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DRAFT

United Nations Population Fund

Country programme document for Liberia

Proposed indicative UNFPA assistance:	$36.4 million: $8.4 million from regular resources and $28.0 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Sixth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

I. Programme rationale

1. Liberia is a West African country with a population 5.3 million (male 50.4 per cent and female 49.6 per cent), with an annual growth rate of 3 per cent. The country is rapidly urbanizing (54.5 per cent) and predominantly youthful, with 75 per cent of the population under the age of 35 – with adolescents (aged 10-19 years) and youths (aged 15-35 years) constituting 24.2 per cent and 41.7 per cent, respectively. Around 11.4 per cent of the population are persons with disabilities who face systemic exclusion from social and economic participation. Endowed with abundant natural resources, fertile land and a favourable climate, the country has made meaningful strides in strengthening its democratic institutions. These foundations offer significant opportunities for sustainable development and inclusive growth.

2. Liberia ranks 177th out of 193 on the Human Development Index (2023/2024), with a low-income economy and a per capita gross domestic product of $665 (World Bank 2024). The country has made progress in reducing multidimensional poverty, down from 56.6 per cent in 2016 to 45 per cent in 2022. There are persistent socio-economic disparities attributable to constraints in infrastructure, institutional capacity and restricted fiscal resources. The country is characterized by income inequality (Gini index of 39.2, 2022). Public sector financing remains insufficient, with external assistance constituting over 60 per cent of social sector expenditure financed by overseas development assistance (World Bank 2022). Despite the end of the COVID-19 pandemic, Liberia is yet to recover from its impact, especially in the health sector.

3. Despite progress, access to social services is constrained by limited access to electricity (30 per cent of the population has access to electricity), poor road conditions, especially during the rainy season, underlying vulnerabilities, institutional capacity gaps, as well as socio-economic challenges that affect a significant portion of the youth population.

4. Liberia has made progress in social services delivery, with 70.3 per cent of the population having access to healthcare nearby, although disparities persist between rural (49 per cent) and urban (88 per cent) areas. There are only 11 qualified health workers per 10,000 inhabitants, below the World Health Organization (WHO) recommendation. Educational inequalities also persist, with 41 per cent of females and 30 per cent of males over the age of 6 lacking formal education. Female literacy (52 per cent) is lower than the national average of 63.2 per cent.

5. Liberia's total fertility rate has declined, from 4.7 in 2013 to 4.2 births per woman in 2020. The adolescent fertility rate (123 births per 1,000 females aged 15-19 years) is among the highest globally. Teenage pregnancy affects 30 per cent of adolescents (rural 39 per cent; urban 26.5 per cent) and is most prevalent in rural areas (where child marriage is common) and among girls with low education and limited access to high-quality health and educational services.

6. Liberia's maternal mortality rate declined from 1,072 in 2013 to 742 deaths per 100,000 live births in 2019/2020 but remains one of the highest globally. Maternal mortality is higher in rural areas than urban ones, and young women (aged 15-24 years) account for 30 per cent of maternal deaths. The primary causes of death include haemorrhage and hypertensive disorders linked to inadequate access to high-quality emergency obstetric and newborn care. Although skilled birth attendance is 84 per cent, service quality deficiencies –insufficient essential medicines and equipment; inadequate midwifery skills; poor competencies for emergency obstetric and newborn care and adolescent-friendly service provision; negative provider attitudes; and inadequate maternal death surveillance (21.3 per cent case reporting) – affect maternal care effectiveness. Delayed healthcare-seeking behaviour – attributable to geographic distance; transportation limitations; socio-cultural factors that limit women's decision-making ability; high out-of-pocket expenditures; and low coverage of social protection schemes – exacerbate maternal death risks.

7. Although the contraceptive prevalence rate increased from 19 per cent in 2013 to 24 per cent in 2019/2020, only 16.4 per cent of adolescent girls use modern contraception. The unmet need for family planning is 33.4 per cent nationally and 47 per cent among adolescents. Nearly 25 per cent of service delivery points do not have seven life-saving maternal/reproductive health medicines.[1] The main challenges are supply-chain interruptions due to poor demand planning and

[1] Reproductive Health Commodity Survey, 2024.

a weak supply chain; misinformation and myths about contraception; and limited accessibility, disproportionately affecting rural and economically disadvantaged populations.

8. The HIV prevalence is relatively low (2.1 per cent); young women account for 0.9 per cent and young men at 0.3 per cent (DHS, 2019/2020). However, prevalence is higher among key populations (37 per cent). Only 17 per cent of young women and 34 per cent of young men use a condom in sexual activity with a non-spousal or non-cohabiting partner. Consequently, prevalence of sexually transmitted infections is much higher among women (48 per cent) than men (24 per cent).

9. Although Liberia has enjoyed over two decades of peace since the end of the civil conflict in 2003, sustaining and deepening that peace requires continued investment in inclusion and opportunity – particularly for young people. Many remain on the margins of socio-economic progress, which underscores the importance of expanding access to education, employment and civic engagement to strengthen resilience. Substance abuse is high, particularly among urban and peri-urban youth populations. This is driven by unemployment, inadequate social protection mechanisms and high school attrition.[2] The inadequacy of appropriate response services further constrains effective response.

10. Gender-based violence (GBV) is high, with 60 per cent of women aged 15-49 years experiencing physical violence in their lifetime. While laws and policies have been strengthened to respond to GBV, implementation is weak, and reporting of violence is low; and surveys indicate that intimate partner violence is culturally tolerated and driven by gender and social norms. Prevention and response services are limited and not adequately integrated into sexual and reproductive health (SRH) services.

11. Female genital mutilation (FGM) is deeply rooted, with a prevalence rate of 38 per cent among women 15-49 years, and prevalent in 10 out of 15 counties. Efforts to legally ban FGM have faced resistance in the legislature, and the practice is linked to traditional rites of passage for adolescent girls. Child marriage predominantly impacts girls, with 25 per cent of girls married before age 18, compared to boy (8 per cent). The practice, largely driven by high household poverty, entrenched negative social norms, conflicting legal frameworks and weak social protection safety nets, is a major driver of teenage pregnancy, school dropout and gender-based violence, all of which limit girls' opportunities for education, health and economic empowerment.

12. Liberia's vulnerability to climate-related disruptions, including intensified rainfall patterns, coastal erosion and flooding, has increased over the past decade. These environmental pressures disrupt supply chains, compromise critical infrastructure and necessitate resource diversion from essential services. Women and girls, particularly in low-lying and coastal areas, experience disproportionately the effects from these disruptions in accessing sexual reproductive health services, and they are more susceptible to GBV.

13. Liberia completed its first digital population and housing census in 2022, building on the census of 2008. However, national data systems are fragmented, with health, education and GBV data either incomplete or inadequately disaggregated by sex, age, disability and geographic location, limiting the capacity to identify and respond to the needs of populations in vulnerable situations. The civil registration and vital statistics system is focused on birth registration (66 per cent coverage) and faces obstacles related to infrastructure, coordination and human resource capacity. There is no harmonized information management system for GBV data at the service delivery level, which limits effective response.

14. Liberia has adopted laws and policies to promote sexual and reproductive health and rights (SRHR) and gender equality and has ratified key international human rights treaties and protocols. However, there is ineffective implementation, irregular State-party reporting and limited implementation of recommendations from international reviews, such as the Universal Periodic Review. Deeply rooted patriarchal values, harmful social and gender norms, and systemic barriers – including inadequate funding and financing, as well as limited institutional capacities – impede

[2] UNFPA report on mapping of substance use among youth in Liberia, 2023.

progress on the International Conference on Population and Development (ICPD) Programme of Action.

15. UNFPA will contribute to Liberia's national priorities by leveraging its comparative advantage in advancing evidence-based policy and advocacy, enhancing the quality of care for maternal, sexual and reproductive health services, addressing harmful practices and tackling gender inequality and negative social norms. UNFPA will also empower adolescents and youth, supporting the country in understanding and harnessing demographic shifts through data analysis on population changes. This approach will promote human rights-based, gender-transformative strategies, ensuring inclusive outreach to groups in vulnerable situations, such as adolescent girls, women and youth in extreme poverty or hard-to-reach areas; girls not in school; adolescents who are married or have begun childbearing; GBV survivors; persons with disabilities; individuals affected by HIV; and populations impacted by crises and disasters. UNFPA support will align with the national development goals and work to 'leave no one behind'.

16. The design of the new country programme is informed by the achievements of the previous programme cycle in contributing to the national priorities on family planning, access to maternal health care, and expansion of GBV services. The programme also builds the lessons learned from previous country programmes cycles.

17. Specific results achieved in collaboration with government, civil society, donor and United Nations partners include: (a) developing policies, strategies and plans on reproductive, maternal, newborn, child and adolescent health; obstetric fistula; health supply chains; school health; girls' education; and youth peace and security; (b) strengthening the capacities of the national and subnational health supply chains up to the service delivery points; (c) enabling 888,566 new women and adolescents utilize family-planning services, averting 315,429 unintended pregnancies, over 181,551 abortions and 1,301 maternal deaths; (d) enabling 12,805 women and girls access GBV services; (e) conducting the first digital population and housing census (2022); and (g) strengthening meaningful youth participation in national development processes.

18. Lessons learned from the previous country programme include: (a) policy development is effective and accountable when it involves multiple-level processes and stakeholders, including young people; (b) effective and high-quality universal coverage of services requires a combination of community and facility-based delivery mechanisms, which enable linkages across both settings for the necessary referral and complementary service elements; (c) comprehensive sexuality education (CSE) works best if it is underpinned by a national policy; (d) support for the development of national-level policies should be complemented by efforts on social norms transformation at the community level; (e) although national population censuses are critical enablers of policy and planning, concurrent investments in civil registration and vital statistics systems enable a country to generate real-time data between censuses; and (f) interventions that consider specific geographic and population attributes enable the achievement of better outcomes, especially for populations left furthest behind.

II. Programme priorities and partnerships

19. The country programme is informed by the common country assessment; the evaluative evidence; scenario planning and strategic foresight; and extensive consultations with key stakeholders, including government ministries, agencies and commissions, civil society organizations, the United Nations country team, development partners and the representatives of organizations for youth, women and persons with disabilities. The country programme is aligned with the human capital pillar of the National Development Plan, 2025-2029, which focuses on health, education, sexual and gender-based violence and youth empowerment, as well as the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030, outcomes 1 and 3; the 2030 Agenda for Sustainable Development (and SDGs 3, 4, 5, 10, 13, 16 and 17); and the African Union Agenda 2063, the Addis Ababa Declaration on Population and Development, the ICPD Programme of Action, the UNFPA Strategic Plan, 2022-2025, and the national voluntary ICPD25 commitments, emphasizing human rights-based approaches and gender-transformative programming. Within the regional context, the programme is aligned to the

UNFPA Regional Roadmap for the Accelerated Reduction of Maternal Mortality in West and Central Africa, 2024.

20. The programme envisions accelerating actions to achieve the three transformative results, with a focus on adolescent girls and young women. At the heart of the programme is ending preventable maternal deaths, building on the National Development Plan objective to reduce maternal deaths by 40 per cent by 2029. It will prioritize scaling up multisectoral approaches as well as midwifery practices for the provision of SRH services, the protection and empowerment of adolescent girls and young women, while delivering integrated rights-based and gender-transformative interventions that focus on adolescent girls. The programme will focus on ensuring adolescent girls receive high-quality SRH services and equipping them with the life skills to realize their rights and contribute to halting the intergenerational cycles of poverty and inequality.

21. The programme follows a holistic and integrated approach, recognizing that ending preventable maternal deaths can only be achieved by reducing the unmet need for family planning and addressing harmful gender roles and negative social norms and practices. Accelerating universal access to voluntary family planning will empower women, girls and young people; it will enable them to pursue and benefit from educational and economic opportunities, helping them to achieve their potential and contribute to Liberia's demographic dividend. The programme will focus on reaching young people, persons with disabilities, rural and poor peri-urban communities, and will continue it advocacy to keep girls at school.

22. Based on the review of the previous country programme, the analysis of county data on the three transformative results and building on geography-specific initiatives and the comparative advantage of UNFPA, the programme will implement a full package of downstream interventions in five counties that are lagging in performance: Grand Cape Mount; Gbarpolu; Grand Bassa; Sinoe; and Nimba. The ongoing interventions in Grand Gedeh, Rivercess and Montserrado counties (UNFPA/UNICEF joint programme on adolescent girls) and Bong, Lofa and Maryland counties (Spotlight Initiative) will be completed, in collaboration with UNDP, UNICEF and UN-Women, while also leveraging inter-agency efforts with United Nations hubs in specific regions.

23. Guided by the core principle of evidence-based decision-making, the programme will employ results-based-management and life cycle approaches to analyse challenges and opportunities for improving the health and well-being of adolescents, young people and women. This aims to strengthen the demand for services to ensure that supply-side investments translate into measurable progress.

24. The programme will position the normative role thought leadership, convening power of UNFPA and leverage its partnerships – with the Government (including the national legislature), civil society, young people and women networks, including social movements, donors, private-sector innovators, academic institutions, the media, religious and traditional leaders, United Nations entities and international financial institutions – to deploy joint and complementary programmes and strengthen financing to advance SRHR. The programme adopts a United Nations system-wide approach to position the UNFPA mandate across various sectors, such as education, while partnering with UNAIDS, UNDP, UNICEF, WHO, UN-Women, the Office of the United Nations High Commissioner for Human Rights (OHCHR), the World Food Programme (WFP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Industrial Development Organization (UNIDO) and other entities to support the achievement of the country programme results and support the Government to deliver on its commitments, including implementation of Universal Periodic Review (2025) recommendations relevant to the UNFPA mandate. Within the auspices of the Global Leader Network for Women's, Children's and Adolescents' Health and the Global Financing Facility Investors Group, the programme will leverage the President Office and the First Lady Office to champion the accelerated reduction of maternal deaths in Liberia.

25. Building upon the lessons learned from the previous country programme, the programme seeks to expand proven interventions, such as the "three-access points" model, connecting health facilities, educational institutions and communities. It will invest in continuous monitoring processes and participatory evaluations to guide adaptive management approaches, ensuring accountability and sustainability.

26. To operationalize these strategies, the programme utilizes five modes of engagement: (a) advocacy and policy dialogue; (b) capacity development; (c) service delivery; (d) knowledge management; and (e) coordination and partnerships. Building on the gains made during the previous country programme cycle, the new programme will prioritize gender-transformative approaches; demand generation for voluntary family planning and SRH services; data and evidence; partnerships; and innovation and digitalization, as key accelerators to advance the three transformative results and foster the principle of 'leaving no one behind'. The programme will also seek to strengthen preparedness and build resilience to improve the response to crises and disasters, including those related to climate change and disease outbreaks.

27. The country programme will be delivered through three interlinked and complementary outputs: (a) quality of care and services; (b) gender and social norms, and adolescents and youth; and (c) policy, advocacy, population change and data.

A. Output 1. By 2030, the capacities of institutions and systems are strengthened to provide inclusive, high-quality maternal, sexual and reproductive health services, with a specific focus on groups in vulnerable situations, particularly adolescent girls and women, in humanitarian, peace and development settings.

28. This output will enhance the provision of affordable, acceptable, available, and inclusive quality SRH services through targeted investments in health worker competencies and strengthening supply chain resilience up to the service-delivery points.

29. The programme will support: (a) strengthening the subnational health systems, supporting the prioritization and optimization of health facilities within the counties and ensuring community engagement and empowerment to strengthen emergency obstetric and newborn care, with a particular emphasis on underserved geographical areas; (b) scaling up competency-based midwifery education and respectful care mentorship programmes, while promoting recruitment, deployment and retention strategies, including during emergencies; (c) comprehensive condom programming for the prevention of HIV, unwanted pregnancies and sexually transmitted infections; d) improving maternal and perinatal death review and response systems; (e) implementing integrated and resilient supply-chain solutions, utilizing electronic logistics management information systems, innovative 'last-mile' distributions, such as the use of drones and predictive analytics for improved management of family planning and maternal health commodities; (f) strengthening the integration of adolescent- and disability-responsive SRH/HIV/GBV services through effective linkages between healthcare facilities, educational institutions and community structures, and supporting the readiness of facilities to respond to the needs of persons with disabilities; (g) deployment of mobile health clinics, mobile cash assistance vouchers and digital health solutions specifically designed to reach crisis-affected and geographically isolated populations; (h) strengthening health system resilience and preparedness capacity to provide high-quality SRH/GBV services in emergencies, including by addressing the linkages to climate change; (i) building the capacities of adolescent girls and young women to demand and utilize SRH services, with a focus on family planning; (j) leveraging available digital health solutions and scalable technologies to address the specific needs of adolescent girls in underserved communities (particularly those in peri-urban poor areas) and focusing on enabling the closure of the gender digital divide; (k) expanding access to adolescent, youth and disability-friendly SRH services; and (l) strengthening the capacity of midwives to provide high-quality voluntary family planning counselling and FGM-related SRH care and counselling, and to report data on FGM.

B. Output 2. By 2030, national institutions, civil society organizations and movements led by women, adolescents and youth have strengthened capacities to challenge discriminatory social and gender norms and enhance the agency of women, adolescents and youth, enabling them to exercise bodily autonomy, make informed decisions and actively participate in national development.

30. This output facilitates the development of comprehensive capabilities, enabling rights holders to exercise bodily autonomy, engage in informed policy decision-making processes, and participate meaningfully in national development initiatives. The programme addresses the fundamental causes of gender inequality and harmful practices by systematically strengthening civil society movements and enhancing institutional capacities.

31. The programme will support: (a) strengthening the organizational capacity of women's rights organizations and youth-led movements, advocating for implementation of the Universal Periodic Review recommendations, particularly those of relevance to SRHR, gender equality and on the development of adolescent girls and young women; (b) implementation of relevant frameworks, such as the domestic violence law, the rape law, the national policy on girls' education, the national gender policy and the national youth policy; (c) advocacy and provision of technical support for the passage of the public health law and the FGM bill; (d) strengthening platforms for meaningful participation of persons with disabilities and other marginalized populations in policy dialogue and accountability mechanisms; (e) developing a national policy to enable age-appropriate and culturally sensitive CSE and strengthen institutional capacity for its implementation; (f) engaging men and boys, religious, traditional and community leaders to promote positive behaviours and challenge harmful gender and social norms that perpetuate child marriage, GBV and FGM; (g) intergenerational dialogues and mentorship programmes to foster youth peace and security, while applying behavioural science principles; (h) strengthening the capacity of community-based organizations to provide out-of-school CSE, linked with SRH information and services, and facilitate the re-entry of girls into schools and prevent early marriage; (i) facilitating partnerships with relevant government ministries, non-governmental organizations (NGOs), youth-led organizations and other United Nations entities for the implementation of the National Action Plan for youth, peace and security and other related initiatives; (j) strengthening linkages between GBV and harmful practices programmes with existing women's economic empowerment and social protection initiatives, such as vocational and literacy training, and cash voucher assistance for GBV survivors; (k) implementing community-led surveillance and response mechanisms to prevent FGM practices and identifying survivors and linking them to services; (l) community-based studies to determine the drivers of child marriage; (m) strengthening integrated prevention and response to drugs and substance abuse affecting young people, including by facilitating their access to SRHR information and services.

C. Output 3. By 2030, national and subnational capacities are strengthened to generate and use disaggregated data for policy, planning and budgeting, addressing population dynamics/demographic resilience, with a focus on adolescents, women and young people, and harnessing the demographic dividend to advance the ICPD Programme of Action and the SDGs.

32. This output strengthens existing evidence-based decision-making frameworks by addressing critical data gaps constraining effective policy and programmatic responses. It emphasizes the generation and utilization of real-time data and knowledge to inform the formulation and implementation of evidence-based policies and programmes, including the analysis of demographic resilience, urbanization and internal migration megatrends, and their links to SRHR and gender equality, leveraging gender-responsive digital innovations and technologies.

33. The programme will support: (a) implementation of the national statistics development strategy to enhance the national statistical system and facilitate the availability and utilization of real-time disaggregated data, including on disability, SRHR, GBV and harmful practices, as well as youth development initiatives; (b) improving maternal death surveillance and response data systems; (c) integrated digital platforms for real-time health, supply chain and GBV data collection and analysis; (d) strengthening the civil registration and vital statistics systems, focusing on maternal death, GBV, marriage and divorce; (e) utilizing the existing census data for a deeper analysis of the interrelationships between population dynamics and megatrends; (f) generating evidence on the impact of climate change on populations in vulnerable situations, to inform resilient policies; (g) strengthening the capacity of policymakers, through engagement

at national and subnational levels, on population dynamics, and their interlinkages with sustainable development, and on using evidence in decision-making, such as budgeting, financing and reprogramming in emergencies; (h) strengthening partnerships with academia for the generation and publication of evidence on demographic resilience and on those left furthest behind, to guide policy and programmatic action; (i) promoting the use of health facility-based data to identify and address inequities in service delivery for marginalized populations; and (j) advocacy and technical assistance on the inclusion of essential SRH services in the Liberia Equity Fund (social health insurance scheme); (k) budget analysis, expenditure tracking, efficiency diagnostics and advocacy for sustainable domestic financing of SRH services, with a focus on family planning; and (l) generating evidence to inform policies and programmes to address FGM and child marriage.

III. Programme and risk management

34. Programme implementation will be through the collaborative engagement with the Government, the United Nations system, civil society organizations and private-sector entities, utilizing a harmonized and coordinated approach. Strategic alignment with the National Development Plan, the UNSDCF and the UNFPA strategic plan will ensure operational coherence, synergy and complementarity across national and international initiatives. The programme will implement robust project management standards, comprehensive capacity development measures and iterative learning processes to enhance operational efficiency, transparency and accountability across all interventions.

35. The Ministry of Finance and Development Planning, as the Government Coordinating Authority, will oversee execution of the programme, which will be implemented through a mix of execution modalities, in collaboration with sectoral ministries, government agencies and national and international NGOs as implementing partners. This will include collaboration with the Ministry of Health; Ministry of Gender, Children and Social Services; Ministry of Education; Ministry of Finance and Development Planning; Ministry of Youth and Sports; the Liberia Institute of Statistics and Geo-Information Services; and other government departments and agencies. Nongovernmental implementing partners will be selected based on their strategic relevance and ability to deliver high-quality interventions.

36. The harmonized approach to cash transfers will be utilized to mitigate risks; and the country office will conduct frequent spot checks, review meetings and programme monitoring activities for implementing partners, supported by independent audits. UNFPA will enhance supervisory oversight over programme supplies and collaborate with relevant stakeholders to provide support in improving warehouse storage conditions and capacity. Collaboration with United Nations organizations will be harnessed through joint and complementary programmes, as well as by exploring the expansion of operational clustering/back-office functions, in line with the ‘delivering as one’ approach, and for achieving collective results under the UNSDCF.

37. To enhance the inclusive participation and ownership of the results, UNFPA will strengthen its collaboration with United Nations Volunteers, to promote engagement of citizen and volunteers throughout the programme implementation. By increasing the mobilization and empowerment of volunteers and working closely with volunteer groups, especially youth and women, UNFPA will leverage the potential of volunteers to enhance capacity and bridge funding gaps while also facilitating South-South and triangular cooperation.

38. UNFPA will regularly evaluate operational, socio-political and fraud risks associated with the programme and implement a risk mitigation plan. Potential risks to the country programme include: (a) economic decline and rising food insecurity; (b) outbreaks of epidemics and natural disasters; (c) rising youth unemployment and increased marginalization of youth; (d) potential governance transitions; and (e) external shocks that affect overseas development assistance commitments and the government fiscal space to finance the programme.

39. To mitigate these risks, UNFPA will ensure the application of social and environmental standards in programming, supporting resilience, peacebuilding and disaster risk reduction interventions across programme areas, in collaboration with the United Nations country team. Using the enterprise risk management framework, UNFPA will continuously update risk

assessments, utilizing scenario planning methodologies and participatory consultations with government counterparts, development partners, United Nations entities and civil society organizations. The programme will intensify capacity building of personnel and implementing partners on fraud prevention, strengthening business processes, expanding the scope and frequency of assurance activities, and making fraud reporting channels widely known. It will also strategically adjust intervention approaches, resource allocations and implementation modalities, as required, ensuring the interventions maintain their contextual responsiveness and outcome orientation. This adaptive management approach will sustain momentum toward the three transformative results while strengthening Liberia's capacity to protect its sexual and reproductive health gains against potential reversals.

40. UNFPA will align the coordination of the programme with UNSDCF mechanisms, providing strategic leadership in outcome working groups and high-quality contributions to relevant UNSDCF workplans. Resource mobilization, communication and advocacy strategies will be reviewed periodically, to make a compelling case for adequate funding and financing.

41. In collaboration with the regional office, the country office has undertaken a comprehensive analysis and alignment of human resource capacities and needs to ensure the appropriate skills mix to effectively deliver the country programme. The programme will benefit from technical, operational and programmatic support from UNFPA headquarters and the regional office.

42. This country programme document establishes UNFPA contributions to national results. It serves as the primary accountability mechanism to the Executive Board regarding results alignment and resource allocation at the country level. Managerial accountabilities within UNFPA regarding country programmes are governed by the organization's programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA and its partners will jointly develop monitoring and evaluation plans for the country programme, in line with UNFPA policies and procedures, results-based management principles and standards, and UNSDCF guidance. The programme will apply a robust and innovative monitoring and evaluation approach, incorporating continuous learning to promote the agile implementation of interventions and enable course correction, where needed, to ensure that output results translate into the achievement of intended outcomes. Digital technologies will also be leveraged to facilitate data collection and analysis. The integration of geo-referenced data systems will ensure optimal interventions targeting the underserved geographical areas.

44. UNFPA will actively participate in the joint planning, programming, monitoring, evaluation and reporting of the UNSDCF through UN-Info and will integrate the monitoring and reporting process of programme results under the Cooperation Framework. UNFPA will contribute to strengthening national monitoring and reporting capacities on the SDGs, the Addis Ababa Declaration on Population and Development, the ICPD Programme of Action, and the ICPD+25 voluntary national commitments. The UNSDCF contribution to Liberia's development priorities will also be evaluated against the national priorities established by the National Development Plan and other policy frameworks.

45. Results-based management capacity-building initiatives will be implemented for UNFPA staff and partners, and the 'RBM Seal' initiative will be operationalized to ensure a results-oriented culture and promote learning and adaptive management. The monitoring and evaluation plan will include inter-agency joint field monitoring visits, annual reviews with implementing partners and donors, periodic financial performance reviews, thematic and programmatic evaluations, yearly progress reports, risk assessments and mitigation actions, and knowledge management initiatives. UNFPA will undertake a country programme evaluation and a final evaluation of the UNSDCF, as well as a project evaluation for the joint UNFPA/UNICEF project.

RESULTS AND RESOURCES FRAMEWORK FOR LIBERIA (2026-2030)

NATIONAL PRIORITY: *Human Capital Development*: Develop a skilled, knowledgeable, healthy, and empowered population to drive sustainable and inclusive socio-economic development

UNSDCF OUTCOME: 1. 2030, people in and of Liberia, especially children, young persons, women and people with disabilities-have achieved equitable human capital development with increased access to quality and affordable social services, leveraging digital solutions, rights-based approaches and transformative strategies to achieve their full potential. 2. By 2030, people in and of Liberia, particularly children, young persons, women and people with disabilities- effectively participate in and benefit from policies that promote trust, ensure peace gains are sustained, rule of law enforced, and social cohesion and accountability systems strengthened both at national and subnational levels.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in preventable maternal deaths is accelerated. 2. By 2025, the reduction in unmet need for family planning is accelerated. 3. By 2025, the reduction in gender-based violence and harmful practices is accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF outcome indicator(s):</u> • Human capital index *Baseline: 0.32 (2023);* *Target: 0.37 (2030)* • Maternal mortality ratio (per 100,000 live births) *Baseline: 742 (2019/2020);* *Target: 440 (2030)* • Coverage of essential health services *Baseline: 45% (2023);* *Target: 80% (2030)* <u>UNFPA Strategic Plan outcome indicator(s)</u>: • Proportion of births attended by skilled health personnel *Baseline: 84% (2019);* *Target: 90% (2030)* • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods *Baseline: 25% (2019/20);* *Target: 28% (2030)* • Unmet need for family planning *Baseline: 33% (2019/20);* *Target: 28% (2030)* • Adolescent birth rate *Baseline: 123 (2019/20);* *Target: 115 (2030)*	<u>Output 1</u>. By 2030, the capacities of institutions and systems are strengthened to provide inclusive, high-quality maternal, sexual and reproductive health services with a specific focus on groups in vulnerable situations, particularly adolescent girls and women, in humanitarian, peace and development settings.	• Proportion of maternal deaths reviewed with quality standard to make relevant analysis on the cause of death *Baseline: 35% (2023); Target: 95% (2030)* • Proportion of health facilities, disaggregated by rural-urban, reporting no stock-out of any modern contraceptive method three months prior to the survey *Baseline:79% (2024); Target: 95% (2030)* • Number of new users of modern family planning methods, disaggregated by age, gender, disability and location *Baseline: 888,566 (2020-2024); Target: 1,000,000 (2026-2030)* • Number of women and adolescent girls who benefited from services related to GBV prevention and care, disaggregated by age, gender, disability and location. *Baseline: 1,449,192 (2020-2024):* *Target 1,750,000 (2026-2023)*	Ministries of: Education; Health; Youth and Sports; National AIDS Commission; Independent National Commission on Human Rights; civil society organizations; youth networks; UNICEF, WHO, UNAIDS, WFP; the private sector, county health teams; health professional associations.	$24.1 million ($3.5 million from regular resources and $20.6 million from other resources)

UNFPA Strategic Plan outcome indicator(s): • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and/or sexual or psychosocial violence by a current or former intimate partner in the previous 12 months by age and place of occurrence. *Baseline: 55% (2019/20);* *Target: 44% (2030)* • Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age *Baseline: 38% (2019/20);* *Target: 19% (2030)* • Proportion of women aged 20-24 years who were married or in a union before age 18. *Baseline: 25% (2019/20);* *Target: 20% (2030)*	Output 2. By 2030, national institutions, civil society organizations and movements led by women, adolescents and youth will have strengthened capacities to challenge discriminatory norms and enhance the agency of women, adolescents and youth, enabling them to exercise bodily autonomy, make informed decisions, and actively participate in national development.	• Number of laws, policies and regulations on the elimination of FGM and other harmful practices aligned with international human rights standards *Baseline: 0 (2024); Target: 3 (2030)* • Number of community leaders who join a campaign to end FGM and/or child marriage and declare zero tolerance *Baseline: 0 (2024); Target: 200 (2030)* • Number of schools implementing CSE as part of the education curriculum *Baseline: 425 (2023); Target: 850 (2030)* • Proportion of actions in the National Action Plan on Youth Peace and Security completed by 2030 *Baseline: 0% (2024); Target: 75% (2030)*	Ministries of Gender, Children and Social Protection; Justice; Education, Youth and Sports; Internal Affairs; traditional and religious leaders; national legislature, women's and youth networks; UNDP, UNESCO, UN-Women, UNICEF, UNAIDS, UNIDO; the private sector, National Association of Mayors and Local Authorities of Liberia; Parliament, Independent National Commission on Human Rights; academic and research institutions.	$7.6 million ($1.8 million from regular resources and $5.8 million from other resources)
UNFPA Strategic Plan outcome indicator(s): • Proportion of children under 5 years of age whose births have been registered with a civil authority *Baseline: 66% (2020);* *Target: 80% (2030)* • Proportion of deaths registered with a civil authority *Baseline: 5% (2023);* *Target: 50% (2030)*	Output 3. By 2030, national and subnational capacities are strengthened to generate and use disaggregated data for policy, planning and budgeting, addressing population dynamics/ demographic resilience, with a focus on adolescents, women and young people, and harnessing the demographic dividend to advance the ICPD Programme of Action and the SDGs.	• Country is implementing a national strategic plan that has adopted a life-course approach to strengthening civil registration and vital statistics systems, including birth, marriage, divorce and death, following the United Nations Principles and Recommendations on Vital Statistics Systems, and as part of an integrated approach to strengthen population data systems *Baseline: No (2024); Target: Yes (2030)* • Proportion of domestic financing contribution to the estimated needs for family planning *Baseline: 11.7% (2024); Target: 25% (2030)* • The country has essential sexual and reproductive services included, as part of financial protection mechanisms and/or risk pooling and/or pre-payment schemes *Baseline: No (2024); Target: Yes (2030)*	Liberia Institute of Statistics and Geo-Information Services; Ministries of: Finance and Development Planning; Health; Gender, Children and Social Protection; the World Bank, African Development Bank, UNICEF; WHO; UNDP; UN-Women; research institutions and universities; civil society organizations.	$3.5 million ($1.9 million from regular resources and $1.6 million from other resources)
Programme coordination and assistance				$1.2 million from regular resources.