

Liberia

Executive Summary 2006

The 14-year civil war in Liberia, which ended in 2003, left an estimated 270,000 people dead and caused massive displacement of the population as refugees, both internally and externally. The war also led to the near-complete devastation of the country’s social and physical infrastructure. The Government of Liberia, elected in 2005, with the support of international assistance has made initial strides towards the recovery of the country, including the completion of the disarmament, demobilization and reintegration process and facilitated the repatriation of 321,000 IDPs and 90,078 refugees.

While the country was steadily moving from the emergency phase to development, pressing humanitarian needs remained. The capacity of the Government to provide basic social services however, was still very limited. Major humanitarian challenges included the lack of access to basic health care, safe drinking water, adequate sanitation facilities, food security and poor road infrastructure.

As a result, and in order to move beyond the state of emergency, Liberia still depended heavily on international assistance. By August 2006, less than 50 percent of the funding for humanitarian activities requested in the 2006 Consolidated Appeals Process (CAP) had been pledged. To ensure the continuation of live-saving projects and improve the overall humanitarian situation for many Liberians, the allocation of \$ 4 million of CERF funds came as much needed support to fill critical funding gaps.



Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required (per reporting year)	<ul style="list-style-type: none"> \$ 120,991,657 (as requested in the Liberia CAP 2006)
Total amount of CERF funding received by window (rapid response/under-funded)	<ul style="list-style-type: none"> \$ 4,000,000 (through the CERF under-funded window)
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	<ul style="list-style-type: none"> Total amount of CERF funding for direct UN implementation: \$ 815,777 Total amount of CERF funding forwarded to implementing partners: \$ 3,184,223
Total number of beneficiaries for CERF funding	<ul style="list-style-type: none"> Total number of beneficiaries reached to date: 1,388,698
Geographic areas of implementation	<ul style="list-style-type: none"> 15 counties of Liberia with the focus on areas of high mortality/morbidity, areas of high return and

Decision-making

Initially, the CERF request was submitted based upon the high priority needs and areas of geographic focus, as identified during the 2006 CAP process. The CERF Secretariat recommended in the grant allocation of August 2006 that funds be used for the three most underfunded sectors as identified through the CAP Mid-Year Review 2006, namely food security/agriculture, health and water and sanitation. The Inter-agency Standing Committee Country Team (IASC CT) endorsed OCHA's recommendation and split funding into the three sectors with each receiving \$ 1 million, while the remaining \$ 1 million was allocated to the sector demonstrating the greatest needs. The health cluster successfully advocated for the additional funds leading and \$ 2 million were being allocated to the sector.

The lead agencies, Food and Agriculture Organization (FAO), World Health Organization (WHO), and United Nations Children's' Fund (UNICEF) called meetings of their clusters including representatives from the Humanitarian Coordination Section (HCS), NGOs, UN agencies, donors and the Government to identify underfunded projects – against the 2006 CAP Mid-Year Review – which were eligible for CERF funding.

A large number of organizations expressed interest in seeking CERF funding. As a result, selection criteria were established in all three clusters. The critical determinant focused on the experience and capability of the appealing organization to implement immediate core life-saving projects within the timeframe of three months.

It should be noted that during allocation discussions, the atmosphere in the clusters was cooperative and supportive. It was considered fair to involve as many actors as possible and, through small-scale projects, cover a larger area and reach more beneficiaries. Project selection was to the greatest extent possible, an equitable process in which UN agencies had to justify their projects on an equal basis with NGOs.

As a result, the majority of projects identified were NGO projects. Following the selection by the clusters, the proposed projects were brought to the IASC country team meeting, which included UN agencies, donors and NGO representatives, for evaluation. Following IASC CT approval, documents for project application were compiled by the clusters leads, supervised by Humanitarian Coordination Section (HCS) and submitted to the CERF Secretariat by the Humanitarian Coordinator (HC) prior to the deadline of 31 August 2006. The list contained 24 projects: twelve in health, eight in water and sanitation, and four in the food security/agriculture sector.

Upon review by the CERF Secretariat, it was brought to the Humanitarian Coordinator's attention that only UN agencies could directly receive CERF funding, but that a channel-through to NGOs was possible. As a result, submissions were reconfigured to show UN agencies as the primary recipients with the recommendation of the Humanitarian Coordinator that the majority of the funds be channelled through to NGOs.

Only one project submitted by UNICEF to fund support and monitoring of CERF implementation in the water and sanitation sector was rejected, as it was not considered to be live-saving. Following negotiations between UNICEF and OCHA, the agency was allowed to include the request for funds in one of the NGO projects. Consequently, a revised application with 23 projects was submitted and approved by OCHA on 28 September 2006.

Needs assessments were conducted as part of the CAP and 2006 CAP Mid-Year Review process. The health, water and sanitation and food security/agriculture sectors were selected for CERF funding given their level of need and the lack of funding for these sectors through the CAP process. Moreover, clusters gave preference to projects in areas of high mortality/morbidity; areas of high return (Lofa, Bong, Nimba Counties); and in the under-served counties in the southeast of the country (Sinoe, River Cess Counties).

The clusters met several times to work through the process of agreeing which projects/partners would be selected for funding. In the health and water and sanitation sectors, two local NGOs (PARACOM and EQUIP Liberia) were included after their project implementation capacity had been established. In the water and sanitation cluster, national NGOs expressed dissatisfaction as they felt that they should be granted a greater proportion of the funding.

Three key assessments provided the basis for needs identification and prioritization in the food security/agriculture cluster: the Assessment of Emergency Interventions in Liberia's Agriculture sector, conducted by the Agriculture Coordination Committee (ACC); the FAO/WFP Crop and Food Supply Assessment Mission (CFSAM); and the Comprehensive Food Security and Nutrition Survey (CFSNS), conducted by the Government in collaboration with NGOs and UN agencies in mid-2006. Emergency pest management and provision of seeds were identified as a high priority intervention in all assessments. In the health sector the rapid nation-wide health assessment conducted by the Ministry of Health and Social Welfare (MOHSW), supported by the UN and NGOs, served the same purpose.

Given that submission of the one-page CAP project sheets was sufficient documentation for applying for CERF funding, no additional time and efforts was required to provide project justification.

Implementation

Key partnerships

Liberia is one the initial three pilot countries for rolling-out the cluster approach, as part of the humanitarian reform process. This meant that partnerships had already been established within clusters in Liberia a year before CERF funding was being made available. This helped to facilitate the CERF project selection and implementation process. The fact that WHO, UNICEF and FAO were the cluster leads as well as appealing agencies for CERF funds strengthened their leadership role and simplified the process. It should be noted that this issue was not perceived as a potential conflict of interest in the Liberian setting.



MENTOR malaria training, Lofa County

There were initial problems and delays associated with the drafting of Memorandums of Understanding (MOUs) and the disbursement of funds at headquarters level as it seemed that there were not standardized procedures in place. In Liberia, however, the standardized MOUs, Letters of Understanding (LOUs) and reporting formats already in use were utilized. This helped to establish trust and a degree of confidence in the ability of partners to implement projects in a timely fashion.

Implementation was characterized by partnerships between NGOs (with many international NGOs subcontracting local NGOs for implementation), as well as between UN agencies and NGOs. In the FAO-implemented emergency pest management project for example, five international and four

local NGOs were involved as contracting partners. The common purpose and partnerships fostered by the CERF process was demonstrated by the support that the UNFPA reproductive health (reproductive health) kits received from all NGOs in the health cluster despite asking for a much higher allocation than other projects. This was the result of the consensus amongst health cluster partners on the importance of this intervention, as Liberia had one of the highest rates of maternal mortality in the world - the lack of reproductive health kits was considered a key concern by the Government and NGO-assisted health facilities.

In the health sector, most of the NGOs or WHO projects were implemented in close partnership with the Ministry of Health and Social Welfare through the County Health Team (CHT) mechanism. In the food Security/agriculture sector, FAO and partners worked in close cooperation with the Ministry of Agriculture to ensure sustainability of the intervention.

Updates on the CERF progress became a regular agenda item at Clusters meetings, the Humanitarian Action Committee (HAC) and the IASC CT meetings. Sub-working groups on CERF implementation were also established.

Added value of partnerships

The previously established partnerships through the clusters fostered an efficient project selection and application process. The allocation of CERF funds to Liberia was viewed very positively by the entire humanitarian community, given that priority humanitarian needs could be addressed. Moreover, it strengthened partnership through the cluster approach as resources were being made available to the clusters selected. The commitment of partners to keep with the spirit of the CERF rapid implementation process was demonstrated when all partners committed themselves to finalize project implementation by the end of March 2007, rather than the revised completion date on end June 2007.



MTI, rehabilitation of Bamballa Clinic, Grand Cape Mount County

The United Nations Mission in Liberia (UNMIL) is an integrated mission. As such, the humanitarian community was able to draw on the considerable logistical assets of the mission to effectuate humanitarian action. Access to many communities was limited, especially in the rainy season when some communities were totally inaccessible. Access to the UNMIL assets proved crucial to the implementation of the CERF projects. Had these partnerships not been in place prior to the beginning of the CERF programme, it would have been difficult to maintain the three-month implementation schedule for projects as required by the CERF guidelines. The additional financial contribution of being able to access such assets cannot be underestimated.

In the case of water and sanitation projects, existing supplies and materials stored in the local UNICEF warehouse were used by implementing partners to complete their projects on schedule. If they had not had access to these supplies, lengthy procurement processes would have hampered implementation rates and timely completion of projects.

WHO, as the cluster lead for health, supported NGO partners through regular coordination meetings, technical assistance and information management.

Overall project monitoring was facilitated through established partnerships, including UNMIL. The field offices of the Humanitarian Coordination Section, for example, supported UNICEF monitoring

teams with staff and transportation support to assess projects in the field. All sectoral monitoring mission reports by the Humanitarian Coordination Section were shared with relevant partners.

Results

CERF project implementation in Liberia started as early as October 2006 following the approval by the CERF Secretariat. UN agencies and NGOs utilized their own resources to pre-fund activities to get the process going. As of 2006, most projects were close to completion, with the last project expected to be completed by April 2007.

In all three sectors, CERF funding contributed to the implementation and continuation of poorly funded core elements of the overall humanitarian response in Liberia.

FAO was able to enhance and expand the existing pest control project by using CERF support. New materials were purchased and distributed to farmers, thereby increasing yields. As the Comprehensive Food Security and Nutrition Survey (CFSNS) conducted by the Government and UN agencies in September 2006 illustrated, crop pests pose a serious threat to food security in the country. According to the data, pests contribute to harvest losses of up to 50 percent of the total expected harvest.

In the health sector, the impact of CERF funding to fill critical funding gaps was evident. Prior to the CERF allocation, only two percent of health projects identified through the CAP had been funded by mid-2006. In particular, coverage of and access to health facilities was improved through a number of projects.



UNFPA distribution of reproductive health kits

In the water and sanitation sector, the greatest humanitarian concerns were endemic cholera and widespread outbreaks of diarrhoea reproductive health which are caused by poor hygiene practices, lack of latrines and poorly maintained and managed drinking water sources. According to the Comprehensive Food Security and Nutrition Survey, less than 25 percent of the population in Liberia has access to safe sanitation. Each well, hand pump and latrine that has been constructed using CERF funds, was an essential element in reducing morbidity and mortality, and improving the overall sanitation and health conditions in the country.

Due to delays in the signing of the MoUs and the disbursement of funds from UNICEF headquarters to implementing partners, project implementation did not start until mid-November 2006. Most of the projects were ongoing at the end of 2006. ZOA, Samaritan's Purse and Tear fund project implementation proceeded well.



MTI, sign at Than Mafa Clinic, Grand Cape Mount County

Table 2: Results achieved in 2006

Sector	Number of beneficiaries	Activities
Food and agriculture	<ul style="list-style-type: none"> ■ 12,000 people 	<ul style="list-style-type: none"> ■ The provision of seeds (rice, cassava, vegetables) and planting materials for returning families and war-affected farmers as well as emergency pest management and crop protection activities
		<ul style="list-style-type: none"> ■ Training workshops conducted on improved pest management practices to farmers from ten (out of 15) counties and crop protection materials distributed (bird nets, trap wires, bells and galvanized zinc)
	<ul style="list-style-type: none"> ■ 24,420 beneficiaries in six counties 	<ul style="list-style-type: none"> ■ Targeted in seed-distribution projects by ZOA, Tear fund and CCF (seeds including rice, cassava, and vegetables) ■ Training provided on improved crop production methods, seed multiplication and new technical knowledge to enhance production
	<ul style="list-style-type: none"> ■ 4,600 farmers in six counties 	<ul style="list-style-type: none"> ■ Delivery of 31,998 packs of vegetable seeds
Health	<ul style="list-style-type: none"> ■ 19,820 farmers 	<ul style="list-style-type: none"> ■ Distribution of rice seed
	<ul style="list-style-type: none"> ■ Approximately 1,206,493 Liberians 	<ul style="list-style-type: none"> ■ Benefited from basic health care services in all 15 counties. CERF projects covered a wide range of activities including the construction and rehabilitation of health facilities, training on malaria prevention and control, the provision of emergency health kits, and the supply of vaccines for the nationwide measles immunization campaign. ■ 16 health facilities renovated/rehabilitated and

		<p>provided with drugs, medical supplies and equipment by MTI, AHA, IMC and PARACOM</p> <ul style="list-style-type: none"> ■ 1,500 health workers trained to carry out the national integrated measles campaign ■ 24 health workers trained as national facilitators for scaling up of integrated management of childhood illnesses ■ 165 health workers trained by WHO on integrated disease surveillance and response ■ 150 health workers trained by MENTOR Initiative on management of malaria case management ■ 523 traditional midwives trained and provided with delivery kits ■ 200 community health workers sensitized on important health issues, such as HIV/AIDS ■ UNFPA reproductive health kits purchased and distributed to 162 health facilities
<p>Water and sanitation</p>	<ul style="list-style-type: none"> ■ 36,000 people 	<ul style="list-style-type: none"> ■ Provided with safe water from the completion of 50 wells. CERF projects focused on the construction and rehabilitation of wells and latrines, hygiene promotion, and training on the operation and maintenance of Water and sanitation facilities ■ 50 pump mechanics and five community water and sanitation committees trained as part of community based maintenance of the wells

	<ul style="list-style-type: none"> ■ 100 people, selected from 11 communities ■ 3,600 school children 	<ul style="list-style-type: none"> ■ Trained in hygiene promotion and awareness ■ Work on 22 institutional latrines with 88 drop holes completed, improving sanitation access. Also, mobilization of community members to support development of water points and family latrines completed
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Monitoring of CERF projects in the food security/agriculture sector was conducted by a group of 50 technicians who were specially trained by FAO to monitor and supervise implementation. In the water and sanitation sector, joint monitoring visits were organized, involving UNICEF, Humanitarian Coordination Section field staff, implementing partners and local authorities. The monitoring of the health projects was mainly conducted by WHO. From January to March 2007, Humanitarian Coordination Section field staff undertook ten CERF monitoring missions in cooperation with implementing partners and UN agencies. Nine projects in six counties were assessed using the newly developed Dynamic Atlas for Humanitarian and Recovery Activities to locate sites and calculate of the impact or coverage area of the CERF projects.

Lessons Learned

The CERF project application and the approval process were simple and not necessarily bureaucratic. The support and positive feedback provided by the CERF Secretariat to the Humanitarian Coordinator and Humanitarian Coordination Section was both timely and greatly appreciated. However, project implementation was considerably delayed in the process of negotiating the Letters of Understanding and disbursement of funds at headquarters between UN agencies. While the acceptance of such a large number of NGO projects was not problematic for the CERF Secretariat, there was a lack of standardized procedures to pass funds from OCHA to the UN agencies’ headquarters and subsequently to field offices and implementing partners.



WHO and UNICEF national measles immunization campaign

Another major point of confusion was the Programme Support Costs (PSC), given that there were different opinions amongst agencies what their entitlements were as a percentage of the budgeted costs. While some of the UN agency headquarters did not charge a PSC, other UN agencies requested parts of the PSC for their country offices and towards headquarters costs.

This caused delays in project implementation and ill feelings among some of the NGOs. As a result, some NGOs went ahead and pre-financed their projects in order to comply with the stringent time frame for implementation. Because of the confusion, one major partner withdrew from the CERF process altogether.

This clearly demonstrates the need for OCHA and UN agencies to put in place guidelines and standard operating procedures with regard to the financial administration of CERF projects. Also,

the experience from Liberia shows that OCHA should advocate for simplified procedures of UN agencies to channel CERF funds to NGOs, as well as for NGOs to have direct access to CERF funds in order not to lose vital implementation time.

A way of removing some of the layers of approval should be explored – for example, delegating more responsibility to the Resident/Humanitarian Coordinator in country to quickly prioritize and allocate funds. The models adopted for joint programmes by UN Development Group allow for pass-through mechanisms. A UN agency on the ground with financial management capacity could be used as a channel to get funds rapidly in place. The UN should also find specific ways to reduce dramatically the transaction costs currently incurred in the current practices. UN agencies should recognize the emergency nature of the CERF funds and find ways to work together by adopting the same (light) rules and cost structures.

Regarding project monitoring, reporting, awareness raising and public information on the CERF, more support from the CERF Secretariat would be helpful for agencies and Humanitarian Coordination Section (e.g. monitoring tools, CERF flyers and power point presentations). In addition, it would be very much appreciated if OCHA could facilitate the exchange of experiences, best practices and tools between CERF recipient countries, e.g. by starting a “best practices” website on the internet/intranet for teams that have used CERF. The promotion of diverse and interesting applications of the funding to encourage ‘outside the box’ solutions and uses of the funds should be considered. In addition to strengthening the role of NGOs in the CERF process, funding of local groups that are not normally in the standard partner groups should be encouraged.



MTI, Restocking Bamballa Clinic with medical supplies

One of the most positive ‘side-effects’ of the CERF process was the positive impact it had on the overall cluster coordination mechanism. The credibility of cluster leads was enhanced because they had something tangible to share and coordinate with partners, as well as access to resources. The CERF, with its focus on underfunded CAP projects, led to a revived level of interest and engagement from NGOs. Additionally the CERF had the advantage of strengthening the response capacity of the Humanitarian Coordinator.

In addition, the fact that the cluster leads were both the coordinating and appealing agency strengthened their role as well as simplified and speeded up the CERF project allocation process. Additionally, it provided the cluster leads with an additional incentive to encourage participation from cluster partners. Particularly in the health sector, the CERF process brought cluster members closer together and in improved communication and information sharing, thereby generating a sense of common purpose.

The CERF process improved partnerships among NGOs, UN agencies and HCS/OCHA, and was characterized by an equitable approach in terms of allocating resources among agencies – in line with the objectives of the Humanitarian Reform Process.

CERF in Action

Emergency Pest Management, FAO

In the **food security/agriculture** sector, CERF funds were utilized for a major intervention of emergency pest management in a joint approach by FAO, WFP, UNHCR and the Ministry of Agriculture. Reports by farmers, FAO, NGOs and the Ministry of Agriculture, coupled with findings of recent assessments, consistently pointed to the disturbing prevalence of pests in crop production. A Crop and Food Supply Assessment Mission (CFSAM) confirmed these reports and estimated harvest losses of up to 50 percent of total yields. This was discouraging farmers, including a large number of returning refugees and IDPs to continue in crop production. Many were reluctant to engage again in the production of rice, root and tubers or vegetables due to massive destruction of their crops during the 2005/2006 farming season.

With CERF funding, FAO implemented a project aimed at saving lives through the protection of crops by building the pest management capacities amongst smallholder farmers groups, supply of pest management inputs, and training and creation of awareness among farming communities on the importance of integrated pest management practices for sustainable food crop production. Some 12,000 beneficiaries in seven counties benefited from the intervention.

Mr. George Falley who lives in the suburb of Brewerville, 25 kilometres outside Monrovia, is a schoolteacher. As an IDP, he needed to start in farming because he experienced severe food shortages during the civil war. "I have a group of 26 members, and in 2005, we were involved in rice and cassava production but most of our crops were destroyed because of these pests, in particular, birds and grass cutters (a local rodent)", Mr. Falley said.



"Because of the widespread destruction of our crops, we had the firm belief that witches transform themselves into birds and ground-hogs to eat our crops. This notion of witchcraft could not have been easily erased from our minds if FAO had not provided us with bells, flash tapes and nets to scare away these birds and rodents from our farms. These ideas proved successful," he concluded.

Training on scaring birds with bells and flash tape

Mr. Andrew Jallah of Perry Town Displaced Camp told that the provision of pest control inputs made significant difference in addressing the destruction on their food crops. "In previous years, we had low yields in our crop production efforts but with the new technology in controlling pests, we were fortunate to obtain at least 1,000 kilograms of seed rice from almost an acre of land cultivated. We decided to share a portion of the seed rice for consumption and the other portion reserved for planting during the 2007/2008 planting season", Mr. Jallah said.

CERF funds helped to initiate immediate actions that will minimize crop losses on a life-saving basis, whilst at the same time developing a strategy for addressing the problem in the medium and long term through a comprehensive pest management programme.

Wells construction and hygiene promotion, Christian Children's Fund

In the **water and sanitation sector**, one of the greatest humanitarian concerns was endemic cholera and widespread outbreaks of diarrhoea productive health which are caused by poor hygiene practices, lack of latrines and poorly maintained and managed drinking water sources. According to the Comprehensive Food Security and Nutrition Survey (CFSNS) of September 2006, less than 32 percent of the population in rural areas have access to safe drinking water. Diarrhoea productive health is responsible for 22 percent of the deaths of children under the age of five in Liberia.

In response, the Christian's Children Fund (CCF) in cooperation with UNICEF and the local NGO Community Health and Education Program (CHEP), used CERF funds to construct 50 wells and promote good hygiene practices in Kokoyah and Suakoko Districts, Bong County, targeting a total of 36,178 beneficiaries. Twenty three of the 50 wells have been constructed in communities that previously did not have access to safe drinking water. In these villages, the town chiefs and the communities were involved in both the decision making and implementation of the project. Community leaders were consulted on the location/positioning of the hand pumps to be constructed.

Five members of each community were trained to ensure the adequate maintenance of the hand pumps. In addition, leaders of the villages where the construction of wells has been finalized were taught how to keep the areas surrounding the hand pumps clean to avoid contamination of the water. These leaders then repeated the training in their respective communities. Women were consulted and trained, with a minimum of two women out of the five persons group, being in charge of hand-pump maintenance. In addition, workshops were organized to raise awareness on hygiene issues, as well as maintenance of the hand-pumps.



SP, institutional latrine construction (primary school), Lofa County - 2007

In Botota Village, Kokoyah District, Bong County, four wells had been finalized with one still under construction. The targeted population is 4,270 with 1,250 male, 1,050 female beneficiaries, 1,070 girls and 900 boys. One of the women in Botota told a joint Humanitarian Coordination Section and UNICEF monitoring team: "The pump water will stop our skin from itching and our stomach from hurting". There were problems in project implementation in some areas, as it was not possible to construct hand-dug wells due to geological conditions. Poor road conditions, delaying the delivery of materials, also adversely affected project implementation. Despite the delays, the project is expected to be completed by April 2007.

Rehabilitation and support of two clinics, Medical Teams International

In the **health sector**, Medical Teams International (MTI) was one of the NGOs using CERF funds to provide improved access to health facilities. The renovation of Tahn Mafa Clinic, Tewor District, Grand Cape Mount, started late in 2006 and it was handed over to the county health team on 9 February 2007. The provision of service resumed on 12 February 2007. The clinic has seven staff members, and is serving twelve towns and 26 villages with an average of 70 patients a day, most being children.

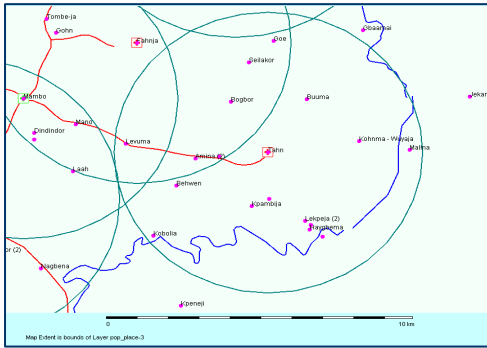


Newly renovated clinic of Medical Teams International in Tahn Mafa, Grand Cape Mount, providing health services mainly to children

Mr. Mambu V. Sonii, who works for the clinic as a vaccinator, says the clinic plays a vital part in the community to cure and prevent serious illness, the nearest clinic being a walking distance of more than two hours distance.

Bamballa Clinic, in Pokpa District, was no longer operational after being vandalized during the civil war. MTI started running a mobile clinic in March 2006. This initiative was, however, discontinued in October 2006 due to lack of funding and, moreover, staffing for the mobile clinic proved difficult to recruit.

With CERF funds MTI was able to renovate the clinic to provide a more durable solution to the problem of limited access to health services in Liberia. Renovation started on 22 December 2006 and was completed with extensive community participation.



Assessing the catchment area of the clinic using the newly developed Dynamic Atlas

Rehabilitation was completed on 5 March 2007, including being stocked with drugs, and handed over to the county health team on 23 March 2007. The clinic will serve an estimated 2,452 people MTI Country Director, Debby Doty, says the initiative is life-saving as it makes access to crucial health services possible, including provision of medication for the clinic and supporting the Child Survival initiative of MTI.

In addition, the project provided support for the prevention of malaria, which remains a constant threat to lives in Liberia, through the distribution of bed nets procured using CERF funds.

Annex 1: CERF Project 2006

UN agency	CERF Project	Sector	CERF funding amount	Recipient outsourced agency	Outsourced amount	Start date	Targets	Activities to date
UNFPA	06-FPA-237	Health	437,844.00	UNFPA	450,000.00	01-Oct-06	<ul style="list-style-type: none"> • Distribution of reproductive health kits • Training on the use of reproductive health kits 	<ul style="list-style-type: none"> • Reproductive health kits distributed nationwide • 162 PHC, health clinics, and referral hospitals received kits • Two trainings by UNFPA on the utilization of kits • Training on clinical management of rape, by UNFPA, UNHCR • Participants of both trainings: Government, local health workers, (I)NGOs, UN agencies)
WHO	06-WHO-238	Health	160,390.00	WHO	160,390.00	08-Nov-06	<ul style="list-style-type: none"> • Provision of cholera and emergency health kits • Provision of laboratory reagents, information of epidemic prone diseases • Training of 30 health workers on case detection, response to outbreaks 	<ul style="list-style-type: none"> • Training of health staff including surveillance officers in 6 counties conducted, integrated disease surveillance and response technical guidelines provided • One health emergency kit received • Reagents for confirmation of epidemic prone diseases received
WHO	06-WHO-239	Health	244,795.00	WHO	244,795.00	11-Nov-06	<ul style="list-style-type: none"> • Support to national measles immunization campaign 	<ul style="list-style-type: none"> • National measles immunization days conducted on 22-26 January, reaching 630,000 children
WHO	06-WHO-221	Health	154,241.00	AHA	144,150.40	28-Nov-06	<ul style="list-style-type: none"> • Rehabilitation and equipment of Government hospital in Tubmanburg • Provision of medical and non-medical supplies • Improvement of referral system for surgical and obstetric emergencies, management of surgical and obstetrical emergencies, training of clinical staff on case management 	<ul style="list-style-type: none"> • 75 percent of renovation work in the medical and paediatric wards of Tubmanburg hospital completed • 15 percent of the required furniture in the hospital completed • Drugs and supplies from NDS procured • Catering for IDP in progress
WHO	06-WHO-230	Health	141,503.00	AHA	132,345.58	22-Nov-06	<ul style="list-style-type: none"> • Rehabilitation, reactivation of 4 clinics • Provision of medical and non medical supplies for clinics • Support to PHC services • Training of health staff in the four rehabilitated clinics 	<ul style="list-style-type: none"> • Construction materials supplied • 75 percent of renovation work in the 4 clinics completed • Medical supplies from NDS procured • Support provided to the County Health Team during national measles campaign and World AIDS day • Training for CHWs and TBAs ongoing
WHO	06-WHO-231	Health	107,076.00	MENTOR	100,000.00	01-Jan-07	<ul style="list-style-type: none"> • Distribution of anti-malarial drugs, diagnostic tools/kits to clinics in areas of IDP/refugee return, south east Counties • Training for malaria case management 	<ul style="list-style-type: none"> • ACT and RDT purchased • Training of health staff in Sinoe, River Cess, Lofa, Grand Cape Mount and Bomi ongoing in March
WHO	06-WHO-232	Health	107,000.00	MTI	100,000.00	15-Nov-07	<ul style="list-style-type: none"> • Rehabilitation of 2 clinics, provision of drugs and medical supplies to 3 clinics 	<ul style="list-style-type: none"> • 2 clinics rehabilitated and commissioned • Service delivery support at 3 clinics • Purchase of motorcycles to deliver vaccines in

							<ul style="list-style-type: none"> Training of 30 TBAs on safe delivery 	<ul style="list-style-type: none"> process, ITN purchase in progress 72-day training of 23 TBA, delivery kits provided
WHO	06-WHO-233	Health	165,784.00	IMC	154,938.00	30-Nov-07	<ul style="list-style-type: none"> Rehabilitation, and provision of equipment to Vahun Clinic Provision of drugs and medical supplies Support to implementation of primary health care services Training for clinic staff 	<ul style="list-style-type: none"> Equipment, drugs and furniture delivered Repair of hand pump, construction of incinerator and pit latrine 50 TBAs trained IEC materials produced, awareness training on SGBV and HIV/AIDS on going
WHO	06-WHO-234	Health	256,039.00	Equip Liberia (local INGO)	239,289.00	01-Jan-07	<ul style="list-style-type: none"> Reactivation of 5 clinics, provision of drugs and other medical supplies, support to implementation of primary health care services, training of 30 staff on the management of priority health programmes 	<ul style="list-style-type: none"> Renovation work in J. F. Grante hospital on-going Health services provided to 5 out of the 6 clinics 80 community health ambassadors trained Drugs and medical supplies procured from NDS Some furniture and hospital beds received from MSF Belgium
WHO	06-WHO-235	Health	107,000.00	PARACOM (local NGO)	100,000.00	02-Nov-07	<ul style="list-style-type: none"> Rehabilitation of one clinic, provision of drugs and medical supplies, support implementation of primary health care services 	<ul style="list-style-type: none"> 98 percent of rehabilitation work completed Drugs, and reproductive health kits delivered to health centre Furniture, equipment, generator delivered 450 traditional midwives trained One delivery kit/midwife provided (450 kits) 150 reproductive health kits received from UNFPA 300 trained in HIV/AIDS awareness
WHO	06-WHO-236	Health	107,000.00	Save the Children UK	100,000.00	01-Mar-07	<ul style="list-style-type: none"> Distribution of emergency reproductive health kits, Improvement of referral services for obstetric emergencies Provision of reproductive health services in 22 clinics 	<ul style="list-style-type: none"> Project started late because of delays in administrative procedures
FAO	06-FAO-217	Food Security/ Agriculture	300,000.00	CONCERN, ADRA, Catalyst (local NGO), ACI (local NGO), G-Bag (local NGO), LAS (local NGO), CCF	7,459.00 6,063.00 4,787.00 7,536.00 4,787.00 4,787.00 7,459.00	17-Oct-06	<ul style="list-style-type: none"> Purchase and distribution of pest management inputs and training on improved pest management practices 	<ul style="list-style-type: none"> Rapid assessment TOT on Integrated production pest management (IPPM), for 137 participants from 10 counties, NGOs and government agencies Delivery of inputs: 1,299 bird scare flash tapes, 3,986 bird nets, 791 trap wire, 13,500 bells, 6,001 galvanized zinc Two days trainings for 840 farmers in each county who will share knowledge and skills gained during training to 11,160 other farmers Field trials and Yield measurement
FAO	06-FAO-220	Food Security/ Agriculture	695,010.00	ZOA TF CHF	36,600.00 62,676.00 58,156.62	04-Sep-06	<ul style="list-style-type: none"> Purchase and distribution of seeds, and planting tools to returning population and war affected farmers 	<ul style="list-style-type: none"> Distribution of vegetable seeds to 4,600 beneficiaries completed Rice seeds: selection and registration of beneficiaries completed Locally purchased rice seeds currently being delivered to implementing partners Due to be completed first week of April
UNICEF	06-CEF-	Water	182,108.00	ZOA	169,360.44	15-Dec-06	<ul style="list-style-type: none"> Construction of 61 wells 	<ul style="list-style-type: none"> Materials are on site for the targeted 61 wells

	216	and Sanitation					<ul style="list-style-type: none"> Training of 53 communities on hygiene Training of 53 teams of 4 persons on maintenance Issuance of maintenance tools 	<ul style="list-style-type: none"> 45 contracts for 45 wells awarded A further 16 contracts to be signed in time to enable project completion by April 2007 53 village communities mobilized and trained on hygiene; 53 teams of 4 persons trained and issued maintenance tools. Beneficiaries: 26,500, male - 40 percent, female - 60 percent
UNICEF		Water and Sanitation	112,000.00	TF	104,160.00	20-Dec-06	<ul style="list-style-type: none"> Construction of 6 water points; Training of over 90 percent of target population on improved health and hygiene, improved sanitation, HIV/AIDS 	<ul style="list-style-type: none"> 4 wells have been constructed another 4 have been rehabilitated in Sinoe County Number of beneficiaries: 5536 (505 houses) in 6 communities
UNICEF		Water and Sanitation	107,526.25	Samaritan's Purse	99,999.41	20-Dec-06	<ul style="list-style-type: none"> Construction of 50 latrines; hygiene promotion in 30 communities in Foya, Kolahun districts, Lofa County. 	<ul style="list-style-type: none"> Construction of 48 institutional latrines in one clinic and 10 schools near completion An additional 7 sites under construction Target completion date is April 2007 Beneficiaries to date 3,115
UNICEF		Water and Sanitation	114,287.24	LWF	106,287.15	05-Dec-06	<ul style="list-style-type: none"> Construction of 40 family latrines Promotion of health/hygiene education Training on operation and maintenance of facilities 	<ul style="list-style-type: none"> Construction of latrines nearly completed; Promotion of health/hygiene education conducted Beneficiaries: 18,287 (9,018 male and 9,269 female) beneficiaries from 11 communities in Harper and Pleebo Districts in Maryland and in Trehn District of Grand Kru County
UNICEF		Water and Sanitation	190,220.00	EQUIP Liberia (local NGO)	176,904.60	end Sept 06 (pre-funding)	<ul style="list-style-type: none"> Construction of 16 new wells with hand pumps 20 institutional and 160 single-access family latrines; rehabilitation of 40 water points; conduction of 18 2-day hygiene workshops in target district 	<ul style="list-style-type: none"> Construction of wells and latrines nearly completed Eighteen 2-day hygiene workshops conducted Beneficiaries: 80,000 of all age groups - male 45 percent and female 55 percent.
UNICEF		Water and Sanitation	100,027.61	ECREP	93,025.68	15-Dec-06	<ul style="list-style-type: none"> Construction of family latrines for 20 family heads Training on the operation and maintenance of facilities Promotion of health/hygiene practices 	<ul style="list-style-type: none"> Construction of latrines nearly completed Training conducted
UNICEF		Water and Sanitation	100,000.00	CCF	93,000.00	05-Dec-06	<ul style="list-style-type: none"> Construction of 50 wells in Bong County 	<ul style="list-style-type: none"> 23 wells dug of which 7 have been lined Target completion date is end of March 2007

Liberia 2007

An estimated 350,000 households in Liberia depend on farming for their livelihood. Available data, however, shows that the existing rice seeds supplies will not be able to support the upcoming planting season which has already begun in some regions. Some 140,000 families, including returnees who arrived during the second half of 2006 and vulnerable farmers who were excluded during last year's seeds distribution, have the highest priority for emergency assistance. Yet, prior to CERF intervention, commitments from the Food and Agriculture Organization (FAO) and other partners in this sector covered only 60,000 households.

The CERF grant of \$ 2,199,555 to FAO will support the life-saving food security needs of this vulnerable population. FAO will address the needs of the remaining 80,000 war-affected farming families in 13 Liberian counties in line with the CERF mandate to enhance response to time-critical requirements based on demonstrable needs.

In close collaboration with the Ministry of Agriculture and UN and non-governmental partners, FAO will purchase 2,000 metric tones of quality rice seeds and distribute it to the remaining 80,000 farmers. In addition, farmers will be trained in improving crop production methods, seeds multiplication and new technical knowledge to enhance the harvest. This project aims at reducing the affected populations' dependency on relief food and the families' malnourishment.