

### Update on the context and situation of children

1. Liberia, the oldest republic in Africa, is one of the world's least developed countries, ranking 176 out of 189 countries (2019 Human Development Report). More than half of the country's estimated 4.9 million population lives below the poverty line (HIES 2016) which is deeply entrenched in rural (71.6 percent) compared to urban (31.5 percent) areas. In 2018, 71.2 percent of Liberians experienced multi-dimensional poverty affecting children the most in a country where 51 per cent of the population younger than 19 and 16 per cent are under five years.
2. A 2018 Systematic Country Diagnosis paper by the World Bank described Liberia as a post conflict fragile state with abundant natural resources, a rapidly growing population, and a unique legacy of entrenched inequality that continues to undermine social and political stability. It further highlighted a combination of poor education and health indicators, inadequate and dilapidated physical infrastructure, limited transportation and communications connectivity, and weak public institutions as key bottlenecks preventing sustainable poverty reduction.
3. In 2019, Liberia began implementation of its Pro-Poor Agenda for Prosperity and Development 2018–2023 (PAPD), that outlines government's renewed commitment to improved access to (a) basic services, (b) inclusive growth, (c) peace and security and (d) inclusive governance. Given its low annual national budget of US\$ 570 million (2018–2019), with over 66 percent spent on operational costs, the government has faced severe fiscal constraints in financing its flagship programme of infrastructure development and enhancing its human capital.
4. The PAPD was designed to facilitate the country's achievement of the Sustainable Development Goals (SDG), the African Union Agenda 2063 and the Economic Community of West Africa States (ECOWAS) Vision 2020. Efforts to domesticate the SDGs are fully underway and the Government of Liberia has volunteered to be one of the countries to conduct voluntary national reviews (VNRs) in 2020 aimed at accelerating the implementation of the 2030 Agenda.
5. A new five-year country programme of cooperation between UNICEF and the Government of Liberia for the period 2020–2024 aligned to the PAPD, and the Liberia United Nations Sustainable Development Cooperation Framework (2020–2024) was approved in 2019.
6. Following the closure of UNMIL and departure of the final troops in June 2018 after a successful mission, structural challenges in the civil service and in public financial management including processes' weakness leading to corruption and capacity gaps have become more apparent.
7. The departure of UNMIL also left a major gap in Liberia's struggling economy. In 2019 the World Bank projected that Liberia's economy would contract by 1.4 per cent, following 1.2 per cent growth in 2018. Inflation was 31.3 per cent by August 2019, and the Government's fiscal deficit widened, reflecting low domestic revenue mobilization and high public spending. Both the United States and Liberian dollars are in short supply, with banks frequently limiting withdrawals. Most civil servants have had their salaries cut under the Government's salary harmonization scheme, affecting those delivering social services such as health and education, many of whom have not been paid for several months.
8. Another contributor to Liberia's worsening economic situation – already with one of the world's lowest rates of GDP per capita (US\$674.21) – is that donor assistance reduced from US\$624 million in 2018 to US\$461 million in 2019. As more than 85 per cent of Liberia's social safety net budget comes from donor contributions, this is affecting the delivery of essential services to the most vulnerable, including children.
9. The deepening economic crisis and hardship coupled with governance issues resulted in civil discontent culminating in national protests in June 2019 and January 2020. Although these protests were largely peaceful, they can be seen as an indication of the underlying fragility of the country.
10. While child and neonatal mortality rates have decreased dramatically in recent decades, they remain high. Health facilities are often difficult to reach due to distance, poor road conditions and lack of public transport. Essential medicines are not reliably available, the rate of teenage pregnancy is 31 per cent, and only two out of every three children under one year receive all basic vaccinations.
11. A fully costed national road map to end open defecation – still practised by 42 per cent of the population (61 per cent in rural areas) – was completed in 2019. However, implementation will require increased Government spending on WASH and training more skilled personnel.
12. Access to quality education is challenging, with high rates of overage enrolment, dropouts, out-of-school children and many teachers do not possess the basic literacy skills necessary to teach. Government spending on education remains low and many schools lack access to water, functional toilets or even stable buildings (cement construction). Unsurprisingly, learning outcomes for children are generally poor.
13. Birth registration improved in 2019, with the highest number of children registered since 2007, attributed to a system strengthening approach under the leadership of Ministry of Health. However, other child protection services remain constrained by low quality, budget limitations and lack of coordination. Sexual and gender-based violence (SGBV) is pervasive and tolerated in Liberia. In 2019, two in every three rape cases reported were girls under the age of 18. Given the high prevalence of SGBV the EU Spotlight Initiative to address SGBV began its four years programme implementation in 2019. One of its main specific goals is to strengthen policies, legislation, and

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regularize frameworks to eliminate SGBV and harmful practices, especially for women and girls.

14. Lack of disaggregated data continues to be a major challenge which was also highlighted in the Gender Review conducted in 2018. The Liberia Demographic and Health Survey initiated during the year will provide a latest data set with disaggregation during 2020.
15. In 2019, Liberia witnessed no major emergencies, except for the outbreak of measles and Lassa fever in five counties. The humanitarian outlook remains unchanged, with the greatest dangers being flooding and frequent outbreaks of preventable diseases.

### Major contributions and drivers of results

1. Within the framework of the Government of Liberia and UNICEF Country Programme of Cooperation 2013-2019, the office prioritized investing in three key results areas for children, where UNICEF would be able to catalyse significant changes and provide an opportunity to test various change strategies. The prioritized key results areas are: (a) children 0-11 months fully immunized, (b) children under 1 have their birth registered and (c) school age children access education.
2. These three results contribute to Pillar 1: Human Development of the United Nations Development Assistance Framework 2013-2019, which in turn is aligned to Pillar 1, 'Power to the People' of the PAPD. These key results also contribute towards the regional priority results for children in alignment with UNICEF's global Strategic Plan 2018-2021.
3. Immunization and birth registration were prioritized due to the strong interoperability between the different service delivery units such as health facilities and community outreach under the Ministry of Health. With almost, 60 per cent of new-borns being delivered in health facilities and 80 per cent of children under one year received immunization through outreach, there is a high probability of birth registration for children under 1 improving by three-fold to over 60 per cent if interoperability is effectively optimised.
4. A key result for children prioritized by UNICEF Liberia as part of the Government of Liberia-UNICEF Country Programme of Cooperation 2013-2019 is that by the end of the programme, 90 per cent of children 0-11 months are protected against vaccine-preventable diseases by being immunized with three doses of DTP, which equated to approximately 140,295 children per year. This contributes to outcome 3 'Human Development' of the United Nations Development Assistance Framework (UNDAF) 2013-2019 for Liberia which in turn is now aligned to pillar 1 'Power to the People' of the Liberia Pro-Poor Agenda for Prosperity and Development.
5. In 2019, approximately 80 per cent children 0-11 months (141,590) were vaccinated with DTP3 against a target of 177,336, which is a decrease from the 168,902 children reached in 2018. With 2019 as the final year of the current programme cycle, the overall DTP3 immunization coverage target was not been met and Liberia may also not achieve the regional target for 2021 which is aligned to the target of the UNICEF Strategic Plan 2018-2021.
6. Throughout the reporting period, UNICEF Liberia supported DTP3 vaccine coverage in South-East region was 85 per cent, higher than the national achievement of 80 per cent. With no vaccine stockouts throughout the country, a bottleneck analysis conducted by UNICEF and partners identified the key contributing factors of low achievement of DTP3 target to delayed implementation of outreach and supportive supervision because of funding and logistical constraints.
7. The improved immunization coverage in the south east counties was as a result of active engagement of 743 (124 females and 619 male) Community Health Assistants at the community level. The CHAs did defaulter tracking in hard to reach areas, which led to identification of children who missed routine immunization, belonging to families located beyond 5 km radius of nearest health facility. The partnership with Last Mile Health (LMH) further complemented the improved immunisation coverage through a mobile based application that was used for defaulter tracking in the South-East counties.
8. UNICEF's contribution towards improving immunization coverage in 2019 involved supporting the government in the development and implementation of a National Immunization Communication Strategy and airing of communication messages through 32 local community radios and seven national FM radios, spread across the country. In partnership with two mobile network operators, 92.5 percent of subscribers confirmed receipt of free messages on immunization during mass vaccination campaigns against polio.
9. With the support of UNICEF's Supply Division in Copenhagen, UNICEF ensured the timely procurement and custom clearance of all vaccines that contributed to no vaccine stockouts at national and county depots. One key enabler was the strong and effective coordination among immunisation partners in the country including WHO and USAID. The regular quarterly review of the immunisation programme by key stakeholders from the national to the service delivery level was an important enabler in achieving the desired result.
10. During 2019, UNICEF supported a Child Friendly Communities /Real-Time Monitoring (CFC/RTM) initiative in Grand Gedeh County, in the eastern part of the country, to collect disaggregated data that will be used for local community action and decision-making in the areas of immunization, birth registration and stunting reduction.

During the data collection of the CFC baseline survey, the enumerators raised awareness among parents and caretakers in the areas of immunization, birth registration and stunting reduction.

11. A Liberia Child Friendly Communities (CFC) Monitor app, which allows tracking of all children from birth to five years of age and pregnant women, was successfully piloted and is currently being rolled out throughout Grand Gedeh county. With 340 primary health care workers being trained in an integrated package with immunization as the entry point, this will enhance the ability of the workforce to reach the most left behind children.
12. In 2019, 30 per cent of children under 1 year of age had their birth registered and were issued birth certificates, which equates to approximately 52,122 children (24,298 boys and 27,824 girls), representing an increase of 11 percentage points since 2013. One third of all births that occurred in health facilities, were registered. This result helped increase the number of children under the age of 13 who were registered and obtained birth certificates. During 2019, approximately 149,578 children under 13 were registered and obtained birth certificates, which is the second highest annual achievement since 2007 and a fourfold increase compared to 2018 year-end figures.
13. These results were achieved through the application of the country's comprehensive change strategy, which was based on identified bottlenecks/constraints from policy/legislative framework, institutional strengthening, decentralized service delivery and demand creation, hence contributing to strengthening the birth registration system as a whole. Decentralized service delivery for birth registration was combined with a geographical and age-group focused approach with better planning and coordination to ensure that children who come into contact with the national health system are registered.
14. UNICEF supported the Ministry of Health in equipping birth registration centres in 14 hospitals located in four prioritized counties, contributing to reaching nearly 97.7 per cent of districts with birth registration services nationwide. These newly established centres are much easier for parents/caregivers to reach than the county One-Stop centres which were previously the only places to register births.
15. Institutional strengthening of health workers to further capacitate them on birth registration continued in 2019. UNICEF supported the mainstreaming of birth registration topics in the health worker's training which contributed to the training of 388 health workers – including birth registrars and CHAs/Community Health Volunteers – almost triple the annual target of 132. The mainstreamed training was based on the updated birth registration certification policy which clearly mandates the health workers role in birth registration. Further, continual efforts to address the technical glitches that have arisen since the integration of the county and national birth registration information management systems led for the first time to the availability of timely, accurate and disaggregated data on birth registration, with special attention to children under one year old.
16. Strategic partnership and coordination supported strengthening the birth registration system under the leadership of the Ministry of Health with the cooperation of the World Bank, which equally supported the establishment of 12 centres in hospitals and provided incentives for the data entry clerks. These 12 centres are in addition to the 14 centres supported by UNICEF.
17. The sustainability of the achieved results will require absorption of the data entry clerks within the Ministry's payroll and continued awareness-raising on the importance of birth registration. Finally, towards the end of 2019, a KAP survey started for birth registration to identify the bottlenecks and barriers from the parents/caregivers as well as from the duty bearer's point of view. This will lead to developing a strategic communications strategy for improved demand creation.
18. The progress in birth registration has encouraged the government of Liberia to apply to be part of the pilot countries to roll out a 10-year United Nations Legal Identity Agenda (UNLIA) project. The project aims at achieving Sustainable Development Goal 16.9: a legal identity for all, including birth registration. The UN LIA will support MOH and UNICEF to further accelerate coverage of birth registration and improving inter-operability, towards common CRVS database. Further MOH has started discussions with MOE to ensure that birth registration becomes a requirement for school enrolment; and a key bottleneck that became evident in 2019 is to ensure birth registration and certification is allowed without exception for vulnerable children such as those that are abandoned and orphaned children without both parents and children born out of wedlock. As currently the names of parents (mothers and fathers) are mandatory. If one is missing, lengthy court procedures follows which is currently discouraging many children vulnerable receiving birth certificates.
19. In 2019, increased number of victims of violence continues to receive multi-sectorial response which is the key result in addressing violence against children, where at least 3,184 children (2,397 girls and 787 boys) victims of violence received support from 80 social workers in all 15 counties, a 26 per cent increase compared to 2018. This was due to the continued child protection system strengthening approach as the overarching framework in addressing violence against children. This included technical and operational support provided to social workers, the key statutory service providers whom are providing case management follow up; a holistic child and gender sensitive response in addressing the increased case load of girl victims of SGBV; GBV IMS gradually becoming a functional database generating timely, quality and accessible data about GBV in Liberia; and ensuring a continuum of care for identified child victims of violence and exploitation through community-based networks:
20. Optimization of community structures such as adolescent safe spaces, youth centres, Child Welfare Committees and GBV Observatories has been instrumental in preventing violence, abuse and exploitation, including SGBV and other traditional harmful practices, through conducting awareness-raising sessions in communities and detecting and

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- referring possible cases of violence, abuse and exploitation against children to Gender County coordinators.
21. Liberia has the highest concentration of out-of-school children, with more than 50 per cent (529,000) of primary and lower secondary school-age children either not enrolled or enrolled in grade which is inappropriate for their age (overage). Apart from enhancing the country's human capital index (Liberia is ranked 153 out of 157 countries), investing in access to education provides opportunities for addressing violence in schools as well as addressing gender disparity.
  22. In Liberia, equitable and sustainable access to quality education is a key priority result for children, with a target for 2019, being 5,000 children of school going age accessing early learning, primary or secondary education. In 2019, 8,266 (Girls -4,263 and boys -4,003) children participated in early learning, primary or secondary education through UNICEF's support. Overall 185,000 students gained better access to quality primary education and ECE services through UNICEF's support. This is notable increase of 26 per cent compared to 147,000 children in 2018.
  23. The substantial increase in achievements during 2019 was possible through a comprehensive change strategy which included the following: a favourable policy/enabling environment in place with robust dissemination of the newly rolled out ECD Advocacy and Communication Strategy, the National Intersectoral Policy on ECD and the National Girls Education policy; institutional strengthening at the decentralized level with an additional 5,357 ECD facilitators/caregivers and basic education teachers trained to deliver learner-centred and gender-responsive pedagogy at different levels.
  24. During the reporting year, a total of 9,461 students (5,601 girls, 3,860 boys) accessed extra academic tutorials and received educational supplies that the Government and UNICEF supported in 45 lower secondary schools, resulting in 5,883 of the students attaining a pass mark of 80 per cent or higher in the four core subjects of Mathematics, Science, Social Studies and Language Arts. At the start of the country programme in 2013, zero children had been assisted to improve their learning outcomes.
  25. In order to create a more conducive learning environment, over 40,000 students in 149 schools benefited from the provision of child-friendly and gender-sensitive WASH facilities, which included the establishment of school health clubs and promotion of school menstrual hygiene management. UNICEF and the World Bank prioritized the promotion of preschool education in four underserved counties resulting in reaching 7,204 children (3,672 boys, 3,532 girls) gaining access to ECE against a target of 5,553. In line with UNICEF's strategy to increase access to quality education, 5,357 county facilitators, teachers and caregivers were trained to deliver learner-centred and gender-responsive pedagogy at different levels.
  26. UNICEF and education partners continued to advocate with stakeholders to support alternative education opportunities and other strategic interventions for children still out-of-school who either have never enrolled in school, dropped out, or who enrolled in school in an age inappropriate grade (overage).
  27. Other key highlights during 2019, include the community-based approach with active engagement of CHAs which continued to deliver multisectoral results. During the reporting period, 210,512 children (Girls: 107,361, Boys: 103,151) aged 6–59 months received micronutrient powder supplementation. In addition, 673,701 children received vitamin A supplementation, exceeding the target of 600,000. Additionally, a total of 65,864 persons (35,392 females and 30,472 males) gained access to improved sanitation facilities through UNICEF support in six counties. The number represent 68 percent of the annual target due to funding constraints w the programme scaling up.

## Lessons Learned and Innovations

### Lessons learned

1. The main lessons learned during 2019 were the dividends that come from long term investment in proven interventions, particularly those that work at grass roots, decentralized level especially through the CHA programme which is increasingly recognized as the most viable platform to deliver an integrated and multi-sectorial package of public health interventions, including birth registration, especially to the most vulnerable and hard to reach populations.
2. In 2019, the CHA programme demonstrated promising results in terms of ensuring interoperability between immunization and birth registration at the grass roots level. Birth registration has been mainstreamed in the CFC health workers training curriculum. Coupled with the change strategy of establishing 26 Birth Registration centres in hospitals, this resulted in bringing the birth registration services closer to the communities.
3. The volunteering spirit of the CHAs and CHVs who are from the communities and serving the communities further helped in addressing the lack of motivation, which were the challenges/bottlenecks previously faced by health workers and their involvement in birth registration, despite being mandated to play an important role. CHAs and CHVs supported the accelerated birth registration campaigns alongside the birth registration staff (registrars and data entry clerks) which was one of the contributing factors of the significant increase of children being registered and certified in 2019. For example, in Bong and Grand Gedeh counties where CHAs and CHVs played a proactive role during the birth registration mop up campaigns, with seven Birth Registration centres also established in communities, there was a significant increase in the number of children under 1 being registered and certified.

Compared to 2018, a 25 per cent and 24 per cent increase was seen in Bong and Grand Gedeh counties respectively.

4. Further, as we move into the new country programme with a renewed ambition of ensuring Birth Registration for all children under 1 by 2030, bottlenecks were identified including the need to empower and legitimize the roles of CHAs and CHVs in birth registration. Despite their proactive role in raising awareness about the significance of Birth Registration and serving as an interlocutor between the health facility Birth Registration staff and the families, the insistence of families to pick up the certificates or Birth Registration staff in health facilities deliver the certificates during the campaigns has been identified as a challenge.
5. CHAs can and should be empowered to directly deliver birth certificates to families in communities, especially in hard to reach areas and not only serve as a referral point. Another lesson learned moving forward is the importance of leveraging partner resources to sustain the CHA programme. In 2020, UNICEF will continue to advance the policy dialogue for CHAs and support the development and finalization of the CHA implementation road map. Evidence generation, including costing analysis of this powerful grass roots initiative needs to be coupled with a proven argument of sustainability, scalability and cost effectiveness.

### Innovations

1. Alongside the constrained fiscal space, various ministries were unable to disburse UNICEF funds within the required time frame which caused major bottlenecks to programme implementation in health, education and child protection. In response to a cash liquidity issue, the Ministry of Education in cooperation with UNICEF piloted the use of mobile money services to pay over 1,300 teachers attending the October – November teacher’s training sessions outside Monrovia, worth US\$22,590. A UNICEF assessment of the piloted mobile money services demonstrated robustness of the modality for scale up in 2020.
2. As well as resolving the issue of distributing funds to where they were needed and in a timely, efficient manner, this method also mitigated risks previously identified in UNICEF’s internal audit procedures, such as availability of cash or handling of large amounts of money by Government staff in the field.
3. In a country like Liberia where there is a dearth of qualified service providers (10.7 health workers per 10,000 persons against the WHO standard of 23 skilled health workers per 10,000 persons), task-sharing is an innovative approach to bridge the gap created by inadequate human resources for health in order to ensure that services are provided to newborns, children and women, especially in hard-to-reach areas. Accordingly, UNICEF in partnership with the Ministry of Health, WHO and UNFPA partnered with Maternal Child Advocacy International, an international NGO, to pilot a task-sharing approach that facilitates effective and efficient delivery of advanced emergency obstetric and newborn care in health facilities with limited numbers of doctors. Through this pilot programme, mid-level professionals (e.g. nurses, midwives) who have been trained in the requisite knowledge and skills are providing medical, surgical, obstetric and neonatal care that would normally be provided only by a doctor, enabling more widespread service provision and delivering life-saving interventions to mothers and children especially those in hard-to-reach areas.
4. A total of 16 clinicians have been trained under the initiative, with UNICEF supporting the deployment of three clinicians (one obstetric clinician and two neonatal clinicians) to the Martha Tubman Hospital in Grand Gedeh County as part of the task-sharing approach. Between April and September 2019, two of these trained neonatal clinicians were able to successfully manage 45 out of 54 cases of neonatal asphyxia (83.3 per cent). Over the same period, the trained obstetric clinician was able to successfully manage 131 obstetric complications. These clinicians are all women, thus contributing to women’s empowerment and gender goals as well as maternal and new-born health.
5. Based on the impressive preliminary results, the Government, UN agencies and MCAI developed a US\$5 million proposal to scale up this innovation and submitted it to the Global Financing Facility. The proposal was among the 16 shortlisted proposals out of a total of 300 applications.