

EVALUATION REPORT

UNICEF Country Programme Evaluation of Liberia (2020-2024)



UNICEF LIBERIA

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List of Acronyms

AAID	ARREST Agenda for Inclusive Development
AAP	Accountability for Affected Populations
ACF	Action Contre la Faim
AFT	Agenda for Transformation
AMP	Annual Management Plan
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CFC	Child Friendly Communities
cMYR	Comprehensive Mid-Year Review
CPD	Country Programme Document
CRC	Convention of the Rights of the Child
CSOs	Civil Society Organizations
CWC	Communications with Communities
DHIS	District Health Information Software
DHS	Demographic and Health Survey
DIPAS	UNICEF's Disability Inclusion Policy and Strategy
ECE	Early Childhood Education
ELBE	Early Learning and Basic Education
EMIS	Education Management Information System
EQ	Evaluation Question
ESIP	Education Sector Integrated Plan
FGD	Focus Group Discussions
FGM/C	Female Genital Mutilation/Cutting
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-based violence
GEEP	Gender Equitable Education Programme
GoL	Government of Liberia
GPE	Global Partnership for Education
HCI	Human Capital Index
HQ	UNICEF Headquarters
HTS	Harmonized Test Score
IOM	International Organization for Migration
JC	Judgement criteria
KII	Key Informant Interviews
KRC	Key Results Criteria
LCO	UNICEF Liberia Country Office
LCP	Liberia Country Programme
LISGIS	Liberia Institute of Statistics and Geo-Information Services

NDP	National Development Plans
ODF	Open Defecation Free
NGOs	Non-Governmental Organizations
PAPD	Pro-Poor Agenda for Prosperity and Development 2019-2023
PCA	Partnership Cooperation Agreement
PF4C	Public finance for children
PSN	Programme Strategy Notes
RAM	Results Assessment Module
SDGs	Sustainable Development Goals
SitAn	Situation Analysis
SMR	Strategic Moment of Reflection
SQ	Sub-question
SUN	Scaling Up Nutrition
ToC	Theory of Change
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNSC	United Nations Security Council
UNV	United Nations Volunteers
WCARO	UNICEF West and Central Africa Regional Office
WHO	World Health Organization

Executive Summary

Introduction

1. **This evaluation offers a systematic and objective assessment** of the UNICEF Liberia Country Programme (LCP) from 2020-2024. **The object of the evaluation** is the UNICEF LCP (2020-2024), with the CPD aligned with the Government of Liberia’s Pro-Poor Agenda for Prosperity and Development (PAPD) and the United Nations Sustainable Development Cooperation Framework (UNSDCF).
2. The current **LCP aims to support Liberian children in exercising their rights to survival, development, protection, and participation**. From 2020 to 2024, UNICEF prioritized reducing the under-five mortality rate through primary health care support, improving adolescent nutrition, eliminating open defecation, ensuring equitable access to education, strengthening systems to prevent violence against children, and expanding birth registration – implemented across all 15 counties.
3. **The evaluation aimed to serve dual accountability and learning functions**. Its specific purpose was to (a) assess UNICEF's strategic positioning, (b) to ascertain its effectiveness in achieving the intended outcomes, (c) examine strategic and sectoral implementation strategies, and (d) assess the utilization of evidence to inform programming. This evaluation aims to inform future programming, including the design of the next Liberia Country Programme Document (CPD) covering the 2026-2030 period.
4. **The evaluation scope covers the duration of the LCP from January 2020 to December 2024**, including the entirety of UNICEF programmes implemented in Liberia. The thematic scope covers four sectoral programmes, including (i) Child Survival and Development, (ii) Early Learning and Basic Education, (iii) Child Protection, and (iv) Programme Effectiveness.
5. **The primary users of the evaluation** include the UNICEF LCO, the GoL, the UNICEF West and Central Africa Regional Office (WCARO), and Headquarters (HQ). Secondary users include the GoL, national partners, UN Country Teams (UNCT), development agencies, and programme beneficiaries.
6. **This evaluation is theory-driven, adopted a mixed-methods approach and was utilization focused**, in particular to inform the upcoming 2026-2030 LCP. The evaluation was conducted as a sequenced process across three phases – the inception, data collection and analysis, and the reporting phases. The evaluation collected primary and secondary data, through a portfolio analysis, a document review, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and a mini survey. The evaluation team conducted a 10-day field visit, covering stakeholders in Monrovia, Grand Cape Mount, and Grand Gedeh. The data was synthesized to answer six evaluation questions, assess the Theory of Change (ToC), and draw relevant lessons. The findings were validated by the UNICEF Country Management Team (CMT) and the Evaluation Reference Group (ERG) in two participatory sessions.
7. **The evaluation approach was guided by the principles of the UNEG Norms and Standards of Evaluation** (2016), the Draft revised evaluation policy of UNICEF (2023), and the Revised Evaluation Policy of UNICEF (2018).
8. **The Liberia CPD has an allocated budget** of USD \$97,471,238.

Key Findings and Conclusions

Needs and Vulnerabilities

9. **The UNICEF LCP largely aligned with the needs of Liberia’s children, women, and vulnerable populations** by leveraging analytical tools and partnerships. However, data limitations constrained precise targeting of marginalized groups by disability, ethnicity, and location.
10. **The lack of continuous community feedback, resource trade-offs, and fragmented implementation adversely impacted the LCP’s relevance.** The GoL’s centralized governance structure further hindered localized targeting, exacerbating gaps between design and implementation.

Gender, Equity and Human Rights

11. **The UNICEF LCP has made progress in integrating gender, equity, and human rights (GEHR)** into its programming, but the lack of a dedicated gender officer, limited funding, and weak gender-responsive indicators hinder deeper GEHR mainstreaming and scaling of successful initiatives.
12. **Support for marginalized groups, particularly children with disabilities, remains under-developed due to insufficient disaggregated data.** Therefore, strengthening GEHR expertise, expanding sectoral integration, and embedding responsive indicators into monitoring frameworks are critical.

Reciprocal Partnerships

13. **The UNICEF LCP has collaborated well with the GoL, driving significant policy advancements,** and maintaining a strong alignment with UN and donor priorities. However, centralized governance, delayed funding, inefficient procurement, and low public investment in social services hinder effective implementation, leaving the GoL heavily reliant upon UNICEF for service delivery.
14. **UNICEF has yet to fully leverage diverse partnerships, alternative implementation models, and risk-sharing approaches** with CSOs and the private sector. With the new administration’s development priorities there is an opportunity to shift from direct service provision to strengthening government systems, enhancing accountability, and reinforcing the GoL’s role as the primary duty-bearer.

Strategic and Sectoral Gains

15. **The UNICEF LCP showed varying effectiveness,** with strong outcomes in improving neonatal health, targeted HIV interventions, increased birth registration, and improved school transition rates. UNICEF’s support in strengthening cold chain infrastructure has been vital for boosting immunization efforts – though key targets remain unmet.
16. **Procurement inefficiencies have also led to supply delays.** Despite its potential, the PF4C initiative has yet to yield meaningful results due to its late initiation, resource constraints, and the lack of a dedicated Social Policy Specialist. Scaling and sustaining progress will be difficult due to chronic social sector underfunding – UNICEF can support this transition by aligning with Liberia’s new development agenda to secure child-focused financing.

Budget, Resources, and Efficiencies

17. **The UNICEF LCP's ambitious goals exceeded its financial and staffing capacity, with 25% of the budget still unfunded** as of June 2024. While health interventions have been cost-effective, and investments in education have shown tangible long-term benefits, other sectors (such as WASH, gender, PF4C, etc.) have faced severe deficiencies in funding.
18. **Implementation has also suffered from delays in reporting, funding disbursement, and stock replenishment**, particularly due to late government payments, creating major bottlenecks in 2022-2023 and directly impacting service delivery. Additionally, UNICEF's limited field presence has reduced its ability to address localized challenges promptly.

Results Based Management

19. **The UNICEF LCP made moderate progress in embedding Results Based Management (RBM) principles.** However, RBM is not applied as a core strategy, undermining the programme's ability to track progress and adjust strategies. Moving forward, UNICEF must institutionalize a structured and data-driven RBM approach.

Sustained Results

20. **The UNICEF LCP made limited progress in enhancing sustainability** and remains a critical gap. Liberia's heavy reliance on external aid and inadequate domestic investment in key social sectors pose significant risks to programme sustainability.
21. **Environmental risks remain largely unaddressed by the LCP, with no integration of climate resilience into programme planning.** Given Liberia's weak fiscal environment and vulnerability to climate shocks, UNICEF must embed sustainability as a core programming component.

Lessons Learned

22. **Lesson 1:** The absence of a unified ToC led to fragmented sectoral interventions, which negatively impacted on the overall coherence and efficiency of the programme.
23. **Lesson 2:** Centralized planning processes with limited community participation do not effectively incorporate localized context, needs and priorities, reducing the programme's relevance.
24. **Lesson 3:** Balancing breadth and depth in programmes are critical to avoid fragmentation and the risk of spreading resources too thin. While broad coverage ensures inclusivity and wide reach, it can dilute the focus on critical vulnerabilities of children.
25. **Lesson 4:** Engaging a limited variety of partners and thus having to rely on a single implementation model restricts opportunities for achieving diverse results and heightens operational risks.
26. **Lessons 5:** Over-reliance on UNICEF for direct service delivery has delayed progress in building government capacity for long-term sustainability.
27. **Lesson 6:** The experience with UNVs offers valuable insights, which could inform strategies for

improving decentralized operations and enhancing UNICEF's field presence.

28. **Lesson 7:** UNICEF-supported community initiatives, such as Diversion Clubs, Girls' Advocacy Groups, and the Children's Forum, result in community-driven solutions that address critical issues affecting children and adolescents, making schools more inclusive and attractive to students.

Recommendations

Recommendation 1 (Needs): The LCP should revisit and refocus on vulnerabilities.

29. Shift from nationwide systemic vulnerabilities to more compounding and intersecting vulnerabilities, emphasizing on specific challenges faced by 'adolescent girls'. Prioritizing intersectional and compounding vulnerabilities in greater depth would facilitate a clearer understanding of the drivers behind these vulnerabilities.

Recommendation 2 (Needs): The LCP should strengthen gender mainstreaming across all sectors and make 'adolescent girls' the starting point of the programming.

30. Plan for the programme to be centred around 'adolescent girls' – this does not mean that boys are excluded but aims to enhance an equity-based strategic focus. Budget for a dedicated gender focal point or officer to ensure a more strategic approach and increase budget allocations for multi-sectoral gender-responsive programming. At policy level, expand advocacy on FGM by working with local communities, to promote culturally sensitive strategies.

Recommendation 3 (Needs): The LCP should urgently address gaps in disability inclusion.

31. Address urgent gaps in disability inclusion, and beyond just the policy and advocacy level. Ensure disability inclusion in education, CSD, and social services, and contribute to collecting disaggregated data to understand disparities and support targeted interventions.

Recommendation 4 (Programming Strategy): The LCP should trade-off and develop a unified, cross-sectoral, and integrated strategy centred around an 'adolescent girl' narrative.

32. Balance the breadth and depth of the upcoming CPD (2026-2030) to ensure that it aligns with the available resources and capacities. The country strategy should be unified, integrated, and cross-sectoral to ensure coherence in addressing both the drivers and the intersectional vulnerabilities of adolescent girls.

Recommendation 5 (Programming Strategy): Gradually shift focus from service delivery to system strengthening that have prospects of sustainability.

33. Phase out broad service delivery interventions in favor of more targeted and sustainable approaches. Retain a role in the supply of nutrition and immunization commodities, but with a clear objective to improve supply efficiency by digitizing supply chains and streamlining distribution. Redesign capacity-building efforts to focus on achieving measurable outcomes by targeting quantifiable results.

Recommendation 6 (Programming Strategy): Upstream level focus on child rights that have sustained potential.

34. UNICEF should continue policy efforts that benefit child rights and have realistic potential for rollout and should step up social policy strategic engagement to shift focus towards service delivery and systems strengthening. UNICEF is advised to collaborate with the GoL to transition towards a more sustainable, government-led implementation framework.

Recommendation 7 (Processes): Support and advance the GoL's decentralization process.

35. UNICEF is recommended to support the GoL in their decentralization process under a piloted and OneUN coordinated approach.

Recommendation 8 (Processes): Improve In-House Efficiency

36. Realign staffing and funding allocations to ensure they are commensurate with programmatic priorities and ambitions and enhance UNICEF's field presence through a redesigned role for UNV.

Recommendation 9 (Processes): Generate more and better evidence on what works.

37. Institutionalize RBM as a core strategy within the LCP, and augment efforts to build Liberia's data infrastructure.

Recommendation 10 (Sustainability): Ensure a sustainability informed programming.

38. Ensure that financial sustainability is a key criterion to inform prioritization, strategies, and approaches for the programme during the planning phase.
39. Accelerate PF4C efforts, advocate for dedicated government budget lines in underfunded sectors, and diversify partnerships, including with private sector actors, to reduce dependency on external funding.
40. Continue to identify opportunities and mobilize funding for the programme and ensure UNICEF's successes are visible. Establish partnerships with more development actors, donors, and particularly private sector actors, at the national level, to leverage Nexus opportunities.
41. Embed green principles into the programming. As part of the 2026-2030 CPD, develop a comprehensive environmental strategy to mainstream climate resilience.
42. Continue to invest in building local capacity that leverage advocacy on child rights and generate service demand. Sustain support and scale up community-based initiatives that actively engage local actors and provide measurable impact as change agents.

1 Country Context and UNICEF Country Programme

1.1 Country Context

1.1.1 Demography

43. Liberia, classified as a low-income country, has an estimated **population of 5.25 million**, with 50.4% being male, and 49.6% female. Furthermore, Liberia is an increasingly young nation, with **2.18 million** children (between the ages of 0-17), constituting approximately **41.5%** of the country's total population.¹ The youth-oriented distribution of Liberia's population demonstrates the importance of UNICEF's child and adolescent focused efforts in the country, with 10.5% between the age of 0-4, 11.7% between the ages of 5-9, 12% between the ages of 10-14, and 7.3% between the ages of 15-17.² As of 2023, 46.4% of the population lived in rural areas, while 54.6% lived in urban areas.³ With an estimated annual population growth rate of **2.3%**, the population of children in Liberia would surpass **2.2 million** and the population of adult women would exceed **1.56 million** by 2030 – accounting for 33.8% and 24% of the estimated total population respectively.¹
44. Liberia is one of the smaller countries in the Economic Community of West African States (ECOWAS) region. The country features a diverse **topography**, with forests that account for about 68% of its land area.⁴ Liberia's abundant water resources and forest reserves while vital to its people, makes it very vulnerable to climate change and deforestation.⁵

1.1.2 Poverty Prevalence

45. According to the 2016 Household Income and Expenditure Survey, **50.9% of the population live below the national poverty line**, with about 2.3 million people unable to meet their basic needs. Poverty, limited access to quality education, healthcare, and WASH services disproportionately affects rural areas, where 71.6% of people live below the poverty line, compared to 31.5% in urban areas.⁶
46. Significant progress has been made in the curtailment of **Multidimensional Poverty**, which has declined from 81.4% in 2007 (63.5% in 2013) to 52.3% in 2019-20 (SDG 1.2), including 24.9% in severe multidimensional poverty and 23.3% "vulnerable" to slipping back into poverty.⁷ A problematic dimension is the prevalence of under-nourishment which remains as high as 38.4 % (2020-2022). This is 5% points up from the result in the 2004-2006 period and twice as high as the average prevalence in Africa.^{8,9}
47. As of 2022, Liberia has a Human Capital Index (HCI) score of **0.32**, which indicates that a Liberian child – due to their inequitable and inhibited access to health, education and other vital public services – would only be able to achieve 32% of their potential productivity across their respective lifespans.¹⁰

¹ This data has been extracted from the World Bank's Open Data Portal – and an estimate has been calculated using the estimated population growth rate for 2023 (2.3%) and compounded over the 2026-2030 period. The overall population of Liberia, calculated according to these metrics, would increase to **6.49 million** by 2030.

It can be observed that girls have a relatively higher HCI (0.36) compared to boys (0.33).¹¹

48. **Liberia continues to grapple with the long-term effects of the 2014–2016 Ebola outbreak**, which claimed over 4,800 lives, including 8% of healthcare workers (approximately 83 doctors, nurses, and midwives).¹² The epidemic severely disrupted health services and education, setting back national development efforts and exposing critical weaknesses in the country’s health system.¹³
49. **The COVID-19 pandemic further strained Liberia's fragile public healthcare system**, with vulnerable segments of the population – particularly women, children, persons with disabilities, and those in the lowest economic quintile – most acutely impacted by these exogenous shocks and humanitarian emergency contexts.¹⁴ As a result of these “shocks”, Liberia’s transition from emergency-oriented interventions, which solely focused on providing essential life-saving support, towards developing long-term resilience and achieving sustainable development ambitions was severely hampered – with sectors such as education, health, and WASH bearing the brunt of the reallocation of limited resources, compounding their fragility. For example, between 2015 and 2018, the annual allocations for WASH reduced from 44.8 million to 42 million respectively, or only 22% of what was required to meet targets. Sector.¹⁵

1.1.3 Governance and Economy

50. Liberia is a unitary state with a presidential system of government, structured into three branches: the executive, legislative, and judiciary. The country is divided into 15 counties, each governed by superintendents appointed by the president, reflecting its centralized governance system.¹⁶ At the local level, traditional chiefs play significant roles, particularly in rural areas, where they oversee customary law and mediate conflicts, complementing the formal administrative framework.¹⁷
51. In 2018, Liberia marked a historic milestone with its first peaceful transfer of power since 1944, occurring 15 years after the end of the civil war – followed by the closure of the United Nations peacekeeping mission in the country. The mission played a crucial role in supporting stabilization efforts in the country and facilitating the peacebuilding process.¹⁸ The Government subsequently launched the Pro-Poor Agenda for Prosperity and Development (PAPD), focusing on peace, equitable growth, and prioritizing children, women, and vulnerable populations – with a temporal scope covering the 2018-2023 period.¹⁹ The PAPD was conceived to shift the focus of government resources and programs toward uplifting marginalized communities, empowering women and youth, and creating an enabling environment for economic growth, primarily through improved infrastructure, education, healthcare, and employment opportunities.²⁰
52. While one of the key strategic objectives of the PAPD was to stimulate economic growth, **Liberia's economy struggled with slow growth**, exacerbated by major disruptions in the international supply chain and economic contractions triggered by global challenges like the COVID-19 pandemic. The country's reliance on commodities, limited diversification, and weak infrastructure hindered significant economic progress.²¹ While the PAPD made some strides in social welfare programs and infrastructure development, poverty remains a major issue (poverty rate of 34.2% in 2023) – as countless Liberians continued to face economic hardship, with high unemployment rates, particularly among youth.²² Some improvements were made in road construction and energy projects, though progress was slower than expected due to budgetary and coordination challenges. The PAPD also

aimed to improve access to education and healthcare. While some initiatives were launched to improve school enrolment and healthcare services, funding and implementation constraints have limited their impact.²³

53. In July 2024, the newly-elected Liberian Government, launched the process to develop the **ARREST Agenda for Inclusive Development (AAID)**²⁴ – with support from the United Nations (and its ancillary institutions), the Government of Sweden, development organisations (across the sub-national, national, and multi-national level), civil society organisations, and local communities – representing the next phase of Liberia’s national development strategy for the **next five years**.²⁵ The AAID focuses on decentralizing key mechanisms for governance and empowering county-level administrations – ensuring that county-level stakeholders are equipped to enhance public service delivery, local administrative bodies are resilient in facing exogenous shocks, and the financing of county-level agendas are decoupled from federal budgets. The effective and efficient utilization of financial resources, particularly in a fragile and volatile fiscal environment as that of Liberia, is a core component of the existing and upcoming UNICEF Country Programme and hence would be informed by and aligned with the Government of Liberia’s efforts to modernize and decentralized governance on a national level. Similarly, the AAIDs prioritization of accelerating Liberia’s progress towards achieving the Sustainable Development Goals will adopt a bottom-up approach – with county-level interventions and local contributions being vital to achieving these overarching goals.
54. Since 2018, Liberia has been pursuing **decentralization** to improve governance and service delivery across the 15 counties, but challenges impact the pace of decentralization reforms²⁶. The **Local Governance Act of 2018** and the establishment of **County Service Centers** are key initiatives aimed at transferring authority to local governments, enhancing public access to essential services such as civil registration and land administration. The transition towards decentralization remains incomplete with fiscal decentralization contingent on pending legislation and processes²⁷. The new structures and frameworks created by the Government of Liberia to increase participation, accountability, transparency and service delivery suffer from capacity deficits in both the numbers of staff and trained staff. Access to physical resources needed to carry out intended functions remains limited. There has been systemic and endemic corruption, nepotism and capture of government resources for personal gain.²⁸ ²⁹ This has hindered the willingness of the international community to direct aid directly into the Public Finance System (PFS) due to concerns around the strength of fiduciary controls but also the low implementation capacity. The public’s sense of lacking accountability and transparency of public funds also maintains their distrust and apathy towards state institutions.³⁰

1.1.4 Progress across Sustainable Development Goals

55. **Up till today, Liberia continues to face numerous issues challenging progress to achieving the SDGs**, including high inflation, fluctuating global commodity prices, mounting foreign debt, and heavy reliance on imports and foreign aid. Deep-rooted social and economic disparities persist in the country, with more than half of the population living in poverty. The official national poverty line², according to the World Bank’s 2023 Liberia Poverty Assessment Report,³¹ increased from 54.1% in 2014 to 59.1% in 2016 due to the Ebola crisis and the 2015 economic downturn. Furthermore, official

² Liberia’s national poverty threshold is based on the international poverty line, which is around **\$2.15 per day**. Please note, to maintain consistency, the evaluation team has utilised the aforementioned poverty line – unless specified otherwise.

projections place the poverty headcount to stagnate around approximately 59%.³²

Zero hunger and Good Health (SDG 2 and 3)

56. **Following the transfer of power and the 2014 Ebola epidemic, limited access to quality public services continued to directly impact on the lives of women and children.**³³ Mortality rates among children (under the age of five) remain high (93 deaths per 1,000 live births) due to several factors, including restricted access to healthcare services and improved water and sanitation facilities, substandard quality of care, and insufficient knowledge and utilization of healthcare services.³⁴ The COVID-19 pandemic further strained Liberia's fragile healthcare system and had significant socio-economic impacts, particularly on vulnerable populations.
57. The neonatal mortality rate, estimated at 25 per 1,000 live births in 2017,³⁵ had stagnated since 2013. Furthermore, 75% of infant deaths occur in the first seven days of life, with most occurring within the first day.³⁶ The maternal mortality ratio was a very high at 1,072 per 100,000 live births in 2013.³⁷ The adolescent pregnancy rate increased from 32% in 2007 to 38% in 2018³⁸ and most recently stands at 31%.³⁹ About 14% of teenage mothers (15–19 years) were undernourished⁴⁰ and 53% of adolescents were anemic⁴¹. The adolescent birth rate is 130.8 per 1,000 women aged 15-19 as of 2021, up from 124.15 per 1,000 in 2020.⁴² **Stunting rates remain significantly high** with 30% of children (32% of boys and 28% of girls) being stunted, and thus at risk of cognitive and physical limitations that can last a lifetime.⁴³ Stunting affected one third of children under the age of 5 years.⁴⁴ The national HIV prevalence at the end of 2018 was estimated at 1.2% with 39,000 persons living with HIV which was reduced from 2.1% in 2013 (DHS). The prevalence was higher among women at 2.4% compared to males (1.8%).⁴⁵

Clean Water and Sanitation (SDG 6)

58. **Access to clean water, hygiene, and sanitation remains low**, especially among the rural poor. While the percentage of households with an improved source of drinking water has increased over time, from 68% in 2007 to 84% in 2020, the situation is much worse among the poor, nearly half of whom rely on unimproved water sources⁴⁶. Drinking water and hygiene conditions remained suboptimal at all levels, including in schools and healthcare facilities, affecting young children.⁴⁷ A significant proportion of the population lacks access to sanitation facilities, with only 17% of the population (6% in rural areas) having access to toilets.⁴⁸ Thus, open defecation is a widespread practice across the country, particularly among the poor.

Quality Education (SDG 4)

59. **The adverse long-lasting impact of the 15-year civil war**, compounded by national school closures in the aftermath of major public health emergencies such as the Ebola outbreak and the COVID-19 pandemic, had a tremendous impact on the long-term development and evolution of the country's education system. While significant progress has been made since the aftermath of the conflict, with approximately **1.4 million children** registered in pre-primary, primary and high school (as of 2015), the sector remains chronically under-funded, lacks sufficient policy reform, and is hampered by inconsistent implementation of policies required for the progressive transformation of the public education sector.

60. **School attendance remains low** with only 20% of children aged six to 12 from the poorest 10% of the population and approximately 40% from the richest decile of the population attending school⁴⁹. 53% of girls and 38% of boys (6–14 years) who are enrolled in school will not complete even basic education (i.e., up to grade 9). Subsequently, according to the Liberia Institute of Statistics and Geo-Information Services' (LISGIS) Thematic Report on Education and Literacy, children (between the ages of 3-5) constitute the demographic with the lowest degree of educational attainment, with 41.8% currently attending school and 55.7% having never attended, and a low completion rate of 1.3% (please refer to Table 1 and 2 in Annex 4). Furthermore, adolescent girls (between the ages of 13-15 and 16-18) not only have a low completion rate of 3.3% and 5.7% respectively but also have a drop-out rate of 3.6% and 9.5% respectively – which can be attributed to cultural and societal norms around the “conventional” or “traditional” role of young women in the household, which can limit their ability to complete their formal education.
61. Additionally, **quality of education is poor** with the country's Harmonized Test Score (HTS) recorded at 332 out of a maximum 625, which is among the lowest in the world⁵⁰. Quality of education is affected by insufficiently child-sensitive learning environments, characterized by a lack of trained teachers and non-adherence to education protocols.⁵¹ A majority of children in school are overage. According to the 2015 Education Management Information System (EMIS) report, 75% of children in early childhood education (ECE) and 82% of children at the primary level were overage, with similar rates for boys and girls.⁵² However, it must be noted that subsequent national governments have not conducted National Learning Assessments over the past decade – making it difficult to accurately measure the level of progress attained across relevant learning metrics, particularly numeracy and literacy in targeted age groups. A lack of clear strategies on a national and subnational level, along with insufficient funding (**2.3%** of the national budget as of 2023⁵³), has affected student retention, leading to a large number of children out-of-school.

Gender, Human Rights, and Equity (SDG 1 and 5)

62. **Deep-rooted gender, human rights, and equity issues significantly affect the most vulnerable populations in Liberia, particularly women and children.** Furthermore, poverty is feminized. Poverty incidence among women tends to be higher than men in many dimensions that include minimal employment opportunities in the formal sector and earning overall lower wages.⁵⁴ Discrimination against women presents challenges in employment, income, decision-making, and other socioeconomic indicators. Liberia has a Gender Inequality Index value of 0.656, ranking it 154 out of 160 countries in the 2017 index.⁵⁵ Gender inequality remains a critical issue, with high rates of adolescent pregnancy (38%), gender-based violence (GBV), and female genital mutilation (FGM), which affects 44% of women aged 15-49.⁵⁶ GBV is widespread, with issues like workplace harassment and sexual harassment in schools, where practices such as "sex for grades" and "sex for school fees" are common.⁵⁷ FGM is widely practiced, with prevalence rates ranging from 2% in River Gee and 3% in Grand Kru, to 78% in Gbarpol, explaining FGM practice is deeply rooted in cultural traditions. For example, the country's Northwestern region registers the highest cumulative rates of FGM (68.3%).⁵⁸ Studies also highlight increased GBV during the COVID-19 pandemic, underscoring the vulnerability of Liberian women to external shocks.⁵⁹
63. As previously mentioned, **Liberia faces stark inequity between urban and rural populations.** Poverty, limited access to quality education, healthcare, and WASH services disproportionately affects rural

areas (71.6% of rural population live below the poverty line, compared to 31.5% in urban areas).⁶⁰

64. Additionally, **limited opportunities for persons with disabilities continue to pose significant barriers to access to education**, social inclusion, and economic empowerment.⁶¹ Liberia has a relatively high rate (11.4%) of people living with disabilities. Visual and physical impairment are the most common forms of disability and disability is linked to increased likelihood of poverty, worse education and work outcomes and serious disadvantage in exercising rights.⁶² An evaluation of the National Action Plan on Disability Inclusion 2018-2022, found that lack of political will, a systemic belief that disability is a low priority issue, and lack of accountability is grossly undermining the rights, well-being, and inclusion of people with disabilities. These inequities are compounded by systemic challenges, such as inadequate infrastructure, weak institutional capacity, and cultural practices that hinder progress toward achieving universal rights for children and women.
65. **Liberia has reportedly not taken sufficient credible steps to ensure that all individuals can fully exercise their rights.**⁶³ Significant human rights issues include arbitrary or unlawful arrests and killings, serious problems with judicial independence, restrictions on freedom of expression and media freedom, government corruption, and widespread gender-based violence, including domestic violence, sexual violence, and FGM. Although laws criminalizing consensual same-sex conduct between adults exist, they have not been enforced by the GoL. There are also systematic restrictions on workers' freedom of association. Laws against FGM/C do not fully prohibit the practice, and NGOs report little political will within the legislature to address the issue. Discrimination based on race, religion, national origin, color, sex, disability, age, sexual orientation, gender identity, or HIV and AIDS status is widely reported, but penalties are not commensurate and are seldom enforced.⁶⁴

Peace, Justice and strong institutions (SDG 16)

66. This Sustainable Development Goal focuses on the promotion of inclusive societies and the provision of equitable justice through accountable, effective, and inclusive institutions. Violence against women, children, and adolescents (particularly girls) remains a serious concern in Liberia, with sexual violence, abuse, harassment and exploitation being alarmingly prevalent. In 2015, 89% of reported survivors of sexual violence were children, with harmful traditional practices, such as child marriage and female genital mutilation (FGM), adversely impacting the safety of children in Liberia.⁶⁵
67. UNICEF's contribution towards SDG-16 revolves around several indicators, namely: (i) the proportion of children (aged 1-17 years) facing physical/psychological violence from caregivers (SDG target 16.2); (ii) the proportion of young men and women (18-29 years) who experienced sexual violence by the age of 18 (SDG target 16.2); and (iii) the provision of legal identify including birth registration (SDG target 16.9)⁶⁶ and access to justice for all (SDG target 16.3) through the facilitation and support of civil authorities and national partners.

1.2 UNICEF Liberia Country Programme

1.2.1 Country Programme Components 2020-2024

68. **UNICEF has been working in Liberia for close to 30 years.**⁶⁷ The current 2020-2024 Country Programme seeks to support Liberian children to fully exercise their rights to survival, development,

protection, and participation and is aligning with the Liberia PAPD and contributing to Sustainable Development Goals (SDGs) 3 (Good Health and Well-being), 4 (Quality Education), and 6 (Clean Water and Sanitation). UNICEF, in collaboration with the Government of Liberia, UN agencies, and development partners, has implemented its country programme across all 15 counties.

69. Specifically, **the Country Programme covers four thematic components:** (i) child survival and development, which includes health, nutrition, social protection, and WASH, (ii) early learning and basic education, (iii) child protection, (iv) programme effectiveness. UNICEF agreed on the following priorities for 2020–2024: (a) contributing to the reduction of the under-5 mortality rate through support for immunization and primary health care; (b) the reduction of stunting and improvement in adolescent nutrition; (c) ending open defecation; (d) equitable access to ECE and primary education; (e) strengthening systems to reduce violence against children; and (f) birth registration.⁶⁸
70. **At global level, UNICEF efforts are reported to align with global initiatives and frameworks** such as the United Nations Sustainable Development Cooperation Framework (UNSDCF)⁶⁹, the African Union’s Agenda 2040 for Children’s Rights⁷⁰, Agenda 2063⁷¹, Every Woman Every Child⁷², the Global Partnership to End Violence Against Children⁷³, and the UNICEF-World Bank Joint Partnership on Health Systems Strengthening.⁷⁴ Additionally, partnerships with UN agencies like UNDP, WHO, UNFPA, and UN-Women support shared goals of maternal and adolescent health, gender equality, and enhanced data use for sustainable development.⁷⁵ Lastly, UNICEF’s efforts are informed by the 2018-2021⁷⁶ and 2022-2025⁷⁷ UNICEF Strategic Plans, and the UNICEF Gender Action Plan 2018-2021.⁷⁸
71. **The main partner of the Liberia Country Programme is the GoL, the main duty bearer.** Key ministries involved include the Ministry of Health (MoH), Ministry of Education (MoE), Ministry of Information (Mol), Ministry of Gender, Children, and Social Protection (MoGCSP), Ministry of Public Works (MoPW), Ministry of Internal Affairs (MIA), Ministry of Justice (MoJ), Ministry of Youth and Sports, the Liberia WASH Commission and the Ministry of Finance and Development Planning (MoFDP).
72. **The LCP also collaborates with several bilateral and multilateral partners,** including UN agencies such as UNICEF, UNFPA, WHO, UN Women, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as donors like GAVI, the World Bank, and USAID. It further supports a small number of CSO’s for program implementation.
73. **The main rights holders of the LCP are children – from birth to adolescence, both girls and boys – as well as women across all 15 counties in Liberia, including both urban and rural communities.** Specifically, the LCP aims to support children vulnerable to health issues, malnutrition, and stunting; those lacking sanitation and access to clean water; children at risk of being out of school at the primary and lower secondary levels; young women and men who have experienced violence; and children under one year whose births are not registered.
74. **The LCP (2020-2024) has an allocated budget of USD \$97,471,238,** with 8% for Programme Effectiveness, 20% for Early Learning and Basic Education (ELBE), 20% for Health, 12% for Nutrition, 16% for WASH, 15% for Child Protection, and 8% for Operational Effectiveness.⁷⁹

1.2.2 Theory of Change

75. **The LCPE has reconstructed the Theory of Change (ToC),** presented in *Error! Reference source not found.* following the document review and key informant interviews. The ToC was validated by the UNICEF country office. The LCP had several sectoral ToCs and one overarching LCP ToC. According to the 2023 evaluability assessment,⁸⁰ several weaknesses were identified, including the absence of a clear comprehensive country-level ToC, unclear alignment between implementation strategies, sectors, and outputs reflecting UNICEF's contributions to intended outcomes.
76. **The overall goal, in collaboration with the GoL, is to ensure that 'more' children, from birth to adolescence,** have greater access to and use of strengthened service delivery systems in health, nutrition, water, sanitation, and hygiene (WASH), early and basic education, and child protection. The outcomes are achieved by pursuing six strategic outcomes, which are expected to contribute to advancing the Sustainable Development Goals (SDGs), particularly SDG 1 (No Poverty), SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 16 (Peace, Justice, and Strong Institutions).

Figure 1: Reconstructed Theory of Change

Problem Statement

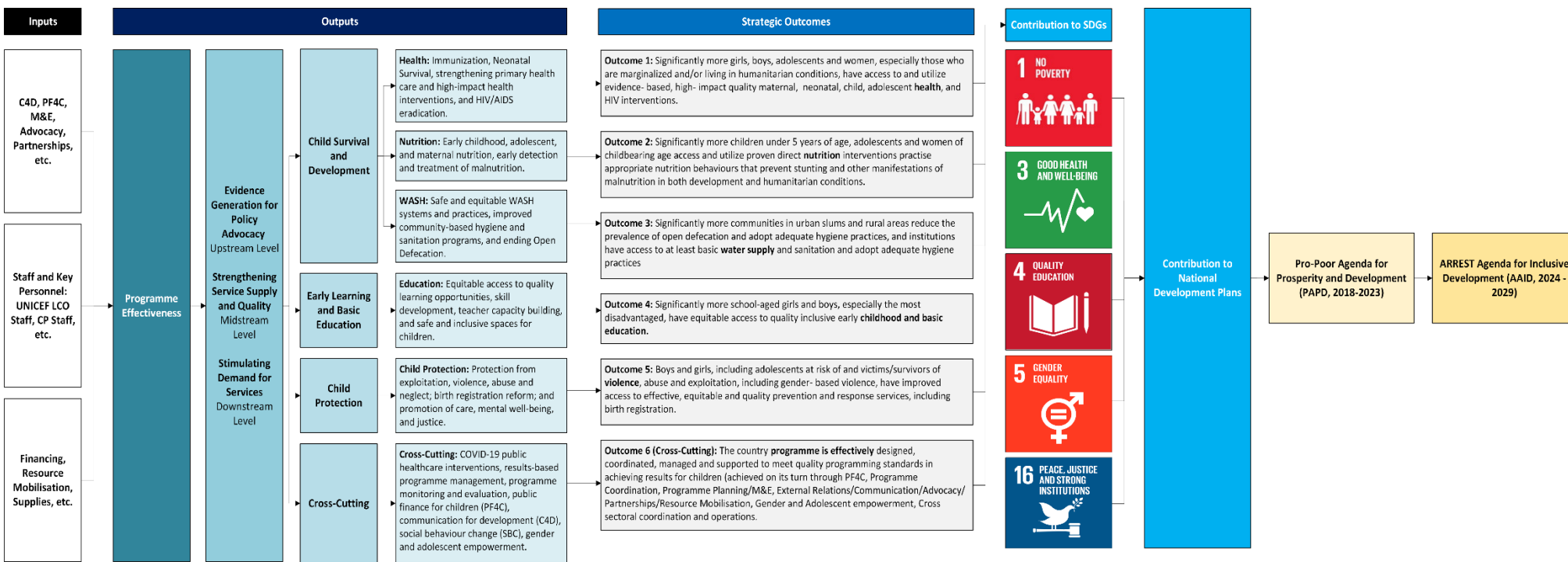
In Liberia, despite progress in recent years, significant challenges remain in ensuring the rights and well-being of all children. The country continues to face high levels (at times increasing trends) of child poverty, malnutrition, and limited access to quality education and healthcare services. Additionally, the impacts of past conflicts/Ebola, economic instability, and the COVID-19 have further strained public services, disproportionately affecting the most vulnerable children, especially those in rural and marginalized communities.

Vision

The proposed country programme, in collaboration with the GoL, is that more children in Liberia, from birth to adolescence, exercise their rights to survival, development, protection and participation.

Goal

In collaboration with the GoL, is that More children, from birth to adolescence enjoy greater access to and use of strengthened service delivery systems in health, nutrition, water, sanitation and hygiene (WASH), early and basic education and child protection, in line with the goals of the PAPD, and communities are enabled to claim their rights and adopt positive social norms and practices, then children will survive, thrive and develop to their full potential.



Key Assumptions

Please note that these assumptions are broad and cross-cutting, and will need to be specified in relation to the causal pathways of specific sectors during the evaluation.

The Government will continue to prioritize children's issues and create an enabling environment conducive to effective governance. The key risk is that financial constraints or a humanitarian emergency may interrupt the anticipated outcomes of the programme.

Risks

Areas of **low risk** are environmental and social sustainability, financial management, governance and accountability, staff morale, ICT systems and information security, and business continuity. Areas of **medium risk**: fraud, waste and misuse of resources, attracting and maintaining qualified staff, performance management, large-scale epidemics (Ebola, measles, etc.), response to flooding, including poor availability of supplies, lack of alignment with the new Government's national priorities, inappropriately developed results programme framework, and delays in last-mile distribution of supplies. The key area of **high risk** that cuts across UNICEF's work in Liberia is in being able to mobilize enough funding and resources for programme implementation.

Mitigation Strategies

Many of these issues will be addressed in the CPMP. Those related to programmatic outcomes (supply, emergency response) are addressed in the strategy notes, particularly the Child Survival Strategy Note. The issues of the results framework and alignment with the PAPD are addressed through an improved focus of the country programme and its alignment with the UNDAF which mirrors the PAPD. With regard to the funding situation, the office will revise and update its resource mobilization strategy and develop a detailed implementation workplan that will include use of special-purpose donor briefings to showcase UNICEF's work in the different programme areas and the results being achieved in order to appeal for more funds. This approach is proving to be useful as it has begun to bear fruits with a commitment of 4.3 million euros from the German NatCom for the Let Us Learn initiative for three years and of a one-million-dollar funding from the Iceland government.

2 Purpose and Scope of the Evaluation

2.1 Purpose of the Evaluation

77. **The CPE serves the dual purpose of accountability and learning** and will be both summative and formative in nature. Subsequently, this evaluation will inform future programming, including the design of the next iteration of the Country Programme Document (CPD) for 2026-2030.
78. **The CPE builds upon several evaluative exercises conducted by the LCO**, including the Evaluability Assessment of UNICEF Liberia Country Programme (2020-2024), Multi-country Evaluation of the UNICEF Child-Friendly Communities approach (Liberia, 2018-2022), and the Formative Evaluation of the Be a Change Agent Project (2018-2019) - among others. In addition, this evaluation has utilised several relevant policy briefs, reports, and sectoral reviews conducted by UNICEF at both the national and strategic levels.
79. **The CPE has a range of target audiences.** Primary users include the UNICEF Liberia Country Office (LCO), the UNICEF West and Central Africa Regional Office (WCARO), and Headquarters. Secondary users include the Government of Liberia, national partners such as civil society organizations and private sector entities, UN Country Teams, and other development organizations. Programme beneficiaries, rights holders, and duty bearers are also key stakeholders. Youth, adolescents, parents, caregivers, communities, civil society organizations, and the wider public all have an interest in the evaluation results. In line with UNICEF’s focus on involving youth and adolescents, meaningful engagement with this key stakeholder group has been integrated into our methodology (see **Section 4**).

Table 1: Users and Uses of this evaluation.

Evaluation Users	Evaluation Uses
UNICEF CO	UNICEF plans to utilize evaluative evidence to inform the design of the new Country Programme. This involves assessing the CP’s effectiveness in meeting the evolving needs and priorities of children within changing contexts.
Government of Liberia	In partnership with UNICEF and other development stakeholders, the Government of Liberia will integrate the findings and insights from the evaluation into the National Development Plan. This endeavor will ensure that future development initiatives are well-informed and aligned with the nation's goals and priorities.
UN and other developmental partners	In conjunction with partners engaged in the United Nations Sustainable Cooperation Framework, the UN is committed to leveraging the outcomes and insights gleaned from evaluations to craft innovative strategic implementation strategies. This collaborative effort aims to enhance the effectiveness and impact of future initiatives in pursuit of sustainable development goals.
NGOs and local service providers and rights holders	Incorporate the identified best practices from the evaluation into their daily operations and proactively tackle challenges highlighted during the analysis phase.

2.2 Objectives of the Evaluation

80. The objectives of the CPE are highlighted as follows:

- a. Assessing UNICEF's strategic positioning and the implementation status of its programme activities.
- b. Evaluating the operational and programmatic dynamics of UNICEF to ascertain its effectiveness in achieving the intended outcomes of the LCP and advancing child rights.
- c. Examining UNICEF's strategic, sectoral, and cross-sectoral implementation strategies, and to the utilization of evidence to integrate gender and equity dimensions. In addition, the CPE will aim to examine and integrate the adolescent development and other normative principles into the Country Programme's initiatives.
- d. Identifying exemplary practices and lessons learned, along with providing practical and pertinent recommendations. These recommendations will serve as guidance for government partners, UNICEF, and other stakeholders, ensuring that the new Country Programme is equipped to deliver successful and sustainable outcomes for children.

2.3 Scope of the Evaluation

2.3.1 Thematic Scope

81. While UNICEF's corporate guidelines mandated that the CPE assess all aspects of the LCP portfolio, the ToR, document review, and inception consultations indicated that the CPE focused on segments not covered by previous evaluations. Both the ToR and document review identified substantial evaluative knowledge for certain LCP components, which received less emphasis during the CPD's implementation. As specified in the ToR, the evaluation did not comprehensive cover: (i) strategies for preventing stunting, covered in the Evaluation of Key Result for Children (KRC) #2 (Nutrition), and (ii) birth registration, addressed in the Evaluation of KRC #7 - Birth Registration for the period 2018–2021. The WASH Programme's components related to sanitation and water, including community-led total sanitation strategies (CLTS) were not included in this evaluation as they were separately evaluated.
82. **The CPE encompassed all four sectoral programme components considering many programmes are intending to be multi-sectoral, convergent or integrated:** (i) Child Survival and Development, covering outcomes 1, 2, and 3; (ii) Early Learning and Basic Education, corresponding to outcome 4; (iii) Child Protection, aligned with outcome 5; and (iv) Programme Effectiveness, reflecting outcome 6.
83. **The CPE was structured around UNICEF's three key strategies (as a means to) to achieve results** in these areas: (i) Evidence Generation for Policy Advocacy – upstream level, (ii) Strengthening Service Supply and Quality – midstream level, and (iii) Stimulating Demand for Services - downstream level.
84. **The CPE focused on six specific lines of inquiry**, as outlined in the ToR, which ensured a focused approach that addressed the evaluation questions in a manner that complemented the previous

CPE and sectoral evaluations. These lines of inquiry subsequently determined the data collection and analysis phase and ensured that the evaluation remained focused across the most critical and relevant aspects. The lines of enquiry below are in line with the LCP evaluability assessment:

- a. **UNICEF Leadership and Positioning:** The evaluation reflected upon UNICEF's past role and strategic positioning and planned forward into the upcoming LCP period (2026-2030), particularly within the rapidly evolving post-COVID-19 landscape, and amidst emerging climate challenges.
- b. **Effectiveness of Implementation Strategies:** Assessed UNICEF's sector-specific and multi-sectoral implementation strategies and identified areas for improvement.
- c. **Programme Convergence:** Examined mechanisms employed by UNICEF to promote effective and efficient multi-sectoral approaches, including the delivery of integrated service packages.
- d. **Partnerships and Delivering as One:** Evaluated the effectiveness and efficiency of coordination and implementation mechanisms in enabling strategic shifts, fostering innovation, and enhancing participation among government entities and development partners.
- e. **Results Achieved:** Analyzed the results-based framework of the LCP to determine the extent of integration of equity, gender considerations, and the identified needs and priorities of children and adolescents.
- f. **Data generation and evidence:** Investigated the degree to which the results framework of the LCP was grounded in informed, evidence-based decision-making processes.

2.3.2 Geographical Scope

85. **The CPE covered all UNICEF programmes implemented across Liberia.** The geographical scope of the evaluation included cross-sectoral interventions in all 15 counties where UNICEF was actively engaged, reflecting the diverse contexts and achievements at national and sub-national levels. The document review and secondary data analysis covered all UNICEF programmes in Liberia and the primary data collection in-country was conducted in a sample of 3 sites.

2.3.3 Temporal Scope

86. **The CPE covered the duration of the LCP from January 2020 to December 2024,** recognizing that the programme is still in the process of implementation. The evaluation also considered documents and activities outside this temporal scope when directly relevant to the LCP. This included assessing alignment with UNICEF's Strategic Plans and the Gender Action Plans for the periods 2018–2021 and 2022–2025. Additionally, the evaluation reflected on strategies, recommendations, and lessons learned from the previous Country Programme (2013–2019), midterm evaluations, and findings from the Evaluability Assessment of the Liberia Country Programme (2020–2024) where relevant to the evaluation questions. The CPE complemented

existing evaluations and expanded the temporal scope where necessary, particularly for programmes initiated under the previous Country Programme but achieving significant scale during the current period.

3 Evaluation Criteria and Questions

87. **The CPE utilized the five OECD/DAC evaluation criteria:** relevance, coherence, effectiveness, efficiency, and sustainability. In accordance with the ToR, an additional criterion—Gender, Equity, and Human Rights—was applied.
- Relevance:** The extent to which UNICEF’s programme objectives and design respond to the needs of beneficiaries and other stakeholders
 - Gender, Equity, and Human Rights:** This additional criterion evaluates the extent to which UNICEF has integrated gender, equity, and human rights dimensions into the LCP, throughout the programme's design and implementation.
 - Coherence:** The extent to which the LCP's strategies and interventions demonstrate both internal and external complementarity, ensuring a logical and synergistic alignment.
 - Effectiveness:** The extent to which the LCP has achieved, or is expected to achieve, its objectives, including collaboration with the government and local partners.
 - Efficiency:** The extent to which there is an optimal relationship between the resources invested in the programme (inputs) and the results achieved (outputs and outcomes).
 - Sustainability:** The extent to which the LCP’s has successfully created the potential for future adoption by the government, has been integrated into national systems and policy guidelines, and has enhanced the likelihood that results will continue in the future.
88. **The evaluation addressed six overarching evaluation question (EQ) and 16 sub-questions (SQs).** The EQs explicitly reflect the six evaluation criteria as required by the TOR and call for high-level evaluative judgments related to each criterion. It is important to note that EQs 1 and 2 focus on the planning and adjustment of the UNICEF LCP, whereas EQs 3-6 focus on its implementation. The SQs asked substantive questions about key elements that comprised the evaluation criteria. Each SQ was formulated to ask: ‘to what extent’—calling for judgment or measurement—and ‘how’—calling for analysis.

Table 2: Overarching Evaluation Questions.

Evaluation Criteria	Overarching Question
EQ1: Relevance	To what extent was the UNICEF CP in Liberia relevant during 2020-2024?
EQ2: Gender, Equity, and Human Rights	To what extent and how has UNICEF incorporated gender, human rights, and equity dimensions into the planning and implementation strategies of the programme?
EQ3: Coherence	To what extent was the UNICEF CP coherent in Liberia during 2020-2024?
EQ4: Effectiveness	To what extent was the UNICEF CP in Liberia effective during 2020-2024?
EQ5: Efficiency	To what extent was the UNICEF CP in Liberia efficient during 2020-2024?
EQ6: Sustainability	To what extent was the UNICEF CP in Liberia sustainable during 2020-2024?

89. **The evaluation was guided by an evaluation matrix.** The matrix (**Annex 6**) includes the EQs, SQs, JCs, and related methods/sources. It serves as an overall guide to data collection and analysis, and a reference point for the ET and the Evaluation Office. The EQs and SQs have not been altered from what was proposed in the TOR, however some nuancing has been done to the language for the purpose of clarity.

4 Methodology

4.1 Evaluation Approach

90. **The evaluation is theory-driven and guided by a reconstructed ToC**, developed by the evaluation team during the inception phase. The ToC serves as the overarching analytical framework, providing a clear understanding of the LCP's strategy, intended outcomes, and underlying assumptions. Informed by a document review and validated with UNICEF, it has been a key reference point throughout the evaluation. The ToC, along with the lines of inquiry, shaped the development of EQs and JCs to assess the relationships between different components of the programme. By integrating these elements, the theory-based evaluation enables a comprehensive assessment of the LCP's performance and positioning in Liberia. For example, different aspects of the ToC are analyzed as follows: is theory-driven and thus guided by a reconstructed ToC:
- a. EQs on relevance and gender, equity and human rights explore the LCP design and how effectively it identifies and targets women, children, and the most vulnerable, in alignment with LCP outcomes 1-5.
 - b. EQs on coherence explore the LCP design and how it aligns with national policies, in collaboration with the GoL and in line with the goals of the PAPD.
 - c. EQs on effectiveness explore the LCP strategies and how they contributed to results and whether, at the time of evaluation, they are likely to support the LCP's goal of improving outcomes for children from birth to adolescence.
 - d. EQs on efficiency explore the LCP efficient use of time and resources, and data planning, aggregation, and use and how this has informed decision-making and supported evidence-based practices (output level).
 - e. EQs on sustainability examine the extent to which the LCP has incorporated prospects for long-term sustainability, including financial, environmental, and social components.
91. **The evaluation employed a mixed methods approach** for data collection and analysis. This included (i) quantitative portfolio analysis, (ii) qualitative document review, (iii) perception-based stakeholder interviews, (iv) a perception-based mini-survey, (v) focus group discussions, and (vi) in-depth beneficiary interviews to explore causality. Using multiple methods allowed for evidence triangulation, strengthening the reliability of findings. Quantitative and qualitative sources were purposefully sampled based on their respective strengths to enhance triangulation and minimize bias (see Section 4.3 on sampling).
92. **The evaluation was utilization-focused to inform the 2026-2030 CPD.** *Better Evaluation* defines utilization-focused evaluations as those that ensure the findings and process are directly useful for decision-making and performance improvement. The CPE aimed to be informative for the design of the 2025-2028 CPD. In this context, key stakeholders were engaged during the inception phase, validated the reconstructed ToC, and ensured their insights shaped the evaluation framework. In addition, intended users were engaged in all stages of the data collection and validation phase of the evaluation in order to ensure relevance and utility.

93. **The evaluation collected data, analyzed it to generate evidence, and facilitated learning.** Data from various sources and methods were synthesized into evidence through analysis, interpretation, and contextualization. This evidence was used to answer the EQs and JCs, assess the ToC, and identify lessons on what worked, where, and how. To ensure accuracy, the evaluation team validated the evidence and findings through a planned validation session held after the field phase.

4.2 Data Collection Methods and Tools

94. **The CPE was conducted as a sequenced process.** The evaluation proposed five data collection methods to combine primary and secondary data, as well as qualitative and quantitative data from a variety of sources. The data collection tools, data sources, and piloting of each tool are discussed in the inception report.

Phase 1 – Inception Phase

95. During the inception phase, the CPE applied two methods to gain familiarity with the subject of the evaluation, identify issues, examine EQs, assess feasibility, and outline plans for the evaluation.
- a. **Method 1 – Portfolio Analysis (PA):** The ET sampled **17 documents** for analysis, extracting, categorizing, and stratifying quantitative data to generate evidence. These documents included internal funding data, monitoring reports, and other performance-oriented documentation. This enhanced the ET’s understanding of the LCP’s results and expenditure and identified opportunities for further analysis. The Portfolio Analysis report is attached in **Annex 8**.
 - b. **Method 2 – Comprehensive Document Review:** The ET conducted a comprehensive document review, surpassing the originally-planned figure of 15-20 documents, to include an analysis of **52 LCP documents**, reports, evaluations, and other sources. The Document Review report is attached in **Annex 7**.

Phase 2 – Data Collection and Analysis Phase

96. During data collection and analysis, the evaluation used four methods to generate primary data and evidence for answering the JCs and SQs. Methods 1 and 2 helped shape the design of Methods 3, 4, and 5, determining which methods would address specific JCs and SQs (see Table 16 in Annex 6).
- a. **Method 3 – Key Informant Interviews (KIIs):** During the data collection phase, specifically during the field visit, the ET conducted **47 structured key informant interviews** from stakeholders, including UNICEF staff, the GoL, UN agencies, NGOs, CBOs, donors, and other relevant institutions. The Inception Report KII interview list is provided in **Annex 2**.
 - b. **Method 4 – Mini Survey (MS):** During the field visit and key informant interviews in Liberia, the ET conducted **23 in-person mini surveys**, which addressed some of the EQs and JCs using a 1-5 *Likert Scale* (categorized as ‘**5 = excellent,**’ ‘**4 = very good,**’ ‘**3 = good,**’

'2 = moderate,' and '1 = poor,' to indicate the performance levels of the LCP. The survey was anonymous and confidential, with general information on the geographical distribution of the respondents and the gender-balance maintained – but the data was disaggregated between UNICEF stakeholders and non-UNICEF stakeholders. The mini-survey tool was finalized in the Inception Report, and the results of this activity can be seen in **Annex 9**.

- c. **Method 5 – Beneficiary Focus Group Discussions (FGDs):** During the field visit, nine FGDs were conducted across Montserrado, Grand Cape Mount, and Grand Gedeh using the Most Significant Change (MSC) approach to identify "what works, where, and for whom" and provide insights into LCP outcomes and lessons learned. Conducted after the KIIs in Monrovia, the FGDs allowed for a deeper exploration of MSC findings. The tool was informed by the PA, DR, and inception interviews and was applied to two main stakeholder groups: (i) LCP end-beneficiaries, including adolescents, young people, parents, and families, and (ii) LCP partners and leaders, including county government representatives, community leaders, and civil society. The full list of FGDs is in **Annex 3**.

97. At the conclusion of the field phase, the ET synthesized data from each method to develop overall findings for each JC. Each ET member prepared structured reports following a clear, consistent format. The team then presented their field visit findings to the evaluation steering group in a joint reflection and validation session.

Phase 3 – Reporting Phase

98. During the reporting phase, the ET synthesized all evidence gathered from the inception, data collection, and analysis phases. This process involved reviewing evidence against the JCs and SQs, drafting key findings, and facilitating a joint reflection session with the UNICEF evaluation steering group. The analysis methods are detailed in Section 4.4.
99. **The CPE integrated human rights, gender, and equity-sensitive approaches throughout all evaluation phases.** It was guided by key frameworks, including the Convention on the Rights of the Child (CRC), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the UN Disability Inclusion Strategy (2020), and UNICEF’s Disability Inclusion Policy and Strategy (DIPAS) 2022–2030. Additionally, the evaluation followed relevant UNICEF guidelines, such as the 2022 UNICEF Disability-Inclusive Evaluation Guidelines. Table 1 outlines how these principles were applied in practice.

Table 3: Evaluation’s Human Rights, Gender, and Equity Sensitive Approaches

Phase	Human Rights, Gender, and Equity Sensitive Activities
Inception	<ul style="list-style-type: none"> • PF and DR established the extent to which secondary data sources included disaggregated gender, disability, and human rights data. • Stakeholder analysis and sample was conducted with a human rights, gender and equity lens and informed a diverse and representative sample. • Inception report included a human rights, gender, and equity context analysis.

<p>Data Collection and Analysis</p>	<ul style="list-style-type: none"> • PF and DR established the extent to which secondary data sources included disaggregated gender, disability, and human rights data. • Stakeholder analysis and sample was conducted with a human rights, gender and equity lens and informed a diverse and representative sample. • Inception report included a human rights, gender, and equity context analysis. • Assessment of the quality of human rights, gender and equity analysis and outcomes was undertaken to inform the programme design and implementation, and how the LCP addressed these in practice. • Design of data collection tools which encouraged evaluators to seek the views of participants on human rights, gender, equity, and disability-inclusion; selection of participants ensured equitable representation of gender, persons with disabilities and other vulnerabilities. Further, data collection considered the context, relationships, power dynamics; and gathered information on differential effects/gendered outcomes. • Data was collected on and from both male and female participants, FGDs included female-only groups where potential power dynamics risked inhibiting the collection of views from women, data collection also included adolescents. • Data collected was disaggregated by sex and age. • FGDs aimed to include people with disabilities, in addition to their representative organisations. • ET members received adequate training to give due consideration to ethical issues and take measures that encouraged participants to share honest views in confidence.
<p>Reporting</p>	<ul style="list-style-type: none"> • Analysis of data collected was informed by an adequate understanding of the context, relationships and power dynamics that affected the responses of interviewees. • Triangulation of gender/age disaggregated data which ensured that the voices of women, men, boys and girls, persons (including children) with disabilities, and other vulnerable groups within the lowest economic quintiles (and geographically remote communities) were heard and verified by various data sources.

4.3 Sampling Strategy

100. The sampling strategy provided a structured approach aligned with the evaluation's purpose. It was informed by data mapping and analysis during the inception phase and later refined by the ET. The sampling was transparent and purposive, rather than formally or statistically representative, but was applied systematically. Efforts were made to ensure equal representation of male and female respondents, including those from vulnerable groups, including children. Annex 5 details the mapping and sampling for each data collection tool, including sampling categories, inclusion criteria, and the rationale behind the approach.

4.4 Data Analysis and Triangulation

101. The ET conducted a synthesis analysis of all evidence generated during the inception and data collection phase, which involved the following analysis steps:
- a. **Evidence Matrix:** evidence matrix was used to compile data from all methods across JCs and SQs, organizing information by source, stakeholder category, and method. This streamlined data synthesis, helped identify gaps, and enabled comparison of findings. To ensure accuracy and reliability, the ET conducted quality control checks, using AI tools like ChatGPT-4 to assist with sorting and extraction.
 - b. **Individual Analysis:** EQs were assigned to team members based on their expertise, allowing for in-depth analysis, and ensuring nuanced insights.
 - c. **Team Analysis:** In a remote session, the ET presented and co-validated headline findings by comparing insights across data sources, discussing differing interpretations, and identifying common themes. This ensured SQ judgments were nuanced, comprehensive, evidence-based, and free from individual bias.
 - d. **Triangulation:** Triangulation was applied throughout the analysis. During evidence sorting and compilation, data from multiple sources (KIIs, FGDs, documents) were cross verified to identify patterns and inconsistencies. In individual analyses, team members triangulated evidence for each JC by comparing data across methods and sources.
102. The analysis served multiple purposes – activity data informed responses to relevance EQs, while input and output data supported efficiency EQs. For effectiveness EQs, the ET applied contribution analysis to better assess UNICEF’s role in achieving results.
103. **Contribution analysis** is a theory-based evaluation method used to assess how much an intervention influenced observed outcomes. In this evaluation, it helped evaluate the effectiveness of complex, multi-partner interventions in a dynamic context. The approach followed four key steps and was supported by data collection linked to the ToC:
- a. **Reconstructed the Theory of Change for the Country Programme** – including the redefinition of key assumptions that underpin the logic of the country programme.
 - b. **Identified changes or results that brought about or were contributed to by the LCP** – including whether the intended outcomes were observed or (more realistically) if there were indications of progress towards them being made, based on a range of data sources at output and outcome levels.
 - c. **Analyzed the processes that led to the observed results** – KIIs were particularly important in the identification and exploration of circumstances and issues that either enhanced or hampered the achievement of results and elicited multiple perspectives on what has or has not worked well.
 - d. **Understood and analyzed the wider context within which the changes and results occurred** and identified other key factors that influenced them, either in **additional** (also contributing to observed outcome), **oppositional** (working against the achievement of the observed outcome) or **substitutional** (providing an alternative explanation for the achievement of the observed outcome) roles. In the case of ‘effectiveness’ questions, this process allowed the evaluation to reach reasoned conclusions about whether UNICEF is on track to make a real contribution to the achievement of the outcomes and why.

- e. Finally, the judgment criteria—flexible variables—were assessed using standard categorized ratings: 'excellent,' 'very good,' 'good,' 'moderate,' and 'poor' performance levels.

4.5 Ethical Considerations and Evaluation Principles

104. The evaluation process followed the UNEG Norms and Standards of Evaluation (2016), the Draft revised evaluation policy of UNICEF (2023), and Revised Evaluation Policy of UNICEF (2018), the global policies of human rights (Universal declaration of human rights), convention on child rights and gender equality (UNICEF gender action plan 2018-2021). In addition to signing a pledge of ethical conduct in evaluation, the evaluation team also committed to signing a Confidentiality, Internet, and Data Security Statement. Landell Mills also upholds several internal policies and procedures relating to ethical conduct, including our [safeguarding policy](#), [environmental policy](#), [anti-corruption policy](#), and our [modern slavery and human trafficking policy](#). The evaluation team took the following ethical considerations into account:

Ensuring Informed Consent

105. The evaluation team was fully transparent with all stakeholders in relation to the purpose of the assignment and use of the data provided. During interviews and consultations, evaluators informed participants in advance of the evaluation purpose, process and intended dissemination before requesting their verbal or written consent to participate. In the event of data collection from minors, written consent from the guardian was obtained, and the activities were conducted in the presence of an adult family member or teacher.

Protection of Privacy, Confidentiality, and Anonymity of Participants

106. Data collected did not compromise the data sources, as personal data was securely protected, and the identities of respondents were not revealed. As part of the Contractor's obligations, data protection ensured for all confidential information – including personal data of participants and confidential data which was made available to the evaluation team – to be safeguarded.

Ensuring Cultural Sensitivity

107. All evaluation team members proposed possess a wealth of international experience and skills in ensuring cultural sensitivity in a range of contexts. The senior national expert in the team, with an in-depth understanding of the local context, helped to ensure that specific cultural sensitivities of Liberia were understood and respected.

Respecting the Autonomy of Participants

108. The evaluation team respected the dignity and self-worth of all stakeholders and behaved in a non-discriminatory manner. Evaluators integrated concerns and respect for human rights, child rights, women's rights, and did not trivialize cross-cutting issues; however, they did not neglect to ask questions and probe in difficult or sensitive areas of enquiry, where this was necessary for the purpose of the assessment.

Adherence to “Do No Harm” Principles

109. The evaluation team considered the diversity of general and public interests and values that related to the assessment. This was enhanced in this assessment by working in a multi-disciplinary team that jointly scrutinized data and findings at key points during the process. No team members’ behavior increased the health, safety or security risk to another person or group. This extended to members of the public, key informants and other members of the team. It was particularly important during the process of sourcing and collecting data for human interest stories, which were carried out in collaboration with UNICEF and its implementing partners on the ground. In accordance with the UNEG Ethical Guidelines for Evaluation and expanding on the Ethical Code of Conduct for Evaluation of the UN System, the ET emphasized the Avoidance of Harm, noting that: “Evaluations can have a negative effect on their objects or those who participate in them. Therefore, evaluators intended to seek to: minimize risks to, and burdens on, those participating in the evaluation; and seek to maximize the benefits and reduce any unnecessary harms that might occur without compromising the integrity of the evaluation.” This included adherence to the principles of the UN Convention on the Rights of the Child.

Safeguarding

110. During this evaluation, the evaluation team conducted FGDs with adolescents. During these activities, we ensured that their physical and psycho-social safety was ensured and that they understood how the information they shared with the ET was used. We ensured that all ET members were fully aware of and committed to both Landell Mills’ [safeguarding policy](#) and relevant policies of UNICEF. Written consent from the guardian was obtained before data collection.

Ethical Engagement with Children and Adolescents

111. The evaluation team completed a comprehensive **Ethical Review process (Annex 10)**, conducted by an external research ethics organization, through which a rigorous analysis of the data collection tools, methodology, ethical engagement policies pertaining to research involving children – which is applicable to UNICEF, Landell Mills, and our national partners PERT Consultancy – and general procedures pertaining to the planning and execution of the field mission. The evaluation team also sought ethical approval at the national-level in Liberia for child-focused data collection tools and worked collaboratively with the LCO on the necessary protocols to follow. To minimize the risk of potential delays during the ethical review process, the process of engaging with the external institutional ethical review board was initiated and completed in the latter stages of the inception phase.

112. **The CPE ensured that rights were respected throughout the evaluation process** and integrated key principles to appropriately, ethically, and respectfully engage with children with the approved research parameters – maintaining an in-depth understanding of power relations, securing informed consent (and assent), ascertaining harms and benefits, maintaining privacy and confidentiality, and ensuring appropriate communication of the evaluation findings.

113. This evaluation utilised a **traditional** FGD approach, supplemented by creative elements to

accommodate children and adolescents (MSC). The evaluation team determined that this was the most appropriate method to elicit inputs from children, while informing them of the answers to selected evaluation research questions from the evaluation matrix. The selected children were beneficiaries of UNICEF programming and provided the evaluation team with diverse views and perceptions, which were aligned with the evaluation’s approved sampling strategy (see Annex 5). The ET identified and selected participants, ensured the availability of guardians for consent, and supported the logistics of the FGDs, in collaboration with UNICEF (see Annex 5).

114. Subsequently, the ET implemented **age-separated FGDs** with ‘early’ adolescents; (i) 10-14 years of age, and ‘late’ adolescents (ii) 15-19 years of age. This approach allowed the FGDs to consider the different cognitive capacities of younger and older children. Questions targeted relevance and effectiveness and focused on the Most Significant Change as a result of UNICEF’s programming. Depending on the age group, the FGDs utilised slightly different language, wording and content of questions, and different group methods – which ensured greatest relevance.

4.6 Limitations and Constraints of this Evaluation

115. The CPE identified several limitations and risks (both methodological and operational) of this evaluation. In addition, the evaluation team identified mitigation strategies, which are illustrated in **Table 2**. These were regularly monitored over the course of the evaluation.

Table 4: Limitations, Risks, and Mitigation Strategies

Limitations/ Risks	Mitigation strategies identified
Health, safety and security risks	Pre-travel risk assessments were conducted before any travel on behalf of Landell Mills. The international consultants were covered by a corporate travel insurance policy which included evacuation, and national consultants were also insured when spending nights outside of their home base. Prior to field missions, risk assessments were carried out in regions where data collection or visits were conducted, drawing on our dedicated security and health insurance provider. In addition, the evaluation team observed applicable United Nations Department of Safety and Security rules.
Scope and convergence of the programme	The document review and inception interviews revealed that the extent of UNICEF’s program coverage across specific geographical areas, as well as the details of sector programs and their locations, were unclear . This lack of clarity has posed a challenge in sampling field visits effectively. To address this limitation, further discussions were held with the Country Office to gain a better understanding of program distribution and ensure that field visit sampling is appropriately targeted. Through an extensive sectoral sampling exercise, the evaluation team determined that the multisectoral coverage of the country programme is broad, and hence the sectoral scope of the evaluation was subsequently refined to provide a more focused analysis of the country programme’s performance metrics across results areas. Furthermore, the PF4C component has not been implemented fully (having only been introduced in 2023), due to

	which it was hampered by limited budgetary allocations and constrained performance.
Data limitations affecting strength of evidence	<p>There are evaluability and data limitations relating to the identification of outcome-level results, given the stage of implementation of the Liberia CP, and given that some outcomes are more complex to measure. During the inception phase, the ET conducted an in-depth assessment of data availability, quality and gaps, as well as other issues that may influence the strength of evidence across the upcoming evaluation phases. The evaluation team identified the following data limitations across the following activities:</p> <p>Portfolio Analysis: Through an extensive analysis of UNICEF’s programmatic activities in Liberia, the evaluation team determined that while there is <i>sufficient</i> data to inform results achievements, there are <i>significant limitations</i> in the RAM Data – with performance indicators being convoluted, using old baselines, and large sections of missing data pertaining to key indicators.</p> <p>Document Review: Overall, the number of documents was sufficient in terms of quality data. We increased the number of documents from an initial sample of 17 to over 50 to fill the data gaps in the key informant interview data. Some documents were provided late in the evaluation and hence were introduced into our analysis at a later stage. Furthermore, while the Country Office provided adequate support in terms of the provision of internal documents, the evaluation team had to lodge multiple requests in order to receive the data, rather than a proactive approach from the CO.</p> <p>Geographic Sampling: The country office made changes to the approved field plan over the course of the field phase, including an additional field exercise in Grand Gedeh – which required additional planning and logistical coordination with our local partner firm. While the field planning and implementation phase was brief, these constraints were compensated with an elevated role for our national expert and local partner firm.</p> <p>Key Informant Interviews: While the evaluation team conducted a total of 47 interviews, there has been a significant over-representation of government respondents, which were not always insightful (as it reflects the broader government stance and policy). Furthermore, due to the change in government, most key figures were no longer available, and hence people who were new in their position were interviewed. To mitigate this, the evaluation team included technical personnel who have worked for the previous government to provide a more nuanced opinion. Furthermore, very few UN agencies were available to interview, due to which the relationship between UNICEF and other agencies on an implementation level was not satisfactorily illustrated. Interviews with the regional office were significantly delayed and conducted in groups (which led to a loss of individual nuances), due to which the inputs from the group interviews were integrated at a later stage. The KII data will</p>

	<p>also reflect that numerous interviews were rescheduled, and eventually respondents were replaced by individuals who did not occupy a more significant role (senior staff replaced by junior staff); hence the purposive sampling was restricted.</p> <p>Validation and Debriefing: A formal field phase debrief was not held, and the validation presentation was short, with the country programme lead unavailable to provide their insights and feedback. The feedback from the validation session was also limited and sporadic – as the entire exercise could have been much more participatory.</p>
Acceptance of findings	<p>The assignment delivered products that will be available in the public domain, and UNICEF and the Government of Liberia will have an interest in promoting successful aspects of their work. The assessment identified learning based on both positive and negative findings. The ET will undertake a participatory approach and engaged with the Reference Group in the review of draft deliverables (inception report, evaluation report) to ensure that findings were progressively validated and any inaccuracies identified and rectified.</p>
Unforeseen circumstances impact on availability of team	<p>The proposed Senior Evaluator for this evaluation, due to unforeseen scheduling conflicts, was unable to continue beyond the inception phase. However, both the Team Leader, Researcher, and National Evaluator absorbed the additional working days, and Landell Mills utilised its in-house staff with experience in evaluations of this nature to fill gaps as needed. Therefore, this did not impact on the evaluation deliverables, timeline, or activities.</p>
Quality of deliverables	<p>The ET has a proven track record in working on UNICEF evaluations and other UN country programme evaluations, and Landell Mills is an experienced evaluation supplier to a range of clients. The teams are familiar with UN evaluation processes and quality standards and will be subject to internal quality assurance.</p>
Timeframe delays	<p>As the timeframe for this evaluation, in order to maintain an alignment with the finalization of the next iteration of the CPD, was condensed – delays in the review of interim outputs by UNICEF could impact the overall timeline of the evaluation. The approach will be based on frequent interactions between the ET and UNICEF so that issues can be raised and resolved rapidly. In addition, the ET has allowed sufficient time for review processes of interim outputs by UNICEF, and for the ethical review process prior to primary data collection.</p>

5 Findings

116. This section of the report provides overall and individual findings of the evaluation to address the various evaluation questions. Evaluation questions have been grouped by criteria (e.g., effectiveness, efficiency, etc.) and each question is addressed individually.

5.1 Relevance

SQ 1.1: To what extent and how is the LCP aligned with the needs and priorities of all children and women, particularly the most vulnerable?

Overall Findings

UNICEF's LCP alignment with critical needs of children and women, and vulnerable groups is good. It is particularly good in addressing systemic vulnerabilities such as high child mortality, stunting, poor sanitation, low birth registration, and violence against children. Strategic focus on equity and the most vulnerable groups is mostly evident in their design, informed by available data and stakeholder consultations.

However, the LCP's ability to address intersecting or geographic vulnerability, marginalized or persons with disabilities is undermined by insufficient disaggregated data, outdated datasets, and limited geographic specificity.

While the CPD's Theory of Change and sectoral approaches are structured to address needs at multiple levels (upstream, midstream, and downstream), a lack of a unified strategy and integration across sectors has fragmented interventions, reducing the program's overall relevance. Additionally, the trade-offs between broad ambitions (e.g., reaching more children, reaching the most vulnerable, maximizing impact) remain unresolved. The highly centralized planning and limited Accountability for Affected Populations (AAP) in the design phase restrict UNICEF's capacity to address relevant local needs and priorities.

Identification of Needs and Priorities of Rights Holders

117. **The UNICEF CP identified the needs of vulnerable populations, particularly women and children.** Its design drew on the 2018 Situation Analysis⁸¹, SMR⁸², government datasets (2014 DHIS, 2015 EMIS), and consultations with the GoL, UN, and CSOs, ensuring alignment with Liberia's socio-economic context. A sectoral workshop applied the Monitoring Results for Equity System (MoRES) to address data gaps, including the lack of reliable, sex-disaggregated data⁸³. The CPD highlighted vulnerabilities such as high maternal and child mortality, OOSC, overage enrolment, low birth registration, violence against children, teenage pregnancy, harmful practices (FGM/cutting, child marriage), and weak child protection systems. It also identified underlying drivers like gender and wealth disparities linked to vulnerabilities, particularly for girls, adolescent girls, and women.⁸⁴
118. **The UNICEF LCP lacked precision in addressing the needs of geographically remote persons**

with disabilities and other vulnerable and marginalized population groups. UNICEF design documents (e.g., CPD, TOCs and results frameworks) provided limited geographic detail, not enough identifying the most deprived areas and groups, which reduced their relevance to localized needs. Outdated national data sources, such as the 2013 DHIS, 2015 EMIS, and 2005 school census, further undermined the LCP’s ability to ensure real-time relevance and hindered tools like the RAM in setting accurate baselines. While some PSNs referenced disability (PSN Overview, PSN on Education but not the PNS on child protection)⁸⁵, these lacked specificity on the types of disability. Further, while PSN’s refer to humanitarian populations, and remote populations there was limited geographical targeting, offering little clarity on the "who," "how many," and "where," and were not measurable within PSN frameworks or RAM data.

UNICEF CPD Specific Priority Needs ⁸⁶ , 2020-2024
Source: Situational Analysis of Children and Women in Liberia
(i) Nearly 11,000 children under the age of five continue to die every year (an increasing proportion of deaths happen in the first 28 days of life), (ii) approximately 40,000 children under one year old remain unimmunized or are only partially immunized every year, (iii) stunting prevalence has plateaued in the last decade around 36% (263,000 children), (iv) 17% of Liberia’s population have access to basic sanitation, (v) only one in four children below the age of five years have their birth registered, (vi) 55% of school-aged (6 to 14-year-old) children (53.2% girls and 56.9% boys) are out of school in a situation where 940,000 children in early child education (75%) and at the primary school level (82%) are overaged for their levels, (vii) 90% of children aged 2-14 years had experienced violent discipline (physical punishment and/or psychological aggression) in the home from caregivers, and lastly (viii) teenage pregnancy in Liberia is one of the highest in the world and stands at 31%.

119. **The programme design made limited reference to intersecting vulnerabilities, which are critical for addressing Liberia’s widespread and multifaceted needs.** Incorporating an understanding of these overlapping challenges into program design could enable more precise targeting of those experiencing the "highest vulnerability." While gender and age were acknowledged, the CPD and PSNs did not explicitly identify groups facing compounded marginalization, such as girls with disabilities in rural areas or adolescent girls constrained by socio-cultural norms in slums. This gap was exacerbated by UNICEF’s limited intersectoral planning, as each sector operated with separate PSNs, ToCs, and results frameworks. Furthermore, disaggregated data on key vulnerability dimensions—particularly disability, socio-economic status, ethnicity, and location—remained inadequate. UNICEF recognized that siloed sectoral approaches hindered efforts to address overlapping vulnerabilities. Additionally, there was little evidence of direct participation of vulnerable groups in program design, despite some representation during mid- and end-of-year reviews (e.g., Child Forum).

120. **There is no systematic mechanism for collecting data related to AAP/CWC.** UNICEF has invested in community engagement initiatives, including advocacy groups (Liberia Children’s Representative Forum), SBCC activities, community health programs (Community Health Assistants), youth initiatives (Adolescent Girls Advocacy Panel), and rights-focused clubs to ensure inclusivity in community voices. While FGDs confirmed that UNICEF is an accessible

partner for discussing program components, communities were not explicitly involved in strategy development. Key feedback mechanisms, such as the U-Report initiative and the Child Helpline, were reportedly suspended due to resource constraints, leaving critical gaps in structured feedback systems. Additionally, UNICEF's limited presence at the community level has hindered continuous and meaningful engagement, resulting in data collection that is often ad hoc rather than part of a systematic and integrated approach.

LCP's strategic alignment to the needs and priorities of rights holders

121. **The 2020–2024 LCP strategic focus was informed by lessons** from the 2016–2020 CPD, which was considered overly ambitious relative to available resources.⁸⁷ In response, the 2020–2024 CPD adopted more realistic goals, prioritizing interventions where UNICEF could achieve the “greatest impact”.⁸⁸ This impact was defined as contributing to⁸⁹:

- the reduction of under-five mortality rates (U5MR) through support for immunization and primary health care,
- reducing stunting and improving nutrition,
- ending open defecation and enhancing WASH in schools and health facilities,
- ensuring equitable access to early childhood education (ECE) and primary education,
- strengthening systems to reduce violence against children, and
- increasing birth registration.

122. **The 2020–2024 CPD implementation strategies were guided by the ToC**, articulated through a simplified overarching CPD ToC and five sectoral ToCs—Health,⁹⁰ Nutrition, WASH, Child protection, Early Learning and Basic Education (ELBE),⁹¹ and Programme Effectiveness (PE).⁹² These sectoral ToCs explicitly integrated three key output dimensions to achieve the vision of “more children, from birth to adolescence”: (1) enabling the environment through upstream approaches, (2) improving service supply and quality via midstream approaches, and (3) increasing demand through downstream approaches.³ Here, UNICEF addressed identified needs comprehensively across all levels, integrating policy, service delivery, and community engagement.

123. **There is limited alignment between sectoral programmes.** The sectoral ToCs are not well-integrated into a cohesive overarching ToC, resulting in a fragmented approach. The outcome target groups in each of the sector TOCs differ. For example, the CSD sector targets “significantly more girls, boys, adolescents, and women, especially those who are marginalized and/or living in humanitarian conditions” for health, while WASH targets “communities in urban slums and rural areas.” Education, on the other hand, focuses on out-of-school children (OOSC) and overage learners, and child protection prioritizes those at risk of or victims of violence, abuse, and exploitation. While each individual ToC may appear logical, and targeted within its own framework (logic, results chain), the lack of convergence across sectors limits integrated interventions and risks a mitigation in opportunities to improve the holistic well-being of

³ Aligned to UNICEF's Equity framework.

children – to both survive and thrive.^{4 93}

124. **Different PSNs and strategies mention different objectives** such as reaching "more children," achieving "the greatest impact," and focusing on "the highest vulnerabilities." However, the evaluation finds these goals can sometimes be contradictory in target groups. For example, while focusing on the highest vulnerabilities aligns with equity principles, it may not necessarily lead to the greatest impact (especially given the resource constraints). Achieving such objectives simultaneously seems unrealistic and somewhat mutually conflicting. KIIs also confirmed that the UNICEF CO is expected to check many boxes simultaneously—both due to its own mandates and the expectations of the GoL—but does not always have the necessary capacity to do so. The evaluation suggests that in such scenarios, trade-offs must be identified and clearly prioritized to ensure a program is more strategic.



KII – UNICEF Staff: "Our programmes are everywhere, we are spread too thin, to be relevant."

KII – UNICEF Staff: "I don't see the connection between the CPD and the workplans or what we intend to do versus how we are going to do it"

125. **Overall, there is a lack of a clear and unified strategy to collectively address common needs and vulnerabilities across different sectors.** The mini survey indicated a good score of 3.62/5 regarding whether UNICE targets the priority needs of women and children. KIIs with UNICEF staff reveal that while UNICEF is attempting to address multiple areas simultaneously, this approach often results in a loss of strategic focus. Various sectoral target groups, outcomes, and outputs are in play, but they are not easily aligned. All sectors operate at three levels (upstream, midstream, and downstream) across all 15 counties—covering both rural and urban areas—and target children from birth to adolescence, with a particular focus on marginalized groups. According to the evaluation, this broad approach dilutes clear prioritization of key objectives and overlooks the trade-offs necessary in the context of Liberia, where needs are broad, multi-faceted and widespread across the country.

SQ 1.2: To what extent and how is the LCP aligned with the national priorities of Liberia and UNSDCF for children and women in Liberia?

Overall Finding

UNICEF's alignment with Liberia's national development priorities and the UNSDCF framework is very good, reflecting good collaboration with the GoL and UN partners. The CP supports Liberia's PAPD and contributes to UNSDCF outcomes through sectoral interventions in health, education, WASH, and child protection, among others. Regular engagement with national

⁴ In convergence, these aforementioned weaknesses are elaborated upon in UNICEFs' Evaluability Assessment. Readers are encouraged to refer to this report for additional insights. Source: Evaluability Assessment of UNICEF Liberia Country Programme (2020-2024), April 2023.

ministries and co-development of policies and workplans underscore UNICEF's commitment to national-level alignment. However, alignment with subnational priorities remains limited due to centralized governance, weak county ownership, and UNICEF's constrained presence at the county level. This gap hinders effective problem-solving for region-specific challenges.

Alignment with the Government of Liberia

126. UNICEF collaborates continuously with national ministries to ensure its initiatives align with the needs of children and women in Liberia. It actively engages with key ministries (MoE, MoH, MoF, and MoWCA) and their divisions, particularly at the national level. UNICEF's Country Programme Document (CPD) was developed collaboratively with the Government of Liberia (GoL) and partners through participatory workshops, with no indication of insufficient collaboration during the planning phase. Mid-year and end-year reviews are also co-hosted with the GoL. In addition, UNICEF provides technical support to the GoL in revising or co-developing policies, legislation, and annual sector workplans, thereby ensuring continued alignment. Maintaining close and continuous collaboration with the national ministries and divisions is central to UNICEF's programming, recognizing the GoL as its primary partner in Liberia.
127. **UNICEF LCP outcomes clearly align with the overarching development goals of Liberia's PAPD (2018-2023).**^{94 95 96} Each PSN includes a results framework that details how UNICEF sectoral interventions align with specific PAPD pillars. For example, the Child Protection PSN aligns with PAPD Pillar 1: "Power to the People" and Pillar 3: "Sustaining the Peace," as well as the National Action Plan for Child Welfare and Protection for Liberia (2018–2022). Similarly, the Education PSN aligns with PAPD Pillar 1, focusing on improving access to education and capacity-building.
128. **The UNICEF LCP demonstrated limited alignment with subnational priorities.** UNICEF LCP demonstrates limited alignment with subnational priorities. Although most UNICEF program documents align with the broad, national-level PAPD pillars, UNICEF's reliance on national-level data can overlook local needs. Key informant interviews with county-level stakeholders reveal minimal input from county administrations in microplanning, priority setting, and budget management, largely due to Liberia's highly centralized governance. This lack of local engagement—combined with weak county ownership, diverse county needs, and UNICEF's limited presence at the county level—indicates a gap in subnational alignment. County FGDs further highlight how UNICEF's limited field presence impedes collaborative problem-solving with ongoing field challenges remaining unresolved.
129. **Most UNICEF program documents align with the respective pillars of the PAPD, which are broad national-level priorities.** Additionally, UNICEF's M&E system relies on monitoring national data, which may overlook macro-level regional priorities. KIIs with county-level stakeholders reveal limited input from the county administration in micro-planning, priority-setting, and budget management, due to Liberia's highly centralized administrative structure. This lack of local engagement, coupled with weak county ownership, diverse county-level needs, and UNICEF's limited presence at the county level, indicates a gap in subnational alignment. FGDs conducted at the county level indicate that, despite being highly appreciative of UNICEF's

support, the limited UNICEF presence makes alignment in problem solving challenging, subsequently reporting numerous field challenges that have not been resolved and ultimately reduce the impact of effective programming.



KII: The government is resistant to decentralization. We need more engagement at the county level, but counties remain disengaged as they have no authority'

Aligned with the UNSDCF

130. **The UNICEF LCP demonstrated strong alignment with the Liberia UNSDCF 2020–2024 across all sectors.** Key documents emphasize development and policy priorities that are well-aligned with UNSDCF objectives. This alignment is also evident in UNICEF’s active participation across all four UNSDCF outcomes.⁹⁷ ⁵ UNICEF chairs the Inter-Agency Communication Group and co-leads, alongside UN-Women, the Outcome Group 1.⁶ Additionally, the M&E Working Group is co-chaired by UNICEF and UNFPA, with support from the Resident United Nations Women Coordinator Office. KIIs highlights close collaboration between UNICEF and other UN agencies, such as WHO, UNFPA, and UNDP, in achieving shared UNSDCF goals. Informants report overall good synchronization among UN partners and initiatives. UNICEF collaborates with other UN agencies to focus on improving adolescent and maternal health (with UNFPA), achieving gender equality and empowering women and girls (with UN-Women), and promoting the availability and use of disaggregated data for sustainable development (with UNDP, UNFPA, and UN-Women).
131. **UN and GoL KIIs report that UNICEF’s support for activities within the Cooperation Framework has been valuable,** particularly in terms of technical assistance, implementation, provision of supplies, and training. For example, within the Social Policy framework, the Education section provided orientation for parliamentarians on education sector budgeting and agreed to further build their capacity in this area⁹⁸. UNICEF’s allocation to the required UNSDCF resources is spread across all four outcomes, with a total requirement of \$105,577,000 .
132. **Some UNICEF and UN key informants question the results of the UNSDCF so far,** with many awaiting the outcomes of the ongoing UNSDCF evaluation. They also highlight coordination challenges, such as the lack of a unified OneUN voice in engaging with the government and low levels of participation in coordination platforms. Government KIIs indicate that while the GoL is involved in the implementation of the UNSDCF, its role in the design phase was insufficient.

⁵ It can be noted that thematic results can be attributed to specific UNSDCF outcomes – as follows: **Health Results** contribute to UNSDCF Outcome #1; **Nutrition Results** contribute to UNSDCF Outcome #1; **Education Results** contribute to UNSDCF Outcome #1; **Child Protection Results** contribute to UNSDCF Outcomes #3 and #4; **WASH Results** contribute to UNSDCF Outcomes #2.

⁶ In collaboration with UN Women, UNICEF leads the Outcome Group 1. United Nations Development Cooperation Framework, Page 35.

SQ 1.3: To what extent and how has UNICEF adjusted its programme scope and implementation strategies to address emerging challenges, such as those posed by emergencies like the Covid-19 pandemic?

Overall Finding

UNICEF was excellent in adapting its scope and strategies to emerging challenges, particularly in response to health emergencies like COVID-19, Ebola, and measles outbreaks. The LCP demonstrated agility through mechanisms like Rolling Work Plans (RWPs), strategic reviews, and integrated immunization campaigns, achieving high coverage for polio, measles, and COVID-19 vaccinations. During the COVID-19 pandemic, UNICEF excelled in ensuring service continuity, addressing disruptions in education, health, and child protection while supporting Liberia to become the first West African country to vaccinate 74% of its population against COVID-19.

However, while UNICEF shifted post-pandemic priorities to focus on vaccinations, birth registration, and out-of-school children, its programmatic adaptations to long-term post-COVID-19 needs were insufficient. Key gaps remain in updating program strategies (PSNs and CPD) to reflect the pandemic's broader socio-economic impacts and evolving vulnerabilities, such as those affecting adolescent girls and children in need of protection. Furthermore, UNICEF's midstream service delivery faced challenges in sustainability and alignment with its core mandate, raising questions about its preparedness for future emergencies and long-term recovery planning.

Alignment with New Needs of Rights Holders

133. **The UNICEF LCP addressed new needs consistently and demonstrated an agility in dealing with emerging crises.** UNICEF demonstrates responsiveness in adjusting its programme scope and implementation strategies to address emerging challenges, such as in health emergencies like Ebola, measles and Polio. Key Informant Interviews and document data highlight UNICEF's added value in supporting immunization campaigns for diseases like measles and polio. For instance, in 2021, UNICEF provided critical support for preparedness against Ebola following an outbreak in Guinea.⁹⁹ Following the detection of circulating Vaccine-Derived Polio Virus (cVDPV) type 2 in the region, UNICEF supported the GoL in declaring a Public Health Emergency and conducting two nationwide vaccination campaigns, introducing the nOPV2 vaccine, and reaching 1,831,612 children aged 0–59 months, exceeding 95% of the target. These campaigns were further enhanced by integrating nutrition and birth registration services, resulting in 127,413 children aged 0–12 years being registered. During the 2022 measles outbreak, which affected all counties except one, UNICEF collaborated with partners to vaccinate 406,540 children aged 9–35 months.¹⁰⁰ This effort, which integrated routine vaccinations and targeted zero-dose children, significantly improved immunization coverage. Stakeholders interviewed perceive UNICEF as agile and responsive to emerging needs, especially on health emergencies and its role in immunization. Moreover, the mini survey indicated moderate satisfaction (3.38/5) with UNICEF's ability to adjust programming to evolving needs and priorities.

Alignment to COVID-19

134. **The UNICEF LCP’s reprioritization to address the COVID-19 pandemic in 2020 was excellent.** COVID-19 exacerbated barriers to the realization of children’s rights, particularly for adolescents.¹⁰¹ UNICEF’s response was twofold, focusing both on addressing the pandemic directly and ensuring continued access to essential services disrupted by it. Firstly, UNICEF played a pivotal role in Liberia’s COVID-19 vaccination drive, managing the procurement, clearance, vaccine management, and in-country distribution of 5,036,370 doses. As a result, Liberia became the first West African country to reach the 70% vaccination goal, with 74% of the population vaccinated.¹⁰² UNICEF took on a leadership role of the COVID-19 RCCE pillar and with its RCCE partners promoting hygiene practices, health information, as well as tackling COVID-19 mis and disinformation.^{103 104 105} In health, UNICEF built on the already decentralized structures following on from Ebola,¹⁰⁶ and supported the training of 841 additional CHAs and 70 Community Health Volunteers in COVID-19 prevention and referral measures, while 100 CHSS were trained in contact tracing and awareness-raising.¹⁰⁷ For example, UNICEF supported the training of 841 additional CHAs and 70 Community Health Volunteers in COVID-19 prevention and referral measures, while 100 CHSS were trained in contact tracing and awareness-raising.¹⁰⁸



KII – UNICEF UNV: “When I joined UNICEF as a UN Volunteer in 2021, COVID-19 was already spreading in Liberia. During this time, UNICEF focused on raising awareness about how to prevent and control the virus. It provided education for women on how to keep themselves and their children safe from COVID-19. UNICEF also gave out nose masks and helped provide vaccines that the Ministry of Health used to vaccinate women and children to protect them from the virus.”

135. **UNICEF’s efforts to ensure continuity of services disrupted by the pandemic was excellent.**¹⁰⁹ By November 2020, UNICEF’s efforts translated in important achievements for women and children (see **Table 3**). In education, for example, UNICEF excelled in adapting strategies for COVID response (2020-2021), including transitioning to distance learning and alternative education approaches.¹¹⁰ UNICEF was also a key advocate for reopening schools during the pandemic. Acting as the GPE Grant Agent, UNICEF supported a joint Ministry of Education and Ministry of Health COVID-19 testing initiative for 490 students in high-risk areas. All tests returned negative, boosting confidence among the government, communities, and students to reopen schools, benefiting 701,122 students in grades 6 to 11.¹¹¹ Under child protection, several safe spaces were open in collaboration with Women and Children Protection Section within the Liberian National Police, with nearly 300 children being provided with alternative care.¹¹²



KII – Government of Liberia: “The safe spaces established with UNICEF support have adapted to provide essential services during emergencies like COVID-19.”

Table 5: Results achieved by UNICEF across cross-cutting COVID-19 indicators. Source: UNICEF

By November 2020, UNICEF had achieved the following results. Source: UNICEF ¹¹³	
Indicator 1	1,709,574 people reached through IEC/SBCC material, including social and mass media on the prevention of COVID -19 through radio jingles and social media.
Indicator 2	29,704 of vulnerable people (children including students, pregnant women and other community members) reached with critical WASH supplies including hygiene items in health care facilities, schools and communities.
Indicator 3	214,156 children affected by COVID-19 received appropriate treatment in accordance with WHO COVID-19 guidelines.
Indicator 4	1,055,282 of students reached with home-based learning through radio and other effective modalities. Target - at least 1,400,000 students.
Indicator 5	274 of children without parental care due to the COVID-19 provided with appropriate alternative childcare arrangements. Target - at least 300 affected children.

Alignment to post-COVID-19 Needs

136. **UNICEF’s post-COVID-19 priorities shifted towards three key programme interventions: vaccinations, birth registration, and addressing out-of-school children.**¹¹⁴ These adaptations were made in response to the evolving needs of beneficiaries, incorporating a sharper focus on LCP programme priorities alongside adjustments in strategies, monitoring, and implementation. UNICEF KIIs regarded this as a more focused LCP. Both documents¹¹⁵ and KIIs indicated that these changes were informed by document reviews and consultations with UNICEF and government partners, which highlighted post-COVID-19 vulnerabilities among adolescent girls, children out of school, children with disabilities, and young children of teenage mothers. The updated programme priorities also aligned with three regional Key Results for Children (KRC).⁷
137. **Despite UNICEF addressing certain post-pandemic priorities, UNICEF’s PSNs and CPD have not been updated to reflect post-COVID-19 needs.** Although various reports and consultations highlighted increased needs as a result of COVID-19, and the GoL developed a Transition Plan to integrate the COVID-19 response into routine services,¹¹⁶ there is limited evidence that UNICEF fully aligned its CPD to the post-pandemic context. While UNICEF conducted a rapid assessment,¹¹⁷ both the CPD and PSNs remain outdated, making it unclear how the LCP is adapting to post-COVID economic recovery.¹¹⁸ The EA also indicated that, apart from one study on the education sector, UNICEF’s gender-responsive interventions remained limited.¹¹⁹ Furthermore, rising numbers of children in need of protection, including orphans and those in conflict with the law, expose additional gaps in the post-pandemic response. Although the pandemic required UNICEF to take on a more significant service delivery role (at the midstream level) than initially planned, it remains unclear to what extent UNICEF has continued or evolved

⁷ The three regional Key Results for Children (KRC) include (a) Ensuring children aged 0–11 months are fully immunized (KRC #1), (b) increasing access to quality education for school-aged children (KRC #3), and (c) ensuring children under 1 have their births registered (KRC #7).

in this role. Neither UNICEF KIIs nor programming documents provided clarity on this matter.

138. **UNICEF’s post-COVID-19 priorities informed some new GoL priorities** through for instance the adoption of new national health and education strategic plans. For instance, following UNICEF’s advocacy, the Ministry of Education has incorporated the issue of out-of-school children into its new strategic plan.¹²⁰ The LCP has successfully adapted its strategies to better bridge the humanitarian-development divide. While the CO lacked an emergency preparedness plan before COVID-19, it has since developed a costed preparedness and response strategy.¹²¹

5.2 Gender, Equity and Human Rights

SQ 2.1: To what extent and how has UNICEF incorporated gender, human rights, and equity dimensions into the planning and implementation strategies of the programme?

Overall Finding

The LCP has made strides in addressing **gender** issues through targeted interventions and some community-level initiatives are good, in particular for adolescent girls, though progress is uneven across sectors and constrained by limited resources. Efforts such as gender-sensitive WASH facilities, menstrual hygiene management, and the promotion of girls’ education demonstrate gender-responsive programming with tangible benefits, including increased school attendance and reduced stigma. However, the absence of a full-time Gender Officer and inadequate budget allocation have hindered the consistent integration of gender considerations across all sectors. Additionally, challenges such as limited sex-disaggregated data and underdeveloped gender-responsive indicators weaken systematic gender integration.

While UNICEF’s programming aligns broadly with the Convention on the **Rights of the Child**, its systematic integration of human rights principles remains limited. Disaggregated data by religion, ethnicity, and disability is insufficient, impeding the identification of rights violations. Policy contributions, such as the gender-responsive Education Sector Plan (2022–2027), demonstrate progress. Community-level initiatives like Buddy Clubs have successfully raised awareness of child rights and empowered children, though challenges such as insufficient funding and safe spaces persist.

Equity is inconsistently operationalized as a core principle in UNICEF programming. Data disaggregation by key social criteria is weak across sectors, and tailored strategies for marginalized groups, such as children with disabilities and those in remote areas, are underdeveloped with no certainty whether such groups have been reached. Trade-offs between breadth and depth of the LCO programme and sustained barriers to access further bring in doubt whether the LCO has indeed assured ‘no one is left behind’. Disability inclusion in particular remains minimal.

Gender

139. **UNICEF has demonstrated ‘targeted interventions’, with efforts remaining uneven.** UNICEF has implemented gender-focused activities across several sectors, particularly in education, child protection, and WASH.^{122 123} For instance, initiatives such as girls’ education, teenage pregnancy prevention, gender-sensitive WASH facilities in schools, and GBV/child marriage interventions have been prioritized and provided tangible benefits. These efforts align with the global Gender Action Plan’s integrated results framework, particularly targeting adolescent girls.¹²⁴ However, there is less emphasis on integrating gender into the health sector (apart from adolescent stunting, teenage pregnancy) and gender-responsive indicators remain underdeveloped in the RAM.^{8 125}
140. **It is understood that several of these targeted gender-responsive interventions can be considered as gender responsive and to a degree gender-transformative,** such as the ‘gender sensitive WASH facilities, and menstrual hygiene management in schools. FGDs and observations during the field visit also concluded UNICEF built/supported gender sensitive WASH facilities in schools. Adolescent girls in FGD explicitly stated that the provision of menstrual pads but also the social-and-behavior-change (SBC) reduced stigma, and they feel now more confident to attend school. While some progress has been made at the policy level, such as the development of a gender-responsive National Education Sector Plan (ESP) for 2022–2026, the LCP still lacks a comprehensive gender lens across all programming sectors. However, the lack of sufficient gender resources and a dedicated Gender Focal Point Officer constrains scale up of such targeted programs. But funding shortages and the absence of a full-time gender have limited such interventions to scale up. Following COVID-19 for example there is no data to inform gender-responsive emergency response apart from a single case study on the education sector.¹²⁶ Efforts to collect sex-disaggregated data and align fully with GAP indicators are ongoing but incomplete, with several indicators underachieving or unreported.
141. **Gender integration has been prioritized in planning, but resource limitations hinder full integrated gender efforts.** UNICEF’s planning documents, including the Gender Action Plan (2018–2021), the 2018 Gender Review, and the Mid-Term Review (2019)¹²⁷, highlighted the need for strengthening staff capacity and learning to apply a gender lens consistently in programming. UNICEF Gender dashboard reports medium results with insufficient progress between 2022 and 2023.^{9 128} Despite these priorities, and the UNICEF theory of change results logic reflecting Gender-responsive programming, KIIs indicate that progress has been constrained by resource limitations. The Country Office lacks a full-time Gender Officer, with one staff member "triple-hatting" responsibilities, and the 15% earmarked budget for gender programming, as mandated by UNICEF's global Gender Action Plan, has reportedly not been

⁸ This evaluation utilizes the LCO’s internal Results Assessment Module (RAM) data, particularly that pertaining to indicator performance (both output and outcome) across specific result areas – all of which are relevant to the key sectors of the current Liberia Country Programme, namely (1) Child Protection, (2) Child Survival and Development, (3) Early Learning and Basic Education, (4) Programme Effectiveness, (5) Cross-Cutting (including COVID-19).

⁹ Institutional readiness remained stagnant with an average of 57% during 2022 and 2023. Accountability Structures scores 44% in 2022 and increased to 56% in 2023. Programme results decreased from 69% in 2022 to 62% in 2023. Source: UNICEF Gender Dashboard, Progress Report 2022-2023.

allocated.



FGD Adolescent Girls Advisory Panel: “Now I know that menstruation is nothing to be ashamed of.”

142. **UNICEF is also an active participant in gender related coordination mechanisms** such as the UN Gender Theme Group and the National Gender Task Force and its implementation of joint gender targeted programming, such as (1) participation in the UN Joint Programme to end SGBV,¹²⁹ (2) promotion of girls’ education under the Gender Equitable Education Programme (GEEP),¹³⁰ (3) empowerment of adolescent girls through the Be the Change Agent project,¹³¹ and (4) promotion of gender sensitive WASH in schools which focused on menstrual hygiene management.^{132 133}

143. **Critical gender issues, like FGM, remain insufficiently addressed in UNICEF’s programming.** Although FGM prevalence in Liberia has declined across generations,¹³⁴ it still affects 38.2% of women and girls aged 15–49.¹³⁵ UNICEF has attempted to tackle FGM indirectly through initiatives such as the UN Spotlight Initiative,¹³⁶ which focuses on changing harmful social norms. These efforts include school-based awareness programs, child rights advocacy, and platforms that allow children to voice their concerns directly to duty bearers. UNICEF also uses participatory approaches to amplify children’s voices, empowering them to speak up for themselves. Additional programming has involved strengthening the capacity of social workers and supporting GBV observers to monitor and address harmful practices. KIIs with key UNICEF personnel suggest that the LCO has struggled to position FGM as a critical child rights violation, largely due to deep-rooted socio-cultural and political sensitivities. National-level actors often resist addressing FGM, whereas county-level stakeholders appear more open to engaging with the issue, according to UNICEF’s interviews. FGDs with Community Health Volunteers and community representatives, including women, indicate that they fear reprisals for openly discussing FGM in their communities. As a result, the evaluation questions the extent to which UNICEF has clearly positioned itself—through either action or advocacy—on this critical issue, whether acting independently as a UN agency or within a One UN framework.



Figure 2: Gender Action Plan 2020-2025. Source: UNICEF

144. **UNICEF Liberia has incorporated Protection from Sexual Exploitation and Abuse (PSEA) into its programme planning and implementation strategies** through a combination of assessments, action plans, awareness campaigns, and capacity-building initiatives. Across the four years, UNICEF's actual budget allocation to PSEA was integrated under the Protection from violence, exploitation, abuse and neglect budget of \$11,694,215.¹³⁷ There was thus no standalone PSEA cross-cutting budget. In 2020, UNICEF developed a PSEA Action Plan following a comprehensive assessment, providing a framework for UNICEF and its implementing partners to address SEA.¹³⁸ Awareness activities have reached 4,885 individuals (2,210 girls and 2,675 boys), promoting access to services for survivors of GBV and SEA. In 2022, UNICEF trained 100 childcare workers, including Gender County Coordinators and PSEA Champions, on gender norms, roles, and practices. These workers, deployed as "Gate Keepers," engage communities to challenge harmful gender norms and raise awareness about available services. Additionally, UNICEF has trained implementing partners on PSEA, reinforcing their capacity to address SEA. While these efforts demonstrate progress in integrating PSEA into programming, UNICEF KIIs indicate additional steps are needed to expand PSEA coverage and address structural challenges that perpetuate SEA but just as with Gender, progress is hampered by limited resources and a full-time dedicated focal person.

Human Rights

145. **UNICEF's programme design and monitoring currently lack a strong human rights focus.** The programme's strategic documents (CPD, PSNs, ToC) acknowledge the importance of adhering to child rights (Convention on the Rights of the Child) with ample reference to high rates of maternal, neo-natal and under-five mortality, stunting, adolescent pregnancy, and violence

against children. However, neither the programme’s design nor the implementation explicitly references how these conventions inform day-to-day activities that address such human rights issues. The RAM, and overall results framework include a good set of evaluable indicators related to rights-based outcomes (e.g. for example Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP in line with CRC 6, 24, 27). Despite the LCP referencing systematically to girls and adolescents and drawing from a comprehensive Situational Analysis (inclusive of stakeholders), there is no systematic treatment of child rights violations (e.g., FGM, child marriage) or discriminatory practices targeting the most vulnerable. The reports do not describe clearly how human rights issues were addressed. Moreover, while data is disaggregated to an extent by sex, data disaggregation by key factors such as religion, disability, intersectionality, ethnicity and geographic location, which would illustrate potential rights violations are largely absent.

146. **At the upstream level, UNICEF has contributed to policy and legislation that can advance human rights in Liberia.** For instance, in 2023, UNICEF collaborated with partners to strengthen the implementation of the 2022–2027 Education Sector Plan (ESIP), focusing on inclusive and gender-responsive school systems, teacher capacity-building, and community engagement to address barriers. Despite these efforts, interviews with GoL officials highlight political and budgetary constraints and UNICEF KIIs report on substantial delays and discrepancies between policy and implementation that slow progress on high-priority human rights issues, such as addressing FGM head-on.
147. **UNICEF’s most notable human rights achievements occur at the community level through direct engagement with rights holders.** Initiatives such as Buddy Clubs and Peer Educators have made significant impacts in educational settings by creating safe spaces, advocating against sexual harassment, and exposing corruption. For example, in 2023, a Buddy Club exposed a teacher demanding bribes for grades, leading to a decrease in such practices. FGDs conducted in the Grand Cape Mount and Grand Gedeh counties with the Children’s Representative Forum and Child Protection Networks (including those pertaining to SGBV), and in Robertsport with the Adolescent Girls Advisory Panel highlight UNICEF’s role in raising awareness about the rights of children (particularly on education, sexual and reproductive health, child marriage, and drug abuse). However, these groups face significant challenges, including a lack of funding, absence of safe spaces, and a reported rise in teenage pregnancies attributed to insufficient support systems for girls.



FGDs girls and boys 14-17 years: “I know about UNICEF. UNICEF is helping boys and girls in schools to create awareness and advocacy against sexual harassment and sexual exploitation and abuse in school. UNICEF usually helps children, including the unfortunate ones, so that they can all live in an environment free of harm and abuse. UNICEF is sending children to school and taking children from the streets. UNICEF helps to create safe school environments for children, in particular setting up health club or buddy club to advocate against sex for grade and bribery (teachers demanding money from students to get a passing grade). Through UNICEF’s support for the buddy clubs, we’ve learned how to recognize and report cases of sexual exploitation in schools. For example, we found out that

some teachers ask female students for sex in exchange for better grades. Now we know how to intervene and help female students feel safe from such harassment. The biggest change I've seen in my school is the sharp drop in teachers demanding money from students to pass their courses. In 2023, our buddy club played a key role in exposing a teacher who required students to pay large sums in exchange for good grades."

Equity

148. **There is limited explicit integration of equity as a core programme principle.** While UNICEF LCP acknowledges equity in its broader commitments, its operationalization as a core programming principle is unclear. The programme lacks explicit efforts to address the causes of exclusion, and marginalization. Equity considerations are mostly referenced alongside gender in programme documentation. While the ToC includes UNICEF's equity framework (enabling environment, supply, and demand), and the UNICEF MoRES tool (Monitoring Results for Equity Systems) helped incorporate equity considerations into programme design, this was primarily utilized at the national level without sufficient attention to the unique needs of subpopulations at the regional or district levels.¹³⁹ Despite mentions of the most vulnerable and disadvantaged children, there is variability in how equity is addressed across sectors (see **Section 5.1** on relevance).
149. **There are important gaps in the equity related monitoring,** limiting UNICEF's ability to measure and address equity-related outcomes. The Evaluability Assessment reports that data disaggregation remains insufficient across sectors. Data disaggregation by key social criteria, including ethnicity, disability, and geographic location, is absent. Equity scores across sectors reveal gaps: child protection (scored 2/3), education (scored 1/3), and health (scored 2/3), with the overall CPD scoring 1.5/3 for equity integration in their results frameworks.¹⁴⁰ On health for example, indicators on vaccine coverage are not disaggregated by sex, geography, or disability, despite neonatal mortality disparities between males and females and across counties. For nutrition, gender-responsive indicators exist, but spatial and disability-disaggregated data are absent. In WASH, outcomes are disaggregated by sex and geography, but output indicators lack disaggregation by sex, geography, disability, or age. In education, school dropout rates and their causes are not clearly tracked, and inequities in access, participation, and learning outcomes are evident but not analyzed. This makes the evaluation raise questions as to what extent the LCP has indeed 'left no one behind'.
150. **Specifically, to disability, UNICEF Liberia has made limited progress.** Equity for persons with disabilities remains extremely limited in Liberia, with significant gaps in UNICEF's policy-level engagement, implementation, and indicators. Data disaggregation by disability is absent across all key sectors, and none of the results outcome or output indicators in the CPD or PSNs are disaggregated by disability,¹⁴¹ even though the narrative occasionally refers to children with disabilities as a target group, such as in education and C4D.¹⁴² The evaluation seeks to emphasize the significant absence of disability as a child rights and equity issue within the LCP.
151. **The absence of disability data is a critical barrier to effective programming.** KIIs with the

Government of Liberia (GoL) reveal that neither the Education Management Information System (EMIS) nor the Ministry of Justice tracks disability-specific information, further hindering efforts to address the needs of children with disabilities. While current estimates state that 16-20% of Liberia’s population comprises of persons with disabilities, precise figures are difficult to determine due to the exclusion of disability data from the national census and the lack of routine information gathering in educational and employment statistics.¹⁴³

152. **UNICEF achievements in disability specifically have been extremely limited.** While the CPD states that the rights of children with disabilities will be addressed primarily through improving the enabling environment (upstream approach) by supporting the development and implementation of laws and policies across the CSD, education, and protection sectors, the evaluation did not find evidence to suggest that these policies have directly benefited children with disabilities. KIIs with the National Disability Commission and the Ministry of Gender also indicate that policy work has not necessarily improved the lives of children with disabilities. Some achievements have, however, been noted, albeit on a small scale. While there was no mention of disability in the 2020 COARS, in 2022, UNICEF procured 50 disability kits to initiate inclusive education in 50 of the 200 selected schools.¹⁴⁴ Additionally, in 2023, UNICEF conducted a disability analysis based on census data to identify entry points and provide support for children with disabilities. This analysis was conducted in collaboration with the Liberia Institute of Statistics and Geo-Information Service (LISGIS) and the National Disability Commission.¹⁴⁵

153. **Further, there are funding gaps and limited GoL engagement to advance disability inclusion.** FGDs with the National Commission on Disability revealed that its budget was temporarily increased to \$1 million in 2022 during the election year but has since been reduced to \$200,000. The Ministry of Gender does not adequately address disability inclusion or allocate specific funds for this purpose. KIIs also highlighted a lack of follow-through on past commitments, including a data registry initiative where UNICEF was expected to play a supporting role, but no concrete outcomes have materialized. For example, while UNICEF sponsored a social welfare policy in 2010, the policy had no measurable benefit for persons with disabilities, with KIIs stating, “we remain marginalized and often left on the streets without support.” The Commission further emphasized their lack of basic resources, such as vehicles, to carry out their work, despite UNICEF providing similar resources to the Ministry of Gender.



KII: “We are the bottom of the barrel, and no one cares.”

5.3 Coherence

SQ 3.1: To what extent and how have government policies and programmes supported the LCP’s activities, and reciprocally?

Overall Finding

The LCP demonstrates good collaboration with the GoL, marked by participatory joint planning processes, reviews, and technical support for policy resulting in significant advocacy and policy advancements, elevating children’s rights as a priority and reinforcing the GoL’s accountability as the primary duty bearer. However, reciprocally the partnership provides UNICEF with important implementation challenges. Delayed reporting and fund disbursements, a highly centralized governance structure have created bottlenecks, hindering timely programme execution, especially in 2022 and 2023. Limited government funding and commitment to social services beyond salaries constrains progress. Many UNICEF KIIs expressed frustration over this including UNICEF’s heavy involvement in resolving operational issues that fall under the GoL’s mandate.

154. **UNICEF’s LCP collaborates consistently with the GoL to strengthen solutions to children’s rights issues.** The CPD was developed collaboratively through participatory workshops involving the GoL and partners, ensuring strong coherence during the planning phase. Both KIIs with the GoL and UNICEF reported on close and good collaborative efforts. UNICEF actively engages with national-level ministries, including Education, Health, Finance, and Gender, and co-hosts mid-year and end-of-year reviews to promote joint accountability. Additionally, UNICEF provides technical support in revising and co-developing policies, legislation, and annual sectoral workplans, elevating children’s issues as a top priority and holding the GoL accountable as the main duty bearer. This partly repeats what was said on SQ1 earlier.
155. **UNICEF’s close collaboration with the GoL has resulted in significant advocacy and policy advances across various sectors which contribute to advancing children’s rights and strengthening systemic reform.** For example, the National Community Health Policy (2023–2032) prioritizes equitable access to essential health services, directly aligning with the right to survival and development under the Convention on the Rights of the Child (CRC, Articles 6 and 24). Efforts in education align with the right to education (CRC, Article 28) and the birth registration system reinforce children’s right to identity (CRC, Article 7) and protection from exploitation and harmful practices (Articles 19 and 34). Further, UNICEF advocacy and policy advances are expected to drive systemic reform including in the long-term. The below box provides an overview of policy and reform as a result of UNICEF advocacy efforts under each of the programme outcomes.

Overview of Policy and Reform with UNICEF Support

Under Outcome Area 1: UNICEF supported the GoL (specifically the Ministry of Health) with pragmatic reforms in the public healthcare sector – which included the National Community Health Policy (2023-2032), National Community Health Program Strategy (2023-2027), National Immunization Strategy (2023-2027), Effective Vaccine Management Improvement Plan, and Child Survival Strategy and Action Plan.

Under Outcome Area 2: With the Ministry of Education, UNICEF facilitated the policy formulation and implementation of the Education Sector Plan (ESIP, 2022/27) - enhancing institutional capacity, supporting community led SBC reform, and introducing a gender-responsive approach.

Under Outcome Area 3: UNICEF worked with the GoL to fortify child protection systems and protect children’s rights against abuse, violence, exploitation and harmful practices – supporting the government’s UNCRC reporting obligations and mobilizing a nationwide SBC campaign. Through supporting the GoL, and other national/sub-national partners, the Interoperable Birth Registration Information Management System (IBRIMS) was launched.

Under Outcome Area 4: UNICEF provided extensive technical guidance, capacity support, and financing to the GoL, supporting national efforts to supplement WASH policies – with a Joint Sector Review (JSR) being conducted to inform the national WASH Strategic Plan (2023-2027). SBC efforts were also spearheaded by UNICEF, culminating in the promotion of Community-led Total Sanitation (CLTS) practices across six counties.

Under Outcome Area 5: UNICEF conducted a PF4C Rapid Capacity Needs Assessment (in February 2023), highlighting the deprivation of children across programmatic areas, and working with government partners to generate consensus on the delivery of integrated social services (focusing on vulnerability and multidimensional poverty).

156. **UNICEF faced many challenges that have undermined the reciprocal benefits of collaboration with the GoL.** Despite alignment at the policy level, significant challenges have emerged in implementation, and the operational reality is much less effective. Delayed disbursement of funds by the GoL to the county levels have hindered the timely implementation of the LCP activities. This has created operational bottlenecks and affected UNICEF’s ability to meet its programme objectives, especially during 2022 and 2023. The highly centralized governance structure further limits decision-making at the county level, complicating the resolution of local issues. The lack of adequate government funding for social service delivery—beyond staff salaries—limits progress. The GoL’s overreliance on UNICEF for service delivery has created a dual challenge. On one hand, by being involved in implementation, UNICEF ensures that services reach vulnerable populations; on the other, the evaluation finds that it has furthered a reluctance within the GoL to assume greater responsibility for implementation. Most UNICEF KIIs expressed high frustrations that UNICEF is too involved in implementation and resolving day-to-day operational challenges, which all ideally fall under the GoL’s mandate. This

evaluation questions the extent to which the government’s inaction offers sufficiently tangible and reciprocal benefits to the LCP, particularly in addressing children’s issues and whether the GoL has become a barrier to progress.

SQ 3.2: To what extent and how is the LCP synchronized with the initiatives of other UN agencies and development partners, aiming to enhance collective objectives and minimize redundancy?

Overall Finding

The LCP demonstrates very good alignment and synchronization with the initiatives of UN agencies and development partners promoting joint efforts.

157. **The LCP demonstrates strong alignment with the initiatives of UN agencies and development partners, showing effective synchronization of efforts.** This is evident in collaborative initiatives such as UNICEF’s active participation in the Spotlight Initiative alongside UNFPA, UN Women, OHCHR, and others to address gender-based violence. Similarly, the Multi-Partner Trust Fund enabled the delivery of RMNCAH+N services in collaboration with WHO, UNFPA, and IOM, reaching nearly half a million people across three counties. Partnerships with UNESCO and the World Bank supported national consultations on education quality and the review of the education sector plan. During the COVID-19 pandemic, UNICEF played a leading role in rolling out the COVAX initiative in collaboration with the Global Alliance for Vaccines and Immunization (GAVI). Additionally, UNICEF partnered with UNAIDS to develop a five-year plan for eliminating mother-to-child HIV transmission, contributing to national policy development. Survey results assessing whether 'UNICEF coordinates effectively with UN Agencies/Initiatives' resulted in a very good score of 4/5 and KIIs with partners stated overall good collaborations with UNICEF. Such collaborative efforts underline UNICEF’s leveraging of relevant UN and donor partnerships. In parallel, data from KIIs did not highlight significant reports of gaps or duplicative efforts in multi-agency initiatives; however, interviews with UN agencies were limited.

5.4 Effectiveness

SQ 4.1: To what extent and how has UNICEF successfully achieved and is projected to attain the intended outcomes of the LCP by the conclusion of its cycle?

Overall Finding

The LCP’s overall effectiveness is moderate to good. UNICEF’s results monitoring is moderate and faces important utility challenges, making it difficult to measure results accurately. The complexity of working across three levels of interventions further complicates the attribution of specific UNICEF contributions to outcomes. Sector-specific achievements were exceptional in neonatal health, targeted HIV interventions, Out of School Children (OOSC) reductions, transition rates, birth registration, and providing medical and social support to children who experienced violence. While immunization targets have yet to be fully achieved, it remains a

key and effective intervention for UNICEF. Sector-specific under-achievements are in PF4C, the implementation of Community Health Committees and nutrition, which are potentially also interconnected.

At the Upstream Level, UNICEF has been an excellent contributor to policy and legislation, strengthening child-friendly rights frameworks and advocating for rights-holders. At midstream Level, achievements are harder to ascertain, and UNICEF's efforts are moderate, as UNICEF often becomes bogged down in day-to-day operational challenges. These difficulties are exacerbated by a lack of government commitment, decentralized governance, and inadequate budget allocations to social services. Despite these barriers, strengthening the cold chain emerges as a notable success. However, health and education service delivery continue to be hampered by frequent stockouts and a lack of formalized, payroll-integrated staff. At the downstream level, some activities show excellent, albeit small-scale, results in SBC initiatives, effectively educating diverse community groups and contributing to increased demand for services across sectors. However, this success has not extended meaningfully to nutrition.

While UNICEF Liberia has made some good efforts toward integrating multi-sectoral services, significant gaps remain due to siloed approaches, limited cross-sectoral planning, and funding constraints. UNICEF Liberia's coordination and implementation mechanisms have somewhat supported strategic shifts, fostered innovation, and enhanced government and development partner participation. However, there is a lack of partnerships with CSOs focused on service delivery, which limits UNICEF's implementation diversity, reach and operational effectiveness.

Utility of UNICEF's Monitoring Systems

158. **UNICEF's results monitoring faces many utility challenges. While UNICEF has established mechanisms for monitoring and adaptation, such as midterm and annual strategic reviews, rolling action plans, and course correction processes, several issues undermine the utility of its RAM for results-based programming.** A lack of alignment between the RAM, sectoral results framework, and ToC in PSNs creates inconsistencies, complicating the tracking of outputs and outcomes. Some programmatic ambitions outlined in the narrative documentation are not reflected in the RAM, leaving key interventions without indicators and making it difficult to ascertain their implementation or achievements (for example disability, gender). Data issues include missing output and outcome entries, outdated baselines (ranging from 2011 to 2021), incorrect values, and unclear accumulative indicators. Additionally, targets have fluctuated over time, sometimes becoming less ambitious, as observed with anemia prevalence targets.¹⁴⁶

Sector Specific Achievements

159. **Tables 4, 5, 6, 7 and 8** below present the extent of achievements against planned targets at the outcome and output levels from 2020 (pre-COVID-19) to 2024. The analysis distinguishes how each of the LCP's three key strategies (upstream, midstream, and downstream) contributed to these achievements. The sampled outcomes include health, nutrition, education, child protection, and PF4C, all of which are aligned with the Theory of Change (see Figure X). While

the majority of indicators are on track, with some exceeding targets and achieving significant results, others have underperformed or lack reporting.



Outcome 1 – Health: Significantly more girls, boys, adolescents, and women, especially those who are marginalized and/or living in humanitarian conditions, have access to and utilize evidence-based, high impact quality maternal, neonatal, child adolescent health, and HIV interventions.

Image 1: Focus Group Discussion with Joint Buddy Clubs in Zwedru.



160. **Regarding Outcome 1** for maternal and neonatal health, UNICEF has demonstrated strong performance, with significant overachievement in targeted HIV interventions. The percentage of live births attended by skilled health personnel is expected to achieve its target. However, in immunization, challenges remain. The percentage of children (0–11 months) vaccinated with three doses of DTP/Penta vaccine decreased from a 2017 baseline of 86% to 82% in 2024, falling short of the 90% target. Similarly, the percentage of districts achieving at least 80% vaccination coverage declined from 87% (baseline) to 80%, below the target of maintaining 87%. These outcomes may reflect challenges with the accuracy or relevance of the 2017 baseline data, or the disruptions caused by COVID-19 and associated lockdowns.

161. **Upstream Level – Policy:** Strengths were in UNICEF aiding the MoH in developing various policies and strategies for Universal Health Coverage including the Comprehensive Multi-Year Plan (cMYP) for Immunization (2023-2027), the National Community Health Policy (2023-2032), and Strategy (2023-2027) among others.
162. **Midstream Level – Service Delivery:** No stock-outs of vaccines (DTP/Penta, Polio, Tetanus Toxoid) were reported at the district level, and the Effective Vaccine Management composite score improved to 77% in 2024, approaching the 80% target. While it is unclear whether the High-Level Forum on Immunization-Plus was held in 2021 as planned, notable progress was achieved in maternal and newborn care. The percentage of newborns receiving postnatal care within two days of childbirth reached 91% in 2023, exceeding the target of 85%, demonstrating strong performance in this critical area. What factors specifically contributed to such good performance is not analyzed.
163. **Downstream Level – Demand Creation:** The immunization dropout rate was not reported, and only 64% of children aged 0-59 months with symptoms of pneumonia were taken to an appropriate health care provider (below the 75% target for 2023). The functionality of Community Health Committees was significantly low, achieving only 14% functionality compared to the target of 80%. This reflects important gaps in community-level health, likely explaining some of the low service delivery uptake.
164. The mini survey scored UNICEF's added value primarily in health (12/42), followed by nutrition (9/42), child protection (5/42), and SBC/C4D (4/42). In health, the majority of KIIs highlight UNICEF's contributions to immunization activities, particularly its support for cold chain systems and stock management. UNICEF also supported the GoL in bolstering the HPV¹⁴⁷ and introducing the new RTS, S Malaria vaccine¹⁴⁸. However, since the results data used is national-level data, it is unclear whether the reported immunization results are representative of all counties. This raises concerns about the potential presence of under-immunized pockets and whether UNICEF's interventions effectively targeted zero-dose children, marginalized and/or remote areas, which are the critical groups in addressing the immunization gap¹⁴⁹. Community feedback from FGDs acknowledged UNICEF's valuable efforts in immunization; however, access to EPI services is still not universal. Many remote communities face significant barriers, including limited transportation, which restricts their ability to access health services.

Table 6: Outcome and output performance indicators for the LCP's health component.

Outcome 1: Significantly more girls, boys, adolescents and women, especially those who are marginalized and/or living in humanitarian conditions, have access to and utilize evidence-based, high impact quality maternal, neonatal, child adolescent health, and HIV interventions.		Baseline	Baseline year	Target	Achieved	Year Achieved
Outcome Indicator 1A1	% children (0–11 months) vaccinated with 3 doses of DTP Penta vaccine nationally	86%	2017	90%	82%	2024
Outcome Indicator 1A2	Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP- containing/Penta vaccine	87%	2017	87%	80%	2024
Outcome Indicator 1A3	Percentage of live births attended by skilled health personnel	49%	2017	70%	67%	2024
Outcome Indicator 1A4	Percentage of pregnant women living with HIV with lifelong access to ART for PMTCT and for their own health.	39.60%	2017	75%	223%	2024
Output	Comprehensive Multi-Year Plan (cMYP) for Immunization updated	0	2018	1	1	2024
Output	Revised National CHA policy updated	0	2018	1	1	2024
Output	Availability of an investment case with fiscal space analysis for Immunization Plus	No	2018	Yes	NR	2024
Output	Effective vaccine management (EVM) composite country score (year)	58%	2021	80%	77%	2024
Output	Country had no stock-out of DTP/Penta, Polio (OPV and IPV) and Tetanus Toxoid vaccines at district level	Yes	2017	Yes	Yes	2024
Output	Percentage of newborns receiving postnatal care within two days of childbirth.	35%	2017	85%	91%	2023
Output	High Level Forum on Immunization-Plus in line with the Addis Declaration with a roadmap as key output	No	2018	Yes	NR	2021
Output	Drop-Out rate between Penta-1 and measles coverage	12.50%	2018	10%	NR	NR
Output	Percentage % of children aged 0-59 months with symptoms of pneumonia taken to an appropriate health care provider.	51%	2018	75%	64%	2023
Output	Established functional mechanisms to strengthen multi-sectoral accountability at all levels	NR	NR	NR	NR	NR
Output	Percentage of functional Community Health Committees supported by in UNICEF supported Counties	0%	2018	80%	14%	2024

***NR: Not Reported**



Outcome 2 – Nutrition: By 2024, Significantly more children under five, adolescents and women of childbearing age access and utilize proven direct nutrition interventions and practice appropriate nutrition behaviors that prevent stunting and other manifestations of malnutrition in both development and humanitarian conditions.

165. **At the outcomes level,** the proportion of stunted children under five reduced marginally from 36% (2018 baseline) to 30% in 2023, expected to reach the target of 27% by 2024. However, the percentage of women with anemia worsened, the percentage of children receiving the minimum number of food groups stagnated, and exclusively breastfed infants stagnated between 2017 and 2023, all concerning outcomes in addressing maternal and infant nutrition.
166. **Upstream level - policy** - a national management information system with sex-disaggregated nutrition data, and a national nutrition strategy incorporating micronutrient powders was developed in addition to a national social and behavior change communication strategy to support demand.
167. **Midstream level -service delivery** - mixed results were seen in the delivery of nutrition interventions. 192,232 adolescent girls and boys received IFA supplementation in 2023, surpassing the 127,107 baselines from 2019, reflecting good progress, the number of children with SAM admitted for treatment increased from 27,855 (2019) to 34,978 (2023), achieving the target, also raising questions whether some of the underachieving preventative approaches (outcome 3 and outcome 4) might have contributed to a higher caseload of SAM admission. The number of children receiving two annual doses of Vitamin A dropped significantly from a target of 626,000 to 230,779 in 2023, highlighting an important shortfall.
168. **Downstream level - demand creation** - progress in school health clubs fell short, with 279 clubs mobilized in 2023, against a target of 400. This suggests underachievement in engaging schools in nutrition interventions. Several FGDs with adults and children highlighted that food security significantly influences school attendance, with many children dropping out during seasonal livelihood periods. For example, in Robertsport, children are often expected to leave school to work when the fishing season begins.

Table 7: Outcome and output performance indicators for the LCP's nutrition component.

Outcome 2 – Nutrition: By 2024, Significantly more children under five, adolescents and women of childbearing age access and utilize proven direct nutrition interventions and practice appropriate nutrition behaviors that prevent stunting and other manifestations of malnutrition in both development and humanitarian conditions.		Baseline	Baseline Year	Target	Achieved	Year Achieved
Outcome 1	Proportion of children under five years of age who are stunted (moderate and severe (disaggregated by sex and progress tracked in absolute numbers)	36%	2018	27%	30%	2023
Outcome 2	Percentage of women of childbearing age (15-49) with anemia (disaggregated by age)	38%	2018	38%	45%	2023
Outcome 3	Percentage of children aged 6-23 months receiving a minimum number of food groups	9%	2017	19%	9%	2023
Outcome 4	Percentage of infants aged 0-5 months who are exclusively fed with breast milk.	55%	2017	65%	55%	2023
Output 1.1	Implementation of a national strategy to prevent stunting in children (Special focus on sections that discusses strategies/approaches to improve dietary diversity and eliminate water among breastfed children 0-5months)	No	2018	Yes	NR	NR
Output 1.2	Existence of a national management information system that includes disaggregated data on nutrition, including sex- disaggregated data (Disaggregation to include age)	No	2018	Yes	Yes	2023
Output 1.3	Existence of a national nutrition strategy that includes micronutrient powders for children.	No	2019	Yes	Yes	2023
Output 2.1	Number of pregnant women who receive iron and folic acid supplementation (disaggregated. by age or % adolescent	140,676	2017	162,738	111,181	2023
Output 2.3	Number of adolescent girls and boys who received IFA supplementation	0	2019	127,107	192,232	2023
Output 2.4	Number of children aged 6-59 months with SAM who are admitted for treatment (% girls)	27,855	2019	30,551	34,978	2023
Output 2.5	Number of children who received multiple micronutrient powder supplementation. (% girls)	171,616	2017	215,565	150,068	2023
Output 2.6	Number of girls and boys receiving two annual doses of vitamin A	23,122	2017	626,000	230,779	2023
Output 3.1	The existence of a national social and behavior change communication strategy. (BCC strategy for nutrition that is gender transformative).	No	2017	Yes	Yes	2023
Output 3.2	Number of school health clubs mobilized to provide direct nutrition interventions	0	2019	400	279	2023



Outcome 3 – Water, Sanitation and Hygiene (WASH): By 2024, targeted communities in Liberia, particularly school-age children, adolescents, and other vulnerable groups have equitable access to safe and equitable water, sanitation and hygiene services and practices.

Image 2: Latrine rehabilitated by UNICEF at the G. Alphonso Gaye Elementary School, Grand Gedeh county.



169. **WASH outcomes level results are particularly unclear, and the evaluation found it difficult to make a confident judgement on its effectiveness (and efficiency, see in section 5.5).** The RAM data on WASH was too incomplete to draw clear judgement. Key issues include the following. The data available in the RAM was not updated beyond 2023. One outcome indicator scored below its 2019-baseline, despite achieving its target, indicating that the set target was inexplicably lower than the baseline. The second and third outcome indicators were not filled in, further limiting the analysis. Of six output indicators, two were listed as partially achieved but lacked clarity on what specific coordination or policies had been accomplished. Two outputs were achieved, while the remaining two were either incomplete or contained errors. This raises questions on how the LCO tracks and reports on its WASH results.
170. UNICEF’s narrative reports highlighted that over 220,000 people in underserved and hard-to-reach communities received tailored WASH services, focusing on vulnerable populations. This seemed a significant result but there was no clarity on the nature of these services or the specific locations where they were implemented. Field observations and FGDs revealed **additional concerns**. While children appreciated segregated toilets, which helped them feel safer and made attending school during menstruation easier, the perception of WASH interventions was largely negative. Many water stations in schools and health centers were

reported to be broken, poorly maintained, or filled with dirty water. These raise questions on the effectiveness but also sustainability of UNICEF's WASH interventions.

171. Evaluations of the CLTS and Accelerating Sanitation and Water for All programs reveal that children in schools and communities remain highly vulnerable due to unmet sanitation and hygiene targets. Disparities in access to sanitation disproportionately affect vulnerable groups, particularly children in rural areas. While there have been infrastructure improvements, achieving sustainable behavior change, such as consistent handwashing practices, remains a challenge. Many communities have reverted from Open Defecation Free (ODF) status due to insufficient follow-up, inadequate post-ODF support, and poor maintenance and durability of sanitation infrastructure.

Table 8: Outcome and output performance indicators for the LCP's WASH component.¹⁰

Outcome 3 – Water, Sanitation and Hygiene (WASH): By 2024, targeted communities in Liberia, particularly school-age children, adolescents, and other vulnerable groups have equitable access to safe and equitable water, sanitation and hygiene services and practices.		Baseline	Baseline Year	Target	Achieved	Year Achieved
Outcome 1	Proportion of population practicing open defecation	42% ¹¹	2019	15% ¹²	35% ¹³	2023
Outcome 2	Number of schools with separate sanitation facilities for girls and boys	250	2017	750	NR	NR
Outcome 3	Proportion of the population using basic drinking water services.	77%	2017	80%	NR	NR
Output 1.1	Existence and implementation of national water, sanitation and hygiene sector policy and strategy.	0	2017	4	3	2023
Output 1.2	Existence of functioning sector coordination mechanism for water, sanitation, and hygiene.	1	2017	2	2	2023
Output 2.1	Number of schools with separate sanitation facilities for girls and boys.	250	2017	750	NR	NR
Output 2.2	Number of health care facilities (clinics, health centers, hospitals, etc.) with basic WASH services as a result of UNICEF direct support.	0	2017	20	21	2023
Output 3.1	Number of people with appropriate knowledge of and good hygiene and participate in planning for, and management of gender sensitive WASH facilities.	0	2017	300,000	36,000	2023
Output 3.2	Water, sanitation and hygiene sector plans integrating climate resilient development and/or risk management strategies available.	0	2017	1	1	2023

¹⁰ The scoring criteria, as per UNICEF's internal Results Assessment Module (RAM) data, is as follows: 0 – No Progress, 2 – Initiated, 3 – Partially Achieved, 4 – Fully Achieved.

¹¹ 61% urban, 23% rural

¹² 7% urban, 21% rural

¹³ 15% urban, 57% rural



Outcome 4 – Early Learning and Basic Education: By 2024 more school-aged girls and boys, especially the disadvantaged, have equitable access to quality inclusive early childhood and basic education.

Image 3: FGD with primary school students of the *Robertsport Demonstration School*, Grand Cape Mount County. The FGD was held in one of their classrooms, which the students complained were dilapidated without sufficient chairs and desks.



172. **At the outcomes level**, the transition rate from primary to lower secondary education saw substantial improvement, surpassing the 2024 target. The percentage of children achieving minimum proficiency in reading and mathematics also increased from 23% (2021) to 43% in 2024, exceeding the target of 38%. However, the rate of out-of-school children for primary and lower secondary school age increased from 30% (baseline) to 37% in 2023, reversing progress and missing the target of reducing it to 30%. Both net enrolment and the percentage of counties showing improvement in learning outcomes were not available in the RAM, creating gaps in evaluating progress.
173. **Upstream Level – policy**, though slowly, some progress was made in establishing a national/system-level large-scale assessment for early grades (scores improving from "weak" (1) in 2019 to "initiated" (2) in 2024). Gender-responsive systems for access, improved from "weak" in 2020 to "initiated" in 2023, though they remain underdeveloped.

174. **Midstream Level – service delivery**, a significant number of teachers were trained through UNICEF funding with mixed results between primary (below target) and secondary teachers (above target). The number of out-of-school children participating in education saw a dramatic increase from 700 (2018) to 690,169 in 2023, indicating significant service delivery improvements. Such gains do contrast heavily however with the outcome indicator of out-of-school children increasing from 30% (baseline) to 37% in 2023. Schools supported with gender-targeted interventions (e.g., segregated toilets, sanitary pads) and children provided with individual learning materials showed substantial gaps.
175. **Downstream Level – demand creation**, the support to school management committees (SMCs) fell significantly, with only 200 SMCs supported in 2024 compared to a target of 250, while community participation in school management committees improved from "weak" (1) in 2018 to "initiated" (2) in 2023, though the goal of being "established" remains unmet. FGDs with children in Grand Cape Mount reported an increase in school attendance due to successful demand-creation efforts. However, this increased demand is not always matched by the necessary resources, such as furniture and schoolbooks. As a result, children in some schools are forced to sit on the ground to attend classes.



KII: "Adolescent programs like eLearn are transformative, aiming to equip youth with skills and knowledge."

Table 9: Outcome and output performance indicators for the LCP's education (ELBE) component¹⁴.

Outcome 4 – Early Learning and Basic Education: By 2024 more school-aged girls and boys, especially the disadvantaged, have equitable access to quality inclusive early childhood and basic education.		Baseline	Baseline Year	Target	Achieved	Year Achieved
Outcome 1	Rate of out-of-school children of primary and lower secondary school age.	35%	2017	30%	37%	2023
Outcome 2	Net enrolment rate in pre-primary education	43.40%	2018	55%	0% / NR	2023
Outcome 3	Transition rate between primary and lower secondary education	76.70%	2016	84%	114%	2023
Outcome 4	Percentage of countries showing improvement in learning outcomes. (KRC4)	63.80%	2017			2023
Outcome 5	Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics	23%	2021	38%	43%	2024
Output 1.1	Existence of a national/system-level large scale assessment, including for early grades	1	2019	3	2	2024
Output 1.2	Existence of government incentives for pro-equity deployment of teachers	NR	NR	NR	NR	NR
Output 1.3	Country has Gender responsive education systems for access, including children with disabilities (KRC 3)	1	2020	3	2	2023
Output 2.1 a	Primary teachers who received training with funding provided by UNICEF	12,596	2018	2000	4321	2023
Output 2.1 b	Lower secondary teachers who received training with funding provided by UNICEF	640	2018	1500	4128	2023
Output 2.2	Service Delivery - Out of school children in the reporting year who participated in early learning, primary or secondary education through UNICEF supported programmes	1000	2018	700	690169	2023
Output 2.3	The number of schools supported by UNICEF with interventions targeting specifically girls (e.g. segregated toilets, sanitary pads, MHM etc.)	162	2018	250	NR	NR
Output 2.4	Number of girls and boys provided with individual early learning materials through UNICEF-supported programmes; (KRC 4)	450,000	2017	150,000	10,000	2024
Output 3.1	Schools are accountable to school management committees at primary and secondary school levels	1	2018	3	2	2024
Output 3.2	School management committees (or parent teacher association or school communities or similar structure) whose capacity was developed through UNICEF-supported programmes	4,729	2018	250	200	2024
Output 3.3	Community participation in school management committees at primary and secondary levels	1	2018	3	2	2023

¹⁴ The scoring criteria, as per UNICEF's internal Results Assessment Module (RAM) data, is as follows: 1 – weak, 2 – initiated, 3 – established.



Outcome 5 – Child Protection: By 2024, boys, girls including adolescents at risk of and victims/survivors of violence, abuse, and exploitation, including gender-based violence have improved access to effective, equitable and quality prevention and response services including birth registration.

Image 4: FGD with the G. Alphonso Gaye Elementary School, Grand Gedeh county.



176. **Under outcomes 5, the outcome indicators 1 -4,** the percentage of children under one year whose births have been registered increased significantly from 42% in 2021 to 64% in 2023, showing notable progress. The children who experienced violence and were reached by integrated services increased from 3,308 in 2021 to 4,288 in 2023, exceeding the target. The children in conflict with the law who received diversion orders or alternative measures decreased slightly from 95% in 2018 to 88% in 2023, falling short of the target but maintaining high coverage.
177. **Upstream Level – Policy:** Multi-Sectoral Plan for Violence Against Children was operationalized in 2023, and a national, multi-sectoral coordination mechanism with child participation was established by 2023, demonstrating progress and inclusion of rights holders.
178. **Midstream Level – Service Delivery:** The number of social service workers per 100,000 children decreased from 150 in 2018 to 93 in 2023, reflecting a gap in workforce capacity. The number of civil registrars trained on birth notification and registration dropped from 388 in 2019 to 75 in 2023. However, the trained number of Frontline Child Care Workers increased from 0 in 2018

to 3,000 in 2023, and the percentage of children taught how to prevent and respond to violence rose from 0% in 2018 to 128% of the target in 2023. Most importantly, KIIs reported how UNICEF interventions reduced institutionalized care in the post-Ebola context and advanced community-based approaches.

179. **Downstream Level – Demand Creation:** The intervention participants promoting the elimination of violence against children increased. And while the national civil registration and vital statistics strategy was developed by 2023, aligning with international standards, administrative data on violence, exploitation, and abuse of children remain unpublished despite being a target, and there is to date no interoperable information management system to support case management or incident monitoring.

Table 10: Outcome and output performance indicators for the LCP's child protection component.

Outcome 5 – Child Protection: By 2024, boys, girls including adolescents at risk of and victims of violence, abuse, and exploitation, including gender-based violence have improved access to effective, equitable and quality prevention and response services including birth registration.		Baseline	Baseline Year	Target	Achieved	Year Achieved
Outcome 1	Percentage of women aged 15-49 who have ever experienced sexual violence, by background characteristics (SP 2018–2021 impact indicator K and RAM indicator 4)	NR	NR	NR	NR	NR
Outcome 2	Percentage of children under 1 whose births have been registered (SP 3.7/KR7 indicator)	42%	2021	45%	64%	2023
Outcome 3	Number of girls and boys who have experienced violence reached by health, social work, justice/law enforcement services (KR5 indicator)	3,308	2021	3,800	4,288	2023
Outcome 4	Percentage of girls and boys in conflict with the law who are subject to a diversion order or alternative measure as opposed to a custodial sentence (SP 3.6.b)	85%	2018	95%	88%	2023
Output 1.1	Country has a national, multi-sectoral plan(s) or strategies for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan.	No	2018	Yes	NR	NR
Output 1.2	Country has a functioning, national, multi-sectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation.	No	2018	Yes	Yes	2023
Output 1.3	Number of social service workers with responsibility for child protection per 100,000 children, according to type (with/without post-secondary education; governmental and nongovernmental)	150	2018	90	93	2023

Output 1.4	Number of Civil Registrars or other cadres (i.e. health workers, community leaders, teachers act.) who are legally mandated to notify or register births and who have received training on birth notification or registration	388	2019	125	75	2023
Output 2.1	Percentage of districts that have a free and universal birth registration service within the civil registration (in accordance with national legal requirements)	96%	2018	100%	98%	2023
Output 2.2	Number of counties with interoperable service delivery with Health (KR7)	Yes	2021	Yes	Yes	2023
Output 2.3	Percentage of justice professionals that have been certified in and dealing with (A) child offenders (B) child victims, (SP 3.c.2)	50%	2018	100%	80%	2023
Output 2.4	Percentage of children and adolescent who were taught in their classes in the past academic year how to prevent and respond to violence such as physical fights, bullying, physical attack, forced sex, or unwanted sexual touch, by sex and age.	0%	2018	75%	128%	2023
Output 3.1	Number of frontline childcare workers trained with materials on gender roles and practices (Gender)	0	2018	200	3000	2023
Output 3.1	Number of people who participate in social and behavior change communication interventions promoting elimination of violence against children through UNICEF programmes	2800	2019	10,000	10035	2024
Output 4.1	Country routinely collects and publishes key types of administrative data on violence, exploitation and abuse of children, disaggregated by age and sex.	No	2019	Yes	No	2023
Output 4.2	Quality of inter-operable information management system supports and tracks case management, incident monitoring, and programme monitoring (SP 3.a.3.)	No	2019	Yes	No	2023
Output 4.3	Existence of a national civil registration and vital statistics strategy(ies) which reflects recent international standards and principles for CRVS systems and are in line with the human rights conventions and protocols ratified by the State	No	2019	Yes	Yes	2023

Public Financing for Children

180. **So far, there are no achievements as a result of the PF4C strategy.** UNICEF Liberia’s Public Finance for Children (PF4C) initiative is key to strengthening systems and promoting child-focused budgeting but faces significant challenges.¹⁵⁰¹⁵¹ While a strategic framework with clear objectives—such as increasing resource allocation, promoting equity, and adopting results-based budgeting—has been established, and three CO staff completed the PF4C course offered

by Oxford Policy Management Institute, implementation has lagged. The PF4C PSN, finalized in April 2023 only,¹⁵² left limited time for implementation, and RAM indicators have yet to show results. Systemic issues, including fiscal constraints, weak budget transparency, and inefficiencies in public finance management, hinder progress. Additionally, the lack of a dedicated budget and focal personnel has stalled progress according to UNICEF KIIs, with tangible outcomes remaining limited despite capacity-building efforts in budget tracking for education and health.

Multi-Sectoral and Integrated Services

181. **UNICEF Liberia has made some efforts in implementing integrating multi-sectoral services.** Efforts like the Child-Friendly Communities (CFC) initiative in Grand Gedeh¹⁵³ and the integration of nutrition and birth registration services with vaccination campaigns demonstrates addressing multi-dimensional needs of children. Platforms like multi-service schools have combined WASH, health, and nutrition, while SBC interventions have effectively engaged communities on child protection and health. However, integration as a solid strategic choice is importantly stalled by siloed CO approaches according to KIIS, limited multi- and cross-sectoral planning, and insufficient collaboration between key sectors like health, WASH, education, and nutrition. Funding constraints, such as inadequate nutrition budgets, and structural issues, like the separation of WASH from the Child Survival department, further reduce integrated child packages. Additionally, gaps in measurable evidence of integrated service delivery seems absent from the RAM. While integration exists in the narrative program design documents, there is no evidence that this is a strategic and funded strategy of the LCP.

Coordination

182. UNICEF Liberia's coordination and implementation mechanisms supported **relevant strategic shifts, fostered innovation, and enhanced participation among government and development partners.** Coordination and implementation through partnerships with different government entities are central to UNICEF's work in Liberia. Key achievements in strategically shifting activities include UNICEF's co-leadership of the RCCE pillar during the pandemic, UNICEF partnerships through initiatives like Scaling Up Nutrition (SUN).¹⁵⁴ UNICEF fostered innovation by integrating some intersectoral proposals, such as the Child Protection and Nutrition Proposal funded by Irish Aid and promoting localized solutions like cash transfer programs for vulnerable children. This includes for example a partnership established with Give Directly, a cash transfer international CSO with credible system of cash transfers across Liberia (successfully delivering cash transfers with UNICEF Uganda).¹⁵⁵ Furthermore, coordination with WB, UNWOMEN, UNFPA, OHCHAR resulted in undertaking an Assessment of Socio-economic Impact of COVID-19 on children and women all demonstrating UNICEF's collaboration across different programmes, and partners addressing different themes.¹⁵⁶
183. **The CO has reduced its partnerships with CSOs over the years, raising concerns among KIIs about the lack of partner diversity.** UNICEF decreased its CSO partnerships from 5 in 2020 to only 2 in 2024 (Nutrioptimal Liberia Inc., focusing on community engagement in 7 counties, and Youth Crime Watch Liberia, working on child protection in 10 counties).¹⁵⁷ Since 2023, there

have been no partners in education or health. Between 2020 and 2024, education partnered with only two organizations: ActionAid Liberia and Lightsavers Inc. Many UNICEF and CSO KIIs expressed concern over this limited diversity in partnerships, noting that expanding partnerships could enhance the reach to children while also reducing operational and fiduciary risks.

184. **It's unclear why UNICEF reduced its CSO partnerships.** A partnership with Shalom Inc. implemented an adolescent empowerment program from 2021 to 2023, resulting in highly positive results with approximately 40% of the 900 graduates from 2019 to 2023 secured formal employment, while close to 50% became self-employed.¹⁵⁸ Although UNICEF's support to the program ended in 2023, Shalom Inc. has continued livelihood skills training for adolescents but has been unable to sustain the provision of start-up kits for program graduates due to financial constraints. It's unclear to several UNICEF KIIs because UNICEF disengaged from partnering with CSOs. Additionally, a global Partnership Cooperation Agreement (PCA 2022–2024) was established with ACF, but active implementation has since been paused. Some CSOs have expressed concerns that UNICEF's practice of annual contracts reduces predictability, making it difficult for CSOs to commit to long-term programming.

UNICEF's Added Value

185. Perceptions from the mini-survey and KIIs highlighted UNICEF's added value is particularly in health (mostly referring to **immunization**), **nutrition**, and **SBC interventions**. However, a "mandate bias" was evident, with many attributing value to these areas based on UNICEF's reputation rather than clear knowledge of its specific achievements in Liberia. For instance, respondents cited nutrition and WASH as key contributions but struggled to identify specific interventions. The mini survey further emphasized UNICEF's strengths in technical support, donor engagement, and implementation, with health, nutrition, and child protection as its main thematic areas of impact.

Figure 3: Mini-Survey Results pertaining to Effectiveness across UNICEF-led or supported activities.

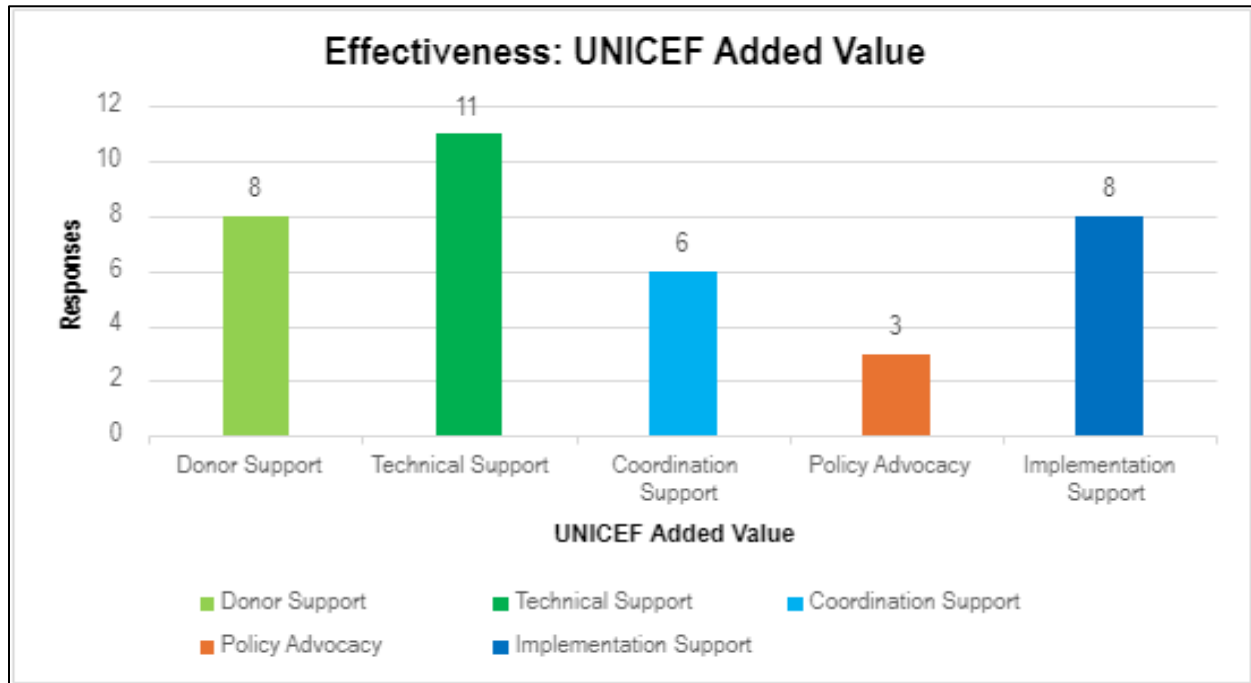
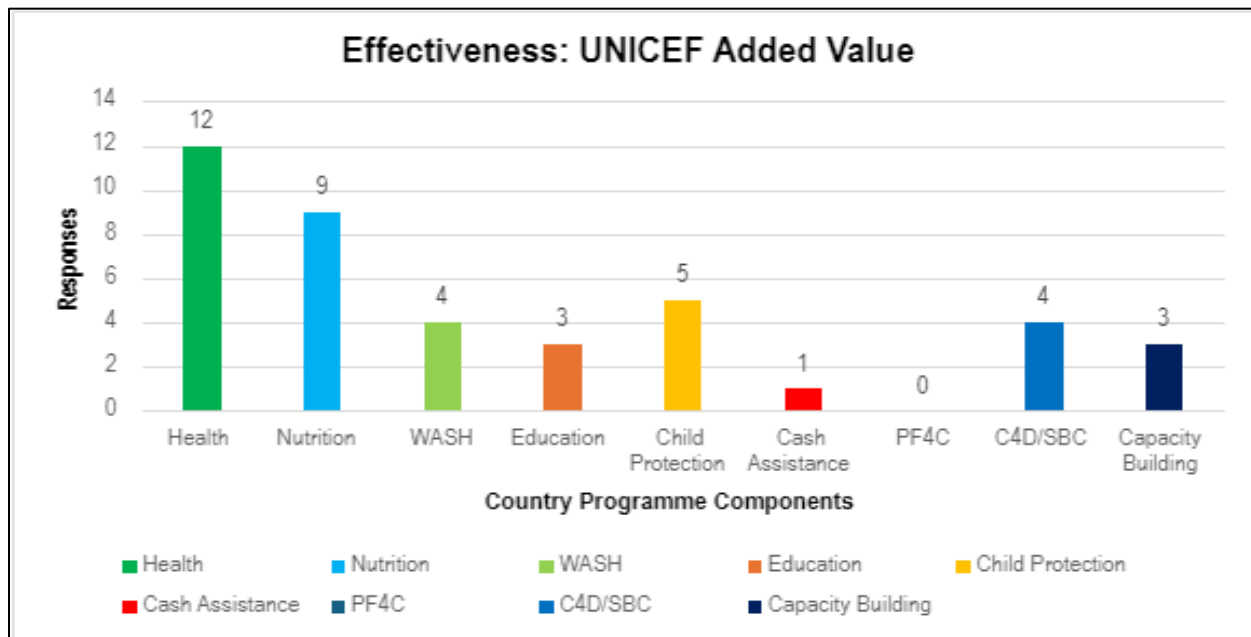


Figure 4: Mini-Survey Results pertaining to Effectiveness across UNICEF programmatic areas.



Factors Influencing Results

186. **External factors that enabled the LCP's achievements** included UNICEF's close collaboration with the GoL which has been driving advocacy efforts resulting in child-rights-focused policies and legislation. At the community level, feedback from FGDs and KIIs at the county level highlights the effectiveness of UNICEF's engagement with local leaders and groups. This collaboration, combined with the motivation of sub-county authorities, has promoted initiatives such as buddy clubs and birth registration teams, which have enhanced trust, participation, local capacity, and demand for services. Additionally, capacity-building initiatives, primarily through training, have strengthened the knowledge and implementation capabilities of community health workers, social workers, community groups, and local county staff, further supporting service delivery and uptake at the grassroots level.
187. **Internal factors that enabled the LCP's achievements** included UNICEF flexibility and responsiveness during COVID-19, leveraging lessons from the Ebola crisis to enhance emergency responses, but also ensuring continued services for children like health, education and protection. Additionally, integrated strategies like CSD, CFC, and PF4C, though not strategically applied across all programming, promises a basis for holistic child interventions. KIIs report that such strategies enhanced efficiency, reduced costs, and delivered significant impacts on children's lives (one-stop-shop).
188. **External factors that hindered the LCP's achievements** include UNICEF working predominantly with the GoL. The lack of diverse partnerships, and working mostly through GoL, presents significant challenges to UNICEF's ability to deliver timely and quality results at the implementation level. The GoL systemic issues include fiscal constraints, weak budget transparency, and inefficiencies in public finance management. These are compounded by a lack of decentralized governance, overreliance on foreign aid, minimal funding to subnational levels (with 90% of funding reportedly spent on salaries), and inadequate allocations to social sectors. The reliance on volunteers in the social sectors, with few workers on payroll, further exacerbates capacity gaps. Inefficient stock systems and processes result in losses, while limited prioritization of rights-based approaches and political resistance to critical child rights issues—such as FGM, disability, children in conflict with the law, and street children—pose additional barriers. Funding constraints, including insufficient allocations, unpredictable cycles, and disbursement delays, significantly disrupted program implementation during 2022 and 2023. However, UNICEF successfully navigated these challenges in 2023 by adapting its payment modalities (see efficiency section).
189. **Liberia's 2023 transition to a new government has significantly impacted UNICEF's programming.** Challenges include the loss of investment, such as capacity-building efforts targeting the previous administration's personnel, many of whom are no longer employed under the new government. High turnover of government staff and the introduction of new regulations and policies have required UNICEF to review and reconsider numerous initiatives. Additionally, UNICEF and other agencies have been in a holding pattern, waiting for the new government to articulate its priorities and develop a strategic plan. This transition has delayed programming and reduced momentum according to UNICEF KIIs.

190. Other critical barriers include **geographic barriers and poor infrastructure**, particularly during rainy seasons, restricting access to remote areas, delaying service delivery and increasing costs, thereby limiting the program's reach and impact in underserved regions.
191. **Internal factors that hindered the LCP's achievements** included UNICEF's weak multi-sectoral integration and limited partnerships with CSOs, and private sector actors hindered the ability to address cross-cutting issues comprehensively as well as putting too much risk into one partner and limited diversity and modalities of programmes. UNICEF KIIs mention staffing challenges, including inadequate to middle-management support and unfilled critical positions like PF4C staff, WASH, and Gender also limiting integrated programming. Data deficiencies, such as poor-quality data, inconsistent monitoring frameworks, and unclear indicators, weakened evidence-based decision-making and program adjustments. Additionally, frequent supply chain issues, including stockouts of essential supplies, delayed shipments, and logistical inefficiencies, disrupted service delivery, particularly in nutrition.

SQ 4.2: To what extent, and in what ways, have unexpected positive or negative results emerged from the outcomes of the LCP efforts?

Overall Finding

UNICEF delivered both unexpected positive and negative outcomes. On the positive side, Liberia achieved a remarkable 74% COVID-19 vaccination rate and leveraged pandemic funding to address resource gaps, support education, and empower women and girls. However, challenges such as stockouts of nutritional commodities, rising vulnerabilities, resource shortages in schools, highlight gaps in service delivery and infrastructure.

Unexpected Results

192. **The UNICEF Liberia Country Programme revealed both unexpected positive and negative results.** On the positive side, during COVID-19, Liberia achieved a 74% COVID-19 vaccination rate in 2023, becoming the first West African country to meet the 70% goal. The COVID-19 pandemic also brought additional funding, allowing UNICEF to fill resource gaps, support innovative distance learning in education, and mobilize community health workers, leveraging lessons from the Ebola outbreak. At the downstream level, a cash transfer initiative for mothers in nutrition programming in Grand Gedeh unexpectedly enabled women to turn gardening into sustainable livelihoods¹⁵⁹, while menstrual hygiene awareness in Grand Cape Mount boosted girls' confidence to openly discuss menstruation¹⁶⁰. On the negative side, while increased school attendance is a highly positive outcome, it also created resource shortages in schools, leaving children without adequate chairs, tables, and educational materials as a consequence.

5.5 Efficiency

SQ 5.1: To what extent and how has the operational capacity of the programme, including its human resources and supplies, supported the achievement of intended results within the designated timeframe and in a cost-efficient manner?

Overall Finding

UNICEF's overall efficiency is moderate to good. UNICEF's results monitoring faces several utility challenges with misalignment between ToCs, PSNs and results frameworks. The programme faces resource misalignments, inadequate staffing, and funding challenges that hinder the achievement of results. Liberia's insufficient public investment in social services exacerbate these challenges. UNICEF's budget prioritization reflects a strong focus on health, education, and child protection, with health receiving the largest share of funding and demonstrating highly cost-efficiency in immunization efforts. However, cost-efficient approaches such as multi-sectoral integration and resource-sharing remain underutilized. Capacity-building initiatives are criticized for high costs, redundancies, and limited measurability. WASH results carry important inefficiencies and uncertainties.

Resources Adequacy

193. **UNICEF mobilized a significant USD\$11.1 million during the COVID-19 pandemic**¹⁵ for procurement of vaccines, medical equipment (personal protective equipment, masks, etc.), and capacity building of health workers.¹⁶¹ This is further evidenced through the following output:¹⁶² the number of health facilities that received support to maintain essential immunization services since COVID-19 disruptions increased to 630, meeting its intended target (as of 2023); the number of people provided with emergency primary health care services (specific to COVID-19) reached 2.3 million, surpassing its target of 2.25 million people and the baseline figure of 1.87 million people (as of 2023), and 156 health facilities received UNICEF support to maintain essential maternal, newborn, and child health services and supplies during the COVID-19 pandemic, fully achieving its target and surpassing the original baseline figure of 86 facilities (as of 2023). While **the percentage of resources mobilized against the country programme's planned resources remains on-track (70%) to achieve its target of 80% by the closure of 2024**, some UNICEF KIIs indicated it will be challenging to meet this goal.
194. **There are misalignments between resources, ambitions, and staffing that impact the achievement of results.** While the programme received substantial funding during COVID-19, 25% of the current LCP reportedly remains unfunded. KIIs highlight notable gaps between available budgets and the resources needed, particularly in human resources. Staffing inadequacies—especially in the PM&E section, WASH, Gender, PF4C, and Education sectors—have constrained programme implementation, according to UNICEF KIIs. This has led to staff

¹⁵ This data was sourced through the UNICEF Liberia Country Office and provides a detailed illustration of the LCO's funding allocation across several programme areas, in addition to a separate cross-sectoral component which included the country-level response to the COVID-19 pandemic. This data was subsequently analyzed by the Evaluation Team. Source: Funds Utilization Analysis Cube: Results Area, UNICEF Liberia Country Office, 2020-2024.

being overstretched, taking on multiple roles and responsibilities. Delays in critical processes, such as contracting and payments, have also been reported (KIIs), though inconsistently. The 2023 evaluability assessment and 2022 internal audit indicated that financial targets for the LCP were unlikely to be met and emphasized the need to realign staffing and resources with programme requirements. In response, the LCO has started to develop a 2024 Resource Mobilization Strategy to address these financial and staffing gaps.

195. **UNICEF's limited field presence through sub-offices has been found to be inadequate, hindering effective monitoring efforts.** UNICEF only recently opened its first field office in Grand Gedeh. The addition of UN Volunteers (UNVs) has shown promise as a cost-efficient approach to representing UNICEF in the field; however, their role requires more formalization. Many KIIs at the county level and FGDs with rights holders indicated that a more proximate field presence of UNICEF could be beneficial in addressing day-to-day challenges. Still, many of these challenges are attributed to inefficient service implementation, which is widely regarded as the responsibility of the GoL rather than UNICEF. While there is evidence of UNICEF staff regularly visiting the field, reports suggest that these visits often lack clear objectives and focus and are overall described as overly costly.
196. **UNICEF budget inadequacy is further weakened by Liberia's weak fiscal environment.** Insufficient public investment by the GoL in social services creates further bottlenecks for programme delivery. Only 20% of mid-level government workers are on payroll, with many working as volunteers. Governance challenges, particularly at the county level, include delayed budgets from the Ministry of Finance and centralized payment systems, leaving counties underfunded and dependent on partners to fill critical gaps. Accountability issues and persistent delays in government reporting and funding have prompted UNICEF to adjust payment modalities to mitigate risks and ensure operational continuity during 2021 and 2022. Additionally, KIIs highlight declining donor interest, particularly in areas with stagnating indicators. Donor priorities are reportedly shifting toward integrated packages, which currently do not fully align well with UNICEF's core focus.

Resources Timeliness

197. **There are reports of funding delays caused by factors outside UNICEF's control, primarily due to the GoL** delayed disbursement of funds to the county level, which slowed the implementation of activities. In response to these challenges, UNICEF adapted by reinforcing its commitment to transparency in resource allocation. It introduced mobile money payments, ensuring that the correct amounts were paid directly to the intended recipients.

Resources Proportionality, Cost-Efficiency and Cost-Benefit

198. **UNICEF LCP budget proportions prioritize the sectors of health, followed by education and child protection.** The health component of the LCP constitutes the largest proportion of both "utilised" (USD\$23.4 million, 38.1%) and "actual" funding (USD\$22.4 million, 37.6%), illustrating UNICEF's prioritization of healthcare interventions including vaccinations, postnatal care, etc. (as illustrated in **Table 8**). Furthermore, the education component of the country programme

constituted 27.3% of utilised funding (\$16.7 million), child protection constituted 23.8% of utilised funding (\$14.6 million), and nutrition constituted 10.5% of utilised funding (\$6.4 million).

199. **Contrastingly, UNICEF LCP budget proportions indicate a reprioritization across different programme components.** The LCP’s WASH component constituted 9.7% of utilised funding (\$6.67 million) and 8.8% of actual funding (\$5.8 million). In terms of this component’s financial outlay, WASH mobilized 40.6% of the total planned budget of \$16.4 million – indicating that the WASH component has been deprioritized over the duration of the LCP. Programme effectiveness constituted only 0.3% of utilised funding (USD\$0.2 million) and only met 8 of its 15 performance targets according to the UNICEF RAM data.¹⁶

Table 11: Programme Funding by PSN Area. Source: UNICEF data

PSN Area	Result Area	Utilization	Actual
Health	31-01 Strengthening primary health care and high-impact health interventions	19,437,888	18,627,159
Health	31-02 Immunization services as part of primary health care	3,825,899	3,636,466
Health	31-03 Fast-track the end of HIV/AIDS	123,956	123,956
Nutrition	31-06 Nutrition in early childhood	4,268,662	4,199,301
Nutrition	31-07 Nutrition of adolescents and women	2,193,153	2,157,348
WASH	34-01 Safe and equitable water, sanitation and hygiene services and practices	3,417,607	3,407,507
WASH	34-02 Water, sanitation and hygiene systems and empowerment of communities	3,249,861	2,390,256
Education	32-01 Access to quality learning opportunities	10,004,051	9,811,008
Education	32-02 Learning, skills, participation, and engagement	6,749,121	6,572,828
Child Protection	33-01 Protection from violence, exploitation, abuse, and neglect	11,978,972	11,694,215
Child Protection	33-02 Promotion of care, mental health and psychosocial well-being and justice	2,661,573	2,585,585
Programme Effectiveness ¹⁷	37-01 Technical excellence in policy and programmes	214,427	179,029

200. **UNICEF's inputs to immunization are critical to maintaining vaccination rates in Liberia.** Most KILs with the GoL and partners emphasize the importance of UNICEF's role, even though some immunization indicators worsened between 2017 and 2024 (see Table 4). While the COVID-19 pandemic has been cited as a significant factor, UNICEF KILs raises concerns about the extent to which routine immunization services reach hard-to-reach locations. Output data reveals that

¹⁶ This included auditing, evaluations, budget planning, quality assurance, and staff diversity.

¹⁷ CD4, PF4C, advocacy partnerships, staff, financing, resource mobilization, supplies.

the percentage of districts achieving an immunization coverage of 80% remains below the target of 87%.¹⁶³ Hard-to-reach areas likely play a role in this underperformance. Some FGDs also highlighted that, despite UNICEF's support for health services, many communities remain inaccessible due to transportation challenges and unaffordable costs. UNICEF's reporting, including the RAM, does not indicate the allocation of immunization resources to hard-to-reach areas, although such data is reportedly available through the DHIS. Public health experts consistently agree that immunization remains one of the most cost-efficient public health interventions, even when targeting zero-dose and hard-to-reach children, despite occasionally higher costs¹⁶⁴ (see Table 9). This belongs to the effectiveness section – some repetition as well. Suggest moving it there.



KII: “Children immunization would be a lot worse off if it wasn’t for UNICEF.”

201. **UNICEF faced challenges in achieving its nutrition targets due to internal inefficiencies and the complexity of addressing chronic malnutrition in Liberia.** Budget cuts, the absence of a nutrition specialist, and supply chain issues leading to stockouts contributed to underperformance, with three of nine output indicators underachieving (see Table 4). Stunting, anemia, and breastfeeding outcomes showed no improvement during the program period, with stunting remaining a persistent and complex issue. KIIs suggest that malnutrition in Liberia is more closely linked to "food access," driven by poverty and deprivation, rather than the "unavailability of food". GoL stakeholders also recommend that UNICEF focus more on prevention strategies, such as improving dietary practices. While peer review research describes that some targeted interventions, like feeding programs for children and pregnant women, demonstrate strong cost-benefit outcomes (see Table 9)¹⁶⁵, meaningful progress will also depend on addressing UNICEF's internal inefficiencies and tackling Liberia's systemic poverty.



KII: “Food production is not a problem in Liberia.”

202. **With an actual budget of \$16.7 million, UNICEF's education programmes demonstrated mixed efficiency,** showing notable shortfalls alongside areas of progress (see Table 6). While capacity-building efforts showed overachievement in some areas, these gains did not necessarily translate into improved education outcomes, putting in question whether such efforts are really contributory. However, returning out-of-school children to education was identified as a highly cost-beneficial intervention by GoL and UNICEF KIIs, with highly positive output results. This intervention offers substantial long-term advantages. Evidence from relevant literature, as outlined in Table 9, further supports the value of continuing such initiatives (see Table 9)¹⁶⁶.
203. **In child protection, with an actual budget of \$14.6 million, and with notable achieved outputs and outcomes** (see Table 7), UNICEF KIIs emphasized less on cost-benefit analysis and more on the sector's neglect by the government. This highlights UNICEF's unique and indispensable role in addressing these gaps. Child protection activities are regarded as a core focus of UNICEF's

work, irrespective of cost-benefit considerations.

204. **While WASH is a critical component of UNICEF’s work as it directly impacts on child outcomes, the lack of clarity of the achieved results—despite an actual budget of \$5.79 million—raises concerns about the efficiency of resource utilization.**
205. **Integrated planning, which pools resources across health, education, WASH, and child protection sectors, was highlighted as a cost-efficient strategy for reducing operational costs.** However, these approaches are not fully implemented. Partnerships with organizations like MERCI and Last Mile Health enabled resource-sharing and cost reductions through community contributions, allowing services to reach areas more than 5 kilometers from health centers. UNVs stationed in each county were also noted as a cost- efficient strategy to maximize UNICEF’s presence in the field.
206. **Some areas of reduced cost-efficiency were highlighted by KIIs, including UNICEF's operation in every county, which increases overhead costs (e.g., in logistics, transport, and training) particularly if those programs are not multisectoral, nor integrated.** Logistics and supply chains are particularly costly in an environment with challenging infrastructure and access, compounded by high losses of supplies (e.g., theft or fraud), causing stockouts at health facility level. The field visit also revealed that several supply pipelines operate in parallel (nutrition stock, drugs and medical supplies, HIV drugs) rather than utilizing shared transport and distribution channels. While this is largely due to the GoL supply and distribution setup, some stakeholders believe that UNICEF could play a key role in improving efficiency and cost-effectiveness by streamlining these supply processes, including digitizing the supply¹⁶⁷. CSOs specifically expressed concerns that short UNICEF partner contracts (less than 12 months) combined with the heavy logistical barriers makes health system strengthening interventions less attractive for their involvement.
207. **Several UNICEF KIIs explicitly stated that focusing on one priority area and executing it comprehensively would enhance cost-efficiency but also sustainability, rather than attempting to address too many areas simultaneously.** Many KIIs indicated that UNICEF is overstretched in Liberia, with many different interventions spread across all 15 counties and numerous sectoral activities that are not always integrated. This approach leads to duplicated efforts or missed opportunities to effectively target children holistically.
208. **Specific to capacity building, several areas were identified as reducing cost-efficiency.** While advocacy efforts contribute to highly relevant national policy development, capacity-building initiatives (e.g., meetings, workshops, training, networking events) often come with high costs. Between 2020 and 2024, the LCO reported a utilized budget of approximately USD 5.8 million¹⁸, with 54% allocated to education. Capacity building efforts were criticized by several UNICEF KIIs for their high costs, limited measurable effectiveness, repetitive training targeting the same individuals, and the redundancy caused by government staff turnover following the recent

¹⁸ This budget is distributed across programmatic areas including Health (\$1,377,153), Education (\$3,155,892), WASH (\$717,645), Child Protection (\$478,325), Programme Effectiveness (\$34,698).

change in power. Additionally, some KIIs highlighted that field visits are expensive, with objectives and outcomes that are not always clearly defined.

209. **The table below presents an overview of peer reviewed research on the most cost-efficient solutions in contributing to achieving the SDGs, and relevant to UNICEF’s sectors in Liberia.** The table was added at the request of the LCO to provide insights from the literature on economic prioritization and identify high-impact, cost-benefit interventions. It argues for prioritizing the most cost-efficient interventions in a context where resources are limited, and trade-offs are inevitable. The analysis is grounded in the current status of the SDGs, where many indicators are significantly off track. The table offers concrete policy and intervention recommendations to accelerate progress toward the SDGs.

Table 12: Cost beneficial solutions to SDGs. Source: Book, *Best Things First*, Bjorn Lomborg, 2023.

Highly cost-beneficial solutions to the SDGs according to the literature, scaling up interventions, annual costs, benefits in million dollars, and benefit cost-ratio¹⁶⁸¹⁶⁹			
Education¹⁷⁰	Cost	Benefit	CBR
• Structure pedagogy plus teacher monitoring and coaching	8,9	935	105
• Teaching according to learning level rather than the age	30,56	1,978	65
• Teaching according to learning level rather than the age	22,41	1,079	48
Immunization¹⁷¹	Cost	Benefit	CBR
• Baseline vaccination	3,7	1,070	286
• Harder to reach groups	1,7	167	101
Maternal and child health¹⁷²	Cost	Benefit	CBR
• BEmMONC	3,710	321,989	87
Nutrition¹⁷³	Cost	Benefit	CBR
• Multiple micronutrients and calcium for pregnant women	344	8,229	24
• SQ-LNS for 41,3 mill children	3,727	51,082	14
E-procurement¹⁷⁴	Cost	Benefit	CBR
• Government e-procurement low-income country	19,2	732	38

SQ 5.2: To what extent and how has UNICEF ensured results-based management and is evidence utilized in the planning and execution of programme activities?

Overall Finding
The LCP’s efforts on RBM are moderate. The LCP integrates available data and evidence into programme planning and systematically reviews it during mid-year and end-year programming cycles, while simultaneously contributes to building better national data systems. However, Liberia’s data scarcity, reliance on outdated baselines, disrupted feedback mechanisms,

inconsistent aggregation of data sources hinders the consistent use of evidence-driven approaches and thus challenges the full RBM strategy.

Data for Policy, Advocacy and Programming

210. **UNICEF integrates evidence often into program planning but is limited by Liberia’s data scarcity.** By utilizing data from the Situational Analysis, thematic studies and evaluations, and engaging stakeholders, including the GoL, UN partners, and CSOs, lessons from the previous LCP were incorporated, to inform key strategies. However, there is limited evidence of children’s representation in planning processes despite them being consulted in mid and end year reviews. Consistent Feedback loops (U-Report, ChildHelp Line) were halted due to budget cuts and thus a systematic integration of voices of children remains underdeveloped. Further, data scarcity in Liberia hinders evidence-based-planning. Outdated or scarce data, particularly on education and child protection, restricts UNICEF’s ability to establish well-informed baselines and thus realistic targets. For example, indicators in the RAM use baselines ranging from 2011–2023, reflecting a reliance on outdated data.
211. **UNICEF started contributing to building national data and evidence-based policy.** KII reports that UNICEF promotes a results culture and with collaborative efforts with GoL, several studies were conducted from 2022 onwards including: the Diagnostic assessments of Liberia’s national data landscape¹⁷⁵ and thematic studies,^{176 177 178 179} such as the Liberia Institute of Statistics and Geo-Information Services’ report on persons with disabilities,¹⁸⁰ alongside post-COVID-19 assessments.¹⁸¹ Most notable is likely UNICEF’s role in integrating the Birth Registration Information Management System into DHIS 2 successfully and the integration has been initiated throughout the country.¹⁸² UNICEF’s support for digitizing community health workers and innovative platforms like CHATWASH¹⁸³ in WASH programming demonstrates a commitment to modernizing data solutions,¹⁸⁴ though challenges such as limited internet access and poor system interoperability have constrained their effectiveness. Sector-specific data improvements, including enhancements to the Education Information Management System (EMIS) and the Health Management Information System (HMIS), were highly appreciated by GoL. UNICEF also supported the Sanitation Market Assessment of selected counties, demonstrating its commitment to evidence-based policy development.

Results Based Management

212. **There are significant gaps in UNICEF's data and evidence, which hinder effective RBM.** RBM is not frequently referenced in the document review and does not appear to be a comprehensive management strategy within the LCP.¹⁸⁵ Key weaknesses include difficulties in measuring outputs and outcomes, the results chain logic and convergence, as well as RAM indicators, outdated baselines, and targets.¹⁸⁶
213. While UNICEF regularly reflects on its strategies and results through mid-year and end-year reviews in collaboration with stakeholders, uncertainties remain regarding how all data – particularly data with unreliable baselines—and lessons learned are aggregated and systematically applied.

5.6 Sustainability

SQ 5.1: To what extent and how sustainable are the programme's results in terms of financial, environmental, and social aspects?

Overall Finding

The LCP programming is only moderately sustainable. While UNICEF has made some progress in activity-level financial and social sustainability, significant challenges remain, and the overall program is considered not sustainable. Financial sustainability is hindered by Liberia's dependency on aid and limited government investment in social sectors. Social sustainability efforts have been strong at the community level but require greater support for midstream capacity building. Environmental sustainability, however, is an area of weakness.

Financial Aspects

214. UNICEF has made some steps in promoting sustainability through system strengthening, capacity building, and financial collaboration. A key breakthrough on the sustainability of the birth registration system came with the Health Act provisions for government funding of birth registration staff.¹⁸⁷ Other successes include fostering functional intersectoral collaboration for stunting prevention, integrating stunting-related indicators into the national Health Management Information System (HMIS), and training a substantial pool of community volunteers. UNICEF and the Ministry of Health also worked together to strengthen the national immunization system, reducing dependency on external funding.¹⁸⁸ UNICEF's PF4C is reported by UNICEF KIIs to be key in promoting sustainable public investment. Other key strategies that enhance sustainability include multi-sectoral integration and investment in PPPs (though the PPP initiatives need to be re-endorsed by the new GoL). However, UNICEF has limited PPP partnerships and PF4C is still in its infant stages.
215. **Financial sustainability of UNICEF's programmes is compromised by external factors.** Many KIIs indicate that children in Liberia would suffer significantly without the support of UNICEF. Liberia is still transitioning from a humanitarian response model to development-focused system strengthening according to KIIs. The country's constrained fiscal space and heavy reliance on external development assistance remain the most significant factors limiting financial sustainability. The GoL allocates limited domestic investment to key UNICEF sectors, such as nutrition and child protection, where no dedicated budget lines currently exist. Inadequate budget allocations for social services, weak social safety nets, and ongoing dependency on UNICEF to sustain such services hinder progress toward financial sustainability.

Environmental Aspects

216. **UNICEF LCP does not focus on environmental sustainability.** The document review indicates limited integration of environmental aspects into the LCP to promote sustained results in the face of climate challenges. Environmental issues have not been a focus, though green committees exist in some areas, albeit with limited activity. UNICEF, in collaboration with other

UN agencies, has initiated a joint funding application under the African Development Fund CAW Adaptation Sub-window for enhancing climate resilience through integrated multisectoral strategies in Liberia.¹⁸⁹ A few KIIs indicated that the CO has begun installing solar panels in its warehouse. However, overall environmental consciousness within the country office remains low.

Social Aspects

217. **UNICEF has demonstrated promising prospects for some sustainability through downstream approaches.** Grants were provided to incentivize school-level improvements,¹⁹⁰ promote employable skills development for adolescent girls, and advocate for future school-based financing. These efforts built on successful advocacy with both legislators and traditional leaders to address socio-cultural barriers. UNICEF also engaged young people as change agents, peer supporters, and mentors, with plans to continue in 2024.¹⁹¹ Lessons across the document review indicate that sustained community engagement is critical for intervention longevity. For example, involving people living with HIV in the Family HIV Testing model ensured effective case identification,¹⁹² while community participation was essential for the sustainability of WASH and education demand-creation efforts (COARS 2021). FGDs highlighted how life skills training contributed to livelihoods, such as in Sinje, where pregnant out-of-school girls received training in beading, enabling income generation while maintaining school attendance.
218. **At the midstream level, UNICEF's support for capacity building and independence of county-level governance structures has not been sufficient.** Documents and KIIs suggest that while efforts are made, there remains a need to strengthen localized capacity to ensure programs' long-term sustainability and independence from UNICEF's direct involvement. This reflects the importance of balancing community-level initiatives with the development of governance structures capable of managing and sustaining these programs independently. This is further exacerbated by the lack of decentralized opportunities.
219. **At the upstream level, there are mixed results.** While KIIs reports on the successes of developing relevant policy and legislation there are also concerns about the cost-efficiency of workshops, training, and meetings targeting national-level governance. While such efforts are seen as relevant by the GoL KIIs, recurring participation by the same individuals in trainings year after year has raised questions about such activities and their financial cost. This issue appears to be partly driven by incentives attached to these training courses, which may undermine their intended purpose. Many stakeholders suggest a need for more targeted and outcome-driven capacity-building efforts at both national and sub-national levels, ensuring that resources are efficiently utilized.

6 Conclusions

Needs and Priorities

220. **UNICEF’s programme largely aligned with the needs of Liberia’s children, women, and vulnerable populations** by leveraging analytical tools and partnerships with the GoL, UN agencies, and CSOs. Embedding gender and equity considerations further strengthened its ability to address systemic vulnerabilities. UNICEF addressed new needs consistently and demonstrated an agility in dealing with emerging crises. UNICEF’s reprioritization to address the COVID-19 pandemic in 2020 was excellent. However, the programme’s ability to more precisely target disaggregated and marginalized groups, disability, ethnicity, and geographic location, was constrained by data limitations. The absence of continuous community feedback, resource-driven trade-offs, and fragmented implementation strategies that reduced relevance. Additionally, the GoL’s centralized governance structure is also a critical barrier to targeting localized needs, further exacerbated by the discrepancies between design and implementation. Moving forward, relevance to local needs will require better needs assessment, better disaggregated data, more inclusive community engagement, and adaptive strategies that reflect Liberia’s evolving social and economic landscape—especially as the new 2024 government brought a renewed development plan.

Gender, Equity and Human rights

221. **UNICEF Liberia has made notable progress in integrating gender, equity, and human rights (GEHR)** into program planning and implementation, achieving some measurable and transformative impacts in adolescent and girls’ education, menstrual hygiene, and child protection. Community-level initiatives, such as Buddy Clubs and Peer Educators, have strengthened advocacy and accountability in schools. However, the absence of a dedicated Gender Officer, insufficient funding, and weak gender-responsive indicators limit the depth of GEHR mainstreaming but also the ability to scale up successful initiatives. Programming for marginalized groups, particularly children with disabilities, also remains underdeveloped due to a lack of disaggregated data. Moving forward, institutionalizing GEHR expertise, ensuring sector-wide integration beyond education and child protection, and embedding GEHR-responsive indicators into monitoring frameworks will be critical. This is especially urgent as worsening adolescent pregnancy and birth rates highlight growing vulnerabilities, and efforts to address FGM remain constrained by heavy political and cultural resistance – acceptance of the status quo. In such cases, stronger human rights-based approaches can help UNICEF elevate these sensitive but critical issues.

Reciprocal partnerships

222. UNICEF’s collaboration with the GoL has led to significant policy advancements, particularly in child rights. The LCP has also aligned well with UN and donor priorities, as demonstrated by its contributions to, for example, the Spotlight Initiative on gender-based violence, showing UNICEF’s technical and operational strengths. However, Liberia’s centralized governance,

delayed fund disbursements, inefficient procurement and supply, and insufficient public investment in social services continue to hinder effective implementation. As a result, the GoL remains continuously and heavily reliant on UNICEF for service delivery. While this ensures that essential services reach women and children, it also limits ownership and accountability of the GoL as the primary duty bearer. Heavily reliant on the GoL as its primary partner, UNICEF has yet to fully leverage diverse partnerships, alternative implementation models, and risk-sharing approaches with CSOs and the private sector. Liberia has significant growth potential, and as the new administration sets its 2025 development priorities—including an explicit interest in private sector engagement—there are opportunities to strategically shift from direct service provision to strengthening government systems, promoting greater accountability, and reinforcing the GoL’s role as the primary duty bearer. Enhancing capacity at both national and subnational levels will be critical, as will exploring opportunities for private sector involvement, particularly in the context of reduced funding.

Strategic and Sectoral Gains

223. **The LCP demonstrated varying levels of effectiveness**, with strong sectoral outcomes in neonatal health, targeted HIV interventions, increased birth registration, and improved school transition rates. UNICEF’s support in strengthening cold chain infrastructure has been critical for immunization efforts, though key targets remain unmet. At the upstream level, UNICEF supported critical policy development but prolonged gaps between policy and implementation raise concerns about how and when these efforts will translate into results for children. At the same time, the programme faced critical under achievements, particularly in nutrition, community health functionality, and education, which require urgent attention. The stagnation and regression in nutritional outcomes highlight the need for a more systemic, multi-sectoral addressing underlying causes. Delays in distribution and supplies expose inefficiencies in procurement processes. Additionally, despite its potential, the PF4C initiative has yet to deliver meaningful results due to its late initiation, resource constraints, and the absence of a dedicated Social Policy Specialist. More broadly, weak cross-sectoral and fragmented programming have limited both the programme’s effectiveness and potential efficiency gains. Moving forward, scaling and sustaining these gains will not be possible within the current environment of highly centralized governance, chronic underfunding of the social sector, and the GoL’s continued overreliance on UNICEF for service delivery. Strengthening government ownership and increasing domestic investment in the social sector will be critical. UNICEF can play a strategic role in this shift by leveraging the PF4C initiative to strengthen budget advocacy and aligning with Liberia’s new development agenda to secure sustainable financing for child-focused policies.

Budget, Resources, and Efficiencies

224. **The LCP’s ambitious goals exceeded its financial and staffing capacity**, with 25% of the programme budget remaining unfunded as of June 2024. While certain health interventions, particularly immunization and neonatal/maternal care—have been cost-effective, and education investments, such as school re-enrolment initiatives, have demonstrated strong long-

term societal benefits, other critical sectors have faced substantial funding gaps. Nutrition, child protection, WASH, gender, and PF4C programmes have been particularly affected by insufficient funding and resources, and supply chain disruptions, leading to delays in implementation. High costs associated with field visits and training exacerbated by frequent government staff turnover—raise concerns about budget efficiency. Programme implementation has also been hampered by critical delays in reporting, funding disbursement, and stock replenishment, particularly from late government payments, creating significant bottlenecks in 2022–2023 and directly hindering service delivery. Furthermore, UNICEF’s limited field presence has restricted its ability to respond swiftly to localized challenges. With the incoming government, there are opportunities to explore whether budgeting and procurement and supply processes can be better streamlined to mitigate stock shortages.

Results Based Management

225. **UNICEF has made moderate progress in embedding RBM principles within the LCP.** However, RBM is not systematically applied as a core management strategy, limiting its ability to drive evidence-based decision-making. Persistent challenges—including data gaps, weak alignment across results frameworks, and fragmented sectoral theories of change—continue to undermine the programme’s ability to track progress and adjust strategies. Moving forward, UNICEF must institutionalize a more structured and data-driven RBM approach. In parallel, with Liberia’s new government prioritizing governance and development reforms, there is an opportunity to strengthen national monitoring and evaluation systems, aligning UNICEF’s RBM approach with Liberia’s national planning.

Sustained Results

226. **UNICEF has made limited progress in enhancing sustainability and it is a critical gap in the UNICEF LCP.** Liberia’s heavy reliance on external aid and inadequate domestic investment in key social sectors pose significant risks to programme sustainability. Some system strengthening like capacity-building efforts, and key achievements like integrating birth registration into national health systems are pivotal. However, the PF4C initiative, which holds potential to improve sustainability, remains in its infancy. Environmental risks remain largely unaddressed by the LCP, with no systemic integration of climate resilience into programme planning. Meanwhile, community-based approaches in protection, education, and WASH initiatives have strengthened local ownership and social impact. Given Liberia’s weak fiscal environment and vulnerability to climate shocks, UNICEF must embed sustainability as a core programming component with a focus on prioritizing domestic resource mobilization, advocating for increased social sector investment, and aligning efforts with national climate priorities. Scaling localized social successes will require a stronger focus on institutionalization and long-term government commitment to ensure sustainable impact.

7 Recommendations

228. These recommendations are directed towards UNICEF Liberia and its partners within Liberia.

The evaluation recommendations were developed through the engagement of stakeholders in developing and ensuring their relevance, feasibility, and ownership. Through a participatory approach, stakeholders—including the Evaluation Reference Group with members from government counterparts and program staff, and Country Management Team, were actively involved in reviewing the evaluation report and its recommendations.

Unless stated otherwise, implementation should primarily commence at the country level, with active collaboration from stakeholders. Regional Offices and Headquarters are expected to play a key supporting role by adapting the recommendations to Liberia’s specific context, providing technical guidance, and ensuring consistency in implementation. In certain instances, Regional Offices or Headquarters may lead specific actions. The recommendations are designed to be integrated into the forthcoming UNICEF Liberia Country Programme (2026–2030) and were presented to and validated by the CMT and the ERG. Furthermore, each recommendation is ranked according to priority levels, ranging from 1 to 5¹⁹.

Recommendation 1 (Needs): The LCP should revisit and refocus on vulnerabilities.

229. **Shifting towards Intersectional Vulnerabilities:** UNICEF should consider shifting from nationwide systemic vulnerabilities to more compounding and intersectional vulnerabilities – including marginalized groups (for instance, disability) and geographical inequities. Furthermore, this shift should emphasize gender inequality, with a targeted focus on the challenges faced by adolescent girls.

230. **Refocusing and Broadening Analytical Parameters:** UNICEF should prioritize intersectional and compounding vulnerabilities in greater depth, adopting a broader approach that moves beyond national prevalence figures. These broadened parameters for analysis should include a clearer and more nuanced understanding of the specific drivers behind these aforementioned vulnerabilities and involve increased engagement on a subnational level (including local communities).

Priority: 5/5 (relating to C1, C2, and C6)

Timeframe: 3-6 months

Recommendation 2 (Needs): The LCP should strengthen gender mainstreaming across all sectors and make ‘adolescent girls’ the starting point of the programming.

231. **Developing a Strengthened Equity Focused Strategy:** UNICEF should plan for the upcoming

¹⁹ Priority levels ranked from *lowest* to *highest*: Priority 1 – Non-urgent and insignificant; can be postponed indefinitely; Priority 2 – Minor importance; should be done eventually but not time-sensitive; Priority 3 – Moderately important; should be addressed in due course; Priority 4 – Important and time-sensitive; requires prompt action; Priority 5 – Critical and urgent; must be addressed immediately.

iteration of the country programme to be centred around adolescent girls. While this does not necessarily point towards the exclusion of boys, this approach would aim to enhance a unified and equity-oriented strategic focus on ‘adolescent girls first’.

232. **Securing Higher Funding for Gender-Responsive Programming Efforts:** UNICEF should set up a specific budgetary allocation for a dedicated gender focal point (or officer), ensuring that a more systematic and strategic approach is adopted. Budget allocations can be increased to meet the 15% earmarked threshold and ensure that higher funding is secured for gender-responsive programming across all relevant sectors. Additionally, a broader fiscal footprint can ensure that gender and human rights considerations are prioritized and integrated during the design and implementation phases. Furthermore, UNICEF should develop and integrate gender-responsive indicators in monitoring and evaluation frameworks in order to track progress across all sectors – which should be tailored to address targeted gender-related outcomes across subnational levels.
233. **Addressing Violence Against Children with Broadened Advocacy on FGM:** UNICEF is advised to continue addressing violence against children, but with expanded policy-level advocacy on the eradication of female genital mutilation. This would require a break-away from the status quo on FGM by engaging in a constructive dialogue with local communities, religious leaders, and policy makers through expanded advocacy efforts – in order to promote focused and culturally-sensitive strategies to eradicate FGM. UNICEF is advised to focus on engaging with boys, men, and community leaders as allies in changing existing social norms around harmful practices, particularly those impacting vulnerable communities.

Priority: 5/5 (relating to C1 and C2)

Timeframe: 3-6 months

Recommendation 3 (Needs): The LCP should urgently address gaps in disability inclusion.

234. **Addressing Gaps in Disability Inclusion beyond the Policy Level:** UNICEF should urgently address gaps in disability inclusion from an implementation standpoint, ensuring inclusivity in core programmatic areas such as social services, education, and child safety and development. Furthermore, UNICEF is encouraged to contribute to collecting disaggregated data (by disability, gender, ethnicity, and geographical location, etc.) in order to identify and understand potential disparities and offer a more focused approach towards supporting targeted interventions.

Priority: 4/5 (relating to C1 and C2)

Timeframe: 6-9 months

Recommendation 4 (Programming Strategy): The LCP should trade-off and develop a unified, cross-sectoral, and integrated strategy centred around an ‘adolescent girl’ narrative.

235. **Alignment with Existing Capacities:** UNICEF should balance the breadth and depth of the

incoming CPD (2026-2030) to ensure that it aligns with the available resources, capacities, and contextual realities of Liberia.

- 236. **Coherence with Multi-Sectoral Vulnerabilities:** It must be ensured that the country strategy is unified, integrated, and cross-sectoral, to maintain coherence in terms of addressing the drivers and the compounding, intersectional vulnerabilities of adolescent girls.
- 237. **Prioritize Multi-Sectoral Convergence Strategies:** UNICEF should avoid sectoral approaches at the design phase and prioritize multi and cross-sectoral packages and convergence strategies to achieve more holistic outcomes. This approach will ensure that the multiple vulnerabilities at play are addressed simultaneously.

Priority: 5/5 (relating to C1, C2, C3, and C5)	Timeframe: 3-6 months
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Recommendation 5 (Programming Strategy): Gradually shift focus from service delivery to system strengthening that have prospects of sustainability.

- 238. **Transition to Targeted and Sustainable Service Delivery:** In order to enhance the effectiveness and sustainability of service delivery, UNICEF should phase-out broad, midstream interventions that lack clear prioritization. Instead, UNICEF is advised to adopt more targeted approaches that are designed to address specific needs and fortify long-term benefits, which will facilitate a more efficient allocation of resources, improve outcomes, and better address the needs of local communities.
- 239. **Strengthening Partnerships for Enhanced Operational Reach:** In order to diversify operational reach in Liberia and diversify risk, UNICEF is advised to enhance the diversification of strategic partnerships. This can include considering multi-year contractual agreements (or similar long-term agreements) with both national and international CSOs.
- 240. **Enhancing Efficiency in Nutrition and Immunization Supply:** UNICEF should retain a role in the supply of nutrition and immunization commodities, but with a clear objective to improve supply efficiency. This may involve measures to reduce corruption and fraud, through the digitization of supply chains and developing streamlined distribution processes. E-procurement is a highly cost-effective intervention with significant benefits for a modest fiscal footprint and is in line with SDG 16.
- 241. **Targeting Measurable Outcomes in Capacity-Building:** UNICEF should redesign their capacity-building efforts to focus on achieving measurable outcomes by targeting quantifiable results through a data-driven approach.

Priority: 4/5 (relating to C1, C3, C4, and C5)	Timeframe: 6-24 months
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Recommendation 6 (Programming Strategy): Upstream level focus on child rights

that have sustained potential.

242. **Advancing Child Rights through Effective Advocacy and Policy:** UNICEF is advised to continue their policy and advocacy efforts that have the potential to directly benefit child rights issues and have a realistic potential for roll-out.
243. **Enhancing Social Policy and Service Delivery:** UNICEF is advised to intensify their strategic engagement in social policy in order to refocus service delivery efforts in tandem with system strengthening initiatives – creating a more cohesive approach, one which is supported by robust systems, to addressing prevailing social issues in Liberia.
244. **Transitioning to a Government Led Implementation Framework:** UNICEF should collaborate with the GoL to transition from an over-reliance on UNICEF service delivery towards a more sustainable, government-led implementation framework.
245. **Strengthening Collaboration with Development Actors and Donors:** UNICEF should expand engagement with development actors and donors across the nexus, focusing on mobilizing funds and advocating joint programs that address national prevalence issues.

Priority: 3/5 (relating to C1, C3, and C7)

Timeframe: 6-12 months

Recommendation 7 (Processes): Support and advance the GoL's decentralization process.

246. **Supporting Decentralization through a Coordinated Approach:** UNICEF is recommended to support the GoL in their decentralization process under a piloted and OneUN coordinated approach.

Priority: 3/5 (relating to C3 and C5)

Timeframe: 6-12 months

Recommendation 8 (Processes): Improve in-house efficiency.

Priority: 3/5 (relating to C3 and C5)

Timeframe: 6-12 months

247. **Optimizing Staffing and Funding for Programmatic Success:** UNICEF should realign staffing and funding allocations to ensure that they are commensurate with programmatic priorities and ambitions. In addition, it is advised that the UNV's role is redefined in order to enhance UNICEF's field presence and representation.
248. **Sustaining Direct Mobile Payment Modalities:** UNICEF should maintain the use of direct mobile payment modalities for suppliers and beneficiaries for the time being.

Priority: 3/5 (relating to C3 and C5)

Timeframe: 6-12 months

Recommendation 9 (Processes): Generate more and better evidence on what works.

249. **Institutionalizing RBM within the LCP:** UNICEF is advised to institutionalize RBM as a core strategy within the CSP, which involves investing in better data to ensure that their targets are both realistic and reflective of current realities.
250. **Strengthening Liberia's Data Infrastructure:** UNICEF should augment efforts to build Liberia's data infrastructure, with a particular focus on sectors or thematic areas with significant gaps, such as education and child protection.

Priority: 5/5 (relating to C1 and C6)

Timeframe: 6-24 months

Recommendation 10 (Sustainability): Ensure a sustainability informed programming.

251. **Prioritizing Financial Sustainability in Programme Planning:** UNICEF should ensure that financial sustainability is a key criterion to inform prioritization, strategies, and approaches for the programme during the planning phase. For example, the upcoming iteration of the CP should prioritize institutionalized systems-strengthening interventions, which are delivered through existing service delivery systems which either match demand or in which demand can easily be promoted.
252. **Accelerate PF4C Initiatives:** To achieve financial sustainability, UNICEF must intensify its PF4C efforts, advocate for dedicated government budget lines in underfunded sectors, and diversify partnerships, including with private sector actors, to reduce dependency on external funding.
253. **Leveraging Partnerships and Funding for Programme Success:** UNICEF should continue to identify opportunities and mobilize funding for the programme, ensuring the visibility of its successes. Furthermore, it would be prudent for UNICEF to partner with more development actors, donors and particularly private sector entities at the national level, in order to leverage nexus opportunities.
254. **Embedding Green Principles and Climate Resilience in Programming:** Given Liberia's acute vulnerability to climate change, UNICEF should initiate the process of integrating green principles into its programming. As part of the 2026-2030 CPD, UNICEF should develop a comprehensive environmental strategy to mainstream climate resilience.
255. **Investing in Local Capacity and Community-Based Initiatives:** UNICEF should continue to invest in building local capacity (or downstream approaches) that leverage advocacy on child rights and generate service demand. Furthermore, UNICEF is encouraged to sustain support and scale up community-based initiatives that actively engage with local actors and provide measurable impact as change agents.

Priority: 3/5 (relating to C5, C6, and C7)

Timeframe: 6-24 months

8 Lessons Learned

256. The evaluation of UNICEF’s Liberia Country Programme (2020-2024) generated several broader lessons learned across the programme cycle, from the design to the implementation phase.

Design Phase

257. **Lesson 1:** The absence of a unified ToC led to fragmented sectoral interventions, which negatively impacted the overall coherence and efficiency of the programme. Different sectors, such as health, WASH, education and child protection operated with separate frameworks and targeted distinct beneficiary groups. This siloed approach limits opportunities for integrated and multi-sectoral interventions.
258. **Lesson 2:** Centralized planning processes with limited community participation do not effectively incorporate localized context, needs and priorities, particularly in rural areas, reducing the programme’s relevance.

Implementation Phase

259. **Lesson 3:** Balancing breadth and depth in programmes are critical to avoid fragmentation and the risk of spreading resources too thin. While broad coverage ensures inclusivity and wide reach, it can dilute the focus on critical vulnerabilities of children like those being marginalized, children with disabilities, and children with compounding and intersecting vulnerabilities (equity approach).
260. **Lesson 4:** Engaging a limited variety of partners (mostly GoL) and thus having to rely on a single implementation model restricts opportunities for achieving diverse results, exploring tailored modalities, and reaching different types of populations. It also increases the risk of over-dependence on specific partners, heightens risks such as operational delays, or reduced accountability.
261. **Lessons 5:** Over-reliance on UNICEF for direct service delivery has delayed progress in building government capacity for long-term sustainability.
262. **Lesson 6:** The experience with UNVs appears to offer valuable insights. Exploring lessons learned from this initiative—such as the effectiveness of their roles in addressing gaps, their impact on local-level programming, and the sustainability of this approach—could inform future strategies for improving decentralized operations and enhancing UNICEF’s field presence.
263. **Lesson 7:** UNICEF-supported community initiatives, such as Diversion Clubs, Girls Advocacy Groups, and the Children's Forum, result in community-driven solutions that address critical issues affecting children and adolescents. Menstrual health awareness programs, coupled with the provision of sanitary pads and improved school sanitation (including functional segregated toilets), improve girls' class attendance and retention. These efforts have reduced the stigma surrounding menstruation, making schools more inclusive and attractive to students.

Annexes

Annex 1: Terms of Reference



ToR_Liberia Country
Programme Evaluatio

Annex 2: List of Key Informant Interviews

The aggregated Key Informant Interview data can be presented as follows:

- **Total KII's:** 50 interviews.
- **Gender:** Male 31/50 (62%), Female 19/50 (38%).
- **Location:** Monrovia 48/50 (96%), Grand Gedeh 1/50 (2%), Grand Cape Mount (2%)
- **Type of Stakeholder:** UNICEF 15/50 (30%), UN 1/50 (2%), NGO 3/50 (6%), Government Partners 29/50 (58%), Donors 2/50 (4%).

Gender	Location	Type of Stakeholder
Male	Monrovia	UNICEF
Male	Monrovia	UNICEF
Male	Monrovia	UNICEF
Female	Monrovia	UNICEF
Female	Monrovia	UNICEF
Male	Monrovia	UNICEF
Female	Monrovia	UNICEF
Male	Monrovia	UNICEF
Female	Monrovia	UNICEF
Female	Monrovia	UNICEF
Male	Monrovia	UNICEF
Female	Monrovia	UNICEF
Male	Monrovia	UNICEF
Male	Grand Cape Mount	UNICEF
Female	Grand Gedeh	UNICEF
Male	Monrovia	UN
Female	Monrovia	NGO
Male	Monrovia	NGO
Female	Monrovia	NGO
Male	Monrovia	Government partners
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Male	Monrovia	Government partners
Male	Monrovia	Donors
Male	Monrovia	Donors

Annex 3: List of Focus Group Discussions

Table 13: List of Focus Group Discussions, segregated by age, gender, sector, and county.

	Name Group	Number of Participants	Female	Age	Sector	County
FGD 1	Children forum and adolescent girls' group	8	4	14-17 years	Child Protection	Grand Cape Mount
FGD 2	Students 14-17 Adolescents	8	4	14-17 years	Education	Grand Cape Mount
FGD 3	Teacher's Primary school	7	1	Adults	Education	Grand Cape Mount
FGD 4	Community representatives	9	4	Adults	Cross Cutting	Grand Cape Mount
FGD 5	Community Health Volunteers	8	1	Adults	Health	Grand Cape Mount
FGD 6	Members of Diversion Club, D. Tweh High School, Montserrado County	8	4	14-17yrs	Child Protection	Montserrado
FGD 7	Primary School Students of Gibraltar Public School, Montserrado County	7	5	14-17yrs	Education	Montserrado
FGD 8	Administrators and Teachers of Gibraltar Public School, Montserrado County	6	1	Adults	Education	Montserrado
FGD 9	Staff of Slipway Clinic, Montserrado County	11	11	Adults	Health	Montserrado
FGD 10	Members of Diversion Club, D. Tweh High School, Montserrado County	8	2	14-17yrs	Child Protection	Montserrado
FGD 11	Officials and Members of	8	5	14-17yrs	Child Protection	Grand Gedeh

	Buddy Clubs of Zwedru Multilateral High School and Bishop Junle High School, Grand Gedeh County					
FGD 12	Parents and Teachers Association of G. Aphonso Gaye Elementary School, Grand Gedeh County	5	1	Adults	Education	Grand Gedeh
FGD 13	Officials of SGBV and Child Protection Network, Grand Gedeh County	3	1	Adults	Child Protection	Grand Gedeh

Annex 4: Data Availability on the UNICEF Liberia Country Programme Outcomes

Table 14: Output and Outcomes from the Country Programme Document¹⁹³.

Key Indicators	Output and Outcome from CPD	Baseline (2017)	Target (2024)	Achieved
Indicator 1	% children (0–11 months) vaccinated with 3 doses of DTP Penta vaccine nationally	86%	95%	82%
Indicator 2	Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP-containing/Penta vaccine	87%	100%	80%
Indicator 3	Percentage of newborns receiving postnatal care within two days of birth	35%	85%	91%
Indicator 4	Percentage of live births attended by skilled health personnel	49%	70%	67%
Indicator 5	Proportion of children under 5 years of age who are stunted (moderate and severe)	36%	31%	30%
Indicator 6	% of women (15–49 years) with anemia	38%	45%	25%
Indicator 7	Percentage of children (6-23 months) receiving a minimum number of food groups	11%	30%	9.30%
Indicator 8	Proportion of the population still practicing open defecation	42%	15%	0%
Indicator 9	Proportion of the population using basic drinking water service	77%	80%	76%
Indicator 10	Transition rate between primary and lower secondary education	75%	85%	114%
Indicator 11	Rate of out-of-school children of primary and lower secondary school age	51%	20%	37%
Indicator 12	Net enrolment rate in pre- primary education	29%	50%	55%
Indicator 13	Percentage of young women and men (18–29 years) who experienced sexual violence by age 18, by sex and age	35%	25%	6%
Indicator 14	Percentage of children under one year whose births are registered	24%	40%	64%
Indicator 15	Percentage of core measures of performance scorecard that meet high performance grading criteria	81%	100%	0%
Indicator 16	Percentage of other resources mobilized against the approved ceiling	68%	80%	0%

Table 15: UNICEF Monitoring Data on Child Protection across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Child Protection	Outcome	Percentage of children under 1 whose births have been registered (SP 3.7/KR7 indicator)	42%	2021	45%	64%	2023
Child Protection	Output	Number of Civil Registrars or other cadres (i.e. health workers, community leaders, teachers act.) who are legally mandated to notify or register births and who have received training on birth notification or registration	388	2019	125	75	2023
Child Protection	Output	Percentage of districts that have a free and universal birth registration service within the civil registration (in accordance with national legal requirements)	96%	2018	100%	98%	2023
Child Protection	Output	Existence of a national civil registration and vital statistics strategy(ies) which reflects recent international standards and principles for CRVS systems and are in line with the human rights conventions and protocols ratified by the State	No	2019	Yes	Yes	2023
Child Protection	Outcome	Percentage of girls and boys in conflict with the law who are subject to a diversion order or alternative measure as opposed to a custodial sentence (SP 3.6.b)	85%	2018	95%	88%	2023
Child Protection	Output	Number of counties with interoperable service delivery with Health (KR7)	Yes	2021	Yes	Yes	2023
Child Protection	Output	Percentage of children and adolescent who were taught in their classes in the past academic year how to prevent and respond to violence such as physical fights, bullying, physical attack, forced sex, or unwanted sexual touch, by sex and age.	0%	2018	75%	128%	2023
Child Protection	Output	Number of frontline childcare workers trained with materials on gender roles and practices (Gender)	0	2018	200	3000	2023
Child Protection	Output	Number of people who participate in social and behavior change communication interventions promoting elimination of violence against children through UNICEF programmes	2800	2019	10,000	10035	2024

Child Protection	Output	Country routinely collects and publishes key types of administrative data on violence, exploitation and abuse of children, disaggregated by age and sex.	No	2019	Yes	No	2023
Child Protection	Output	Quality of inter-operable information management system supports and tracks case management, incident monitoring, and programme monitoring (SP 3.a.3.)	No	2019	Yes	No	2023
Child Protection	Output	Existence of a national civil registration and vital statistics strategy(ies) which reflects recent international standards and principles for CRVS systems and are in line with the human rights conventions and protocols ratified by the State	No	2019	Yes	Yes	2023
Child Protection	Outcome	Percentage of women aged 15-49 who have ever experienced sexual violence, by background characteristics (SP 2018–2021 impact indicator K and RAM indicator 4)	NR	NR	NR	NR	NR
Child Protection	Output	Country has a functioning, national, multi-sectoral, multi-stakeholder coordination mechanism tasked with overseeing national plans or strategies to prevent and respond to violence against children and adolescents, with child and adolescent participation.	No	2018	Yes	Yes	2023
Child Protection	Output	Number of social service workers with responsibility for child protection per 100,000 children, according to type (with/without post-secondary education; governmental and nongovernmental)	150	2018	90	93	2023
Child Protection	Output	Percentage of justice professionals that have been certified in and dealing with (A) child offenders (B) child victims, (SP 3.c.2)	50%	2018	100%	80%	2023
Child Protection	Outcome	Number of girls and boys who have experienced violence reached by health, social work, justice/law enforcement services (KR5 indicator)	3,308	2021	3,800	4,288	2023
Child Protection	Output	Country has a national, multi-sectoral plan(s) or strategies for coordinated action to prevent and respond to violence against children that meets key criteria for quality, according to status of plan.	No	2018	Yes	NR	NR

Table 16: UNICEF Monitoring Data on Education across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Education	Output	Lower secondary teachers who received training with funding provided by UNICEF	640	2018	1500	4128	2023
Education	Output	Schools are accountable to school management committees at primary and secondary school levels	Weak (Score: 1)	2018	Established (Score: 3)	Initiated (Score: 2)	2024
Education	Outcome	Rate of out-of-school children of primary and lower secondary school age.	35%	2017	30%	37%	2023
Education	Output	Existence of a national/system-level large scale assessment, including for early grades	Weak (Score: 1)	2019	Established (Score: 3)	Initiated (Score: 2)	2024
Education	Output	Country has Gender responsive education systems for access, including children with disabilities	Weak (Score: 1)	2020	Established (Score: 3)	Initiated (Score: 2)	2023
Education	Outcome	Net enrolment rate in pre-primary education	43.40%	2018	55%	0%	2023
Education	Output	Primary teachers who received training with funding provided by UNICEF	12,596	2018	2000	4321	2023
Education	Output	Service Delivery - Out of school children in the reporting year who participated in early learning, primary or secondary education through UNICEF supported programmes	1000	2018	700	690169	2023
Education	Outcome	Transition rate between primary and lower secondary education	76.70%	2016	84%	114%	2023
Education	Output	Number of girls and boys provided with individual education/early learning materials through UNICEF-supported programmes; (KRC 4)	450,000	2017	150,000	10,000	2024
Education	Output	School management committees (or parent teacher association or school communities or similar structure) whose capacity was developed through UNICEF-supported programmes	4,729	2018	250	200	2024

Education	Output	Community (including students') participation in school management committees at primary and secondary levels	Weak (Score: 1)	2018	Established (Score: 3)	Initiated (Score: 2)	2023
Education	Outcome	Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics	23%	2021	38%	43%	2024
Education	Output	Existence of government incentives for pro-equity deployment of teachers	NR	NR	NR	NR	NR
Education	Output	The number of schools supported by UNICEF with interventions targeting specifically girls (e.g. segregated toilets, sanitary pads, MHM etc.)	162	2018	250	NR	NR

Table 17: UNICEF Monitoring Data on Health across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Health	Outcome	Percentage of pregnant women living with HIV with lifelong access to ART for PMTCT and for their own health.	39.60%	2017	75%	223%	2024
Health	Output	Revised National CHA policy updated	0	2018	1	1	2024
Health	Outcome	% children (0–11 months) vaccinated with 3 doses of DTP Penta vaccine nationally	86%	2017	90%	82%	2024
Health	Outcome	Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP-containing/Penta vaccine	87%	2017	87%	80%	2024
Health	Output	Effective vaccine management (EVM) composite country score (year)	58%	2021	80%	77%	2024
Health	Output	Country had no stock-out of DTP/Penta, Polio (OPV and IPV) and Tetanus Toxoid vaccines at district level	Yes	2017	Yes	Yes	2024

Health	Output	Comprehensive Multi-Year Plan (cMYP) for Immunization updated	0	2018	1	1	2024
Health	Output	Percentage of newborns receiving postnatal care within two days of childbirth.	35%	2017	85%	91%	2023
Health	Outcome	Percentage of live births attended by skilled health personnel	49%	2017	70%	67%	2024
Health	Output	Percentage % of children aged 0-59 months with symptoms of pneumonia taken to an appropriate health care provider.	51%	2018	75%	64%	2023
Health	Output	Percentage of functional Community Health Committees supported by UNICEF supported communities.	0%	2018	80%	14%	2024
Health	Output	Availability of an investment case with fiscal space analysis for Immunization Plus	No	2018	Yes	NR	2024
Health	Output	High Level Forum on Immunization-Plus in line with the Addis Declaration with a roadmap as key output	No	2018	Yes	NR	2021
Health	Output	Drop-Out rate between Penta-1 and measles coverage	12.50%	2018	10%	NR	NR

Table 18: UNICEF Monitoring Data on Nutrition across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Nutrition	Outcome	Percentage of women of childbearing age (15-49) with anemia (disaggregated by age)	38%	2018	38%	45%	2023
Nutrition	Output	Number of pregnant women who receive iron and folic acid supplementation (disaggregated. by age or % adolescent)	140,676	2017	162,738	111,181	2023
Nutrition	Output	Number of adolescent girls and boys who received IFA supplementation	0	2019	127,107	192,232	2023
Nutrition	Output	Number of children aged 6-59 months with SAM who are admitted for treatment (% girls)	27,855	2019	30,551	34,978	2023
Nutrition	Output	Number of children who received multiple micronutrient powder supplementation. (% girls)	171,616	2017	215,565	150,068	2023
Nutrition	Output	Number of girls and boys receiving two annual doses of vitamin A	23,122	2017	626,000	230,779	2023
Nutrition	Outcome	Proportion of children under five years of age who are stunted (moderate and severe (disaggregated by sex and progress tracked in absolute numbers)	36%	2018	27%	30%	2023
Nutrition	Output	Existence of a national management information system that includes disaggregated data on nutrition, including sex- disaggregated data (Disaggregation to include age)	No	2018	Yes	Yes	2023
Nutrition	Output	Existence of a national nutrition strategy that includes micronutrient powders for children.	No	2019	Yes	Yes	2023
Nutrition	Outcome	Percentage of children aged 6-23 months receiving a minimum number of food groups	9%	2017	19%	9%	2023
Nutrition	Output	The existence of a national social and behavior change communication strategy. (BCC strategy for nutrition that is gender transformative).	No	2017	Yes	Yes	2023
Nutrition	Output	Number of school health clubs mobilized to provide direct nutrition interventions	0	2019	400	279	2023

Nutrition	Outcome	Percentage of infants aged 0-5 months who are exclusively fed with breast milk.	55%	2017	65%	55%	2023
Nutrition	Output	Implementation of a national strategy to prevent stunting in children (Special focus on sections that discusses strategies/approaches to improve dietary diversity and eliminate water among breastfed children 0-5months)	No	2018	Yes	NR	NR

Table 19: UNICEF Monitoring Data on Public Financing for Children (PF4C) across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
PF4C	Outcome	Proportion of total government spending on essential services: education, CSD (health, nutrition, WASH) and social protection.	TBC	2019	13% Education, 10% Health, 0.5% Social Protection	NR	2023
PF4C	Output	Capacity Development Plan implemented.	0	2022	1	NR	2024
PF4C	Outcome	Improved budget transparency within social sector budgets.	OBS Report Score: 45	2021	OBS Score Report: 50	NR	2024
PF4C	Output	Basic national, aggregate-level Budget Brief produced, with key messages, facts & figures for ELBE, CSD, CP, social protection.	0	2022	1	NR	2024
PF4C	Output	Series of detailed Budget Briefs produced, with key messages, facts & figures for ELBE, CSD, CP, social protection.	0	2022	1	NR	2024
PF4C	Output	Fiscal Space Analysis study, for more and better budgets for children in Liberia.	0	2022	1	NR	2024
PF4C	Output	Comprehensive Investment Case, for more and better budgets for children in Liberia.	0	2022	1	NR	2024

PF4C	Output	LCO Budget Advocacy Strategy, linking PF4C evidence pieces with bottlenecks, budget advocacy targets (donors), beneficiaries (GoL), and development partners.	0	2022	1	NR	2024
PF4C	Outcome	Improved Fiscal Discipline in budgets of education, CSD (health, nutrition, WASH), and social protection.	Weak	2022	TBC	NR	2024
PF4C	Output	Supported PF4C-focused 2-day training event for Members of Legislature, on relevant and requested topics: <u>education sector</u> .	0	2022	1	NR	2024
PF4C	Output	Supported PF4C-focused 2-day training event for Members of Legislature, on relevant and requested topics: <u>health, WASH, & nutrition sector</u> .	0	2022	1	NR	2024
PF4C	Output	Supported PF4C-focused 2-day training event for Members of Legislature, on relevant and requested topics: <u>child protection sector</u> .	0	2022	1	NR	2024
PF4C	Output	Indicator 3.4: Supported PF4C-focused 2-day training event for County Authorities responsible for <u>education</u> , focusing on decentralized planning & budgeting.	0	2022	1	NR	2024
PF4C	Output	Supported PF4C-focused 2-day training event for County Authorities responsible for <u>health, WASH, & nutrition</u> , focusing on decentralized planning & budgeting.	0	2022	1	NR	2024
PF4C	Output	Supported PF4C-focused 2-day training event for County Authorities responsible for <u>child & protection</u> , focusing on decentralized planning & budgeting.	0	2022	1	NR	2024
PF4C	Output	Supported capacity development of local government through regular one-day training events on planning and budgeting child-friendly programming, leveraging resources and monitoring child rights.	0	2022	1	NR	2024
PF4C	Output	Supported the PF4C-focused technical review / implementation of the Costed National Multisectoral Plan of Action for Nutrition, where relevant/applicable.	0	2022	1	NR	2024

PF4C	Output	Supported the PF4C-focused technical review / implementation assessment of the Costed National Road Map to End Open Defecation (OD) by 2025, where relevant/applicable.	0	2022	1	NR	2024
PF4C	Outcome	Improved Strategic Allocation of Resources, pertaining budgets of education, CSD (health, nutrition, WASH), and social protection.	Weak	2022	TBC	NR	2024
PF4C	Output	Drafted and implemented a PF4C-focused Resource Mobilization Strategy	0	2022	0	NR	2024
PF4C	Output	Hosted domestic investor & donor conference / roadshow, based on Investment Case, to attract sustainable resources for budgets for children.	0	2022	0	NR	2024
PF4C	Output	Hosted international investor & donor conference / roadshow, based on Investment Case, to attract sustainable resources for budgets for children.	0	2022	0	NR	2024
PF4C	Output	Developed and maintained partnerships in support of adequate/ sufficient public investment in children in Liberia.	0	2022	1	NR	2024
PF4C	Output	Developed and maintained partnerships in support of transparent public investment in children in Liberia	0	2022	1	NR	2024
PF4C	Outcome	Increased Public Expenditure and Financial Accountability (PEFA) score for: 'Performance Information for Service Delivery'	Liberia PEFA Report Score: D	2021	Liberia PEFA Report Score: C	NR	2024
PF4C	Outcome	Increased Public Expenditure and Financial Accountability (PEFA) score for: Predictability of In-Year Resource Allocation'	Liberia PEFA Report Score: B	2021	Liberia PEFA Report Score: B+	NR	2024
PF4C	Output	Policies and programmes are influenced by analysis and advocacy to reduce child poverty	Established	2019	Completed	Not Completed	2023

PF4C	Output	Evidence generated on budgets and their linkages to child outcomes to improve budget allocations/expenditure for children in health, education and social protection sectors (Standard RAM), Number	0	2019	2	0	2023
PF4C	Output	Number of local governments (incl. municipalities) that produce disaggregated child data (AMP Programme), Number	0	2019	1	4	2023

Table 20: UNICEF Monitoring Data on Programme Effectiveness across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Programme Effectiveness	Outcome	% of core measures of performance scorecard that meet high performance grading criteria (green)	2 Red, 1 Yellow, 12 Green	2018	15 Green	8 Green, 6 Yellow, 1 Red	2023
Programme Effectiveness	Output	# of participatory annual reviews conducted during the programme cycle	7	2019	5	4	2024
Programme Effectiveness	Output	# of Programme Management Team (PMT) Meeting conducted during the each of the programme year	10	2019	10	10	2023
Programme Effectiveness	Outcome	% of Resources mobilized as against the CPD resources planned (ORR)	68%	2018	80%	70%	2023
Programme Effectiveness	Output	Number of programme workplans signed by counterparts by the first quarter of each year / number of workplans developed	100	2019	100	100	2023
Programme Effectiveness	Output	Number of campaigns on specific child rights priorities implemented with government, civil society, and private sector	12	2018	12	4	2023
Programme Effectiveness	Output	Number of people reached on UNICEF social media channels (FB and Twitter) + UNICEF Liberia website	13,000	2019	1200	186,000	2023
Programme Effectiveness	Output	Number of users on UNICEF website and blogs	TBD	2019	TBD	64,500	2023
Programme Effectiveness	Output	Office has a consolidated up to date Gender Action Plan	Yes	2019	Yes	Yes	2023

Programme Effectiveness	Output	Office has a consolidated up-to-date emergency preparedness and response plan	Yes	2019	Yes	Yes	2023
Programme Effectiveness	Output	Existence of a cross sectoral C4D work plan and implemented	No	2018	Yes	Yes	2023
Programme Effectiveness	Output	UNICEF-supported Government-led coordination mechanisms for C4D meet/s quality standards	Yes	2019	Yes	Yes	2023
Programme Effectiveness	Output	Communication and community engagement platforms/ mechanisms supported by UNICEF meet quality standards across development priorities	No	2019	Yes	Yes	2023
Programme Effectiveness	Output	Implementation of an advocacy and resource mobilization strategy and plan for the office, and its regular review	NR	NR	NR	NR	NR
Programme Effectiveness	Output	Number and quality ranking of UNICEF evaluations conducted during the country programme.	NR	NR	NR	NR	NR

Table 21: UNICEF Monitoring Data on Social Protection across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
Social Protection	Outcome	Extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty	NR	NR	NR	NR	NR
Social Protection	Output	Budget allocation to social sectors (health, education, social protection) in terms of percentage share to total budget.	NR	NR	NR	NR	NR
Social Protection	Output	Evidence generated on budgets and their linkages to child outcomes to improve budget allocations/expenditure for children.	NR	NR	NR	NR	NR
Social Protection	Output	Extent to which social sector budgets (including social protection) have been strengthened with UNICEF's support, for greater and better investments in children, including in humanitarian and fragile contexts	NR	NR	NR	NR	NR
Social Protection	Output	Extent to which international and private sector resources for children have been mobilized with UNICEF support	NR	NR	NR	NR	NR
Social Protection	Output	Strengthened capacity of stakeholders in budgeting at all levels of government to improve spending outcomes for children	NR	NR	NR	NR	NR
Social Protection	Output	Number of children covered by social protection systems	NR	NR	NR	NR	NR
Social Protection	Output	Level of disability-inclusiveness of national social-protection programmes supported by UNICEF	NR	NR	NR	NR	NR
Social Protection	Output	Number of households reached by cash transfers through UNICEF-supported programmes	NR	NR	NR	NR	NR
Social Protection	Output	Number of households reached with UNICEF- supported humanitarian cash transfers	NR	NR	NR	NR	NR
Social Protection	Outcome	Extent of action taken to support care work, including through family friendly policies	NR	NR	NR	NR	NR
Social Protection	Outcome	Children suffering from at least three key deprivations	NR	NR	NR	NR	NR
Social Protection	Output	Number of children suffering from at least three key deprivations covered by a social protection Programme (55128)	10,000	2019	10,000	10,000	2024

Table 22: UNICEF Monitoring Data on WASH across output and outcome data.

PSN Area	Indicator Type	Indicator	Baseline	Baseline Year	Target	Achieved	Year
WASH	Outcome	Proportion of population still practicing open defecation.	42% (61% urban, 23% rural) (JMP 2017)	2019	15% (7% urban, 21% rural)	35% (15% urban, 57% rural)	2023
WASH	Output	Existence and implementation of national water, sanitation and hygiene sector policy and strategy.	No Progress (Score: 0)	2017	Fully Achieved (Score: 4)	Partially Achieved (Score: 3)	2023
WASH	Output	Existence of functioning sector coordination mechanism for water, sanitation and hygiene.	No Progress (Score: 1)	2017	Initiated (Score: 2)	Initiated (Score: 2)	2023
WASH	Outcome	Number of schools with separate sanitation facilities for girls and boys.	250	2017	750	NR	2023
WASH	Output	Number of health care facilities (clinics, health centers, hospitals, etc.) with basic WASH services as a result of UNICEF direct support.	0	2017	20	21	2023
WASH	Outcome	Proportion of the population using basic drinking water services.	77%	2017	80%	NR	2023
WASH	Output	Number of people with appropriate knowledge of and good hygiene and participate in planning for, and management of gender sensitive WASH facilities	0	2017	300,000	36,000	2023
WASH	Output	Water, sanitation and hygiene sector plans integrating climate resilient development and/or risk management strategies available	0	2017	1	1	2023

Annex 5: Sampling Strategy

Table 23: Overview of sampling strategy.

Data collection tools	Sample	Sampling method
<i>Secondary Data Sampling Strategy</i>		
Sectors	Total sectors mapped: 9 (see Annex 9) Total sectors sampled: 4. <ul style="list-style-type: none"> ▪ Health/nutrition ▪ Education ▪ Child protection ▪ PF4C 	<i>Purposive sampling</i> <p>The selected sectors—represent areas most aligned with UNICEF’s core objectives in Liberia. This targeted selection allows for a focused analysis on key outcomes.</p>
Portfolio	Total documents mapped: 1 (see Annex 9) Total documents sampled: 4	<i>Purposive sampling</i> <p>This selection provides the ET with the quantitative data on results and budget to answer SQs and JCs under effectiveness and efficiency.</p>
Documents	Total documents mapped: 24 (see Annex 7) Total documents sampled: 17. Categories: 5 <ul style="list-style-type: none"> ▪ Policy documents: 1 ▪ LCP documents: 11 ▪ Results documents: 1 ▪ Evaluations/lessons 3 ▪ Documents: 1 	<i>Purposive sampling</i> <p>This selection provides the ET with a robust basis for analysing the strategic alignment, outcomes, and learning processes within the LCP.</p>
<i>Primary Data Sampling Strategy</i>		
Geographic Sampling: Field Visit Sites	Total counties mapped: 13 (see Annex 6) Total counties sampled: 3. Sites sampled: Grand Cape Mount: <ul style="list-style-type: none"> ▪ Number of UNICEF programmes: 6 ▪ Sectors covered: 5. ▪ Travel distance: 2hrs. ▪ Accessibility: Good ▪ County Population: 178,867 Grand Gedeh: <ul style="list-style-type: none"> ▪ UNICEF Office ▪ No of UNICEF programmes: 6 ▪ Sectors covered: 5. ▪ Travel distance: 12hrs. ▪ Accessibility: Poor ▪ County Population: 216,692 Montserrado:	<i>Purposive sampling</i> <p>Out of 13 counties mapped for UNICEF programmes, 3 were sampled for site visits: Grand Cape Mount, Grand Bassa, Grand Gedeh, and Montserrado. These counties were selected based on several criteria, including the number of UNICEF programmes, sectors covered, travel distance, accessibility, and population size. The selection ensures geographic diversity while enabling the evaluation to focus on counties with significant programmatic activities.</p> <p>Note: Grand Gedeh requires additional clarification regarding logistics and transport, as the planned field visit is relatively short</p>

	<ul style="list-style-type: none"> ▪ No of UNICEF programmes: 6 ▪ Sectors covered: 5. ▪ Travel distance: 2hrs. ▪ Accessibility: Good ▪ County Population: 1,920,965 	on time.
Key Informant Interviews (KIIs)	<p>Total stakeholders mapped 58 (see Annex 8)</p> <p>Total stakeholders selected 45-50 total (female 1:2)</p> <p>Categories: 5</p> <ul style="list-style-type: none"> ▪ UNICEF: total 14 8 across Monrovia, 2 in each county ▪ Government: total 17 14 in Monrovia, 1 in each county ▪ UN agencies: total 4 in Monrovia ▪ NGO's, CBO's, FBO's: total 6 in Monrovia ▪ Bi/multilateral donors/institutions: 4 in Monrovia 	<p><i>Purposive sampling</i></p> <p>A total of 65 stakeholders were mapped, and 45-50 stakeholders were selected using a purposive sampling method to ensure a representative and meaningful range of perspectives. The sample reflects the importance of capturing views from different institutional and sectoral backgrounds, and counties, with attention to gender balance, targeting a 1:2 female-to-male ratio.</p>
Mini Survey	<p>Total stakeholders mapped 58 (see Annex 10)</p> <p>Total stakeholders selected 45-50 total (female 1:2)</p> <p>Categories: 5</p> <ul style="list-style-type: none"> ▪ UNICEF: total 14 8 across Monrovia, 2 in each county ▪ Government: total 17 14 in Monrovia, 1 in each county ▪ UN agencies: total 4 in Monrovia ▪ NGO's, CBO's, FBO's: total 6 in Monrovia ▪ Bi/multilateral donors/institutions: 4 in Monrovia 	<p><i>Exhaustive sample matching the stakeholder sample.</i></p> <p>Each key informant will be given a mini-survey with clearly defined close-ended questions, targeting 48-50 participants. The mini-survey questions will be incorporated into the KIIs and administered to high-level stakeholders as planned.</p>
Focus Group Discussions (FGDs)	<p>Total beneficiary groups sampled: 9.</p> <p>Multisectoral Nutrition, Education, Health</p> <ul style="list-style-type: none"> ▪ Location: Grand Bassa county ▪ 1 groups x early adolescents (Female, 1:2) <p>Education – Early Childhood Development</p> <ul style="list-style-type: none"> ▪ Location: Grand Bassa county ▪ 1 groups of school personnel (Female, 1:2) ▪ 1 group of family members 	<p><i>Purposive sampling</i></p> <p>Nine FGDs will be conducted with beneficiaries across three key counties—Grand Gedeh, Montserrado, and Grand Cape Mount—with groups organized around various sectors, including multisectoral nutrition, education, health, and child protection. The FGDs will employ the Most Significant Change (MSC) technique, focusing on how UNICEF</p>

	<p>(Female, 1:2)</p> <p>Education – Girls' clubs/secondary schools</p> <ul style="list-style-type: none"> ▪ Location: Grand Gebeh county ▪ 1 groups late adolescent girls (Female) <p>Child Protection and Education</p> <ul style="list-style-type: none"> ▪ Location: Grand Cape Mount County ▪ 1 group of community members (Female, 1:2). ▪ 1 group of Child-Friendly Communities (Female, 1:2) <p>Education and Child Protection – Accelerated Learning Programmes (ActionAid)</p> <ul style="list-style-type: none"> ▪ Location: Grand Cape Mount ▪ 1 group of late adolescents (Female) ▪ 1 group of late adolescents (Male) <p>Multisectoral Health, Nutrition Child Protection</p> <ul style="list-style-type: none"> ▪ Location: Montserrado ▪ 1 group of health/social workers trained (Female, 1:2) 	<p>interventions have impacted the lives of beneficiaries. The purposive sample of participants includes adolescents, family members including those of children below 5 years of age, school personnel, and community members, ensuring coverage of gender considerations, with a 1:2 female-to-male ratio where applicable.</p> <p>The age groups of children will focus on two categories: Early Adolescents: 10-14 years Late Adolescents: 15-19 years. Children below the age of 10 will not be selected.</p> <p>FDGs will include 6-8 participants</p>
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Annex 6: Evaluation Matrix

264. **The CPE is guided by 30 judgment criteria**, which shape how answers to evaluation questions are formulated, ensuring that the CPE remains objective, and evidence based. These JCs have been developed based on the ToR, lines of enquiry, inception interviews, and the document review. The JCs intend to avoid duplication of existing evidence from the UNICEF Evaluability Assessment and other evaluations. JCs serve as flexible 'variables' to guide the analysis, acknowledging the need for a dynamic evaluation framework. They define 'what good looks like' for each sub-question (SQ) and the judgement is categorized into '**excellent**', '**very good**', '**good**', '**moderate**' and '**poor**' performance levels. **Annex 6** presents the JCs and their expected data sources (i.e. methods) for each.

Table 24: Evaluation Matrix

Criteria	Evaluation Questions/Sub-questions	Judgement Criteria/Indicators	Data sources	Approach to data analysis
EQ1 Relevance: To what extent was the UNICEF CP in Liberia relevant during 2020-2024?				
SQ1.1 Relevance to needs	To what extent and how is the CP aligned with the needs and priorities of children and women, particularly the most vulnerable?	<p>JC 1.1.1: needs alignment. Specific needs/priorities of women and children and those most vulnerable are clearly identified and integrated into the CP design and implementation strategies. the CP clearly identified specific needs/priorities of women and children and those most vulnerable</p> <p>JC 1.1.2: strategy alignment The CP implementation strategies and activities explicitly targeted needs/priorities of women and children and those most vulnerable</p> <p>JC 1.1.3: perceived inclusion Stakeholders and rights holders perceive that the CP was informed by AAP/CWC/participation</p>	DR KIIs FGDs MS	MSC Synthesis Triangulation
SQ1.2 Relevance to country priorities	To what extent and how is the CP aligned with the national priorities of	<p>JC 1.2.1: GoL alignment The CP is clearly aligned with the main (i) goals and (ii) objectives of the GoL national development plans</p>	DR MS	Synthesis Triangulation

	Liberia and UNSDCF for children and women in Liberia?	including sector-specific policies (e.g., health, education, child protection) JC 1.2.2: UNSDCF alignment The CP is clearly aligned with the main (i) goals and (ii) objectives of UNSDCF		
SQ1.3 Relevance to new/emerging needs	To what extent and how has UNICEF adjusted its programme scope and implementation strategies to address emerging challenges, such as those posed by emergencies like the Covid-19 pandemic?	JC 1.3.1: alignment with new needs The CP adjusted (i) scope and (ii) strategies to address to the emerging needs/priorities of women and children and those most vulnerable JC 1.3.2: new needs implementation the CP contributed to the continuity of essential services (e.g., healthcare, education, nutrition, child protection) during emergencies such as COVID-19	DR PF KIIs FGDs MS	MSC Synthesis Triangulation
SQ1.4 Relevance to equity & inclusion	To what extent and how has UNICEF incorporated gender, human rights, and equity dimensions into the planning and implementation strategies of the programme?	JC 1.4.1: inclusion alignment The results framework clearly integrates gender/human rights/equity considerations (specific indicators, targets, activities) JC 1.4.2: inclusion strategies The CP implements tailored equity, gender, and human rights -based implementation strategies both in sectoral and cross- sectoral components	DR KIIs	Synthesis Triangulation
EQ2 Coherence: To what extent was the UNICEF CP coherent in Liberia during 2020-2024?				
SQ2.1 Coherent to GoL	To what extent and how have government policies and programmes supported the CP's activities, and reciprocally?	JC 2.2.1 strategic positioning UNICEF's role provided competitive advantage/clear added value to the GoL (i) donor, (ii) technical and coordination support, (iii) implementation	DR KIIs MS	Synthesis Triangulation

SQ2.2 Coherent to UN programming:	To what extent and how is the CP synchronized with the initiatives of other UN agencies and development partners, aiming to enhance collective objectives and minimize redundancy?	JC 2.2.2 added value. CP was planned in coordination with the initiatives of other UN agencies	DR KIIs MS	Synthesis Triangulation
EQ3 Effectiveness: To what extent was the UNICEF CP in Liberia effective during 2020-2024?				
SQ3.1 Overall Results	To what extent and how has UNICEF successfully achieved and is projected to attain the intended outcomes of the CP by the conclusion of its cycle?	JC 3.1.1 results The CP outcomes were achieved as intended (by specific needs, by sector, by multi-sectoral) JC 3.1.2 strategies The CP's (i) sector-specific, (ii) multi-sectoral (iii) convergent and (iv) integrated service packages, approaches/strategies added value to the country's development goals related to children and women JC 3.1.3 coordination Coordination and implementation mechanisms (i) facilitated strategic shifts, (ii) fostered innovation, and (iii) enhancing participation among government and development partners JC 3.1.4 influencing factors. Stakeholders identified key internal and external factors that enabled or constrained the CP's results and achievements	DR PF KIIs FGDs	Contribution analysis MSC Portfolio analysis Triangulation
SQ3.2 Unexpected results	To what extent, and in what ways have unexpected positive or negative results emerged	JC 3.2.1 unexpected results Stakeholders identified key unexpected (i) positive and (i) negative results (by specific needs, by sector, by multisector)	KIIs FGDs	MSC Synthesis Triangulation

	from the outcomes of the CP efforts?			
EQ4 Efficiency: To what extent has UNICEF been implementing the CP since its inception to present?				
SQ4.1 Adequate resource allocations	To what extent and how has the operational capacity of the programme, including its human resources and supplies, supported the achievement of intended results within the designated timeframe and in a cost-efficient manner?	<p>JC 4.1.1 resources adequacy The CP allocated sufficient financial resources to achieve the intended results.</p> <p>JC 4.1.2 timely allocation The CP allocated resources to partners/programmes in a timely manner</p> <p>JC 4.1.3 proportionate allocation The CP maximized the use of available resource</p>	PF KIIs	Contribution analysis Portfolio analysis Synthesis Triangulation
SQ4.2 RBM	To what extent and how has UNICEF ensured the results-based management and is evidence utilized in the planning and execution of programme activities?	<p>JC 4.2.1 data planning The results framework incorporated evidence from research, evaluations, monitoring data to inform programme objectives, and strategies</p> <p>JC 4.2.2 data aggregation The CP generates data across needs/priorities of children and adolescents' gender, age, disability, in particular of those most vulnerable/marginalized to inform ongoing programming</p> <p>JC 4.2.3 data use The CP has mechanisms in place that ensure systematic integration and use of (i) outcome data, (ii) findings from evaluations/research/innovations, and (iii) lessons learned</p>	DR PF KIIs MS	Portfolio analyses Synthesis Triangulation
EQ5 Sustainability: To what extent are the CP's results sustainable?				

<p>SQ5.1 Sustainability pathways:</p>	<p>To what extent and how sustainable are the programme's results in terms of financial, environmental, and social aspects?</p>	<p>JC 5.1.1: financial The CP has enhanced prospects of sustainability for national partners to sustain results.</p> <p>JC 5.1.2: environmental The CP (i) integrated environmental considerations and (ii) contributed to building community resilience to environmental and climate-related shocks.</p> <p>JC 5.1.3: social The CP (i) engaged rights holders (beneficiaries and local communities) in socially transformative actions and contributed to social and behavioral change.</p>	<p>DR KIIs FGDs MS</p>	<p>Contribution analyses MSC Synthesis Triangulation</p>
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Annex 7: Document Review

Key Findings of the Document Review

- 265. While country-level identification and analysis of needs effectively identify broader groups in need—including women, children, and adolescents (stunting)—and align with national priorities in the DPAP, the sectoral PSN level lacks detailed articulation: in CSD, there's insufficient demographic and geographic detail, leaving questions about who the most deprived are and in which counties they live; in ELBE, descriptions of children with disabilities are broad, making it unclear whether this includes children needing braille or if UNICEF provides this assistance, and the high prevalence of teen mothers as a factor contributing to out-of-school children (OOSC) is noted; in CP, the reference to "the most disadvantaged localities" lacks nuance and specificity; and in PE, the beneficiary groups—UNICEF staff, policymakers and development partners, community members, and rights holders—are not well differentiated.

EQ1 – Relevance	
EQ 1.1	To what extent is the CP aligned with and how did it address the needs and priorities of all children and women, particularly the most vulnerable?
<p>According to the UNICEF End of Year Summary 2023, the Sustainable Development Report in 2023 ranked Liberia 157th out of 166 countries, with an overall achievement score of 49.8%. Only two out of seventeen goal areas (SDG 12: Responsible consumption and production, and SDG 13: Climate action) are on track. The status of the SDG target for Liberia shows that 48.4% of indicators have made limited progress, while 31.3% of the indicators have shown worsening progress. Only 20.3% of the indicators are achieved or on track. This underscores the need for concerted efforts to accelerate progress towards achieving the SDG’s. The 2019 UNICEF CPD reflects a shift towards addressing ‘significantly more’ needs of children and women in exercising their rights. Consequently, UNICEF’s 2020-2024 strategic focus is centred on achieving the ‘greatest impact with the available resources’, aiming to increase coverage and reach. According to the 2020-2024 GoL-UNICEF country programme of cooperation (CPC), UNICEF supported the 2012 Situation Analysis of Children and Women in Liberia (SitAn) identifying that the needs of children and women in Liberia remained very dire. The specific priority needs were listed as: (i) nearly 11,000 under the age of five continue to die every year (increasing proportion of deaths happen in the first 28 days of life), (ii) approximately 40,000 children under one year old remain unimmunized or are only partially immunized every year, (iii) stunting prevalence has plateaued in the last decade around 36% (263,000 children), (iv) 17% of Liberia’s population have access to basic sanitation, (v) only one in four children below the age of five years have their birth registered, (vi) 55% of school-aged (6 to 14-year-old) children (53.2% girls and 56.9% boys) are out of school in a situation where 940,000 children in early child education (75%) and at the primary school level (82%) are overaged for their levels, (vii) 90% of children aged 2-14 years had</p>	

experienced violent discipline (physical punishment and/or psychological aggression) in the home from caregivers, and lastly (vii) teenage pregnancy in Liberia is one of the highest in the world and stands at 31%. According to the CPC, as a result of the SitAn, the 2018 UNICEF-supported Strategic Moment of Reflection (SMR) informed UNICEF's country programme (2020-2024). It emphasizes that children in Liberia, from birth to adolescence, are able to survive, thrive, and develop to their full potential through greater access to and use of strengthened interventions in health, nutrition, WASH, basic education, and child protection, in line with the goals of Liberia's PAPD. According to the CPC, the SitAn findings also informed key transversal issues that challenge in the realization of children's rights including gender equality, early childhood development, disability, and adolescent development. The PSN explicitly states UNICEF's role in ensuring the rights and addressing the needs of children with disabilities, identifying them as the 'most marginalized and excluded, particularly girls with disabilities, who experience high levels of sexual violence.' In this context, the UNICEF CPD intends to address such needs at the level of the enabling environment (see TOC) through support for the development and implementation of laws and policies across different sectors. The 2019 UNICEF CPD emphasizes that programmes will also focus on and identifies the most vulnerable across various sectors. This includes targeting (i) girls, children with disabilities, and marginalized and remote communities in the education sector; (ii) creating demand for health services in hard-to-reach and humanitarian communities and implementing nutrition interventions aimed at adolescents; (iii) promoting gender-responsive services in health and education; and (iv) advocating for legislation and policies that benefit children, adolescents, and young people, particularly girls. The programme also addresses vulnerabilities such as lack of birth registration and focuses on specific vulnerable geographical areas, such as South-East and peri-urban counties. The 2023 evaluability assessment states weaknesses in needs analysis at sectoral level. While overall needs are well articulate in the sectoral PSN's, the mapping of specific needs and interventions is not provided, so it is not clear which counties comprise the most deprived child populations. For PE, beneficiaries are defined as UNICEF staff, policy makers and development partners, community members and rights holders but these groups are not well differentiated or explained. For example, it is clear that the CPD is targeting all children in the country as it applies to system strengthening efforts, but there are also targeted interventions designed for the most vulnerable child populations and it is often not clear who these child populations are, and where there are gaps in coverage. The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme was relevant to the needs and priorities of expected beneficiaries in in Liberia. By supporting the government's efforts to promote healthcare and community-centred initiatives, the intervention contributed to building capacity of county health teams including community health workers in the implementation county, though strengthening of this community entry point to deliver on the CFC objectives was limited. The programme was also relevant in that it addressed underlying behavioral factors and social norms related to poor health seeking and poor hygiene practices. However, there was limited evidence of sustained behavior change.

The UNICEF-LCO-PSN-Social Protection-September 2023 clearly identifies and targets the most vulnerable children in the social protection system. The sector aims at improving their access to basic

social services and reducing poverty. It is a cross-cutting element that works in cooperation with the other pillars (education, health/nutrition/Wash, and child protection).

EQ 1.2

To what extent is the CP aligned with the national priorities of Liberia and UNSDCF?

Summary Finding: The CP is clearly aligned to numerous priorities at play including those of the GoL, their PAPD, and the broader UNSDCF supporting the SDG's. Internally, UNICEF CP accounts for the priority areas reflected in the UNICEF Strategic Plan (2018-2021), and UNICEF West and Central Africa Regional Office Key Results for Children (KR4C, 2020-2024).

Alignment to the UNSDCF

According to the UNSDCF, the GoL overall Vision is to *“Build more capable and trusted state institutions that will lead to a stable, resilient, and inclusive nation embracing its triple heritage and anchored on its African identity and to provide greater income security to an additional one million Liberians, and reduce absolute poverty by 23 % across 5 out of 6 regions--through sustained and inclusive economic growth driven by scaled-up investments in agriculture, infrastructure, human resource development, and social protection.”*

According to the UNSDCF, the GoL's strategic priorities align with Africa's Agenda 2063 and the Economic Community of West African States (ECOWAS) Vision 2020.

The UNSDCF Cooperation Framework for 2020-2024 represents the UN Development System's collective commitment to support the GoL in addressing key SDG priorities and gaps. According to the CPC, the PAPD served as the basis for the development of the next UNSDCF 2020-2024 for Liberia. In alignment with the PAPD, the UNSDCF has four corresponding pillars:

- Equitable access to essential social services
- Diversified and inclusive economic growth
- Sustenance of peace and enhancement of social cohesion
- Institutional strengthening.

The proposed GoL-UNICEF CPC for 2020–2024 states it will contribute to the UNSDCF outcomes, thereby supporting the GoL achieving the objectives of the PAPD within the context of the SDGs, but also for UNICEF to contribute to the UNICEF Strategic Plan 2018–2021, and the UNICEF West and Central Africa Regional Key Results for Children (WCAR-KR4C) 2018–2021.

UNICEF CPD alignment to the Liberia's UNSDFC are most evident through the following Outcome indicators to which UNICEF contributes: Maternal mortality ratio; under-5 mortality rate; prevalence of stunting; primary net enrolment; proportion of out-of-school children; number of new HIV infections; proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age; proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation (FGM), by age; proportion of population covered by social protection floors/systems, disaggregated by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.

According to the 2023 evaluability assessment the CP was well aligned to global, regional and national goals and priorities for women and children. New global priorities have emerged that the

CP has not yet fully explored, but may be warranted in the Liberian context, such as the Nurturing Care Framework for early childhood development, and non-financial partnerships with business to accelerate results for children.

The UNICEF-LCO-PSN-Social Protection-September 2023 aligns with the efforts of the Liberian Government to address the challenges of poverty, inequality, and access to essential services through various initiatives. Key among these is the establishment of the Social Cash Transfer Program (SCTP), which aims to provide financial assistance to vulnerable households, helping to alleviate immediate economic hardships. Additionally, the government is actively working to rebuild its healthcare infrastructure, focusing on improving access to quality medical care, particularly for children and marginalized populations. Participation in the Scaling Up Nutrition movement reflects a commitment to combat hunger and malnutrition, while the completion of the National Zero Hunger Strategic Review outlines actionable steps toward achieving food security by 2030. Despite these efforts, challenges remain due to limited financial resources, reliance on donor funding, and the need for better integration between social protection programs and broader social services.

Alignment to Liberia’s National Priorities

The GoL’s PAPD is a five-year Strategy designed to accelerate inclusive and sustainable development and is premised on **four strategic pillars**. The PAPD Pillars are:

- **Pillar One: “Power to the People”** is founded on the belief that the foundation of human development is health and education supported by programs that reduce vulnerability, particularly among women, children and youth.
- **Pillar Two: “Economy and Jobs”** focuses on raising the productivity and income of every Liberian worker by creating an appropriate policy setting, enhancing competitiveness, and extending and upgrading the nation’s infrastructure.
- **Pillar Three: “Sustaining the Peace”** addresses the root causes of conflict and fragility by ensuring that the human rights of all Liberians are protected by the rule of law and broad-based access to justice.
- **Pillar Four: “Governance and Accountability”** highlights the capacity of the state to honestly, competently, and efficiently fulfil its responsibilities to all Liberians.

According to the 2019 UNICEF CPD, the **UNICEF programs are aligned and support national priorities of Liberia** in achieving the child-related goals of the PAPD⁵⁰.

Table 25: UNICEF CPD key priorities and sectors.

Sector	Priorities
Health	Build resilience in health systems for emergencies. Birth and death registrations (cross-sectoral) Immunization coverage and supply
Education	Early access to education Access to education for out-of-school children Improve quality of education
Nutrition	Famine early-warning systems Education about maternal and child nutrition Direct nutrition interventions
WASH	Service delivery Demand creation Reduce open defecation.

	Food safety/water safety
Child Protection	Family preservation Improved outcomes in the justice system Ending child trafficking Ending violence against children
Public Finance for Children (PF4C)	Tracking funds spent on different populations. Developing tools and templates to manage public projects Consolidation of sectoral budgets

According to the CPD, UNICEF’s child rights issues relating to health, nutrition, education, and some aspects of protection are aligned and covered under Pillar I of the PAPD (Power to the people). WASH matters are addressed under Pillar 2 (Economy and Jobs), with additional aspects of child protection and human rights issues in general covered under Pillar 3 (Sustaining the peace).

- **For CSD, there is alignment between UNICEF and national government priorities**, including under five mortality rate, maternal mortality ratio, under five stunting and strengthening access to and quality of health care services (Pillar 1). The CSD PSN and the PAPD are also aligned on ending open defecation, as well as increasing WASH access in schools and health facilities, strengthening WASH financing and SBCC (Pillar 2). However, according to the 2023 evaluability assessment, new government priorities have emerged since the pandemic and CSD programming must ensure it is in alignment and contributing to these priorities given fiscal limitations and uncertainty. For example, new national health policy (2022-2031)² list new national priorities like data utilization for planning, programming and decision making as well as mobile health technologies utilization.
- **For ELBE, national government priorities for include** primary net enrolment, overage in ECE, access to school libraries and computers, WASH in schools, retention of girls, female teacher representation, lack of qualified teachers, overcrowded classrooms, and increasing ECD and STEM programming. The Education Sector Plans (from 2017-2021 and the draft plan for 2022-2026) retain these priorities, but the new plan also acknowledges and prioritizes OOSC (largely because of COVID). The PSN addresses many of these priorities, except for the provision of school libraries, computers, and STEM programming.
- **For child protection, appropriate government pillars are identified in the PSN**, but within each pillar the government priorities vary in alignment from UNICEF priorities. UNICEF supported GBV and child justice programming are in alignment with government priorities. Child trafficking and child labor are identified as needs in SITAN and are government priorities, but these are not being addressed by UNICEF. Child labor was raised in consultations with adolescents as a burden because many must financially support their parents who lost their jobs because of the pandemic. Adolescents and service providers indicated that some adolescents may be turning to the informal economy and sex trafficking to make ends meet.
- **For PE, results focus on internal organizational priorities**, rather than national government priorities. However, according to the 2023 evaluability assessment, there are ways that PE can contribute to national priorities including on gender responsive programming, community engagement and social behavior change, emergency preparedness and response, and data collection capacity and systems for routine monitoring and evaluation. For instance, UNICEF did not adequately operationalized C4D in relation to government results.

- **The PF4C strategy was aligned with the GoL’s Pro-Poor Agenda for Prosperity and Development (PAPD, 2018-2023)**, with a functional collaborative relationship with national ministries including the Ministry of Finance and Development Planning (MoFDP), and other institutions responsible for relevant programmatic areas. The PF4C specifically aligns with the following pillars of the PAPD:
 - **Pillar 1 – Power to the People:** Specifically, pertaining to basic education, essential health services, child protection, empowering women and girls, and Social Protection.
 - **Pillar 2 – Economy and Jobs:** Water and Sanitation.
- **Broadly, the CPD Outcome level results are aligned/contributing across both KRCs, PAPD, SDG’s and the UNSDCF (according to the COAR 2023):**
 - Health Results contribute to KRC#1, PAPD Pillar #1, CPD Outcome #3, SDGs #3 and #5, and UNSDCF Outcome #1.
 - Nutrition Results contribute to PAPD Pillar #1, CPD Outcome #4, SDGs #2 and #3, KRC #2 and UNSDCF Outcome #1.
 - Education Results contribute to: PAPD Pillar #1, CPD Outcome #4, SDGs #3, #4 and #5, KRCs #3 and #4, UNSDCF Outcome #1.
 - Child Protection Results contribute to: PAPD Pillars #1 and #4; CPD Outcome #5, KRC #5, #6, 7, SDGs 16 and 17, UNSDCF Outcomes #3 and #4.
 - WASH Results contribute to PAPD Pillar #2, CPD Outcome #5, KRC #8, SDG #6, and UNSDCF Outcomes #2.

EQ 1.3

In what ways has UNICEF adjusted its programme scope and implementation strategies initiative to address emerging challenges, such as those posed by emergencies like the COVID-19 pandemic?

Evidence of Programme Scope Adjustment:

The document review provides substantial data points and evidence of adjustment to the LCP scope between 2020-2024.

1. **Primary and Secondary Needs Assessments and Contextual Analyses:** According to the 2023 evaluability assessment, a strength of the LCP is the alignment between the CP and the national and regional priorities and context. Consultations involved both government and UN data systems (e.g., DHS 2013; WHO/UNICEF estimates of national immunization coverage 2017; Liberia HIV & AIDS Progress Report 2016; Comprehensive Food Security and Nutrition Survey 2018). Others include for example, baseline assessments, such as the Data Landscape Diagnostic and Strategic Action Plan (2022), were conducted to enhance investments in Liberia’s child data ecosystem. These assessments relied on either existing data set (DHIS, WHO, IPC) or primary data collected either in collaboration with multiple agencies or by UNICEF independently.
2. **Further, according to the 2019 UNICEF CPD, several lessons learned from the 2013-2018 CP were considered to develop the 2020-2024 CPD.** For example, the 2020-2024 CPD incorporates insights from the 2018 UNICEF Gender Review and the UNICEF evaluation of its response to the Ebola outbreak. Furthermore, UNICEF renewed its focus on areas where it could have the greatest impact in addressing the needs of women and children.

3. Key lessons from the previous CP, such as the program being overly ambitious given the available resources, led to a shift in priorities for the 2020-2024 CPD. The revised priorities include: (a) Reducing the under-5 mortality rate through immunization and primary health care, (b) Reducing stunting and improving adolescent nutrition, (c) Ending open defecation, (d) Ensuring equitable access to early childhood education (ECE) and primary education, (e) Strengthening systems to reduce violence against children, and (f) Promoting birth registration. Additionally, three priority areas—immunization, access to education, and birth registration — were expected to catalyze significant changes. **While alignment to needs for CSD and ELBE were coherent, the 2023 evaluability found this to be nascent for the child protection and programme effectiveness components.** In particular, the strategies lacked alignment with needs for the child and programme effectiveness were found to be developed with a view towards UNICEF’s internal programme management processes rather than based upon the situation of children in the country.
4. **Reprioritization of Programme Priorities:** According to the 2023 evaluability assessment, changes in programme priorities were heavily informed by the COVID-19 pandemic which exacerbated barriers to the realization of children’s rights, especially for adolescents. In the 2022 Liberia Country Office Management Plan, UNICEF re-prioritized programme priorities, including the **three regional priority** Key Results for Children where the LCP is directly engaged: **(a) children 0-11 months fully immunized (KRC #1), (b) school age children access quality education (KRC #3) and (c) children under 1 have their birth registered (KRC #7).** The assessment found that these changes in programme priorities were informed by the Document review, and consultations with UNICEF and government partners indicated that vulnerabilities for adolescent girls, children out of school, children with disabilities, and young children of teen mothers have increased.
5. **Stakeholder Engagement and Feedback Integration:** Engagement with stakeholders, particularly government entities, appears consistent across intervention levels, with ongoing collaboration involving implementing partners, CSOs, donors, and UN agencies. However, the document review provides so far limited data of community consultations (AAP, feedback mechanisms) to inform or adjust programming. The 2023 evaluability assessment also points out that accountability mechanisms to collect and use feedback and promote participation from affected populations are not systematically implemented. **Reallocation of Resources:** *Further data generation needed in Phase 2 of this evaluation.*

Evidence of Implementation Strategy Adjustment:

Adaptability to Planning: According to the 2022 Midterm review, UNICEF employed so far eight rolling work plans (RWP) demonstrating flexibility and adaptability. RWPs were based on results at the outcome and output level of the first two years of annual reviews. According to the 2023 evaluability assessment, the LCO emergency response the CP adaptation effectively to COVID-19 during 2020-2021 leveraging existing partnerships with UN agencies to mobilize vaccinations and community education campaigns about the virus. The education sector excelled in adapting strategies for COVID response (2020-2021), including transitioning to distance learning and alternative education approaches. The health sector, having been through Ebola, had better decentralized structures in place to mobilize community health care workers for emergency response. Since the onset of COVID-19, the CP was also successful in adapting its strategies and approaches to bridge the humanitarian and development divide to some extent. **Adaptability to strategies:** According to the 2023 evaluability assessment, adaptations followed COVID-19 in terms of the needs of beneficiaries and sharpening of the CPD programme priorities (section 3.1.2.1.), as well as adjustments made in programmatic strategies, monitoring and

implementation (section 3.1.5.1 - 5.3). In particular, the CP has clarified three programme priorities moving forward from COVID-19, focusing all sector-based programmes on vaccinations, birth registration and out-of-school children. **Innovation and Flexibility in Programme Delivery:** Fostering innovation for children is one of LCO strategies' (implicit) in the country ToC for health, nutrition and child protection but more specific data is needed (more data needed in Phase 2). The document review suggests the inclusion of UNICEF in some pilot programs, reflecting innovation and adaptability in delivery. **Strengthened Partnerships and Collaboration:** Partnerships are central to UNICEF's work in Liberia, spanning multiple sectors, programs, and some pilot initiatives. These collaborations involve a range of partners—including the GoL, bi- and multilateral donors, UN agencies, CSOs, and communities—enhancing the reach and impact of the interventions. According to the 2023 evaluability assessments, there are weaknesses in seeking private partnerships to sustain results and strengthen accountability to affected populations (using U-report). There are also questions about the effectiveness of some of these partnerships. The PE PSN was developed internally without the participation of partners, focusing mostly on initial engagement and not on subsequent phases of partnerships like capacity building and joint activities. **Monitoring, Evaluation, and Learning (MEL) Systems:** The document review highlights UNICEF's extensive monitoring and evaluation efforts, seemingly implemented systematically. While numerous lessons and recommendations are generated through evaluations (e.g., SMS, sectoral, and midterm evaluations), it remains unclear how UNICEF consolidates and translates these insights into actionable strategies or where and how this is followed up. The large volume of lessons learned could potentially hinder effectiveness. Examples of key evaluations include: the Formative Evaluation of Key Result for Children (KRC) #7 (Birth Registration) for 2018-2021, the Be a Change Agent Project (B-CAP) in Liberia (2016-2018), and the Multi-country Evaluation of UNICEF's Child-Friendly Communities (CFC) Approach (2018-2022). Mid-year and end-year reviews involved key government ministries, funding partners, NGOs, and CSOs.

EQ2 – Coherence	
EQ 2.1	How effectively have government policies and programmes supported the CP's activities, and reciprocally?
<p>According to the 2019 UNICEF CPD, UNICEF supports the Ministry of Finance and Development Planning to strengthen the monitoring and evaluation of the PAPD. As a member of the UNDAF monitoring and evaluation group, UNICEF tracks progress towards the common outcomes, and rolling workplans are developed and monitored through regular reviews led by the Government.</p> <p>According to the CPC, UNICEF supported the Government of Liberia in developing the PAPD, designed to facilitate the country's achievement of the SDGs, the African Union Agenda 2063, and the objectives of the ECOWAS.</p> <p>The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme was well aligned to the Sustainable Development Goals, the African Union 2040 Agenda for Children, the Agenda 2063 of the Economic Community of West African States, as well key priorities, and agenda of the Liberian government.</p> <p>The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme design was highly coherent with the priorities of the Liberian government</p>	

and was largely aligned with Liberia's health systems goals, which are hampered by an inadequacy of resources.

The UNICEF-LCO-PSN-Social Protection-September 2023 is consistent with the Government policies and the ToC considers the complementary roles of the line ministries and national stakeholders: Ministry Budget and Development Planning; Ministry of Finances and development Planning; Ministry Children and Social Protection; Ministry of Gender, Children and Social Protection, Ministry of Health, Ministry of Internal Affairs, National Commission of Disability (NCD), National Social Security and Welfare Corporation (NASSCORP), National Social Protection Platform and others

UNICEF provides multisectoral disaster preparedness and response support (including WASH, Education, C4D, and Protection) to the NDMA (with support from the UN Disaster Management Working Group), which ensures that a coordinated, effective and functional mechanism is in place at each level of the government to address potential humanitarian disasters. As a result, key decision makers in the national government are better informed about critical actions required for the realization of child rights and are designing, implementing, and financing relevant interventions.

The Communications, Advocacy, and Partnerships output of the CP aims to highlight the impact of UNICEF's partnership with the Government of Liberia – by increasing the visibility of the UNICEF “brand” to development partners and the public. The national government, and its downstream agencies, closely support the country management team, to ensure that sensitive matters (particularly any cultural taboos) during crises are effectively communicated – to preserve the continuity of UNICEF's programming and minimize reputational risks in the country.

UNICEF collaborated with the GoL to strengthen the implementation arrangements for the Education Sector Plan (2022-2027), in addition to providing technical guidance capacity building, and funding to support the GoL in strengthening the WASH sector at both national and sub-national levels.

UNICEF integrated child poverty indicators, including the Multidimensional Overlapping Deprivation Analysis (MODA), into the Household Income and Expenditure Survey (HIES). With government support, specifically the Ministry of Finance and Development Planning, the Ministry of Gender, Children and Social Protection, and the Liberia Institute of Statistics and Geo-Information Services (among others), UNICEF utilised LDHS data (2019/20) to complete its estimation of child poverty in Liberia.

Under Goal Area 1: UNICEF supported the GoL (specifically the Ministry of Health) with pragmatic reforms in the public healthcare sector – which included the National Community Health Policy (2023-2032), National Community Health Program Strategy (2023-2027), National Immunization Strategy (2023-2027), Effective Vaccine Management Improvement Plan, and Child Survival Strategy and Action Plan.

Under Goal Area 2: With the Ministry of Education, UNICEF facilitated the policy formulation and implementation of the Education Sector Plan (ESIP, 2022/27) - enhancing institutional capacity, supporting community led SBC reform, and introducing a gender-responsive approach.

Under Goal Area 3: UNICEF worked with the GoL to fortify child protection systems and protect children's rights against abuse, violence, exploitation and harmful practices – supporting the government's UNCRC reporting obligations and mobilizing a nationwide SBC campaign. Through supporting the GoL, and other national/sub-national partners, the Interoperable Birth Registration Information Management System (IBRIMS) was launched.

Under Goal Area 4: UNICEF provided extensive technical guidance, capacity support, and financing to the GoL, supporting national efforts to supplement WASH policies – with a Joint Sector Review (JSR) being conducted to inform the national WASH Strategic Plan (2023-2027). SBC efforts were also spearheaded by UNICEF, culminating in the promotion of Community-led Total Sanitation (CLTS) practices across six counties.

Under Goal Area 5: UNICEF conducted a PF4C Rapid Capacity Needs Assessment (in February 2023), highlighting the deprivation of children across programmatic areas, and working with government partners to generate consensus on the delivery of integrated social services (focusing on vulnerability and multidimensional poverty).

EQ 2.2

To what extent is the CP synchronized with the initiatives of other UN agencies and development partners, aiming to enhance collective objectives and minimize redundancy?

According to the 2023 COARS, UNICEF's work in Liberia involves strongly around collaboration with the GoL, UN agencies, development partners and donors. In 2023, UNICEF had 20 standing partnerships (13 government entities and 7 with civil society organizations). These partnerships were focused on advancing child rights and achieving specific outcomes, while also establishing a foundation for future initiatives.

According to the 2019 UNICEF CPD, UNICEF contributes to the collective objectives – shared contribution - of the strategic plans 2018–2021 of the UNDP, also in the support to the UNSDCF. UNICEF's program is synchronized with other UN partners and initiatives including UNICEF chairs the inter-agency communication group, and UNICEF is the lead agency for pillar 1 of the UNSDCF. It further includes its focus on improving adolescent and maternal health (with UNFPA), achieving gender equality and the empowerment of women and girls (with UN-Women), and promoting the greater availability and use of disaggregated data for sustainable development (with UNDP, UNFPA and UN-Women). UNICEF also chairs the UN Communication Working Group under the UNSDCF.

As gender equality is a core mandate of the CP, UNICEF Liberia maintains active participation in gender-related coordination mechanisms such as the UN Gender Theme Group, the UN Joint Programme to End SGBV, and the National Gender Task Force, to facilitate the implementation of gender-targeted programming.

In addition, the UNSDCF joint and flagship programs include the USD 29,361,621 Spotlight Initiative to eliminate Violence against women and girls (in support of UNSDCF Outcome 1 & 3), with participating agencies like UNW, UNDP, UNFPA, OHCHR, UNHCR and IOM. Here, UNICEF is the co-lead and intends to commonly address harmful traditional practices, including FGM/C, in social and behavior change programming. This initiative ensures child-sensitive and child-centred prevention and response interventions to address violence against girls.

To facilitate internal knowledge management and promote resource sharing within the UN system, UNICEF Liberia CO utilizes shared repositories (according to the Enterprise Content Management guidelines).

According to the 2019 UNICEF CPD, the UNICEF's program leverage resources, expertise and advocate for health sector programming with other development partners, including Gavi, the Vaccine Alliance, USAID, the Global Financing Facility in support of Every Woman, Every Child, and the World Bank.

According to the 2023 evaluability assessment, the LCP has made only limited investment in partnering with the private sector while this is seen as an effective strategy to overcome barrier to sustainability and population accountability.

Some of the UNICEF examples of successful initiatives involving other agencies include:

According to the 2022 COARS:

With UNESCO, UNICEF supported the MoE in organizing a national consultation on quality participation for the Transformation Education Summit in September 2022 resulting in documentation reflecting the current state and challenges of the education system.

In collaboration with UNESCO, UNICEF, the World Bank, and USAID, core development partners reviewed the implementation of the education sector plan.

UNICEF and UNFPA supported (technical and financial) the MoYS in conducting a mapping assessment of interventions targeting at-risk youth resulting in findings to inform a draft programme for youth empowerment and rehabilitation.

Building on lessons from the Socio-Economic Empowerment of Disadvantaged Youth programme, UNICEF worked with UNFPA, UNDP, and WHO to develop a joint comprehensive peacebuilding and rehabilitation programme for at-risk youth in Liberia.

UNICEF partnered with WHO, UNFPA, and IOM in a joint Multi-Partner Trust Fund delivering Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition services, benefiting approximately 475,488 people across three counties and 35 health facilities.

To review the paediatric HIV landscape and develop a five-year Elimination of Mother to Child Transmission plan, UNICEF, in partnership with UNAIDS, supported the National AIDS Commission (technical and logistical).

Strengthened the capacity of the Independent National Commission on Human Rights to monitor and report on child rights' violations and supported the government's UNCRC state reporting obligations.

According to the 2023 COARS:

With the UNCT Monitoring and Evaluation working group a UN Joint Monitoring Mission was piloted. The Spotlight Initiative from Liberia, with UNICEF as a key partner among other UN agencies, was recognized as one of the high-impact initiatives at the SDG midterm summit.

Joint funding application for the "Enhancing Climate Resilience Integrated Multisectoral Strategies in Liberia" under the African Development Fund's Climate Action Window. In collaboration with other UN agencies, UNICEF initiated a joint funding application for the "Enhancing Climate Resilience Integrated Multisectoral Strategies in Liberia" under the African Development Fund.

UNICEF worked with other UN agencies and the GoL to develop a standalone Primary Health Care Financing Strategy, aligning it with the National Health Policy, Essential Package of Health Services II, and the Health Financing Strategy.

In partnership with the Health Sector UN and other agencies, UNICEF provided technical and financial support to develop and launch the National RMNCAH+N policy 2024-2030. UNICEF also supported the development of the Liberia Child Survival Strategy and Action Plan 2024-2028.

EQ3 – Effectiveness	
EQ 3.1	To what extent has UNICEF successfully achieved and is projected to attain the intended outcomes of the CP by the conclusion of its cycle?
<p>Broadly, the 2023 evaluability assessment found that there is a shared understanding of the comparative advantages and roles of UNICEF in supporting the government, and vice versa. Without UNICEF, many of the basic needs of children would be unfulfilled, and according to key informant interviews, the government would lose its capacity to advance the national agenda for children and adolescents without the financial assistance provided by UNICEF.</p> <p>The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC did not adequately respond to the identified needs and priorities of beneficiaries in Liberia because of the fragmented approach to its implementation. The design of the programme was heavily reliant on the health components of the initiative without adequate integration across other sectors, hence, the results and reporting mechanisms were invested in health outcomes without adequate integration to other sectors such as WASH, Education, Nutrition and Social and Behavior Change. The objectives of the programme could not be achieved fully because the coordination mechanism was weak; implementation and service delivery component were unitary to health and not integrated; and the results mechanism was inefficient. All these constrained targeted service delivery to the most vulnerable population and blurred results at the level of collation and hindered the reporting of programme achievements for targeted beneficiaries. The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the functionality of community health systems improved, evidenced by increased access to essential health services and some strengthening of the referral mechanisms. There was evidence that the CFC programme enhanced knowledge of caregivers on recommended child services such as immunizations, breastfeeding, vitamin A and deworming. The programme also enhanced beneficiaries’ knowledge on the importance of seeking appropriate healthcare from trained health personnel. Caregivers demonstrated enhanced knowledge, adoption, and compliance with recommended services for children.</p>	
EQ 3.2	What are the unexpected positive and negative results arising from the outcomes of the CP efforts?
<p>According to the 2023 evaluability assessment, an unintended positive consequence of COVID was an influx of funding to the CO, which was leveraged and utilized to address human resource vacancies (such as an emergency response focal point) and to implement development programming. The education sector excelled in adapting strategies for COVID response, including transitioning to distance learning and alternative education approaches. The health sector, having been through Ebola, had better decentralized structures in place to mobilize community health care workers for emergency response.</p>	
EQ 3.3	What are the barriers and enablers to effectiveness?
<p>The review of the document shows various challenges at the various implementation levels that impact on programme effectiveness and efficiency. Below is a list of the broader challenges only.</p> <p>External Challenges and Constraints:</p>	

- As demonstrated by the Ebola Crisis of 2014/15, the **funding environment in Liberia has become considerably more constrained** – with weak social service delivery and emergency response preparedness systems leading to a loss of programme focus in 2015/16.
- **The Situation Analysis (SitAn) of Women and Children in Liberia (2018) noted that the policy frameworks in Liberia are “highly fragmented” and “issue specific”,** which impedes a coordinated and holistic response to children’s issues, especially in a region highly prone to natural disasters.
- **Liberia’s challenging terrain, underdeveloped transport infrastructure, and hard-to-reach communities** creates challenges for UNICEF’s community level interventions – raising the risk threshold for operational inefficiencies.
- **Public Finance for Children in Liberia and inadequate public investment and a generally volatile funding environment** exacerbates existing issues with effectiveness. Vulnerabilities and deprivations are not effectively addressed through government budgets, prolonging the circumstances impacting children living in multidimensional poverty. Risks pertaining to disasters, climate change, conflict, epidemics, and other exogenous stresses are not properly addressed through remedial actions in government budgets, prolonging the duration and impact on children living in multi-dimensional poverty. This impacts on how the LCO can directly support system strengthening efforts.
- **The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2020-2024 for Liberia notes that few donors channel funds through Liberia’s Public Finance Management (PFM) system** due to concerns about the strengths of the fiduciary controls and low government implementation capacity.
- Overall shrinking donor space, external threats to funding to Liberia, donor fatigue in non-emergency (Partnerships & mobilization).
- Limited availability of national and/or local service providers and capacity gaps (in terms of personnel and funding) with the programme partners (Government and CSOs) (HACT).

Internal Challenges and Constraints relating to Planning:

- The mismatch in planning (Financial and HR) versus implementation stretches the limited resources leading to inadequate/ineffective programme support.
- The Programme Effectiveness PSN and CPD 2020-2024 focused mainly on the internal compliances, and the resource allocations and HR were accordingly planned; however, the implementation of Programme Effectiveness goes beyond what is articulated in the CPD.
- The PSN on Social Policy, Gender, Emergency, HACT & Programme Monitoring does not reflect the actual Risk Environment.
- **Limited partnerships** with private or business partners to expand existing partnerships with UN agencies given the reduced fiscal space post COVID.
- Multiple cross-sectoral functions are inadequately covered by largely managed by Focal Points with minimal financial resources – Innovation, Social Policy, Knowledge Management, Gender, Disability, and Emergency.

Internal Challenges and Constraints relating to Implementation:

- Lack of funding to cover UNICEF visibility and branding (communication).
- Limited internal resources restricting most of the work focused on internal compliance (PME).
- For HACT, limited funding has restricted the achievement of capacity-building plans for IPs, capacity gaps in the local Financial Service Providers (Audit Firms) have affected the timely completion of financial, slow pace of adoption of HACT compliance by both IPs and UNICEF staff.

- For C4D/S&BC, too few trained health promotion staff relative to population size and Health Promotion either absent or very weak at Health facilities and lower levels, knowledge deficits constrain the practice of appropriate **behaviors and uptake of services** (C4D/S&BC), and irregular and incomplete data, poor harmonization and feedback at all levels (C4D/S&BC).
- For social policy, restricted resources – Financial and HR while the intended agenda is for a full-fledged Social Policy Programme encompassing – PF4C, Social Protection, and Local Governance (Social Policy).

EQ4 – Efficiency

EQ 4.1

How adequately has the operational capacity of the programme, including its human resources and supplies, supported the achievement of intended results within the designated timeframe and in a cost-efficient manner?

The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 highlighted the following issues affecting efficiency of the CFC programme:

- delays in disbursements which UNICEF attributed to insufficient liquidation.
- human resources availability was also a challenge, and more so with female health workers since traditional gender roles were still recognized and sometimes spouses did not allow their women to work. This was further complicated by the generally lower level of education among women and girls.
- shortage of supplies, drugs, essential medicines and equipment, as well as logistical challenges which hindered timely distribution and deployment, affecting programme efficiency.
- while partnerships were instrumental in cost containment, there remained room for strengthening collaborative mechanisms to maximize efficiency gains.

According to the 2023 evaluability assessment, strategically important gaps in human and financial resources to collect and utilize data were found, especially for the PM&E section in the programme effectiveness components. In addition, all key informants – from UNICEF, the government and CSOs reported longer than usual delays in processing routine tasks, such as contracting and payments, which had a direct impact on implementation progress. UNICEF has innovated its payment modalities, but communication between programme teams and operations is not efficient and this causes delays.

According to the 2023 evaluability assessment, while the Liberia CO lacked sufficient and human resources to implement and monitor programme, the CO has taken steps to address this issue through the development of a Resource Mobilization strategy.

Recent internal audit (2022) of the CO also found that “the office had yet to reassess its capability and realign its staffing with the requirements of the 2020-2024 Country Programme”.

According to the 2023 evaluability assessment (UNICEF key informants and RAM data) the financial targets set in the CPD will not likely be realized.

Table 26: UNICEF CPD Summary Budget Table (2020-2024). Source: UNICEF LCO.

Programme Component	<i>In thousands of United States dollars</i>		
	Regular Resources	Other Resources	Total
Child survival and development	5 700	52 200	57 900
Early learning and basic education	2 250	15 000	17 250
Child protection	3 680	10 500	14 180
Programme effectiveness	12 020	4 227	16 247
Total	23 650	81 927	105 577

According to the 2019 UNICEF CPD, UNICEF supports continued monitoring efforts, such as monitoring the PAPD (Pro-Poor Agenda for Prosperity and Development), utilizing real-time monitoring systems, engaging in third-party monitoring, and implementing rolling workplans, to ensure timely implementation and necessary program adaptations.

EQ 4.2

How has UNICEF ensured the results-based management of the programme?

The UNICEF LCO conducts periodic reviews (mid-year, annual) to support and track the achievements of results. This includes timely results-based processes for annual work planning with partners, ensuring realistic targets, performance metrics, and pathways for learning – in addition to results-based reporting for accountability purposes to government and development partners, donors, the Executive Board, and the beneficiary communities.

According to the End of Year Results Summary Narrative (2023), UNICEF integrated results-based mechanisms into the management of the CP – indicated as follows:

UNICEF Liberia prioritized aligning its Public Finance for Children (PF4C) agenda with significant regional and global commitments – including Key Results for Children (KRCs), the UNICEF Strategic Plan 2022–2025, and frameworks and guidelines such as the UNICEF PF4C Strategic Framework.

Results-based management tools such as the Results Assessment Module (RAM) were utilised for the CP.

Efforts towards the attainment of Key Result for Children #8 resulted in a reduction of the proportion of people practicing open defecation from 37.7% in 2022 to 35% in 2023.

EQ 4.3

How is evidence utilized in the planning and execution of programme activities?

UNICEF utilised evidence-based strategies in the planning and execution of programme activities, including for example:

The UNICEF LCO lists ‘evidence-based decision making’ as a strategy in the PSN’s to achieving results.

Supported the strengthening of the Education Information Management System (EMIS) to enhance evidence-based policy development.

Supported the Sanitation Market Assessment of selected counties – utilizing tools such as “CHATWASH” to accelerate the delivery of WASH services across the country.

Enhanced its outreach strategies by constructing an evidence-based communication strategy, utilizing social media for information dissemination and outreach – with online communication on SBC, and preventative health practices reaching over 800,000 individuals.

As part of the four strategic axes for data and analytics work in the West and Central Africa (WCA) region, UNICEF – in collaboration with the GoL, WCARO, and LCO – led a diagnostic assessment of the data landscape for children, which contributed to the expansion of the Health Management Information System (HMIS). The efficient utilization of innovative technologies is a core strategy in the CP, the purpose of which is to enhance UNICEF’s ability to provide vital support to vulnerable children (in a cost-effective manner). This involves the use of big data analytics to supplement the monitoring of programme interventions, and to mitigate any gaps in evidence for decision-making.

According to the evaluability assessment, overall, evidence utilization and emergency response were well developed or articulated for CSD and ELBE, while partnerships were not well developed or articulated for the programme effectiveness. Evidence utilization for child protection was also nascent.

The Communications for Development (C4D) component of the CP utilizes strong evidence-based advocacy, previously employed during/after the Ebola outbreak to build resilience, increase knowledge, shift cultural norms (gender norms), and promote positive social and behavior change.

The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme did not rely on an agreed result framework for all the sectors resulting in uneven documenting of evidence (e.g. health results not documented).

EQ 4.4

What are the barriers and enablers to efficiency?

The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that **the CFC programme due to the weak programme integration, key stakeholders in government and within the communities were not fully involved in the implementation phase**. The weak coordination mechanism resulted in insufficient consideration for the role of communities and their participation in the programme.

The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme was limited by road access to remote counties, infrastructure limitations, socio-cultural barriers, and environmental hazards **impeded service delivery and community engagement efforts**.

EQ5 – Sustainability	
EQ 5.1	How sustainable are the programme’s results in terms of financial aspects?
<p>Liberia has an unsustainable dependence on external development assistance – as the CP identifies that the country’s insufficient domestic revenue and reduced fiscal space has created a volatile funding environment (a significant risk area). In addition, effective financial management is seen as a critical operational function of the CP, with UNICEF investing resources in HACT management training for relevant staff.</p> <p>The UNICEF CP strategy focused on attaining impactful results from financing, the sustainable utilization of national expenditure, and timely technical assistance. Technical support will continue to be a pivotal strategy, as impactful results can be achieved not only through financial aid but also through technical assistance. Initiatives that have demonstrated desired outcomes and scalability potential will be prioritized for advocacy. According to the learning outcomes, funding gaps that persisted across 2022 were resolved through program and donor collaboration. For instance, to increase primary healthcare financing and reduce out-of-pocket expenses (53% of total healthcare expenditure), UNICEF collaborated with the GoL to develop a Primary Health Care Financing Strategy.</p> <p>The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that resource constraints and lack of government funding were the biggest threat to sustainability. The measures to ensure the sustainability of activities in Liberia funded by the CFC programme beyond its support did not yield many results as dependence remained a strong factor. Lack of commitment of the government stakeholders to multi-sectoral integration are hindrances to sustainability. Training and capacity development were factors leading towards sustainability.</p> <p>Note: The ongoing data collection aims to obtain more data on this topic, more specifically on which strategies UNICEF implemented to contribute to government ownership to continue or scale up the programmes, either through (i) policy adoption, (ii) national budget allocations, and (iii) cost-sharing or co-financing arrangements.</p>	
EQ 5.2	How sustainable are the programme’s results in terms of environmental aspects?
<p>The CP maintains an adherence to programming principles across both planning and implementation phases, including Environmental Sustainability. Joint funding application for the “Enhancing Climate Resilience Integrated Multisectoral Strategies in Liberia” under the African Development Fund’s Climate Action Window.</p> <p>Note: The document review overall demonstrates limited indication of the CP integrating environmental aspects to promote sustained results in an era of climate challenges. The ongoing data collection aims to obtain more data on this topic.</p>	
EQ 5.3	How sustainable are the programme’s results in terms of social aspects?
<p>Overall, UNICEF invested substantially in capacity building local capacity at national and subnational levels (as donor, supporting coordination efforts, as technical support). Though, so far there is insufficient data to understand whether the CP has a single strategic approach to this, or whether there are several strategies in place.</p>	

Note: The ongoing data collection aims to collect additional data on social aspect-strategies that are expected to sustainability including C4D, SBC and other education and awareness activities.

EQ6 – Gender, Human Rights, and Equity	
EQ 6.1	UNICEF incorporated (i) gender, (ii) human rights, and (iii) equity dimensions into the planning and implementation strategies of the programme?
<p>According to the 2023 Evaluability assessment, there was wide variation on the extent to which programmes integrated equity into the results framework and in beneficiary group identification. For example, most of the outcome level indicators do not examine the data by sex or disaggregated by other variables even though the outcome statement reflects this information. In the case of health, the outcome statement is, <i>“by 2024, significantly more girls, boys, adolescents and women, especially those who are marginalized and/or living in humanitarian conditions have access to and utilize evidence-based, high-impact quality maternal, neonatal, child adolescent health and HIV interventions.”</i> There are four indicators to measure this outcome, but none of them are tracking sex disaggregated data even though it is available in the DHIS. One measure vaccination at the district level, but no other disaggregation is included in the KPIs. While there was a gender review in 2018, the Gender Action Plan for the CO has not been developed, which may be contributing to some of these limitations.</p> <p>According to UNICEF’s global PF4C framework3, PF4C’s has a strong equity focus. Its rationale is based on mostly many of the obstacles to improving child outcomes can be directly traced to public financial management (PFM) challenge (low budget priority and insufficient allocation, inefficient/ineffective expenditure, inequitable allocations, weak accountability). It creates demand for better use of public funds for greater and more equitable results for children.</p> <p>As per the Result Framework in the PSN, the LCO has developed an updated Gender Action Plan, which is reviewed annually. In addition, the CP’s Communication for Development (C4D) strategy focuses on issues such as gender equality, disability, child rights, and humanitarian action for children – particularly in terms of targeted service delivery for vulnerable communities.</p> <p>As gender equality is a core mandate of the CP, UNICEF Liberia maintains active participation in gender-related coordination mechanisms such as the UN Gender Theme Group, the UN Joint Programme to End SGBV, and the National Gender Task Force, to facilitate the implementation of gender-targeted programming. The CP integrated lessons on Girls’ Education from the Gender Equitable Education Programme (GEEP), which focused on the empowerment of adolescent girls through the provision of technical vocational training; and the promotion of gender sensitive WASH in schools which focused on menstrual hygiene management.</p> <p>According to the CPC, fiscal constraints and limited resources in Liberia necessitate prioritization in line with UNICEF’s equity agenda. This involves focusing on the most vulnerable groups first and targeting areas that can catalyze the achievement of broader and sustainable results. Such an approach will have a significant impact on the survival, development, protection, and participation of children in Liberia.</p> <p>The CP Team maintains a close collaboration across multisectoral programme sections, integrating child and equity-related indicators into national monitoring systems. As one of the core components of the CP, UNICEF integrated gender and equity dimensions into the planning and implementation of the</p>	

programme, as follows: the Education Sector Plan (ESIP, 2022-2027) focused on the strengthening of inclusive and gender-responsive school systems – with 73,849 students (36,223 boys and 37,626 girls) reached through the implementation of a school package of inclusive and gender-responsive services to promote national school quality standards.

According to the lessons learned from the End of Year Results reporting (2023), the creation of gender integration projects with the Child Protection and Education components accelerated gender-sensitive and responsive programming. As a result, according to the LCO, this integration should be sustained and expanded.

The Evaluation of the UNICEF Child-Friendly Communities (CFC) Approach 2018 - 2022 concluded that the CFC programme had an inherent gender and equity focus. The programme was able to identify and address many barriers that hindered girls' and women's access to essential services, chief among which were distance and financial barriers. However, there is still a critical need to tackle cultural norms, lack of education, economic constraints, and gender-based violence and to empower girls and women, including educational initiatives, economic empowerment programs, community sensitization campaigns on gender equality, and the establishment of safe spaces for women and girls.

EQ 6.2	UNICEF ensured the inclusion of the needs and priorities of (i) children with disabilities, (ii) the most vulnerable groups, (iii) lowest income quintiles, in both the sectoral and cross-sectoral components of the programme (Equity)?
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See above EQ 1.1 *“CP alignment with and clearly identified needs and priorities of (i) children, (ii) women, and the (iii) most vulnerable.”*

The CP Team maintains a close collaboration across multisectoral programme sections, integrating child and equity-related indicators into national monitoring systems.

The PF4C Programme Strategy Note highlights that the CP aims to increase GoL’s commitment to allocate a larger budget for the realization of child rights and poverty alleviation in Liberia – thus aiming for more equity. PF4C is a cross-cutting multisectoral strategy, which refers to the GoL’s budgetary spending on social services programmes aimed to benefit children – including programmatic areas such as education, health, nutrition, child protection, and WASH. The PF4C strategy is aligned with the Child Survival and Development programme strategy (as highlighted in the CSD PSN), with specific programming outputs are illustrated as follows:

Health Programming: By 2024, (1) health sector policy, plans and budgets use solid evidence to strengthen the health system for child and maternal survival, (2) primary health has the capacity and systems to deliver quality, equitable, gender-sensitive and integrated maternal, new-born, child, and adolescent health services, (3) families and communities are equipped with knowledge and actively demand quality health services (part of the CP’s broad SBC policy).

Nutrition Programming: By 2024, (1) gaps in laws, policies, strategies, and guidelines are identified, closed, implemented and monitored in line with international norms and standards, (2) proven direct nutrition interventions are accessible at facility and community levels and are utilized by children (under five), adolescents and women of childbearing age both in development and humanitarian conditions, (3) parents, women of childbearing age, adolescents, caregivers, and communities understand and practice

appropriate nutrition behaviors' and know how to avail of nutrition services (part of the CP's broad SBC policy).

WASH Programming: By 2024, (1) gaps in laws, policies, strategies, and guidelines related to ending open defecation in communities and to WASH in institutions are identified, closed, implemented, and monitored in line with international norms and standards, (2) Government remains committed to development and implementation of WASH policies and strategies and procedures that are gender-sensitive and focused, and a budget is allocated for this work and ongoing gender expertise", and (3) the government allocates budget for implementation of ending open defecation and scaling up WASH interventions in institutions on an equitable basis, specifically at schools and health care facilities.

Child Protection: By 2024, (1) strengthened political commitment, accountability and national capacity of the social, justice and education and health sectors in Liberia to legislate, plan, and budget for scaling up interventions that prevent and respond to violence, abuse, exploitation, and neglect and enhance access to child protection and birth registration, and (2) an improved knowledge base/baseline informs programming and advocacy initiatives to increase access to birth certificates and to prevent and protect children and women from violence, abuse and exploitation.

The Programme Strategy Note on Public Finance for Children (PF4C) highlights the general lack of equitable access to similar levels of social services by all children in Liberia, with serious disparities typically found amongst deep rural communities. In addition, there is also horizontal inequity in public investment within sectors, especially within the education and health sectors – for instance, primary education and primary healthcare do not attract sufficient budget allocations. Deprivations and vulnerabilities are not fully addressed through government budgets, prolonging the duration and impact on children living in multi-dimensional poverty. Risks related notably to inequities, disasters, climate change, conflict, epidemics and other shocks or stresses, are not addressed in mitigating and remedial actions in government budgets, prolonging the duration and impact on children living in multi-dimensional poverty.

Annex 8: Portfolio and Budget Analysis

Portfolio Analysis

266. The UNICEF CPD results framework lists thirteen indicators, including baselines, targets, and means of verification under each of the six outcome areas. The portfolio analysis has disaggregated the results data from the RAM, providing a results overview up to the time of writing this inception report.
267. The evaluation team conducted an in-depth portfolio analysis of the country programme, with **Figure 4** illustrating the performance indicators across relevant programme outcomes.
268. The following indicators were measured, as per the LCP's RAM reporting data:
- Indicator 1:** % children (0–11 months) vaccinated with 3 doses of DTP Penta vaccine nationally. **On-Track.**
 - Indicator 2:** Percentage of districts that have at least 80% of children (0–11 months) vaccinated with three doses of DTP- containing/Penta vaccine. **On-Track.**
 - Indicator 3:** Percentage of newborns receiving postnatal care within two days of birth.
 - Indicator 4:** Percentage of live births attended by skilled health personnel.
 - Indicator 5:** Proportion of children under 5 years of age who are stunted (moderate and severe).
 - Indicator 6:** % of women (15–49 years) with anemia.
 - Indicator 7:** Percentage of children (6-23 months) receiving a minimum number of food groups.
 - Indicator 8:** Proportion of the population still practicing open defecation.
 - Indicator 9:** Proportion of the population using basic drinking water service.
 - Indicator 10:** Transition rate between primary and lower secondary education. **Exceeded target.**
 - Indicator 11:** Rate of out-of-school children of primary and lower secondary school age.
 - Indicator 12:** Net enrolment rate in pre-primary education.
 - Indicator 13:** Percentage of young women and men (18–29 years) who experienced sexual violence by age 18, by sex and age.
 - Indicator 14:** Percentage of children under one year whose births are registered.
 - Indicator 15:** Percentage of core measures of performance scorecard that meet high performance grading criteria.
 - Indicator 16:** Percentage of other resources mobilized against the approved ceiling.
269. This indicator data illustrates the level of success across varying targeted programme outcomes. It can be noted that the following indicators were **not available** in the RAM datasets:
- “Number of schools with separate sanitation facilities for girls and boys”
 - “Interoperable birth registration service delivery with health system”
 - “Percentage of core measures of performance scorecard that meet high performance grading criteria.”
270. “Percentage of other resources mobilized against the approved ceiling”.

Budget Analysis

271. The evaluation team conducted a portfolio analysis of the Country Programme Budget (2020-2024), through which the budget was segregated across relevant outcome areas, which illustrated the difference in the programme’s funding outlays on an “allocated”, and “utilised” level. Table 17 presents the following:

- **The planned budget** (for the 2020-2024 CP) **was \$99,844,110**, with **8%** for Programme Effectiveness, **20%** for Early Learning and Basic Education, **20%** for Health, **12%** for Nutrition, **16%** for WASH, **15%** for Child Protection, and **8%** for Operational Effectiveness.
- **The planned budget of \$99,844,110 was slightly decreased to \$97,471,238, representing a 98% allocation.** While the overall budget was approximately allocated, some redistributions occurred: Programme Effectiveness received **143%** of the planned budget, ELBE received only **80%** of its planned budget, Health received **122%** of the planned budget, Child Protection received **110%** of the planned budget, and WASH received **44%** of the planned budget (the outcome most impacted by the redistribution of funding).
- **So far, the utilized budget absorption is 96%, indicating that the programme still needs to absorb 4% by the end of 2024.** Outcomes with the lowest budget absorption (below the 96% average) include Programme Effectiveness, Health, WASH, and Child Protection.

Table 27: Allocated funding and utilization of funding across programme outcomes (2020-2024).

Outcome	Allocated	Allocated (%)	Planned % per Outcome	Utilised	Utilised (%)
Programme Effectiveness	11,701,640	70%	8%	10,745,517	92%
Early Learning and Basic Education	15,988,390	125%	20%	15,905,204	99%
Health	24,064,680	82%	20%	22,871,626	95%
Nutrition	12,238,600	100%	12%	12,164,375	99%
WASH	7,261,553	226%	16%	6,787,173	93%
Child Protection	16,290,735	91%	15%	15,490,514	95%
Operational Effectiveness	9,925,640	84%	8%	9,970,083	98%
Total	97,471,238	98%	100%	93,704,492	

Figure 5: Key Progress Indicators, Baselines, and Targets

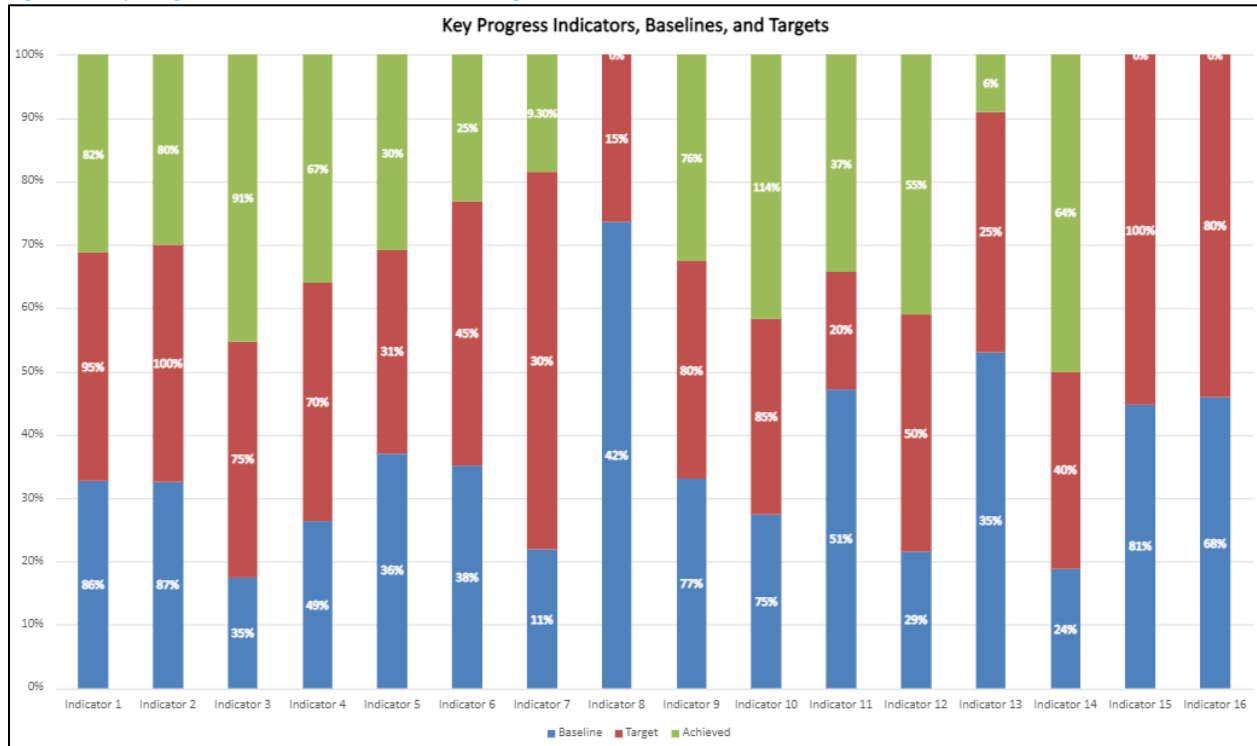
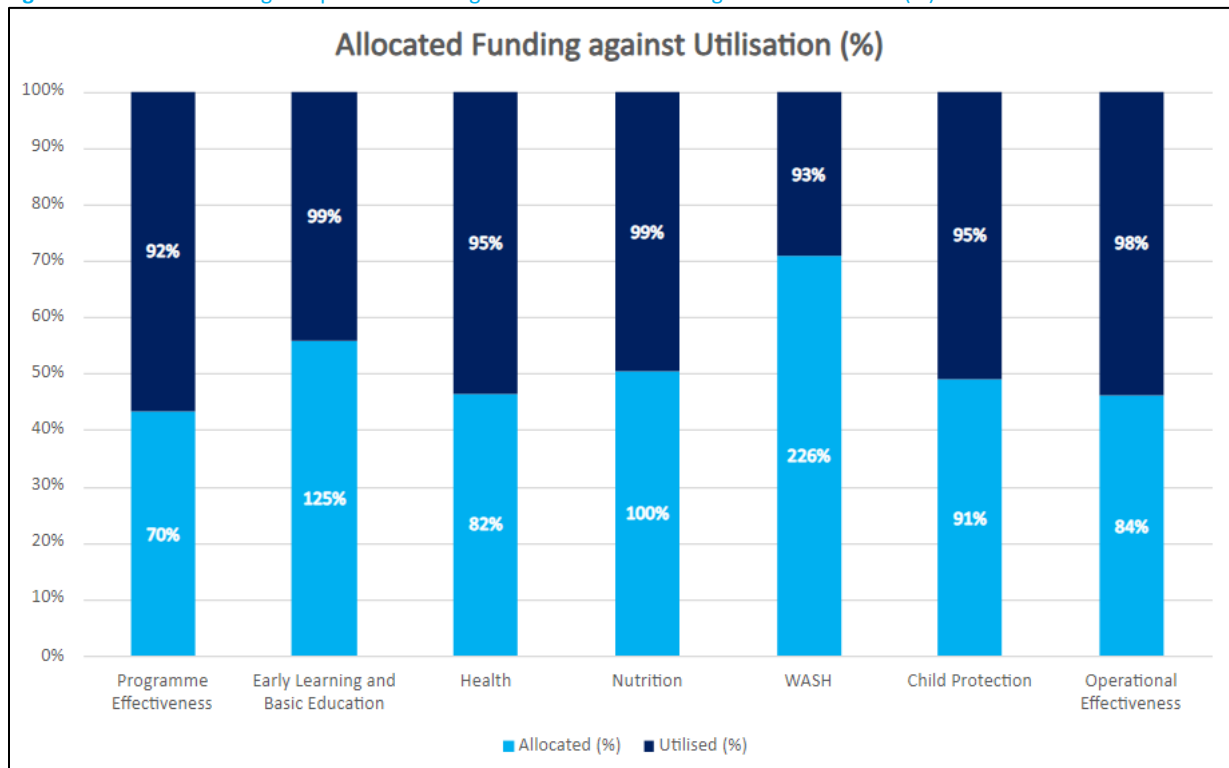


Figure 6: Allocated Funding compared with Budget Utilization across Programme Outcomes (%).



Annex 9: Mini-Survey Data

Are you a UNICEF Staff or Non-Staff Member?	
UNICEF Staff	Non-Staff
1	
	1
	1
1	
	1
	1
	1
	1
	1
	1
	1
	1
	1
2	11
Total Mini Surveys	13

Relevance					
UNICEF targets the most important needs/priorities of women and children and those most vulnerable					
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	Total Score
		1			3
		1			3
	1				4
		1			3
	1				4
1					5
		1			3
	1				4
		1			3
	1				4
1					5
		1			3
		1			3
2	4	7	0	0	3.62

Relevance					
UNICEF adjusts programming to needs/priorities					
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	Total Score
		1			3
			1		2
		1			3
		1			3
1					5
		1			3
			1		2
	1				4
		1			3
	1				4
	1				4
		1			3
1					5
2	3	6	2	0	3.38

Relevance						
UNICEF coordinates effectively with UN Agencies/Initiatives						
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	N/A	Total Score
		1				3
					1	0
	1					4
		1				3
1						5
1						5
			1			2
		1				3
	1					4
					1	0
1						5
1						5
1						5
5	2	3	1	0	2	4

Effectiveness				
UNICEF Added Value (Any Three)				
Donor Support	Technical Support	Coordination Support	Policy Advocacy	Implementation Support
1	1		1	
1	1	1		
	1		1	1
	1	1		1
1	1	1		
1			1	1
	1	1		1
1	1			1
1	1			1
	1			
	1	1		1
1	1	1		
1	1			1
8	11	6	3	8

Effectiveness								
UNICEF Added Value (Any Three)								
Health	Nutrition	WASH	Education	Child Protection	Cash Assistance	FP4C	C4D/SBC	Capacity Building
				1			1	1
1	1	1						
1	1	1	1	1			1	1
1	1						1	
1					1		1	
1	1							
1	1	1						
1			1	1				
1	1							
1	1							1
1	1			1				
1	1		1					
1	1	1						
12	9	4	3	5	1	0	4	3

Efficiency					
UNICEF shares data and evidence with partners					
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	Total Score
	1				4
			1		2
		1			3
		1			3
	1				4
		1			3
			1		2
	1				4
		1			3
1					5
	1				4
1					5
1					5
3	4	4	2	0	3.62

Sustainability					
UNICEF enhances governance ownership					
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	Total Score
	1				4
		1			3
	1				4
		1			3
1					5
1					5
		1			3
	1				4
		1			3
	1				4
	1				4
		1			3
		1			3
2	5	6	0	0	3.69

Sustainability						
UNICEF programmes are integrated into government systems						
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	N/A	Total Score
		1				3
	1					4
	1					4
1						5
1						5
			1			2
	1					4
	1					4
					1	0
	1					4
		1				3
		1				3
	1					4
2	5	3	1	0	1	3.75

Sustainability						
UNICEF integrates environmental factors in its work						
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	N/A	Total Score
		1				3
					1	0
		1				3
		1				3
1						5
1						5
			1			2
		1				3
		1				3
1						5
		1				3
1						5
		1				3
4	0	7	1	0	1	3.58

Sustainability					
UNICEF contributes to building local capacity in communities					
Excellent (5)	Very Good (4)	Good (3)	Moderate (2)	Poor (1)	Total Score
	1				4
	1				4
	1				4
1					5
1					5
1					5
			1		2
		1			3
				1	1
1					5
		1			3
1					5
	1				4
5	3	2	1	1	3.85

Annex 10: Ethical Approval Process

unicef  | for every child

Research Ethics Approval

10 October 2024

Veronique de Clerk
Evaluation Team Leader
Landell Mills
Bryer Ash Business Park
Bradford Road, BA14 8HE
Trowbridge, United Kingdom

RE: Ethics Review Board findings for: *Country Programme Evaluation of UNICEF Liberia*
(HML IRB Review 981LIBE24)

Dear Veronique de Clerk,


Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 26 September – 10 October 2024. This study's human subjects' protection protocols, as stated in the materials submitted, received ethics review approval.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,



D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Hatim Salman, Penelope Lantz, JD

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Washington, DC 20036 USA
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Annex 11: Data Collection Tools

Key Informant Interview Guides

UNICEF LCO country interviews

Key Informant Interview Guide

Name/Job Title of Interviewee:

Gender:

Organisation:

Stakeholder Category: UNICEF – Government – United Nations – NGO’s – Donors. Each SQ indicates the stakeholder to be targeted.

Interviewer(s): Veronique De Clerk, Hatim Salman Nusrat

Interviewer(s) Email: veronique.de-clerck@accomplir-consulting.org, hatim_salman@landell-mills.com

- **Thank you** – Thank you for the interviewee and for your time today
- **My name** is [Your name] _____, and I work as an independent consultant for Landell Mills’s evaluation unit, and we are mandated to conduct the external evaluation of UNICEF Liberia Country Programme. The evaluation is primarily forward-looking to improve the performance of UNICEF Liberia’s future programming, but it will also explore accountability to women and children.

Do you know the UNICEF programming in Liberia?

- **The goal** of the UNICEF Liberia Country Programme seeks to support Liberian children to fully exercise their rights to survival, development, protection, and participation through health, nutrition, education, and child protection and from January 2022 to December 2024.
- **Purpose** – I would like to interview you. I have a structured questionnaire, and the main purpose of the interview is to hear your views on the UNICEF CP activities program and lessons learned that can be used for future programming. This evaluation will focus on issues of relevance, coherence, effectiveness, efficiency, sustainability, and Gender, Human Rights and Equity.
- **Confidentiality/Consent to Registration** – Would it be acceptable for you that I record this interview, just as a backup of my notes? I'll delete the recordings once I'm done typing and reviewing our notes. This interview is completely voluntary and confidential, and your name will be removed from all interview transcripts and recordings, and quotes will not be attributed to any person or organization. If you prefer that we do not use quotes from your interview at all, please let us know. Please note, you may choose to not respond to any/all the questions, and/or withdraw from the interview at any stage. In addition, do you consent to participating in a brief mini survey (3-5 minutes) upon the completion of this interview? In addition to our conscious focus on the safety of all participants, the evaluation team can also conclude that there are no direct risks (as a result/consequence of your participation) that have been identified, that could hamper your participation.

- **Duration** – I expect the interview to last about 60 minutes – is that okay? If you don't have a lot of time, let me know and I can make sure I focus on the most important issues. Also, it's fine if you don't know the answer to a question or prefer not to answer or if the question isn't relevant to your role – let me know and I'll tailor the interview accordingly.
- **Opportunity to ask questions** – Do you have any questions before you start? Of course, you are also welcome to ask questions during the interview if something is unclear. Or if there are elements that I did not mention during the interview, do not hesitate to share them towards the end.

Question(s) – UNICEF and Implementing Partners		
Criteria	Judgement Criteria	Question(s)
General	General	What engagement have you had with the UNICEF Liberia CP (2020-2024) ²⁰ ?
Relevance	1.1.2 – <i>Alignment to Needs</i>	Briefly describe which and how implementation strategies and activities targeted specific needs of women and children? These specific needs should also include the following factors: <ul style="list-style-type: none"> • Specific needs by demographics: women, children, adolescents, girls, boys. • Specific needs by vulnerability: ethnicity, exclusion, discrimination, marginalised, socio-economic, climate impact vulnerability, hard to reach. • Specific needs by geography: by county, by sector.
	1.1.3 – <i>Perceived Inclusion</i>	Briefly describe which and how AAP, CWC, and participation strategies informed the CP ⁵² ? <ul style="list-style-type: none"> • Please provide specific examples (if possible). • Where can UNICEF do more, or differently to ensure the inclusion of women, children, persons with disabilities, and other vulnerable demographics?
	1.3.1 – <i>Alignment of New Needs</i>	Could you describe the extent to which UNICEF adjusted its (i) scope and (ii) strategies appropriate to new needs/priorities of women and children and those most vulnerable? This particularly includes factors such as: <ul style="list-style-type: none"> • Emerging needs? • Exogenous pressures, such as COVID-19? • Potential barriers to adjustments and adaptations?
	1.2.1 – <i>Alignment with the Government of Liberia</i>	To what extent was the CP clearly aligned with the main (i) goals and (ii) objectives of the GoL national development plans including sector-specific policies (e.g., health, education, child protection)? <ul style="list-style-type: none"> • Could you share specific examples where there is strong sectoral alignment? • Could you share recommendations where UNICEF can strengthen alignment for the 2025-2030 CP?

²⁰ The Evaluation Team will aim to utilize responses from government partners (albeit those from the newly elected government) to determine (1) alignment with UNICEF programme strategies under the 2020-2024 CP, and (2) to determine the degree of continuity from the previous government's national development priorities to those of the incumbent government.

	1.2.2 – <i>Alignment with UNSDCF</i>	To what extent was the CP was aligned with the main (i) goals and (ii) objectives of the UNSDCF? <ul style="list-style-type: none"> • Could you please share specific examples where there is strong sectoral alignment? • Could you share a specific example where UNICEF can strengthen alignment for the 2025-2030 CP?
	1.4.2 – <i>Equity and Inclusion Strategies</i>	To what extent the CP adds value in integrating gender, human rights, equity considerations (policy advocacy, coordination, funding)? <ul style="list-style-type: none"> • What strategies has the CP adopted to ensure gender, human rights, and broader equity considerations?
	1.4.3 – <i>Added Value (Inclusion)</i>	Where does the CP add value in integrating gender, human rights, and equity considerations? <ul style="list-style-type: none"> • UNICEF added value in policy, advocacy, coordination, funding, technical support? • Could you please highlight 1-2 discernible equity, and inclusion achievements? • What are barriers to integrating gender, human rights, and equity considerations?
Coherence	2.2.1 – <i>Strategic Positioning</i>	How was the CP planned in coordination with the initiatives of other UN agencies? <ul style="list-style-type: none"> • Could you identify any challenges in the implementation of collective objectives? • Could you identify potential opportunities for future collective planning?
	2.2.1 – <i>Added Value</i>	Where did UNICEF’s programme implementation provide competitive advantage and clear added value – as (i) a donor, (ii) technical and coordination support, and (iii) implementation? <ul style="list-style-type: none"> • Could you clearly highlight 1-2 discernible added values of UNICEF?
Effectiveness	3.1.2 – <i>Strategies</i>	In your opinion, what are the UNICEF activities that have delivered the most important results? The nature of these activities can include: <ul style="list-style-type: none"> • Sector-specific. • Multi-sectoral. • Convergent. • Integrated Service Delivery. • Policy. • PF4c, HACT, SBC, and/or C4D.
	3.1.3 – <i>Coordination</i>	What have been the coordination and implementation mechanisms that have delivered the most important results? <p>Could you highlight specific examples in which the coordination and implementation mechanisms have contributed to:</p> <ul style="list-style-type: none"> • Facilitating strategic shifts. • Fostered innovation. • Enhancing participation with the government. • Enhancing participation among development partners.

	3.1.4 – <i>Influencing Factors</i>	Could you highlight if any key internal and external factors that enabled or constrained results and achievements were identified?
	3.1.5 – <i>Unintended Results</i>	Could you identify any unexpected results according to: <ul style="list-style-type: none"> • Specific needs. • Sector, and/or multi-sector.
Efficiency	4.1.1 – <i>Resource Adequacy</i>	In your opinion, to what extent is funding having a direct impact on children in Liberia? Please include the following factors in your response: <ul style="list-style-type: none"> • Allocated insufficiencies. • Human resources. • Supply of resources to achieve intended results.
	4.1.2 – <i>Resource Adequacy</i>	In your opinion, to what extent is timely funding having a direct impact on children?
	4.1.3 – <i>Resource Adequacy</i>	In your opinion, to what extent has the CP maximised the use of available resources? In addition, where have the resources been maximised the most and the least ?
	4.2.1 – <i>Data</i>	How does the CP generate data across the needs and priorities of women and children?
	4.2.2 – <i>Data</i>	Could you describe to what extent is internal data used to inform the CP? This can include: <ul style="list-style-type: none"> • For internal analysis and use. • For external analysis and use.
	4.2.3 – <i>Data</i>	Explain the mechanism of how the lessons learned, evaluation outcomes, and innovative practices are integrated into the CP?
Sustainability	5.1.1 – <i>Financial Sustainability</i>	Could you highlight to what extent the CP contributed to governance ownership and commitment to continue or scale-up the programme’s activities? <ul style="list-style-type: none"> • To what extent was this demonstrated through (i) policy adoption, (ii) national budget allocations, and (iii) cost-sharing or co-financing arrangement? • CP integrated into national or local government systems, reducing dependency on external funding? • CP collaborating with other partners like development agencies, private sector?
	5.1.2 – <i>Environmental Sustainability</i>	To what extent has the CP integrated: <ul style="list-style-type: none"> • Environmental considerations; and • Community resilience strategies to environmental and climate-related shocks.
	5.1.3 – <i>Social Sustainability</i>	To what extent has the CP: <ul style="list-style-type: none"> • Engaged with beneficiaries and local communities; and • Contributed to building local capacity (for example, through training, C4D, SBC, etc.)
Closing Remarks	Lessons Learned	Can you briefly mention 1-2 lessons learned from the implementation of the country programme that should be considered in the design of the next country programme? <i>Thank the respondent for their time – close interview.</i>

Question(s) – Government Partners		
Criteria	Judgement Criteria	Question(s)
General	General	What engagement have you had with the UNICEF Liberia CP (2020-2024) ⁵³ ?
Relevance	1.1.2 – <i>Alignment to Needs</i>	Briefly describe which and how the Government of Liberia’s strategies and activities targeted specific needs of women and children? These specific needs should also include the following factors: <ul style="list-style-type: none"> • Specific needs by demographics: women, children, adolescents, girls, boys. • Specific needs by vulnerability: ethnicity, exclusion, discrimination, marginalised, socio-economic, climate impact vulnerability, hard to reach. • Specific needs by geography: by county, by sector.
	1.3.1 – <i>Alignment of New Needs</i>	Could you describe the extent to which UNICEF and the GoL adjusted its (i) scope and (ii) strategies appropriate to new needs/priorities of women and children and those most vulnerable? This particularly includes factors such as: <ul style="list-style-type: none"> • Exogenous pressures, such as COVID-19? • Changing national development priorities.
	1.2.1 – <i>Alignment with the Government of Liberia</i>	To what extent was the CP clearly aligned with the main (i) goals and (ii) objectives of the GoL national development plans including sector-specific policies (e.g., health, education, child protection)? <ul style="list-style-type: none"> • Could you share specific examples where there is strong sectoral alignment? • Could you share recommendations where UNICEF can strengthen alignment for the 2025-2030 CP? • Briefly outline the support your ministry/unit receives or has received from UNICEF in the current country programme. • Does the support respond to the ministry/unit’s priorities for children? Are there areas where UNICEF is not providing the support needed?
Effectiveness	3.1.3 – <i>Coordination</i>	Could you highlight examples in which UNICEF’s coordination and implementation mechanisms have contributed to an enhanced participation with the government? Does your ministry/unit work with more than one unit of UNICEF? If so, how well do they coordinate their work with your ministry/unit?
	3.1.4 – <i>Influencing Factors</i>	Could you highlight if any key internal and external factors that enabled or constrained results and achievements were identified?
	3.1.5 – <i>Unintended Results</i>	Could you identify any unexpected results according to: <ul style="list-style-type: none"> • Specific needs. • Sector, and/or multi-sector.
Efficiency	4.1.1 – <i>Resource Adequacy</i>	In your opinion, to what extent is funding having a direct impact on children in Liberia?

		<p>How efficient are UNICEF procedures with regard to support to the ministry/unit? Are there more cost-efficient means for supporting the ministry/unit?</p> <p>In your view, would it be possible to achieve the same results with less financial and human resources? If yes, how?</p> <p>In your collaboration with UNICEF on programmes, did you encounter any delays during the implementation process?</p> <ul style="list-style-type: none"> • If yes, what caused those delays, and how did you address them together with UNICEF?
	4.1.2 – <i>Resource Adequacy</i>	In your opinion, to what extent is timely funding having a direct impact on children?
Sustainability	5.1.1 – <i>Financial Sustainability</i>	<p>Has UNICEF’s support strengthened capacities in the ministry/unit sufficiently to sustain activities or scale-up without UNICEF support?</p> <ul style="list-style-type: none"> • Does your Ministry have a plan for sustaining the programmes financially without UNICEF’s support? If yes, how?
Closing Remarks	Lessons Learned	Can you briefly mention 1-2 lessons learned from the implementation of the country programme that should be considered in the design of the next country programme? <i>Thank the respondent for their time – close interview.</i>

Question(s) – Donors		
Criteria	Judgement Criteria	Question(s)
General	General	<p>What engagement have you had with the UNICEF Liberia CP (2020-2024)⁵⁴?</p> <ul style="list-style-type: none"> • Provide a brief overview of your organization’s engagement with UNICEF and the programmes you sponsor.
Relevance	1.1.2 – <i>Alignment to Needs</i>	<p>Briefly describe which and how implementation strategies and activities targeted specific needs of women and children? These specific needs should also include the following factors:</p> <ul style="list-style-type: none"> • <i>Specific needs by demographics:</i> women, children, adolescents, girls, boys. • <i>Specific needs by vulnerability:</i> ethnicity, exclusion, discrimination, marginalised, socio-economic, climate impact vulnerability, hard to reach. • <i>Specific needs by geography:</i> by county, by sector.
	1.2.1 – <i>Alignment with the Government of Liberia</i>	<p>Are the programmes sponsored by your organisation fully aligned with the national priorities for children?</p> <ul style="list-style-type: none"> • Could you share specific examples where there is strong sectoral alignment? • Could you share recommendations where UNICEF can strengthen alignment for the 2025-2030 CP?

	1.3.1 – <i>Alignment of New Needs</i>	<p>Could you describe the extent to which UNICEF adjusted its (i) scope and (ii) strategies appropriate to new needs/priorities of women and children and those most vulnerable? This particularly includes factors such as:</p> <ul style="list-style-type: none"> • Emerging needs? • Exogenous pressures, such as COVID-19? • Potential barriers to adjustments and adaptations?
Coherence	2.2.1 – <i>Strategic Positioning</i>	<p>How was the CP planned in coordination with the initiatives of donors and partners?</p> <ul style="list-style-type: none"> • Could you identify any challenges in the implementation of collective objectives? • Could you identify potential opportunities for future collective planning?
	2.2.1 – <i>Added Value</i>	<p>Where did UNICEF’s programme implementation provide competitive advantage and clear added value – as (i) a donor, (ii) technical and coordination support, and (iii) implementation?</p> <ul style="list-style-type: none"> • Could you clearly highlight 1-2 discernible added values of UNICEF?
Effectiveness	3.1.2 – <i>Strategies</i>	<p>In your opinion, what are the UNICEF activities that have delivered the most important results? The nature of these activities can include:</p> <ul style="list-style-type: none"> • Sector-specific and multi-sectoral. • Integrated Service Delivery. • Policy. • PF4c, HACT, SBC, and/or C4D.
	3.1.3 – <i>Coordination</i>	<p>What have been the coordination and implementation mechanisms that have delivered the most important results?</p> <p>Could you highlight specific examples in which the coordination and implementation mechanisms have contributed to:</p> <ul style="list-style-type: none"> • Facilitating strategic shifts. • Fostered innovation. • Enhancing participation among development partners.
Efficiency	4.1.1 – <i>Resource Adequacy</i>	<p>In your opinion, to what extent is funding having a direct impact on children in Liberia? Please include the following factors in your response:</p> <ul style="list-style-type: none"> • Allocated insufficiencies. • Human resources. • Supply of resources to achieve intended results.
	4.1.2 – <i>Resource Adequacy</i>	<p>In your opinion, to what extent is timely funding having a direct impact on children?</p> <ul style="list-style-type: none"> • Were there any delays in the implementation of the sponsored programmes? • What caused those delays, and what could have been done to prevent them?
	4.1.3 – <i>Resource Adequacy</i>	<p>In your opinion, to what extent has the CP maximised the use of available resources? In addition, where have the resources been maximised the most and the least?</p>

Sustainability	5.1.1 – <i>Financial Sustainability</i>	<p>Could you highlight to what extent the CP contributed to governance ownership and commitment to continue or scale-up the programme’s activities?</p> <ul style="list-style-type: none"> • To what extent was this demonstrated through (i) policy adoption, (ii) national budget allocations, and (iii) cost-sharing or co-financing arrangement? • CP reduced the national dependency on external funding? • CP collaborating with other partners like donors, development agencies, private sector?
Closing Remarks	Lessons Learned	<p>Can you briefly mention 1-2 lessons learned from the implementation of the country programme that should be considered in the design of the next country programme?</p> <p><i>Thank the respondent for their time – close interview.</i></p>

Focus Group Discussion Guides

- The evaluation will use Focus Group Discussions with different stakeholders including adolescents to inform findings and conclusions on the UNICEF Liberia Country Programme 2020-2024.
- FDGs will be conducted in accordance with the UNEG Ethical Guidelines for Evaluation. In particular in conducting FDGs with adolescents the evaluation team shall ensure that their physical and psycho-social safety is ensured and that they understand how the information they will share with the evaluation team will be used.
- Landell Mills shall ensure that all evaluation team members are fully aware of and committed to Landell Mills' Safeguarding policy and relevant UNICEF policies.
- FDGs will be organized with the support of UNICEF staff and partners in cooperation with local leadership and take place in public or private spaces.
- Participation to the FDGs will be voluntary and participants can leave at any stage. Their names will not be recorded. Information collected will be handled with care and destroyed after review by the evaluation team.
- The UNICEF Liberia Country Office, through its various partners in Liberia (civil society organisations, advocacy groups, and other non-governmental organisations), will facilitate the identification and recruitment of research participants. This includes the procurement of relevant informed consent forms for both adult and adolescent participants. It is important to note that the evaluation team will facilitate this process by ensuring that the relevant ethical standards are being followed (highlighted in Section 4.5).
- Special attention will be paid to the safety of the participants: males and female participants will be mixed or separated according to cultural norms and issues to be discussed. Evidence of imminent threats or instances of violence will be immediately reported to UNICEF. In addition to our conscious focus on the safety of all participants, the evaluation team can also conclude that there are **no direct risks** (as a result/consequence of your participation) that have been identified.
- The discussion will be facilitated in local language or translated as appropriate, with a national expert and field manager – procured through our national partner firm PERT Consultancy – supporting translation, interpretation, and transcription of discussion notes.
- We would like to advise all participants to keep the contents of the focus group discussion **confidential** from other participants outside of their respective groups.
- The Evaluation Team has developed a dedicated protocol for conducting participatory research with children and adolescents.
- The duration of the Focus Group Discussion will be **90 - 120 minutes**.

A. Focus Group Discussions with Parents and Caregivers

Preparation

- UNICEF staff and partners will **assist** in:
 - Identification and selection of relevant community members and beneficiaries.
 - Preparation e.g. finding a space to meet.
- In selecting participants, the Evaluation Team will ensure that participation is voluntary, and participants can leave the discussion at any time.
- The Evaluation Team will also stress that participation has no bearing on whether participants and their households will be included in future UNICEF programmes
- The UNICEF Liberia Country Office, through its various partners in Liberia (civil society organisations, advocacy groups, and other non-governmental organisations), will facilitate the identification and recruitment of research participants. This includes the procurement of relevant informed consent forms for both adult and adolescent participants. It is important to note that the evaluation team will facilitate this process by ensuring that the relevant ethical standards are being followed (highlighted in Section 4.5).
- The discussion will be facilitated in local language or translated as appropriate, with a national expert and field manager – procured through our national partner firm PERT Consultancy – supporting translation, interpretation, and transcription of discussion notes.
- Participants’ names and contacts and addresses will not be taken.

Guidance for Facilitators

- **Introduction:**
 - Welcome participants and have them sit in circle.
 - Introduce yourself and the purpose of the exercise: “We are conducting a review for UNICEF to help it learn about their programme, what worked well and what to improve”
 - Explain the independence of the exercise – we are working on behalf of UNICEF but are not ourselves UNICEF staff members. A written report will be produced for UNICEF, an edited version of which may subsequently be published.
 - Explain that participation is voluntary, and participants can leave at any time. Participants are not required to answer all questions.
 - Explain that everything discussed will be kept confidential.
 - Explain that notes will be taken but views expressed will not be attributed to individuals. Participants should feel free to speak freely, and we would ask them not to repeat outside the group what others have said during the discussion.
 - Ask participants to sign the informed consent form.
 - Explain that the discussion will last 60 to 90 minutes.
 - Ask participants if they have any questions before starting with the discussion.

- **Discussion:**

Note for the facilitator

The aim of the FDG is to stimulate participants to share and elaborate stories and examples of the Most Significant Change that the UNICEF programme brought to their life or to the life of their community. Change could be positive or negative depending on what the experience of participants is.

Tips for the facilitator

- Bear in mind that your role is to facilitate discussion, keep discussion on track, probe for deeper understanding. Do not judge, agree or disagree with what is said - there are no right or wrong answers.
- Throughout the discussion use probing questions strategically, tailoring them to the specific responses provided participants. The goal is to encourage deeper reflection and uncover valuable insights that can inform not only the assessment of results, but improvement and lessons learned. Example of probing questions are: Can you explain that further? Could you provide an example? Why do you think that is important? Can you describe a situation that illustrates your point? What lessons have you learned from this?
- Allow all participants to express their views and experience (positive or negative).
- When facilitating the discussion move from the general to the specific, and not trying to reach consensus but explore differences and inconsistencies
- Manage time wisely to ensure participants are not rushed to the end.

Note taking

- Keep track of all the changes mentioned by participants (being these positive or negative) as well as the Most Significant Changes in the ranking activities.

- **Warming Up:**

- *Explain that the purpose of the discussion is to share experience and stories on what has changed in peoples lives since the programme started.*
- **Set Ground Rules:** *Establish guidelines for respectful communication, and confidentiality. Encourage participants to speak freely and respect each other's diverse viewpoints.*
- *Ask a few light, open-ended questions related to the topic to get the conversation flowing. For example, you could ask, "What inspired you to participate in this discussion today?"*

- **Sharing Stories and Discussions about the Most Significant Change:** *Interviewers are advised to ask participants the following:*

- *What was the most significant change in your life as a result of your participation in the programme/service? Can you describe those changes? Can you tell a story to illustrate that?*
- *What changes did you noticed in other community members? Can you describe those changes? Can you tell a story to illustrate that?*

- **Ranking Activity:**

- *Once all stories have been shared, guide participants in identifying which stories and examples they believe are the most significant. This can be done through group discussion or a voting process. The selection is usually up to 5 changes but can be more dependent on the group and situation.*
 - *Discuss Selection Criteria: Ask participants to consider what made certain stories stand out. Encourage them to think about the impact of these changes on individuals and the community.*
 -
- **Closure:**
 - **Summarize Key Points:** recap the stories shared and the selected significant changes. Highlight common themes and insights.
 - **Thank Participants:** Express appreciation for their contributions and emphasize the value of their stories in informing future program improvements.
 - **Provide Next Steps:** Inform participants about how the insights gathered will be used and any follow-up actions they can expect.

Informed Consent for Parents and Caregivers

Dear Sir/Madam,

My name is [insert name] _____. We are an independent external evaluation team conducting the UNICEF Liberia Country Programme Evaluation 2020-2024. We are engaged by the UNICEF Liberia Country Office through the consultancy Landell Mills to conduct this evaluation. We and are **not** affiliated directly with the programme, nor any of the implementing partners. You are invited to participate in a discussion about your experience with being part of the UNICEF programming. Your views will contribute to the evaluation of UNICEF Country Programme in Liberia.

The information you will provide in the discussion will be strictly confidential and never connected to you. We will put information we learn from you together with information we learn from other people we interview. When we tell other people about this research, we will never use your name, and no one will ever know what answers you gave. Only a few researchers will have access to this information, and all information will be stored safely under the care of the team leader. Your participation in this evaluation will benefit your children in your community in the future, as your responses may improve understanding about ways that UNICEF can provide better and more relevant services.

Your participation in this evaluation is voluntary. Feel free to leave the interview /FDG at any time. If you do not want to participate this will not affect in any way your standing with UNICEF. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced. If you have any questions or comments about this interview/FDG, you can ask the interviewer or contact Landell Mills at this e-mail: hatim_salman@landell-mills.com.

Date _____

Signature _____

B. Focus Group Discussion with Early Adolescents

Preparation

- UNICEF staff and partners will assist in:
 - Identification and selection of relevant adolescents participating in their programming.
 - Organising a safer space where the FDG can take place.
 - Obtaining informed consent from adolescent’s parents.
- In selecting adolescents, the Evaluation Team will ensure that participation is safe, voluntary (informed assent) and adolescents can leave the discussion at any time.
- The UNICEF Liberia Country Office, through its various partners in Liberia (civil society organisations, advocacy groups, and other non-governmental organisations), will facilitate the identification and recruitment of research participants. This includes the procurement of relevant informed consent forms for both adult and adolescent participants. It is important to note that the evaluation team will facilitate this process by ensuring that the relevant ethical standards are being followed (highlighted in Section 4.5).
- The discussion will be facilitated in local language or translated as appropriate, with a national expert and field manager – procured through our national partner firm PERT Consultancy – supporting translation, interpretation, and transcription of discussion notes.
- The Evaluation Team will also stress that participation has no bearing on whether adolescents and their families will be included in future UNICEF programmes.
- Participants’ names and contacts and addresses will not be taken.

Guidance for Facilitators

- **Introduction:**
 - Welcome participants and have them sit in circle.
 - Introduce yourself and the purpose of the exercise: “We are conducting a review for UNICEF to help it learn about their programme, what worked well and what to improve”
 - Explain the independence of the exercise – we are working on behalf of UNICEF but are not ourselves UNICEF staff members. A written report will be produced for UNICEF, an edited version of which may subsequently be published.
 - Explain that parents agreed on their participation in the FDG, but participation is voluntary, and they can leave any time if they wish to. They are not required to answer all questions.
 - Explain that everything discussed will be kept confidential.
 - Explain that notes will be taken but views expressed will not be attributed to individuals. Participants should feel free to speak freely, and we would ask them not to repeat outside the group what others have said during the discussion.
 - Explain that the discussion will last 60 to 90 minutes.
 - Ask participants if they have any questions before starting with the discussion.

- **Discussion:**

Note for the facilitator:

- The aim of the FDG is to stimulate participants to share and elaborate stories and examples of the Most Significant Change that the UNICEF programme brought to their life or to the life of their community. Change could be positive or negative depending on what the experience of participants is.

Tips for the facilitator:

- Create a Safe Environment: Foster a welcoming and non-judgmental atmosphere where adolescents feel comfortable sharing their thoughts and experiences.
- Build Rapport: Start with icebreakers or informal conversations to help participants relax and get to know each other. This can encourage openness during the discussion.
- Use Age-Appropriate Language: Frame questions and prompts in a way that is relatable to adolescents. Avoid jargon and ensure that the language is clear and engaging.
- Encourage Participation: Actively invite quieter participants to share their views while ensuring that more vocal individuals do not dominate the conversation. Use techniques like round-robin sharing to give everyone a chance to speak.
- Be Mindful of Group Dynamics: Pay attention to the dynamics within the group. Address any signs of discomfort or conflict promptly to maintain a positive environment.
- As with adults bear in mind that your role is to facilitate discussion, keep discussion on track, probe for deeper understanding. Do not judge, agree or disagree with what is said - there are no right or wrong answers.
- Throughout the discussion use probing questions strategically, tailoring them to the specific responses provided participants. The goal is to encourage deeper reflection and uncover valuable insights that can inform not only the assessment of results, but improvement and lessons learned. Example of probing questions are: Can you explain that further? Could you provide an example? Why do you think that is important? Can you describe a situation that illustrates your point? What lessons have you learned from this?
- Allow all participants to express their views and experience (positive or negative).
- Manage time wisely to ensure participants are not rushed to the end.

Note taking:

- Keep track of all the changes mentioned by participants (being these positive or negative) as well as the Most Significant Changes in the ranking activities.

- **Warming Up:**

- **Explain that the purpose of the discussion** is to share experiences and stories on what has changed in their life and in the life of their peers since the programme started.
- **Set Ground Rules:** establish guidelines for respectful communication, confidentiality, and active listening. Encourage adolescents to speak freely and respect each other's views.
- Use an icebreaker to warm up the group, utilising the following resource: https://resourcecentre.savethechildren.net/pdf/alliance_100_ways_to_energise_groups.pdf/

- **Sharing Stories and Discussions about the Most Significant Change:** Interviewers should ask adolescents the following questions:
 - *What was the most significant change in your life as a result of your participation in the UNICEF programme? Can you describe those changes? Can you tell a story to illustrate that?*
 - *What changes did you noticed in your peers? Can you describe those changes? Can you tell a story to illustrate that?*
- **Ranking Activity:**
 - *Once all stories have been shared, guide adolescents in identifying which stories and examples they believe are the most significant. This can be done through group discussion or a voting process. The selection is usually up to 5 changes but can be more dependent on the group and situation.*
 - *Discuss Selection Criteria: Ask participants to consider what made certain stories stand out. Encourage them to think about the impact of these changes on individuals and the community.*
- **Closure:**
 - **Summarize Key Points:** recap the stories shared and the selected significant changes. Highlight common themes and insights.
 - **Thank adolescents:** Express appreciation for their contributions and emphasize the value of their stories in informing future program improvements.
 - **Provide Next Steps:** Inform participants about how the insights gathered will be used and any follow-up actions they can expect.

Informed Parental Consent Form for Early Adolescents

Dear Sir/Madam,

We are an independent external evaluation team conducting the UNICEF Liberia 2020-2024 Country Programme Evaluation. We are engaged by the UNICEF Liberia Country Office through the consultancy Landell Mills to conduct this evaluation. We and are not affiliated directly with the programme, nor any of the implementing partners.

Your child is invited to participate in a discussion about their experience with the UNICEF programme supported by UNICEF. Their views will contribute to the evaluation of UNICEF’s Country Programme in Liberia.

Please explain to your child that this discussion will involve one interviewer, and they will be interviewed either on their own or with one other participant. The discussion will be conducted online or by telephone. The interviewer will ask questions about your child’s experience with UNICEF through the UNICEF programme. The discussion will take approximately one hour.

The interview is entirely voluntary. Your child can choose to respond, or not, to any questions, and can leave the discussion at any time if he/she wants. Participating or deciding to withdraw from this interview will not change your child’s eligibility for future UNICEF support in anyway. There are no wrong or right answers as the input provided is unique and this effort is part of a learning process. Your child’s feedback will remain anonymous. We will not directly quote any feedback and comments in the evaluation report to any specific individual. To preserve the confidentiality of other participants (if any), please ask your

child not to reveal details of the discussion with people apart from yourself (the parent) and participants in the interview.

If you or your child have any questions or comments about this interview, you or your child can ask the interviewer, or contact Landell Mills at this e-mail: hatim_salman@landell-mills.com.

Ivoluntarily agree that my child..... participate in this interview.

I understand that even if my child agrees to participate now, he/she can withdraw at any time during the discussion or refuse to answer any question without any consequences of any kind. I understand that I can withdraw permission to use data from this discussion within one week after the discussion, in which case the material will be deleted.

I understand this interview has the purpose of assessing the relevance and effectiveness of UNICEF's Country Programme in Liberia. I have had the purpose and nature of the discussion explained to me and I have had the opportunity to ask questions.

I understand that neither myself nor my child will benefit directly from participating in this research. I understand that the Landell Mills evaluation team will take notes of the discussion, and I agree that they might record the discussion.

I understand that raw data from the discussion will be confidential and specifically will not be shared with UNICEF or the local authorities or re-used by third parties. Anonymised comments might be extracted and quoted in the report, but in a way that does not reveal my child's identity or the identity of people he/she speaks about and does not allow specific comments to be attributed to specific discussion participants.

I understand that signed consent forms will be retained by Landell Mills until the study is finalized.

I understand that I am free to contact any of the facilitators to seek further clarification and information.

Signature of the parent of the research participant -----

Date -----

I believe the participant's parent is giving informed consent to participate in this study.

Signature of facilitator Date ____/____/____

C. Focus Group Discussion with Late Adolescents

Preparation

- UNICEF staff and partners will assist in:
 - Identification and selection of relevant adolescents participating in their programming
 - Organising a safer space where the FDG can take place
 - Obtaining informed consent from adolescent’s parents
- In selecting adolescents, the Evaluation Team will ensure that participation is safe, voluntary (informed assent) and adolescents can leave the discussion at any time.
- The UNICEF Liberia Country Office, through its various partners in Liberia (civil society organisations, advocacy groups, and other non-governmental organisations), will facilitate the identification and recruitment of research participants. This includes the procurement of relevant informed consent forms for both adult and adolescent participants. It is important to note that the evaluation team will facilitate this process by ensuring that the relevant ethical standards are being followed (highlighted in Section 4.5).
- The discussion will be facilitated in local language or translated as appropriate, with a national expert and field manager – procured through our national partner firm PERT Consultancy – supporting translation, interpretation, and transcription of discussion notes.
- The Evaluation Team will also stress that participation has no bearing on whether adolescents and their families will be included in future UNICEF programmes.
- Participants’ names and contacts and addresses will not be taken.

Guidance for facilitators

- **Introduction:**
 - Welcome participants and have them sit in circle.
 - Introduce yourself and the purpose of the exercise: “We are conducting a review for UNICEF to help it learn about their programme, what worked well and what to improve”
 - Explain the independence of the exercise – we are working on behalf of UNICEF but are not ourselves UNICEF staff members. A written report will be produced for UNICEF, an edited version of which may subsequently be published.
 - Explain that parents agreed on their participation in the FDG, but participation is voluntary, and they can leave any time if they wish to. They are not required to answer all questions.
 - Explain that everything discussed will be kept confidential.
 - Explain that notes will be taken but views expressed will not be attributed to individuals. Participants should feel free to speak freely, and we would ask them not to repeat outside the group what others have said during the discussion.
 - Explain that the discussion will last 60 to 90 minutes.
 - Ask participants if they have any questions before starting with the discussion.

- **Discussion:**

Note for the facilitator:

- The aim of the FDG is to stimulate participants to share and elaborate stories and examples of the Most Significant Change that the UNICEF programme brought to their life or to the life of their community. Change could be positive or negative depending on what the experience of participants is.

Tips for the facilitator:

- **Create a Safe Environment:** Foster a welcoming and non-judgmental atmosphere where adolescents feel comfortable sharing their thoughts and experiences.
- **Build Rapport:** Start with icebreakers or informal conversations to help participants relax and get to know each other. This can encourage openness during the discussion.
- **Use Age-Appropriate Language:** Frame questions and prompts in a way that is relatable to adolescents. Avoid jargon and ensure that the language is clear and engaging.
- **Encourage Participation:** Actively invite quieter participants to share their views while ensuring that more vocal individuals do not dominate the conversation. Use techniques like round-robin sharing to give everyone a chance to speak.
- **Be Mindful of Group Dynamics:** Pay attention to the dynamics within the group. Address any signs of discomfort or conflict promptly to maintain a positive environment.
- **As with adults bear in mind that your role is to facilitate discussion, keep discussion on track, probe for deeper understanding. Do not judge, agree or disagree with what is said - there are no right or wrong answers.**
- **Throughout the discussion use probing questions strategically, tailoring them to the specific responses provided participants. The goal is to encourage deeper reflection and uncover valuable insights that can inform not only the assessment of results, but improvement and lessons learned. Example of probing questions are: Can you explain that further? Could you provide an example? Why do you think that is important? Can you describe a situation that illustrates your point? What lessons have you learned from this?**
- **Allow all participants to express their views and experience (positive or negative).**
- **Manage time wisely to ensure participants are not rushed to the end.**

Note taking:

- **Keep track of all the changes mentioned by participants (being these positive or negative) as well as the Most Significant Changes in the ranking activities.**

- **Warming up:**
 - *Explain that the purpose of the discussion is to share experiences and stories on what has changed in their life and in the life of their peers since the programme started.*
 - *Set Ground Rules: establish guidelines for respectful communication, confidentiality, and active listening. Encourage adolescents to speak freely and respect each other's views.*
- **Sharing stories and discussion about the most significant change:** *Adolescents should be asked the following questions:*
 - *What was the most significant change in your life as a result of your participation in the UNICEF programme? Can you describe those changes? Can you tell a story to illustrate that?*
 - *What changes did you noticed in your peers? Can you describe those changes? Can you tell a story to illustrate that?*

- **Ranking activity:**
 - *Once all stories have been shared, guide adolescents in identifying which stories and examples they believe are the most significant. This can be done through group discussion or a voting process. The selection is usually up to 5 changes but can be more depending on the group and situation.*
 - *Discuss Selection Criteria: Ask participants to consider what made certain stories stand out. Encourage them to think about the impact of these changes on individuals and the community.*

- **Closure**
 - *Summarize Key Points: recap the stories shared and the selected significant changes. Highlight common themes and insights.*
 - *Thank adolescents: Express appreciation for their contributions and emphasize the value of their stories in informing future program improvements.*
 - *Provide Next Steps: Inform participants about how the insights gathered will be used and any follow-up actions they can expect.*

Informed Parental Consent Form for Late Adolescents

Dear Sir/Madam,

We are an independent external evaluation team conducting the UNICEF Liberia 2020-2024 Country Programme Evaluation. We are engaged by the UNICEF Liberia Country Office through the consultancy Landell Mills to conduct this evaluation. We and are not affiliated directly with the programme, nor any of the implementing partners.

Your child is invited to participate in a discussion about their experience with the UNICEF programme supported by UNICEF. Their views will contribute to the evaluation of UNICEF’s Country Programme in Liberia.

Please explain to your child that this discussion will involve one interviewer, and they will be interviewed either on their own or with one other participant. The discussion will be conducted online or by telephone. The interviewer will ask questions about your child’s experience with UNICEF through the UNICEF programme. The discussion will take approximately one hour.

The interview is entirely voluntary. Your child can choose to respond, or not, to any questions, and can leave the discussion at any time if he/she wants. Participating or deciding to withdraw from this interview will not change your child’s eligibility for future UNICEF support in anyway. There are no wrong or right answers as the input provided is unique and this effort is part of a learning process. Your child’s feedback will remain anonymous. We will not directly quote any feedback and comments in the evaluation report to any specific individual. To preserve the confidentiality of other participants (if any), please ask your child not to reveal details of the discussion with people apart from yourself (the parent) and participants in the interview.

If you or your child have any questions or comments about this interview, you or your child can ask the interviewer, or contact Landell Mills at this e-mail: hatim_salman@landell-mills.com.

I voluntarily agree that my child participate in this interview.

I understand that even if my child agrees to participate now, he/she can withdraw at any time during the discussion or refuse to answer any question without any consequences of any kind. I understand that I can withdraw permission to use data from this discussion within one week after the discussion, in which case the material will be deleted.

I understand this interview has the purpose of assessing the relevance and effectiveness of UNICEF's Country Programme in Liberia. I have had the purpose and nature of the discussion explained to me and I have had the opportunity to ask questions.

I understand that neither myself nor my child will benefit directly from participating in this research. I understand that the Landell Mills evaluation team will take notes of the discussion, and I agree that they might record the discussion.

I understand that raw data from the discussion will be confidential and specifically will not be shared with UNICEF or the local authorities or re-used by third parties. Anonymised comments might be extracted and quoted in the report, but in a way that does not reveal my child's identity or the identity of people he/she speaks about and does not allow specific comments to be attributed to specific discussion participants.

I understand that signed consent forms will be retained by Landell Mills until the study is finalized.

I understand that I am free to contact any of the facilitators to seek further clarification and information.

Signature of the parent of the research participant -----

Date -----

I believe the participant's parent is giving informed consent to participate in this study

Signature of facilitator Date ____/____/____

Mini Survey

Thank you for participating in this short survey on Evaluation of UNICEF Country Programme in Liberia 2020-2024. These brief questions require your opinion, based on your perceptions of what you have seen, heard, or read. Please respond to each statement quickly and based on what comes to mind. Your replies will be treated as strictly confidential and will not be shared with UNICEF or any other organisation. *To what extent do you agree with these statements regarding UNICEF Country Programme in Liberia in the period of 2020-2024.*

Are you a UNICEF staff or a non-UNICEF staff member

Relevance			
JC 1.1.2: Strategy alignment	UNICEF targets the most important needs/priorities of women and children and those most vulnerable	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate
JC 1.3.1: new needs alignment	UNICEF adjusts programming to new needs/priorities	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate
JC 2.2.1 strategic positioning	UNICEF coordinates effectively with UN agencies/initiatives	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate
Effectiveness			
JC 2.2.2 added value	UNICEF's added value is: (tick 3 only)	<input type="radio"/> Donor support <input type="radio"/> Technical support <input type="radio"/> Coordination support <input type="radio"/> Policy advocacy <input type="radio"/> Implementation support	
JC 2.2.2 added value	UNICEF's added value is: (tick 3 only)	<input type="radio"/> Health <input type="radio"/> Nutrition <input type="radio"/> WASH <input type="radio"/> Education <input type="radio"/> Child protection <input type="radio"/> Cash assistance <input type="radio"/> FP4C <input type="radio"/> C4D/SBC <input type="radio"/> Capacity building	
Efficiency			
JC 4.2.3 data use	UNICEF shares its data & evidence with partners	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate
Sustainability			
JC 5.1.1: financial	UNICEF enhances governance ownership	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate
JC 5.1.1: financial	UNICEF programmes are integrated into government systems	<input type="radio"/> excellent <input type="radio"/> good <input type="radio"/> poor	<input type="radio"/> very good <input type="radio"/> moderate

JC 5.1.2: environmental	UNICEF integrates environmental actions in its work	o excellent o good o poor	o very good o moderate
JC 5.1.3: social	UNICEF contributes to building local capacity in communities	o excellent o good o poor	o very good o moderate

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[https://www.fao.org/liberia/our-office/liberia-agriculture-food-security/en#:~:text=Two%20million%20people%20are%20undernourished,Africa%20\(FAO%2C%202022\).](https://www.fao.org/liberia/our-office/liberia-agriculture-food-security/en#:~:text=Two%20million%20people%20are%20undernourished,Africa%20(FAO%2C%202022).)

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¹¹ Liberia: UN Country Results Report (2023), United Nations Liberia Country Team, 2024, Page 14.

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¹³ UNICEF, Evaluation of UNICEF’s Response to the Ebola Outbreak in West Africa 2014–2015, New York, 2016.

¹⁴ UNICEF Liberia Country Office, Annual Report, 2021. Source: <https://www.unicef.org/media/117146/file/Liberia-2021-COAR.pdf>

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<https://documents1.worldbank.org/curated/en/621971561443168401/pdf/Liberia-Gov-Constraints-to-Service-Delivery-WASH-Sector-Financing.pdf>

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- ³⁶ Liberia Demographic and Health Survey (DHS) 2019-20.
- ³⁷ Liberia Demographic and Health Survey (DHS) 2013.
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