Highlights

1. According to UNHCR statistics, 64,450 Ivorian refugees are living in camps (60%) and host communities (40%) in Nimba, Grand Gedeh, River Gee, Maryland and Monrovia, of which:
   - 81.2% are women and children under 18 years (52,337)
   - 54.4% are children under 18 years (35,056)
   - 43.5% are children under 11 years (28,016)
   - 18.8% are men (12,113)

2. 82,000 Liberians and Ivorian refugees are accessing safe drinking water at an increased level of 16 litres per person per day and sanitation facilities at an average ratio of 50 people per latrine in the 4 affected counties.

3. Essential Package of Health Services (EPHS) are being delivered in all four refugee-affected counties. 40 health facilities are now providing integrated OTP/SFP services while 4 tertiary facilities are providing comprehensive IPF, OTP and SFP services to Ivorian refugees and Liberians in host communities.

4. A total of 4,172 under five children suffering from severe acute malnutrition were admitted in the therapeutic programme throughout 2012. 16.5% of the children admitted to the program were Ivorian refugees. Out of the 4,172 children admitted, 91% were cured.

5. Certificate award ceremonies took place in all refugee-affected counties in February 2013 for Ivorian students who passed in the 2102 CEPE exam (primary school final exam for Ivorian students) organized by UNICEF, MOE Cote d'Ivoire, MOE Liberia and education partners.

6. An average of 11,728 children participated in structured CFS activities throughout 34 active CFS centres.

7. UNICEF needs US $8.4million to reach all affected children and women with therapeutic feeding, safe water and sanitation, education, child protection and to prevent spread of killer diseases.

8. The Liberia Critical Humanitarian Gaps (CHG) 2013 document was launched on 19 February 2013 in Monrovia by the Humanitarian Coordinator. The CHG appeals for a total of $36.7 million to address the identified vulnerabilities of the Ivorian refugees and Liberians in host communities and returning Liberian migrants stranded in ECOWAS countries.

9. UNICEF has submitted WASH, Education and Nutrition proposals for CERF funding, which are currently under review, to ensure life-saving activities are maintained in Liberian communities hosting Ivorian refugees.
10. The overall security situation in Liberia remains calm.

1. Situation Overview

Critical Humanitarian Gaps for 2013

Despite the decrease in the number of refugees and expected continuation of voluntary returns to Côte d’Ivoire, a significant number of refugees (more than 64,000) are expected to remain in Liberia this year. Lack of financial support for recovery activities in 2012 has negatively impacted local communities and is compromising gains made under development and the initial emergency response. While 50% of the refugees opted to move into refugee camps established by UNHCR, the remaining will stay in Liberian communities, where access to basic services remains poor. While UNHCR is taking full responsibility for the needs of refugees in refugee camps, UNICEF and other UN agencies, together with implementing partners and the Government of Liberia, will be responding to the humanitarian needs of Ivorian refugees and Liberians living in host communities.
Therefore, UN agencies, NGOs and the Government of Liberia have prepared a **Critical Humanitarian Gaps (CHG) document**, which was launched February 19th by the Humanitarian Coordinator. The CHG appeals for a total of **$36.7 million** to address the identified vulnerabilities in the Sectors of Education, Health, Nutrition, WASH, Protection and Food Security of Ivorian refugees living in Liberian host communities, the vulnerable Liberians in refugee-hosting communities and returning Liberian migrants stranded in ECOWAS countries. The strategic objectives of the CHG are:

- Reinforce resilience of vulnerable communities, including refugee-affected and highly food insecure communities
- Improve access to basic services for target population groups across priority counties
- Support government repatriation and reintegration efforts of returning Liberian migrants
- Streamline humanitarian and recovery programming with government development agendas

This document will be used as one of the major tools to raise resources to respond to the urgent humanitarian needs in the country. Complications in ensuring the continued provision of health and nutrition supplies to the affected counties in 2013, as well as to improve access to sustainable water sources and sanitation facilities in communities and the quality of education and child protection interventions, will have a negative impact in the lives of girls and boys living in one of the most deprived areas of Liberia.

**Humanitarian Needs**

Both refugees and host communities require access to essential services such as health, nutritional screening and treatment, water and sanitation and schooling particularly focusing on vulnerable children.

Malnutrition remains the principal underlying cause of child mortality in Liberia, where more than 40% of children suffer from chronic malnutrition and 60% from anaemia. Acute malnutrition rates were reported to be lower among the refugee population than among Liberian host communities. Of the main childhood diseases, malaria and pneumonia are the leading causes of child morbidity and mortality.

Amongst all age groups, women and adolescents are most at risk of HIV infection. In many host communities, only 4% had access to improved sanitation facilities and 77% practiced open defecation before the crisis. Despite improved sanitation conditions, diarrhoeal disease among children in refugee-affected counties remains high and cholera is endemic in Liberia.

Many girls and women were subjected to rape and other forms of violence and abuse during the war in Liberia and its legacy in terms of the damage to survivors and impact on the attitudes and behaviours remains. This contributes to increased vulnerability of many refugee women and children, who are often exposed to sexual abuse and exploitation, physical violence and neglect, or separation from their primary caregivers. Liberia has 60% of children out of school and lack of appropriate integration strategies of Ivorian refugee students in host communities into the Liberian system for Ivorian children is contributing to the already visible dropout of Ivorian students.

Existing social services struggle to meet the needs of the Liberian population and the continued Ivorian refugee presence has had serious ramifications on an already fragile situation within the border counties. Despite the decrease in the number of refugees, the overall population in need of humanitarian assistance remains high – over 140,000 Liberians and over 66,000 refugees in camps and communities.

**UNICEF Child – Centred Analysis based on UNHCR statistics as of 31 January 2013:**

<table>
<thead>
<tr>
<th></th>
<th>Children Under 11</th>
<th>Children Under 18</th>
<th>Female and children under 18</th>
<th>Female adults</th>
<th>Adult Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>43.5%</td>
<td>54.4%</td>
<td>81.2%</td>
<td>26.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Total</td>
<td>28,016</td>
<td>35,056</td>
<td>52,337</td>
<td>17,281</td>
<td>12,113</td>
</tr>
</tbody>
</table>

Of the number of 64,450 refugees:

81.2% (52,337) are women and children under the age of 18
54.4% (35,056) are girls and boys under the age of 18

43.5% (28,016) are girls and boys under the age of 11

Only 18.8% (12,113) of the total population of refugees are men over the age of 18

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of refugees</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camps</td>
<td>38,796</td>
<td>60%</td>
</tr>
<tr>
<td>Host communities</td>
<td>25,654</td>
<td>40%</td>
</tr>
</tbody>
</table>

**UNICEF Response**

UNICEF, in collaboration with partners, has developed strategic sector plans considering the different programmatic environments in the four counties.

<table>
<thead>
<tr>
<th>Country</th>
<th>Camps/Host Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nimba</td>
<td>Bahn refugee camp; designated host communities; over 80 border community/entry points</td>
</tr>
<tr>
<td>Grand Gedeh</td>
<td>Solo Town refugee camp; Duogee refugee camp; PTP refugee camp; more than 50 communities close to the border and along the main road</td>
</tr>
<tr>
<td>Maryland</td>
<td>Little Webo refugee camp; more than 30 border communities</td>
</tr>
<tr>
<td>River Gee</td>
<td>Over 25 border communities</td>
</tr>
</tbody>
</table>

**Key Partners**

<table>
<thead>
<tr>
<th>Country</th>
<th>WASH</th>
<th>Nutrition</th>
<th>Education</th>
<th>Child Protection</th>
<th>Health</th>
<th>HIV&amp;AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nimba</td>
<td>CIPORD, DRC, CHF, MPW, LRRRC, MoHSW</td>
<td>MoHSW, Africare, LRRRC, UNHCR</td>
<td>MoE, IRC, SC, LRRRC</td>
<td>MoHSW, MoGD, UNHCR, IRC, SC, LRRRC</td>
<td>Mentor Initiative, CHESS, MoHSW, LRRRC</td>
<td>MoHSW, MoYS, LRRRC</td>
</tr>
<tr>
<td>Grand Gedeh</td>
<td>CARE, GAA, ICRC, RIDA, MPW, LRRRC, MoHSW</td>
<td>MoHSW, LRRRC, UNHCR</td>
<td>MoE, LRRRC</td>
<td>MoHSW, MoGD, IRC, SC, LRRRC</td>
<td>MERLIN, MoHSW, LRRRC</td>
<td>MoHSW, MoY, LRRRC</td>
</tr>
<tr>
<td>River Gee</td>
<td>GAA, ERS, MPW, MoHSW</td>
<td>MoHSW, Samaritan’s Purse, LRRRC, UNHCR</td>
<td>MoE, VIA, LRRRC</td>
<td>MoHSW, MoGD, LRRRC</td>
<td>MoHSW, LRRRC, RESPECT</td>
<td>MoHSW, MoYS, LRRRC</td>
</tr>
</tbody>
</table>

**2. Programmatic Interventions**

**WASH**

- The Ministry of Public Works (MPW) and County Health Teams (CHT) took over the WASH sector coordination meetings in River Gee, Grand Gedeh and Maryland counties.

**WASH in Host Communities**

- UNICEF funded the establishment of 6 hand pump spare parts depots and the training of over 75 hand pump mechanics in 35 communities in Grand Gedeh, River Gee and Maryland counties. This reduced the incidence of hand pump breakdown in these counties.
- The MPW completed the drilling of 9 boreholes fitted with handpumps in Grand Gedeh and is currently drilling 4 other boreholes in the same county. A recent assessment on the need for drilling boreholes revealed that there is still need to continue with the project as many communities remain in dire need.

**WASH in schools**

- The construction of 188 latrine cubicles, 11 hand-dug wells and 120 outdoor hand washing facilities was completed and 60 indoors hand washing facilities installed in the refugee-affected counties.
- 60 latrine cubicles and 6 hand dug wells were rehabilitated and 60 school health clubs trained in Maryland, River Gee and Grand Gedeh.
- All facilities were handed over to the schools and communities with clear roles and responsibilities on operation and maintenance. A total number of 17,505 students (7,856 of them are girls) have benefited from the project.

**WASH Coordination in camps**
The UNICEF WASH coordinator visited the 5 refugee camps in Nimba, Grand Gedeh and Maryland counties, and discussion was held with the NGOs responsible for WASH in camps regarding UNHCR’s relocation plan and WASH needs.

**Challenges in the WASH Sector**

- The high level of water points not functioning throughout the year in host communities is likely to increase stress on functioning water points, particularly during the dry season, and result in lower safe water use, and increased use of surface water sources. Low access to improved sanitation is likely to result in sustained levels of high open defecation, with associated environmental sanitation risks including faecal-oral disease transmission. Therefore, continued support is required.

**NUTRITION**

- The national protocol and guideline on the Integrated Management of Acute Malnutrition (IMAM) has been finalized in the second quarter of 2012 as a critical nutrition intervention under the Essential Package of Health Services (EPHS).
- In the EPHS, standards have also been established by the MOHSW where at least 1 outpatient (OTP) and supplementary feeding (SFP) treatment site per health district will be in place and at least 1 county hospital providing comprehensive inpatient (IPF), OTP and SFP services.
- A pool of national master trainers has received training from two global experts on the new protocol.
- Thanks to the IMAM training for the management of moderate and severe acute malnutrition, 243 health workers have been trained on the new protocol in the refugee-affected counties. Out of the 243 health workers trained, 2% are doctors and 39% are registered nurses.
- By the end of 2012, all four counties are EPHS-compliant. 40 health facilities are now providing integrated OTP/SFP services while 4 tertiary facilities are providing comprehensive IPF, OTP and SFP services to Ivorian refugees and Liberians living in host communities.

Programme Performance as per SPHERE Standards

- 4,172 under-five children suffering from severe acute malnutrition were admitted in therapeutic programmes throughout 2012. 16.5% of the children admitted to the program were Ivorian refugees. Out of the 4,172 children admitted, 91% were cured, 7.5% defaulted and 1.4% died.
- Due to the geographical scope and high population number, 36% of children admitted came from Nimba followed by Grand Gedeh at 29% and Maryland at 21%. River Gee admission was the lowest among the four refugee-affected counties at 13%.

**Challenges in the Nutrition Sector**

- Nutrition interventions initiated in response to the refugee crisis are yet to be fully integrated into the regular Government system and both the Government and partners require technical support and resources to continue operations this year. The risk of service interruption to children remains real and its nutritional consequences dire.
**EDUCATION**

- An award ceremony to deliver CEPE exam (primary school final exam for Ivorian students) certificates to the Ivorian students who participated in the exam, which was held in Liberia July 2012 thanks to efforts from UNICEF, MOE Cote d’Ivoire, MOE Liberia and education partners, took place in all refugee-affected counties in February 2013.

Below are quotes from key players in the process.

Principal of a refugee school camp: “We are using this certification program to tell the public, parents and partners of what we have done with the help they have giving us and what we can do if this help is continued.”

Teacher at a refugee school: “When the results from the exams came in, I was surprised! I knew we were going to do well but this came as a total surprise and up till now, I am proud of our students for producing such results under these difficult circumstances. It was not easy from the beginning. We were worried that our kids were not going to sit the exams. But with support from UNICEF, GoL and others look what has happened; we are on top of the results. Today I can tell you that I am very proud”.

**Nimba**
- The final report of the Teachers’ CoC workshops held last December in Sanniquellie is under preparation.
- The construction of 11 semi-permanent Child Friendly Spaces (CFS) was completed in the premises of local public schools.
- The monitoring and supervision of teachers and their daily and medium-term lesson plans improved thanks to regular visits to Old Loguato, Kissiplay and Kenlay schools by IRC and MOE.
- Coordination mechanisms were reviewed by education sector partners, MOE and the Superintendent’s Office to strengthen the partnership/information sharing in 2013.
- An award ceremony of certificates for the CEPE exam (final primary school exam) took place in Bahn school camp on 27 February 2013. The delivery of certificates is ongoing at other sites.

**Grand Gedeh**
- A food monitoring committee was formed in Solo Camp to support the implementation of School Feeding Programme for Ivorian refugee students. WFP conducted a joint assessment/training for cooks for school feeding programme in refugee camps.
- English tutorial classes for Ivorian students are ongoing in host communities.
- The recruitment of additional teachers and staff for PTP camp schools has been done.
- Award ceremonies of certificates for the CEPE exam took place in PTP camp and Janzon Axis on 14 February 2013 - over 50 children, 100 parents, teachers, government officials, UN agencies and NGO partners participated. The delivery of certificates is ongoing at other sites.

**Maryland**
- 46 teachers were trained on Teachers’ CoC and 344 parents and pregnant women were trained on ECD. 864 youth were also trained in livelihood skills and literacy in Pleebo, Harper and Little Wlebo Camp.
- 100 desks and 6 chalkboards were distributed to host community schools. VIA assessed the state of all ECD centers and identified the maintenance needs.
- A letter of reference was provided by VIA to all Ivorian teachers and caregivers for use when they return to their country of origin.
- A series of events on COC took place in February, including students’ debate competition, friendly football match, a consultative workshop with representatives of MoE, Tubman University, UNHCR, WFP, National Teachers’ Association of Liberia and Ivorian Teachers Association of Liberia.
- An award ceremony of certificates for the CEPE exam in Little Wlebo camp has been scheduled for this week. Distribution of CEPE exam certificates is ongoing at other sites.

**Challenges in the Education Sector**

If teaching and learning materials are not provided in schools hosting Ivorian children, it will be difficult for Liberian teachers to provide regular and extra tuition to the Ivorian students. It is also critical to have enough caregivers and teachers to cater for the needs of the ECD and primary school learners so that they can value these interventions. Otherwise, it is very likely that the Ivorian children will drop out from the ECD centres.
and schools. The teachers also need in–service training to enable them to engage with Ivorian learners who are not proficient in English. This can be done through the afternoon coaching sessions in English to help the Ivorian children cope with the Liberian curriculum.

CHILD PROTECTION

Child Friendly Spaces (CFS) in Grand Gedeh and Nimba Counties

- An average of 11,728 children participated in structured CFS activities throughout 34 active CFS centers.
- Minimum Standards for Child Friendly Spaces were adopted by the national and county-level Child Protection Working Groups (CPWG).
- Handover ceremonies of CFS run by IRC in 11 Nimba communities are ongoing. 8 CFS have already been formally handed over to the communities.
- CFS centers have improved structures and activities to increase accessibility for children with disabilities.

Case Management for Unaccompanied and Separated Children

- 454 unaccompanied children and 623 separated children remain in Liberia and are benefiting from case management and psychosocial support services. No new cases have been identified during this reporting period.
- Best Interest Determination panels have begun to review cases to determine durable solutions for unaccompanied and separated children (UASC).

Other Child Protection Activities

- CPWG meetings continue to take place in Monrovia and the refugee-affected counties to report and follow up on child protection related issues.
- Due to a lack of funds, life skills training sessions are currently on hold.

Challenges in the Child Protection Sub-Sector

- Little funding for emergency child protection interventions is available this year. Currently, local actors are not prepared to take on refugee or Liberian protection cases due to extremely limited technical and operational capacity (i.e., only 2 social workers with limited expertise and resources are available per county).
- In order to ensure the full protection of children, protection interventions must be continuous as a child’s safety and well-being must be monitored regularly. Therefore, if funding needs are not met, the monitoring of and support to refugee and Liberian children in vulnerable situations along the border will be limited, increasing their vulnerability to violence, abuse, exploitation, neglect, recruitment, and child labor. Additionally, unaccompanied girls and boys in foster families may be more susceptible to neglect and abuse due to a lack of monitoring and support to foster caregivers, and the reunification of separated children with their primary caregivers could be delayed due to the lack of skilled personnel to refer and follow up on cases of separated children and advocate durable solutions in line with the best interests of the child.
- Significant backlogs within the Ministry of Health and Social Welfare remain regarding birth registration and the provision of birth certificates for children born to Ivorian refugee parents in Liberia, which could increase the vulnerability of these children to protection risks in the future. This birth registration backlog affects not only refugee children but also Liberian children in many communities throughout Liberia.

3. Human Resources

UNICEF Liberia has 127 staff and most are engaged in the emergency response. 37 staff work full time on emergency.

4. Funding

As of 27 February 2013, UNICEF Liberia received US$9,659,355 which is about 53.4% of the required US$18,036,948.

Emergency Funding by Source
<table>
<thead>
<tr>
<th>Donor</th>
<th>Sector</th>
<th>Funding Received ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECHO</td>
<td>Multisectoral and WASH</td>
<td>1,809,353</td>
</tr>
<tr>
<td>Japan</td>
<td>Education, Health, Nutrition, Protection and WASH</td>
<td>5,100,002</td>
</tr>
<tr>
<td>Norway</td>
<td>Multisectoral</td>
<td>1,000,000</td>
</tr>
<tr>
<td>UNICEF NatCom UK</td>
<td>Multisectoral</td>
<td>100,000</td>
</tr>
<tr>
<td>UNICEF HQ</td>
<td>Multisectoral</td>
<td>1,650,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>9,659,355</td>
</tr>
</tbody>
</table>
UNICEF Liberia Office would like to thank all Donor Governments, EU/ECHO and UNICEF National Committees for providing the much needed financial support in response to the Ivorian refugee crisis. Your support has been crucial. UNICEF looks forward to your continued generous support to enable us to provide the urgently needed humanitarian assistance to children and families affected by the Ivorian refugee crisis in Liberia.

5. Inter-Agency Collaboration, Coordination, Cluster Leadership and Key Partnerships

- UNICEF is represented at the monthly Humanitarian Action Committee (HAC) briefings and the fortnightly operational coordination meetings in Monrovia; and in the fortnightly/monthly sector working groups and general coordination meetings in Nimba, Grand Gedeh, Rive Gee and Maryland counties.
- UNICEF is leading the WASH, Nutrition, Education (co-lead with Save the Children) sectors, the Child Protection sub-cluster, and is participating in the Health and HIV/AIDS coordination mechanisms.

6. Contacts

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- Miraj Pradhan, Communication Specialist, mpradhan@unicef.org Tel: +231 770 267 110