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Country programme document

Liberia

Summary

The country programme document (CPD) for Liberia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $23,650,000 from regular resources, subject to the availability of funds, and $81,927,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2024.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2019.

* E/ICEF/2019/21.
Note: The present document was processed in its entirety by UNICEF.

Programme rationale

1. In 2018, some 15 years after the end of the civil war, Liberia saw its first peaceful transition of power since 1944 with the election of a new president. The Government launched an ambitious national development plan, the Pro-Poor Agenda for Prosperity and Development (PAPD) 2018–2023, with a renewed commitment to peace and equitable growth and a strong focus on children and women. As Liberia recovers from the Ebola outbreak of 2014–2016, it faces a slowing economy and reduced fiscal space, with repercussions for the social sectors and the pursuit of the Sustainable Development Goals.

2. The population of Liberia is estimated at 4.2 million (male: 51.1 per cent; female: 48.9 per cent; rural: 46.1 per cent; urban: 53.9 per cent). Children under the age of 18 make up 50.9 per cent. Over 50 per cent of the population is poor, with large disparities between rural (71.6 per cent) and urban areas (31.5 per cent).[1]

3. The outbreak of Ebola virus disease claimed over 4,800 lives in Liberia, including over 8 per cent of the country's health-care workers (some 83 doctors, nurses and midwives);[2] devastated families and communities; compromised health and social services; weakened the economy; and isolated affected populations. Schools were closed for seven months due to the lack of protocols to prevent transmission of disease in schools and the absence of a comprehensive response plan. The epidemic starkly demonstrated the importance of building resilience in health systems, particularly at the district and community levels, and improving emergency preparedness and response across all sectors.

4. Between 2005 and 2013, when the last Demographic and Health Survey (DHS) took place, the under-5 mortality rate declined from 120 to 94 per 1,000 live births. Pending the results of the next DHS, planned for 2020, it is estimated that the under-5 mortality rate decreased to 75 per 1,000 live births in 2017.[3] This represents a burden of nearly 12,000 under-five deaths annually, of which some 4,000 occur during the first four weeks of life.[4] The neonatal mortality rate, estimated at 25 per 1,000 live births in 2017,[5] has stagnated since 2013. Available data indicate that 75 per cent of infant deaths occur in the first seven days of life, with the greatest proportion of such deaths occurring within the first day.[6] The maternal mortality ratio is 1,072 per 100,000 live births,[7] accounting for nearly 1,100 maternal deaths annually.

5. High mortality rates are a result of limited access to health services and improved water and sanitation, inadequate quality of care and limited knowledge and care-seeking behaviours. Underlying causes relate to poverty, lack of family planning and inadequate diet.

6. Coverage of children under 1 year of age with three doses of diphtheria/tetanus/pertussis vaccine (DTP3) dropped from 75 per cent in 2013 to 50 per cent in 2014 with the onset of Ebola. Following the epidemic, DTP3 coverage recovered, rising to 86 per cent in 2017.[8] Each year, approximately 40,000 children under 1 year of age remain unimmunized or partially immunized. Most unimmunized children are from

[1] Household Income and Expenditure Survey 2016.
[2] David K. Evans, Markus Goldstein, Anna Popova. 2015. "Health-care worker mortality and the legacy of the Ebola epidemic." *The Lancet Global Health* 3 (8): e439–e440.
[3] Inter-Agency Group for Child Mortality Estimation, 2018.
[4] Ibid.
[5] Ibid.
[6] Demographic and Health Survey (DHS), 2013.
[7] DHS 2013.
[8] World Health Organization (WHO)/UNICEF joint estimates of national immunization coverage 2017.

remote rural and deprived urban areas, mainly due to limited access, irregular outreach services, high drop-out and lack of parental information.

7. The adolescent pregnancy rate increased from 32 per cent in 2007 to 38 per cent in 2018.[9] The average age at first pregnancy is 18.9 years, and girls under 18 account for 52 per cent of pregnancies.[10] About 14 per cent of teenage mothers (15–19 years) are undernourished.[11] According to the 2011 Liberian national micronutrient survey, 53 per cent of adolescents were anaemic, but the country has no adolescent-specific nutrition programmes.

8. As of 2015, an estimated 26,313 adults and 2,339 children were living with HIV, of which 26.6 per cent and 16.6 per cent, respectively, were receiving antiretroviral therapy.[12] The proportion of HIV-exposed infants accessing early infant diagnosis had increased progressively, from 15.2 per cent (283/1,866) in 2010 to 20.5 per cent (346/1,684) in 2011, though the Ebola outbreak brought all such services to a standstill. Testing resumed in 2016, but coverage remains below pre-Ebola levels. HIV services are seriously hampered by the limited capacity of the health system in terms of qualified staff, infrastructure, equipment and inadequate supply-chain systems.

9. Stunting affects one third of children under the age of 5 years. Prevalence had dropped from 45 per cent in 2000 to 36.1 per cent in 2008,[13] but has since plateaued near the current level of 36 per cent. Stunting rates increase gradually with age and peak at 42 per cent for children aged 36 to 47 months.[14] The highest increase is seen between the ages of 6 and 24 months, when the prevalence more than doubles, from 17 to 37 per cent. Only 51 per cent of infants aged 0 to 5 months are exclusively breastfed and only 11 per cent of children aged 6 to 23 months consume the recommended minimum acceptable diet.

10. Open defecation is widespread, at 42 per cent (rural: 61 per cent), with only 17 per cent of the population (6 per cent in rural areas) having access to toilets not shared with other households.[15] The 2016 sustainability check indicated that one third of the communities certified as open defecation free had slipped back into unsafe open defecation practices, hence the necessity of continued and strengthened focus on hygiene, community engagement and improved access to latrine options.

11. Approximately 70 per cent of the population (rural: 60 per cent; urban: 80 per cent) use basic drinking water sources. In 2017, 65 per cent of water points were functional, compared with 53 per cent in 2011. Deprived areas of Monrovia and the south-eastern counties are characterized by the most limited coverage of basic water supply. Only 41.5 per cent of schools and 50 per cent of health facilities are estimated to have access to safe drinking water facilities.[16] Over 65 per cent of schools have functional sanitation facilities, but only 49 per cent have separate functional toilets for girls and boys.[17]

12. Children in Liberia face multiple barriers to enjoying their right to quality education. Only 29 per cent of children benefit from the critical advantage of early learning (net enrolment), leading many to start school late. According to a 2016 Ministry of Education study, 51 per cent of children aged 6 to 14 years are out of school. Despite the lack of up-

[9] United Nations Population Fund data. Available at https://liberia.unfpa.org/en, accessed on 2 September 2018.
[10] DHS 2013.
[11] Ibid.
[12] Liberia HIV&AIDS Progress Report, April 2016.
[13] Comprehensive Food Security and Nutrition Survey 2018.
[14] DHS 2013.
[15] World Health Organization (WHO)/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP), 2015
[16] DHS 2013.
[17] JMP 2018.

to-date and disaggregated data, it is clear that inequities around gender, geographical location and wealth prevent many children from entering school at all or cause them to enter late or drop out.

13. Fifty-three per cent of girls and 38 per cent of boys (6–14 years) who are enrolled in school will not complete even basic education (i.e., up to grade 9) and many of those who remain in school do not receive quality education due to insufficiently child-sensitive learning environments, characterized by a lack of trained teachers and non-adherence to education protocols. Education Management Information System (EMIS) data indicate a basic education dropout rate of 41 per cent. Long distances to schools, overcrowding in classrooms and the lack of water and separate toilets for girls remain major barriers to accessing education services. Only 50 per cent of early childhood education (ECE) teachers, 62 per cent of primary school teachers and 34 per cent of secondary school teachers are trained.[18] Fifty-seven per cent of ECE teachers are female, but this drops to 21 per cent in primary, 11 per cent in junior secondary and 7 per cent in secondary school.

14. A majority of children in school are overage. According to the 2015 EMIS report, 75 per cent of children in ECE and 82 per cent of children at the primary level were overage, with similar rates for boys and girls. The situation analysis identified several factors contributing to late and overage enrolment, including fees for ECE (although the PAPD proposes the elimination of such fees), geographical access, long travel distances, lack of ECE centres and trained teachers in rural areas, parental poverty and limited understanding of the importance of right-age enrolment for child development. Another potential factor is the requirement of a Grade 1 entrance exam at many schools, occasionally with a fee, despite a policy banning such exams. More research and evidence are needed on this issue.

15. Violence against children is common in Liberia. According to a 2014 report,[19] 90 per cent of children aged 2 to 14 years experienced violent discipline (physical punishment and/or psychological aggression) in the home from caregivers. Sexual violence, including rape and other forms of gender-based and sexual violence against children, is also very common, with girls at higher risk than boys. Thus, according to the Ministry of Gender, Children and Social Protection, there were 2,105 reported cases of gender-based violence in 2018, in which 96 per cent of victims were female, 4 per cent male and 58 per cent children, predominantly girls. A research project by the Ministry in four counties in 2015 found that almost 92 per cent of the 1,858 participating schoolchildren had experienced at least one form of sexual violence in school. A U-Report poll conducted in November 2015 reported that 86 per cent of 16,000 respondents agreed that the exchange of sex for grades was common in schools.

16. According to the 2013 DHS, 44 per cent of women and girls aged 15 to 49 years have undergone female genital mutilation (FGM). The persistence of this practice is explained in part by social norms and customary rites of passage for many women. The rate of child marriage has declined but remains high, with more than 36 per cent of women aged 20 to 24 having married before age 18.

17. The 2013 DHS found that only 25 per cent[20] of children below the age of 5 years have their birth registered (up from 4 per cent in the 2007 DHS), with little variation by age or sex. The percentage of children holding a birth certificate correlated positively with wealth, ranging from 16 per cent in the lowest quintile to 31 per cent in the highest

[18] Education sector analysis, 2016.

[19] UNICEF (2014), *Hidden in Plain Sight: A statistical analysis of violence against children*, (New York: UNICEF).

[20] The DHS questioned the validity of this figure because it was evident from the survey that some parents were confused, believing that the possession of a health card for a child amounted to registering the birth.

quintile. Children in urban households (29 per cent) were more likely to have a birth certificate than children in rural households (20 per cent).

18. Although the Ministry of Health administers birth registration services, the opportunity of linking birth registration with health services has not yet been fully seized due to bottlenecks arising from challenges of interoperability between both systems.

19. Liberia has fairly comprehensive policy and legal frameworks addressing rights and protection for children, including the Children's Law, though there are challenges relating to legal protection for victims of physical and sexual abuse, with girls and women most likely to suffer. The Government faces serious capacity constraints to deliver services to children, particularly the low number of social workers and health care workers. Organizational constraints include divided mandates and poor coordination among Government, development partners and civil society protection agencies.

20. The PAPD acknowledges risks that could have an impact on children, young people and the UNICEF country programme. These include potential disease outbreaks; disaster and climate-related risks with potential impact on infrastructure and livelihoods; and the possibility of civil unrest due to limited employment opportunities for young people.

21. A lesson arising from the 2018 gender review of the country programme 2013–2019 was the necessity of ensuring that women and girls benefit from the provision of services at the community level. The evaluation of the UNICEF response to the Ebola outbreak[21] also pointed to the efficacy of involving and engaging people at the community level through existing structures, to foster behaviour change, and recognized the UNICEF comparative advantages in this approach. Both of these observations have been taken into account in the country programme's renewed emphasis on community-based interventions.

22. An important lesson learned during the country programme 2013–2019 was that even before the Ebola outbreak changed the trajectory of the programme from development to humanitarian response, the programme was overly ambitious given the resources available. Through a strategic moment of reflection exercise, UNICEF, the Government and other partners agreed that going forward, priorities should focus on areas in which UNICEF could have the greatest impact. They agreed on the following priorities for 2020–2024: (a) contributing to the reduction of the under-5 mortality rate through support for immunization and primary health care ; (b) the reduction of stunting and improvement in adolescent nutrition; (c) ending open defecation; (d) equitable access to ECE and primary education; (e) strengthening systems to reduce violence against children; and (f) birth registration. In particular, the programme will focus its investment in three priority areas in which UNICEF expects to be able to catalyse significant changes: immunization, access to education and birth registration.

Programme priorities and partnerships

23. The PAPD is aligned to the Sustainable Development Goals, the African Union 2040 Agenda for Children and Agenda 2063 and Vision 2020 of the Economic Community of West African States. The proposed country programme will support Liberia in achieving the child-related goals of the PAPD. It is aligned with pillars 1 to 3 of the United Nations Development Assistance Framework (UNDAF) as well as with the UNICEF Strategic Plan, 2018–2021 and the UNICEF Gender Action Plan 2018–2021.

24. The vision of the proposed country programme is that more children in Liberia, from birth to adolescence, exercise their rights to survival, development, protection and participation. The theory of change is that if more children, from birth to adolescence,

[21] UNICEF, Evaluation of UNICEF's Response to the Ebola Outbreak in West Africa 2014–2015, New York, 2016.

enjoy greater access to and use of strengthened service delivery systems in health, nutrition, water, sanitation and hygiene (WASH), early and basic education and child protection, in line with the goals of the PAPD, and communities are enabled to claim their rights and adopt positive social norms and practices, then children will survive, thrive and develop to their full potential. The underlying assumption is that the Government will continue to prioritize children's issues and create an enabling environment conducive to effective governance. The key risk is that financial constraints or a humanitarian emergency may interrupt the anticipated outcomes of the programme.

25. To accelerate results in the selected priority areas, the programme will emphasize a stronger focus on intersectoral and community-based approaches, working with community structures and community-based organizations; enhanced integration of disaggregated data, evidence generation and the use of innovation in programme design, implementation, monitoring and evaluation; and a stronger emphasis on prevention and resilience-building via community-based initiatives. Building on the experience of the Ebola outbreak, each sectoral programme has an emergency preparedness and response plan involving the prepositioning of critical supplies and contingency planning and training, including for the provision of psychosocial support. Partnerships with the nascent Liberian private sector will initially focus on advocating with telecommunication companies to reduce the high cost of SMS messaging for U-Report to promote greater participation and civic engagement of young people.

26. Each programmatic outcome is structured according to the main determinants of coverage: (a) enabling environment, focusing on evidence-based policy advocacy to improve public practices, financing systems and subnational programmes to benefit children and adolescents in both rural and urban settings and within development and humanitarian contexts; (b) supply and quality of services, through institutional strengthening and capacity-building to ensure that public policies are implemented and that quality basic social services are equitably delivered in both rural and urban areas; and (c) demand, by promoting positive behaviours and demand for quality services and building support for the cause of children through multi-stakeholder partnerships, volunteer engagement and supporting children and adolescents as agents of change.

27. UNICEF will implement the common chapter of the strategic plans 2018–2021 of the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), UNICEF and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), with a focus on improving adolescent and maternal health (with UNFPA), achieving gender equality and the empowerment of women and girls (with UN-Women) and promoting the greater availability and use of disaggregated data for sustainable development (with UNDP, UNFPA and UN-Women).

Child survival and development

28. The health programme will use immunization as an entry point to promote and deliver a package of maternal, newborn, child and adolescent health services, including antenatal care, the prevention of mother-to-child transmission of HIV, the integrated management of neonatal and childhood illness, vitamin A supplementation, deworming and the promotion of birth registration. It will seek to strengthen the primary health-care system to deliver quality, equitable, gender-sensitive and integrated services in selected counties, with a special focus on modelling a scalable delivery approach using the child-

friendly community initiative,[22] the hospital-based obstetric and neonatal care approach and responsive cold-chain systems.

29. The programme will engage with communities to promote demand for and the utilization of quality health-care services. UNICEF will continue to support the community health assistant programme in the five underserved south-eastern counties and the roll-out of integrated community case management, primarily through support to the training and deployment of front-line community health workers in hard-to-reach communities.

30. UNICEF will leverage resources and expertise and advocate for health sector reform and programming with other development partners, including Gavi, the Vaccine Alliance, the United States Agency for International Development (USAID), the Global Financing Facility in support of Every Woman, Every Child and the World Bank. UNICEF will provide technical support to the National Public Health Institute of Liberia, established by the Government in the aftermath of the Ebola outbreak to lead efforts for disease surveillance and response, with UNICEF focusing on community mobilization.

31. The nutrition programme will prioritize the delivery of nutrition-specific interventions through the health-care system, focusing on the prevention of stunting, including through the development of a national strategy on stunting reduction. The programme will develop and implement an adolescent-focused nutrition service package. The nutrition supply chain will be strengthened with UNICEF advocating towards Government and partners to allocate greater resources towards this area. The programme will engage with communities to understand and promote healthy nutrition behaviours. UNICEF will continue to leverage partnerships through the Scaling Up Nutrition movement and existing donors, including the Governments of Ireland and Sweden and the Power of Nutrition foundation.

32. The WASH programme will support community- and school-led total sanitation as foundations for sanitation behaviour change and will promote the scaling up of these approaches, thereby contributing to reducing the incidence of diarrhoeal diseases, which are a cause of stunting and child mortality. The programme promotes the establishment and strengthening of WASH management structures, operations and maintenance mechanisms in communities, schools and health facilities. It will support actions to provide communities with appropriate knowledge to adopt good hygiene practices, and support the planning, construction and management of gender-sensitive WASH facilities.

33. UNICEF will build on its partnership with the Netherlands Directorate-General for International Cooperation and engage with the Government of Iceland and others to expand programming related to ending open defecation.

Early learning and basic education

34. The programme will contribute to increasing the access of children and adolescents, especially the most disadvantaged, to inclusive, safe, quality learning environments, so that they enrol in school at the appropriate age, complete pre-primary and basic education and transition to secondary education. The programme will focus on out-of-school children and overage enrolment, particularly at the ECE and basic education levels, with special attention to girls, children with disabilities and those living in remote and marginalized communities.

[22] A government programme being piloted in Grand Gedeh County that involves working with communities, including community health workers, as the primary entry point for delivery of an integrated multisectoral package of health, nutrition, early childhood development, water, sanitation and hygiene and child-protection interventions.

35. The programme will build the evidence base on the effects of the Grade 1 entrance exam and advocate for its removal, while supporting the Ministry of Education to improve the capacities of early childhood and basic education institutions to deliver quality, equitable, learner-centred and gender-sensitive pedagogy for all children, including adolescents and children with disabilities. It will strengthen systems for supervision and monitoring, teacher training and student assessment to improve attendance and reduce dropout rates. Families and communities in selected geographical areas will be actively engaged in understanding their right to free education and the importance of enrolling children at the right age. These approaches will be tested and modelled in selected counties and districts to promote their uptake by the Government for scale-up, building upon ongoing work, including in the six counties in which the Let Us Learn partnership seeks to expand education access and learning outcomes for 10,000 adolescents, primarily girls.

Child protection

36. The programme aims to prevent and respond to child protection vulnerabilities and violence and increase birth registration for children under the age of 1 year. It will support the Government to establish systems for the delivery of accessible and quality child protection and birth registration services at the national and county levels, focusing on the south-east counties and peri-urban areas. The programme will support the Government in developing standard operating procedures for child protection case management involving all service providers, and for decentralized birth registration services. UNICEF will support the development of information systems for child protection case management.

37. Given that the Ministry of Health is responsible for birth registration, and that health services reach almost 60 percent of newborns, either through routine health services or immunization campaigns, the programme will seek to systematize the issuance of birth certificates upon the contact of children with health services, through strengthening the accountability of health workers for delivering birth registration services.

38. The country programme will contribute to the prevention and elimination of gender-based violence, promote gender-responsive adolescent health and education services and support gender-responsive legislation and policies. UNICEF will work with government and other partners to increase the capacities of families and communities to promote behaviours and practices that address gender-inequitable norms, values and practices that are detrimental to children, adolescents and young people, especially girls, and to increase the demand for registering children at birth. UNICEF will continue to leverage partnerships, including with the European Union, the Governments of Ireland and Sweden, the World Bank and USAID.

39. Harmful traditional practices, including child marriage and FGM will be addressed by the European Union-funded Spotlight Initiative, a multi-country regional and inter-agency initiative involving the Office of the United Nations High Commissioner for Human Rights, UNDP, UNFPA, UNICEF and UN-Women.

Programme effectiveness

40. Programme effectiveness will enhance the overall management, coordination and execution of the country programme through the provision of technical guidance on programme planning, implementation, monitoring and reporting. It will support the achievement of programme results by enabling cross-cutting approaches and strategies, focused on programme coordination; external relations; programme planning, monitoring and evaluation; communications, advocacy, and partnerships; and communication for development. Gender and adolescent empowerment approaches will be mainstreamed across all programmes.

41. Given challenges related to access, UNICEF will work with the United Nations country team to explore options for establishing joint subnational offices to strengthen community-based approaches in programme interventions.

42. UNICEF will work with the Government to identify and foster innovative programming approaches, in particular using new technologies, social media and volunteerism to promote the civic engagement of adolescents as agents of change for equitable access to quality social services.

43. Specific attention will be paid to supply chain management, which remains a challenge in Liberia. Communication for development will be critical to promoting social and behavioural change across all sectors to generate knowledge of and demand for services among the most vulnerable people, while promoting changes in social norms.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	5 700	52 200	57 900
Early learning and basic education	2 250	15 000	17 250
Child protection	3 680	10 500	14 180
Programme effectiveness	12 020	4 227	16 247
Total	**23 650**	**81 927**	**105 577**

Programme and risk management

44. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are described in the organization's programme and operations policies and procedures.

45. The Ministry of Finance and Development Planning is responsible for donor coordination and chairs the UNDAF steering committee. UNICEF is the lead agency for pillar 1 of the UNDAF and chairs the inter-agency communication group. Programme components and outcomes are coordinated by the relevant government counterparts in collaboration with civil society organizations as key implementing partners.

46. To strengthen implementation, UNICEF will assess the capacities of partners and will provide appropriate support. The harmonized approach to cash transfers will continue to be used to promote the effectiveness and efficiency of partners receiving cash transfers for the implementation of agreed activities.

47. High expectations of the population, coupled with persistent inequality and exclusion, may lead to instability. Floods and epidemics remain a persistent risk. Limited fiscal space, combined with demands on multiple fronts to rebuild the country's infrastructure, generate jobs and meet the expectations raised by the PAPD, may lead to the decreased allocation of public resources to the social sectors. UNICEF will continue high-level advocacy with Government and development partners to make the case for investment in children.

Monitoring and evaluation

48. Alongside United Nations partners, UNICEF will continue to support the Ministry of Finance and Development Planning to strengthen the monitoring and evaluation of the PAPD. Real-time monitoring systems for emergency settings and community and facility-based data analysis will be promoted. Regular third-party monitoring will continue in conjunction with field monitoring by staff and partners. Rolling workplans will be developed and monitored through regular reviews led by the Government.

49. As a member of the UNDAF monitoring and evaluation group, UNICEF will track progress towards the common outcomes, provide analyses and make recommendations for corrective action. Monitoring mechanisms will include specific emergency triggers across all programme areas. A DHS is expected to be completed in 2020, providing critical up-to-date data to allow for the refinement of programme approaches and targeting.

50. The results and resources framework will be used to monitor progress towards planned outcomes and outputs. Wherever possible, country programme results will be monitored through national data systems. UNICEF will support the alignment of national monitoring systems with the Sustainable Development Goals.

51. The integrated monitoring and evaluation plan will chart a course for the monitoring of progress towards results. Evaluations will be aimed at developing national evaluation capacities, centring on key results of programme components, and will include an evaluability assessment and an end-term evaluation of the country programme.

Annex

Results and resources framework

Liberia – UNICEF country programme of cooperation, 2020–2024

Convention on the Rights of the Child: Articles 2–10, 12–13, 18–20, 22–29, 31–32, 36–37 and 39–40

National priorities: Pro-Poor Agenda for Prosperity and Development pillars 1–3

UNDAF outcomes involving UNICEF:

By 2024:

1. The most vulnerable and excluded groups have improved quality of life with rights-based, gender-sensitive, inclusive, equitable access and utilization of essential social services in an environment free of discrimination and violence, including in humanitarian situations.

2. Liberia has diversified, and inclusive economic growth underpinned by investments in sustainable and environmentally friendly agriculture, food security, job creation and improved resilience to climate change and natural disasters.

3. Liberia consolidates, sustains peace and enhances social cohesion, has strengthened formal and informal institutions capable of providing access to inclusive, effective, equitable justice and security services, capable of promoting and protecting the human rights of all.

Outcome indicators measuring change that reflect UNICEF contribution

Maternal mortality ratio; under-5 mortality rate; prevalence of stunting; primary net enrolment; proportion of out-of-school children; number of new HIV infections; proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age; proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation (FGM) g, by age; proportion of population covered by social protection floors/systems, disaggregated by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.

Related UNICEF Strategic Plan, 2018-2021 Goal areas: 1–5

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. By 2024, significantly more girls, boys, adolescents and women, especially those who are marginalized and/or living in humanitarian conditions, have access to and utilize evidence-based, high-impact quality maternal, neonatal, child, adolescent health, and HIV interventions.	Percentage of children (0–11 months) vaccinated with 3 doses of diphtheria/tetanus/pertussis (DTP)-containing/Penta vaccine nationally B: 86% (2017) T: 95%	Ministry of Health (MoH) annual report/ World Health Organization/ UNICEF joint estimates of national immunization coverage	1.1 Health sector policy, plans and budgets use solid evidence to strengthen the health system for child and maternal survival. 1.2 The primary health-care system has the capacity to deliver quality, equitable, gender-sensitive and integrated maternal, newborn, child and adolescent health services. 1.3 Families and communities are equipped with knowledge and actively demand quality health services.	MoH, Ministry of Public Works (MoPW) WHO, United Nations Population Fund (UNFPA), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), Joint United Nations Programme on HIV/AIDS United States Agency for International Development (USAID) Centers for Disease Control and Prevention	4 000	19 400	23 400
	Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP-containing/Penta vaccine B: 87 % (2017) T: 100%	MoH annual report					
	Percentage of newborns receiving postnatal care within two days of birth B: 35% (2018) T: 75%	MoH, District Health Information System (DHIS) 2					
	Percentage of live births attended by skilled health personnel B: 49% (2018) T: 70%	MoH, DHIS 2					
2. By 2024, significantly more children under 5 years of age, adolescents and women of childbearing age access and utilize proven direct nutrition interventions and	Proportion of children under 5 years of age who are stunted (moderate and severe) B: 36% (Comprehensive Food Security and Nutrition Survey (CFSNS) 2018 T: 31%	DHS, CFSNS	2.1 Gaps in laws, policies, strategies and guidelines are identified, closed and progressively implemented and monitored in line with international norms and standards. 2.2 Proven direct nutrition interventions are accessible at facility and community levels and are utilized by children	MoH, Ministry of Information (MoI), Ministry of Gender, Children and Social Protection (MoGCSP) World Bank, USAID Scaling Up Nutrition partners	850	11 500	12 350
	% of women (15–49 years) with anaemia B: 38% (CFSNS 2018)	DHS, CFSNS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
practise appropriate nutrition behaviours that prevent stunting and other manifestations of malnutrition in both development and humanitarian conditions.	T: <25%		under 5 years of age, adolescents and women of childbearing age in both development and humanitarian conditions. 2.3 Parents, adolescents, women of childbearing age, caregivers and communities understand and practise appropriate nutrition behaviours and know where and how to access nutrition services.				
	Percentage of children (6-23 months) receiving a minimum number of food groups B: 11% (CFSNS 2018) T: 30%	DHS, CFSNS					
3. By 2024, significantly more communities in urban slums and rural areas reduce the prevalence of open defecation and adopt adequate hygiene practices, and institutions have access to at least basic water supply and sanitation and adopt adequate hygiene practices.	Number of schools with separate sanitation facilities for girls and boys B: 250 (2017) T: 750	DHS, WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP)	3.1 Gaps in laws, policies, strategies and guidelines related to ending open defecation in communities and to water, sanitation and hygiene (WASH) in institutions are identified, closed and progressively under implementation and monitoring, in line with international norms and standards. 3.2 Gender-sensitive WASH services and facilities are available and functioning in institutions, including in humanitarian situations. 3.3 Parents, families, caregivers, and communities have appropriate knowledge of and adopt good hygiene practices, and participate in the planning, construction, and management of gender-sensitive WASH facilities in communities and institutions, including in humanitarian situations.	Liberia WASH Commission, MoPW, MoH, National Public Health Institute of Liberia, Ministry of Education, Ministry of Internal Affairs (MIA) Liberia WASH Consortium	850	21 300	22 150
	Proportion of the population still practising open defecation B: 42% (61% urban, 23% rural) (2017) T: 15% (7% urban, 21% rural)	DHS, JMP					
	Proportion of the population using basic drinking water service B: 77% (2017) T: 80%	DHS, JMP					
4. By 2024, Significantly more school-aged girls and boys,	Transition rate between primary and lower secondary education B: 75% (2015)	Education Management Information System (EMIS)	4.1 The education sector uses solid evidence to influence policies, plans and budgets to reduce the number of out-of-	MoE, Ministry of Justice (MoJ), MoGCSP, MoH	2 250	15 000	17 250

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
especially the most disadvantaged, have equitable access to quality inclusive early childhood and basic education.	T: 85%		school children and overage enrolment in early childhood and basic education for girls and boys, including adolescents. 4.2 Early childhood and basic education subsectors have the capacity to reduce the number of out-of-school children, and to improve enrolment, retention and completion through delivering quality, equitable, learner- and gender-sensitive pedagogy for all children, including adolescents. 4.3 Families and communities are equipped with knowledge of their right to free education and actively demand access to quality early learning and basic education for out-of-school and overage children, including adolescents.	United Nations Educational, Scientific and Cultural Organization Global Partnership for Education World Bank USAID European Union			
	Rate of out-of-school children of primary and lower secondary school age B: 51% (2016) T: 20%	EMIS, survey data					
	Net enrolment rate in pre-primary education B: 29% (2016) T: 50%	EMIS, survey data					
5. By 2024, boys and girls, including adolescents at risk of and victims/survivors of violence, abuse and exploitation, including gender-based violence, have improved access to effective, equitable and quality prevention and response services,	Percentage of young women and men (18–29 years) who experienced sexual violence by age 18, by sex and age B: 35% (2013) T: 25%	DHS	5.1 Social, justice, education and health sectors in Liberia have strengthened political commitment, accountability and national capacity to legislate, plan, and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation and neglect and enhance access to child protection and birth registration. 5.2 Accessible and quality birth registration and child protection (prevention and response) services are in place and delivered by qualified statutory and non-statutory service	MoGCSP, MoH, MoJ, Ministry of Youth and Sports, MIA, MoE	3 680	10 500	14 180
	Percentage of children under one year whose births are registered B: 24% (DHS 2013) T: 40%	Civil registration system, DHS					
	Country has interoperable birth registration service delivery with health system B: N (2017) T: Y	Sector reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
including birth registration.	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 2,531 children (1,329 girls, 1,202 boys) (2018) T: 3,800	MoJ, MoGCSP reports	providers in the most disadvantaged localities. 5.3 Children, families and communities have increased capacities in the most disadvantaged localities to promote practices that protect them through addressing gender-inequitable norms, values and practices that are detrimental to boys and girls, including adolescents and young people. 5.4 An improved knowledge base informs programming and advocacy initiatives to increase access to birth registration and to prevent and protect children and women from violence, abuse and exploitation.				
6. By 2024, the country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of core measures of performance scorecard that meet high performance grading criteria B: 81% (2018) T: 100%	UNICEF performance management system (InSight)	6.1 UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. 6.2 UNICEF staff and partners are provided tools, guidance and resources for effective communication on child-rights issues with stakeholders.	United Nations agencies	12 020	4 227	16 247
	Percentage of other resources mobilized against the approved ceiling B: 68% (2018) T: >80%	UNICEF performance management system (InSight)					
Total resources					**23 650**	**81 927**	**105 577**