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### United Nations Children's Fund

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Item 5 (a) of the provisional agenda\*

### **Draft country programme document\*\***

### **Liberia**

#### *Summary*

The draft country programme document (CPD) for Liberia is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$23,470,000 from regular resources, subject to the availability of funds, and \$126,530,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2013 to 2017.

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\* E/ICEF/2012/9.

\*\* In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2012 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2012.



<i>Basic data<sup>†</sup></i> (2010 unless otherwise stated)	
Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	103
Underweight (% , moderate and severe)	15 <sup>a,c</sup>
(urban/rural, poorest/richest)	15/15, .. <sup>c</sup>
Maternal mortality ratio (per 100,000 live births, 2008)	990 <sup>b</sup>
Primary school enrolment (% , net male/female, 2008-2009)	44/40
Survival rate to last primary grade (% , 2007)	46
Use of improved drinking water sources (%)	73
Use of improved sanitation facilities (%)	18
Adult HIV prevalence rate (% , 2009)	1.5
Child labour (% , 5-14 year olds, 2007)	21
Birth registration (% , under 5 years, 2007)	4 <sup>c</sup>
(male/female, urban/rural, poorest/richest)	3/4, 5/3, 1/7 <sup>c</sup>
GNI per capita (US\$)	190
One year olds immunized against DPT3 (%)	64
One year olds immunized against measles (%)	64

<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

<sup>b</sup> 994 deaths per 100,000 live births is the estimate for 2001-2007 reported in the Democratic and Health Survey, 2007. The Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>c</sup> Data differ from standard indicator definition.

## Summary of the situation of children and women

1. In Liberia, exclusion, inequality and underdevelopment are now being addressed, as President Ellen Johnson Sirleaf starts her second six-year term. The Economic Growth and Development Strategy/Poverty Reduction Strategy 2013-2017 (EGDS/PRS2), still under consultation, are aimed at supporting the goal of achieving middle-income status by 2030, one of the goals of Vision 2030, the national development agenda. The Children's Act, launched in February 2012, reflects the principles of the Convention on the Rights of the Child. The United Nations Mission in Liberia has guaranteed security, though its presence will shrink over the next five years.

2. Liberia's population of 3.5 million, as of 2008, may rise to 5 million by 2018, given the country's growth rate of 2.1 and total fertility rate of 5.8. The 2008 census reports 1.65 million people living in urban areas and 1.8 million children under 18 years. The poorest quintile has double the fertility of the wealthiest quintile. Life expectancy is 57 years, and 84 per cent of the people live on less than \$1.25 per day. The gross domestic product per capita is only \$396 (2011 Human Development

Report), and Liberia ranks 182 out of 187 countries on the 2011 Human Development Index.

3. The situation analysis 2012 and the equity and inclusion analysis 2011<sup>1</sup> identify key issues that inform the new country programme: (a) the rights of women and girls, undermined by gender-based violence and inappropriate initiation of sexual activity; (b) children's migration to urban areas for education, putting them at risk of labour and sexual exploitation; (c) inadequate adolescent-friendly reproductive health services; and (d) young people's lack of preparation for employment. Inequity in access to services and inequality in outcomes are extreme between wealth rankings, counties and urban-rural location, and services are not responsive to the local context. Data averages hide extreme pockets of urban poverty.

4. Between 2000 and 2007, the infant mortality rate improved from 117 per 1,000 live births to 71 per 1,000 live births.<sup>2</sup> But infant mortality in the South-Central region is double that of Monrovia, and there is a difference of almost 50 per cent between the poorest and the wealthiest quintiles. Routine immunization coverage has risen, from 39 per cent in 2000 to 75 per cent in 2011, because of UNICEF-supported programmes. However, immunization coverage in the south-eastern region was only one quarter of that in Monrovia, according to the Liberia Demographic and Health Survey (LDHS) 2007. Stunting puts 42 per cent of children at risk of impaired cognitive development.

5. The maternal mortality ratio showed a troubling trend, worsening from 578 per 100,000 live births (2000 LDHS) to 990 per 100,000 live births in 2011 (Human Development Report 2011).<sup>3</sup> The trend worsened despite improvement in access to antenatal care: in 2008, just 37 per cent of pregnant women had four or more antenatal visits, compared to 66 per cent of women receiving such visits in 2010. Only 7 per cent of babies are registered (though the figure was 4 per cent before a 2011 campaign).

6. Eleven per cent of girls marry by age 15 and 38 per cent by age 18, according to the United Nations Population Fund (UNFPA) in 2008. Twenty per cent of girls experience sex before age 15, one in seven against their will. A third of girls aged 15-19 are mothers or pregnant, and girls in south-eastern Liberia are four times more likely to be married early than girls living in Monrovia. In 2007, HIV prevalence among women aged 15-49 years was 1.8, compared to 1.2 for men. In 2007, 58 per cent of women (ages 15-58 years) were estimated to have undergone genital cutting.

7. Only 40 per cent of people have access to water points, based on normal capacity of 250 persons. Only 4 per cent of rural households use improved sanitation facilities, compared to 21 per cent in urban areas, while 49 per cent practice open defecation.

<sup>1</sup> This report analyses the situation of children and women with an equity lens within the context of a rapidly evolving equity thinking in Liberia, linked in particular to the elaboration of the next poverty reduction strategy and Vision 2030.

<sup>2</sup> Unless otherwise stated, 2007 data refer to Liberia Demographic and Health Survey. Although overall figures are showing a decline, which will be confirmed through the LDHS 2013, the pattern of inequity is likely to have remained until the impact of the new equity focus of the poverty reduction strategy is felt.

<sup>3</sup> The basis for calculation changed during the period.

8. Liberians attach great importance to education, but the basic education system continues to fail children due to access and quality issues. The resulting migration puts girls particularly at risk.<sup>4</sup> Of the 20,547 disabled children recorded in the 2008 census, only 7,125 children with significant disabilities are in school.

9. Liberia is likely to meet the Millennium Development Goal 1 hunger target and Goal 3 (empowerment of women). It might achieve Goal 4 (reduce child mortality), Goal 6 (combat HIV/AIDS) and the malaria target. The country is unlikely to achieve the poverty target of Goal 1 or Goal 2 (primary education), Goal 5 (maternal health) or Goal 7 (ensure environmental sustainability).

## **Key results and lessons learned from previous cooperation, 2008-2012**

### **Key results achieved**

10. UNICEF has been playing a key role in coordination among partners in the nutrition, education, child protection and water, sanitation and hygiene (WASH) sectors. The pooled fund mechanisms in health and education, co-chaired by UNICEF, are helping to finance unfunded priority need by delivering education and health services using government procurement procedures. They have supported development of key government policies, strategies and institutions that provide the solid foundation for delivering better outcomes over the next five years: the nutrition division in the Ministry of Health and Social Welfare; the Liberia Code for Marketing Breast-milk Substitutes; the WASH Compact,<sup>5</sup> the five-year Strategic Plan; the Education Reform Act 2011, which provides free and compulsory basic education; the Children's Act; prevention of mother-to-child transmission (PMTCT) of HIV and paediatric HIV guidelines; the 10-year Health and Social Welfare Plan; and the revised road map for accelerating reduction of maternal and newborn morbidity and mortality 2011-2015.

11. The UNICEF contribution to the basic package of health services has shown positive results, as indicated in the 2008-2012 consolidated results report: (a) maternal and neonatal tetanus have been eliminated; (b) the country is on target to achieve goals for acquisition of solar refrigerators and for penta-vaccine, but possibly not for vaccination against measles, despite universal immunization campaigns; (c) 73 per cent of children under 5 are sleeping under an insecticide-treated mosquito net, compared to 18 per cent in 2006; (d) malaria prevalence has been halved; (e) 69 per cent of HIV-positive pregnant women are receiving PMTCT services, compared to 37 per cent in 2010; (f) 44 per cent of infants of HIV-positive mothers are on antiretroviral therapy, compared to 15 per cent in 2010; (g) 50 per cent of the expected caseload of severely malnourished children is now included in the new essential package of health services; and (h) acute malnutrition was reduced from 5.8 to 2.2 per cent.

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<sup>4</sup> Children migrate from rural to urban areas, especially Monrovia, for better quality secondary education. Many children also migrate to work at mines or in urban areas. For example, in Montserrado County, the actual population of girls aged 10-19 is approximately 20,000 more than the estimated figures. (Source: Analysis of National Population and Housing Census 2008.)

<sup>5</sup> The two-year WASH Compact, involving the Government, UNICEF, UNDP, the World Bank, USAID as well as civil society and the private sector, aims to accelerate results by addressing barriers and bottlenecks.

12. Over 500,000 people have access to improved water and sanitation facilities through construction and rehabilitation of facilities and safe hygiene promotion. UNICEF supported nationwide mapping of water points using global positioning systems through mobile-phone technology for the Waterpoint Atlas, which is disaggregated by county/district/clan. This is a key planning tool for implementation of the WASH strategic plan 2012-2017.

13. UNICEF has worked to reach marginalized children as the coordinating agency for the Education Sector Plan (2010-2020), which secured \$40 million from the Fast Track Initiative. The consolidated results report highlights Ministry of Education successes, which include an increase in the primary net-enrolment rate from 25 per cent to 44 per cent. The accelerated learning programme reached 280,000 children, providing second-chance education for those whose schooling was disrupted by the civil war.

14. UNICEF-supported initiatives for peacebuilding empowered 21,000 young people with leadership and dispute-resolution skills. This accelerated intergenerational reconciliation, reduced gender-based violence and discrimination, and increased the participation of young people, particularly young women, in decision-making structures.

15. A new police division dedicated to protect women and children was created; it is now operational in all counties. UNICEF provided training on working with children and women for the judiciary and police. Some 5,000 children in institutions were reunified with their families or provided with quality foster care and support through community-based protection systems.

16. In 2009, UNICEF, the Government of Liberia and civil society organized the first-ever children's festival in Liberia. It is now part of the annual calendar of events, with 20,000 children participating throughout the country. In 2012, the President used it to launch the new Children's Act. The UNICEF-supported Liberia Children's Parliament has organized consultations with a wide range of children, including vulnerable children, and shared their concerns with the President and other levels of government. UNICEF has partnered with over 30 community radio stations across the 15 counties, providing key information on health, education and development. This initiative enables adolescents and youth, even in isolated and disadvantaged communities with poor communications, to speak out on issues concerning them.

17. With United Nations agencies and other partners, UNICEF supported the Government's humanitarian response to the Ivorian refugee crisis during 2011-2012. UNICEF led the partners' contribution to the emergency response in nutrition, WASH, education and child protection for 180,000 refugees and 200 host communities spread over 800 km of border. The crisis hindered host community food security and services and remains a potential source of fragility. It highlighted the need for all sectors to have disaster risk reduction and preparedness plans, covering situations from floods to cholera to refugees.

### **Lessons learned**

18. At community level, pilot projects can be sustainable if the policy framework is developed at the national level. The social cash transfer programme piloted in Bomi County — implemented by the Government of Liberia and supported by

UNICEF — reaches the most disadvantaged families. They identify their own priorities and meet them through unconditional cash transfers, with additional incentives for school enrolment. An evaluation by Boston University found that beneficiary households had better health; higher rates of school enrolment, attendance and performance; better food security; and better maintenance of housing. This has provided the evidence for going to scale and for inclusion in EGDS/PRS2 and the Social Protection Policy.

19. National policy development — for education, health, nutrition, water, and child protection — has been necessary to provide a framework for service development. However, it has proved insufficient to deliver improved services, particularly in remote areas, due to capacity weaknesses at county/district/facility levels, affecting both systems and staff capability to deliver.

20. A focus on national policies and service provision does not result in improved take-up where services remain nationally defined and unresponsive to local context. Community-level structures, particularly health, education and child welfare committees, must be supported. Community health volunteers cannot deliver without support, recognition or compensation. The pilot of the Gbarpolu accelerated child survival initiative, through partnership with local health committees, workers and community health volunteers, resulted in a 56 per cent increase in deliveries performed in health facilities and significant reductions in malaria, diarrhoea and acute respiratory infections. The initiative has focused on empowering community health volunteers with knowledge and skills on integrated community case management. Supported by influential community groups, including female health-promotion volunteers (“Grand Mas”), it has become a model of the integrated community case management approach to childhood diseases. It will be expanded by the Ministry of Health and Social Welfare to other parts of the country.

## The country programme, 2013-2017

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Young child survival and development	7 500	44 000	51 500
Inclusive quality education	2 500	38 780	41 280
Child protection	2 750	20 000	22 750
Policy advocacy, communication for development and partnerships	3 220	3 750	6 970
Planning, monitoring and evaluation	2 000	1 500	3 500
Cross-sectoral	5 500	18 500	24 000
<b>Total</b>	<b>23 470</b>	<b>126 530</b>	<b>150 000</b>

### Preparation process

21. The programme was developed following a series of consultations led by the Ministry of Finance and Development Planning. These involved relevant line ministries (Education, Social Welfare, Public Works, Gender and Development,

Justice and Youth and Sports), the independent National Human Rights Commission, non-governmental organizations, the private sector, donors, United Nations agencies, women's groups and children and adolescents, including those marginalized, excluded and affected by HIV/AIDS, along with members of the Liberia Children's Parliament.

### **Programme components, results and strategies**

22. The country programme will contribute to achievement of EGDS/PRS2 national priorities and results, with specific focus on the most vulnerable and disadvantaged children, particularly in areas low on the Child Well-being Index. EGDS/PRS2 priorities are as follows: (a) ensure equal access to high-quality free and compulsory basic education and a variety of post-basic education/training opportunities; (b) improve the health, nutrition and welfare of the population on an equitable basis; (c) increase access to safe water and sanitation and improve hygiene practices; and (d) protect the poorest and most vulnerable households and groups from poverty, deprivation, hunger and malnutrition, and support them in attaining a minimum standard of living. The EGDS/PRS2 seeks to create an atmosphere of peaceful coexistence based on reconciliation and conflict-resolution and to provide security and access to justice and the rule of law to all.

23. The country programme will be part of the One United Nations Programme as a "Delivering as One" self-starter. UNICEF will work with partners to create demand and ensure integrated service delivery in deprived parts of urban Monrovia and the poorest parts of the country, focusing on the South-Eastern region. The programme has five components, three main and two cross-cutting, with gender, emergency interventions and HIV/AIDS mainstreamed across components in areas of comparative advantage for UNICEF. Each component will aid capacity building, with strengthened accountability mechanisms in support of the Government's decentralization agenda.

24. The programme will support upstream policy development, where needed, while emphasizing policy implementation and service delivery in partnership with line ministries, NGOs and community-based organizations. Capacities of community-level committees, which include women and youth, will be strengthened in demand creation, service delivery, and monitoring and evaluation. National investment in connectivity will enable the country to develop new solutions to constraints, building on experience such as "Connecting Classrooms".<sup>6</sup>

25. The programme will operate countrywide, supporting the Government to develop and implement national policies. The activities will ensure that urban and rural communities having the poorest outcomes receive appropriate services that meet their needs and context. The programme will continue to support pooled funds in education and health, and there will be a multisectoral focus on adolescents. Overall, the programme parallels the goal expressed by the President in her January 2012 inauguration speech: "putting young people first and lifting the lives of all Liberians".

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<sup>6</sup> This innovative global programme uses technology to improve education. It connects students from more than 20 countries through the internet, helping them exchange experiences and learn about cultures through class projects.

26. Within schools and communities, work will be undertaken to prevent violence against children, particularly girls. Community-based integrated child survival, growth and development, as part of the essential package of health services, will be piloted and scaled up to collectively promote family-care practices. These will include hygiene, stimulation for children below 2 years, HIV prevention and protection of children.

27. All components will support sector planning and capacity building to manage disasters in line with the draft national policy on disaster risk management, consistent with the Core Commitments for Children in Humanitarian Action. Adaptation, preparedness, response and recovery interventions will rely on and help build government systems nationally and within counties.

### **Programme components**

28. **Young child survival and development.** This programme component will enable children to have a healthy start to life, avoiding irreversible damage to their future cognitive development.

29. *Health.* This sub-component will contribute to a 10 per cent reduction in maternal mortality rates and a 15 per cent reduction in under-five mortality rates by 2017. It will operate through sustained immunization and use of the essential package of health services, including antenatal care with HIV testing and PMTCT services. The focus will be on increasing access to and use of evidenced-based and cost-effective maternal, newborn and child health interventions by the most vulnerable populations. The sub-component will work through expansion of the integrated child health initiative, including integrated community case management. It has three areas of intervention: (a) expanded programme on immunization, emphasizing reduction of vaccine-preventable diseases and maintaining protection against polio; (b) Primary health care, which will maintain clinics, ensure implementation of the essential package of health services and support malaria-control activities and reproductive health services, including for adolescents; and (c) PMTCT and scale-up of paediatric care. UNICEF will continue contributing to the health pool fund, which will improve access to health services and implementation of the 10-year National Health and Social Welfare Policy and Plan in a decentralized manner. UNICEF will advocate for evidence-based planning and budgeting using the Marginal Budgeting for Bottlenecks tool for sustainable and adequate funding for the health sector.

30. *Nutrition.* This sub-component will contribute to improving the nutritional status of children and women. It will emphasize reducing stunting from 41 per cent to 35 per cent among children under 5, with a special focus on children below 2 years and in the most marginalized south-eastern counties and urban Monrovia. UNICEF will support the Government to strengthen the institutional and policy framework in order to initiate, scale up and sustain nutrition interventions. To increase access and coverage, service delivery will be decentralized through mobilization of community volunteers. National advocacy to promote nutrition as fundamental to development will be intensified, addressing underlying causes of under-nutrition through a life-cycle approach, linked to livelihood and social protection initiatives. Maternal nutrition interventions, including for adolescents, will also be supported.



31. **WASH.** This sub-component aims to reduce risks to children from inadequate safe water, sanitation and hygiene. In line with the sector strategic plan 2012-2017, it will support the Government to implement the country's WASH Compact and sector strategic plan, develop an information system and improve decentralized service delivery. The work will be based on low-cost/high-impact approaches and effective leadership in emergency preparedness and response. It will promote scaling up current operational strategies, including hand-pump maintenance, point-of-use water treatment and storage, community-led total sanitation, urban WASH and water quality surveillance. There will be renewed focus on services for the poorest communities in urban Monrovia and in the South-Eastern region, building on water-point mapping for better planning and targeting. The WASH Compact re-energizes commitment to environmental sustainability and Millennium Development Goal 7.

32. **Inclusive quality education.** This programme component will support the Government in responding to disparities in rural and urban areas. At national level, advocacy and policy dialogue for implementation of the new Education Act will be the major focus, using data including a study on out-of-school children. At school/district/county levels, the roll-out of the child-friendly school approach will be the entry point for building capacity in planning, management, supervision and monitoring. Child-friendly schools will be facilitated by collaboration between the health, nutrition, child protection, communication for development and WASH sectors in selected disadvantaged areas. Additionally, UNICEF will work with the World Food Programme on its school-feeding programme. A monitoring, evaluation and reporting system will be developed to provide qualitative and quantitative measureable indicators of learning quality and learner performance. Where necessary, particular cohorts will be studied to gather detailed evidence.

33. The programme will take a life-cycle approach. It will use early childhood development as a foundation for addressing access and quality in pre-primary and basic education. Early childhood development will be piloted and scaled up in selected counties, taking into account strategies developed with support of the Global Partnership for Education. Curriculum development will be supported following review of the current national pilot in 2015, including addressing the disaster risk management policy. The programme will promote innovation and technology initiatives for children living in remote areas, with the goal of reducing migration pressure. The initiative will also attend to the specific needs of children with disabilities by helping them access information, education and skills training through the use of computers and internet. The programme will develop learning approaches that incorporate life skills for out-of-school children, appropriate to age, circumstances and local context. The strategies will prepare younger children to re-enter formal school and older children to link into pre-vocational training in line with the goals of Vision 2030 and the President's commitment, affirmed during her inaugural address to the nation upon her re-election, to "give young people the skills they need to prosper and create the life they choose".

34. **Child protection.** This programme component seeks to protect vulnerable children so they can pass through childhood and adolescence without risk of compromising their future. It will support the new National Child Well-being Council and implementation of the Children's Act to establish the laws, policies and systems necessary to ensure an environment that prevents violations of children's rights and provides appropriate and child-friendly responses to violations that occur.

It will empower children and young people to claim and exercise their rights. In addition, it will seek to support children and young people in their communities by facilitating the inclusion of children and youth in decision-making processes.

35. The component will also emphasize inclusion of boys and girls living with disabilities and those from disadvantaged backgrounds. It will strengthen community-based protection and response mechanisms, working closely with child welfare committees, traditional and religious leaders, women and other community-based groups. It will assure that adequate emergency preparedness and response systems are in place to respond to the needs of all boys and girls affected by emergencies. Communication for development messaging will be used to build positive social norms around childhood and adolescence.

36. *Social protection.* This sub-component will focus on building sustainable systems for social services and creating safety nets for the most vulnerable children and their families, including those affected by emergencies. Strategies include (a) increasing government capacity to coordinate and deliver social protection services; (b) assuring that the most vulnerable households and individuals receive appropriate safety net transfers; (c) building the capacity of relevant stakeholders to manage social welfare cases, monitor residential facilities and promote family-based care; (d) increasing birth registration; and (e) enhancing safe and secure environments for survivors and children at risk of violence, harmful traditional practices, exploitation, discrimination, abuse and neglect.

37. *Child justice.* This sub-component will work to ensure that laws and justice systems, both formal and informal, are responsive to the rights and needs of boys and girls, including those affected by emergencies. It will focus on (a) expanding widespread recognition of and respect for children's rights and children's participation in decision-making processes; (b) strengthening systems to ensure that all girls and boys who come into contact with the law and security institutions are treated in a manner that is appropriate to their age and gender, with specific emphasis on underlying causes of widespread sexual violence against children and appropriate legal and protective responses for survivors; (c) preventing violations of children's rights by providing boys and girls with adequate protection, including through involvement with traditional and religious leaders on prevention of child abuse (reduction in harmful traditional practices) and in generating an environment for positive adolescent development; and (d) involving girls and boys in leadership and peace-building efforts within their communities.

38. **Policy advocacy, communication for development and partnerships.** This programme component will provide cross-cutting support to all components and enable UNICEF to fulfil its leading role on children's rights. It will advocate for implementation of the Children's Law Act of Liberia and related child-friendly policies and strategies, while calling for increased government investment in health, education and WASH. To accelerate results in child survival and development, UNICEF will operationalize communication for development strategies. These will work to empower communities through dialogue and efforts to address behaviours of rights-holders and duty-bearers, focused on adoption of a basket of key health practices and expanded use of services by rights-holders. The component will continue to strengthen partnerships with the media, civil society, communities, children, the private sector, international development partners and donors. UNICEF will engage new partners, including traditional and religious leaders, to promote

positive transitions from childhood to adolescence and address female genital cutting.

39. *Children affected by AIDS and adolescent HIV prevention.* This sub-component will also support mainstreaming and awareness of HIV through all programmes. UNICEF will work with other United Nations agencies and partners through a joint programme to increase public awareness on prevention of HIV and AIDs. Specific results contributing to focus area 3 of the medium-term strategic plan (children and AIDS) are covered in the summary results matrix and intermediate results.

40. *Gender.* This sub-component will support issues identified in the forthcoming gender map for Liberia, produced by the African Women's Development Fund, which could help establish priorities in the government's final EGDS/PRS2. This will complement work on maternal and adolescent reproductive health, girls' education, life skills and the transition from childhood to adolescence. UNICEF will collaborate with other United Nations agencies promoting gender budgeting. It will promote use of sex-disaggregated data and gender analysis from sector programmes, together with women's involvement in local committees.

41. **Planning, monitoring and evaluation.** This programme component will aid development of evidence with a focus on equity by supporting the Government to develop systems for collecting, analysing and disseminating data disaggregated by geographic location, sex, age and disability. It will continue to work with the Government on the decentralized LiberiaInfo to promote a national and subnational data repository on key social indicators.

42. UNICEF will also work with the Government to produce and regularly update the Child Well-being Index, map distribution of services and results, and strengthen national capacity to manage country-led evaluation systems. This will further strengthen equity and evidence-based programming and reporting on the most disadvantaged children and families. The drive for equity will be further accentuated by community-based monitoring, working with local committees as part of government monitoring systems. These will be linked with information from major surveys, with a focus on gender, disability and inclusion of underserved areas. Taking advantage of the new fibre-optic connection, innovation and technology will be encouraged across programmes in service-delivery monitoring. Investments in knowledge management and dissemination, internally and within the Government, will support UNICEF commitment to be a knowledge leader for children while meeting the demand for evidence to replicate successful programmes.

43. **Cross-sectoral.** This component will ensure effective and efficient programme implementation through support services in administration, financial management, information technology, human resources management, security and supply and logistics.

#### **Relationship to national priorities and the UNDAF**

44. The programme is designed in the context of Vision 2030, EGDS/PRS2, the medium-term expenditure framework, the United Nations Development Framework (UNDAF) and its action plan under Delivering as One, existing government policies, particularly decentralization, and the drawdown of the United Nations Mission in Liberia.

45. Through consultations led by the Government, the UNDAF identified 17 outcome-level results; 8 of them are directly linked with the country programme 2013-2017, as shown in the summary results matrix.

#### **Relationship to international priorities**

46. The country programme embodies the guiding principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. In addition, programme strategies and planned results are guided by the Convention on the Elimination of All Forms of Discrimination against Women, A World Fit for Children, the Millennium Declaration, Millennium Development Goals, Paris Declaration on Aid Effectiveness, Accra Agenda for Action, Hyogo Framework for Action, and the New Deal signed in Busan. The key results areas correspond to all five focus areas of the UNICEF medium-term strategic plan and draw on the four-pronged approach in the Unite for Children, Unite against AIDS campaign. Environmental sustainability will be integrated into relevant programme components.

#### **Major partnerships**

47. Key partners are relevant line ministries under the overall coordination of the Ministry of Finance and Development Planning. Partnerships will be strengthened with communities and community-based organizations, using international and national NGOs as intermediaries where appropriate. In the spirit of Delivering as One, UNICEF will actively partner with United Nations agencies (UNDP, WFP, UNFPA, WHO, United Nations Mission in Liberia and the World Bank) to achieve national development priorities under the UNDAF action plan. Multilateral and bilateral stakeholders working in areas affecting children will remain valued partners. Global partnerships will be harnessed to leverage resources for children. UNICEF will work with various stakeholder forums such as the WASH Compact, Child Protection Network and the decentralized county and district education boards.

#### **Monitoring, evaluation and programme management**

48. The Ministry of Finance and Development Planning coordinates the One United Nations programme and the UNICEF country programme. Programme implementation and management will be the responsibility of relevant government agencies and civil society partners.

49. UNICEF will monitor programme implementation, following the monitoring and evaluation strategy endorsed by the country office in 2011. Further investment will be made in evaluations focused on human rights and equity and in enabling the Government to generate an equity analysis of the 2013 LDHS. The five-year Integrated Monitoring and Evaluation Plan will incorporate key studies, surveys and evaluations to assess progress of programme interventions and results achieved. It will also track progress using key monitoring indicators described in the CPD and UNDAF results matrices, drawing where possible on government data monitoring systems.

50. To ensure an equity focus during programme interventions, UNICEF will track changes in the Child Well-being Index, including by monitoring selected gender-

sensitive indicators by county. These will cover major areas of children's vulnerability, including disabilities and HIV/AIDS, where feasible.

51. UNDAF action plan reviews, including annual, midterm and end-of-cycle reviews, will be conducted to monitor progress against planned results and disseminate lessons learned. Effective multi-agency joint monitoring visits will be organized with the Government, and will include a focus on inclusion. These review missions and their documentation will facilitate replication of sound models and strengthen programme coordination.

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