

**ANNUAL REPORT OF
THE HUMANITARIAN / RESIDENT COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Liberia
Humanitarian / Resident Coordinator	Mr Jordan Ryan
Reporting Period	(on-going) October 2007 – March 2008

I. Executive Summary

The people and Government of Liberia have made impressive progress in consolidating peace, strengthening national authority, and paving the way for more sustainable recovery and development. However, many Liberians remain vulnerable and confront acute humanitarian needs on a daily basis. In particular, people in underserved and isolated parts of the country, especially the Southeast, suffer from an extreme lack of access to basic health services, improved water and sanitation facilities, poor road conditions, and low food production.

Significantly high rates of maternal and child mortality, frequent outbreaks of water-borne diseases, and increasing disparity in access to basic social services provides a strong reminder that critical humanitarian needs remain despite the country’s progress. Funding for humanitarian activities in Liberia has declined steadily since 2004, in line with the decreasing humanitarian imperative in the country. In January 2007, the humanitarian community launched a \$ 117 million Common Humanitarian Action Plan (CHAP) to address remaining humanitarian needs. By mid-July 2007, the requirements were revised to \$110 million for the remainder of 2007. At the time of the request for CERF funding, only 21.1 percent of the 2007 Liberia CHAP had been funded, and by the end of 2007, the CHAP was 62 percent funded. Overall, the total humanitarian funding to Liberia in 2007 was \$ 97.5 million.

The health and water/sanitation/hygiene (WASH) sectors received far less than their estimated requirements (\$43.7 million in total), and were funded at 19 percent and 36 percent, respectively. Access to basic health services by the local population was estimated by the 2006 National Health Policy at 41 percent, with this proportion expected to further decline with the pending phase out of non- governmental organizations (NGOs) in the emergency health sector.

The Government of Liberia relies heavily on donor support to bridge the gap in the provision of basic social services. These services have been provided mainly by humanitarian agencies working in collaboration with the relevant Government ministries and agencies. However, the phase out of activities of some NGOs in the health and WASH sectors, partly as a result of reduced funding and waning donor interest in humanitarian funding for Liberia, left a critical gap in the delivery of basic health, water and sanitation facilities in many communities.

As the funding gap for humanitarian action became obvious in the second quarter of 2007, the Humanitarian Coordinator for Liberia in consultation with the UN Country Team (UNCT) and the relevant Government ministries decided to request funding from the UN Central Emergency Response Fund (CERF) to address the underfunded critical needs in the health and WASH sectors in strategically selected communities. Previously in 2006, Liberia had received two CERF grants under the Under-funded Emergencies (UFE) and Rapid Response (RR) windows totalling \$4 million and \$2.2 million, respectively. The humanitarian community hoped to again utilise CERF funding to build on the success of the 2006 CERF funding, which proved an effective mechanism to respond to current needs.

In continuation of the groundbreaking initiative of the 2006 CERF project implementation, which increased the participation of NGOs in implementation, the 2007 CERF grant also provided an opportunity for UN agencies to collaborate with international and local NGOs. Of the seven CERF projects, two of them were implemented by UN agencies, three were by international NGOs and the last two were by national NGOs.

Nearly 1.2 million people across Liberia benefited directly from the seven life-saving projects funded by the CERF. The health projects provided life-saving medical services to at least 1,123,086 people. An estimated 44,500 people are received safe drinking water and gained improved access to sanitation facilities.

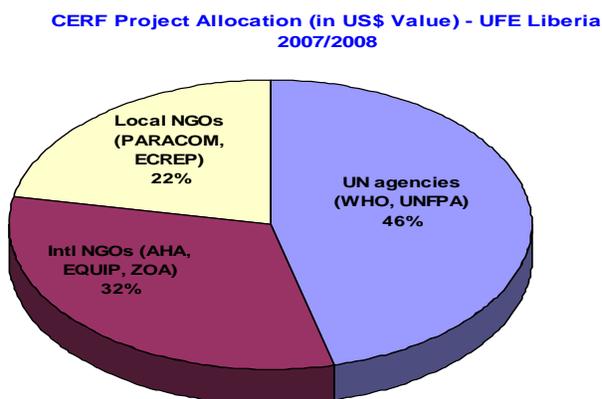
Total amount of humanitarian funding required and received (per reporting year)	Required: \$117 million ¹ _____ Received: \$97.5 million ² _____			
Total amount of CERF funding received by funding window	Rapid Response: \$ n/a _____ Underfunded: \$1,461,597.16 _____ Grand Total: \$1,461,597.16 _____			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$675,845.00 _____ Total implementing partners: \$785,752.16 _____			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	³ 1,167,586	462,895	643,243	4,448
Geographic areas of implementation	All 15 counties of Liberia with concentration in Sinoe, River Cess and Montserrado Counties			

II. Coordination and Partnership-building

(a) Decision-making process:

The Inter-Agency Standing Committee (IASC) Country Team for Liberia led the decision-making process for the development of CERF proposals. In July, it decided that Liberia's CERF proposal should use the strategic priorities and targeting mechanisms of the 2007 CHAP as the focus for prioritizing needs. The IASC also instructed Cluster leads to facilitate this prioritization of needs and areas of intervention and to make appeals on behalf of their respective Clusters.

The projects essentially restated the strategic priorities and objectives of previous funding appeals (2006 CAP and 2007 CHAP). They aimed to address some of the remaining urgent and critical unfunded humanitarian needs in areas that had received relatively little humanitarian assistance. These needs were highlighted in the 2006 Comprehensive Food Security and Nutrition Survey, the preliminary report of the Liberia Demographic and Health Survey and in other needs assessment conducted by the UN, NGOs and Government.



(b) Coordination amongst the humanitarian country team:

¹ CHAP 2007 requirements; actual estimated needs could be higher.

² Source: UN OCHA Financial Tracking System

³ Includes non-categorized 57,000 beneficiaries

The decision-making process mirrored the excellent level of collaboration among UN agencies, NGOs and the Government during the 2006 CERF first round. Working through the Cluster approach, all Cluster members (NGOs and UN agencies) had equal opportunity in the submission and selection of proposals. Project vetting was co-chaired by the Cluster leads and the relevant Government Cluster focal point ministries, who provided guidance on national priorities and assured official “buy-in.”

During the project formulation and selection in the health sector⁴, two meetings chaired by the Ministry of Health and Social Welfare were conducted with all member organizations. The first meeting informed members on CERF availability, discussed criteria, and shared recommendations and suggestions from the IASC on the use of the funds, sector targeting and geographic coverage. A second meeting prioritized and vetted projects from the CHAP 2007 mid-year review, where four projects were selected based on the CERF criteria and IASC recommendations. The World Health Organization (WHO) provided technical support to the consultations and the formulation and selection of projects.

The United Nations Children’s Fund (UNICEF) facilitated the initial WASH cluster meeting, which was attended by representatives from relevant ministries and international and local NGOs. Further consultations took place between UNICEF and implementing partners to develop detailed project proposals. Lessons learnt from first round implementation and evaluation fed into this process. Three projects were chosen; one submitted by a national NGO and the other two by international NGOs.

UNICEF and WHO chaired separate monthly implementation meetings, during which each implementing agency provided updates on progress, challenges and constraints of implementation. They also briefed the humanitarian community regularly on progress.

(c) Partnerships:

CERF project implementation built on existing strong links between UN agencies and NGOs and between Government and UN agencies. One of the key partnerships was the one existing among the Ministry of Health and Social Welfare (and its County Health Teams), WHO, United Nations Population Fund (UNFPA) and NGO implementing partners in the distribution of reproductive health kits, the rehabilitation of basic health facilities and the conduct of a ten-county maternal and neonatal tetanus campaign. At another level, the Humanitarian Coordinator’s Support Office (HCSO) helped strengthen the existing links between the UN/NGOs and the logistics unit of the United Nations Mission in Liberia (UNMIL) for the transportation of personnel and project inputs to hard-to-reach areas. Community pro-activeness created local partnerships between implementing agencies and community leaders, who were organized as project teams, water and sanitation committees or community health teams.

The partnerships that had already been established in the health sector mainly through Cluster/sector coordination coupled with experience gained from managing the first 2006 CERF allocation and the dual role played by WHO as the Cluster lead agency and appealing agency simplified project implementation and increased transparency. Through the collaborative effort of the Government, UN agencies, UNMIL, NGOs and civil society organizations, the Maternal and Neonatal Tetanus Elimination Campaign was conducted successfully in ten counties. At the county level, the County Health Teams provided useful guidance in the identification and rehabilitation of needy health facilities, recruitment of essential staff and training of health workers.

Distribution of the reproductive health kits was significantly enhanced by collaboration, coordination and planning between UNFPA, the Family Health Division of the Ministry of Health and Social Welfare, targeted NGOs and County Health Teams. In addition, the gender-based violence (GBV) Task Force offered an opportunity to share information on the availability and distribution of reproductive health (RH) kits and facilitated a better targeting of qualified NGOs in channeling the RH kits.

UNICEF adopted a hands-on approach which improved the quality and timeliness of project implementation and provided structured checks and balances that ensured that CERF funds were appropriately used. It provided technical and project management expertise, and specialized equipment and hard-to-access supplies. It also entered into a monitoring partnership agreement with Tear Fund to monitor project implementation. By regularly visiting project sites, UNICEF instituted an effective

⁴ The terms ‘Cluster’ and ‘sector’ are used interchangeably to highlight the current transition from the Cluster Approach to sector coordination.

supervision and support mechanism. The Tear Fund monitors often went beyond their core duties to provide regular supervisory and technical guidance. This helped to strengthen the quality of implementation and ensure the successful completion of projects.

(d) Prioritization process:

The IASC Country Team (IASC-CT) identified WASH, health and food security as the three priority sectors with the greatest needs. However, as the food security sector already benefited from CERF funding in 2006, focus was instead on health and WASH in the 2007 CERF grants. In terms of geographical targeting, the IASC-CT recommended that the majority of funding should be allocated towards health interventions in the south east of Liberia, and that funding for WASH activities should include both the southeast and cholera hotspots in urban centres in Montserrado County. The IASC-CT decided that a 2:1 funding allocation ratio be applied to the health and WASH sectors during the allocation process.

The WASH Cluster, following IASC-CT guidance on prioritization and targeting, held a meeting to identify potential projects. Cluster members (including representatives from the Ministry of Lands, Mines and Energy, Ministry of Public Works and Liberia Water and Sewer Corporation) selected Montserrado, River Cess and Sinoe Counties as the focus of WASH interventions. UNICEF worked with three interested NGOs to modify projects submitted for funding in the 2007 CHAP.

In selecting and prioritizing health projects, Cluster members concurred with the IASC-CT that the projects should address critical health needs in underserved and deprived communities, especially in the southeast. Applicants were required to demonstrate capacity to implement within the required period. The Cluster selected four projects that addressed the need for maternal and child survival support and improved access to primary health care services. These support the National Health Policy and strategic priorities for humanitarian assistance in Liberia.

III. Implementation and Results

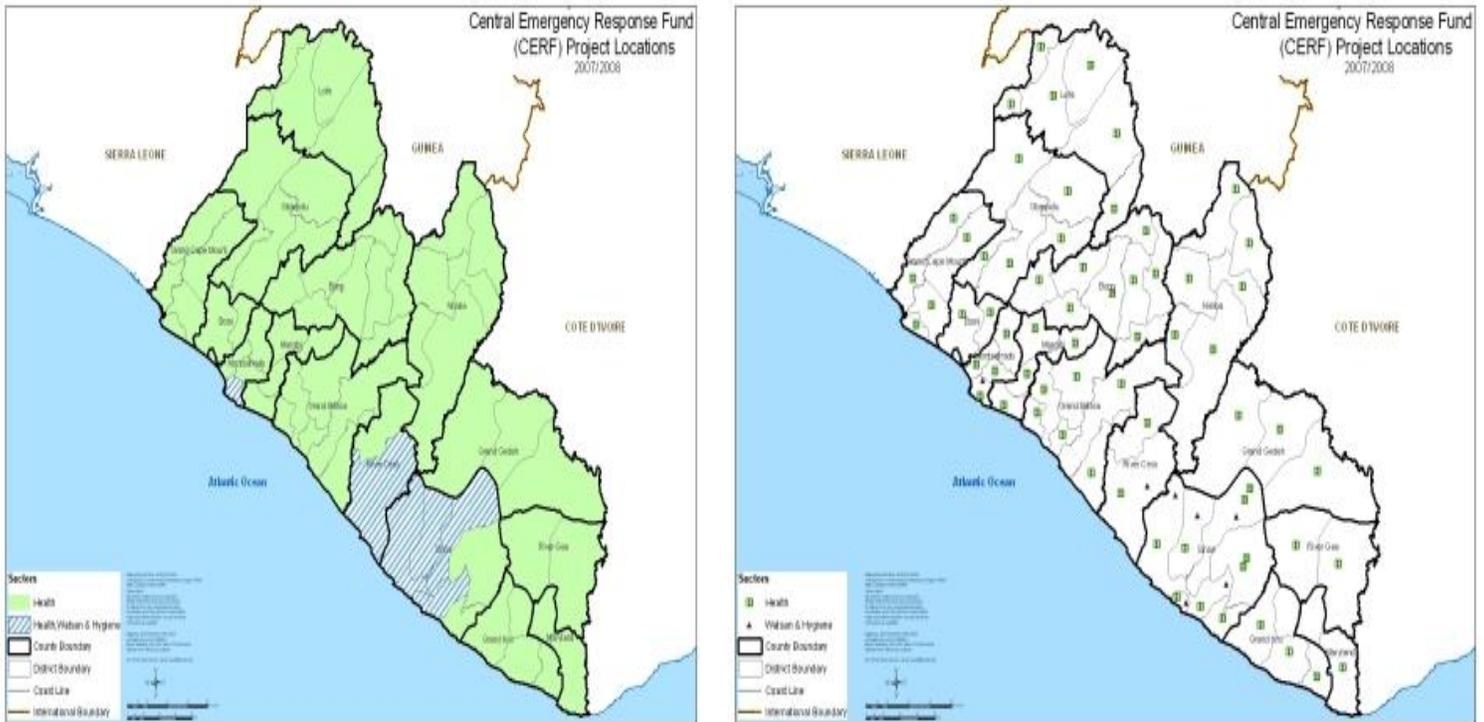
Nearly 1.2 million people across Liberia are benefiting directly from the seven life-saving projects funded by the CERF in all counties. The health projects provide life-saving medical services to at least 1,123,086 people. An estimated 44,500 people are receiving safe drinking water and have improved access to sanitation facilities. At the time of reporting, three of the seven CERF projects have been completed and the remaining four projects were at an advanced stage of completion. It is expected that these projects will be completed no later than May 2008.

Despite initial logistical challenges, especially in inaccessible communities, overall project implementation is on course to be completed within the target period, while at the same time providing the expected results and impact. When all projects are completed, 70 communities in underserved area will have 34 new hand pump-fitted wells, 55 repaired wells fitted with hand pumps, 14 new communal four-access latrines, and 15 repaired four-access latrines. These communities will also have eight communal bathhouses, eight communal garbage pits and 19 new family latrines. In terms of health care, one of the most neglected counties in Liberia (River Cess County) will have four repaired clinics in two districts, and residents of a remote town in Montserrado County will be receiving improved primary health care services from their newly constructed clinic. Nearly half a million women and their unborn children will have been protected against maternal and neonatal tetanus, and close to 400,000 children will have been provided with de-worming tablets and Vitamin A supplements.

The ***Integrated Maternal and Neonatal Tetanus Campaign with ITN Distribution and Vitamin A Supplementation*** project, implemented by WHO in collaboration with the Ministry of Health & Social Welfare, immunized 488,239 women in their reproductive ages against tetanus in ten of Liberia's 15 counties. In addition, the campaign administered Vitamin A supplements to 394,188 children and Meprobamate de-worming tablets to 373,821 children. Some 44,588 women in River Cess and Sinoe Counties received Insecticide Treated Bed Nets (ITNs) to protect them against mosquito bites and, therefore, malaria. The campaign will help reduce maternal, neonatal and child mortality.

UNFPA and its partners distributed 333 Reproductive Health Kits⁵ to 85 health facilities across the country as part of key activities of the project to **Support Safe Motherhood, Prevent HIV/AIDS and Respond to SGBV Medical Emergencies through Extension of Delivery of Emergency Reproductive Health Kits**. Building on the gains of a similar project funded under a 2006 CERF grant, the project trained 115 health workers in the use of the Kits and on clinical management of rape and sexually transmitted infections. Although implementation is ongoing, initial reports of antenatal services and deliveries collected from the JFK Memorial Hospital in Monrovia showed that between December 2007 and February 2008, 434 deliveries (171 Caesarean, 263 normal deliveries) were conducted using the RH kits. At the end of the project, UNFPA and its partners would have distributed 487 RH Kits among 119 health facilities to benefit 50,000 mainly women, with priority given to the largely underserved southeastern region of the country.

CERF Project Locations



In River Cess and Montserrado Counties, two NGOs are working with local communities to improve the delivery of primary health services. PARACOM (a local NGO) through its **Integrated Primary Healthcare and Reproductive Health Services for War-affected Liberians in Montserrado County** project renovated the only clinic in Koon Town in Todee District, Montserrado County. The Koon Town Clinic is now fully staffed and well stocked with drugs and it is providing crucial medical services to the 50,000 residents of the town and its catchment area of 37 towns and villages. The **Basic Primary Health Care Services for River Cess County** project that is being implemented by Africa Humanitarian Action (AHA) has renovated two clinics in the county, and it is currently renovating another two clinics. Training of clinic personnel has been completed and delivery of drugs and essential medical supplies is continuing. Maternal and child mortality is being reduced through daily clinic consultations, vaccination of children and antenatal and postnatal services.

⁵The main aim of the **RH kits** is to reduce RH-related mortality and morbidity, particularly among women in the post-crisis situation in Liberia. Supplies to meet these RH needs are packaged together in *twelve different reproductive health kits*, including for community and primary health care level, basic surgical obstetric level and for the referral hospital level. The RH kits consist of three blocks. Block one includes: Kit zero (Administration/Training), Kit one (Condoms - Male and female), Kit two (Clean delivery kit), Kit three (Rape treatment), Kit four (Oral and injectable contraception), Kit five (STI Treatment). Block two includes: Kit six (Clinical delivery assistance), Kit seven (Intra Uterine Device), Kit eight (Management of Miscarriage and Complications of Abortion), Kit nine (Suture of Tears, cervical and vaginal and vaginal examination), Kit ten (Vacuum extraction delivery assistance). Block three includes: Kit eleven (Reproductive health referral level supplies), and Kit twelve (Blood Transfusion kit)

Some 20,000 residents of 23 towns and villages in Timbo District, River Cess County are now drinking potable water and are engaged in safe hygienic practices. This has been made possible through the project aimed at ***Improving WATSAN Services in Cholera-prone Rural Areas of Low Coverage***, implemented by the Evangelical Children Rehabilitation Programme (ECREP), a local NGO. In addition to hygiene promotion training and awareness, ECREP constructed 20 wells fitted with hand pumps and facilitated the construction of 19 family latrines. It also repaired 20 wells, fitted with hand pumps. Each town/village now has a water and sanitation and committee and a health/hygiene group who together manage the facilities and contribute to improving basic hygiene at the household and community level.

Although uncompleted, the other two WASH projects implemented by two international NGOs in Montserrado and Sinoe Counties, have achieved significant results and are already making an impact in the lives of their beneficiaries. The ***WASH Education and Construction/Rehabilitation of WASH Facilities for War-affected, Underserved Communities in Sinoe County*** project has so far constructed and rehabilitated 14 wells fitted with hand pumps. The implementing partner, EQUIP Liberia, is also establishing water and sanitation committees and training community residents in hygiene promotion methods. ZOA Refugee Care, in its ***Improved Water and Sanitation Facilities with Extensive Hygiene Education in Cholera Hotspot in Montserrado County*** project, constructed waste disposal pits and is nearing the completion of latrines, water wells and bathhouses in A. B. Tolbert Road. This area is an urban community that lies outside Monrovia and is prone to cholera. It has newly trained 80 hygiene promotion graduates will help promote the message of personal and public hygiene. Community residents will also get hygiene kits to reduce the incidence of diseases.

Under-funded projects

The CERF projects aimed to address critical needs and gaps in access to basic health, water and sanitation services. In some communities, they aimed to continue the provision of life-saving health services among vulnerable groups, while in others they provided services where none existed. The project locations are areas that have been the focus of advocacy for increased humanitarian assistance (e.g. in the 2007 CHAP and the Interim Poverty Reduction Strategy) and which have not received significant donor or Government assistance. As a result, CERF funding allowed hitherto under-funded priority activities to take place, and in doing so facilitated progress on meeting critical needs in the health and WASH sectors.

In the health sector, CERF support was instrumental in conducting another round of maternal and neonatal vaccination in ten counties that had not benefited from a previous campaign. Many women in some parts of the country did not benefit from the largely successful CERF-funded distribution of RH kits by UNFPA in 2006/2007. The current CERF grant will enable these women to receive these highly useful and much needed kits to improve safe and clean delivery, manage complications related to pregnancies, will provide treatment to victims of rape, protect against sexually transmitted infections and unwanted pregnancies. In River Cess County, community disquiet over the improvement of health facilities in neighboring towns and the lack of support to their own dilapidated facilities risked increasing tension among communities. With the repair of four clinics in two districts, the provision of basic primary health care would continue in communities that would not have been able to access these services from other sources.

The construction and repair of hand pumps, water wells and latrine facilities in River Cess, Sinoe and Montserrado Counties aimed to bring these facilities to communities that did not have them before, and repair damaged facilities that were leading local people to drink creek water or dispose of human wastes in an environmentally unsound manner. Most of the damaged facilities were constructed by NGOs and other organizations, but had broken down due to various reasons, including technical design and lack of maintenance. To avoid these problems all the WASH facilities are being constructed and repaired to standards in line with national guidelines, and local management committees have been trained to maintain the facilities and ensure sustainability.

(a) Monitoring and evaluation

Monitoring of project implementation was done at two levels. Level one monitoring was conducted by UNICEF and WHO, and it involved process monitoring. UNICEF contracted the services of Tear Fund to assist in the monitoring of its WASH projects including those funded by the CERF grant. The Ministry of Health and Social Welfare is the main monitor of health projects. It seeks to ensure that repair of health facilities, vaccination campaigns, primary health care services, etc. are conducted in line with the Ministry's guidelines. Government participation in the monitoring of WASH projects was less than desired, because the Ministry of Public Works (the Cluster lead) did not have the required capacity to engage in the process. However, UNICEF and partners ensured that Government guidelines on water and sanitation support in Liberia were adhered to in project implementation.

UNFPA developed a monitoring tool to provide an effective and improved indicator-based monitoring system for the utilization of the reproductive health kits. The system will feed into a reporting mechanism for partners to track to which extent the kits have supported overall reproductive health care services in Liberia; the tool was introduced to and accepted by the Ministry of Health and Social Welfare and its implementing partners in February 2008.

The Humanitarian Coordinator's Support Office (HCSO) conducted the other level of monitoring, which sought to ensure that overall project implementation was done in line with key CERF goals and objectives. HCSO designed a monitoring checklist that was adapted by other organizations in the monitoring of projects. The monthly monitoring visits proved useful in highlighting progress, challenges and constraints of implementation. HCSO maintained a CERF Project Tracking Sheet, which together with monthly monitoring reports, provided inputs for the monthly update on CERF implementation prepared by HCSO. In addition to monitoring, HCSO, WHO and UNICEF paid verification visits to completed projects.

(b) Initiatives which complemented CERF-funded projects

CERF project implementation benefited from logistical support provided by the UN Mission in Liberia (UNMIL), Government decentralization, a high level of community participation and economies of scale by implementing partners. The logistical support provided by UNMIL and some NGOs, in transporting vaccines, RH kits, supplies and project personnel helped reduce cost of implementation and increased completion rates. The decentralization of the health sector by the Government led to the empowerment of County Health Teams and the deployment of qualified personnel to run renovated clinics in remote communities. County Health Teams helped supervised projects and provided institutional guidance to implementing partners.

Some of the CERF projects were implemented as a component of the implementing partners' on-going programme, and these projects benefited from the economies of these large-scale operations. In some cases, vehicles and personnel intended for other projects were used for CERF projects. This helped to reduce the financial burden to the CERF projects. In other cases, implementing partners provided additional funding to procure materials and supplies. For example, UNFPA procured 100 rape kits from its own resources. The kits completed the 387 RH Kits acquired with CERF funding.

At the community level, the active participation of residents in project activities helped reduce cost while at the same ensuring sustainability. Communities provided land, local materials and in some cases free labor to support project implementation. Mobilization and sensitization benefited from the village- and district-level organizational structures put in place by initiatives like the UNDP-supported District Development Committees and local Project Management Committees.

IV. Lessons learned

Project design and implementation

- Emergency repair of clinics, wells and latrines proved difficult in areas where the facilities were originally constructed to a lower standard than those in current guidelines. This led to higher costs and the construction of new facilities where repair was not feasible.
- Although CERF grants made it possible to attract and train qualified health personnel in remote clinics, this is only a temporary solution to the acute shortage of health workers in rural areas. There needs to be further strengthening of the health infrastructure and a focus on retention and motivation of health workers.

Collaboration and partnerships

- Effective inter-agency collaboration (at the Cluster/sector/Government level) helps optimize the use of resources, ensures synergy and avoids overlap in interventions as demonstrated in the MNTE campaign and in the distribution and utilization of the RH kits. Related to this is regular consultation with stakeholders, which improves relationship among partners, helps coordinate service delivery and serves as the best avenue for information sharing, best practices and lessons learnt.
- The rapid progress and efficient way in which two local NGOs (ECREP and PARACOM) implemented their projects showed that, when provided with adequate technical and financial support, local NGOs can operate at comparable levels as international NGOs. Inclusion of local NGOs in the vetting process that involved UN agencies and international NGOs seemed a right step in fostering local capacity building.
- Building strong partnerships with community-based organizations and NGOs that are knowledgeable about their communities helps to deliver targeted services to the vulnerable groups/populations.
- Strengthening capacity of and involving relevant Government ministries and departments in project implementation fosters national ownership and coordination of prioritized interventions. In addition, where the outputs and results of a project are in line with Government priorities, the level of support and cooperation is even greater.

Logistics and administrative support

- The expiration of the CERF project budget allocation at the end of 2007 meant that CERF funds had to be obligated by the end of that year. This created a situation which had advantages (implementing partners had ample resources to move ahead quickly with implementation) and disadvantages (UNICEF was not able to disperse funds in installments throughout the project implementation period, which reduced financial control over the implementation process).
- The use of a Project Cooperation type agreement (other than the Special Service Agreement used in 2006/2007) between UNICEF and its implementing partners has allowed UNICEF to supply some specialized equipment to partners, and provided a strong framework for project planning and reporting.

V. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health	07-WHO-059 "Integrated Maternal and Neonatal Tetanus Campaign with ITN distribution and Vitamin A supplementation"	427,070	537,376 (women of child- bearing ages); 420,548 (children <5 years))	WHO in collaboration with Ministry of Health & Social Welfare (MoHSW) and NGOs	<ul style="list-style-type: none"> Protect women and newborns against tetanus, intestinal worms and malaria 	<ul style="list-style-type: none"> Administering tetanus toxoid vaccines to 488,239 women of reproductive age will protect them against the disease and contribute to reduction of maternal and newborn deaths The Vitamin A supplementation and Mefenazole tablets provided to 394,188 and 373,821 children (<5 years), respectively, will contribute to improving child survival and reduce childhood mortality 44,588 women stand a better chance of protecting themselves against malaria with the Insecticide Treated Bed Nets (ITNs) provided by the project. They are also expected to experience reduction in malaria-related morbidity and mortality Effective collaboration among health authorities, UN and NGOs contributed to the conduct of a quality maternal and neonatal tetanus campaign in the 10 target counties
Health	07-WHO-066 "Integrated PHC and Reproductive Health Services for War-Affected Liberians in Montserrado County"	127,865	50,000 persons (25,000 children, 12,500 women and 12,500 returnees	Paradigm of Consciousness Movement (PARACOM)	<ul style="list-style-type: none"> Increase access to health services and reduce avoidable illness and deaths in rural Montserrado County 	<ul style="list-style-type: none"> 50,000 residents of Koon Town and its catchment area will benefit from newly renovated and fully staffed clinic Essential drugs and medical supplies will be used to treat common illnesses at low cost to residents Residents of Koon Town and its catchment area have already started benefiting from low morbidity and reduction in avoidable deaths
Health	07-WHO-044 "Basic Primary Health Care services for River Cess County"	122,887.16	65,162 persons (17,347 children, 43,367 women and 4,448 men)	Africa Humanitarian Action (AHA)	<ul style="list-style-type: none"> Increased access to PHC for approximately 60% of the local population in River Cess County 	<ul style="list-style-type: none"> Repair of two clinics, procurement of essential drugs and medical supplies and improving the skills of health workers are all contributing to improved primary health care and reduction in morbidity and deaths in one district of River Cess County Maternal and child mortality is being reduced through daily clinic consultations, vaccination of children, antenatal and post-natal services, and training of midwives
Health	07-FPA-020 "Support safe motherhood, prevent HIV/AIDS, and respond to SGBV medical emergencies through extension of delivery of Emergency	248,775	50,000 women	UNFPA	<ul style="list-style-type: none"> Contribute to support safe motherhood, prevent HIV/AIDS, respond to SGBV medical emergencies and reduce maternal and new born 	<ul style="list-style-type: none"> Provision of 333 reproductive health (RH) kits to various health facilities in the country and training of 115 health workers on the use of the RH kits and on clinical management of rape and sexually transmitted infections will contribute to reduce maternal and new born deaths. At the end of the project, 487 RH kits will have been distributed across the country

	Reproductive Health Kits”				deaths	
Water, Sanitation & Hygiene	07-CEF-059-B “ Improving WATSAN services in cholera-prone rural areas of low coverage”	192,600	20,000 (male and female of all ages)	<i>Evangelical Children Rehabilitation Programme (ECREP)</i>	<ul style="list-style-type: none"> ▪ Improved access to safe drinking water and sanitation facilities and public health in 23 communities in Timbo District, Rivercess County 	<ul style="list-style-type: none"> ▪ Communities are now benefiting from improved water and sanitation facilities through 20 new wells fitted with hand pumps, 20 repaired wells and 19 new family latrines ▪ Sustainability of these facilities will be assured through the establishment and training of 23 community water and sanitation teams, each comprising of 3 pump caretakers and four pump mechanics ▪ 23 health/hygiene groups established in the 23 communities are contributing to improving basic hygiene at the household and community level
Water, Sanitation & Hygiene	07-CEF-059-A “WASH education and construction and rehabilitation of WASH facilities for war-affected, underserved communities in Sinoe County”	192,600	20,500 (male and female of all ages)	<i>EQUIP Liberia</i>	<ul style="list-style-type: none"> ▪ Improved hygiene and water and sanitation practices through increased access to safe water and sanitation facilities in 50 communities in Sinoe County 	<ul style="list-style-type: none"> ▪ In some areas, residents have started benefiting from safe drinking water provided by 14 wells fitted with hand pumps. ▪ Communities have been provided with the relevant training and skills to promote hygiene at the household and community level for 20,000 persons ▪ Well and latrine construction and repair and hygiene promotion are continuing in other areas.
Water, Sanitation & Hygiene	07-CEF-059-C “ Improved water and sanitation facilities with extensive hygiene education in cholera hot spot in Montserrado County”	149,800	4,000 (male and female of all ages)	<i>ZOA Refugee Care</i>	<ul style="list-style-type: none"> ▪ Reduction in WASH related child morbidity and the incidence rate of cholera in urban community in Monrovia 	<ul style="list-style-type: none"> ▪ Construction of water, sanitation and hygiene facilities within four quarters of project area is nearing completion ▪ 80 hygiene promotion trainees are conducting informal workshops amongst community members on basic hygiene. Their hygiene promotion message will be backed up by the distribution of hygiene kits to residents

VI. CERF IN ACTION: Success stories

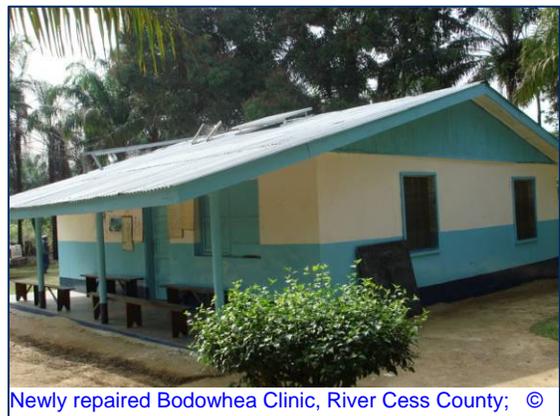
Health Cluster: Residents of two remote rural communities in Liberia now benefiting from improved primary health care services

Residents of Sayah and Bodowhea towns in River Cess County, in the southern tip of Liberia, had for long grappled with high morbidity and mortality because of the lack of functional health facilities with adequate drugs and medical personnel. River Cess County is one of the underserved and relatively deprived counties in Liberia. It has some of the worst indicators of access to health, water and sanitation, food and nutrition. A large section of the county is cut off by bad roads during the rainy season (which lasts for up to six months). The county has 18 health facilities, 12 of which are functioning, thanks to a 2006 CERF grant provided to Africa Humanitarian Action (AHA) through WHO, which has so far repaired and reactivated 9 health facilities since 2006.

With the award of the 2007 CERF grant through WHO, AHA decided to extend the reactivation of health facilities in the county to four clinics in Sayah, Bodowhea, Kangbo and Zammie Towns in Morweh District. In collaboration with residents and the River Cess County Health Team, AHA repaired the Sayah and Bodowhea Clinics, trained 30 health workers in basic clinic management and is providing essential drugs and non-medical supplies for the running of the two clinics.

Lauding the significance of the newly-repaired clinics, the County Health Officer for River Cess County, Mr. Byron Zahnwea said the “reactivation of health services in the remote communities prevent people from walking for many hours before reaching the nearest health facility. Now, our people can access health services. The communities in Kangbo and Zammie towns are happy to contribute and even provide local materials for the construction of these clinics. We are grateful to AHA, WHO and CERF for this support”.

In collaboration with the County Health Team, AHA started supporting primary health care services at the four clinics in November 2007. At the Kangbo and Zammie Town Clinics, where the renovation work is on-going, health services are still being provided in the dilapidated facilities. These two clinics will also receive essential drugs, non medical supplies, equipment and furniture. AHA support will run up to June 2008, after which the Ministry of Health and Social Welfare is expected to take over the running of the four clinics.



Newly repaired Bodowhea Clinic, River Cess County; © Africa Humanitarian Action (AHA)

As highlighted by Dr. Demissie Tadasse, the Acting Country Director and the Health Coordinator for AHA, “with CERF support we are able to assist vulnerable communities in River Cess County by reactivating health services in areas that are hard-to-reach and most deprived. The health needs in this County are more than the resources we received; but we are happy that we are able to make a difference in the lives of our beneficiaries because they can now access health services. Availability of the health services can reduce illnesses and deaths in these communities. People are being treated for common ailments, maternal child health (MCH) services are provided, health workers’ skills are improved to provide quality services, and the County Health Team and the communities are all involved in the delivery of basic health services. This is a testimony to how the health services are positively perceived by the affected communities and the local health authorities in River Cess County”.

WASH Cluster: Addressing emergency humanitarian needs in an urban setting

Turn off the main highway opposite the ELWA main intersection, drive past the usual ragged and decrepit range of shacks and small wooden stalls which house mainly women trying to eke out a living selling “small things” to support their families, and you find yourself in a world of large houses nestling in big compounds. Although there is clear evidence that a number of owners who fled during Liberia’s war period (1989-2003) have not returned to claim their properties, there seems initially little evidence of poverty. But, look again at the gaps between the big houses and on the edge of the swamp which surrounds this area on three sides and you will see that a substantial number of the 35,000 people estimated to live in the A. B. Tolbert Road community live in discernable poverty side-by-side with their affluent neighbours. This “community” is in fact one of the eight major cholera zones in Monrovia.

ZOA Refugee Care, a Dutch based international NGO working in the water and sanitation sector in Liberia since 2004, became interested in this community in 2006 because of the high level of need and the fact that no other organisation had worked in this area. Initial research revealed the reason why: this community had no structure whatsoever as the better-off members had little interest in the poor community, and the latter was comprised mainly of displaced families who had settled there for safety during the civil war. ZOA, whose main experience had been in traditional rural communities where social structures could be harnessed to ensure community “buy-in” to water and sanitation schemes, had to find a new method of ensuring community ownership of a clearly needed WASH project.

Newly constructed latrine and bathhouse in A. B. Tolbert Road © ZOA Liberia



The opportunity for action came in late 2007 with the offer of a CERF funded project under the direction and guidance of the UNICEF WASH team. ZOA spent much time developing a community organisation and structure, and were lucky to find Lucy Cooper, who had lived in the community for five years. At first, Lucy did not want to become involved, as she recalls, “We had so many NGOs come here, make promises and disappear. We never saw them again. I just didn’t want to waste my time”. But, when ZOA discussed with her the lack of community structure and

how she could help, she relented and began to become engaged with bringing the community together into some form of cohesive body. Gender, as it does so often in these circumstances, played a major role. The women who Lucy got together saw the real benefits that would accrue to their children’s health and, with guidance from ZOA, threw themselves wholeheartedly into the project, even convincing some of the men to join in.

Since the project started, some 80-community members have been trained as community trainers in hygiene promotion and are now busy advising, cajoling and organising community events to clean up the community environment and to pass on the good advice on how to handle water properly in the home and adopt safe hygiene practices. These activities are being reinforced by the distribution of household hygiene kits, including jerry cans, buckets and soap to 650 families, and the construction of eight communal wells, latrines, showers and garbage pits around the community. The construction of these facilities is now entering the final stages of completion – a small charge will be made for using the community bathhouses and latrines, and the money will be retained to maintain the facilities.

As Lucy says, “thanks to ZOA who kept their promise to come and work with us, we are very blessed. We will now have safe drinking water and enjoy other sanitation facilities. Also by training three women to one man in pump maintenance, women have really started to get some place of authority and respect in this community. ZOA have made us among the civilized people...The problems we have had with cholera,

diarrhoea, pollution of the environment, breeding mosquitoes and flies will be history...The whole community becomes cleaner by the day and enthusiasm bubbles over for what we have achieved”.

List of Acronyms

- AHA-** Africa Humanitarian Action
- CERF-** Central Emergency Response Fund
- CHAP-** Common Humanitarian Action Plan
- ECREP-** Evangelical Children Rehabilitation Programme
- EQUIP-** Evaluation and Quality improvement program
- GBV-** Gender-based violence
- HCSO-** Humanitarian Coordinator's Support Office
- ITNs-**Insecticide Treated Bed Nets
- IASC-** Inter-agency Standing Committee
- MCH-** Maternal child health
- PARACOM-** Paradigm of Consciousness Movement
- RH-** Reproductive health
- UNCT-** United Nations Country Team
- UNDP-** United Nations Development Programme
- UNMIL-** United Nations Mission in Liberia
- WASH-** Water, Sanitation and Hygiene
- WATSAN-** Water and Sanitation
- WHO-** World Health Organization