

UNICEF HUMANITARIAN ACTION LIBERIA IN 2009



Core Country Data	
Population under 18 (thousands)	2,017
U5 mortality rate*	110
Infant mortality rate*	71
Maternal mortality ratio (2000–2007, reported)	580
Primary school enrolment ratio (NER)**	37.3
Primary school enrolment ratio for girls**	37.1
% U1 fully immunized (DPT3)	88
% population using improved drinking-water sources*	66
HIV/AIDS prevalence (%)**	5.4
% U5 suffering moderate and severe malnutrition*	39.4

Sources: *The State of the World's Children 2009*, *Liberia Demographic and Health Survey 2007, **Core welfare indicator survey, 2007, ***HIV/AIDS surveillance report, 2008 (MoHSW)

UNICEF's humanitarian action in 2009 will respond to the nutritional effect of high food prices, the burden of disease, poor household sanitation coverage and hygiene practices. These will target up to 2 million children, women and community members. Action will also be taken to provide access to quality basic education for at least 320,000 learners. Social protection interventions will be strengthened at household and community levels to support up to 10,000 orphans and most vulnerable (at-risk) children and adolescents.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Child Survival (Health and Nutrition, and Water, Sanitation and Hygiene)	8,000,000
Basic Education and Gender Equality	3,035,000
Child Protection	2,060,000
Total**	13,095,000

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other underfunded emergencies.

** The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Malnutrition in children remains a problem in Liberia.¹ This is exacerbated by the current high food prices as the country is heavily import dependent and has a high incidence of poverty. The World Bank estimates that the poverty rate in Liberia will be significantly affected by the price of rice, the staple food. As an example, a 20 per cent increase in the price of rice will put 4 per cent of the population below the poverty line if no mitigative actions are taken.² High food prices in a fragile post-conflict environment imply that the poorest households will have difficulties to cope with the shock. According to the Liberia Demographic and Health Survey 2007 (LDHS 2007), over 20,000 children are in need of treatment for acute malnutrition, of which almost a half are in the Greater Monrovia area. A 2008 inter-agency food security assessment indicates that the poorest households have less disposable income and are now resorting to drastic actions to meet their food needs. Families are putting their children to work, reducing spending on child health care, and selling key productive assets including farm animals, equipment and tools. UNICEF is prioritizing its response in the area of nutrition.

Although access to basic social services is improving, the government's coverage and its capacity to provide the services are still low. In the health sector, the burden of disease in young children due to malaria, diarrhoea, and vaccine-preventable diseases is still very high. Malaria accounts for up to half of all illnesses in children, followed by acute respiratory infections (35 per cent) and diarrhoea (22 per cent). Liberia continues to experience outbreaks of diarrhoeal diseases, displacements and disruption of movements due to floods during the rainy season. Acute watery diarrhoea (AWD) and cholera outbreaks are frequent in the south-eastern part of the country and Montoserrado County. In April 2008, UNICEF had to respond to an outbreak of yellow fever in four counties through the vaccination of 328,832 people (99 per cent of targeted people) to stop the spread of the epidemic. Moreover, good hygiene practices, especially at household level, are very low with national household sanitation coverage of a mere 10 per cent. UNICEF is still responsible for full operation of 25 primary health clinics located in different parts of the country, providing the only health services to 10 per cent of the population.

The accelerated learning programme (ALP) is one of the most promising post-conflict initiatives addressing the education needs of children whose schooling was disrupted by the conflict. This programme compresses six years of primary education into three allowing a fast completion of the cycle. There is near gender parity in participation in this programme. It is therefore necessary to expand coverage nationwide and address in turn the high teenage pregnancy in Liberia. Although there are other organizations implementing this programme, UNICEF supports the largest number of schools (209) and 19,718 students. Initially implemented in 11 of 15 counties, the programme is now starting in the remaining counties allowing adolescents and young people to benefit from this basic level of education. As most of the school infrastructure was damaged and has not been repaired or replaced, the aim is to rehabilitate the schools to accommodate the large number of students who use the classrooms for both formal lessons and the ALP.

Many classrooms lack chairs or desks. Consequently, many of the children sit on whatever objects – blocks, pieces of plank, stones – they can find to use for seats. There is need to manufacture chairs for both students and teachers as writing and reading are too difficult to learn without appropriate furniture. Some of the County Education Officers had offices prior to the conflict. These have been renovated by UNICEF and other partners but many Education Officers still operate in unusual places, including from their homes. UNICEF has already embarked on the construction of new structures with appropriate facilities, but requires additional funding to construct four more offices.

Schools throughout the country lack textbooks. The current ratio is one textbook to 27 learners at primary school. Other reading materials are also in short supply. National examinations revealed recently the poor reading levels of third-graders attributed to lack of reading materials. Selected readers will be reprinted for all public schools and distributed to first-, second- and third-grade learners to improve on their reading. To encourage the little ones to go to school and persuade their parents to enrol them at the right age of six years, UNICEF has developed a school kit (a bag filled with stationery required to start school). Public and community first-graders receive these learners' kits (bookbags with readers and stationery). Funding is required to continue this provision in 2009 and beyond until every primary schoolchild in public and community schools has the kit.

Despite the end of conflict, sexual and gender-based violence is still rampant, with the majority of reported rape cases being perpetrated against children aged 10–14 years. UNICEF will also address threats/risks to an estimated 10,000 children and adolescents that are orphans, vulnerable and exposed to abuse, sexual exploitation and violence, child labour, and HIV infection. Internally, the ex-combatants and other disaffected individuals/groups as well as ethnic tension – especially land

1 Stunting has been at 39 per cent since 1999. Wasting and underweight are at 7.5 per cent and 19.2 per cent respectively (LDHS 2007).

2 Government of Liberia/UN agencies/UK Department for International Development/NGOs, *The Impact of High Prices on Food Security in Liberia*, Joint Assessment, July 2008, referencing '*Rice Prices and Poverty in Liberia*', The World Bank, 2007.

dispute – are threats to security and may cause loss of property, life and displacement. While the political situations have become calmer in neighbouring Côte d'Ivoire and Guinea there is still uncertainty of the future (including reactions to high prices) and preparedness remains for an estimated 10,000 displaced persons. Each year, the rains are accompanied by fierce storms that often destroy physical infrastructure, such as roads, bridges and classrooms, necessitating arrangements as repairs are done. In order to prepare for emergencies, stocks of relief items have to be prepositioned in order to be able to quickly meet the core commitments for 10,000 children.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

UNICEF worked in close collaboration with Government and local, national and international partners to respond to the humanitarian needs of Liberia's children and women.

In the area of health, nutrition and water, sanitation and hygiene (WASH), key results planned for 2008 were mostly achieved. Pentavalent vaccine was successfully introduced in routine immunization nationwide in January 2008 and routine immunization coverage rates were maintained at 88 per cent and 95 per cent for pentavalent and measles vaccines respectively. An integrated nationwide immunization campaign was conducted in May 2008 reaching 517,000 children (94 per cent) with measles vaccine and 544,879 women of childbearing age (91 per cent) with tetanus toxoid (TT). Incidence for measles and neonatal tetanus was greatly reduced. An emergency yellow fever campaign was conducted in April 2008 in four counties reaching 328,832 (99 per cent) targeted people to stop the spread of the epidemic. Liberia remains strongly on track for polio certification with approval of the polio certification documentation by the Africa Region Certificate Commission (ARCC) in October 2008. A total of 230,000 long-lasting insecticidal nets were distributed to benefit women and children in areas with low mosquito net coverage rates. And, 500 health personnel were trained on the management of malaria and other common childhood diseases. More than 600,000 children benefited from two rounds of vitamin A supplementation and deworming campaigns, while an average of 800 children were treated monthly for severe acute malnutrition at the six facility-based treatment centres and 23 community sites.

According to the most recent nutrition survey conducted in Greater Monrovia, acute child malnutrition rates decreased (though not statistically significant) from 7.9 per cent in 2006 to 6.4 per cent in October 2008. Medicines and medical supplies were provided to 25 clinics serving some 300,000 people in rural and hard-to-reach areas increasing the provision of basic health services by 10 per cent. In anticipation of AWD and cholera outbreaks and to reduce associated mortality, UNICEF provided hygiene promotion services to targeted areas in Monrovia (27 hotspot communities, with an estimated 200,000 beneficiaries). UNICEF also responded to a cholera/AWD outbreak in the south-eastern part of Liberia in early 2008. Over seven tons of emergency supplies (oral rehydration salts, intravenous fluids, chlorine, buckets, jerrycans and soap) were donated and transported by UNICEF to the affected areas. UNICEF also provided support to the County Health Team for the coordination of response activities in the affected areas and preparedness activities in the surrounding counties. A further 44,500 beneficiaries in 74 communities in the south-eastern counties and Monrovia benefited from the following WASH activities: construction of 34 new wells; rehabilitation of 55 damaged/substandard wells; construction of 14 communal/institutional four-access latrines; rehabilitation of 15 communal/institutional four-access latrines; construction of 8 communal bath houses; construction of 8 communal garbage pits; facilitation of the construction of 19 family latrines; and hygiene promotion.

Children at risk of sexual violence and exploitation, recruitment by armed groups, and abuse were the main vulnerable groups targeted for support. Consequently, 50 Liberian National Police officers from the Women and Children's Protection Section were trained to better manage cases of sexual violence and juvenile justice cases. By October 2008, a total of 144 survivors of sexual violence had been managed by the police (70 pending arrest, 67 arrested sent to court and 7 withdrawn). Training, mentoring and stationery were provided to 480 members of community structures to provide care and support to the vulnerable children. As a result, 98 survivors of sexual violence received psychosocial care, protection and medical services, while 1,042 children (381 male/661 female) who came in contact with the law accessed rehabilitation and reintegration services. Another 1,094 teachers (760 male/334 female), 21,065 students (10,303 male/10,762 female), 423 school principals and 968 parent-teacher association (PTA) members benefited from the prevention of sexual exploitation and abuse (SEA) in school trainings, reaching 175 schools in five counties. In addition, 300 community peer educators were trained in the prevention, reporting and referral of gender-based violence (GBV) in 15 communities in five counties. The peer educators have so far reached 16,304 community members with prevention, reporting and referral of GBV cases in 15 communities. Child protection emergency stock was prepositioned for quick response for an estimated 1,000 children.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

The UN Mission in Liberia (UNMIL) is an integrated mission which aims to 'deliver as one' with sister agencies within the context of the UN Development Assistance Framework (UNDAF) coordinated by the UN Country Team (UNCT). UNICEF is the lead agency for the nutrition and WASH clusters, and a key actor in the health and child protection sectors.

Linkages of HAR with the Regular Programme

The *Humanitarian Action Report (HAR)* is derived from the Country Programme of Cooperation 2008–2012, which integrates humanitarian actions as part of the Country Programme Action Plan (CPAP). Key areas identified include improved health and emergency education; access to HIV/AIDS prevention, treatment and care; and social and legal protection of children.

Funds raised through the HAR will provide humanitarian support to at least 2.5 million children, adolescents, women of childbearing age and the host community members most affected by the past conflict and natural disasters. Particular attention will be paid to the south-eastern part of the country, which is hard to reach due to poor road conditions, heavy rains and floods.

Child Survival (Health and Nutrition; Water, Sanitation and Hygiene) (US\$ 8,000,000)

Health and nutrition and water, sanitation and hygiene (WASH) are part of the child survival programme. For 2009, the overall goal is to minimize the impact of the food crisis on the already fragile health and nutritional status of children under age five and to ensure that pregnant women and children in hard-to-reach and poor communities are identified and provided essential interventions.

Health and Nutrition (US\$ 6,000,000)

For 2009, the overall goal of UNICEF's humanitarian action is to reach some 913,600 children, 800,000 women and 300,000 vulnerable community members with the following key activities:

- Procure and distribute essential emergency drugs and equipment to 25 health centres serving up to 300,000 people;
- Train 500 health workers on the integrated management of childhood illness;
- Vaccinate all 150,000 children under age one with pentavalent vaccine and maintain the measles coverage above 90 per cent;
- Vaccinate all 800,000 women of childbearing age with tetanus toxoid during a maternal and neonatal tetanus vaccination campaign;
- Procure and distribute 150,000 impregnated mosquito nets to children under age five and pregnant women in hard-to-reach areas, especially in the south-eastern part of the country;
- Extend the support to therapeutic feeding centres to reach 4,000 severely malnourished and 11,600 moderately malnourished children (30 per cent coverage);
- Train 100 health staff in treating severe malnutrition;
- Procure and distribute vitamin A and deworming tablets to all children under age five, directly benefiting 600,000 children;
- Monitor the nutritional impact of high food prices through the organization of four nutritional surveys, assessments and evaluations;
- As nutrition cluster lead, improve the coordination of humanitarian action.

Water, Sanitation and Hygiene (US\$ 2,000,000)

For 2009, the overall goal of UNICEF's humanitarian action is to reach some 200,000 persons, focusing particularly on children and women, through the following key activities:

- Launch household water treatment and safe storage (HWTS) campaign with initial focus on areas of optimal humanitarian impact such as known cholera/AWD hotspot areas;

- Support WASH emergency preparedness, and coordinate particularly in relation to diarrhoeal disease (including cholera) and flood scenarios;
- Implement cholera/AWD prevention and control activities using mass media communication campaigns; mobile control teams; and community-based strategies;
- Implement community, school, and health centre WASH activities: construct and rehabilitate dug wells and boreholes in communities, schools and health centres (75 new sources, 100 rehabilitated sources); construct latrines in schools and health centres (50 institutional latrines); construct family demonstration latrines in communities (200 family latrines); and implement hygiene education and promotion packages in communities, schools, and health centres.

Basic Education and Gender Equality (US\$ 3,035,000)

For 2009, the overall goal of UNICEF's humanitarian action is to expand the accelerated learning programme (ALP) countrywide, improve quality of learning in hard-to-reach areas, strengthen coordination and quality assurance in education programmes and prepare for emergencies, through the following key activities:

- Renovate 10 ALP implementing primary schools consisting of six classrooms, two rooms for teachers and school principal, and two block latrines (one for boys and another for girls). This will accommodate an additional 7,200 new ALP learners;
- Construct four County Education Office complexes housing an office block, a warehouse, a generator house and deep well with water tower;
- Reprint and distribute 900,000 copies of primary school readers for first, second and third grades, benefiting 300,000 children (three readers per child);
- Procure and distribute 20,000 student armchairs and 1,000 chalkboards;
- Procure 100,000 schoolbags for first-graders;
- Procure 125 'school-in-a-box' kits, 50 recreational kits and 50 tarpaulins for emergency use (establishing child-friendly learning spaces) for an estimated 10,000 children.

Child Protection (US\$ 2,060,000)

For 2009, the overall goal of UNICEF's humanitarian action is to strengthen social protection interventions at household and community levels to support the most vulnerable and at-risk children and ameliorate the adverse consequences high food prices are having on them. UNICEF will also address threats and risks to an estimated 6,000 children and 4,000 adolescents vulnerable and exposed to abuse and violence, increased child labour, HIV/AIDS and sexual exploitation. Key actions will include:

- Identify and document households headed by children and women, including children living and/or working on the street and children affected by commercial sexual exploitation;
- Support the Ministry of Gender and Development, the Ministry of Health and Social Welfare and NGOs in training their staff in the prevention of sexual exploitation and abuse and putting in place reporting mechanisms in their organizations and impact areas;
- Provide cash grants and income-generating assets to 1,000 vulnerable households with depleted livelihoods, giving priority to households headed by children and those caring for orphans in four counties;
- Support HIV prevention activities (HIV/AIDS education, voluntary counselling and testing, and appropriate treatment for sexually transmitted infections) among 4,000 youths and adolescents living in the catchment of selected health centres;
- Protect at least 5,000 orphaned and other vulnerable children (OVC), especially children living and/or working on the street, girl victims or those at risk of commercial sexual exploitation, by reinforcing the community, schools and health facility responses;
- Strengthen community monitoring and surveillance mechanisms to better identify and respond to children's nutritional needs, putting in place monitoring and reporting mechanisms; these actions will include establishment/strengthening of community protection committees.