



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN LIBERIA IN 2011

COUNTRY	Liberia
RESIDENT/HUMANITARIAN COORDINATOR	Moustapha Soumaré

I. Summary of Funding in 2011 – US\$

Funding	1. Total amount required for the humanitarian response		166,651,691 ¹	
	2. Breakdown of total response funding received by source	2.1 CERF		5,988,454
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		N.A.
		2.3 OTHER (Bilateral/Multilateral)		92,975,405
		2.4 TOTAL		98,963,859 ²
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded		N.A.
		1. <i>First Round</i>		N.A.
		2. <i>Second Round</i>		N.A.
		<input checked="" type="checkbox"/> Rapid Response		5,988,454
	4. Please provide the breakdown of CERF funds by type of partner (<i>These amounts should follow the instructions in Annex 2</i>)	4.1 Direct UN agencies/IOM implementation		3,744,031.45
		4.2 Funds forwarded to NGOs for implementation		2,217,673
		4.3 Funds forwarded to government partners		26,750.00
		4.4 TOTAL		5,988,454

¹ Total Requirements of Liberia Emergency Humanitarian Action Plan (EHAP) 2011.

² According to Financial Tracking Service (FTS), retrieved 13 February 2012.

II. Summary of Beneficiaries per Emergency

Total number of individuals affected by the crisis	Individuals	285,000 ³
Total number of individuals reached with CERF funding	Female	142,500
	Male	142,500
	Total individuals (Female and male)	285,000
	Of total, children <u>under</u> 5	142,500

III. Geographical Areas of Implementation

Projects were implemented in the three main Ivorian refugee hosting counties of Liberia, namely Nimba, Grand Gedeh and Maryland.

IV. Process and Consultation Summary

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: The draft CERF report was shared for review with HCT members and sector coordinators.

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

Remarks: HCT members and sector coordinators were copied on the submission of the report.

³ From August 2011 EHAP revision composed of an estimated 160,000 refugees, 100,000 host community members, 20,000 returnees and 5,000 third country nationals.

V. ANALYSIS

1. The humanitarian context

The CERF application was prompted by an influx of refugees from Côte d'Ivoire as a result of the Ivorian political crisis. Presidential elections had been held in Côte d'Ivoire on 31 October 2010. Since no candidate won a majority in the first round, a run-off election was held on 28 November 2010. Escalating political and social pressure linked to the results of the run-off led to a substantial deterioration of the security situation in the country with frequent violent clashes between supporters of both candidates. When the CERF rapid response request was prepared in February 2011, no consensus on the presidency had been reached, with both presidential candidates having sworn themselves in as president of Côte d'Ivoire.

At the time of the CERF application, UNHCR had registered close to 40,000 refugees from approximately 11,000 families in 76 host communities, at the time mainly in Nimba county but over time, also increasingly in Grand Gedeh and Maryland, all areas bordering Côte d'Ivoire. Approximately 100 to 150 people were arriving each day. Given the scale of the movements into Liberia and ongoing political deadlock in Côte d'Ivoire, the humanitarian community in Liberia increased its contingency planning figure for 2011 up to 100,000 persons, a figure that was ultimately exceeded.

Close to 55 per cent of the Ivorian refugees who had crossed into Liberia at the time were female and half were between the ages of 12 and 59. In addition to a general sense of fear and instability in Côte d'Ivoire, refugees cited the high risk of sexual and gender based violence (SGBV) and a fear of forced conscription as the main reasons for fleeing. Refugees also claimed they faced harassment and threats from within their communities, due to political affiliations.

Prior to the influx from Côte d'Ivoire, the general operational context in Liberia had centred upon development activities, while humanitarian agencies were slowly phasing down. Due to developments in Côte d'Ivoire, the context shifted and development partners had to shift their operations in order to adopt a more 'all hands on deck' approach to respond quickly and efficiently to the urgent needs.

As of 7 February 2011, when the CERF grant request was prepared, UNHCR and the Liberia Refugee Repatriation and Resettlement Commission (LRRRC) had registered 35,790 refugees. The UN contingency plan for Côte d'Ivoire had been updated on 31 December 2010. That plan had foreseen a stalemate with no rapid solution resulting in continuous movements into Liberia up to June 2011, with up to 50,000 people crossing the border. However, by mid-2011, it became apparent that displacement was on a larger scale than anticipated in the contingency plan with up to 160,000 refugees having fled to Liberia. In response, the Liberia Emergency Humanitarian Action Plan was revised upwards to US\$ 166,651,691 in total requirements.

Assessments indicated that the need to support interventions among the refugee and host population was crucial. There was an increased incidence of diseases as well as morbidity and mortality. The Demographic Health Survey (DHS) estimated the prevalence of HIV/AIDS and sexually transmitted infections (STIs) was higher in Côte d'Ivoire (6.9 per cent) than compared to Liberia (1.8 per cent) among the general population. Malnutrition and other epidemic-prone diseases were also reportedly more prevalent in Côte d'Ivoire. About 15 per cent of pregnant women were expected to experience birth complications. Access to antenatal care as well as Emergency Obstetric and Neonatal Care (EONC) services were identified as crucial needs for both the host community and refugees. Due to the presence of this increasing number of Ivoirians, the already fragile health system capacity in the four refugee hosting counties had been overwhelmed and unable to adequately address the needs of the vulnerable refugee population, as well as the host communities under pressure.

In addition, the incidence of Gender-Based Violence (GBV), sexual violence, exploitation and abuse is high in Côte d'Ivoire and Liberia. Past conflicts and continued political unrest in the sub-region had been characterized by high levels of GBV used deliberately by armed groups to harm women and girls, and to devastate entire communities. The context of violence and deepened poverty and social instability reflects and reinforces gender inequities and puts women and girls particularly at risk of GBV, compromising their health, dignity, safety and autonomy.

With regard to the food and nutrition situation, a December 2010 Inter-Agency Rapid Assessment recommended urgent food distribution with supplementary feeding for children. Also in December 2010, Action Contre la Faim (ACF) conducted a nutrition rapid assessment among 241 (167 Ivorian and 74 Liberian) children aged 6 to 59 months and found that 10 per cent of children were acutely malnourished with a Mid-Upper Arm Circumference

(MUAC) of less than 125 millimetre. Previous surveys also showed that about two-thirds of children in the region were anemic.

In February 2011, the Liberian Ministry of Health and Social Welfare (MOHSW) and Aid for the Needy Development People (ANDP) conducted a further nutrition assessment of 4,659 children aged between 6-59 months (1,363 Ivorian and 3,296 Liberian). This found that 3.8 per cent of Ivorian and 1.5 per cent of Liberian children were severely malnourished. In emergency situations, children aged under 5 (U5) are at an increased risk of dying from infections and high rate of malnutrition. At the onset of the crisis, Nimba lacked outpatient treatment facilities for acute malnutrition thus the management of acute malnutrition became a key priority intervention for UNICEF and its partners.

Food was the number one need articulated by refugees and host communities. A rapid food security and market assessment by WFP in January 2011 found that refugees' food consumption was inadequate and food assistance was urgently required. In addition, higher staple food prices had been recorded and there was potential competition with refugees for labour opportunities which could have limited food access for poorer households in host communities.

Rice is the main staple food in Liberia, including the refugee-affected areas. Cassava, the main supplement for rice, and some vegetables and pulses are also widely cultivated. Agriculture is the main livelihood activity in the region, and most households cultivate rice, vegetables, pulses and/or tuber. The agricultural calendar for rice production starts as early as January with the preparation of fields, followed by the planting of rice seeds in March (Grand Gedeh, River Gee and Maryland) or in April (Nimba). Harvest takes place between August and November. In general, agricultural production was not sufficient to sustain families throughout the year. When stocks of rice are depleted, households enter into the lean season, between June and September. There is hence a so-called hunger gap of 4 to 6 months.

Liberian host communities – most of them living on subsistence farming - had been generously sharing their food stocks with the Ivorian refugees, which led to a premature entry into the food-lean season (March/April). As food stocks depleted, households reverted to coping mechanisms such as skipping meals or eating less, borrowing or eating their seed stocks. The consumption of stocks of rice seeds has a direct negative impact on agricultural productivity, since farmers are consuming the very seeds they need to plant during the next planting season. Farmers usually don't have alternative means to obtain rice seeds: Most households are lacking access to markets or financial resources to purchase seeds from markets (in 2010, only 14 per cent of all rice farming households in Nimba bought rice seeds on the market)⁴.

There was a real threat of failure for the agricultural rice season in 2011. Such failure would have had direct negative consequences on food security, leading to a severe shortage of locally grown food crops. To mitigate the negative impact of the refugee influx on agricultural production and reduce dependency on food aid in the short- to medium term, agriculture sector partners provided training and farming inputs (tools and seeds) to vulnerable households in Nimba County for rice and vegetable production. Interventions to support rice production were focused on Nimba County since refugees in this county arrived in time for the rice planting season 2011 and prospects to safeguard and extend rice production were still intact.

2. Provide brief overview of CERF's role in the country

The decision to apply for the CERF was taken by the Humanitarian Coordinator in liaison with UNHCR and the other Humanitarian Agencies in Liberia. An assessment undertaken by the HC's office highlighted urgent needs among refugees and host communities pointing out serious, life threatening consequences if these were not addressed.

The Liberia Emergency Humanitarian Action Plan (EHAP) 2011 played a key role in the development of the CERF request. Published in January 2011, the EHAP contained responses to address the needs of refugees, returnees and third country nationals (TCNs). Following the sector structure, it contained four strategic objectives of the 2011 Regional CAP for West Africa:

- a. Reduce excess mortality and morbidity in crisis situations.
- b. Reinforce livelihoods of the most vulnerable people severely affected by slow or sudden onset crisis.
- c. Ensure humanitarian access and improve protection of vulnerable people.

⁴ Source: Impacts of Rising Food-Fuel Prices and Refugee Influx in Liberia, June 2011

- d. Strengthen coordination and preparedness of emergencies at national and regional levels.

The EHAP for Liberia included projects of seven United Nations organizations and the International Organization for Migration (IOM) and initially appealed for \$ 55,025,738, although this was subsequently revised to \$ 166,651,691 due to a continued increase in refugees, returnees and third country nationals (TCNs).

The process for the development of the submission was agreed upon by all the UN-agencies participating in the EHAP and sector partners. Initial priorities were discussed in UNHCR's weekly Operations Coordination Meeting. These were further analyzed through discussions with the various sector leads. Sector leads decided on priorities in the sector groups. The Government of Liberia was consulted throughout the process and was aware of the fundraising efforts of the humanitarian community.

3. What was accomplished with CERF funding

The Liberia EHAP was initially launched in January 2011 in an effort to raise more than \$ 55 million needed urgently to respond to the Côte d'Ivoire refugee crisis. However, as of February only a small portion of the overall appeal had been met. The provision of close to \$ 6 million from the CERF, therefore, came at a key juncture in the humanitarian community's response to the Ivorian crisis. Although close to \$ 100 million was ultimately raised, the timely provision of funding from the CERF enabled agencies to commence critical operations rapidly.

As part of the response within the health sector, CERF funding enabled the purchase of three Interagency Emergency Health Kits (IEHK) and two cholera kits. The timely provision of these drugs and medical supplies helped to avoid unnecessary deaths among refugees and host communities. Approximately 56,500 people received basic health services. Thirty one per cent of the outpatients were children and nearly 49 per cent women. CERF funds increased access to basic health services, prevented communicable disease outbreaks and maintained deaths below the emergency threshold. Drugs and medical supplies for this project were utilized by both refugees and host communities.

CERF funds also contributed to emergency response efforts aimed at strengthening reproductive health services to reduce maternal and newborn mortality and morbidity. Using CERF funds, UNFPA ensured the effective coordination and implementation of the Minimum Initial Services Package (MISP) in reproductive health in the affected counties. This included the provision of quality basic EmONC in facilities, SGBV interventions including access to treatment and services for rape survivors, STIs/HIV prevention services, the availability of reproductive health commodities including contraceptives, condoms, essential drugs, post-exposure prophylaxis (PEP), rape and STI kits as well as the recruitment of RH/GBV focal persons for the affected counties and supplies to implementing partners and the County health teams (CHTs). Dignity kits were also procured and distributed to the most vulnerable women, girls and men in the camps. CERF funds also helped train health workers in the clinical management of rape.

CERF funding also provided early action and life-saving special protection and education interventions for boys and girls based on the Core Commitments for Children (CCC) and the Inter-agency Network for Education in Emergencies (INEE) standards. The critical protection and education needs of refugee children had to be addressed to avoid psychosocial distress associated with children encountering difficult experiences, idleness and a lack of structured routine in their lives. To ensure that children did not miss out on their education, temporary learning spaces were set up through the provision of school tents, School-in-a-Box kits, teaching-learning materials and teacher trainings. Child-friendly spaces were created and psychosocial and family tracing and reunification services provided for separated and unaccompanied children. CERF funding contributed to the establishment of effective community protection systems for women and children, increased the protection of children against recruitment by armed forces/groups and access to child-friendly spaces and psychosocial care and support. It also contributed to increasing access to quality formal and non-formal education services for children and adolescents. Refugees were not the only beneficiaries: IDPs, returning nationals, third country nationals and host community members benefited from CERF funding.

In the education sector, CERF funding helped meet the teaching and learning, cognitive and psychosocial needs of early childhood development (ECD) and primary education for children. Among other things, CERF funding enabled the purchase and distribution of 50 child-friendly spaces/temporary classroom tents, 200 ECD kits, 250 recreational kits and 400 School-in-a-Box kits. The above supplies benefited 6,600 ECD children, 169 ECD caregivers, 38,000 Ivorian and Liberian primary school children and 573 teachers. It enabled caregivers and teachers to conduct regular ECD and primary school lessons for children in a safe learning environment. CERF funding ensured that at least

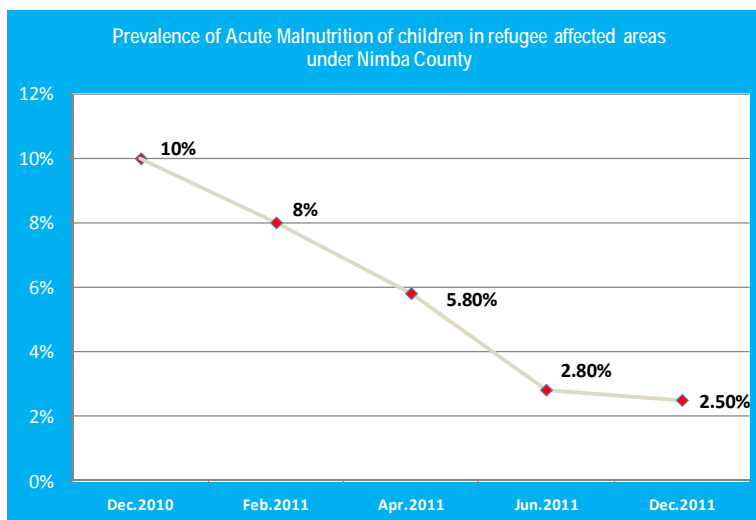
13,600 Ivorian refugee boys and girls aged 3 to 14 years of age living in host communities had access to quality and relevant educational opportunities, in a safe and protective environment; over 10,000 host community boys and girls aged 3 to 14 years had continued access to quality and relevant education within their community; and ensured over 3,600 boys and girls aged 3 to 14 years in Bahn refugee camp under Nimba County received access to quality and relevant education services.

In the WASH sector, CERF funding provided adequate clean water, safe sanitation, and complementary hygiene supplies and education for refugees and host community members. The response was made in line with the the CCCs and Sphere standards. The specific outcomes that CERF funding contributed to were:

- **Clean water:** Indicative results for UNICEF-supported interventions show that each person in the refugee affected areas has received access to 17 litres of water per person a day.⁵ CERF funding was used to construct seven water wells, three boreholes and to upgrade 14 existing wells. The funding support was also used to repair 25 handpumps and well aprons.
- **Secure and user-friendly sanitation:** Indicative results for UNICEF-supported interventions show an average ratio of 50 users-per-latrine (Ntow, 2011). CERF funding was used to construct 443 latrines (shared among family) and 42 trench-style latrines (cubicles).
- **Hygiene kit:** UNICEF used CERF funding for the procurement and distribution of soaps adequate for more than 58,000 people for three months at 250 grams per person a month.
- **Promotion on key hygiene behaviours:** To protect beneficiaries from infectious and waterborne diseases, UNICEF – in collaboration with its partners – used CERF funding to conduct hygiene promotion activities such as handwashing with soap and water and community clean-up campaigns.

In the nutrition sector, CERF funding contributed to the establishment of 16 Outpatient Therapeutic Programmes (OTP) to treat severe acute malnutrition, four specialized in-patient units in two hospitals for those with medical complications, and Supplementary Feeding Programme (SFP) centres for moderately malnourished children in refugee-affected areas under Nimba County. Funding was also used for training health workers to manage acute malnutrition and promote infant and young child feeding (IYCF) practices. More than 41,880 children (over 60 per cent of whom were refugees) were screened and 2,039 severely malnourished and 2,106 moderately malnourished children were treated.

By the end of 2011, the nutrition indicators therapeutic program (OTP and IPF) were almost within the Sphere thresholds. The recommended cure rate standard is more than 75 per cent and the current cure rate the programme is 86 per cent. The recommended standard default rate is less than 15 per cent. The death rate is only 1 cent.



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The timely establishment and operationalization of treatment services and essential nutrition interventions has reduced the acute malnutrition rate below 5 per cent. Based on findings from several surveys and assessments conducted in Nimba from December 2010 to December 2011, there has been a gradual decline in malnutrition rates as indicated in Figure 1, above. This therefore indicates that the overall humanitarian response, including nutrition interventions, has made a positive impact. UNICEF Liberia received CERF funds by March and all the above stated activities had been carried out by the end of May 2011. The immediate provision of CERF funds resulted in the timely

⁵ Steven Ntow 2011 – Consultant for Evaluation of ECHO-Funded WASH Emergency Interventions in 4 Counties of Liberia, 2011.

initiation of nutrition response activities. Besides treatment for acute malnutrition, the complementary promotive interventions carried out through health facilities and community volunteers prevented malnutrition, thus reducing the caseload of malnourished children requiring specialized attention.

In the logistics sector, CERF funding helped to achieve the following:

- Twelve 6X6 “all terrain” Scania trucks were purchased from MSB (Swedish Civil Contingency), with two allocated to Cote d'Ivoire and ten to Liberia. In Liberia, the trucks were deployed throughout the period in Nimba, Grand Gedeh, River Gee and Maryland Counties. Spare parts and transportation for the trucks were donated along with three MSB staff that were seconded for a duration of nine months in order to ensure the trucks were operational. The MSB staff managed the Scania workshop established in Saclepea and trained national mechanics.
- While the logistics cluster was not formally activated, there was a need to deploy dedicated staff in order to facilitate the coordinated logistics response of the humanitarian community and the activities within the logistics sector. Weekly meetings were held and information was shared through established channels, such as mailing lists and the logistics sector's dedicated website.
- UNOPS was contracted for the rehabilitation of the road from Grai to Buto in Nimba County. The initial phases of the project have started and work is expected to end in March 2012.

CERF funding enabled the provision for refugees in 16 relocation villages, a camp in Nimba County and two camps in Grand Gedeh. Overall, 1,095 semi-permanent shelters constructed in 16 relocation villages, Nimba County and 1,300 semi-permanent shelters were constructed in Bahn camp, Nimba County. All refugees had access to emergency shelters provided in Bahn camp in Nimba County, Duogee, Solo and Ziah camps in Grand Gedeh, and Bisshop Fergusson Transit Centre/Little Wlebo camp in Maryland County. In addition, NFIs were distributed among 35,272 families (111,458 registered refugees) including blankets, mats, soap, sanitary napkin lanterns, jerry cans mosquito nets, buckets, kitchen sets, plastic sheets, and kerosene.

CERF funding also enabled critical protection activities for refugees. All Ivorians fleeing violence were granted prima facie status with no cases of refoulement reported. In total, 165,000 refugees were individually registered and profiled in Nimba, Grand Gedeh and Maryland counties. Particular attention was paid to vulnerable refugees and survivors of GBV. Over 50,000 refugees (11,375 children and 27,500 women) with specific needs including unaccompanied minors, pregnant and lactating mothers, elderly and disabled, victims of GBV were identified. Two safe houses were set up (in Nimba and Grand Gedeh Counties) for survivors of GBV. In addition, referral pathways were established to provide access to national legal, medical care, psychosocial mechanisms. The civilian nature of asylum was maintained in all camps: there were no security incidents involving armed actors. These efforts were supported by 10 pre-fabricated warehouses in close proximity to camps and extended delivery points for refugees in host communities and 25 trucks.

In the agricultural sector, CERF funding enabled the distribution, through implementing partner Agriculture Relief Services (ARS), of farming inputs to 2,600 host family households in 34 communities in Nimba (Gbehlay-Geh, Zoe-Geh). The intervention complemented rice production support of other humanitarian actors including the Liberian National Red Cross, Samaritan's Purse, Oxfam GB, Danish Refugee Council, Catholic Relief Services, German Agro Action, Caritas, Concern, ACDI/VOCA LAUNCH and CUDS. Households were selected taking into account their vulnerability (dependency ratio, the number of refugees hosted). 1,914 beneficiary households were male-headed, 686 households were female-headed.

FAO estimates that with the distributed rice seeds, 2600 acres (approximately 1050 hectares) of rice surfaces could be planted (25 kilogrammes of rice seeds needed per acre). Of the 2,600 beneficiary households, 1,690 beneficiaries engaged in upland and 919 beneficiaries in lowland rice farming. In January 2012, a crop assessment was carried out jointly by the Ministry of Agriculture, FAO and implementing partner, ARS, to determine average yields. Based on these figures, it is estimated that through FAO's intervention 1,667 metric tons of rice could be produced locally. On average, beneficiary households were able to cover their rice consumption needs for the entire year (average household size 5.2 people, 127 kg annual rice consumption per person). However, there are significant differences between households, as yields for upland rice farmers are much lower than yields for lowland rice farmers.

An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

The timely provision of CERF funding in the early stages of the Ivorian refugee crisis enabled agencies to rapidly commence or scale-up operations. For example, in the health sector, the procurement of drugs and medical supplies was fast-tracked and delivered within one month to those NGOs implementing health services and county-health teams. A quick disbursement of CERF funds also enabled the provision of essential education and child-protection services to refugee and host populations in a timely and coordinated manner. In the WASH sector, CERF funds were immediately disbursed through to various implementing partners, such as the Ministry of Health and Social Welfare, ACF, DRC, ECREP, ERS and PSI. Quick disbursements enabled UNICEF and its implementing partners to swiftly address the water and sanitation needs of the refugee and host populations, thus avoiding potential disease outbreaks which are common in such emergency situations. The immediate provision of CERF funds also resulted in timely initiation of nutrition response activities.

b) Did CERF funds help respond to time critical needs?

YES NO

Funds from the CERF filled time critical gaps as partners and CHTs were already experiencing a shortage of drugs and medical supplies. Thus, drugs and medical supplies purchased were able to fill these gaps and avoid unnecessary deaths among the beneficiaries. The timely disbursement of CERF funds also enabled an increase in the logistical surge capacity in hubs closest to the refugee camps. It therefore helped to address a time-critical constraint in the delivery of life-saving humanitarian relief items to the affected population. In the agricultural sector, CERF funds came in time to provide the necessary farming inputs for 2,600 beneficiaries for the 2011 rice planting season.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF funding was critical in the early stages of the crisis and catalyzed funding from a wide variety of sources later on. Overall, close to \$ 100 million dollars were contributed to the EHAP.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The CERF did improve coordination among the humanitarian community. The HCT led by the RC/HC spearheaded the entire appeal process. Priorities were recommended to sector leads for consideration during the vetting and selection of projects to be submitted. As part of the project selection process agencies' projects were vetted within their respective sectors. Projects selected from this process then had to be approved by the HCT.

In addition to project development and selection there is evidence that CERF funding enhanced the collaboration already in place at the national and local levels between the UN and the Government of Liberia. For example, UNFPA, as one of the agencies implementing under the health pillar, collaborated very closely with and reported to the Ministry of Gender & Development (MoGD), the Ministry of Health & Social Welfare (MoHSW), UNHCR and other partners during sector and sub-sector meetings. In the WASH sector, the coordination work necessary to implement the CERF-funded project contributed to further strengthening intra- and inter-sectoral collaboration. It also contributed to capacity building of the partners, particularly national staff involved in the emergency response.

In the agricultural sector, CERF funds were used to strengthen coordination mechanisms at County and national levels. At the County level, FAO convened monthly agriculture sector workshops and co-chaired the food sector meetings together with WFP. At the County level, FAO participated in food security meetings led by the Ministry of Agriculture to provide regular information and updates on the agriculture sector's response and to develop strategies on the way forward.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Timely provision of the health and cholera kits was essential to fill critical gaps when partners did not have enough drugs and medical supplies.	Filling critical gaps requires real-time response to avoid or mitigate unnecessary illnesses and deaths among the beneficiaries.	Humanitarian agencies
Engagement of the Ministry of Health, CHTs, UNHCR and NGOs strengthen the collaboration and coordination of response to the refugee crisis among all health actors.	Adequate coordination and timely response can save lives.	Humanitarian agencies
Providing health services to both refugees and hosting communities was essential to avoid any conflict and gaps.	Refugees expect to receive the same level of health services as provided to nationals; offering equal services to both refugees and nationals will minimize possible conflicts in expectations.	Humanitarian agencies
Adequate distribution of the health and cholera kits to all counties hosting refugees minimized illnesses and deaths among the refugees and host communities.	Health and cholera kits were distributed to both NGOs and the CHTs. With these drugs, it was possible to provide health services in public health facilities and through mobile clinics.	Humanitarian agencies
Identified programme gaps for young people and young parents.	Connect life skills, livelihood and microfinance programmes for young people. Provide on-going learning opportunities for young parents through youth clubs.	UNICEF and partners
Strengthen psychosocial support in CFS, and INEE minimum standards; Further training for facilitators and teachers in psychosocial support required.	Create more awareness on CFS and INEE standard among partners implementing the projects. Provide training to implementing partners and facilitators in psychosocial support.	UNICEF and Save the Children
Difficult road conditions to the sites seriously impede timely and efficient delivery of supplies and services.	Explore with UNDP, the possibility of repairing/rebuilding major road links to the affected areas and communities.	UNICEF/UNDP
An evaluation of the UNICEF WASH emergency interventions (Ntow, 2011) suggested that gender considerations were made in WASH interventions but community latrine designs could be improved to meet the needs of children and physically-challenged people.	Latrine design and construction in 2012 to adopt a more participative approach involving greater consultation with users on the design, found a site and construction.	UNICEF and partners
Effective operation of formal nutrition sector endorsed by the Government along with the active engagement of all nutrition stakeholders and guidance from OCHA helped facilitate the timely development and submission of a CERF proposal.	Continuing a nutrition sector approach.	OCHA and UNICEF
All partners and stakeholders aligning with sector plan with one agency leading the coordination.	Continuing a nutrition sector approach.	UNICEF and MoH
Proper coordination during crisis improves quality service delivery.	Periodic crisis preparedness meetings to be held by partners bi-annually .	Resident Coordinator Office/HAC
The sector approach proved useful as it played a major role in identifying gaps and prioritizing projects.	Strengthen the sectors to ensure quality service delivery.	Resident Coordinator Office/HAC

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

WHO - HEALTH							
CERF PROJECT NUMBER	11-WHO-015	Total Project Budget	\$ 191,096				Gender Equity Children, women and men benefited from this project. At least 49 per cent of the beneficiaries were women, while 31 per cent were children.
PROJECT TITLE	Response to health needs of Ivorian refugees and host communities in Liberia	Total Funding Received for Project	\$ 191,096	Individuals	50,000	56,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 191,096	Female	22,500	26,500	
				Male	27,500	30,000	
				Total individuals (Female and Male)	50,000	56,500	
				Of total, Children under 5	11,059	12,000	
				TOTAL	50,000	56,500	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
Reduce excess illness and deaths among Ivorian refugees and host communities in the refugee hosting counties of Liberia.		<p>Mortality among refugees and host communities maintained below the emergency threshold of <1/10,000/day</p> <ul style="list-style-type: none"> ■ Drugs and medical supplies purchased and distributed: <ul style="list-style-type: none"> ○ Procured and monitored use of three interagency emergency health kits and two cholera kits; ○ Monitored provision of health services in refugee affected counties; and ○ Strengthened surveillance of communicable diseases.. 				<p>Weekly and monthly epidemiological reports.</p> <p>Field monitoring reports.</p>	

UNFPA - HEALTH							
CERF PROJECT NUMBER	11-FPA-012	Total Project Budget	\$1,413,596				Gender Equity Special attention was given to the needs of pregnant women and vulnerable women and girls.
PROJECT TITLE	Provision of reproductive Health commodities and services including the prevention and treatment of sexual gender-based Violence among Ivorian refugee settlement areas in Liberia	Total Funding Received for Project	\$ 99,636	Individuals	39,500	42,777	
				Female	21,725	24,099	
				Male	17,775	22,150	
				Total individuals (Female and male)	39,500	42,777	
				Of total, children under 5	8,874	9,987	
				TOTAL	48,374	52,764	
STATUS OF CERF GRANT ⁶	Completed	Amount disbursed from CERF	\$ 99,636				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Availability and utilization of life-saving EmONC, prenatal care and family planning services are ensured and strengthened referral mechanisms at various levels of service provision.</p> <p>Reproductive health commodities and supplies to public health facilities are available to ensure the effective and timely provision of sexual and reproductive health services in the host communities and refugee camp(s).</p> <p>Prevention, treatment and care services for Sexual Violence, sexual transmitted infections including HIV/AIDS.</p>		<p>Reduced excess maternal deaths associated with pregnancy and birth complications</p> <ul style="list-style-type: none"> ▪ Number of health facilities adequately equipped for BEmONC by the end of the project period. <ul style="list-style-type: none"> ○ Twelve facilities equipped and trained to provide quality basic EmONC and Comprehensive EmONC. ○ Twenty-four clinicians from the 12 clinics in Nimba County were trained on MISP/RH, monitoring of labour (using partograph), and the management of Post Partum Haemorrhage. ▪ Number of referrals for obstetric complications who actually receive medical attention at referral level. ▪ Per cent of deliveries by skilled birth attendant. <ul style="list-style-type: none"> ○ 20 per cent of deliveries attended by skilled attendant. <p>Reduced transmission of STI/HIV</p> <ul style="list-style-type: none"> ▪ Number of condoms distributed. <ul style="list-style-type: none"> ○ STI morbidity was the second cause of medical consultation among adults, over 100,000 condoms distributed in the three counties. ▪ Number of STIs diagnosed and treated. ▪ Number of health facilities having adequate supplies to treat STIs. <ul style="list-style-type: none"> ○ -RH commodities including STIs and Rape Kits, and emergency contraceptives. were procured and distributed to all health facilities and referral centres. ○ Thirty CHW trained to manage cases with universal precaution to prevent HIV. ▪ Percentage of service providers using the syndromic approach in the treatment of STIs <p>Sexual Violence is reduced and treatment services are utilized by target population.</p> <ul style="list-style-type: none"> ▪ Number of survivors received medical care. ▪ Number of rape survivors treated within 72 hours of incident. ▪ Number of trained service providers for treatment of rape survivors. <ul style="list-style-type: none"> ○ Fifty two health care workers (CHW) trained in the clinical management of rape ○ Twelve supervisors of health facilities trained in national colour coding system for GBV referral. 				<p>Regular monitoring and supervision was conducted by the UNFPA humanitarian team in collaboration with other partners in the health pillar.</p>	

	<ul style="list-style-type: none">○ Six thousand two hundred and thirty eight dignity kits provided to most vulnerable women, girls and men in the three counties.○ Community based mechanisms and interventions (i.e. community monitoring, reporting and information dissemination strengthened).	
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UNICEF - EDUCATION AND CHILD PROTECTION							
CERF PROJECT NUMBER	11-CEF-012-B	Total Project Budget ⁷	\$12,762,463				Gender Equity
PROJECT TITLE	Emergency education and special protection for children affected by the crisis in Cote D'ivoire	Total Funding Received for Project	\$ 3,545,697	Individuals	50,000	<i>Specific numbers of beneficiaries reached by CERF funding is not available. Cumulative number of beneficiaries reached to date (including support from other donors and CERF is 71,680 (62,280 are refugee and 4,400 children of host communities.</i>	<p>Data on Ivorian refugee boys and girls aged 3 to 14 years attending primary education show that 61 per cent are female and only 39 per cent male.</p> <p>Similarly, 51 per cent of students (aged 3 to 14 years) attending schools in the communities are female.</p> <p>Of the over 3,600 children aged 3 to 14 years at the Bahn refugee camp in Nimba County, 61 per cent were female and 39 per cent male were attending ECD classes. 54 per cent of those attending primary school were male and 46 per cent were female.</p>
				Female	27,500		
				Male	22,388		
				Total individuals (Female and male)	49,888		
				Of total, children U5	11,059		
				TOTAL	50,000		
STATUS OF CERF GRANT⁸	Ongoing	Amount disbursed from CERF	\$ 951,063	Individuals	50,000	27,200	
				Female	27,500	13,872	
				Male	22,500	13,328	
				Total individuals (Female and male)	50,000	27,200	
				Of total, children U5	12,500	529	
				TOTAL	50,000	27,200	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Protect girls, boys and women from violence, abuse and exploitation, reduce their vulnerability and increase their resilience, and ensure a rapid emergency response in the affected regions.</p> <ul style="list-style-type: none"> 71,680 children reached to improve overall protection (67,280 of total beneficiaries are refugee children and 4,400 of total beneficiaries are host community children). 15,350 children aged 3 to 18 years enrolled and participating in CFS. 23,091 girls and boys aged 10 to 18 years have participated in engaging learning and recreational activities. 9,442 multi-sectoral service providers and community caregivers trained and responding to children's protection needs. <p>Ensure that 15,000 pre-school and school-aged boys and girls affected by the crisis have access to quality and relevant education opportunities in a safe learning environment that promotes the protection and the psychosocial well-being of learners.</p>		<p>Protect girls, boys and women from violence, abuse and exploitation, reduce their vulnerability and increase their resilience, and ensure a rapid emergency response in the affected regions.</p> <ul style="list-style-type: none"> 71,680 children reached to improve overall protection (67,280 of total beneficiaries are refugee children and 4,400 of total beneficiaries are host community children). 15,350 children aged 3 to 18 years enrolled and participating in CFS. 23,091 girls and boys aged 10 to 18 years have participated in engaging learning and recreational activities. 9,442 multi-sectoral service providers and community caregivers trained and responding to children's protection needs. <p>Boys and girls aged 3 to 14 years in the affected counties and host communities access a safe learning environment that promotes their protection and psychosocial well-being.</p> <ul style="list-style-type: none"> At least 13,600 Ivorian refugee boys and girls aged 3 to 14 years living in host communities have access to quality and relevant educational opportunities in a safe and protective environment. Over 10,000 host community boys and girls aged 3 to 14 years have continued access to quality and relevant education within their community. Over 3,600 boys and girls aged 3 to 14 years in Bahn refugee camp under Nimba County have access to quality and relevant education services. 				<p>Many of UNICEF's implementing partners are based in the field and conduct regular monitoring activities such as weekly attendance records of the ECD, child friendly spaces and primary schools.</p> <p>UNICEF and its partners conduct regular inter-sectoral and coordination meetings and field monitoring visits.</p> <p>Every week, UNICEF collects data from all affected areas which is then compiled into bi-weekly situation reports.</p> <p>Any data collected from the UNICEF field offices and partners is shared with the UNICEF country office.</p> <p>A rapid education and child protection joint needs assessment was carried out in June 2011 and the data was used for EHAP, CAP and for planning the programme response.</p>	

UNICEF - WASH																										
CERF PROJECT NUMBER	11-CEF-012-C	Total Project Budget	\$ 8,718,549	<table border="1"> <tr> <td>Individuals</td> <td>50,000</td> <td>24,150</td> </tr> <tr> <td>Female</td> <td>27,500</td> <td>13,283</td> </tr> <tr> <td>Male</td> <td>22,500</td> <td>10,868</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>50,000</td> <td>24,150</td> </tr> <tr> <td>Of total, children under 5</td> <td>11,375</td> <td>5,494</td> </tr> <tr> <td>TOTAL</td> <td>50,000</td> <td>24,150</td> </tr> </table>			Individuals	50,000	24,150	Female	27,500	13,283	Male	22,500	10,868	Total individuals (Female and male)	50,000	24,150	Of total, children under 5	11,375	5,494	TOTAL	50,000	24,150	Gender Equity	
Individuals	50,000	24,150																								
Female	27,500	13,283																								
Male	22,500	10,868																								
Total individuals (Female and male)	50,000	24,150																								
Of total, children under 5	11,375	5,494																								
TOTAL	50,000	24,150																								
PROJECT TITLE	Emergency WASH response activities in host communities	Total Funding Received for Project	\$ 2,582,367				Women, girls, boys and men benefited from the project. A UNICEF WASH emergency intervention evaluation (Steven Ntow, 2011) showed that most targeted host communities' WASH committees had permanent positions reserved for women.																			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 549,596				Steven Ntow (2011) also showed that gender considerations were factored in while designing WASH interventions.																			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms																				
<p>Provision of access to safe water, sanitation and hygiene to 50,000 direct beneficiaries according to the following minimum standards:</p> <p>Clean water (>15l/p/d).</p> <p>Secure and user-friendly sanitation (>1 latrine/20 p).</p> <p>Hygiene kit (250g soap/p/m, jerry cans, etc)</p> <p>Promotion on key hygiene behaviours (hand washing with soap, and latrine use).</p>		<p>Clean Water</p> <ul style="list-style-type: none"> Indicative result for UNICEF supported interventions: 17 l/p/d (Ntow, 2011). CERF funding supported: Well construction – 7; Borehole construction – 3; Well upgrading (yield >1,000 l/hr) – 14; Handpump & apron repair – 25. <p>Secure and User-friendly Sanitation</p> <ul style="list-style-type: none"> Indicative result for UNICEF supported interventions: 1 latrine/50p (Ntow, 2011). CERF funding supported: Latrine construction (shared family)- with rc slab – 443; Construction of trench latrine (cubicles) – 42. <p>Hygiene Kits</p> <ul style="list-style-type: none"> CERF funding supported the distribution of soaps equivalent to the needs of more than 58,000 people over three months at 250 grams per person a month. <p>Promotion of Key Hygiene Behaviours.</p> <ul style="list-style-type: none"> CERF funding supported hygiene promotion, community clean-up, distribution and demonstration of WASH NFIs in 15 communities. 				<p>UNICEF WASH county coordinators based in Nimba, Grand Gedeh and Maryland counties conducted regular monitoring visits together with their government counterparts.</p> <p>An evaluation of UNICEF-supported emergency WASH interventions was conducted by an independent consultant Steven Ntow (2011) – “Evaluation of ECHO-Funded WASH Emergency Interventions in four counties of Liberia”. A total of 950 structured household questionnaires were administered in 38 communities in four counties. A multi-stage random sampling method was adopted in all four counties.</p>																				

UNICEF - NUTRITION							
CERF PROJECT NUMBER	11-CEF-012-A	Total Project Budget	\$ 6,005,275			Gender Equity Both boys and girls were treated for acute malnutrition. There is no difference in the coverage of Vitamin A and de-worming supplementation between boys and girls.	
PROJECT TITLE	Emergency nutrition response for Ivorian Refugees and host communities in Nimba.	Total Funding Received for Project	\$1,984,621	Individuals			4,300
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 543,489	Female	11,059		3,400
				Male			900
				Total individuals (Female & male)	11,059		4,300
				Of total, children under 5	2,700	4,300	
				TOTAL	15,134	17,200	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Blanket feeding with ready-to-use food to prevent deterioration of nutrition status in children under-five and as needed in pregnant and lactating women and HIV-affected families.</p> <p>Target:</p> <ul style="list-style-type: none"> More than 90 per cent of 2,700 under-five children will receive blanket feeding with ready to use food. <p>Effective implementation of CMAM in government health and mobile clinics supported by Equip and IRC and in camps supported by UNHCR.</p> <p>Target:</p> <ul style="list-style-type: none"> Treatment of children with severe malnutrition through 10 OTP sites and two special nutrition units in two health facilities. More than 90 per cent of 1,375 children to be treated under CMAM programme. <p>Promotion and protection of breastfeeding and infant feeding in emergencies through media and counselling of caregivers.</p> <p>Target:</p> <ul style="list-style-type: none"> 90 per cent of children aged 6 to 59 months receive vitamin A supplementation and 90 per cent of children aged 12 to 59 months receive de-worming tablets. More than 90 per cent of caregivers of children aged 0 to 5 years will benefit from information on optimal infant and young child feeding practices. 		<p>High energy and micronutrient dense complementary food distributed in 30 villages for 4,253 children aged 6 to 23 months (2,596 refugee children), almost double the target set in CERF proposal. As of December 2011, 16 OTP, four specialized inpatient units in two hospitals and nine Supplementary Feeding programme (SFP) centres in the refugee-affected areas were running in Nimba.</p> <p>The target set in CERF funding was to treat a caseload of 1,375 severely malnourished children. Over 2,039 children have been treated to date. The cured rate for severe acute malnutrition is 86 per cent, the default rate was less than 10 per cent and the death rate was only 1 per cent.</p> <p>Vitamin A supplementation and deworming campaigns were integrated in the February 2011 Measles campaign in Nimba, reaching over 80 per cent of 78,000 children. Health workers and GCHVs trained on IYCF in selected areas to counsel caregivers bringing children during the campaign.</p> <p>At least 3,400 mothers counselled on IYCF during the Vitamin A supplementation and deworming campaign.</p>				<p>Supervision and validation reports.</p> <p>Implementation partners reports, validation reports and surveys.</p> <p>MoH coverage report.</p> <p>Implementation partners reports, validation reports and surveys.</p>	

UNICEF will fulfill its role as lead of the nutrition emergency working groups in Monrovia and county level.

Target:

- *Monthly updates on the nutritional situation and response among affected population.*

UNICEF as the sector lead carried out the following key activities:

- Organized and led bi-monthly nutrition sector meeting in Monrovia and at the county-level.
- Participated in relevant sectoral, HAC and UNHCR operational meetings. Ensured strategic presence and provided technical guidance to the food sector.
- In collaboration with MOH and SW and organized quarterly nutrition emergency review meetings.
- Developed and update action plans, reporting matrix, progress reports and sitreps.
- Work with government and NGOs to develop agreements and follow-up on implementation.
- Weekly and monthly updates on activities and outputs in terms of children reached with key nutrition interventions.
- Advocacy activities for resource mobilization, proposals, donor reports and case studies.
- Weekly Nutrition Sector meeting.

EHAP documents. Sector meeting reviews, implementation plans, database on management of acute malnutrition.

WFP - LOGISTICS							
CERF PROJECT NUMBER	11-WFP-014	Total Project Budget	\$ 4,896,188			<p style="text-align: center;">Gender Equity</p> <p>While the number of women receiving the food ration is getting more significant, there is still a need for sensitization to assure that women have their rights.</p>	
PROJECT TITLE	Regional logistics and Telecommunications augmentation in support of WFP EMOPs and PRROs in Côte d'Ivoire and Liberia	Total Funding Received for Project	\$ 3,121,361	Individuals	160,000		147,823
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 898,907	Female	83,000		75,878
				Male	77,000		71,945
				Total individuals (Female and male)	160,000	147,823	
				Of total, children under 5	22,000	18,103	
				TOTAL	160,000	147,823	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Ensure the uninterrupted supply of life-saving relief items to refugees located in the eastern part of Liberia.</p> <p>Facilitate the logistics and civil/military coordination and information management in support of WFP emergency operation.</p>		<p>The supply of life-saving relief items has been substantially enhanced through the purchase of several all-terrain trucks; the improvement of storage capacity in the Logistics hubs close to the refugee camps through the erection of rubhalls; and the contracting of UNOPS for the rehabilitation of the road from Grai to Buto in Nimba County.</p> <p>While the Logistics cluster was not formally activated, there was a need for WFP to deploy dedicated staff in order to facilitate the coordinated logistics response of the humanitarian community and the activities within the logistics sector. Weekly meetings were held and information was shared through established channels, such as mailing lists and the logistics sector's dedicated website.</p>				<p>WFP standard internal asset control measure.</p> <p>Weekly logistics sector meetings.</p>	

UNHCR - MULTISECTOR

CERF PROJECT NUMBER	11-HCR-009	Total Project Budget	\$ 79,775,368			Gender Equity	
				Individuals	50,000		165,000
PROJECT TITLE	Strengthening of protection monitoring at the border	Total Funding Received for Project	\$ 42,262,649	Female	27,500	Access to asylum is a fundamental right of all refugee women, girls, men and boys. Registration is also the right of all refugees as the only means of accessing individual assistance. UNHCR registration procedures includes standard operating procedures to identify and address the specific needs of vulnerable refugees, including pregnant and lactating women, unaccompanied children, the sick and elderly, victims of GBV and refugees in need of psycho-social care, among others.	
				Male	22,500		
STATUS OF CERF GRANT ⁹	Completed	Amount disbursed from CERF	\$ 247,893	Total individuals (Female and male)	50,000		165,000
				Of total, children under 5	11,375		165,000 *to end of June 2011
				TOTAL	50,000		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES *to end of June 2011				Monitoring and Evaluation Mechanisms	
<p>Asylum rights are respected and there is no refoulement and 100 per cent of refugees are individually registered.</p> <p>Vulnerable people and GBV survivors are identified and their specific needs addressed.</p> <p>Support government authorities in their efforts to ensure the civilian nature of asylum is respected.</p> <p>Child protection mechanisms are in place to identify children at-risk or</p>		<p>Access to asylum and fair registration procedures ensured for all refugees</p> <ul style="list-style-type: none"> 100 per cent of Ivoirians fleeing violence were granted prima facie status. No cases of refoulement reported. 165,000 refugees were individually registered and profiled in Nimba, Grand Gedeh and Maryland counties (Level 2 registration). Weekly border monitoring missions conducted in Nimba, Grand Gedeh, Maryland and River Gee. <p>Vulnerable refugees and GBV survivors are identified and their specific needs addressed</p> <ul style="list-style-type: none"> Identification of refugees with specific needs – pregnant and lactating mothers, the elderly and disabled, unaccompanied minors, victims of GBV and refugees in need of medical care or psychosocial support was carried out during Level 2 registration as per UNHCR standard procedures. Over 50,000 refugees, 11,375 children and 27,500 women, with specific needs including unaccompanied minors, pregnant and lactating mothers, elderly and disabled, victims of SGBV were identified and refugees in need of medical care or psychosocial support were carried out during Level 2 registration as per UNHCR standard procedures and assisted. Two safe houses were set up (Nimba and Grand Gedeh counties) for survivors of GBV. Referral pathway was set up and made operational to enable refugee victims of GBV to access national mechanisms – legal, medical care, psychosocial. Database was set up to maintain accurate confidential records of different categories of refugees with special needs. <p>Refugees in camps and transit centres live in a safe environment free of armed violence</p> <ul style="list-style-type: none"> The civilian nature of asylum was maintained in all camps: no security incidents involving armed actors. Training was organized to build the capacity of relevant national authorities to screen out combatants: 188 suspected armed combatants were screened out. UNHCR supported the Liberian Government's efforts to set up an interment centre in Bong County for suspected former combatants with advocacy and in-kind support. <p>Improved coordination and adequate capacities for effective child protection mechanisms</p> <ul style="list-style-type: none"> Child protection and anti-GBV programmes were instituted to protect women and children. A safe- 				<p>UNHCR registration database.</p> <p>UNHCR field staff.</p> <p>Reports from implementing partners.</p> <p>Protection sector and child protection sub-sector meetings.</p> <p>Weekly multisector coordination meeting.</p> <p>Inter-agency assessment missions.</p> <p>Field visits and spot checks.</p> <p>UNMIL security reports.</p>	

victims of violations.	house was established for referral of GBV cases. UNHCR and partner staff were trained to identify the best interests of children.	
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UNHCR - MULTISECTOR							
CERF PROJECT NUMBER	11- HCR- 010	Total Project Budget ¹⁰	\$ 79,775,368			Gender Equity Refugees with special needs were prioritized in the distribution of emergency relief items (NFIs), as well as shelter allocation. Refugees with special needs were also prioritized for the allocation of semi-permanent shelters and provided with additional help to build their own shelter.	
PROJECT TITLE	Shelter Construction in Refugee Camps and Relocation Villages and Strengthening of NFI Stocks	Total Funding Received for Project	\$ 42,262,649	Individuals	39,500		111,458
				Female	21,275		61,603
				Male	17,775		49,855
				Total individuals (Female and male)	39,500		111,458
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,787,409	Of total, children under 5	8,874	24,688	
				TO AL	39,500	111,458	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL ¹¹		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms ¹²	
<p>Provide emergency shelter to meet immediate and temporary needs among the refugees fleeing Cote d'Ivoire through site planning and the construction of emergency shelters.</p> <p>Ensure adequate living conditions for refugees in the camps and relocation villages through camp management and village oversight.</p> <p>Ensure that most vulnerable refugees have a kit of NFIs to undertake the basic domestic activities.</p> <p>Facilitate the provision of adequate basic services and infrastructures in the camps.</p>		<p>Emergency shelter provided for refugees in 16 relocation villages and one in camp in Nimba County and two camps in Grand Gedeh</p> <ul style="list-style-type: none"> 1,095 semi-permanent shelters constructed in 16 relocation villages, Nimba County. 1,300 semi-permanent shelters constructed in Bahn camp, Nimba County. Emergency shelters provided for 100 per cent of refugees in Bahn camp in Nimba Country, Duogee, Solo and Ziah camps in Grand Gedeh, and Bisshop Fergusson Transit Centre/Little Wlebo camp in Maryland County. <p>Camp management and village oversight provided</p> <ul style="list-style-type: none"> Camp oversight and security provided in all refugee camps with the participation of refugees through refugee committees. Coordination mechanisms set up with local authorities and humanitarian partners in 16 relocation villages. <p>Non-food Items procured and distributed</p> <ul style="list-style-type: none"> NFIs distributed to 35,272 families (111,458 registered refugees) including blankets, mats, soap, sanitary napkin lanterns, jerry cans, mosquito nets, buckets, kitchen sets, plastic sheets, and kerosene. <p>Five refugee camps set up with all basic infrastructure</p> <ul style="list-style-type: none"> Basic infrastructure at Bahn refugee camp is consolidated for a population of 6,000 refugees. Duogee, Solo, Ziah and Little Wlebo camps set up with all basic infrastructure. Land allocated and cleared and site planning undertaken for the opening of a sixth camp, PTP, in Grand Gedeh County. 				<p>UNHCR field staff daily follow-up in all refugee hosting counties.</p> <p>UNHCR weekly situation reports.</p> <p>Implementing reports quarterly report.</p> <p>UNHCR project control and verification missions.</p> <p>Spot checks.</p> <p>NFI/Shelter sector meetings.</p> <p>Multi-sector weekly coordination meetings.</p>	

UNCHR - MULTISECTOR

CERF PROJECT NUMBER	11-HCR-011	Total Project Budget	\$ 79,775,368				Gender Equity
PROJECT TITLE	Logistics capacity for secondary distribution of Non-Food Items	Total Funding Received for Project	\$ 42,262,649	Individuals	50,000	111,458	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 220,435	Female	27,500	61,603	Women, men, girls and refugee boys all benefited from this project, which allowed the safe storage of essential relief items such as blankets, cooking utensils, kerosene and food. Vulnerable refugees with additional needs were prioritized during NFI distributions. All UNHCR projects take a holistic approach based on the fundamental rights of refugees and their different needs based on gender, age, health status and diversity.
				Male	22,500	49,855	
				Total individuals (Female and male)	50,000	111,458	
				Of total, children under 5	11,375	24,688	
				TOTAL	50,000	111,458	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL¹³		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms¹⁴
<p>Ensure adequate storage of relief items.</p> <p>Ensure the uninterrupted supply of life-saving relief items to refugees.</p> <p>Ensure that refugees receive basic household items to improve their living conditions.</p>		<p>Emergency warehousing and transport capacity enhanced in three counties hosting refugees</p> <ul style="list-style-type: none"> ▪ UNHCR procured and set up 10 prefabricated warehouses for storage of emergency non-food items in close proximity to camps and extended delivery points for refugees living in host communities. ▪ UNHCR procured, deployed and maintained 25 trucks to transport relief items and food to extended delivery points (refugees in communities). ▪ Warehouses maintained in Monrovia and three counties. <p>Essential relief items delivered to registered refugees in camps and host communities</p> <ul style="list-style-type: none"> ▪ UNHCR transported monthly food rations (provided by WFP) to camps and extended food delivery points in Nimba, Grand Gedeh and Maryland counties. ▪ NRC was contracted by UNHCR to conduct monthly food distributions conducted in camps and at extended food delivery points. ▪ UNHCR and its partners maintained access roads/bridges to camps and host communities. <p>Basic non-food Items distributed</p> <ul style="list-style-type: none"> ▪ Assorted emergency non-food items were distributed to 111,458 refugees in three counties, both in camps and host communities. 					<p>NFI distribution reports from partners and field staff.</p> <p>Monthly food distribution reports.</p> <p>Implementing partner's quarterly reports.</p> <p>Shelter/NFI sectoral meetings and food sector meetings.</p> <p>Weekly multi-sector coordination meetings.</p> <p>Inter-agency assessment missions.</p> <p>Field visits and spot checks.</p>

FAO - AGRICULTURE							
CERF PROJECT NUMBER	11-FAO-012	Total Project Budget	\$ 5,863,000			Gender Equity Out of the 2,600 households, 686 households were female-headed and 1,914 households were male-headed.	
PROJECT TITLE	Emergency Food Security Assistance to Ivorian Refugees and Host Families in Nimba County, Liberia	Total Funding Received for Project	\$ 3,179,163	Individuals	13,520		13,520
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 498,930	Female	7,165		7,165
				Male	6,355		6,355
				Total individuals (Female and male)	13,520		13,520
				Of total, children under 5	541		541
				TOTAL	13,520	13,520	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
To strengthen the food security of Ivorian refugees and Liberian host communities by promoting opportunities for food production		Host families have sufficient rice crop inputs for seasonal planting <ul style="list-style-type: none"> ■ 2,600 households (or 13,520 individuals) have been provided with farming inputs for lowland and upland rice cultivation, including: <ul style="list-style-type: none"> ○ 25 kg rice seeds. ○ 50 kg Urea or NPK fertilizer. ○ tools (1 cutlass, 1 shovel, 1 file, 1 hoe). ○ IPM tools (flash tapes, zinc sheet, trap wire). ■ 260 farmers were trained in sustainable rice planting techniques. ■ 2600 acres (or 1050 hectares) of rice surfaces could be planted. ■ FAO estimates that through the intervention 1,667 metric tons of rice were produced. ■ On average, the harvest has covered the annual rice consumption needs of the beneficiary households (average household size 5.2). 				The project set up a joint-monitoring team to monitor the performance of the project. The Ministry of Agriculture, which is the lead government institution, took primary responsibility for monitoring the project along with FAO partners and LRRRC. FAO field technicians were responsible for the daily supervision and monitoring of the project.	
						Updates on the project were provided in weekly coordination meetings and monthly reports were submitted to the agriculture sector group meetings. FAO, MOA and the implementing partners developed an implementation plan, which included a work plan, monitoring framework and a reporting matrix to ensure effective monitoring of the project. A midway review meeting was held.	
						A post-harvest crop assessment was conducted in December 2011/January 2012 to determine yields.	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE ¹⁵	TOTAL CERF FUNDS TRANSFERRED TO PARTNER ¹⁶ US\$	DATE FIRST INSTALLMENT TRANSFERRED ¹⁷	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER ¹⁸	Comments/ Remarks
11-CERF-012-B	Child Protection/Education	UNICEF	Save the Children	INGO	266,624	11/03/11	11/03/11	
11-CERF-012-B	Child Protection/Education	UNICEF	IRC	INGO	150,000	07/03/11	07/03/11	
11-CERF-012-B	Child Protection/Education	UNICEF	Plan Liberia	INGO	150,000	01/05/11	01/05/11	
11-CEF-012-C	WASH	UNICEF	ACF	INGO	53,702.80	17/05/11	17/05/11	Nimba
11-CEF-012-C	WASH	UNICEF	DRC	INGO	9,475.10	16/06/11	16/06/11	River Gee
11-CEF-012-C	WASH	UNICEF	ECREP	NNGO	18,881.60	07/03/11	07/03/11	Grand Gedeh
11-CEF-012-C	WASH	UNICEF	ERS	NNGO	76,513.94	30/05/11	30/05/11	Maryland
11-CEF-012-C	WASH	UNICEF	PSI	INGO	80,742.91	02/06/11	02/06/11	Maryland
11-CEF-012-C	WASH	UNICEF	MoH&SW	Gov	23,180.00	16/06/11	16/06/11	Nimba, Grand Gedeh, River Gee, Maryland
11-CEF-012-A	Nutrition	UNICEF	ACF	INGO	186,421.2	13/03/2011	13/03/2011	
11-CEF-012-A	Nutrition	UNICEF	ANDP	NNGO	3,290	27/04/2011	27/04/2011	
11-HCR-009	Multisector	UNHCR	NRC	INGO	178,854	03/01/2011	01/01/2011	UNHCR pre-financed to ensure that NRC could carry out registration and protection activities from the start of the crisis
11- HCR- 010	Multisector	UNHCR	NRC	INGO	667,815	03/01/2011	01/01/2011	UNHCR pre-financed the implementing partner to allow for the start of immediate life-saving activities
11- HCR- 010	Multisector	UNHCR	CRS	INGO	242,766	03/02/2011	01/02/2011	UNHCR pre-financed the implementing partner to allow for the start of immediate life-saving activities
11-HCR-011	Multisector	UNHCR	NRC	INGO	70,734	03/01/2011	01/01/2011	UNHCR pre-financed NRC to allow the implementing partner to carry out essential life

								saving activities.
11-FAO-012	Agriculture	FAO	Agriculture Relief Services	NNGO	61,852	12/4/2011	1/4/2011	Final payment done on 31/8/2011
11-FAO-012	Agriculture	FAO	Ministry of Agriculture	Gov	3,570	23/5/2011	23/05/2011	Only one payment

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim (Action Against Hunger)
ANDP	Aid for the Needy Development People
CCC	Core Commitments for Children
CFS	Child Friendly Spaces
CHT	County Health Team
CMAM	Community based Management of Severe Acute Malnutrition
CWC	Child Welfare Committee
DRC	Danish Refugee Council
ECD	Early Childhood Development
ECREP	Evangelical Childrens Rehabilitation Project
EHAP	Emergency Humanitarian Action Plan
EmONC	Emergency Obstetric and Neonatal Care
ENA	Essential Nutrition Actions
ERS	Emergency Relief Services
GBV	Gender Based Violence
gCHV	General Community Health Volunteers
GOL	Government of Liberia
g/p/d	Gram per person a day
HAC	Humanitarian Action Committee
IDPs	Internally Displaced People
IFE	Infant feeding during Emergency
INEE	Inter-agency Network for Education in Emergencies
INGO	International Non-Governmental Organization
IPF	Inpatient Thereupatic Feeding
IPM	Integrated Pest Management
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
l/p/d	Litre per person a day
MOA	Ministry of Agriculture
MISP	Minimum Initial Service Package
MOGD	Ministry of Gender and Development
MOHSW	Ministry of Health and Social Welfare
MUAC	Mid-upper Arm Circumference
NGO	Non-Governmental Organization
NFIs	Non-food Items
OCHA	UN Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Thereupatic Programme
PSI	Population Services International
RC	Resident Coordinator
RH	Reproductive Health

SFP	Supplementary Feeding Programme
STI	Sexual Transmitted Disease
TCN	Third Country National
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene