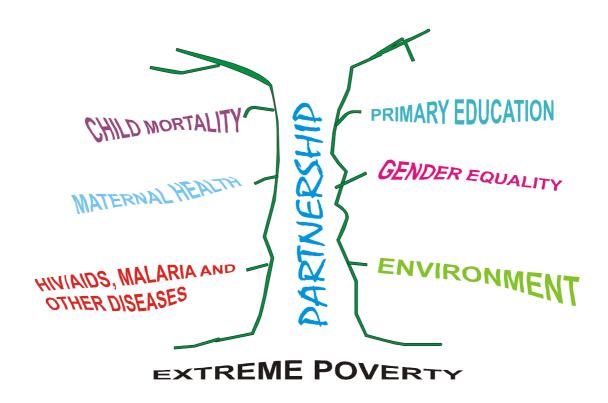


Republic of Liberia



Millennium Development Goals Report 2004



Guinea Sierra Leone GBARPOLU GRAND CAPE MOUNT BONG Cote d'Ivoire SGbarnga NIMBA MARGIBI Kakata GRAND BASSA GRAND GEDEH Buchanar **ATLANTIC** OCEAN RIVER GEE 40 Miles

Figure 1: Administrative Map of Liberia

Copyright © 2004 Government of Liberia.

This report has been prepared by the Government of Liberia in collaboration with the United Nations and other development partners and stakeholders. Quotation and/or reproduction are welcomed, provided appropriate acknowledgement is given.

Ministry of Planning and Economic Affairs P.O. Box 9016, Monrovia, Liberia. Tel: +231 227698; Tel/Fax: +231 226075

United Nations in Liberia, C/o United Nations Development Program Simpson Building, P.O. Box 0274, Mamba Point, 1000 Monrovia, 10 Liberia.

CONTENTS

Foreword	Acronyms	2
Liberia's MDG Status at a Glance	Foreword	4
Liberia's Progress Towards Achieving the MDGs 8 8 60al 1a: Eradicate Extreme Poverty 13 13 60al 1b: Eradicate Hunger - Promote Food Security 15 60al 2: Achieve Universal Primary Education 17 60al 3: Promote Gender Equality and Empower Women 19 60al 4: Reduce Child Mortality 21 60al 5: Improve Maternal Health 22 60al 6: Combat HIV/AIDS, Malaria and Other Diseases 25 60al 7: Ensure Environmental Sustainability 28 60al 8: Develop A Global Partnership for Development 31 8 8 8 8 8 9 8 9 9 9	Acknowledgements	5
Goal 1a: Eradicate Extreme Poverty	Liberia's MDG Status at a Glance	6
15	Liberia's Progress Towards Achieving the MDGs	8
Goal 2: Achieve Universal Primary Education	Goal 1a: Eradicate Extreme Poverty	13
Goal 3: Promote Gender Equality and Empower Women	Goal 1b: Eradicate Hunger - Promote Food Security	15
Goal 4: Reduce Child Mortality	• • • • • • • • • • • • • • • • • • •	
Goal 5: Improve Maternal Health 23 Goal 6: Combat HIV/AIDS, Malaria and Other Diseases 25 Goal 7: Ensure Environmental Sustainability 28 Goal 8: Develop A Global Partnership for Development 31 References 34 Appendix 1: Summary of MDG Assessment and Monitoring Capacity 35 Appendix II: The UN Agencies' Role in Support of Liberia 36 BOXES Box 1: Preamble to the Comprehensive Peace Agreement, 2003 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 6: Women in Parliament 20 Figure 6: Women in Parliament 20 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women<	Goal 3: Promote Gender Equality and Empower Women	19
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases 25 Goal 7: Ensure Environmental Sustainability 28 Goal 8: Develop A Global Partnership for Development 31 References 34 Appendix 1: Summary of MDG Assessment and Monitoring Capacity 35 Appendix II: The UN Agencies' Role in Support of Liberia 36 BOXES 36 Box 2: Aims of Liberia's Education Policy 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23	•	
Goal 7: Ensure Environmental Sustainability	Goal 5: Improve Maternal Health	23
Goal 8: Develop A Global Partnership for Development	Goal 6: Combat HIV/AIDS, Malaria and Other Diseases	25
References 34 Appendix 1: Summary of MDG Assessment and Monitoring Capacity 35 Appendix II: The UN Agencies' Role in Support of Liberia 36 BOXES 36 Box 1: Preamble to the Comprehensive Peace Agreement, 2003 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26	Goal 7: Ensure Environmental Sustainability	28
Appendix 1: Summary of MDG Assessment and Monitoring Capacity 35 Appendix II: The UN Agencies' Role in Support of Liberia 36 BOXES 12 Box 1: Preamble to the Comprehensive Peace Agreement, 2003 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 9: Maternal Health 23 Figure 9: Maternal Health 23 Figure 9: Maternal Health 23 Figure 9: Maternal Health 25 Figure 10: Contracept	Goal 8: Develop A Global Partnership for Development	31
Appendix II: The UN Agencies' Role in Support of Liberia	References	34
BOXES Box 1: Preamble to the Comprehensive Peace Agreement, 2003	Appendix 1: Summary of MDG Assessment and Monitoring Capacity	35
Box 1: Preamble to the Comprehensive Peace Agreement, 2003 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10	Appendix II: The UN Agencies' Role in Support of Liberia	36
Box 1: Preamble to the Comprehensive Peace Agreement, 2003 12 Box 2: Aims of Liberia's Education Policy 16 Box 3: RFTF Basic Social Services/Health and Nutrition Priorities 24 Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10		
Box 2: Aims of Liberia's Education Policy	BOXES	
Box 2: Aims of Liberia's Education Policy	Box 1: Preamble to the Comprehensive Peace Agreement, 2003	. 12
Box 4: RFTF Transitional Strategy for HIV/AIDS 27 Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10		
Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10	Box 3: RFTF Basic Social Services/Health and Nutrition Priorities	. 24
Box 5: RFTF Transitional Strategy for the Environment 30 Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10	Box 4: RFTF Transitional Strategy for HIV/AIDS	. 27
Box 6: Enhancing Global Partnership 32 Box 7: The Liberia Reconstruction Conference, February 5-6, 2004 33 FIGURES Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10	.	
Box 7: The Liberia Reconstruction Conference, February 5-6, 2004		
Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10		
Figure 1: Administrative Map of Liberia 2 Figure 2: Extreme Poverty 13 Figure 3: Hunger - Food Security 15 Figure 4: Universal Primary Education 17 Figure 5: Primary Education Enrolment Ratios 19 Figure 6: Women in Parliament 20 Figure 7: Immunisation Against Measels 21 Figure 8: Maternal Health 23 Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women 25 Figure 10: Contraceptive Use (Condoms) 26 TABLES Table 1: Key Development Indicators 10		
Figure 2: Extreme Poverty	FIGURES	
Figure 3: Hunger - Food Security	Figure 1: Administrative Map of Liberia	2
Figure 4: Universal Primary Education	Figure 2: Extreme Poverty	. 13
Figure 5: Primary Education Enrolment Ratios	Figure 3: Hunger - Food Security	. 15
Figure 6: Women in Parliament	Figure 4: Universal Primary Education	. 17
Figure 7: Immunisation Against Measels	Figure 5: Primary Education Enrolment Ratios	. 19
Figure 8: Maternal Health	Figure 6: Women in Parliament	. 20
Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women	Figure 7: Immunisation Against Measels	. 21
TABLES Table 1: Key Development Indicators	Figure 8: Maternal Health	. 23
TABLES Table 1: Key Development Indicators	Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women	. 25
Table 1: Key Development Indicators	Figure 10: Contraceptive Use (Condoms)	. 26
Table 1: Key Development Indicators	TABLES	
	Table 1: Key Development Indicators	10

ACRONYMS

ADB African Development Bank

AU African Union

BMC Bong Mining Company

CAP Consolidated Appeal Process

CDE Carbon Dioxide Emissions

CEDAW Convention on the Elimination of All Forms of Discrimination Against Women

CPA Comprehensive Peace Agreement

CPR Contraceptive Prevalence Rate

CRC Convention on the Right of the Child

CSO Civil Society Organization

ECOWAS Economic Community of West African States

EPA Environmental Protection Agency

EPI Expanded Program on Immunization

EU European Union

FAO Food and Agricultural Organization

FAWE Forum for African Women Educationist – Liberia

FPAL Family Planning Association of Liberia

GDP Gross Domestic Product

GER Gross Primary Enrolment Ratio

HIV/AIDS Human Immune Virus/ Acquired Immune Deficiency Syndrome

HPPW HIV Prevalence amongst Pregnant Women

I/NGOs International/Non Governmental Organizations

IDP Internally Displaced Person

IMF International Monetary Fund

IMR Infant Mortality Rate

LAMCO Liberian – American Mining Company

LDHS Liberia Demographic Health Survey

LEC Liberia Electricity Corporation

LNHDR Liberia National Human Development Report

MDGR Millennium Development Goal Report

MDGS Millennium Development Goals

MHSW Ministry of Health and Social Welfare

ME Ministry of Education

MRD Ministry of Rural Development

NCOH Number of Children Orphaned by HIV/AIDS

NECOLIB National Environmental Commission of Liberia

NER Net Primary Enrolment Ratio

NHA National Housing Authority

NRDP National Reconstruction and Development Plan

NRP National Reconstruction Program

NT Neonatal Tetanus

NTGL National Transitional Government of Liberia

PHC Primary Health Care

PPL Poverty Profile of Liberia

RFTF Result Focused Transitional Framework

STD Sexually Transmitted Diseases

TBA/TTBA Traditional Birth Attendance/Trained Traditional Birth Attendance

U5MR Under-Five Mortality Rate

UNCCA United Nations Common Country Assessment

UNCT United Nations Country Team

UNDAF United Nations Development Assistance Framework

UNDG United Nations Development Group
UNDP United Nations Development Program

UNESCO United Nations Educational Scientific and Cultural Organizations

UNFPA United Nations Population Fund

UNHCR United Nations High Commissioner for Refugees

UNICEF United Nations Children Fund

UNOCHA United Nations Office for the Coordination of Humanitarian Affairs

USAID United States Agency for International Development

WFP World Food Program

WHO World Health Organization

FOREWORD

The objectives of this report are to establish Liberia's position vis-à-vis the Millennium Development Goals (MDGs), assess the prospects of achieving them and identify the priorities for development. The initiative was launched and spearheaded by the Government of Liberia (GOL) and the United Nations Country Team (UNCT) in 2002.

The MDGs were adopted by world leaders at the Millennium Summit, hosted by the United Nations in New York in September 2000. The identification of specific development goals and targets to be achieved within set time periods provides national governments and their development partners with a framework for monitoring eight key areas of human development: poverty and hunger; primary education; gender equality; child mortality; maternal health; disease control, environment sustainability and global partnership.

Although Liberia was unable to be represented at the Millennium Summit, because of widespread civil unrest, the Government and people of Liberia fully endorsed the outcome of the Summit. The recent change in national leadership, occasioned by the August 18, 2003 Comprehensive Peace Accord on Liberia, following 14 years of civil war and political instability (1989-2003), has brought new hope to the Liberian people and a better prospect for making progress on the MDGs.

The National Transitional Government of Liberia (NTGL) has pledged its commitment to prudent reforms, transparency and accountability in the management of Government and public resources; prioritizing expenditure for health, education and socio-economic infrastructure, and upholding respect for human rights and the rule of law, which are necessary conditions for making progress on the MDGs.

The change of government and the positive posture of the new NTGL have engendered renewed interest in Liberia amongst the international community, in terms of pledging financial assistance for security, humanitarian assistance and development. The UN system, the World Bank, IMF, USAID, EU and bilateral partners have all indicated their commitment to assisting the NTGL in its endeavors to achieve sustainable peace, repatriation, resettlement and reintegration of IDPs and refugees; peaceful co-existence, socioeconomic recovery and reconstruction of the country.

The NTGL sees the MDGs as rallying points for development efforts and resource allocations for optimal outputs. Liberia's MDG Report will be used as a tool for policy dialogue and advocacy, at all levels of government and civil society. The advocacy campaign will influence national decision-making on socio-economic investment, public resource allocation and management, focusing on the three Branches of Government (Legislature, Executive and Judiciary) the counties, districts, towns and communities, as well as schools and other public institutions.

Christian Herbert

Minister of Planning and Economic Affairs

Republic of Liberia

- May

Steven A. Ursino Country Director UNDP, Liberia

ACKNOWLEDGEMENTS

The MDG Benchmarking Project was overseen by a Taskforce chaired by the former Minister of Planning and Economic Affairs, Dr. Roland Massaquoi, and included the Ministers of Health, Education, Rural Development, Agriculture, Gender and Development, Information, Finance and Internal Affairs; donors (EU and USAID); UN Agencies (UNDP, UNICEF, WHO, UNHCR, FAO and WFP); and Civil Society Organizations (CSOs); Academia; International and National Non-Governmental Organizations (I/NGOs); and the private sector.

The current Minister of Planning and Economic Affairs, Honorable Christian G. Herbert, also played a leading role in driving the process forward to its logical conclusion and the production of this report. The Taskforce rallied Government's interest in the MDGs, especially the Cabinet and the Legislators. As the primary campaigners and champions of the MDGs, the UNDP Country Director, Mr. Steven A. Ursino, the Deputy Resident Representative for programs, Ms. Elizabeth Oduor-Noah, and the Economic Advisor, Dr. Kamil Kamaluddeen, provided overall professional guidance and substantive inputs into the preparation of this report.

We are also indebted to Ms. Susanne Kuehn and Jan Vandemoortele of UNDP New York for their review and candid comments, which facilitated final editing. Mr. Marc Destanne de Bernis, the former UNDP Resident Representative was instrumental in sourcing funding from the UNDP Poverty Trust Fund (PTF) for the MDG Benchmarking Project, and provided overall guidance. We also wish to acknowledge the contribution of Mr. Dominic Sam, the former UNDP Deputy Resident Representative for programs for steering the initial processes leading to the inception of the project.

The Report has also greatly benefited from various studies and professional inputs from Heads of UN Agencies, program advisers and support staff. In particular, we wish to recognize the contributions of the former UNICEF Representative, Dr. Cyrille Niameogo, the former UNICEF Program Coordinator, Mr. Samuel Momanyi, the former WHO Representative, Dr. Omar J. Khatid; the former FAO Representative, Dr. Castro P. Camarada; and UNEP/UNDP lead consultant on the environment, Mr. Ben Donnie.

The research, data collection and statistical analyses were led by three National Consultants, Mr. Benjamin Sumo (Education/Gender); Mr. Daniel Kingsley, Sr. (Poverty, Gender and Environmental Sustainability); and Mr. Charles Nagbe (Health/Gender), who worked with four sectoral working groups of technicians from relevant Ministries and Agencies, CSOs, NGOs, and the private sector. Mr. James Morlu, a private sector media expert, spearheaded the MDG media campaign; while Mr. Caled Askie is credited for the artistic work.

At the technical level, Dr. T. Edward Liberty, Deputy Minister for Statistics of the Ministry of Planning and Economic Affairs (MPEA) served as National Project Coordinator and Chief Statistician, validating and certifying the sources and credibility of the data used; and Mr. Ramses Kumbuyah, UNDP National Economist and Focal Point for the MDGs, drafted the first section of the Report including the Introduction, the Development Context; the section on Global Partnership, and the MDGs Status At A Glance. He also reviewed, edited the entire document, strengthened the analysis and assisted in coordinating project activities.

We also wish to acknowledge the efforts of the technical and support staff of MPEA and UNDP during the process; Mr. Monroe Outland, UNDP Research Assistant provided valuable operational support, including the organization of technical meetings and workshops as well as editing of the Report. Our thanks are also due to various CSOs, I/NGOs, the private sector, academic institutions and development partners, for their participation in working groups, and for their valuable comments, which have enriched the report. And last, but not least, we are pleased to acknowledge the assistance of Dr. David Bourn of the Environmental Research Group Oxford Limited for final editing and production of the report.

LIBERIA'S MDG STATUS AT A GLANCE

Goal	Target	Indicators	Current Level	Year	Will Development Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Extreme Poverty	1 Halve, between 1990 and 2015, the proportion of people whose in-	1 Proportion of population below US\$1.00 per person per day	76.2%	2001	Unlikely	Weak	Weak
Overty	come is less than US\$1.00 per person a day	4 Prevalence of underweight children	6.8%	1999/2000	Unlikely	Weak	Weak
	 2 Halve, between 1990 and 2015, the proportion of people who suffer from hunger 	(under-five years of age)(UWC) 5 Proportion of population below minimum level of dietary energy consumption (DEC)	0.7%	1997	Unlikely	Weak	Weak
Achieve Universal	3 Ensure that by 2015, children everywhere, boys and girls alike,	6 Net enrolment ratio (NET) in primary education	34.7%	2001/2002	Probably	Weak	Weak
Primary Education	will be able to complete a full course of primary schooling	7 Proportion of pupils starting grade 1 who reach grade 5 (SVR)	31.2%	2001/2002	Probably	Weak	Weak
Education	course or primary schooling	8 Literacy rate of 15-24 years olds (LR)	34.7%	2001/2002	Probably	Weak	Weak
Promote Gender	4 Eliminate gender disparity in primary and secondary education,	9 Ratio of girls to boys in primary education (PE-F/M)	40.8%/59.2%	2001/2002	Probably	Weak	Weak
Equality	preferably by 2015 and at all levels of education no later than 2015	i. Ratio of girls to boys in secondary education (SE-F/M)	41.0%/69.5%	2001/2002	Probably	Weak	Weak
Empower Women	of cadcation no later than 2010	ii. Ratio of girls to boys in tertiary educa- tion (TE-F/M)	27.6%/72.4%	2001/2002	riobably	WCak	Weak
VVOITICIT		10 Adult literacy rate – ratio of literate fe- male to male 15-24 years old (ALR-	14.9%/20.0%	2001/2002	Probably	Weak	Weak
		F/M) 11 Share of women in wage employment	11.4%	2001/2002	Probably	Weak	Weak
		in the non- agricultural sector (SHW) 12 Proportion of seats held by women in national parliament (PSHW)	11.1%	2001/2002	Probably	Weak	Weak
Reduce Child	5 Reduce by two-thirds, between 1990 and 2015, the under- five	13 Under-five mortality rate (U5MR) 14 Infant mortality rate (IMR)	194/1,000 lb 117/1,000 lb	1999/2000	Unlikely	Weak	Weak
Mortality	mortality rate	15 Proportion of 1 year children immu- nized against measles IAM)	31.0%	1999/2000 1999/2000	Unlikely Unlikely	Weak Weak	Weak Weak
Improve Maternal Health	6 Reduce by three-quarters, be- tween 1990 and 2015, maternal mortality ratio	16 Maternal mortality ratio (MMR) 17 Proportion of births attended by skilled health personnel (PBA)	578/100,000lb 89.1%	1999/2000 1999/2000	Unlikely Unlikely	Weak Weak	Weak Weak

Goal	Target	Indicators	Current Level	Year	Will Development Goal be Achieved?	State of Supportive Environment	Monitoring Capacity
Combat HIV/AIDS,	7 Have halted by 2015, and began to reverse the spread of HIV/AIDS	18 HIV prevalence among 15-24 year-old pregnant women (HPPW)	12.9%	2000	Unlikely	Weak	Weak
Malaria	8 Have halted, by 2015, and begun to reverse the incidence of malaria	19 Contraceptive prevalence rate (CPR) 20 Number of children orphaned by	16.8%	1999/2000	Unlikely	Weak	Weak
and Other Diseases	and other major diseases	HIV/AIDS (NCOH) 21 Prevalence and death rates associated	2,100	2002	Unlikely	Weak	Weak
		with malaria: i. PRM ii. DRM 23 Prevalence and death rate associated	56.9% 14.1%	2000 1998	Unlikely Unlikely	Weak Weak	Weak Weak
		with tuberculosis: i. PRT ii. DRT 24 Proportion of TB cases detected and cured under DOTS (Directly Observed	0.14% 0.6% 40%	1998 1998 1999	Unlikely Unlikely Unlikely	Weak Weak Weak	Weak Weak Weak
		Treatment Short Course)	1070	1000	Offinitely	• • • • • • • • • • • • • • • • • • •	Would
Ensure Environ-	9 Integrate the principles of sustainable development into country	25 Proportion of land area covered by forest (LACF)	3.4million ha	2001/2002	Probably	Weak	Weak
mental Sustain-	policies and programs and reverse the loss of environmental resource	26 Land area protected to maintain biological diversity (LMBD)	0.192million ha	2001/2002	Probably	Weak	Weak
ability	the loss of environmental resource	27 GDP per unit of energy use (as proxy	5.55KWT	2001	Probably	Weak	Weak
	10 Reduce by half the proportion of population without access to sustainable safe drinking water	for energy efficiency) (GUEU) 29 Proportion of population with sustainable access to improved water source (PSAW)	26%	1999/2000	Probably	Weak	Weak
	11 Achieve significant improvement in life of at least 1.5 million slum	30 Proportion of people with access to improved sanitation (PAIS)	36.3%	1999/2000	Probably	Weak	Weak
	dwellers, including displaced persons	31 Proportion of people with access to secure tenure	54.3%	1999/2000	Probably	Weak	Weak
Develop a Global	17 In cooperation with pharmaceutical companies, provide access to af-	45 Unemployment rate of 15-24 years 46 Proportion of population with access to	88%	2000	Probably	Fair	Fair
Partner- ship for	fordable essential drugs in developing countries	affordable drugs on a sustainable basis (PAD)	94%	1997	Probably	Fair	Fair
Develop- ment	18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47 Telephone lines per 1,000 people (TP)	2.41/1,000	2000	Probably	Fair	Fair

LIBERIA'S PROGRESS TOWARDS ACHIEVING THE MDGS

Introduction

In September 2000, 192 World Leaders (Heads of State and Governments) met in New York at the Millennium Summit and adopted what became known as the Millennium Declaration (MD). The MD was later articulated into a set of Millennium Development Goals (MDGs) that are intended to engender national initiatives and strategies geared towards alleviating poverty and improving the standard of living of the poorest of the poor in the world. The MDGs were preceded by a set of International Development Targets (IDTs), which evolved from a series of UN global conferences held during the 1990s. The MDGs are an embodiment of wider human concerns and issues.

The Heads of State and Governments, at the Millennium Summit, committed themselves to promulgating the necessary policies, pursuing needed strategies, and undertaking appropriate actions aim at achieving the MDGs. Liberia's status vis-àvis the MDGs forms the basis of this Report.

This Millennium Development Goals Report (MDGR) captures an assessment of the current situation in Liberia relative to the global MDGs/targets; translates the global MDGs/targets into national targets; and during that process, builds national capacity in assessing, monitoring and reporting on the MDGs/targets .

The guiding principle in preparing the report has been ensuring broad-based national participation and ownership, with full involvement of all stake-holders and Government playing a leading role in the entire process. Other key stakeholders, including development partners (USAID, EU), CSOs, I/NGOs, private sector and academic institutions, were instrumental in researching, discussing, and reaching consensus on the national indicators, and preparing this MDGR on Liberia.

Preparation of this Report was preceded by various other reports/studies, which served as inputs for the document, including: the United Nations Common Country Assessments (UNCCA), 1997/1998 and 2000/2001; the modified United Nations Development Assistance Framework (UNDAF), 2003-2005; the Poverty Profile of Liberia (PPL), 2001; the Liberia Demographic and Health Survey (LDHS), 1999/2000; the Ministry of Educaand UNICEF's Educational 2001/2002; the UNDP's Development Cooperation Report, 1998/1999; the Liberia Five-Year National Reconstruction and Development Plan (NRDP), 2002-2007; and the GOL/UN/WB Joint Needs Assessment, February 2004.

MDG Links with Other Planning Tools

The MDGs will complement on-going national framework initiatives and processes, such as the NRDP, modified UNDAF and the Results Focused Transition Framework (RFTF), as well as the frameworks of other development partners.

NRDP activities are central to Government commitment to integrate development priorities and recovery processes, especially community based rehabilitation programs.

With regards to the modified UNDAF, the United Nations Country Team (UNCT) in Liberia has agreed on the following program priorities for the period 2003-2005:

- Conflict Resolution, Peace Building and Relief: to seek resolution of the present armed conflict and to initiate a peace process that addresses the causes of conflict and the resulting humanitarian situation;
- Good Governance: to create an enabling environment for sustainable human development;
- Food Security and Sustainable Recovery: to improve living conditions of the poor and to create opportunities for sustainable livelihoods;
- Reproductive Health, Combating HIV/AIDS, Malaria and Other Diseases: to improve life expectancy and to contain the prevalence of HIV/AIDS and other infectious diseases; and
- Cross Cutting Issues: to ensure gender equality, women empowerment, and improved environmental and natural resource management.

As for the RFTF, the goals coincide with those of the modified UNDAF:

- To maintain peace throughout the country and reduce Liberia's destabilizing impact on the West Africa region through the continuous implementation of peacekeeping actions;
- 2. To disarm, demobilise, rehabilitate and reintegrate (DDRR) ex-combatants, so that they become productive members of society;
- To enable those who have taken refuge outside of Liberia, Internally Displaced Persons and thirdcountry nationals to return to their places of origin;
- To establish governance institutions that: promote rule of law; respect for human rights; increased public sector capacity; effective judiciary, police and correction systems; and empowered local government and civil society;
- To set the scene for democratic elections at the end of the 2004-05 transition period, and thus launch the next phase of national development by giving Liberians an opportunity to choose a government with a clear mandate to govern;

- To increase access to primary health care, education for all, and community water and sanitation, according to the minimum requirements necessary for people to meet their basic needs:
- To restore production capacity and livelihoods, with a particular focus on agriculture-based productive capacity, aquaculture and marine fisheries, community-based development activities and the creation of social safety nets for groups with specific vulnerabilities;
- To lay the foundations for the sustainable rebuilding of Liberia's infrastructure, both to support community-based and driven development and to create an environment necessary for private sector investment;
- To increase the confidence of private investors and the donor community as to the stewardship of public finances by relevant government agencies, through ensuring adequate transparency and accountability of financial and budgetary management; and
- 10. To establish a mechanism through which nations and institutions can be partners in the transition process, reviewing progress against the Results-Focused Transition Framework, managing and coordinating contributions, and reporting regularly on RFTF-related achievements and their impact.

Launch of the MDG Campaign

A campaign was initiated in Liberia at the inception of the MDG Benchmarking Project. The objective was to create awareness of the MDGs and to stimulate national debate on the goals vis-à-vis the different dimensions of human development. An information dissemination committee, headed by a private sector media expert, and comprising MPEA, Ministry of Information, UN Agencies and I/NGOs spearheaded the campaign. All activities of the project were published in local dailies and broadcast on radio stations in Monrovia.

Other planned activities included: workshops for the legislators/parliamentarians, cabinet ministers and heads of public agencies, the media, women and civil society groups, as well as a students' arts and essay competition. The objective of the campaign is to create awareness, seek national ownership, build consensus and promote understanding of the importance of the MDGs, and the need to establish linkages with national development frameworks and instrument for human development.

Organization of the Report

This introductory section, which includes an overview of the development context and challenges faced by Liberia, is preceded by a concise summary of MDG Status At A Glance.

Subsequent sections provide a more detailed assessment of each MDG in terms of: assessment and monitoring capacity; current status and trends; challenges; supportive environment; and development priorities.

Assessments of status and trends are based on information from three time periods: 1990, 2000 and 2015. Where data is not available for a particular year, estimates cited reflect years close to it and the year of data reference is indicated. The targets for 2015 were determined by simple analysis, using 1990 as the baseline.

Development Context

After a prolonged and devastating civil war, Liberia held Presidential and Legislative Elections in 1997, but the much anticipated peace did not last long as the country once again descended into anarchy and turmoil from which it is now emerging.

Liberia remains one of the least developed countries in the world, with a Human Development Index of 0.276 in 1999, declining from 0.311 in 1996. The country has an estimated population of 2.9 million people (2003 projection, MPEA). The Gross Domestic Product (GDP) at current market prices is estimated at US\$438 million (2003), which equates to a per capita income of US\$151.

The country has a free enterprise oriented economy, although some businesses are effective monopolies. Agriculture (excluding forestry) accounted for 58% of GDP in 2003; forestry and logging accounted for 24.9%; manufacturing industry 4.6%; mining 0.08%; and tertiary services 15.8%.

The agriculture sector (including forestry and logging) accounted for 95.3% of export earnings in the fiscal 2001/02. The National Debt is estimated at US\$3.1 billion (both principal and interest are in arrears), equivalent to some 708% of GDP.

In the wake of national crisis, the economy is estimated to have declined by some 2% annually; while unemployment in the formal sector is estimated at 85% nationwide. The informal sector, primarily petty trading, absorbs about one-third of the unemployed labor force. Access to health services, education, safe drinking water and sanitation is very limited. Nonetheless, due to the cessation of hostilities and the change of government in October 2003, there are good prospects for economic growth and employment creation in Liberia.

Table 1: Key Development Indicators

Indicator	Value	Year
Population	2.9 million	2003
Population growth rate	2.4%	1996
Life expectancy at birth	47.7yrs	1999/2000
GDP per capita (US\$ and PPP\$)	151.02	2003
External debt (US\$) as % of GDP	707.8%	2003
Poverty headcount ratio (% of population below national poverty line, US\$1.00 per person per day)	76.2%	2001
Prevalence of HIV/AIDS in adult population	8.2%/ 10-12%	2002/2003
Population with access to safe drinking water supplies	26%	1999/2000
Population with access to acceptable sanitation%	45%	1999/2000
Population with access to health services	69.4%	1999/2000
Population with access to education	40%	1999/2000
Proportion of underweight children (under-5)	14.88%	1997/1998
Net primary enrolment rate	34.7%	2001/2002
Ratio of girls to boys in primary education	F-40.8%, M-59.2%	2001/2002
Adult (age 5 and above) literacy rate	37.7%	2001/2002
Adult literacy rate (male)	50%	2001/2002
Adult literacy rate (female)	26%	2001/2002
Infant mortality rate	117/1,000 live births	1999/2000
Under-five mortality rate	194/1,000 live births	1999/2000
Maternal mortality rate	578/100,000 live births	1999/2000
Proportion of population relying on traditional fuels for energy use (fire wood, charcoal and palm oil)	99.5%	2000/2001

Poverty in Liberia

According to Liberia's poverty profile (UNDP, 2001), the popular perception of poverty is defined as "having no money", 56.4% of respondents; followed by lack of food, 39.6%; and lack of shelter, 24.7%. The majority of poor people in Liberia believe that the availability of money facilitates their material well being, security, social acceptance and respect in the community. The absence of

money robs them of happiness and fulfillment. Others, however, recognize that poverty also includes the "lack of food," "clothing", and "shelter". In monetary terms, poverty is defined to include people living on less than US\$1.00 per person per day (absolute poverty). In 2000, over three-quarters (76.2%) of the population were living below the national poverty line.

Location of the Poor

Poverty in Liberia is pervasive. However, the poor are primarily found in the rural areas (86%), among households engaged in subsistence farming as their main source of livelihood. The majority of farmers are women, and farming methods are rudimentary. The protracted civil war has exacerbated poverty throughout the country and at all levels of society, including small-scale entrepreneurs, technicians, traders, professionals (teachers, engineers, nurses) and students. As a result, many people, who once lived above the poverty line, must now suffer and try to survive below it.

Manifestation of Poverty

The poor in Liberia live in severe poverty on about US\$11 a month for an average household of six, or on US\$33 per month for those slightly better off. These figures include the value of food items produced for local consumption.

Daily expenditure on food by the poor in 2000, when the poverty profile study was conducted, constituted more than two-thirds of household income, making Liberia one of the most food insecure countries in the sub-region.

Development Challenges

National and Sub-Regional Insecurity

Owing to the protracted civil war and political instability (1989-2003), a substantial portion of the country is still inaccessible. As the civil war ends, and the NTGL extends its foothold, consolidating the transition and the peace process is crucial in addressing the challenges of restructuring and retraining security personnel, as well as demobilizing, de-traumatizing, retraining and reintegrating ex-combatants into society.

The civil war caused a mass displacement of people from their villages, towns and productive farms. The number of internally displaced people was estimated in 2003 at 464,000; returnees, 350,000; and excombatants, 100,000, including 21,000 child soldiers. The resettlement and reintegration of displaced people is another major challenge facing the country.

At the sub-regional level, relations with Sierra Leone, Guinea and Cote d'Ivoire were strained due to accusations and counter-accusations and denials regarding cross-border attacks and support to armed dissidents. The UN sanctions and arms embargo on Liberia were imposed in 2001 as a result of this situation.

Conditions in the sub-region deteriorated further with the outbreak of civil war in Côte d'Ivoire in 2003, cutting trade links and making life even more difficult for Liberian refugees. Nevertheless, the change of Government in Liberia, occasioned by the ECOWAS brokered Comprehensive Peace Agreement (CPA) on August 18, 2003, and the subsequent fielding of the UN Peace Keeping Mission in Liberia (UNMIL) have renewed prospects for sustainable peace in Liberia. The CPA allowed for a power sharing Government, disarmament, demobilization, and reintegration and resettlement of all ex-combatants in Liberia, and the initiation of public sector reforms, thus creating a suitable environment for private sector growth and sustainable development. The NTGL is moving quickly to mend relationships with its neighbors and the international community.

The Enabling Environment

i. Institutions of Governance

According to the Liberia five-year NRDP: 2002-2007, there is a consensus amongst Liberians that persistent bad governance during much of the country's history has been among the root causes of its long-term economic and social decline, as well as the political crisis that culminated into the civil war. Decision-making and management processes were neither participatory, transparent nor accountable. Consequently, there had been violations of human rights, pervasive system failures and lack of sound strategy for sustainable socioeconomic development. Liberia's governance system still requires transformation and capacity building to restore its functionality and productivity. The Executive, Legislative and Judicial Branches of the Government are all in need of structural, technical, as well as financial and logistical support. The I/NGOs (human rights groups, CSOs, trade unions, etc.) and political parties are in dire need of an enabling environment within which to function effectively.

ii. Macroeconomic Policies

For over a decade, while the civil war was raging in Liberia, transparency and accountability in the public sector were compromised. For example, in 1998, the former Government of Liberia negotiated an Economic and Financial Policies Program with the IMF, known as the Staff Monitored Program (SMP). The SMP called for budgetary, monetary, fiscal and structural policy reforms. While some progress was made in the monetary sector, the structural and fiscal policy reforms failed. Many of the benchmarks, such as payment of civil servants, were not achieved. Tax administration was rigid, and revenue collection procedures were neither transparent nor efficient.

Most industries and trade (especially rice and petroleum importation) were protected either by law

or in practice, reflecting the urgent need to restore prudent macroeconomic policies. This, coupled with good governance systems (respect for human rights and the rule of law, transparent administration of justice, and accountability in all sectors, both public and private, and a functional legislature) is required to enhance an enabling environment for sustainable development and economic growth.

iii. Physical and Social Infrastructure

Since 1997, most of the social infrastructure (schools, health facilities, public latrines, feeder roads, water and sanitation) that was destroyed during the civil war has not been rehabilitated. Some 954 primary, secondary and vocational schools, and two teachers training institutions; 82 health facilities, including 6 hospitals, and over 20,000 wells and latrines are in need of immediate rehabilitation and reconstruction nationwide (RFTF et al., 2004).

Ten primary bridges and 750km of primary roads also require immediate rehabilitation. The country's road network has not been maintained or repaired for almost a decade. Most farm to market roads are impassable for many months each year. The country lacks almost every basic social service: there is no electric power and no piped water supplies in most rural areas. Unprotected wells, streams, and rivers are the primary sources of water for drinking and other uses. Limited electric power and piped water supplies in Monrovia, have been made possible through the efforts of the NTGL and the EU. Public sanitation services (garbage collection and public toilets) are absent in most parts of the country. Limited public sanitation services are provided by the Monrovia City Corporation, with assistance from aid agencies. Much more needs to be done in the rest of the country.

iv. HIV/AIDS, Malaria and Other Diseases

Very little is known about the actual prevalence of HIV/AIDS in Liberia. The WHO estimate of 8.2%, nationwide, is considered low given the circumstances. Limited information and awareness of HIV/AIDS prevention, use of un-sterilized instruments during female genital mutilation and the inheritance of the wives of dead relatives are all catalysts for the spread HIV/AIDS. The civil war has also contributed to the spread of HIV/AIDS, through rape and unsafe sex, as well as the return of refugees from neighboring countries with high HIV/AIDS incidence. HIV/AIDS can erode and destroy gains in socio-economic development, especially human capital, and exacerbate poverty and under-development. The good news, however, is that it can be prevented.

Malaria prevalence is about 56.9%. Malaria is endemic in Liberia and occurs all year round, with more cases during the rainy season. It is one of the

primary causes of death amongst children. Other diseases with high morbidity and mortality are tuberculosis (TB), measles, diarrhea and acute respiratory infection. TB has become a serious public health problem, with recent data indicating a prevalence of 40/10,000 (MHSW, 2003).

Government Effort

Following the deployment of ECOWAS/UNMIL troops and the signing of the CPA on Liberia, with the assistance of UN, ECOWAS, AU and the international community at large, and the inauguration of the NTGL in Liberia, the Government in collaboration with UN agencies and the World Bank conducted a needs assessment to determine the country's immediate security, humanitarian and recovery needs. Accordingly, the international community is assisting the Government to achieve the following objectives in 2004 and 2005:

- Peace and security throughout the country;
- DDRR restructuring of the Liberian army and the security forces;
- Restoration of good governance, democratic development, and the rule of law;
- Basic social services (education, health, community water and sanitation);
- Productive capacity and livelihood (agriculture and fisheries);
- Infrastructure (power, transport, communication and urban water and sanitation); and
- Economic policy and development strategy.

After the transition period, it is envisaged that the Government of Liberia will revert to its traditional development planning mode, adopting robust development strategies and bringing on board programs of the National Reconstruction and Development Plan (NRDP): 2002-2007.

Box 1: Preamble to the Comprehensive Peace Agreement, 2003

Preamble to the Comprehensive Peace Agreement (CPA) between the Government of Liberia (GOL), the Liberians United for Reconciliation and Democracy (LURD), the Movement for Democracy in Liberia (MODEL) and the Political Parties, Accra, Ghana, 18th August 2003:

We, the Government of the Republic of Liberia, the Liberians United for Reconciliation and Democracy (LURD), the Movement for Democracy in Liberia (MODEL) and the Political Parties;

Having met in Akosombo and Accra, Ghana, from 4 June, 2003 to 18th August 2003, to seek a negotiated settlement of the crisis in Liberia, within the framework of the ECOWAS Peace Process for Liberia, under the auspices of the current Chairman of ECOWAS, His Excellency John Agyekum Kufuor, President of the Republic of Ghana, and the mediation of General Abdulsalami Abubakar, former Head of State of Nigeria;

Gravely concerned about the current civil war that has engulfed our country leading to loss of innumerable lives, wanton destruction of our infrastructure and properties and massive displacement of our people;

Reaffirming the objective of promoting better relations amongst ourselves by ensuring a stable political environment in which our people can live in freedom under the law and in true and lasting peace, free from any threat against their security;

Determined to concert our efforts to promote democracy in the sub-region on the basis of political pluralism and respect for fundamental human rights as embodied in the University Declaration on Human Rights, the African Charter on Human and People's Rights and other widely recognized international instruments on human rights, including those contained in the Constitution of the Republic of Liberia;

Guided by the principles of democratic practice, good governance and respect for the rule of law enunciated in the ECOWAS Declaration on Political principles of 1991 and the ECOWAS Protocol on Democracy and Good Governance adopted in 2001:

Committed to promoting an all inclusive participation in governance and the advancement of democracy in Liberia, as well as promoting full respect for international humanitarian law and human rights;

Re-committing ourselves to the scrupulous observance of the Ceasefire and Cessation of Hostilities Agreement signed at Accra, Ghana on 17th June, 2003, which constitutes an integral part of this Peace Agreement and is thereby appended as Annex I to the present Agreement.

GOAL 1A: ERADICATE EXTREME POVERTY

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day per person.

Indicator	1997	2001	2015 Target
1 Proportion of population receiving less than US\$1 per person per day (PP <us\$1)< td=""><td>55.1%</td><td>76.2%</td><td>27.5%</td></us\$1)<>	55.1%	76.2%	27.5%

Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation		
Weak	Fair	Weak	Fair	Weak	Weak		

Status	at	а
Glance		

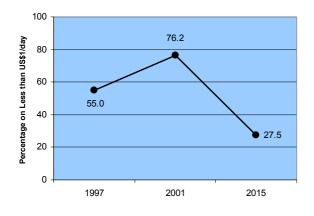
The 2015 target is unlikely to be achieved because the supportive environment is weak.

Status and Trends

After more than 14 years of civil war and political instability (1989-2003), Liberia faces huge developmental challenges. Since 1997, the proportion of people living on less than US\$1 a day has increased from 55.1% (UNCCA, 1997/98) to 76.2% in 2001 (UNDP, 2001). Extreme poverty has increased from 14% in 1997 to 52% in 2001, with more than 1.4 million people living in abject poverty on less than US\$0.50 per person a day. Malnutrition has severe adverse impacts on human health and development.

National targets, as set out in the National Reconstruction and Development Plan (NRDP): 2002-2007, are to reduce the proportion of people living in absolute poverty from 76.2% to 56% by 2007, and to 27% by 2015 (Figure 2). An estimated 39.6% of GDP will have to be committed annually for the next 12 years to achieve these targets, which is very unlikely.

Figure 2: Extreme Poverty





Malnutrition is bad for health and development

Other targets include: increasing employment to match or exceed the growth of the labor force; and achieve an overall economic growth rate of 5-8%.

Supportive Environment

As part of its priorities, the NRDP outlines the goals, objectives, policy framework and strategies for reducing poverty in Liberia. The national strategic framework includes economic and sustainable development, rehabilitation of social infrastructure and enhancing access to social services, increasing the ability of the poor and vulnerable groups to raise their own income, ensuring good governance, and developing programs to ensure full private sector participation and growth.

The Poverty Profile of Liberia 2001 provides an indepth analysis of the poverty situation and concluded with clear recommendations on policy, upstream and downstream interventions.

Table 2: Surveyed Households Falling Below Poverty Line

Expenditure		le Female			Both Sexes		6
Quintiles (US\$)	No.	%	No.	%	No.	%	Cum. %
0.00-0.50	765	54.8	164	42.1	929	52.0	52
0.50-1.00	328	23.5	104	26.7	432	24.2	76.2
1.01-1.50	126	9	50	12.8	176	9.9	86.1
1.51-2.00	64	4.6	28	7.2	92	5.2	91.3
>2.01	113	8.1	44	11.3	157	8.8	100

Source: UNDP Poverty Profile of Liberia, 2001.

The Government and its development partners are making concerted efforts through various programs with the aim of reducing poverty, for example: NTGL and UNMIL DDRR Program; UNDP Community Based Recovery; UNICEF Back to School Program; FAO Agriculture Rehabilitation; UNHCR IDPs and Refugees, Reintegration Program; and the World Bank supported Community Driven Development (CDD). Several I/NGOs, CBOs and private organizations/insti-tutions are also contributing to the revival of the Liberian economy.

Challenges

Liberia faces a variety of daunting challenges that must be addressed if poverty is to be reduced:

- High level of unemployment (85%) the prolonged civil war resulted in the closure of major industries and loss of many jobs;
- Poor conditions for private sector development, fragile political situation, insecurity and poor infrastructure:
- Lack of physical investment, rehabilitation or regular maintenance of public facilities/utilities and communication networks;
- Reduced external assistance, poor macro-economic and sectoral policies, major economic inequalities, disrespect for human rights and the rule of law, and bad governance; and
- Brain drain, public and private sector corruption and mismanagement, all of which weaken the country's ability to achieve the targets set.

Be Productive: Acquire
New Skills and Look for
New Opportunities

Development Priorities

For poverty to be reduced in Liberia, the Government and its development partners should work together and support:

- Successful transition programs and the implementation of activities in line with the CPA;
- Scrupulous implementation of the RFTF, as endorsed at the Liberia Reconstruction Conference in New York, February 2004;
- Democratization, peace consolidation, reconciliation, resettlement and community-based reintegration programs;
- De-traumatisation and psycho-social programs;
- Informal sector development;
- Rehabilitation of the agriculture sector;
- Private sector development and local entrepreneurship;
- Improve access to social services;
- Employment creation initiatives; and
- Re-establishment and maintenance of an effective monitoring and statistical management system.

Peaceful Co-existence
Provides an Enabling
Environment for
Poverty Reduction

GOAL 1B: ERADICATE HUNGER - PROMOTE FOOD SECURITY

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Indicators	1997	1999/2000	2015 Target
4 Prevalence of underweight children (under-five years of age) (UWC).	14.8%	6.8%	7.4%
5 Proportion of population below minimum level of dietary energy consumption (DEC).	0.7%	-	0.35%

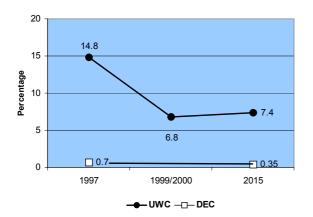
Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation		
Fair	Fair	Fair	Fair	Weak	Weak		

Status at a Glance The 2015 targets are unlikely to be achieved because the supportive environment is weak.

Status and Trends

In 1997, an estimated 14.8% of the children less than five years old were under-weight (UNCCA, 1997/98), compared to 6.8% in 1999/2000 (MHSW, 1999/ 2000). The population below the minimum level of dietary energy consumption in 1997 was 0.7%. The targets set for reducing the prevalence of underweight children under the age of five, and the proportion of population below the minimum level of dietary energy consumption by 2015 are 7.4% and 0.35%, respectively (Figure 3).

Figure 3: Hunger - Food Security



According to the Liberia Demographic Health Survey (MP&EA, 1999/2000), the main sources of food for Liberian households are the market (51%) and the farm, or garden (48%). The food supply situation in rural areas, however, is slightly more stable than in urban areas. About 70% of rural households rely on food from their own farms or

gardens, with only 28% of households relying on the market. In urban areas, 95% of households depend on food from the market as their main source of food, with less than 5% relying on food from their own gardens/farms.

Nonetheless, a substantial number of rural dwellers have moved to urban centers since 1990 because of prevailing insecurity. This phenomenon has reduced food production in rural areas and increased food shortages in urban areas. These trends, coupled with the disruptive impact of the crisis in food production, means that it is very unlikely that the food security target will be met.



Improved technology is required to increase food productivity

Challenges

The country is faced with a variety of major challenges that gravely impede efforts to promote food security, including:

- The absence of peace and security, which impacts negatively on repatriation and resettlement of displaced people to their towns and villages;
- Rural to urban migration, especially by the economically active population;
- Lack of required knowledge for preservation/storage;
- Post harvest loses and poor storage capacities, especially for locally produced commodities;
- Inadequate land preparation (household level);
- Limited adoption of improved food production technology beyond seasonal period;
- Strong desire to honor and preserve cultural norms that hamper effective farming activities;
- Unavailability of needed farm inputs and tools:
- · Limited farm management skills;
- Absence of a comprehensive policy on land acquisition (land tenure arrangements) for agricultural production:
- Lack of adequate farm-to-market roads, transport and market infrastructure;
- Inadequate technical support to farmers; and
- · Lack of a national strategy on food security.

Supportive Environment

The National Reconstruction and Development Plan indicates the need to transform the agricultural sector into a modern diversified and productive economy, dominated by value-added processing, manufacturing and services that will strengthen food security and self-sufficiency.

The Result Focused Transitional Framework places particular emphasis on the agricultural sector, as the priority for improving food sufficiency and sustainable livelihood.

Development Priorities

The Government and development partners should facilitate Liberia's drive towards reducing the proportion of underweight children (less than five years old), and the proportion of the population below the minimum level of dietary energy by funding and/or supporting the following programs and policies:

- Reactivation of agriculture extension services;
- Reducing tariffs on imported agriculture inputs;
- Promoting the use of improved farming methods, processing and storage methods;
- Distribution of farming tools and seeds to vulnerable groups (IDPs and returnees);
- Rehabilitation of farm-to-market roads/rural infrastructure:
- Formulation of a national agricultural development policy framework (food security strategy);
- Reviewing existing legislation on food safety standards:
- Supporting small scale income generating opportunities agri-businesses, and credit schemes;
- Refurbishing vocational training schools and rural workshops; and
- Supporting the reactivation of fisheries, cooperatives and rural community resource centers for skill development and training, especially for youths and girls.

Box 2: Aims of Liberia's Education Policy

Liberia's new Education Policy aims to achieve:

- (a) Access, equity, relevance and efficiency;
- (b) Universal primary education;
- (c) Special attention and emphasis on women and girls education, as well as education and training for disadvantages groups;
- (d) Adult literacy, on the job training, non-formal education, distance learning and other form of out-of-school education;
- (e) Special incentives and support for Science and technology education, and training to meet the manpower needs of Liberia;
- (f) Professionalized and licensed staff in all categories;
- (g) Reduced private cost of education; and
- (h) Partnership for education for all.

Source: Education Sector Master Plan, 2000-2010.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 3: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Indicators	1989	2001/2002	Target 2015
Gross primary enrolment ratio (GER).	78. 0%	56.2%	78.1%
6 Net enrolment ratio (NER) in primary education.	32.0%	34.7%	60.0%
7 Proportion of pupils starting grade 1 who reach grade 5 (SVR).	-	31.2%	80.6%
8 Literacy rate of 15-24 year olds (LR)	32.9%	34.7%	80.0%

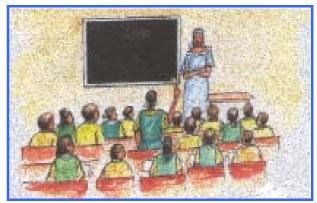
Assessment and Monitoring Capacity								
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation			
Weak	Weak	Weak	Fair	Weak	Weak			

Status at a Glance The 2015 targets probably will be achieved, but the supportive environment is weak.

Status and Trends

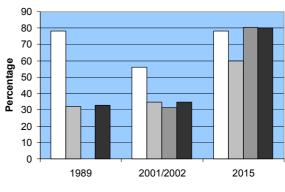
Access to primary education over the past few years has been encouraging. However, realization of full primary education by 2015 is inconceivable because of the prolonged, overall decline in social sector development. The majority of public schools lack teaching materials and staff, and most public schools in the rural areas are dilapidated, needing major renovation, or complete reconstruction.

According to UNICEF and Ministry of Education surveys, the Gross Enrolment Ratio (GER) of pupils increased from 78.0% in 1989 to 56.2% in 2001/2002. The target set for 2015 is 78.1%. Between 2000 and 2002, GER for boys declined from 72.9% in 2000 to 48.5% in 2002, while for girls it declined from 72.5% to 35.5%. The GER target for 2015 is 78.1%. The Net Enrolment Ratio (NER) also increased from 32.0% in 1989 to 34.7% in 2001/2002. Between 2000 and 2002, boy's enrolment rate increased from 19.3% to 20.3%; while girl's enrolment rate dropped sharply from 18.7% to 14.5% during the same period. The proportion of pupils starting grade 1 and reaching grade 5 was 34.6% for boys and 26.6% for girls. The survival rate for both boys and girls was 31.2% in 2001/2002. The target for 2015 is 80.6%. The promotion rate of both boys and girls starting grade 1 in 2000 declined from 91.8% to 89.6%, while the dropout rate for both sexes increased from 7.3% in grade 1 to 9.4% by the time pupils reached grade 5.



Primary education is a necessary condition for making progress on the MDGs

Figure 4: Universal Primary Education



□ GER □ NER ■ SVR ■ LR

The promotion rate of boys declined from 94% in grade 1 to 90% in grade 5, while girl's promotion rate declined slightly from 88.7% in grade 1 to 87.9% in grade 5. At the same time, boy's dropout rate accounted for 9%, while girl's dropout rate accounted for 11%. This clearly indicates that by the time pupils reach grade 5, the survival rate of boys is much higher than girls. As conditions continue to improve in Liberia, following the signing of the CPA in Accra in August 2003, it seems likely that the survival rate will increase for both sexes.

The literacy rate for 15-24 year old pupils has increased slightly over time, from 32.9% in 1989 to 33.2% in 1997 (male: 39.8%; female: 26.3%) to 34.7% 2001/2002 (male: 20.0%; female: 14.7%). The national literacy rate target set for 2015 is 80%.

Challenges

Major challenges/constraints faced in achieving universal primary education are as follows:

- Lack of peaceful and conducive environment nationwide:
- Poor macroeconomic policies that hamper resource mobilization efforts:
- Lack of resources to rehabilitate, equip and staff the three Teachers Training Institutions (Zorzor, Kakata and Webbo);
- Lack of resources to rehabilitate all school facilities that were looted, vandalized and/or damaged during years of civil crisis;
- Inadequate trained manpower to teach the core subjects in the primary school curriculum;
- High turnover of personnel in the education sector, due to low salaries/incentives and poor working conditions;
- Lack of instructional materials (chalks, roll books, lesson plan books, text books, copy books, etc.) for most public schools; and
- Negative traditional and cultural norms, including early marriages that hamper educational attainment.

Supportive Environment

Liberia's Education Sector Master Plan: 2000-2010, an offshoot of the National Reconstruction Program and the Basic Education Program: 1995-2000, retains the principles of partnership and decentralization of programs implementation. It emphasizes the involvement of the private sector, proprietors, communities and the local leaders. The plan also recognizes the constraints and limitations of resources needed in the short run to meet total requirement to implement the program.

The education sector is a direct beneficiary of assistance from UN Agencies, including UNDP, UNICEF, UNFPA, UNESCO and various development partners, including EU and USAID, which are providing a range of support to both primary and secondary education, including the rehabilitation of schools and the provision of instructional materials.

The RFTF fully recognizes the importance of education in realizing the MDGs. It specifically provides for universal access to quality education through: a) rehabilitating, supplying and revitalizing at least 25% of primary and secondary schools, as well as a substantial part of the vocational training and higher education systems; b) implementing back-to-school programs, and c) addressing gender-based inequality in education.

Development Priorities

Government and development partners should strive to achieve universal primary education by supporting:

- Institutional capacity building: rehabilitation and strengthen school facilities and manpower development at all levels;
- Literacy and adult education: strengthen non-formal and adult out of school education, mass literacy and programs to reduce harmful traditional practices;
- Disarmament, demobilization, reintegration and resettlement process so as to create conducive environment for students to return to school, especially in the rural areas:
- Rehabilitation and equipment of teacher training institutions;
- Production of instructional materials;
- Monitoring and evaluation: establish procedures for effective monitoring, evaluation, pedagogical support and quality control at all levels and institutions;
- Girl's enrolment: improve the retention rate and reduce repetition among girls in primary schools by instituting special programs (skills development, incentives for science courses, scholarships, etc.);
- Gender awareness: increase awareness among different cultural groups of the need and importance of girls' education;
- Capacity building to facilitate implementation of the Education Sector Master Plan;
- Increased resources assistance for effective education administration nationwide; and
- Database development and conducting surveys of the education sector.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005 and at all levels of education no later than 2015.

Indicators	1989	2001/2002	Target 2015
9 Ratio of girls to boys in primary education (PE-F/M).	39.4%/60.6%	40.8%/59.2%	100%
i Ratio of girls to boys in secondary education (SE-F/M).	33.3%/66.7%	41.0%/69.5%	100%
ii Ratio of girls to boys in tertiary education (TE-F/M).	-	27.6%/72.4%	100%
10 Adult literacy rate - ratio of literate females to males 15 -24 years old (ALR-F/M).	20.3%/42.3%	14.9%/20.0%	100%
		1999	
11 Share of women in wage employment in the non-agricultural sector (SHW).	-	11.4%	50.0%
12 Proportion of seats held by women in national parliament (PSHW).	5.6%	11.1%	25.0%

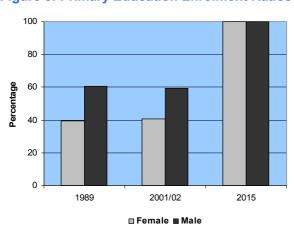
Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation		
Weak	Weak	Weak	Fair	Fair	Weak		

Status at a Glance The 2015 targets are unlikely to be achieved, because the supportive environment is weak.

Status and Trends

Unequal access to schooling, which is discriminatory against girls, is an outstanding problem of Liberian society, responsible for the high rate of illiteracy among girls and women. The situation has limited the capacity of women to participate effectively in national decision-making processes, and to serve in high profile positions in government and industry, thus confining them to the margins of society.

Figure 5: Primary Education Enrolment Ratios





Equal opportunities for boys and girls

Available statistics have consistently shown lower school enrolment for girls than boys at primary, secondary and tertiary levels of education. In 1989, the primary school enrolment ratio was 39.4% for girls, and 60.6% for boys. In 2001/2, the ratio was 40.8% for girls and 59.2% for boys.

In secondary education, girl's enrolment ratio increased from 33.3% in 1989 to 41% in 2001/2, compared with 66.7% and 69.5% for boys and girls, respectively during the same period. At tertiary level, the disparity between boys and girls is much more pronounced. 27.6% for girls and 72.4% for boys in 2001/2002.

The literacy rate amongst 15-24 year olds has decreased from 20.3% to 14.9% for females; and from 42.3% to 20% for males from 1989 to 2001/2002. The overall literacy rate for five-year olds and above is 37% (24% for females and 50% for males) (MPEA, 1999/2000). The 2015 targets for all categories of education (primary, secondary, tertiary and adult) for both sexes are 100%.

Gender parity in school enrolment at primary, secondary and tertiary levels in Liberia will not be achieved by 2005 and is unlikely to be attained by 2015, given prevailing circumstances and the slow pace of progress. Nevertheless, gender parity at all levels of education is a worthy objective that will be achieved in the fullness of time.

Available data indicates that women's share of wage employment in non-agricultural sectors is a dismal 11.4% (1999). As for parliamentary representative, only 11.1% of seats in the National Legislature were occupied by women (LNHDR, 1999), double the 5.6% female representation in 1989. The targets set for women's share of non-agricultural employment and parliamentary seats held by women are 50.0% and 25.0%, respectively (Figure 6).

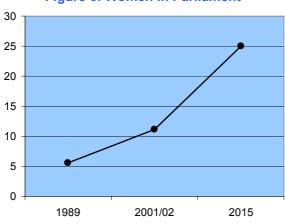


Figure 6: Women in Parliament

Challenges

Many factors affect gender equality in education, including:

- Low female enrolment due to entrenched cultural and religious practices and values, such as early marriage, domestic labor, and biases against girls education;
- High level of teenage pregnancies, leading to higher drop-out rates for girls;
- Limited number of female teachers in the school system to serve as role models for girls;
- Violence against girls and women, e.g. sexual harassment by male peers and teachers against girls;
- Increased mobility of girls into the sex industry to earn a living, due to poverty and hardship; and
- Inadequate institutional support for the development and empowerment of girls and women.

Supportive Environment

The establishment of the Ministry of Gender and Development (MGD) reflects national commitment to the principles of the 1995 Beijing Platform of Action for Women and the 1990 World Summit Goals for Children. Promotion of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the ratification of the Convention on the Rights of the Child (CRC) also demonstrate clear commitment to the empowerment of women and child rights.

The Forum for African Women Educationalists (FAWE) in Liberia is working with the Ministry of Education and other partners to stimulate girl's enrolment in schools and to reduce dropout rates. UNDP's gender and governance projects facilitated the creation of the MGD and related gender programs. The Association of Female Lawyers of Liberia (AFELL) has also campaigned vigorously and succeeded in effecting legislative enactment of the Female Inheritance and Property Rights Bill.

Development Priorities

Government and development partners should focus their resources in the following key areas:

- National initiatives to establish and extend free and compulsory primary education;
- Programs and activities geared toward creating the environment that will respect, uphold and enforce all provisions of CEDAW and CRC;
- Coherent and coordinated measures within the Government's framework to reduce high levels of illiteracy among women and girls;
- Technical assistance for gender sensitive curriculum development:
- Training of more female teachers to enhance girls' enrolment in schools;
- Implementation of Liberia's Education Sector Master Plan: 2000-2010;
- Skills training to enhance income generation, especially for mothers;
- Public awareness against harmful traditional practices that retard girls education;
- Health education to prevent teenage pregnancies;
- Campaign to stop violence against women; and
- Skills training and income generating, small-scale enterprises for boys and girls to ensure selfemployment.

Gender Equality Accelerates Poverty Reduction

GOAL 4: REDUCE CHILD MORTALITY

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

Indicators	1986	1999/2000	Target 2015
13 Under-five mortality rate (U5MR) - live births	220/1,000 lb	194/1,000 lb	74/1,000 lb
14 Infant mortality rate (IMR) - live births	114/1,000 lb	117/1,000 lb	39/1,000 lb
		2001/2002	
15 Proportion of 1 year old children immunized against measles (IAM)	40%	69%	100%

Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation		
Weak	Weak	Weak	Fair	Fair	Weak		

Status and Trends

Under-five Mortality

Under-five mortality rate (U5MR) is the probability of a child dying between birth and the age of five. U5MR declined from 220 per 1,000 live births in 1986 to 194 per 1,000 live births in 1999/2000 (LHDS, 1999/2000). The target set for 2015 is 74 per 1,000 live births. This target is unlikely to be met for the country as a whole, because the general supportive environment is weak, but the situation can be greatly enhanced by the provision of basic medical facilities.

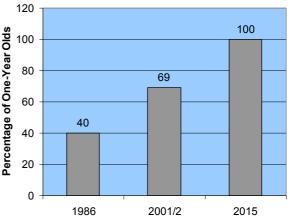
Infant Mortality

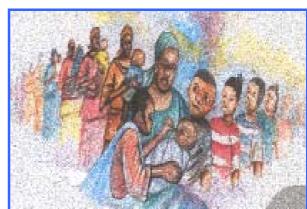
The infant mortality rate (IMR) is the ratio of infants who die before their first birthday per thousand live births, including stillbirths and neonatal deaths. Although still high by international standards, Liberia's IMR fell from 144 per 1,000 live births in 1986 to 117 per 1,000 live births in 1999/ 2000 (LDHS, 1999/2000). An ambitious target has been set of reducing IMR to 39 per 1,000 live births by 2015, but this is unlikely to be achieved throughout the country.

Immunization

The Expanded Program on Immunization (EPI), launched worldwide by WHO in May 1974, began in Liberia in July 1978. EPI strategies include routine vaccination at hospitals and health clinics, outreach and mass immunization campaigns.

Figure 7: Immunisation Against Measels





Immunize your children against the six childhood killer diseases

Current immunization activities are targeted at under-fives to protect against yellow fever, measles, tuberculosis, whooping cough, poliomyelitis, diphtheria and neonatal tetanus. Yellow fever had been eliminated from the country, but an outbreak was reported recently (2004). Immunization against measles has increased from 40% in 1986 to 69% in 2001/02 (MHSW & WHO, 1986-2002). The aim is for 100% coverage to be achieved by 2015.

Challenges

Liberia faces a variety of major challenges in reducing child mortality, including:

- Very high incidence and prevalence of childhood communicable and preventable diseases (neonatal tetanus, measles, malaria, diarrhea, acute respiratory infection, malnutrition, iron deficiency anemia and HIV/AIDS);
- Limited access to primary health care services, especially for child health care across the country;
- High dependency on traditional medicine as alternative for children health care;
- Poor child feeding practices due to limited health and nutritional education, and heavy workload of mothers and care-takers:
- Incomplete immunization coverage, which limits protection against measles, neonatal tetanus and other vaccine preventable childhood diseases;
- Inadequately trained personnel to manage vaccine equipment effectively;
- Widespread illiteracy amongst women, which poses major threat to child welfare and contributes to poor nutrition and health; and
- Continuing violence against women, which is harmful to the health and welfare of women and children.

Health Education is Good for Mothers

Supportive Environment

The National Health Care Policy, a framework for the provision and delivery of health care services, incorporates health promotion and protection, food and nutrition, social survival and protection programs, geared towards reducing child morbidity and mortality, and includes mortality, morbidity and disability reduction targets. The Family Health and Expanded Immunization Program Divisions of the MHSW share responsibility for ensuring improved child survival in Liberia.

National Policy and Immunization Guidelines, aimed at child protection, have been prepared.

The NRDP and the Health Sector Action Plan also prioritize children health. The special program focuses on the rehabilitation and reconstruction of health facilities, training of medical and paramedical personnel and supervision, monitoring and evaluation of health care services.

The RFTF emphasizes the restoration of the primary health care system that can deliver health and nutrition services across Liberia and, in particular, to the under-served rural population.

Development Priorities

The major development priority areas are:

- Revitalization of primary health care and maternal child health throughout the country, especially in rural communities;
- Provision of vaccines and cold chain equipment, transport and communications;
- Support to the health sector budget and training of health workers (nurses, midwives and caretakers);
- Support for programs to improve access to health services;
- Provision of essential and affordable drugs, and other medical supplies and equipment;
- Strengthening safe motherhood and reproductive health programs at national, county and district levels:
- Support programs/policies aimed at reducing poverty amongst women;
- Support health education and dissemination of information on health promotion and prevention;
- Support programs for food and nutrition, water and sanitation, disease prevention and control, HIV/AIDS education and prevention; and
- Health education, information dissemination and system monitoring and evaluation.

A Nutritionally Balanced
Diet is Necessary for
Child Growth and
Natural Immunity

GOAL 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters, between 1990 and 2015, maternal mortality ratio.

Indicators	1986	1999/2000	Target 2015
16 Maternal Mortality Rate (MMR) per 100,000 live births	260	578	65
17 Proportion of births attended by skilled health personnel (PBA)	91%	89.1%	97.0%

Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking			Monitoring & Evaluation		
Weak	Fair	Fair	Weak	Weak	Weak		

ts are unlikely to be achieved, because the supportive environment is weak.	Status at a Glance
-----------------------------------------------------------------------------	-----------------------

Status and Trends

According to the Liberia Demographic and Health Survey (LDHS), the maternal mortality rate in 1999/2000 was 578/100,000 live births, more than twice that in 1986 of 260/100,000 (MPEA, 1999/2000). More recent data from in-patient mortality statistics generated by health facilities suggest an even higher MMR of 1,370/100,000 live births in 2000 (MHSW, 1999/2000).

Achievement of this millennium target of reducing MMR by three-quarters, to 65 per 100,000 live births, seems very unlikely.

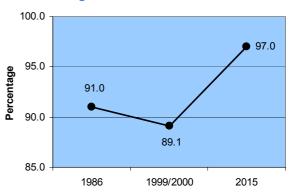
With respect to maternal health care, the LDHS indicates that 89.1% of pregnant women were looked after by skilled health workers (i.e. doctors, nurses, midwives, or trained traditional birth attendants) in 1999/2000, compared with 91% in 1986 (MPEA, 1999/2000) and 80% in the UNCCA (UNDP, 1997/98). The target set is to reach 97% of pregnant women by 2015 (Figure 8).

Challenges

Major challenges to improving maternal health and reducing the high maternal deaths include:

- Limited education and communications about health and welfare issues;
- Limited information on reproductive health and sexually transmitted disease;
- Low antenatal and postnatal care attendance and service coverage rates across the country;
- Reluctance of women to seek health care advice during early stage of pregnancy;

Figure 8: Maternal Health



- Low rate of institutional deliveries;
- High level of illiteracy among women;
- High level of teenage pregnancy;
- High level of poverty/hunger;
- Inadequate qualified personnel; and
- Inadequate logistics, including medical equipment, supplies, drugs and communications.



Seek medical attention during early pregnancy

Supportive Environment

The NRDP and National Health Plan, demonstrate strong national commitment to improve health care services to all Liberians. Needs assessment and nutrition surveys have been conducted by Government and its development partners (UNFPA, UNICEF, WHO, FPAL and AFRICARE) and management protocols for safe motherhood have been developed.

The MHSW has created two Divisions – Family Health, which is responsible for reproductive health and safe motherhood activities, and Women, Health and Development, which works closely with community groups to empower women with health information and income generating programs.

The Government, with assistance from its development partners, has also revised and standardized the in-patient morbidity and mortality reporting form, which is used to record information on the direct causes of maternal deaths, routine surveillance, monitoring and reporting.

Development Priorities

To improve the delivery of maternal health care, the Government and development partners should focus their resources in the following areas:

- Provision of logistics, including medical equipment, supplies, drugs and communication equipment;
- RFTF Cluster 6: basic social services/health and nutrition (see Box 3);
- Support enhanced public awareness of the causes and dangers of hypertensive disorders of pregnancy, abortion, ante- and post-partum bleeding, obstructed labor, ruptured uterus and sepsis, births away from health facilities and births attended by untrained personnel;
- Information Education and Communication (IEC) in safe motherhood;
- Support promotion of family planning/child spacing;
- Support initiatives for the greater literacy of women, especially health education;
- Support for the rehabilitation of medical facilities, and increased access to referral health centers;
- Support adult literacy and income generating activities for women; and
- Support mother and child health care by expanding maternity wards, ante-natal care services, emerging obstetrics care and training of medical personnel, and village health and traditional attendants.

Box 3: RFTF Basic Social Services/Health and Nutrition Priorities

- Develop and initiate a rehabilitation program for the revitalization of PHC and maternity wards throughout the country.
- Implement community-based health and nutrition programs (including those targeting micro-nutrient deficiencies) in selected areas of the country, with emphasis on health/hygiene promotion activities (including the distribution of hygiene items).
- Introduce accelerated capacity-building programs for key categories of staff, starting with in-service training.
- Re-activate the cold chain system, beginning with a massive increase in the import of vaccines, the reequipment of health facilities and stations and the strengthening of transport means at county level.
- Develop a master plan (including health infrastructure, human resources, drugs, medical supplies and funding levels) with a 5 to 10 year timeframe, which will guide the allocation of resources for future investments and development.
- Provide institutional support to the Ministry of Health and Social Welfare (MOHSW), with a strong competency-building component, aiming at strengthening key developmental functions.
- Expand the coverage and improve the quality of existing health programs, focusing on communicable diseases, surveillance, EPI, HIV/AIDS (possibly including ARV) malaria, TB and reproductive health.
- Address the main determinants of maternal mortality with feasible, urgent measures (antenatal care, provision of equipment and supplies, transport for referral, training and supervision), while medium-term interventions are being implemented (infrastructure and equipment, human resources, etc.).
- Initiate mental health and substance-abuse psycho-social programs.

Source: NTGL, UN and World Bank Joint Needs Assessment, February 2004.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 7: Have halted by 2015, and begun to reverse the spread of HIV/AIDS.

Target 8: Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases.

Indicators			Target 2015
HIV prevalence	4.2% (1994)	8.2% (2001)	At most 8.2%
18 HIV prevalence among 15-24 years old pregnant women (HPPW)	4.2%(1994)	12.9%(2000)	At most 12.9%
19 Contraceptive prevalence rate (CPR)	5.0% (1986)	16.8% (99/00)	60.0%
20 Number of children orphaned by HIV/AIDS (NCOH)	1,500 (1997)	2,100 (2002)	At most 2,100
21 Prevalence & death rates associated with malaria i. PRM ii DRM	37.4 (1993) 21.5% (1993)	56.9% (99/00) 14.1% (1998)	At most 56.9% At most 14.1%
23 Prevalence & death rate associated with TB i. PRT ii DRT	0.15%(1993) 0.6% (1993)	0.14% (1998) 0.65% (1998)	At most 0.14% At most 0.6%
24 Proportion of TB cases detected & cured under DOTS (Directly Observed Treatment Short Course)	0% (1993)	40%(1999)	More than 60%

Assessment and Monitoring Capacity							
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation		
Fair	Fair	Fair	Fair	Fair	Weak		

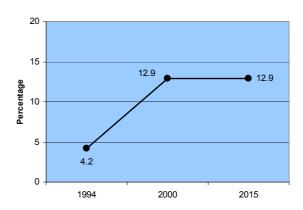
Status at a Glance The 2015 targets are unlikely to be achieved, because the supportive environment is weak.

Status and Trends

The HIV infection rate has almost doubled from 4.2% in 1994 to 8.2% in 2001 (MHSW, 1994 and 2001), and the RFTF estimated prevalence in 2004 to be 10-12%. Surveillance data indicate that women have a higher infection rate than men, and that prevalence amongst 15-24 year old pregnant women (HPPW) in 2000 was 12.9%, compared with 4.2% in 1994 (Figure 9).

According to MHSW statistics, the number of children orphaned as a result of HIV/AIDS has increased from 1,500 in 1997 to 2,100 in 2002. With the present weak supportive environment, it is unlikely that the spread of HIV/AIDS can be halted or reversed by 2015.

Figure 9: HIV Prevalence in 15-24 Year Old Pregnant Women



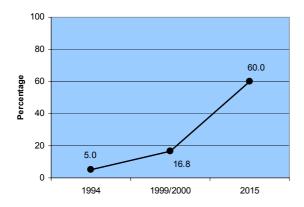


HIV/AIDS can be prevented - find out how to protect yourself against the virus

Contraceptive Use

Contraceptives (condoms) are still not widely used in Liberia, having increased from 5% in 1986 to 16.8% in 1999/2000 (MPEA, 1999/2000). With concerted efforts, it may be possible to achieve the national target of 60% by 2015 (Figure 10).

Figure 10: Contraceptive Use (Condoms)



Malaria and Other Major Diseases

The disease burden in Liberia is enormous. Of the 24 illnesses under routine surveillance, malaria, diarrhea, measles, acute respiratory infections and malnutrition account for the highest morbidity and mortality.

Malaria

Malaria is endemic to Liberia, occurring throughout the year but most commonly during the rainy season. Prevalence has increased from 37.4% in 1993 to 56.9% in 1999/2000, whilst fatalities have decreased from 14.1% in 1993 to 21.5% in 1998.

Preventive measures being used include insecticides, repellants and bed nets. Earlier use of bed nets was not very effective because they were not treated with insecticide, but the MHSW began selling insecticide-impregnated bed nets in 2002.



Use bed nets to prevent mosquito bites

Tuberculosis

Tuberculosis has become a serious public health problem in recent times. Data from the Tuberculosis/Leprosy Control Program indicates a prevalence rate of 0.15% in 1993 and 0.14% in1998. The mortality rate over that period was 0.6%. The Direct Observed Treatment Short Course (DOTS) was introduced in 1999 and its coverage, i.e., the proportion of tuberculosis cases detected under DOTS, is put at 40%. The aim is to achieve a DOTS coverage of 60% by 2015.

Measles and Other Diseases

Acute respiratory infections (ARI), diarrhea and measles are also of serious concern in Liberia, occurring most frequently during the rainy season (May-October). ARI are most common with a prevalence of 39.2% and a death rate of 9.1%. Diarrhoea has a 34% prevalence and 5.6% death rate. Measles has a 4.6% prevalence and a 0.3%. death rate.

Neonatal tetanus (NT) is now targeted by WHO for elimination as a major public health burden. The three main elimination strategies are: (1) high tetanus toxoid (TT) coverage of pregnant women; (2) clean delivery; and (3) identification of risk areas (i.e. TT immunization of child bearing-age women). Nine hundred and fifty-seven cases of NT were reported for 1993-2001, with 295 deaths. The current overall case fatality rate is 30.8%, compared with 32.4% for 1984-1989.

Challenges

The major challenges impeding progress towards the goal of halting and reversing the trend of HIV/AIDS infection and the incidence of malaria and other major diseases are as follows:

- Weak referral system, and high dependency on institutionalized care;
- Unavailability of needed drugs;
- Limited supply of condoms to government and I/NGOs facilities;
- Refusal to disclose results of HIV testing conducted for non-diagnostic purposes;

- Stigma against HIV positive patients and denial by victims:
- Limited awareness about the HIV/AIDS, especially on the mode of transmission;
- Insufficient help for those at risk, especially commercial sex workers, youths and children orphaned by AIDS;
- Weak sentinel HIV/AIDS data collection system;
- Very low level of contraceptive prevalence;
- Limited improved sources of safe drinking water, thus causing diarrhea and cholera epidemics;
- Lack of improved toilet and garbage disposal facilities:
- Over-crowding leading to spread of tuberculosis;
- Low spending on national health program by national authorities; and
- Limited health education on disease prevention.

Supportive Environment

A situation analysis of HIV/AIDS, malaria and other diseases in Liberia was undertaken and a strategic plan of action and resource mobilization has been prepared. The Government and its development partners have launched a range of HIV/AIDS awareness, prevention and control activities, targeted at high risk groups. The Global Fund on HIV/AIDS has earmarked US\$24 million to combat HIV/AIDS, tuberculosis and malaria in Liberia to be administered by UNDP, US\$7.65 million of which is specifically earmarked to combat HIV/AIDS.

Mother Patern College of Health Sciences conducts an HIV/AIDS Awareness Program in the Catholic School System, and in the print and electronic media. The National AIDS Control Program (NACP) works closely with ACTIONAID, AIDSCORPS and other community-based organizations in the coordination and implementation of HIV/AIDS related programs and activities.

The RFTF has identified HIV/AIDS as a crosscutting theme to be mainstreamed in all areas of socio-economic development.

Development Priorities

Key development priorities include the following:

- HIV/AIDS testing facilities and care for HIV/AIDS victims;
- Intensification of public awareness on HIV/AIDS mode of transmission:
- Programs to support commercial sex workers and other high risk groups;
- Support increase condom/contraceptive use;
- Support the establishment of a sentinel HIV/AIDS data collection system;
- Support health education;
- Increase access to safe drinking water and improved sanitation;
- Strengthen the medical referral system;
- Support the provision of drugs for the treatment of HIV/AIDS patients;
- Facilitate an increased supply of condoms;
- Counseling for people living with HIV/AIDS;
- Integrated disease surveillance and response;
- Training to improve the effectiveness of staff;
- Transportation and communication for broader coverage and increased awareness;
- Supervision, monitoring and evaluation;
- Establishment of a health information collection, analysis and dissemination system;
- Provision of equipment for electronic data management; and
- Provision of adequate support to the health sector budget.

Box 4: RFTF Transitional Strategy for HIV/AIDS

Efforts to tackle HIV/AIDS - through increasing access to accurate information and preventive measures - should certainly concentrate on scaling up actions that are already underway and are effective. The challenge that HIV poses for Liberia's recovery - particularly the risks faced by Liberia's women - must now be tackled with far greater urgency.

The transition program and the Global Fund's grant, together, provide a window of opportunity. Leaders of the various sectors are expected, now, to mainstream HIV/AIDS issues into their transition plans. They should refine their plans, so as to make substantive contributions to expanding the coverage and accessibility of services that help all people (especially women) prevent infection through sexual activity, accidental exposure or therapeutic use of blood and blood products. These refinements should be reflected as HIV-related expected results, not only in the health sector, but also in planning for security; disarmament and demobilisation, refugees, returnees and IDPs; governance; education; livelihoods and infrastructure development.

Source: NTGL, UN and World Bank joint needs assessment.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources.

Target 10: Reduce by half the proportion of population without access to sustainable safe drinking water.

Target 11: Achieve significant improvement in life of at least 1.5 million slum dwellers, including displaced persons.

Indicators			Target 2015
25 Proportion of land area covered by forest (LACF)	4.1 million ha (1992)	3.4 million ha (2001/2002)	At least 3.4 million ha
26 Land area protected to maintain biological diversity (LMBD)	0.129 million ha (1983- 2002)	0.192 million ha 2003	At least 0.534 million ha
27 GDP per unit of energy use (as proxy for energy efficiency) (GUEU)	21.3 KWT/hr 1990	5.55 KWT/hr 2001	At least the 1990 level
29 Proportion of population with sustainable access to improved water source (PSAW)	58.4% (1997)	26% (1999/2000)	63%
30 Proportion of people with access to improved sanitation (PAIS)	16.9% (1997)	36.3% (1999/2000)	67.9%
31 Proportion of people with access to secure tenure (PAST)		54.3% (1999/2000)	91.8%

Assessment and M	Assessment and Monitoring Capacity								
Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation				
Weak	Fair	Weak	Weak	Fair	Weak				

Status at a Glance The 2015 targets will probably be achieved and the supportive environment is fair.

Status and Trends

Liberia possesses a rich variety of natural resources, including gold, diamonds, iron ore and extensive tropical forest, with its associated wealth of biodiversity. The uncontrolled exploitation of these resources in recent years and progressive expansion of agriculture, however, have given rise to increasing cause for concern.

Prominent amongst environmental concerns are: (i) deforestation due to logging, shifting cultivation, fire-wood collection and charcoal production, and associated loss of biodiversity, exacerbated by wide-spread illegal hunting and consumption of "bush-meat"; (ii) increasing erosion, run-off and contamination of rivers and streams; (iii) marine and air pollution; and (iv) coastal erosion, particularly around Monrovia, Buchanan and Greenville Cities.



Preserve your forest to maintain biodiversity

Forest cover has declined from 4.1 million hectares in 1992 to 3.481 million hectares in 2000/01. The area protected to maintain biodiversity has increased slightly from 0.12 million hectares in 1983/2 to 0.192 million hectares in 2001/2 (Sayer et al., 1992; and EPA, 2003). The target is to secure 0.534 million hectares of land for the protection of biodiversity by 2015.

Per capita energy use, a proxy for energy efficiency, declined by 72%, from approximately 21.3 kilowatt/hour in 1990 to 5.55 kilowatt/hour in 2001 (LEC, 2000/2003). The target set for 2015 is to achieve at least the 1990 level.

Mater

Access to improved water sources (pipe borne and hand pumps) declined from 58.4% of households in 1997 to 26% in 1999 (MP&EA, 1999/2000) and has deteriorated further since then. Wide disparities in water quality exist, with only 4% of rural households having access to safe drinking water, compared to 25% of urban households. The target set is to increase access to safe drinking water to 63% of population nation-wide by 2015.

Sanitation

The proportion of households with improved sanitation increased from 16.9% in 1997 to 36.3% in 1999/2000 (UNDP, 1997/8 & 2000/1) The national target is for 67.9% of households to have improved sanitation by 2015.

Security of Tenure

Fifty-four percent of Liberians own their homes, with 65.4% ownership in rural areas and 30.3% in urban centers (MP&EA, 1999/2000). The target is to achieve a 27.5% increase in home ownership by 2015. It is important to note, however, that many homes were abandoned and/or destroyed during the civil war, especially in rural areas and that half the population of 2.9 million are homeless, many of whom are living in camps for internally displaced people and refugees.

Challenges

The following specific challenges are faced in pursuance of environmental sustainability:

- Limited awareness of environmental concerns, inadequate information and weak advocacy;
- Lack of clear policy, legislation and enforcement capability;
- Inadequate coordination among agencies dealing with the environment;
- Lack of regulations for firewood collection, charcoal production, waste management, sanitation and land fill sites;

- Limited integration of poverty and environment issues into economic policy reforms and social impact analysis;
- Limited access to environmentally sound and locally appropriate technology for production of crops that conserve soil, water and agro-diversity;
- Weak campaigns to promote sound environmental management and reduce degradation;
- Limited capacity for environmental impact assessment, biodiversity conservation and efficient energy use:
- Inadequate professional and technical manpower in both rural and urban areas;
- Heavy dependence on donor assistance for environmental sustainability programs;
- Increasing cost of power and water treatment chemicals;
- Lack of essential equipment and spare parts for maintenance of rural water and sanitation systems;
- Absence of a national housing policy; and
- Limited private sector finance for housing and public utilities.

Supportive Environment

Since its establishment in 1999, as a demonstration of Government's commitment, the National Environmental Commission of Liberia (NECOLIB) has: organized yearly programs marking World Environment Day; lobbied for the ratification of many conventions on the environment; held an Environment Fair in 2001; and drafted the National Environmental Policy, the Environment Protection and Management Law, and the Environmental Protection Agency Act, which were passed into law by the National Legislature in 2003. These instruments are intended to ensure positive movements towards enhanced environmental awareness, environmental protection and sustainable development.

The provision of safe drinking water and the disposal of sewage in urban centers are the responsibility of the Liberian Water and Sewer Corporation. Its mandate covers the Monrovia Water Supply System; the Monrovia Sewerage System; and the County Headquarters Water Supply System (Outstations). The provision of safe drinking water and sanitation services to the rural population falls under the mandate of the Ministry of Rural Development. The National Housing Authority is responsible for planning, developing and implementing housing and regulatory management of housing estates, although the bulk of housing/shelter in Liberia is provided by the private sector. These agencies are, however, incapacitated and unable to adequately execute their functions, due to the security situation and their limited logistic and human capacity.

Development Priorities

The national development priorities for the environment include:

- Strengthening capacity for advocacy, data collection, analysis, monitoring and evaluation at the Environmental Protection Agency (EPA);
- Environmental management and sustainable use of renewable natural resources:
- Enhancing environmental awareness and active involvement of NGOs and local communities in environmental protection and management programs, combined with poverty reducing activities;
- Rehabilitation and management of electricity and water supply facilities in urban and rural areas;
- Greater involvement of the private sector in water and energy sectors;

- Provision of spare parts, communication equipment and logistics for the construction of wells with hand pumps and pit latrines/sanitation for rural dwellers;
- Create awareness to promote the benefits of sanitary pit latrines;
- Formulation of a national housing policy;
- Expansion of locally produced, low cost, building materials;
- Legislation for environmental protection and sustainable development, including control of deforestation, firewood collection, charcoal production and waste management;
- Promotion of appropriate technology, agrodiversity, water and soil conservation; and
- Environmental impact assessment, biodiversity conservation and efficient energy use.

Box 5: RFTF Transitional Strategy for the Environment

Environmental issues relating to human health. The inadequate provision of freshwater, sanitation and waste management services currently pose a real risk to human health and environmental quality. A proliferation of temporary wells (in excess of 5,500 in Monrovia and 2,700 in Buchanan) is creating problems in relation to the management of water quality. The future development of well-based community water systems should be based on hydro-geological information, such as aquifer recharge rates, direction and rate of ground water flow, and proximity to sources of contamination. This would enable more systematic approaches to water management, disinfection and source protection zones.

Identification of environmental "danger zones". Locations that are likely to increase risks to human health should be kept under surveillance, and remedial action taken as indicated. These include Freeport Harbour (where sunken vessels and extensive pollution around the fuel storage installations were found on a site inspection), the oil refinery and associated pipeline, the "defecation" fields in major urban areas, unmanaged latrine pits and septic tanks, industrial sites, former landfills and areas of uncontrolled dumping, and areas where mine tailings have been dumped.

Environmental governance. Existing legislation—and the associated institutional framework—should allow for the sustainable management of Liberia's environmental resources. There is an Environmental Protection Agency (EPA) Act, an Environmental Protection and Management Law, and a National Environmental Policy.

Source: NTGL/United Nations/World Banks Joint Needs Assessment, February 2004.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Indicators	2000	Target 2015
45 Unemployment rate of 15 –24 years olds (UER)	88%	44%
46 Proportion of population with access to affordable drugs on a sustainable basis (PAD)	94% (1997)	99%
47 Telephone lines per 1,000 people (TL)	2.4	12

As	Assessment and Monitoring Capacity									
	Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation				
	Fair	Fair	Fair	Fair	Fair	Fair				

Status at a Glance The 2015 targets will probably be achieved, but the supportive environment is poor.

Status and Trends

The Liberian economy is "private enterprise oriented". Investment policies are intended to be private sector friendly, within the context of the country's "Open Door Policy", providing incentives and tax holidays to foreign investors. However, the business climate in Liberia is presently less than favorable. Business operations have declined steadily, as evidenced by reduction in annual business registration for example business registration declined from 963 in 2000 to 661 in 2001, a decline of 31% due to poor enabling environment, i.e. policies, infrastructure (electricity, water, communication), and financial system, which increases the cost of business in Liberia. The majority of existing businesses are small, engaging mainly in petty trading in the informal sector.

With respect to international trade, the direction is towards Western Europe, USA and Latin America. The export sector is limited to few unprocessed, primary agricultural and mineral products, with limited value added, including round logs, rubber, cocoa, coffee, gold and diamond. Imports are mainly foodstuffs and other consumables, including pharmaceuticals. Although the 1997 UNCCA put the proportion of the population with access to affordable drugs on a sustainable basis at 94%, the 2003 Needs Assessment shows that the situation has deteriorated sharply.



Liberia supports free trade

Importation of heavy machinery and capital for production has virtually ceased due to the civil crisis, and the quality of imported manufacture products on the Liberian market is poor and does not meet international standards.

The Ministry of Commerce and Industry has limited capacity to either monitor effectively, or enforce internationally accepted standards for imported and locally manufactured goods. There is a real danger of the Liberian market being flooded with sub-standard and outdated commodities, especially foodstuff and drugs, posing serious health hazards to consumers.

Box 6: Enhancing Global Partnership

Liberia's Strategy for Enhancing Global Partnership

A national workshop held to consider the Millennium Development Goals proposed the following initiatives:

- Holding of trade fairs in Liberia;
- Liberalizing the strategic commodity markets (petroleum, rice, cement, etc.) to create employment opportunities;
- Developing a country poverty reduction strategy paper to encompass the cross cutting issues and include pro-poor initiatives;
- Improving the national legal environment so as to promote international and local private sector investment and general business transactions;
- Honoring local and international obligations to national, regional, bilateral and multilateral institutions;
- Creating and/or enforcing existing laws to protect local industries;
- Creating information, education and communication (IEC) networks;
- Establishing an interstate transport system;
- Establishing regional headquarters for development institutions in Liberia (WARDA, MRU, ECOWAS, FUND, World Bank, etc.); and
- Improving the tourism industry.

Source: Working group response – MDGs National Workshop; YMCA – Liberia; May 6, 2003

Liberian industries are mostly small scale, rudimentary and inefficient. The closure of major investment concessions (Liberia-American Mining Company (LAMCO) and Bong Mining Company (BMC)) in the recent past has exacerbated the already grave unemployment situation in Liberia, estimated at 85%, (88% for youth between 15-24 years of age). The informal sector (petty trading) has become a major coping mechanism for the poor and unemployed. High levels of unemployment and insecurity sustain a vicious circle of poverty. It is quite unlikely that the target of reducing unemployment to 44% will be met by 2015.

Presently, there are only 2.4 telephone lines per 1,000 people. A five-fold increase in the number of lines to 12 per 1,000 has been targeted for 2015.

There is a general consensus amongst Liberians that persistent bad governance throughout most of the Liberia's history has been responsible for the county's political and socio-economic instability. For the private sector to become the engine of

growth, employment creation and development in Liberia, the overall enabling environment must improve. National security, macroeconomic policies, communications, infrastructure and governance all have to be overhauled and made more effective within the context of an integrated national recovery strategy. The RFTF provides an important step in this direction.

Following the CPA and the inauguration of the NTGL in October 2003, the prospects for the future have begun to improve.

Challenges

Major challenges facing global partnership for development in Liberia include:

- Nation-wide insecurity;
- Limited policies and structural reforms necessary for enhancing transparency, accountability and a free enterprise system;
- Poor international image and relations, UN Sanctions, particularly those on timber and diamonds, which gave the country a very negative image;
- Culture of electoral malpractices, corruption and nepotism;
- Limited capacity to ensure transparency and accountability in the public sector, especially the legal system;
- Outdated investment incentives, communications system, basic public infrastructure and services;
- Obsolete private business law, policies and tax system;
- Limited financing opportunities; and
- Limited data on the tenets of global partnership for development, employment and private enterprise development.

Supportive Environment

There is much international goodwill towards Liberia, despite the county's unfavorable recent political history. The United Nations System has remained steadfast as a neutral and trusted development partner; and ECOWAS, AU, EU and USAID have remained constructively engaged in dialogue.

Following the CPA, other key partners, including the World Bank, IMF, ADB and bilateral stakeholders have returned to engage in the process. The constructive participation in the 2003 Needs Assessment exercise and the subsequent Donor Conference held in February 2004, which culminated in full funding of the RFTF to the tune of US\$520 million, provide eloquent testimony to the commitment of international development partners to Liberia's reconstruction efforts.

Development Priorities

To enhance the global partnership for development, the Government and its partners should focus their efforts on:

- National and sub-regional peace and security to foster dialogue and reconciliation among conflicting parties;
- Supporting good governance, including respect for human rights and the rule of law;
- Institutionalization of the "one-team" approach demonstrated during the Liberia Needs Assessment and RFTF processes;
- Support the RFTF Implementation and Monitoring Committee (RIMCO), the RIMCO Support Office (RSO) and the RIMCO Working Committees (RWCs), which constitute a framework for the facilitation and scrupulous implementation of the RFTF;
- Public sector management, transparency and accountability;
- Improving fiscal policy and structural reforms, including a simplified and effective tax collection system;

- Improving commerce and trade: export promotion and imports standardization; facilitation of subregional and international trade; and financing mechanisms to enhance trade;
- Improving domestic manufacturing and industry, including small and medium sized indigenous industries to create jobs and reduce unemployment;
- Supporting and ensuring free and fair elections in 2005:
- Institutionalization of prudent anti-corruption policies;
- Strengthening institutions of transparency and accountability, private sector development policies, financing the legal system;
- Lobby for the removal of sanctions on Liberia's timber and logs;
- Support data collection and analysis of the tenets of the global partnership for development; and
- Improving access of the poor to basic services (electricity, water and sanitation, communications, education, health, credit and roads, etc.).

Box 7: The Liberia Reconstruction Conference, February 5-6, 2004

The International Reconstruction Conference for Liberia was held at the United Nations in New York on February 5 and 6, at ministerial level. The meeting was held at the invitation of the Secretary General of the United Nations, on behalf of the UN and its co-hosts, the United States and the World Bank. The conference was prepared in close partnership and collaboration with the National Transitional Government of Liberia (NTGL).

Representatives from 96 countries and 45 organizations attended to express their support for the reconstruction of Liberia.

The conference took place following a preparatory meeting at the United Nations held on January 15 and chaired by UNDG Chair and UNDP Administrator Mark Malloch Brown. Representatives of the NTGL and international and local NGO representatives met along with members of the donor core group and other countries. This meeting demonstrated the high degree of commitment by the NTGL to effecting a peaceful and viable transition, and reflected a strong consensus among all those represented to moving forward on the basis of the Results-Focused Transition Framework, developed collaboratively in Monrovia by the NTGL along with the World Bank, UN, the IMF and donors on the ground and based on UN-led sector needs assessments. Donors and NGOs also recognized the NTGL for the measures it was already taking to promote budget transparency and for its strong collaboration with the World Bank and IMF.

February 6 opened the ministerial-level discussions. The deliberations were opened by Secretary General Kofi Annan, followed by U.S. Secretary of State Colin Powell, World Bank Vice President Callisto Madavo, and Minister of Development Cooperation Tom Kitt of Ireland as EU President. In their remarks, they expressed their recognition and appreciation of the visible progress made thus far since the signing of the Comprehensive Peace Agreement in August 2003. The leadership and commitment shown by the NTGL was widely applauded by all speakers, who urged Chairman Bryant and his government to continue on what must be an irreversible path of peace, stabilization and reconciliation after a 14-year period of brutal civil war and human suffering.

They stressed that the period of transition must be an all-inclusive process based upon the principles of equality, trust and ownership by the Liberian people, and recognized the regional dimensions of the challenges facing Liberia.

Source: UNDP News Bulletin, 2004.

REFERENCES

- CBL. Statistical Bulletin, Vol. 4, No. 1. Central Bank of Liberia, Monrovia.
- FAO (2003). Country profiles and mapping information system. Rome: Food and Agriculture Organisation of the United Nations: http://www.fao.org/forestry/site/18308/en/lbr
- GoL Ministry of Foreign Affairs (2003). An Act for the Establishment of a Protected Forest Areas Network, October 2003, Ministry of Foreign Affairs, Monrovia.
- GoL Ministry of Foreign Affairs (2003). An Act for the Extension of the Sapo National Park, October 10, 2003 Ministry of Foreign Affairs, Monrovia.
- LEC (2000/2003). Annual Reports. Liberia Electricity Corporation, Monrovia.
- MC&I (2003). Annual report: 1999-2002. Ministry of Commence and Industry, Monrovia.
- ME (1995). Basic education program (1995-2000). Ministry of Education, Monrovia.
- ME and UNICEF (2001/2002). Educational survey. Ministry of Education and United Nations Children's Fund, Monrovia.
- ME, (2000). Education sector master plan (2000-2010). Ministry of Education, Monrovia.
- MF (2003). Annual reports: 1999-2002. Ministry of Finance, Monrovia.
- MHSW (). National health sector program. Ministry of Health and Social Welfare, Monrovia.
- MHSW (1994 and 2001). HIV test results. National AIDS and STD control program. Ministry of Health and Social Welfare, Monrovia.
- MHSW (1999/2000). Inpatient statistics of health facilities. Ministry of Health and Social Welfare, Monrovia.
- MHSW and UNICEF (1999). National micro-nutrient survey, Ministry of Health and Social Welfare and United Nation Children's Fund, Monrovia.
- MHSW & WHO (1986-2002). National expanded program on immunization (EPI) coverage survey, Ministry of Health and Social Welfare and World Health Organization, Monrovia.
- MHSW and WHO (1999/2000). Report on the safe motherhood needs assessments, Ministry of Health and Social Welfare and World Health Organization, Monrovia.
- MP&EA (1995). National reconstruction plan: 1998–2000. Ministry of Planning and Economic Affairs, Monrovia.
- MP&EA (1999/2000). Liberia demographic and health survey. Ministry of Planning and Economic Affairs, Monrovia.
- MP&EA (2002). Five-year national reconstruction and development plan (2002-2006). Ministry of Planning and Economic Affairs, Monrovia.
- NTGL, UN and World Bank (2004). Joint assessment. National Transitional Government of Liberia. Monrovia.
- Sayer, J.A., C.S. Harcourt and N.M. Collins (1992). The conservation atlas of tropical forest in Africa. International Union for Conservation of Nature: IUCN 03357757-4.
- UNDP (1979). Convention on the elimination of all discriminations against women (CEDAW). United Nations Development Program.
- UNDP (2003). United Nations Development Assistance Framework: 2003-2005. United Nations Development Program, Monrovia.
- UNDP (1997/98) United Nations common country assessment. United Nations Development Program, Monrovia.
- UNDP (2000/01) United Nations common country assessment. United Nations Development Program, Monrovia.
- UNDP (1999). Liberia national human development report. United Nations Development Program, Monrovia.
- UNDP (1999, 2000, 2001/02). Liberia economic reviews. United Nations Development Program, Monrovia.
- UNDP (2001). Development cooperation eport1998/1999. United Nations Development Program, Monrovia.
- UNDP (2001). Poverty profile of Liberia. United Nations Development Program, Monrovia.
- UNDP and ME (1995). Beijing platform of action for women. United Nations Development Program and Ministry of Education, Monrovia.
- UNICEF (1997-2003). Convention on the Rights of the Child (CRC). Office of the High Commissioner for Human Rights, Geneva, Switzerland
- UNICEF (1990). World summit goals for children. United Nations Children's Fund, Monrovia.
- UNICEF (2000). Situation Analysis Report. United Nations Children's Fund, Monrovia.

APPENDIX 1: SUMMARY OF MDG ASSESSMENT AND MONITORING CAPACITY

Goals	Data Gathering	Quality of Survey Data	Statistical Tracking	Statistical Analysis	Statistics into Policy	Monitoring & Evaluation
Extreme Poverty	Weak	Fair	Weak	Fair	Weak	Weak
Hunger	Fair	Fair	Fair	Fair	Weak	Weak
Universal Primary Education	Weak	Weak	Weak	Fair	Weak	Weak
Gender Equity	Weak	Weak	Weak	Fair	Fair	Weak
Under-5 Mortality	Weak	Weak	Weak	Fair	Fair	Weak
Maternal Mortality	Weak	Fair	Fair	Weak	Weak	Weak
HIV/AIDS, Malaria & Other Diseases	Fair	Fair	Fair	Fair	Fair	Weak
Environment	Weak	Fair	Weak	Weak	Fair	Weak
Partnership	Fair	Fair	Fair	Fair	Fair	Fair

The standards used for assessing data collection, quality and utilization capacity, summarized below, are the same as those used in other national reports:

Data Gathering Capacity

Strong, if there is capacity for periodic/regular collection of data about MDGs/Targets; **Fair**, if the capacity is inadequate; and **Weak**, if capacity for regular data collection on the MDGs is lacking.

Quality of Recent Survey Information

Strong, if the most recent data set is evaluated to be valid, reliable and replicable; **Fair**, if gaps exist in the data; and **Weak**, if there is no recent data.

Statistical Tracking Capacity

Strong, if there is a fairly long standing mechanism, already implemented in at least two episodes to collect relevant information and to process it; Fair, if this has been done in at least once; and Weak, if no mechanism exists.

Statistical Analysis Capacity

Strong: if there is an outstanding system for data analysis that has analyzed data at least twice; has capacity to analyze information including multi-variate analysis in a sustainable manner; **Fair**, if this has been done at least once; and **Weak**, if no system exists for statistical tracking.

Capacity to Incorporate Statistical Analysis into Policy Planning and Resource Allocation

Strong, if new information and analysis is systematically fed into policy making, planning and resource allocation; Fair, if it happens, but not regularly; and Weak, if this does not happen.

Monitoring and Evaluation

Strong, if systematic information based review and re-planning is part of the program; **Fair**, if this is inadequate; and **Weak**, if this is lacking.

APPENDIX II: THE UN AGENCIES' ROLE IN SUPPORT OF LIBERIA

Liberia is presently in a conflict situation with substantial parts of the Country engulfed and occupied by warring factions. The UN Agencies have galvanized their resources and efforts in support of the humanitarian needs, rehabilitation and reconstruction of social services, reintegration of excombatants, refugees and returnees, food security, child protection, gender equality, environment and for building governance and economic management capacity.

Working within the framework of UN System Reforms, and owing to the fact that Liberia was still in conflict, the UN Country Team during the close of 2002 resolved and drew up a modified UN Development Assistance Framework (UNDAF) for the period 2003-2005, with a view to increasing the impact of UN System's humanitarian and development assistance, as well as enhancing collaboration and joint implementation of programs/projects.

The modified UNDAF is based on several key situational analyses, surveys and studies, including: the updated United Nations Common Country Assessment (UNCCA); the Consolidated Appeal Process (CAP) for humanitarian assistance; the Liberia Medium Term Plan for National Reconstruction and Development; the Liberia Demographic and Health Survey; the Poverty Profile of Liberia; and various other key analytical studies.

The modified UNDAF was drawn up to support national priorities, as identified in the national plan. These priorities include: reconciliation and consolidation of peace; improving national security and governance; reintegration and resettlement; public sector effectiveness and transparency; private sector development; job creation and growth; social services rehabilitation; statistical information and database reconstruction. The over-arching theme of this strategy is Sustainable Human Development and Poverty Reduction.

In recognition of the enormous security and development challenges facing Liberia, the modified UNDAF identifies, defines and articulates the scope and focus of the UN System operatives in Liberia for the period 2003-2005.

These include four thematic areas and four cross cutting issues:

- 1. Conflict Resolution, Peace Building and Relief;
- 2. Good Governance;
- 3. Food Security and Sustainable Recovery, and
- 4. Reproductive Health, Combating HIV/AIDS, Malaria and other diseases.

The cross cutting issues are: (a) Gender; (b) Child Rights; (c) Protection; and (d) Environmental and Natural Resource Management.

In pursuance of the above themes and cross cutting issues, the UN System in Liberia will work in partnership with national and international organizations, including USAID, EU, IMF, the World Bank, bilateral and multilateral donors, subregional groups, CSOs and other development partners.

On the substantive front, the UN System will provide technical and operational assistance to the Government and local communities, drawing on global best practices and experiences. The UN System's inter-agency Theme Groups will strengthen the mechanisms for information sharing, effective communication and coordination, joint implementation of programs/projects, and monitoring of the implementation of the UNDAF, coordinated by the Office of the Resident Coordinator

In response to the August 18, 2003 CPA and the United Nations Security Council Resolution 1509, the international community has been unanimous in its resolve to end the carnage and suffering of the Liberian people. ECOWAS, the African Union, USA, UN, and the United Kingdom have all played a genuine role in bringing about the current political and security changes in Liberia.

ECOWAS and UNMIL Peace Keepers have succeeded in restoring relative peace, and facilitated the inauguration of the NTGL on October 14, 2003; and have commenced the disarmament of the warring factions. Approximately 50,000 excombatants, including 21,000 child soldiers will be disarmed. This initiative will continue until genuine peace is restored and democratic elections are conducted in 2005.