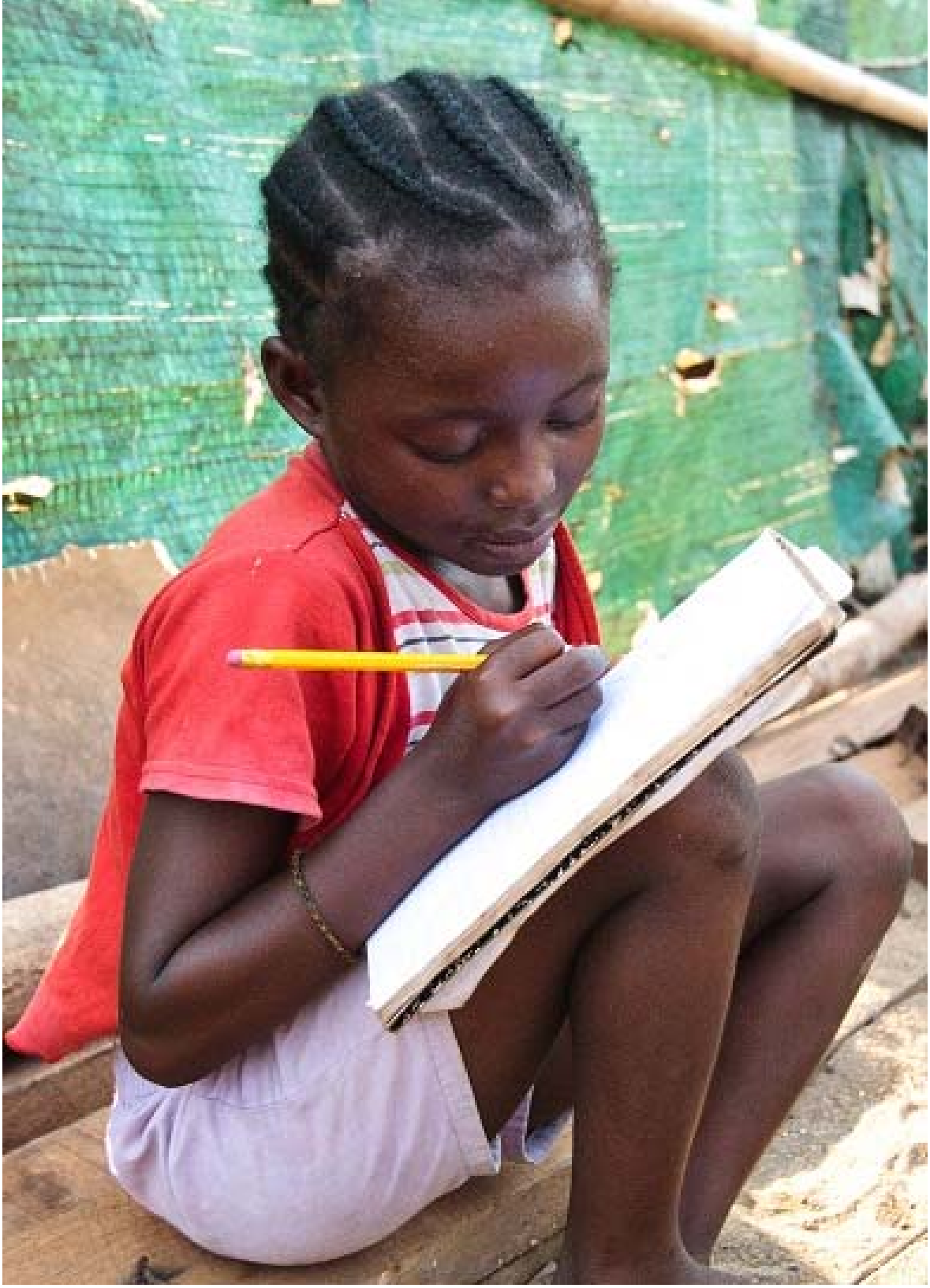
2013



Critical Humanitarian Gaps

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REFERENCE MAP

1. EXECUTIVE SUMMARY

2013 Key parameters

Planning and budgeting horizon	January – December 2013
Target beneficiaries	Ivorian refugees in host communities Returning Liberian migrants Vulnerable Liberians in refugee-hosting communities
Total funding requested	US$ 36,741,371
Funding requested per beneficiary	$64

Nine years after the fourteen-year war ended in Liberia (2003), the country is still facing significant social and economic challenges that generate and drive humanitarian needs. The unstable political and security situation in Liberia's three neighboring countries[1] over the last decade has contributed to promoting further vulnerabilities among different population groups on Liberian soil. The post-electoral violence in Cote d'Ivoire in November 2010 has been the most notorious. It caused serious harm not only to the Ivoirian nationals but also to Cote d'Ivoire's neighbours, particularly Liberia. More than 200,000 Ivorians crossed into Liberia as refugees between November 2010 and May 2011. All of these refugees concentrated in five out of the fifteen counties that exist in Liberia, namely Grand Gedeh, Maryland, Montserrado, Nimba, and River Gee – counties. The strain on local resources following this massive refugee influx has been serious, with noticeable adverse effects on the livelihoods of host community populations.

To address the critical humanitarian situation, a 'Central Emergency Response Fund' Appeal (CERF) and an Emergency Humanitarian Action Plan (EHAP) were issued in 2011, and a Consolidated Appeal Process in 2012 was developed by the humanitarian community to address the needs of both the Ivoirian refugees and the affected host communities. As of December 2012, there are over 65,000 Ivoirian refugees in Liberia, 43% of them still living within the host communities despite the government policy requiring all refugees to move to the existing 5 refugee camps[2] and the scaling down of individualized assistance, including food distribution, to refugees living in host communities. These refugees require continued support as do the estimated 25,000 former Liberian refugees who have returned to Liberia in 2012 alone with UNHCR facilitation. About 5,000 Liberian migrants stranded in the ECOWAS region are also willing to return home, but their intentions cannot materialize without external support. Necessary means have to be found to help them return and eventually support their reintegration once back in Liberia. Vulnerable population groups in these counties need support for strengthening resilience and protecting their livelihoods from internal and external shocks.

The Government of Liberia, through the Ministry of Internal Affairs, agreed with the humanitarian community to prepare a gap analysis and corresponding humanitarian response for 2013 in line with recovery and development efforts of both the government's Poverty Reduction Strategy (PRS) and the United Nations Development Assistance Framework (UNDAF). This Critical Humanitarian Gap (CHG) framework document is the result of that agreement. It details the most urgent residual and unmet humanitarian needs in Liberia, focusing on the four refugee-affected counties as well as counties

[1] Cote d'Ivoire in the East, Sierra Leone in the Northeast, and Guinea in the North
[2] PTP, Solo, and Duogee Refugee Camps in Grand Gedeh County, Little Wlebo Refugee Camp in Maryland County, and Bahn Refugee Camp in Nimba County

showing extremely high levels of food insecurity. Some of these needs include an unacceptable net school attendance rate standing at only 50%, community-based child protection mechanisms covering only 20% of target communities instead of the required minimum of 60%, a stunting rate above the WHO cut-off rate of 40% or unacceptable food consumption scores of more than 75 % of the population. Apart from activities falling under standing inter-agency arrangements for support to refugee populations, the caseload targeted in the prioritized sector interventions under this CHG relates to refugees living within the host communities and Liberian returnees and stranded Liberian migrants throughout West Africa.

As a focused humanitarian response within a wider development programming context, the overarching goal of the CHG is to improve emergency indicators, fill essential service gaps, and strengthen development initiatives and the government's capacity to meet the long-term needs of the target populations and counties. Twelve projects have been developed for critical humanitarian interventions in the Education, Protection, Nutrition, Food Security, WASH and Health sectors across 7 priority counties. A total of US$ **36,741,371** million is required to deliver on this plan over the next 12 months, starting January 2013.

Within the prioritized areas, a number of humanitarian standard indicators were found to be equal or above the emergency thresholds. However, given the dynamic nature of humanitarian needs in the targeted communities and considering the ongoing, wide-ranging needs' assessments, including the government-led Comprehensive Food Security and Nutrition Survey (CFSNS) and the UNHCR-WFP Joint Assessment Mission (JAM), the CHG remains open to subsequent updates in order to accommodate the changes in identified needs and the related financial requirements for the response.

Liberia Humanitarian Dasboard as at 12 Dec 2012

KEY PLANNING FIGURES 2013

2.05 million affected people

569,675 targeted people

28% targeted people (of affected population)

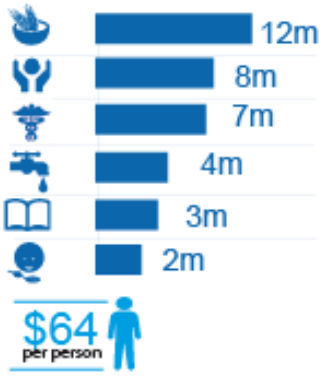
116,769 targeted children

36.7 million total required

STRATEGIC OBJECTIVES

1. Reinforce resilience in refugee-hosting communities
2. Improve access to basic services for target population groups across priority Counties
3. Support government repatriation and reintegration efforts of returning Liberian migrants
4. Streamline humanitarian and recovery programming with government development agendas

REQUIREMENTS 2013 ($)

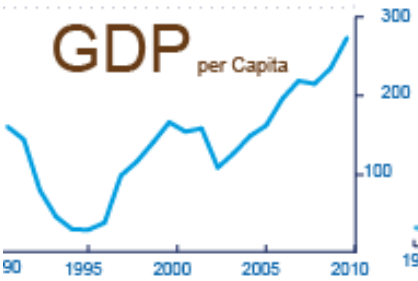


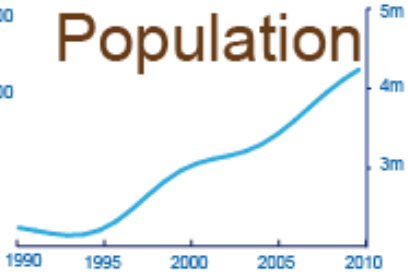
BASELINE

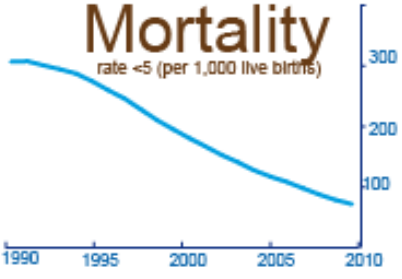
Population (2012)	4m
GDP per Capita	2.81
%Pop living with less $1/day	47.9
Life expectancy at birth	57.1
Under-five mortality (‰)	112
< 5 global acute malnutrition rate	42%
% Rural population	51.8
Physicians (per 1,000 people)	0.014
Improved water source, rural access	60%

DRIVERS OF CRISIS

- Prolonged refugee presence in local communities
- Cessation clause for Liberian refugees in June 2012
- Unrealised 2012 programme priorities due to 62% funding shortfall







EOGRAPHIC PRIORITY

2012 Requirements, Funding

97,9m Required **38**%Funded

	Requirements	Coverage	%
Agriculture	5,709,978	400,000	7%
Coordination and Common Services	866,244	0	0%
Education	3,700,000	1,403,881	38%
Food Aid	19,901,886	14,079,405	71%
Health	3,882,757	1,149,687	30%
Multisector	47,078,128	13,621,499	29%
Nutrition	2,926,548	1,750,674	60%
Protection	6,341,304	2,700,396	43%
WASH	7,505,336	2,123,476	28%

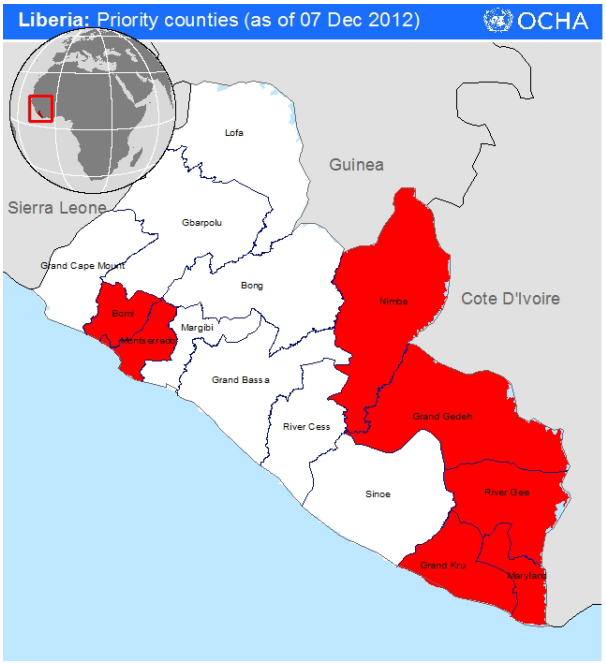
2. SETTING HUMANITARIAN PRIORITIES

Continuing and unmet needs in 2012 constitute the primary drivers of humanitarian priorities in 2013. As of December 2012, the funding of the Liberia 2012 CAP stood at 38%, the least funded compared to any other CAP-country in 2012. Hence, chronically low-funded sectors still present critical needs. Only counties that have demonstrated, through available data, a high level of vulnerability among some specific segments of the population have been considered in this CHG, irrespective of whether or not they host refugees. Consultations held with the Ministry of Internal Affairs focused on a two-pronged prioritization approach, activity and area-based. These consultations were followed by a technical sector workshop held in November 2012 in Monrovia, which agreed on prioritization criteria. The workshop agreed to use emergency indicators as the basis for sector prioritization. Therefore, only poorly performing emergency standard indicators and indicators which require ongoing monitoring and services form the basis for planning response activities.

Based on this needs' prioritization approach, response activities were envisaged to address some of the critical challenges identified within the Education, Food Security, Protection, Nutrition, WASH and Health sectors. The four refugee-hosting counties of Nimba, Grand Gedeh, Maryland, and River Gee came at the top of the priority list, followed by an additional three Counties, Montserrado, Bomi, and Grand Kru as priority areas for interventions. These additional counties show extremely high levels of chronic food insecurity and low resilience.

While the vulnerability indicators largely drive the determination of priority sectors found to be within the perimeters of the emergency thresholds, the determination of the priority areas is driven by both the refugee presence and the precariousness of living standards within both the refugee host and other vulnerable communities, including Liberian returnees. To address the identified vulnerabilities and measure performance of the one-year Liberia 2013 CHG response mechanism, the following strategic objectives were agreed upon:

- Reinforce resilience of vulnerable communities, including refugee-affected and highly food insecure communities
- Improve access to basic services for target population groups across priority counties
- Support government repatriation and reintegration efforts of returning Liberian migrants
- Streamline humanitarian and recovery programming with government development agendas



The CHG priority interventions target three population segments:

- Ivoirian refugees living within host communities
- Returning Liberian migrants stranded in ECOWAS countries
- Vulnerable Liberians in refugee-hosting and other communities

A successful response to the Liberia 2013 CHG needs would directly consolidate into support to government priorities as captured under pillar 2 – social and economic transformation – and pillar 3 – Human Development – of the joint Government of Liberia (GoL) and United Nations (UN) 2013-2017 One Programme. This would ensure a symbiotic mainstreaming of the short-term humanitarian responses into the government long-term development priorities.

3. GAP ANALYSIS AND CHG RATIONALE

Since 2003 when the fourteen-year war ended, Liberia has consistently enjoyed peace and some of its dividends. Government efforts conducted through PRS implementation (2008 – 2011) as well as bilateral or multilateral humanitarian, recovery and development support provided to Liberia over the last decade have together greatly improved the situation to the present levels. Liberia is no longer in an acute humanitarian situation, which requires a massive life-saving response. Nevertheless, humanitarian risks resulting from an eroded protective environment following the war are still generating vulnerabilities among many segments of the population across the country. Dilapidated infrastructure, poor or nonexistent basic social services, and limited food production are all contributing to sustaining vulnerabilities and slow recovery efforts. Poverty is a serious concern with 63.8% percent of Liberia's 4 million people living below the poverty line, 47.9% of them in extreme poverty, surviving on less than US$ 1 per day[3]. Unlike any part of Liberia, these structural vulnerabilities are coincidently more pronounced in the four border counties that are still hosting a significant number of Ivoirian refugees since they first started arriving in November 2010, thus worsening their already fragile socioeconomic fabrics.

A combined 41% Emergency Humanitarian Action Plan (EHAP) funding shortfall in 2011 and 68% Consolidated Appeal Process (CAP) funding shortfall in 2012 have left many gaps in the response planned in 2012. This also implies a bleak prospect for challenges identified or foreseen for 2013. While there has been some progress since 2011 to address the needs of emergency-affected populations, the unraveling of that progress throughout 2013 is of great concern and a realistic possibility if substantial funding shortages continue.

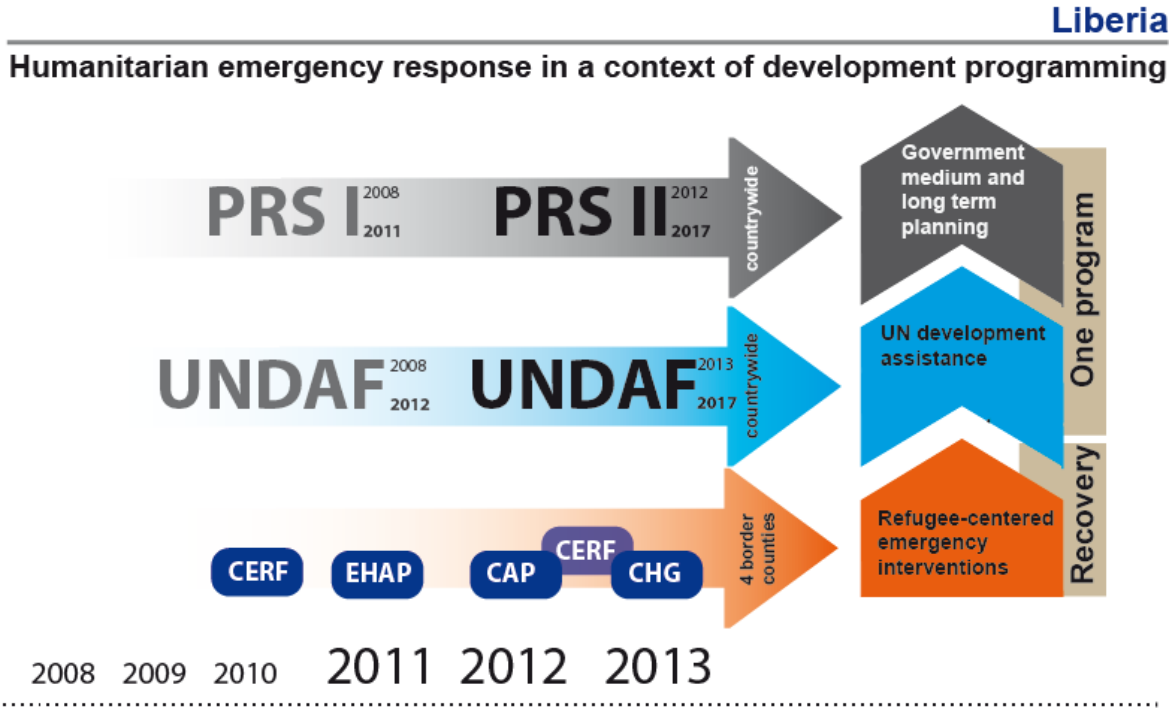
The security concern-driven directive from the Government of Liberia, effective since March 2012, not to provide any individualized assistance, including food, to refugees living in the host communities so as to encourage their relocation to refugee camps continues to generate significant pressure on local communities, in terms of food security, education, protection, nutrition, and water facilities, etc.… However, critical gaps and needs remain in the 2012 responses, and serious risks are foreseen for 2013. They include but are not limited to the following:

- Lack of means and expertise to implement the government directive to integrate about 15,000 Ivoirian refugee children into the Liberia school system.
- Low agricultural productivity as a result of lack of access to farming inputs and improved varieties of seeds. 95% of farmers in the target areas use traditional low-yielding seeds.
- Only at 18%[4] coverage of sanitation facilities in refugee-affected counties, yet chronic malnutrition remains above the national average of 40%[5]. This is compounded by persisting inadequate local capacity to fully implement operational and county nutrition plans.
- Lack of skilled personnel for case management and psychosocial support of 1,075 refugee children in Liberia who remain separated from their primary caregivers in Cote d'Ivoire.
- Poor water and sanitation facilities and hygiene practices, including in cholera-prone hot spots
- Lack of capacity by both government and the humanitarian community to support the return home of about 5,000 Liberian migrants stranded in ECOWAS countries after the refugee cessation clause took effect on 1 July 2012.

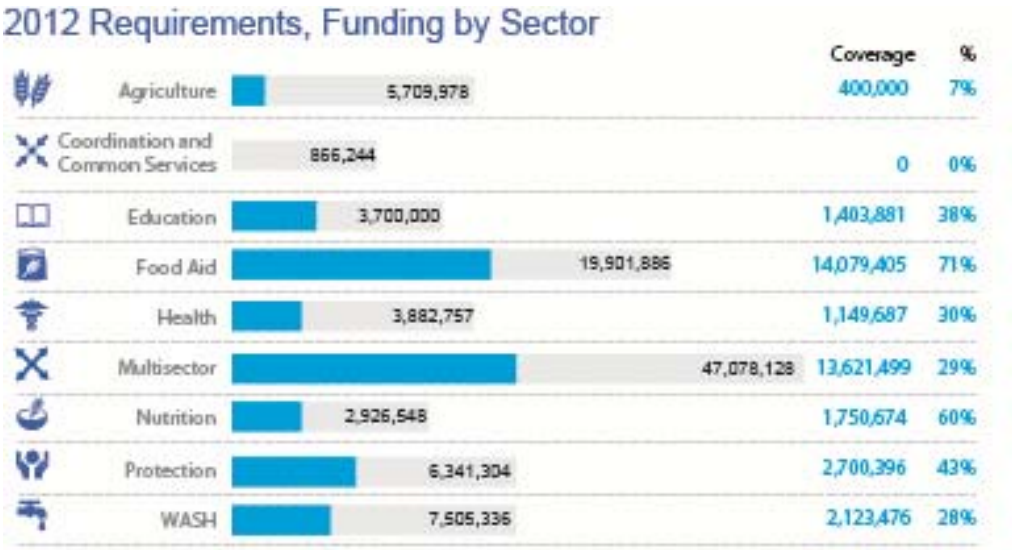
Considering achievements of the refugee-response mechanisms in Liberia since 2011, a more selective approach, focusing exclusively on residual critical emergency activities within each sector, became necessary for 2013, as the refugee emergency has largely subsided. The Liberia 2013 CHG

[3] Draft Liberia UNDAF 2013 – 2017
[4] 2011 Progress on Sanitation and Drinking Water
[5] 2012 Liberia CAP MYR

is prepared to respond to 2012 gaps identified above and those foreseen in 2013. This, therefore, stands as a coordinated humanitarian exit planning exercise for Liberia in 2013, which is necessary to support humanitarian transition efforts to developmental programming.



Review of 2012 humanitarian funding



4. SECTOR CHALLENGES AND NEEDS

4.1. Education

Target beneficiaries

Category of people in need	Number of people targeted		
	Female	Male	Total
Ivorian ECD children	2,400	2,600	5,000
Liberian ECD children	5,760	6,240	12,000
Ivorian Primary school learners	5,500	4,500	10,000
Liberian Primary school learners	10,450	8,550	19,000
Ivorian youth/adolescents	1,125	1,375	2,500
Liberian youth/adolescents	1,710	2,090	3,800
Totals	**26,945**	**25,355**	**52,300**

Priority Area of intervention

The Education Sector interventions will be mainly in the refugee host communities in Nimba, Grand Gedeh, River Gee and Maryland.

Critical unmet needs

- Inadequate number of ECD centers and schools for provision of education opportunities for 34,800 Liberian and 17,500 Ivorian children and adolescents, including quality ECD services, Primary Education and skills development initiatives.
- Inadequate learning facilities, including Child Friendly Spaces, schools/classrooms and appropriate WASH facilities with correct ratios for girls and boys.
- Inadequate numbers of female and male caregivers, teachers and peer educators to ensure adequate ratios for girls and boys.
- Inadequate teaching and learning materials for Children and Adolescents.

Needs analysis

November 2012 marked two years since the influx of refugees into Liberia from Cote d'Ivoire started. While the local communities in affected counties welcomed the refugees, the influx seriously strained the already fragile health and social facilities. Local and national capacities are unable to cover the needs as the education system in Liberia is facing many challenges. Since more than 64% of Liberians are poor, the communities are not in position to play a significant role in school development programmes. District and County Education Officers do not monitor the schools regularly as they lack basic logistic support to carry out their functions. This affects the quality of education being offered. While the Ministry of Education is now implementing the decentralisation policy pronounced in the Education Act, 2011, lack of adequate human resources and logistic support will continue to hamper effective implementation.

Liberia ranks first, among countries no longer at war, with the highest number of out of school children. Liberia's Out of School Children (OoSC) Study conducted in 2011 highlights that the problem of out of school children in Liberia is very serious. Over half a million children (548,093) are physically out of school, comprising 53% of children in all dimensions of exclusion in Liberia. Collaterally, another half million children (500,958) are in school but are "at risk of dropping out", comprising 51% of all excluded children in Liberia. Approximately 51% of pre-primary age children are out of school; this includes 49% of pre-primary school age boys and 52% of pre-primary school age girls.

The provision of basic social services, including education services, is poor in the counties affected by the Ivorian crisis, as they are remote and marginalized, mainly due to very poor road conditions. Educational

services, under the Ivorian curriculum, have been provided to Ivorian refugees residing both in camps and host communities (double shift arrangement, where Liberians attend class in English in the morning and Ivoirians in French in the afternoon) since 2011. The continued presence of refugees in Liberian schools has put further pressure on classrooms, desks and teachers, exacerbating overcrowding conditions. The Ministry of Education has recently directed that those Ivorian children who choose to remain in the host communities will have to be fully integrated into the Liberian curriculum, taught in English, by January 2013. However, this has been a big challenge as most Ivorian children have not had coaching in English to integrate with minimal challenges and teachers, who in their majority don't even have high school certificates, have not been properly trained in multi-language teaching techniques.

In addition, there is a close connection between enrolment and attendance in these counties. The poor quality of education on offer discourages children, especially Ivoirians, from attending school and most eventually drop out due to frustration with the language of instruction. Poor quality education, overcrowding, inadequate infrastructure and lack of a proper integration strategy, is contributing to the already evident drop out of Ivorian refugee students, leaving these children susceptible to child labour, exploitation and other safety risks. Most are now forced to work on the farms or go to gold mines in order to fend for themselves, their siblings and their families.

Therefore, there is an urgent need to continue a coordinated humanitarian response in order to reduce the vulnerability of the affected population, strengthen capacity of the existing structures, and establish mechanisms for preparedness and effective integration of recovery interventions to development efforts. Education is not only a right in situations of emergency, chronic crisis and early reconstruction. Education interventions provide physical, psychosocial and cognitive protection that can be both life-saving and life-sustaining. Education sustains life by offering safe spaces for learning and support for affected individuals, particularly younger children and adolescents

The intervention of the Education Sector will take into account the different gender and age needs of boys and girls. It aims to target 55% girls and 45% boys since girls are more vulnerable under the current environment. Getting girls in school will ensure that they are protected from sexual exploitation and abuse and also reduce their vulnerability to HIV and AIDS infections and other sexually transmitted infections. This intervention will also address the different age needs of children. Children under 5 require ECD services, the 6-11 age children require access to primary schooling and 12 -17 children and youth require livelihood skills training. Schools will empower these children and adolescents with psychosocial skills, which they need to face the challenges they are facing in their daily lives.

Envisaged Actions:

Based on the above analysis, the following actions are key to continue the provision of education services in Liberian communities hosting refugees:

Indicators	Sphere standard emergency thresholds	Status at Mid-Year	Current Status (if data is available)
1. Net Enrolment Rate	100 %	80 %	60 %
2. Net Attendance Rate	100 %	74 %	50 %
3. Dropout Rate	0 %	20 %	50 %
4. Classroom to Learner Ratio	1:40	1:50 on average	1: 60 in host communities
5. % of teachers trained	100%	60 %	60 %

- Provision of education opportunities for 52,300 Liberian and Ivorian children and adolescents, including quality ECD services, primary education (with coaching sessions in English for Ivorian children) and skills development initiatives;
- Construction and rehabilitation of learning facilities, including Child Friendly Spaces (CFS), schools/classrooms and appropriate WASH facilities using correct ratios for girls and boys;
- Identification and training of female and male teachers, peer educators and caregivers to ensure adequate ratios for girls and boys;
- Provision of adequate teaching and learning materials for Children and Adolescents.

Risk analysis

If teaching and learning materials are not provided in schools hosting Ivorian children, it will be difficult for the Liberian teachers to provide regular and extra tuition to the Ivorian students. It is also critical to have enough caregivers and teachers to cater for the needs of the ECD and primary school learners so that they can value these interventions. Otherwise, it is very likely that the Ivorian children will drop out from the ECD centers and schools. The teachers also need in–service training to enable them to engage with Ivorian learners who are not proficient in English. This can be done through the afternoon coaching sessions in English to help the Ivorian children cope with the Liberian curriculum.

Extra space is needed for the ECD learners and in primary schools as the current child friendly spaces are mainly tents, which now need to be replaced. The primary schools also need extra space to cater for the Ivoirians. Most of the primary schools did not have adequate facilities before the refugee influx but managed to accommodate the Ivoirians as they were learning separately in the afternoon. Now that Ivorian and Liberian children have to learn together, there will be no meaningful learning if the schools are overcrowded and the net effect is a high drop out. There is thus a need to construct and rehabilitate some facilities to reduce overcrowding conditions. The adolescents need livelihood training to keep them occupied and protect them from exploitation and abuse and also to avoid having them recruited as child soldiers into potential existing fighting forces in neighboring countries.

Consequences if project unfunded

Overcrowding, inadequate infrastructure, a weak integration strategy for Ivorians will result in poor quality education and worsen the drop out of Ivorian and Liberian students. These children will become more vulnerable to child labour, sexual abuse and exploitation and other forms of harm and violence.

4.2. Food Security

Target beneficiaries

Category of people in need	Number of people in need		
	Female	Male	Total
Vulnerable Liberians	87,900	87,900	175,800
Ivorian refugees in host communities	16,000	12,700	28,700
Totals	**103,900**	**100,600**	**204,500**

Priority areas of intervention

Nimba, Grand Gedeh, River Gee, Maryland, Bomi, Rural Montserrado, Grand Kru

Critical unmet needs

- Lack of means to improve physical access to markets: Rainy season (May – October) often cuts off entire communities as roads become impassable, including in the refugee-affected Counties.
- Persistent lack of economic access to food: widespread poverty and rising food and fuel prices are largely responsible. Households in Grand Kru, Maryland, River Gee and Bomi spend more than 60 % of their income on food (Comprehensive Food Security and Nutrition Survey 2010).
- Persistent lack of access to improved agricultural techniques: Inadequate knowledge and skills in agricultural production, processing and food preservation to increase food availability and resilience to internal and external shocks.
- Persistent lack of access to key agricultural inputs including seeds and tools by over 95% of farmers due to low purchasing power. (Crop production survey 2011/2012, LISGIS)
- Up to 40 % of total agricultural production is lost due to persistent lack of storage and proper post-harvest technologies: (Comprehensive Food Security and Nutrition Survey 2010
- Persistent lack of water management infrastructure in lowlands due to lack technical skills and capital to rehabilitate the existing lowlands within their reach.

Needs analysis

The seven counties prioritised for humanitarian interventions in the food security sector in Liberia in 2013 show two main characteristics: poor food consumption and a high rate of chronic malnutrition. Four out of the seven counties – Bomi, Grand Gedeh, Maryland and Nimba - show stunting rates above the WHO cut-off value of 40 %, with Bomi County at 46.9 %, the highest rate. Five out of the seven counties – River Gee, (rural) Montserado, Grand Kru, Bomi and Maryland – show extremely poor food consumption patterns, with over 70 % of the population having unacceptable food consumption scores.

Compared to these counties, Nimba and Grand Gedeh have better food consumption scores but have been deeply affected by the refugee influx. Approximately half of the current refugee population resides in Grand

Gedeh where market prices of the main staple food rice have increased sharply (plus 26 % between October 2011 and October 2012) due to the unstable international cereal market, increase in fuel prices and poor road connectivity the to the rest of the country.

In 2010, 75 % of rural and 12 % of urban households reported some kind of involvement in food production. In rural areas, food crop production is the main livelihood activity of around a third of all households (Comprehensive Food Security and Nutrition Survey 2010). According to more recent data from the crop survey 2011/2012 (LISGIS) the seven counties covered by the Liberia 2013 CHG have 132,960 households engaged in agricultural production. 36,290 of these households are headed by women. The majority of farmers are using traditional and less productive agricultural techniques when it comes to land preparation, planting, cultivation and post-harvest management and storage. The current capacities of the Ministry of Agriculture and NGOs in providing extension services are insufficient to meet the great demand of skills and know-how transfer to the farmers.

While being a minority as household heads, women bear the brunt of agricultural labour in Liberia. According to FAO's report "The State of Food and Agriculture 2010-2011", 68.8 % of all economically active women are farmers. 61.6 % of women-headed households live below the poverty line, which is slightly less than the poverty incidence among male-headed households (64.6 %). However, the majority of female labour in Liberia is remunerated through the traditional system called "kuu", not in cash, and is concentrated in the informal sector. As a consequence, women's work is characterized as highly insecure with low productivity. Moreover, women are not as much involved in decision-making as are men. Decisions related to processing or selling of agricultural produce on markets or men usually take the use and distribution of revenue.

Food availability and access become critical and acute during the peak of the lean season, which runs from May to October each year. In the Southeastern counties of River Gee, Maryland and Grand Kru the lean season starts and ends earlier due to slightly different climate conditions and cropping calendar. During the lean season, stocks of the staple food are depleted. The early depletion is due to a combination of factors, including lack of appropriate storage as well as low production and productivity. Additionally, poor road networks lead to temporary increases in food and fuel prices during the rainy season. From April 2013 onwards, household food stocks will be depleted, putting targeted vulnerable households at increased risk of food insecurity between the commencement of the rainy season and the beginning of the 2013 harvest in September/October.

While better-off households rely on market purchases, vulnerable households, including refugees within the host communities, with extremely low income resort to unhealthy coping-mechanisms to survive, primarily by reducing their food intake. Bad road conditions, especially along the Ivoirian border prevent whole communities to access markets to buy or sell food. Loss of income and lack of access significantly contribute to perpetuating existing vulnerabilities among the target populations.

Vulnerability criteria

The Food Security Sector will update its vulnerability criteria once the results of the Comprehensive Food Security and Nutrition Survey 2012 are ready in January/February 2013.

County	Food consumption (%)		
	Poor	Borderline	Acceptable
Nimba	9.2	23.2	67.6
Grand Gedeh	10.8	31.2	58
Rural Montserrado	23.4	51.4	25.2
River Gee	28.1	54.4	17.5
Grand Kru	33.6	44.6	21.8
Bomi	38.8	34.8	26.4
Maryland	43.3	29.3	27.4
Liberia	**13**	**27.9**	**59.1**

Source: Comprehensive Food Security and Nutrition Survey 2010

Average amount of rice (in kg) that casual workers can buy with daily pay		
Markets	**Oct-11**	**Oct-12**
Buchanan-Grand Bassa	4.1	3.9
Pleebo-Maryland	4.2	2.3
Red Light-Montserrado	5.9	4.6
Tubmanburg-Bomi	2.9	2.7
Voinjama-Lofa	1.8	2.3
Zwedru-Grand Gedeh	3.2	3

Source: Liberia Market Price Monitor, Oct 2012

Envisaged Actions

- Food/Cash for assets activities to facilitate market access, inject cash into communities and support rapid expansion and intensification of agricultural production in vulnerable communities

- Training and skills transfer in improved agricultural technologies, including on land preparation, planting, crop growth, harvest, post-harvest handling and storage
- Facilitate access to agricultural inputs (planting material, seeds and tools), including through input fairs, input stores and free distributions, to diversify and increase crop production and promote the production of more nutritious food
- Help farmers increase agricultural productivity, especially by improving access of vulnerable households to key agricultural inputs including seeds and tools. Improved varieties of seeds, i.e. short-cycle rice seeds that would allow for 2 harvests per year
- Training and provision of equipment and skills to support processing of locally produced food to generate rapid employment and income, and enhance capacity for storing processed and fresh produce for later consumption and/or marketing
- Support restocking of small livestock and poultry assets
- Support the establishment of household and community reserves for grains and other types of agricultural produce
- Put in place mechanisms to ensure that women are fully involved in decision-making on the production, processing and marketing of agricultural production

Risk analysis

Should the support to the needs analysed above fail to materialise, the likely consequences on the targeted vulnerable communities include the following:

- Adoption of negative coping mechanisms by vulnerable households during the lean season between April/May and September/October 2013, leading to deteriorating nutrition outcomes as well as asset erosion.
- Worsening crop production due to low resilience to climate change and lack of adaptive capacity, along with lack of improved seeds.
- Further price hikes in remote and isolated markets (i.e. Zwedru and Pleebo) during rainy season 2013 if road conditions continue to deteriorate.
- Lack of physical market access of remote communities during the peak of the rainy season 2013 due to bad road conditions.
- Undermining investments and progress made by humanitarian agencies until now and sliding back Liberians and refugees in host community into extreme hardship and poverty.

4.3. Health

Target beneficiaries:

Category of people in need	Number of people targeted		
	Female	Male	Total
Refugees in host communities	15,055	13,350	28,405
Liberian Returnees	2,000	2,000	4,000
Liberians in host communities	68,969	71,031	140,000
Liberians in cholera prone communities	22,000	28,000	50,000
Totals	**108,024**	**114,381**	**222,405**

Priority area of intervention

Priority area of intervention will be refugee-hosting community in Grand Gedeh, Maryland, Nimba and River Gee counties. To some extent, Montserrado County with few refugees will be included because of the cholera situation.

Critical unmet needs

The critical unmet needs include the following:

1. Inadequate access to essential package of health services in refugee hosting counties;
2. Inadequate provision of essential drugs, medical supplies, equipment and retention of qualified health workers in the affected counties;
3. Low immunization coverage especially measles;
4. Inadequate skilled institutional deliveries and low EmONC services;
5. Clinical response to disease outbreaks including cholera and Lassa fever;

Needs' analysis

The Ministry of Health and Social Welfare with support of partners has completed first year implementation of the national health policy and plan, and the essential package of health services with estimated coverage of 17%. Though this coverage varies between counties, the national target is 80% by 2015. Outpatient consultations in the affected counties is estimated at 0.79 compared to the current national figure of 0.94. This figure is still below the minimum accepted norm of 1 consulation per person per year.

Women and children account for over 80% of the Ivorian refugees (26.7% adults females and 54.9% are children under 18 years from whom 45% are children under 11 years). Currently, 58% of the refugees are settled in camps while 42% are absorbed in host communities.

There is disparity in access to essential health services especially in counties hosting refugees due to uneven distribution of health facilities, lack of outreach services to remote communities, lack of qualified health workers, lack of referral services including emergency care and bad roads during rainy season. Availability of essential drugs, medical supplies and equipment coupled with retention of qualified health workers in the remote communities is critical. Regular availability of drugs and medical supplies are needed in the affected communities to increase optimal uptake and utilization of health services.

In Liberia, influx of the refugee crisis has over stretched the health system in host counties beyond its limit. Epidemics of communicable diseases are also reported from counties hosting refugees. Thus, there is a need to prevent especially the occurrence of measles and polio through immunization of children under five years (0-59 months), maintain routine immunization activities and support Polio NIDs and measles. Pockets of measles outbreaks continue to be reported especially in River Gee and also in Grand Bassa counties where measles coverage is estimated at 60% below the current national coverage figure of 73% (and far below the national target of 80%). Reasons for low coverage are attributed to health system challenges and inadequate immunization services in some communities.
There is also a need to prevent occurrence of cholera outbreaks, especially in the districts bordering the affected neighboring countries and in Montserrado County. HMIS data show that cholera has continued to persist in Montserrrado County though some suspected cases were reported from Maryland and Grand Kru counties. Approximately 242 suspected cases of cholera, 18 confirmed with 5 deaths (case fatality rate of 2%) were reported in 2012. Out of the total deaths, 60% were male and 40% female, and children accounting for 40% of the total number of deaths. In addition, 5,800 cases of acute watery diarrhea were reported since the beginning of this year. 60% of the cases were from Montserrado County.

The capacity of health facilities to ensure quality antenatal care and skilled deliveries for pregnant women is limited due to the shortage of qualified human resources and the stock outs of essential drugs and basic equipment. Though the proportion of skilled deliveries is increasing, it is still far from the target 80%. The modest increase in skilled institutional deliveries was attributed to the following factors: availability of mama kits, drugs and medical supplies, reproductive health kits and commodities, referral services and qualified health workers. These supplies are urgently needed in the affected counties in order to increase institutional deliveries as well as emergency obstetric and neonatal care services.

Cote d'Ivoire has one of the highest HIV prevalence in the region, 3.9% (2008, UNAIDS) in adult population and Liberia has an adult prevalence of 1.5%. The risk of spreading of HIV infections among refugees and host population is extremely high due to repeated sexual violence against women and girls and the limited access to information on HIV prevention and ARVs in such context. With the present situation overwhelm health care services; HIV -positive Ivorian refugees needing treatment will find it extremely difficult in accessing treatment due to the over -crowdedness of communities and health facilities coupled with low human resources available to match up with the challenging situation

This proposal aims to continue provide assistance in reducing morbidity and mortality among crisis affected people and their host communities by strengthening health system, providing quality health, PMTCT and pediatric HIV care services, responding to disease outbreaks and monitoring, analyzing and reporting information for decision making.

Specifically, a minimum package of health and HIV/AIDS services will be provided to around 224,000 affected people. This package will include prevention and management of common endemic and epidemic diseases (including childhood diseases and cholera), promotion of essential health practices including family practices for pregnant women and children and increased access to essential package of health services.
These beneficiaries include IDPs, returning nationals, third country nationals and host community members as well as refugees. Refugee response will be coordinated with UNHCR and UNICEF is responding to the need of affected population as required by its Core Commitments for Children in Humanitarian Action.

Vulnerability criteria

Indicators	Sphere standard emergency thresholds	Status at Mid Year	Current Status (if data is available)
1. OPD consultations per person per year	1-2	1	0.94
2. Measles immunization coverage	>95%	80%	73%
3. Proportion of skilled institutional deliveries	-	46%	44%%
4. Case fatality rate due to disease outbreaks	<1% < 15%	1% 20%	2% (cholera) 50% (Lassa fever)
5. Children under 5 treated within 24 hours for malaria, ARI, and diarrhea	80 %	Not available	37 %

Key actions

Based on the analysis, the following actions will be required to increase access to essential health services:

1. Provision of drugs, medical supplies, lab reagents, vaccines and equipment to increase access and utilization of health services;
2. Provision, distribution and monitor use of reproductive health kits, delivery kits and family planning commodities;
3. Deployment and retention of qualified health workers in some of the remote communities.
4. Provision of integrated community outreach and referral services;
5. Implementation of essential package of health services in all facilities accessed by refugees in host communities

Risk analysis

1. If essential drugs, medical supplies, equipment, reproductive health kits and commodities are not provided, agains achieved in service delivery will be lost. There will be increeased illness and death due to lack of basic health services.
   Access to health services is already low in these counties compared to other counties and this could further deteriorate.
   There will be no integrated community outreach services with consequnt increase in incidences of communicable diseases including vaccine preventable diseases.

2. There will be no quality health services without deployment and retention of qualified health workers in the remote communities. Their presence including availability of drugs, reproductive health supplies and commodities will increase access to essential health services, increase skilled deliveries and EmONC services, and reduce maternal and newborn deaths.

3. Urgent actions are needed to address the issue of cholera and acute watery diarrhea. Though there is alot of work and collaboration with WASH to improve water, sanitation and hygiene, there is need to support lab capacity for confirmation of cases, surveillance for early detection, and clinical management of cases with moderate and severe dehydration. These mechansims are essential to ensure that deaths related to cholera are minimized.

   Increase in diarrhoeal diseases including cholera can spread rapidly among affected communities; with increased illness and deaths. Equally, Lassa fever outbreak will spread among the affected communities impacting on the health system. Already case fatality rate due to Lassa fever is high and his can deteriorate further if no appropriate actions are taken.

Consequences if project unfunded

Increased illness and deaths related to communicable diseases among women and children as well as increased maternal and newborn deaths.
Communicable disease outbreaks are likely to occur with consequent increase in illness and deaths.

4.4. Nutrition

Target Beneficiaries	Estimated Affected Population		
	Male	Female	Total
Children under 5 suffering from severe acute malnutrition	7,080	6,888	13,968
Children under 5 suffering from moderate acute malnutrition	6,993	6,802	13,795
Children under 5 suffering from anemia	30,996	30,152	61,148
Children under 5 suffering from chronic malnutrition	57,673	59,096	116,769
At-risk and malnourished pregnant and lactating women	N/A	51,287	51,287
Women suffering from anemia	N/A	123,337	123,337
Mothers & caretakers of children under 5 who will receive nutrition counseling services	5,689	108,080	113,769
Total	**108,431**	**385,642**	**494,073**

Priority Area of intervention

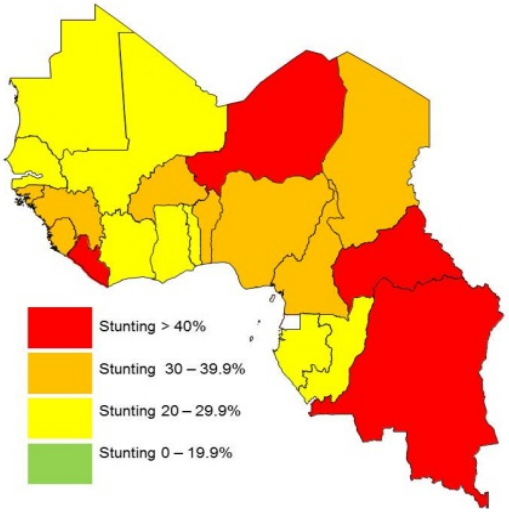
Grand Gedeh, Maryland, Montserrado, Nimba, and River Gee Counties

Critical Unmet Needs

- Lack of community screening for identification and referral of severely malnourished children leading to exclusion of many vulnerable children from treatment
- Inappropriate sustainability of therapeutic and supplementary feeding program mechanisms in clinics receiving Liberians and Ivorian refugee children
- Inadequate supply of therapeutic foods
- High rate of acute malnutrition in most food insecure Counties, including Montserrado.
- High rate of anaemia in refugee and Liberian children and women
- Inadequate resources by the Ministry of Health and Social Welfare to carryout preventive nutrition services, including the bi-annual vitamin A supplementation and deworming campaigns
- Persistent weak capacity to the County Health Team (CHT) to independently manage nutrition interventions in the four refugee-affected counties
- Adherence to international and national protocols in treatment sites have gradually deteriorated from June 2012
- Widespread inadequate breastfeeding which affecting child survival, growth and development.

Needs Analysis

Chronic malnutrition (stunting) remains an enduring problem in Liberia, affecting 42% of the country's children. The current level of chronic malnutrition is one of the highest in West Africa. Almost 60% of children and 40% pregnant women suffer from anaemia, depriving them from adequate growth and development (National Micronutrient Survey 2011). By WHO standard, the prevalence over 20% is considered as severe public health problem. Liberia also has 5th highest maternal mortality rate (984/100,000 live births-DHS 2007) in the world. The high level of anemia is the key contributing factor. Only 34% of infants under-six months are exclusively breastfed while 50% of infants 6 – 9 months old are not fed with any complementary food.

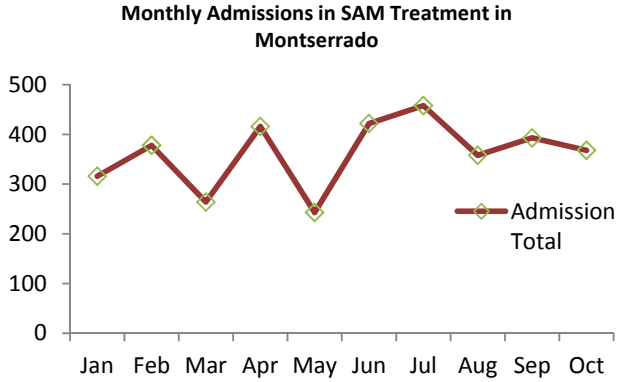


Children below five years of age are estimated at about 150,419 across the four refugee-affected counties, but only an average of 5,300 of them are being screened monthly. This is less than

5% coverage. The key bottleneck is lack of or inadequate community screening and referral.

Across the four refugee-affected counties, severely malnourished children are treated through 57 Outpatient Treatment Sites (OTP) and six hospitals with inpatient care. In 2012, more than 50,000 children under years of age were cumulatively screened for acute malnutrition, 35% of them were refugees. Over 2,800 severely malnourished children were treated, with a cure rate of over of 80% and mortality rate of around 1%.

However, due to lack of improvement in food security and living standard of the affected families, the caseload of malnourished children receiving treatment has not declined for the past 12 months.



Numerous problems and challenges remains in the implementation of the management of acute malnutrition treatment programme. Due to lack of funding, 4 out the 5 NGO partners have phased out. Provision of nutrition services in 13 areas in the prioritized Counties has already been halted. As a result of inadequate supervision, the quality of treatment has deteriorated and more than 25% of the treatment sites have been providing incomplete data since July 2012. Children defaulting from treatment remain still a big challenge. The county health teams and health facilities are overburdened and not yet able to independently manage the treatment service.

Furthermore, very little has been done to address chronic malnutrition and micronutrient deficiencies to improve infant and young child feeding and care practices, thus trapping children and women in a viscous cycle of malnutrition. Currently, there is no response mechanism in place to alleviate the problem of anemia in children. Little has also been done to improve maternal nutrition status. The supply of iron-folate tablets to pregnant women is intermittent. In fact, only 13% of pregnant women take iron-folate supplements for 90 days and more.

Vulnerability Criteria

Indicators	Sphere standard emergency thresholds	Status at Mid-Year	Current Status
Nutrition screening	50%	11%	4%
Defaulter rate for Acute Malnutrition – Moderate -Severe	15% 15%	14% 11%	13% 10%
Coverage of iron supplementation Pregnant women	75%		13%
Proportion of exclusively breastfed infants 0 – 6 months	80%		34%
Proportion of infants 6 – 9 months receiving complementary food	80%		50%

Envisaged Actions

The overall goal of the nutrition response is to prevent nutrition deprivation, thereby reduce child morbidity and mortality and ensure adequate growth and development of affected children. To this end, following activities are envisaged, targetting children among refugee and Liberian host populations:

- Distributing ready to use high energy and micronutrient dense foods to children, pregnant and lactating women; as well as providing supplementary feeding to moderately malnourished children
- Strengthening treatment sites for acute malnutrition, including establishing community screening and referal, as well as integration with mobile clinics when and where necessary
- Conducting regular monitoring and assessment of the nutritional situation of affected populations, including evaluation of the effectiveness of the nutrition interventions

- Intensifying promotion of Essential Nutrition Actions (ENA), including exclusive breastfeeding through media and counselling activities by health workers and volunteers
- Providing necessary therapeutic foods, essential drugs and nutrition commodities
- Ensuring coordination of the nutrition sector for effective emergency nutrition response.

Risk analysis

The caseload of malnourished children has remained relatively high in Liberia. Pervasive food insecurity, poor livelihood options, as well as inappropriate feeding practices are the major driver factors. The government directive to discontinue individualised assistance, including food, to refugees outside the refugee camps, compounds this. To mitigate the impact, curative treatment service and preventive nutrition interventions including food supplementation remain crucial.

As underscored by SPHERE, the management of acute malnutrition is the most important lifesaving child survival intervention. A malnourished child has over 60% mortality risk. Without a continued operation of the treatment sites, malnutrition rates are likely to deteriorate further, with a potential higher mortality rate as a direct consequence. There is therefore a need to prioritize preventive and curative measures that address the high level of chronic malnutrition and aneaemia which are affecting not only the survival rate of children, but are also leading to irreversible damage to children wellbeing and their future potential.

Nutrition interventions initiated in response to the refugee crisis are yet to be fully integrated into the regular Government system. At the same time, neither the Government nor its partners have the required resources to continue operation beyond 2012. The risk of service interruption to children remains real and its nutritional consequences dire.

Consequences if Project is Unfunded

The caseload of malnourished children has not declined as food security; neither livelihood situation nor the feeding practices have improved. The operation of the treatment sites needs to continue; otherwise the malnutrition rate will revert back to the level of 10% or more, and thus the mortality rate will exceed the emergency threshold. The high level of chronic malnutrition and anaemia is also leading to irreversible damage to children wellbeing and their future potential. Without external support, the treatment service and nutrition promotion will collapse.

4.5. Protection

Target beneficiaries

Category of people in need	Number of people targeted		
	Female	Male	Total
Ivorian Refugee Children	10,000	10,000	20,000
Liberian Children	15,000	15,000	30,000
Liberian Returnees	3,000	2,000	5,000
Totals	**28,000**	**27,000**	**55,000**

Priority areas of intervention: Grand Gedeh, Maryland, Montserrado, and Nimba Counties

Critical unmet needs:

- Case management and psychosocial support for unaccompanied and separated children and children affected by violence, abuse, neglect, or exploitation
- Family-based care for all unaccompanied children
- Community-based protection mechanisms in vulnerable communities to identify, monitor, prevent, and respond to protection risks
- Assisted return to Liberia for stranded Liberian migrants in West African countries

Needs analysis

Liberia, while still recovering from a 14-year-long civil war, is seeing significant population growth, with about 25,000 Liberian refugees returning to Liberia in 2012 alone and several more expected throughout 2013. Additionally, there are more than 65,000 Ivorian refugees presently living in Liberia, with 82 per cent of the refugee population being women and children.[6] According to the UNHCR October 2012 statistics, 43 per cent of these refugees are residing within Liberian host communities.

More than 1,075 refugee children in Liberia remain separated from their primary caregivers in Cote d'Ivoire, with approximately 40 per cent of unaccompanied and separated children (UASC) in host communities staying either with relatives or foster families. The determination of durable solutions, including reunification with primary caregivers, should be completed within a maximum of two years. Therefore, the majority of UASCs, most of whom have been separated from their primary caregivers for over one year, will require "Best Interest Determination" processes to determine durable solutions for them in 2013,[7] and skilled personnel are essential for this process to oversee and carry out formal case management services and cross-border coordination. In addition, over 300 unaccompanied children have been placed in foster care; however, some foster families have difficulties continuing to care for these children due to limited food supply and resources. Older boys are often more difficult to keep in foster care due to perceptions that boys will "misbehave", and unaccompanied girls, including those with small children, must be closely monitored to prevent sexual exploitation and abuse.

Due to disruptions in daily routines, familial support, and social structures, refugee children and youth experience increased vulnerability to violence, exploitation, and abuse. There are currently no confirmed reports of children associated with armed groups, but recruitment of male youth has been mentioned in communities as a concern. These protection concerns generate greater need for community-based monitoring mechanisms. Child-friendly spaces and life skills/livelihoods courses, particularly for youth and young mothers, are also vital to promote resilience and positive coping mechanisms as well as to reduce vulnerability to sexual exploitation, child labour, trafficking, and recruitment.

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[6] UNHCR refugee population statistics, http://data.unhcr.org/liberia/regional.php updated 31 October 2012.

[7] The International Committee of the Red Cross (ICRC) and the Liberia National Red Cross Society (LNRCS) has registered over 180 unaccompanied children and particularly vulnerable separated children for family tracing and reunification services. The ICRC and LNRCS anticipate that this caseload will remain well into 2013 due to the complex nature of this conflict. However, there are numerous cases not covered by the ICRC/LNRCS due to their limited resources, so child protection agencies in coordination with UNHCR will need to provide family reunification services for these separated children in line with the best interests of the child.

War, poverty, and limited access to public services have increased Liberian children's exposure to child labour, living on the streets, physical abuse, and sexual violence and exploitation, thereby also having an impact on Ivorian refugee children living in Liberian communities. A recent nationwide study found 82 per cent of Liberian children surveyed to be in particularly vulnerable situations, mostly due to living in extremely poor households.[8] Thirty-four per cent of children surveyed were living in foster care despite not being an orphan, and, as compared with boys, Liberian girls face greater risks as they are more likely to be "heads of households, not currently attending school, malnourished…and were orphaned."[9] Additionally, 13.6 per cent of women and girls who have ever had sexual intercourse reported that their first sexual experience was forced against their will.[10] A number of young girls have also been forced into prostitution, some as early as 8 years old.[11&12] Thirty-eight per cent of Liberian children were married before the age of 18,[13] and 94 per cent of children ages 2 - 14 years have experienced psychological or physical punishment – of those, 15.2 per cent have experienced severe physical punishment.[14] Currently, only 4% of Liberian children under the age of 5 have been registered,[15] despite birth registration playing a role in protecting against early marriage, recruitment of children by armed forces, and other abuses.

While Liberian children make up 51.4% of the total population, Liberia is ranked as one of the least child-friendly countries due to an inadequate budget for addressing children's needs and the lack of legal mechanisms promoting children's rights. The national government has endeavoured to confront many of the aforementioned protection issues through several initiatives, including the Children's Law (2012), Women and Children Protection Section within the national police system, community-based Child Welfare Committees, and a joint government and United Nations sexual and gender-based violence project. The implementation of these initiatives, beginning after 2006, has been slow and has had minimal impact, but the Government shows commitment to improving their efficacy.

The influx of Ivorian refugees and Liberian returnees has further exhausted already underdeveloped social welfare, security, justice, and health systems. The existing context within Liberia is visibly affecting Ivorian refugees opting to remain within communities, as they must access the same inadequate services as the Liberian population. Currently, an average of 2 government social workers are available per county to manage all child protection and gender-based violence cases, so international organizations are needed to provide formal case management and psychosocial support services for the refugee population. These organizations are simultaneously partnering with government ministries to increase the number of county-level social workers and community-based protection networks, including Child Welfare Committees, but continued capacity-strengthening efforts in 2013 are crucial to adequately train and mentor local actors and to reduce the risk to beneficiaries that often comes with an abrupt pull-out of NGOs. Child Protection Working Groups (CPWGs) have also been established at the national and county levels to improve coordination and promote best practices, but the Ministry of Gender and Development (MoGD) requires additional technical support to facilitate these coordination bodies.

Liberian migrants who wish to return home also require considerable attention. The invocation of the Liberian refugee cessation clause was announced in January 2012 and took effect in July 2012. Within this period, Liberian refugees living outside of Liberia had the option to benefit from repatriation services with UNHCR or integrate into their respective countries of asylum. These options, however, applied only to those Liberian refugees who were registered with UNHCR and possessed recognized refugee identification cards. Unfortunately, a large number of Liberians who sought asylum in other countries did not register as refugees with UNHCR due to a lack of opportunity or being late for the registration and verification exercises, but they also do not wish to integrate into their current host countries at the present. Due to the cessation clause, the freedom of movement and immunities once enjoyed by Liberians in their countries of asylum have now come to an end or are being restricted.

As these Liberians no longer have refugee status, the Liberian Refugee Repatriation and Resettlement Commission (LRRRC) has appealed to international partners, including the International Organization for Migration, to provide assistance for these Liberian nationals who are not registered with UNHCR and have

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[8] National Situational Assessment of Orphans and Vulnerable Children in Liberia, ChildFund Liberia, June 2012.
[9] Ibid.
[10] Liberia Demographic and Health Survey, LISGIS, 2007.
[11] Youth to Youth: Measuring Youth Engagement," Search For Common Ground, American University, and the Ministry of Youth and Sports, Liberia 2012, pg. 134. ***Note: From this report, it appears that foreign and NGO workers are also feeding into this system, indicating an urgent need to review sexual exploitation and abuse policies within the UN and among UN partners.***
[12] National Situational Assessment of Orphans and Vulnerable Children in Liberia, ChildFund Liberia, June 2012, pg. 98.
[13] State of the World's Children, UNICEF, 2012.
[14] Liberia Demographic and Health Survey, LISGIS, 2007.
[15] State of the World's Children Report, UNICEF, 2012.

no other means, including necessary travel documents or financial means, to return to Liberia. In Ghana alone, LRRRC has reported that there are approximately 3,000 stranded Liberian migrants and has indicated that others in nearby countries are in need of the same return assistance. LRRRC has also indicated that there are many in extremely vulnerable situations among those who are stranded, including those living with disabilities, expectant and lactating mothers, and the elderly.

Vulnerability criteria:

Indicators	Sphere standard	Status at Mid-Year	Current Status (if data is available)	Comments, if any
# of identified unaccompanied and separated girls and boys accessing case management and psychosocial support (PSS) services	100%	100%	100%: 1,075 active cases	Ongoing formal support is necessary
% of identified unaccompanied girls and boys placed in family-based care	100%	96%	95%	Ongoing support is necessary
% of affected communities with functioning community-based protection mechanisms to identify, monitor, prevent, and respond to protection risks	60%	10%	20%	Child Welfare Committees need additional support
# of Liberian migrants assisted with return to Liberia		N/A	N/A	

Activities:

Projects will be conducted in direct collaboration with the government and will promote the protection of all beneficaries and the collection and use of sex- and age-disaggregated data. Activities will then aim to address the different needs associated with sex and age among beneficiaries.

- Provide quality case management and psychosocial support, including identification and monitoring of protection risks, referrals for family tracing and reunification, and "best interest determination" and cross-border collaboration for durable solutions, for girls and boys affected by violence, abuse, neglect, exploitation, or separation from primary caregivers
- Partner with national actors to increase the number of qualified female and male social workers, improve coordination and referral mechanisms, and develop information management systems
- Strengthen community-based protection networks and mechanisms to promote protective environments for girls and boys and ensure immediate response to child protection concerns
- Improve life skills and livelihoods among female and male youth
- Establish referral mechanisms, vulnerability criteria, and registration points for Liberian migrants in West African countries in collaboration with UNHCR, LRRRC, Bureau of Immigration and Naturalization, and other government actors
- Facilitate return for Liberian migrants of all ages back to Liberia, giving priority to those in particularly vulnerable situations, by organizing and providing airfare, reintegration grants, secondary transport once in Liberia, and case management services for those requiring special assistance (e.g., unaccompanied minors, single mothers, expectant or lactating mothers, and persons with disabilities).
- Assist LRRRC in improving their database and profiling exercises related to returned Liberian nationals

Risk analysis:

In order to ensure the full protection of children, protection interventions need to be continuous as a child's safety and well-being must be monitored recurrently. Additionally, Liberian migrants necessitate assistance to return to Liberia so that they might be able to enjoy their right to a national identity. Currently, local actors are not prepared to take on refugee or Liberian protection cases due to extremely limited technical and operational capacity (i.e., only 2 social workers with limited expertise and resources are available per county). Therefore, specialized child protection and migration agencies must continue their existing work to meet the critical protection needs of Ivorian refugees and Liberians as well as partner with national actors to increase their capacity to manage an increased caseload. If funding needs are not met, the following is likely to occur:

- The monitoring of and support to refugee and Liberian children in vulnerable situations along the border will be limited, increasing their vulnerability to violence, abuse, exploitation, neglect, recruitment, and child labour.
- Community-based protection networks and mechanisms will not be adequately prepared or available to identify and immediately refer protection risks (e.g., child abuse, recruitment).

- Families and children in particularly vulnerable situations may not receive information or referrals for life-saving interventions as there will be a limited presence of protection actors, whose role is to identify, document, and support the most vulnerable.
- Unaccompanied girls and boys in foster families may be more susceptible to neglect and abuse due to a lack of monitoring and support to foster carers.
- Children affected by the Cote d'Ivoire conflict will not have access to psychosocial support.
- The reunification of separated children with their primary caregivers could be delayed due to the lack of skilled personnel to refer and follow up on cases of separated children and advocate durable solutions in line with the best interests of the child.
- Refugee youth will be more vulnerable to high-risk behaviours, such as 'transactional sex,' drug and alcohol abuse, early pregnancy, and other risks. Female and male youth have been largely neglected in the humanitarian response due, in part, to the inability to provide formal secondary education. Therefore, holistic life skills and livelihoods courses provide an engaging alternative for youth and reduce risk of unhealthy coping mechanisms, recruitment into armed forces, trafficking, abuse, and exploitation.
- As a result of the refugee cessation clause, Liberians not currently registered with UNHCR will remain stranded in their original countries of asylum due to a lack of financial or logistical means.
- A lack of necessary travel documents among Liberians in other host countries following the refugee cessation clause could lead to irregular or illegal migration, which increases their vulnerability to abuse and exploitation. Additionally, if a crime is committed against these Liberians, it is unlikely that they will have access to fair justice practices since any recognized institution or organization does not represent them.

Consequences if Project is Unfunded:

Local actors are not prepared to identify or respond to all refugee and Liberian protection incidents, thus increasing the vulnerability of women, girls, and boys to prolonged separation from their primary caregivers, gender-based violence, physical abuse and neglect, and recruitment by armed groups. Also, Liberians hoping to return to Liberia and not registered with UNHCR will remain stranded in their original countries of asylum.

4.5. Water, Sanitation & Hygiene (WASH)

Target beneficiaries

Category of people in need	Number of people targeted		
	Female	Male	Total
Returnees	2,000	2,000	4,000
Ivorian refugees	19,000	16,000	35,000
Liberians in host communities	68,969	71,031	140,000
Liberians in cholera prone communities	22,000	28,000	50,000
Totals	144,159	144,841	**289,000**

Priority Area of intervention:

Nimba, Grand Gedeh, River Gee, Maryland and Montserrado

Critical unmet needs:

- Inadequate Government WASH coordination, information management, and emergency response capacity
- Persistent lack of access to sustainable water sources in communities, health, facilities and schools, as well as weak hand pump sustainability arrangements. Non-gender segregated sanitation facilities in schools and health centres.
- Insufficient public awareness about Community Led Total Sanitation in refuge-affected counties, including hygiene promotion in schools and health facilities.
- Cholera host spots (particularly in urban slums) without sufficient measures to prevent or respond to risks of outbreaks.

Needs Analysis

Prior to the refugee influx, access to improved water and sanitation facilities in rural Liberia was only 51% and 4% respectively. In 2010-2011, primary schools already had an average ratio of 127 students per toilet, while only 28% had functioning hand washing facilities; and 42% with functioning school health clubs (MoE). Assessments showed initial access at the beginning of the refugee response at an average of 5 litres per person per day and an average of 514 users per latrine; significantly below the SPHERE minimum standards for water and sanitation. As a result of interventions by Sector actors however, access to safe drinking water has increased to an estimated average of >15 l/p/d and 50 users per latrine.

While improvements in the WASH situation in communities have been made, access to sustainable, perennial water sources, and sustainable community operation and maintenance arrangements strengthened remain largely inadequate. The 2011 national waterpoint mapping exercise found that only 50.8% of all water points are fully functional throughout the whole year. The transition away from subsidised emergency sanitation that began in 2012 needs to continue if achievements realised so far are to be preserved. Inadequate access to improved water facilities contributes, in part, to the high rate of chronic malnutrition, standing nationally at 40%[16]

In communities hosting refugees, schools and health facilities are yet to meet the required standards of secure, user-friendly, gender sensitive sanitation, water, hygiene, and solid waste management services. WASH interventions adopted in the initial stage of the emergency response need to be replaced with more sustainable and lasting interventions such borehole and institutional latrine construction, with strengthened institutional hygiene activities, linked with community outreach. However, government's sector information management systems remain weak, with data on water point functionality, water quality analysis, and

[16] 2012 Liberia CAP MYR

sanitation status not routinely recorded or reported. This is indeed affecting efforts of post-emergency sustainability.

UNICEF/WHO Joint Monitoring Programme for Water Supply and Sanitation reports, based on LDHS data from 1986, 2000, 2007, indicate a decline in access to improved drinking-water sources and access to improved sanitation facilities in urban areas in the last two decades (access in 1986 was 89.7% and 62.4% respectively, and in 2007 was 83.5% and 23.0% respectively). A study of urban hygiene practices conducted by the Centres for Disease Control in 2008 indicated that 29% of urban households practiced open defecation.

Annual trends in suspected cholera cases remain unstable in Monrovia. Total suspected cases reported in 2010 (1,546 cases) and 2011 (1,277 cases) were higher than in 2009 (1,057 cases). Analysis of MoH&SW data also indicates that the proportion of severe admitted cases, compared to suspected cases has increased between 2009-2011: rising from 45% in 2009; 67% in 2010, and 68% in 2011. The same data shows that between 2010-and 2011, 12 communities in Monrovia (representing 6% of the number of defined communities) account for 29% of the total suspected cholera cases classified as severe and admitted for treatment. The cholera outbreak in Sierra Leone in 2012 which affected >15,000 people with >250 deaths, has highlighted the ongoing risk of cholera outbreaks in the sub-region, particularly in urban areas.

Vulnerability criteria

Indicators	Target (Sphere and UNICEF's CCC in emergencies)	Status at Mid-Year (Ivorian border counties)	Current Status (Ivorian border counties)	Comments
1. Litres/person/day in emergency affected areas (Only for areas with a permanent water point functionality throughout the year)	15	>15	>15	49.2% of water points are not fully functional throughout the whole year
2. Persons/latrine in emergency affected areas	20	50	50	Government promotes CLTS approach

Activities

- Develop boreholes with a sustainable yield of >3,000 litres/hour in communities, schools and health facilities
- Strengthen handpump sustainability arrangements through support to community level operations and maintenance
- Conduct public awareness campaign on Community Led Total Sanitation to strengthen transition away from subsidised family latrine construction
- Construct and rehabilitate gender separated latrines in schools and health facilities
- Support improved hygiene awareness strengthened through hygiene promotion in schools and health facilities with community outreach
- Support improved solid waste management in schools and health facilities
- Transfer and preposition emergency WASH stocks to GoL at county level
- Support incremental handover of coordination arrangements to GoL, and strengthen county level information management arrangements
- Implement urban WASH package with construction of waterpoints (including extensions to LWSC pipeline), gender separated public latrines, supply of WaterGuard point-of-use water treatment product, and hygiene promotion

Risk Analysis

- The high level of water points not functioning throughout the year is likely to increase stress on functioning water points, particularly during the dry season, and result in lower safe water use, and increased use of surface water sources.
- Low access to improved sanitation is likely to result in sustained levels of high open defection, with associated environmental sanitation risks including faecal-oral disease transmission.

- Poor access to WASH in communities affected by emergencies creates an increased risk of diahoreal disease, including of cholera outbreaks, which can spread rapidly, adversely impacting on health, productivity, and child development.
- Low access to safe, gender-friendly sanitation conditions reduces dignity and increases risk of sexual harassment and assault.
- Poor sanitation in schools, especially lack of separate latrines for girls and boys, reduces full participation and achievement in school, particularly for girls.
- Lack of proper sanitation facilities in healthcare facilities increases the risk of transmission of nosocomial infections.

Consequences if project unfunded

Increased risk of water and sanitation-related disease outbreak and a lower WASH recovery and resilience in refugee-affected and at risk areas.

LIBERIA

Project sheets

Appealing Agency	United Nations Children's Fund (UNICEF)
Project Title	Improving quality education for Liberians and Ivorian refugees integrated into the Liberian school system in vulnerable communities
Sector	Education
Objectives	To provide integrated ECD services and primary education services to Ivorian and Liberian children in refugee-affected communities
Beneficiaries	52,300 Ivorian and Liberian children and youth access ECD services, primary education, youth skills training/literacy classes
Implementing Partners	MOE, IRC, SC and VIA
Project Duration	January 2013 – December 2013
Current Funds Requested	$ 3,500,000
Enhanced Geographical Fields	Nimba, Grand Gedeh, River Gee and Maryland

Summary
Liberia has 60% of children of school going age out of school. Provision of education services is extremely poor in the remote and marginalized counties affected by the Ivorian refugee crisis. The continued presence of refugees in Liberian schools has put further pressure on classrooms, desks and teachers, exacerbating the overcrowded conditions. The new Government's policy is for Ivorian children remaining in host communities to be integrated into the Liberian curriculum by January 2013. However, most Ivorian children are dropping out since they have not had coaching in English to integrate with minimal challenges. The refugees are also being taught by teachers who don't possess multi-language teaching techniques.

Activities

- Construction and Rehabilitation of learning facilities, including Child Friendly Spaces, schools/classrooms and appropriate WASH facilities using correct gender ratios
- Identification and training of female and male teachers, peer educators and caregivers to ensure adequate pupil-teacher ratios for girls and boys
- Provision of grade-appropriate teaching and learning materials for children and adolescents

Expected Outcomes
52,300 Ivorian and Liberian children have access to quality educational opportunities in safe, improved child friendly spaces under the guidance of caregivers and teachers with a balanced gender ratio. In addition, children will access improved gender-sensitive WASH facilities as well as improved educational facilities and learning materials.

Consequences if project unfunded
Overcrowding, inadequate infrastructure, a weak integration strategy for Ivorians will result in poor quality education and worsen the drop out of Ivorian and Liberian students. These children will become more vulnerable to child labour, sexual abuse and exploitation and other forms of harm and violence.

FINANCIAL SUMMARY: EDUCATION SECTOR	
Budget items	**$US**
Staff Costs	490,000
Implementing or operation costs	2,695,000
Project monitoring and reporting	140,000
Administrative cost	175,000
Total project budget	**3,500,000**
Minus available resources	**0**
Funds requested for 1 year	**3,500,000**

Appealing agency	UN World Food Programme
Project title	Asset Rebuilding through food/cash for work and community grain reserves in Nimba, Grand Gedeh, River Gee, Maryland, Bomi, Rural Montserrado, and Grand Kru Counties
Sector	Food Security
Objective	Overall objective: to mitigate the impacts of Ivorian presence on the host communities and increase resilience of vulnerable Liberians by • Improving food security situation of the Ivorian refugees living in host communities in Liberia; and • Improving the food consumption of food-deficit Liberian communities hosting refugees during the lean season and protect their livelihoods.
Beneficiaries	8,000 households (40,000 individuals)
Partners	Ministry of Agriculture, local and international NGOs, community-based organizations
Project duration	6 months
Funds requested for 2013	US$ 2.5 million

Summary

Persistent lack of sufficient rice production in the target counties translates to a rice consumption deficit17 greater than 60% of the yearly average rice consumption requirements (or about 6 months hunger gap for Grand Gedeh County and 8 months in Maryland and River Gee Counties in 2012).

Furthermore, Liberia, particularly the south-eastern region that hosts refugees suffers from chronic food insecurity even prior to refugee influx as revealed by the inter-agency Emergency Food Security and Market Assessment (EFSMA)18 conducted in April-May 2011 and the 2010 countrywide Comprehensive Food Security and Nutrition Survey (CFSNS). Findings from these assessments indicate inadequate food consumption patterns for the host communities. For instance, the EFSMA found that proportion of households with inadequate food consumption scores increased from 32% in 2010 to 69% in Nimba in May 2011, while the CFSNS found that four counties showed overall food insecurity levels greater than 70 percent19, of which two are currently hosting refugees.

Concurrently, the food security outlook in Liberia remains precarious for three reasons: 1) cross-border rice outflow from Liberia into neighboring countries due to price differential; 2) poor performance of local production; and 3) continued high international rice prices. Given the country's dependence on rice imports (over 60%); high prices are transmitted on the domestic markets. This will further impede access especially in southeastern counties where markets have been extremely volatile and poverty levels are high.

Main activities

- Food/cash for work to a total of 8,000 participants (40, 0000 beneficiaries) over the period: April - October 2013. The support will be targeted during the lean season - that coincides with heavy rains and poor accessibility to markets; local rice and cassava prices have risen (and remains high even during the harvest period). Community involvement will be ensured in the selection process through participatory approaches to reach the most food deficit households. The proposed FFW/Cash for work schemes are based on previous successful experience by WFP, NGOs and the government in implementing similar activities in Liberia.
- Partnering with farmers association to rebuild or introduce community based grain reserves

Expected outcomes

- Improved food consumption over assistance period for Ivorian refugees in Liberia as well as vulnerable Liberian women, men, girls and boys in host villages assisted through FFW.
- To restore and rebuild livelihoods of vulnerable host community populations in Liberia hosting refugee population and alleviate household food insecurity during the hunger season

[17] The estimated deficit in consumption requirements takes into account consumption of other staples (mainly cassava) whose production in south eastern Liberia is also limited.

[18] An inter-Agency assessment conducted in May 2011 covering refugee areas of Nimba, Grand Gedeh and Maryland counties; poor urban/peri-urban households in Montserrado county (includes Monrovia, the capital city); non-refugee rural areas of Bomi (low agricultural production) and Lofa (high agricultural production/strong markets).

[19] River Gee, Maryland, Grand Kru and Bomi Counties.

Appealing agency	Food and Agriculture Organization of the United Nations
Project title	Increasing the resilience and food security of land- and labour-constrained Liberian households and Ivorian refugees through the rebuilding of livestock and poultry assets
Sector	Food Security and Agriculture
Objective	To increase food security and resilience of land- and labour-constrained Liberian households and Ivorian refugees through the re-building of agricultural assets for increased livestock production and marketing, and skills and knowledge transfer
Beneficiaries	3,000 households (15,600 individuals)
Partners	Ministry of Agriculture, local and international NGOs, community-based organizations
Project duration	12 months
Funds requested for 2013	US$ 3,600,000

Summary

Small-livestock and poultry rearing offers a sustainable livelihood option for vulnerable food insecure households (both Liberians and Ivorian refugees), particularly for land- and labour-constrained households. Labour-constrained households have insufficient men power to engage in rice or other crop farming activities. These households face tremendous difficulties in clearing sufficient agricultural land for crop production. Land-constrained households, on the other hand, do not have access to enough arable land.

Small-livestock and poultry are important household assets that protect households during times of shock, and provide an important source of income. During the civil war, numbers of livestock and poultry have decreased, and the country has still not recovered from this shock. The project will therefore target labour- and land-constrained households to increase their capacities in small-livestock (i.e. small ruminants) and poultry rearing. The project will distribute small livestock to vulnerable communities, ensure vaccinations, train para-veterinaries and train households in pest and disease control, feed formulation and housing.

Most small-livestock and poultry rearing in Liberia is currently done on the scavenging-based system where poultry and other livestock is left alone roaming the villages for food and water. To increase productivity, the project will provide training to vulnerable households to use more intensive production systems. This is expected to have spill-over effects to the whole community.

Since small-livestock rearing is an activity done both by men and women, the project will target both groups. However, since women-headed households are more likely to be labour-and land-constrained, the project will target a greater number of women than men. To ensure their empowerment, the project will put in place mechanisms to ensure women are involved in all steps of the decision making process on livestock rearing, marketing and the use of proceeds.

Main activities

- Procure and distribute small-livestock and poultry to land- and labour constrained households
- Procure and distribute vaccines
- Provide training to para-veterinaries at community level to ensure sustained access to basic animal health services
- Training on livestock and poultry husbandry (pest and disease control, feed formulation, housing)
- Establish committees at community level, involving women and men, to ensure that decisions on production, processing and marketing reflect women's concerns and priorities

Expected outcomes

- Increased income of vulnerable female- and male-headed households that are land- and labour-constrained
- Improved food consumption scores of vulnerable female- and male-headed food insecure households improved
- Nutrition indicators improved
- Increased women's participation in decision-making on livestock rearing and selling

Financial summary

Staff costs	$ 676,800
Implementing and operating costs	$ 2,037,600
Project monitoring and reporting	$ 597,600
Administrative costs	$ 288,000
Total funds requested for 2013	**$ 3,600,000**

Appealing agency	Food and Agriculture Organization of the United Nations
Project title	Increasing food security of vulnerable Liberian households and Ivorian refugees by increasing rice production, improving crop management skills and reducing post-harvest losses
Sector	Food Security and Agriculture
Objective	To increase local rice production and mitigate the impact of the hunger gap by facilitating access to inputs and improved cultivation, storage and processing techniques
Beneficiaries	12,000 households (62,400 individuals)
Partners	Ministry of Agriculture, local and international NGOs, community-based organizations
Project duration	12 months
Funds requested for 2013	US$ 2,640,000

Summary

The lean season (hunger gap) starts in May each years and lasts until end October when rice from the annual harvest becomes available. It is the period of the year when rice stocks from household subsistence production are depleted, and households have to rely on market purchases to access food. To earn cash for rice purchases, vulnerable food insecure households usually sell cassava and, if available, vegetable or palm oil on local markets. Some particularly vulnerable households, however, are forced to apply negative coping mechanisms (skipping of meals, reduction of meal size, selling of assets) to access rice, which affects their nutritional status.

Particularly vulnerable households include those with high dependency ratios (i.e. a high number of children, elderly or disabled persons in relation to people fit for labour) and those without sufficient productive capacity (access to arable land, agricultural inputs, extension services, labour to clear land for cultivation). These households are not just more affected by the lean season, but are also likely to experience a lean season that is longer than for the average Liberian household.

This project will target 12,000 particularly vulnerable households (both Liberians and Ivorian refugees) engaged in farming activities, by helping them increase their production in rice, the main staple food, through training and the provision of inputs. Wherever possible, market-based mechanisms will be used (i.e. through vouchers, input fairs, input banks and stores). Moreover, the project will provide training, materials and equipment (i.e. thresher) to improve processing and storage of rice. The combination of increased production and better storage is intended to increase rice availability throughout the year, thereby shortening the lean season (hunger gap) and reducing its impact on household food security.

The project will train especially women in operating and maintaining processing equipment to ensure their full involvement in the rice production chain. To ensure women's full participation in decision-making on rice production, processing and marketing, the project will establish committees composed of women and men from the targeted communities.

Main activities

- Facilitate access of vulnerable food insecure households to key agricultural inputs for rice production, including improved varieties of seeds and agricultural tools, through a combination of locally appropriate and, wherever possible, market-based measures such as the establishment of local seed and tool banks, input fairs and distribution of vouchers
- Provide training to vulnerable farming households on improved techniques in land preparation, planting, cultivation, harvest, processing and storage
- Provide basic processing and storage equipment for rice to communities, and train women and men in operating and maintaining equipment
- Provide basic processing and storage equipment for rice to communities, and train women and men in operating this equipment
- Establish project committees composed of men and women in target areas, to ensure that women are fully involved in decision-making

Expected outcomes

- Secure access to sufficient quantities of rice throughout the months of the lean season (hunger gap) between May and October 2013
- Improved food consumption scores

- Nutrition indicators, especially of vulnerable household members (pregnant and lactating women, children under 5, elderly, disabled, chronically ill) improved
- Women are fully involved in decision-making on production, processing and, where relevant, marketing of rice
- Area under rice cultivation by vulnerable food insecure households increased, and yields increased

Consequences if project unfunded

Vulnerable food insecure households will continue to experience a hunger gap of at least six months. During the hunger gap, food security and nutrition indicators will deteriorate, impacting on the health of men, women, boys and girls. Vulnerable households will continue to spend a disproportionate amount of their little income on food, leaving little left for expenditure on education or health. The hunger gap also has a negative impact on the productive capacities of vulnerable households: For instance, children are likely to under-perform in school due to continued malnutrition, and households are unable to save money to purchase productive inputs for the next season (seeds, tools, processing equipment). All these factors combined form a vicious circle that keeps vulnerable food insecure households in the poverty trap.

Financial summary

Staff costs	$ 425,040
Implementing and operating costs	$ 1,689,600
Project monitoring and reporting	$ 314,160
Administrative costs	$ 211,200
Total funds requested for 2013	**$ 2,640,000**

Appealing agency	Food and Agriculture Organization of the United Nations
Project title	Improving the nutrition status of vulnerable Liberian households and Ivorian refugees through diversification and consumption of nutritious food
Sector	Food Security and Agriculture
Objective	Increase vulnerable households' access to locally produced nutritious food
Beneficiaries	17,000 households (88,400 individuals)
Partners	Ministry of Agriculture, Action Contre la Faim (ACF), local and international NGOs, community-based organizations
Project duration	12 months
Funds requested for 2013	US$ 3,300,000

Summary

This project will address two nutrition-sensitive interventions: production of nutritious food (i.e. food that is rich in carbohydrates, proteins and micronutrients) and consumption of nutritious food. The project will complement other interventions proposed in this humanitarian appeal, such as production of staple food, food processing and improved access to markets. Wherever possible, the project will promote and facilitate the integration of interventions, so that they can contribute to greater impact in terms of food and nutrition security.

The proposed project will support vulnerable Liberian households and Ivorian refugees in increasing the production of vegetables and tubers during the dry and rainy seasons, trough provision of planting materials, as well as through training in improved agricultural techniques for land preparation, planting and cultivation. The project will also provide training and materials for better storage and processing solutions. Improved storage and processing techniques will be essential to preserve the quality and quantity of locally produced food, and to ensure their availability throughout the year. Focus will be put on the promotion of simple, cost-effective and locally appropriate techniques (i.e. solar drying of vegetables).

A specific focus will be put on promotion of varieties of sweet potato that are rich in vitamin A, as inputs for the production of sweet potatoes are currently not easily available. The project will also promote the cultivation of protein-rich or short-cycle (three months) varieties of cassava. The project will work particularly with women. To ensure their empowerment, the project will put in place mechanisms to ensure women are involved in all steps of the decision making process on vegetable production, processing and marketing.

Main activities

- Facilitate access of vulnerable food insecure households to key agricultural inputs for the production of nutritious food (i.e. sweet corn, groundnuts, sweet potato etc.), including seeds and agricultural tools
- Provide training to vulnerable farming households on improved techniques in land preparation, planting, cultivation, harvest, processing and storage
- Provide basic equipment and materials for the processing and storage of vegetables and tubers, and train women and men in operating the equipment
- Promote and facilitate the adaptation and adoption of a nutritious variety of sweet potato, support the establishment of sweet potato nurseries run by research organisations and organised women's groups, and train women's groups on basic sweet potato and groundnuts processing and storage techniques
- Promote and facilitate the adaptation and adoption of protein-rich or short-cycle varieties of cassava
- Provide assistance to communities to make use of lowland areas for vegetable production during the dry season
- Establish demonstration fields in the uplands and lowlands for training purposes
- Promote consumption of nutritious foods through awareness raising, education and practical training on the preparation of adequately nutritious meals (i.e. through women's groups)
- Establish committees at community level, involving women and men, to ensure that decisions on production, processing and marketing reflect women's concerns and priorities

Expected outcomes

- Increased availability of vegetables and tubers throughout the year (dry and rainy seasons)
- Increased household access to inputs for the production of vegetable and tuber
- Food consumption scores improved
- Nutrition indicators of vulnerable households, especially vulnerable household members (lactating and pregnant women, elderly, disabled, chronically ill, children under five etc.) improved
- Increased women's participation in decision-making on vegetable production, processing and selling
- Increased income of vulnerable food-insecure households through marketing of excess production

Consequences if project unfunded

Vulnerable food insecure households will continue to lack access to nutritious and healthy food which will negatively affect their nutrition status. Population groups, such as children, elderly, disabled and lactating women are particularly vulnerable, and their health and socio-economic status will continue to be severely affected by malnutrition. As a consequence, the morbidity rate of these household members may increase.

Financial summary

Staff costs	$ 495,000
Implementing and operating costs	$ 2,145,000
Project monitoring and reporting	$ 396,000
Administrative costs	$ 264,000
Total funds requested for 2013	**$ 3,300,000**

Appealing Agency	United Nations Children's Fund (UNICEF)
Project Title	Meeting Critical Nutrition Needs for Liberians and Ivorian Refugees in Vulnerable Communities
Sector	Nutrition
Objectives	Provision of life-saving nutrition interventions and promotion of infant and young child feeding practices to ensure survival and adequate growth and development
Beneficiaries	• 27,763 children under five to be treated for acute and moderate malnutrition • 113,769 children to be covered by promotion of optimal infant and young child feeding practices • 61,148 children to receive Micronutrient Powder Supplements and 118,759 pregnant women iron supplementation
Implementing Partners	MoHSW, ACF, MERCI, ANDP and Samaritan's Purse
Project Duration	January 2013 – December 2013; 1 year
Current Funds Requested	US$ 2,365,000
Enhanced Geographical Fields	Grand Gedeh, Maryland, Montserrado, Nimba and River Gee

Summary
Chronic malnutrition (stunting) remains an enduring problem in Liberia, affecting 42% of the country's children. The current level of chronic malnutrition is one of the highest in West Africa. About 60% of children and 40% pregnant women respectively suffer from anemia. Across the four refugee-affected across the four refugee-affected counties, severely malnourished children are treated through 57 Outpatient Treatment Sites (OTP) and six hospitals with inpatient care. However, numerous problems and challenges remain in the implementation of the management of malnutrition treatment programmes, and yet, very little has been done so far to address chronic malnutrition and micronutrient deficiencies

Main Activities
- Distribute Ready to Use Supplementary Food as preventive measure .
- Strengthen treatment sites for acute malnutrition, including establishing community screening
- Conduct regular monitoring and assessment of the nutritional situation of affected populations
- Intensifying promotion of Infant and Young Child feeding
- Conduct two rounds of national vitamin A campaigns and iron supplementation for children and pregnant women
- Providing necessary therapeutic foods, essential drugs and nutrition commodities

Expected Outcomes
Acute malnutrition reduced to 3%; exclusive breastfeeding and complementary feeding improved leading to reduced stunting; prevalence of anemia in children and pregnant women reduced by at least 30% through iron supplementation efforts.

Consequences if Project is Unfunded
The caseload of malnourished children has not declined as food security; neither livelihood situation nor the feeding practices have improved. The operation of the treatment sites needs to continue; otherwise the malnutrition rate will revert back to the level of 10% or more, and thus the mortality rate will exceed the emergency threshold. The high level of chronic malnutrition and anaemia is also leading to irreversible damage to children wellbeing and their future potential. Without external support, the treatment service and nutrition promotion will collapse.

FINANCIAL SUMMARY: NUTRITION SECTOR	
Budget Items	**$US**
Staff Costs	275,000
Implementing and Operating Costs	1,441,300
Project Monitoring and Reporting	280,000

Administrative Costs	440,700
Total Project Budget	**2,437,000**
Minus Available Resources	**72,000**
Fund Requested for One Year	**2,365,000**

Appealing Agency	United Nations Children's Fund (UNICEF)
Project Title	Promoting Durable Solutions and Protective Environments for Ivorian Refugees and Liberians in Vulnerable Communities
Sector	Protection
Objectives	To provide safe environments and protective assistance for Ivorian refugee and Liberian children in vulnerable situations and Liberian migrants returning to Liberia
Beneficiaries	50,000 Liberian and Ivorian girls and boys in vulnerable situations and 5,000 Liberian migrants in West African countries
Implementing Partners	ChildFund, DRC, IRC, IOM, and Save the Children
Project Duration	January 2013 – December 2013: 1 year
Funds Requested for 2013	US$ 7,800,000
Enhanced Geographical Fields	Grand Gedeh, Maryland, Montserrado, and Nimba counties

Summary
Two years after the height of the Ivorian crisis, 65,000 refugees remain in Liberia, and 43 per cent reside in Liberian communities. Women, girls, and boys make up 82 per cent of this population and are exposed to increased risks of violence, abuse, and exploitation. Among the 35,000 refugee children, 1,075 are still separated from their primary caregivers in Cote d'Ivoire, and the foster families and relatives caring for these children report difficulties in providing adequate care due to limited food and resources. Also, more than 25,000 Liberian refugees have returned to Liberia this year, and more are expected to return in 2013. Due to the recent refugee cessation clause, Liberians in their respective countries of asylum no longer have refugee status. One substantial concern is that a large number of Liberians who sought asylum during or after the war in Liberia did not register as refugees and, as such, are not included in the return process facilitated by UNHCR. Hence the Liberian Government has appealed to international partners to provide assistance for these Liberian nationals who still hope to return. This influx of Ivorian refugees and Liberian returnees has further exhausted already underdeveloped national social welfare systems, thereby severely limiting access to protective services for those in vulnerable border communities.

Main Activities
- Provide quality case management and psychosocial support services for girls and boys affected by separation from primary caregivers, violence, abuse, neglect, or exploitation
- Strengthen community-based protection networks and mechanisms
- Facilitate return to Liberia for Liberian migrants, giving priority to those with significant vulnerabilities

Expected Outcomes
- Girls and boys have access to quality psychosocial support, family-based care, continual monitoring to ensure safety, and referrals for other support services
- Community-based protection networks identify, monitor, prevent, and respond to protection risks
- Stranded Liberian migrants are assisted to return to Liberia from West African countries

Consequences if Project is Unfunded
Local actors are not prepared to identify or respond to all refugee and Liberian protection risks and incidents, thus increasing the vulnerability of women, girls, and boys to gender-based violence, prolonged separation from their primary caregivers, physical abuse and neglect, and recruitment by armed groups. Also, Liberians hoping to return to Liberia and not registered with UNHCR will remain stranded in their original countries of asylum.

FINANCIAL SUMMARY: PROTECTION SECTOR	
Budget Items	**$US**
Staff Costs	1,100,000
Implementing and Operating Costs	6,000,000
Project Monitoring and Reporting	300,000
Administrative Costs	400,000
Total Project Budget	**7,800,000**
Minus Available Resources	**0**
Funds Requested for 1 year	**7,800,000**

Appealing Agency	United Nations Children's Fund
Project Title	Strengthening WASH resilience in refugee-affected and at risk areas in Monrovia
Sector	Water, Sanitation and Hygiene (WASH)
Objectives	Contribute to reduction of water and sanitation-related disease outbreak risks and strengthened WASH recovery and resilience in Liberia
Beneficiaries	179,000 Ivorian refugees, Liberian host community members, and Liberian returnees, and 50,000 in cholera prone communities
Implementing Partners	AEL, CARE, CODES, CIPORD, DRC, ECREP, ERS, FAAL, LICH, OXFAM, RIDA, SPIR
Project Duration	January 2013 – December 2013
Current Funds Requested	US$ 4,200,000
Enhanced Geographical Fields	Nimba, Grand Gedeh, River Gee, Maryland, Montserrado

Summary
Only 50.8% of all water points are fully functional throughout the whole year). Appropriate sanitation (non-subsided in rural communities; gender separated latrines in schools and health facilities; flood resistant public latrines in urban slums), and hygiene awareness in refuge-affected and at risk communities, schools, and health facilities are required. The Government's role in WASH emergency coordination, monitoring (including of water quality) and information management remains inadequate

Main Activities
- Develop boreholes with a sustainable yield of >3,000 litres/hour in communities, schools and health facilities
- Strengthen handpump sustainability arrangements through support to community level operations and maintenance
- Conduct public awareness campaign on Community Led Total Sanitation
- Construct and rehabilitate gender separated latrines in schools and health facilities
- Support improved hygiene awareness strengthened through hygiene promotion
- Implement urban WASH package with construction of water points (including extensions to LWSC pipeline), gender separated public latrines, supply of WaterGuard point-of-use water treatment product, and hygiene promotion

Expected Outcomes
- Reduction of water and sanitation-related disease outbreak risks and strengthened WASH recovery and resilience
- Government WASH coordination, monitoring, information management, and response capacity strengthened
- Access to sustainable, perennial water sources improved in communities, health, facilities and schools
- Public awareness of Community Led Total Sanitation and safe hygiene practices strengthened
- Access to sanitation improved in schools and health facilities

Consequences if project unfunded
Increased risk of water and sanitation-related disease outbreak and a lower WASH recovery and resilience in refugee-affected and at risk areas.

Financial summary

Items	**USD**
Staff Costs	200,000
Implementing or operation costs	3,615,000
Project monitoring and reporting	200,000
Administrative cost	285,000
Total project budget	4,300,000
Minus available resources	100,000
Funds requested for 12 months	**4,200,000**

Appealing Agency	United Nations Children's Fund (UNICEF)
Project Title	Critical Humanitarian Gaps (CHG) – Improved access to essential package of health services for refugees and host communities in emergency affected counties.
Sector	HEALTH
Objectives	- Support the provision of drugs, medical supplies, lab reagents, vaccines and equipment to increase access and utilization of health servicesfor refugee population, host community and returnees. - Support control of epidemic prone and endemic diseases in crisis affected areas. - Reduce excess morbidity and mortality among crisis affected people specifically women and children. Increase access to quality health facilities delivery services in affected areas. - Support implementation of essential package of health services in facilities accessed by refugees in host communities - Support provision of integrated community outreach and referral services
Beneficiaries	Total: 224,000 affected populations (refugees and host communities in Maryland, Grand Gedeh, Nimba, River Gee and Montserrado) Children: 36,700 in refugee population Women: 18,000 in refugee population
Implementing Partners	Ministry of Health & Social Welfare (MoHSW), County Health Teams(CHTs), United Nations Children's Fund (UNICEF), NGOs
Project Duration	Jan 2013 - Dec 2013
Current Funds Requested	$ 2,621,500
Enhanced Geographical Fields	Maryland, Grand Gedeh, Nimba, River Gee and Montserrado counties

Summary
The influx Ivorian refugees place a strain on the Liberian health system stretching the health system in host counties beyond its limit. With the context of the epidemic and endemic prone diseases of these areas, there is a need to prevent the occurrence of measles and polio through the immunization of children of under five years (0-59 months) and maintain routine immunization activities and support Polio NIDs and measles. Pockets of measles outbreaks continue to be reported especially in River Gee and also in Grand Bassa counties where measles coverage is estimated at 60% below the national figure of 73% (and far below the national target of 80%).Women and children account for over 80% of the Ivorian refugees (26.7% adults females and 54.9% are children under 18 years from whom 45% are children under 11 years). Currently, 58% of the refugees are settled in camps while 42% are absorbed in host communities.

Liberia has one of the highest maternal (994/100,000) and child mortality rates (110/1,000 live births) in the world. There is disparity in access to essential health services especially in counties hosting refugees due to uneven distribution of health facilities, lack of outreach services to remote communities, lack of qualified health workers, lack of referral services including emergency care and bad roads during rainy season. Availability of essential drugs, medical supplies and equipment coupled with retention of qualified health workers in the remote communities are critical. Regular availability of drugs and medical supplies are needed in the affected communities to increase optimal uptake and utilization of health services.

The capacity of health facilities to ensure quality antenatal care and skilled deliveries for pregnant women is limited due to the shortage of qualified human resources and the stock outs of essential drugs and basic equipment. Though the proportion of skilled deliveries is increasing, it is still far from the target 80%.

Cote d'Ivoire has one of the highest HIV prevalence in the region, 3.9% (2008, UNAIDS) in adult population and Liberia has an adult prevalence of 1.5%. The risk of spreading of HIV infections among refugees and host population is extremely high due to repeated sexual violence against women and girls and the limited access to information on HIV prevention and ARVs in such context.

Main Activities
Strengthen the health system: provision of drugs, medical supplies, vaccines and equipment to increase access and utilization of health services in affected counties; Provide vaccines for measles and polio campaigns for emergency counties, supply of ORS & IV fluids as a part of preparedness for possible cholera outbreaks, provide PEP kits, ARVs for pregnant women, infants, children and other medical treatment

Provide quality health care services: support routine immunization, polio NIDs and measles campaigns for children six months to 5 years old, support CHT to implement/ strengthen integrated community case management of childhood illnesses in refugees and host communities, support provision of integrated community outreach and referral services, provide support to CHTs in strengthening prenatal care and skilled delivery services for pregnant women, provision of treatment for PMTCT and pediatric HIV care

Coordinate, monitor, analyze and report information for decision making: provide support to CHTs for continued supportive supervision and monitoring, public awareness and social mobilization on common childhood diseases, design and print IEC materials (for malaria, polio, and measles), use of local mass media for social mobilization

Expected Outcomes

- MCH services, including immunization delivery system strengthened in refugees affected counties; all children under 5 and pregnant women are immunized in refugees affected counties
- Timely and quality information on women and children available, improved access to essential package of health services for women and children; endemic and epidemic prone diseases affecting women and children under control in areas affected by the crisis

Consequences if Project is Unfunded

Adequate treatment of common childhood illness and immunization coverage is still a major problem in this most deprived region and continued presence refugee population has further worsened the situation. Majority of NGOs providing support to the County Health Teams and health facilities have phased out, creating a major gap in service delivery and with shortages of drugs. The Government does not have resources to meet these gaps. If external support is not provided, child mortality rate will increase the emergency threshold levels of <1/10,000/day

United Nations Children's Fund	
Original BUDGET items	US $
Staff Costs	225,000
Implementation and Operations Costs	1,950,000
Project monitoring and reporting	275,000
Administrative cost (7%) –as dictated by UNICEF Executive Board	171,500
TOTAL	2,621,500

Appealing agency	United Nations Population Fund (UNFPA)
Project title	Provision of Reproductive Health Services in Refugee Host Communities
Sector	Health
Objective	To ensure the availability and utilization of Reproductive Health Commodities and services in the refugee concentrated communities in Grand Gedeh, Maryland, Nimba and River Gee and Montserrado counties
Beneficiaries	222,405 Ivorian and Liberians in Refugee Host communities • 55,600 Ivorian Refugees women of reproductive ageand host community members 13,900 pregnant women
Partners	County Health Teams of Grand Gedeh, Maryland, Nimba and River Gee and Montserrado countiesand Health NGO Partners in the affected counties
Project duration	One year (12 months
Funds requested for 2013	**US$** 411,950.00

Summary

The 2010 disputed presidential elections in Cote d'Ivoire led to the influx of many Ivorian refugees into bordering Counties of Liberia. Although many of the refugees have since then returned home, a good number of them remain in these bordering communities including Grand Gedeh, Maryland, Nimba and River Gee due to the post conflict instability that still threatens the general peace and security in the Country. According to recent statistics from UNHCR, there are 28,045 refugees still in host communities of Liberia that required needed health and other social services. According to recent estimates, there are 4000 returnees from neighbouring countries as well as 140,000 Liberians in refugees host communities in need of humanitarian interventions.

The fragile health system in post conflict Liberia requires strengthening to cater to the needs of Liberians and the refugee population. The Ministry of Health and Social Welfare with support of partners has completed first year implementation of the national health policy and plan, and the essential package of health services with estimated coverage of 17%. Though this coverage varies between counties, the national target is 80% by 2015.
However, there is still disparity in access to essential health services especially in counties hosting refugees due to uneven distribution of health facilities, lack of outreach services to remote communities, lack of qualified health workers, lack of referral services including emergency obstetric care and bad roads during rainy season.
Outpatient consultations in the affected counties is estimated at 0.79 compared to the current national figure of 0.94. This figure is still below the minimum accepted norm of one consulation per person per year.

Availability of essential drugs, medical supplies and equipment coupled with retention of qualified health workers in the remote communities are critical. According to the recent reports from the Ministry of Health, at least 62.5% of health facilities experienced no stock-out of tracer drugs in 2011 but this figure is much lower in the refugee hosting counties. Regular availability of drugs and medical supplies including reproductivehealth commodity are needed in the affected communities to increase optimal uptake and utilization of health services.

In 2011, 44%[20] of deliveries were conducted by skilled birth attendants, and national EmONC coverage estimated at 30%[21] far below the target of 100%.
Though the proportion of skilled deliveries is increasing, it is still far from the target of 80%. The modest increase in skilled institutional deliveries was attributed to the following factors: availability of mama kits, drugs and medical supplies, reproductive health kits and commodities, referral services and qualified health workers. These supplies are urgently needed in the affected counties in order to increase institutional deliveries as well as emergency obstetric and neonatal care services.

[20] MOH&SW Annual report 2011
[21] MoH&SW report 2011

UNFPA will specifically focus on the provision of Minimum Initial Service Package (MISP) for the provision of essential sexual and reproductive health services in including the strengthening of CHTs for the provision of emergency obstetric care services to both refugees and pregnant women in refugees host communities.

UNFPA will also collaborate with other agencies to ensure that Reproductive health services are integrated in the response humanitarian gap in the health sector.

Main Activities will include:

Procurement and distribution/supply of Reproductive health drugs, Kits and supplies to health facilities and communities in affected counties

1. Assess health facilities in affected counties to identify essential Emergency Reproductive Health needs;
2. Procure and distribute essential RH kits, drugs and supplies in a timely manner
3. Strengthen the capacity of supply chain management system in the targeted counties to ensure sustain supply of RH commodities

Develop strategies to strengthen community based reproductive health services to increase skilled institutional Deliveries

1. In collaboration with the county health teams and partners define adequate result-based strategies to implement community based activities that enhance access and utilization of Reproductive health services including GBV and HIV prevention services by targeted populations
2. In collaboration with county health teams identify training needs for staff and community health volunteers in the provision of MISP of RH services at community level
3. Use existing data to develop strategies to encourage institutional deliveries by the target population
4. Strengthen Maternal Waiting homes to encourage institutional deliveries.

Support training needs/ activities and adequate monitoring at all levels

1. Identify training needs, recruit and conduct trainings in collaboration with county health team and partners accordingly for provision of minimum initial servicepackage of RH services i.e. affected areas of the fivecounties
2. Conduct periodic monitoring and evaluation of RH activities

Expected Outcomes

1. Reproductive Health Kits are available and distributed in a timely manner
2. Access to and utilization of condoms and other contraceptives among targeted populations and vulnerable groups is improved
3. Community health workers have knowledge and skills to provide community based Reproductive Health services
4. Health care providers skills in Reproductive Health services delivery in targeted health facilities is improved
5. Minimum RH services available and accessible for most vulnerable population

Financial summary

Procurement of RH Kits, drugs and supplies	180,000
Training of Health Service Providers in MISP	75,000
Operational Cost	80,000
Project monitoring and reporting	50,000
Administrative costs	26,950
Total project budget	411,950.00
Minus available resources	**0**
Total funds requested for 2013	**411,950**

Appealing agency	World Health Organization (WHO)
Project title	Responding to health needs in refugee hosting counties and cholera situation in Montserrado county
Sector	Health
Objective	To increase access to essential health services and respond to communicable disease outbreak
Beneficiaries	222,405 (Ivorian refugees, Liberian host community, Liberian returnees, and 50,000 in cholera risk communities) 48.6% female
Partners	MOH&SW including County Health and Social Welfare Teams and NGOs
Project duration	January 2013 – December 2013
Funds requested for 2013	US$ 1,206,425
	Grand Gedeh, Maryland, Nimba, River Gee and Montserrado counties

Summary

In 2011, the coverage of the essential package of health services is below 17% in refugee hosting counties due probably to lack of access to health services. Out of this figure, 77.2% patients accessed curative services with 32% of them being children.
Crude death rates were also high in these counties: 13/1000 (Nimba), 10/1000 (Maryland) and 9/1000 (Grand Gedeh) compared to other counties in Liberia.
Proportion of fully immunized children is approximately 72% using measles and yellow fever as proxy. Measles immunization coverage in River Gee and Grand Bassa counties is also low and estimated at 60%. As a result, pockets of measles outbreaks were reported from these counties.
Approximately 242[22] suspected cases of cholera, 18 confirmed with5 deaths. Out of the total deaths, 60% were male and 40% female, and children accounting for 40% of the total number of deaths.In addition, 5,800 cases of acute watery diarrhea were reported since the beginning of this year. 60% of the reported cases were from Montserrado County.
Over the past three years, the trend of cholera has continued to increase. In 2009 there were 1,057 suspected cases. This increased to 1,546 suspected cases in 2010 and 1,277 suspected cases in 2011. Nearly 60% of these cases occurred among women and 40% of the total cases were reported among children.
Lassa fever is also affecting communities in Bong, Lofa and Nimba counties. A total of 20 cases, 7 confirmed with 10 deaths were reported (case fatality rate of 50%) in 2012. Out of the total deaths, 60% deaths were reported among females and 40% among males.

Provision of essential drugs and medical supplies as well as deployment of qualified health workers is essential to increase access to health services. This will improve provision of basic health services including community outreach services in the remote areas.
Strengthening integrated surveillance and case management are important for timely reporting, investigation and response to disease outbreaks, thus minimizing avoidable deaths.

[22] MOH&SW Surveillance report 2011

Main activities

- Procure, distribute and monitor use of essential drugs and medical supplies and lab reagents
- Facilitate provision of essential health services including community outreach services in the remote areas
- Support cholera and Lassa fever case management through provision of cholera kits, personal protective equipment, updating of guidelines and training on case management
- Strengthen integrated disease surveillance and response system with focus on timely reporting, field investigation and lab confirmation
- Provide sanitation tools and health information (messages) to promote community awareness and sensitization on cholera and Lassa fever
- Conduct monitoring and supervision and reporting of the prioritized interventions

Expected outcomes

- Illness and deaths related to communicable diseases reduced
- Access to essential health services increased
- Communicable disease outbreaks timely investigated and contained

Consequences if project unfunded

- Increased illness and deaths related to communicable diseases among women and children.

Financial summary

1. Staff cost	300,000
2. Drugs, medical supplies, cholera kits, lab reagents, personal protective equipment	550,000
3. Operational cost	175,000
4. Monitoring, supervision and reporting	102,500
5. Administrative cost	78,925
Total funds requested for 2013	**1,206,425**

Appealing agency	Medical Emergency Relief International (MERLIN)
Project title	Ensuring Continuity and Phased Transition of Essential Package of Health Services in Maryland and Grand Gedeh Counties
Sector	Health and Social Welfare
Objective	To maintain reduced morbidity and mortality in Maryland and Grand Gedeh counties through provision of quality health services.
Beneficiaries	329,154 (284,842 Liberians and 44,332 refugees)
Partners	County Health and Social Welfare Teams (CHSWTs') Grand Gedeh and Maryland Counties
Project duration	12 months
Funds requested for 2013	2,596,496

Summary

Merlin has been working in Liberia since 1997, and is currently supporting the County Health Teams (CHT) by providing Essential Package of Health Services (EPHS) including incentives, drugs, medical consumables, training, and other assistance in 71 health facilities of five counties, i.e. Grand Bassa, Grand Kru, Sinoe, Grand Gedeh, and Maryland counties.

In Grand Gedeh and Maryland, Merlin has been implementing refugee response activities targeting refugees from Ivory Coast. In the host communities and the refugee camps, Merlin has been providing the refugees with essential health services since March 2011. Throughout 2012, Merlin has been an implementing partner with UNHCR in Grand Gedeh, providing comprehensive health and nutrition services in Solo Camp, Ziah Camp, and the host communities through mobile clinic services. Ziah camp was later closed in the middle of 2012. Activities in Maryland during this period focused on delivery of health services to refugees in host communities through mobile clinics and addressing malnutrition with support from WFP.

In 2013, Merlin will continue supporting health services in Solo refugee Camp in Grand Gedeh and Little Welbo refugees' Camp in Maryland County. UNHCR has projected a population of 66,000 refugees in Liberia by 31 December 2012; of these 56% (36,877) will be hosted in the refugee camps. It is also projected that there will be a total of 50,000 refugees by the end of 2013 of which 37,937 refugees (76%) will be living in the refugee camps and 12,063 in host communities[23]. However, the proposed closure of Saclepea camp in Nimba County and Dougee Camp in Grand Gedeh will lead to the relocation of more refugees to PTP Camp in Grand Gedeh and Little Wlebo Camp in Maryland. The existing health system is unable to cope with this further influx of refugees and this will create an additional strain on the already stretched health system.

Merlin is also currently implementing EPHS in Maryland and Grand Gedeh Counties with financial support from Ministry of Health and Social Welfare (MoH&SW) through a health financing mechanism called Pool Fund. Merlin is supporting health systems delivery in 14 clinics, 2 health centers and 1 hospital in Grand Gedeh and 19 clinics, 1 health center and 1 hospital in Maryland counties. In this project, Merlin is responsible for technical oversight and management, monitoring and supervision, payment of health workers' incentives, provision of medical, laboratory and non-medical supplies, medical and related logistics including referral system, capacity building for clinical and management staff, heath facilities repair and maintenance and other operational arrangements.

This project was started in July 2012 as a bridging grant for a period of six month by MoH&SW with an objective to reinforce county health service delivery systems by experience health organizations during the transition to full CH&SWT management of Government facilities. However, to date no concrete transitional plan has been formalized or discussed by MoH&SW with the current implementing partners including Merlin in South Eastern part of the country, as MoH&SW is facing financial constraints to ensure continuity of a complete EPHS delivery. MoH&SW has already informed current Implementing Partners (IPs') about the likelihood of not renewing project agreements. This situation will not only adversely affect the health and social wellbeing of Liberian people but will also reverse the positive health trends that have been achieved through strong efforts of MoH&SW, UN agencies and (I)NGOs during previous years.

To deal with this situation, there is need for a consistent effort in order to ensure continuity of health service delivery and properly implemented phased transition plan that is necessary for smooth transfer of sustainable service delivery from current IPs to a complete management of government health facilities by

[23] Overview of Refugee Population in 2012/2013, UNHCR Proposal Guidelines

CH&SWTs. For the proposed project, Merlin will specifically focus on MoH&SW health facilities that are affected by the influx of refugees from Ivory Coast with following activities;

Main activities

1. Continued provision of quality comprehensive primary health care services[24] including reproductive health
2. Maintain a functional and coordinated referral system to secondary and tertiary health facilities
3. Ensure quality control of services through regular monitoring and supervision
4. Improve health management information system and surveillance of diseases of epidemic potential
5. Draft and implement a mutually agreed (IP and CHSWT) comprehensive phased transition strategy

Expected outcomes

1. Sustained and improved access to quality health care services resulting in reduced morbidities and mortalities among targeted population.
2. Patient referred promptly to the secondary and tertiary level facility resulting in timely treatment and care.
3. Improved quality of health services resulting in positive trends of health indicators and higher level of beneficiary satisfaction.
4. Improved disease surveillance system and presence of a revised emergency response plan resulting in early response to epidemics and reduction in outbreak related morbidities and mortalities
5. Smooth transfer of sustainable service delivery from current IPs to a complete management of Government health facilities by CHSWTs.

Consequences if project unfunded

This project is focused on provision of vital health services that are necessary to ensure access to basic health services by more than quarter of a million people. The consequences of unfunded project will be three folds; deterioration of health status of refugees and host communities in targeted counties; disruption of already strengthened components of health system; and increased financial burden on MoH&SW that will lead to proportionate reduction of financial support from other parts of the country, thus, resulting in disruption of the progress made in health indicators in other areas.

In year 2012, Merlin recorded 342,320 OPD consultations for refugees and host communities in Grand Gedeh and Maryland counties. Skilled deliveries improved from 39% to 42% as compared to 2011 with an improved ANC 4 coverage 66% in 2012 as compared to 54% in 2011. Marked improvement was noticed in child immunization status as DPT3 coverage increased to 71% (83.7% in 2011) and Measles is at 73% (63% in 2011). 13% improvement was noticed in Malaria case detection rates and 22% increase in PMTCT coverage rate was observed. All this was achieved due to continuous financial and technical support during 2012 which resulted in marked improvement in health service delivery and strengthened the management structure and functions. With continued financial and technical support, these achievements can be sustained and further improved with a proper transition for sustainability of service delivery mechanism.

Financial summary

Personnel Expenditure[25]	700,000
Good and Services[26]	1,605,432
Medical equipments and other capital expenditure[27]	121,200
Overhead (7%)	169864
Total funds requested for 2013	2,596,496

[24] *Services include Maternal Newborn Health, Child health, Reproductive health, Emergency health, mental health, Communicable and Non-communicable disease control and prevention. To support this, Merlin will provide mentoring and capacity building, provision of medical, non-medical and laboratory supplies including drugs and reagents for 33 clinics, 3 health centers and 2 county hospitals; utilities for health facilities (generator and fuel); vehicles running cost; medical and non-medical stationery; furniture; communication and proportional in-patient feeding component; offices running costs Provision of equipments including microscopes, refrigerators and other laboratory diagnostic equipments is also included.*

[25] *Project and support staff salaries and benefits - including two expat obstetric surgeons (1 each county), expat programme manager and expat health coordinator*

[26] *Medical, laboratory and non-medical supplies for 33 clinics, 3 health centers and 2 county hospitals; utilities for health facilities (generator and fuel); vehicles running cost; medical and non-medical stationery; furniture; communication and proportional in-patient feeding component; offices running costs*

[27] *Equipments including microscopes, refrigerators and other laboratory diagnostic equipments*

ANNEX II: ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim (Action Against Hunger)
AWD	Acute Watery Diarrhea
CHG	Critical Humanitarian Gap
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CHT	County Health Team
CIPORD	Christian Impact for Rural Development
CLTS	Community-Led Total Sanitation
CPWG	Child Protection Working Group
CTU	Cholera Treatment Unit
DRC	Danish Refugee Council
ECD	Early Childhood Development
EHAP	Emergency Humanitarian Action Plan
ENA	Essential Nutrition Action
FAO	Food and Agriculture Organisation of the United Nations
GAA	German Agro Action
GOL	Government of Liberia
HCT	Humanitarian Country Team
HP	Hand Pump
HIV/AIDS	Human immunodeficiency virus infection / acquired immunodeficiency syndrome
ICRC	International Committee of the Red Cross
IOM	International Organization for Migration
IPRS	Interim Poverty Reduction Strategy
IRC	International Rescue Committee
JHS	Junior High School
LNRCS	Liberia National Red Cross Society
LRRRC	Liberia Repatriation Resettlement and Reintegration Commission
MDG	Millennium Development Goals
MERLIN	Medical Emergency Relief International
MIA	Ministry of Internal Affairs
MOE	Ministry of Education
MoGD	Ministry of Gender and Development
MoHSW	Ministry of Health and Social Welfare
MoPW	Ministry of Public Works
MYR	Mid-Year Review
NER	Net Enrolment Rate
NFI	Non-Food Item
NGO	Non-governmental organization
OoSC	Out of School Children
OTP	Outpatient Treatment Sites
OCHA	Office for the Coordination of Humanitarian Affairs
PRS	Poverty Reduction Strategy
SC	Save the Children

SHS	Senior High School
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
SPIR	Samaritan's Purse International Relief
UASC	Unaccompanied and Separated Children
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNDAF	United Nations Development Assistance Framework
VIA	Visions In Action
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization