



Operational Plan 2011-2015

DFID in Liberia

Updated June 2013

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Introduction

The UK Government is determined to help end extreme poverty around the world. We believe that international development is not just the right thing to do, but the smart thing to do. Britain has never stood on the sidelines, and it is in all our interests for countries around the world to be stable and secure, to have educated and healthy populations and to have growing economies. DFID aims to end aid dependency through jobs – building the economies of developing countries so that they can stand on their own feet.

No country can develop with only half of the population involved, that is why DFID is scaling up its support for women and girls across all of our country programmes, including an increased emphasis on girls education and preventing violence against women and girls.

We are also focussing on what works, investing in research and taking advantage of new technology to ensure that UK development support has the greatest impact.

DFID is committed to being a global leader on transparency, and in 2012 was ranked the top aid organisation in the world for transparency. Transparency is fundamental to improving accountability both to UK citizens and to citizens in the countries where we work. Transparency also helps us achieve greater value for money and improves the effectiveness of aid. As part of our commitment to transparency we publish Operational Plans for each area of our work setting out what we will achieve and how we will achieve it. In June 2013 DFID launched a new online tool, Development Tracker, to provide an easy way to access information and data about DFID programmes.

With less than 1000 days to go, we will continue to focus our efforts on delivering the Millennium Development Goals, creating wealth in poor countries, strengthening their governance and security and tackling climate change. The prize, in doing so, is huge: a better life for millions of people, and a safer, more prosperous world.



1) Context and Vision

Liberia remains one of the poorer countries of the world and is unlikely to meet any of the Millennium Development Goals before 2015. It has a GNI per capita of \$330 (compared to the Sub-Saharan average of \$1,257, World Bank 2011) and continues to lie near the bottom of the United Nation's Human Development Index, with some of the worst infant and maternal mortality rates in sub-Saharan Africa. Following 14 years of highly destructive civil war (1989-2003), it remains under UN Security Council supervision with a large UN military presence in excess of 8,000 peace keeping troops.

A fragile state in a fragile region, Liberia's stability continues to be impacted by events in the region. Tensions during Guinea's 2010 elections and the disputed outcome in Cote D' Ivoire's 2010 elections raised, and continue to raise, concerns about the knock-on impact on Liberia. Similarly tensions in Liberia have the potential to destabilise the region. The UK has made a substantial investment in the sub-region through its bilateral programmes in Sierra Leone and Liberia, as well as peacekeeping operations in both countries. For this reason DFID will maintain a role as a bilateral contributor to Liberia, albeit a smaller donor in comparison to Liberia's largest bilateral supporter, the USA. In addition the UK will continue to make a contribution through the multilateral system through UK contributions to the UN, European Union, World Bank and African Development Bank.

To maximise results against the available budget, DFID has rationalised its operating model. This has involved timely exit from projects once finished and a shift to channelling its funds through multi-donor funds. This has enabled DFID to transform its portfolio from 12 small projects in a variety of sectors to 2 programmes supporting reform in the health sector and much needed infrastructure rehabilitation, essential if Liberia is to continue attracting international private sector investors into the country and further stimulate the economy. DFID has a Country Programme Co-ordinator and support staff based in Monrovia. The FCO has established an Ambassador-level post.



3) Results

Headline results

Pillar/ Strategic Priority	Indicator	Baseline (include year)	Expected Results (include year)
MDGs/Water and Sanitation	Tonnage of municipal solid waste collected in Monrovia through proper channels and disposed of in landfill site every month	270 Tonnes per day (2010)	330 tonnes per day (2015) (DFID funds contribute approximately 10% to this result)
MDGs/Health	Maternal Mortality Ratio	994/100,000 (2007)	760/100,000 (2013) (DFID funds contribute approximately 50% to this result)
MDGs/Health	Infant mortality ratio	71 per 1,000 live births (2007)	59 per 1,000 live births (2013) (DFID funds contribute approximately 50% to this result)
Wealth Creation	Kilometres of road rehabilitated and/or constructed	0 KM (2009)	330 Km (2015) (DFID funds contribute approximately 10% to this result)



3) Results (continued)

Evidence supporting results / Value for Money (VfM) rationale

The evidence base in Liberia is comparatively weak, reflecting the low capacity of the Government of Liberia. By channelling funds through two multi-donor funds, DFID benefits from the resources of other donors in the monitoring and evaluation of programmes.

The Value for Money rationale for investing in Liberia is based on four key issues:

- **Peace and stability:** Despite improvements including significant Foreign Direct Investment, Liberia remains fragile. Many of the grievances that led to conflict linger. Supporting continued progress is essential to consolidate and safeguard the gains achieved, and reduce the risk of slipping back into conflict, not only in Liberia but in the region.
- **Private sector:** Funding through a multi-donor fund, DFID can leverage the larger-scale development of key infrastructure, including roads, critical to private sector development.
- **Public sector:** The Health Sector Pool Fund has the potential not only to support the Government of Liberia transform the health sector, but to provide valuable reform lessons for other sectors.
- **Programme delivery:** Delivery through multi-donor funds, combined with oversight by the DFID Sierra Leone team in Freetown and Country Programme Co-ordinator based in Monrovia, enables administrative costs to be kept to a minimum whilst maintaining the delivery of results at the same level.



4) Delivery and Resources

DFID will continue to deliver its bilateral assistance in Liberia through two delivery routes:

Health Sector Pool Fund (HSPF)

The HSPF was established in 2008 to align donor agencies behind the Government of Liberia's national health policies and plans. This has the dual benefit of increasing the leadership of the Ministry of Health and Social Welfare (MOHSW) in the allocation of health sector resources and reducing excessive transaction costs for the Government of Liberia. The HSPF operates under the auspices of a Steering Committee, on which the MOHSW sits together with all donors that are part of the Joint Financing Agreement with the MOHSW (currently the World Health organisation (WHO), the World Bank, the European Union and USAID as well as DFID), and observed by a representative of the NGOs (currently Médecins du Monde). All activities funded by the HSPF are based on proposals initiated by the Ministry of Health and Social Welfare and agreed by the Steering Committee.

Liberia Reconstruction Trust Fund (LRTF)

The LRTF exists to finance the rehabilitation of infrastructure, particularly roads. The Fund is administered by the World Bank, which is charged with monitoring and reporting progress of agreed projects to the Government of Liberia and donors and has fiduciary responsibility for the management of donor funds. It is governed by an Oversight Committee comprising representatives from Government of Liberia and donor agencies. The Committee has responsibility for overseeing and supervising the performance of the LRTF including: establishing the funding criteria for projects; reviewing and approving project proposals brought forward by the Government of Liberia; and reviewing implementation.



4) Delivery and Resources (continued)

Planned Programme Spend

Pillar/Strategic priority	2010/11		2011/12		2012/13		2013/14		2014/15		TOTAL 2011-14	
	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000	Resource £'000	Capital £'000
Wealth Creation		2,875		2,500			500				500	2,500
Governance and Security	220										0	0
Other Health	4,000		3,000		7,055		2,000		3,000		15,055	0
Water and Sanitation		2,950		2,500		1,750	2,500	4,000			2,500	8,250
TOTAL	4,220	5,825	3,000	5,000	7,055	1,750	5,000	4,000	3,000	0	18,055	10,750

Note: Figures for: 2010-11 and 2011-12 are actual outturn; 2012-13 are provisional outturn; 2013-14 and 2014-15 are planned budgets



8) Human Rights Assessment

Human Rights Context:

-Economic and social rights: Liberia is still in the process of recovering from civil war and remains very poor. It currently ranks as 14th from the bottom of the UN Human Development Index (2013). Life expectancy is very low (57.3 years), with high rates of maternal mortality (770/100,000) and child mortality (103/1,000). GDP per capita is very low at US\$506). Of the eight MDG targets, only one - MDG 6 on combating HIV, malaria, TB and other communicable diseases - is likely to be met (Liberia MDG progress report 2010).

-Non-discrimination: progress on women's equality has been slow, with Liberia ranking 143 out of 148 on the UN Gender Inequality Index (2013), despite the re-election of a woman president 2011. Only 11.7% of parliamentary seats are held by women (Human Development Index 2013). The president has committed herself to an increase in the number of women appointed to public positions. However, women face significant barriers to empowerment and parity with men. Genital mutilation of girls during initiation ceremonies remains common and is not specifically prohibited by law. Same sex relationships remain illegal, punishable by up to one year in prison. There are large numbers of disabled people as a result of the civil war and whilst it is illegal to discriminate against persons with disabilities, in practice they do not enjoy equal access to public buildings or government services.

-Civil and political rights: Liberia is rated by Freedom House (2013) as "partly free". While Liberia is a signatory to many relevant international human rights treaties and the Constitution guarantees many human rights, the slow, inefficient and often unfair legal system restricts access to these rights in practice. The human rights situation in Liberia has improved substantially since the end of the war, during which widespread and systematic violations of civil rights were committed. A Truth and Reconciliation Commission was established in May 2005 to provide testimony to human rights abuses committed during the war and the government established an Independent Human Rights Commission and appointed Commissioners in 2010. The right to life and freedom from torture is generally protected with no reports of widespread and systematic killings, disappearances or torture. Substantial investment in the Armed Forces of Liberia and the Liberian National Police, supported by UN Peacekeeping forces, have improved their ability to protect the basic security of citizens. Prison conditions are poor with a majority of inmates enduring pre-trial detention for long periods in conditions of severe overcrowding and neglect; the recommendation to comply with international standards and lower the percentage of pre-trial detainees enjoys the support of the Government of Liberia (UPR 2010). According to Amnesty International (2011) allegations of corruption and brutality by police and military officers are frequent. No follow up action has yet been taken to the findings of the Truth and Reconciliation Commission. The death penalty remains on the statute book and in 2008 legislation extended its application to a wider range of offenses (Amnesty International 2011). The **Universal Periodic Review** reported in January 2011 and the Government accepted 72 of the 113 recommendations put forward, rejecting none (a further recommendation was accepted following the March 2011 plenary). Implementation of recommendations will be reviewed at the next UPR process in 2015.

Direction of travel: The overall trend for social and economic rights is positive. There has been no clear upwards or downwards trajectory on civil and political rights. Similar there is no clear upwards or downwards trend on gender inequality (UN gender inequality index)

UK approach and focus: The UK's focus in Liberia is on helping Liberia to fulfil rights to basic health care and access to water and sanitation. The healthcare support has a particular emphasis on improving access for women and girls. DFID is also engaged with others in the international community in an on-going dialogue on good governance, including the protection of human rights, including those of women, and an end to corruption.



Annex A: Revisions to Operational Plan 2012/13

Brief summary of key revisions to Operational Plan as a result of the refresh:

- All time-relative references, such as “[x] years ago”, have been adjusted to relate to the present year (2013), i.e. instead of saying “2 years ago” which related to 2011, now saying “4 years ago” as related to 2013.
- Amended wording, as needed, to reflect recently renewed HMG presence in Liberia. The associated operational costs are reflected in the Sierra Leone Operational Plan due to shared budget lines.
- As per Operational Refresh instructions, a Human Rights Assessment Slide has been added.



Annex B: Results Progress

Progress towards headline results*

Pillar/ Strategic Priority	Indicator	Baseline (include year)	Progress towards results (include year)	Expected Results (include year)
MDGs/Water and Sanitation	Tonnage of municipal solid waste collected in Monrovia through proper channels and disposed of in landfill site every month	270 Tonnes per day (2010)	330 tonnes per day (March 2013)	330 tonnes per day (2015) (DFID funds contribute approximately 10% to this result)
MDGs/Health	Maternal Mortality Ratio	994/100,000 (2007)	Liberia DHS is scheduled to be undertaken in 2013 and the data is expected to be available by end of 2014.	760/100,000 (2013) (DFID funds contribute approximately 50% to this result)
MDGs/Health	Infant mortality ratio	71 per 1,000 live births (2007)	Liberia DHS is scheduled to be undertaken in 2013 and the data is expected to be available by end of 2014.	59 per 1,000 live births (2013) (DFID funds contribute approximately 50% to this result)
Wealth Creation	Kilometres of road rehabilitated and/or constructed	0 KM (2009)	67km (March 2013)	330 Km (2015) (DFID funds contribute approximately 10% to this result)

* These results may not be directly aggregated with other country results due to different measurement methodologies