



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF LIBERIA
UNDERFUNDED EMERGENCIES ROUND I 2013**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Aeneas Chuma

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

After Action Review took place on 17 January 2014 with the participation of CERF focal points of recipient agencies (FAO, UNICEF, WHO, WFP) and the meeting was chaired by OCHA. Taking into account the objectives, timeline and results, all CERF focal points have discussed strategic issues and challenges during the Implementation process, which could be highlighted while drafting the main parts of the report. After short debrief from each recipient agency on the status of CERF grants, the results achieved, all CERF focal points recognized that no important challenges were encountered during implementation. They pointed out the inclusive collaboration between agencies as most of the projects were jointly designed

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

Liberia HC and Humanitarian Country Team (HCT) Members endorsed final report after Sectors Coordinators reviewed final draft of CERF Report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 36,741,371		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,991,937
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	500,000
	TOTAL	3,491,937

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 13-Feb-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-021	Health-Nutrition	496,726
UNICEF	13-CEF-022	Health	259,638
UNICEF	13-CEF-023	Water and sanitation	394,973
UNICEF	13-CEF-024	Education	325,667
FAO	13-FAO-008	Agriculture	787,574
WFP	13-WFP-008	Food	600,000
WHO	13-WHO-008	Health	127,359
TOTAL			2,991,937

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,883,872
Funds forwarded to NGOs for implementation	573,031
Funds forwarded to government partners	535,034
TOTAL	2,991,937

HUMANITARIAN NEEDS

The unstable political and security situation in Liberia's three neighbouring countries¹ over the last decade has contributed to generating and promoting vulnerabilities among different population groups on Liberian soil. The post-electoral violence in Cote d'Ivoire in November 2010 has been the most notorious. It caused serious harm not only to the Ivoirian citizens but also to Cote d'Ivoire's neighbours, particularly Liberia. More than 200,000 Ivoirians crossed into Liberia as refugees between November 2010 and May 2011. All of these refugees concentrated in four of the fifteen Liberia Counties, namely Grand Gedeh, Maryland, Nimba, and River Gee. Compounding this situation is the poverty index, with 63.8 per cent of Liberia's 4 million people living below the poverty line, 47.9 per cent of them in extreme poverty, surviving on less than US\$ 1 per day². Unlike any other part of Liberia, these structural vulnerabilities, standing partly as long-term consequences of a fourteen-year civil war in the county ended in 2002, are coincidentally more pronounced in the four border counties hosting Ivoirian refugees, thus worsening an already fragile situation.

Liberia's population is rapidly growing, at an annual rate of 2.1 per cent. But Liberia's rice production, - the country's staple food - has been growing at an average pace of slightly less than 1,4 per cent, while cassava production has been declining on average by 0.45 per cent over the last years since 2008. In fact, Liberia produces only around a third of its national rice consumption. Two thirds of national rice consumption needs to be covered by imports.

Impacting on the nutritional situation is access to health services that remain inadequate on the overall, especially in some remote communities of the Southeast. Considered globally, Liberia's health indicators are still unsatisfactory especially for women and children, including basic and emergency obstetric care services. Reduction of maternal and infant mortality has been one of the major priorities of the Ministry of Health. However, Liberia's maternal mortality rate remains one of the highest in the world at 994/100,000³ live births (target 497/100, 000 live births by 2015) increasing from 578/100,000⁴(2000) as a result of the prolonged civil war. Deliveries assisted by skilled providers constitute 46 per cent⁵, institutional deliveries are at 37 per cent, and contraceptive prevalence rate is 11 per cent, ⁶. Besides, the proportion of children who have received Penta 3 vaccine is approximately 61 per cent⁷.

While acute malnutrition in the four refugee-hosting counties stands below 3 per cent, chronic malnutrition remains very high both within refugee-hosting counties and nationally at over 40 per cent⁸, one the highest rates in West Africa. The higher rate of chronic malnutrition is driven, among other things, by inadequate maternal breastfeeding and insufficient food intake for children and lactating mothers. In fact, recent nutritional assessments and reviews have identified a total caseload of 344,882 people in need. These include Ivoirian refugees and Liberian nationals in the four refugee-affected counties, as well as in Montserado County. These areas are characterised by a weak coverage of sanitation facilities, standing only at 18 per cent, ⁹, and by low coverage of water supply, ranging from 34 per cent to 53 per cent ¹⁰. This is further worsened by the inadequate local capacity to fully implement operational and county nutrition plans. 13 per cent, Vitamin A deficiency and 59 per cent anemia among children aged 6-36 months¹¹, as well as 7.5 per cent of low Body Mass Index (BMI), particularly among women aged 15 to 19 years¹² are some of the direct consequences of this situation.

In 2012, approximately 137¹³ suspected cases of cholera, 11 confirmed, 5 deaths and 5,000 cases of acute watery diarrhoea were reported. Persistence of suspected cholera and acute watery diarrhoea in Montserado County remains an issue of concern. Water and sanitation facilities and hygiene practices in urban cholera hot-spots remain weak. The most common but extremely poor hygiene behaviour is open defecation which is practiced in many south-eastern and north-eastern communities where, for lack of other options, communities resort to using surface water sources (rivers and streams) to meet their water needs.

Out of more than 64,000 Ivoirian refugees currently in Liberia¹⁴, 81.4 per cent are women and children. As the most vulnerable groups, especially in situation of displacement or asylum, livelihood and education concerns for these specific groups of refugees remain a protection priority, more so when 44.5 per cent, of the total refugee population is constituted of children under 11 years of age. The wider notion of protection of all population groups of concern includes self-sufficiency through adequate agricultural production. Yet, food

¹ Cote d'Ivoire in the East, Sierra Leone in the Northeast, and Guinea in the North

² Draft Liberia UNDAF 2013 – 2017

³ DHS 2007

⁴ LDHS, 2000

⁵ MOH Annual report 2010

⁶ DHS 2007

⁷ EPI Cluster survey 2011

⁸ 2012 Liberia CAP MYR

⁹ 2011 Progress on Sanitation and Drinking Water

¹⁰ Liberia Water Point Atlas, 2011

¹¹ Micronutrient Survey, 2011

¹² Comprehensive Food Security and Nutrition Survey, 2010

¹³ MOH&SW Surveillance report 2011

¹⁴ UNHCR, January 2013

insecurity continues to be very high in Liberia. Besides, physical access to markets is a major constraint, particularly during the rainy season from May to October when most rural and feeder roads become impassable.

After the cessation clause for Liberian refugees entered into force on July 1, 2012; over 5,000 stranded Liberian migrants in ECOWAS countries have expressed the need to return home, but the government of Liberia does not have the necessary means to support them to do so. The humanitarian community has been approached by the Liberia government for support. Adding to the well-known Ivorian refugees and their Liberian hosts, this caseload of returning Liberian “non-UNHCR-registered refugees” would equally require additional financial means both for repatriation and local reintegration as provided in the Liberia 2013 humanitarian response plan, the *Critical Humanitarian Gaps*.

II. FOCUS AREAS AND PRIORITIZATION

The negative impact of the massive refugee influx on impoverished Liberia communities requires a balanced humanitarian response, which addresses the needs of both the refugees and the locals. However, for some security reasons, the government of Liberia directed since March 2012 humanitarian agencies in the country to stop providing individualised assistance to refugees residing within the host communities. This was meant to encourage all refugees to move to camps where UNHCR and its partners would provide for their needs. This is indeed the case for those who have moved to the camps, but they represent only about 60 per cent of the refugee caseload in the country. The refugees residing in the camps do get direct support provided by UNHCR and its partners under a multi-sector approach whereby WFP provides food, while UNHCR provides funds to or share costs with its implementation partners including Save the children, International Rescue Committee (IRC), Danish Refugee Council (DRC), and Search for Common Ground to address educational needs; CARE, Oxfam/GB, and NCA to address WASH needs, etc. The rest of the refugees, some 25,654, for some reasons, including family and kinship ties, have preferred remaining in the communities where they continued to share the meagre local resources with their hosts. However, despite the above-mentioned March 2012 directive concerning suspension of individualised assistance to refugees, the government of Liberia has no objection for humanitarian assistance to be provided to any communities assessed as vulnerable, including those hosting refugees.

Based on the above and considering the shifting focus of both government and donors towards development programming, the HCT in Liberia resolved to prepare, for 2013, an overall humanitarian response adapted to these changing parameters. Following a series of consultations, including with the government of Liberia, an agreement was reached to restrict the humanitarian response to the most urgent humanitarian needs, focusing on the four refugee-affected counties as well as counties showing extremely high levels of food insecurity or other related vulnerabilities. To this end, standard emergency indicators were to be used as benchmarks for needs' assessment and priority setting.

Based on the approach described above, the humanitarian response planning for 2013 in Liberia resulted in the drafting of the “ *Critical Humanitarian Gaps*” document, an appeal of sort containing twelve projects developed for critical humanitarian interventions in the Education, Protection, Nutrition, Food Security, WASH and Health sectors across seven priority counties, including the four counties that host refugees. A total of US\$ 36,741,371 million is required to deliver on this plan throughout 2013.

This humanitarian response is built on huge gaps carried over from the 2012 Liberia Consolidated Appeal, which has remained 62 per cent-underfunded, rendering entire response plans impossible to implement. Some of the response gaps surviving from last year include the unacceptable net school attendance rate standing at only 50 per cent, the community-based child protection mechanisms covering only 20 per cent of target communities instead of the required minimum of 60 per cent, stunting above the WHO cut-off rate of 40 per cent, the unacceptable food consumption scores of more than 75 per cent of the population, etc.

III. CERF PROCESS

On 20 December 2012, ERC announced an envelope of \$3 million for Liberia from the underfunded emergencies window of the Central Emergency Response Fund. CERF allocation was prompted by the 62 per cent funding shortfall in the Liberia 2012 CAP, making it the least funded appeal of the year. Many crucial humanitarian interventions planned in various sectors failed to get implemented as a result.

In order to make the most out of the increasingly shrinking donor support, the humanitarian community in Liberia, together with the Liberian government represented by the Ministry of Internal Affairs, agreed to identify and restrict the 2013 humanitarian response to the most critical humanitarian needs. The CERF UFE grant issued to Liberia could not have come at a better time as it helps start off the response to the critical humanitarian needs identified.

To ensure the CERF UFE allocation remained needs-based, inclusive and transparent, all necessary information was first shared with the humanitarian community before the first planning session of the HCT, which includes INGO representatives and ICRC, was convened by the Humanitarian Coordinator.

A four-fold approach was adopted by the HCT to prioritize and allocate CERF grant. 1. The 2013 CERF-specific prioritization was to be aligned on the underfunding element of the Liberia 2012 CAP, using FTS data. 2. Underfunded sectors found to pose serious composite risks to Ivorian refugees in host communities and their Liberian hosts were to be considered first, 3. For greater impact on beneficiaries, a coordinated approach was adopted for preparation and eventual implementation of joint proposals; and 4. Restricting interventions to prioritized population groups targeted in the Liberia 2013 Critical Humanitarian Gaps (CHG) document, which include Ivorian refugees in host communities and the vulnerable among their Liberian hosts. Given that UNHCR had earlier announced to have secured the necessary financial resources for 2013 to address the needs of refugees residing in camps, the HCT opted to use the CERF allocation to focus on those refugees living outside the camps since they had so far, no support pledged to address their needs.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 215,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	120,914	100,206	221,120
	Food	16,314	5,686	22,000
	Health	84,024	84,381	168,405
	Health - Nutrition	120,914	100,206	221,120
	Water and sanitation	12,357	12,643	25,000
	Education	6,100	5,878	11,978

BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	109,032	120,914
Male	82,773	100,206
Total individuals (Female and male)	191,805	221,120
Of total, children <u>under</u> age 5	150,454	182,193

For greater impact on beneficiaries, a coordinated approach with joint proposals was adopted for the benefit of prioritized population groups targeted in the Liberia 2013 Critical Humanitarian Gaps document. This included Ivorian refugees in host communities and the vulnerable among their Liberian hosts.

A shared objective between FAO, WFP and UNICEF was agreed, and the three UN agencies targeted the same geographic areas – Nimba, Grand Gedeh, Maryland for the Food Security and Nutrition sector (Agriculture, Food and Nutrition). Total individuals (female and male) targeted with CERF funding is 191,805 including 150,454 children under-five years. The numbers indicated are beneficiaries

reached through vitamin A supplementation, deworming, nutrition and food security activities. Specific to the vitamin A supplementation and deworming activities which contributed a lot in reaching the beneficiaries, the Ministry of Health and Social Welfare (MoHSW) and partners agreed to use the highest achieved population for 2013 for the integrated Expanded Programme of Immunization, (EPI) vitamin A and deworming campaigns. This resulted in an increase in the number of related beneficiaries compared with the planned beneficiaries. In addition, all activities were done through house-to-house visits, which also resulted in an increase in contacts and beneficiaries reached.

In the Health sector, a joint proposal was also elaborated by WHO and UNICEF for greater impact. The beneficiaries included 168,405 refugee population living outside the camps and host communities in Maryland, Grand Gedeh and River Gee with a focus on women and children under 5.

In the Water, Sanitation and Hygiene sector, a total of 25,000 individuals (including Ivorian refugees and host families) were targeted. In Education Sector, the planned interventions provided physical, psychosocial and cognitive education opportunities that can be both life-saving and life-sustaining, for 11,978 children.

CERF RESULTS

The Government of Liberia and the United Nations appealed for nearly \$37 million USD to meet the pressing humanitarian needs of Liberia's most vulnerable communities during 2013. As a result of the poor funding of the CHG 2013 humanitarian response plan" the provision of US\$ 3 million from CERF was timely, as seeds money to enable agencies to commence critical operations rapidly.

The CERF funds contributed towards achieving the following results:

Health sector:

- Purchase of essential drugs (drawn from the Essential drug list of the country), midwifery kits, basic obstetric surgical sets and equipment, procured and delivered to the responsible government authorities;
- Logistic support for distribution of drugs and health commodities provided;
- CERF funding also provided with measles vaccine to 3533 children during integrated immunization outreaches in the hard-to-reach and remote communities. Lab reagents were procured to assist the Ministry of Health to confirm suspect communicable diseases of public health importance.
- Six senior staff from the Ministry of Health (MoH) were temporarily deployed to support the County Health Teams in three refugee hosting counties in planning, management and implementation of the essential health services including integrated immunization outreaches to affected communities.

Food Security and Nutrition sector:

- Fortified food commodities provided to children under five and pregnant and lactating women helped to reduce and stabilize malnutrition rates in affected populations. Supplementary feeding recovery rate was reported to have increased by 14.4 per cent above project target of >75 per cent. Similarly, defaulter and death rates were recorded to be 9.2 per cent and 0.3 per cent respectively or below the project targets of <15 per cent and <3 per cent respectively. 95 per cent of the 6,669 severely malnourished children admitted in treatment sites in 2013 were cured.
- Biannual vitamin A and deworming coverage was high at 94per cent among U5 children who received vitamin A, and 99 per cent among children 12 – 59 months who were dewormed in refugee-affected counties.

Agricultural sector:

- CERF funding enabled significant increase in production as a result of quality/high yielding rice variety provided by FAO. According to results from the yield measurement conducted by FAO and Ministry of Agriculture (MoA) in Nimba County, the increase in yield per ha range from 2.8 to 4 metric ton. The total farmland cultivated is 1,600 ha including 1,000 ha for rice producers and 600 ha for vegetable producers. According to beneficiaries interviewed during the posting monitoring mission conducted by FAO, MOA and the implementing partners, the number of meal per day increased from one meal per day to two or three per day.
- Thanks to CERF funds, WFP was able to improve seasonal food insecurity of 15,000 project beneficiaries through the distribution of 533 metric tons of assorted food commodities. The project succeeded in further improving the food security of beneficiaries by supporting the cultivation of 995 hectares of upland and lowland rice and additional 45 hectares cultivated for production of vegetables, tubers and plantains thereby increasing diet diversification among beneficiaries.

Education sector:

- CERF funding improved both the accessibility and the quality of learning environments and instruction for Ivorian and Liberian children living in host communities. Locally-procured furniture was provided in each school, and community support was mobilized to assist in monitoring the progress of renovations to these learning environments, enhancing local buy-in and accountability for education services. In Maryland and Grand Gedeh Counties, the Ministry of Education's division of Early Childhood Education led capacity-building efforts to equip more than 150 caregivers with the skills to provide quality, conflict-sensitive Early Childhood Development (ECD) services to pre-primary age children. These efforts were coordinated in collaboration with INGO's operating in host communities, who received supplies and logistical support to maintain quality learning and recreational opportunities for nearly 3,000 pre-primary and 9,000 primary age children. NGO support helped bridge gaps in the Ministry's capacity to provide quality education coverage in host communities, particularly at the pre-primary level and for over-age primary level learners.

WASH sector:

- A total of 17 boreholes were drilled and fitted with hand pumps in 7 schools, 6 health centres and 4 communities; and in addition, 29 existing wells were rehabilitated (or upgraded) and 4 new hand-dug wells were constructed in communities, schools and health centres. The boreholes and dug wells altogether have resulted in an about 13,150 people (Ivorian refugees and host community members) to get access to improved water sources. In order to strengthen the operation and maintenance of WASH facilities, 3 hand pump spare parts depots were established and provided with seed stock and training, 72 hand pump mechanics got trained and provided with tool kits and WASH Committees and Caretakers were organised and trained in 36 communities (with 'Cash Box' systems)
- A total of 60 latrine cubicles were rehabilitated and 43 were newly constructed in schools and health centres with clear gender separation following the alternating pit latrine design of the Government of Liberia (GOL) guideline 2010, altogether benefitting around 5,150 school children and patients. A total of 48 hand washing facilities with soak-away pits close to latrine and kitchen were provided in schools and health facilities to improve hygiene behaviour. As a move to improve sustainability of the WASH facilities in schools, 22 school health clubs were established and provided with training.

CERF's ADDED VALUE

The grant was very instrumental in contributing to the availability of essential drugs in the National Drug Service, and ensured that the health needs of the vulnerable people in the emergency-affected counties were met.

CERF funding modalities enabled UNICEF and partners to respond quickly to residual humanitarian needs in the host communities since most donors were not willing to fund these interventions in favour of interventions in camp settings. UNICEF and partners were thus able to complement the work done by UNHCR in camps through integrated immunization outreach to remote communities in hard-to-reach areas in the refugee-affected counties. This benefited both children and pregnant women.

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

YES PARTIALLY NO

The supply management system of the MoH was used to deliver procured drugs and commodities to beneficiary counties. The CERF conditions allowed for the use of NGO partners to implement the project activities. This made it possible to prepare quick Project Cooperation Agreements (PCAs) and commence implementation immediately and hence realise fast delivery of WASH assistance. Concerning Education sector, there was some slight delay in the signing of NGO agreements but once these had been signed the interventions were implemented as per agreed schedule.

The CERF funding to the Ivorian refugee operation in 2013 contributed to delivering fast and timely assistance to the beneficiaries. This much-needed assistance to the vulnerable refugees was received at the beginning of the transition between two assistance projects. Therefore the CERF funds were the only resources available to support the planned activities until new funds were contributed by other donors, thereby averting any break in assistance during the implementing period.

Timely mobilization of the necessary medical supplies, deployment of staff, improving surveillance and prompt implementation of integrated immunization outreach services in remote communities minimized delays of accessing services by beneficiaries.

b) Did CERF funds help respond to time critical needs¹⁵?

YES PARTIALLY NO

¹⁵ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The essential drugs supported with the funds were identified in consultation with the government authorities to address the most critical gaps in the country and contribute to the avoidance of stock-outs at the health facility levels.

The CERF funds have helped to a certain extent to provide the necessary time limited actions to minimize additional losses of life such as the provision of deep wells that will now assure perennial water supply even during dry seasons to some areas. However, the demands for such interventions are quite high while the financial resources are limited.

CERF funds complemented resource mobilization from other sources in support of the refugee assistance programme. Some donors were keen to know if their funds were contributing towards a joint effort or initiatives. Although no commitments were made in terms of direct contribution, it was observed that most donors prefer contributing to joint collaboration rather than a single donor funded operation.

The funds were used to address the critical health needs identified in consultation with the MoH and relevant stakeholders. These include provision of essential drugs, lab reagents and rabies vaccines, inadequate access to services in the remote communities and weak capacity of the county health teams in the refugee-affected counties.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Continued mobilization of other donors was pursued and contributed to meeting the shortfall in the other components of health service delivery in the marginalized/hard to reach communities of these 3 affected counties. In the Education sector, UNICEF managed to get US\$ 500,000 complementary funding from the Japanese government for interventions in the same counties.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Through regular Humanitarian Country Team (HCT) and Humanitarian Action Committee (HAC) – meetings in Monrovia, humanitarian agencies were able to meet and discuss on work progress in the emergency affected areas. The presence of NGO/implementing partners in the South East counties has also assisted in strengthening the capacity of county authorities to coordinate and monitor WASH activities in their respective areas, including convening regular coordination meetings at county level.

CERF funds provided an opportunity for better coordination and collaboration among participating UN agencies and NGO partners. During the entire implementation period, coordination was strong both at field and national level. There were regular coordination meetings at sector and at the project level through the Humanitarian Country Team platform. These coordination meetings identified and addressed critical project implementation issues and helped in ensuring that project activities were implemented in line with approved funding proposal.

Regular meetings by the various actors including the Ministry of Health and Social Welfare, UN Agencies and NGOs provided platforms for better collaboration and coordination in programme implementation and enhanced delivery of results in the project areas. Local coordination forums led by the County Health Teams in the refugee hosting counties was also organised to improve service delivery and fill critical gaps.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

Liberia is a pilot delivering as one country. The coordination and collaboration, which took place during the implementation of the CERF funds, provided an opportunity for participating agencies to understand and appreciate some of the values of delivering as one. Joint programme planning, joint monitoring, the role of sector leads and the overall leadership of the Humanitarian Coordinator added value to the way the humanitarian community responded to the refugee situation in Liberia.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Allocation of CERF approved funding at country level can be a challenge especially in the face of scarce donor resources	Approval of allocation for subsequent funding should take into consideration consolidation of recently funded activities if the intervention must be sustained and show impact on the lives of beneficiaries.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It is easier to integrate Ivorian children who are accessing ECD services and grade 1 to 3 in host communities but it is more difficult to do that at grade 4 to 6 level due to the difference in medium of instruction	Continue to mobilise resources in order to prevent drop out by refugee children.	UNICEF and sector partners
Female participation in livelihood activities particularly those involving agricultural production is key to successful project implementation	Deliberate efforts and keen attention should be put into ensuring female selection and participation in future community-based projects	Implementing agencies and NGO partners
Undertaking land preparation activities during the peak of the rainy season sometimes disrupts participants' activities and can influence project output.	Future activities planning should carefully review and take into consideration seasonality and issues of climate change (change in rainfall pattern, etc.)	Implementing agencies and NGO partners
Timely provision of essential drugs, lab reagents and rabies vaccines was essential to fill critical gaps and improve access to health services.	Filling critical gaps require real-time response to avoid or mitigate unnecessary illnesses and deaths	Humanitarian agencies
Access to health services in remote communities and improving capacity of the County Health Teams in the delivery of health services increases coverage of quality health services and improves local capacity for sustainability of service delivery.	Delivery of health services should be supplemented with local capacity building to ensure local ownership, sustainability and coverage of quality services.	Humanitarian agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	1 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improved Food and Nutrition security for Ivorian Refugees and Host Families in Liberia		
7. Funding	a. Total project budget:	US\$ 2,365,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 496,726	▪ NGO partners: Samaritan's Purse US\$ 108,652
	c. Amount received from CERF:	US\$ 496,726	▪ Government Partners: MOHSW US\$ 170,475
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	109,032	120,914	The numbers indicated are beneficiaries reached by UNICEF alone through vitamin A supplementation, deworming and nutrition. The Ministry of Health and Social Welfare (MoHSW) and partners agreed to use the highest achieved population for 2013 for the integrated Expanded Programme of Immunization, (EPI) vitamin A and deworming campaigns. This resulted in an increase in the number of related beneficiaries. In addition, all activities were done through house-to-house visits, which also resulted in an increase in contacts and beneficiaries reached.
b. Male	82,773	100,206	
c. Total individuals (female + male):	191,805	221,120	
d. Of total, children <u>under</u> age 5	150,454	182,193	
9. Original project objective from approved CERF proposal			
<p>FAO, WFP and UNICEF will work together to achieve the common objective (Overall objective) to improve the food and nutrition security of 4,000 households (including 14,000 affected Liberian hosts and 6,000 refugees) affected by the Ivorian crisis in Nimba, Grand Gedeh and Maryland counties. FAO, WFP and UNICEF will use an integrated approach to enhance food security for vulnerable households (refugees and host communities), through increased availability and improved utilization of food in refugee areas in Liberia. UNICEF's specific objectives were:</p> <ul style="list-style-type: none"> • Preventing immediate nutrition deprivation, and reducing child morbidity and mortality in over 60 host communities, including by: <ul style="list-style-type: none"> ○ Supporting County Health Teams (CHT) and partners to deliver life-saving and critical nutrition interventions; and ○ Monitoring the nutritional situation of the affected population. 			
10. Original expected outcomes from approved CERF proposal			
Outcome	Indicator	Target	Means of Verification
Acute malnutrition among children five years of age in affected populations is reduced or stabilized to below 5 per cent.	- Supplementary feeding recovery rate – target: >75 per cent - Supplementary feeding defaulter rate – target: <15 per cent - Supplementary feeding death rate – target: <3 per cent - Non-response rate. Target: <5 per cent		Monthly programme reports.

	Over 85 per cent (5,754) of 6,769 children suffering from severe acute malnutrition reached with cure rate of 80 per cent.	County Health Team (CHT) monthly IMAM report and Nutrition survey.
Children 6 – 59 months receive vitamin A supplement and children 12-59 months de-wormed twice a year.	Over 90 per cent (128,486) of 142,762 children under 6 – 59 months are supplemented with vitamin A and over 80 per cent (97,929) of 122,411 children 12-59 months are de-wormed.	Vitamin A Supplementation and De-worming campaign reports and Demographic Health Survey (DHS).
Iron status of pregnant women improved through iron-folate supplementation.	Over 60 per cent (34,551) of 57,585 pregnant women (including adolescents) receive iron supplementation.	County monthly Health management Information System (HMIS) report and Nutrition survey
Iron status of children improved through micronutrient powders (MNP) Supplementation and case management	Over 30 per cent (19,409) of 64,695 children aged 6-23 months receive 2 rounds of MNP supplementation.	Process monitoring, CHT and nutrition survey reports
Exclusive breastfeeding rate increased by 15 per cent and timely introduction of complementary foods increased by 20 per cent.	Over 30 per cent (19,409) of 64,695 caregivers of 0-23 months receive Infant and Young Child Feeding (IYCF) counselling and support.	Process monitoring and nutrition survey reports.

11. Actual outcomes achieved with CERF funds

Planned Outcomes	Actual Outcomes	Outcome achievements
Acute malnutrition among children under five years of age in affected populations is reduced or stabilized to below 5 per cent.	Acute malnutrition among children under five years of age is at 2.9 per cent nationwide and ranges from 0.96 per cent to 2.18 per cent in refugee affected counties* <small>*Source: 2012 Comprehensive Food Security and Nutrition Survey Key Findings released in June 2013</small>	98.5 per cent (6,669) of targeted 6,769 children suffering from severe acute malnutrition reached with cure rate of 95 per cent.
Children 6 – 59 months receive vitamin A supplement and children 12-59 months de-wormed twice a year.	Children 6 – 59 months received vitamin A and children 12 – 59 months dewormed twice in 2013 (April and October).	94 per cent (171,545) of 182,193* children under 6 – 59 months are supplemented with vitamin A. <small>*Highest achieved population covered in previous campaign was used as the target population</small>
		99 per cent (162,277) of 162,369* 12-59 months old children dewormed <small>*Highest achieved population covered in previous campaign was used as the target population</small>
Iron status of pregnant women improved through iron	A little over 67 per cent of pregnant women had improved iron status	67.6 per cent (38,927) of 57,585 pregnant women (including adolescents) received

supplementation	through iron supplementation	iron supplementation.
Iron status of children improved through MNP supplementation and case management.	Iron status of 8 per cent of children 6 – 23 months improved through MNP supplementation and case management.	8 per cent (5,657) of 64,695 children aged 6-23 months received 1 round of MNP supplementation.
Exclusive breastfeeding rate increased by 15 per cent and timely introduction of complementary foods increased by 20 per cent.	Exclusive feeding rate increased by 13.6 per cent* Timely introduction of complementary foods was not reported in the recent survey <small>*Source: 2012 Comprehensive Food Security and Nutrition Survey Key Findings released in June 2013</small>	30.8 per cent (19,940) of 64,695 caregivers of children 0-23 months receive IYCF counselling and support

Stunting among under five (U5) children reduced from 41.8 per cent in 2010 (Comprehensive Food Security and Nutrition Survey/CFSNS, 2010) to 35.57 per cent in 2012 (CFSNS, released in June 2013).

The decrease may be attributed to the scale up of key nutrition interventions especially in refugee-affected counties. Although, there was delay in Essential Nutrition Actions (ENA) roll out due to competing program priorities in refugee-affected counties, a total of 256 health workers and 279 community volunteers were trained. As a result, 7 per cent (38 out of 543) health facilities provided ENA services in 2013. Increased access to ENA services in facilities improved delivery of nutrition services may have contributed to the decrease in stunting.

Complementing facility-based ENA interventions, an estimated 38,000 radio listeners were reached through daily broadcast of three key messages in 4 community stations and 2 national radio stations nationwide. Radio jingles were produced in 5 local vernaculars (Gio, Grebo, Krahn, Kru, and Mano) and 2 languages (English and French). Messages were designed to address common issues and concerns revealed during focus group discussions with mothers and caregivers on infant and young child feeding practices. IYCF counselling, support and awareness campaigns were also strengthened. Interpersonal engagements were done reaching 30.8 per cent (19,940) caregivers.

Bi-annual vitamin A and deworming coverage was high at 94 per cent among U5 children who received vitamin A, and 99 per cent among children 12 – 59 months who were dewormed in refugee-affected counties.

95 per cent of the 6,669 severely malnourished children admitted in treatment sites in 2013 were cured. Defaulter rate was at 3 per cent while death rate was at 2 per cent, which is within the acceptable limits of the SPHERE standards. A total of 9,773 cartons of RUTF, 121 cartons of F75, 86 cartons of F100, and 10 cartons of Resomal were distributed. No stock-outs were reported in 2013 at the county level but there were reported delays in some counties regarding distribution from county warehouses to treatment sites. Delays were due to inadequate logistical support at the county level and poor road conditions during rainy season.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Strengthening the program on addressing micronutrient deficiency among young children and women was delayed due to lack of key information on cultural practices. (Knowledge, Attitude and Practice) KAP was developed to bridge the gap, and ensure full implementation in 2014. Therefore, only 8 per cent (5,657) children aged 6-23 months received 1 round of Micro-nutrient powders (MNP) supplementation as compared to the targeted 30 per cent under two children. Delay in the full implementation of MNP was due to delay in the conduct of KAP baseline assessment among target population. The delay was also due to delay in the roll out of iCCM in target communities as malaria control and prevention interventions were requirement prior to MNP distribution in malaria endemic areas as per WHO international recommendations and guidelines.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2A
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

The project was not evaluated because the approved budget and proposal did not indicate evaluation activities.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	12 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Responding to health needs of host communities and Ivorian refugees living outside the camps		
7. Funding	a. Total project budget:	US \$2,621,500	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US \$259,638	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$259,638	▪ <i>Government Partners:</i> US\$ 7,975
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	84,024	84,024	WHO and UNICEF implemented joint project interventions, targeting the same beneficiary population with different support.
b. Male	84,381	84,381	
c. Total individuals (female + male):	168,405	168,405	
d. Of total, children <u>under</u> age 5	29,795	29,795	
9. Original project objective from approved CERF proposal			
The main objective of this proposal is to increase and sustain access to essential health services and respond to communicable disease outbreaks in Grand Gedeh, River Gee and Maryland Counties.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Improved access to essential curative services and reduced mortality and morbidity among refugees and host communities. Improved health services delivery, including comprehensive child and maternal health services amongst the refugees and hosting communities in all primary health facilities with strengthened referral system. Disease surveillance system for early detection and monitoring of disease outbreaks, particularly in refugee and hosting communities and camps is in place and functional. Enhanced capacity of the health providers to provide comprehensive health services as per the Essential Public Health Services (EPHS). Timely and effective response to epidemic and disease outbreaks. 			
Performance Indicators:			
Performance Indicator(s)		Performance Target(s)	
Number of consultations done for refugees and host communities in River Gee, Maryland and Grand Gedeh.		At least 1 consultation per person per year	
Percentage of health facilities reporting no stock outs of essential drugs,		85 per cent	

including emergency drugs	
Percentage of health units providing basic and Maternal and Child Health Services as per EPHS services.	100 per cent
Percentage of deliveries assisted by skilled birth attendants	80 per cent
Percentage of children under 1 fully immunised with Pentavalent 3 vaccine in River Gee, Maryland and Grand Gedeh.	80 per cent
Percentage of children under 1 immunised with measles vaccine in River Gee, Maryland and Grand Gedeh	80 per cent
% of health facilities / sites with appropriate and standard disease surveillance tools and treatment protocols	100 per cent
Number/proportion of staff trained and providing PAC and PEP services in targeted health facilities.	80 per cent
Number of disease outbreaks timely investigated and contained	100 per cent
11. Actual outcomes achieved with CERF funds	
<p>UNICEF funds were used to procure essential drugs for the health system as explained in the narrative report. These included various types of antibiotics, antimalarials, basic kits and equipment for midwifery, surgery, resuscitation, ORS and Zinc tablets and delivery beds.</p> <p>Availability of drugs and supplies contributed to improved services in maternal, newborn and child health, including:</p> <ul style="list-style-type: none"> • Increased national coverage in IPT2 (from 29 per cent in 2012 to 48 per cent in 2013, with a range of 41 per cent – 49 per cent in the 3 target counties); ANC x 4 (from 61 per cent to 65 per cent, with a range of 48 per cent – 72 per cent in the 3 target counties), skilled birth attendance (from 44 per cent in 2012 to 52 per cent in 2013, with a range of 39 per cent – 49 per cent in the 3 target counties). • The national C-section rates increased from 3.1 per cent (in 2012) to 6.1 per cent (in 2013). • A total of 3,983,368 curative consultations were made, amounting to an average of about 1.04 per person at national level. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project was not evaluated because the approved budget and proposal did not indicate evaluation activities.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[6 March 2013 – 31 Dec 2013]
2. CERF project code:	13-CEF-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Coordination of Humanitarian Assistance and Improving Water, Sanitation and Hygiene Services for Ivorian Refugees and Host Families in Liberia		
7. Funding	a. Total project budget:	US\$ 4,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 394,973	▪ NGO partners and Red Cross/Crescent: US\$ 299,831
	c. Amount received from CERF:	US\$ 394,973	▪ Government Partners: US\$ 4,300
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	12,357	11,955	N/A
b. Male	12,643	12,245	
c. Total individuals (female + male):	25,000	25,000	
d. Of total, children <u>under</u> age 5	4,425	4,283	
9. Original project objective from approved CERF proposal			
<p>Objectives:</p> <ul style="list-style-type: none"> Contribute to reduction of water and sanitation-related disease outbreak risks and strengthened WASH recovery and resilience. Improve access to sustainable water sources in communities, health, facilities and schools through construction and rehabilitation of water supply facilities and strengthening of hand pump sustainability arrangements. Improve access to sanitation in schools and health facilities through construction and rehabilitation of gender separated latrines Strengthen public awareness of Community-led Total Sanitation (CLTS) through communication campaign. Strengthen hygiene awareness among communities through hygiene promotion in schools, health facilities and community areas. <p>The CERF funding will be used to improve access to water, sanitation and hygiene services for about 25,000 people (including Ivorian refugees and host families). Under the project, new user-friendly and gender sensitive water supply, sanitation and hand washing facilities will be constructed and the existing non-functioning WASH facilities will be rehabilitated. Appropriate operation and maintenance mechanisms will be strengthened and/or established – such as school health clubs, WASH committees and Parent-Teacher Associations (PTA). The aim is to ensure that WASH services are readily available and sustainable.</p> <p>Subsidiwa on latrine construction in rural communities will be discouraged and, instead, a CLTS approach will be promoted to speed up sanitation coverage and realisation of Open Defecation Free status. In addition, the government will be supported to collect data on diarrhoea and related diseases and to coordinate emergency planning and response activities in the border counties.</p>			

The project will prevent most of the potential risks in refugee affected communities caused by non-functioning water points, open defecation and low level of hygiene awareness among community members. It will, therefore, reduce the risk of spreading of diarrheal diseases among the population, increase dignity and full participation and achievement among school children (especially girls) and reduce the risk of transmission of health care associated nosocomial (hospital acquired) infections.

10. Original expected outcomes from approved CERF proposal

Outcome	Indicator	Target	Means of Verification
OUTCOME 1 Access to safe and sustainable water sources in urban slum and rural communities, schools and health facilities improved.	N° of individuals (Ivorian refugees and host family members), school children and patients benefitting from improved water supply.	11,250 Ivorian refugees and host family members.	Evaluation/assessment reports, progress reports, impact stories from beneficiaries.
OUTCOME 2 Access to sanitation in schools, health centers and urban slum communities in Harper, Maryland County, improved	N° of individuals (Ivorian refugees and host family members), school children; and patients benefitting from improved sanitation services.	4,500 school children and patients.	Evaluation/assessment reports, progress reports.
OUTCOME 3 Hygiene awareness in communities, schools and health facilities strengthened.	N° of individuals (Ivorian refugees and host family members), school children and patients practicing proper hygiene behavior.	25,000 Ivorian refugees and host family members; patients and school children.	Evaluation/assessment reports, progress reports, impact stories from beneficiaries.
OUTCOME 4 Public awareness on CLTS and hygiene promotion in rural communities strengthened.	N° of families (Ivorian refugees and host families) with Open Defecation Free status	15,000 rural community members.	Evaluation/assessment reports, progress reports, impact stories from beneficiaries.
OUTCOME 5 Government WASH coordination, information management and emergency response capacity strengthened	Availability of emergency preparedness and response plans and WASH data.	Government Implementing Partners	Minutes of coordination meetings; emergency reports.

11. Actual outcomes achieved with CERF funds

1. A total of 17 boreholes were drilled and fitted with hand pumps in 7 schools, 6 health centres and 4 communities; and in addition, 29 existing wells were rehabilitated (or upgraded) and 4 new hand-dug wells were constructed in communities, schools and health centres. The boreholes and dug wells altogether have resulted in an about 13,150 people (Ivorian refugees and host community members) getting access to improved water sources. In order to strengthen the operation and maintenance of WASH facilities, 3 hand pump spare parts depots were established and provided with seed stock and training, 72 hand pump mechanics got trained and provided with tool kits and WASH Committees and Caretakers were organised and trained in 36 communities (with "Cash Box" systems)
2. A total of 60 latrine cubicles were rehabilitated and 43 were newly constructed in schools and health centres with clear gender separation following the alternating pit latrine design of the GoL guidelines 2010, altogether benefitting around

5,150 school children and patients. A total of 48 hand washing facilities with soak-away pits close to latrine and kitchen were provided in schools and health facilities to improve hygiene behaviour. As a move to improve sustainability of the WASH facilities in schools, 22 school health clubs were established and provided with training.

3. Hygiene awareness campaigns have been conducted through home-to-home visits, posters, video shows and local radio messages (drama and jingles) reaching over 25,000 people.
4. CLTS awareness and hygiene promotion campaigns were carried out in communities through trainings and meetings and through the use of community radio stations reaching about 25,000 people. A total of 76 communities (equivalent to 19,000 community members) were verified as open defecation free.
5. Partner NGOs assisted the county governments to facilitate regular County WASH coordination meetings. They also collected WASH information and submitted to the National Water Sanitation and Hygiene Promotion Committee Secretariat database.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0):

- In establishing school health clubs, the school has to ensure that, whenever possible, there should be an equal mixture of schoolgirls and boys as members of the school health club. The same principle applies to establishing WASH committees and caretakers of community WASH facilities.
- Under the WASH project, all latrines provided to schools and health centres; there should be a segregation of cubicles for boys and girls (or males and females).

14. M&E: Has this project been evaluated?

YES NO

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL

If 'NO', please explain why the project has not been evaluated

The project was not evaluated because the approved budget and proposal did not indicate evaluation activities.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	14 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Promoting quality education in safe learning environment for Ivorian refugee children and Liberian children living in host communities in eastern Liberia		
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 825,667	▪ NGO partners and Red Cross/Crescent: US\$ 91,301
	c. Amount received from CERF:	US\$ 325,667	▪ Government Partners: US\$ 206,520
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,525	6,100	Though the target number of children availing Early Child Development (ECD) services increased following several successful social mobilization campaigns, the overall number of children in primary schools* (about 9,000) was less than planned as most Ivorian children returned to their home country once they started to struggle with the English language – which is the medium of instruction in Liberia while it is French in Cote d'Ivoire. *Note that the children in primary schools figure reflects the total individuals reached – 11,978, per the table to the left – minus children under five – 2,978, per the table to the left.
b. Male	6,975	5,878	
c. Total individuals (female + male):	15,500	11,978	
d. Of total, children <u>under</u> age 5	2,550	2,978	
9. Original project objective from approved CERF proposal			
The overall objective of the project is to restore and provide safe educational and recreational activities for Ivorian refugee and Liberian host community girls and boys at pre-primary, primary and secondary school age (3-18 years) in Nimba, Grand Gedeh and Maryland counties.			
10. Original expected outcomes from approved CERF proposal			

15,000 school-aged children, including 8,250 girls at pre-primary, primary and secondary school age, in areas affected by the influx of Ivorian refugees (Nimba, Grand Gedeh and Maryland Counties in Eastern Liberia) have access to a safe, protective, gender-sensitive and quality learning environment that enables them to cope with the emergency.

Outcome	Target Indicator	Means of Verification
Access to Education: Ivorian refugee children have access to quality education in refugee camps and host communities	#/% of Ivorian refugee children enrolled in schools in camps and host communities	Attendance records
TLCs, teaching and learning Materials: Ivorian refugee and host community children are benefitting from adequate education facilities and teaching and learning materials	# of temporary learning spaces installed (pre-, primary, secondary) # of children affected by the emergency benefitting from teaching and learning materials # and kind of teaching and learning materials and furniture distributed	Progress reports (NGO partners, MoE)
Emergency repair and sanitation facilities: Ivorian refugee and host community children benefit from adequate education and sanitation facilities.	# of schools benefitting from adequate sanitation facilities # of schools received emergency repair	Progress reports (NGO partners, MoE)
Teacher Training: Ivorian refugee and Liberian host community teachers acquired adequate capacity on teaching in emergency settings	# of teachers (women, men) trained pedagogy of large groups and emergency education	Workshop/training reports; pre- and post-test on skills and knowledge
Integrated package: Security, physical, cognitive and psychological well-being of refugee and affected host community children is enhanced through cross-sectoral, integrated activities	# of teachers (women, men) trained on psychosocial support # of Parent Teacher Associations trained on school health and minor repair	Workshop/training reports

11. Actual outcomes achieved with CERF funds

- **Access to Education:** Ivorian refugee children have access to quality education in refugee camps and host communities: Continued access to quality ECD services for 1,300 Ivorian children and primary education services for 3,500 Ivorian children (4,800 total Ivorian refugee children enrolled)
- **TLCs, teaching and learning Materials:** Ivorian refugee and host community children are benefitting from adequate education facilities and teaching and learning materials:
- 11,978 emergency-affected children benefitting from teaching and learning materials
- **Emergency repair and sanitation facilities:** Ivorian refugee and host community children benefit from adequate education and sanitation facilities.
 - 3 schools receiving repairs/renovations, including establishment of gender-sensitive sanitation facilities and provision of age-appropriate furniture.
- **Teacher Training:** Ivorian refugee and Liberian host community teachers acquired adequate capacity on teaching in emergency settings:
 - 42 teachers trained on new pedagogical approaches for ECD and ALP/ABE (Gender disaggregation N/A)
- **Integrated package:** Security, physical, cognitive and psychological well-being of refugee and affected host community children is enhanced through cross-sectoral, integrated activities:
 - 30 teachers/caregivers trained on psycho-social support techniques
 - 2,952 children participating in recreational activities
 - Facilitation of English-language tutorials for French-speaking Ivorian children in host communities

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

In the primary education sector (children ages five and above) only 9,000 children were reached as some parents took their children back to their home country or to the camps when they realised that they were struggling to understand lessons in English, which is the medium of instruction in Liberia.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1 If 'NO' (or if GM score is 1 or 0): Construction/rehabilitation of child-friendly learning environments includes separate latrines for boys and girls; ECD Caregivers trained include at least 70 per cent female instructors.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Activities in host communities scheduled to be evaluated as part of complementary Peacebuilding, Education and Advocacy programme, which continues through 2015.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	12 Mar. 2013 - 31 Dec. 2013
2. CERF project code:	13-FAO-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improved Food and Nutrition security for Ivorian Refugees and Host Families in Liberia		
7. Funding	a. Total project budget:	US\$ 12,040,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 787,574	▪ NGO partners and Red Cross/Crescent: US\$ 105,901
	c. Amount received from CERF:	US\$ 787,574	▪ Government Partners: US\$ 6,010
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,515	2,515	There was a marginal increase in the number of beneficiaries reached as compared to planned beneficiaries. This was due to impromptu movement/return of refugees to their homes in Cote d'Ivoire or the relocation of refugees from the host communities to the camps. Few of the refugees who received hand tools for farm preparation before the distribution of rice seeds moved back home or were relocated to the camps. As a result, new beneficiaries were targeted by the implementing partners during the distribution of the rice seeds and fertilizers.
b. Male	1,485	1,525	
c. Total individuals (female + male):	4,000	4,040	
d. Of total, children <u>under</u> age 5	1,634	1,634	
9. Original project objective from approved CERF proposal			
<p>FAO, WFP and UNICEF will work together to achieve the common objective (Overall objective) to improve the food and nutrition security of 4,000 households (14,000 affected Liberian hosts and 6,000 refugees) affected by the Ivorian crisis in Nimba, Grand Gedeh and Maryland counties. FAO, WFP and UNICEF will use an integrated approach to enhance food security for vulnerable households (refugees and host communities), through increased availability and improved utilization of food in refugee areas in Liberia.</p> <p>FAO's specific objective was to:</p> <ul style="list-style-type: none"> • Increase production of nutritious food by vulnerable household in refugee-affected areas through the provision of agricultural inputs, including tools, seeds and pest management kits, agricultural training and extension services; 			
10. Original expected outcomes from approved CERF proposal			
Outcome	indicator	Target	Means of Verification
	N° of beneficiaries receiving inputs for rice production and number of beneficiaries receiving	1,500 vegetable and tuber farmers and 2,500 rice producers (Upland and Lowland) receiving	Post distribution monitoring report, measured against baseline reports (identification), together

Increase on food production and nutrition by household, in affected areas.	inputs for vegetable/tuber production ¹⁶	inputs ¹⁷	with performance monitoring and field reports.
	n° of hectares planted by beneficiaries for food production.	600 ha of vegetables & tuber, and 1,000 ha of rice (upland and lowland).	Crop cutting/yield measurement report. Project monitoring reports, or other field and monitoring reports from implementing partners, evaluations and farmers surveys to be completed upon the end of the training program.
	n° of beneficiaries with a reported improvement in yield and food security (intake of at least two meals daily)	80% of targeted beneficiaries reporting an improvement in food security (intake of at least two meals daily)	Project monitoring reports, field and monitoring reports from implementing partners, evaluations and farmers surveys
The food security and nutrition situation of the refugee affected communities is known and results of monitoring mission are shared with all stakeholders;	Number of monitoring visited conducted and special M&E report	quarterly M&E reports	Project monitoring reports, field and monitoring reports from implementing partners,

11. Actual outcomes achieved with CERF funds

Planned outcome	Actual outcomes	Outcome achievements
Increase on food production and nutrition by household, in affected areas.	The project beneficiaries experienced significant increase in production as a result of quality/high yielding rice variety provided by FAO. According to results from the yield measurement conducted by FAO and MOA in Nimba county, the increase in yield per ha range from 2.8 to 4 metric ton. According to beneficiaries interviewed during the posting monitoring mission conducted by FAO, MOA and the implementing partners, the number of meal per day increased from one meal per day to two or three per day.	Crop production inputs were provided to 2,500 rice farmers and 1,500 vegetable producers in Nimba, Grand Gedeh and Maryland. 1,000 ha of farm land was cultivated by rice producers and 600 ha of farm land were cultivated by vegetable producers.
The food security and nutrition situation of the refugee affected communities is	Results from assessments of the food security and nutrition situation in the	Two project (pre and post distribution)

¹⁶ 70% of those beneficiaries will be female

¹⁷ 100% of the target population will receive input in time for the relevant farming season

known and results of monitoring mission are shared with all stakeholders;	border region of Cote d'Ivoire and Liberia informed the development of the cross border project which is value at 6 million.	monitoring conducted. Joint field monitoring visit conducted by FAO, MOA and implementing partners.
Increased access to food for 4,000 vulnerable households in refugees hosting communities adversely affected by the refugee influx to alleviate their food insecurity before the start of lean season.	The food security situation in the refugee host communities improved according to farm families interviewed. Farmer reserved seeds for planting and the stock of food reduced the lean season.	4,000 vulnerable households include refugees and host families benefited from crop production inputs and training in post-harvest losses and pest management.

FAO implemented the agriculture component of the CERF funding, which enabled FAO to maximize results of the project, given that agriculture is seasonal. The component was implemented in two complementary phases: Phase I concentrated on rice production, which covered March to November 2013, while phase II concentration was on vegetable production which covered September – December 2013. The initiative supported a total of 4,000 vulnerable farm families with 2,500 farm families in rice production (500 in Nimba county, 1,000 in Grand Gedeh County and 1,000 in Maryland County) and 1,500 farm families in vegetable production (500 in Nimba, 500 in Grand Gedeh and 500 in Maryland county).

During these phases, the project beneficiaries experienced significant increase in production as a result of quality/high yielding rice and vegetable varieties as well as requisite beneficiaries training in improved production methods provided by FAO. According to results of yield measurement conducted by FAO and MOA, the increase in yield per ha range from 2.8 to 4 metric ton. According to beneficiaries interviewed during the posting monitoring mission conducted by FAO, MOA and the implementing partners, the number of family meals per day increased from one meal per day to two, and for some families, three meals per day. The project also provided opportunities for the development and implementation of new humanitarian projects such as the cross border project. The food security and nutrition situation assessment results from the border region of Cote d'Ivoire and Liberia informed the informed the development of the cross border project which is value at US\$ 6 million.

Several field-monitoring visits were conducted during implementation of the project, and during those visits, farm families interviewed informed the team that the food security situation in their communities improved significantly. This is evident by the increase in number of family meals per day, farmers were able to reserved seeds for planting and t reduction in the lean season.. A total of 1,600 ha of farmland, including 1,000 ha for rice and 600 ha for vegetable were cultivated.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was no major increase in actual outcome but there was a marginal increase in the number of beneficiaries reached as compared to planned beneficiaries. This was due to impromptu movement/return of refugees to their homes in Cote d'Ivoire or the relocation of refugees from the host communities to the camps. Few of the refugees who received hand tools for farm preparation before the distribution of rice seeds moved back home or were relocated to the camps. As a result, new beneficiaries were targeted by the implementing partners during the distribution of the rice seeds and fertilizers.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2A

If 'NO' (or if GM score is 1 or 0): The project targeted women groups such as the Rural Women Structures, which consist of 90 per cent to 100 per cent females. Consultations were also held with beneficiaries including to review and adapt new implementation strategies. The project staffs were also trained on how to integrate gender at the different levels of project management.

14. M&E: Has this project been evaluated?

YES NO

The project has not been evaluated but two pre and post distribution monitoring were conducted which informed the production of this report.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	14 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-WFP-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improved Food and Nutrition security For Ivorian Refugees and Host Families in Liberia		
7. Funding	a. Total project budget:	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,654,645	▪ NGO partners and Red Cross/Crescent: US\$ 26,100
	c. Amount received from CERF:	US\$ 600,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	14,765	16,314	There were 10 per cent more female beneficiaries reached than planned. This can be attributed to the traditional farming practice in the project location where women are more involved in farming activities while their male partners prefer other livelihood and income earning opportunities such as mining, hunting, fishing and other forms of casual labour services.
b. Male	7,235	5,686	
c. Total individuals (female + male):	22,000	22,000	
d. Of total, children <u>under</u> age 5	4,000	3,300	
9. Original project objective from approved CERF proposal			
<p>FAO, WFP and UNICEF will work together to achieve the common objective (Overall objective) to improve the food and nutrition security of 4,000 households (14,000 affected Liberian hosts and 6,000 refugees) affected by the Ivorian crisis in Nimba, Grand Gedeh and Maryland counties. FAO, WFP and UNICEF will use an integrated approach to enhance food security for vulnerable households (refugees and host communities), through increased availability and improved utilization of food in refugee areas in Liberia.</p> <p>WFP's specific objectives were to:</p> <ul style="list-style-type: none"> Protect the livelihoods of vulnerable host populations in Liberia adversely affected by the refugee influx and alleviate their food insecurity during the lean season; improve nutrition status of children under 5 among the population; 			
10. Original expected outcomes from approved CERF proposal			
Outcome	indicator	Target	Means of Verification
Increased access to food for 4,000 vulnerable households in refugees hosting communities adversely affected by the refugee influx to alleviate their food insecurity before the start of lean season.	<ul style="list-style-type: none"> - Number of beneficiaries (host population & refugees) by age group and gender participating in FFA activities as % of planned – target: 100% - Number of children under five assisted through supplementary feeding for MAM 		(Monthly programme reports)

11. Actual outcomes achieved with CERF funds	
<p>While it is still early to report on project outcome, monitoring report revealed that the seasonal food insecurity of 22,000 project beneficiaries was improved through the distribution of 548 metric tons of assorted food commodities procured with CERF funds. Seasonal hunger in the targeted project communities coincides with the rainy season when household food from previous harvest run out and prices of food commodities on the local market are inflated due to deplorable road condition. The project succeeded in further improving the food security of beneficiaries by supporting the cultivation of 995 hectares of upland and lowland rice and additional 45 hectares cultivated for production of vegetables, tubers and plantains thereby increasing diet diversification among beneficiaries.</p> <p>Fortified food commodities provided to children under five and pregnant and lactating women helped to reduce and stabilize malnutrition rates in affected populations. Supplementary feeding recovery rate was reported to have increased by 14.4 per cent above project target of >75 per cent. Similarly, defaulter and death rates were recorded to be 9.2 per cent and 0.3 per cent respectively or below the project targets of <15 per cent and <3 per cent respectively.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Although the project reached its total planned 22,000 beneficiaries, it assisted 10 per cent more female beneficiaries than planned. This increase in the number of actual female beneficiaries is attributed to the traditional farming practice in the project location where females are more involved in household farming activities while their male partners undertake other livelihood and income earning opportunities such as mining, hunting, fishing and other forms of casual labour services. The main activities of the food for asset component of the project was the promotion of agricultural food production (rice, tubers and vegetable) through food for work.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p> <p>Project implementing partners were very keen in ensuring that the project implementation took into consideration gender issues when during the sensitization, participants' selection and assignment of the various project tasks. The partners ensured that project participants conformed to the highest standard of moral and ethical conduct. In most case, beneficiaries' selection was made easier given the traditional farming practice where more female are involved than their male counterparts.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL If 'NO', please explain why the project has not been evaluated</p> <p>The CERF funds contributed to the EMOP-200225, which ended in June 2013. Remaining funds were used in PRRO-200550, which succeeds the EMOP and targets the same beneficiaries. Evaluation of the PRRO is schedule to take place at the end of the project in 2015.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	WHO	5. CERF grant period:	2 Apr. 2013 – 31 Dec. 2013				
2. CERF project code:	13-WHO-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing				
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded				
4. Project title:	Responding to health needs of host communities and Ivorian refugees living outside the camps						
7. Funding	a. Total project budget:	US\$ 6.8 million	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 127,359	▪ NGO partners and Red Cross/Crescent: US\$ 0				
	c. Amount received from CERF:	US\$ 127,359	▪ Government Partners: US\$ 81,000				
Results							
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).							
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>				
a. Female	84,024	84,024	WHO and UNICEF implemented joint project interventions, targeting the same beneficiary population with different support.				
b. Male	84,381	84,381					
c. Total individuals (female + male):	168,405	168,405					
d. Of total, children <u>under</u> age 5	29,765	29,765					
9. Original project objective from approved CERF proposal							
<p>The main objective of this proposal is to increase and sustain access to essential health services and respond to communicable disease outbreaks in Grand Gedeh, River-Gee and Maryland Counties.</p> <p>Specific objectives</p> <ul style="list-style-type: none"> • Reduce excess morbidity and mortality among population affected by the refugee crisis, specifically women and children. • Increase access to quality health services in affected areas. • Support the implementation of essential package of health services in facilities accessed by refugees and host communities • Support provision of integrated community outreach and referral services • Control of epidemic prone and endemic diseases in crisis-affected areas 							
10. Original expected outcomes from approved CERF proposal							
<ul style="list-style-type: none"> • Improved access to essential curative services and reduced mortality and morbidity among refugees and host communities. • Improved health services delivery, including comprehensive child and maternal health services amongst the refugees and hosting communities in all primary health facilities with strengthened referral system. • Disease surveillance system for early detection and monitoring of disease outbreaks, particularly in refugee and hosting communities and camps is in place and functional. • Enhanced capacity of the health providers to provide comprehensive health services as per the EPHS. • Timely and effective response to epidemic and disease outbreaks. <p>Performance Indicators:</p> <table border="1"> <thead> <tr> <th>Performance Indicator(s)</th> <th>Performance Target(s)</th> </tr> </thead> <tbody> <tr> <td>Number of consultations done for refugees and host communities in River Gee,</td> <td>At least 1 consultation per person per</td> </tr> </tbody> </table>				Performance Indicator(s)	Performance Target(s)	Number of consultations done for refugees and host communities in River Gee,	At least 1 consultation per person per
Performance Indicator(s)	Performance Target(s)						
Number of consultations done for refugees and host communities in River Gee,	At least 1 consultation per person per						

Maryland and Grand Gedeh.	year
Percentage of health facilities reporting no stock outs of essential drugs, including emergency drugs	85%
Percentage of health units providing basic and Maternal and Child Health Services as per EPHS services.	100%
Percentage of deliveries assisted by skilled birth attendants	80%
Percentage of children under 1 fully immunised with Pentavalent 3 vaccine in River Gee, Maryland and Grand Gedeh.	80%
Percentage of children under 1 immunised with measles vaccine in River Gee, Maryland and Grand Gedeh	80%
% of health facilities / sites with appropriate and standard disease surveillance tools and treatment protocols	100%
Number/proportion of staff trained and providing PAC and PEP services in targeted health facilities.	80%
Number of disease outbreaks timely investigated and contained	100%

11. Actual outcomes achieved with CERF funds

- 3533 children (0-59 months) received OPV3 vaccine and 3979 received Pentavalent 3 vaccine. In addition, 3533 children received measles vaccine during integrated immunization outreaches in the hard-to-reach and remote communities. Due to adequate outreach services, there was no outbreak of vaccine preventable diseases in the refugee hosting counties.
- 6 senior staff from the Ministry of Health were temporarily deployed to support the County Health Teams in three refugee hosting counties in planning, management and implementation of the essential health services including integrated immunization outreaches to affected communities. The deployment provided opportunity for transfer of skills and knowledge as well as building local capacity to improve delivery of health services in refugee hosting counties.
- The following quantities of lab reagents were procured to assist the Ministry of Health to confirm suspect communicable diseases of public health importance. These include: Fifteen (15) pieces each of: TCBS cholera medium 500 gm, V. cholera Inaba 2 ml, V. cholera Ogawa 2 ml, V cholera poly 2 ml, Brain heart infusion Agar 500 gm, Indole Reagent (KOVAC BTL/25 ml and Urea 40%. In addition, fifty (50) pieces of oxidase strips test, five (5) sets of postorex meningitis test kits and 365 vials of rabies vaccines, PCE, VC, single dose were procured.

The lab reagents enabled the Ministry to timely confirm rumours of communicable disease outbreaks, while the rabies vaccines were used for vaccinating suspected cases of rabies in refugee hosting counties as well as other counties in the country. There were no communicable diseases or vaccine preventable disease outbreaks in the refugee hosting counties. The surveillance system was strengthened and affected counties providing weekly surveillance reports to the Ministry of Health. These reports help to monitor trends of priority diseases and rumours of communicable disease outbreaks. The surveillance alert system linked to the national surveillance system was also improved in the affected camps.

Four (4) joint supervision and monitoring missions by the Ministry of Health and WHO were conducted to the project areas. The supervision missions complement the on-site monitoring provided by the deployed senior Ministry of Health staff and the County Health Teams. The regular monitoring and supervision helped to increase coverage and quality of health services in the affected counties; particularly communities in the rural and remote communities. For example, immunization coverage for OPV3 and Penta 3 in the refugee affected counties increased from approximately 73 per cent in 2012 to 85.3 per cent in 2013.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

None

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1 If 'NO' (or if GM score is 1 or 0): Though the rating was one, female and male beneficiaries were assisted among both refugees and host communities.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No evaluation was conducted because this activity was not planned and no funds were allocated to it. However, the donor can undertake an independent evaluation to verify if activities were implemented.</p>	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-021	Nutrition	UNICEF	MOHSW	GOV	\$170,475	18-Dec-13	17-Mar-13	Reimbursement of activities for community outreach, facility mentoring, ENA and vitamin A trainings; Outstanding liquidation from MOHSW prevented timely disbursement of the funds thus activities were reimbursed instead
13-CEF-021	Nutrition	UNICEF	Samaritan's Purse	INGO	\$108,652	18-Dec-13	21-Aug-13	Reimbursement for operational costs of Samaritan's Purse (3rd tranche of payment)
13-CEF-022	Health	UNICEF	MOHSW	GOV	\$7,975	13-Nov-13	13-Nov-13	
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	Ministry of Public Works	GOV	\$4,300	25-Mar-13	25-Mar-13	Drilling of boreholes
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	GWEI	NNGO	\$46,649	22-Jul-13	22-Jul-13	Drilling of boreholes
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	CIPORD	NNGO	\$104,716	29-Apr-13	29-Apr-13	Other WASH activities
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	RIDA	NNGO	\$25,238	29-Apr-13	29-Apr-13	Other WASH activities
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	ERS	NNGO	\$104,625	27-May-13	27-May-13	Other WASH activities
13-CEF-023	Water, Sanitation and Hygiene	UNICEF	Oxfam	INGO	\$18,603	24-Oct-13	3-Jun-13	Other WASH activities

13-CEF-024	Education	UNICEF	MoE Child-friendly Schools Unit	GOV	\$206,520	18-Dec-13	28-Mar-13	Improvements to learning environments in emergency counties
13-CEF-024	Education	UNICEF	MoE ECD Division	GOV	\$58,754	31-Dec-13	1-Oct-13	Increase ECD teacher/caretaker Capacity
13-CEF-024	Education	UNICEF	Save the Children International	INGO	\$13,993	31-Dec-13	1-Oct-13	Procurement of Educational Materials (Reimbursement for materials purchased by NGO)
13-CEF-024	Education	UNICEF	Right to Play Inc.	INGO	\$18,554	31-Dec-13	28-Oct-13	Procurement of Educational Materials (Reimbursement for Materials purchased by NGO)
13-FAO-008	Livelihoods	FAO	SAP	NNGO	\$39,713	10-Apr-13	1-Mar-13	Crop Production Inputs distribution and training by NNGO (Sustainable Agriculture program for Liberia)
13-FAO-008	Livelihoods	FAO	SARA	NNGO	\$39,713	12-Apr-13	2-Mar-13	Crop Production Inputs distribution and training by NNGO (Agriculture Relief Servies)
13-FAO-008	Livelihoods	FAO	ARS	NNGO	\$26,475	12-Apr-13	3-Mar-13	Crop Production Inputs distribution and training by NNGO (Southeastern Agriculture and Relief Agency)
13-FAO-008	Livelihoods	FAO	Ministry of Agriculture	GOV	\$6,010	9-Dec-13	9-Dec-13	Monitoring and technical support to farmers by Ministry of Agriculture
13-WFP-008	Food Assistance	WFP	CARITAS Liberia	NNGO	\$26,100	10-Jun-14	1-May-13	Payment to partner for field level implementation of activities. WFP response: The CERF contribution of \$26,100 budgeted by WFP to cover partner cost was part of the total Implementing

								Partner cost of \$156,817 budgeted by WFP in the agreement signed with the partner. Hence, although the partner completed CERF funded activities ahead of other activities under the same project, it was only appropriate for WFP to make a single payment to the partner because the agreement signed between WFP and the partner (CARITAS Cape Palmas) did not make provision for advance or installment payment. The payment of the partner was done upon satisfactory completion and verification of project activities.
13-WHO-008	Health	WHO	MOHSW	GOV	\$81,000	10-Apr-13	15-Apr-13	Activities were implemented as planned

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim (Action Against Hunger)
ANDP	Aid for the Needy Development People
CERF	Central Emergency Response Fund
CCC	Core Commitments for Children
CFS	Child Friendly Spaces
CHT	County Health Team
CLTS	Community Led Total Sanitation
CIPORD	Christian Impact Program For Rural Development
CMAM	Community based Management of Severe Acute Malnutrition
CWC	Child Welfare Committee
DRC	Danish Refugee Council
ECD	Early Childhood Development
ECREP	Evangelical Childrens Rehabilitation Project
CHG	Critical Humanitarian Gap
EmONC	Emergency Obstetric and Neonatal Care
ENA	Essential Nutrition Actions
EPI	Expanded Programme of Immunization
ERS	Emergency Relief Services
GBV	Gender Based Violence
gCHV	general Community Health Volunteers
g/p/d	Gram per person a day
GoL	Government of Liberia
GWEI	Ground Water Exploration Inc
HCT	Humanitarian Country Team
IFE	Infant feeding during Emergency
INEE	Inter-agency Network for Education in Emergencies
INGO	International Non-Governmental Organisation
IPF	Inpatient Thereupatic Feeding
IPM	Integrated Pest Management
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
l/p/d	Liter per person a day
MAM	Management of Acute Malnutrition
MISP	Minimum Initial Service Package
MNP	Micronutrient Powders
MOA	Ministry of Agriculture
MOGD	Ministry of Gender and Development
MOHSW	Ministry of Health and Social Welfare
MPW	Ministry of Public Works
MUAC	Mid-upper Arm Circumference
NDS	National Drug Service
NFIs	Non-Food Items
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OPV	Oral Polio Vaccine
OTP	Outpatient Thereupatic Programme
PAC	Post Abortion Care

PCE	Protoscoleces Crude Extract
Penta	Pentavalent
PEP	Post Exposure Prophylaxis
PTA	Parents-Teachers Association
PSI	Population Services International
RC	Resident Coordinator
RH	Reproductive Health
RIDA	Rural Integration and Development Agency
SFP	Supplementary Feeding Programme
STI	Sexual Transmitted Disease
TCBS	Thiosulfate Citrate Bile Salt
TCN	Third Country National
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	UN High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization