2012

The Situation of Children and Women in Liberia

From Conflict to Peace

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CONTENTS

ACRONYMS

ALP	Accelerated Learning Programme
ANC	Ante Natal Care
BCG	Bacillus Calmette-Guérin - vaccine against tuberculosis
BPHS	Basic Package of Health Services
BRAC	An NGO, with headquarters in Bangladesh and a focus on microfinance
CESCR	Committee on Economic, Social and Cultural Rights.
CFS	Child Friendly Spaces
CHC	Community Health Committee
CHV	Community Health Volunteer (gCHV – general CHV)
CLTS	Community Led Total Sanitation
CRC	Convention on the Rights of the Child
CRID	Centre for the Rehabilitation of the Injured and Disabled
CWC	Child Welfare Committee
CWIQ	Core Welfare Indicators Questionnaire
DNA	Deoxyribo Nucleic Acid – double helix structure of genes
DPT	Diphtheria, Pertussis (whooping cough), Tetanus – immunisation
ECCD	Early Childhood Care & Development
ECE	Early Childhood Education
EGDS	Economic Growth and Development Strategy (2013 - 2017)
EMIS	Education Management Information System
FAO	Food and Agriculture Organization
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GER	Gross Enrolment Rate
HHP	Household Health Promoter
HMIS	Health Management Information System
ILO	International Labour Organization
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
JPAGD	Joint Programme for Adolescent Girls Development
LDHS	Liberia Demographic and Health Survey
LISGIS	Liberia Institute of Statistics and Geo-Information Services
LMNS	Liberia Micronutrient Survey
LPERP	Liberian Primary Education Recovery Programme
MCH	Maternal & Child Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio

NER	Net Enrolment Rate
NFE	Non-Formal Education
NGO	Non-Governmental Organization
MoHSW	Ministry of Health & Social Welfare
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PRS	Poverty Reduction Strategy
RED	Reaching Every District (with immunisation)
REPW	Reaching Every Pregnant Woman
SGBV	Sexual and Gender Based Violence
STI	Sexually-Transmitted Infection
TBA	Traditional Birth Attendant
TTM	Trained Traditional Midwife
TRC	Truth & Reconciliation Commission
UCLA	University of California, Los Angeles
UNDAF	United Nations Development Assistance Framework
UNHCR	UN High Commission for Refugees
UNFPA	United Nations Fund for Population
UNMIL	United Nations Mission in Liberia
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization
YEE	Youth Employment and Empowerment

President Ellen Johnson Sirleaf launches the Children's Law at the Liberia Children's Festival February 2012

For too long, Liberia has neglected its children and discriminated against its women. They have been unable to fulfil their potential, contribute to Liberia's prosperity and benefit from its development. That picture is beginning to change and this report shows what is being achieved, but also how far we have to go. As I said in my annual message to the National Legislature in January 2012 on the theme "Reflecting the Past, Claiming the Future": 'we must pay special attention to our girls. It will be to Liberia's benefit when our women are educated and contribute as equal partners in government and the private sector. As I travel around the country, it breaks my heart to see what are, virtually, babies having babies – teenage girls raising families when they should be in school. Large numbers of young girls live on the streets, and resort to prostitution to make a living. Many girls, some very young, have their dignity and their future undermined by the viciousness of rape. This must be unacceptable truths for all of us". I went on to describe some of the actions my government will take to address the problems that this report also highlights. We will reopen and expand girls boarding schools; support enterprise development and the possibility for every young person to own their own business; continue the past five years' six-fold increase in skilled birth attendants and the near doubling of the population who live within five kilometres of a health facility.

We intend to improve the quality of life for ALL our citizens, empower our youth, create jobs and opportunity and spread development to all our people. We cannot achieve our ambitions alone and we value all our partners. We are developing a clear "Agenda for Transformation" behind which our partners can align. Our policies will be based on evidence of our real situation and of what works. I am grateful to UNICEF for commissioning this report, which highlights a number of actions that need to be taken to improve the situation of children and women: implement the Children's Law that I launched at the Liberia Children's Festival on 4th February; ensure Birth Registration for all children; ensure that children do not start life malnourished, damaging them for life; find innovative ways of providing education for those living in remote areas; develop positive transitions from childhood to adolescence; support government's planned Child Wellbeing Index; develop social protection for the most vulnerable households that will prevent transmitting poverty from one generation to another.

The report highlights the need to build an inclusive society in which youth are partners in peace-building and reconciliation. Our youth are the future of our country, and their future is in our hands. If we invest well and educate them, our future will be bright; if we invest poorly, fail to nurture and develop our young talent, then our future will look dim. I urge you to read this report and to determine what you can do to make a difference.

Her Excellency Mrs. Ellen Johnson Sirleaf
President of the Republic of Liberia

Foreword

The Government of Liberia welcomes this timely analysis of the situation of children and women. It comes as Liberia embarks on fulfilling the President's commitment in her recent Inaugural Address of "putting young people first" and "equality for women and girls in all areas of life".

The report emphasises known facts, such as the exceptionally high maternal mortality ratio, for which government has developed with partners a Road Map for Accelerating Reduction of Maternal & Newborn Morbidity & Mortality. It also raises issues that need to be addressed urgently, including infant malnutrition that will have an irreversible impact on future cognitive development; delayed school enrolment and lack of learning outcomes after 3 years; thousands of children out of school and many, especially girls, migrating each year to towns and the city, in search of education that places them at risk of exploitation; need for reform of child-adolescent transitions; adolescent pregnancies and early marriage affecting girls' life-time opportunities and choices.

The report looks at a wide range of policy responses - from providing safe water and sanitation; to protecting children through the judicial system; or the impact on poor households of a social protection programme. It touches on youth unemployment which government recognises as a priority. Some issues raised will require creative solutions that respond to local contexts or draw on new information technology and innovative partnerships.

The government is committed to promoting gender equality and to the rights of children as enshrined in the new Children's Law and is pleased to be associated with UN agencies, in particular UNICEF, in monitoring our joint progress towards realising these goals. This analysis presents a baseline for assessing the transformation of Liberia into a modern competitive state that includes the full potential of women and of today's children. We all, men and women, girls and boys, government and civil society with the private sector, have to play our part, because the children deserve nothing less.

We must not fail the children of Liberia.

Hon Amara Konneh
Minister of Finance & Planning
Government of Liberia

This report is a contribution to Liberia's Economic Growth and Development Strategy (2013-2017) "Agenda for Transformation" towards its Vision 2030 in which all will contribute to and benefit from becoming a middle-income country.

The Situation Analysis reviews human development progress for Liberian women and children since the war ended in 2003, in the context of Liberia's first Poverty Reduction Strategy "Lift Liberia" 2008-2011 and related UN and international assistance programmes, including the UNICEF Liberian Country Programme 2008-2012. It includes the output of a wide range of interviews with key informants, and participatory exercises conducted with community groups.

The overall picture is of marked gains in infant and child survival, spread of basic health care services, expansion of primary education, water and sanitation improvements, better social welfare and child protection including child justice. Peace-building and human development have moved ahead in tandem. But fragile livelihoods, youth unemployment, female vulnerability and food insecurity remain critical problems. There is also very uneven access to basic services with much lower access in rural as compared to urban areas, and in the SE and NW counties compared to other counties.

In keeping with a child rights perspective emphasizing the holistic fulfilment of all rights of all children equally, the Situation Analysis has adopted a life-cycle approach, in line with Liberia's second Poverty Reduction Strategy (PRS 2), "Agenda for Transformation". It examines inputs, achievements and bottlenecks across all sectors, within the context of age-groups: in the PRS 2 terms of Infant & Young Child Stage (0-5 years); Early Schooling Years (6-11 years); Adolescents (12-17 years); Earning & Contributing Years (18-35) combined with Career Advancing years (36-59); and Dividend Years (over 60); with particular focus on women, children and youth. By adopting a people-centred, rather than a sectoral or service-centred perspective, the Situation Analysis identifies some noticeable gaps in cross fertilization between sectors; weak responses to livelihood issues which profoundly affect young people, with implications for political stability, and policy absence or overload in certain sub-sectoral contexts.

Liberia's next phase of institutional growth, policy reinforcement and service expansion at local level needs to take these into account, as well as to deploy communications and participatory mechanisms more effectively. Evidence suggests that many Liberians still feel inadequately reached by services developed on their behalf and left out of the process.

Among the areas identified as important to consider for special attention are the following:

• Early Childhood nutrition, care and development, linked to day care;

• Lack of systems of girl protection within education services, especially addressing the current need to leave rural homes to go to school above Grade3/6 and lack of alternative education approaches that do not require migration;

• The particular needs of adolescent girls, especially in the context of protection from exploitation, harmful traditional practices and sexual harassment and their reproductive health;

• Support for women's and young people's livelihoods, through savings, loans, skills and entrepreneurship training and employment and placement opportunities, building on alternative learning approaches for out of school children;

• Programme planning should promote conditions for equity, women's equality and peace building. They promote children's personal security, health and well-being, focusing on delivering services (e.g. immunization, ante-natal care, education) to isolated communities;

• The need to reinforce the civil society networks at national level, such as for gender, children poverty reduction strategy tracking and at community level, such as community health volunteers or peer educators for peace;

• The particular predicaments of children and women living in poverty in urban areas, especially children working in informal workplaces;

• The importance to reconciliation and peace building in creating and reinforcing mutual support participatory networks among women and youth as well as creating opportunities for the unemployed and marginalized;

• Concerted effort for more community participation in service planning and monitoring, which generates understanding of existing knowledge, attitudes and practices;

• Promoting new partnerships between public and private sectors as well as between specialist organizations, which can address critical constraints for women and children, using innovation and technology.

The report highlights key issues:

• Liberia is setting out on an ambitious and realisable agenda for transformation.

• Inequity in access and inequality in outcomes is extreme between wealth rankings, counties, urban-rural, which is further considered in UNICEF's 2012 report, the "Equity and Inclusion Agenda".(See Annex: Equity Figures).

• Without reconciliation, peace and development will be fragile and without development peace and reconciliation will be undermined.

• Rights of women and girls are being undermined through initiation and female genital cutting/mutilation, gender-based violence, high maternal mortality and higher incidence of HIV than for males.

• Children's migration to urban areas for education risks labour/sexual exploitation.

• Reproductive health services are not adequately adolescent-friendly, nor are adolescents receiving the information they need on health and HIV.

• People living with disability or HIV and those with mental health problems have been neglected in programme design.

• Youth are not prepared with the skills and attitudes for employment or parenthood.

• Basic services lack accountability and responsiveness to local context.

• The situation of women and children will be tracked by a national and a Child Well-being Index.

PRIORITY ACTIONS:

1. Enable reconciliation to take place through creating an inclusive PRS policy and service environment.

2. Children's Act implemented throughout the country and reporting annually on progress to both the House of Representatives and to Senate; first step is establishment of the Child Wellbeing Council.

3. Birth registration is critical for children to effectively claim their rights under the new Children's Act.

4. Infant health and nutrition improvements must be maintained as infant malnutrition has irreversible impact on life-time prospects.

5. Early childhood care and development (ECCD) enabling children to enter formal learning as healthy, confident young children is the best grounding for positive outcomes from child-centred learning from age 6.

6. Quality learning outcomes* from Grade 1-3 education must be assured for all children as the foundation for their future education. Provide a foundation for future education that is less dependent on teacher quality.

7. Post-basic education from Grade 4 needs to address education delivery in remote low-density locations, without expecting children to leave home.

8. Secondary education needs to develop similar remote learning as well as quality boarding facilities. Research is needed on child, especially girl, workers.

9. Skills training for post schooling and drop-outs to address the problem of youth unemployment could involve public-private partnerships providing work placements and entrepreneurship skills and loans.

10. Child-adolescent transition requires urgent reform, through engagement with traditional and religious leaders.

11. Women's health is a high priority for a healthy society and a performance and incentive system could be developed to realise the right of women not to risk death while giving life.

12. Women's movement is needed that will take a strategic approach to irreversible change in gender power relations for Liberia. Men need to be organized as allies for progressive change.

13. Social protection is necessary across the country for the most vulnerable households in order to end current inter-generational transmission of poverty.

14. Capacity building, particularly of district level, is needed within the decentralisation strategy of Liberia.

15. Reconciliation must be effected and, as a process and outcome, built on equity and inclusion.

16. Monitor and reduce inequality, through creating a national and a child Wellbeing Index and adopting strategies and setting targets, in health, education and income, to close gap in best and worst outcomes between counties (& districts), wealthiest and poorest quintiles, men and women.

17. Technology and Innovation will improve service effectiveness: e.g. supporting education in remote areas; birth registration; salary payment; supply chains; improving maintenance and management systems; monitoring and reporting.

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*An outcome target of 90% literacy/numeracy from 3 years of schooling is possible if counties and districts are made accountable and able to respond to local context.

Demography and Economy	Value
Population, total (million)[a]	3.5
Child population, total under 18 years (million)[a]	1.8
Population under 5 years (million)[a]	0.6
Population growth rate (annual %)[a]	2.1
Life expectancy at birth, total (years)[b]	56.8
Fertility rate, total (births per woman)[c]	5.2
Teenage pregnancy rate, (% of 15-19 year olds)[c]	31
Contraceptive prevalence (% of women 15-49 years) [c]	11
Population urbanized (% of total)[a]	47
Population living below national poverty line (% of total)[d#]	63.8
Population living in extreme poverty (% of total)[d##]	47.9
GDP per capita - 2009 estimates (US$)[e]	134
GDP growth – 2009 estimates (annual %)[e]	4.9
Unemployment rate, (% of 15+ years)[c] - male/female	18.8/34.2
Vulnerable employment rate (% of 15+years)[d]	80.1
Health, Nutrition, Water and Sanitation	
Under-5 mortality rate (deaths per 1,000 live births)[c*]	110
Infant mortality rate (deaths per 1,000 live births)[c*]	71
Maternal mortality rate (deaths per 100,000 live births)[c*]	994
Births assisted by a health professional (% total births)[c]	46.4
Institutional deliveries (% of women 15 – 49 years)[c]	36.9
Immunization, DPT3 (% of infants)[f]	93
Polio cases reported in the last 5 years, (numbers)[f]	11
Stunting rate, (% children under-5)[i]	36.1
Wasting rate, (% children under-5)[i]	4.9
Underweight rate, (% children under-5)[i]	16.6
Exclusive breast feeding (% of infants under 6 months)[c]	29.1
Safe drinking water coverage (% of total population)[j]	68
Access to sanitary facilities (% of total population)[j]	17
HIV and AIDS	
Adult HIV prevalence rate, projected for 2009 (% 15–49 year olds)[k]	1.7
HIV prevalence among young people, projected 2009 (% of 15-24 years)[c] - male/female	0.7/1.8
HIV prevalence among pregnant women (% ANC attendees)[g]	5.4
Condom use (% of 15-49 years used condom at last high-risk sex)[k] - male/female	26/14
Orphaned children (% of total under 18 years) / HIV orphans (%)[k]	7.2/1.2
Comprehensive knowledge about AIDS (% 15-49 years) – Male/Female	27/20
Education	
Primary school gross enrolment ratio (GER) – Total/Female[m]	106/99
Primary school net enrolment ratio (NER) – Total/Female[m]	42/n.a.
Primary school net attendance ratio (NAR) – Total/Female[c]	40.0/38.6
Primary school gross attendance ratio (GAR) – Total/Female[c]	82.7/79.1
Secondary school NER – Total/Female[m]	6/n.a.
Secondary school GER – Total/Female[m]	30/25
Secondary school NAR – Total/Female[c]	19.6/17.9
Gender parity index, (based on primary school gross attendance)[c]	0.88
Adult literacy rate (% of 15-49 years)[c] - male/female	70.3/40.8
Child Protection	
Child labour (% 5–14 year olds)[c&l]	20.8
Child marriage (% women 20 – 24 who were married/in union before they were 18 years old)[c]	48.7
Birth registration (% under-5 children)[c]	3.6
Attitude towards domestic violence (% women 15-49 years who consider a husband justified to beat wife for specific reason)	59.3
Children living with both parents (% under 18 years)[c]	47.6
Child discipline, (% of children 2 – 14 years that experienced any psychological or physical punishment)[c]	94.0
Experience of physical violence (% female 15 – 19 years)[c]	39.2
Female Genital Cutting prevalence (% women age 15-49)[c]	58

Sources:
a) 2008 National Population and Housing Census: Final Results;
b) Human Development Report – UNDP, 2011.
c) Liberia Demographic and Health Survey 2007;
d) Core Welfare Indicator Questionnaire Survey 2007;
e) World Economic Outlook 2009, IMF;
f) HMIS, Ministry Of Health And Social Welfare;
g) HIV/AIDS Surveillance Report, 2008 (NACP, MoHSW);
h) A System In Transition: The 2007/08 National School Census Report, MoE;
i) Liberia Food Security and Nutrition Survey 2008;
j) UNICEF/WHO Joint Monitoring Programme;
k) UNAIDS Estimates, July 2009.
l) 2010 Child Labour Study found 18.6% aged 6-17 years working, with 4.5% deemed in "child labour".
m) National School Census Report 2008/2009

Notes: #Estimated using calorie intake - 2,400 Kcal/per day per adult;   ## Estimates based on food poverty line
        *The State of the World's Children Report 2008 put the under-five mortality rate at 133 and infant mortality rate at 93.

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**Liberia
Counties and Districts**

Legend:
- ★ National Capital
- ● County Capital
- Country Boundary
- County
- District
- International Boundary

Sierra Leone

Guinea

Cote d'Ivoire

ATLANTIC OCEAN

Map production date: 24 January 2007
Map catalogue no.: LIB001v3.01

Boundaries depicted do not represent official
endorsement by the Government of Liberia or
by the United Nations. Many boundaries were
derived from small scale maps and will be updated
as soon as better information is available.

Mapping: UNDP/ National Information Management Center (NIMAC)
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Introduction to the Situation Analysis

During the past five years, the government of Liberia and its international partners have aligned their development activities within the framework of the "Lift Liberia" Poverty Reduction Strategy 2008-2011. This common country strategy was the first to be developed since the peace accords of 2003 brought an end to civil war, and was put in place following the arrival in office in 2006 of Liberia's first elected post-war President, Ellen Johnson-Sirleaf. Assisted by the presence of the UN Mission in Liberia (UNMIL), stable government was then opening a new era for Liberian citizens. In 2007, Core Welfare Indicator Questionnaire (CWIQ) surveys and a Demographic and Health Survey were conducted, helping provide an informational basis for government and wider UN development action.

Much has been achieved for Liberian women, children and youth in the subsequent four years. Peace has been consolidated and the physical and social landscape transformed. Most indicators for child survival, and access to basic services including health and nutrition interventions, safe water and sanitation, and education, have radically improved. But reinforcing these gains and ensuring their sustainability remains a challenge, independently of the need to embrace neglected areas and marginalized groups among whom progress has barely begun. Many policies and plans still need to be turned into real gains for children, particularly girls, and women, who continue to suffer from discrimination and consequent disadvantage. And, as the second national election took its course, it was clear how critical the entrench-

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ment of non-violent co-existence remains, both as a pre-condition of development gains felt by ordinary people, and as an outcome of them. In particular, the creation of a Liberia in which youth feel they have a future, including solid economic prospects, is critical for sustained stability in the evolving post-war era.

Framed by the not-so-distant past and the less fragile present, the situation of many Liberian women and children in both rural and urban areas continues to be vulnerable. This analysis identifies vulnerabilities and areas in which the Government of Liberia and its development partners including the UN under the United Nations Development Assistance Framework (UNDAF) and the second Liberian Poverty Reduction Strategy (PRS2), can implement interventions to further improve the lives of children and women in Liberia. The analy-

sis also tries to identify certain vulnerabilities that may be over-looked in the standard course of programme review and assessment.

The following table shows how much inequities exist across Liberia depending on the household and community in which one lives (for further analysis see UNICEF's "Equity and Inclusion Agenda" 2012 and the diagrams at the end of this Situational Analysis).

'Peace-building can be to make sure that no-one is poor. It will help you to make yourself take advantage of all your opportunities, to build a new way of life.'

Youth peace activist, Grand Bassa

Key Inequalities from Liberia's Demographic and Health Survey 2007[1]

	National	Region		Wealth Rank	
		Best	Worst	Highest	Lowest
Total fertility rate	5.2	3.4 Monrovia	6.9 South-eastern A	2.8	6.5
Married women using contraception (per cent)	11	19.0 Monrovia	6.1 South Eastern B	20.4	3.6
Infant mortality per 1,000 births	71	69 Monrovia	142 South Central	70	100
Under-5 mortality per 1,000 births	110	121 Monrovia & S. Eastern B	182 South Central	117	138
Children age 12-23 months with all basic vaccinations (per cent)	39	55 Monrovia	13 South Eastern A	56	23
Households owning Insecticide Treated Nets (per cent)	30	39 South Eastern B	9 North Western	42	22
Under-5 Malnutrition: moderate stunting (per cent)	39	30 Monrovia	45 S. Eastern B N. Central	26	45
Live births assisted by skilled provider (per cent)	46	84 Monrovia	31 South Eastern B	81	26
Births delivered in a health facility (per cent)	37	70 Monrovia	21 South Eastern B	70	18
Women with knowledge of prevention of HIV (per cent)	44	55 Monrovia	17 North Western	55	34
HIV Prevalence 15-49 years Overall (per cent) F	1.8	0.5 N. Central N. Western	2.9 Monrovia Monrovia	3.0	0.8
M	1.2	0.3	2.3	2.6	0.7
Child Labour of 5-14 age[2] (per cent) F	14.6 Total	1.5 Monrovia	32.3 North Central	N/A[3]	
M	19.3	2.6	42.3		
Completed Grade 6 primary (per cent) F	18.4	37.8 Monrovia	8.6 S.E. A and N. Central	41.8	4.1
(per cent) M	33.9	51.9 Monrovia	23.3 N. Western	55.0	16.8

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1. See Liberia Institute of Statistics and Geo-Information Services (LISGIS) 2008:"Liberia Demographic and Health Survey 2007".
2. From Table G.4 page 120 of the Liberia Labour Force Survey 2010.
3. Not meaningful, since so many households in the top two wealth quintiles in Montserrado accommodate in-migrant children, from poorer households up-country, who are working, thus producing a statistically perverse figure.

The Situation Analysis Framework

No framework for situation analysis is ideal. Even the technical meaning of 'situation analysis' can be contested; here it is taken to mean the way in which women and children, particularly in the poorer strata of Liberian society, are living and coping, what their problems are in their own perception and those of others, and how their needs and rights are being addressed by government and donor actions, as well as the unintended effects of some programmes and policies. This Situation Analysis draws on the 2007 LDHS, 2007 CWIQ, 2008 Census, 2010 Labour Force and other surveys and sector ministry reports, together with evidence from discussions in July 2011 with officials, at national and county level, and with communities, including separate groups of women, young women and girls. It recognises the different experiences of women and girls, not only because of their gender, age or stage in the life-cycle, but also because of other characteristics, particularly their location. Drawing on the Liberia Demographic & Health Survey, the table above indicates that there are significant differences in outcomes depending on the region in which one lives and the wealth of the household in which one lives. These indicators are further broken down to county level in some figures, based on the national Census.

The analysis attempts to identify current unknowns, including aspects of the 'situation' that statistical or sectoral biases at present may not reveal because they have not yet been studied, or may even have obscured by aggregation. It also recognizes the importance of reflecting where possible what Liberian women, youth and children actually want, as all change or improvement in life must be wanted or it will fail to take place other than superficially. Laws and policies are often in advance not only of implementation capacity, but of popular demand; if they are too far ahead, it is virtually impossible to implement them successfully, however beneficial. Therefore the methodology used for the Situation Analysis included capturing people's views, in the hope of exposing gaps in communications or management systems that are inhibiting service take-up.

The national Human Rights Survey will be available from LISGIS in 2012. It will make county-level comparisons on such issues as the importance "to get a good education for my children"; parental attitudes on educating sons versus daughters, disaggregation by social characteristics; the levels of discrimination based on sex; perceptions on women's rights in different spheres; safety in accessing different amenities, such as markets, water, school and health services for women, children, persons with disabilities or the elderly.
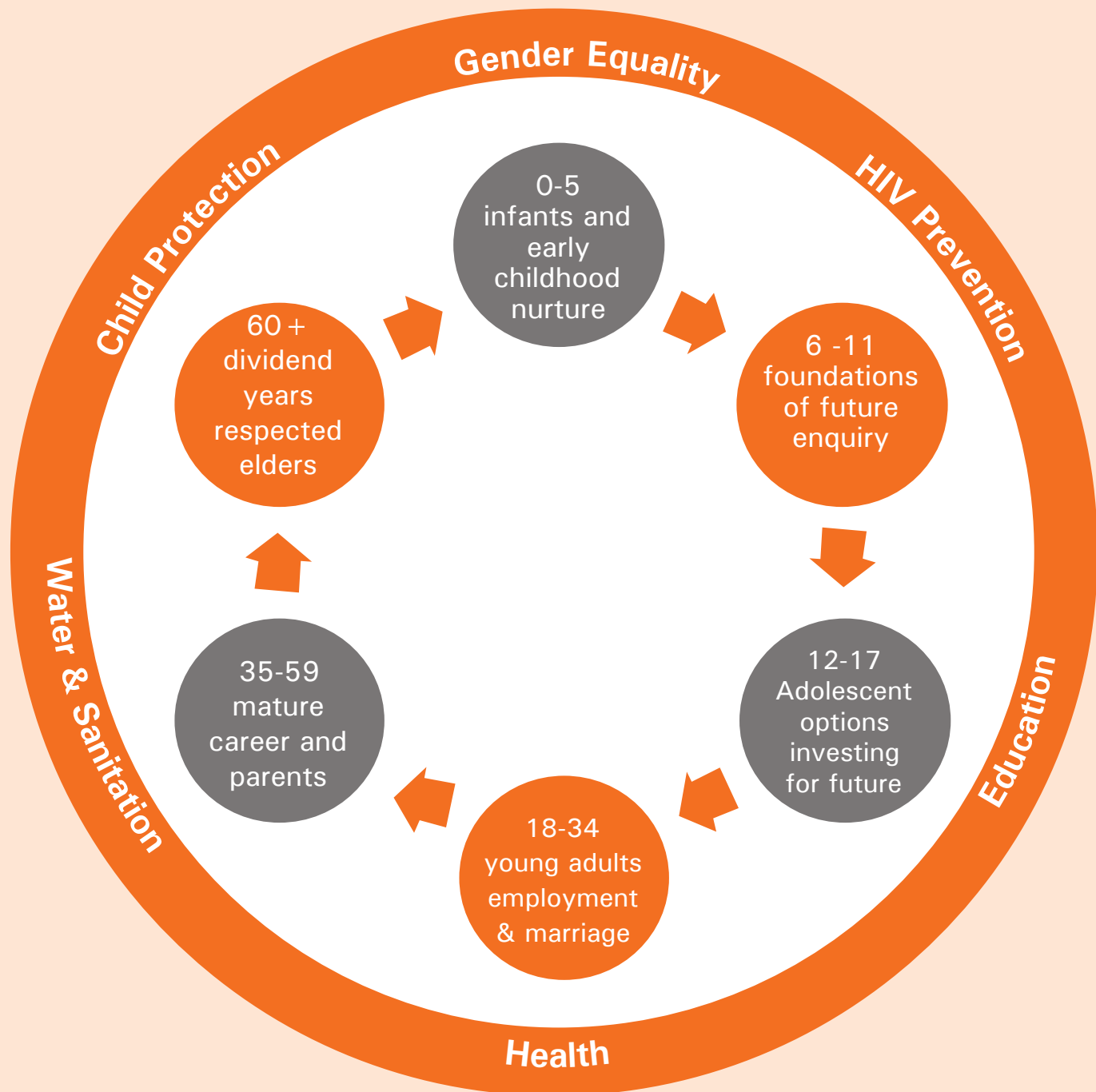
In keeping with a child rights perspective emphasizing the holistic fulfilment of all rights of all children equally, the life-cycle is selected as the organizing framework for the analysis. This is in contrast to more conventional approaches that tend to follow the suctorial organization of service provision and programming, according to health, nutrition, education, water and sanitation, child protection, gender and emergencies categories. By using a life cycle approach for the Situation Analysis – without any intention of suggesting it for programme purposes – the emphasis becomes people-centred rather than sector- and intervention-centred. The evolving capacities of the child come to the fore, along with the natural sequencing of child survival and development strategies according to different age-groups. In a programming context, it may help to identify the potential for linkages across sectors and break down the barriers that impede programme collaboration and the sharing of experiences.

Within the approach, sectoral contexts are reframed to capture physical health, cognitive development, personal and psycho-social growth, and protection and participation concerns at particular ages and stages in life. Cross-cutting issues, notably gender and protection, are addressed within each age-group, and equity – across age-groups, sexes, geographical areas, and income or other disparities – is a reference point throughout.

Figure 1. Life Cycle Approach

From Infants to Elders

Gender Equality

HIV Prevention

Child Protection

Education

Water & Sanitation

Health

0-5 infants and early childhood nurture

6 -11 foundations of future enquiry

12-17 Adolescent options investing for future

18-34 young adults employment & marriage

35-59 mature career and parents

60 + dividend years respected elders

An advantage of the approach is that it captures the ebb and flow of vulnerabilities over time. The balance of needs and risks changes throughout the growing-up process, from infancy through to adolescence, as do the settings in which children are to be found. Focusing on changing capacities and settings also brings out thresholds – going to school, taking on family responsibilities, the arrival at sexual maturity – that sectoral analysis may miss because they are concerned with the child as target rather than as agent. As they grow up, children increasingly become independent in how they behave and start to speak for themselves – things not accepted in all child-raising philosophies but regarded as a right under the UN Convention on the Rights of the Child (CRC).

The approach also gives proportionately more attention to older child groups. This is important in post-conflict countries such as Liberia where children took part in the war. Young people, with their formidable range of complex problems, have emerged as an important challenge to government and development partner programming capacity. Soon after their majority (above age 18 according to the CRC, although Liberia takes a broader category of youth to cover those up to the age of 35), they themselves may embark on marriage and parenthood. At this point, the experience of their own childhood and access to care, nurture, knowledge, and protection, will determine their own capacity as parents and economically productive members of society. The life-cycle perspective illuminates, for example, that the survival and disease problems of infants and young children may have to be partially redefined as problems of poorly-prepared marriage and parenthood, making it important to invest in youth not only because

they are themselves 'children', but in order to bring about reductions in infant and maternal mortality beyond those susceptible to health service intervention. This may have implications for the balance of programme investments and activities.

The substantive content of the Situation Analysis is therefore organized into six age-group chapters, with more attention to survival issues in the earliest years, and more attention to education and protection in later age-groups. The fifth chapter onwards cover women and youth aged 18 and above, including the role of elders. A preliminary chapter sets out the country and international context for the analysis, and the final chapter draws some conclusions.

Education is both a human rights in itself and an indispensable means of realizing other rights. As an empowering right, its progressive realization can lift economic and socially marginalized children, youth and adults out of poverty, and lead to their full and effective participation in the society. The right to education includes the elements of availability, accessibility, acceptability and quality – which must be exercised without discrimination of any kind.

(CESCR Gen Com 13)

Emerging from troubled times

The starting point for any analysis of the situation of women and children in Liberia remains the long, brutal and turbulent civil war that engulfed this small country during most of the 14 years up to 2003, when a ceasefire was voted by the UN Security Council and enforced through the UNMIL peacekeeping mission. Government institutions, industrial centres and vital public infrastructure such as roads, schools and health centres were all destroyed. From this devastation a new Liberia has emerged, with damages repaired, new buildings springing up, and businesses flourishing.

Rips in the social fabric are more difficult to repair. Yet even many of these have mended, with over three-quarters of Liberians viewing today's state of peace as 'permanent'[4]. Children who have no direct memory of those violent times are now taking their places in the family circle and at the school desk. The stories of war-time pain and havoc repeated by parents and grand-parents are less often recalled and carry less power than they used to, even though many families still endure a legacy of loss and a scarcity of means.
Their young children's clean slate is the best hope for the country's future growth and prosperity.

However, failure to follow through a comprehensive process of reconciliation continues to make social and political life vulnerable to re-opening old wounds, with former leaders of militia, or simply

'The older people feel that the young people spoiled the country, because the bulk of the war was fought by young people. They generalise, and they say that young people brought the country to the war. So that kind of thing makes a problem.'

Youth leader

those seen as compromised by association with past leaders of conflict, entering politics. The Truth and Reconciliation Commission (TRC) was set up as a result of the 2003 Accra Peace Accord and established in 2005 under the Liberian Transitional Legislative Assembly[5]. The TRC concluded that the major root causes of the conflict were attributable to poverty, greed, corruption, limited access to education, economic, social, civil and political inequalities; identity conflict; land tenure and distribution; the lack of reliable and appropriate mechanisms for the settlement of disputes; as well as the "duality of the Liberian political, social and legal systems" which polarizes and widens the disparities between the Liberian peoples. The Commission recommended a Government reparation programme of approximately $500 million over 30 years and an amnesty for all children and for lesser crimes, in an effort to foster national healing and reconciliation, but few of its recommendations, except that of re-instituting the traditional 'palaver' dispute resolution process, have been implemented.

[4.] Patrick Vinck, Phuong Pham, Tino Kreutzer, Human Rights Centre, University of California, Talking Peace: A population-based survey of attitudes about security, dispute resolution, and post-conflict reconstruction in Liberia, June 2011, p 50.

[5.] See www.trcofliberia.org and United States Institute of Peace: www.usip.org/publications/truth-commission-liberia. The approach taken by the Liberia TRC did not address all four of the key principles of reconciliation: public acknowledgment by perpetrators of wrongs committed; expression of remorse for such actions; payment of compensation, even if symbolic; and a public act of reconciliation between the perpetrator and the victims or their representatives.

Inclusion and participation of marginalised social groups and communities, whether ethnic or youth, women or older persons, is widely seen as essential in post-conflict and fragile societies[6]. The PRS 2 may enable weaknesses of inclusion and participation to be addressed, including development of quality services that are accessible to marginal social groups and communities, and so create an environment in which reconciliation becomes possible and historic grievances are addressed. However, many communities that are excluded and marginalized live in areas that have poorer historic investment in infrastructure and institutional capacity as a result of neglect over decades. The government's decentralization policy seeks to address some of these constraints, particularly of capacity[7].

One legacy of war is the increased number of those living with disabilities. Globally, WHO estimates that 10% of any population has a kind of disability. In 2008, Handicap International considered that "although there is no current data available for Liberia a pilot survey from CRID (Center for the Rehabilitation of the Injured and Disabled) done in 1997 indicates that more than 16% of the Liberian population live with a disability. Today, it can be estimated that the number has been increased, because of the war"[8]. The 2010 Labour Force Survey found 4% of the population covered reported a disability, half with their sight, with little difference between males and females and about 7% as a result of the war[9]. There are few, but inadequate, facilities for education and training of those with disabilities.

Among older youth and young women for whom marriage and childbearing are on the horizon, there remain cohorts who lost out on childhood, school-ing and nurture in a safe and protected environment. Moreover, they suffer a lingering stigma. Even without direct experience, they know all about how youth became perpetrators as well as victims of violence during those terrible years and find themselves collectively blamed for the atrocities. Such attitudes persist, playing into inter-generational distrust. Members of the older generation, brought up in an era when elders expected to rely upon unqualified respect and obedience, have lost confidence in Liberian youth, some of whom in their turn feel alienated and excluded[10].

The disaffection between young and old is a legacy of the war; but it also featured among the many divides – between urban elite and subsistence rural poor, between different clan and ethnic identities, between educated and uneducated, empowered and disempowered, entitled and disentitled– that helped inspire the eruption of conflict and its chaotic multi-faceted character[11]. In a part of the world where the political arena can easily become violently contested, the implications of such social fissures are well-understood. The spectre of disaffected youth, especially of the generation whose passage from childhood was characterized by gun-toting and who have difficulty

> *President Ellen Johnson Sirleaf on taking office for her second term publicly committed to:*
>
> *Putting young people first and lifting the lives of all Liberians;*
>
> *Paying special attention to girls;*
>
> *Reducing inequities;*
>
> *Improving quality of life for ALL citizens;*
>
> *Reconciliation that depends on:*
>
> *empowering youth,*
> *creating jobs and opportunity;*
> *spreading development to all.*

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[6] For example, Rwanda recognised participation by the rural poor as a political "imperatif" and from 2001 included them in reviewing government policies and in setting their own priorities with each local community cellule having an annual grant of $1,000 for a project of its choice.

[7] New public-private partnerships could be developed that lead to significant investments in infrastructure, with government simply front-loading private sector investment against future returns.

[8] Handicap International "Position Statement – Disability and PRS in Liberia" 2008 refers to the Center for the Rehabilitation of the Injured and Disabled (CRID)1997 "Needs Assessment Study of the Disabled in Liberia" sponsored by UNDP/WHO.

[9] LISGIS Labour Force Survey 2010 Table 2.4 and page 15

[10] Peer Educators, Youth leaders, Ministry of Youth and Sports representatives, at stakeholders meeting held under UN YEE joint programme auspices, Buchanan, 25 June 2011.

[11] June 2011. Jairo Munive Rincon, Ex-combatants, Returnees, Land and Conflict in Liberia, Danish Institute for International Studies Working Paper, Copenhagen 2010, p 11.

belonging to a world of regulated and non-violent behaviour, continues to haunt the peace-building and power-brokering processes in Liberia today.

The reminder of what transpires when mutual antagonism ignites during a political clash is illustrated by the presence within Liberia's eastern border of 150,000 refugees from post-election violence in neighbouring Côte d'Ivoire[12]. The need to reinforce peace-building and conflict resolution within the country to bring antagonistic groups into closer harmony at every social level from family to national, and from childhood to old age, is emphasized by politicians, government officials, local chiefs, spiritual leaders, and by a new generation of responsible young Liberians determined to shape a more peaceful way of life.

The value of unity and peaceful co-existence was frequently repeated in community – 'town' – meetings conducted during the Situation Analysis. It is striking that many communities have accepted as chiefs younger men who were combatants during the war, now become citizen representatives in the new Liberia. During the next years, the determination of these youthful leaders and the elders who back them in the name of unity and community progress, will continue to be put to the test. Other elements of society, less committed to peaceful progress, could yet derail these promising developments.

The political, economic and social governance outlook

In 2006, Africa's first woman President, Ellen Johnson-Sirleaf, took office. Support for the 2005 electoral process, including the maintenance of law and order, was provided by UNMIL and its peacekeeping forces. UNMIL remains present in Liberia, having made a major contribution to the consolidation of peace and security; although the visibility of its troops is now relatively low, while Liberian policing and security functions are being re-built. Following the second post-war national election in October/November 2011, progressive handing over of the baton to Liberia's own security forces can be considered and a timetable for annual UNMIL draw-down agreed with a focus on addressing underlinlying causes of fragility.

As well as UNMIL, the various UN programmes, funds and specialized agencies maintain presence of various strengths in Liberia, and work within a common framework to assist nation-building. The Government of Liberia has enjoyed excellent relations with the international community, and receives strong support from multilateral and bilateral donors. Beyond the establishment of peace and the rule of law, the government has pursued a policy of economic growth, recovery and expansion. This has been highly successful: economic growth averaged 7.2% in the four years prior to the global downturn of 2009, when growth fell to 4.6%. After a temporary halt, Liberia's economic expansion has rebounded; in 2011 real GDP growth is forecast to reach 6.9%, rising to 9.4% in 2012[13].

This economic growth is associated with Liberia's rich resource base, which includes minerals and agricultural wealth; and with the progress achieved in economic and fiscal management.

In 2010, Liberia's debt of over US$ 4.6 billion was granted relief under the Heavily Indebted Poor Countries (HIPC) initiative. The relief drastically brought down the Debt/GDP ratio from over 700% to only 11.6% thus freeing public resources for social investments. Ports and road networks have been repaired and improved; and new large-scale 'concessions' have been signed with extractive companies, including for iron ore, oil exploration, timber and palm-oil. Rubber remains the main
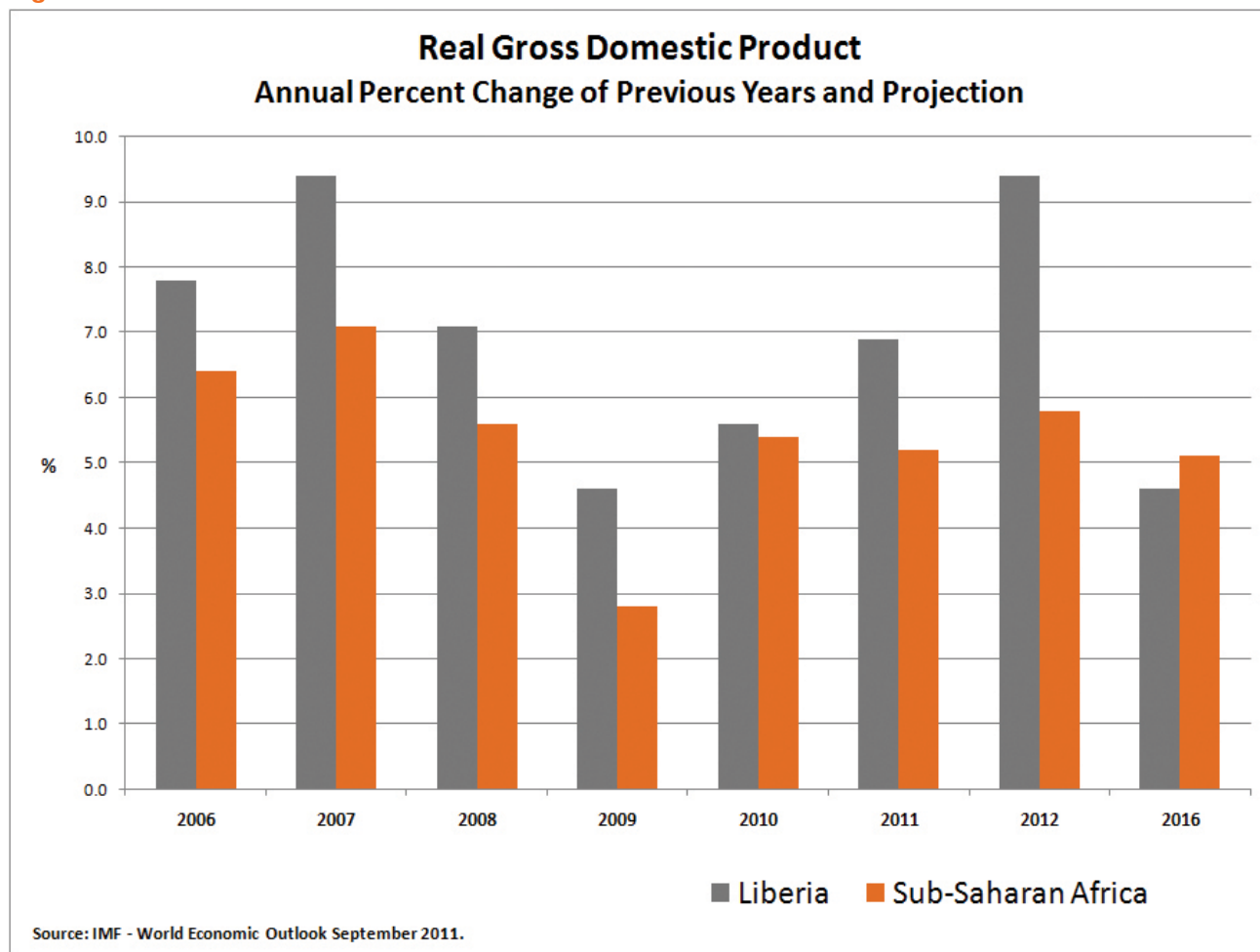
'Our town chief goes to other communities, learns other things, and brings them back here. We are united here. If there is no unity, there can be no development'.

Town Elder, Grand Cape Mount

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[12] UNHCR estimates; UNICEF Update on Ivorian Crisis, 12 July 2011.
[13] IMF: World Economic Outlook, September 2011, p 185.

Figure 2. Liberia: Growth in GDP

Real Gross Domestic Product
Annual Percent Change of Previous Years and Projection

Source: IMF - World Economic Outlook September 2011.

national income generator, as it has been since the US's Firestone arrived in the 1920s. Typical agricultural activity is of the subsistence-plus variety, but export-crop plantations, generally developed by the coastal elite, offer lucrative possibilities[14]. In 2010, agriculture, forestry and fisheries accounted for 62.7% of Liberia's economy which indicates that other sectors are still weak. Liberia still has wide-spread poverty and under-nourishment because of low agricultural yields. Liberia's socio-economic policies have also been heavily influenced by the Millennium Development Goals (MDG) agenda, which in turn was reflected in the Poverty Reduction Strategy (PRS1) jointly developed by the Government and donor community and launched in 2008. The second PRS (Economic Growth and Development Strategy is currently under preparation (see box1). The political promi-

nence of these frameworks has provided a solid basis for programme contributions in Liberia during the past five years. The way women and girls throughout Liberia look up to the President as a role model has heightened their profile in the national psyche and given a boost to female and child well-being as a policy target.

The United Nations and nation-building

The UN and its member organizations Delivering as One have contributed to the overall efforts of establishing a peaceful and well-functioning state in Liberia, where conflict has particularly affected both children, as victims and combatants, and women, as targets of violence. UNICEF's contributions include strengthening the child justice sys-

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[14]·For analysis of the evolution of Liberia's plantation production, labour markets and entrepreneurial development see McCoskey "Foreign Direct Investment and Entrepreneurial Capture in Pre-Conflict Liberia" UNU-WIDER 2009 Project Workshop on Entrepreneurship & Conflict

tem and support to establish Women's and Children's Section within the Liberian National Police (LNP), which is also supported by UNMIL. UNFPA, WHO, UNHCR, UNDP support complementary programmes for women, children and youth and peace-building, conflict reduction and enhancement of law and order processes within the UN framework. Among many joint programmes, there is one to combat sexual and gender-based violence and a joint programme on youth empowerment and employment, that also includes the World Bank.

UN agencies work in support of a wide range of sector ministries. In line with its more traditional basic service delivery concerns, UNICEF is an active partner of the social sector Ministries: Health and Social Welfare, Education, Public Works (regarding water and sanitation), and Gender and Development as well as Justice and Internal Affairs amongst others. As the current lead UN agency for education and water and sanitation services, it has been prominent both in assisting the government to formulate national frameworks/policies/strategies and in programme and service implementation on the ground.

A new Children's Act was passed by the House of Representatives in 2009, approved by the Senate in September 2011and lauched by the president on the International Children's Day in February 2012. The Act reflects the principles of the 1989 Convention on the Rights of the Child (CRC), to which Liberia is a state party.

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BOX 1. The national and international development policy environment relating to children

A number of frameworks and agreements influence the design of UN policies and programmes in Liberia. For children and therefore for UNICEF, important ones are summarised below. While all have obvious points of synergy with others, it would be difficult to co-ordinate them within one over-arching framework since their origins and purposes are widely diverse. Liberia ratified the CRC in 1993, but it's only now in a position to fulfil this.

1. The Child Rights framework: This framework globally underpins all UNICEF's work to promote child well-being. The Liberian Senate's endorsement in 2011 of a Children's Law of Liberia is a very important step towards policy making for child rights. It recognises that "many children in the past suffered because of abuse, exploitation, neglect, conflict and violence" and is set in the context of UN and African conventions and charters. Respect for child rights requires targeting all children aged from 0-18 years, including all minority and discriminated groups, and girls equally with boys; it also requires special protection for children against exploitation and abuse; facilitating their participation in society; legal recognition of their rights and status, including the state's obligation to enable progressive achievement of adequate food, safe and clean water, nutrition and inclusive education; and upholding the 'best interests of the child' in laws, policies, programmes and services designed on their behalf.

2. PRS framework: The 2008-2011 Poverty Reduction Strategy "Lift Liberia" was developed by government, international Community and donors with input from county consultations. The key to reducing poverty was seen as rapid growth, but since growth alone does not guarantee poverty reduction, a holistic approach emphasizing peace, stability and inclusiveness was adopted[15]. The four PRS pillars were: consolidating peace and security; revitalizing the economy; strengthening governance and the rule of law; rehabilitating infrastructure /delivering basic services. A second PRS is now under consultation, and UNICEF is the led agency for the human development pillar.

3. African Union Social Policy Framework (SPF) for Africa: Liberia, with other heads of government, endorsed in 2009 an agreed social policy framework. UNICEF is able to contribute to an understanding of how investment in good social policy in PRSII can enhance sustainable economic growth, as described in the African Union 2010 implementation strategy for the SPF[16], through the four functions of Social Policy in Reproduction; Production; Redistribution; and Social Protection.

4. African Youth Charter: Signed by Liberia in 2008, the Youth Charter includes free consent in marriage for men and women of full age, rights to own and inherit property, guarantees on participation in decision-making, inclusion in peace-building and in design of poverty reduction strategies, employment and entrepreneurship schemes, as well as right to education of good quality and elimination of all discrimination against young women and girls and elimination of all harmful social and cultural practices.

5. MDG framework: This framework has eight Millennium Development Goals agreed at the UN in 2000 for attainment by 2015. These goals relate to standards of living, environmental protection and human rights, and include access to health, education and other services. Over several years, the MDGs have shaped the international agenda of aid investments and government actions to improve human well-being, using agreed indicators to measure MDG progress nationally and internationally. Given the late start on policies to achieve MDGs, Liberia is unlikely to meet many specific targets by 2015.

6. UNDAF: The 2008-2011 UN Development Assistance Framework provided an umbrella for the collective response of UN organizations in Liberia to national development priorities as expressed in the PRS. UN funds, programmes and specialized agencies dovetail their inputs within its parameters and, where appropriate, develop and implement joint programmes. The next UNDAF/UNDAP (2013-2017), now in preparation, will move towards a joint programme, so as to 'Deliver as One' in the near future.

7. Equity framework: Equity can also be seen as an outcome of rights fulfilment. Achieving equity via laws, policies, programmes and service delivery requires aiming for universal availability and universal access (by eliminating limitations based on wealth, economic, social, ethnic, religious, gender or other grounds). In underdeveloped environments it also requires promoting universal understanding and appreciation for the relevant services and institutions or they will not be adequately used, and neither rights nor equity criteria will be fulfilled.

8. Vision 2030 framework: Liberia has embarked on a national visioning exercise, Liberia Rising 2030, to define a long-term growth trajectory and develop a medium and long-term planning framework on which to anchor economic and socio-political transformation. The ultimate objective is to transform Liberia into a middle-income country by 2030.

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[15]. Poverty Reduction Strategy (2008-2011), Section 4.1 paragraphs 1 + 2
[16]. Adopted by the Ministers in charge of Social Development, Khartoum, 25th Nov 2010

Apart from its own identification with the consumers of basic services – by far the majority of these being children and women – UNICEF has a particular capacity for field-level outreach and implementation through local partners, which is an asset to the government and to the UN Country Assistance Programme as a whole. This also provides support for the National Decentralization Policy, launched by the Government in 2009, whereby decision-making will gradually devolve to county and district level.

Capacity building and the 'clean slate'

Professional cadres were decimated during the war by disruption, casualty and cross-border flight. Infrastructure was also destroyed but compared to trained person-power, infrastructure is relatively easy to rebuild. Even before the war, the development of public service infrastructure beyond Monrovia and a few other population centres was essentially embryonic. In many more remote areas, religious missions and NGOs were the only service providers, and when Liberia became a 'failed state', these became the only institutions providing any form of public service. After elected government was re-established in 2006, many international NGOs primarily concerned with emergency relief began to pull out.

During the period of post-war nation-building, there has been a high level of dependence on external support to the newly established ministries including those involved in basic services, not only in constructing and rehabilitating the amenities themselves (clinics, schools, community buildings) but to develop their institutional existence. This will decrease when the country has trained new cadres and gained in strength, experience and budgetary resources. But for the present, UN and other donors continue to support a significant share of departmental budgets. They have helped develop policies, strategies, action plans and other 'upstream' governance components in public works, health, education, social welfare and justice sectors, and in re-equipping the Liberian Institute of

Statistics and Geo-Information Services (LISGIS), the national data-gathering body.

Great opportunities exist to create institutions free from historical baggage, employing appropriate 'best practice' from around the world, capable of delivering the 'new order' in basic service systems that a re-emerging Liberia has the potential to offer its citizens. At the same time, constraints on financial and human resources mean that progress is bound to be slow, and the gap –time-wise, management-wise, logistics-wise – between macropolicy elaboration and ground-level delivery is wider than anyone would choose. Lack of 'capacity' is frequently cited as the main brake on progress –and this is undeniable. However, shortage of trained staff, and inadequate roads and facilities up-country, are not the only deficits. Another is a failure to understand the full and complex range of inhibitions – technical, administrative, attitudinal, cultural, socio-political – which implementation has to encounter. Many technical teams in government ministries lack the knowledge and confidence to take the initiative in designing and implementing programmes and continue to look for technical assistance to lead.

Women and children are increasingly included in community decision-making. Their inclusion in policy formulation and design of service provision has increased. Women continue to be excluded in relation to property rights and land tenure.

To build a service delivery system almost from scratch requires a vast amount of technical preparatory work and strategic planning. For example, nine national policies and 10 strategic plans were required to roll out the Ministry of Health's Basic Package of Health Services (BPHS), announced in 2007, aside from treatment guidelines

An important aspect of the right to health is the participation of the population in all health related decision-making at the community, national and international levels.
(CESCR Gen Com 14

and protocols for all BPHS interventions[17], covering maternal and newborn health, child health, reproductive and adolescent health, communicable disease control, mental health and emergency care. The process is still not complete, although the National Sexual and Reproductive Health Policy was launched by the Ministry in March 2011. The total cost for the five years 2011-2015 of the Roadmap for accelerating the reduction of maternal and newborn mortality, revised as a result of the Women's Health Commission and launched in March 2011, is estimated at nearly US$145m. Meanwhile the need for changes indicated by monitoring the take-up and effectiveness of the package requires ongoing revisions of all components. WHO and UNFPA have been important partners for the Ministry of Health and Social Welfare in this process (see below page 43). Detailed analysis of progress on budgets, systems and inputs for health and social welfare is available in the MoHSW 2011 Country Situational Analysis Report[18].

Starting a national public health or education system almost from scratch may have positives, but difficulties are huge, especially when implementation faces unexpected obstacles and reception is mixed. Communications strategies are needed to promote participation in decision-making and empowerment at the local level. All these will ensure that when in place, its purpose and workings will be understood, its benefits appreciated and consumer feed-back assured. Sometimes insufficient attention has been given to 'downstream' reception as compared to 'upstream' requirements.

Biases towards the 'up-stream', ignorance of the 'downstream'

Aside from the extraordinary challenges posed by the 'clean slate' character of the Liberian context, there are biases built into the way the international assistance community operates. These conjointly have the effect of underrating the importance attached to what is actually experienced 'on the ground', especially where systems of information flow between the centre and the periphery are confined largely to community radio and a few private stations, and two-way mechanisms with effective feedback are virtually non-existent[19]. Qualitative studies, and studies that capture Liberian knowledge, attitudes and practices, even anecdotally, are few. Meanwhile, the frameworks the international community has put in place in the past decade to improve its assistance-providing performance, valuable and important though they are, have had the effect of channelling energies towards the macro-policy and international monitoring environments.

Since 2000, when the MDGs were first elaborated, there has been a strong emphasis internationally on attainment of the MDG targets. There have also been parallel emphases on the need to streamline inputs and avoid overlap between UN and other development partners. Some of this is set in the context of human rights and also of equity. These emphases have focused attention on attainment of international standards and norms as the determinants of human development progress at country level. While such standards and norms play a useful target-setting and bench-marking role, especially in countries with a long basic service delivery experience, in a country recovering from civil war such as Liberia, assessing human development performance on the basis of international indicators is less appropriate than considering to what extent there have been tangible improvements in ordinary peoples' lives since post-war recovery began in earnest. More importance needs to be attached to whether more Liberian children are utilizing and enjoying better health, nutrition, WASH or education opportunities than to whether the country manages to reach a particular MDG.

[17.] GoL, Ministry of Health and Social Welfare, Country Situational Analysis Report, July 2011, p 36.
[18.] Country Situational Analysis Report July 2011 MoHSW, GoL
[19.] The Talking Peace survey by the UCLA Human Rights Centre, op cit, found that 67% of people rated their access to information bad or very bad.

Millennium Development Goals	Likelihood of Attainment by 2015[20]
Goal 1: Eradicate extreme poverty – halve the proportion of people living below US$1 a day **Halve the proportion of people living in extreme hunger**	Unlikely Likely
Goal 2: Achieve Universal Primary Education	Unlikely
Goal 3: Promote gender equity and empower women	Likely
Goal 4: Reduce Child Mortality	Probably
Goal 5: Improve Maternal Health	Unlikely
Goal 6: Combat HIV/AIDS **Reverse incidence of malaria and other major diseases**	Likely Unlikely (may become Probably)
Goal 7, Target 10: Proportion of people with sustainable access to improved water sources **Proportion of people with access to improved sanitation**	Unlikely Unlikely
Goal 8: Develop global partnership for development **Decent and productive work for youth**	Insufficient data

However, MDG targets allow international comparison and measurement of real improvements in basic services and outcomes, which complement measures of citizens' sense of well-being.

Inputs through effective strategies and plans for inputs should be in place to improve human well-being in ways that respect rights and equity. But the inputs themselves are not the improvements. Whether PRS1 has been effective in reducing the experience of poverty in families will be ultimately decided not by its 86% rate of roll-out[21], but by its impact on hunger, livelihoods, disease control, child survival, literacy, nutritional status,

personal capabilities, and belief in the prospects of a decent life in a stable society among the upcoming generation, especially those scarred by war. Measurable human development outcomes will be known only after the next Demographic and Health Survey in 2012/2013.

At present, there is insufficient knowledge at the macro-policy level of the degree to which existing policies, plans and programme components are influencing Liberians' day-to-day experience. When asked in a recent open-ended study about who Liberians regarded as helping them, 42% of respondents replied "nobody"; 33% cited "the

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[20] See UNICEF's Liberia Country Review 2011, which summarises basic indicators in demography and economy, health, nutrition, water & sanitation; HIV & AIDS; Education and Child Protection, drawing on various government surveys and the census.
[21] Liberia Reconstruction and Development Committee, Fulfilling Development Promises: Prioritizing for Maximum Impact Report on the Buchanan Retreat, 2nd Annual PRS Review, November 2010, p5

community", and only 16% "the government". Nearly half thought that government programmes had been 'bad or very bad' at reducing poverty so far[22]. Such observations are sobering.

The demographic context

In 2008, LISGIS carried out the first household census for over 20 years, the last one in 1984 having never fully reported its findings and the data forms being lost in the war. The size of the population – 3.5 million, and its youthful structure with 55% or 1.8 million aged under 18 years – were no cause for surprise. The growth rate at 2.1% turned out to be higher than that of other post-conflict countries in the region, and the un-evenness of population spread, a trend to which the upheaval of war contributed, was greater than anticipated[23].

The 'big six' administrative counties – Montserrado, Nimba, Bong, Lofa, Grand Bassa and Margibi – contain 76% of the population. Of these, three – Montserrado, Nimba and Bong – hold 55%. At the other end of the scale, the 'small five' – Grand Kru, Rivercess, River Gee, Bomi and Gbarpolu – contain 10.5%, a drop from 12% in 1984, indicating a tendency for people to gravitate towards more populated areas, especial-ly Montserrado. The census also found a 'special population' of 51,000, including children, who were either institutionalized (including in prison), or 'floating', meaning homeless.

BOX 2. Liberians' views

A study was recently undertaken by the Human Rights Centre at the University of California into Liberian's perceptions of their security and prospects now that the experience of war is receding. The study included a nationwide survey of 4,500 respondents randomly selected in each of the 15 counties, and sought to capture people's views on their priorities for peaceful co-existence and future progress. These are some of the findings relevant to the situation of women and children:

- The personal priority most often cited was education (56%); jobs, health and income came next; 29% mentioned caring for children.

- 79% of respondents ranked access to work opportunities as bad/very bad; 64% ranked access to health care and 62% schools as bad or very bad.

- Women were more likely to have no education (45%) and be poorer (29% of women are in poorest asset quintile) than men (25% and 18% respectively).

- To build peace, 74% said it was necessary to unite the tribes of Liberia, 57% to educate youth, and 46% to reduce poverty.

- When asked how to improve security, 56% of respondents mentioned educating youth; 52% mentioned improving the capacity of the police.

- 65% reported no safety issues, but where these existed they were most commonly related to robbery or witchcraft, regarded as behind 17% of crimes.

- Domestic violence is common; 36% of women and 16% of men reported having experienced it at some time in their lives.
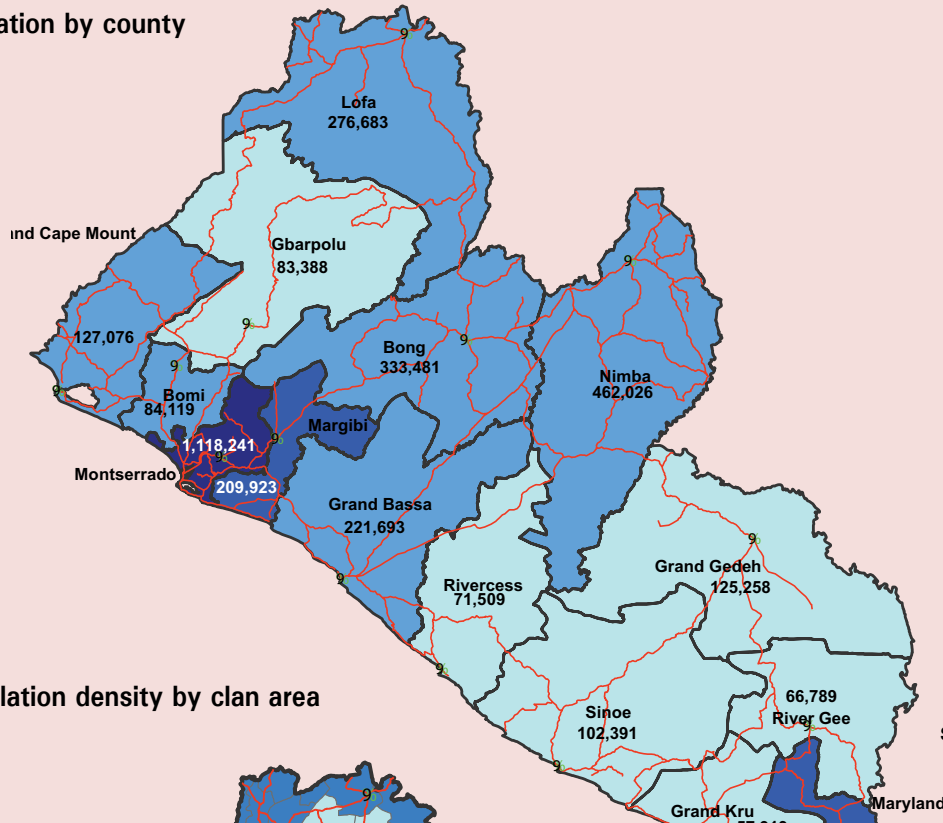
TALKING PEACE: A population-based survey, University of California Human Rights Center, June 2011.

[22.] Patrick Vinck, Phuong Pham, Tino Kreutzer, Human Rights Centre, University of California, Talking Peace: A population-base survey of attitudes about security, dispute resolution, and post-conflict reconstruction in Liberia, June 2011, p 30.
[23.] LISGIS 2008 'Population and Housing Census Final Results, May 2009
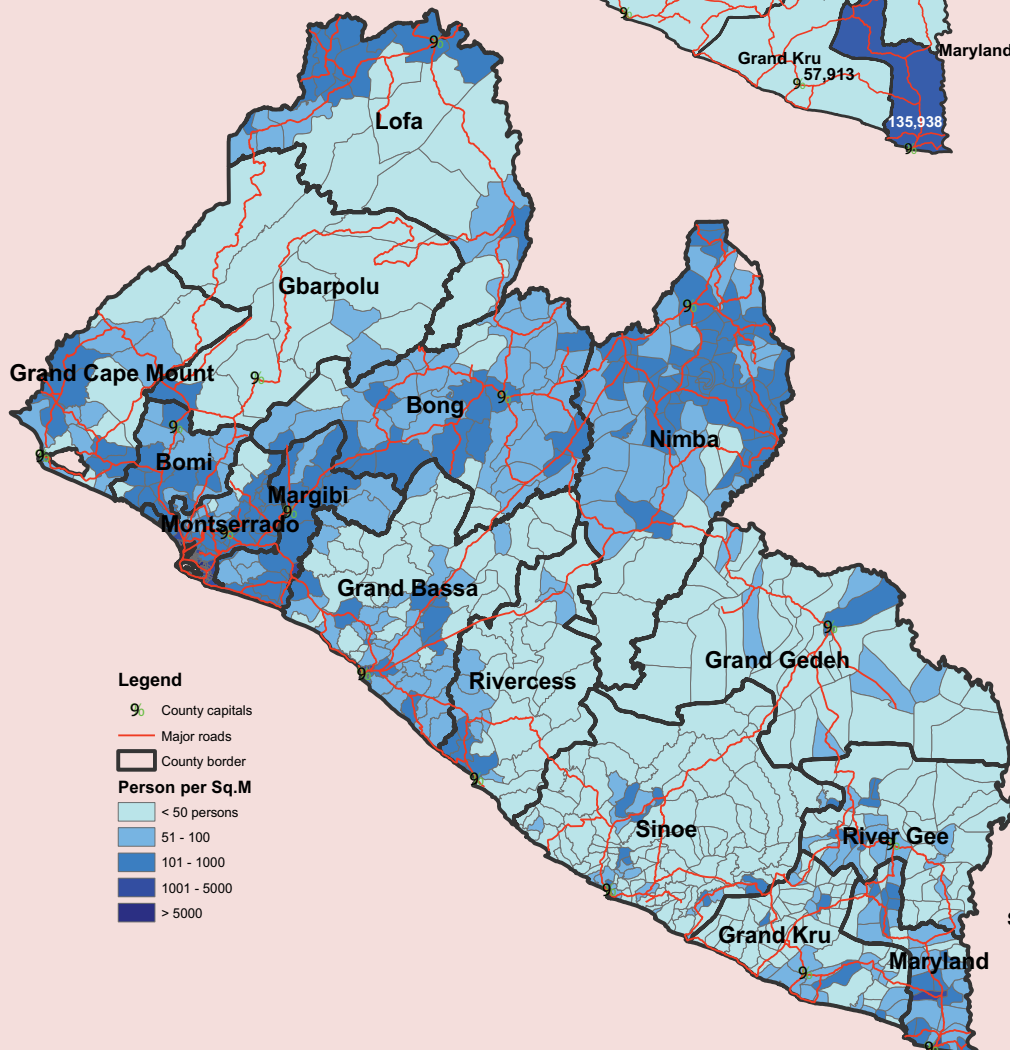
Figure 3. Distribution of Population

a: Population by county

Lofa
276,683

nd Cape Mount

Gbarpolu
83,388

127,076

Bong
333,481

Nimba
462,026

Bomi
84,119

Margibi

1,118,241

Montserrado

209,923

Grand Bassa
221,693

Grand Gedeh
125,258

Rivercess
71,509

66,789
River Gee

Sinoe
102,391

Maryland

Grand Kru
57,913

135,938

Source: National Census 2008

b: Population density by clan area

Lofa

Gbarpolu

Grand Cape Mount

Bong

Bomi

Nimba

Margibi

Montserrado

Grand Bassa

Grand Gedeh

Rivercess

Sinoe

River Gee

Grand Kru

Maryland

Legend

9   County capitals

     Major roads

     County border

Person per Sq.M

   < 50 persons

   51 - 100

   101 - 1000

   1001 - 5000

   > 5000

Source: National Census 2008

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In much of the country, population density is moderate by sub-Saharan standards, but in Montserrado county it is high at 1,500 per square mile. This includes the capital Monrovia where it rises even higher. In the east and south-east, and in Gbarpolu in the north-west, population is sparse and scattered, dropping to between 22 and 40 per square mile. In some remote districts, small communities, leading subsistence lives in the heart of the tropical forest, remain almost entirely beyond the reach of any service or amenity, inaccessible by regular road or transport. These people, given their lack of assets, are the poorest in the country according to any system of wealth measurement.

The design of services, given equity considerations, has to take their needs into account; but at the same time, upholding the principle of equity or fairness may also require that significant resources are spent on reaching the remote and scattered, with a lower cost-benefit ratio than reaching people who are almost as needy in more populous areas. The problem of determining strategically how to allocate social investments – poor and populous county/district, poor and scattered, less poor but more accessible, more disaffected but less needy, more at risk of marginalization but less cost-effective – is a constant in all programming operations and should drive innovation within the necessity for inclusion and equal outcomes.

A higher proportion of the rural population than of the urban is rated as poor in terms of cash income and food insecurity[24], with 57% of rural households having unacceptable household food consumption, compared with 18% of urban. All service usage indicators are worse in the countryside, where people, especially women, are two to three times more likely to have received no education[25]. They are particularly low in counties with sparse populations, such as Gbarpolu, Sinoe and River Gee.

When asked whether life was preferable in urban or rural areas, a group of child Parliamentarians from Montserrado unhesitatingly voted for the city. However, they also identified a number of prob-

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[24]·The State of Food Insecurity in Liberia, Comprehensive Food Security and Nutrition Survey, 2010, p 19, 13
[25]·UCLA, Talking Peace, op cit p 3.

lems, recognizing that the streets of the capital and in other areas of urban concentration can pose serious problems for young people and children. These included: insecurity, laziness and indiscipline, armed robbery, negative peer pressure, substance abuse, vulnerability to sexual harassment and exploitation, high cost of living, risk of child labour, and teenage pregnancy or parenthood[26].

'There are more problems in the urban areas, but they are different problems. For example, early marriage is a problem in the rural, but teenage pregnancy and sexual abuse are more in the urban.'

Young Parliamentarian

The Monrovia axis

Demographic patterns in Liberia have a difficult history, where indigenous people in the interiors were excluded from access to positions of significance in political and economic life and from other opportunities such as education, especially at secondary or college level.

The historical social divide centres on Monrovia, the seat of government, the business capital, the main sea port, the location of the only major university and hospital with tertiary services (for referral of complicated conditions and major operations) in the country, and the hub of transport and communications networks, reinforcing the image of a prosperous metropolitan centre, set apart from a disadvantaged rural interior. During the war, many people from that interior fled into Monrovia to seek shelter from militia attack. As a result, the population of Montserrado County grew much faster than anywhere else, with a growth rate between 1984 and 2008 of 3.5% annually. The capital now contains 1.1 million people[27], nearly a third of the country's total population,

and the current urban growth rate is estimated at 5.7% annually[28]. Although the pattern of rapid urbanization is similar throughout sub-Saharan Africa, the particular circumstances of the historical past, plus the war, have created a particular set of circumstances.

Since most of the country's wealth and facilities are concentrated in Monrovia, the impression is that life in the capital is comfortable compared to rural areas. Undoubtedly, a vast majority of those in Liberia enjoying a high standard of living are in Monrovia, but a significant proportion of Monrovia's population live in slums. The risks faced in squalid urban settings by women, adolescents and children are very real, although different in character from the type of problems faced in the countryside, where problems mostly relate to underdevelopment rather than being contingent on development itself, squatter populations and slum-dwellers often being pioneers and casualties of the industrialization process. In Monrovia's case, many were initially refugees. The adoption of an urban life-style by people from rural areas has major ramifications. In the first place, few if any basic needs for food, housing, or water supplies can be met from the natural environment without resorting to cash. Men and women do not have adequate vocational skills suitable for employment above the lowest of labouring jobs such as stone-breaking; women are forced into market work, vegetable growing in spaces in the city perimeter, transactional sex or other marginal occupations. Families become fragile. There are significantly more women in Greater Monrovia than men and well over half are without male providers[29]. In urban areas as a whole, 35% of households are headed by women[30], and most are surviving on petty trading. Their children are raised in crowded shacks without sanitation and with the risk of water-borne diseases such as cholera. At an early age in life, they become exposed

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[26.] Stakeholder exercise with child Parliamentarians, Montserrado, June 31 2011.
[27.] IMF mid-2010 forecasts, quoted in Liberia, the Economic Intelligence Unit, London, May 2011, p 4.
[28.] UN Habitat, National Urban Conference: Managing the urban interface, strategies and tools for sustainable urban management, Summary of Proceedings, Monrovia, October 2010, p 2
[29.] National census data, Table 6, Population by County, District and Sex, p 24; Table 5.3, Distribution of women aged 12-54 by marital status and age, Montserrado County, p 96.
[30.] Liberia Demographic and Health Survey, 2007, p 10.

to violence, exploitation and abuse in streets and market places full of risks.

The increasing urbanization of Liberia, with its significant but less well-documented proportion of poverty-stricken women and children, has important implications for the situation of women and children in the country as a whole. For reasons of history and statistical bias their predicament has not been adequately recognized in the past, but is now being brought into focus, especially in Monrovia where land use and management policies need urgent attention[31]. Meanwhile the policy of governance decentralization, and the promotion of economic development in areas outside Montserrado, is partially aimed at reducing the pull of Monrovia. These policies, however, bring their own kinds of vulnerabilities for women and children.

> *The obligation to protect requires the State to recognize the right to life and protection, survival and safety of the most vulnerable, on an equal basis with others in situations of risk, humanitarian emergencies or natural disasters.*

Demographic fluctuations relating to economic or political change have important implications for women and children in all population centres that are rapidly growing or changing due to the re-opening of mines, investment in plantations and timber, and the growth of trade in border areas. At present data is limited, and the special risks faced by women and children in urbanizing or industrializing settings are difficult to capture. Another population facing high risks is the refugee population along the border with Côte d'Ivoire. Here, as in any crowded environment, special risks may arise simply from the large numbers and densely-

packed nature of camp settlement, with all the disease, dependency, loss of self-esteem and personal safety risks, including vulnerability to rape and sexual predation, associated with camp life. Among refugees in Maryland, an extremely high pregnancy rate has been observed[32].

The household context: poverty

Services to children may be more easily reached in clinics, day care centres, schools, clubs, youth centres, and other semi-formal settings but the most important place which influences their chances of health and a caring, nurturing upbringing is the home or community in which they reside. Many surveys collect information based on the household, permitting a picture to be developed of how children and women, including the especially vulnerable, experience day to day life.

The most conspicuous vulnerability faced by a high proportion of Liberian households is 'poverty'. This catch-all term is sometimes measured by computing the value of household's assets; sometimes by assessments based on income, such as the notional 'living on $1 a day'; 75% of Liberians are supposedly in this category[33]. The key social protection analysis for Liberia makes the distinction between 'absolute' poverty, a measure of very low income; and 'extreme' poverty, which describes a situation where the household is not able to meet their most basic needs of food, shelter, clothing, health care and education, partly because of lack of income and partly because of lack of access to basic social services such as health and education[34].

PRS1 estimated that 64% of Liberians lived below the absolute poverty line, and 48% were 'ex-

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31. Liberian Land Commission and UN-HABITAT, Summary of proceedings, First National Urban Conference, October 2010.

32. Key informant interview, 22 July 2011.

33. GoL, National Food Security and Nutrition Strategy for Liberia, 29 June 2007, p 1.

34. UN, Social Protection Issues in Liberia, Monrovia, December 2008, p 4. Af survey calculated rural and urban poverty lines based on the cost of basic needs, in two parts. First, it estimated urban and rural food poverty lines derived from the cost of a food basket providing 2,400 Kcal per day per adult equivalent. Second, it computed non-food poverty lines by estimating the non-food spending of households whose food expenditures were within five percent of the food poverty line. The total poverty line is the sum of the two, while the food poverty line is the basis for measuring "extreme" poverty. The distinction between moderate poverty (household which are absolutely poor but not extremely poor) and extreme poverty is important. Persons living in extremely poor households suffer from severe hunger during most of the year, become physically weak, tend to sell or consume their productive assets (e.g. livestock, tools, seed), give up investing in their future (like sending children to school), and die from infections that other people survive. For these reasons extremely poor people are slow to respond to programs, which demand a certain amount of effort and contributions (like credit and saving schemes).

tremely poor'. Absolute poverty was more acute in rural areas than in urban (68% compared to 55%), with the highest proportions of extremely poor – over three-quarters of households – in the sparsely settled south-east and the north-west. However, the North-Central region, with about 38% of the population of whom 68% are below the absolute poverty line, has the highest regional number of people living in poverty (660,000). Among the extremely poor, 73% of households are headed by women[35].

People living in extremely poor households tend to suffer severe hunger for most of the year, become physically weak, sell or consume assets such as tools and seeds, fail to send their children to school, and die from infections that other people survive. They are also less likely to take up new ideas or seek out services requiring effort and contributions. Among the approximately 300,000 households who are extremely poor (i.e. 48% of households), an estimated 50,000 have no able-bodied member fit to work, or else they have so many child or elderly dependents that all members capable of working productively are already over-stretched (see Fig. 5).

As a result, children in these households are effectively excluded from basic health and education and the poverty of the household is passed on to the next generation.

The 'extremely poor' also have families headed by children or by someone disabled; the Census reported that 3.2% of Liberians live with some form of disability[36], although other surveys, using a broader definition, put the figure above 16%[37].
Reality may lie between the two. Policy and programmes that address their range of needs are weak or lacking and those disabled from birth, disease, accident or violence, whether victims or combatants, remain excluded from opportunities.
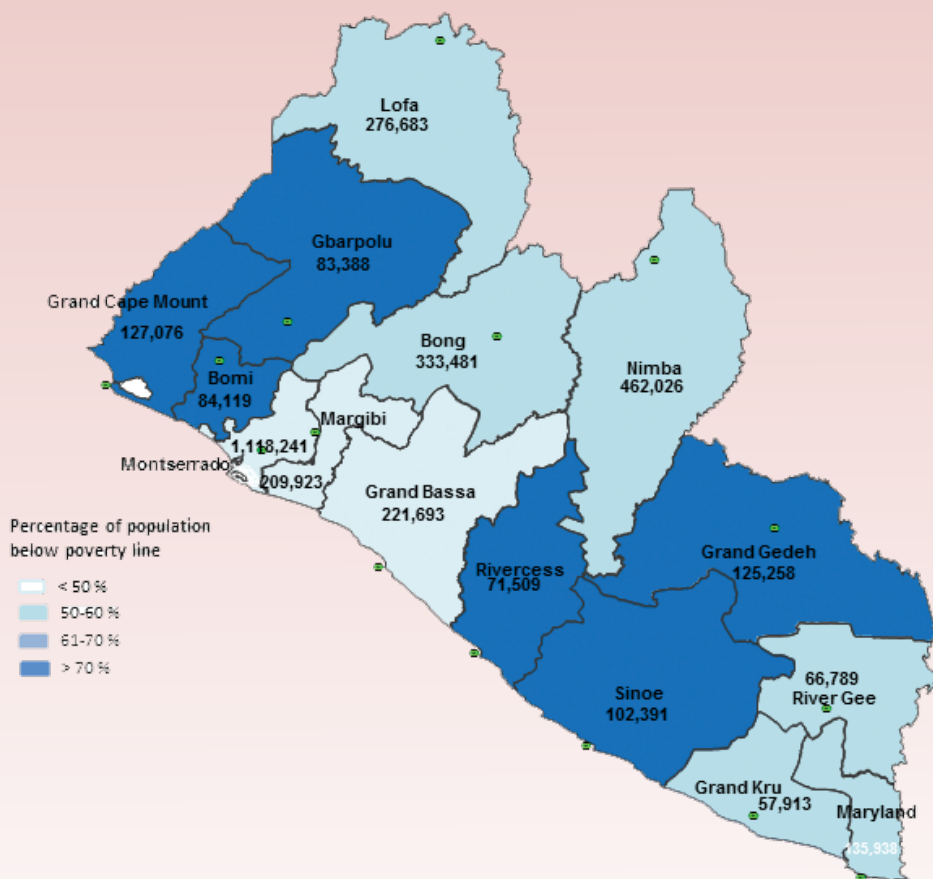
UNICEF/LBR/2011/Pirozzi

[35] UNICEF, 2010 Country Office Annual Report, Liberia, p 1.
[36] Census 2008, Table 8.1, Appendix 8, p 197.
[37] See Handicap International and CRID op cit (page 5)

Figure 4. Overall Population and Income Poverty Head Count

Percentage of population below poverty line
- < 50 %
- 50-60 %
- 61-70 %
- > 70 %

Lofa 276,683
Gbarpolu 83,388
Grand Cape Mount 127,076
Bomi 84,119
Margibi 1,118,241
Montserrado 209,923
Bong 333,481
Nimba 462,026
Grand Bassa 221,693
Rivercess 71,509
Grand Gedeh 125,258
Sinoe 102,391
River Gee 66,789
Grand Kru 57,913
Maryland 135,938

Many of these families suffered losses during the war; others are victims of illness or other family catastrophe including the loss of working members to HIV and AIDS. The HIV prevalence rate is currently estimated at 1.7%, according to UNAIDS, but is higher for females than males and rising, particularly among young women.

Work and livelihoods

Liberia's economy is one of extractive raw material exports and weak internal markets, depending excessively on imports for key food supplies, which has led to dependency on the global economy by its very under-development. This makes Liberia prone to current food price volatility, which can risk stability as well as food security. This is particularly true for the urban poor and those small-scale out-growers of rubber and palm-oil cash crops who are the most food insecure and vulnerable to price hikes, including those triggered by the food, fuel and financial crises of the past 3 years. Resilience remains low until poor households can accumulate assets such as livestock. Reviewing subsidies[38], such as the emergency subsidy on imported rice[39] from 2008 - 2011, may increase available resources for effective targeting on the poor. As Liberia negotiates concessions for oil exploration, rubber, palm-oil, timber, iron ore

[38] Reported as 15% of total government expenditure – USAID Liberia Economic Recovery Assessment July 2008, Table B-6
[39] See Liberia Market Price Monitor Bulletin 11 of Sep 2010

Figure 5. Estimated numbers of households in Liberia suffering from different categories of poverty. (High Dependency Ratio is defined as over 3 dependents per able-bodied adult aged under 65, but above 19 not in school).

Consumption per person

Absolute poverty line 64%

| 80,000 A | 20,000 B |

Extreme poverty line 48%

| C 250,000 | D 50,000 |

Dependency Ratio

Low dependency ratio (households with Labour) High dependency ratio (Labour constrained households)
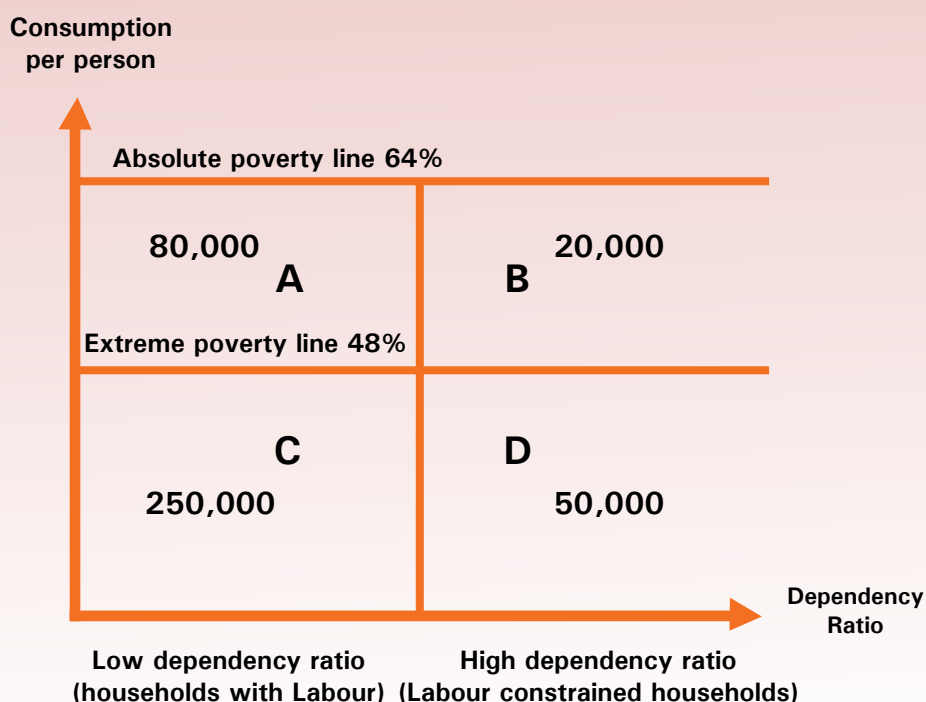
Source: UN Social Protection Study, 2008

and other minerals, besides maximising national and local royalties and corporate social responsibility commitments, there could be opportunity for new public-private partnerships for development, including widening ICT access for schools, and particularly youth employment through youth placements[40]. To succeed in such negotiations for the benefit of Liberia and future generations will require specialist support.

Only 15% of Liberians are employed in the formal economy, mostly in plantation agriculture. This has created the notion that 85% of Liberians are 'unemployed'– a distortion the 2010 Labour Force Survey did its best to dispel by using a less rigid view of what employment and economically productive activity actually comprise[41]. The survey concluded that around 1.1 million people aged 15 and over were 'employed', of whom most are working for themselves ('self-account') or are unpaid workers in a family concern. Using these definitions, 78% of the labour force is in 'vulnerable employment', lacking the protection of labour regulation, and 68% informally employed.

Most people make their living as semi-subsistence farmers in the rural economy, principally to supply their family food requirements but selling surpluses – tubers, vegetables, fruits, palm-oil, and a few processed items such as soap and processed

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[40.]Youth employment has been a major concern for all African countries and for the African Union in 2010 and 2011, reflected in the AU/UNECA African Youth Report 2010 (see http://www.uneca.org/ayr2011/) and in the Background Paper "Youth Employment – investing in African youth" presented at the April 2011 Meeting of Ministers for Labour and Social Affairs in Yaounde. See paper on AU website http://www.au.int/en/content/8th-ordinary-session-labour-and-social-affairs-commission-african-union-11---15-april-2011-y With relevance for Liberia, the Background Paper states that "policies are required that increase labour mobility and enable countries to realise their full human resource potential, based on inclusive policies and programmes that take into consideration young women; young people with disabilities; youth from very poor backgrounds, orphans, those living with HIV/AIDS; and youth in conflict affected areas. These policies are required to offset the annual GDP losses caused by high unemployment among vulnerable and socially excluded groups". The African Youth Report offers a chapter of evidence on "Best Practices in linking education to employment in Africa", including "Learnership" and entrepreneurship programmes.

[41.]Liberia Labour Force Survey, 2010, p8-10

cassava – in local markets. With abundant rainfall and high soil fertility, agricultural potential is enormous, but due to many factors including poor roads and lack of organized markets, is seriously underdeveloped.

Where the cultivable potential has been fully exploited, it is in areas within reach of the coast, suitable for large-scale concessionary tree-crop plantations such as rubber and palm-oil. Some small-holder producers of these cash crops sell their output via networks set up by the plantation operators. These producers seem to be among the most food-insecure in the country – revealing an unfortunate feature of small-scale cash crop production. Their income is seasonal and they have to buy food; they are therefore vulnerable to price hikes when there are shortages or distribution problems[42].

Since the Labour Force Survey defines as 'employed' people who are economically active on their own farms or in petty trading, employment statistics have limited application as a lens on poverty and livelihoods: there is no means of measuring earnings or comparing 'self-account' income. Of the 417,000 skilled agricultural workers (the largest group), a surprising number (59,000) are in urban areas. The second largest category is service and sales workers, 73% of whom are urban; across the whole category urban and rural, nearly twice as many women are 'employed' than men, indicating the predominance of women in market trading. The third largest category is 'elementary occupations' – cleaners, helpers, vendors, servers, the meanest of paid work activities – and in these too women are significantly more numerous than men[43].

Unemployment among workers aged 15-24 is much greater than in higher age groups, with only a third of this group being employed, and the proportion of unemployed being higher in urban areas. The degree to which children under the age of 15 (the internationally designated minimum age of employment) are in economically productive 'work' or are self-employed in contexts outside their homes is not easy to establish. This is mainly because although Liberia has ratified the ILO Convention 182 on the Elimination and Prohibition of the Worst Forms of Child Labour, it is not a signatory to the Convention No 138, on the Minimum Age of Admission to Employment (1973). The current Labour Law is very ambiguous in regard to non-permissible under-age work declaring it unlawful to hire anyone below 16 during the school sessions[44]. The new draft Decent Work Bill, if adopted, will replace the current law and provide better protection and clarity in line with international standards on child labour.

Most of the 175,000 children aged 6-17 years identified as working in the Labour Force Survey are helping on their family's farms, with 27% in 'elementary occupations'. The numbers identified as in 'hazardous work' (types of work banned internationally for children below age 18 under ILO Convention 182 on Worst Forms of Child Labour, 1999) were 32,000 (4.2% of boys and 3.9% of girls); these were employed in industries such as mining and quarrying, worked over 43 hours a week, or were in street-based occupations (see Table 2).

'We have to get out of the Liberian mind-set that agriculture does not require skills. It is a scientific activity and needs to be treated as a scientific subject.'

Othello Gongar,
Minister of Education. July 2011

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42. The State of Food Insecurity in Liberia, op cit., p 15
43. LISGIS, Report on the Liberia Labour Force Survey, p 32.
44. Labour Law, Subchapter D. Section 74.

Table 1. Employed persons aged 15 and over by sex, locality and occupation[45]

Occupation Group	Urban in 000			Rural in 000			Total in 000		
	M	F	Total	M	F	Total	M	F	Total
Skilled agricultural workers	30	29	59	186	172	358	216	201	417
Service and sales workers	67	118	186	18	48	66	86	167	252
Elementary occupations	28	51	78	55	59	115	83	110	193
All other occupations	106	41	148	36	17	53	143	57	203
Total	231	239	471	295	296	592	528	535	1,065
%									
Skilled agricultural workers	12.9	12.1	12.5	63.0	57.9	60.4	40.9	37.5	39.2
Service and sales workers	29.0	49.7	39.4	6.1	16.3	11.2	16.2	31.1	23.7
Elementary occupations	11.9	21.2	16.6	18.7	20.0	19.4	15.7	20.5	18.2
All other occupations	46.2	17.0	31.5	12.2	5.8	9.0	27.2	10.9	18.9
Total	100	100	100	100	100	100	100	100	100

Note: 'Elementary' occupations include cleaners, helpers, vendors, unskilled agricultural labourers. 'All other' occupations include Professional, managerial, technical and clerical staff; craft workers and plant/machine operators. Source: LISGIS, Liberia Labour Force Survey 2010

Also included were children who skipped school to undertake their working duties[46]. Whether such children are working from home, or are domiciled in other households and work on their behalf, they clearly come from livelihood-insecure backgrounds and are probably all 'extremely poor'.

Food insecurity: an on-going problem

How often people eat, and the quantity and quality of their meals, is both an important determinant of their well-being and a telling indicator of their livelihood status. The war compounded a situation of low food consumption in many parts of the country; hence the subsequent stress on food security and nutrition data. Due to the high dependency on imported food, Liberia is also vulnerable to price shocks at times of global food stock shortages, as happened in 2008, and again threatened in 2011[47].

According to the 2010 Comprehensive Food and Nutrition Survey (CFNS), food security has improved over the past five years, but insecurity remains unacceptably high. 41% of Liberians consume insufficient food to maintain an active and healthy life. Of these, 13% eat only rice, roots and tubers[48]. Most rural Liberians only eat meat or fish they have hunted. All domestic livestock were lost in the war, but there are signs of replenishment. Over half of rural families keep chickens, and goat ownership has risen from 5% in 2006 to 10% of households in 2010[49].

Rice is the main staple of Liberian diets, and 60% of national requirements are imported from Asia and South America – a reduction from 90% im-

45. Source: Liberian Labour Force Survey 2010, Table 4.2 p 32. Author amendment to figures to correct rounding errors.
46. LISGIS Report on Child Labour in Liberia 2010, Chapter 4, p 26.
47. GoL and partners, Impacts of Rising Food – Fuel Prices and Refugee Influx in Liberia, Emergency Food Security and Market Assessment, April May 2011.
48. The State of Food Insecurity in Liberia, op cit., key messages.
49. Ibid, p 39.

Table 2. Working children aged from 6 to 17

Economic Status	Total	Boys	Girls	% Total	% Boys	% Girls
Liberia	937,310	474,209	436,101	100.0	100.0	100.0
In employment	174,621	100,107	74,514	18.6	21.1	16.1
Child labour	42,640	22,015	20,625	4.5	4.6	4.5
Of which, Hazardous work	32,210	19,972	18,238	4.1	4.2	3.9
Not child labour	131,982	78,092	53,889	14,1	16.5	11.6
Of which, Permissible work	114,648	68,443	46,204	12.2	14.4	10.0
Not in employment	762,688	374,102	388,587	81.4	78.9	83.9

Source: LISGIS, Liberia Labour Force Survey 2010

mediately after the war, but still a high proportion. Altogether, two-thirds of the country's food basket is imported, and this overall dependency on foreign food markets is increasing[50]. The smallholder farm sector has been neglected and receives little investment. Due to a history of economic development that favoured large commercial, mainly agricultural, concerns, Liberians were historically more involved in wage labour than people in neighbouring countries. The CFNS of 2006 found that food crops were the primary (cash) income source for only 15% of surveyed households, with others depending on rubber tapping, palm oil processing, petty trade, contract labour, or charcoal production[51]. However, the numbers of those engaged in food cultivation has doubled since 2006[52]. As far as rice is concerned, production is discouraged by the pressure to keep prices low for the urban population, which favours the importation of cheap strains of rice with which local producers cannot compete.

In many up-country subsistence areas dependent on their own crops of cassava, rice and tubers, rice is cultivated without the benefit of hybrid seed, modern techniques or mechanization in semi-cleared patches of the forest. As a result, yields are low and pre- and post-harvest losses to pests and bad storage are extremely high, averaging 40% for food crops nationally. In Gbarpolu, farmers in one area described almost total crop wipe-outs in two successive years, to rat infestation and bush cow (buffalo) rampages[53]. Much needs to be done to introduce scientific techniques, expand extension services, and generally raise the status of small-holder agriculture in Liberian eyes. The 2010 report on food insecurity underscores that the way to tackle household food insecurity is through increased productivity in the domestic and commercial agriculture sector.

[50] The State of Food Insecurity in Liberia, op cit., p 12
[51] GoL, National Food Security and Nutrition Strategy for Liberia, June 2007, p 16
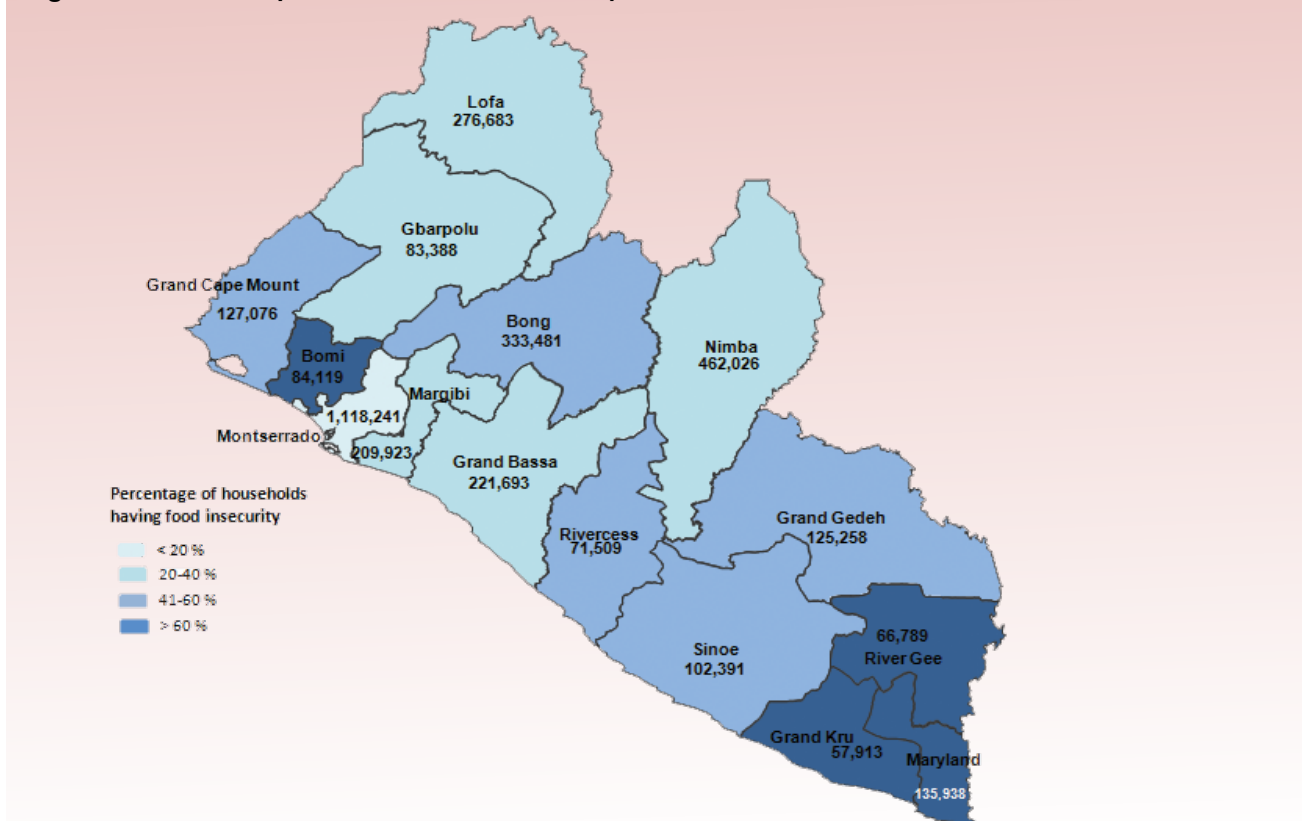[52] The State of Food Insecurity in Liberia, op cit., p 51
[53] Discussion with community members in OkaiTownOkai

In normal years, food insecurity is more prevalent in rural areas, with three times as many rural than urban people likely to be food insecure (57% compared to 18%). The food insecure, because they are low-paid and their cash-cropping income is seasonal and competing with time when otherwise they might be engaged in family cultivation, spend as much as 59% of their income on food[54]. The south-east of the country is worst affected, especially River Gee and Grand Kru counties, since this (and the north-west) is the part of the country with the worst roads and infrastructure, lowest agricultural production, most depleted basic services and highest illiteracy: the whole gamut of standard poverty indicators.

However, at times of sudden food price hike due to volatility of world markets and prices, as in 2008 and again in 2011, the totally cash-dependent – i.e. the urban poor – are more vulnerable even than the rural poor. An emergency assessment undertaken in April-May 2011 found that rising food prices have led to a marked deterioration in food consumption in Monrovia, 40% of households having too little to eat[55]. Table 7 shows that some counties have sustained nutritional insecurity and that the urban area of Monrovia saw a marked decline from 2010 to 2011. Chronic malnutrition remains a huge challenge, with 42% of children suffering from stunted growth (see Chapter 2); but acute malnutrition (very low weight for height) is higher in Monrovia than anywhere else in the country, although stunting is only 30%. Obtaining the daily wherewithal to eat – a task assigned to women – can be tough, especially in places or at seasons when everything depends on cash. In impoverished areas it is common to find people who only eat once a day, and who almost never eat meat or high-protein foods[56].

Figure 6. Overall Population and Food Insecurity

Source: Liberia Comprehensive Food Security and Nutrition Survey 2010.

[54] The State of Food Insecurity in Liberia, op cit., p 15
[55] GoL, UN and NGOs, Impacts of High Commodity Prices and Refugee Influx in Liberia, Emergency Food Security and Market Assessment, April-May 2011, p 8.
[56] See Liberia Comprehensive Food Security & Nutrition Survey 2010, page 100

Special problems of food access have also arisen due to the influx of Ivorian refugees into Nimba County late in 2010, and into Grand Gedeh, River Gee and Maryland counties since March-April 2011. Food shortage and malnutrition among small children are among the most critical issues in all emergency situations. A high proportion of the 150,000 refugees have so far preferred to remain in local communities among connected kin rather than enter camps. This has exerted strain on the food stocks of host families, putting themselves and their own children at risk. Their low food security demands that agricultural support is provided in these areas to maintain and expand production, alongside therapeutic care for the malnourished. This needs to be supplemented by access to safe drinking water and sanitation so that food security gains are not cancelled out by vulnerability to diarrhoeal disease.

According to the 2010 CFSNS, Maryland has the highest percentage of households with poor food consumption in the country. The level of insecurity is so high in Maryland that, despite being only the seventh largest county by population, it also has the highest absolute number of households with poor food consumption. The general level of food insecurity in Maryland has been further exacerbated since April 2011 by the influx of Ivorian refugees into the county.

Water and Sanitation

Liberia is a well-watered country, with plentiful rainfall and abundant rivers and streams. But the development of engineered water supply infrastructure was minimal outside Monrovia before the civil war, during which Monrovia's piped water system suffered major damage and is still operating at only 27% of pre-war capacity[57]. From the perspective of ordinary people, a dependable water sup-

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[57.]LWSC 2010 ; cited in Stephen Ntow, Assessing WASH package interventions in five counties of Liberia, UNICEF, October 2010, p 2.

ply in or close to the home, preferably one that is safe to drink, and in crowded environments a clean environment and decent toilets, are essential pre-conditions of a minimum standard of life. Lack of household water and sanitation services, which oblige people to spend hours a day collecting water, and to dispose of their excreta in the open and by methods that are personally undignified, are part of being poor and service-deprived[58].

The perspective that sees possession of a bathroom as a home improvement emphasizes consumer drivers for improved water, sanitation and hygiene (WASH). The primary international preoccupation with WASH sees water and sanitation as an aid to health, and lack of service provision as contributing to illness. In the public health perspective, costs deriving from inadequate WASH are high, amounting typically to 5% of GDP, when deaths averted, productive days lost, and the health service treatment burden are taken into account[59]. Hygiene-related diseases, including worm infections, also contribute to about half of the overall malnutrition and are a major contributor to child morbidity and mortality. Cholera occurs in Monrovia and is a risk in crowded environments including refugee camps. Annual admissions to the Cholera Treatment Unit in Monrovia averaged 2,600 between 1996 and 2008[60]. Although the number of annual suspected cholera cases has declined to stand at 1,379 in 2009, all (100%) of cases in Liberia are Monrovia residents. The annual hospital admissions due to cholera remained stagnant between 2008 and 2009 with 484 and

Table 3. Households with Poor Food Consumption

Households with Poor Food Consumption		
County	% age of population	Number of persons
Maryland	43.3	58,861
Bomi	38.8	32,638
Grand Kru	33.6	19,459
River Gee	28.1	18,768
Rural Montserrado	23.4	34,496
Bong	16.3	54,357
Rivercess	15.8	11,298
Cape Mount	13.1	16,647
Sinoe	12	12,287
Grand Gedeh	10.8	13,528
Nimba	9.2	42,506
Margibi	7.2	15,114
Grand Bassa	6.6	14,632
Gbarpolu	4.2	502
Lofa	3.0	8,306
Greater Monrovia	1.2	11,650
National	13.0	368,050

Drawn from: 2010 Comprehensive Food Security and Nutrition Survey

[58.] Water, Sanitation & Hygiene Sector Strategic Plan for Liberia, 2011-2017, p 19, citing First Revised/Edited Draft Liberia PPA Preliminary Analysis, March 5, 2008.
[59.] UNICEF (2010) 'Why Sanitation and Water Supply are Important to Growth and Development in Liberia', Sanitation and Water for All: Global Framework for Action. Cited in draft text for WASH Sector PRS2, p 1.
[60.] UNICEF Report: Assessing WASH Package in five counties of Liberia, 2010, op cit, p7.

Figure 7. Deterioration in food intake, 2010-2011

Change in prevalence of inadequate dietary intake 2010-2011
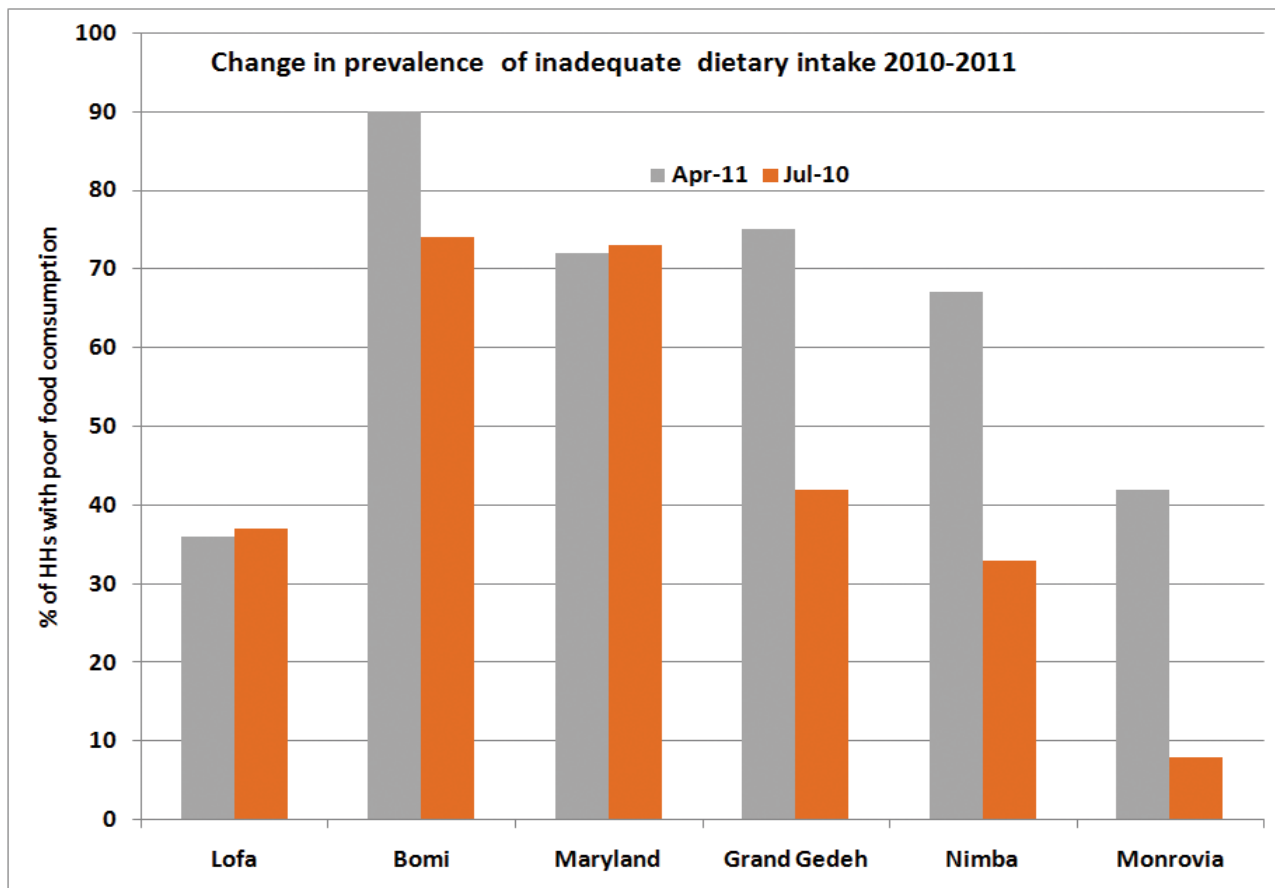
Source: Impacts of Rising Food-Fuel Prices and refugee influx in Liberia, May 2011, Food Security Assessment undertaken by Ministries of Agriculture and Commerce, FAO, UNHCR, WFP and NGOs.

480 respectively. Thus WASH services rate highly as a public health intervention; but over the longer term, the spread and upkeep of services depends on consumer demand. Fostering that demand will as much require satisfying the desire for better living standards as an improved understanding of the role of hygiene in family health.

Access rate to an improved drinking water source is 68% nationwide, 79% in urban areas and 51% in rural areas[61]. Very few households – only 1% – have piped water connections; most protected sources are hand-dug covered wells in shallow water table areas or bore-holes with hand pumps in hard-rock or low water-table areas. However,

among those with such access, a recent mapping exercise revealed that a significant proportion has either broken down, or do not yield sufficient water year round. Indeed, 40% of the improved water points were not functioning because the pump is broken down or the water yield is insufficient (water point mapping, 2011). At present, there is not yet a sense of community ownership of protected water-points, nor an effective system

The human right to water is indispensible for leading a life in human dignity. Access to safe water, especially safe drinking water, is a fundamental precondition for the enjoyment of several human rights, including the rights to education, housing, work, health and life. It is also a crucial element to ensure gender equality and to eradicate discrimination.

(CESCR Gen Com 15)

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[61] WHO/UNICEF Joint Monitoring Programme, 2010

for their maintenance and repair. Returns on investing in effective maintenance of water points should be assessed against new service provision, especially if the latter is not to be discounted over unrealistic time periods that take no account of maintenance failure. This highlights the importance of real-time updated water-point mapping for effective policy implementation.
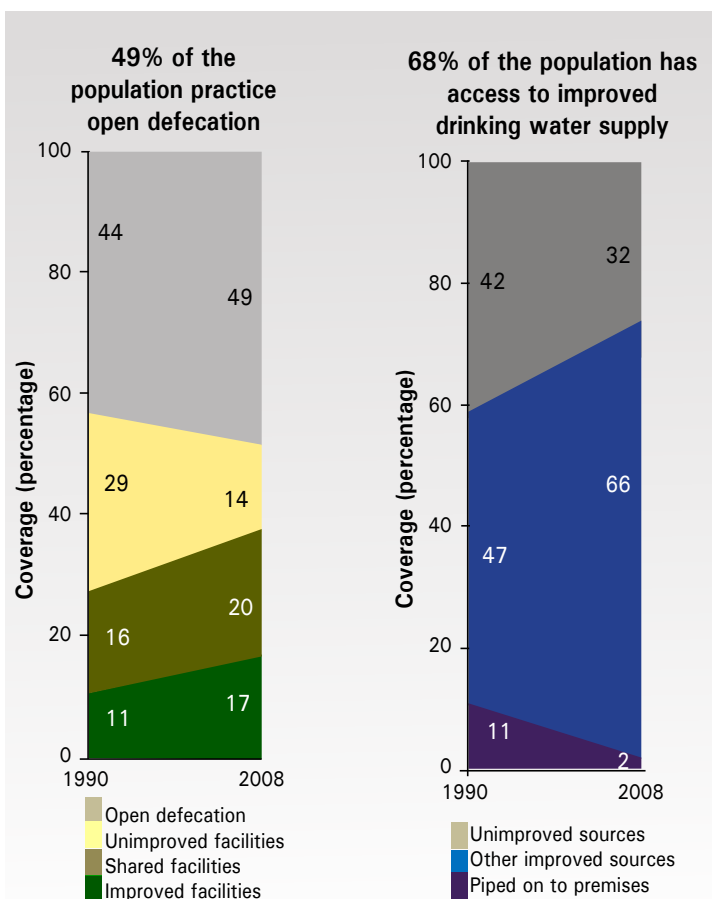
The disposal of human waste presents an even greater challenge. Nearly half the population of Liberia defecates in the open (with relatively few having a decent household toilet). Only 17% of the population have access to improved family sanitation facilities while 20% use shared facilities. The situation is more alarming in rural areas where only 4% have access to improved sanitation facilities while 77% practice open defecation (JMP, 2010). In rural areas, villages – known as 'towns' – are often closely settled, with alley-

ways leading between densely packed housing; so unless people go some way off into the bush, open defecation represents a serious public health hazard. In urban areas, where housing is much more dense, open defecation practiced by 30% of urban dwellers into water courses, in ditches, on beaches, and in plastic bags thrown onto rubbish dumps presents even worse risks of diarrhoeal epidemic. Only 25% of households in urban areas have access to improved sanitation facilities. These bad sanitation conditions are exacerbated by the high water table in many urban slums in Monrovia. Lack of solid waste disposal, poor drainage and rotting garbage leads to plagues of vermin and a bacteria-laden environment.

There is strong demand for sanitation in poor urban areas; women in a squatter community of 18,700 in peri-urban Monrovia described the lack of decent toilets as 'unbearable'. There is also approval for a clean and hygienic environment in rural 'towns', and a good response to the Community-Led Total Sanitation (CLTS) approach that encourages communities to build household toilets and become 'open defecation free' (ODF). At Sembehun in Grand Cape Mount, where ODF status was achieved in 2010, the town chief reported that diarrhoea and malaria cases have gone down dramatically, and that the flies and mosquitoes that used to bother them have all but disappeared[62]. Sanitation solutions can be evaluated in part as income generating opportunities for youth, while sustainability assessments take account of the balance between low cost supply and associated increased demand.

Overall access to services and amenities

The two social sector services that have the most important impact on women and children are health care and education. Others that are also significant are social welfare and youth services. All of these are services sought out by parents

49% of the population practice open defecation

Coverage (percentage)

	1990	2008
Open defecation	44	49
Unimproved facilities	29	14
Shared facilities	16	20
Improved facilities	11	17

- Open defecation
- Unimproved facilities
- Shared facilities
- Improved facilities

68% of the population has access to improved drinking water supply

Coverage (percentage)

	1990	2008
Unimproved sources	42	32
Other improved sources	47	66
Piped on to premises	11	2

- Unimproved sources
- Other improved sources
- Piped on to premises

[62.]Town meeting for Situation Analysis, July 6 2011.

and carers on their children's behalf, or by youth and older women on their own behalf. Their availability, usage and performance at different ages and stages of children's and women's lives are covered in subsequent chapters.

As has already been alluded to in the discussion on demographics, the balance to be struck in service provision between the well-populated 'big six' counties, and the much poorer counties with scattered settlement and few roads, is delicate and not amenable to a one-size-fits-all approach to service delivery. The decentralization policy indicates the government's determination to counteract the centrifugal lure of Monrovia as the locus of power, professional jobs, business opportunities, and decision-making over government resources. It represents an attempt not to favour by service imbalances those who are already doing comparatively well, thereby augmenting existing inequities. But the difficulties and costs per capita of staffing and supplying service infrastructure in districts with sparse populations are immense. Bringing communities far from any road into contact with quality services will remain problematic for many years to come, but could be facilitated by innovative service delivery models and use of modern communications technology. Some of the remote communities are in areas with considerable private sector investment opportunities, which need to be managed by government in the best interests of those communities through modern public-private partnerships that reflect environmental and social concerns. Ironically, the arrival of refugees in some underdeveloped districts of the less developed counties of Eastern and South Eastern regions and the need to reach them and their host communities with emergency relief may enable some speeding up of service delivery to otherwise neglected populations. In response, the government and UN, in liaison with the Liberian National Red Cross Society, IFRCRC and ICRC, made a flash appeal in 2011 and Consolidated Appeal Document for 2012 to cover refugee needs in the context of addressing host community needs at the same time.

Although there is a need to make health care and education opportunities as widely and equitably available as possible, it is useful to remember that there are places other than the clinic and classroom where children, women and young people are to be found. In fact, in settings such as Liberia, where service coverage rates are far from universal, it may be necessary not just to attempt further mass service spread; but to take services or interventions to the places where those children not in school and not in the clinic can be accessed or to adopt innovative ways of increasing access and meeting state obligation to fulfil the rights of all children to basic services. The Government MoHSW has recognised the importance for realising all rights of children that each child should be registered at birth, fulfilling a fundamental right to identity and proof of existence (see Text box 5).

The underlying determinants of health include access to safe drinking water and adequate sanitation; adequate supply of safe food; adequate nutrition and housing; healthy working and environmental conditions; access to health-related education and information; gender equality. The right to health is dependent on, and contributes to, the realization of many other human rights.

(CESCR Gen Com 14)

Infants and Young Children, Aged 0-5 Years

Infants and young children under the age of five are the largest tranche by age-group of the Liberian population, comprising nearly 18% (534,000)[63]. This is partly a reflection of Liberia's high birth rate, with an average of 5.2 children born to every mother, but is also a reflection of the significant progress that has been made in preserving its new born members. Between 1992 and 2006, the Infant Mortality Rate (IMR) dropped from 139 to 71 per 1,000; over the same period, under-five mortality dropped from 219 to 110 per 1,000[64]. Today's averages are below sub-Saharan African averages of 102 and 171 respectively[65].

Notwithstanding this improvement, Liberia is committed to further reductions in infant and young child deaths, and to reducing the very high rate of maternal mortality (see Chapter 5). This commitment requires addressing all aspects of infant and child care, including MCH services, nutritional status, cleanliness and hygiene in the home environment, early childhood care and development, and protection from abandonment and neglect. Liberians retain and uphold a strong sense of family, despite the horrors of the recent past. In the UCLA survey into Liberians' own priorities, nearly a third of respondents named 'caring for children' as very important to them, a higher proportion than those naming food, security, or land to farm[66]. Since survival and infanthood are so dependent on care

at delivery and access to health and nutrition in the first months and years of life, these topics are addressed first.

Earliest days and weeks of life

The geographical accident of birth, and the relative risks faced by the small child in an economic, geographic and environmental lottery, is something over which no infant has any control; the same is true for most mothers. As already noted, the majority of children born in Liberia arrive in the world in families that are poor and are most likely to be poor if born in rural areas. Thus the likelihood of being born into a poor rural family is relatively high; and although it is no longer axiomatic that a child born to parents in Monrovia will be better off than her or his rural counterpart, by and large this remains the case.

The chances of surviving the difficult process of being born are higher when a mother delivers in a health facility, or at least under the care of a professional midwife. Why mothers may not choose to avail themselves of ante-natal services and delivery in a health facility is discussed in Chapter 5, but the Ministry of Health during the past few years has made it a priority of its Basic Package of Health Service (BPHS) to encourage as many Fa-

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[63.] Liberia Demographic and Health Survey 2007. Monrovia, Liberia, 2008; 2008 National Population and Housing Census: Final Results.

[64.] LDHS 2007; cited in Liberia Road Map for Accelerating Reduction of Maternal and Newborn Mortality and Morbidity in Liberia (2011-2015), Ministry of Health and Social Welfare, March 2011, p13.

[65.] Ministry of Health and Social Welfare, Country Situational Analysis Report, July 2011, p 38.

[66.] Talking Peace: A population-based survey on attitudes about security, dispute resolution, and post-conflict reconstruction in Liberia, Human Rights Center, University of California, June 2011, p 27.

cility-based deliveries as possible. There has been a rapid growth in functional facilities, including private (mainly faith-based), from 354 in 2006, to more than 550 in 2010[67]. Although there are significant out of pocket costs to the poor, there are no user fees for all MCH and reproductive health services in public facilities. A high proportion of Liberian health customers choose to use private facilities, which the poor cannot afford.

The choice of private facilities may be partly to do with service quality. Some public facilities serve relatively few people; others – in Monrovia, exceptionally – serving more than 22,000[68]. Such pressures lead to long waiting times, equipment and medication shortages, and other stresses. Outside Monrovia, the intention that there should be a clinic within one hour's travel time for the catchment population is nowhere near attainment, 40% of households being over one hour away and many much further with resulting costs in access. This is one reason why, outside Monrovia, two-thirds of babies are born at home. The proportion being delivered with professional care, including Trained Traditional Midwives (TTMs)[69], is 46%. Government could consider employing Service Level Agreements, particularly for maternal services, with private facilities that meet prescribed standards. Care in the immediate post-natal period, the period of highest survival risk, is also relatively low; 44% of mothers receive a check-up within hours of the birth. Birth-weights were recorded for only 16% of all births at the time of the DHS 2007, so the degree to which low birth weight appears to be a problem – 12% in urban areas, 11% in rural – may not be representative of the population as a whole.

The chances of survival during the first month of life is not so different between rural and urban settings (31 and 37 per 1,000 births respectively), with the worst chances of making it through the most vulnerable period of life being in Grand Gedeh, River Cess, and Sinoe, all counties in the south and east. The disparity between rural-urban survival rates then diverges, reaching its widest at twelve months, with a difference of nearly 20 extra deaths per 1,000 live births in rural areas compared to urban. Strangely, being born into the poorest population quintile is not as risky as some of the higher income quintiles, but a mother's low educational level represents a significant extra risk. An additional risk at birth is of HIV infection passed by the mother. Among pregnant women the rate of HIV infection is currently estimated at 5.4%, compared to an overall prevalence rate of 1.7% in the country as a whole; those HIV positive mothers who accept preventive treatment have heavily reduced chances of giving birth to an HIV infected child (see Chapter 5).

The chances of the newborn being breast-fed are nearly 100%; but the proportion still being exclusively breast-fed at six months is only one-third. However this represents a rise over the past years, and there has been a dramatic rise from

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[67.]MOHSW, Country Situational Analysis Report op cit, p 23.
[68.]Ibid, p 27.
[69.]LDHS, 2007, p 117.

Table 4. Early Childhood Mortality Rates

Neonatal, post neonatal, infant, child, and under-five mortality rates for the 10-year period preceding the survey, by background characteristic, Liberia 2007					
Background characteristic	Neonatal mortality (NN)	Post-neonatal mortality (PNN)[1]	Infant mortality ($_1q_0$)	Child mortality ($_4q_1$)	Under-five mortality ($_5q_0$)
Residence					
Urban	31	47	78	58	131
Rural	37	62	99	52	146
Region					
Monrovia	29	40	69	55	121
North Western	34	53	87	61	142
South Central	40	102	142	46	182
South Eastern A	42	46	87	50	132
South Eastern B	36	38	73	51	121
North Central	35	56	91	56	142
Mother's education					
No education	39	68	107	49	151
Primary	33	51	84	55	135
Secondary and higher	24	35	59	63	119
Wealth quintile					
Lowest		29	100	43	138
Second	40	65	105	55	155
Middle	41	41	81	54	131
Fourth	32	64	95	67	156
Highest	32	39	70	50	117

[1] Computed as the difference between the infant and neonatal mortality rates

Source: LDHS 2007

40% to 60% of babies exclusively breast-fed at four months[70] (see Table 5: Trends in breast feeding practices and Figure 8: Trends in infant feeding). Almost a third of infants are fed complementary foods before six months, against optimal infant and young child nutritional practice; and conversely, many begin complementary feed-ing too late, with one-third of eight to nine-month olds still not receiving complementary foods. By 10-11 months old, just over 85% of children are eating complementary foods, but this is too late for the child's nutritional needs and may have an impact on their health and development.

[70.] The State of Food Insecurity in Liberia, op cit., p 83

Table 5. Trends in breast feeding practices

	Age group assessed	2006	2008	2010
Timely first suckling	0-24 months	39.9%		44.1%
Exclusive Breast feeding Rate	<4 months	43.3%		61.4%
Exclusive Breast feeding Rate	4-6 months	21.7%		34.0%
Predominant breast feeding rate	<6 months	92.6%		78.0%
Timely complementary feeding rate	6-9 months	45.6%	72.3%	50.8%
Continued breast feeding rate	12-15 months	64.4%	76.0%	88.7%
Continued breast feeding rate	20-23 months	24.7%		40.6%

Source: The State of Food Insecurity in Liberia, 2010 p. 83

Figure 8. Trends in infant feeding
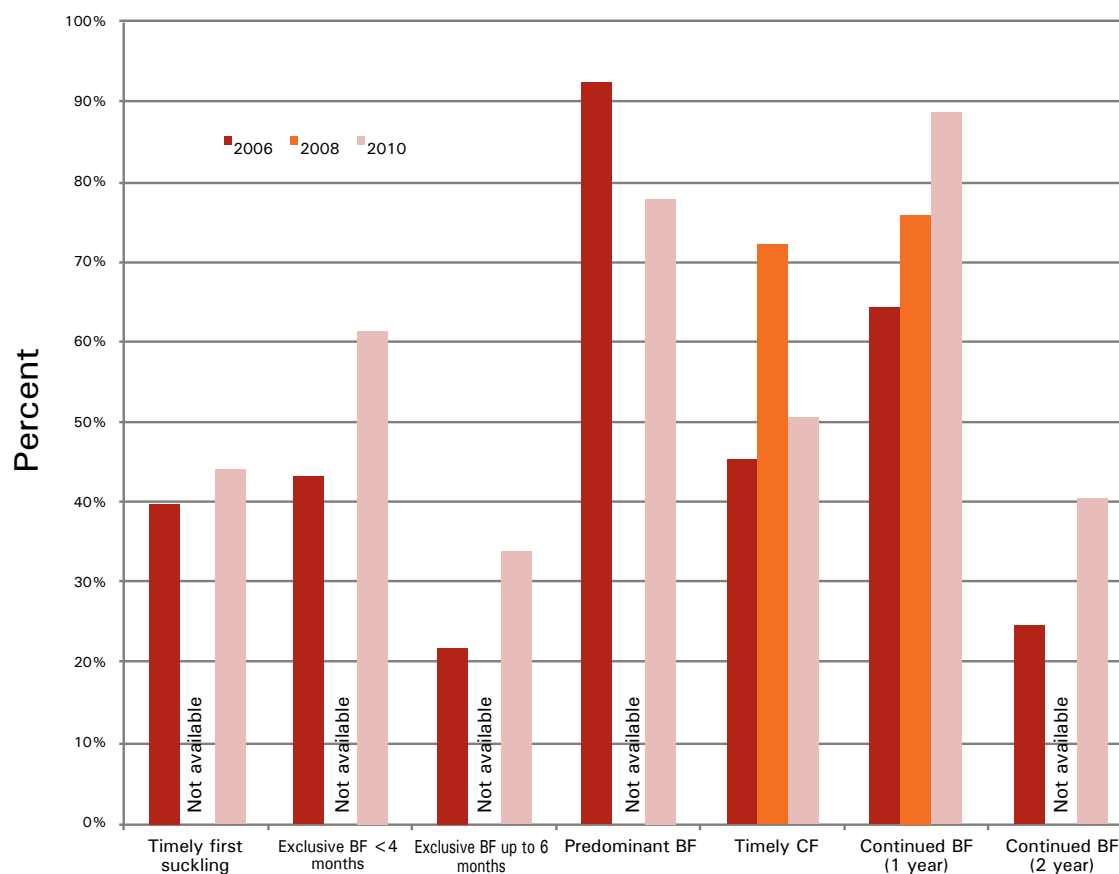
Source: The State of Food Insecurity in Liberia, 2010, p. 83

Protection against illness and disease

One of the central planks of the BPHS is the prevention and control of communicable diseases in infants and small children. In the past four years, there has been special attention to reducing the delays of reaching children who are unwell or underweight, and in building the capacity of MCH providers, with new training programmes for midwives, nurses and health professionals of all kinds. Access to basic health care services rose from 40% of the population to 70%[71].

One of the planks of better child survival is attention to immunization against the six vaccine-preventable diseases: tuberculosis (BCG, given at birth), diphtheria, pertussis and tetanus (three doses of DPT or Penta 3 given at four week intervals from six weeks of age); measles (given after 9 months), and polio (three doses, previously given at the same time as DPT, but since wild polio virus reappeared in Liberia in 2009, now targeted separately and more frequently under WHO's eradication campaign). Liberia faces an enormous challenge to achieve and sustain universal immunization coverage, which is a core indicator for the attainment of MDG 4. UNICEF together with other developmental partners support childhood immunization, providing vaccines and cold chain equipment (including solar-powered refrigerators), and training for immunization managers and vaccinators.

Efforts to improve the system and its capacity to deliver are paying off. Immunization coverage for DPT3/Penta3 has jumped from 36% in 2000 to 73% in 2010 and 38% in 2000 to 69.9% in 2010 for Measles. However, full immunization of children under 12 months remains low, at 51%[72]. Table 6 below shows immunization coverage trends by antigens for selected years (administrative data vs survey data).

Despite the high MIS coverage data, coverage survey data show great discrepancies. Reasons for these discrepancies include failure to reach a significant number of households in the target population group, either because the census data used for planning is unreliable or because immunization reporting data is unreliable. The improvement of coverage rates may not only require technical and management excellence, but improvement in parental understanding of what, to an uneducated mind without scientific knowledge of disease, is a mysterious process (see box below).

The diseases which take a heavy toll on early childhood, for which vaccines are not currently available, are diarrhoeal diseases (including cholera), acute respiratory infections, and malaria.

Maternal ignorance
During the 4th round of vaccination for polio eradication in June 2011, few mothers knew what the vaccination was for or how it worked, despite their toddlers being very familiar with the process. Mothers were passive consumers of immunization on their infants' behalf, which may help to explain why total immunization coverage is relatively low at only 51%.

Figure 6. Immunization coverage trends by antigens (percentage)

Antigens	Admin 2000	Survey 2004	Survey 2009	Admin 2010
OPV3	42	52	77	72
DPT3/Penta 3	36	27	69	73
Measles	38	41	60	70

[71]·UNICEF 2010 Liberia Country Programme Annual Report.
[72]·MOHSW, Country Situational Analysis Report, July 2011, p 38

These represent, along with malnutrition, the main causes of early childhood morbidity and death. All of these illnesses, and malnutrition, have close interactions with a lack of safe water and improved sanitation[73].

Preventive strategies to reduce disease rates include the provision of bed-nets impregnated with insecticide as a prophylaxis against malaria. The distribution of Insecticide Treated Nets (ITNs) to prevent malaria has helped to reduce the prevalence and incidence of malaria in Liberia. From 2007 to 2010 approximately 4 million nets have been distributed to households with children under five years, pregnant women and lactating mothers (source: MOHSW Annual Report 2010). The use of bed-nets has risen considerably, and is now estimated at 63% up from 30% in 2007, with use by children under five put at 70%[74]. Malaria prevalence in children has declined, from 66% in 2006 to 32% in 2010. Other preventive strategies include health and hygiene education undertaken at community level by health volunteers, a strategy which has so far had mixed outcomes.

Diarrhoeal diseases

The pervasive practice of defecating in the open without use of a toilet, and the consequent contamination of soil and water sources, leads to a high level of diarrhoeal disease. The Demographic and Health Survey of 2007 found that 29% of children aged between six and 11 months had experienced diarrhoea in the two weeks before the survey. The most serious manifestation of diarrhoeal disease, where access to diagnosis and treatment is low, is cholera[75] . Having discovered that the use of bleach or chlorine to treat well-water was a common practice, a strategy was developed for promoting household water treatment in urban areas, where risks from drinking water contaminated with faecal particles are highest.
A partnership of Population Services International (PSI), the US Center for Disease Control (CDC),

the Ministry of Health and UNICEF helped to develop a product called Waterguard®, for disinfecting water in the home without making it taste unpleasant. Bottles of Waterguard® are distributed free to vulnerable households at times of cholera outbreak, or in areas known to be at-risk due to the geographical record of admissions to the Cholera Unit at the hospital in Monrovia. In a different coloured bottle, Waterguard® is on sale through small vendors at a low, subsidized price. Having underwritten the research and development costs, and with PSI undertaking the social marketing operation required to get the product well-known, it is anticipated that once Waterguard® is well-established, subsidies will end and the retail and marketing operation will be entirely handed over to its private producer.

> *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The right to the enjoyment of the highest attainable standard of physical and mental health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*
>
> *(Constitution of WHO, 1946)*

[73.]LISGIS, The state of food insecurity in Liberia, Comprehensive Food Security and Nutrition Survey, June 2010, p 86
[74.]UNICEF 2010 Annual Report, op cit., p 8.
[75.]UNICEF Report: Assessing WASH Package in five counties of Liberia, 2010, op cit, p7.

Malnutrition causes and consequences

The problem of food insecurity in Liberia, discussed in Chapter 1, translates in the case of infants and children under five years into a widespread problem of malnutrition. This is both of the chronic type, which leads to stunted growth; and of the acute type, where a child is visibly thin and wasted. Since 2006, the situation of under-five child malnutrition in Liberia has markedly improved, but chronic malnutrition or stunting – a problem before onset of the civil war – remains among the highest in the world at 42% (See Fig. 9).

Global acute malnutrition rate has considerably improved from 6.9% in 2006 to 2.8% in 2010. Monrovia has a rate of 3.8%, the highest in the country apart from Sinoe with 4.2% in the southeast. The proportion of underweight children has markedly dropped, from 27% in 2006 to 15% in 2010, with three rural counties and Monrovia having levels above 16%. The incidence of stunting for children from 18-29 months, is at 45.6%, while the youngest children, those from 6-17 months, are less stunted at 30.7%. Stunting prevalence is slightly better for children 30-59 months, decreasing gradually between the age groups as children return to the normal growth pattern but do not seem to completely catch up. International evidence suggests that reduced cognitive development, unlike stunting, is an irreversible result of infant malnutrition.

The introduction of complementary feeding starts as late as 10 months instead of 6 months of age with a less energy dense food. However the long period of breast-feeding, with nearly 90% of infants continuing to be breast-fed at one year, and 40% still continuing at two years has a positive impact on the growth and development of children.

According to the recent national Liberia Micronutrient Survey (LMNS-2011), 60% children are suffering from anaemia as well as almost 40% of pregnant women. The current coverage of micronutrient interventions is not adequate and inequity exists. For instance, Vitamin A supplementation coverage for children aged 6-11 months is only 70%, whereas the overall coverage for children under five is 86%. Since children in the first year of life are far more vulnerable to mortality risk, this discrepancy needs to be addressed.

In one way or another, 44% of young child deaths are associated directly or indirectly with malnutrition[76]. Many of these deaths are from other diseases, to whose severity malnutrition contributed. If a small child is sick, he or she may not eat properly, or be able to utilize energy and nutrients;

[76.]GoL, National Nutrition Policy, 2009, p11

Figure 9. Child malnutrition in Liberia

Chronic Malnutrition - Stunting in Liberia (FSN Survey 2012)
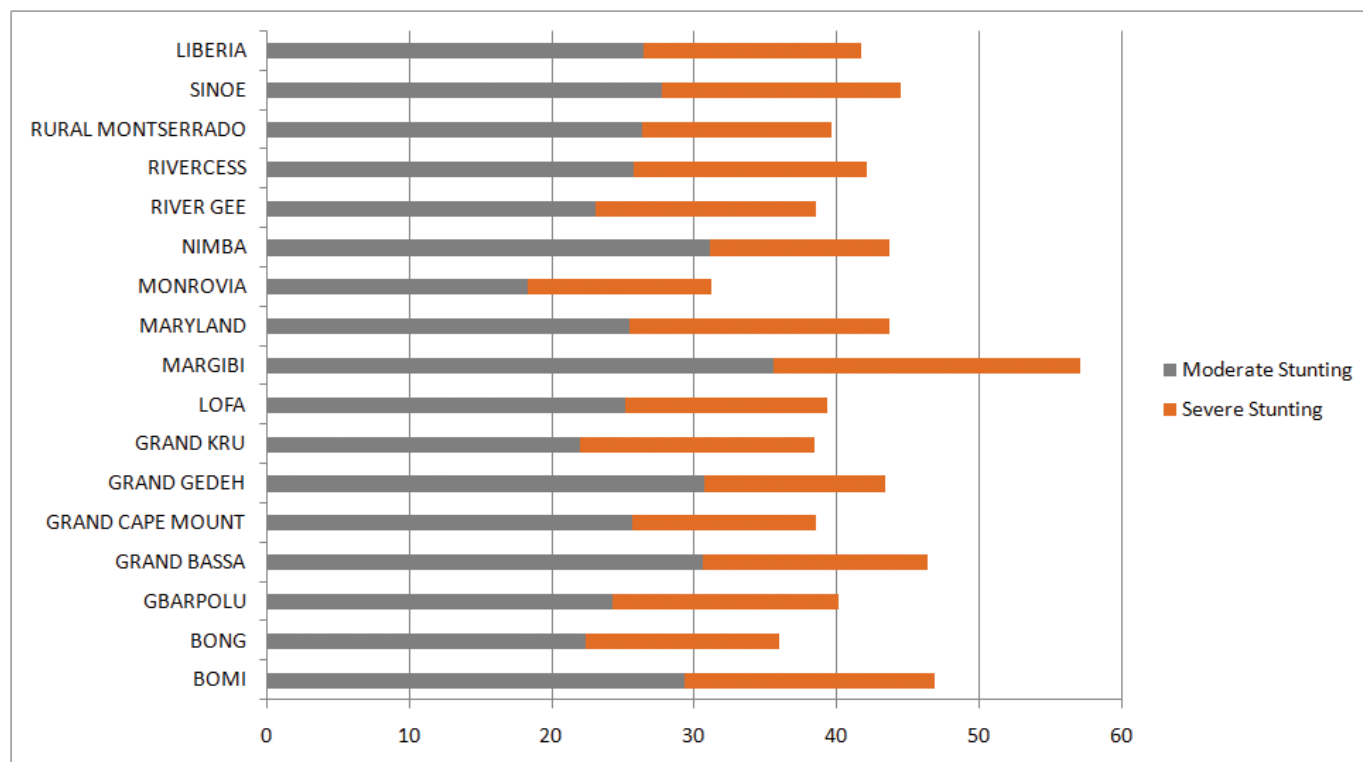
and, at the same time, an underlying condition of malnutrition may exacerbate the impact of an infection on a small body. Whether a child is well cared-for, which in turn is affected by the educational status of the mother or carer, is another critical element (see Chapter 5).

Being fed the right kinds of food at frequent intervals is important. A mother busy in the fields who puts her small child at the side under cover and does not regularly stop work to feed him or her, may be unwittingly compromising the infant's growth and health.

Reaching infants and young children suffering from malnutrition is best done in the community, as unless a child is visibly sick, a mother is not likely to take the child to the clinic if not pushed to do so. Growth monitoring by general Community Health Volunteers (gCHVs) is being introduced as part of an accelerated child survival initiative; where arm circumference or weight for age is low,

under-fives are to be referred to static services for supplementary feeding. However, at present the effective spread of such services is low. The Ministry of Health is now intending to introduce 'well baby clinics' at static facilities, so that during the first year of life, growth monitoring (and immunization) can be undertaken during routine monthly visits. For those living within close reach of clinics, this will constitute a major improvement in services.

However mothers living several hours away from clinics will need motivating to attend.

The national nutrition policy emphasizes the multi-faceted nature of the malnutrition problem, and perceives its resolution as requiring a mix of household food security, access to health care, living in a sanitary environment with a clean water supply, and the provision of knowledgeable maternal care. Any response needs to be holistic, tackling poverty and education elements as well

as disease control and therapeutic interventions. Assessing which interventions are the most effective and cost efficient and sustainable could be supported by randomised control trials of a range and combination of nutrition interventions.

Access to treatment in case of illness

From the perspective of the mother of a sick child, the most important health care service issue is access: how can she reach or obtain treatment for her sick child in a timely and effective manner is the question of supreme importance to her. The main problem for access to treatment

therefore remains distance and the time spent reaching the clinic (See fig. 10). It also depends on the experience of clinic services and staff attitudes. It is understandable that a mother living several hours' walk from professional help, unless her child seems dangerously sick, would prefer to depend on the advice – and medications – she can obtain from local healers, such as the Traditional Birth Attendant (TBA), or the itinerant alternative known as a 'black bagger', a pedlar of health care wares.

Figure 10. Average distance to health facilities
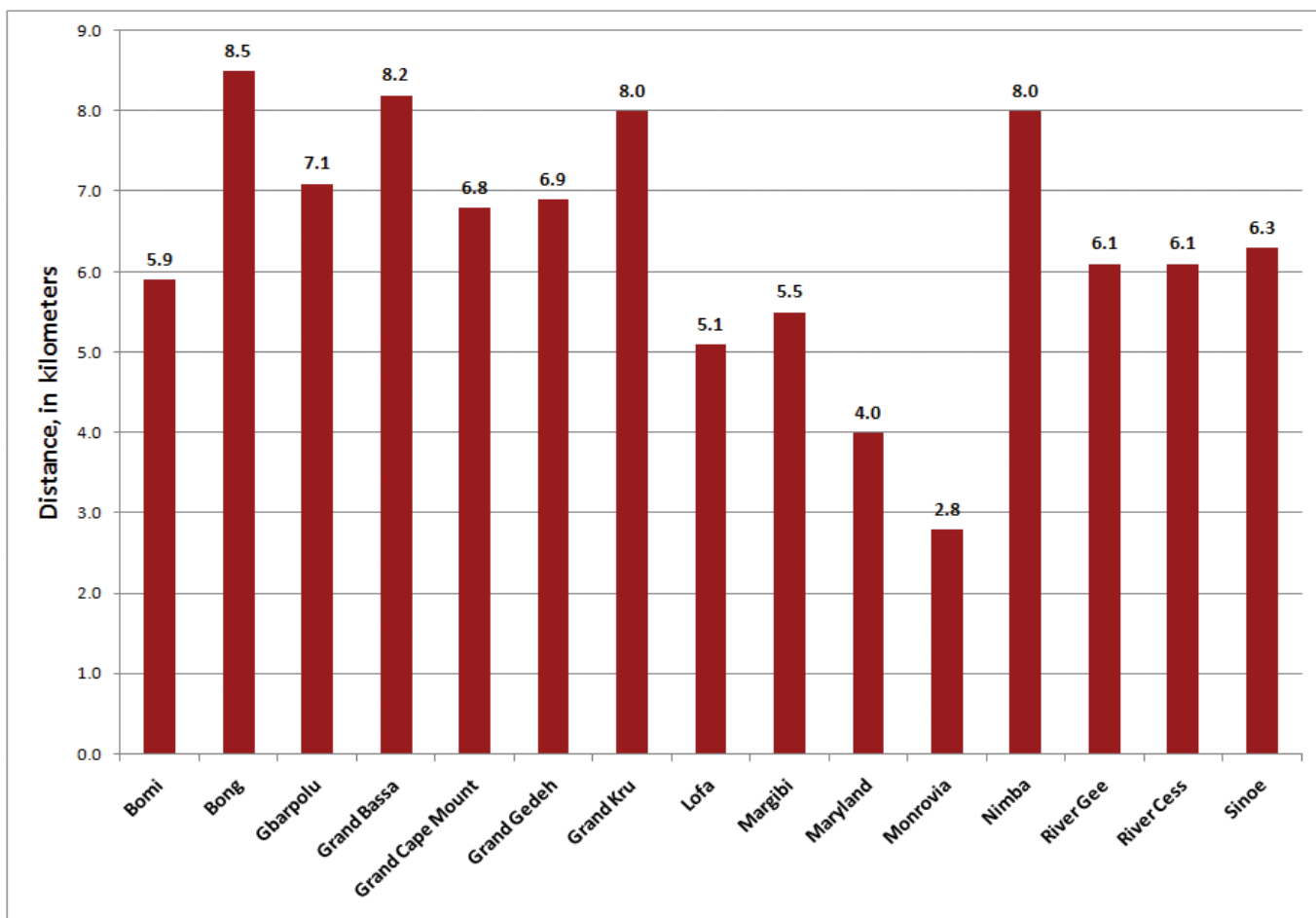
Source: MOHSW, Country Situational Analysis Report, July 2011

The BPHS strategy has been to base the care of those conditions, notably malaria, acute respiratory infections (ARI) and diarrhoea, on the health clinic with its catchment population of 3,500 to 12,000 people. Within the five-kilometre radius (or one hour's walking) radius, outreach services are provided either by a team from the clinic, or – especially in areas with scattered populations – by networks of community health volunteers (CHVs). The TBAs, on whom traditional maternal and child health care depended, have been given some training over the years and many are designated Trained Traditional Midwives (TTMs). They are not regarded as professionals, but nonetheless they are the 'grannies' in whom many pregnant women and mothers have confidence.

There has been a marked improvement in childhood disease rates, for which responsibility should be shared by clinics and CHVs. The CHVs, who carry much of the burden for delivering the BPHS where the local clinic is hours away, are young men and women with some education, chosen by local selection and answerable to local Community Health Committees (CHC's or Koch's). They are given training in preventive health and hygiene, in some cases also in treatment of common complaints. This CHC and CHV health care force is voluntary, and like all such voluntary cadres, often suffers from lack of motivation once the initial training is over and the new 'job' is unrecompensed. The Ministry of Health points out that it is difficult to get 'unpaid and poorly supervised CHVs and TTMs to deliver an increasing package of services.' Thus, improving community-based service[77] delivery remains a high priority.

The range of health-supportive actions required of the CHV – referral of patients with high fevers, use of ORS for diarrhoea, admonitions on hygiene and toddler care, support for bed-net use, stewardship of community toilets and hand pumps, growth monitoring of the under-fives, prompting of pregnant women to go for ante-natal care, and of mothers for immunizations – is large; and records also have to be kept. The CHC is sup-

posed to ensure community ownership of the service and to organize support for the CHV. This can take various forms, but the usual compensation is for their time, by providing farm labour at key seasons (preparing the soil, planting, weeding, harvesting, threshing). This support appears frequently to fail. A next step could be outcome-based performance incentives, based on a limited set of key indicators such as incidence of malaria, diarrhoea, stunting and maternal deaths. County and district health teams need to learn to work with the grain of local attitudes and in support of general county health volunteers (gCHVs), in order to achieve change. Given discretion within the decentralization policy, they would be able to adapt service provision to local context. Evidence exists from UNICEF-assisted programmes as to what works and is most cost effective. The current failings of CWCs is also an issue to which incentives for improved performance might apply, and similarly, analysis of where these are working well could be used to guide practice in other counties.

Where county health teams fail to provide backup and reinforcement, general county health volunteers gCHVs cannot be expected to provide an increasing package of services without reward, especially where their own population catchments require long treks and extensive community-visiting at considerable distances from their homes. Once fully trained, they represent a considerable input of technical and financial resources, capable of making a major impact on the health of infants and small children. In visits to four 'towns' (villages) in Gbarpolu county, where an accelerated child survival package is being delivered by the NGO Child Fund with UNICEF support (see box 4), the gCHVs were achieving good results, for example, 56% increase in deliveries performed

The Ottawa Chapter (WHO, 1986) on Health Promotion: In its broad interpretation, health promotion concerns all those experiences of an individual, group or community that influence beliefs, attitudes and behaviour with respect to health as well as the processes and efforts of producing change when it is necessary for optimum health.
(WHO, 2003)

[77.]Ministry of Health and Social Welfare, Country Situational Analysis Report, July 2011, p 3

in health facilities (13% baseline, 69% at year 1)[78]. But no argument – from CHC chairman or members – seemed potent enough to convince the community, particularly non-beneficiary men, that the gCHVs should be regularly assisted on their farms to make up for the time they spend on treating their small children. The community will 'act as one' – an important value in post-war Liberia – when it comes to mending the bridge or repairing an elder's disintegrating house, but this does not transfer to compensation for gCHVs. The received notion appears to be that a person who is trained by outsiders is paid by outsiders, or becomes their responsibility.

This example of close attention to 'downstream' experience in service delivery and performance is a powerful illustration of how necessary it is to work alongside programme deliverers so as to identify unexpected weaknesses and areas of consumer resistance. Imaginative adaptation of the implementation process to accommodate local management or logistics difficulties, or deal with ignorance or misperceptions among service users, may be more important than service re-design at the macro-level.

Despite all the difficulties of developing a MCH system with outreach to parts of the country never previously covered by government services, the post-war achievement is impressive. The trends in both IMR and under-five mortality are positive (See Fig. 11.) Liberian children today have a far better chance of reaching their fifth birthday than at the end of the war, let alone before it began. However, as figure 12 shows there are large differences depending on the characteristics of the household to which a child belongs.

Box 4 Prototype accelerated Child Survival package in Gbarpolu County

In an effort to improve MCH services through community volunteers, UNICEF has supported a pioneering intervention for the acceleration of child survival in the six districts of Gbarpolu County. This represents a tuning and reinforcement of the existing community-based model in a county where the population is widely scattered and seriously under-served by static provision. Some of Gbarpolu's outlying districts are not accessible by road from within the county, and distances to clinics even in better-served districts may be four hours or more on foot.

Implementation is by Child Fund, which carries out selection, training and follow-up of a full range of community health volunteers: Community Health Committee members (CHC's or Koch's), general Community Health Volunteers (gCHVs), Trained Traditional Midwives (TTMs) and Household Health Promoters (HHPs). The entire under-five population (14,825) is targeted with parental and community education, surveillance and case management[79]. In Bokomu district, the gCHVs have been taught to treat malaria in its early stages. Each gCHV has a stock of medicines supplied by the local district clinic. All dispensations of drugs must be accounted for, and they are then replaced.

Visits to bush 'towns' (villages), and meetings with their town chiefs, CHC members, elders, teachers, 'grannies', women leaders, and gCHVs in company with ChildFund county staff and district coordinators, were revealing. All the gCHVs were dedicated and effective, both according to the testimony of the communities, and to the ledgers in which they record their dispensation of treatment and referral. They were backed up by the 'grannies' or Household Health Promoters/TTMs, who assist in delivering health messages and taking pregnant women to the clinic for ANC check-ups and delivery (where it is within reach).

In one case, when asked why the number of cases of child sickness had dropped so dramatically in recent months, the (female) gCHV responded that mothers were now doing what she had taught them. They now practice hand-washing according to the prescribed way for avoiding diarrhoeal disease, and they no longer let their small children run about in the rain, thus reducing respiratory infections. A noticeable record-keeping improvement was visible in the gCHV ledgers over time as trainings had been added, and confidence improved.
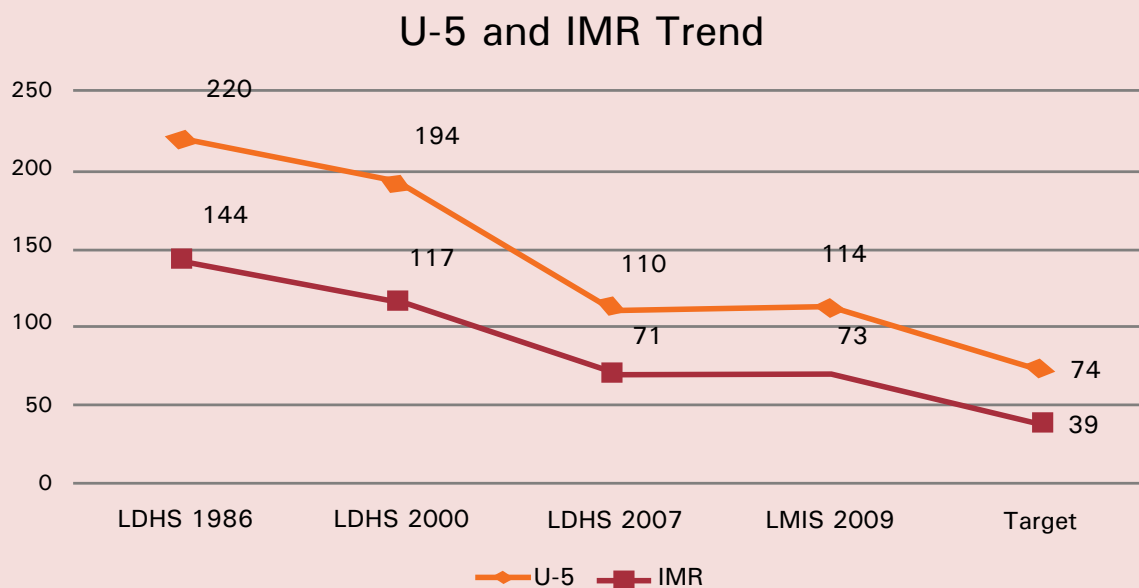
The accelerated child survival package is due to be implemented in other counties where conditions are similar, with due respect to lessons learned.

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78. Key informant information, Gbarpolu clinics, July 2011.
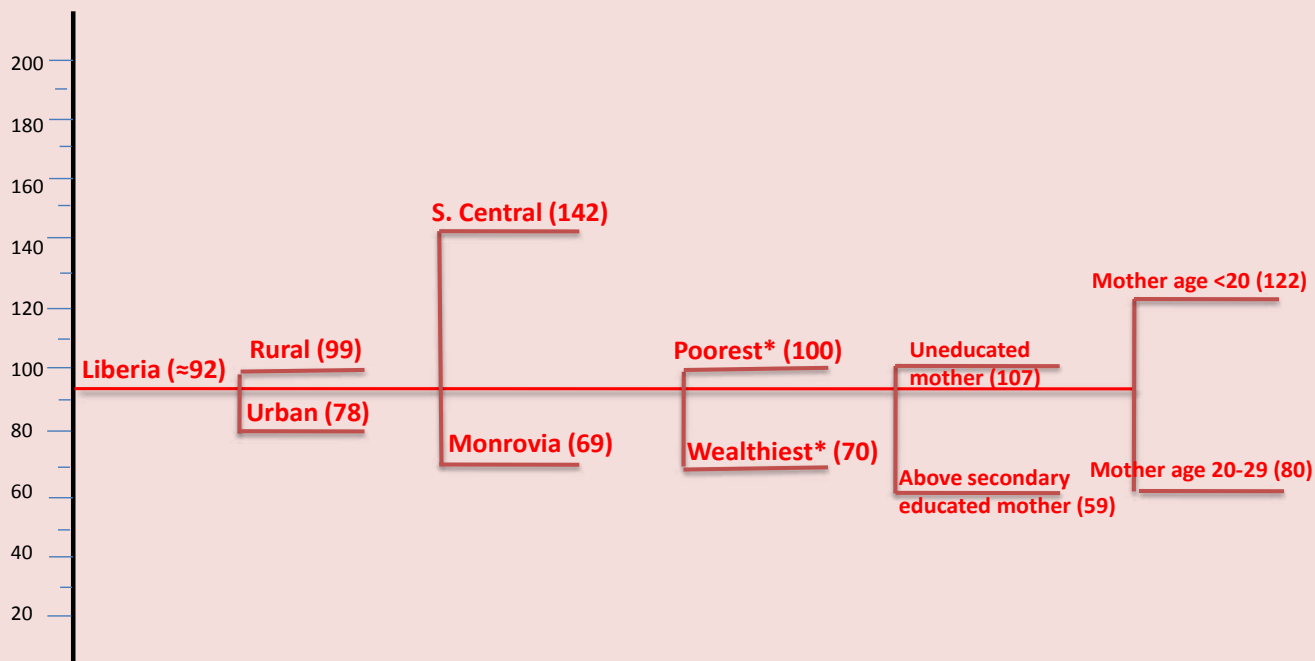79. ChildFund, Accelerated child survival Initiative, Second quarterly report, 2011.

Figure 11. Infant and Under-5 mortalities

U-5 and IMR Trend

Legend: U-5, IMR

2000-2009   10 year reduction in U-5 mortality rate: 41.20%

Figure 12. Deaths per thousand, before first birthday (LDHS 2007)

Liberia (≈92)
Rural (99)
Urban (78)
S. Central (142)
Monrovia (69)
Poorest* (100)
Wealthiest* (70)
Uneducated mother (107)
Above secondary educated mother (59)
Mother age <20 (122)
Mother age 20-29 (80)

Birth registration

A very small proportion of babies born to Liberian parents are currently registered at birth: only 3.6%. A recent campaign in three counties where a decentralized registration thrust has been pioneered, backed by UNICEF, has begun to improve this percentage. Birth registration, to which every child is entitled as a right under the CRC and under the African Union Charter on the Rights and Welfare of the Child (ACRWC), as well as the Children's Law is a vitally important administrative process in that it helps establish legal identity and citizenship, and facilitates access to services and benefits throughout life. However there is some way to go before the value of registration is fully understood by Liberia's citizens (see box 5).

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Box 5. Birth Registration

A decentralized birth registration system was launched by government in July 2010, with support from UNICEF. The purpose is to facilitate the registration of births at community, district and county levels, with data transferred to a central data bank via a web-based Birth Registration Management Information System. Data centres have so far been set up in six counties, Bomi, Gbapolu, Grand Gedeh, Bong, Grand Bassa and Margibi.

Initial registration of all births should be made in a registration book head at district level. Certificate may now be printed and issued by mobile birth registration units working with health services, currently, one each in three counties.

Clinics and other sites have been designated 'birth registration centres' and vaccinators and other staff trained to fill in the relevant forms. Outreach campaigns were carried out in local 'towns', and applications for birth certificates filled out retroactively for children under 13 years[80]. More needs to be done to familiarize clinical staff and Liberians generally, including those operating the new system, with the purpose of birth registration and to ensure that it is routinely done at birth wherever that takes place. The system needs to be mainstreamed within existing MCH contacts, with first enrolment at pre-school being another moment to catch those who were missed. Campaigns should birth registration as a human right that cannot be restricted by where one is born or in what family circumstances.

In Ghana, birth registration has been promoted strongly through a national campaign across the country and is seen by government as a tool for national development, not only ensuring rights to basic services, but also to protection from child labour and other exploitation. Before Ghana's campaign in 2002, only 17% of under-ones were registered; in 2005 at the peak of the introductory campaign, 67% were registered, but this fell to 51% in 2008 following inadequate training for the switch from manual to automated systems. Ghana has learnt that without incentives, positive and negative, levels of birth registration will not be sustained. Liberia can learned from Ghana in ensuring that it becomes the norm for all children in Liberia to have birth registration certificate as a routing part of early child health/education services.

[80.]UNICEF 2010 Annual Report, p 13.

Day care and early childhood development

Traditional systems of caring for young children when parents were away working at their farms used to be present in most rural communities, according to officials responsible for the protection of children in the Ministry of Gender and Development. Mothers would take it in turn to provide care services for the young children in the 'town'. Although informal child carers of this kind are still operational in some settings, the system has to a large extent broken down, mainly because of the disruptions to the social fabric experienced during the war. The early childhood development services picture is further confused by the common practice in rural areas of equating day care with pre-primary education, and confusing this with schooling itself (see next chapter).

An analysis by Save the Children Liberia in the poor and under-populated counties of Grand Kru and River Gee found that provisions and support for children under five in rural communities were seriously inadequate. When parents go about their daily work, many children at young ages are left unattended, even unclothed. There were no structured play or recreation activities to support young children's development[81]. The national network of Child Welfare Committees (CWCs), supported through the Ministry of Gender and Development, is supposedly the mechanism that ought to prevent neglect of young children; but performance is very uneven. Many of these were set up in the

'We are all keen users of pre-school – my child began at 18 months. Pre-school is good because they learn to speak, they learn to think, they learn how to behave. But the most important thing for us is that, as working women, we need somewhere to leave our children. Today, even the markets have day-care centres, and the market women find them very useful.'

Monrovian working women

wake of the war to help communities assist children affected by war. They are now being brought into a national system, with every 76 households having a CWC, or approximately 250 in each county. Responsibilities are also being redesigned in keeping with the changed early child care needs compared to the immediate post-war situation. However, with only one Child Welfare Officer per county, whether CWCs are operational depends heavily on local elders and chiefs and on popular demand. A CWC revitalization process with NGO support is underway, and with the enactment of the Children's Act, the CWCs will have their legal status, functions and competencies clearly defined, which will enable them to enforce and strengthen their role and accountability.

The question of what should constitute childhood care and education services is open to varying views in Liberia. Some parents and the Ministry of Education see pre-school as a preparation for entry to primary school (Early Childhood Education, or ECE). Others, including UNICEF, take a broader view of Early Childhood Care and Development (ECD or ECCD) services for the under-fives and see them as encompassing holistic attention to the young child's physical, cognitive and psycho-social needs. Some NGO and private sector providers seek to combine the two approaches.

Theoretically, children as young as two years old may be catered for by pre-schools. In Monrovia very young children are placed in (private or community-run) nursery or day-care, partly to give them a good start but often because the mother needs to work. Four years of pre-school have previously been allowed for[82], two years of nursery, and two years of kindergarten, with notional completion at age five; when the 2011 Education Act is rolled out, the period will be reduced to three years, beginning at age three. Very early entry to

[81] Save the Children Liberia, Expanding Protection to enhance Development Chances for Girls and boys in Grand Kru and River Gee Counties, February 2010, pp 12 and 14.

[82] Ministry of Education, A Case for System Transformation, The 2008/2009 National School Census Report, October 2010, states that the age of entry to pre-school under the Education Act of 2001 is two, and that the expectation is of four years, two in nursery and two in kindergarten, covering ages two to five. Under the new Education Act (2011), Early Child Education (ECE) will begin at three years and end at five, thus being reduced by one year.

day-care/pre-school is almost certainly uniquely experienced in the urban or Monrovian setting.

According to the latest census (2008/2009) of schooling in Liberia[83], few children begin nursery school until the age of three (see figure 13), and only at ages four and five are significant numbers enrolled. Thus only 22% of the total pre-school attendance is by under-fives, a total of 121,000; (only 35% of children in the age-group 2-4). 64% are aged 5-8 years and 14% are 9years or older. Since all these children were born since the war ended, other than as a reason for longstanding disruption generally, the war cannot be blamed for their absence or late entry to nursery or kindergarten, unlike much older children.

In fact, the nurseries and kindergartens in the public sector, especially those up-country, are not proper day-care providers nor are they suitable for small children. In many cases, large numbers of children of many different ages are there under the exclusive supervision of one, at most two, teachers, who also have to teach the primary curriculum grades one to three. Even if the school is located in the community, which is by no means always the case, it is not possible for parents to place two-year-olds and three-year olds under the care of a teacher in such a situation.

This is, indeed, a system requiring transformation, and until the transformation begins, children will continue to be sent to pre-school at ages well above those intended. This naturally affects their age throughout the system, to which Chapter 3 will return.

Figure 13. Distribution of pre-primary enrolment by age
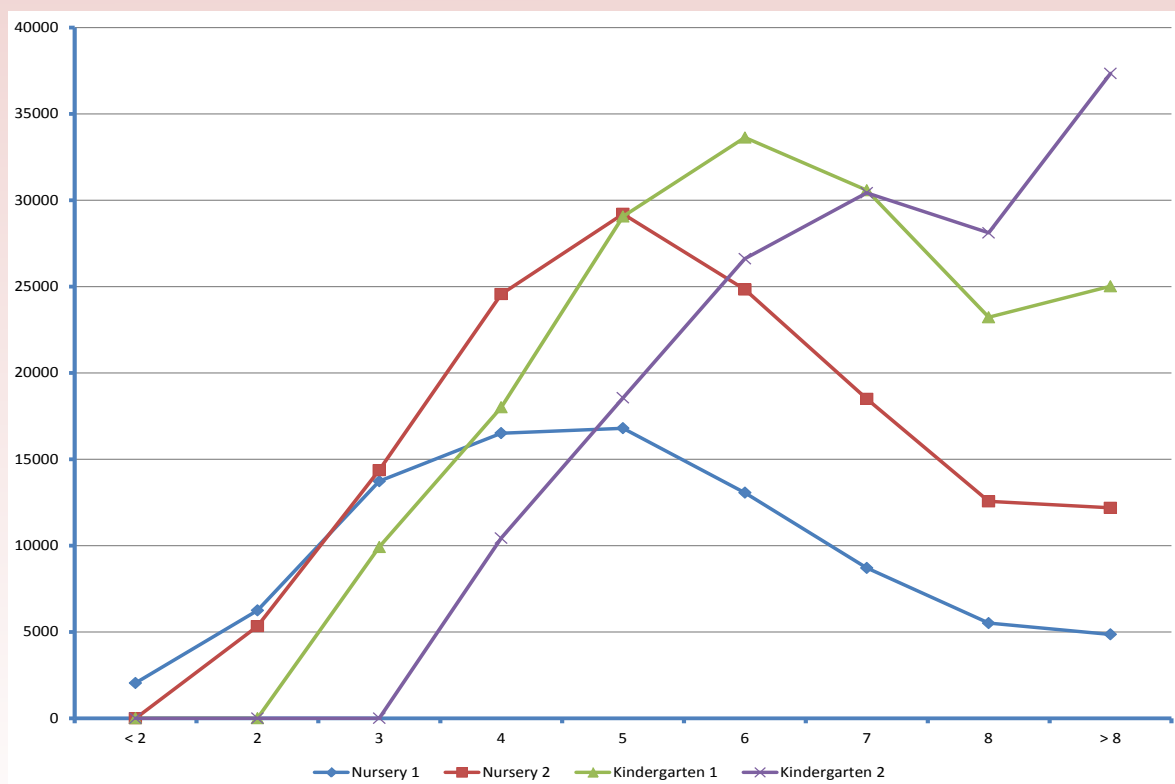
Source: 2008/09 National School Census Report. Ministry of Education. 2010

[83.] Ministry of Education, A Case for System Transformation, op cit, Chapter 1.

Nationwide, 549,836 children were enrolled in pre-primary schools during the 2008/2009 school year. Of all the learners at this level, 48 % were female. Of the total number of children in pre-primary, 16% were in Nursery 1,26% in Nursery 2,31% in Kindergarten 1 and 28% in Kindergarten 2. The national girls to boys enrolment ratio was 0.92 indicating that 92 girls were enrolled for every 100 boys. The overall GER was 122% (125% for boys and 118% for girls.) Of the children in pre-primary school, 0.4% were below 2years and 61% (335,116) were above the official pre-primary school age and should have been in primary school. The majority of children in each grade were not of that official age grade. For example, only 7% of these in Nursery 1 were of the official age and 91% were above the age grade.

Children separated from families, in orphanages and institutions

During the war, many children became separated from their families or orphaned, and ended up being cared for in institutions, whose numbers mushroomed from 10 in 1989 to 114 in 2008[84]. In some cases, those who cared for such children developed a reputation as child-carers, and continue to operate their institutions and receive children into them, even though the role is now something closer to a boarding-place for offspring of indigent parents. Numbers of children up to age 19 are unclear. The 2008 census recorded a total of 51,500 people in a 'special population' category that included children in institutions. Around 24,000 of these were aged below 19, with around 5,000 below age five[85]. These very young children can be assumed to be in institutions. The counties with the highest numbers were Montserrado, Bong, Grand Bassa and Gbarpolu.

An assessment of Liberian care institutions in 2008-2009 by the Ministry of Health and Social Welfare found that 90% of orphanages had inadequate care services, poor quality of education, over-crowded sleeping quarters and lack of recreational facilities[86]. Links also remain between institutional care and international adoption, according to a study into human trafficking released in February 2010. Around half of children in institutions have living parents or relatives. They are recruited by proprietors who entered the business of child care during the war and have become habituated to it, and who now believe they are offering better education and a more disciplined upbringing than indigent parents would be able to provide.

Regulations were issued by the government in March 2010 stipulating the minimum standards of care for children in alternative institutions, and setting the maximum caseload at 50. Under the regulations, all alternative care institutions are required to register with the Ministry of Health and Social Welfare. An independent team comprising representatives from the government, UNICEF and civil society organizations is commissioning a detailed assessment of each institution before recommending it to the Ministry for accreditation.

Although this has been a step forward, the realization on the ground of a truly effective well-monitored system of alternative care is yet to materialize. Many institutions carry on their existence, ignore caseload limitations, and fall well short of the required standards of minimum care. Their intentions may be well-meaning, but this particular residue from the war tenaciously clings to life, there being insufficient resources at present to create a different family-based system of care for those children in genuine need of alternatives.

[84.]UNMIL, Humanitarian challenges in Liberia, March 2009, p 5.
[85.]2008 Population and Housing Census, Appendix 1-32.
[86.]UN Liberia website, Regulations for alternative child care launched in Liberia, news release, 30 March 2010.

Children separated from families are also of special concern in the border areas where Ivorian refugees are located. Family tracing is undertaken by the International Committee of the Red Cross and Save Children; UNICEF also does identification, registration and foster family support via partners. UNICEF is particularly concerned about children that Ivorian families leave with friends or relatives in host communities, while they themselves move to camps or seek preferable locations in which to re-establish their lives. However, children in the youngest age-group are less likely than older children not to be with their mothers, unless the family has suffered some additional catastrophe.

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Children Starting School, Aged 6-11 Years

By the age of five, young children have put behind them the years of greatest vulnerability to disease, and have reached the stage in life when they are keen to learn and to play with some degree of independence from parents. This is the period in childhood when education begins in earnest, and the difficult experience of pre-teens and puberty is still in the future. This is the stage that Liberia most needs to address if the system is not to fail its children and undermine their future prospects. As other countries have found, poor quality of early education, with large classes lacking adequate textbooks, appropriate curricula and

effective monitoring and supervision, results in minimal learning outcomes, repetition of classes and sows the seeds for future problems in adolescence and early adulthood. A creative focus by Government, supported by UNICEF, on this stage of education will deliver the greatest returns to investment and result in dramatic change that will enable children later to access imaginative alternative learning delivery mechanisms. There is a need to work with local communities and school committees and county education authorities to introduce outcome incentives for achieving real learning and quality outcomes from Grades 1-3.

Figure 14. Distribution of children working in agriculture, forestry and fishing by age group
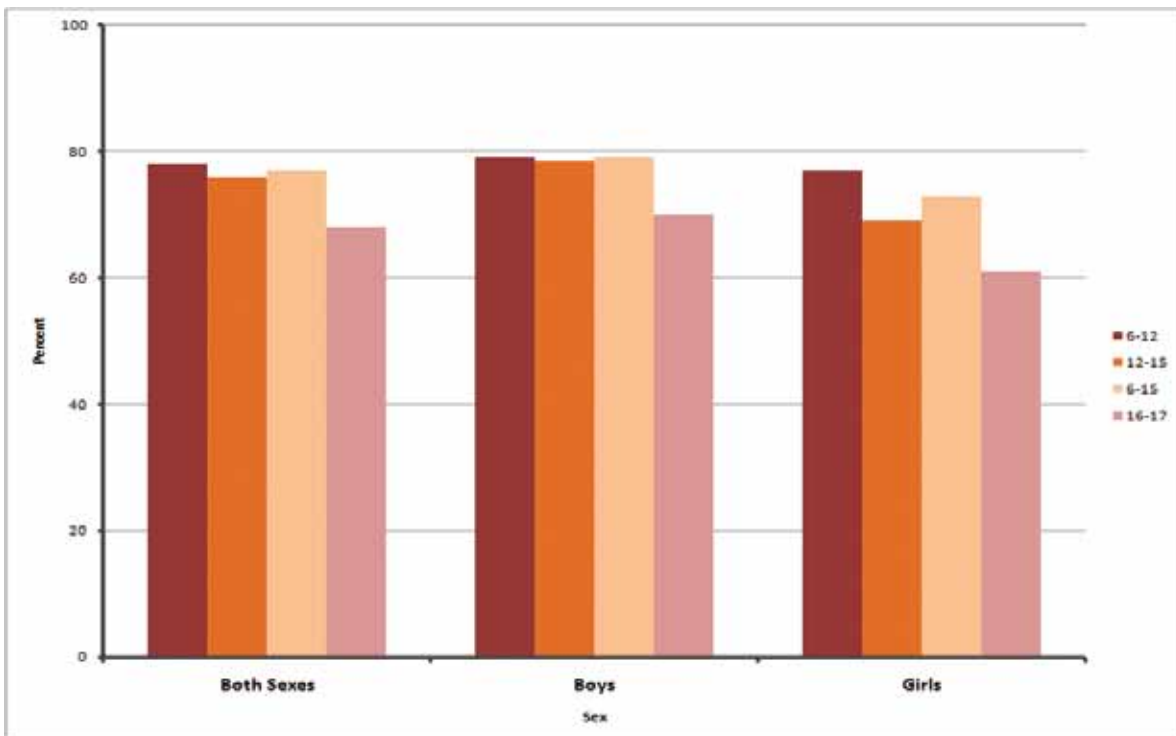
Source: LISGIS, Labour Force Survey, 2010

It is also the age when children begin to help with household chores, such as fetching water, and to assist with light farm work, such as scaring birds away from newly planted seeds. However, especially at younger ages unless they already go to pre-school, children remain under their parents' close supervision. Children aged between 6-11 and regarded as 'working' by the Liberian Labour Force Survey were mostly at the sides of their farmer, forester and fisher parents, and there were more children in this age-group doing this kind of work, paid and unpaid, than in older age-groups[87]. This work is regarded in Liberia as permissible even for young children as long as they do not absent themselves from school to undertake it.

The Survey also shed light on the volume and type of household chores undertaken by boys and girls, even though it was looking at the chores undertaken by children who were 'working' in economically productive occupations (child 'labour'), not children as a whole. Nearly 90% of girls aged 6-17 undertook household chores, and 84% of boys. The survey did not distinguish between children in their family home and in the homes of others, so no context was identified in which this might constitute 'work' or 'labour', paid or servile. In the age-group 6-11, cleaning utensils, the house and washing clothes were the most common activities for both boys and girls; food-related tasks were also common, especially among girls, as were shopping and looking after smaller children[88].

Starting school

As noted in the previous chapter, the start of pre-school education in Liberia is usually at age five or six (rather than at the intended age of two or three), but may well be even older. Many existing up-country schools are of an extraordinarily el-

ementary and impermanent kind. During the war, 80% of schools were destroyed or damaged; many had roofs, furniture and supplies looted. Since government investment in basic education outside the capital city was low before the war, and despite a brief window of reconstructive effort between 1999-2000, further conflict and the operational cessation of the Ministry of Education left schooling in a parlous condition. A rapid assessment in 2004 showed that only 24% of children in public primary school had desks or benches and that there were 27 children to each book.

A Liberian Primary Education Recovery Programme (LPERP) was set in motion in 2007, although there were delays in obtaining funding for its implementation. In 2009, on the basis of the LPERP, an Education Sector Plan (2010-202) was developed, which was supposed to be more policy-based and proposes strategies and actions over a longer term[89]. Despite these planning instruments, there remains a very long way to go in putting into place the physical fabric, human resources, and other schooling requirements – up-to-date text-books, curricula, effective administrative, monitoring and supervisory structures – that the country and Liberian children need. Plans must take account of access for low density populations and remove the risks associated with sending young children away to acquire post-basic education, through combinations of alternative schooling[90] and secure boarding facilities which would require very strong regulation and monitoring. Parents currently are forced to make an unacceptable trade-off between child security and educational opportunity, pressured by education regulation and unable to assess the real risks and benefits, particularly for girls. Children become the victims of this service failure.

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[87] LISGIS, Report on Child Labour in Liberia, extracted from the Labour Force Survey, 2010, p 31 and see Table 2 on page 19
[88] Ibid, p42
[89] MoE, The Education Sector Plan of Liberia – A Commitment to Making a Difference, 2009, p 40-41
[90] Experience, such as radio "schools of the air", from other low density environments could be brought to bear – from Australia to Canada and Burkina Faso to Cambodia. Ghana uses SIDE material: see primary.side.wa.edu.au. Teacher training and updating can also be enhanced by distance learning – see UNESCO 2001 report on "Teacher Education through Distance Learning".

In planning for quality enhancement in primary education provision, the school environment, including teacher-pupil relationships, and the curriculum content need to address the need for children to become self-motivated and self-actualising learners with a strong sense of self-worth, mutual respect and ability to make choices, including those for self-protection. This is the foundation for future learning and for children to become adults who take initiative and develop skills that will enable Liberia to become competitive in global labour and commodity markets in line with its 2030 vision. A Strategic Prioritisation Workshop held in September 2011 questioned whether the current education system, both in the grounding provided at primary level and in the skills and knowledge base developed in post-primary, is adequately preparing children for such a future in which they will be able to contribute to Liberia's economic growth.

There is no question that education is wanted, even demanded, by Liberian parents on behalf of their children. When schooling became compulsory and free in 2006, children who had not been in school for years literally flocked back: the enrolment of girls increased by 24% between 2006 and 2007 alone[91]. Education ranks very high in Liberian parents' values. Parents and guardians are certainly aware that education is the only way to break through inter-generational poverty; however, many parents are not in a position to provide a conducive physical and psycho-social environment for the children to learn. There are no lights or desks at home where they can work and few parents have experience of education that they can share. This can be worse for those living with peers or in other households. Children can be put under pressure once their guardians realise that their priorities are changing and children in school have less time to work on the farms and contribute to household income.

On the other hand, many mothers look back on their own school experience, brought suddenly to an end by war, and wish that they too could return to the classroom – even those in late middle-age. In such cases, even women who are widowed and forced to scratch a living often do everything in their power to find the resources to send their children not just to school, but to as good a school as they can manage.

The UCLA peace-building study (see Text Box 2, Chapter 1) found that education was the priority most often cited by respondents to their survey, with 56% mentioning it compared to 45% mentioning jobs and health, the next two most commonly cited priorities[92]. In some counties, including Gbarpolu (59%) and Grand Bassa (62%), the proportion was higher. When it came to what programmes people thought that the government should prioritize, 69% named education, compared to 59% naming job opportunities and 42% health services. In several counties, over 70% prioritized education[93]. Whether this reflects values independently of the current state of services is difficult to determine; but it seems likely that the high priority attached to government investment in education services as compared to, say, health care services reflects not only a heartfelt desire for schooling but dissatisfaction with its current state. Those Liberians who were educated before the war know what a good school should be like. With the rush back to school after the war, into classrooms in a state of disrepair, understaffed and under-equipped, ill-prepared teachers have been overwhelmed.

In Gbarpolu, where 74% of respondents cited education as a priority for government, rural schools visited during the Situation Analysis illustrated the problems faced by parents, children and communities in obtaining a minimum of education. The school at Nyeamah Town, Bopulu district, was in a state of dilapidation. There was almost no equipment or school furniture, and two

[91] Sue Nicholson, Assessment of the National Accelerated Learning Programme in Liberia, Ministry or Education and UNICEF, 2007, p 13

[92] Talking Peace, UCLA, op cit, p 27.

[93] Ibid, p 28.

teachers altogether were in charge of 262 children. Of these around 240 were in the nursery and kindergarten grades, and a handful in each of Grades 1-3. Those in pre-school classes sat on mud benches raised in the earthen floor. From this school, only three children in their mid-teens managed to graduate from Grade 3 in 2011, and their success in so doing is considerable given the circumstances. The move to Grade 4 will require them to move either to the county capital at Bopulu, or go all the way to Monrovia, in either case staying all week, or all term, with a family other than their own.

In all other rural communities visited in Gbapolu, there were either no schools, or schools that, while they were better built, were inadequate for the numbers of students. Most were without functioning toilet blocks. They similarly catered for large numbers of pre-primary children, and much smaller numbers in Grades 1 to 3, and the teachers had to double classes up as they were far too few to cope. Since the teachers had to go to the district headquarters at several hours distance away to collect their pay, the school would frequently be closed.

Until recently, an examination was taken at entry to Grade 1. This meant that many children had to start with pre-primary and stayed in this cycle until they passed the Grade 1 assessment test. Given that pre-primary schooling is generally not free or compulsory, this requirement was a major source of exclusion from the primary educa-

'The problem we are facing is that women are having many children, the population has grown. We have 175 students, 75 girls and 100 boys, and four teachers for two kindergarten and six primary grades. Our classrooms are very congested and we have to double up grades 1 and 2, 3 and 4, 5 and 6. If parents do not send their children, they are fined.'

Head Teacher, SembehunTown, Grand Cape Mount

tion system after it became free and compulsory in 2001. While this test has now been abolished to ensure that all children are entitled to enter primary school, the classroom environment and pupil-teacher ratios undermine the quality of any learning at whatever grade he or she formally enters. Indeed, some parents and carers report cases of young children being given high marks for their performance when it is clear that the child knows nothing at all. The large numbers of older children (six to 11) found in both pre-primary and inappropriate primary grades are there for a range of reasons, including the low quality of learning in crowded and under-equipped conditions.

Pre-primary education and primary education are separately analysed in the annual national school census, but the two streams are often taught in tandem in the same building, and some teachers may also be involved in the Accelerated Learning Programme (see next chapter). The peak age of attendance in nursery is five years old; the peak age in kindergarten 2 is seven years. A quarter of the total enrolment in both types of pre-primary are above age eight, and this includes some even in nursery 1. Girls are evenly represented with boys as a national average.

In more than two-thirds of cases the pre-schools are run by teachers with no qualifications of any kind (Liberia currently has no professional training institutions for early childhood carers/educators); in four counties less than 20% of teachers were trained, and in Maryland, only 9%[94]. Class sizes are large, often over 100, with the same teacher having to take all four pre-primary levels – if the levels are separated, which may not be possible.

Children needed for play is highly considered both within school and outside. Few facilities are provided, especially in Monrovia where public open spaces are limited.

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[94] Ministry of Education, A Case for System Transformation, op cit, p 13.

Figure 15. Percentage of Trained teachers in Pre-primary School by County

Percentage of Trained teachers in Pre-primary School by County
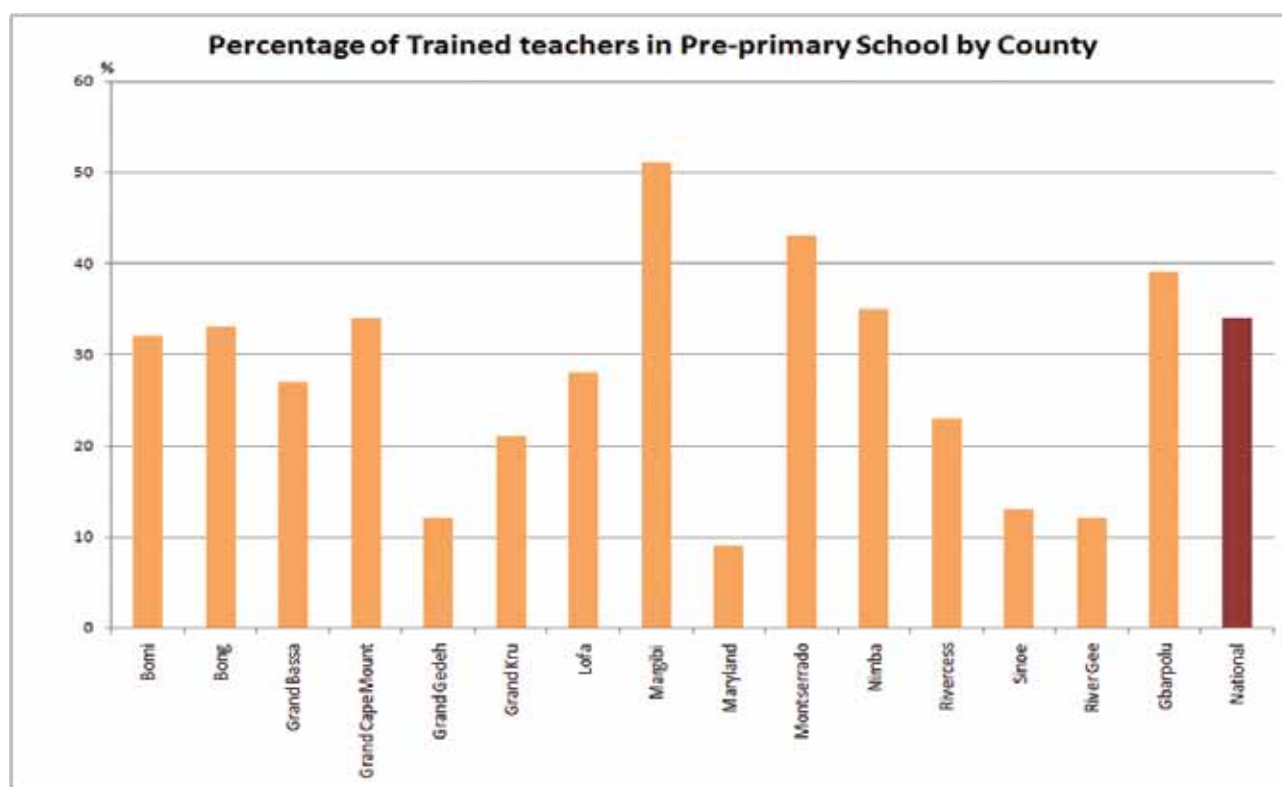
An important disincentive for enrolling children at the correct age is that the school may not be immediately in the village or town, but be situated along the road, in a position of central catchment for several communities. This means that every child will have to walk a certain distance to reach the school; and this may not be thought possible or safe for young children. There may be forests to navigate, rivers to ford, and other topographical hazards. Parents who fear abduction of children by kidnappers or heartmen (those who, in the past, believed that eating a human heart would enhance their strength) do not wish young children to be exposed to danger on the road, and organizing their accompaniment means loss of time on farming work. Such fears may seem less strange when it is realized that, at the time of the 2005 elections, several cases of

ritualistic murder of young children took place[95]. Rumours of strangers or 'black cars' in the vicinity easily spread, and there is no effective police force in such locations. This reason for children being absent from school was given by teachers and parents in rural Gbarpolu. In the UCLA survey into Liberian perceptions, witchcraft and ritual killings were either the second or third most commonly cited safety issue[96].

Other reasons for poor attendance are the parents' need for help at times of high farming activity; the deployment of children to work on rubber plantations or in mines (a subject of some sensitivity, but it clearly occurs)[97];or on days when produce is taken to market. In one Save the Children study in Grand Kru, it was found that on market days

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[95.]NACROG-Liberia, Child Rights Violations: A Comprehensive Response Required : A Situation Report, (Monrovia; NACROG, 2006, cited in CRC consolidated Report, op cit, p 35-36

[96.]Talking Peace, op cit, p 41.

[97.]Consolidated Report to the Committee on the Rights of the Child, p 80; this cites a 2006 report by NACROG-Liberia which examined the issue of child labour and its impact on education on rubber estates, but no ages are given.

in Barclayville, school attendance dropped drastically, sometimes to 10% of normal[98]. In other instances, schools may simply be closed. School timetables have no flexibility to respond to local seasonal and agricultural cycles.

From pre-primary to primary

The primary education statistics are immediately indicative of the bias that persists in educational provision in Monrovia compared to everywhere else in the country. The total number of students in Montserrado County alone in 2008/2009 was more than the total number of students enrolled in eleven other counties together (Bomi, River Gee, River Cess, Grand Cape Mount, Gbarpolu, Grand Kru, Sinoe, Grand Gedeh, Maryland, Grand Bassa and Margibi). The proportion had increased since the previous year, and as well as indicating that more schools exist in Monrovia, it also shows that many children, even at primary level, are obliged to seek education in Monrovia as they cannot progress very far in the schools that are typically found in many up-country locations. It is also significant that a majority of these schools in Monrovia are private and fee-paying. With all the expected migration of children for education, there is lacking any provision of boarding facilities that are carefully regulated and regularly monitored to prevent abuse of children. Figure 17 suggests there are at least 20,000 girls aged 10-19 migrating into Montserrado, not including girls who move within Montserrado, and more moving within other counties.

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[98.]A Report of a Child Rights Situation Analysis in Grand Kru and River Gee counties, Save the Children Liberia, February 2010, p 10

Figure 16. Primary net enrolment rate
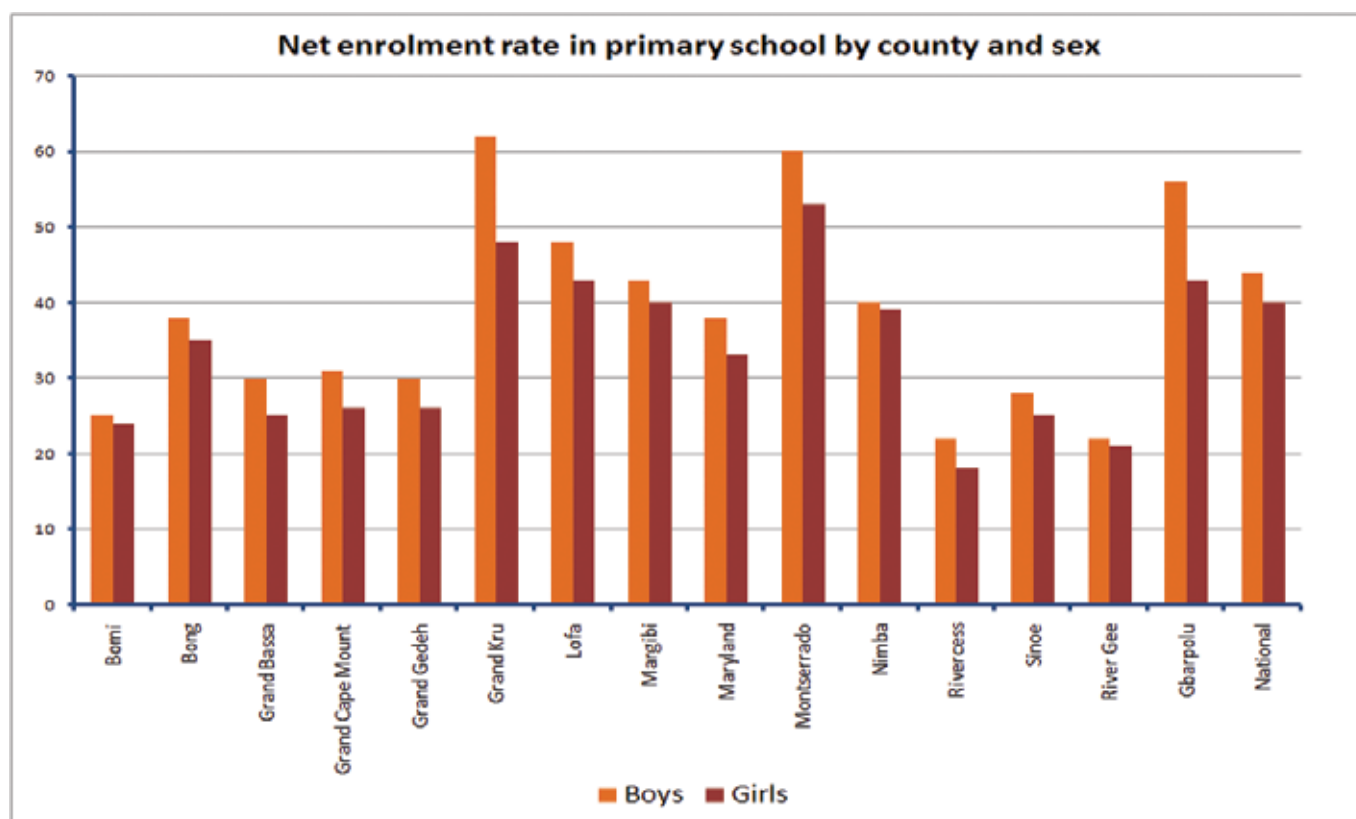
According to the 2008/09 school census page 22, only 6% of the total children enrolled in primary school at Grade 1 were enrolled at the correct age of 6; the largest proportion was between ages 8 to 10. By Grade 2, around one-third have dropped out; another 12% by Grade 3 and a further 14% by Grade 4. The peak age in Grade 2 is 10 (instead of 7), and in Grade 3 is 12 (instead of 8). Although there was increased overall enrolment from 540,000 children and 2007/08 to 605,000 in 2008/09, there was a higher increase in the number of boys than in girls. With all the emphasis placed by policy-makers on gender parity in schools, this was a disappointment. Pupils are reaching puberty while still in Grade 1-3, with 44% aged 12 and above (29% of Grade 1; 47% of Grade 2; 64% of Grade 3). The quality of schooling is low, with schools not able to teach students enough to reach Grade 4. Of those teaching in primary schools, only 40% are trained, and many also have to teach at pre-primary and at high school levels. Of all primary teachers, trained and untrained, only 12% are female.

The range of ages at which children enter school makes it hard to look at primary education for the age-group (6-11) for which the six grades of primary schooling are intended. The Net Enrolment Rate (NER) for primary education in 2008/2009, i.e. the percentage of children in the population of primary age who were enrolled at any Grade of primary is 42% (44% for boys and 40% for girls) with rates ranging from 46% in Lofa, 56% in Montserrado, 24% in Bomi 26 %[99] and Sinoe. However the Gross Enrolment Rate (GER), which includes children of all ages enrolled in the primary grades, expressed as a percentage of the eligible official primary school-age population, was 106% nationally, with the highest rate of 127% in Grand Kru and many other counties running nearly as high. There are 'children' aged over 20 still in primary school, even in Grade 1.

[99.]Ministry of Education, A Case for System Transformation, op cit, Annexe III, Summary Statistics of estimates of school level net and gross enrolment rates by county and sex.

Box 6. School sanitation- WASH programme

Primary school is an important environment for the introduction of WASH so that children develop the practice and appreciation of hygienic behaviour as part of good personal habits and health protection. All the 90 schools, both new and renovated under a special UNICEF-supported school construction initiative will include separate sanitation blocks for boys and girls, and in all communities where WASH is introduced, an important focus is the school.

In SebehumTown in Grand Cape Mount, a community designated 'open defection free', the Vice-Principal of the school reported as follows: 'Children must know that they should wash their hands after going to the toilet, and that the environment around the school must be kept clean. They must sweep their classrooms, put the rubbish in a basket, and dig a hole to put it in; they must also learn not to drop paper around the campus. Every day after school, we go and inspect the separate toilet blocks and make sure they are kept clean. If the soap for washing hands is finished, then the Principal will give us money to buy more.'

This shows a huge hunger for education, a hunger not being satisfied. Undoubtedly, great efforts are needed to reduce the age ranges at which children are attending primary school, but the reasons why they come so late and end up in classes with such wide age discrepancies are not susceptible to simple analysis or solution. One of the reasons is that children in Liberia start school late, since, up to 2010, they had to pass a test in order to be admitted into grade one. Hence many children spend many years in pre-school when they failed this examination. Secondly, many children lost out on schooling during the war and were re-admitted into school after 2003.

The impact of schooling can be much more than curriculum content. Good schooling socialises children in two behaviours of mutual respect and understanding of their environment and healthy living (e.g. see Box 6).

What about the children, especially girls, not in School?

According to the 2008 population census, of children aged 5-9, 43% (216,000 out of 502,000) were not attending school of any kind, pre-primary or primary[100]. At present, other than the 46,000 boys and 31,000 girls aged between six and 11 years who are recorded as 'working' (not the identical age range but similar)[101], we do not know what these children are doing or where they are.

This gap in knowledge needs to be researched as a matter of urgency.

In rural areas, some may have been left at home or with a minder while their parents are at work. Others may accompany their parents to their farms, or to the market, or to another place of work. The urban picture is made more complex by migration of children. Monrovia draws many girls (see Figure 17).The census shows that, even for the age group 5-9, there are more girls than boys in Montserrado. Montserrado is the only county where there is a significant difference in the numbers, and the only one except Margibi where there are fewer boys than girls. The gap widens very significantly in the age group 10-14[102].

The Labour Force Survey also found that a higher proportion of girls than boys lived in urban areas, but its reference age group was 6-17[103]. When it comes to school attendance in Monrovia, slightly more girls are in school than boys, even at age five, and the disparity is maintained or widens year on year right through until age 16, after which more boys are in school than girls[104]. But at the same time, there are more girls than boys at every age from five upwards who never attended school in Montserrado. Thus the fact of more girls than boys being in school in Montserrado/ Monrovia is partly to do with the extra presence of girls in the county/city. (see Figure 17).

[100.]2008 Census, Final Results; Table 1.2, Appendix 1 – 3, and Table 6-2, Appendix 6 – 123.
[101.]Children aged 6-11 in employment as a proportion of the total, Table 4.2, Child Labour Report, op cit, p 27.LDSH used different definitions to the 2008 Labour Force Survey.
[102.]2008 Census, op cit, Table 1.2, Distribution of Population by Place of Birth, Age and Sex, Appendix 1, pp 3-18.
[103.]LISGIS, Report on Child Labour, extracted from the 2008 Labour Force Survey, p 17.
[104.]2008 Census, op cit, Table 6.2, Distribution of Population by School Attendance, Montserrado County, Appendix 6, p

Figure 17. Migration pattern for girls
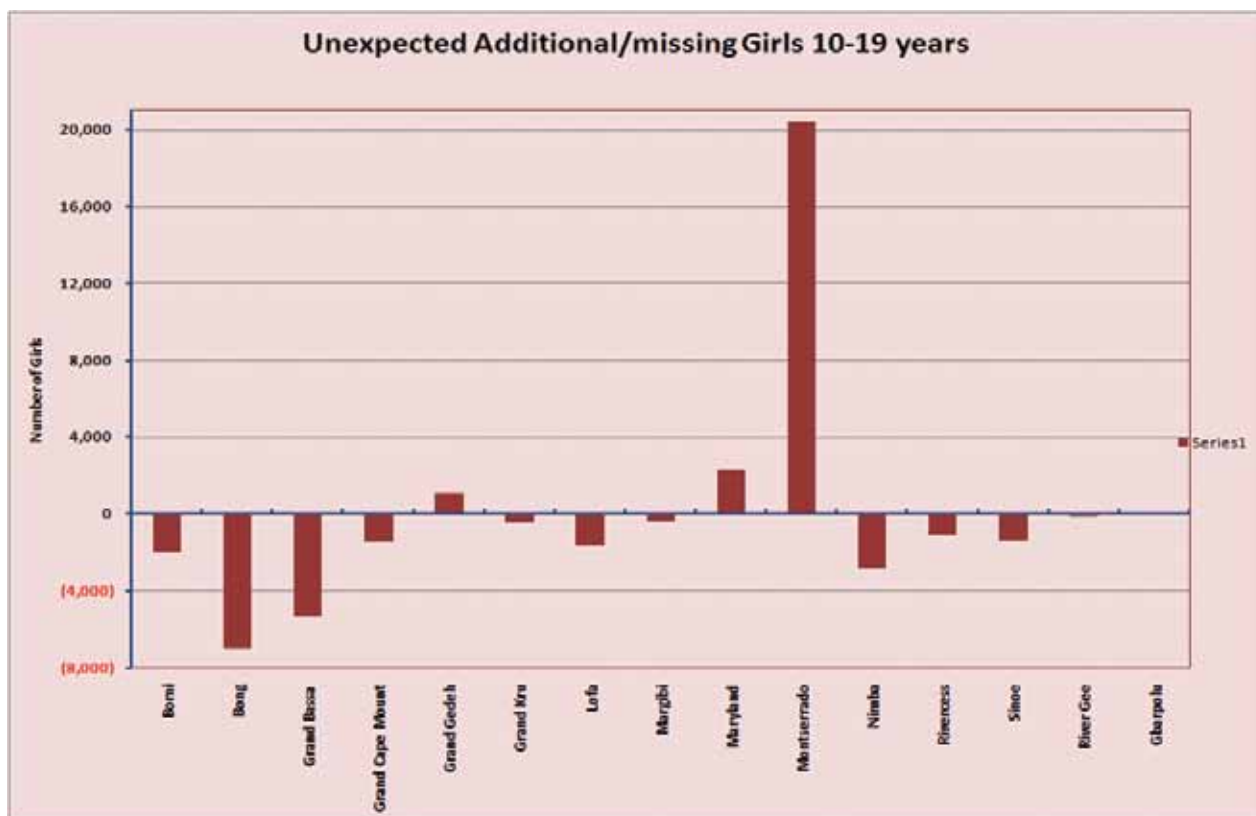
Source: calculated from 2008 Liberia Census population profile

This phenomenon of there being extra girls in Monrovia needs explanation. The probability of detachment from their parents is confirmed by a 2007 LDHS discovery – a discovery stemming from the effort to work out how many children were orphaned or separated from their parents by the war – that 18% of Liberian children lived with neither of their biological parents even though both parents were alive[105]. In Monrovia, nearly 29% of children were not living with either parent and in the wealthiest quintile households 31% were not living with either parent, in both cases despite nearly 90% of these having both parents living. This is an indication of the large number of children being placed in these wealthier households in Monrovia[106]. However, only 72% of children aged 6-14yrs in these wealthier households in Monrovia were attending school every day[107], while 10% were absent every day. The data suggests that girls, more than boys, are being sent from rural homes to live in the city, partly but not only for education reasons (see below in Chapter 4). One explanation is hinted at in the results of an exercise conducted with teen-agers from the Montserrado Parliament[108]. In identifying how much household and other kinds of family-based work urban children undertook, it was striking how much girls were expected to do compared to boys. In the age-group 6-11 (and in the 12-19 group), girls were perceived as doing more of every kind of household work – washing, cleaning, cooking, fetching water – than boys, except for outdoor work; and as playing less, studying less, and going to school less; even in the case of

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[105] Liberia's Combined 2nd, 3rd, and 4th consolidated report to the UN CRC, GoL, Monrovia, June 2009, p 46.
[106] Extracted from LDHS 2007 Table 2.3.
[107] LDHS Table 2.6 on School Absenteeism.
[108] Stakeholder's participatory exercise for the Situation Analysis conducted at. Convent, Monrovia, with 18 male and female representatives of the Montserrado Children's Parliament, June 31 2011.

'selling' they were expected to do nearly as much. A need for extra domestic hands in the home may explain the extra girls phenomenon, but it should be made the subject of enquiry.

There is a need to address behaviours and expectations of children at this age, both boys and girls, in order to build their sense of self-worth, respect for others, particularly those of the opposite gender, and help them to find positive role models in adult life. These expectations can be developed or restricted by a range of adults, parents, teachers and community leaders and it is in this "formative" age when gendered norms and roles tend to be articulated and enforced by adults. The Young Lives multi-country programme finds at this age that the child has a "sense of being able to achieve what it has hopes for"[109].

Whatever the intention, there should be concern about sending children far from home to live with other families-both girls and boys but especially girls, at such a young age. The prospects of their suffering neglect, being treated as inferiors in the home, and being exploited are high. There is also a risk of sexual abuse from men and boys in the household, but that is more likely at older ages. Even as far as schooling is concerned, drop-out rates among girls are higher at every age except ages 6 and 11, with the gap widening significantly after 12. This disparity might reflect the extra demands imposed on girls from households where

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[109.]Young Lives: "From Nutrition to Aspirations & Self-Efficacy: gender bias over time among children in four countries" Dercon & Singh May 2011. The Young Lives project across a number of countries shows how differently each society enables or disables a child's aspirations and sense of well-being. This work shows how objective well-being moves from no bias at age 8 to pronounced and significant pro-girl bias at age 15; Psychosocial competencies by age 15 in Ethiopia show clear pro-boy bias in all indicators (higher trust, express higher self-esteem and pride, reflect a better sense of inclusion within local society and express a higher sense of control and agency over their own destiny). Except in India, girls have significantly lower trust than boys in their immediate society. The extent of feeling in charge of their life or destiny (agency/efficacy as a measure of empowerment) in India and Ethiopia has a striking pro-male bias, which will have a direct impact on their later achievement.

Table 11. Household work: Urban child 6-12 years

Urban child aged 6-12		
Morning activities	**Boys**	**Girls**
In-house cleaning	◊	◊ ◊ ◊
Out-door cleaning	◊ ◊ ◊	◊
Fetching water	◊ ◊	◊ ◊ ◊
Preparing breakfast	◊	◊ ◊ ◊
Afternoon activities		
Cooking	◊	◊ ◊ ◊
Washing	◊	◊ ◊ ◊
Selling	◊ ◊ ◊	◊ ◊
Playing	◊ ◊ ◊	◊
Studying	◊ ◊ ◊	◊
Evening activities		
Bathing children	◊	◊ ◊ ◊
Preparing dinner	◊	◊ ◊ ◊
Lighting of candles/lanterns	◊ ◊	◊ ◊ ◊
Teaching younger children	◊ ◊ ◊	◊
Studying	◊ ◊ ◊	◊

Source: Stakeholders meeting with Child Parliamentarians, Montserrado

they stay, as they get older and can be expected to take on more responsibility in the household or go out do more 'selling'. At least, the achievement of gender parity at primary level in Montserrado, the only county where this has been achieved[110], is shown in a slightly different light by the distortion in the boy-girl population. If there are also more girl drop-outs, and more girls who never attend school, then the achievement is less impressive.

At present we do not know where children aged 5-9 who are not in school are to be found on an hour by hour basis, and we do not know what proportion of children in this young age group are living in families who are not their own. That some proportion of these girls are extremely vulnerable is beyond question: one 2008 study into rape found that 20% of victims were under ten[111]. Responsible parents in suburban communities in Greater Monrovia fear the effect on children who start to roam the streets of immoral or anti-social behaviours, as well as traffic accidents. Such parents want their children to be in school, and under the supervision of teachers; in the vacation, they want them to be doing something organized, under their own supervision or that of pastors or others they trust.

They describe children who treat the streets of the city as their playground, 'school' and 'workplace' as being 'self-raised': born to immature girls without resources, steady unions or parenting skills, who abandon their children to grow up how they may. These mentor-less children can have a bad influence over their own children. For mothers who have scraped every last cent with utmost difficulty to give their children a solid start in life, the effect of these negative 'peer pressures' is deeply worrying[112].

[110.]School Census Report, op cit, Table 2.2.1-1, Primary School enrolment by county and gender, pp26-29
[111.]UNMIL, Legal and Judicial System Support Division, Research on Prevalence and Attitudes to Rape in Liberia, 2008, p 26.
[112.]Stakeholder meeting, women members of the Assembly of God church, Monrovia, July 12 2011.

Young children and violence

Before the age of puberty, while cases of sexual attack and rape do occur against children and even against infants, the major threat of violence is not so much sexual- or gender-based but corporal punishment. Beating of children as a form of discipline is widely tolerated and defended in Liberia as an essential component of upbringing. During the war, studies suggested that two-thirds of children were subjected to corporal punishment at school[113]. The Penal Law allows the use of force by parents or guardians or teachers to discipline children below the age of 18 years. Such force, however, must not be designed to cause a substantial risk of death, serious bodily injury, disfigurement or degradation. Despite this proviso, instances of severe violence against children are often reported[114].

The Children's Act stipulates that violent or degrading treatment against children will be outlawed. However, at present harsh corporal punishment is common in the home, in the community, in school as well as in secret societies as part of initiation rites[115]. In a discussion with mothers in Monrovia of mixed socio-economic backgrounds, some proposed that treating children with kindness and sanctioning their behaviour by non-violent means was more likely to win their co-operation. But many disagreed, viewing the beating of children as integral to African upbringing methods. Until many more parents, teachers and children are equipped to resolve disputes by dialogue instead of aggression and physical attack, it will be hard to eliminate corporal punishment. Parents are already anxious that their children are rebellious and running out of control. They feel resentful that the law and its instruments seem to be moving towards taking the children's side: a complaint frequently reiterated.

In 2006, a Women's and Children's Section was established in the National Police Force under the Ministry of Justice to make practicable the use of the law to prevent serious violence against women and children. At present, the size of the section is 217 (270 potential positions), with one or two members in each county. The section is more effective, both as enforcement mechanism and a preventive mechanism, in the capital city than outside it. All serving officers have to undertake a special training in sexual offences, domestic violence, juvenile crime, and information and awareness on women's and children's protection. There is collaboration with the Ministry of Health and Social Welfare, Ministry of Gender and Development and with NGOs providing services and running safe houses for women and children. Awareness has been built in communities about the illegality of violence against women and children to the extent that would-be perpetrators are now told by would-be victims to desist or 'the Women and Children will come and get you'[116].

The Section reports a rapid increase in use of their services, with children coming to the police station to report the use of violence against them. However, on the parents' side, it is a common cause of resentment that children threaten to report them to the police. Often, investigation leads to the police being used as mediators and resolvers of conflicts in homes and communities.

The approach to law enforcement of the Women's and Children's section is something new in policing, which typically in Africa and Liberia carries the image of strong men with guns. Within the police force, the Section is seen 'as an NGO', an attitude illustrative of a softening of police culture. Other progress in reform of the justice system in child-friendly ways includes the establishment of a specialized sex crimes prosecution unit under

[113] Sue Nicholson, Assessment of the National Accelerated Learning Programme in Liberia, Ministry or Education and UNICEF, 2007, p 13
[114] Consolidated CRC Report, June 2009, op cit, p 40.
[115] Ibid
[116] Interview with Vera Manly, Head of the Women's and Children's Section, National Police Headquarters, June 22 2011.

the Ministry of Justice; operationalization of the probation service; and revitalization of the Child Justice Forum under the Ministry of Justice with membership from key government and non-governmental partners. But there is still a lot to be done to change the policing and justice system to be more protective of child rights. Lack of rehabilitation and care facilities means that children in conflict with the law often end up in detention without effective separation from adults. Special protection measures for children in contact with the police and the justice system are inadequate, whether they are victims, witnesses or offenders; nor are their interests sufficiently protected in the case of civil issues such as guardianship, inheritance and other non-penal matters. There is acute shortage of facilities to provide temporary care and accommodation for different needs of children who are into contact with the law. Children of all ages are affected, but younger children are necessarily more affected given their greater vulnerability. To respond to this context, the strengthening of child justice has been a priority for government and all its partners in this area.

Special emergency measures

Following the end of the war in 2003, an emergency school feeding programme was introduced with food provided by the World Food Programme (WFP). This programme is currently targeted to reach 300,000 children in 12 counties. There is some indication that, because of poor roads, poor school attendance and low poverty indicators generally, some areas with high prevalence of food insecurity, notably Grand Kru, have a relatively low level of households benefiting from school feeding (12%)[117]. Altogether, 22% of households benefit from the programme; but without higher coverage of education, school feeding, however beneficial for those attending school, will miss some of the most disadvantaged who do not attend school.

High levels of school drop-out coincide with low food-security areas, and food can be used as an incentive for retaining children in school. There has been a particular effort to target girls likely to drop out at Grade 4, not only with a school meal, but with a take-home ration for which conditions of attendance apply; 9,000 currently receive this ration and there are plans to raise this to 12,000 and extend the grade coverage higher. Such conditional incentives should be evaluated in the light of the quality of education provided and the child protection issues raised elsewhere in this Analysis. In the next phase of school feeding, a policy currently under development with the Ministry of Education, there will be an expansion of school gardening as a component, in an attempt to move away from promoting, or cooperating in, dependency on external food provision[118].

In the border areas where Ivorian refugees are currently living in camps and host communities, emergency provision for children aged 5-9 focuses on the need for child-friendly spaces (CFS) where children old enough not to be constantly with their mothers can play and learn in safety. Recreational kits including musical instruments, football gear, board games and toys are provided for CFS, and facilitators from local Child Welfare Committees or from among the refugees are trained to run the spaces and supervise the children.

[117.]The State of Food Insecurity in Liberia, 2010, op cit, p 73.
[118.]Stakeholder interview, Helen Bugaari, Head of Programmes, WFP Liberia, June 30 2011.

Schooling is also provided, in the camps and by expanding facilities of existing schools in host communities, using refugee teachers for French-speaking instruction. UNICEF has been actively involved in providing teaching and learning equipment, appropriate (French) text-books and teaching guides and, via NGO partners, putting up extra tented classrooms where needed. It is seen as particularly important that local Liberian children and families should not lose out as a result of the refugee influx they are hosting; instead, it is proving possible to develop services for those in areas which are normally remote and neglected.

As part of the emergency education response, schools are being opened in communities that previously had none, and Liberian children are benefiting as a result. Bilingual education in these border areas might offer enhanced regional employment opportunities for both refugee and Liberian children, who would usually experience only marginal opportunities. The refugee influx may well prove to have been a trigger in bettering educational opportunities over the longer term for children in host areas.

Pre-teens and Adolescents, from 12-17 Years

During their early teens and adolescence, girls and boys pass through several critical thresholds in life. These relate to their physical growth, their arrival at sexual maturity and, for the great majority, the end of education and entry into the world of work.

Providing support and services for young people verging on adulthood is more complex than reaching them at younger ages, where they are more easily 'captive', usually under the control of parents, elders and teachers, and more tractable. As they enter their teens, they are more likely to engage in risky behaviours and exercise their own will about what they are prepared to do. But their maturity also represents an opportunity for them to become responsible actors and active participants in the fulfilment of children's rights.

At the upper age ranges, many concerns are indistinguishable with those relating to older women and youth, especially as programmes relating to such issues as livelihoods, non-formal education, sexual and gender-based violence, HIV prevention, employment and participation embrace both groups. HIV prevention involves more than behaviour change – more importantly it requires changing the structures of risk, such as girls migrating to unsafe environments to pursue education that is not available near to their homes.

The problems associated with primary learning by older pupils

As already discussed, significant numbers of Liberian children enter school at ages much higher than those intended. Originally, this was perceived as a residual problem of the war and an attempt was made to deal with the problem by an Accelerated Learning Programme (ALP) for older unschooled children. This was originally developed by the Ministry of Education and UNICEF and, while the war continued, implemented mainly by NGO partners. Under the ALP, children could complete primary school in three years instead of six, compressing Grades 1 and 2, Grades 3 and 4 and Grades 5 and 6. The ALP was piloted in the lull in hostilities in 1999-2001, and those who attended had as good as or better results than conventional student counterparts. It was therefore extended, despite periods of conflict and disruption. In 2006, the Ministry of Education found that 73% of all primary students were still over-age for their grade, so it was again stepped up as part of the Liberian Primary Education Recovery Programme (LPERP). By 2007, 509 ALP implementing schools were in operation, and over 44,000 over-aged children were enrolled[119].

Following an evaluation in 2007, a new target was set for the ALP; to reach 300,000 students

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[119]·Sue Nicholson, Assessment of the National Accelerated Learning Programme in Liberia, Ministry or Education and UNICEF, 2007, p 10.

aged 15 and over by 2010. But enrolment reached nearly 76,000 in 2007/08 and then declined, to around 69,000 in 2008/09[120.] This was partly because of the deliberate exclusion of younger children, for whose phase of cognitive development the curriculum was not suitable. Some parents had earlier been using the ALP – often held in the afternoon, in the same school buildings and by the same teachers as regular school – as an additional source of learning, to give their children a speedy educational start. Additionally, a number of NGO implementing partners intimated in 2008/09 that, now that the emergency was over, they would not continue indefinitely with a programme which, after all, was supposed to be a short-term post-war educational catch-up measure. Finally, the Ministry of Education announced in 2009 that the ALP would end in 2011.

However, the problem of children above the prescribed age for their current grade remains. Clearly, it is not advisable for children of very diverse ages and cognitive capacities to be in the same classes. This problem, as is clear from the annual school censuses, has continued long past the original time-span envisaged for the ALP. Thus, the underlying problem must stem from issues other than the war-time collapse of schooling: parental perceptions about school and upbringing, problems of safety, financial problems, problems of school inadequacy; maybe also problems of needing children's work at home or on the farm, or of unexamined cultural considerations. A final evaluation of the ALP is underway, as a prelude to replacing it with a different kind of learning programme for older children, with a higher emphasis on skills[121], possibly with functional literacy linked to developing alternative livelihood strategies for urban adolescent girls. Whether the replacement

programme can resolve the problem of children well past the intended age remaining in primary school unless the wider social inhibitions holding children back are also effectively addressed, only time will tell.

This relates to another issue: girls (and boys) being sent away from home. As was noted in the previous chapter, if a primary school in an up-county community is not able to educate its students beyond Grade 3, then children eligible to enter Grade 4 are obliged to leave home to do so. Where the primary school teaches up to Grade 6, this is still necessary but at least at an older age; the correct age of entry to Grade 4 is nine; to Grade 7, it is 12. However, many of those in poorer counties who do manage to reach these grades will do so at an age higher than that intended; and perhaps, therefore, the entry of children to school late may be part of a deliberate strategy by parents who do not want to send their children away at young ages. Grade 4 enrolment is currently peaking at age 14, and only taking off seriously at age 12; Grade 7 entry is similarly peaking at 16 and taking off at 14, and a significant proportion are still enrolling at age 18[122]. Innovative approaches to education, using distance learning that is not totally dependent on electric power and computers, are needed that can be accessed from remote rural communities without putting children, particularly girls, at risk from migration for education. The current structure of education could be made much more efficient by addressing key bottlenecks identified here and being innovative and using new technology.
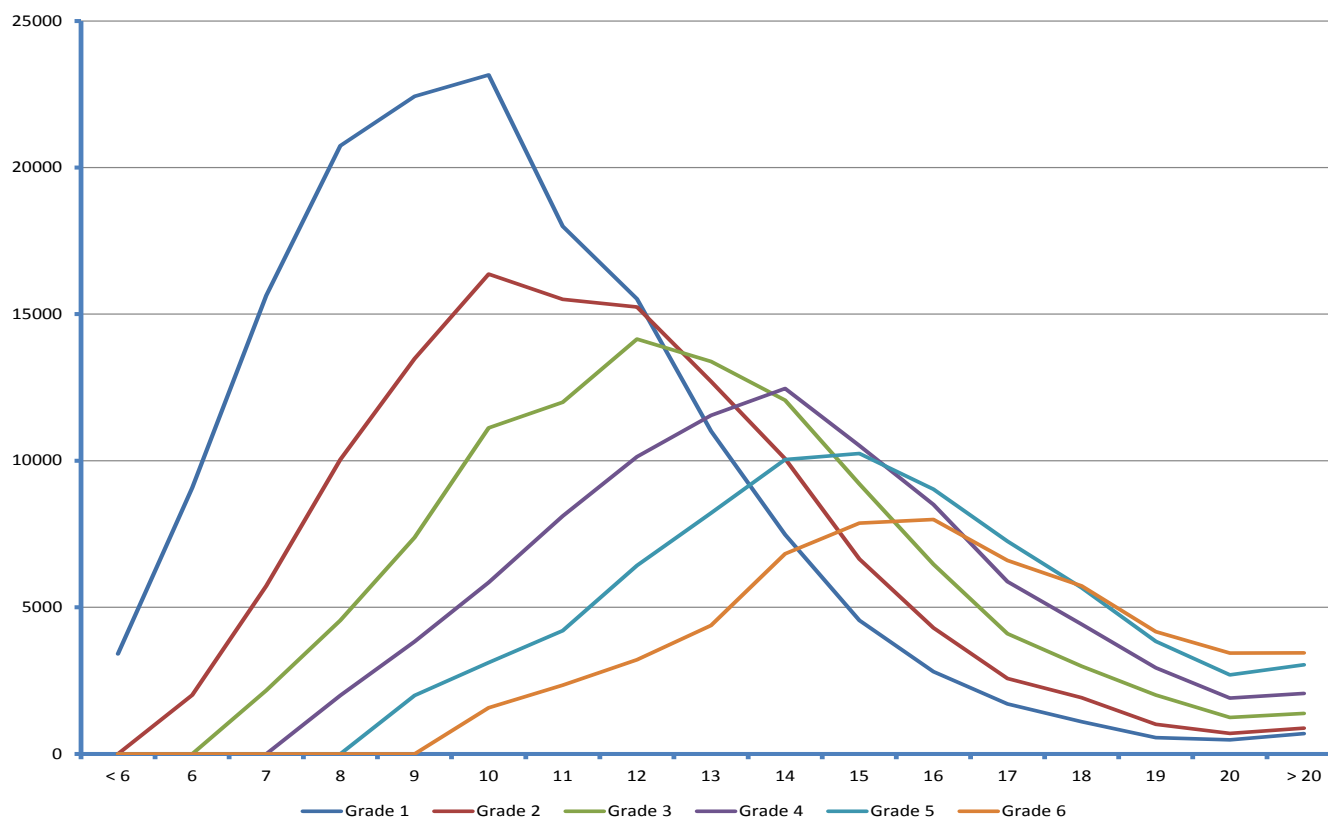

[120.] Ministry of Education Sector Plan, op cit, p 4[1]
[121.] The Education Sector Plan of Liberia, op cit, p 43.
[122.] A Case for System Transformation, op cit. p 22.

Figure 18. Distribution of primary enrolment by age and grade level

Source: 2008/09 National School Census Report. Ministry of Education. 2010

The tradition of sending children away to live with relatives or a surrogate family in Monrovia as a means of securing them an education goes back many decades, possibly as a means of acculturation desired by the elite or by parents. It is still a given: tellingly, teen-aged informants to the Situation Analysis listed as a disadvantage of rural life that 'parents send you away'[123]. In cases where there is no destination family, the youngsters live with peers in meagre accommodation in an impoverished condition. In such cases they are particularly vulnerable to sexual enticement, early pregnancy, and HIV infection, especially where schools are located on reopened trade routes or industrial sites. Rural parents in Grand Cape Mount described themselves as 'forced' to send their children to Robertsport, the county capital, or Monro-

via if they want them to continue their education beyond primary level – which they do. Unless rural schools, especially those only reaching Grade 3, are rapidly upgraded, rural parents will continue to be faced with serious dilemmas about their children's – especially their girls' – upbringing at a moment when they are just reaching their most vulnerable pre-adult years. Girls are also at risk from predatory teachers offering to sell grades for sexual gratification. This abuse of girls also undermines the quality of education and doubly jeopardises their futures by risking early pregnancy and inability to cope with later stages of education. It also reinforces gender dependency, teaches girls to negotiate returns for sexual favours and undermines their potential for genuine empowerment. It changes the basis of peer relations based on

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[123.]Stakeholder meeting for the Situation Analysis, Child Parliamentarians from Montserrado, June 30 2011.

Figure 19. Positives and negatives for children of urban and rural life

RURAL LIFE + POSITIVES +	RURAL LIFE - NEGATIVES -
Better cultural life Fewer accidents More determination More hardworking More obedient More talented academically Free school Cheap cost of living	Early marriage Hard labour Child labour Parent send you away Lack of information Less time to study Poor education facilities/ harmful traditional practices Poor transportation Poor health facilities

URBAN LIFE + POSITIVES +	URBAN LIFE - NEGATIVES -
Good access to roads Quality education Good health facilities Clean drinking water Good social activity Better educational access More opportunities Balanced diet Good information	Indiscipline Substance abuse Teenaged pregnancy Armed robbery Insecurity Child labour Sexual harassment and exploitation Peer pressure High cost of living Lazy people

respect and any emerging sense of meritocracy and ultimately can contribute to youth violence.

Above primary level, schooling automatically means 'sending you away'. Figures 17&20 show the consequences of having few places in junior secondary available outside Montserrado County, which offers over half the places available in the country as a whole. The Gross Enrolment Rate of children in junior high school (Grades 7-9) has reached 48% nationally (the Net Enrolment Rate is 7%)[124]; the total enrolment represents a significant rise; but it also requires that more children become detached from their families during most of the year (Figures 17&20). Well over half of children entering Grade 7 are in Montserrado, i.e. Monrovia[125]. Some counties have only 1% of entrants, and only one other county (Nimba) has more than 10%[126]. At senior high school level, the level of disparity between Montserrado and the rest of the country is as pronounced[127]. As far as girls are concerned, the statistics concerning their presence in the city and their high drop-out rates and low educational achievement suggest that for many, the passport to a better life remains an illusion. In their early or mid-teens, children may be better able to manage emotionally the wrench from home and family; but at puberty, girls become vulnerable in new kinds of ways.

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[124.]This is the Gross Enrolment Rate, reflecting children of all ages entering the first Grade of Junior High School (Grade 7), not the Net Enrolment Rate, which is only 7%. Ministry of Education, A Case for System Transformation: The 2008/2009 National School Census Report, October 2010, p 40.
[125.]A Case for System Transformation, op cit, p 36.
[126.]Ibid p 36.
[127.]Ibid p 57.

Figure 20. Gross Enrolment in Junior High School

Junior High School Gross Enrolment Ratios
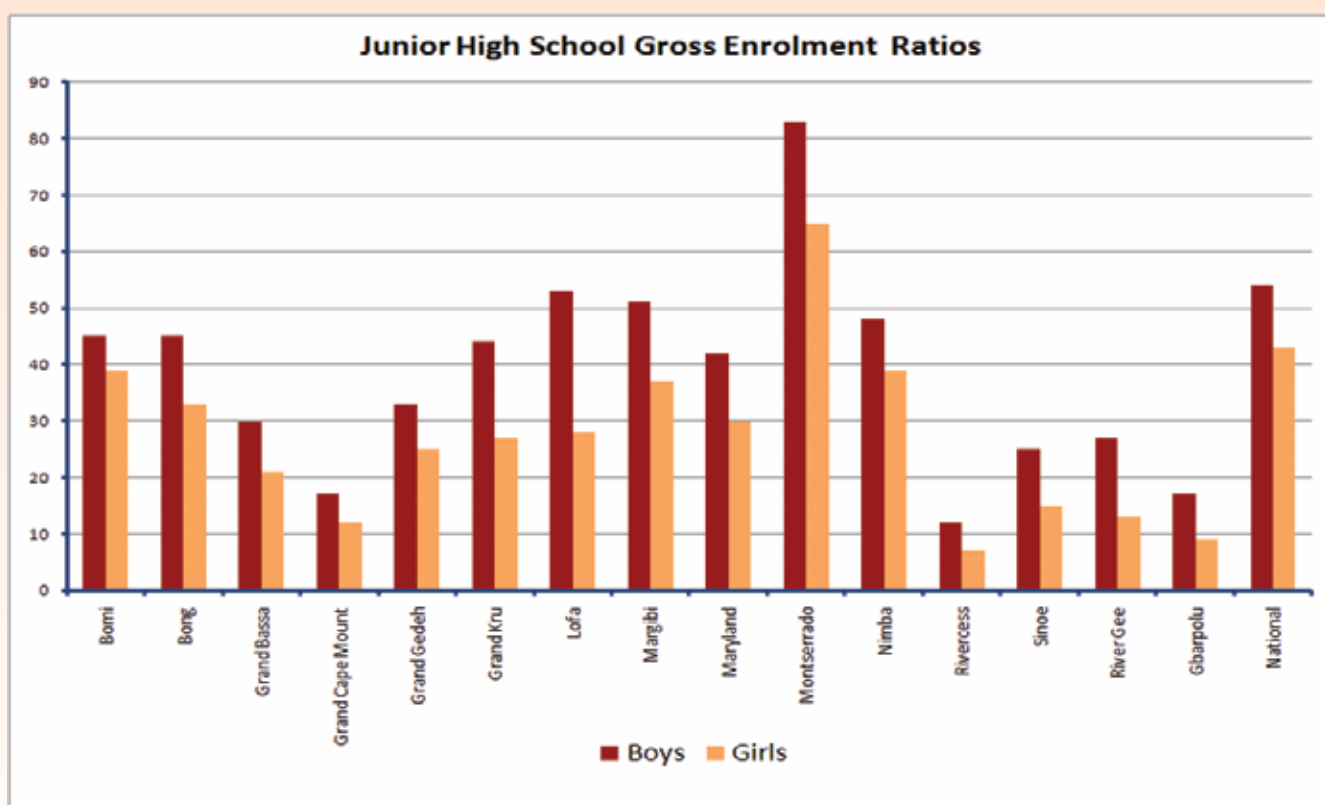
Source: 2008/2009 National School Census Report, Ministry of Education. 2010

For this reason it is important for children to quickly achieve literacy and numeracy, the door to alternative distance learning education delivery systems. This must come from quality early education in the first three years, by the age of 8 or 9 years. Then, before the time they reach puberty, with its differential impact on boys and girls, children should be able to access several years of quality post-basic education.

Working girls and children on the streets

LDHS 2007 data imply that the pattern of youthful migration into urban areas peaks in the age group 15-19. Up to age 10, more children reside in rural areas than urban (see Table 8); but in the age group 10-19, significantly more children reside in urban areas (26% urban to 18.6% rural). Within the 15-19 age group, the proportion of girls living in the urban areas overtakes that of boys (11% compared to 9%)[128]. The main reason for their migration is education as already explored; however some proportion, especially of girls, comes to work. How many are enticed or even abducted by 'recruiters' for exploitation as workers or sellers is unknown, but this practice was frequently referred to during the Situation Analysis. A 2009 study into trafficking commented on 'examples of coercion of young children into exploitative situations, deception by means of false promises of recreation, employment, education, shelter, care, and religious fulfilment were prevalent'[129], but did not explore these issues further.

[128.]CRC, Consolidated Report, p 27
[129.]Draft report for UNICEF, Situational analysis of Human trafficking, especially women and children in Liberia, July 2009 Executive Summary, p vi. The number of cases of cross-border trafficking identified was 57.

Table 8. Age structure of Liberia's rural and urban children

Age	Percentage								
	Urban			Rural			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
<5	13.3	15.7	14.4	18.7	20.6	19.6	16.6	18.8	17.7
5-9	15.0	14.7	14.9	16.6	17.4	17.0	16.0	16.4	16.2
10-14	15.3	16.3	15.8	10.8	12.9	11.9	12.6	14.1	13.3
15-19	11.2	9.1	10.2	6.4	7.0	6.7	8.2	7.8	8.0

Source: CRC Consolidated Report 2009; LISGIS and LDHS 2007.

The large number of cases of children living away from home to undertake work, alongside or independently of schooling, forms part of long-standing Liberian practice. However, studies undertaken elsewhere in West Africa[130] show that, where family ties are not strong, girls (and boys) sent to live with surrogate families may become exploited. Tired out by punishing schedules of household chores, such children are often not able to succeed at school. They may then become withdrawn and uncooperative and attract their patron's displeasure; she then discontinues the payment of fees and provision of schooling incidentals. Evidence invariably shows that children undertaking domestic duties for households other than their own are exposed to high levels of physical, psychological and sexual abuse[131]. Pay is low or non-existent, and they become locked into damaging and exploitative situations where self-esteem plummets, and from which the only escape is to the street. Around half of adolescent girls in Monrovia live with both their parents[132]. Many girls are effectively obliged to earn money to survive. CWIQ 2007 data found that 54% of girls aged between 15 and 19 in Monrovia were working, and a 2008 study found that 10% were the main provider of their households[133]. Thus even when girls in a particular social stratum are not on their own, once they reach their mid-teens they have become earners. Their main sources of income are 'selling' on the street as vendors. Some may combine this activity with going to school at a different time of day. At present the interactions between 'work' and schooling or being out of school are not well understood. Even if they do go to school, the standard they reach is low. The Labour Force Survey regarded occupations on the street as hazardous for children under 18, but did not attempt any separate enumeration of street-based working children. More information is needed about informal urban child workers to identify ages, sexes, occupations, educational attainment, and earnings.

[130.]IDS Migration DRC 2003-09 "Making Migration Work for Development" 2009 see http://www.migrationdrc.org/ and see other publications on http://www.migrationdrc.org/publications/ For research on children in migration, see http://www.migrationdrc.org/research/typesofmigration/child_migration.html . See also: Working Paper T12 "Exploring the Linkages between Children's Independent Migration and Education - Evidence from Ghana" Hashim 2005 See http://www.migrationdrc.org/research/keythemes/gender_generation.html

For research on gender and migration see http://www.migrationdrc.org/research/keythemes/gender_generation.html . Also: Thorsen D. 2007 "If Only I Get Enough Money for a Bicycle!' A Study of Childhoods, Migration and Adolescent Aspirations Against a Backdrop of Exploitation and Trafficking in Burkina Faso" Migration DRC Working Paper no T21, http://www.migrationdrc.org/publications/working_papers/WP-T21.pdf; also Thorsen D. 2005 "Looking for Money While Building Skills and Knowledge: Children's Autonomous Migration to Rural Towns and Urban Centres" Migration DRC Field Report; and Thorsen D. 2006 "Child Migrants in Transit: Strategies to Assert New Identities in Rural Burkina Faso" in "Navigating Youth, Generating Adulthood: Social Becoming in an African Context" Uppsala: Nordic Africa Institute, pp. 88–114.

[131.]See Human Rights Watch, Bottom of the Ladder: Exploitation of girl domestic workers in Guinea, Vol 19 No 8 (A), June 2007, p 59-68; also Ministère de la Famille (Sénégal), et de l'Entreprenariat Féminin; PLAN: Projet de Lutte Contre la Traite et les Pires Formes de Travail des Enfants; Travail domestique précoce (2007).

[132.]Maria Elena Ruiz Abril: Girls' Vulnerability Assessment, July 2008, p 11.

[133.]Maria Elena Ruiz Abril: Girls' Vulnerability Assessment, July 2008, p 4.

Adolescent girls are a particularly vulnerable group, and are the focus of a joint Government-UN programme for Adolescent Girls Development (JPAGD) in which UNICEF and other partners participate, under the Ministry of Gender and Development and with NGO implementation. The age-group 10-14 is especially at risk[134], as this is when girls experience physical change and are pressured into entering sexual relationships, often with older men. Sexual activity is not uncommon at 10[135], especially among 'self-raised' girls who have not been taught the implications of sexual activity and have no sense of wrong-doing or risking hurt, with destructive implications for their physical and psycho-social health. By age 15, 17% of girls (notably in urban areas) have had sexual relations. In some cases, peers encourage them to get a 'sugar daddy', exposing them to pregnancy and sexually transmitted infections including HIV[136]. Anecdotal evidence currently suggests a rise in transactional sexual activity in urban areas, which – combined with a lack of sex and health education – increases girls' vulnerability to sexually transmitted infections including HIV.

Girls such as those who took part in the West Point exercise (see Box 7) are not open to the idea that they should desist from sex; they have no choice, and going with their boy-friends is also their main recreation. Human Rights Watch report early 2011 drew attention to a high prevalence of transactional sex among Ivorian refugee girls and young women in Liberia. Transaction sex is also common among Liberian girls and young women in population centres around mines and other types of concentrated industrial or economic activity. There appears to be little in the way of social sanction. In some cases, parents encourage them. Once girls have reached physical maturity, parents may no longer feel obligated to support them. Their mothers may even expect to use some of the girls' boy-friend income for family support[137].

Box 7. Teenaged Girls in West Point

As an input to the Situation Analysis, an exercise was conducted with girls aged between 13 and 20 in a community centre in West Point, a down-at-heel neighbourhood in central Monrovia. These girls were participating in HIV and life-skills education run by the NGO Think as part of the Joint Programme for Adolescent Girls Development (JPAGD). Most received some schooling, but their literacy skills were poor.

The exercise was designed to find out how they lived and what they spent their time doing. It showed that, above age 14, selling packets of water and food was an increasingly important part of their lives. Some rise at 3.00 a.m. to fry doughnuts, which they go out and sell at 7.30 am. A good part of the day was spent in the market. But only one, a 15-year-old, had become a business-woman able to make an independent living. All the others sold their snacks, water or packaged goods, on commission and earned very little. They never had sufficient resources, or motivation, to start up their own business. They depended on their boyfriends to give them extra, in return for sex.

Boyfriends, too, played an increasingly important part in their lives as they grew older, as did watching video shows. But by the age of 19 or 20, they had become disillusioned with both boy-friends and shows. They had great difficulty getting enough to eat, and without other means of support, felt obliged to rely on transactional sex to procure one meal a day. Most still aspired to marriage, but one young mother with two small children was deeply disenchanted with male exploitation and lack of loyalty to partners and children, and was determined to remain single.

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[134] Joint Programme to Accelerate Efforts to Advance the Rights of Adolescent Girls in Liberia, GoL and UN, Monrovia, November 2010, p 5.

[135] Information from reproductive health workers at Buchanan, Joint Programme on Youth Empowerment and Employment (JPYEE) stakeholder meeting, June 2011.

[136] A World Bank study of cash transfers to adolescent girls in Malawi showed how access to independent income reduced age gap of girls' partners and reduced HIV prevalence. See WB KCP TF090932 on Malawi randomised control trial on scholarships for girls: "Impact of a cash transfer program for schooling on prevalence of HIV and HSV-2 in Malawi: a cluster randomized trial" no name 2010

[137] Key informant discussions with UNICEF staff, staff of the implementing NGO Think, and with the girls themselves, June 27 2011.

Life skills, including knowledge about sexually-transmitted diseases, including HIV, and how to avoid them, and improvement in literacy and numeracy are needed, as are mentorship and psycho-social counselling for traumatised victims of sexual abuse and other forms of acute exploitation. Also critical is livelihood support in the form of savings clubs or micro-credit. Without a means of making a living in the market on their own account, such girls have few prospects. They have already learned that their casual or not-so-casual relationships with men do not yield satisfaction or a dependable financial future, and that they can produce sickness and unwanted pregnancies. The teenage pregnancy rate is high and HIV infection rate among pregnant female adolescents and young women is around 5%[138]. Unwanted offspring very easily become the next generation of children forced to 'self-raise', perpetuating problems of acute disadvantage, vulnerability, and low achievement.

Traditional harmful practices

In traditional rural Liberian society, the age of majority for girls coincided with the attainment of sexual maturity. At the heart of the social transition from child to adolescent in rural areas has been initiation by the Poro (male) and Sande (female) secret societies. With sexual maturity and initiation, girls were then seen as ready to enter settled unions with men. Marriage was preceded by a period of instruction and initiation conducted in 'the bush' by Sande secret societies, to whom this process was, and to a considerable extent still is, entrusted. Both the male equivalent Poro and the Sande secret societies and their activities are viewed favourably by society at large, which offers potential for them to use their influence to promote values in line with Liberia's development goals and commitments to rights of children, particularly girls. They have an important role in preparing women for sex and childbearing, conferring fertility, and instilling notions of morality and mutual support. The National Sexual and Reproductive Health Policy recognises that "Female genital mutilation (FGM), sometimes referred to as female genital cutting (FGC), is embedded in the traditional Sande society of Liberia"[139].

Initiation culminates in an act of female genital cutting or mutilation (FGM), a prescribed prelude to wedlock. This is carried out by unqualified practitioners in dangerous and unsanitary conditions, and can negatively affect reproductive health as well as sexual experience. An estimated 58% of women aged between 15 and 58 had undergone FGM in 2007[140]. There are recent reports of FGM being performed on much younger girls, even on toddlers.

Apart from attempts to eliminate genital cutting, current concerns about Sande activities focus on their changed character since their re-establishment after the war. They have become a source of income to those who operate them, draining parents' scant resources. Instead of taking place 'in the bush' as in the past, they may now be set up within the settled perimeter of the community. Proximity to regular schools enhances the likelihood of disruption to girls' school attendance and completion of the primary syllabus, especially as they often operate during school terms (see study on Operation of Sande School - Ministry of Gender and Development April 2011). Their presence in the community can also lead to a higher risk of enforced initiation. There is currently a move to regularize Sande activities so as not to jeopardize girls' education, by placing restrictions on the age of entry and on the Sande schedule; in some cases, attendance may carry on for months or even years. The fulfilment of cultural customs ought not to favour low educational status among women and girls. With government encouragement, Sande leaders, as well as wider traditional and religious leaders, could consider how to reform rites of transition from child to adolescent. Such reform might ensure an end to secrecy and provide transparent promotion of positive role models and of values that fulfil aspirations of girls and boys for a future of equality, opportunity and security, based on mutual respect and self-worth, without risk of exploitation or harm, particularly for girls.

[138.]Mid-Term Review of UNICEF Programmes, 2010, p 17
[139.]Page 5 of National Sexual and Reproductive Health Policy, MoHSW Feb 2010
[140.]LDHS 2007.

'I have been saying, the children must all go to school, they must not go for Sande business. In our town, they have decided to abolish it, to go ahead. Education is the key to a good life.'

Woman elder, Sembehun Town, Grand Cape Mount.

Although the secret societies are still influential, there were spontaneous expressions in town meetings conducted for the Situation Analysis that, at least in communities set on self-improvement, Sande practices are beginning to be seen as ripe for reform in support of Liberia's aspirations as a middle income country. It is a sign of changing times that the topic was even brought up, without prompting or apparent inhibition.

A landmark court case was recently conducted against two women for kidnapping a third woman and forcing her to undergo FGM against her will. The case was decided in favour of the victim, Ruth Berry Peal. Threats were made against Peal for having broken the oath of secrecy forced upon her, and the Sande made strenuous efforts to protect their secrets from the legal process. In July 2011, the two defendants were found guilty of kidnapping, felonious restraint, and theft.

The judge referred in his closing remarks to the Liberian Constitution and Article 4(1) of the Protocol on the Rights of Women in Africa, which states: 'Every woman shall be entitled to respect for her life and the integrity and security of her person. All forms of exploitation, cruel, inhuman or degrading punishment and treatment shall be prohibited.'[141] Women's NGOs in Liberia supported Ruth Berry Peal, and have welcomed the verdict. A legal precedent against forcible initiation has been set, but the criminalization of FGM is probably still far distant.

Sexual exploitation and abuse, and vulnerability to HIV

The threat to teen-aged girls of sexual abuse and exploitation is constantly reiterated in the extensive literature on SGBV in Liberia (see also next chapter). Several reports and studies, mostly conducted in 2007 or 2008, advise that rape is a crime mainly committed against young women between 10 and 19 years[142], and that nearly half of rape cases reported to the police involved children under the age of 18[143]. Of girls under age 15 who had been sexually active, 13.6% reported that their first experience was forced and against their will[144].

Vulnerability to sexual abuse and gender-based violence subjects girls to risk of HIV and other sexually-transmitted infections. Females of all ages are more vulnerable to HIV infection than males. For every boy aged 15-19 years infected, three girls in the same age group are likely to contract HIV, and the same is true in the age-group 20-24. High levels of teenage pregnancy also augment risks, as do low levels of condom use and inadequate sexual and reproductive health services for the young. Efforts to combat spread of HIV therefore place a high priority on reaching young people, especially girls, and changing the situations that place them at risk, particularly in accessing education.

Attitudes towards sexuality are undergoing change. Traditionally, it was thought acceptable for a man to coerce a young girl as a means of gaining her as a bride or even 'for fun'. That attitude, which has been seriously challenged since the end of the war, is gradually being eroded; but it takes time for people to accept as a crime worthy of a strict sentence, even up to life imprisonment, something they used to tolerate with little question[145].

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[141] Liberian jury delivers 'guilty' verdict on Ruth Berry Peal's case Equality now and African Women's Development Fund, 11 July 2011, www.awdf.org or www.equalitynow.org
[142] Research on Prevalence and Attitudes To Rape in Liberia, September and October 2008, UNMIL; cited in Bea Abrahams, Study on Traditional Trauma Healing Mechanisms in Communities In Liberia, UNIFEM, January 2011, p 16
[143] UN Joint Programme to Prevent and Respond to Sexual Gender Based Violence, cited in Abrahams, op cit, p 16
[144] LDHS 2007, cited in UN Joint Programme on Adolescent Girls, op cit, p 4
[145] Rape and the Revised Rape Law, Study by the Kofi Annan Institute for Conflict Transformation, for the UN joint programme on GBV, February 2011, p 7.

One reason for forced and child marriage was to remove a mature teen-aged girl from exposure to sexual predators by placing her under the protection of a specific one. Postponement of marriage fulfils rights of one kind, but leaves a several-year gap of vulnerability to sexual harassment and exploitation – a problem compounded by what young Parliamentarians described as an absence of discipline in urban lifestyles; and in urban areas, lack of livelihoods for older girls. Girls who have come into town to live with other families to go to school are vulnerable, both in school, from teachers seeking favours in return for good marks; and in the home, from male peers or men who are members or associates of the host family. Girls living on their own are at far greater risk. Nearly two-thirds of reported cases of SGBV are in Montserrado[146], and more than half of the victims of all reported cases were 14 years old or younger. This implies that Monrovia's 'extra girls' are at high risk. However, it is also the case that reporting of SGBV is patchy, and few estimates of prevalence are truly reliable.

Most analyses of SGBV focus on questions relating to case management by police, the courts, the need for health care, psycho-social support and other social or livelihood implications. More detailed profiles of survivors are not available, including school and living circumstances, rural-urban breakdown, and socio-economic status; but it is likely that many if not most of the urban girl victims of sexual exploitation are from disadvantaged backgrounds. Vulnerability to SGBV, and therefore to HIV, was the principal basis for the Government-UN Joint Programme for Adolescent Girls Development.

There are several impediments to bringing cases of SGBV to court. The police are restricted in what they can gather as evidence as they have no means of examining DNA. Witnesses, and victims, often withdraw their original statements. The usual perpetrators of rapes on adolescent girls are family members or associates, and when it becomes a question of sending a relative to prison for life, families would rather settle the matter themselves. However, officials in the Ministry of

Figure 21. Age of survivors of reported SGBV cases
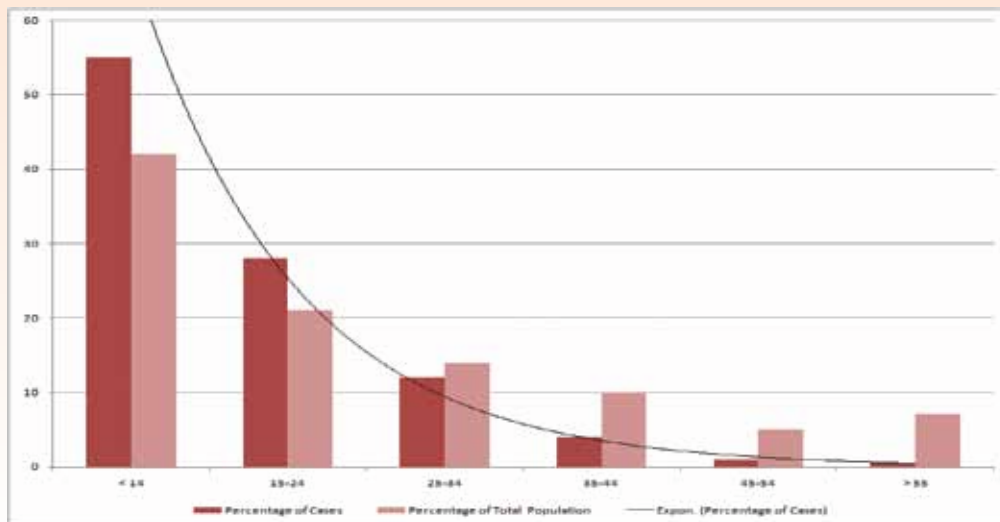
Source: Norwegian Refugee Council, Assessment of Gender-Based Violence, February 2011

[146.]Darius Dziewanski, Assessment of Gender-based Violence (GBV) data in Liberia, Norwegian Refugee Council, February 2011, p 14.

Justice and Police believe that the law has had a deterrent effect, and that the volume of cases reported, if not ultimately settled in the courts, is an indication of changing attitudes and mores. In the past, such attacks would have been hushed up without any reprisal. In rural areas, traditional systems of dispute resolution are even more likely to be used than recourse to a remote police station, and it is very likely that cases are under-reported; however this does not necessarily mean cases of SGBV there are 'epidemic' in scale.

Although it is widely agreed in Government, UN and NGO agency circles that SGBV remains a critical issue and that teen-aged girls are especially vulnerable, ordinary Liberians do not necessarily have the same perception. In rural town meetings in Gbarpolu, the question of sexual violence against under-age girls was dismissed as not significant and regarded as well able to be handled within the community. It was fully understood that sex with girls under 18 was now to be seen as rape and penalized. In any case of serious rape, especially with a young child, the penalty would be that the perpetrator would be hounded from the community. Incidence was seen as a rarity. The UCLA study into Liberians' perceptions found that 3% of people in Gbarpolu experienced the crime of 'harassment for sex' in the past year (all ages)[147]. There are likely to be much more significant levels of vulnerability in urban than rural areas.

Vulnerability to SGBV among young refugee women and girls

Around half the Ivorian refugee population in eastern Liberia are women and girls, and 61% are under 18 years old. Gender-based violence is a routine feature of the conflict in Côte d'Ivoire, and one from which female refugees are specifically in flight, according to testimonies of survivors[148]. Participants in focus group discussions held in Nimba county among women and adolescent girls aged 15-40 accepted violence in various forms as a necessary burden of their lives[149]. They were inclined to see wife-beating and sexual exploitation or transactional sex as routine; only rape did they regard as 'violence'.

Those who were without male protectors, either because the men had been lost during flight, been killed or had abandoned them, felt especially vulnerable. Girls in the age-range 15-18 were mostly married and sexually active (the two were seen as virtually identical) whether their partner was with them or not. All those in camps or transit sites felt safe during the day-time, but not at night. They feared being harassed if they went out to use the toilet and they feared the intrusion of men in their tents. They requested lights, lanterns, torches, or electricity at night to improve their safety and security.

Another suggestion proposed was income generating activities for women and girls: having their own independent means would reduce their powerlessness vis a vis men, and mitigate their exposure to risk and violence. One group also requested that they have their own hand-pump so that they did not have go to the river to get water, where men from nearby communities might wait for them and harass them.

Fulfilling child rights, including to participation

The Children's Act, widely regarded as a landmark piece of legislation and passed by the Liberian House of Representatives in 2009, but delayed for two years in the Senate, has only recently has been approved and launched. Although numerous reasons were considered as possible causes of the delay, misperceptions and misunderstandings about the nature of child rights may have been partly to blame. In almost every discussion with adults on child rights, examples are immediately produced of teenagers who have used their

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147. Talking Peace, op cit, p 40.
148. International Rescue Committee, GBV Rapid Assessment, Nimba County, April 2011, p 10.
149. Ibid, p 4.

'rights' as a pretext for being uncooperative and rebellious towards their parents and other authority figures. In other contexts, this attitude was described as one of 'laziness' or of lack of a disciplined way of life[150].

The question of relations between the generations, as discussed in Chapter 1, is extremely anguished, mainly as a legacy of the war. In the past, upbringing was extremely strict, even oppressive. The idea persists that children are incapable of forming plausible ideas[151]; little encouragement is given to them to articulate ideas by parents or teachers. The sense that they should be entirely under the control of their elders was an absolute norm of upbringing in the past. The attitude prevails especially strongly for girls, who are expected to be less autonomous than boys, take less role in decision-making, and to be passively subject to male demands.

The war can be seen as a time in which young people, especially boys, became empowered to a horrendous extent. Since the peace, sensitization to child rights by government, UNICEF and NGOs seems to have endangered a fragile truce between the generations. Older people's need to re-assert their authority is upset by the claim of the young to participate and speak up, behaviours which would have been unthinkable 20 years ago and which are seen as disrespectful. New ways of promoting the African Youth Charter and the Children's Act need to be considered that can lead to fresh consensus on values and the relationship between generations that fits with Liberia's aspirations and Vision 2030.

The language of child rights, which ought to be used to support children's care, nurture, healthy development and protection from abuse and exploitation has sometimes been co-opted to fuel the flames of inter-generational strife. Part of this is due to wrong interpretation. One 12-year-old

boy, asked to identify his rights, described them as follows: 'Number one, not to have to return dirty beer bottles to the store when I am asked to. Number two, the right to be free to do as I please. Number three, the right not to be punished by being given a beating'[152].

When a child asserts the right to refuse to go to school, or to refuse to undertake household duties, or goes to the police if he or she is disciplined, there is a loss of the concept of rights that are balanced by obligations. Some adults talk of parents and children having changed roles, with children dictating the terms of the relationship, even of families being destroyed by parents being arrested on the say of their child due to misapplication of 'human rights' norms. An assessment report of SGBV stated that parents in several counties felt that human rights were being used by their children to blackmail their parents, and had affected parental authority[153].

However children themselves – responsible teenaged children – point out that parents can be very abusive, putting pepper in their children's eyes, beating them and starving them; and that in such a case it is correct for children to go to the police[154]. Some school teachers took a similar view, asserting that child rights are about the right to go to school and not to have to go to work instead; to have enough to eat, decent clothes, and care when sick.

'Child rights is landing children in the streets. They pack their bags and leave the house. Before, at 18, she would be good, she would do what her parents say. Now she says: "I have the right to wear what I like, I am not going to get pregnant." A child should go to school, they need that. But they feel they have the right to lead a good life, and they say they are not getting it.'

Woman activist, Greater Monrovia.

[150.] Stakeholders meeting with Child Parliamentarians, op cit.
[151.] CRC Consolidated Report, op cit, p 34.
[152.] Visit to residence in Paynesville, Montserrado, during Round 4 of the polio eradication campaign, June 24 2011.
[153.] Joint Government-UN Programme on SGBV, Strategic Inquiry on Prevention and Response to GBV in Liberia, August 2009, p 23.
[154.] Meeting with child Parliamentarians, op cit

Among various initiatives to support child rights and create better understanding of the concept in both adult and child minds, the creation of children's assemblies has been extremely positive. By the end of 2008, a national Children's Parliament had been established, with county Parliaments in all 15 counties. The process of selection of candidates from the district level for the county assemblies, and from them to representation in the Liberian Children's Parliament, has been hugely popular. There seems no shortage of children keen to participate and take an active social role. Regular annual conferences are held, and activities such as small-scale surveys and consultations have made an impression on social policies. The Children's Act establishes Child Welfare Committees at community level on which, out of 10 places, one is reserved for a young girl and another for a young boy, under age 18. Young people are also active in the community Peace Committees. These and the Health and Education Committees have requirements on women's participation.

The Ministry of Gender and Development has done much to promote responsible participation by children and youth through its support for the Children's Parliaments and the establishment of children's clubs. But these are still in their infancy. When they are mainstreamed in the schools, the misconceptions surrounding child rights can be more easily dissipated.

'A child has rights but also must be responsible, to do some things in the house, and give me respect. Papa too must have rights.'

Rural teacher, Grand Cape Mount

Early Adulthood

Earning and Contributing Years: Women and Men, aged 18 to about 35

Once childhood and adolescence is complete, young adults become released – or cast off – from dependence on parents. Some issues merge seamlessly from the previous stage of below 18 'childhood' life, but now impinge on the human being in the new-found status of adulthood, with all the personal agency that this implies. No longer the beneficiary of special protections and support services, the adult has to assume responsibility for him- and herself, although in the case of women the sense of empowerment is more constrained.

The girl of yesterday has become, or will soon become, the wife and mother of today. The timing of this transition will depend on many factors, including her level of education and employability. In many cases, she swiftly substitutes social and economic dependence on parents with dependence on a male partner instead. Meanwhile the boy of yesterday is now a young man, looking to become an earner and provider, and aspiring to establish his own family and household before long. For young men, the assumption of responsibility in family and community leads to assertiveness and is likely to transform their behaviour towards those around them; for women, a more subservient role can be anticipated.

Although male and female expectations and roles diverge significantly from adolescence, and services to meet specific gender-related needs also diverge or tend to be targeted separately towards males and females, it is important to recognize that the requirements of both sexes should be addressed in tandem. For the vast majority of men and women, a major aspiration will be to enter a permanent conjugal union and raise a family. In rural Liberia, where adults in the later years will be dependent on the younger generation for care and support, this will typically mean maximizing family size. Husband and wife will both have to work until they are elderly, some together on the land, some in different occupational settings; but decision-making affecting the family will be led by men.

"Girls should seek education, even up to Masters, learn skills and earn an independent income. Women and men should respect each other, contribute 50:50 to the household, although the man should be the final decision-maker"

Mama Tormah Sieh, President of Traditional Women United for Peace, Montserrado Nov 2011

Marriage

The assignment of girls to male protectors in settled unions at an age soon after puberty, whether or not after initiation by the Sande and usually without consulting them, is a customary practice that dies hard. It is a practice that, in Africa, is often reinforced in times of war when male pro-

tection is at a premium. An analysis conducted in 2007 found that, in Liberia, early marriage remained frequent. By age 15, 11% of girls had entered into marriage, rising to 38% by age 18[155]. This was more common in rural areas than among more educated young people in town, who preferred to postpone actual marriage – although not sexual activity – until schooling was over.

Under President Johnson-Sirleaf's administration, the minimum age of marriage has been raised to 18. Much awareness-raising has been undertaken around girls' and women's rights, especially their protection from sexual and gender-based violence (SGBV) and the postponement of marriage. Sex with a girl under the age of 18 is now legally statutory rape. In visits to rural communities in Gbarpolu and Grand Cape Mount, women at town meetings, backed by town chiefs and elders, insisted that they are carrying out this policy, and that the age of marriage among them is now over 18. All pregnant women in their communities were above this age, according to their witness.

Whether this is typical of practice elsewhere will not be known until the next DHS or census. But it is indicative that, in rural communities where there is social cohesion, the President's insistence on a different upbringing, educational completion, and higher age of marriage for girls has made a strong impression. She herself is a role model of great importance in the popular mind. The more problematic issue now may be less one of early marriage, than of early sex especially among urban girls. The legal norm that marriage and sexual activity is not permitted below the age of 18 seeks to distance by about six years any transitions of

We need reform of some cultural practices to suit the present day. For example, there are Chiefs of 65 years marrying girls of 12, 13, 14, 15 – this is customary law in rural areas. If they accept reform, they will stop their culture of early marriages'.

Young Parliamentarian, Montserrado

single or youth to married or adult from the earlier transition from child to adolescent linked to initiation. Whether as a result of conflict-induced insecurity or tradition, these transitions had merged and occurred at a very young age. While age of marriage, as a public change of status, may be delayed by sanctions, regulation of sexual relations, separated from marriage, is less amenable to being deferred. Adolescent girls' limited power to negotiate and their vulnerable economic position make it unlikely that they will be able to protect themselves or make free choices.

Although women are more vulnerable and as mothers have a decisive role in children's care, it is ill-advised to focus efforts in any programmatic or sectoral context – employment, reproductive and maternal health, social protection – on only one sex. This is not only a matter of gender equity, but of practical consideration: if male decision-making power inhibits female take-up of a service or programme benefit, outcomes will be compromised.

Youth empowerment for peace and prosperity

Ever since the war ended, the question of how to provide work, livelihoods, and successful entry into mainstream society for a generation whose childhood was dominated by war has pre-occupied Liberian policy-makers. The 'child soldiers' legacy is deeply imprinted on the national consciousness, and even though few Liberians under age 18 could have personally taken part in the war, young people are still seen as to blame.

Together with the loss of schooling and lack of qualifications which constrain their prospects, lack of employment opportunities represents the most serious problem faced by youth and by society on their behalf. As noted in Chapter 1, many young people in post-war Liberia feel excluded

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[155.]The Population Council and UNFPA, "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable" 2008. New York: Population Council.

and marginalized; those who lost out on education feel pushed aside by development plans, having helped restore peace and services when formal institutions had failed. Unable to find their place in the new Liberia, they cannot acquire the means to be respected as adults or become recognized contributors to society. Lack of income also inhibits them from fulfilling household and parental responsibilities, particularly in urban environments.

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Peace comes in two forms, negative peace and positive peace. People think that once war is over, this is peace, but no, this is false. This is negative peace when you still have gender-based violence, the state of affairs in which violence remains. Positive peace is good networks, good health facilities, electricity, piped water, good education systems, these are peace. In peace-building, you have to think how to use your resources in managing your entire life'

Youth peace activist, Grand Bassa.

The empowerment component of the UN-backed Ministry of Youth and Sports programme for Youth Employment and Empowerment (YEE) was designed to address this problem and has been highly successful. The dedicated work of its graduates provides a powerful illustration of the role that youth can play in building peace if the appropriate investments are made. Given the opportunity to become Peer Educators for peace, 90 candidates aged from late teens to late 20s were selected by 30 communities in two counties (Grand Bassa and Grand Cape Mount). After being trained in leadership and conflict resolution, they then returned to their communities and in groups of three, of whom one had to be female, trained a total of 5,200 young people.

Discussions with these peer educators reveal that the typical atmosphere colouring relations in their communities is often one of tension, aggression and confrontation easily leading to violence. Traditional systems of dispute resolution by traditional 'palaver' (community discussion) appear to have been eclipsed or broke down during the war. The striking feature of the programme is that this atmosphere has been susceptible to transformation purely as a result of the peer educators' activities. Differences which might formerly have been angry and intractable can now be resolved: 'We had many young people in our community who believed in violent acts. They have now learned how to internalize their power, and behave peacefully.' In many instances, it is simply a question of introducing the idea of dialogue and mutual explanation instead of stand-off and confrontation. Community Peace Committees have been set up, and they intervene in cases of tension between old and young, domestic fights between husbands and wives, even in community disputes over boundaries.

This approach to conflict resolution has huge potential; and its youthful advocates are deeply impressive. The life skills they have absorbed through the peace-building training has generated confidence and leadership, and translates into communities better able to deal with inter-personal, inter-generational and inter-communal differences. There are fears that, as UNMIL prepares to depart,

the peace-building emphasis will all be on security forces and training in armed policing, less in the more consensual 'life skills' approaches that have proved effective among youth. Extending this approach and utilising the commitment and energy of youth, while addressing their needs for recognition, income and employment, with evolving support from the World Bank and the African Development Bank, should offer positive ways forward. This could be combined with more active approaches to reconciliation, drawing on the analysis and recommendations of the Truth and Reconciliation Commission (TRC), particularly its work on gender relations and follow up to the TRC recommendations "The TRC Children's Agenda", volume THREE, Title II.

The development of peace clubs in school using similar methodologies has also been effective, and this can be extended throughout schools independently of the peer educator programme, and hopefully incorporated in junior and senior high schools as a standard extra-curricular activity. These clubs have been able to prevent post-football match fights between teams and their supporters, help resolve boyfriend-girlfriend disputes, and deal with situations where discussion, or palaver, can be re-invented or re-discovered as an alternative means to verbal or physical aggression.

Employment and livelihood opportunities

Despite all the talk of the urgent need to create work opportunities for youth[156], with the widespread recognition that failure to deal with this issue threatens social cohesion, relatively little seems yet to have been done. A proportion of the jobs on public works programmes created in part to provide income for people below the poverty line, such as road improvement, have been reserved for youth, but such opportunities are purely temporary. A recent World Bank paper has reviewed this programme with a view to using it as a springboard for a more comprehensive social safety net – an indication of how seriously the lack of long-term employment is regarded at the macro level[157]. Students may also be recruited as vaccinators in the polio eradication rounds, and other opportunities – such as the peer education programme – have been used to provide small stipends on a short-term basis. But longer-term opportunities remain elusive, and youth unemployment rates are at least double those of older workers.

As far as the joint YEE programme is concerned, while the empowerment component has been highly successful, the employment component has gone almost nowhere so far. Addressing youth skills and livelihood opportunities from a strategic, inclusive and realistic perspective remains an urgent priority. Almost no effort has been made to address the entrepreneurship needs of youth lacking education and skills who are obliged to survive in the informal economy, as motor-bicycle (pen-pen) taxi drivers, kiosk vendors, or market women. In addition, Liberia has many partially trained and semi-professional roles, including TTMs, CHVs, teaching assistants and youth volunteers[158], as well as members of local committees for child welfare, schools, health or

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[156.]The African Union has recognised youth employment as a critical issue in 2011: see African Union: Background Paper "Youth Employment – investing in African youth" presented at the April 2011 Meeting of Ministers for Labour and Social Affairs in Yaounde. http://www.africa-eu-partnership.org/focus/addressing-social-cohesion-and-inclusive-growth-through-promoting-employment'-8th-au-labour-an . The Paper points out that historical, psychological, social and political issues "affect young peoples' initiative, ability to be innovative and have promoted passivity and a pessimistic culture that devalues work, discourages risk taking and harbours mistrust which affects the attitude to work in general". It also points out that there are "very few skills presently available to add value to Africa's natural resources or even contribute to science related innovations" and that "many would argue that the average African youth does not possess the skills necessary to compete in the current global economy". It offers African examples of Learnerships, including time-bound apprenticeships and internships which combine structured learning and work experience both in the formal and informal sector; public works programmes to provide short-term employment for young people who lack skills while they gain some work experience for projects like road construction, maintenance, irrigation infrastructure, reforestation, and soil conservation, reforestation and urban sanitation programmes; National Youth Service programmes which reflect an integrated model to community service, skills development and access to employment opportunities; Young Entrepreneurship programmes and business start up schemes supported by Small Industry Development Organizations (SIDO) which provide technical skills for business start ups; Job creation programmes where incentives have been provided to firms upon hiring young people, quoting the example of 1.27 million jobs created in Tanzania in the last three years.
[157.]Andrews, Backiny-Yetna, Garin, Weedon, Wodon & Zampaglione "Liberia's Cash for Work Temporary Employment Project: responding to crisis in low income, fragile countries" World Bank SP Discussion Series No 1114 July 2011.
[158.]ECOWAS launched in March 2010 a regional Youth Volunteer programme.

water and sanitation; but continued support and recognition for these groups, let alone issues of compensation or remuneration remain unclear and their recruitment processes are not integrated into broader strategies for youth skills, training or employment (see Box 8). Some more entrepreneurial areas in which there is bound to be demand for skilled labour, for example in house construction, food processing and meals provision, need to be examined more closely. At present, motorbike taxis, soap-making, cassava processing and fisheries are the only business occupations under consideration by the YEE, and all are being contemplated in organized workforces, not as one-person, two-person or three-person concerns.

Given the lack of formal education among so many young people, building on what they already are able to do in a modest way within the rural or peri-urban economy seems more appropriate. An inventory of community roles and programmes, and public-private partnerships for skills transfer and small enterprise development targeting youth in the informal economy, would help youth transition from adolescence into the "earning and contributing" years of young adulthood. Extension services within agriculture and small livestock husbandry, plus loans for running small businesses, as well as vocational and technical training for the select few who have the necessary knowledge base, are

needed. Some NGOs are already active in these contexts, notably BRAC Liberia.

One context in which there might be such opportunities is within the Community-Led Total Sanitation (CLTS) approach, now established as the policy for scaling up household sanitation in Liberia. CLTS, which has been carried out in many communities in Grand Cape Mount, starts with a 'triggering' process designed to inspire community members to install toilets attached to their own houses. Motivated to end the practice of 'open defecation', and the dirt, bacteria and flies provoked by the leaving of faeces on the ground, communities commit to building their own toilets. In many cases, unless they build proper toilets according to designs that allow them to remain odour-free over time, they may well revert to their former behaviour after some weeks or months. The opportunity to build a new industry of low-cost, well-designed toilets for household installations could open up new opportunities for young carpenters and stone-masons.

Work of this kind can be done as a supplement to farming; or alongside some kind of NFE or skills programme. So can motor-bicycle mending, cassava-processing, mobile meals, and other activities. Youth in Liberia are desperate to find their own paths to successful and productive liv-

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Box 8. Sinje Youth Center, Grand Cape Mount

Peer educators, male and female, who have for months been successfully reducing tensions in their 16 communities and setting up Peace Committees in Grand Cape Mount are disappointed that promised opportunities for work have not been forthcoming. During the main period of peace-building training and outreach, they received a small stipend. Now that is finished and they are continuing their activities without reward. As the programme winds down, many feel used and discarded without recognition or remuneration. Their experience bears out the findings of a recent African Union paper that points out that analysis of youth employment issues often overlooks critical social issues beyond education and skills training[159].

They were promised preferential possibilities as candidates in the 'employment' part of the programme. But they reported that they have not been kept informed or consulted, and delays combined with restricted numbers of places have left them with no better livelihood possibilities than before. Their new skills equip them to make an excellent presentation about how the project should be taken forward: skills training, leadership training, peace-building in other communities, refresher training for peace committees in project communities and so on[160]. But will their voices be heard and the momentum of the programme and the good will developed so far with local youth maintained?

Visit during Situation Analysis process, July 2011

[159.]African Union: Background Paper 2011 "Youth Employment – investing in African youth" op cit
[160.]Presentation by Peer Educators at Sinje Youth Centre, Grand Cape Mount, July 7 2011.

ing, and to resolve their differences with the older generation. So far, insufficient energy has been committed to helping them to make the contribution to society of which they have proved themselves capable. Given the potential price of their discontent, deficiencies in this context need to be urgently redeemed.

Sexual and reproductive health

As well as the question of occupations and earnings for young adults, sexual activity is the other issue of paramount importance to themselves, their future families, and society at large. From the perspective of sexual health service providers, the most critical problem affecting young Liberian adults is women's poor reproductive health. Despite this appearing to be an issue exclusively concerned with being female, male involvement as pursuers of sexual relations, carriers of infection and decision-makers concerning personal relations and service usage is critical.

> *'We want UNICEF people to come with 'Sanplat' [a low-cost, sturdy pit toilet cover design] and need to teach us how to reinforce the sides of the pit to avoid collapse. This is a sandy area, but we will find a solution.'*
>
> *Town chief, Grand Cape Mount*

Many issues relating to female vulnerability converge: complications from FGM; precocious sex and susceptibility to sexually-transmitted infections (STIs), including HIV, which is significantly higher among females; low adoption of family planning and an apparent increase in pregnancy and birth in women under 19[161]; 10% of children under 15 get pregnant. Pregnancy in immature bodies which can lead to complications at birth including obstetric fistula; lack of ANC visits (beyond the first) during pregnancy, to reduce risks both to the mother and child, including that of malaria which is particularly threatening to the unborn child. These risks culminate in delivery

at home in less than optimal sanitary conditions (63%), and with a non-professional midwife in attendance (54%).

According to the LDHS, Liberia's rate of maternal mortality rose dramatically since 2000, from 578 to 994 per 100,000 births or one in a hundred – one of the highest rates in sub-Saharan Africa. Around four women die each day in Liberia from pregnancy-related causes[162].

Improving maternal health by specific interventions relating to reproduction has therefore been a major preoccupation of the BPHS. UNFPA and WHO have been strongly supporting the Ministry of Health (MoSHW) in the costed design and implementation of a new Liberia Road Map for Accelerating Reduction of Maternal and Newborn Mortality and Morbidity (see Figures 22 & 23).

Family planning services, although increasingly offered at health facilities and within programmes for youth (male and female), seem not be reaching their goal. Contraceptive use has risen, but only to 11%. One inhibition is men's opposition to its use, and women's inability to take action on their own behalf, especially if they are uneducated and have been influenced by popular misconceptions about its negative effects. Many adolescent pregnancies are unwanted and 30% of these end in unsafe abortions. It seems probable that, with better information and understanding of contraceptive methods, there would be a higher take-up among young women in urban areas.

Ante-natal care

The proportion of women who seek ante-natal attention from skilled attendants at their nearest clinic is very high – 95%, according to a 2009 survey[163]. But a far lower proportion, only 50%,

> *The Nation thrives when mothers survive. We must strive to keep them alive.'*
>
> *President Ellen Johnson-Sirleaf*

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[161] MoHSW, Country Situational Analysis Report, op cit, p 37. Rates of pregnancy in under -19s, 2009 Liberia Malaria Indicator Survey (LMIS).
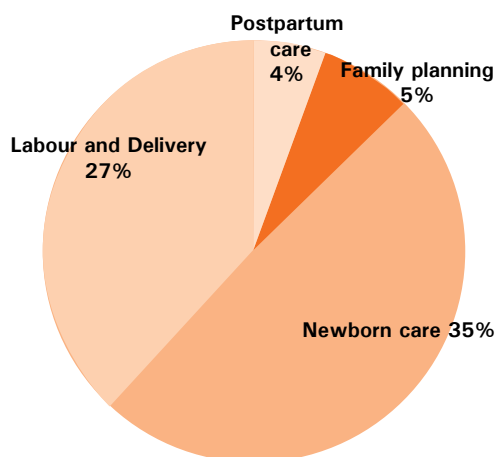[162] MoHSW, Liberia Road Map for Accelerating the Reduction of Maternal and Newborn Morbidity and Mortality, 2010, p 9

attended all four prescribed ANC visits. Around three-quarters of pregnant women received a tetanus toxoid vaccination, and protection against malaria in pregnancy rose rather more modestly, with one-third of pregnant women using insecticide-treated bed-nets, and 47% receiving two or more doses of malaria prophylactic. Over 60% of pregnant women suffer from iron deficiency anaemia, a major indirect cause of maternal death and of low birth-weight and risk to the newborn. Only 68% of pregnant women are taking iron supplements and the proportion of women taking the supplements is significantly higher in urban areas (79%) compared to 63% in rural areas.

The reduction of maternal mortality is a high priority; but it is not only a health issue. There are many factors, including traditional beliefs and practices. Women feel they know about reproduction – they are experts. They don't want to be handled by young people or strangers.'

Yah M. Zolia,
Acting Deputy Minister of Health.

Figure 22. Total cost by Health Intervention

Source: UNFPA/WHO (Liberia) March 2011
The Cost of the Roadmap for accelerating
the reduction of maternal newborn mortality and
morbidity

Figure 23. Distribution Unit cost per Intervention
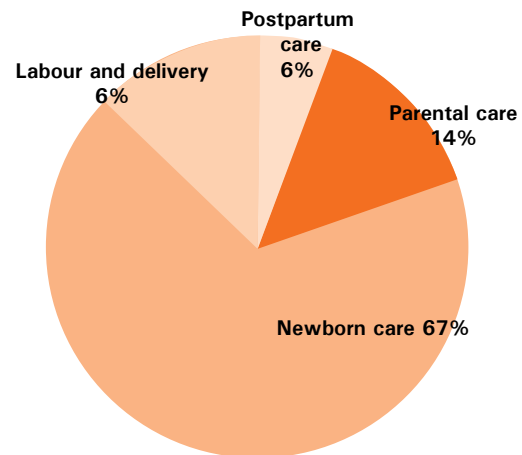
Source: UNFPA/WHO (Liberia) March 2011 The Cost of the Roadmap for accelerating the reduction of maternal newborn mortality and morbidity

The coverage is lowest in pregnant women belonging to lowest wealth quintile (60%) versus the highest wealth quintile, where the coverage is 80%.

Tests to determine HIV status in order to introduce Prevention of Maternal to Child Transmission of HIV(PMTCT) services are not yet available routinely for all pregnant women, but PMTCT services are being extended and incorporated into regular ANC; as yet coverage has only reached 14% of ANC services. In 2010, the HIV prevalence rate among pregnant women attending ANC clinics was estimated at 5.4%[164]. The results of PMTCT treatment are positive. Tests conducted on 216 children born to HIV positive mothers below 18 months of age in 2009 showed that only around 5% of the children of PMTCT-treated mothers were infected, compared to 46% of the children of mothers who were not treated. Although awareness of HIV is near universal in Liberia, comprehensive knowledge is low 19% among women and 32% among men and more effort is needed to correct misinformation and encourage testing[165].

[163.]LMIS 2009, cited in Liberia Road Map, op cit, p 28.
[164.]UNICEF Mid-Term Review, p 17.
[165.]Ibid, p 18.

> *'The TTM in our community checks pregnant women and tells them where to go and gives the medicine. She knows the work and because we don't have a clinic it is difficult for us. We only depend on her and what she says about big belly woman because she went for training on that.'*
>
> *Male participant, MCH study*

Until more women receive full professional ANC and delivery care, it will be difficult to make significant inroads on reproductive risks, and at present most women still depend on the Traditional Trained Midwife (TTM) – the community fountainhead of all information about pregnancy and childbirth[166].

These Traditional Birth Attendants with some extra training are those who, during the war, bridged the gap when professional maternity services were unavailable; more importantly they are trusted members of the community and can be confided in on a day-to-day basis about intimate problems. Thus their advice is naturally sought by women who are pregnant, and who find it unnatural to be checked over by a strange ANC clinician, perhaps a male, in a distant facility. Introduction of outcome performance-based funding could provide the incentive structure for better use of TTM's and rapid increase in ANC take-up, facility-based deliveries and reduction in maternal and newborn mortality.

Thus distance is one, but by no means the only, reason why the 95% of pregnant women who manage to attend one ANC appointment do not return for subsequent check-ups. Around 40% of women in Liberia have to travel over one hour to reach a clinic, and in many rural cases the distance is much further. When she may have to walk for several hours, as is the case in many districts with scattered settlements, and if she feels her pregnancy is proceeding well and in addition, if her husband is not enthusiastic that she miss a day's farming work, she will not be very motivated

to go for repeated check-ups. She will probably prefer to take the advice of an experienced TBA or TTM in the community, who she can consult on an informal basis.

Many respondents to a study into reasons why women do not utilize ANC services to the extent that they could or should pointed out that the husband is the main decision-maker in these matters; only in 39% of cases did the pregnant woman herself make the decision to go for prenatal care because 'she is the one feeling the pains' . Such responses also indicate the difficulty faced by people with little or no education in understanding the scientific concept of preventive health care actions: if they are not 'having pains'[167,] why would they go to the clinic? Several respondents said that, if you would not be given drugs or medication, going to the clinic was a waste of valuable farming time.

> *'We need to bring the TTMs in, invite them for meetings, give them a space, or they become demotivated. They have complained that when they do bring a woman, they are thrown out of the delivery room and treated in an offensive way. These women have done this job all their lives and are respected in their communities. So we have tried to change that, and treat them properly. We would like to reward them with a certificate – or a lappa (wrap) – if they bring women for delivery.'*
>
> *Officer-in-Charge, Health Clinic*

Delivery at the health facility

A key strategy to reduce maternal deaths is to bring all women into static facilities for delivery, and to increase the spread of emergency obstetrics capacity. At present, only 37% of women deliver at a health centre, with 46% having a skilled midwife in attendance. As with ANC, distance is important, but is not the only reason women prefer to give birth at home. There is more comfort in the presence of the TTM or TBA; and traditional beliefs may play a role, for example, that it is de-

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[166.]GoL and UNICEF, A qualitative study of maternal and newborn care practices in Liberia, 2010, p 17.
[167.]Ibid, p 20.

Table 9. Who decides?

Decision-makers for prenatal visit	Number of Responses	Percentage %
Husband	84	78%
Pregnant woman herself	42	39%
Health professional	35	32%
Parents	11	10%
Trained traditional midwife	10	9%
Total number of respondents	108	

Source: GoL and UNICEF, A Qualitative Study of Maternal and Newborn Care Practice in Liberia, 2010

Table 10. Sources of prenatal care and frequency of use

Sources of prenatal care	Frequency	Mean of reaching the health facility	Frequency
Hospital	3%	Trekking	90%
Clinic	36%	Motorcycle	8%
TTM	78%	Car	2%

Source: GoL and UNICEF, A Qualitative Study of Maternal and Newborn Care Practice in Liberia, 2010

meaning to go to a hospital to do something so quintessentially female as giving birth, and that being operated on during delivery reduces your status as a woman[168].

There is also the difficulty of timing. A husband may not wish her to leave him and her other family duties days in advance, and if she waits until the last moment, a walk of several hours may find her giving birth along the way (see Box 9).

Staff at the Health Centre may not be welcoming, privacy may not be possible, and women may feel alienated and bereft of family support. Even women living close to facilities or in urban centres, including Monrovia, often choose to give birth at home. For example, a college-educated mother in Paynesville insisted that her own mother, a TBA, deliver her child, even though the mother herself encouraged her daughter to go to hospital. There may also be an issue of cost: some women in Monrovia described going to the clinic (probably fee-paying) for the first birth, but preferring the TBA after that. Various inhibitions, in addition to natural preference and unappealing services, are holding back 'safe motherhood'.

The TBAs and TTMs, on whose shoulders so much has traditionally depended relating to pregnancy and motherhood, are now being excluded from professional services by the Ministry of Health. This means that the TTMs are losing status as well as the small amounts of income in cash or kind they received at a successful delivery. One challenge is to bring them into the purview of care provision, treating them respectfully and inclusively at the clinics. Without a sense of reward, they have no incentive to bring women in for ANC and delivery: they are the most important allies for the static service providers. In some settings, they are now being actively encouraged to become a link between pregnant and nursing mothers and the formal health system.

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168. Interview with Yah M. Zolio, Deputy Minister of Health, 23 June 2011

Admonitions to go to the clinic for delivery are having an effect, especially where TTMs are bringing women in and are allowed to stay and play a part in the birth. Some town chiefs have insisted that women go to the clinic to deliver, by passing local 'laws' and imposing fines on husbands. The problems of transporting a woman to a distant clinic during delivery by hammock or wheelbarrow in the case of an emergency are among the arguments used to persuade reluctant mothers and their spouses.

Sexual violence, notably rape

High levels of SGBV were a well-known feature of the war, in which all elements of protection for girls and women disappeared in the maelstrom of violence. This included widespread perpetration of rape, whose legacy both in terms of the damage it has caused to victims, and in terms of societal preoccupations lingers on. A major effort has been made since the peace to right the wrongs inflicted on women and take action against all forms of domestic violence and coercive sex. These measures include the creation of the Women's and Children's Section of the National Police, the 2006 Rape Law imposing harsh judicial punishments and creation of a specialized criminal court for sexual offences with a specialized prosecution unit. Major campaigns have been undertaken to make known the changes in these justice and rule of law reforms relating to the protection of women.

The government, backed by all the UN organizations present in Liberia, including UNMIL, and other non-governmental donors, has been extremely active in the context of gender, particularly in relation to violence. There is a national GBV Task Force and a GBV Secretariat within the Ministry of Gender and Development, supported by various UN agencies; a National Plan for the Prevention and Management of Gender-based Violence; a Joint UN Programme on sexual and gender-based violence (SGBV); and a Gender Office within UNMIL. Training has been provided to health professionals to manage rape cases; also how to document and report clinical evidence; and systems of outreach and psycho-social service have been set up for the care of survivors.

Although SGBV is seen as a continuing major concern, there are gaps in the statistics and at present there is no clear picture of whether rape prevalence, rather than reporting, is on the rise or decline in Liberia[169]. There is also a sense emanating from some recent enquiries that too much weight has been given to rape as a manifestation of gender-based violence, partly because of the lack of clear distinction between statutory rape and early marriage and under-age sex[170]; and because a certain level of physical aggression within families and among partners is regarded as normal.

Judging from responses of ordinary women during discussions held for the Situation Analysis in both rural and urban settings, rape does not seem to represent a high priority at community level. In some cases, there was resentment at the implication that it represented a major problem. This appeared to be borne out by the UCLA study into Liberians' perceptions, which found that 4% of people during the past year had experienced the crime of 'harassment for sex' (both men and women)[171].

Gender-based violence, notably domestic assault

By contrast, violence in the form of beating by a partner in the past year reached 17%, with 24% of women having been attacked; 36% of women having experienced domestic violence over their lifetime[172], with twice as many women as men accepting that a man is justified in beating his wife for a number of reasons[173]. Unlike rape, domestic conflict was frequently cited as a problem in Situation Analysis discussions. At the same time, some women were anxious to underline that their husbands are kind and good to them – not every Liberian male deserves a reputation as a wife beater.

Despite the lack of statistical clarity over SGBV and rape trends, there is no dearth of published information on the subjects. The Ministry of Gender and Development has a GBV data unit, to which all kinds of response providers send in information, of varying reliability. A report by UNMIL's rule of law section on the tracking of cases of cases identified 691 reported cases between April and December 2010, an average of 77 per month[174]. Another assessment identified 2,000 between September 2009 and September 2010, an average of 174 a month[175], of which 60% were rape and 20% domestic violence. Whether or not these figures are high, their spread still means that many districts will experience no more than a few cases, possibly none, in a year, especially as the majority are in Montserrado. This may provide part of the explanation why the perception on the ground is different from the perception at the macro policy and programme design level.

In 2009, an assessment of the Government-UN Joint Programme on SGBV was carried out in four counties: Lofa, River Gee, Grand Gedeh, and Gbarpolu[176]. In only one of these (Lofa) had a high

> *'We are not worried that our girls and women are at risk of rape. We do not have that problem here. In 2007, people came to sensitize the people. They did dramas, many things. They were here for one year. Finally a group of us marched all the way to the Commissioner's office, and said we don't need this. Please tell them to go away.'*
>
> *Women's activist, suburban Monrovia*

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[169.]Darius Dziewanski, Assessment of Gender-based Violence (GBV) data in Liberia, Norwegian Refugee Council, February 2011, p 1.

[170.]GoL-UN Joint Programme, Kofi Annan Institute for Conflict Transformation, Rape and the Revised Rape Law, February 2011, p 13

[171.]Talking Peace, op cit, p 40

[172.]Ibid, p 49.

[173.]LDHS 2007 pages 214/215.

[174.]Final Report of the UNMIL Rule of Law Pillar monthly SGBV case tracking consolidated report, Ref. JDL/04/12

[175.]Darius Dziewanski, Norwegian Refugee Council, op cit, p iii

[176.]GoL and UN GBV Joint Programme, Madhumita Sarkar et al, Strategic Inquiry on Prevention and Response to Gender Based Violence (GBV) in Liberia, August 2009.
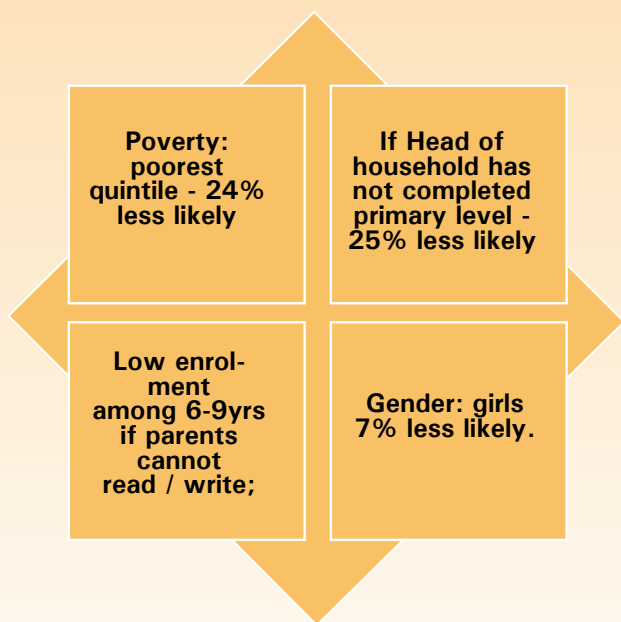
number of sexual assault cases been reported. Teams with many members of the GBV Task Force visited the field and conducted interviews and focus group discussions with a wide range of informants. They examined the five 'pillars' of the programme: health, psycho-social, legal, protection and coordination and showed how much needed to be achieved in most areas.

No effective psycho-social care services existed in any district they visited, and nowhere was the need for such support services recognized by health providers. As far as clinical responses were concerned, the procedures used were not those that had been developed; rape kits and medical reporting forms were rarely in evidence, health staff were inadequately trained and often not aware of the potential impact of violence on reproductive health. The court system seemed equally ill-equipped and unable to deal with cases of most kinds, including domestic violence and rape. In one county, the Women's and Children's Section of the Police were entirely non-operational. All aspects of the programme, including reporting and coordination, required major attention.
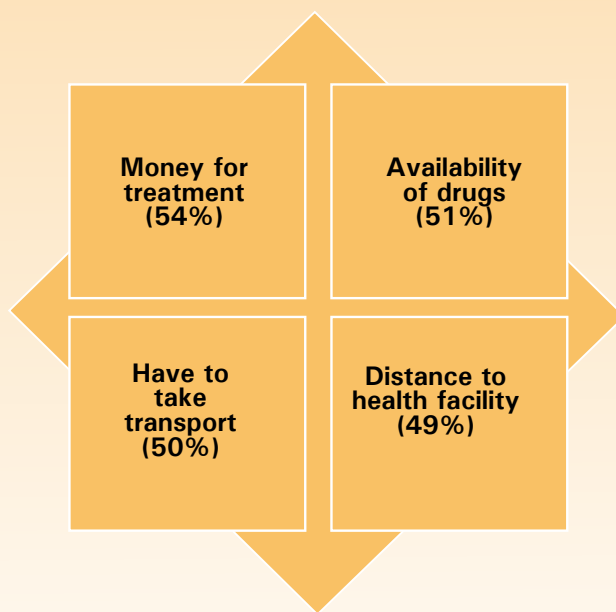
The assessment report offers a glimpse into a disconnect between the elaboration of a policy and programme at the national level, and the inadequacies at operational level which inhibit programme delivery. The phrase 'lack of capacity', used to explain slow service spread and take-up in Liberia, takes on powerful meaning in certain contexts, of which 'gender' is one. Such an unfamiliar perspective as gender equality cannot easily be incorporated into services and programmes without additional implementation support (NGO or other). In the case of SGBV, the onus falls on health staff already over stretched trying to operate regular basic services. In all the locations visited by the SGBV assessment team, communities reported inadequate health facilities, poor quality services and insensitive personnel. Women did not wish to talk to service providers about domestic violence, and preferred to use traditional systems of dispute resolution rather than go to the police. The major-

ity of offenders were relatives or associates, and cases were routinely compromised. The string of inhibitions and complaints was endless.

The lack of commitment to using SGBV treatment and reporting mechanisms was common to service operators and survivors. Tolerance of a certain level of abuse by women seems to be culturally ingrained, or anyway accepted as normal. In the realm of sexual mores and courtship behaviour, attitudes do not change overnight, and it is unrealistic to expect otherwise. Despite the difficulties, many believe that sensitization about SGBV in Liberia has had an important effect. But there remains a long way to go before the problem can be convincingly tackled by the apparatus of modern government. In the meantime, mainstreaming anti-violence messages within the education and health systems, and offering protection to younger women and positive reinforcement of girls' economic opportunities and safe access to education, together with programmes that address boys' sexuality and their roles and responsibilities, seem to be essential pre-conditions of long-term change.

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Poverty: poorest quintile - 24% less likely	If Head of household has not completed primary level - 25% less likely
Low enrolment among 6-9yrs if parents cannot read / write;	Gender: girls 7% less likely.

Barriers to education

Money for treatment (54%)	Availability of drugs (51%)
Have to take transport (50%)	Distance to health facility (49%)

Barriers to healthcare seeking behaviour

Adulthood

Career Advancing Years: Women and Men, aged about 35 to 60

As women move into post-child-bearing age, they should expect to benefit from opportunities to join the formal economy labour market or from increasing productivity in the informal economy. In practice, they do not have access to basic assets or education or skills to do this and household dependency ratios, especially in female-headed households, are high, which limits time and labour availability.

Female poverty and disadvantage

Despite the progress of recent years, Liberia still contains a high number of poor and vulnerable families, with a high proportion of women in families below the poverty line, and a relatively high number of women household heads in the extremely poor category. The low participation of women in education in the past also means a high level of female illiteracy – 41%, and the lack of autonomy in their private and sexual lives leads to a high fertility rate – 5.2 births per woman[177], which varies from 6.5 in the lowest to 2.8 in the highest wealth quintiles[178]. Lack of assurance of a secure environment and income in which to grow old reinforce high fertility. Thus the situation of many Liberian women as mothers, providers and child-raisers, and later in life as grand-mothers, family helpers and child-minders, is compromised by a number of negative factors.

> 'We all want education, we want to be literate. It doesn't matter whether you are 60, or 70, or 80, or 90, I still want to be able to write my name. Learning in life never ends.'
>
> *Woman leader, town meeting.*

Women's vulnerability is exemplified by their extremely low prospects of well-paid employment. Most women's work in Liberia is unpaid and concentrated in the informal sector, mainly in markets, and is characterized by low margins and insecurity[179]. The traditional expectation is that women are confined to domestic and child-bearing activity, and their participation in non-domestic activity and public affairs has been low. Their very extensive presence in markets and the informal economy has been mainly to do with necessity. Traditionally, women in West Africa play a major role in food marketing and this means of livelihood has been the principal resort for the many Liberian women forced to rely on themselves, because of war widowhood or lack of partner support. Among the poor, households headed by women constitute over 73%[180].

The general lack of education from which Liberians suffer has affected women more than men.

[177.] Men desired larger families than women and rural women more than their urban counterparts.
[178.] LDHS 2007
[179.] The State of Food Insecurity in Liberia, 2010, op cit, p 44.
[180.] Overcoming Development Challenges, Liberia 2010 MDG Report, p 17

According to the LDHS 2007, 42% of women and 18% of men had never attended any school; 5% of women had completed secondary and higher education compared to 13% of men[181]. Although the enrolment of girls at all levels has improved during the last few years, there is some way to go before parity will be reached at levels above primary. At junior high school, 57% are boys compared to 43% girls, but outside Montserrado, the ratio drops significantly[182]; at senior high level (Grade 10), the disparity is similar at 58%/42%[183].

Every indicator for children's survival and healthy growth interacts with women's education. An educated mother's children are less likely to suffer from

Dakar Framework for Action, Education for All, April 2000, goal 4 calls for "Double adult literacy, especially for women, and achieve equitable access to basic and continuing education for adults by 2015"

malnutrition or sickness; less likely to die before their first birthday (see Figure 12). They are more likely to be taught hygienic practices as part of growing up; children of mothers who are stunted are more likely to be stunted themselves[184]; and mothers with education are more likely to control family size and utilize health facilities in a timely manner. Another benefit of education is the wider range of understanding that equips women to take part in family decision-making and operate with some degree of autonomy, including to refuse unwanted sex[185]. The mother who has lost out in her own childhood and youth is the one whose own life, and whose children's lives, will be most at risk as she herself embarks on marriage and childbearing.

Mothers themselves recognize this. At community meetings in both rural and urban areas, Liberian women – even those of relatively advanced years – repeatedly ask for opportunities to improve themselves with non-formal education classes. They wish to recover the loss of schooling that the war imposed; they wish

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[181] LDHS, 2007
[182] Ministry of Education 2008/09, op cit, p 49
[183] Ibid, p 67.
[184] The State of for Food Insecurity, op cit, p 81-82
[185] LDHS 2007, p 216.

for business skills, so as to do what they are already doing to make ends meet more effectively; and they see no age-limit at which learning cannot be an advantage.

Gender discrimination

"The Constitution of Liberia prohibits discrimination; however, there are no specific laws against gender-based discrimination or discrimination based on ethnicity and both are still evident"[186]. Equal rights afforded under current legislation are not necessarily upheld in practice under customary law, particularly for land tenure. Land and property disputes are major causes of conflicts and make up the majority of cases in statutory courts[187]. Customary law contributes to inequality, with women married according to customary law being considered as legal minors and the man being allowed to have several wives and, on his death, the wife having no right to custody of their children. "Under Liberia's civil law on inheritance, married women can inherit land and property. By contrast, women married under customary law cannot inherit from their spouses"[188]. Up country, rural land, considered public land, may be used under customary land tenure. The President established a Land Commission in August 2009 with a five-year life span that, among its duties, should suggest modalities and tools to remove existing barriers to women's land ownership. Given the large number of female-headed households, the issue of secure access to land and the right to invest in it is critical for ending women's poverty.

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[186]Gender Equality and Social Institutions in Liberia" SIGI "Social Institutions and Gender Index" webpage http://genderindex.org/country/Liberia accessed 18Nov2011
[187]USAID Proposed Threshold Country Program for Land Tenure http://liberia.usaid.gov/node/86 accessed Nov 18, 2011.
[188]Ibid

Social protection throughout the life cycle

Liberia's combination of entrenched poverty, asymmetrical access to resources, and history of exclusion have intensified the need for a comprehensive social protection framework that meets the needs of the most vulnerable. Nationwide, there are an estimated 50,000 households that are both extremely poor and have no available labour for income generation. There are an additional 250,000 similarly poor households who do have available labour, but are still unable to generate sufficient earnings to lift their families above the extreme poverty line. Without a full spectrum of programming to address the different causes and effects of vulnerability in these families, the inter-generational transmission of poverty is all but inevitable. This is especially true in female and child-headed households, homes with high dependency ratios, and those headed by persons living with disabilities or chronic diseases.

Over the past few years, there has been expanded provision of and strong public support for certain services – such as free health care and education – that make up part of a full safety net system. The universality of these services has contributed to the widespread recognition of their importance. However, many living in remote under-served locations see such public provision as an unexpected welfare bonus, not as a right. While not as advanced as the service provision component, social support and care services are also slowly gaining traction within government institutions, and there is now a national social welfare policy in place. Despite what appears to be an increased understanding of the need for social services, government resource allocations have yet to reflect this as a priority area for intervention.

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The weakest link in the safety net is government and public support for social transfers. There are a variety of piecemeal programmes across the country that address various needs – including school feeding, temporary employment, and cash support for the most vulnerable – but these are almost entirely donor funded and meet only a small portion of the demonstrated need. Work-based programmes are almost universally over-subscribed when they are available and – in part by design and in part due to the structure of the economy – rarely translate into sustainable employment or income generation.[189]

Since 2010, the government has increased its efforts to coordinate the various interventions through the convening of an inter-ministerial National Social Protection Steering Committee, chaired by the Minister of Planning and Economic Affairs. As with social services, however, the recognition of the need has not translated into meaningful budgetary commitments.

The lack of financial investment is partially a result of deeply divided opinions about this type of programming. While some vulnerabilities (such as physical infirmity or advanced age) are seen as deserving of special assistance, others (including high dependency ratios, especially in households headed by single women) are rejected as the fault of family members. Widespread antipathy toward assistance for families that are perceived to be poor as a result of their own failings has hampered progress toward offering households a path out of poverty. Significant work needs to be undertaken to build government investment in existing programmes and to change public perceptions about the causes and effects of extreme poverty, especially on children.

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[189.]A July 2011 World Bank paper analyses the context that led to the creation and implementation of the Cash for Work Temporary Employment Program in Liberia, the nature and administrative arrangements for the programme, and its operational performance. The analysis highlights the possibilities of implementing public works programme in a low capacity, post conflict setting and the scope for using the program as a springboard towards a broader and more comprehensive social safety net. See Andrews, Backiny-Yetna, Garin, Weedon, Wodon & Zampaglione "Liberia's Cash for Work Temporary Employment Project: responding to crisis in low income, fragile countries" World Bank SP Discussion Series No 1114 July 2011.

The Dividend Years, aged over 60

These are the years when, traditionally, elders are looked up to for their wisdom and experience and are valued as the repository of cultural knowledge, social cohesion and the ability to resolve disputes and create consensus. Sustained by the labour of the next generations, they had the time to invest in community and family affairs. Within the household division of labour, they contribute to early child-care.

Sustaining Older Adults

While the lack of work opportunities and weak support systems for working mothers have posed significant challenges for younger women, the combination of low status, poverty, illiteracy and losses suffered during the war have placed Liberia's elderly in a particularly precarious situation.

Formal systems for protecting older adults from exploitation, abuse, neglect, and the worst effects of poverty are virtually nonexistent. Institutional arrangements exist for a social security system, but low formal employment translates into exceptionally low coverage rates. In 2010, the National Social Security and Welfare Corporation (NASSCORP) provided benefits to just over 3,000 individuals. Those who have spent a life-time working in agriculture or the informal sector have no regular means of support in old age.

Traditional systems of community and family-based support have also been weakened by the war's disruption of traditional family roles and by the extreme poverty which continues to haunt today's working generations. In homes where grandparents have taken in their grandchildren, often there is no intermediate generation to provide financial support. Even where there is a recognized community desire to meet the needs of the elderly, there are very limited resources available to fill the gap.

The effects of weak social security and social protection systems are felt by children and adults in all stages of the life cycle. The current generation of elderly frequently goes hungry and can be forced to resort to begging when family support is unavailable. Without significant investments in providing long-term income security for those currently working in the informal sector, today's working adults are likely to face a similar future. Boys and girls living with and supported by elderly persons are less likely to attend school and have their basic needs met, decreasing their chances of escaping intergenerational poverty.

One successful programme that is combating this trend is the Social Cash Transfer Programme currently underway in Bomi County. The programme, implemented by the Ministry of Gender and Development with support from UNICEF and other donors, has been operational since February 2010 and works to reach families who are both extremely poor and labour-constrained[190].

Bomi was selected as the pilot county because of its exceptionally high level of food insecurity (72% according to the 2007 food and nutrition survey) and overall vulnerability. The programme provides small monthly sums to families that meet both the labour-constrained and extreme poverty criteria, with additional amounts given for each child in a household who is enrolled in school.

The use of the money is not restricted, and it is frequently used for school fees or uniforms, home improvements, or income generation. Elderly recipients often use the money simply to eat. As of October 2011, 1,900 households with 7,123 people were receiving cash transfers at an average value of $25 per month; 59% of these households were headed by women; 56% of programme of households are headed by elderly persons [191].

One grandmother, who receives a social cash transfer, now uses the tiny space under the roof overhang in front of her house as a restaurant, selling customers a daily hot meal. Her daughter died in the war, and she is raising her 12-year-old grandson alone. This monthly support has made all the difference: he is now doing well in 8th grade. Another woman has gone into the charcoal business; others have bought mattresses so that their children do not sleep on the mud floor.

A recently completed evaluation of the programme provides clear evidence that these positive impacts are not merely anecdotal. Comparing participating households with similarly poor (but labour-available) households that did not receive support, families participating in the programme showed remarkable progress on a variety of indicators. Ninety percent of programme families (vs. 26% of non-participating households) reported improvements in food intake over the past year. There was a nine point rise in school enrolment for girls in participating households, and a 20-point gap (97% in participating families vs. 77% in the control group) for caregivers seeking treatment for an ill child.

Children in programme families were also significantly less likely to be involved in labour than those whose families did not receive support[192].

This programme has demonstrated the great returns for seniors and children that social protection systems can produce and the role that transfers can play in meeting the needs and rights of the elderly in the coming years.

Beyond ensuring basic economic support, maintaining the capacity of older people to contribute to family care and community activities in such roles as TBAs, early childhood care providers, and water and health committee members is important in providing a safe environment for children. It also restores respect for elders and improves their status within their communities. As long as prospects for old age are insecure, children are more likely to be used to provide care and labour in the household and overall fertility will be maintained at high levels to improve prospects for financial security in old age.

The positive evidence of the cash transfer programme comes as the government is beginning to discuss the best way of providing social pro-

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190. Social Protection Issues in Liberia, 2008, op cit, p 4
191. Transformative transfers: Evidence from the Social Cash Transfer Pilot in Bomi county, UNICEF, 2011, p 4.
192. Further details are available in the "Case Study on Narrowing the Gaps for Equity in Liberia: Transformative Transfers – reaching the most vulnerable through social cash transfers" UNICEF/Government of Liberia. Households are selected for participation in the programme based on two key criteria: they must be both extremely poor and labour-constrained. For the programme, extreme poverty is determined by a household's access to food, level of material assets, and alternative means of support. Labour constraints can be caused by three different factors: (i) There is no adult between the ages of 19 and 65 in a household; (ii) There is an adult between 19 and 65, but he or she is not able to work because of a chronic illness or disability; or (iii) There is an adult between 19 and 65 but that person is not able to work because he or she is caring for at least three young children, disabled, or elderly people.

tection systems for all vulnerable households and individuals. With the upcoming development of the national social protection policy and plan, the government will have its first framework for assuring that the needs of the most vulnerable are met throughout their life cycle. Following through on that plan will offer many families the best opportunity in generations to lift themselves, their children, and their grandchildren out of poverty and into a better future.

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The progress achieved in Liberia in the past five years is impressive. In terms of scores on poverty indicators, on the Human Development Index or on prospective MDG attainment, the country's record may appear to fall short. The more realistic assessment is to compare what was then, in 2003, against what is now, in 2011. The groundwork for economic advance, for human progress, for political stability and for the gradual spread of justice, rights, and the rule of law, has been laid, and a vision articulated – Vision 2030 – for the country's future growth.

The challenge now is to consolidate and move the process forward in line with Liberia's social and economic development priorities. If today's children are not receiving an adequate preparation for future citizenship, and a productive and suc-cessful family role, then the prospects of transforming Liberia into a middle-income country are compromised. The next step will be to formulate programmes drawing on the Situation Analysis. In many cases, these will reinforce and continue programmes already underway in education, health care, water and sanitation, nutrition, justice, protection, and other key areas of concern such as HIV, livelihoods, disabilities and social support. But these programmes will need to take extra concerns into account, in response to themes that have emerged and the intention of government to see greater inclusion of all Liberians, especially women and girls, in the social economic and political lives of Liberia.

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KEY LESSONS, THEMES AND GAPS

PEOPLE-CENTRED DEVELOPMENT

The unconventional approach used in the Analysis – that of the life cycle – set out to bring into focus the multi-faceted needs of children, youth and women at different ages and stages in life. The approach has helped to highlight the evolving needs of the 'whole child', showing how these change at certain stages of growth and personal development, and how the locus of change also evolves as the toddler becomes a child, the child an adolescent, and the adolescent a young adult who may choose to access services rather than simply be captured by them. By starting from the point of view of the human being, rather than the perspective of the policy-maker and service pro-vider, places and moments at which that chain of disadvantage can be broken have emerged in a different light.

Although the approach has required some iterations of certain issues at many stages of life, it has brought out the **need to cross-fertilize health, nutrition, education and protection activities. From a person-centred perspective, it is the overall care, nurture, and access to services and opportunities for personal growth that matter.** Where many needs can simultaneously be met, for example within a day-care programme, at school, in a 'well-baby' clinic, or at home in the community, there are cost-cutting as well as consumer satisfaction advantages to be gained.

SERVICE USER CHOICES

An important theme to emerge is the decisive role of mothers – and fathers, to whose decisions wives are subject – in the care of their infants and young children. Instead of focusing on the policy, law or service provider as the agent through which the child or mother is to be reached, **the approach focuses on the child or mother as consumer.** This sheds extra light on what people want and put themselves out to obtain, and what they value less highly. Liberians are mostly en-thusiastic consumers of services and open to new ideas and suggestions. But with some ideas and interventions, they are less keen to co-operate. Their views – whether they ought to be tackled and changed, or simply respected – need to be taken more thoroughly into account. This is especially the case once the child begins to develop independence of mind. The growing child's independence in her and his own life needs to be nurtured towards a positive contribution to school and family life, and ultimately to a productive and peace-building role in society. This indicates why education, which is the most important force in building human capacities and making possible the realization of human aspirations, is rated as the most important priority of Liberians, and the area in which they are most keen for the government to deliver effective services. **The way in which education is offered must reinforce all aspects of a child's healthy and secure development and ensure that it places none at risk, particularly girls.**

DAY CARE AS COMPARED TO PRE-SCHOOL

Day care for children as young as two whose parents were at work in the fields used to be an accepted practice before the war. Today, this may still happen in some communities. However, there are no proper organized day care services for young children; instead four years of Nursery and Kindergarten, supposedly for children between two to five but actually attended by children of a much older age, are substituted. These constitute a poor educational grounding, instead of a proper all-round 'early childhood care and development' service. The large numbers of children who attend many rural schools make it impossible for teachers to do anything much for their small charges. **The specific physical, cognitive, and psycho-social needs of pre-school children, and of their mothers in terms of child-care support, need to be addressed by a new approach.**

THE NEED TO IMPROVE EDUCATIONAL QUALITY

Urgent action is needed to improve educational quality. Greater numbers of teachers, smaller class size, targeted literacy and numeracy for all students by end Grade 3, better textbooks, and the use of distance learning methodologies, could all contribute. At present the majority of students, girls

and boys, still reach puberty illiterate, having started school late, repeated classes year on year, and have failed to achieve meaningful learning outcomes. **The high levels of drop-out, especially of girls, indicate a failure of the system in Grades 1-3. Without literacy and numeracy, alternative approaches to education will be ineffective as technical and business livelihoods depend on them.**

TRANSFORMING TRANSITIONS FROM CHILDHOOD TO ADOLESCENCE

Together with religious organisations, the Sande and Poro societies traditionally responsible in most rural communities for managing the **transitions from childhood through initiation, should work to reflect Liberia's need to protect children and prepare girls equally with boys to make a dynamic contribution to Liberia's development, with positive role models to emulate.** Such transitions should increase mutual respect between men and women and between generations and operate **within the intentions of the Children's Act.**

SAFE ACCESS TO EDUCATION IS CRITICAL

Liberians are fully aware that education is the path to better employment opportunities and they can see that educated girls are capable of climbing to the very top of the social and political tree. The fact that **educated girls are also better wives and mothers, more adept providers of protection and guidance, and keener users of all kinds of services has not been lost on women of the older generation; and it is also often understood and appreciated by men.** Enlarging those prospects is the outstanding challenge on behalf of women and children in Liberia today. However, **enlarging girls' schooling prospects must be accompanied by measures for their safety and protection.** In many parts of Liberia, graduating from Grade 3, or from Grade 6 in schools where the full primary syllabus is taught, requires leaving home and going to live with a surrogate family in a county capital or in Monrovia. This exposes girls – and boys to a lesser extent – to risk, both at home and at school. If school is not a safe environment free from sexual harassment, girls will continue to lose out – whether they attend school or are kept away. Current policy documents emphasize the need to reach gender parity in education with little reference to the problem of child, especially girls', protection. Strong gendered analysis, rather than simplistic enrolment equality indicators, is needed to ensure that education planning addresses the differential needs of boys and girls and the risks they face. Children who migrate for education, particularly girls, should be provided with closely supervised and monitored quality hostel accommodation and adult care.

THE NEED TO KNOW MORE ABOUT CHILD, ESPECIALLY GIRL, WORKERS

Too little is known about children working in the informal workplace and on the street and on the links between migration, education and child labour. Whether a system of recruitment of girls from rural areas to work for patrons in town on the promise of benefits, cash or education, really exists, there is sufficient evidence of extra girls in Monrovia and large numbers of children not living with their own **families to suggest investigation is needed. If alternative education access or alternative livelihoods are not available for girl workers lacking family support, they are obliged to use transactional sex as a means of survival, exposing them to multiple risks including HIV infection.**

YOUTH EMPLOYMENT AND LIVELIHOODS

The reduction of poverty and the maintenance of political stability depend on better youth employment and livelihood opportunities. Members of the UN system present in Liberia that have comparative advantage' to address these critical areas, should develop a joint programme. Although various UN member organizations, including UNICEF, have engaged in other countries in savings schemes and micro-credit for very low-income families, there does not seem to be a member organization taking this area forward dynamically, as compared with NGOs such as BRAC Liberia. **The UN system needs to review its own social policy lacunae and consider how to redress failures in key operational areas affecting employment and livelihoods for women, young people and chil-**

dren. **Collaboration with the World Bank and African Development Bank could lead to innovative skills training with placements in the private sector.** In turn, this cloud lead into entrepreneurship training through NGOs, with loans to set up small enterprises that can service the growing corporate extractive industries and develop value-adding production. Women in deprived or indigent circumstances tend to be viewed as targets of welfare payments; the needs of those in informal occupations[193] for more productive lives are not adequately addressed. Not enough has been done with the private sector to **match the energy and creativeness of youth with emerging global technology.** In much of Africa, the informal economy has become the seedbed of innovation.

SUSTAINING COMMUNITY-BASED VOLUNTEERS

The training and deployment of community-based volunteers can be extremely effective. There is currently a wide range of volunteers in the community, including TTMs, CHVs and members of various committees. **Mothers need to be convinced of the value of new child-bearing and rearing behaviours, especially where they involve parental costs in time or expense. This cannot be done by a once-off instruction from a stranger in a clinic.** Messages about the importance of safe disposal of faeces, washing of hands, use of bed-nets, timely introduction of supplementary food, going to ANC, the importance of knowing one's HIV status, bringing husbands on board, going to the health centre for childbirth/delivery, need to be repeated and reinforced over time until their benefit is proved. **At present this can only be done by using trained volunteers in the community. These volunteers, however, need not only training, but status; they need to be able to offer an actual service, not simply advice; and they need to be rewarded for their work.** Thus the county health teams and district health officers need to have a clear-cut responsibility to provide back-up to local networks of volunteers and a duty to persuade communities to give them tangible support so as to sustain their efforts.

CHANGING THE GENDER FOCUS

In line with the Presidentially backed enhancement of women's status, the attention to gender within the UN programme for Liberia has been exemplary. Much expertise has been applied to the need to re-shape policies and laws, and conduct trainings and sensitization campaigns, so as to improve female representation in national political and economic life. An exceptional amount of attention has been paid to SGBV. Sensitization has had an effect and there are more opportunities for women, a removal of inhibitions on women's access to services, and better appreciation of sexual exploitation and abuse. But the glaring gap is the lack of a strong women's movement on the ground. **Women's NGOs are hardly visible and the absence of Liberian women's voices in policy debates is striking.** There is a limit to what can be done institutionally to transform such fundamental social codes as those governing relations between the sexes if the call for change finds little popular resonance with those on whose behalf it is made. **This imbalance, between high input at macro level and lack of women's networks and associations at community level, needs to be given attention[194].**

THE URBAN ENVIRONMENT NEEDS MORE ATTENTION

The proportion of the **population living in urban areas is 47% and growing.** The particular history of Liberia, whereby Monrovia has contained an overwhelming proportion of professional jobs, business opportunities and amenities has obscured **the fact that large numbers of urban residents live in conditions of poverty. The risks to women and children, especially girls in urban areas are different in nature to the deprivations in rural areas,** and mortality, morbidity and service access

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193. Links could be made with the African Union's SPIREWORK programme for those working in the informal and rural economies, adopted by the Ministers for Labour in April 2011. This has a particular focus on women in the informal economy and extending social protection to them. This programme has the support of the EU. Its approach includes upgrading the informal economy as part of Human Development and of human security through freedom from fear, minimal income security and being in control of one's development, as well as voice representation. It also aims to eliminate the particular vulnerability and insecurities of youth and women in the Informal Economy. See http://www.africa-eu-partnership.org/focus/addressing-social-cohesion-and-inclusive-growth-through-promoting-employment'-8th-au-labour-an for the final paper

statistics are better in the city. But vulnerabilities are more acute in food insecurity, exposure to cholera, SGBV, HIV infection, neglect and exploitation. **These risks also prevail in population centres around mines, plantations and places generating money and jobs, and special strategies need to be developed for them, including employers providing access to family accommodation.**

PARTICIPATION AND PEACE-BUILDING

Participation and peace-building involve learning personal skills - the ability to listen, to reflect, to communicate non-violently and to handle emotions. Without these, youth are more at risk of manipulation and of sliding into deviant and violent behaviours in response to later marginalisation and discrimination or even lack of economic and social opportunities. **Resilience has to be built as early as 10 – 14 years. Once this basis is created, it is important to give the youth responsible positions in society where they can exercise these skills, build self-confidence and establish their own role in society and in building a new Liberia in which they have a stake.** In just two counties, UNICEF has trained 5000 youth peace-builders, who are prepared to play their role in society. Peace-building goes well beyond security and enforcement. It is about personal responsibility and development; and about assent and mutual understanding at community and national levels. **Peace-building is a long term undertaking and could be brought together in a new programme of reconciliation that also recognises the best African and Liberian principles in conflict resolution and reconciliation.** These have been emphasised and collected since the end of the war in 2003. Communities have welcomed efforts of encouraging participation of young people, in peace-building through Youth Empowerment, in peace clubs in schools and in the Children's Parliament.

RESPONSIVENESS AND ACCOUNTABILITY

In many service delivery structures, a lack of responsiveness to local context and needs is matched by weak accountability of service providers. This is exacerbated by the weak capacity at district level. Current accountability is largely of front-line service providers upwards to county and national level officials, but lacks accountability to communities and service beneficiaries. It is generally in terms of outputs, such as classrooms built and enrolment rates, functionality of immunization supply chains and ANC services, and supply of water-points, rather than in terms of outcomes of educational achievement, morbidity and mortality and cost and time taken to acquire minimum quantities of potable water. Increased service responsiveness and accountability could be enhanced by **institutionalizing community-based monitoring (CBM). Beyond the validation of the PRS 2, policy formulation should routinely include local communities as active participants, including the voices of children, young people and women. This will also require support for local authorities at the district level,** where capacity is weakest.

RIGHTS AND EQUITY

Liberia is one of many countries where the **advocacy** of human rights as the basis for new laws and social contracts **has led to misunderstandings.** The most common accusation levelled at international advocates of rights is that the reduction of controls over anti-social behaviour leads to indiscipline and moral and social breakdown. Therefore, it is commonly said that 'rights' – especially child rights – 'are not for us'. **International rights advocates should explore carefully what needs to be done to allay such misapprehensions.** It may be necessary to conduct dialogues at different levels of society and with different actors and social representatives to see how to introduce a rights regime in such a way that it does not play into existing social fissures. In a country where inter-generational disaffection is so profound, and where young people are blamed for the terrible mayhem of civil war, it is important that child rights are put across in a context-sensitive way, to

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[194.] The regional African Women's Development Fund, of which President Ellen Johnson-Sirleaf has been an active patron, has developed a methodology for mapping national progress and priorities in realising women's rights, which is available as a planning tool.

reduce rather than exacerbate tensions. If the language of rights has generated problems, **the language of equity – which is essentially rights-based – may provide a framework within which to develop the debate in new directions.**

GOOD COMMUNICATIONS

Whether from the centre to the periphery, or vice versa, good communications are an essential precondition of service take-up and effectiveness. **Policy planning needs to take more account of consumer knowledge, attitudes and behaviours.** At present, insufficient channels exist to capture these vital inputs into programmes and plans. Take up of home improvements, such as toilets, taps and drinking water disinfection, and of service benefits such as immunization and family planning, require marketing. This is especially important in a society with a high level of illiteracy. In settings where learning itself is not a learned behaviour, messages need to be frequently repeated; they also need to be addressed not only to women and young people, but to men and fathers as well. Communications as an essential component of programming needs more resources and attention. However, communication must be two-way and those that give messages must be able to receive messages as explained above under "responsiveness". Behaviour change may be as much needed by service providers as by service users. **Part of this increased sensitivity, which links also to the need for reconciliation and inclusion, will be enhanced by a greater focus on disaggregation data and on equity.**

These themes relating to the current situation and gaps are far from exhaustive, but do indicate where priority actions may be needed to address them. These would take forward the continuing efforts of government, people and international partners to build the new political, economic and social Liberia in which all, especially women and children, are included and enjoy a peaceful and productive life.

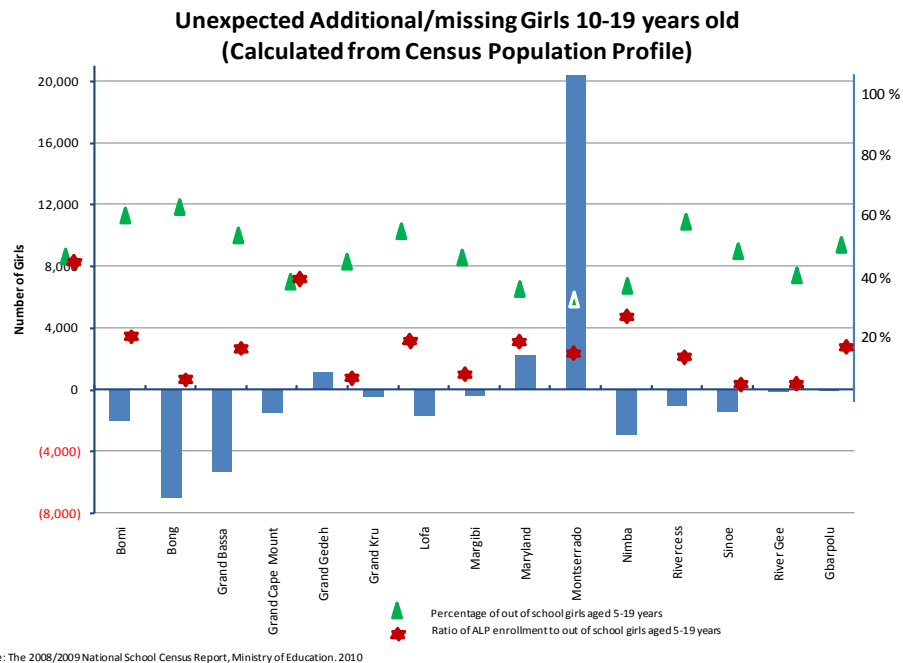## Figure 1. Primary school locations and textbook access
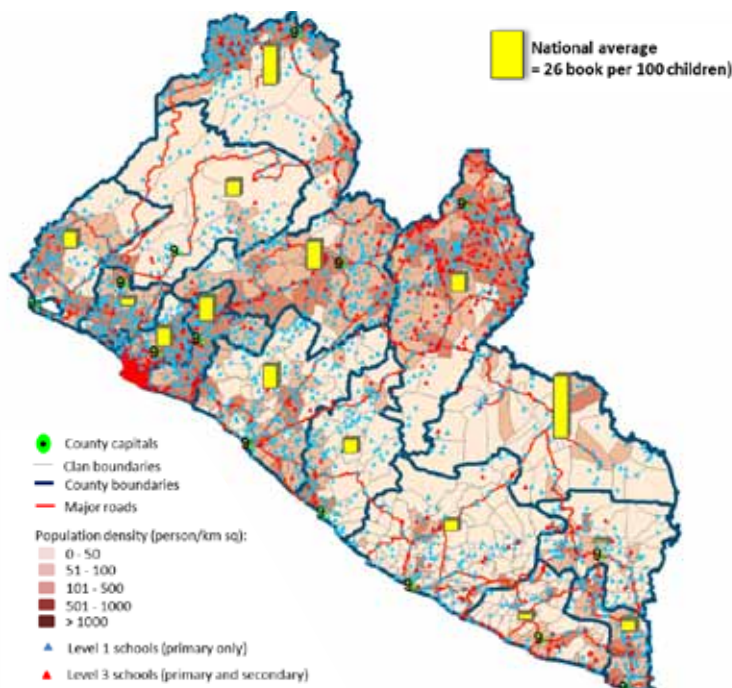
Primary schools broadly follow the population distribution, but larger-scale maps reveal the uneven coverage, with many villages more than five miles from the nearest primary school. The ratio of school textbooks per 100 pupils shows the uneven distribution of books, with some less populated counties, doing relatively well, most notably Grand Gedeh. This suggests that distribution was made partly on a county rather than population basis.
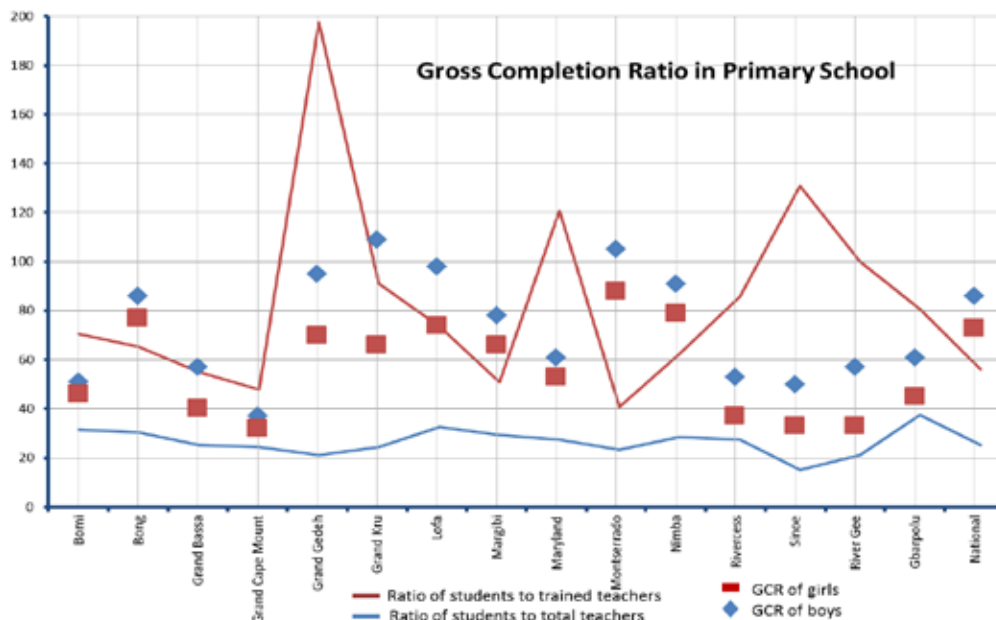
Figure 2. Secondary School Locations
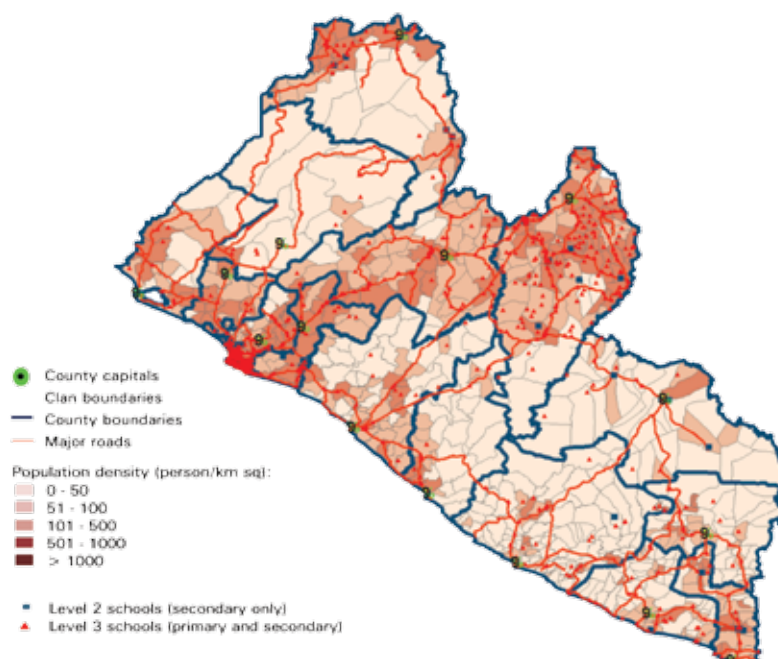
Many more settlements are well beyond five miles from the nearest secondary school, for example in Lofa, Gbarpolu or Grand Bassa. Secondary schools are largely concentrated in the county towns, with large numbers in Monrovia and its environs in Montserrado. Even in Monrovia, some areas are far from the nearest public school.

### Figure 3. Migration of girls and ALP provision

**Unexpected Additional/missing Girls 10-19 years old
(Calculated from Census Population Profile)**

▲ Percentage of out of school girls aged 5-19 years
✖ Ratio of ALP enrollment to out of school girls aged 5-19 years

Source: The 2008/2009 National School Census Report, Ministry of Education. 2010

By taking the national population profile and comparing this to the county population profiles, it is possible to deduce that about 20,000 girls aged 10-19 years have moved in to Montserrado from other counties, particularly Bong, Grand Bassa and Nimba. Many more than this are migrating between other counties and within counties to the towns. Much of this may be in pursuit of education. Taking school age children from the census, out of school children vary between about 30% and 50%, with Bong and Grand Bassa being the worst. An Alternative Learning Programme (ALP) for those out of school reaches less than 40% of predicted need, at its best in Grand Gedeh and Bomi.

Figure 4. Gross primary completion rates and pupil-teacher ratio

Gross Completion Ratio in Primary School

■ Ratio of students to trained teachers
■ Ratio of students to total teachers
■ GCR of girls
◆ GCR of boys

Pupil-to-Teacher Ratios (PTR) vary between 20 and 40, but some of those counties with the best PTR achieve this through untrained teachers. The Pupil-to-Trained-Teacher Ratio (PTTR) varies between 40 and 200, with Montserrado being the best and Grand Gedeh the worst. However, in terms of Gross Completion Rate of boys, Grand Gedeh performs nearly as well as Montserrado, with the girls significantly behind. Grand Kru with the best boys' Gross Completion Rate also has the worst completion ratio of girls to boys.

## Figure 5. Average distance to health facilities within district
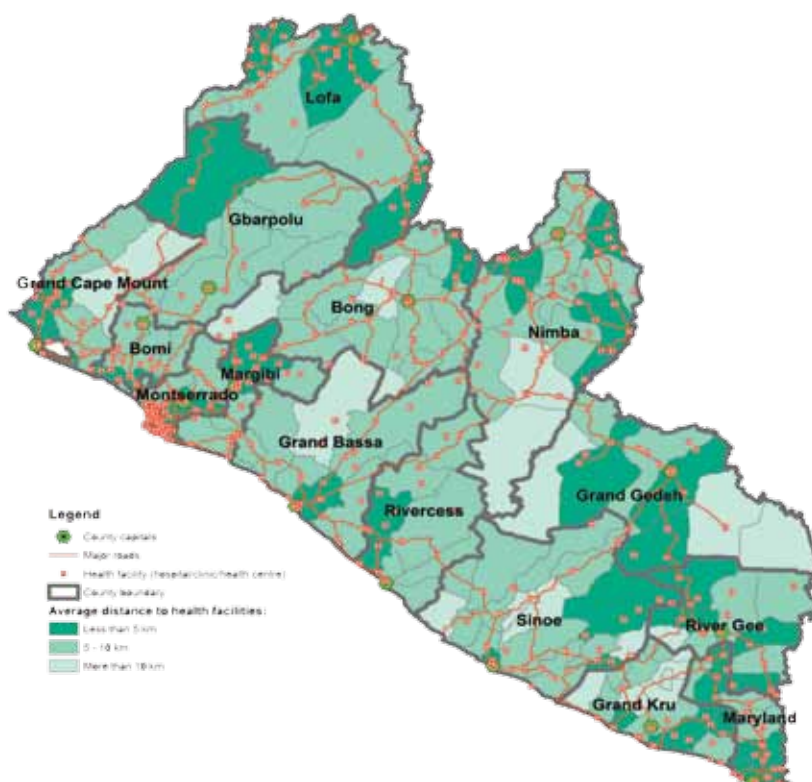
The average distance of a household to the nearest health facility in each district does not follow closely the population density, with some relatively populated districts averaging more than 10km, such as in parts of Grand Cape Mount, Bong, Grand Bassa and Grand Gedeh.

## Figure 6. Maternal deliveries in health facilities
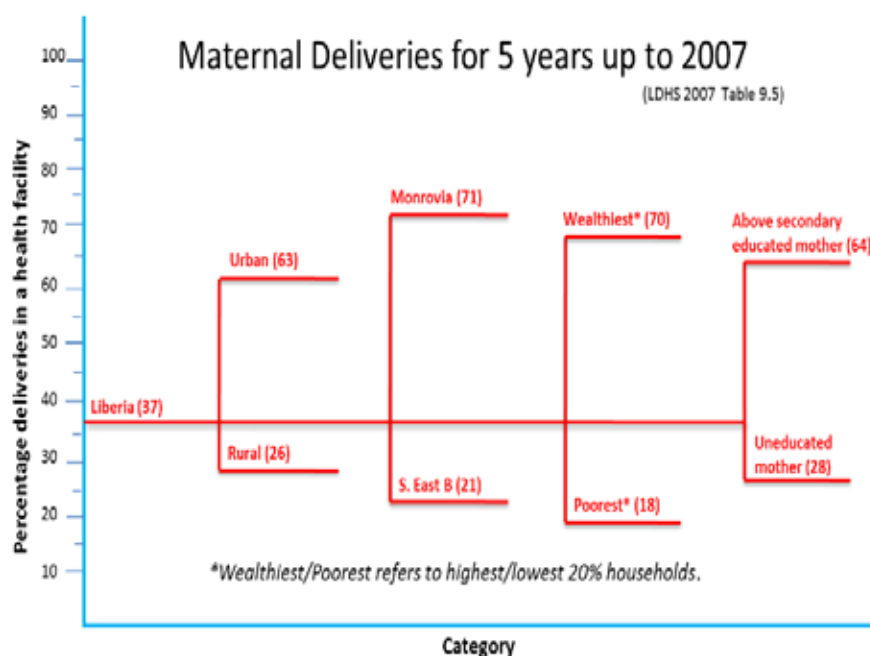
As with frequency of attendance at ante-natal clinics, there are huge disparities in deliveries in health facilities across the country and social groups. These relate to physical access and cost barriers relating to location, household status and to knowledge in terms of the education of the mother. Addressing this is as much an issue of supply-side responses of availability and removing barriers to access as to behaviour change both in providers, in their treatment of mothers, and in users.

Figure 7. Bednet utilization and prevalence of fever and malaria among U-5 children
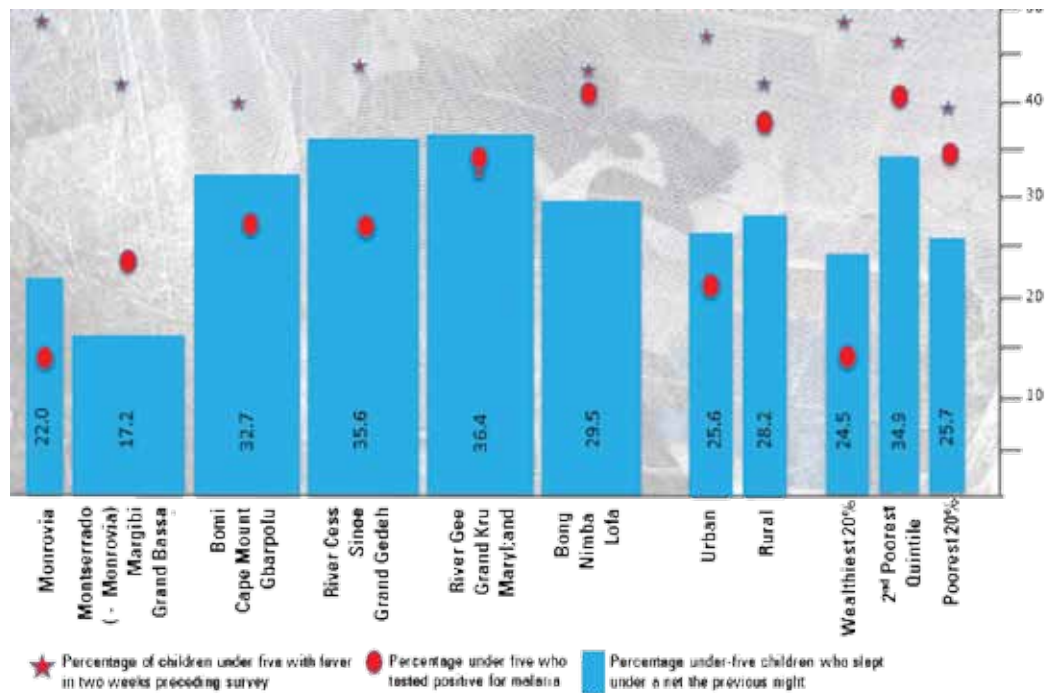
Residents in Monrovia show low utilisation of bednets, although there is no difference across the country between the wealthiest and poorest households. Their lower utilisation than the not so poor may have hidden economic explanation. The high levels in Monrovia of fever, but not of malaria when tested, could be the result of Monrovian residents preferring treatment to prevention.
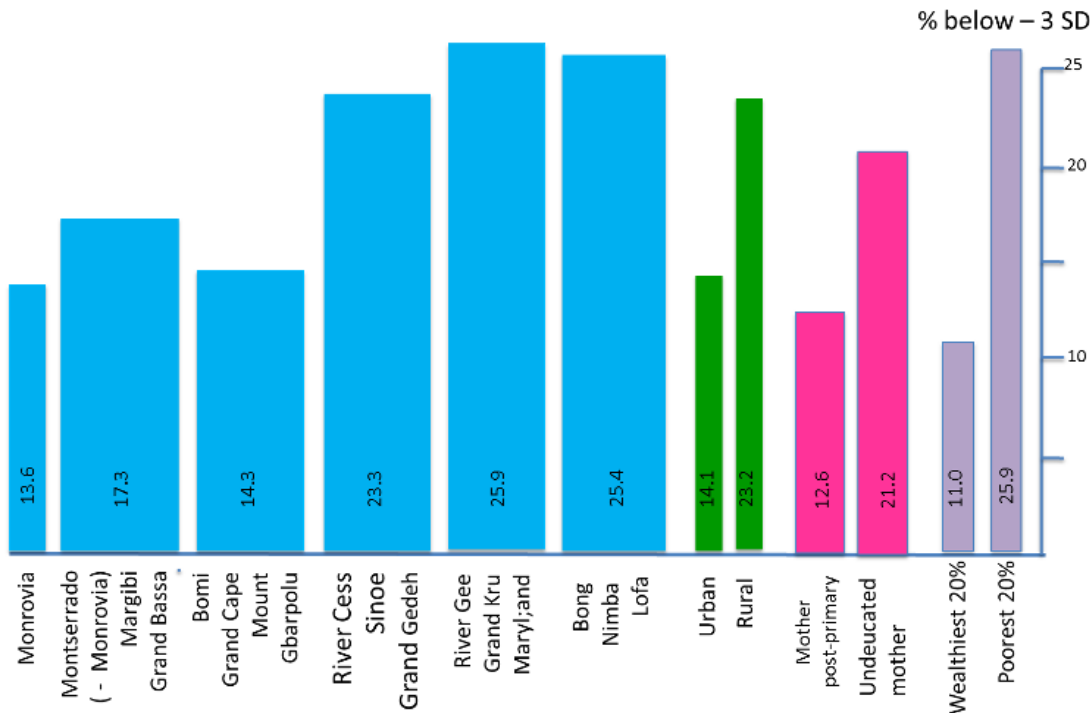
Figure 8. Prevalence of diarrhea and water access
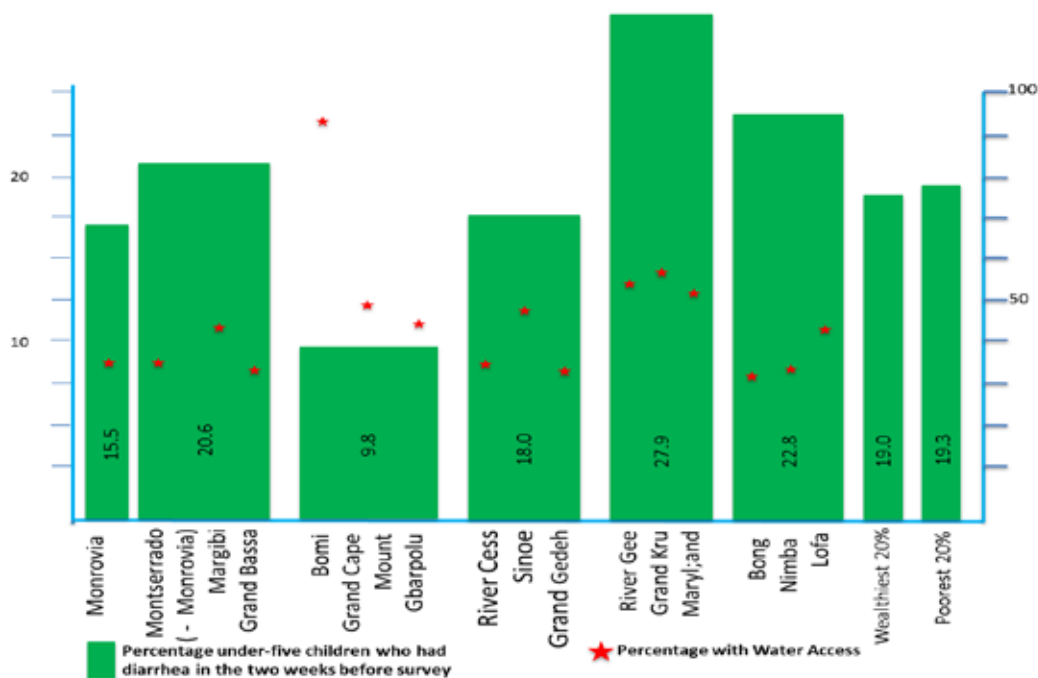
One county, Bomi, has distinctly greater access to safe water, which may be related to the significantly lower incidence of diarrhea in under-five children in the North Western region in which Bomi lies. However, overall, the relationship of county-wide access to safe water to the incidence of diarrhea is not so predictable, suggesting other factors such as household hygiene behaviour are involved.

Figure 9. Stunting among under-five children

% below – 3 SD

Category	Value
Monrovia	13.6
Montserrado (- Monrovia) Margibi Grand Bassa	17.3
Bomi Grand Cape Mount Gbarpolu	14.3
River Cess Sinoe Grand Gedeh	23.3
River Gee Grand Kru Maryl;and	25.9
Bong Nimba Lofa	25.4
Urban	14.1
Rural	23.2
Mother post-primary	12.6
Undeucated mother	21.2
Wealthiest 20%	11.0
Poorest 20%	25.9

Stunting as a reflection of malnutrition in under-two year olds is associated with irreversible damage to life-time cognitive development. At a national average of 42% in under-fives, this represents serious impact on Liberia. The most pronounced disparities exist between the poorest and wealthiest quintiles of households, reflecting major differences in food quality access. Rural populations also show higher nutritional deficit as does the education of mothers. However, this can be as much a reflection of access as of knowledge of what is good for a child, with rural residence, low income and low education being co-variant.

Figure 10. Education status (Grade 6 and above) of Females/Males aged 15-49 years
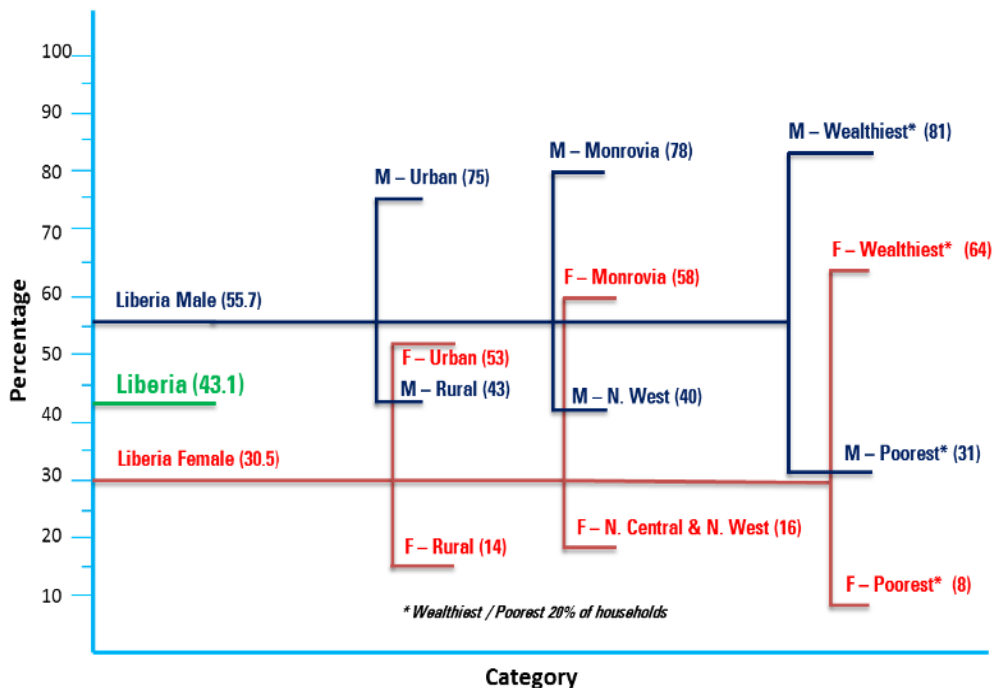
Liberia shows similar, if not better, basic educational status as for neighbouring countries, but higher disparity between males and females of all backgrounds, which is greatest in urban areas. Overall household educational disparity is most marked between Monrovia and areas bordering Guinea and Cote d'Ivoire and between the wealthiest and poorest households. However, this may reflect as much the restriction of employment to Monrovia for those with education as the barriers to access for those in poor rural households. Together this data suggests limitations to accessing education in order to enable social mobility.