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UNFPA — Country programmes and related matters

United Nations Population Fund

Draft country programme document for Liberia

Proposed UNFPA assistance: \$15.5 million: \$5.5 million from regular resources and \$10 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2008-2012)

Cycle of assistance: Third

Category per decision 2005/13: A

Proposed indicative assistance by core programme area (in millions of \$):

	<i>Regular resources</i>	<i>Other</i>	<i>Total</i>
Reproductive health	2.00	4.00	6.00
Population and development	1.75	3.25	5.00
Gender	1.00	2.75	3.75
Programme coordination and assistance	0.75	—	0.75
Total	5.50	10.00	15.50



I. Situation analysis

1. After 14 years of civil war, Liberia held a free and fair presidential election, which resulted in the first elected female president in Africa. Although the election was a major step in consolidating peace and development, the country still relies on humanitarian assistance as it moves into recovery and development.

2. Liberia has an interim poverty reduction strategy. The priorities of this strategy are: good governance and the rule of law; the revitalization of the economy; the re-building of human capital; improved access to and quality of basic social services; and improved national security.

3. A major challenge facing Liberia is the lack of up-to-date, reliable and disaggregated data, which are needed to guide the decision-making, planning and programming processes. The last national population and housing census was held in 1984.

4. Of an estimated population of 3.5 million, 80 per cent live in poverty and have inadequate access to basic social services. Those most affected by the war are young people aged 15-35, who constitute over 55 per cent of the population and lack employment and educational opportunities.

5. Roads, schools and health facilities were demolished and equipment was looted during the civil war, rendering access to health care nearly impossible. Maternal and obstetric care is inadequate, and there is a lack of skilled human resources. Rural residents, in particular, suffer from prolonged disruptions in health-care delivery. About 75 per cent of births take place outside health facilities, and unskilled birth attendants perform about 80 per cent of all deliveries.

6. The maternal mortality ratio is estimated at 750 deaths per 100,000 live births. Reproductive health services, including basic emergency and neonatal obstetric care, antenatal and postnatal care, family planning and skilled birth attendance, are inadequate. The total fertility rate is 6.8 children per woman. Almost 70 per cent of health facilities were operated by international non-governmental organizations (NGOs) during the crisis; these organizations are currently scaling down their support. This is creating a transitional gap in funding between emergency assistance, recovery and development efforts, which has affected the health sector.

7. The war severely affected women, young girls and children, and they were especially vulnerable to sexual violence and abuse. HIV prevalence was estimated at 8.2 per cent in 2001. Infection among pregnant women aged 15-24 rose from 4.2 per cent in 1994 to 12.9 per cent in 2000. A recent reproductive health survey in one of the most populated areas, which has a large number of internally displaced persons and returning refugees, revealed a teenage pregnancy rate of over 68 per cent among 15- to 19-year-olds. The incidence of obstetric fistula is high. A 2006 survey shows low contraceptive prevalence, estimated at 5 per cent. Net primary school enrolment is 24 per cent for girls, and 30 per cent for boys.

8. Years of war have exacerbated gender imbalances in the social, economic and political spheres. In November 2006, the president launched the national plan of action on sexual and gender-based violence. Customary laws and practices often deny women and girls their rights to inheritance and decision-making, as well as their reproductive health and rights. This leads to a loss of opportunities in education and economic empowerment, and compromises a healthy sexual and

reproductive life. Socio-economic and demographic indicators suggest that Liberia is unlikely to achieve the Millennium Development Goal targets by 2015.

II. Past cooperation and lessons learned

9. UNFPA has provided assistance to Liberia since 1979. Civil war interrupted the 1987-1991 programme. Since then, UNFPA has provided project assistance in reproductive health, HIV and AIDS, population and development, and gender.

10. Since 2004, UNFPA has sought to improve maternal health, emphasizing emergency obstetric and neonatal care and family planning. UNFPA assistance has helped to: (a) strengthen efforts to prevent HIV/AIDS and sexually transmitted infections among vulnerable groups, including refugees, internally displaced persons and their host communities, while providing psychosocial support to those living with HIV/AIDS; (b) train doctors and mid-level health workers in emergency obstetric care and family planning; (c) provide emergency reproductive health kits to over 160 health facilities; (d) develop a national reproductive health road map; a reproductive health information, education and communication/behaviour change strategy; and the national health policy and plan; (e) develop a curriculum for midwives, using the results of a UNFPA-supported safe motherhood survey conducted in 2000; (f) provide technical and logistical support to strengthen reproductive health management in the Ministry of Health and Social Welfare; (g) integrate life skills and population and family life education into the national school curriculum; and (h) develop a teachers' guide for pre-service teacher training.

11. In the area of population and development, UNFPA: (a) facilitated the use in the decision-making process of data from the 1999-2000 demographic and health survey; (b) helped to carry out the 2006/2007 demographic and health survey in partnership with the Government, the Liberia Institute of Statistics and Geo-Information Services, UNDP, the United Nations Children's Fund (UNICEF) and the United States Agency for International Development (USAID); (c) develop a road map for the 2008 population and housing census, which will help to make available a reliable and up-to-date sampling frame, which will serve as the basis for future surveys; and (d) helped revise, publish and disseminate the national population policy and a population reference book on Liberia.

12. In the area of gender, UNFPA helped to: (a) establish the Network of Liberian Women Ministers and Parliamentarians, which forged alliances among the executive and legislative branches of the Government to advance the goals of the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals, with particular attention to gender equity, equality and women's empowerment; and (b) strengthened leadership and coordination in the Ministry of Gender and Development to develop a national, multisectoral plan of action on gender-based violence.

13. Lessons learned from previous UNFPA assistance include: (a) building strong partnerships with community-based organizations and NGOs helped to target and deliver support to communities; (b) the programme strengthened government leadership and coordination and contributed to national ownership; and (c) more support is needed to provide reliable, updated disaggregated data, the absence of which constrains planning, monitoring and evaluation.

III. Proposed programme

14. The common country assessment provided the basis for the United Nations Development Assistance Framework (UNDAF), 2008-2011, which is a collective United Nations response to national priorities. The UNFPA programme is rooted in the UNDAF outcomes, which address the ICPD Programme of Action.

15. The goal of the programme is to improve the quality of life of Liberians. The programme is guided by human rights principles and cultural sensitivity in a post-conflict and rehabilitation context. The proposed programme calls for a participatory process, involving implementing partners, national counterparts, United Nations organizations and other partners. The programme includes three components: (a) reproductive health; (b) population and development; and (c) gender.

Reproductive health component

16. The outcome of the reproductive health component is: communities have increased knowledge of their rights to access and use high-quality health services, which reach the most vulnerable groups and contribute to a reduction of maternal and under-five mortality. The outcome has two outputs.

17. *Output 1: The supply of reproductive health commodities is expanded in nationally and locally supported community outreach programmes for women and young people.* This will include: (a) strengthening the national capacity for monitoring and ensuring continuity in the provision of sexual and reproductive health services, including family planning and emergency obstetric and neonatal care; (b) strengthening the national capacity for preventing sexually transmitted infections and HIV/AIDS within the basic package of health services, and continued support to displaced populations and host communities; (c) reinforcing efforts to prevent and treat obstetric fistula; and (d) promoting youth-friendly services in sexual and reproductive health within the basic health-care package.

18. *Output 2: Increased actions by communities, civil society and faith-based organizations to revitalize the use of sexual and reproductive health services and information, including HIV prevention, for young people, women and families.* This will be undertaken through: (a) the reinforcement of behaviour change communication, in particular for youth, women and the most vulnerable; (b) advocacy and promotional activities in partnership with NGOs and community-based organizations; (c) policy dialogue to ensure reproductive health care for the poor, especially women and youth; and (d) building the national capacity of NGOs and community-based organizations to promote access of the most vulnerable communities to high-quality sexual and reproductive health services and information.

19. *Output 3: Strengthened institutional and human resource capacity to deliver high-quality reproductive health services, including family planning and emergency obstetric care.* This will involve: (a) revising the national strategy for reproductive health commodity security, and integrating emergency services in the post-conflict context; (b) strengthening the referral system in emergency obstetric care; and (c) supporting the implementation of the reproductive health road map for maternal mortality reduction and the Maputo Plan of Action.

Population and development component

20. The outcome of the population and development component is: enhanced utilization of data for development to promote human rights in planning and monitoring poverty-alleviation policies, strategies and programmes. There are two outputs.

21. *Output 1: National and local authorities develop and implement an integrated data management system for more effective coordination, coherence and complementarity in planning processes.* This will be achieved by: (a) supporting the 2008 population and housing census and related surveys; (b) supporting the development of the national statistical strategy and action plan; (c) contributing to the creation and implementation of an integrated management information system; and (d) strengthening the capacity of the Liberia Institute of Statistics and Geo-Information Services in data collection and management.

22. *Output 2: Data on population and development, reproductive health and gender are incorporated into an updated early warning system and into contingency planning by local and central authorities.* Achieving this output will involve: (a) regularly updating contingency plans that address reproductive health, gender-based violence, emergency obstetric care and cultural sensitivity in a post-crisis context; and (b) strengthening national entities and civil society to develop coordination mechanisms that integrate population issues into development planning and frameworks. This includes support for the Liberian Parliamentary Council on Population and Development.

Gender component

23. The outcome of this component is: political, legislative and electoral systems and processes that enhance effective participation and accountability are strengthened. There are two outputs.

24. *Output 1: Increased participation of women's associations and networks in supporting and advocating the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women's empowerment.* This will include support to develop and implement: (a) the plan of action of the Network of Liberian Women Ministers and Parliamentarians at the national and community level; and (b) the national gender policy.

25. *Output 2: Increased engagement of communities, media, youth and women's networks in preventing and combating sexual and gender-based violence.* This will be achieved by: (a) supporting a multisectoral response at community and national levels for the gender-based violence plan of action; (b) strengthening the capacity of selected NGOs and community-based organizations to provide health, psychosocial and legal services to victims of sexual and gender-based violence; and (c) supporting community education to prevent sexual and gender-based violence.

IV. Programme management, monitoring and evaluation

26. The country programme is aligned with the UNDAF management accountability framework. It will use the national execution modality as well the harmonized approach to cash transfers.

27. UNFPA and the Government will conduct monitoring and evaluation in accordance with UNFPA policies, procedures and guidelines, within the framework of results-based management and the UNDAF. A programme coordinating committee will annually review the management plan and assess progress.

28. UNPA and the Government will undertake joint programmes and collaborative interventions with United Nations organizations and other partners in areas such as HIV/AIDS, gender-based violence and data collection.

29. The UNFPA country office consists of a representative, two national programme officers, one operations manager and support staff. UNFPA will reinforce office capacity through the addition of core and programme staff, in accordance with the revised country office typology. Because Liberia is a post-conflict country, technical assistance will be intensified in strategic areas. The UNFPA country technical services teams in Africa, along with national and international consultants, will provide additional support.

RESULTS AND RESOURCES FRAMEWORK FOR LIBERIA

National priorities: (a) rehabilitating infrastructure and delivering basic services; and (b) combating HIV/AIDS, malaria and other diseases				
UNDAF outcomes: by 2012, (a) improved health and education, with an emphasis on reduced maternal and child mortality and increased educational achievement; and (b) enabling environment and organizational capacities are enhanced to improve access to HIV/AIDS prevention, treatment, care and support and address stigma and discrimination				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p>Outcome 1: Communities have increased knowledge of their rights to access and use high-quality health services, which reach the most vulnerable groups and contribute to a reduction of maternal and under-five mortality</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Contraceptive prevalence rate increased from 12% to 15% Proportion of births assisted by qualified health personnel increased 	<p>Output 1: The supply of reproductive health commodities is expanded in nationally and locally supported community outreach programmes for women and young people</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Increase by at least 80% the number of health facilities providing modern contraceptive methods At least two health facilities providing youth-friendly sexual and reproductive health services 	<p>Ministry of: Health and Social Welfare; Youth and Sports</p> <p>WHO; UNAIDS; UNICEF</p> <p>John F. Kennedy Hospital; NGOs; Community-based organizations; Donors</p>	\$6 million (\$2 million from regular resources and \$4 million from other resources)
		<p>Output 2: Increased actions by communities, civil society and faith-based organizations to revitalize the use of sexual and reproductive health services and information, including HIV prevention, for young people, women and families</p> <p>Output indicators:</p> <ul style="list-style-type: none"> At least 10% of NGO and community-based organizations, youth and women's associations managing reproductive health promotional and related activities in five selected counties At least 40 religious and community leaders advocating respect for the reproductive health rights of adolescents and for a culture of peace 	<p>Ministries of: Health and Social Welfare; Education; Youth and Sports</p> <p>WHO; UNICEF</p> <p>NGOs; Community-based organizations</p> <p>Donors</p>	
		<p>Output 3: Strengthened institutional and human resource capacity to deliver high-quality reproductive health services, including family planning and emergency obstetric care</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Outreach services that address fistula in at least 5 (of 15) counties increased, especially for young women Number of functioning health facilities providing emergency obstetric care increased by at least 10% Increased number of health facilities offering high-quality sexual and reproductive health services for women, men and youth 		

National priority: economic revitalization UNDAF outcome: national economic policies and programmes implemented to support equitable, inclusive and sustainable socio-economic development				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Enhanced utilization of data for development to promote human rights in planning and monitoring poverty-alleviation policies, strategies and programmes</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Disaggregated population data used to plan and monitor national priorities and to respond to post-conflict rehabilitation 	<p><u>Output 1:</u> National and local authorities develop and implement an integrated data management system for more effective coordination, coherence and complementarity in planning processes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Census enumeration undertaken in 2008 and availability of disaggregated, reliable and updated population data for policy and programme management Integrated monitoring and evaluation system functional and contributing to the coordination of development programmes and budgets <p><u>Output 2:</u> Data on population and development, reproductive health and gender are incorporated into an updated early warning system and into contingency planning by local and central authorities</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Regularly updated contingency plans addressing reproductive health, gender-based violence, emergency obstetric care and cultural sensitivity in a post-crisis context 	<p>Ministry of Planning and Economic Affairs; Ministry of Internal Affairs; Liberian Institute of Statistics; and Geo-information Services; University of Liberia; Liberian Parliamentary Council on Population and Development</p> <p>United Nations country team; United Nations Mission in Liberia (UNMIL)</p> <p>NGOs</p>	\$5 million (\$1.75 million from regular resources and \$3.25 million from other resources)

<p>National priority: strengthening governance and the rule of law and the promotion of peace, security and human rights</p> <p>UNDAF outcome: by 2011, emergency obstetric care and accountable and transparent governance advanced in a participatory and inclusive manner and in accordance with human rights standards</p>				
Gender	<p>Outcome: Political, legislative and electoral systems and processes that enhance effective participation and accountability are strengthened</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of women in positions of authority and in decision-making in institutions at all levels Policies and plans of action that address gender and that integrate prevention and response to sexual and gender-based violence 	<p>Output 1: Increased participation of women's associations and networks in supporting and advocating the integration of gender concerns into national and sectoral policy frameworks, in order to achieve progress towards gender equality and women's empowerment</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage of women's associations and networks that participate in policy development at national and local levels Proportion of national and local authorities sensitized and promoting a culture of peace in the context of gender and to combat gender-based violence <p>Output 2: Increased engagement of communities, media, youth and women's networks in preventing and combating sexual and gender-based violence</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Community-based networks in at least five counties sensitized to sexual and gender-based violence and contributing to prevention and response efforts in five counties Availability and use of adequate health, psychosocial and legal services for survivors of sexual and gender-based violence 	<p>Ministries of: Gender and Development; Justice; Health and Social Welfare; and Internal Affairs</p> <p>United Nations country team; UNMIL</p> <p>NGOs; Donors</p>	<p>\$3.75 million (\$1 million from regular resources and \$2.75 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.75 million from regular resources</p>