



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
5 July 2019

Original: English

Second regular session 2019

3 to 6 September 2019, New York

Item 6 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Liberia

Proposed indicative UNFPA assistance: \$25.4 million: \$6.4 million from regular resources and \$19 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2020-2024)

Cycle of assistance: Fifth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	2.5	6.0	8.5
Outcome 2	Adolescents and youth	1.0	4.0	5.0
Outcome 3	Gender equality and women's empowerment	1.0	2.0	3.0
Outcome 4	Population dynamics	1.4	7.0	8.4
Programme coordination and assistance		0.5	0.0	0.5
Total		6.4	19.0	25.4

I. Programme rationale

1. Liberia is one of the poorest countries in the world with a gross domestic product of \$882. It is ranked 181 out of 189 countries according to 2018 Human Development Index. As per the 2016 Household Income and Expenditure Survey, 50.9 per cent of the population is poor (rural 71.6 per cent versus urban 31.5 per cent). The United Nations is faced with the challenge of supporting the country to achieve the Sustainable Development Goals and deliver on the national plan in a particularly difficult context. The country is still recovering from several years of civil war and recently from the Ebola virus disease outbreak.
2. The population is estimated at 4.3 million in 2019 with an annual growth rate of 2.1 per cent, 51 per cent living in urban areas. Women constitute 51.5 per cent. 75 per cent of the population is under 35 and 44.5 per cent under 15, showing a youthful population (2008 census). With the right investments, the youthful population presents opportunities for harnessing the demographic dividend before the population doubles in 2048.
3. Maternal mortality has increased from 994 deaths per 100,000 live births in 2007 to 1,072 per 100,000 live births in 2013 (Liberia Demographic and Health Survey (LDHS), 2013). About 32 per cent and 37 per cent of maternal mortality were among 15-19 and 30-35 years old respectively. This high mortality rate is due to low access to quality emergency obstetric and neonatal care (EmONC) and skilled birth attendance (SBA) especially in rural and hard-to-reach communities. Although SBA increased from 40 per cent (2007) to 61 per cent (2013), only 30-35 per cent of SBA meet standards. While the exact prevalence of obstetric fistula in Liberia is unknown, it is estimated that there are 600 to 1,000 new cases of fistula every year. The fragile health system needs a strong midwifery quality improvement strategy for maternal health.
4. Total fertility rate is 4.7 children per woman, and median age of sexual debut is 18.3 (males) and 16.2 (females), resulting in a high teenage pregnancy (33 per cent) and adolescent birth rates (177/1,000) (LDHS, 2013). About 30 per cent of adolescent pregnancies end in backstreet abortions due to the restrictive legal and policy environment and health worker values and attitudes. Post-abortion clients at health facilities in Montserrado, Nimba, Bong, Margibi and Maryland counties rose from 2,017 cases (2014) to 4,819 (2018). Modern contraceptive prevalence rate is 19 per cent, up from 11 per cent (2007). Unmet need for family planning is 24 per cent (2013 LDHS), down from 36 per cent (2007 LDHS). Adolescent contraceptive use is 16.4 per cent with the highest unmet need (59.5 per cent).
5. The integrated supply chain system is heavily reliant on UNFPA and the United States Agency for International Development for support. The electronic logistics management system needs strengthening to ensure quality data that informs forecasting, quantification and last mile distribution. Demand generation for maternal health services, including family planning, has been weak and poorly funded. The low CPR is due to the long distances that women and girls have to walk to access care and commodities, frequent stock-outs of contraceptive commodities, legal and programmatic barriers inhibiting adolescents' access, and lack of a government budget line for reproductive health commodities and supplies to sustain utilisation and demand (2018 Country Programme Evaluation Report). Very few youths are adequately prepared for sexual lives because of deep-rooted and complex gender and traditional norms limiting access to accurate and appropriate sexual and reproductive health (SRH) information and services.
6. Young people and women continue to face challenges in access to information and services regarding HIV/AIDS and sexually transmitted infections (STIs). HIV prevalence is nationally 2.1 per cent (2013 LDHS). The prevalence among women is 2.4 per cent and 1 per cent for youth (15-24 years). Comprehensive knowledge of HIV/AIDS is low among youth with low rates of condom use (females: 21 per cent; males: 27 per cent).
7. Women, especially adolescent girls, experience deprivations due to harmful traditional practices such as child marriage (19 per cent), teenage pregnancy, gender

norms and high levels of gender-based violence (GBV). Gender-based violence cases increased from 1,392 (2014) to 2,105 (2018) (Ministry of Gender, Children and Social Protection). Despite high prevalence, there is under-reporting due to inadequate support to communities on gender-based violence prevention and response. The percentage of women and girls who have undergone female genital mutilation, especially from the poorest households, rose from about 26 to 49.8 per cent (LDHS 2007, 2013). Government commitment to prevent and respond to gender-based violence is undermined by failure to revise legislations and the national action plan to address gender-based violence within the framework of a national strategy.

8. The national data system is weak with inadequate availability of timely and quality population data to inform development and humanitarian interventions. The last population and housing census (PHC) and LDHS were conducted respectively in 2008 and 2013.

9. The fourth country programme and extensions (2013-2019) contributed significantly to: (a) improving EmONC services and rebuilding the county-level health infrastructure and capacity lost during the 2014 Ebola virus disease crisis; (b) supporting the quality analysis and dissemination of the 2013 LDHS findings; (c) introducing a nationwide comprehensive sexuality education (CSE) curricula; (d) supporting gender policy and advocacy with other United Nations agencies with tangible results; (e) strengthening national capacities to implement sexual and gender-based violence interventions in humanitarian crisis.

10. The following challenges remain: (a) the weakness of EmONC monitoring and networks; (b) the limited capacity and number of human resources for health (midwives and doctors); (c) low level of awareness on gender and gender-based violence legal framework; (d) delayed implementation of the African union roadmap on demographic dividend; (e) weak collaboration amongst key institutions responsible for data availability and analysis including in humanitarian settings.

11. Lessons learned include: (a) incentives for trained traditional midwives, placement of gynaecologists at the county level, and training of non-physicians to conduct caesarean section leading to reduced maternal mortality by reducing home-based births and increasing the number of qualified providers of EmONC; (b) UNFPA leadership role and support is critical to accelerate the 2020 round census; (c) UNFPA has played a catalytic role in scaling up the integrated CSE strategy for the long term; (d) the provision of more safe homes attached to the one-stop centres is enabling a holistic service.

II. Programme priorities and partnerships

12. The fourth country programme (2013-2017) was extended twice (2018, 2019). The evaluation recommendations informed the priorities of this fifth country programme (2020-2024) that is fully aligned with the United Nations Development Assistance Framework (UNDAF) 2020-2024, which is also aligned with the government Pro-Poor Agenda for Prosperity and Development (PAPD) 2018-2023. It was developed alongside the United Nations partnership framework under the leadership of the Government with civil society and other United Nations agencies. This programme makes allowance for Sustainable Development Goals 1, 3, 5, 10 and 17.

13. The programme will contribute to the achievement of universal access to sexual and reproductive health rights (SRHRs) through the three transformative goals of zero maternal death, zero unmet needs for family planning and zero gender-based violence and harmful practices. To achieve its objectives, the programme will ensure nationwide provision of reproductive health commodities and have counties as of focus: Bomi, Grand Cape Mount, Gbarpolu, Maryland, Grand Kru, Rivergee, Grand Gedeh, and Montserrado counties.

14. In line with the Delivering as One principle, UNFPA will further partner with other United Nations agencies to implement joint programmes in the area of maternal health, family planning, adolescent and youth sexual and reproductive health, gender-based violence and data collection. Strategic partnerships will be strengthened and

consolidated with key government ministries; United Nations agencies; private sector and media networks. Collaborating with civil society organizations, including women network, youth network and traditional and religious leaders' network, will be critical in reaching out to hard-to-reach communities thereby ensuring that no one is left behind.

A. Outcome 1: Sexual and reproductive health

15. *Output 1: Women, adolescents and youth especially marginalized and furthest behind, have improved access to quality gender-responsive, comprehensive and integrated SRHRs information and services, including family planning and STIs/HIV and in humanitarian settings.* The programme will strengthen: (a) capacity to provide EmONC through a functional EmONC network, while improving quality of care through integrated midwifery and mentorship programmes that incorporate gender-based violence and adolescent sexual and reproductive health in health facilities; (b) training of local medical doctors in obstetric fistula case management, strengthening community level interventions and medical treatment of gender-based violence using the essential service package for SRHR and GBV; (c) supply chain systems by improving the logistics management information system to provide reliable data, last mile distribution and tracking of reproductive health commodities; (d) family planning outreach and community-based distribution of modern family planning commodities; (e) design and implementation of an integrated demand-generation strategy for maternal health and family planning; and (f) capacity of the Ministry of Health to deliver an integrated package of SRHR services for adolescents and youth using a multisectoral platform, and the three access point model and innovation that improve access for young people.

B. Outcome 2: Adolescents and youth

16. *Output 1: Adolescents and youth, including the marginalized, youth with disabilities and those furthest behind, have skills and knowledge to claim and make informed choices about their SRHR and well-being, including in humanitarian settings.* The programme will: (a) advocate for implementation of CSE curricula for in and out-of-school young people and roll-out of a standardized school health programme; (b) fortify the capacity of state and non-state actors and youth leaders and their networks to support access to SRHR information and services; (c) build up the capacity of teachers, parents and faith-based organizations using a combination of advocacy, social mobilization and behaviour change communication to fulfil SRHR of adolescent girls and young people; and (d) strengthen capacity on adolescent health competencies.

C. Outcome 3: Gender equality and women's empowerment

17. *Output 1: Strengthened national capacity to advance gender equality, prevent and respond to gender-based violence and harmful practices, and promote women and girls' empowerment, including in humanitarian settings.* Interventions will: (a) strengthen national capacity to deliver high quality and appropriate prevention, multisectoral (health, psychological, economic) responses for the survivors of GBV; (b) advocate for the adoption and implementation of laws, policies and regulations, of international human rights standards; and (c) strengthen capacity for planning and implementation of gender-transformative approaches for boys and girls.

D. Outcome 4: Population dynamics

18. *Output 1: Enhanced capacities of the national statistics system to produce and use disaggregated population data to inform policy decision-making and development programming, including in humanitarian situations.* This output will support: (a) strengthening national capacity and systems in data collection, management and use for development and humanitarian programming, including PHC, LDHS and small area estimates; (b) collection, analysis and dissemination of disaggregated data on different forms of gender-based violence and harmful practices through the gender-based violence information management system platform; (c) sensitization and advocacy on benefits of achieving the demographic dividend; and (d) capacity building of national experts on demographic dividend programming.

III. Programme and risk management

19. The country programme is the primary unit of accountability to the executive board for country level programme results and resources. UNFPA policies and procedures manual and the internal controls framework prescribe accountabilities of managers (country, regional and headquarters) with respect to country programmes.

20. The Ministry of Finance and Development Planning and UNFPA will jointly coordinate programme monitoring and reviews. The implementing partners will be selected and assessed as per UNFPA policies and procedures. The preferred implementation modality will be the national execution and all partners will conform to the principles of results-based management and accountability, to include prevention of sexual exploitation and abuse. The “harmonized approach to cash transfers” will be fully implemented with spot checks, programmatic monitoring and audit to mitigate risks, based on annual assurance plans.

21. UNFPA will develop and implement a partnership and resource mobilization strategy. The programme will leverage on collaboration opportunities within United Nations country team in the context of the common chapter for joint programming. Partnerships will be strengthened with multilateral and bilateral donors, civil society organizations and private sector. Special emphasis will be put on domestic resources mobilization and the south-south and triangular cooperation.

22. The country office is comprised of a representative, an assistant representative, an international operations manager, national programme officers and support staff. A human resource plan is being updated to reflect programme priorities. The country office will seek technical assistance from consultants, the regional office and headquarters.

23. The office will develop and implement annually an emergency preparedness plan to strengthen the humanitarian response capacity of the programme. In case of emergency, the programme priorities will be reoriented to address the humanitarian needs.

IV. Monitoring and evaluation

24. UNFPA and the government will implement the programme according to the results-based management and joint field visits. Quarterly and annual reviews will be conducted in line with the UNDAF monitoring framework.

25. A midterm review will be conducted in the third year to gauge programme delivery and make programme execution adjustments. At the end of programme implementation, a country programme evaluation will be done as part of the UNDAF evaluation to measure achievements and progress towards targets, and gather experiences, recommendations and lessons learned to inform key priorities for the next programme cycle. The programme will support other types of evaluations (projects, thematic and outcome) and internal capacity of UNFPA staff and partners will be enhanced through attendance at training, workshops and conferences.

Results and resources framework for Liberia (2020-2024)

<p>National priority: Increased access to quality essential health and reduced overall morbidity/mortality with special focus on HIV/AIDS, TB, malaria, and major RMNCAH outcomes</p> <p>UNDAF Outcome 1: By 2024, the most vulnerable and excluded groups have improved quality of life with rights-based, gender sensitive, inclusive, equitable access and utilization of essential social services in an environment free of discrimination and violence including in humanitarian situations.</p> <p>Indicator: Maternal Mortality Ratio. <i>Baseline:</i> 1,072/100,000, <i>Target:</i> 804/100,000, Contraceptive Prevalence Rate: <i>Baseline:</i> 19; <i>Target:</i> 33</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 1: Sexual and reproductive health</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> CPR, age disaggregated <i>Baseline:</i> 19 %; <i>Target:</i> 33% Baseline for adolescents: 16.4%; <i>Target:</i> 24.6% Proportion of SBA <i>Baseline:</i> 61%; <i>Target:</i> 76% Unmet need for family planning, age disaggregated <i>Baseline (national):</i> 31%; <i>Target:</i> 23.3% <i>Baseline (adolescents):</i> 59.5%; <i>Target:</i> 45% Adolescent birth rate <i>Baseline:</i> 177/1,000; <i>Target:</i> 133 	<p><u>Output 1:</u> Women, adolescents and youth especially marginalized and furthest behind, have improved access to quality gender-responsive, comprehensive and integrated SRHRs information and services, including family planning and STIs/HIV and in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of obstetrical fistula cases repaired (surgery, catheterization/probe placement) <i>Baseline:</i> 0; <i>Target:</i> 300 Number of designated EmONC facilities supported to comply with minimum standards for EmONC <i>Baseline:</i> 0; <i>Target:</i> 26 facilities (8 hospitals, 8 health centres and 10 clinics) Number of midwifery schools supported to comply with ICM/ WHO Standards for preservice curriculum. <i>Baseline:</i> 0; <i>Target:</i> 6 Number of adolescents and young people who have utilized integrated package of SRH information and service (disaggregated by age, sex, disability, type of service and geographic location) <i>Baseline:</i> 0; <i>Target:</i> 178,044 Adolescent health competencies are included in the pre-service curricula of skilled birth personnel <i>Baseline:</i> No. <i>Target:</i> Yes 	Ministry of Health	\$8.5 million \$2.5 million (regular resources); \$6.0 million (other resources)
<p>National priority: Increased access to quality essential health and reduced overall morbidity/mortality with special focus on HIV/AIDS, TB, malaria, and major RMNCAH outcomes</p> <p>UNDAF Outcome: By 2024, the most vulnerable and excluded groups have improved quality of life with rights-based, gender sensitive, inclusive, equitable access and utilization of essential social services in an environment free of discrimination and violence including in humanitarian situations.</p> <p>Indicators: Maternal mortality rate among adolescent mothers: <i>Baseline:</i> 343/100,000 live births; <i>Target:</i> 257/100,000 live births. Teenage pregnancy rate: 33%; <i>Target:</i> 25%; Out-of-school rate reduced to 10%; retention rate increased to >80%; completion rate risen by 20%; by 2023</p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 2: Adolescents and youth</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of young people aged 15-24 years who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male) <i>Baseline:</i> 24%; <i>Target:</i> 35% 	<p><u>Output 1:</u> Adolescents and youth, including the marginalized, youth with disabilities and those furthest behind, have skills and knowledge to claim and make informed choices about their SRHR and well-being, including in humanitarian settings.</p>	<ul style="list-style-type: none"> Number of schools offering comprehensive sexual education based on national curriculum <i>Baseline:</i> 0; <i>Target:</i> 3,450 Number of young people benefiting from comprehensive sexual education (disaggregated by age, disability and type of settings) <i>Baseline:</i> 0; <i>Target:</i> 74,520 Number of teachers trained on comprehensive sexual education in South Eastern Liberia <i>Baseline:</i> 0; <i>Target:</i> 6,603 	Ministry of Education	\$5.0 million \$1.0 million (regular resources); \$4.0 million (other resources)

<p>National priority: Increased access to quality essential health and reduced overall morbidity/mortality with special focus on HIV/AIDS, TB, malaria, and major RMNCAH outcomes</p> <p>UNDAF Outcome: By 2024, the most vulnerable and excluded groups have improved quality of life with rights-based, gender sensitive, inclusive, equitable access and utilization of essential social services in an environment free of discrimination and violence, including in humanitarian situations.</p> <p>Indicator: SGBV prevalence rate reduced by 50% (2023) through provision of appropriate services, awareness and access to justice systems. <i>Baseline: 39; Target: 19.5</i></p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>Outcome 3: Gender equality and women's empowerment</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Percentage of ever partnered girls and women 15 years and over subjected to physical, sexual, psychological or economic violence by age <i>Baseline: 39%; Target: 25% reduction</i> SGBV prevalence rate <i>Baseline: 39%; Target: 25%</i> 	<p><u>Output 1:</u> Strengthened national capacity to advance gender equality, prevent and respond to gender-based violence and harmful practices, and promote women and girls' empowerment, including in humanitarian settings</p>	<ul style="list-style-type: none"> Number of gender-based violence victims who received SRHR & SGBV services <i>Baseline: 0; Target: 6,000</i> Number of health facilities supported to offer integrated SRHR & SGBV services <i>Baseline: 0; Target: 18</i> Number of women and girls who have experienced violence reached by social services implemented through UNFPA support <i>Baseline: 0; Target: 5,000</i> 	<p>Ministries of Gender, Children and Social Protection; Health; Justice and Information</p>	<p>\$ 3.0 million \$1.0 million (regular resources) \$2.0 million (other resources)</p>
<p>National priority: Availability of evidence-based data for improved and inclusive policy environment for economic growth and balanced revenue and expenditure outcomes</p> <p>UNDAF Outcome: By 2024, people in Liberia, especially the vulnerable and disadvantaged, benefit from strengthened institutions that are more effective, accountable, transparent, inclusive and gender responsive in the delivery of essential services at the national and subnational levels.</p> <p>Indicator: Census available: <i>Baseline: No; Target: Yes.</i> DHS available: <i>Baseline: No; Target: Yes.</i></p>				
<p>Outcome 4: Population dynamics</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Digital census conducted in line with new international standards <i>Baseline: No; Target: Yes</i> DHS conducted in line with international standards <i>Baseline: No; Target: Yes</i> 	<p><u>Output 1:</u> Enhanced capacities of the national statistics system to produce and use disaggregated population data to inform policy decision-making and development programming, including in humanitarian situations</p>	<ul style="list-style-type: none"> Number of census monographs produced <i>Baseline: 0; Target: 10</i> Existence of a Common Operational Data Set for Population Statistics <i>Baseline: No; Target: Yes</i> Number of annually analysed and disaggregated GBV/IMS data <i>Baseline: 0 Target: 5</i> Number of government functionaries trained and equipped to collect, analyse and utilise data for programming <i>Baseline: 0; Target: 100</i> National Demographic Dividend Roadmap finalized, launched and disseminated <i>Baseline: No; Target: Yes</i> Number of analyses of implications of demographic dividend elaborated for use in public policymaking <i>Baseline: 0; Target: 10</i> 	<p>Ministries of Finance and Development Planning; Health; Education; Liberia Institute of Statistics and Geo-Information Services</p>	<p>\$8.4 million \$1.4 million (regular resources); \$7 million (other resources)</p>