

The Country Programme Performance Summary

A. Country Information			
Country name: Liberia			
Category per decision 2007/42 :	Current programme period: 2013- 2019	Cycle of assistance: 4	
B. Country Programme Outputs Achievement (<i>please complete for all your CP outputs</i>)			
<p>CP Outcome 1: Every woman and every adolescent and youth everywhere who are furthest behind, fully exercise their sexual and reproductive rights and can use integrated sexual and reproductive health (SRH) services, which include family planning, comprehensive maternal health and STIs and HIV services, free of coercion, discrimination and violence.</p> <p>CP Output 1.1: Integrated quality sexual and reproductive health (SRH) services for women and young people; including management of fistula in selected health institutions.</p>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Indicator 1.1.1: Number of health facilities supported to provide emergency obstetric and neonatal care services. 	26	57	190 (333% achieved) - 2013 to 2018 program annual reports
<ul style="list-style-type: none"> Indicator 1.1.2: Number of counties that have functional systems for maternal death surveillance and response at all levels. 	2	15	15 (100% achieved) - 2013 to 2018 program annual reports and Weekly MoH Disease Surveillance Sitrep
<ul style="list-style-type: none"> Indicator 1.1.3: Number of fistula surgeries conducted with UNFPA support. 	875	1,500	547 (36.5% achieved) - 2013 to 2018 program annual reports
<ul style="list-style-type: none"> Indicator 1.1.4: Number of fistula survivors empowered and reintegrated. 	220	600	262 (43.7 achieved) - 2013 to 2018 program annual reports
<u>Key Achievements</u>			

During this fourth Country Program cycle, Liberia and its sister countries Guinea and Sierra Leone experienced an unprecedented Ebola epidemic that nearly crippled the health care delivery system thereby attracting much needed international attention and support. For a period of nearly 2 years, the country was emerged in efforts to combat the deadly virus disease and build a more resilient health care delivery. Focus on the epidemic response resulted to a major shift from the Routine health services to the emergency response. Gains made in the health care delivery system saw a gross decline in major health indicators including skilled attendance at birth, family planning and the overall health services utilization.

Despite this major setback, UNFPA in partnership with various donors including the Japanese Government, UN Ebola Emergency Response through Multi-purpose trust fund mechanism, the World bank through the government of Liberia, Friends of UNFPA, Google, Zonta International, Maternal Health Thematic Trust Fund and Johnson& Johnson supported health interventions in line with the priority of the government aimed at improving access to maternal new-born care services including EmONC and fistula before, during and post emergency periods. Below are key achievements in the area of Midwifery, EmONC/Maternal Health, Fistula and Maternal Death Surveillance and Response;

Strengthening Midwifery Regulations, Education and Association

- UNFPA in collaboration with the Liberian Board of Nursing and Midwifery (LBMN) introduced a new career pathway for Midwives in Liberia in late 2012. This historical milestone saw the graduation of 40 midwives as BSc in Midwifery three years later in 2015. The achievement paved the way for a new thinking and ambition around the midwifery profession thereby resulting to better career opportunities and managerial prospects for professional midwives. The initial curriculum for the BSc level was developed with funds from UNFPA and is in use
- UNFPA support the first Objective Structural Clinical Examination (OSCE) guideline that will be used to guide the administration of the first national state board clinical examinations for midwives and nurses. This achievement is in line with UNFPA's support to ensuring a decentralized regional skills laboratory used to conduct OSCE.
- As part of midwifery association capacity building and awareness of the midwifery profession, UNFPA provided support to the association for the celebration of 5 international day of midwives. These celebrations improved the capacity of the leadership to host scientific sessions and research activities, honour midwives with long years of service, and mobilize resources for small project implementation.
- Five-year strategic plan (2013 to 2017) for Midwifery developed and implemented
- With funds from UNFPA, midwifery curriculum in all 4 basic and 2 post basic midwifery schools have been disseminated and is in use
- Guidelines for respectful maternity care developed by LBNM and disseminated for use by Ministry of Health and partners
- Construction of one of two regional midwifery training skills laboratory completed at the Phebe para medical training program

- The Liberia Midwives Association for the first time set up a national database for midwifery membership tracking and is used. Amongst others the LMA can now use this system to monitor licensure update, payment of membership fees which is used as a means of resource mobilization for the association. Approximately 70% of all practicing midwives are registered into the database.
- A midwifery secretariat was established in an effort to strengthen the managerial capacity of the Liberia Midwives Association is in place and functional.

EmONC and Maternal New Born Health including Fistula

- 190 health facilities supported to improve EmONC service delivery and with 57% provided a substantial amount of supplies and medical equipment
- With direct support from UNFPA approximately 350,000 beneficiaries received various types of maternal health services
- Three international OBGYN specialists were recruited by the Ministry of Health and paid by UNFPA to provide specialized care as well as training intern doctors and obstetric clinicians in EmONC
- UNFPA in collaboration with WHO, MoH and Maternal Child Health Advocacy International has introduced a new cadre of health care providers through a task sharing program for middle level obstetrics and neonatal nurse practitioner. 21 middle level cadres were trained as Obstetric clinicians (midwives, Nurses) and 9 neonatal nurse clinicians with support from UNFPA. 789 obstetric cases including 473 caesarean section managed by all 21 obstetric clinicians
- With funding from Friends of UNFPA and Zonta International, UNFPA was instrumental in highlighting the plight women and girls suffering fistula in Liberia. The fistula program transitioned to a national fistula program with MOH taking the lead in ensuring treatment and rehabilitation services. A total of 547 women and girls experiencing fistula benefited life changing services through surgical repair and medical treatment. Of the total number of survivors treated, 262 survivors benefited rehabilitation and reintegration services.
- UNFPA supported the construction four Maternity waiting homes in two counties with funding from the Japanese government and Johnson and Johnson. These waiting homes have been useful in accommodating pregnant women residing long distances from the health facility to stay until delivery.
- UNFPA also supported the construction of a training hall for fistula survivors and renovated the kitchen and recreation space
- Constructed and refurbished 37 of health facilities including 9 county hospitals. Eight of the facilities received alternative source of electricity through solar system
- Strengthened the health facility referral system and ensure effective supervision and monitoring through the donation of the following;
 - 5 Ambulances
 - 6 4x4 land cruiser hard tops

- 15 motorbikes
- 10 communication devices
- 5,000 various types of Job Aids and protocols developed, printed and dissemination to more than 703 health facilities

MNDSR

- The case for making Maternal death surveillance a reportable event and a part of the weekly disease surveillance monitoring was possible through the contribution of UNFPA and other partners
- Maternal death surveillance and response system strengthened with UNFPA’s support 35 National Surveillance Officers and other supervisors participated in a Training of Trainers exercise for MDSR. Roll out to all 15 sub-national levels was completed in all 15 counties

CP Output 1.2: Strengthened human resources to deliver quality and integrated SRH services: including for the provision of minimum insertion service package (MISP) and in humanitarian settings

Indicators	Baseline	Target	End-line data
• Indicator 1.2.1: Number of skilled birth attendants, including midwives, trained with UNFPA support based on the ICM-WHO standards.	90	230	740 (321.7% achieved) - 2013 to 2018 program annual reports
• Indicator 1.2.2: Number of skilled birth attendants trained on MISP.	0	230	This activity was never done

Key Achievements

Over a six-year period, UNFPA successfully build the capacity of skilled birth attendants through in-service trainings for various cadres of skilled personnel including retired but not tired midwives. Shoulder to shoulder mentorship in EmONC and midwifery competencies became a major approach that was implemented to reach an increased number of midwives without necessarily taking them from the field.

A three level midwifery mentorship program launched in early 2017 is gradually shifting the paradigm for skills transfer for practicing midwives and other skilled attendants. A total of 392 midwives (155 trained in mentorship and 237 mentored) received competency based trainings in maternal health and EmONC in counties (Lofa, River Gee, Grand Cape Mount, Gbarpolu, Montserrado, Bomi and Margibi).

With support from donors and the UNFPA Central Emergency Response Fund mechanism, the country office was able to provide emergency response during two humanitarian crises; EVD and Flooding in Liberia. In addition to the procurement and distribution of RH kits in response to the EVD crisis, the

country office also procured and distributed in collaboration with the National Disaster management Agency of Liberia a total of 1,500 dignity kits and 10 clean delivery kits for use by flood victims in and around Monrovia.

Activity for Indicator 2.3.4 was never implemented because there was no population displacement that required the Country Offices intervention to provide SGBV/SRH services during such emergency situations.

CP Output 1.3: Strengthened capacities for sexual reproductive health commodities

Indicators	Baseline	Target	End-line data
• Indicator 1.3.1: Percentage of facilities supported that reported no stock-outs of at least three modern contraceptives within the last three months.	30%	50%	68.6% (2018 UNFPA Supplies survey Report); 137.2% achieved
• Indicator 1.3.2: Percentage of counties with community-based distribution of reproductive health commodities	7%	40%	All 15 counties (250% achieved); currently distribute family planning commodities at community level (HMIS 2018).
• Indicator 1.3.3a: Number of health facilities equipped with lifesaving RH kits and drugs.	345	345	548 (including 370 during EVD) received assorted RH kits; i.e., 158.8% achieved. All 665/833 (79.8%) of all health facilities nationwide receive lifesaving RH drugs
• Indicator 1.3.3b: Number of health facilities supplied with IPC materials.	41	376	415 (including 370 during EVD); 110.4% achieved
• Indicator 1.3.4: Number of facilities equipped to provide SGBV services.	7	25	12 (48% achieved) one-stop centres, referral hospitals/health centres

Key Achievements

UNFPA Supplies has been the major source of funding for Reproductive Health Commodity Security including supply chain and family Planning interventions. As a catalytic funding mechanism UNFPA utilized the funds to address critical and strategic health system strengthening interventions in the area of family planning. Ranging from advocacy & policy, service delivery, supply chain strengthening and last mile delivery of RH commodities, UNFPA with funds from UNFPA supplies and other donors supported the Ministry of health to achieve the following RHCS results during the implementation of the fourth country program;

Advocacy and system strengthening for RHCS

- The first National Family Planning Conference was successfully held by the Ministry of Health with UNFPA as the Lead partner developed a national communique in which the Government of Liberia pledged to increase budgetary allocation to family planning in the coming years.
- National Family Planning Strategy revised with funds from UNFPA
- The first ever costed implementation plan for Family Planning was supported by UNFPA in collaboration with USAID
- UNFPA joined partners to successful advocate for the inclusion of Family Planning services in the community health workforce policy and national strategy for community health
- UNFPA was instrumental in getting DMPA-SC and Emergency Contraceptive methods on the essential list of medicines
- Field testing of Community based distribution of Injectable contraceptives (DMPA-SC) initiated through UNFPA financial and technical support

Capacity building and service delivery for RHCS

- 3086 persons trained to provide family planning services
 - 2340 Community health providers trained to provide FP services
 - 746 Skilled providers trained in LARC and STFP methods
- UNFPA introduced a new family planning method DMPA-SC/Sayana Press with field testing initiated in six districts in 2018. A total of 13,000 doses of Sayana Press unijet arrived in-country with funds from UNFPA supplies
- Through the national family planning program largely supported by UNFPA, Data from the HMIS reported 11,423,788 women, boys, girls and men received various FP commodities through health facilities as well as community based programs as follow;
 - 8,058,633 beneficiaries received short term FP(STFP) methods (male and female condoms)
 - 3,365,155 beneficiaries received LARC methods (48.9% depo, 47.8% oral, Jadelle 2.9%, IUD 0.08%, BTL 0.12%)
- Health and demographic health impact for FP are as follows;
 - 375,616 Unintended pregnancy averted
 - 170,811 Live birth averted
 - 155,569 abortion averted
 - 1,687 maternal death averted
 - 5,981 child death averted
 - 132,307 unsafe abortion averted
- UNFPA in collaboration with the Ministry of Health supplied over 750 public and private health facilities with lifesaving drugs and 548 RH kits pre/intra and post EVD crisis. Infection prevention and control supplies including PPEs, disinfectants, OBGYN gloves etc were donated to 415 health facilities during the EVD crisis. As the only major partner importing oxytocin and magnesium sulphate, UNFPA's strategic position as convener for RH technical and financial support was met in this regard.

Supply Chain Management

- Significant contribution to support transportation of commodities to the last mile through the procurement of two large refrigerator trucks for the national drug stores
- Financial and technical support to strengthen to the Supply Chain Management Unit of the Ministry of Health
- Financial and technical support to conduct 7 national quantification exercises and 14 review sessions supported by UNFPA
- Strategic coordination meetings supported to enhance effective supply chain of RH commodities

CP Outcome 2: Every adolescent and youth, especially adolescent girls, are empowered to access sexual and reproductive health and reproductive rights, development and well-being

CP Output 2.1: Adolescents and youths have the skills and information

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Indicator 2.1.1: Percentage/number of primary, junior high and senior high schools implementing the sexuality education integrated curriculum 	primary: 28% (1400), junior high 27% (440), senior high 32% (160)	primary 49% (2450), junior high 48% (770), senior high 57% (280)	260/3,500 schools (7.4% achieved) implementing the sexuality education integrated curriculum.
<ul style="list-style-type: none"> • Indicator 2.1.2: Number of health and education facilities supported to provide essential SRH information and services, including PAC to young people. 	6	20 schools and 41 health facilities/centres	<ul style="list-style-type: none"> • 50 schools (250% achieved) equipped with skilled teachers and providing sexuality education. • 64 health facilities/Youth corners (156% achieved) providing SRH information and services to young people
<ul style="list-style-type: none"> • Indicator 2.1.3: Number of out-of-school youth/adolescents with adequate knowledge on SRH and rights through comprehensive sexuality education and BCC/IEC. 	0	85,000	<ul style="list-style-type: none"> • 4751 adolescents reached by the out-of-school CSE sessions. • More than 869,567 adolescents and youth were reached with SRHR including teenage pregnancy and STI prevention awareness and education sessions and outreach events. (10,286% achieved)

Key Achievements

- National School Health Policy developed and endorsed by Government of Liberia to support implementation of sexuality education in schools.
- National Education Curriculum was revised to integrate comprehensive sexuality education.
- Based on the integrated National Education Curriculum, 50 schools were equipped with skilled teachers and providing sexually education to students.
- National TVET policy and operational plan was revised to integrate youth SRHR with technical support from UNFPA
- A National survey was conducted to inform the development of the first Liberia National School Health Policy
- Six (6) curriculum specialists from the Ministry of Education’s Center of Excellence for Curriculum Development and Textbooks Research underwent a capacity building training in Curriculum Writing & Design as well as CSE integration at Makerere University in Uganda. 8. An extension of the mission to Makerere, had three Ministry staff including the Deputy Minister for Instruction engaged with multiple stakeholders in Uganda on experience sharing and learning dialogues on curriculum reform and sexuality education integration. 9. A diagnostic study on emerging issues that include human rights, sexuality education, and labor market needs in Liberia has been completed to inform the reform process of Liberia’s formal education curriculum.
- 7 institutions (MoYS, MoH, MoE, PPAL, BRAC, SWAA-L, SAIL), 3 groups/networks (FLY, MRUY, ROAJALNU), 4 affiliate CBOs, and 23 youth centres incorporated identified priority youth needs in their plans and programmes and delivered SRH services to adolescents and youth.
- 438 teachers were trained in delivery of revised curriculum, school health mentorship, coaching and dissemination of Information on SRHR targeting adolescents and youth in school settings
- **Over 24,840 young people were reached with CSE in school settings**
- Over 1,065,002 adolescents and youth received SRH services through youth centres and market sites, organised by institutions, groups and CBOs
- More than 160 health workers were trained in adolescent-friendly SRHR, including family planning and Post-abortion care service provision

CP Output 2.2: Policies and programmes address adolescents and youths, including meeting the needs of marginalised youth and adolescents in selected areas and in humanitarian settings

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Indicator 2.2.1: Number of policies, programmes, planning frameworks/strategies developed/ reviewed that incorporate adolescent & youth human rights and needs. 	0	4 (World Bank youth opportunities project, UN joint programme on youth, UN Joint program on SGBV, School Health Program) and 4 policies/laws (National school health policy, national youth policy, national family	<ul style="list-style-type: none"> • 24 national and key sectorial strategies, policies, guidelines, protocols/strategies were developed with both technical and financial support from UNFPA. (600% achieved).

		<p>planning strategy & its costed implementation plan and Draft of the National Public Health Law).</p>	
<p><u>Key Achievements</u></p> <ol style="list-style-type: none"> 1. The National Family Planning Strategy (2016-2020) incorporating specific needs of the very young adolescents (VYA) was developed with support of UNFPA. 2. Liberia FP2020 Commitment for Liberia integrated adolescents and youth needs as a priority with technical support or UNFPA 3. The National RMNACH Investment Case, guiding the provision of SRH services to adolescents and youth was developed with support of UNFPA. 4. The National Strategic Plan for HIV/AIDS, guiding the provision of SRH services to HIV services to adolescents and youth was developed with support of UNFPA. 5. Liberia’s Family Planning Costed Implementation Plan (CIP) incorporating specific interventions for Adolescents and youth SRH services was developed with support from UNFPA. 6. The Liberia’s National Youth Policy and Action Plan (2012-2017) was developed with technical and financial support of UNFPA. 7. The Liberia’s Revised National Youth Policy and Action Plan (2019 – 2023) 8. The National ASRH Standards for provision of SRH was revised with technical and financial support of UNFPA. 9. The National RMNACH Investment case, protocols and standards were updated to include ASRH. 10. The National HMIS was revised to include adolescents and youth SRH services indicators that now enables data on different adolescents and youth age groups to be captured by the HMIS forms at the health facilities. 11. National School Health Policy developed and endorsed by Government of Liberia to allow and guide implementation of sexuality education in schools. 12. National Education Curriculum was revised to integrate comprehensive sexuality education to be provided to students in schools. 13. GOL/UN Joint Programme of Support for Youth Employment and Empowerment was developed and implemented with funding from DANIDA 14. Joint Programme for Accelerating Action to Advance the Rights of Adolescent Girls in Liberia was implemented with funding from UN Foundation 15. GOL/UN Joint Programme of Support on HIV/AIDS benefit mostly young people. 16. Liberia Youth Opportunity Project was mainly about adolescent and youth development. 17. Liberia Spotlight Initiative – integrated SGBV and SRHR service delivery package 18. GOL/UN Joint Programme of Support on Adolescents and Youth (JUPSAY) 19. Liberia first National School Health Policy and Plan was developed with financial and technical support from UNFPA 20. Public Health Law revised to include access to safe abortion care/SRHR by the Office of the General Counsel/Ministry of Health with technical and financial support from UNFPA. 			

21. The national development blueprint “Agenda for Transformation (Aft) – 2013-2017” mainstreamed adolescent and youth issues partially due to UNFPA advocacy.
22. The current national development agenda “Pro-poor Agenda for Prosperity and Development – PAPD” mainstreams young people’s issues.
23. The Government of Liberia – UNCT SGBV Joint Programme targets mainly young people.
24. Spotlight Initiative in especially focused on the SRH&Rs of young people.

Facilitating factors:

- Two consortia established [1) National Council of chiefs and Elders of Liberia, Inter-Religious Council of Liberia, Federation of Liberia and ActionAid (SCO representative) to advocate and lobby on teenage pregnancy, early marriage and SGBV prevention. 2) Inter-Religious Council of Liberia, House of Representative, House of Senate, RMNCAH Stakeholders] to advocate for access to safe abortion and FP services by very young adolescents.
- 1,750 traditional leaders and 33 youth leaders trained in SRHR advocacy.

CP Output 2.3: Improved sexual and reproductive health services to meet the needs of marginalized youth and adolescents in selected areas.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Indicator 2.3.1: Number of projects supported to implement social behaviour change communication strategies for adolescents and youth including those from key populations. 	0	2	<ul style="list-style-type: none"> • 8 projects (400% achieved) were supported to provide integrated SRHR and HIV prevention awareness and sensitization to increase knowledge and demand for SRH services among adolescents and youth.

Key Achievements

- Empowered and Fulfilled (E&F) Programmes (2016-2020) has been funded by UNFPA & SWEDEN to address the SRH needs of adolescents and youth in four counties in Liberia.
- UNFPA/PSI “Let’s Talk About Sex Project” – promoting healthy life-style and behaviour change among adolescents and youth: a youth-led project
- UNFPA/SAIL: HIV prevention through awareness and sensitization and condom promotion to enhance sexual behavioural change amongst youth in key population
- UNFPA/PPAL – Girls at risk and “a Talk with Grandma” mentorship project – promoting adolescent mentorship through capacity building for adolescent agency, enhance informed decision making, condom negotiation skills and increased access to and utilization of FP services by adolescent
- UNFPA/PPAL Family planning for market women and girls project – taking FP planning services to adolescents and women through door-to-door, mobile market and stationary market booths- UNFPA Liberia Flagship project

- MYS/ PPSDPH (Promoting Public and Social Development Programs in Health)– Adolescent Pregnancy prevention and dignity project blends sexual and reproductive health service provision through 11 youth friendly centers with economic livelihood skills training and menstrual hygiene management through one center of excellence in Sinje, Grand Cape Mount County. Through this project, adolescents drop-out rate attributable to pregnancy reduced from 27 to 2 (92.5 % reduction) between 2016 and 2018.
- UNFPA/SWAA-L Condom promotion among sex workers in five slum communities in Montserrado County.
- Socio-Economic Empowerment of Disadvantaged Youth – SRHR, psychosocial, mental health, skills and entrepreneurship training including seed grant and linkage to job markets for zogos and zogeese (disadvantaged youth) in Montserrado County

CP Outcome 3: Advanced gender equality and the empowerment of all women and girls, exercising reproductive rights, with a specific focus on the most marginalized and disadvantaged populations

CP Output 3.1: Strengthened capacity of public institutions for elimination of all forms of violence and discrimination against women and girls and the promotion of their reproductive rights

Indicators	Baseline	Target	End-line data
• Indicator 3.1.1: Number of service providers (police, health workers, social workers) trained and responding to SGBV and SRH&R.	25	50	0 (Training by WCARO was postponed)
• Indicator 3.1.2: MISP integrated within the National SGBV SOP	No	Yes	No
• Indicator 3.1.3: Number of new gender-responsive laws and policies formulated and implemented	2	6	6 (exceeded target by 300%)

Key Achievements

UNFPA in collaboration with partners advocated the development and enactment of 2013; 1. Liberia Children law 2. Circular on the age for FGM initiation of the girl child and against forceful initiation, 3. Girls education policy 4. Liberia youth common position for post 2015 development agenda, Youth Manifesto, RMNCH Policy, and in 2017; the Executive order on Domestic Violence UNFPA.

CP Output 3.2: Prevent and address gender-based violence, including in humanitarian settings

Indicators	Baseline	Target	End-line data
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<ul style="list-style-type: none"> Indicator 3.2.1: Number of service providers trained on SGBV management with MISP integrated SOPs and CMR. 	66	201	1,972 (exceeded target by 981%)
<ul style="list-style-type: none"> Indicator 3.2.2: Number of gender-based violence survivors accessing support services in 'safe homes/one stop centres'. 	212	1,500	9,242 (exceeded target by 6161% over the six year period: 2013-2018)
<u>Key Achievements</u> <ul style="list-style-type: none"> A total of 9,242 survivors of sexual and gender based violence accessed medical services during the period under review due to increase in the # of functioning OSCs (1 - 12) and increase in community awareness, sensitization and engagement. About 1,916 community members (including traditional and religious leaders) trained to prevent, report and follow-up sexual and gender based violence. 			
CP Output 3.3: Eliminate harmful practices			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Indicator 3.3.1: Number of community-based organizations and networks supported to advocate against female genital mutilation/cutting and gender-based violence 	4	31	41 (exceeded target by 132.3%)
<ul style="list-style-type: none"> Indicator 3.3.2: Number of community-based organizations, networks and structures supported to advocate against FGM and promote SRHR. 	4	31	41 (exceeded target by 132.3%)
<u>Key Achievements</u> UNFPA during the period under review supported 5 established CBOs, 20 GBV observatory networks and 16 Community gatekeeper networks. This intervention is in collaboration with the Ministry of Gender, Children and Social Protection and has been effectively being rolled out in nine counties – Bomi, Grand Bassa, Grand Cape Mount, Gbarpolu, Margibi, Lofa, Rivergee, Nimba, Grand Gedeh and Maryland. It is geared at ensuring changes in social norms through increased public awareness and national engagement on the prevention and mitigation of SGBV and harmful cultural practices.			
CP Outcome 4: Population dynamics mainstreamed within national development policies and plans through stronger population data systems and better use of demographic intelligence.			
CP Output 4.1: Improved population data system			

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Indicator 4.1.1: Number of institutions supported to produce, manage and analyze data, including gender-related statistics 	2	4	13 institutions (LISGIS, P4DP, PPCU, IPS, MoL, MoGCSP, MoH, MYS, MoE, UL, CUC, House of Representatives, Liberian Senate); 325% achieved
<ul style="list-style-type: none"> Indicator 4.1.2: Number of individuals trained to provide technical capacity in data collection and analysis for improved service delivery 	0	50	65 individuals trained. 130% achieved

Key Achievements

Indicator 4.1.1: Number of institutions supported to produce, manage and analyse data, including gender related statistics

A number of institutions have been supported and continued to be supported with financial, technical and capacity development activities for data collection, analysis, management and dissemination. A total of 13 institutions have been supported as mentioned above. Below constitute key achievements working with these institutions:

- Provided technical and financial support to LISGIS for the conduct of the 2013 LDHS
- Providing technical and financial support to LISGIS for the conduct of the 2019 LDHS Project implementation. Current completion level is about 60%
- Technical and financial support for ToRs for recruitment for NPHC – CTA, GIS Advisor, Data Processing Advisor completed
- Procured 4 vehicles, 15 motorbikes, 3 laptops, 4 desktops, 80 KVA Perkins Generator plus assorted stationery for the 2019 LDHS
- Drafted and finalized the 2019 Census Project Document; Advocacy Strategy and Roadmap
- Mobilization of financial resources for LDHS in the amount of US\$500,000 from UN Agencies and the Irish Embassy
- Mobilization of financial resources for the 2019 NPHC in the amount of US\$7.8m from the Swedish Embassy
- Working with the Ministry of Health, led the national Contact Tracing and surveillance programme at community level in eight (8) counties

Indicator 4.1.2: Number of individuals trained to provide technical capacity in data collection and analysis for improved service delivery

More than 65 individuals have been trained both locally and abroad in data collection, analysis and management. Most of those trained were trained in the application of the use of the Integrated Management Information System (IMIS), web-based software for data analysis. Other training provided

included, Computer Assisted Personal Interview (CAPI), CSPro and Results-based Monitoring. Below provide breakdown of various training and individual participants:

- IMIS Training: Three (3) different cycles of training with individuals from Ministry of Gender, LISGIS, PPCU, UNFPA, MoL, IPS in IMIS documented about 48 trainees, with about 16 participants per training cycle
- CAPI Training: Two persons from LISGIS were trained in CAPI at the US Census Bureau in the USA
- CSPro Training: Two individuals from LISGIS were trained in CSPro modules again at the US Census Bureau in the USA
- Census Operations: Planning, mapping, device provisioning & questionnaire design Training: Two individuals from LISGIS were trained in Ethiopia by the Economic Commission for Africa
- Results-based Monitoring training: Ten staff of PPCU, LISGIS, MoGCSP and UNFPA were trained in Results-based Monitoring
- Results-based Management Training: Three staff from UNFPA and PPCU were trained in Dakar, Senegal on RBM conducted by WACRO

CP Output 4.2: Mainstreamed demographic intelligence

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> • Indicator 4.2.1: Tools to integrate population & development and reproductive health and gender concerns into development framework are available 	0	4	4 studies to integrate population and development concerns have been conducted. (Fully achieved)

Key Achievements

Many studies and programmes have been conducted intended to assist government, stakeholders, civil society, private sector and development partners provided tools for integration of population and development issues, especially issues of reproductive health and rights, gender equality, adolescent and youth investments. Below are key studies conducted:

- Technical and Financial support for the conduct of studies on abortion and post-abortion care
- Technical and Financial support for the ICPD @ 25 National Review Report
- Provided financial and technical support for Liberia Country Report on AADPD+5/ICPD@25
- 2013, 2015, 2017 and 2018 “Surveys of Availability of Modern Contraceptives and Maternal Lifesaving Medicines in Service Delivery Points in Liberia”; (formerly GPRHCS but now UNFPA Commodity Supplies monitoring surveys)
- Technical, financial and logistical support to the Liberia 2016-2017 Labour Force & Human Rights Survey data collection

- Teenage Pregnancy study in 4 counties in the South East of Liberia.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.					
Outcome indicators					
• Contraceptive prevalence rate (modern method)	19%	DHS 2013	(TBD)	DHS 2019-2020	35% (FP2020 Track20 for 2018)
• Percentage of live births attended by a skilled birth attendant.	61%	DHS 2013	(TBD)	DHS 2019-2020	Awaiting data from current DHS

Summary of National Progress

There has been an increase in the contraceptive prevalence rate (modern methods) over time. Comparable data from the 2019-2020 DHS will be released next year but monitoring data from the FP2020 Track20 database shows that contraceptive prevalence rate in Liberia has nearly doubled over the past six years. This makes Liberia to be the fastest growing of in contraception.

HMIS data has revealed increasing attendance of skilled medical personnel at birth. However, HMIS reflects facility delivery, especially in the public sector. More reliable information is expected from the ongoing (2019-2020) DHS.

UNFPA's Contributions

- Developed innovative ways of reaching marginalised women, especially through market booths, thereby bringing contraceptive services to their doorsteps.
- Supported Government of Liberia through the MoH to launch the first ever national family planning conference in 2018 which led to an increased awareness of the availability and importance of family planning services and an observed dramatic improvement in the utilization of FP services.
- Supported Government of Liberia and NGO partners to intensify FP outreach services to respond to the growing demand in addition to the widely distributed FP messages using different media channels. Provided support to print FP training manuals, curriculum, training participants' handbook, IEC Materials. Mass media campaigns were undertaken to promote FP, institutional delivery, identification, care and social integration of fistulae patients, HIV prevention, promotion of girls and women sexual and reproductive health rights and GBV prevention.

- UNFPA offers by far the largest support to the public and private facilities of family planning commodities, supplies and services. Together with USAID, the duo accounts for more than 95 percent of public sector supply of the country’s contraceptive needs. The Reproductive Health Commodity Security (RHCS) Technical Committee receives support to conduct last mile delivery, quantification, forecasting and budgeting of contraceptives across the country.
- UNFPA Supports the Liberia Nurses and Midwives Board and four midwifery training schools resulting in the graduation and deployment of midwives to provide skilled attendance at birth.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.

Outcome indicators	Start value	Year	End value	Year	Comments
<ul style="list-style-type: none"> • Percentage of adolescent girls aged 15 to 19 who have been pregnant 	31.3%	DHS 2013	TBD	DHS 2019-2020	Awaiting data from current DHS

Summary of National Progress

- Developed a youth enterprises and development project to empower young people and make out-of-school teenage and adolescent girls become self-reliant through skills and enterprise development that can reduce incidences of unwanted pregnancies.

UNFPA’s Contributions

- Twelve (12) one-stop youth friendly centres and health facilities were either built or refurbished and made functional across the nation through UNFPA support. UNFPA also supported capacity building of healthcare providers and social workers in adolescent and young people friendly health and allied services at these centres.
- UNFPA provided technical and financial support for the conduct of: (a) **Teenage Pregnancy Study in Four (4) Counties in the South East of Liberia, and (b) Abortion and Post-Abortion Care** with recommendations for programme orientation and information for sensitization and advocacy.
- UNFPA provided technical support to the development of Government of Liberia-World Bank youth enterprises and development project.
- In 2019, Government of Liberia is seriously considering revising the “Public Health Law” through UNFPA advocacy. UNFPA interest in this is to see that the revision removes some of the barriers to safe abortion.

Outcome 3: Advanced gender equality, women’s and girls’ empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.

Outcome indicators	Start value	Year	End value	Year	Comments
<ul style="list-style-type: none"> Number of policies, frameworks and national action plans that integrate reproductive rights 	0	2013	6	2018	
<ul style="list-style-type: none"> Number of action taken on all of the concluding comments of the Convention to Eliminate All Forms of Discrimination against Women recommendations from sixth reporting cycle. 	0	2013	4	2018	
<p>Summary of National Progress:</p> <ul style="list-style-type: none"> Gender-based violence has been elevated to the level of national significance through the intervention of the office of the First Lady whose foundation in 2019 invited the First Ladies of Sierra Leone, Gambia and Nigeria to a conference in Monrovia geared towards raising national awareness. The Domestic Violence Law is before the President for signatory. <p>UNFPA's Contributions:</p> <ul style="list-style-type: none"> The Domestic Violence Law is coming to fruition through UNFPA's incessant advocacy at the highest level of government. This Law criminalizes domestic abuse, rape, harmful traditional practices and willful deprivation of women and girls. UNFPA is leading Pillar 4 of the Spotlight Initiative which deals with SRHR service delivery. This project particularly benefits women and girls. 					
<p>Output 4: Improved population data system</p>					
Outcome Indicators:	Start value	Year	End value	Year	Comments
Population dynamics mainstreamed within national development policies and plans through stronger population data system and better use of demographic intelligence	01	2013	03	2019	2013 LDHS; 2019 LDHS 2019 NPHC

Summary of National Progress:

- Demographic and health survey of 2013 conducted
- 2019 LDHS conduct ongoing at 55% completion level
- Conduct of the 2019 National Population & Housing Census preliminary activities completed
- Labour Force and Human Rights survey data collection completed
- Conducted constant monitoring of availability of modern contraceptives and maternal lifesaving medicines in service delivery points in Liberia
- Conduct of yearly “Service Availability and Readiness Surveys” to monitor health sector service delivery
- Government used real time data collection systems to track Ebola Virus Disease and this immensely helped to make Liberia the first country to stop the scourge.

UNFPA’s Contributions:

UNFPA Country Office:

- Provided financial and technical support to the 2013 Demographic and Health Survey with focus on maternal, youth and adolescent health indicators in the country.
- Provided capacity building to the national statistics office in Census operations, planning, mapping, CSPro and Computer Assisted Personal Interview (CAPI) trainings for the 2019 NPHC
- Is providing logistical, financial and technical support to the conduct of 2019-2020 Demographic and Health Survey
- Provided financial, logistical and technical support for the 2016-2017 Labour Force & Human Rights Survey field data collection
- Financially, logistically and technically supported the conduct of the 2013, 2015, 2017 and 2018 “Availability of modern contraceptives and maternal lifesaving medicines in service delivery points in Liberia” surveys that helped monitoring of contraceptives and maternal lifesaving drugs
- Technically supported the conduct of yearly “Service Availability and Readiness Surveys” to monitor health sector service delivery.
- Supported the collection of field data in Jenewonde, the last stronghold of Ebola in Liberia, and this helped government and her partners to eradicate the scourge completely from the nation.

E. Country Programme resources

SP Outcome (for 2013 onwards only) Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure) Amount in USD	Others (Planned and Final Expenditure) Amount in USD	Total (Planned and Final Expenditure) Amount in USD
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Every woman and every adolescent and youth everywhere who are furthest behind, fully exercise their sexual and reproductive rights and can use integrated sexual and reproductive health (SRH) services, which include family planning, comprehensive maternal health and STIs and HIV services, free of coercion, discrimination and violence.	2,276,571.40	2,502,649.06	21,358,589.52	17,095,229.34	23,635,160.92	19,597,878.40
Every adolescent and youth, especially adolescent girls, are empowered to access sexual and reproductive health and reproductive rights, development and well-being	3,011,627.35	2,856,145.47	2,548,855.16	2,136,739.18	5,560,482.51	4,991,884.65
Advanced gender equality and the empowerment of all women and girls, exercising reproductive rights, with a specific focus on the most marginalized and disadvantaged populations.	1,258,924.22	1,244,055.87	5,586,652.75	4,407,637.55	6,845,576.97	5,651,693.42
Population dynamics mainstreamed within national development policies and plans through stronger population data systems and better use of demographic intelligence.	2,508,956.24	2,551,393.16	6,578,939.21	5,867,871.11	9,267,895.45	8,419,264.27

PCA	1,746,051.75	1,764,528.64	Not Applicable	Not Applicable	1,746,051.75	1,764,528.64
Total	10,802,130.96	10,918,772.20	36,073,036.64	29,507,477.18	47,055,167.60	40,425,249.38