

Liberia

Update on the context and situation of children

The COVID-19 pandemic, and the Government of Liberia (GoL)'s response to it, permeated every aspect of the situation of Liberian children in 2021. The pandemic has worsened already poor conditions for children, as revealed by the Socioeconomic Impact of the COVID-19 Pandemic on Children and Women in Liberia survey. It showed that families face economic instability because of employment loss or lower earnings. According to half the households surveyed, violence towards children and women increased. More broadly, UNICEF, with government agencies, continued estimating child poverty using Liberia Demographic and Health Survey 2019/20 (LDHS) data. Liberia's first multidimensional child poverty analysis and report should be released in 2022. Early estimates indicate that approximately half of all children are simultaneously deprived in three or four dimensions of their well-being.

Liberia's economy is rebounding after contracting for two years. The World Bank projected that real GDP growth would reach 3.6 per cent in 2021, and that the economy would expand by an average of 4.9 per cent in 2022–2023. Nevertheless, poverty is expected to increase slightly. Inflation had eased to 7.1 per cent by July, and food prices had decreased. The GoL led by President George M. Weah is still implementing its Pro-Poor Agenda for Prosperity and Development (PAPD), despite challenges. Senatorial Special Elections were held peacefully in December 2020, with the next elections not due until 2023.

By 31 December 2021, 7,207 cumulative confirmed cases of COVID-19 with a total of 287 deaths were recorded, giving a case fatality of 4.0 per cent; and 986,975 adults (42 per cent of the total targeted 2,368,611 persons, and 22 per cent of the total population) were fully vaccinated against COVID-19. Low vaccination of health workers (51 per cent) and a wide gender gap in vaccination coverage remain concerns. While UNICEF continued to support implementation of the Government's National COVID-19 Response Plan throughout 2021, movement restrictions and three waves of COVID-19 hampered UNICEF programme implementation, impacting essential service delivery including protection services, community sensitization and engagement, outreach, and monitoring. The Sustainable Development Report 2021 ranks Liberia 161 out of 165 countries (country score 48.6 per cent), indicating slow progress towards the Sustainable Development Goals (SDGs). The LDHS final report highlighted critical concerns. The report states that 32 per cent of children aged 5–17 are involved in child labour, with 30 per cent working in dangerous conditions. Some 85 per cent of children aged 1–14 experienced violent discipline in the month before the survey. Liberia is characterized by deep inequities, ranking 175 among 189 countries in the Gender Inequality Index. Some 60 per cent of women aged 15–49 have experienced physical violence and 9 per cent have experienced sexual violence. Among women who have heard of female circumcision, 38 per cent say they have been circumcised. Teenage childbearing stood at 30 per cent in 2019–2020.

The pandemic is imposing pressure on the already overburdened health system, including through high staff turnover, reducing its capacity to provide essential health and nutrition services. However, the Ministry of Health (MoH) – in partnership with the UNICEF Liberia Country Office (LCO) and others – ensured continued quality service provision. Routine immunization coverage declined in 2021, placing Liberian children at greater risk of severe illness and death from vaccine-preventable diseases. Provision of community health services – which serve remote communities and are thus particularly important to ensure no child is left behind – was constrained due to COVID-19 restrictions. COVID-19 may have worsened malnutrition; admissions for severe acute malnutrition (SAM) were higher (22,801) than in 2020 (17,328). Stunting among children under 5 was 30 per cent overall, with higher prevalence in rural areas. LDHS revealed that only 8.9 per cent of children aged 6–23 months receive minimum diverse diet (four out of the recommended eight food groups), and only 3 per cent receive the minimum acceptable diet. COVID-19 movement restrictions disrupted food supply and

pandemic-related economic hardship reduced food security.

Progress on sanitation in Liberia has slowed since 2017. Water, sanitation and hygiene (WASH) services in schools and health-care facilities are either in a poor state or absent. Only around half of schools have WASH facilities, affecting school attendance, particularly of adolescent girls due to their need to manage menstrual hygiene. Although the proportion of people practicing open defecation (OD) dropped from 42 per cent to 38 per cent between 2017 and 2021, the number of people involved is higher (1,899,060 in 2017 and 1,922,040 in 2021), with a significant gap between rural and urban populations: 59 per cent and 18 per cent respectively. There are also frequent and prolonged breakdowns of community water facilities. Unless key WASH sector challenges are resolved, the SDG goal for water and sanitation for Liberia by 2030 is unlikely to be achieved.

While schools remained open throughout 2021, COVID-19 affected school enrolment, attendance and learning contact time, all of which will likely affect long-term learning outcomes. The proportion of out-of-school children (OOSC) remains over 50 per cent and age-appropriate enrolment continues to be a struggle. Although COVID-19 imposed limitations on LCO education programming, it created opportunities to deepen initiatives in distance learning and use of community-based approaches to provide education, in an effort to ensure no child is left behind.

Liberia battled multiple health emergencies in 2021. LCO provided emergency support for preparedness to Ebola following the outbreak in Guinea, and responded to multiple outbreaks in Liberia including Polio, yellow fever and malaria, as well as continued COVID-19 response. The Ebola outbreak in Guinea was controlled in June 2021. In October 2020, Côte d'Ivoire, Sierra Leone and Guinea reported circulating Vaccine-Derived Polio Virus (cVDPV) type 2 polio outbreaks. Using samples from established environmental surveillance, Liberia also detected positive cVDPV, putting Liberian children at risk. The GoL declared a Public Health Emergency and, with support from partners, MoH conducted two nationwide campaigns, vaccinating 95 per cent of children aged 0–5 years in 2021.

Major contributions and drivers of results

UNICEF, in partnership with GoL and donors, continued to respond to the COVID-19 pandemic based on the changing situation and needs of the most vulnerable. With its multisectoral mandate, UNICEF offered comprehensive technical assistance to the country's COVID-19 response while supporting joint country programme implementation. UNICEF's response focused on strengthening risk communication and community engagement; promoting vaccine uptake; ensuring continuous access to education; accelerating child protection services; supporting adequate health care, immunization and access to essential nutrition services for children, women and vulnerable communities; supporting hygiene and sanitation promotion; and generating evidence for planning and advocacy.

During 2021, UNICEF contributed to national development priorities and United Nations Sustainable Development Cooperation Framework (UNSDCF) results, focusing on the strategic positioning of UNICEF and leveraging outcome-level changes and integrated programming. Within the Social Policy framework, for instance, the Education section oriented parliamentarians on education sector budgeting and agreed to further develop their capacity on budgeting.

While UNICEF provided support in capacity-building and system strengthening, the bulk of UNICEF support was in service delivery, which is not aligned with the trajectory of the Country Programme Document (CPD). To assure sustainability of interventions and balance system strengthening with service provision support to GoL, UNICEF is further investing in capacity development and system building for emergency preparedness and response, and the upcoming mid-term review will contribute to the development of a contextualized framework for the humanitarian-development nexus.

All UNICEF sections worked closely with Government, funding data collection and providing technical inputs to several policies, national plans and strategies that will directly affect children and strengthen the systems that serve them. This input informed these documents' quality and direction and ensured that UNICEF areas of support for women and children were adequately highlighted as they

align with the Government's agenda. In 2021, Liberia responded to the recommendations from its third cycle of UPR. UNICEF, together with other UN agencies, engaged with the Government and successfully advocated for the acceptance of majority of child rights related recommendations and development of a national action plan to address them. Only recommendations regarding FGM remained as acknowledged by the Government.

Goal Area 1: Every child survives and thrives

Immunization (Key Result for Children (KRC) #1): Responding to polio outbreaks in neighbouring countries, Liberia introduced the nOPV2 vaccine, immunizing 1,831,612 children aged 0–59 months (over 95 per cent of the target). Nutrition and birth registration (BR) services were integrated with vaccination campaigns, with 127,413 children aged 0–12 years registered through them. The typhoid conjugate vaccine was also introduced, immunizing 1,524,209 children aged 9 months to 15 years. Another 150,021 children aged 0–11 months (82 per cent) were vaccinated with three doses of DTP-containing/Penta vaccine (annual target 88 per cent).

However, routine immunization coverage declined, with only 8 out of 15 counties vaccinating at least 82 per cent of children aged 0–11 months with three doses of DTP-containing/Penta vaccine, and high numbers of zero-dose children. This is attributed to emergencies and the focus on introducing the new nOPV, COVID-19 and typhoid vaccines. Despite this, 123,190 children under 1 were fully vaccinated, a 31 per cent increase from 2020.

As part of pandemic response, UNICEF procured variety of cold chain equipment that increased national vaccine storage capacity by 40 per cent, helping ensure no child is left behind. UNICEF provided financial support to procure over 1.3 million doses of routine vaccines, over 3.25 million doses of nOPV2, and 1,477,380 doses of COVID-19 vaccines.

Maternal and newborn health

UNICEF continued to support provision of reproductive, maternal, newborn, child and adolescent health services, with 187,730 pregnant women and 1,097,198 children under 5 accessing care. Some 129,517 births occurred in health facilities, and home deliveries declined by approximately 26 per cent compared with 2020. Among pregnant women, 46 per cent (89,103) know their HIV status, with 2,292 who tested positive (124.6 per cent of the target) receiving anti-retroviral therapy. Introduction of Family HIV Testing identified missed children/adolescents with HIV and linked them to treatment services.

All health services were delivered through health facilities or Community Health Assistants (CHAs), who reach out to populations beyond the 5km catchment area of health facilities. This has helped improve health service coverage and increased overall primary health care (PHC) service utilization by 5 per cent. However, CHA service delivery declined in 2021 due to funding constraints. MoH has recognized the role of the community health workforce, drafting a 2021–2030 Community Health Policy and a plan for 2022–2027. In addition, UNICEF Liberia is discussing with the Regional Office developing comprehensive costed plan for PHC.

These results contribute to: KRC#1, PAPD Pillar #1, CPD Outcome #3, SDGs #3 and #5, UNSDCF Outcome #1; and are aligned with the GAP gender priority of maternal care and pregnancy care, and HIV prevention for adolescents.

Nutrition

Significant programmatic results on nutritional outcomes for the most vulnerable –children under 5, adolescent girls, pregnant women and breastfeeding mothers –were achieved in 2021 with advocacy, facilitation, technical and financial support as well as procurement of essential nutrition supplies from UNICEF. The universal premise of preventing malnutrition comes first in all contexts, with treatment provided if prevention fails.

Preventive nutrition services were provided across 514 health facilities (up from 228 in 2020 nationwide). In total, 244,273 caregivers of children aged 0–23 months received infant and young child feeding counselling; 140,676 pregnant women received iron folic acid (IFA) supplementation; and 171,616 children aged 6–23 months received micronutrient powder supplementation. For the first time

an adolescent nutrition programme was introduced and piloted in 124 schools. The package includes weekly IFA supplementation, twice yearly deworming, and nutrition education for adolescent girls. The reopening of schools in January 2021 enabled acceleration of the school adolescent nutrition programme, thereby reaching 30,077 adolescent girls (above the 18,080 target).

Liberia switched Vitamin A Supplementation (VAS) delivery from campaigns to routine health services, and coverage of VAS among children aged 6–59 months then dropped from 673,701 in 2019 to 137,997 in 2021. This is because children are not routinely brought to health facilities.

To ensure that children and woman without access to health services and out-of-school adolescent girls are reached with nutrition services, UNICEF piloted the feasibility of CHAs delivering an integrated package of nutrition services in 25 communities, with the aim of improving coverage. Lessons learned will inform the scale-up plan for the community-based nutrition programme. The main challenge moving forward is to ensure quality coverage of services.

These results contribute to: PAPD Pillar #1, CPD Outcome #4, SDGs #2 and #3, KRC #2 and UNSDCF Outcome #1, and Liberia's COVID-19 Response Plan.

Goal Area 2: Every Child Learns

Equitable and sustainable access to education (Key Result #3): The Education programme contributed to establishing key policies, strategies and guidelines aimed at supporting equitable access to and quality of education. It redefined its conceptual framework and theory of change to focus on gender equity and inclusive education, based on large numbers of OOSC (53 per cent), the most vulnerable of whom are adolescent girls, working children and children with disabilities. The starting point was a rapid assessment that identified the children most impacted by the COVID-19 pandemic, revealing that nearly a third of children never returned to school.

The Education programme reached 515,178 of the 776,153 students enrolled in primary and junior high school [EMIS] with education services aimed at promoting safe school return and retention of children within an environment impacted by COVID-19. These children were able to continue their education through remote continuous home-based learning, and the use of radio for hard-to-reach areas ensured no children were left behind.

At least 6,428 teachers were trained in child-centred pedagogy, PSS and facilitating distance learning to reduce dropout. Development of 9,000 lessons to support distance education and remote learning was also initiated. Initiatives to enhance foundational literacy and strengthen learning assessment commenced, and packages initiated included a gender/girls' support package, a disability kit and WASH.

The programme established focused interventions in 245 schools that are being modelled as multiservice platforms to ensure schools address multidimensional and holistic needs of the most vulnerable children to forestall dropout while encouraging enrolment. This programme also benefited schools hosting refugees in two counties.

These results contribute to: PAPD Pillar #1, CPD Outcome #4, SDGs #3, #4 and #5, KRCs #3 and #4, UNSDCF Outcome #1; and the Liberia COVID-19 Response Plan.

Goal Area 3: Every Child is protected from violence, abuse and exploitation

Policy-level interventions and direct service delivery to vulnerable groups were combined in LCO engagement with GoL, civil society organizations (CSOs), communities and children to build a strong national child protection system. UNICEF continued to strengthen the social service workforce, introduced a child-sensitive approach within the justice system, addressed social norms around violence against children and gender-based violence (GBV), consolidated the BR system, developed community-based services and empowered children and adolescents.

The Child Protection programme continued to target the most vulnerable children (e.g. victims of violence and children/young people in conflict with the law, deprived of parental care, or at risk). This approach was reflected at various levels, from selection of programme locations and capacity-building topics to ensuring the voices of the most marginalized were included in national advocacy efforts around World Children's Day. UNICEF support for service delivery sought to complement GoL capacity and reach in remote and deprived areas.

Birth registration (Key Result for Children #7): Some 287,465 children were registered in 2021, exceeding the 220,000 target. The rate of birth registration for children below 1 year stands at 33.2% (against the target of 42%). A breakthrough on sustainability of the BR system was Health Act

provisions for government funding of BR staff. Due to budgetary constraints, this was not provided in 2021 but is included in 2022 plans.

At least 293,431 children, adolescents and their parents/caregivers directly benefited from multifaceted child protection services including community-based PSS and case management, diversion and non-custodial measures, BR and certification, life skills trainings, trainings in technical and vocational skills, parenting skills trainings and adolescent peer educator support services.

Some 4,979 women and adolescent girls accessed safe spaces where they benefited from case management / PSS / life skills and other empowerment initiatives. In addition, 10,767 persons received services for GBV prevention, mitigation and response through various UNICEF-supported interventions. Further, 499 social service workers were trained in service delivery for children in the context of emergencies.

These results contribute to: PAPD Pillars #1 and #4; CPD Outcome #5, KRC #5, #6, #7, SDGs 16 and 17, UNSDCF Outcomes #3 and #4, and national COVID-19 containment protocols.

Goal Area 4: Every child lives in a safe and clean environment

In 2021, WASH Programme concentrated on community-led total sanitation with the aim of ending OD, with activities implemented in 161 rural communities. Some 104 communities declared open defecation free, benefiting 37,371 people. School and communal latrines constructed were all gender-sensitive and disabled-friendly. The Road Map for Ending OD by 2025 developed with support from UNICEF and other WASH partners was launched by GoL.

Integrated and coordinated Health and WASH sector efforts played a vital role in fighting the COVID-19 pandemic, and distribution of emergency WASH supplies through a single channel guaranteed they reached the most vulnerable women and children. Some 11,763 persons received family hygiene kits, and another 147,716 received critical WASH supplies and services. WASH/infection prevention and control supplies were procured for about 12,000 Ivorian refugees and host community members. Some 65,795 persons were provided knowledge of good hygiene and reached with a handwashing behaviour change programme. Some 1,550 community members were trained to manage WASH facilities, and menstrual hygiene management (MHM) activities implemented in 45 schools benefited 1,006 adolescents.

These results contribute to: PAPD Pillar #2, CPD Outcome #5, KRC #8, SDG #6, UNSDCF Outcomes #1 and #2; national COVID-19 containment protocols.

Goal Area 5: Every child has an equitable chance in life

Accelerated Learning Programmes were established by linking with Ministry of Youth and Sports vocational training centres in 11 counties for adolescents and OOSC, especially pregnant teenage girls. Some 10,464 adolescents accessed multisectoral adolescent empowerment services delivered at adolescent safe spaces or resource centres, up from 10 in 2020 to 16 in 2021.

A survey on the status of disability and inclusiveness was instituted and a basic disability learning kit was developed and is being procured for distribution to the 245 multiservice platform schools. Application of UNICEF Global Tools strengthened engagement with partners and GoL and strengthened policy focus on disability and inclusion in schools.

These results contribute to: PAPD Pillar #1, 2, and 4 CPD Outcome #5, KRC #8, SDG #1,10, UNSDCF Outcomes #1 and #2; national COVID-19 containment protocols.

UNICEF applied Strategic Plan change strategies to achieve these results. Integration of nutrition and BR services with vaccination campaigns and including scope for WASH, health and nutrition interventions in the 245 multiservice platform schools are examples of leveraging resources and partnerships for children. Winning support for the cause of children from the wider public by mobilizing community members living with HIV was vital to the success of the Family HIV Testing programme. Programming excellence for at-scale results for children was used to markedly increased coverage of nutrition interventions by scaling up their provision through communities, schools and health facilities.

Gender-responsive programming was exemplified in implementing MHM in 45 schools, and programmes targeting adolescent girls. UNICEF harnessed the power of evidence to drive change for children by developing graphs and scorecards based on LDHS to showcase the country's progress towards attaining the SDGs. This demonstrated to GoL the need to focus on essential services and fast-track high-impact, low-cost interventions.

Other Cross-Cutting Work:

Gender dimension: National and subnational validation of the Social Behaviour Change Communication Strategy (SBCC) on Violence Against Children and Gender-Based Violence provided the basis for more strategic engagements to address social norms and gender inequalities that negatively impact women and children. A total of 11,753 front-line workers in education, WASH, health and nutrition were trained on gender roles and practices.

Some 714 (all female) child survivors of rape accessed case management services, while 7,884 girls benefited from multisectoral child protection interventions tailored to address child marriage. Women are trained as WASH facility mechanics/maintenance people. Capacity-building initiatives in all programmes strive to achieve a gender balance.

Prevention of sexual exploitation and abuse (PSEA): UNICEF trained 20 CSOs on PSEA and conducted PSEA assessments for 11. The assessments rated all 11 CSOs as moderate on SEA. All CSOs developed action plan to improve risk ratings to Low within 6–12 months. UNICEF volunteered to serve as co-lead on the UN Country Team PSEA Inter-Country Network and provided technical contributions to the drafting of a joint United Nations concept note on PSEA trainings.

Regional engagement: Streamlined application of Regional Office guidance – e.g. Foundational Literacy and Numeracy and the ECD Toolkit – helped programming. Regional engagement was deepened by, for example, signing a tripartite memorandum of understanding (MoU) to operationalize the ECOWAS Strategic Framework for strengthening national child protection systems, participation in the regional social service workforce assessment, regional formative evaluations of KRC 7 and 2.

UN Collaboration and Other Partnerships

During the pandemic, UN partnership strove to support national response and prevention effectively in a coordinated and efficient manner. Of particular significance was the COVAX and AVAT partnership for vaccines. UNICEF chaired the Health Partners Group. Collaborations with other UN agencies such as the World Health Organization (WHO), UNAIDS, the United Nations Population Fund (UNFPA) and the United Nations Development Programme maximized the use of available resources and minimized waste. The One UN platform (UN Partnership Platform) established in 2020 continued to be used to engage and vet partners that would work across all UN agencies.

UNICEF continued to integrate programming where possible to leverage synergies and achieve results at scale. Nutrition and BR services were integrated into the health system, and an adolescent nutrition programme introduced in schools to further reduce stunting. Collaboration between Education, Health and Child Protection trained 6,428 teachers in providing PSS to students.

UNICEF engaged WHO, the United States Agency for International Development (USAID), UNAIDS, and the African Development Bank to deliver harmonized strategic technical and financial support as a team in designated areas through Harmonized action for Health in Africa, which is more cost-effective and strategic. In addition, strong agreements with ECOWAS and the Ministry of Gender, Children and Social Protection (MGCSP) were established by UNICEF towards the contextualization of the ECOWAS Child Protection Framework.

In 2021, UNICEF implemented four joint programmes in the areas of Health, HIV AIDS, legal identity, and the Spotlight Initiative on Ending SGBV and HPs against Women and Girls, utilizing a total of US\$1.3 million. Ensuring activation of the Education in Emergencies Working Group rallied partners' commitment to questions designed to obtain weekly updates of events in schools during the COVID-19 pandemic. UNICEF also helped rally other development partners including USAID, the World Bank and UNESCO around ensuring the quality and credibility of educational data as the basis for the joint education sector review.

Partnerships with the National Public Health Institute of Liberia, MoH, MGCSP, MoE and the Ministry of Youth and Sports are critical to achieving results at scale and reaching those left furthest behind. These partnerships were deepened and strengthened in 2021 through staff secondment, mentoring, coaching and capacity-building.

Local CSO partners brought local knowledge and insights to their implementation of programmes on the ground. For example, they used mobile theatre to raise awareness of SGBV/SRHR/SEA and HP,

attracting large audiences who received information through drama and comedy. UNICEF also had a strong partnership with the National Children's Forum as a voice for child rights.

UNICEF works closely with donors including, Gavi, USAID, the Japan International Cooperation Agency, Power of Nutrition, the Government of Ireland, the China International Centre for Economic and Technical Exchanges, Swedish International Development Agency and the Governments of France, Iceland, Japan, Sweden, Ireland and Spain.

One of the emerging areas of partnership was with the private sector, where UNICEF collaborated with Orange Liberia during the Polio campaign. The MoH and GPEI partners identified this as a positive practice.

Lessons Learned and Innovations

In managing emergencies (both the COVID-19 pandemic and other recurrent humanitarian emergency threats), the main lesson learned by the Liberia Country Office (LCO) is the need to be better prepared in terms of human resource capacity for emergency coordination. Emergencies at LCO level are managed by a pool of focal points. The absence of dedicated staff (Emergency Specialist) is mainly due to limited financial resources. The LCO benefited from a stretch assignment to support in building the capacity within the office as well as of key national counterparts.

A lesson learned across programmes was that the success and sustainability of interventions depends on sustained engagement with communities. UNICEF For example, direct involvement of people living with HIV was key to case identification through the Family HIV Testing model. Community engagement also ensures their sustainability WASH projects and played a critical role in sustaining demand creation for education. It also influences the development, implementation and oversight of systems, policies and initiatives that aim to achieve improved outcomes for children. Increased focus on multi-sectorial programming has demonstrated success in reaching results for children at scale.

Another lesson learned was the benefit of closer and more detailed engagement with government partners. To achieve an impact on Key Results for Children, implementation modalities were patiently worked through with partners. This entailed a balance between implementing quickly and implementing with laser focus on results for children. Providing ample time for discussions, negotiations on modalities, and rescheduling where necessary for smooth implementation.

In Education, for example, close engagement with MoE enhanced trust and cooperation. LCO engagement in Joint Education Sector Review discussions and technical support provided an avenue for a holistic view of education sector planning and implementation, and an opportunity to align Liberian education standards with best practices from around the region.

Integrated programming and using campaign (partners') logistical resources to support routine health services during campaigns was also a lesson learned: e.g. delivery of health commodities along with vaccine delivery and the integration of BR with the nOPV campaigns helped reach the most vulnerable children with health care. Mainstreaming BR interventions in adolescent empowerment programmes helped increase demand for BR services, while mainstreaming child protection messages and interventions in the context of both emergency and development proved effective.

Innovations

Innovations used to improve health campaign coverage included use of mobile phone service providers to disseminate campaign messages to subscribers; UNICEF supported the MoH to establish a misinformation platform to monitor rumors around the introduction of the nOPV2 vaccine and used of community radio stations to dispel rumours and misinformation; and involvement of local government authorities to resolve vaccine hesitancy.

Development of Real-Time Monitoring Tool that gets information directly from 245 schools across all counties is an innovation that has great potential for expansion. The Tool tracks information reported weekly on dropout and how parents are managing the learning experiences of their children. The Tool can be the basis for developing a database that can generate much-needed information on administrative issues at school level.

Establishment of community-based ECD centres to be run by women in the communities and mothers of the children in the centres is an innovative way of strengthening ECD centres and ensuring age-

appropriate enrolment.

Emerging opportunities

To address entrenched inequities, including geographic disparities, UNICEF has established a partnership with the Ministry of Internal Affairs which is mandated with decentralization in Liberia to enhance better programming for children at subnational level. In 2021, to deepen engagement with communities and county governments, UNICEF established an outpost at Zwedru in Grand Gedeh County. In partnership with the Ministry of Internal Affairs, UNICEF intends to develop local government capacity in planning and budgeting child-friendly programming, leveraging resources and monitoring child rights.

The National Multisectoral Plan of Action for Nutrition currently being costed will guide a multisectoral approach to reducing stunting and preventing all forms of malnutrition. It will engage food, social protection, WASH (apart from health) and education systems. An SBCC strategy is being developed and will help accelerate behaviour change and adoption of optimal nutrition practices.

Adaptation of the complementary feeding bowl by Liberia and its piloting will help caregivers identify ways to improve both the quality and quantity of children's diets.

UNICEF's positioning with ECOWAS and GoL in signing an MoU for the operationalization of the ECOWAS Framework on child protection system strengthening will help Liberia create an operational multisectoral strategy to prevent and respond to violence, abuse and exploitation of children in both emergencies and developmental programmes. UNICEF supported GoL and CSOs to undertake a social service workforce mapping and assessment. This will inform the development of a national capacity-building strategy and plan for developing the social service workforce.

A costed national Road Map to end OD by 2025 was launched in November 2021. It is pending endorsement by the President of Liberia, but implementation should begin in 2022. In light of the results achieved through community mobilization, both Education and Child Protection have developed robust SBCC strategies to expand community engagement in 2022, and work is ongoing on a Nutrition SBCC strategy.

UNICEF Liberia embarked on a Data Landscape Diagnostic and developing a Strategic Action Plan of data for children. A concept note and terms of reference were finalized. The Strategic Action Plan will guide future investments to address data gaps, forge partnerships, mobilize and leverage resources for improved data in Liberia, and accelerate implementation of the Leave No One Behind approach.

UNICEF initiated conceptualization of the mid-term review of the current country programme (CP) 2020–2024, due in mid-2022. The review includes undertaking an evaluability assessment, updating the situation analysis of children, review of progress on implementation of the country programme undertaking revisions responding to changes in the programming environment including pandemic-related implications, evolving risk to child rights programming, and integrating the new Strategic Plan 2021–2025. The MTR will also build on the recommendations of the peer review exercise and the audit undertaken in 2021.