries could not be made.

The value of programme supplies dispatched to end users compared to the total value of procurement within the same year was low (54 per cent). The office will make improvements to increase that percentage to 80 per cent by end of the CP. By the end of 2013, supplies in the warehouse pending delivery to end users and beneficiaries were mainly therapeutic food, drugs, medical supplies, crayons, motorcycles pending assembling, school furniture pending inspection, and printed materials, including school readers and books pending distribution to the Country Education Offices for further distribution to schools. In 2014, LCO will make focused efforts to try to achieve a higher performance through realistic procurement planning. Training for Government officials in supply chain management will also be conducted to improve Government’s supply chain capacity.
Effective Governance Structure

Liberia Country Office’s (LCO’s) 2013 AMP articulates the governance structure and Office management priorities to implement its’ new equity-focus country programme (2013-2017) under the Delivering as One approach. LCO identified five key overall priorities and 36 priorities for programmes, operational areas and staff security and safety. Indicators for each priority were identified with specific focal points and progress implementation was regularly reviewed by CMT, other Office committees/groups and during the AMP mid-year review. Office management indicators monitored by the CMT also included indicators from the Manager’s Dashboard, RMT and other priority areas specific for Liberia. LCO revised its’ internal Dashboard indicators in October 2013 for CMT meetings.

Key management priorities for 2013 were:
- Equip staff with capacity, skills and resources to implement the new country programme under the One UN Programme framework of Delivering as One;
- Roll out HACT;
- Implement Level 3 monitoring to accelerate results for deprived children;
- Develop one budgetary framework for one programme, including one fund; and
- Monitor Office performance, including effective fund utilization, donor reporting compliance, timely supply delivery, timely staff recruitment, sustaining audit recommendations, building partnerships, generating and managing knowledge, and undertaking advocacy to achieve results for children.

In 2013, the AMP also prioritized transition of emergency operations; aligned the Peacebuilding, Education and Advocacy Programme (PBEA) with the Strategic Roadmap for National Healing, Peacebuilding, and Reconciliation; and finalized the Resource Mobilization and external communication strategy.

The office reviewed its ERM and updated Risk and Control Library with four high level and five medium-level residual risks, and prepared action plans to mitigate the risks. The Office activated its “Audit and Oversight Committee” in mid-2013 to monitor Office compliance with previous audit observations and to prepare for the audit that OIAI completed in October – November 2013.

Strategic Risk Management

Following reassessment of LCO’s ERM Plan in October, two new high risks areas were identified, taking the total number of high/medium risk areas to seven. The management response plan was revised to monitor and mitigate the two new risks, “Aid Environment and Predictability of Funding” and “Financial Management.”

LCO conducted a self-assessment in September 2013 to identify potential risks in management, monitoring, archiving and work flow processes at the section level. In 2014, LCO will review all SOPs to identify best practices in business processes and compile them into a single document to share with all staff.

ICTDR and BCP documents were reviewed to accommodate new changes and risk mitigation strategies. The Operations/ICT AWP contained certain elements of BCP/ICTDR, such as regular updates, routine checks and scheduled tests. The BCP site was visited every month and systems/arrangements tested to ensure high
availability and up-to-date systems. Several training sessions were conducted and critical staff were equipped with remote access to services in case of disasters or limited access to the Office/BCP site. LCO will conduct a BCP simulation exercise in early 2014.

Three emergency contingency plans were developed in 2013 to respond to a cholera outbreak and to respond to a potential influx of refugees from Sierra Leone and Guinea due to possible election related violence. UNICEF pre-positioned diarrhoea kits and WASH supplies for 70,000 people in the cholera high-risk counties to support immediate response to any outbreaks in the country.

Emergency stock was kept ready in the UNICEF warehouse to respond to any emergency. This stock included basic family water kits and WASH supplies for more than 5,000 people, and a two-month nutrition stock for 2,000 children.

Evaluation

The five year IMEP was developed for the GoL-UNICEF Country Programme (2013-2017). It includes major events, studies, surveys and evaluations essential to establish baselines, monitor progress and measure impact of key programme result areas and indicators. The annual IMEP was developed in early 2013 through a consultative process to enhance the relevance and quality of research and identify and address critical data gaps. Progress of the annual IMEP was updated and monitored on a monthly basis.

Since 2013 was the first year of the new country programme, two key baseline studies for WASH and PBEA programmes were conducted. Results of the WASH baseline were published on the Evaluation Database and the PBEA baseline results will be finalized in early 2014. UNICEF continued its support to GoL to finalize and disseminate the Demographic and Health Survey (DHS) preliminary results released in November 2013. UNICEF also supported the Comprehensive Food Security and Nutrition (CFSN) survey in early 2013. Preliminary findings were disseminated and the final report will be released in 2014.

Of the six evaluations carried over from 2012, five were completed. LCO ensured that all evaluations were in line with UNICEF and UNEG guidelines. Management responses to the completed evaluations were uploaded and mechanisms were established for regular updates. Evaluation of UNICEF’s emergency interventions strengthened the Office’s focus on consolidating the results achieved and on mainstreaming emergency interventions into regular programming.

A technical committee consisting of programme staff from different sectors conceptualized MORES and developed the MORES roadmap implementation plan. In 2014, the implementation plan will be rolled out in two pilot counties. In 2013, UNICEF Liberia, with support from UNICEF Headquarters and Regional Offices, conducted bottleneck analysis trainings for EPI and Education. UNICEF will conduct bottleneck analysis for other programmes in 2014.

LCO continued its effort to build the local monitoring and evaluation (M&E) capacities for line Ministries and strengthened monitoring and routine information management systems through local and international trainings. UNICEF also strengthened and expanded Health Management Information System (HMIS) and Birth Registration databases and developed a national database for the Social Cash Transfer programme.

Effective Use of Information and Communication Technology

ICT Operations carried out several critical projects to support the strategic organizational goals of enhancing efficiency and effectiveness while increasing staff productivity.

As part of the DoA strategic ICT plan for Liberia, the inter-agency ICT working group (chaired by UNICEF), completed the One UN Network project. The successful innovative project cut down recurring Internet charges by 60 per cent, while providing larger network capacity, higher speed and reliable connectivity. Articles about the project’s success were published in several newsletters, including the ICT Insider and DoA newsletter. In addition to the Joint Network, a One UN closed user group (CUG) was established, allowing
free mobile phone calls between staff members and reducing telephone costs by about 20 per cent.

The local help desk resolved more than 7,000 service calls in 2013. On an average, the ICT section resolved 30-40 calls per day through remote and desk visits and emails. The SLA breaches were noticeably lower than in 2012, totalling less than 2 per cent. In addition to a remarkable improvement in service support and help desk operation, the overall system up-time was 99.8 per cent throughout 2013. No major or critical system failures were experienced. During planned maintenances and upgrades, the BCP site was seamlessly activated to minimize or entirely eliminate the downtime.

UNICEF is fully compliant with country specific ICT MOSS standards. During 2013, major maintenance was carried out on all emergency telecommunication and satellite communication equipment. The maintenance process was streamlined, new checklists were developed, and a number of clinics were conducted to provide training to all staff, in particular to drivers and those regularly traveling to the field.

BCP and ITDR establishments were significantly improved in 2013. A new VSAT was setup to enable an independent BCP link for emergencies. A new host was installed in the BCP site for critical virtual machines such as Notes and file and print services. Significant time and planning were invested in clustering the voice system. The existing IP-based telephony server was clustered to enable operation during system failures or disasters, and critical staff were trained and equipped with VPN tokens to enable remote connectivity during emergencies.

ICT Operations also supported Technology for Development projects, such as the Social Cash Transfer project, and functioned as an advisor for the Connecting Classrooms project. The ICT team also partnered with InfoCom and PME to implement UNICEF Liberia’s website and a knowledge management system using Sharepoint.

All global and local rollouts were completed within established deadlines. Several trainings were conducted on new technologies and software releases. Presentations, newsletters and e-mails were circulated to encourage staff toward BYOD. More than 30 per cent of UNICEF Liberia staff are using smart phones to communicate, send and receive e-mails, attend web-based conferences, and perform other corporate functions.

### Fund-raising and Donor Relations

In 2013, the Liberia Office resources totalled US$41 million from all sources (RR, ORR and ORE) of which US$14 million was carry over funds. In 2013, LCO obtained funding commitments totalling US$35 million from donors including as DFID (WASH), Government of Netherlands (WASH and Peacebuilding), German National Committee (NatCom) (Findels, for Adolescent Programme and Education), UK Natcom (Nutrition), and Swiss Development Cooperation (Child Protection and Nutrition).

In the absence of a CAP in 2013, Liberia Office used the inter-agency Critical Humanitarian Gap document and HAC 2013 as tools to mobilise emergency funding. Against a ceiling of US$16,016,500, LCO received US$7,597,173 (41 per cent funded). Humanitarian contributions came from Japan, CERF and the humanitarian thematic fund. Because of the ongoing emergencies in Syria, Mali, Sahel, the Philippines and recently in Central African Republic, Liberia did not attract much donor attention.

The new Country Representative, who joined in July 2013, further consolidated and strengthened the existing partnership with major donors, including DFID, Japan, SDC, EU, Swedish SIDA, UK Natcom and Findels (private donors through German Natcom). Efforts are underway to reach out to other major donors based in Ghana, Sierra Leone and Cote d’Ivoire.

Though LCO received more than the average annual CPD ceiling of US$30 million in 2013, the main concern has been under-funding in certain areas of Child Protection and CSD. Efforts were intensified to attract funding for those areas, especially to meet LCO’s obligation to provide matching funds for the cash transfer programme.

LCO proactively took advantage of all opportunities to meet and brief visiting donor delegations. Donors were
encouraged to join field visits. Major visits in 2013 included private donors as well as the German and Swiss Natcoms.

LCO continued to support the Government to leverage resources for children through regular participation in the Health Pool Fund Steering Committee meetings and in the inter-ministerial meetings to obtain Compact funding from the US President’s Millennium Challenge Corporation.

A Fundraising Task Force was established and the Fundraising Strategy operationalised in 2013. The LCO maintained its record of 100 per cent compliance on timely reporting. Many steps have been put in place to ensure improvement in the quality of donor reporting. Programme staff were empowered to ensure good management practices to avoid loss of valuable donor funds. As a matter of policy, all PBA extensions were discouraged except for rare and unavoidable situations. One such exception was the School Construction project funded by the Government of Japan. Budget monitoring has been strengthened, with regular updates presented to the CMT and Programme Management Meetings on fund utilization and expiring PBAs.

Prominent donors such as Japan, EU/ECHO and DFID were pleased with the donor visibility opportunities provided by LCO. The funding scenario for 2014 looks extremely challenging and LCO is gearing itself up to take appropriate steps.

**Management of Financial and Other Assets**

With the Virtual Integrated System of Information (VISION) in its second year, LCO continued group and individual trainings for staff users. Most users now have a better understanding in VISION, thus increasing their efficiency and productivity. However, there are challenges such as the quality of fund utilization reports and payroll processing modules vis-à-vis actual commitments. Bandwidth continues to be a challenge for accessing VISION, learning modules and WebEx sessions.

CMT meetings ensured continued oversight review of performance indicators, including financial and resource management. Indicators covered included inventory and aging of supply items, donor reporting performance and compliance, financial implementation and DCTs.

Despite close monitoring with partners, outstanding DCT above nine months reached 2 per cent during the year. This was decreased to 0.45 per cent by the end of the year, which is within the global acceptable threshold of 1 per cent.

The CMT also closely monitored budget/grant allocations and utilizations. As of 12 December 2013, the Office utilized US$6,921,443 of ORE (97 per cent), US$16,890,210 of ORR (70 per cent), US$4,703,937 of RR (95 per cent) and utilized all locally managed BMA allocation. Un-utilized balances will be re-phased to 2014.

LCO maintained end-month bank balances within the global DFAM standard of 25 per cent of the monthly replenishment. The Office continued to process and submit month-end-bank reconciliation as per Headquarters (HQ) deadlines. Outstanding items were promptly investigated and cleared.

LCO has 44 vehicles, of which four will be disposed in 2014, thus reducing operating costs. However, LCO still needs a big fleet of vehicles and drivers since the country lacks adequate and safe public transportation systems and also because of the MOSS requirement for field trips.

A common UN Long Term Agreement (LTA) was established in mid-2013 with two travel companies. Both companies will be provided with equal business opportunities. The LTA and agencies’ adherence to the SOP will be reviewed annually.

LCO does not have an electrical grid system, and relies on three generators (two 250KVA and one 110KVA) for power supply. The two big generators underwent major overhauling in 2013 to ensure smooth operation and reduce fuel consumption. All staff are also regularly reminded to shut down air conditioners and lights when they leave the office. This effort saves 20 gallons of fuel a day.
In the past, LCO procured fuel from UNMIL with 14 per cent administrative charges. With UNMIL already starting its draw-down exercise, LCO procured fuel for its generators from Total (a major oil distributor company in Liberia) and introduced pre-paid fuel cards for the vehicles. Other UN agencies have also taken similar initiatives.

An Office audit from HQ was carried out in the last quarter of 2013. The final audit report has not yet been released, but preliminary findings indicate that most controls and risk mitigation strategies were satisfactory. There were observations for improvement in certain areas, such as contracts management.

HACT roll-out was one of the key management priorities for the 2013 AWP. The UNCT conducted a HACT assessment for Government partners, but it is yet to be fully implemented. UNICEF initiated a risk assessment of 32 NGO/CSO partners for HACT roll out and the findings will be shared with UNCT members. Following UNCT recommendations, HACT training for staff was started in the last quarter of 2013. A training package for Government and NGO partners was developed. Government and CSO partners were informed of the transition to HACT from 1 January 2014 during the UNICEF annual review meeting.

Supply Management

UNICEF is still a major partner for the Government and NGOs for delivery of supplies in programme interventions geared to positively changing the situation of children and women in Liberia. Supply value for 2013 totalled US$4,644,940, which represents an 8 per cent decrease compared to 2012 (US$5,054,715). Offshore procurement accounts for 50 per cent (US$2,297,004); LTA/DO for 18 per cent (US$839,661) and local for 32 per cent (US$1,508,274). The value of orders brought forward from 2012 and cleared in 2013 amounts to US$815,549.

Major commodities with high value procurement are as follows:

Offshore: therapeutic food, vaccines, drugs, medical supplies and crayons;
LTA/DO: Vehicles, motorcycles, computer equipment, freezers and generators; and
Local: Furniture, solar system, printed materials including school readers, books and stationeries.

The Supply Work Flow process was reviewed to enhance support to programme intervention. Staff training on Procurement and VISION processes in May and June, respectively, and specialized training of pre-qualified suppliers on UNICEF’s procedures and practices, contributed to achievable results in programme implementation. To support strategic risk management, UNICEF continues to pre-qualify suppliers and update the supplier database; and to establish LTAs for essential goods and services and mechanisms to avoid over-stocking of supplies for long periods. The supply section also participated in the UN procurement working group meetings.

UNICEF continued to provide support to Government in customs clearance and transportation, including distribution of supplies to project sites. Customs clearance and hired transportation costs amounted to US$50,568.08 and US$102,737.06, respectively. Customs clearance and transportation services are provided by two hired commercial companies on LTAs. All supplies are cleared on a duty free basis. Procurement assistance was also provided to the Health Pool Fund Management.

UNICEF is leasing a warehouse for transit and storage of supplies for Government and NGO partners to organize in-country logistics and provide transportation to end users/beneficiaries. The majority of offshore and direct order supplies (about 60 per cent) are transited through the UNICEF warehouse because the Government lacks adequate warehousing facilities. The value of stock in the warehouse amounts to US$974,877.30, a 40 per cent increase from 2012 (US$589,785.52). This increase was due to the receipt of therapeutic food and medical supplies in the third quarter of 2013.

Supply Division services to the Country Office were satisfactory, and the majority of orders were received on time. Supply Division guided LCO in construction services. All Direct Order deliveries were processed and shipped on time.
LCO received in kind donations valued at US$781,433.26 from the Global Alliance for Vaccines and Immunisation (GAVI), including DPT-HEPB-HIB vaccines, syringes and safety boxes. There were no procurement services transactions in 2013 since there were no requests from Government or NGO partners.

Human Resources

The 2011 staff survey highlighted the need for staff to increase their awareness on the recruitment process, HR policies, PER discussions, programme management, communication and professional development. Considerable improvement was made in 2012 and enhanced in 2013, by continuing to implement various components of the learning plan through group, individual, external and e-learning sessions. The scope of the Friday learning sessions was expanded to include UNICEF programmes and innovations. VISION continued to be a main feature in the learning calendar. The Office also continued to provide financial support or a “university subsidy” to staff members undertaking further studies or relevant short term courses. Flexible work arrangements are in place to allow staff to attend classes during official working hours.

CMT monitors all recruitments on a monthly basis. The Office now uses the new and simplified DHR recruitment tools. However, limited funding and a reduction of entitlements pose challenges to attracting qualified candidates to a non-family duty station such as Liberia. Identifying and attracting local candidates to Specialist level positions has also been challenging, since most of the qualified candidates at that level are already employed by the Government and UNICEF cannot offer the same financial incentives as the Government.

Two critical positions, Representative and Chief of Operations, rotated in 2013, with considerable gap between the departure of the previous incumbent and the arrival of the new one. Their duties were distributed among the remaining staff. The position of Staff Security Specialist remained unfunded in 2013, and therefore the functions had to be distributed among selected staff in operations. Funding was not identified for one of the newly created Administrative Officer positions, so the functions related to asset management and maintenance of premises were distributed among the remaining staff in the operations section.

Senior management closely monitored the regular functioning of statutory and other Office committees and working groups, and emphasized the adequate sharing of discussions and decisions. Document repositories such as the shared drive are used consistently as a means to make minutes and relevant materials and documents available to all staff. There has been close collaboration between the Staff Association and management and an open door policy continued to be practiced by senior management. All of this resulted in a more enabling environment for staff to pursue excellence in the performance of their duties.

UNICEF has been the chair of the inter-agency HR working group since March 2013 and has developed an SOP and agreed on a common job description for drivers.

Efficiency Gains and Cost Savings

Physical presence in the field for normal programme activities and emergency operations is costly due to geographical and logistical challenges. UNICEF field staff shared offices with UNMIL in Zwedru during the entire year, and with WFP in Harper during the first half of the year, thus benefitting from the already established infrastructure and services. In addition to saving costs, the arrangement also enhanced staff security. It is a good example of utilizing common services under the UN Delivering As One approach.

LCO continues to make use of free UNMIL flights for field visits in remote counties. This saves Office resources in terms of wear and tear on vehicles and fuel consumption, and is also a better utilization of staff time.

UNICEF and other UN agencies are now connected to UNMIL’s fibre optic link from Cote d’Ivoire, thus increasing the back-up bandwidth to 1.5 MB at a cost of US$4,000 a month. This is a cost saving of almost 33 per cent compared to the previous connection.
UNMIL provides free driving tests to staff and candidates for positions of drivers of the UN system. LCO is procuring and installing a clustered server for its PBX and for creating voice mail boxes for internal telephone extensions. The voice mail will allow voice recording and enable anyone to call the Office extension numbers through Skype for free. LCO staff on travel, and partners and donors needing to communicate with the Office will benefit from significantly reduced or no telephone charges.

The Office continued to benefit from the reduced administrative work related to implementing LTAs. This streamlining process was started in 2012 and continued through 2013. LTAs were shared with all UN agencies as part of expanding UN common services.

### Changes in AMP & CPMP

UNICEF key management priorities for 2014 are:

1. Equip staff and partners with capacity, skills and resource to implement Harmonised Approach to Cash Transfers (HACT);
3. Mobilization of additional resources (ORR and ORE) for programme implementation;
4. Implement Level 3 monitoring to accelerate results for deprived children; and
5. Monitor Office performance, which includes effective fund utilization, donor report compliance, timely delivery of supplies and staff, closing audit recommendations (if any), forging partnerships, generating and managing knowledge, and advocacy to achieve results for children.

The 2014 AMP will also prioritize further alignment of the peacebuilding, education and advocacy programme (PBEA) with the Peacebuilding and Reconciliation Roadmap of Liberia; and develop strategies to reduce violence against children through existing programmes. Office committees will be revised taking into consideration Office priorities. The M&E unit will be revised so that the M&E Specialist will report to the Deputy Representative, to effectively roll-out and implement MoRES. Creation of two new IP positions will be requested through the PBR process, to fulfil the requirement of PBEA programme management and monitoring in 2014.

### Summary Notes and Acronyms

- ACT - Artemisinine-based Combination Therapy
- AfT: Agenda for transformation
- ALP - Accelerated Learning Programme
- BPHS - Basic Package of Health Services
- CEO - County Education Officer
- CPN - Child Protection Network
- CRC - Committee on the Rights of the Child
- CWIQ - Core Welfare Indicator Questionnaire
- DHS - Demographic and Health Survey
- ECOWAS - Economic Community of West African States
- EFA - Education For All
- EiE - Education in Emergency
- EPF - Education Pooled Fund
- EPRP - Emergency Preparedness and Response Plan
- EMIS - Education Management Information System
- FBO - Faith Based Organisation
- FGC - Female Genital Cutting
- FTI - Fast Track Initiative
- GAVI - Global Alliance for Vaccines and Immunization
- GBV - Gender-based Violence
- GOL - Government of Liberia
GPI - Gross Parity Index
GFATM - Global Fund to fight AIDS, Tuberculosis and Malaria
HACT - Harmonised Approach to Cash Transfers
HMIS - Health Management Information System
HRBAP - Human Rights Based Approach to Programming
HIPC - Heavily Indebted Poor Countries
HWTS - Household Water Treatment and Storage
iCCM - Integrated Community Case Management
IMAM - Integrated Management of Acute Malnutrition
IMNCI - Integrated Management of Newborn and Childhood Illnesses
IRC - International Rescue Committee
IYCF - Infant and Young Child Feeding
LAB-4-LAB - Learning Along Borders for Living Across Boundaries
LACC - Liberia anti-Corruption Commission
LDHS - Liberia Demographic and Health Survey
LISGIS - Liberia Institute for Statistics and Geo-Information Services
LLIN - Long Lasting Insecticide Treated Nets
LPERP - Liberia Primary Education Recovery Programme
LRDC - Liberia Reconstruction and Development Committee
LPRF - Liberia Poverty Reduction Forum
MOF - Ministry of Finance
MOE - Ministry of Education
MOGD - Ministry of Gender and Development
MOHSW - Ministry of Health and Social Welfare
MOJ - Ministry of Justice
MOLME - Ministry of Lands, Mines & Energy
MOPEA - Ministry of Planning & Economic Affairs
MOPW - Ministry of Public Works
MTEF - Medium Term Expenditure Framework
MTFF - Medium Term Fiscal Framework
MTSB - Medium Term Support Budget
MTSP - Medium Term Strategic Plan
NCR - Net Completion Rate
NER - Net Enrollment Ratio
NGO - Non-Government Organization
NPA - National Plan of Action
NRC - Norwegian Refugee Council
OMT - Operations Management Team
RC - Resident Coordinator
RED - Reaching Every District
REP - Reaching Every Pregnant Women
PBO - Peace Building Office
PHC - Primary Health Care
PIO - Public Information Office
PMTCT - Prevention of Mother-To-Child Transmission
PMU - Project Management Unit
PSI - Population Services Incorporated
PSR - Poverty Reduction Strategy
RDT - Rapid Diagnostic Tests
SCT - Social Cash Transfer
SDC - Swedish Development Council
SGBV - Sexual and Gender-based Violence
SIA - Supplementary Immunization Activities
TRC - Truth and Reconciliation Commission
UBR - Universal Birth Registration
UNCG - United Nations Communication Group
UNMIL - United Nations Mission in Liberia
WACPS - Women and Children Protection Section (of the Liberian police)
WDU - Waste Disposal Unit
YES Peace - Youth Employment Services for Peace
VISION - Virtual Integrated System of Information
## Evaluation Centre

### Evaluation

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## Lessons Learned

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