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

Country	**Liberia**
Resident/Humanitarian Coordinator	**Jordan Ryan**
Reporting Period	**January 2008 - December 2008**

I. Executive Summary

Significant progress has been made in Liberia to consolidate peace, strengthen national authority, and pave the way for sustainable recovery and development. However, bridging the gap in the provision of basic services still requires considerable donor support to assist the Government of Liberia. Humanitarian agencies working with the relevant Government Ministries have been providing the bulk of these services.

However, as they have phased out of activities in the health and water and sanitation sectors[1] due to reduced funding and waning donor interest, critical gaps have opened, affecting the most vulnerable Liberians. In particular, people in underserved and isolated parts of the country suffer from poor road conditions, low food production, and.an extreme lack of access to basic health, water and sanitation services,

CERF funding was utilized in 2008 for the continuation of underfunded emergency (UFE) allocations awarded in October 2007 for Health and Water and Sanitation and Hygiene (WASH). A separate allocation was made in 2008 under the rapid response (RR) window in response to the global food crisis to support emergency inputs to increase food production. In 2008, Liberia's Critical Humanitarian Gaps (CHG) analysis identified these three sectors as priorities requiring continued humanitarian support following response to previous appeals.

The global surge in fuel and food prices have come down hard on the world's poor. Being a net importer of rice, fuel and other essential items, Liberia has been particularly vulnerable to global price hikes. According to the joint Food Security and Nutrition Survey (FSNS) 2007-2008 of the United Nations World Food Programme (WFP), the United Nations Food and Agriculture Organization (FAO) and the United Nations Children's Fund (UNICEF), the price of rice increased by almost 60 percent since December 2007 and suggested that the average Liberian household spends 60 percent of income on food – a quarter of which is spent on rice alone. Despite abundant land and favourable climatic conditions, Liberia remains a net importer of rice due to rudimentary farming practices, lack of access to high quality seeds and fertilizers, poor pest management and lower efficiencies in primary processing. All hopes to restrict rice prices within affordable limits revolve around outstanding domestic production of rice.

CERF RR funds supported the distribution of integrated production and pest management (IPPM) inputs to 30,582 households in ten counties. Additionally, 10,000 litres of liquid fertilizer

[1] The terms 'Cluster' and 'sector' are used interchangeably to highlight the transition from the Cluster Approach to sector coordination.

was procured for distribution to 20,000 households. The actual distribution of 9,259 litres reached 18,517 households in 13 counties. The remaining 742 litres will be distributed to 1,483 households during the 2009 distribution campaign for the next planting season.

In the 2007 Common Humanitarian Action Plan (CHAP), Health and WASH had considerable funding shortfalls: Health received only 29 percent of its requirements and partners' ability to support delivery of basic services was severely curtailed. Overall, more than one-third (37 percent) of the CHAP was not funded in 2007.[2]

CERF-funded projects were implemented in collaboration with the Ministry of Health and Social Welfare (MoHSW) and other partners. This included distribution of emergency reproductive health kits, immunization campaigns, and improved health coverage in rural areas.

Access to safe water and sanitation facilities is low in Liberia (66.1 percent and 11.2 percent respectively[3]) and diarrhoeal diseases are common, contributing to childhood malnutrition and almost 20 percent of deaths in children under five years.[4] The CERF funding received in the second half of 2007 for WASH activities in Liberia allowed projects from the CHAP 2007 to be implemented in key areas of thematic and geographical need.

Among the lessons learnt, UFE funding from CERF continued to strengthen partnership among the UN agencies, Government, non-governmental organizations (NGOs) and civil society to fill acute gaps and address the humanitarian needs in the far reaches of the country. Five NGOs and two UN agencies directly implemented the UFE projects, continuing Liberia's tradition of ensuring NGO access to CERF funding. The CERF prioritization and allocation processes strengthened the role of the HCT Country Team (HCT) and HC among the humanitarian community. With the RR funds, one of the Government's immediate food security priorities was able to be supported and further complemented other short and longer-term food security interventions as part of a comprehensive response to the food crisis in Liberia.

Summary of the CERF money requested and received status

<table>
<tr><td rowspan="2">Total amount of humanitarian funding required and received during the reporting year[5]</td><td colspan="2">REQUIRED:</td><td colspan="2">$ 43,808,822</td></tr>
<tr><td colspan="2">RECEIVED:</td><td colspan="2">$ 26,799,581</td></tr>
<tr><td>Total amount requested from CERF</td><td colspan="2">FUNDS (IN TOTAL REQUESTED):</td><td colspan="2">$3,900,000</td></tr>
<tr><td rowspan="3">Total amount of CERF funding received by funding window</td><td colspan="2">RAPID RESPONSE:</td><td colspan="2">$ 1,900,000</td></tr>
<tr><td colspan="2">UNDERFUNDED:</td><td colspan="2">$ 1,461.597</td></tr>
<tr><td colspan="2">GRAND TOTAL:</td><td colspan="2">$ 3,361.597</td></tr>
<tr><td rowspan="3">Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</td><td colspan="2">UN AGENCIES/IOM:</td><td colspan="2">$ 2,506,216</td></tr>
<tr><td colspan="2">NGOS:</td><td colspan="2">$ 855,381</td></tr>
<tr><td colspan="2">TOTAL(Must equal the total CERF funding allocated)</td><td colspan="2">$ 3,361.597</td></tr>
<tr><td rowspan="2">Approximate total number of beneficiaries reached with CERF funding)</td><td>TOTAL</td><td>under 5 years of age</td><td>Female (If available)</td><td>Male (If available)</td></tr>
<tr><td>1,326,709</td><td>533,789</td><td>740,027</td><td>123,787</td></tr>
<tr><td>Geographic areas of implementation targeted with CERF funding)</td><td colspan="4">All 15 counties</td></tr>
</table>

[2] http://www.reliefweb.int/rw/fts.nsf/doc105?OpenForm&rc=1&cc=lbr&yr=2007
[3] Liberian Demographic and Health Survey (LDHS), 2008.
[4] Liberian Comprehensive Food Security and Nutrition Survey, 2006.
[5] OCHA Financial Tracking System, March 2009.

II. Background

CERF UFE allocations were based on the priorities and areas of geographic focus identified in the Mid-Year Review (MYR) of the 2007 CHAP, which were largely unmet. The Humanitarian Country Team (HCT) recommended that funding should be used to support the Government in the underfunded Health and WASH sectors. They also applied a ratio of 2:1 for Health (US$ 1 million) and WASH (US$ 500,000). Liberia was not eligible for additional UFE funding in 2008.

In 2008, when the special food crisis reserve was established for RR, the HCT met to discuss priority interventions, and recommended projects to deal with emergency support to farmers and measuring the nutritional impact to be submitted for consideration.

In selecting and prioritizing projects for the CERF UFE allocation, it was underlined that the projects should be life-saving and implementable within a short period, partners should demonstrate capacity to implement within the timeframe, and that the project should fall within the CHAP priorities as well as HCT recommendations. Also, as agreed by the HCT, projects should aim at providing access to critical needs with focus on under served and deprived communities, particularly in the Southeast.

As the lead agency for health, the World Health Organization (WHO) called a meeting with the Ministry of Health (MoHSW) for health partners to vet the eligible life-saving humanitarian projects from projects in the MYR CHAP 2007. Initially, thirteen health projects were vetted, four of which were recommended for funding based on the CERF criteria and on the HCT's priorities. Project selection was an equitable process in which UN agencies had to justify their projects on an equal basis with NGOs; resulting in two NGO and two UN projects being selected.

Projects in the health sector address two key areas: maternal and child survival activities through provision of reproductive health (RH) kits and the Maternal and Neonatal Tetanus Elimination (MNTE) campaign; and the improving primary health care services in underserved communities. While the RH kits were distributed nationwide, the MNTE was conducted in ten counties. The primary health care services were implemented in two counties: Rivercess and Montserrado (Greater Monrovia).

The HCT, together with relevant Ministry representatives, indicated that WASH activities in urban Montserrado County and the Southeast were priority areas for the CERF. A specific WASH Cluster meeting was convened to identify potential projects in these regions. The original value of the three selected projects was larger than the CERF allocation, so the Cluster agreed to amend the size of the projects accordingly. These projects were submitted by one national NGO and two international NGOs. WASH activities included improving services in cholera-prone regions, rehabilitating wells fitted with hand pumps, construction of waste disposal pits and latrines, and hygiene education.

Emergency agricultural support was approved under the RR window for the global food crisis, and it built upon the gains from previous CERF-supported emergency rice seed distributions in 2006-2007. Despite success with that earlier project and others, Liberian farmers lose substantial amounts of paddy due to poor pre- and post-harvest management and their marginal use of fertilizers and pesticides due to high cost and limited availability. This new CERF-supported project aimed at increasing per hectare yields and reducing pre- and post- harvest losses by encouraging the use of fertilizers and promoting improved production and pest management methods.

III. Implementation and results

1) Coordination and implementation arrangements

Coordination and implementation of these projects build upon the HCT's experience with earlier CERF grants. The Humanitarian Coordinator's Support Office (HCSO) prepared regular status

reports on all CERF projects, including monitoring reports that were shared with the HCT. Cluster Leads also presented updates on implementation at the regular HCT meetings.

UNICEF met with implementing partners in late 2007 to coordinate the development of detailed project proposals. During project implementation (from mid-November 2007) further coordination meetings were held in Monrovia and in the field between UNICEF and CERF implementing partners. Regular WASH sectoral meetings also provided by a forum to discuss these interventions in collaboration with other WASH stakeholders.

During implementation of the health projects, regular coordination meetings at the MoHSW were conducted to review implementation progress and discuss successes and challenges. In the field, discussions were conducted with the County Health Teams (CHTs) and implementing partners to monitor implementation of activities. Health coordination meetings and the regular HCT meeting provided opportunities for the Ministry and the HCT to be regularly informed about the projects' status.

The Government's Agriculture Coordination Committee (ACC), established in 2005 with FAO's technical assistance, provided a viable platform for coordinating food security project activities. The ACC holds monthly meetings with members including MOA, FAO and agriculture-focused NGOs.

Upon approval of the CERF RR application, a start-up meeting was convened to finalize the list of food insecure districts within selected counties where food and seed price surges had caused severe disruption to production and supply. These meetings also finalized beneficiary selection criteria, identification of suitable implementing partners, and defined roles and responsibilities for the Ministry, FAO, and the implementing partner NGOs (local and international). NGOs were selected based on their expressed interest to implement in targeted districts, past experience (relief distribution and training/technical assistance provision), operational capacity, and knowledge of the local conditions in the targeted regions.

The ACC platform has been instrumental in coordinating project activities, disseminating timely updates and ensuring synergy with other agriculture-focused interventions while reducing the risk of overlap and duplication in target areas. Prior to distribution of project inputs to beneficiaries, the implementing partners (IPs) were required to submit a project inception report that facilitated the adoption of timely corrective measures and therefore reduced risks of overlap. At the field level, coordination was carried out predominantly involving the MOA's County Agriculture Officer, the FAO field technician, and the County Superintendent with partners. The thrust of the field- based coordination remained the reporting and joint monitoring of project activities.

Despite the rejected HCT nutrition submission for the RR funds, the Nutrition Cluster was re-activated in 2008 as a result of the HCT prioritization process and continues to meet to deal with nutrition-related activities and monitoring of the situation.

2) Project activities and results, including actual beneficiaries

The implementation of health projects started in October 2007 following CERF approval. The projects covered a wide range of activities: including rehabilitation/construction of health facilities, maternal and neonatal tetanus elimination (MNTE) campaign; provision of emergency RH kits (and skills training on their usage); delivery of drugs and supplies, equipment and furniture to rehabilitated clinics; capacity building on clinical management of rape and sexually transmitted infections; and training health workers on proper prescriptions and rational use of drugs.

The results include the renovation and emergency repair of three health facilities (1 in Montserrado County and 2 in Rivercess County) and construction of two additional clinics in Rivercess County. The NGOs, AHA and PARACOM provided drugs, supplies, furniture and

equipment to the rehabilitated health facilities. Due to the reactivation of these primary health care services, there were a total of 12,305 consultations for various ailments, 625 antenatal visits, 221 mothers receiving postnatal care, 200 assisted deliveries, over 2,000 persons utilizing family planning services, RH kits distributed to 50 trained traditional midwives, and at least 900 women and children vaccinated for other antigens.

There were 16 referrals for medical and surgical emergencies from Koon Clinic, and 30 health workers were trained on proper prescriptions and rational use of drugs to improve the quality of services in Rivercess County. A total of 3169 health workers were trained to conduct a quality MNTE campaign in 10 counties, and 488,239 out of 537,367 women of child-bearing age were vaccinated against tetanus (91 percent coverage, TT2). During the campaign, an additional 33,000 women received tetanus toxoid (TT1).

Out of the 488,239 women vaccinated, 126,648 (26.5 percent) were of school age A total of 394,188 children (under 5 years) out of 420,548 received Vitamin A supplementation, with 94 percent coverage; 373,821 children out 420,548 received mebendazole tablets for de-worming, with 96 percent coverage; 44,588 women out of 46,900 received Insecticide Treated bed Nets (ITN) in Rivercess and Sinoe Counties (Grand Kru County had also been prioritized to receive nets, but it was not possible due to logistical constraints).

With CERF funds, UNFPA was able to purchase 387 RH kits while using UNFPA's own resources to fund 100 Rape kits for a total of 487 kits for national distribution to 45 health facilities, but with emphasis on facilities in the underserved and remote counties in the Southeast. With the kits, health facilities are now able to conduct clean and assisted deliveries. In JFK Hospital, Montserrado County, 5,235 women attended antenatal services, 434 deliveries were made, 171 caesarean sections were performed and rape survivors received adequate clinical case management. The 115 trained health workers are expected to serve as resource persons on the use of the RH kits and on clinical management of rape and sexually transmitted infections. UNFPA funded the training component to complement the CERF activity.

The CERF health projects assisted and benefited approximately 1,123,086 Liberians with basic health care services provided in all 15 counties.

In the WASH projects, CERF financed access to improved water and/or sanitation facilities benefitted an estimated 46,000 people in 74 communities in some of the most underserved counties in Liberia and peri-urban areas of Monrovia (as identified in the CHAP and by the HCT). The main activities outlined in the original proposal were achieved through the construction of 34 new wells, the rehabilitation of 55 damaged/sub-standard wells, the construction of 17 communal/institutional four cubicle latrines, the rehabilitation of six communal/institutional four cubicle latrines, the construction of eight communal bath houses, the construction of eight communal garbage pits, and the construction of 19 family latrines. The projects also improved water, sanitation and hygiene awareness and behaviours through hygiene promotion activities which were organized in the project communities, and the distribution of 650 household hygiene and water management kits in peri-urban Monrovia.

CERF funding complemented SIDA and USAID funding for fertilizer and IPPM inputs to improve food security through a distribution campaign in 2008. It was linked with the joint seed distributions from 2007 and 2008 because it targeted beneficiaries of the 2007 seed distribution campaign who were able to retain part of their yield for planting in the following seasons as well as those who received quality seeds in 2008. By combining seeds distribution with fertilizer and pest management inputs, FAO has added value to its emergency interventions through secured production of rice. This is evident from a 56 percent increase in per hectare yields in targeted areas. The project also links with other fertilizer and IPPM distribution projects providing a countrywide coverage. In total FAO reached more than 50,000 farming households through training and distribution of fertilizers and IPPM inputs during the 2008 IPPM inputs distribution campaign.

Reducing crop losses will significantly enhance food security which in turn will reduce dependency on costly rice imports. The post harvest evaluation suggests that lowland rice production increased from 0.8 mt/ha to 1.25 mt/ha. The improved production is sufficient for 11 months consumption for an average Liberian household.[6] In areas where larger land and swamps are available, farmers have been able to produce a marketable surplus. This is evident from the WFP/FAO biweekly food price monitoring surveys. The study indicates an improved supply and relatively stable price of locally produced rice in rural markets particularly in Bomi, Bong, Lofa and Montserrado counties. The increased production of rice sets the stage for the launch of the "Purchase for Progress" (P4P) initiative of the World Food Programme.

Moreover in January 2009, in response to the caterpillar outbreak in four rice producing countries, the MOA technicians, NGOs and communities utilized the knapsack sprayers distributed through this CERF project in order to help control the outbreak.

3) Partnerships

Partnerships had already been established through the cluster/sector approach as well as in the course of previous CERF allocations. The dual roles played by UNICEF, WHO and FAO as cluster leads and appealing agencies simplified the process and increased transparency.

Besides close coordination, joint planning and monitoring with MOA, FAO's food security project built on the successful inter-agency collaboration between FAO and WFP. As part of global arrangements, WFP provided logistics related support to FAO for cost-effective and timely delivery of project inputs to beneficiaries. The agencies also collaborated on the collection, analysis and management of food security and nutrition related data. The joint food security and nutrition survey and market price monitoring have been extremely beneficial in identification and selection of geographic areas and fine-tuning beneficiary selection criteria.

Partnerships with implementing partners (local and international NGOs) have been beneficial in proper identification and selection of beneficiaries and timely distribution of project inputs in targeted areas. Partnerships with implementing partners were administered either through a Letter of Agreement (LoA) or an Memorandum of Understanding (MOU) which clearly outlined the nature, scope and terms of engagement. Prompt signing of these MOUs between WHO and the NGOs, for example, and timely channelling of funds to them, enabled partners to implement their projects as planned.

Common purposes and partnerships are fostered by the CERF process as demonstrated by the collaborative effort of Government (MoHSW and the CHTs), UN agencies, local and international NGOs and civil society during the health projects. Good examples of this partnership were the MNTE campaign and the distribution of the RH kits. In the consensus prioritization and distribution of the kits, UNFPA collaborated with the MoHSW, WHO, NGOs, the National Gender Based Violence (GBV) Task Force and the Protection Core Group. The strong partnerships between UNFPA and the MoHSW and CHTs, NGOs, Community Based Organizations (CBOs), and the rural communities themselves facilitated the timely distribution of the life-saving kits. The logistical support and NGO partnerships were critical to reach isolated communities. The community knowledge that local organisations and leaders helped to target services to the most vulnerable beneficiaries and contribute to reducing maternal mortality.

With the water and sanitation projects, HCSO provided overall coordination and established a tracking and reporting system that maintained focus on the achievement of project objectives. HCSO also conducted independent monitoring and evaluation visits and shared their reports with UNICEF and implementing partners. UNICEF provided technical and project management expertise in the development of project proposals and agreements; the provision of specialised equipment (such as dewatering pumps) and hard to access supplies (such as good quality hand

[6] Based on average family size of 5 persons and annual per capita rice consumption of 241 kilograms

pumps); the establishment and supervision of monitoring, evaluation and support mechanisms; routine project follow-up and contact with implementing partners; the coordination of reporting; and the supervision and budgets and financial transactions. These services improved the quality and timeliness of project implementation and provided a structured mechanism of checks and balances.

The NGOs brought local knowledge, project implementation capacity, and local contacts with communities to help maximize community involvement in the projects' implementation and increased chances of sustainability. UNICEF's NGOs also interfaced with smaller local NGOs and sub-contractors and in doing so provided important work opportunities and on-the-job capacity building to their staff.

UNICEF also contracted Tearfund to monitor, evaluate and support overall project implementation. This partnership improved the quality of implementation by providing informed day-to-day technical support and an independent assessment that standards were being met. It also provided verification of partner reporting, on-going technical capacity building for UNICEF's implementing partners, and furthered the dissemination of the Government of Liberia Well and Latrine Construction Guidelines (1999) and best practice in social mobilization and hygiene promotion activities.

Potential weaknesses in this multi-partner relationship were minimized by regular reporting between partners and good communication maintained through meetings, field visits, report and document sharing, and other exchanges.

4) Gender mainstreaming

All four health projects focused on improving maternal and child health. Distribution and utilization of the RH kits and the MNTE campaign targeted women of child bearing age, with a focus on reducing maternal and newborn illnesses, deaths and disabilities. At least 57.3 percent of the beneficiaries were women and 41.2 percent were children. Prioritizing these services for women demonstrates the attention the MOHSW and its partners place on the reduction of high maternal mortality as well as recognizing the importance that improved women's health plays in safeguarding women's contributions to Liberia's recovery process.

In the health facilities, provision of health services increased the frequency of clean and safe deliveries, increased family planning services, treated common ailments and protected women against tetanus. Skills of trained traditional midwives and health workers were improved to provide quality health services including maternal health and reduce avoidable illnesses and deaths.

The WASH projects were community centrered to address poor water and sanitation facilities in some of the most underserved communities in Liberia. These issues required full community participation in the promotion and awareness raising campaigns to improve conditions and the well-being of these communities, of which approximately 50 percent of the beneficiaries were women.

The food security project distributed IPPM inputs to 30,582 households, of whom 47 percent (14,480 households) are female-headed. This noticeable proportion of female beneficiaries was due to an intentional gender emphasis in the beneficiary selection criteria.

5) Monitoring and Evaluation

The monitoring of the health projects was conducted by WHO in collaboration with the MoHSW, HCSO and UNFPA. During the MNTE campaign, the MoHSW was involved in monitoring the vaccination activities with support of WHO and UNICEF. Through the MoHSW and the CHTs, primary health care projects were monitored regularly. For example, the HCSO and WHO conducted different field monitoring and supervisory visits to some of the rehabilitated health

facilities. RH kit distribution was monitored by the MoHSW, WHO and UNFPA. A monitoring tool was developed by UNFPA and accepted by all partners to facilitate monitoring, distribution and use of the RH kits. Through this collaborative effort, implementation of the projects was adequately supervised and monitored.

Meanwhile, monitoring for the WASH projects was conducted by both UNICEF and HCSO, both as a joint exercise and independently of each other. In addition, Tearfund, a UNICEF-contracted NGO partner was utilised to provide day-to-day evaluation and support to UNICEF's implementing partners. In each case M&E reports were shared between partners to offer improved transparency and mutual learning. In addition, the quality of work was emphasized in WASH monitoring through the dissemination and explanation of Government of Liberia Well and Latrine Construction Guidelines (1999) and monitoring of compliance with these guidelines throughout project implementation.

The food security project was jointly monitored by FAO and MOA at the field level with technical backstopping from Monrovia-based staff (as well as review of their monthly progress reports). Periodic meetings have been held with the implementing partners in Monrovia to discuss the progress of planned activities and feedback from the field. Towards the completion of project activities, a post harvest evaluation of 900 beneficiaries (3 percent of total beneficiaries) was held between December 2008 and January 2009. Similarly, a land and yield estimation was conducted by FAO field technicians involving nearly 2 percent of the actual beneficiaries and it found, amongst other results cited elsewhere in this document, that there was an increase of 56 percent per hectare yield attributed to the use of high yielding seeds, fertilizers and improved pest management.

IV. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health	***07-WHO-066 " Integrated PHC and Reproductive Health Services for War-Affected Liberians in Montserrado County"***	*$127,865*	*50,000 persons (25,000 children, 12,500 women and 12,500 returnees*	*Paradigm of Consciousness Movement (PARACOM) in collaboration with MoHSW ($119,500)*	None	▪ Contribute to provide better basic health service for the target beneficiaries	▪ Rehabilitation of Koon clinic, procurement of essential drugs and medical supplies contributed to reducing preventable illnesses and deaths in the affected communities ▪ 3,500 consultations were conducted, 165 mothers received antenatal care services, 50 clean deliveries were conducted, 61 received postnatal services and 2,500 condoms were distributed ▪ 50 trained traditional Midwives received RH kits, 130 women were received Family planning services, 1 generator was purchased to provide adequate lightings to facilitate clean deliveries
Health	***07-WHO-044 "Basic Primary Health Care services for River Cess County"***	*$122,887.16*	*65,162 persons (17,347 children, 43,367 women and 4448 men)*	*Africa Humanitarian Action (AHA) in collaboration with MoHSW ($ 113,987.64)*	None	▪ Contribute to provide better basic health service for the underserved communities River Cess County	▪ Rehabilitation of clinics, procurement of essential drugs and medical supplies and improving the skills of health workers are all contributing to avoidable illnesses and deaths in the affected communities ▪ 9,805 consultations, 500 children were vaccinated, 460 women received antenatal services, 430 received post natal services, 150 received skilled and assisted delivery and 1479 received family planning services, all contributed to reduce maternal mortality
Health	***07-FPA-020 "Support safe motherhood, prevent HIV/AIDS, and respond to SGBV medical emergencies through extension of delivery of Emergency Reproductive Health Kits"***	*$248,775*	*50,000 women*	*UNFPA in collaboration with MoHSW and NGOs ($247,775)*	None	▪ Contribute to support safe motherhood, prevent HIV/AIDS, respond to SGBV medical emergencies and reduce maternal and new born deaths	▪ Provision of 487 reproductive health (RH) kits to various health facilities in the country and training of 115 health workers on their use, on the clinical management of rape and sexually transmitted infections (including Training of Trainers) which contributed to reduction of maternal and newborn deaths

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Water, Sanitation and Hygiene	**07-CEF-059-B " Improving WATSAN services in cholera-prone rural areas of low coverage"**	*$192,600*	*20,097 (Male 10,164; Female 9,933; Children under five 3,557)*	*Evangelical Children Rehabilitation Programme (ECREP) $192,600)*	▪ 22 percent of population with access to improved drinking water source (CFSNS, 2006) ▪ Sanitation baseline not available	▪ Improved access to safe drinking water and sanitation facilities and public health in 23 communities in Timbo District, River Cess County through the construction of 20 new wells; rehabilitation of 20 existing wells and construction of 19 family latrines. ▪ Sustainable community maintenance of WATSAN facilities enabled by conducting 23 training sessions on the operation and maintenance of WATSAN facilities in project communities ▪ Community knowledge of good health/hygiene practices increased through the TOT and by conducting workshops and meetings on health/hygiene education in project communities	▪ 20 hand dug wells constructed ▪ 20 dilapidated wells and hand pumps rebuilt ▪ 19 family latrines constructed ▪ 11 pump mechanic workshops conducted and handover of pump maintenance tools to the community completed ▪ 12 pumps caretakers' workshops conducted ▪ 23 water and sanitation management teams in targeted communities established ▪ 23 health/hygiene groups in the 23 project communities comprising 2 persons per group established ▪ 10 sessions of training of health/hygiene promotion trainers' workshops held over 3 days in 1 location, attended by 46 participants (2 per community) ▪ 23 health/hygiene awareness workshops; follow up meetings and house to house visits in the 23 project communities conducted by the trained trainers
Water, Sanitation and Hygiene	**07-CEF-059-A "WASH education and construction and rehabilitation of WASH facilities for war-affected, underserved communities in Sinoe County"**	*$192,600*	*20,500 (Male 10,368; Female 10,132; Children under five 3,629)*	*EQUIP Liberia $192,600*	▪ 7 percent of population with access to improved drinking water source (CFSNS,2006) ▪ Sanitation baseline not available	▪ Improved access to safe water and sanitation facilities in 50 communities through the construction of 6 new wells with hand pumps, rehabilitation of 35 water points, construction of new institutional latrines, and rehabilitation of 15 institutional latrines	▪ 6 new wells constructed; 35 rehabilitated ▪ 9 new institutional latrines constructed ▪ 6 institutional latrines rehabilitated ▪ 3 pump mechanics trainings conducted at 3 different centres each running for 3 days ▪ TOT hygiene promoter workshops conducted in 7 centres

						▪ Increased hygiene, knowledge and improved water and sanitation practices in 50 communities achieved through the activities of 200 volunteer hygiene promoters and 50 CBOs	▪ Liberia's request for an amendment in the quantity of these outputs, based on problems encountered during latrine rehabilitation, was approved in the 20 March 2008 letter from the ERC.
Water, Sanitation and Hygiene	**07-CEF-059-C " Improved water and sanitation facilities with extensive hygiene education in cholera hot spots in Montserrado County"**	*$149,800*	*4,000 (Male 2023; Female 1,977; Children under five 708)*	*ZOA Refugee Care $149,800*	▪ Number of women, men, girls and boys receiving food against planned figures ▪ Tonnage of food distributed against planned figures.	▪ Provide food assistance for displaced persons to protect nutritional status from deterioration and provide micro-nutrient rich commodities through health facilities.	▪ WFP provided food to more than 60,000 people displaced by the Koshi floods in August 2008 and additional rations to children under 5 and pregnant/lactating women. ▪ The CERF (Rapid Response window) contribution allowed WFP to respond immediately to the food needs of displaced people.

Sector/ Cluster	**CERF projects per sector** (Add project nr and title)	**Amount disbursed** (US$)	**Number of Beneficiaries** (by sex/age)	**Implementing Partners and funds disbursed**	**Baseline indicators**	**Expected Results/Outcomes**	**Actual results and improvements for the target beneficiaries**
Food Security	***OSRO/LIR/803/C HA*** ***"Emergency Support to Protect and Increase Local Food Production of Food insecure Liberian Smallholders"***	*$1,900,000*	*30,582 farming households vulnerable to soaring food prices*	*(FAO worked with 16 partner NGOs during the 2008 fertilizer and IPPM distribution campaign of which, the following have been supported through CERF funding:* *ACI, AEL, BADU, BUCCOBAC, Catholic Relief Services, Samaritan's Purse, Concern, Africa Network, Visions in Action* *Total disbursed to implementing partners (US $ 69,629)*	▪ High pre and post harvest losses ▪ Low agricultural productivity average per hectare rice yields being 0.8 mt/ha for upland and 1.6 mt/ha for low land ▪ Food gaps widening in rural areas based on production figures, rice production is sufficient for a period of 6 – 7 months after harvest	▪ IPPM inputs distributed to 30,000 smallholders and fertilizers distributed to 18, 517 households in time for fertilizer and pest management applications ▪ Pre and post harvest storage losses reduced by 60 percent from baseline ▪ Per hectare yields increased by 30 percent from baseline ▪ Enhanced awareness of farmers in integrated production and pest management inputs	▪ IPPM inputs distributed to 30,582 farming households including 6,700 households who also received fertilizers in time for top dressing and IPPM applications ▪ Pre and post harvest storage losses reduced by 40 percent from baseline ▪ Food gaps narrowed from 5 months (baseline) to 1 month (end line) ▪ Per hectare yields increased by aprox. 56 percent from baseline ▪ 28 master trainers and 1,200 farmers trained in improved pest management ▪ 3,500 farmers trained in use of liquid fertilizers
Health	***07-WHO-059*** ***"Integrated Maternal and Neonatal tetanus campaign with ITN distribution and Vitamin A supplementation "***	*$427,070*	*537 376 (Women of child-bearing age) 420,548 (under five children)*	*WHO in collaboration with MoHSW and NGOs (US$ 427,070)*	▪ TT2+ pregnant women was 85 percent Measles 87 percent	▪ Contribute to protect women and neonates against tetanus, intestinal worms and malaria	▪ Training of 3,169 vaccinators contributed to quality maternal and neonatal tetanus campaign in 10 counties ▪ Providing tetanus toxoid vaccine to 488,239 out of 537,367 women of child bearing age will protect them and contribute to reducing maternal and newborn deaths ▪ Providing Vitamin A supplementation and membendazole tablets to 394,188 and 373,821 children respectively out of 420,548 children (under 5 years) contributes to child survival and reduces childhood mortality ▪ Providing Insecticide Treated Bed Nets (ITNs) to 44,588 out of 46,900 women reduces malaria related morbidity and mortality and contributes to reduced vulnerability

V. CERF IN ACTION

Water, Sanitation and Hygiene

Turn off the main highway opposite the main ELWA intersection, drive past the usual ragged and decrepit range of shacks and small wooden stalls where women try to eke out a living selling "small things" to support their families, and you find yourself in a world of large houses nestling in big compounds. Although there is clear evidence that a number of owners who fled during Liberia's war period (1989-2003) have not returned to claim their properties, there seems initially little evidence of poverty. But, look again at the gaps between the big houses and on the edge of the swamp which surrounds this area on three sides and you will see that a substantial proportion of the 35,000 people living in the A. B. Tolbert Road community in discernable poverty side-by-side with their affluent neighbours. This "community" is in fact one of the eight major cholera zones in Monrovia. Some 263 cases of cholera were recorded in 2007 from amongst the poor sections of the community. They live without access to a safe water supply and hygienic sanitation facilities.

Demonstration on water chlorination to street water vendors

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

ZOA Monitor during a hygiene promotion demonstration for schoolchildren

This opportunity came in late 2007 with the offer of a CERF-funded project under the direction and guidance of the UNICEF WASH team. ZOA spent much time developing a community organisation and structure, and were lucky to find Lucy Cooper, who had lived in the community for five years. At first, Lucy did not want to get involved, as she recalls, "We had so many NGOs come here, make promises and disappear. We never saw them again. I just didn't want to waste my time." However, when ZOA discussed with her the lack of community structure and how she could help, she relented and became engaged with bringing the community together into some form of cohesive body. Gender, as it does so often in these circumstances, played a major role.

The women who Lucy got together saw the real benefits that would accrue to their children's health and, with guidance from ZOA, threw themselves wholeheartedly into the project, even convincing some of the men to also join.

Since the project started, some 80 community members have been trained as community trainers in hygiene promotion and are now busy advising, cajoling and organising community events to clean up the environment and to pass on advice about how to handle water at home and adopt safe hygiene practices. These activities are being reinforced by the distribution of household hygiene kits, including jerry cans, buckets and soap to 650 families, and the construction of eight communal wells, latrines, showers and garbage pits around the community. The construction of these facilities is now completed – a small charge will be made for using the community bathhouses and latrines, and the money will be retained to maintain the facilities. The development of excreta disposal facilities illustrates some of the issues raised by working in this context: beneficiaries do not own land so individual family latrines were not possible; similarly, getting a landowner to give a small parcel of land for a community latrine was a challenge, but ZOA has worked with community members to find solutions to these and other problems.

As Lucy says, "Thanks to ZOA who kept their promise to come and work with us, we are very blessed. We now have safe drinking water and enjoy other sanitation facilities. Also by training three women to every man in pump maintenance, women have begun to get some respect in this community. ZOA have made us civilized people…The problems we have had with cholera, diarrhoea, pollution of the environment, breeding mosquitoes and flies will be history…The whole community becomes cleaner by the day and enthusiasm bubbles over for what we have achieved."

As for cholera, the community have already witnessed an impact through the reduction in the incidence rate of cholera from 15 cases per 1000 in 2007 to 10 cases per 1000 at the end of the 2008 cholera season. Lucy is talking enthusiastically talking about how the figures will show how much the community's health will have improved.

Food Security

Life has never been easy for Ms. Rebecca, a middle-aged single mother, who is heading a family of 7. As the sole breadwinner for her large family, Ms. Rebecca resorts to occasional employment opportunities with NGOs and community development agencies. Rebecca finds it increasingly difficult to meet the nutrition needs of her family, her incomes are sporadic and below subsistence. She has access to a small piece of arable land that remained in a state of neglect for many years during the war.

Unable to leave the country due to her ailing mother, Rebecca survived by living in the bushes during the civil war. She and her family survived on tree crops, bush meat and wild vegetation.

In 2004, she returned to her native village in Nimba County only to find her field in a dire need of rehabilitation. Since then, Rebecca has been working day and night to save some money to rejuvenate her land. After much effort, she was able to save LDR 500 ($ 8) to hire labor to prepare the small farming plot.

In 2007, bird and rodent attacks caused serious damages to standing and harvested crops. “We lost plenty of crops in the field and later after harvest, more was lost by a mice attack,” Rebecca said while talking to Sokowah Subah, the FAO field technician, during his field visit to obtain a yield estimate. The harvest on her farm indicates a dried weight of 3 kilograms from a planting area of 9m². This corresponds to an estimated paddy yield of 2,666 kilograms from her 2 acre land – sufficient to carry the family until the next harvest. “We had better yields this year, FAO-provided pest management inputs have been very useful, and particularly the bird scare flash tapes, the whooping sound and flashy reflections have kept the birds away.” When asked if she also sells rice in the market, Ms. Rebecca said, “We don’t produce enough for ourselves.... how can we sell in the market? Even though we have produced more than last year with this harvest, I don’t think we have any surplus to sell.”

Ms. Rebecca and FAO field technicians collecting samples for yield estimation, the bird scare flash tape is seen in the *background*

Health

The health NGO, Africa Humanitarian Action (AHA), was one of the two NGOs that received funds from CERF to support the Government in implementing life-saving health projects in River Cess County by reactivating primary health care services in four health facilities.

The renovation of two of the four proposed clinics (Sayah Town and Bodowhea) started in December 2007 and was completed in January 2008. The other two clinics located in the more remote areas of Kangbo Town and Zammie Town were badly destroyed so required additional rehabilitation which was completed in May 2008.

The MoHSW, the County Health Team and community has requested reconstruction of the Kangbo and Zammie Town clinics. Given the cost of materials and the amount required to carry out the construction, the County Health Team and the community agreed to share the cost of the construction.

Koon clinic, Montserrado County

According to the County Health Officer (CHO) of River Cess County, Mr. Byron Zahnwea, “Reactivation of health services in the remote communities prevent people from walking for many hours to reach the nearest health facility. It also avoids unnecessary travel for pregnant women. Now, our people can access health services. The communities in Kangbo and Zammie Towns are happy to

have contributed and even provided local materials for the construction of these clinics. We are happy to AHA, WHO and CERF for this support."

AHA stated providing health services in the four clinics in November 2007. Even in Kangbo and Zammie Town clinics, where the infrastructure was deplorable, health services were carried out concurrently with the rehabilitation work. AHA delivered drugs, non medical supplies, equipment and furniture to the clinics. Supply of drugs and non medical supplies, and monitoring of health services continued until the beginning of June 2008. Since then, AHA, in collaboration with the MoHSW, has been able to continue to provide inputs and monitor the provision of health services with funding from other sources.

With CERF, AHA was able to assist vulnerable communities in isolated River Cess County by reactivating health services in areas that are hard to reach and most deprived. As stressed by Dr Demissie Tadasse, Acting County Director for AHA, "The health needs in this county are more than the resources we have; but we are happy that we are able to make a difference in the lives of our beneficiaries because they can now access health services. The availability of these services can reduce illnesses and deaths. People are being treated for common ailments, Mother and Child Health (MCH) services are provided, health workers' skills are improved to provide quality services, and the County Health Team and the communities are all involved in the delivery of health." This is testimony of how the health services are positively perceived by the affected communities and the local health authorities in Rivercess County.

Annex: Acronyms and Abbreviations

ACC	Agriculture Coordination Committee
ACI	Africa Concern International
AEL	Association of Evangelicals in Liberia
AHA	Africa Humanitarian Action
ARC	American Refugee Committee
BUCCO BAC	Buchanan Child Community based Care
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan (2007)
CHG	Critical Humanitarian Gaps (2008)
CBO	Community Based Organization
CHO	County Health Officer
CHT	County Health Team
BADU	Bettie's Agricultural Development Union
FAO	Food and Agriculture Organisation of the United Nations
GBV	Gender Based Violence
HCSO	Humanitarian Coordination Support Office (UNMIL)
HCT	Inter-Agency Standing Committee
IPPM	Integrated Production and Pest Management
LPMM	Liberia Prevention of Maternal Mortality
MDGs	Millennium Development Goals
MNTE	Maternal and Neonatal Tetanus Elimination
MOA	Ministry of Agriculture
MOHSW	Ministry of Health and Social Welfare
MYR	Mid-Year Review
NGOs	Non Governmental Organisations
PARACOM	Paradigm of Consciousness Ministries, Inc.

PEP	Post Exposure Prophylaxis
PHC	Primary Helath Care
RH	Reproductive Health
STI	Sexually Transmitted Infection
TOT	Training of Trainers
UNICEF	United Nations Children Fund
UNFPA	United Nations Population Fund
UN	United Nations
UNMIL	United Nations Mission in Liberia
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization