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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Final country programme document for Liberia

Proposed indicative UNFPA assistance: \$32.5 million: \$7.5 million from regular resources and \$25 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2013-2017)

Cycle of assistance: Fourth

Category per decision 2007/42: A

Proposed indicative assistance (in millions of \$):

| Strategic Plan Outcome Area | Regular resources | Other | Total |
|---|-------------------|-------------|-------------|
| Maternal and newborn health | 1.9 | 8.0 | 9.9 |
| Family planning | 1.1 | 6.0 | 7.1 |
| Gender equality and reproductive rights | 0.9 | 5.0 | 5.9 |
| Young people's sexual and reproductive health and sexuality education | 1.3 | 4.0 | 5.3 |
| Data availability and analysis | 1.2 | 2.0 | 3.2 |
| Programme coordination and assistance | 1.1 | 0.0 | 1.1 |
| Total | 7.5 | 25.0 | 32.5 |

I. Situation analysis

1. Liberia is moving towards sustainable development after 14 years of conflict. Despite experiencing a remarkable recovery since 2005, the country remains fragile and lacks basic social services. Liberia ranks 182 of 187 countries on the UNDP human development index, with a score of 0.329.

2. According to the 2008 population and housing census, the population is 3.5 million. The annual growth rate is 2.1 per cent, and the sex ratio is 1:1. The total fertility rate is 5.8 children per woman. Sixty-four per cent of the population lives below the poverty line.

3. The age structure of the population of Liberia is young. Sixty-three per cent of the population is younger than 25. Youth, some of whom are ex-combatants, face formidable challenges, including limited access to employment, stable sources of income, education, and sexual and reproductive health information and services. Early marriage, sex work and teenage pregnancy are common among girls. Approximately 58 per cent of adolescent girls with no education are mothers, compared to 17 per cent of those with secondary and higher education.

4. The maternal mortality ratio is one of the highest in the world (994 maternal deaths per 100,000 live births). Although the number of functional health facilities increased by 55 per cent, from 354 in 2006 to 550 in 2010, there is a lack of health facilities offering emergency obstetric and newborn care. Seventy-five per cent of these facilities lack at least one or two of the signal functions provided by an ideal emergency obstetric care facility.

5. There are frequent stock-outs of essential reproductive health drugs and an inadequate number of skilled birth attendants. Forty-six per cent of deliveries are assisted by skilled attendants, and 63 per cent of women deliver at home. Access to high-quality, affordable reproductive health care remains a challenge.

6. Although there are no national data on the prevalence of obstetric fistula, 875 cases were repaired between 2007-2011, with patients having an average age range of 11-20 years. There is still a large backlog of obstetric fistula cases requiring treatment.

7. The contraceptive prevalence rate is low at 11 per cent, and the unmet need for family planning is 36 per cent. This is due to inadequate family planning information and services, frequent stock-outs of contraceptive commodities, the poor logistics management chain, and cultural norms and beliefs.

8. The overall HIV/AIDS prevalence rate is estimated at 1.5 per cent. However, the prevalence rate among pregnant women is higher (4 per cent). Adolescent girls are three times more at risk of contracting HIV than boys.

9. Gender inequality is prevalent. This inequality manifests itself in high levels of poverty, unemployment and illiteracy among youth, women and girls, as well as in the high incidence of gender-based violence. Rape and domestic violence account for over 70 per cent of all reported cases of gender-based violence. Although there are no data on the prevalence of female genital cutting, the persistence of this and other harmful traditional practices undermines the human rights of women and girls and negatively impacts their sexual and reproductive health.

II. Past cooperation and lessons learned

10. UNFPA assistance to Liberia began in 1979. The outbreak of civil war in 1989 disrupted the first and second country programmes. Through the third country programme, 2008-2012, UNFPA provided support for reproductive health, population and development, gender equality, and HIV/AIDS.

11. The reproductive health component of the programme strengthened the policy framework and national health-service delivery by

supporting the: (a) development of the national health policy and plan; (b) revision of the reproductive health policy; (c) revision and costing of a 10-year road map for accelerating the reduction of maternal and newborn morbidity and mortality; and (d) upgrading of seven hospitals and 21 health centres and clinics to expand access to emergency obstetric care.

12. The programme also supported: (a) the promotion of comprehensive condom programming in seven counties; (b) the implementation of a holistic fistula programme, including prevention, treatment, rehabilitation and social reintegration; (c) the promotion of reproductive health commodity security and the inclusion of reproductive health commodities on the essential drugs list; and (d) the strengthening of technical and institutional capacity for logistics and programme management. Challenges include the need to reduce maternal and newborn mortality, strengthen the delivery of health services, implement existing policies and meet the needs of youth.

13. In the area of population and development, UNFPA, as the lead agency, supported the 2008 national population and housing census and the analysis and dissemination of census data. This made reliable data available for development planning for the first time in 24 years. It also provided an up-to-date sampling frame for sample surveys. The programme supported the revision of the national population policy as well as capacity development for mid-level statisticians at the Institute for Population Studies. Although Liberia has made progress in ensuring the availability of data, there are still capacity gaps in utilizing existing data for planning and policy formulation.

14. UNFPA support enabled the country to ensure that gender mainstreaming was guided by policy through the formulation of the gender policy and its implementation plan. It also supported the gender-based violence plan of action for 2008-2011 and 2012-2015. The national gender policy identifies

the eradication of gender-based violence as a priority.

15. The programme strengthened access to justice through the creation of a special court (Criminal Court E) and a prosecution unit to address sexual and gender-based violence. The programme also helped the Government to submit the first to sixth combined report on the Convention on the Elimination of All Forms of Discrimination against Women. There is still a need to strengthen the legal and policy frameworks to address gender-based violence, domestic violence and harmful traditional practices, including female genital cutting.

16. The country programme supported the United Nations 'delivering as one' initiative through the formulation and implementation of joint programmes of the Government and the United Nations on: (a) sexual and gender-based violence; (b) youth employment and empowerment; (c) adolescent girls; and (d) HIV/AIDS.

17. Lessons learned from the third country programme and the end-of-programme evaluation underlined the need for: (a) strategic partnerships and a clear geographic demarcation of programme interventions; (b) effective monitoring and evaluation systems; (c) an effective government coordinating authority to enhance the quality and efficiency of programme delivery; and (d) joint programmes to enhance programme effectiveness and opportunities for resource mobilization.

III. Proposed programme

18. UNFPA and the Government developed the draft country programme using a participatory consultative process involving United Nations organizations, other development partners and civil society organizations. The proposed programme seeks to improve the lives of the people of Liberia, especially youth and women. This will be achieved by: (a) strengthening the capacity to implement comprehensive sexual and reproductive health services and rights to reduce

maternal mortality, obstetric fistula, teenage pregnancy, female genital cutting, and gender-based violence; and (b) building systems to ensure the availability of data that addresses population dynamics and its interlinkages with the needs of youth.

19. The proposed programme is aligned with: (a) the Liberia poverty reduction strategy (the Agenda for Transformation through Action, 2013-2017); and (b) United Nations Development Assistance Framework (UNDAF) pillars 1, 2 and 3. The national 10-year health plan, the road map for reducing maternal mortality and morbidity, and other sectoral policies and plans informed the proposed programme.

20. The programme responds to five outcomes of the UNFPA strategic plan. It incorporates advocacy and communication, partnership, networking and capacity-building, and integrates a rights-based and gender-responsive approach.

Maternal and newborn health

21. Output 1: Strengthened capacity of health systems to deliver emergency obstetric and newborn care in selected health institutions for women and young people. Strategies include building the capacity of health personnel, equipping health facilities and advocating a United Nations joint programme on maternal and newborn health. This will be achieved by: (a) strengthening the health-referral system; (b) supporting maternal death reviews and audits; (c) enhancing coordination and the health management information system; (d) implementing the minimum initial service package for emergencies and recovery; and (e) training skilled birth attendants, including midwives.

22. Output 2: Enhanced national capacity to prevent and treat obstetric fistula and to reintegrate into society survivors of obstetric fistula. Strategies include advocacy and capacity-building to prevent and treat obstetric

fistula. This will be achieved by: (a) integrating fistula treatment into health-care delivery, (b) promoting the social integration and economic empowerment of survivors; and (c) increasing community awareness regarding the prevention of obstetric fistula.

Family planning

23. Output 1: Strengthened national systems for reproductive health commodity security. Strategies include capacity-building focusing on family planning and comprehensive reproductive health services, with linkages to maternal health care and HIV prevention. This will include: (a) forging partnerships with the Ministry of Health and other partners; (b) managing the delivery of reliable supplies of modern contraceptives; (c) strengthening the demand for family planning through social marketing initiatives; and (d) supporting the implementation of the supply-chain master plan.

Gender equality and reproductive rights

24. Output 1: Strengthened national capacity to implement international agreements, national legislation and policies in support of gender equality and reproductive rights. Strategies include supporting advocacy and strengthening partnerships with civil society groups, legislators and women ministers. This will be achieved by: (a) building the capacity for State party reporting; (b) advocating the enactment of gender-related laws and policies; and (c) promoting policy dialogue with opinion leaders to formulate policies to combat harmful traditional practices and female genital cutting.

25. Output 2: Strengthened national capacity to address gender-based violence through a multisectoral approach and through the provision of high-quality services to survivors, including in humanitarian settings. To achieve this output, the programme will: (a) promote community participation and networking; (b) encourage the involvement of men in programmes to address gender-based violence; and (c) increase the awareness of the mass

media regarding gender-based violence, teenage pregnancy and harmful traditional practices. Interventions will support: (a) the establishment of networks; (b) research; (c) holistic care for survivors of gender-based violence; and (d) the capacity enhancement of service providers.

Young people's sexual and reproductive health and sexuality education

26. Output 1: Improved sexual and reproductive health services to meet the needs of marginalized youth and adolescents in selected areas. To achieve this output, the programme will support: (a) advocacy and capacity development for the provision of adolescent-friendly and youth-friendly services; and (b) the strengthening of coordination and partnerships to address the needs of youth and adolescent girls.

27. Interventions will support: (a) youth-friendly and adolescent-friendly services; (b) sexuality education and life-skills education for in-school and out-of-school youth; (c) research; and (d) multi-media efforts to raise community awareness of and increase community engagement in issues related to sexual and reproductive health, the prevention of HIV, and family planning.

Data availability and analysis

28. Output 1: Strengthened national capacity for data analysis to inform decision-making and policy formulation regarding population dynamics, youth, gender equality and sexual and reproductive health. UNFPA will support the national capacity to analyse, disseminate and utilize data. Planned interventions include: (a) supporting the assessment of national and county plans to ensure the integration of gender-disaggregated data to address the needs of women and youth; (b) building the capacity of national institutions to manage data, including gender statistics; and (c) supporting the implementation of the national population policy and the youth policy.

IV. Programme management, monitoring and evaluation

29. National execution continues to be the preferred implementation arrangement for UNFPA. In line with the decision of the United Nations country team, the programme will use the harmonized approach to cash transfers. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

30. UNFPA will support United Nations reform and the 'delivering as one' initiative by participating in joint programmes with other United Nations organizations and partners. UNFPA will mobilize and leverage additional resources to implement the programme.

31. UNFPA and the Government will execute the programme within the framework of results-based management and will monitor the programme by aligning it with the national poverty reduction strategy, the UNDAF and the Millennium Development Goals.

32. The country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff to provide technical and programme expertise as well as associated support, including strengthening staff security. UNFPA will seek technical assistance in strategic areas of the programme from the regional office and from international and national experts.

RESULTS AND RESOURCES FRAMEWORK FOR LIBERIA

| National development priorities or goals: (a) poverty reduction strategy 2; and (b) pillar 3: human development UNDAF outcome: the population has increased access to and utilization of equitable, affordable and high-quality health and nutrition services | | | | |
|---|--|--|---|---|
| UNFPA strategic plan outcome | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
| Maternal and newborn health <u>Outcome indicators:</u> <ul style="list-style-type: none"> Maternal mortality ratio Baseline: 994 maternal deaths per 100,000 women; Target: 666/100,000 Neonatal mortality rate. Baseline: 71/1,000 live births; Target: 60/1,000 Births attended by skilled health personnel Baseline: 22%; Target: 40% | <u>Output 1:</u> Strengthened capacity of health systems to deliver emergency obstetric and newborn care in selected health institutions for women and young people | <u>Output indicators:</u> <ul style="list-style-type: none"> Number of health facilities supported to provide emergency obstetric and neonatal care services. Baseline: 26; Target: 41 Number of skilled birth attendants, including midwives, trained with UNFPA support Baseline: 90; Target : 200 | Ministry of Health and Social Welfare; Midwifery Training Institutions; Relevant United Nations organizations | \$9.9 million (\$1.9 million from regular resources and \$8 million from other resources) |
| | <u>Output 2:</u> Enhanced national capacity to prevent and treat obstetric fistula and to reintegrate into society survivors of obstetric fistula | <u>Output indicators:</u> <ul style="list-style-type: none"> Number of women treated for fistula with UNFPA support Baseline: 875; Target: 1,375 Number of fistula survivors empowered and reintegrated Baseline: 220; Target: 520 | Ministry of Health and Social Welfare Civil society organizations | |
| Family planning <u>Outcome indicators:</u> <ul style="list-style-type: none"> Contraceptive prevalence rate Baseline: 11%; Target: 16% Unmet need for family planning Baseline: 33%; Target: 20% | <u>Output 1:</u> Strengthened national systems for reproductive health commodity security | <u>Output indicators:</u> <ul style="list-style-type: none"> Percentage of facilities supported that reported no stock-outs of at least three modern contraceptives within the last three months Baseline: 30%; Target: 45% Percentage of districts and counties with community-based distribution of reproductive health commodities Baseline: 5%; Target: 25% in four counties | Ministry of Health and Social Welfare; National Drug Services Civil society organizations; Planned Parenthood Association of Liberia | \$7.1 million (\$1.1 million from regular resources and \$6 million from other resources) |
| National development priorities or goals: poverty reduction strategy, cross-cutting issues: (a) gender equality; (b) youth empowerment; (c) HIV/AIDS; and (d) human rights UNDAF outcome: Liberia has an improved, inclusive rule of law framework for the effective administration of and equitable access to justice, in compliance with international human rights standards | | | | |
| Gender equality and reproductive rights <u>Outcome indicator:</u> <ul style="list-style-type: none"> Number of rights-based and gender-responsive frameworks (policies and laws developed and implemented) Baseline: rape law, national | <u>Output 1:</u> Strengthened national capacity to implement international agreements, national legislation and policies in support of gender equality and reproductive rights | <u>Output indicators:</u> <ul style="list-style-type: none"> Number of institutions supported to report and implement the Convention on the Elimination of All Forms of Discrimination against Women. Baseline: 1; Target: 5 Number of new gender-related laws and policies formulated and implemented Baseline: 2; Target: 5 | Ministries of: Gender; Health and Social Welfare; and Justice; House of Representatives; House of Senate; United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women); | \$5.9 million (\$0.9 million from regular resources and \$5 million from other resources) |

| | | | | |
|---|--|--|--|---|
| <p>gender policy; Target: gender equity bill and domestic violence act; female genital mutilation/cutting policy</p> | <p><u>Output 2:</u> Strengthened national capacity to address gender-based violence through a multisectoral approach and through the provision of high-quality services to survivors, including in humanitarian settings</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of people trained to manage and prevent gender-based violence Baseline: 66; Target: 200 • Number of gender-based violence survivors accessing support services in ‘safe homes’ • Number of UNFPA-supported community-based organizations and networks advocating against female genital mutilation/cutting and gender-based violence Baseline: 4; Target: 30 | <p>civil society organizations</p> <p>Women and Children Protection Section; Ministries of Gender and Development; Justice; Health and Social Welfare; UN-Women; civil society organizations</p> | |
| <p>Young people’s sexual and reproductive health and sexuality education <u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Adolescent birth rate Baseline: 68%; Target: 50% | <p><u>Output 1:</u> Improved sexual and reproductive health services to meet the needs of marginalized youth and adolescents in selected areas</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Number of institutions and groups supported to provide essential sexual and reproductive health services to young people Baseline: 6; Target: 10 • Number of primary and secondary schools with sexuality education programme Baseline: 2,000; Target: 3,500 | <p>Ministries of: Education; Health and Social Welfare; and Youth and Sports; Population Services International; International Planned Parenthood Association of Liberia</p> | <p>\$5.3 million (\$1.3 million from regular resources and \$4 million from other resources)</p> |
| <p>National development priorities or goals: (a) poverty reduction strategy 2, pillar 2: economic transformation and cross-cutting issues; (b) youth empowerment; and (c) HIV/AIDS UNDAF outcome: (a) economic transformation; and (b) improvement in the availability of relevant data and statistics in support of evidence-based policy formulation and evaluation to enhance a stable and inclusive macroeconomic environment</p> | | | | |
| <p>Data availability and analysis <u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Number of surveys that allow for the estimation of Millennium Development Goal 5b indicators Baseline: 2; Target: 4 | <p><u>Output 1:</u> Strengthened national capacity for data analysis to inform decision-making and policy formulation regarding population dynamics, youth, gender equality and sexual and reproductive health</p> | <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Tools to integrate population and development, reproductive health and gender concerns into development frameworks are available Baseline: 0; Target: 6 • Number of institutions supported to produce, manage and analyse data, including gender-related statistics Baseline: 2; Target: 3 | <p>Ministries of: Gender; Health; Planning and Economic Affairs; and Youth and Sports; Liberia Institute for Statistics and Geo-Information Services; University of Liberia</p> | <p>\$3.2 million (\$1.2 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1.1 million from regular resources</p> |