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*For action***United Nations Children's Fund**

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**Recommendation for funding for a short-duration
country programme******Liberia***Summary*

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Liberia with a duration of two years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of \$2,699,000 from regular resources, subject to the availability of funds, and \$7,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2001 to 2002.

* E/ICEF/2000/14.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1999. They will be contained in the summary of recommendations for regular resources and other resources programmes (E/ICEF/2000/P/L.27).

Basic data

(1998 unless otherwise stated)

Child population (millions, under 18 years)	1.5
U5MR (per 1,000 live births)	235
IMR (per 1,000 live births)	157
Underweight (% moderate and severe)	-
Maternal mortality rate (per 100,000 live births)	-
Literacy (% male/female)	36/18
Primary school attendance (% net, male/female) (1999)	25.4/24.6
Primary school children reaching grade 5 (%)	-
Access to safe water (%) (1995)	46
Routine EPI vaccines financed by Government (%)	0
GNP per capita (US\$) (1987)	490 ^a
One-year-olds fully immunized against:	
tuberculosis	28 per cent
diphtheria/pertussis/tetanus	19 per cent
measles	31 per cent
poliomyelitis	19 per cent
Pregnant women immunized against tetanus	14 per cent

^a 1998 estimated range — \$760 or less.

The situation of children and women

1. Four years after the end of the 1989-1996 civil war, Liberia is in a chronic post-war emergency period. Anticipated economic improvements have not taken place, and the rehabilitation of roads, electricity and telecommunications has been minimal, limiting substantially the delivery and sustainability of social services. The United Nations system has recently undertaken several studies: the Common Country Assessment (CCA), a demographic and health survey, and a situation analysis of children, based on the Convention on the Rights of the Child. All three studies reflect the tremendous gap between the goals of the Convention and the actual situation of Liberia's children.

2. According to the 1986 census, the population of Liberia is estimated to be 2.6 million, 54 per cent of whom live in rural areas. The annual growth rate is 2.4 per cent. Both the fertility rate (6.7 per cent) and number of girls married by the age of 16 (over 50 per

cent) are high. Birth registration, which prior to the civil war was only 30 per cent, declined to 16 per cent in 1998. Estimates from the most recent demographic and health survey put the infant mortality rate (IMR) at 124 per 1,000 live births, under-five mortality rate (U5MR) at 150 per 1,000 live births, and maternal mortality rate (MMR) at 730 per 100,000 live births. The major causes of under-five morbidity are acute respiratory infections (ARI) (53 per cent), malaria (35 per cent) and diarrhoeal diseases (22 per cent). Together, these three account for more than 50 per cent of child deaths. There are high numbers of children under five who are underweight (26 per cent) or stunted (39 per cent). Iron deficiency anaemia and vitamin A deficiency are public health problems for children 6 to 35 months of age (87 per cent and 53 per cent, respectively), and for women between the ages of 15 and 49 (58 per cent and 12 per cent, respectively). The HIV/AIDS pandemic is spreading rapidly, and currently affects 5 per cent of the population between the ages of 15 and 49.

3. The health delivery system is generally based in fixed facilities in urban areas, provides only curative

services, and suffers from a chronic lack of trained personnel. The country has only 42 trained traditional midwives, 120 physician assistants, 185 nurses and 135 registered doctors (only 32 of whom are in the public sector). Immunization coverage for children 12 to 24 months with all expanded programme on immunization (EPI) vaccines was 25 per cent in 1998. According to recent government figures, only 53 per cent of the population has access to safe water (70 per cent in urban areas and 44 per cent in rural areas), and only 36 per cent has access to some form of improved sanitation facilities (71 per cent in urban areas and 18 per cent in rural areas). There is a high prevalence of children under the age of 15 with disabilities (16.5 per cent); of those with impaired mobility, it is estimated that 13 per cent suffered war-related injuries and 56 per cent have polio.

4. The attendance rate in primary schools is 25.4 per cent for boys and 24.6 per cent for girls; 37 per cent of urban children are enrolled in school, as opposed to 20 per cent of rural children. The gross enrolment rate is 74.9 per cent for boys and 66 per cent for girls. Within the school system, there is a critical shortage of classrooms, text books and instructional materials. Only 2,471 primary schools are open — about one half the schools operating before the war. Only 3,000 of 12,000 primary school teachers have received formal training. Curricula are outdated, reflecting a strong gender bias, and include minimal teaching of life skills.

5. The civil war exacerbated the level of violence, affected moral values in communities and among families, and produced a weak legal framework for the protection of human rights. During the war, many crimes were perpetrated both by and on children. Some 4,306 children were officially disarmed and demobilized following the hostilities. Of the 4,853 documented cases of unaccompanied and separated children in 1997, 1,856 have been united with their families; 80 recognized orphanages provide shelter to approximately 4,700 children, many of whom have at least one living parent. Since 1997, there has been an increase in the number of children living in the streets and involved in alcohol or drug abuse and prostitution.

6. Liberia has experienced negative economic growth in its gross domestic product, estimated at -3.6 per cent per annum since 1980. During the war, per capita income declined from \$475 in 1989 to only \$83 in 1997, and the national budget from \$226 million in 1979/80 to \$64 million in 1999, when the external debt

reached \$3.3 billion. Over the last decade, extra-budgetary expenditures averaged approximately 40 per cent of the national budget. Today it is estimated that 80 per cent of the population live below the poverty line, and about 55 per cent live in absolute poverty.

Programme cooperation, 1999-2000

7. The objectives of the 1999–2000 short-duration programme were to: (a) revitalize basic social services, including primary health care and basic education, in order to reduce infant, child and maternal mortality; (b) facilitate the reintegration of war-affected children into social and community structures; and (c) advocate for and promote the rights of Liberian children and women.

8. Key activities under the health programme included support to the revitalization of 120 government health facilities, whose health workers were trained in basic primary health care skills. Additionally, 280 health facilities benefited from a regular supply of UNICEF-procured essential drugs, covering approximately 80 per cent of the population. In 1999, UNICEF supported the preparation of national policy documents on malaria, EPI and vitamin A utilization. A survey on micronutrient deficiencies (vitamin A, iron and iodine) in 1999 and a broad nutrition survey in 2000 were carried out in coordination with non-governmental organizations (NGOs) and the Ministry of Health and Social Welfare. Since the start of the war, UNICEF has been the sole provider of cold-chain equipment and vaccines in Liberia. Polio eradication activities have attained coverage higher than 90 per cent in three rounds of national campaigns carried out in 1999 and four rounds carried out in 2000. In both these years, a massive distribution of vitamin A during the first round reached 90 per cent of children between 6 months and 5 years of age. Some 168 new wells with handpumps were built and 286 were rehabilitated, and 375 families and 40 institutions were provided with latrines, which represent 75 per cent of the activities planned.

9. The child development programme supported the design and first phase of implementation of a project to enable out-of-school children between the ages of 13 and 18 to acquire basic literacy and numeracy skills, thus making up for lost educational opportunities

during the civil war. The programme, which compresses six years of primary education into three, was launched in September 1999 and has involved 2,000 students to date. A baseline study on the status of girls' education and life skills promotion in schools was carried out, and initial corrective interventions were developed. UNICEF assistance also focused on teacher training and curriculum development. Approximately 1.1 million elementary school textbooks, corresponding to 50 per cent of the country's needs, were purchased and distributed to charities and public schools, in cooperation with a network of Christian NGOs.

10. In 1999, the protection programme supported the last phase of a reintegration project started in 1995, through which 6,000 war-affected youth were assisted at 22 vocational training centres, in 13 of the 14 counties. Support was also provided to the formulation of policies and plans to enhance special protection measures for vulnerable children, adolescents and women. A National Child Protection Network was established which comprises the Bureau of Social Welfare, the judiciary, national police and a number of NGOs. UNICEF also supported improved protection measures for children in conflict with the law, through training of some 90 magistrates in 4 counties with jurisdiction over juvenile justice. Other important cooperation activities included: the compilation of an inventory of orphanages, which has contributed to the formulation of new, community-based alternative strategies to institutional care; and the establishment of an orthopaedic centre to rehabilitate war-affected youth, which, since its inauguration in August 1999, has produced and fitted 60 prostheses per month.

11. The promotion and protection of child rights was supported by an analysis of the situation of children that formed the baseline for Liberia's first report to the United Nations Committee on the Rights of the Child. Supported by UNICEF, this process was based on extensive cooperation among the Government (led by the Ministry of Planning and Economic Affairs), different organs of civil society (under the umbrella of the Eminent Persons Group for Children), members of the international development community, NGOs and the private sector.

Lessons learned from past cooperation

12. The Government's capacity to deliver social services remains severely constrained by lack of significant budget allocations. This, combined with a degree of political instability, makes a short-duration programme suitable as a framework for UNICEF cooperation. Increased effectiveness of training activities supported by UNICEF, and advocacy for commitment of public funds are necessary to achieve full revitalization of health and school facilities, following a successful phase of physical reconstruction.

13. UNICEF has learned the importance of creative and innovative strategies to address children's needs. One such example is the empowerment of communities to maintain schools and support teachers through the establishment of parent-teacher associations. Social mobilization was found to be extremely effective, especially by using cultural dance and song. This is evidenced by the success of the immunization campaigns and is influencing the planning of mobilization strategies for other key activities in 2001-2002.

14. Due to the weak infrastructure and lack of commitment of public funds, UNICEF found a need to support a national drug system, at the expense of preventive programme interventions. In 2000, this prompted the organization to gradually reduce its support to essential drugs programmes and increase its advocacy and technical support for sustainable drug management strategies, in line with the Bamako Initiative. In the area of reintegration of former child soldiers, the lack of vocational skills, in a market where supply exceeds demand, prompted a review of the project, resulting in a shift towards the promotion of literacy; emotional and psychosocial life skills; and social reintegration in communities.

Recommended programme cooperation, 2001-2002

Estimated annual expenditure

(In thousands of United States dollars)

	<i>2001</i>	<i>2002</i>	<i>Total</i>
Regular resources			
Survival, care and special protection	450	450	900
Education, development and learning	445	445	890
Communication, rights promotion, monitoring and evaluation	300	300	600
Cross-sectoral costs	154	156	309
Subtotal	1 349	1 350	2 699
Other resources			
Survival, care and special protection	1 900	1 900	3 800
Education, development and learning	920	920	1 840
Communication, rights promotion, monitoring and evaluation	500	500	1 000
Cross-sectoral costs	180	180	360
Subtotal	3 500	3 500	7 000
Total	4 849	4 850	9 699

Country programme preparation process

15. The definition of priorities for the 2001-2002 short-duration programme began in 1999 with the rights-based situation analysis, which involved a broad spectrum of partners from the Government, civil society, private sector and international community, including other United Nations agencies. The process was facilitated by the Government, UNICEF, the Eminent Persons Group for Children, and a national reference group comprising senior officials from relevant ministers, key NGOs, international partners and institutions of higher learning, under the chairmanship of the Minister of Planning and Economic Affairs. At the National Policy Conference on Children in November 1999, the findings of the study were analysed, and an agreement was reached on the strategic thrust of a rights-based, first-ever National Plan of Action (NPA) for Children, with implementation guidelines. The NPA that evolved from this process incorporates strategies to reach the goals of the World Summit for Children. These are measured

and reviewed yearly. The short-duration programme for UNICEF assistance comprises support to activities that can ensure progress towards the implementation of Liberia's NPA for Children in its first phase (2001-2002).

Country programme goals and objectives

16. The overall goal of the country programme is to contribute, within the context of post-war rehabilitation, to the reduction of high levels of child and maternal mortality, to increase the proportion of children with successful learning achievements in primary schools, and to enhance the national response to the need for special protection for children who are victims of negligence, abuse and exploitation. The objectives established by the three proposed programmes are to: increase from 30 per cent to 70 per cent vaccine coverage of children under one year of age; to stop transmission of wild polio virus; to reduce child mortality due to diarrhoea, ARI and malaria; to reduce child malnutrition due to diarrhoea and

inappropriate feeding practices; to reduce the risk of sexually transmitted diseases and early pregnancies; and to reduce the frequency of the most preventable causes of maternal death. The programme also seeks to: increase access, especially of girls, to primary school; increase learning achievement in primary schools; increase awareness and self-reliance of children's caretakers, children themselves and community leaders to respond to Liberian children's needs and rights; monitor and disseminate child-related indicators; and advocate for increased national support to the full implementation of the Convention on the Rights of the Child.

Relation to national and international priorities

17. UNICEF, as part of the United Nations country team, will support activities that implement United Nations reform, including the production of a second CCA to lead to a United Nations Development Assistance Framework (UNDAF). The NPA for Children, a product of the UNICEF-supported Committee on the Rights of the Child reporting process, is integrated within the Government's medium-term planning exercise as part of the national reconstruction programme.

Programme strategy

18. The country programme comprises three programmes, while the cross-cutting issues of HIV/AIDS and special protection are mainstreamed throughout the various components. In all programmes, the strategies are part of the NPA for Children. The Convention on the Rights of the Child promotes the concept that children are entitled to established rights, and supports the need to revise national laws and policies. A further cross-cutting strategy in pursuing the objectives of all the programmes will be the empowerment of families, caregivers and staff working on the frontline in basic services. UNICEF will strategically combine partnerships with the Government and NGOs, including the main religious agencies, according to their technical and managerial capabilities. In one of the 14 counties, Bong, with a population of 450,000, the entire series of activities presented below will be implemented. Intensive activities for maternal mortality reduction,

reintegration of high-risk children and prevention of HIV/AIDS will take place in three additional counties, Nimba, Bomi and Rivercess. Advocacy, policy development and communication strategies will benefit the entire country.

19. The *survival, care and special protection programme* comprises: child survival and care; adolescent health and reproductive care; and special protection. This includes the following activities: immunization acceleration, plus universal vitamin A distribution to children under the age of five, especially through planned outreach activities; mass dissemination of information on the appropriate care for diarrhoea and malaria, emphasizing home-based care and piloting the promotion of impregnated bed-nets; and promotion of culturally sensitive and effective practices of child-feeding and hygiene. Within this component, the focus will be on children up to five years of age, and special attention will be given to those separated from their families and affected by HIV/AIDS, including their physical, emotional and mental development. Improved access to safe water and basic sanitation will be promoted in selected rural areas, with emphasis on community participation and in combination with advocacy for the scaling-up of low-cost and sustainable solutions. Other activities include the promotion of safe and responsible sexual behaviour among adolescents; enhancement of the capability of local communities and traditional birth assistants to provide appropriate care and support for referral of the expectant mother; and enhancement of the capability of four county hospitals in emergency obstetric care, completing the revitalization undertaken in 1999-2000. In addition, technical support will be provided to the network of agencies to address the special protection needs of children internally displaced, unaccompanied, living in the streets, orphaned, victim of negligence, abuse or labour exploitation, or in conflict with the law. Support will be given to selected projects that address the need for surveillance, grievance reporting, initial assistance, shelter and rehabilitation of highly vulnerable and abused children. Support will also be given to selected projects that rehabilitate adolescents affected by war, including former combatants. This will be made through the accelerated learning methodology for literacy skills, vocational training and life skill education, and will place high value on the role of local traditional leaders, art and sports as means for reintegration.

20. The *education, development and learning programme* has two interrelated and mutually reinforcing projects: strengthening access, quality and relevance of early childhood development activities and basic education; and accelerated learning for war-affected children who are beyond school age. In respect to the access to education, activities combining advocacy and mobilization at all levels, engaging the Ministry of Education and civil society organizations, will be implemented to eliminate the barriers to girls' education. In support of quality and relevant education, the main activities will be: monitoring of learning achievements and curriculum reform (also introducing life skills), teacher training, provision of educational materials, and promotion of parent and community participation in school governance.

21. The accelerated learning project will offer a programme that compresses six years of regular primary school into three. Following the pilot and implementation phase (1999-2000), which was concentrated in the public sector, this will provide an accelerated route to an additional 10,000 over-age children who were not able to continue their education due to the disruption of the war, through the substantial engagement of NGOs and schools run by charities.

22. Within the *communication, rights promotion, monitoring and evaluation programme*, the monitoring and evaluation project will focus on the assessment of the goals included in the NPA for Children launched in 2000, and will concentrate on further analysis of data made available between 1998 and 2000, particularly those reflected in Liberia's report to the Committee on the Rights of the Child and the study on family care practices, as well as others generated on a routine basis (disease surveillance, school enrolment). The results of these analyses will provide a solid basis for a broad movement for Liberian children, strengthened through national and county-based advocacy and mobilization activities. Major activities within the advocacy and communication project are: the development and dissemination of information materials for various audiences; the strengthening of partnerships with the national media; and the organization of special advocacy events with the participation of children. The processes and outputs of advocacy and communication efforts will support UNICEF priority actions for children in the Liberian context, encouraging local stakeholders at all levels to take action to uphold children's rights.

23. Through the *cross-sectoral costs* component, provision will be made to cover costs of personnel in the programme sections and in complementary cross-sectoral monitoring and evaluation, advocacy and communication activities.

Monitoring and evaluation

24. An annual review and a programme review are scheduled for the last quarter of 2000 and 2001, respectively. The office will utilize the implementing and monitoring instruments included in the country programme management plan. The following will play a crucial role in ensuring consistency and good quality of office programming and management: weekly country management team and monthly programme management team sessions; and the biannual updating, analysis and sharing with the regional office of the standardized quality assurance indicators for programme and operation. The preparation of an integrated monitoring and evaluation plan will maximize the office's efforts to obtain and use data and evaluations undertaken under different programmes. In addition, a programme/financial audit is planned for 2001 and an evaluation of vaccine coverage for 2002.

Collaboration with partners

25. Within the resident coordinator system, UNICEF will continue to collaborate actively with other United Nations agencies, provide leadership on issues of children's rights, and effectively contribute to the United Nations theme groups on gender, environment, humanitarian issues, food security and governance. In coordination with regional and headquarters offices, and following up on steps undertaken in 1999-2000, UNICEF Liberia will expand its information-sharing and reporting activities with donor Governments and National Committees for UNICEF, to ensure the continued availability of funds for programme delivery.

Programme management

26. While the country programme will be implemented under the purview of the Ministry of Planning and Economic Affairs, NGOs and relevant sectoral ministries will continue to be the primary implementing partners. Partnerships and cooperation

between the Government and civil society will be established through: the NPA Cabinet Committee, chaired by the Minister of Planning and Economic Affairs; and an Intersectoral National Steering Committee and Sectoral Implementation Task Forces for Primary Health Care, Basic Education, Participation and Protection, comprising senior programme managers, relevant United Nations agencies, key implementing NGOs, the private sector and numerous organs of civil society. Regular resources will be used to support policy and strategy development, advocacy, evaluation and communication activities, as well as to implement interventions in Bong County. Other resources will be used to expand the access of children and their families to improved basic health care, education, and water and environmental sanitation services, through increased availability of key supplies and capacity-building activities.

