

EUROPEAN COMMISSION



Humanitarian Aid



**MULTI-SECTOR EMERGENCY RESPONSE TO IVORIAN REFUGEES  
AND HOST COMMUNITIES IN FOUR LIBERIAN COUNTIES OF NIMBA,  
GRAND GEDEH, RIVERGEE & MARYLAND**

**EVALUATION REPORT**

Evaluation Period: 23<sup>rd</sup> August to 19<sup>th</sup> October 2012

Commissioned by: UNICEF Liberia

October 2012

## **Acknowledgements**

My gratitude goes to all UNICEF staff both in Monrovia and at the field offices who in particular provided tremendous and unparalleled support during the visits, staff from various implementing partners on all the sectors (WASH, Health, Education and Protection), local community leaders, government ministries at county level and data collectors without whom this evaluation would not have been possible.

Kennedy Tsosy Getange, MSc.

Evaluation & Organizational Development Consultant  
Appropriate Development Shapes (ADS)  
P.O. BOX 1753-00502, Nairobi, Kenya  
Tel. + 254 736671696 / +254 710943451  
[Kennedy.ads@gmail.com](mailto:Kennedy.ads@gmail.com)

## Table of Contents & Report Structure

Executive Summary.....	1
1. Object of Evaluation.....	5
1.1. Context.....	5
1.2. Key Programme Results and the Results Chain .....	5
1.3. Partners Involved .....	6
1.4. Coordination & Monitoring.....	6
2. Evaluation Purpose, Objectives and Scope.....	6
2.1. Purpose .....	6
2.2. Evaluation objectives .....	6
2.3. Scope.....	7
3. Evaluation Methodology.....	7
3.1. Methods Used.....	7
3.2. Sampling Methodology for the Household Survey .....	8
3.3. Enumerators and Training .....	9
3.4. Inclusivity .....	9
3.5. Summary of Data Sources.....	9
3.6. Data Analysis and Triangulation.....	10
3.7. Challenges and Limitations of Data Sources.....	10
4. Key Findings .....	11
4.1. Limitations and Interpretation of Findings .....	11
4.2. Result 1: WASH Services and Disease Reduction.....	11
4.3. Result 2: Access to Quality Public Health Services.....	14
4.4. Result 3: Access to Quality Education.....	17
4.5. Result 4: Protection from Violence, Abuse and Exploitation.....	21

4.6.	Overall Efficiency.....	23
4.7.	Light Assessment against UNICEF CCC & Coherence.....	24
5.	Conclusions and Lessons Learned.....	27
5.1.	Conclusions .....	27
5.2.	Lessons Learned.....	27
6.	Recommendations .....	29
	Annex 1: Household Questionnaire.....	31
	Annex 2: Reference Documents .....	42
	Annex 3: List of Persons Met and Key Informants.....	43
	Annex 4: Evaluation Terms of Reference (TOR).....	45
	Annex 5: Table of Outputs .....	51
	Annex 6: Validation Workshop Participants .....	54

## List of Acronyms and Abbreviations

ACF	Action Contre la Faim
ANC	Antenatal Counselling
CCC	Core Commitments for Children (For UNICEF)
CFS	Children Friendly Spaces
CHT	County Health Team
CIPORD	Christian Impact Programme for Rural Development
DAC	Development Assistance Committee
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Office
ECREP	Evangelical Children Rehabilitation Program
FGD	Focused Group Discussions
GBV	Gender Based Violence
HS	Household Survey
ICRC	International Committee of the Red Cross
INGO	International Non Governmental Organization
IP	Implementing Partners
IPT	Intermittent Preventative Treatment
IRC	International Rescue Committee
LRRRC	Liberia Refugees, Repatriation and Resettlement Commission

M &E	Monitoring and Evaluation
MOE	Ministry of Education
MOHSW	Ministry of Health & Social Welfare
MPW	Ministry of Public Works
NFI	Non Food Items
NGO	Non Governmental Organization
NRC	Norwegian Refugee Council
OECD	Organisation for Economic Co-operation & Development
PCA	Programme Cooperation Agreement
SCUK	Save the Children, United Kingdom
SPIR	Samaritan Purse International Relief
STI	Sexually Transmitted Infections
TOR	Terms of Reference
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
VIA	Visions in Action
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

## **Executive Summary**

### Overview

As part of a continued response to the influx of refugees from Ivory Coast into Liberia following the disputed 2010 elections, the European Commission Humanitarian Office (ECHO) provided 1.5 Million Euros to UNICEF in order to meet critical needs in Water, Hygiene and Sanitation (WASH), Health, Education and protection for both refugees and the host communities. With UNICEF making a contribution of 100,000 Euros, the programme was implemented in the four counties of Nimba, Grand Gedeh, River Gee and Maryland through Implementing Partners (IP) contracted by UNICEF through Partnership Cooperation Agreements (PCA)

There were four result areas namely: Reduction of diarrhoea diseases in 45 host communities through provision of clean water and sanitation facilities and WASH education targeting 50,000 people; increasing the capacity of health facilities to deliver quality health/HIV services through provision of supplies and training health workers, targeting 79,500 people; increasing access to quality and relevant formal and non formal education including Early Childhood Development (ECD), targeting 50,000 children and ensuring that all girls, boys and youth enjoy rights of protection from neglect, violence, abuse and exploitation, with a target of reaching 10,000 people especially vulnerable children.

The programme funded by ECHO was implemented between July 2011 to June 2012 with UNICEF playing a key coordination and monitoring role while supporting county authorities to lead the processes.

### Evaluation Objectives and Intended Audience

In line with the Terms of Reference (TOR), the objectives of this evaluation include measuring the relevance, effectiveness, coverage, efficiency and highlight impacts made through the interventions in WASH, Health, Education and protection as spelled out in the ECHO operational framework. Findings from the evaluation and lessons learned are intended to be used by all the stakeholders including the beneficiaries, the Government, UNICEF and partners to identify what worked well, shortcomings and use lessons learned for better design and implementation of future interventions of a similar nature. The scope of the evaluation was limited to those activities funded by ECHO in the four counties of Nimba, Grand Gedeh, River Gee and Maryland.

### Evaluation Methodology

The evaluation used a mix of methodology to collect data and required information that included desk review of relevant literature, conducting a household survey based on 14 sampled communities and refugee camps (10 communities and 4 refugee camps) spread across the four counties, interviews with partners and various stakeholders at community level, Focused Group Discussions (FGD) at community level including primary school children, women and the youth and through observations.

## Most Important Findings & Conclusions

### *Relevance & Efficiency*

Overall, the outputs and activities undertaken in all the sector interventions were found to be relevant and well tailored to meet the objectives and the needs of the refugees and host communities. The services provided were timely though there were some delays in implementing certain activities occasioned largely by poor infrastructure leading to difficulties in accessing communities. The average cost of providing services per beneficiary averaged Euro 11 which is deemed reasonable given the difficult and costly operating environment.

### *Effectiveness & Immediate Impacts*

Overall, the programme was a success and achieved its objectives although challenges still remain especially with the capacity of community based facilities to deliver quality services.

### **WASH Services and disease reduction**

Under the WASH component, targets relating to provision of safe water were largely met. Water quality largely met the World Health Organisation (WHO) standards set (0.2-0.5mg/litre for residual chlorine) with about 83% of respondents in the household survey indicating access to at least 10 litres of water per person per day, where water points were available. Close to 30,000 people were supplied with WASH Non Food Items (NFI).

Hygiene education was provided with 61% of households indicating having received it while 57% of households were able to name three key hand washing times against a set target of 50%. This showed that hygiene education helped create an impact on the behaviour of households towards good hygiene practices. This is further demonstrated by the percentage of those using a latrine (68%) thus helping reduce open defecation. Data from health centres visited indicated a downward trend in reported cases of diarrhoea.

The number of users for shared latrines is however still above the 50 per latrine programme target based on calculations of available facilities compared with catchment populations. Some facilities such as latrines were not built to required quality levels due to non adherence to standards and insufficient monitoring of the work of some implementing partners.

Key challenges faced include the limited capacity of country ministries of Public Works and Health responsible to conduct monitoring of WASH facilities and water testing. In some cases, implementing partners on the ground followed different standards resulting in confusion when it comes to the level of required community contributions especially with regard to the construction of household latrines – and this contributed to slow community mobilisation.

## **Capacity of Health facilities to deliver quality services**

The key impacts under the Health component include the improvement in people's perceptions towards health issues such as mothers making decisions to take their children to clinics; seeking antenatal care services (78% against a programme target of 50%) with the number of deliveries attended by a trained health worker being 64% based on the HS against a target of 80%. Curative services related to malaria were effective in that 91% of <5 positive cases were treated while 84% surveyed pregnant mothers indicated receiving Intermittent Preventative Treatment (IPT).

A key drawback reported by respondents in the FGD and interviews regards the inability of the programme to invest sufficient resources in Malaria such as prevention. Clinics visited indicated an upsurge in reported cases of malaria.

Major capacity challenges still existing include few health facilities, limited trained medical personnel and insufficient supply of drugs.

## **Access to quality formal and non formal education**

A major success of the education component was the ability to enrol close to 20,000 children in both primary schools and Early Childhood Development (ECD) services. Enrolment rates showed a close balance between girls and boys – 47% and 53 % respectively. Most stakeholders and the communities attributed school supplies provided as having greatly encouraged children go to school.

Morning and afternoon classes for Liberian and refugee children respectively were effective in using limited Government and other facilities available to enrol more students in primary schools. Ivorian students were able to sit exams in grade 6 and the average pass rate was 84%. With the accreditation system in place following approval by the Ivory Coast Ministry of Education, the programme was a success in that students will not have to lose any academic year should they wish to go back to Ivory Coast.

The key shortcomings included limited learning spaces and as such the set maximum teacher-student ratio of 1:50 was not met in most schools. The number of teachers was not sufficient to cater for all the students and in some cases school supplies arrived late.

Parents and caregivers complained that children were spending a lot of time looking for food instead of learning – this could probably be addressed when WFP begins the school feeding programme. There were also limited schooling opportunities for refugee students wishing to join high school upon completing primary education.

## **Rights to protection from neglect, abuse and exploitation**

An immediate impact from protection activities was its contribution to community integration especially through activities organised for children for both refugees and host communities.

Distribution of NFIs to 19,603 vulnerable children to both groups without discrimination contributed towards inclusiveness, community harmony and peace. Likewise, 12,742 children were enrolled in Child Friendly Spaces (CFS). 76% of respondents in the household survey indicated that they felt safe from abuse and exploitation.

Slow tracing of unaccompanied and separated children due to long procedures and inadequate education relating to protection issues were some of the shortcomings of the programme.

Challenges were also faced including compromises made at community level thus preventing reporting of cases of abuse to relevant authorities and lack of opportunities for youth who acquire life skills to earn a living from them.

### **Adherence to CCCs and Government Standards**

Most benchmarks in the Core Commitments to Children (CCC) were met with regard to programme and operational commitments. National policies were largely followed in all the sectors during implementation. This was made possible through the coordination meetings in which the relevant Ministries at county levels led.

### **Lessons Learned & Main Recommendations**

Key lessons learned include the following:

- Good coordination among partners is worthy investing even in emergencies as it has a potential to lead to wider coverage of services and ensure service quality;
- When community commitments are made upfront, such as required contributions as is the case with latrine construction, this increases the chances of success and sustainability;
- As communities get involved in making decisions and actually participate in providing services that directly affect them, it may be a good practise to give them some basic information required upfront so that they can make informed choices. A case in point is the construction of household latrines where some designs by the community produced bad odour which later turned out to be a disincentive to use the latrines.

The following recommendations have been suggested for improving future programmes:

- Rapid assessments should always be done for all the sectors to ensure that needs are appropriate to the community and these should involve community participation even when immediate emergence response is needed;
- Use of common standards should be encouraged and enforced as part of coordination and UNICEF should have more monitoring visits to ensure that partners adhere to set standards and fully perform as per the PCAs signed;
- Efforts should be intensified to provide capacity support to the Ministries at county levels so they can fulfil their supervisory and monitoring roles. UNICEF and partners should continue with advocacy for decentralisation so that counties can obtain more resources to not only fulfil this role but also put up more community based facilities for risk reduction.
- Increased involvement of community based organisations should be encouraged for sustainability due to the short durations of PCAs signed with implementing partners.

## 1. Object of Evaluation

### 1.1. Context

The 2010 disputed elections in Ivory Coast resulted in a large influx of Ivorian refugees into Liberia creating a big burden to host them as facilities were already overstretched. Through funding received from ECHO and other agencies, UNICEF and its partners undertook a multi-sector emergency program to address critical needs related to Water, Sanitation and Hygiene (WASH), Health, Education and Protection. The emergency response had taken into account the needs of both refugees and the host communities in order to prevent diseases and safeguard the rights of children. More resources were invested in effective coordination amongst various Government Ministries, UN agencies, International Non Government Organisations (INGO's) and other NGOs, which were considered critical in ensuring effective delivery of assistance to those most in need.

Funding secured from ECHO was Euros 1.5 million with a UNICEF contribution of Euros 100,000 and this covered the period between July 2011 and June 2012. ECHO funding was utilised alongside other funding from major governments and Liberia's development partners in addressing identified needs for both refugees and host communities.

### 1.2. Key Programme Results and the Results Chain

The following is a brief of the key targeted results and how they were to be achieved:

- Reduction of diarrhoea diseases in 45 host communities, targeting 50,000 people;  
This was to be achieved through provision of basic WASH services including safe drinking water in camps and communities, sanitation facilities for communities and schools as well as hygiene education;
- Increasing the capacity of health facilities to deliver quality health/HIV services through preventative and curative services including training health workers, provision of medical supplies and health education all targeting 79,500 people;
- Increasing access to quality and relevant formal and non formal education including Early Childhood Development (ECD) for children aged 3-5 years from Ivory Coast as well as from the host communities. This was to be achieved through provision of basic learning infrastructure in the form of classrooms and furniture, education supplies, identification and training of teachers and caregivers, among other activities. This targeted to reach about 50,000 children;
- Ensure that the rights of all girls, boys and youth to protection from neglect, violence, abuse and exploitation during the emergency are respected through creating safe environments, setting up Child Friendly Spaces (CFS), timely

referrals for the tracing of unaccompanied and separated children, case management and providing basic psychosocial support. The target was to reach about 10,000 persons with a particular emphasis on vulnerable children.

The Programme, while focusing on vulnerable groups such as children and women, was inclusive with no discrimination based on gender, country of origin or any other criteria.

### 1.3. Partners Involved

The multi-sector emergency represented a continued response and was implemented through partners contracted by UNICEF through Programme Cooperation Agreements (PCA) as follows: **WASH** (Evangelical Children Rehabilitation Programme-ECREP, Christian Impact Programme for Rural Development - CIPORD and Samaritan Purse International Relief –SPIR); **Health** (County Health Teams-CHT, Merlin); **Education** (Plan, Save the Children UK –SCUK, Visions in Action –VIA, International Rescue Committee - IRC) and **Protection** (SCUK, IRC, Right to Play). In addition to these partners, the Ministries of Public Works (MPW), Health and Social Welfare (MOHSW), Education (MOE) and that of Gender were heavily involved and led coordination in the implementation of the programme in their respective fields of expertise.

### 1.4. Coordination & Monitoring

While the UNICEF and Government partners at community levels were involved in the day to day monitoring, UNICEF was to ensure overall monitoring and also support Ministries at country levels to fulfil their coordination role. Sector groups and interagency meetings were to be used to set implementation standards and as forums for sharing information and updates on performance.

## 2. Evaluation Purpose, Objectives and Scope

### 2.1. Purpose

The purpose of this evaluation is to provide feedback to stakeholders including UNICEF and its partners, the Government of Liberia, ECHO and beneficiaries at large to assess to extent by which achievements were made against set targets, identify critical success factors, shortcomings and draw lessons thereof for improved design and implementation of future interventions of a similar nature.

### 2.2. Evaluation objectives

In line with the TOR, the evaluation sought to answer the following key questions:

*Relevance:* How did the Ivorian refugees and Liberian Host communities perceive these interventions as relevant in meeting their most urgent needs, including timely delivery of services?

*Effectiveness:* To what extent did the program achieve its planned outputs and results at the outcome level, including challenges faced and how they were overcome?

*Coverage:* To what extent did the benefits reach the target group as intended? Did benefits spill over to communities living outside of the intervention area?

*Efficiency:* To what extent were the costs of the development intervention justified by its results, taking alternatives into account?

*Impact:* What effects, positive and negative, intended or unintended were brought about as a result of this program intervention?

*Coherence:* Was the project implemented in line with National policies and guidelines as appropriate and UNICEF Core Commitments to Children (CCC) standards?

The evaluation criteria are largely in line with that established by the Organisation for Economic Co-operation and Development (OECD) through the Development Assistance Committee (DAC).

### 2.3. Scope

As per the terms of reference (TOR) in Annex 4 to this report, the evaluation scope is limited to the program funded by ECHO titled “Emergency Multi-Sector Humanitarian Interventions in four Liberian Counties affected by the influx of Ivorian refugees.” The geographic scope of this evaluation is therefore restricted to the 4 counties of Nimba, Grand Gedeh, River Gee and Maryland where activities were implemented.

However, there were other development partners who gave funds towards this continued effort alongside ECHO and overall outcomes and immediate impacts are to be looked within a wider multi-donor setup.

## 3. Evaluation Methodology

### 3.1. Methods Used

The evaluation was conducted using a mix of methods that included literature review, interviews with key informants, focused group discussions and a household survey.

### *Literature Review*

This involved review of the ECHO proposal and operational framework, Partnership Contract agreements with partners, progress reports, among other documents. A full list is attached in Annex 2 to this report.

### *Interviews with Key Informants*

Key informants interviewed included partners who signed PCAs with UNICEF, relevant Government ministries such as the Ministry of Public Works, Country Health teams, Camp Managers in refugee camps, school principals, Officers in Charge (OIC) for health centres, community leaders as well as UNICEF staff involved with the implementation in all the clusters. A full list is presented in Annex 3. These informants were chosen due to their direct involvement in the action as duty bearers or as direct implementers or due to the coordination role that they played during implementation and monitoring.

### *Focused Group Discussions (FGD)*

Focused Group Discussions were held in each community/ camp and they targeted direct beneficiaries (rights holders) of the emergency operation namely mothers/caregivers, children, youth and teachers where possible. At least two FGD were conducted in each community/camp, involving selected caregivers/mothers, the youth, primary school children and teachers depending on the type of interventions in that particular community or camp.

### *Household Survey (HS)*

A household survey was conducted in each of the four counties where the programme was implemented as a way of getting information and giving a voice to direct beneficiaries as right holders to articulate how the program affected them. A questionnaire was developed and shared with UNICEF Monitoring and Evaluation (M&E) and pre-tested in Nimba County in the two communities of Duoplay and Larpea<sup>2</sup>. The questionnaire was administered to mothers and caregivers and key questions covered all the sectors namely WASH, Health, Education and Protection. Questions in the HS survey were designed to answer the evaluation criteria as spelled out in the TOR.

## 3.2. Sampling Methodology for the Household Survey

A sample size was determined influenced by the size of the target population and the limited resources available for the evaluation. A confidence interval of 95% and an error margin of 5% were assumed resulting in a selected sample of 392 households to be surveyed although 393 households were actually surveyed.

### *Selection of Communities/Camps*

Each of the four counties was selected and all the communities and camps where the programme was implemented were listed. Being a multi sector intervention, the type of intervention (WASH, Health, education or protection) that was implemented in each community was indicated in a table. For purposes of economy and ensuring that all sector interventions were covered in the study, all communities and camps where interventions covered at least three sectors were used as the sampling frame, out of which 14 were selected: 5 each for Nimba and Grand-Gedeh and 2 each for River Gee and Maryland. The number selected for each county was in proportion to the levels of activity. In total, 10 host communities and 4 refugee camps were selected for the study using this process.

### *Household Selection*

Enumerators were required to count three households from the approximate centre of the community and then select successive households where a mother or caregiver was interviewed. On average a total of 28 questionnaires were administered for each community/camp selected.

### 3.3. Enumerators and Training

A team of enumerators comprising two women and six men (8 in total) was identified and received two days intensive training at UNICEF offices. This team had been involved in related studies before with UNICEF. Two data collection teams were formed with a woman representative in each.

### 3.4. Inclusivity

The evaluation was designed to include all groups, both host communities and refugees, men and women as well as children and the youth using a mix of methods described above.

### 3.5. Summary of Data Sources

The table below summarises data sources used:

Data Source	Who participated/ Sources	No.
Household Survey	Households- women and caregivers	393
Key Informants	Implementing Partners (IP), Local Leaders, County Health Teams, County Education authorities, UNICEF staff	98

Focused Group Discussions	Youth, Children, Teachers, WASH committees, selected households, men and women	28
Observations	WASH facilities/behaviour, Education facilities, CFS	28
Desk Reviews	See list attached in Annex	

### 3.6. Data Analysis and Triangulation

Data collected was analysed using the Statistical Package for Social Sciences (SPSS) and MS Excel from where useful statistics and frequencies were obtained and analysed. Key themes from key informants and Focused Group Discussions (FGD) were developed and triangulated with results from the Household Survey and progress reports before drawing conclusions.

### 3.7. Challenges and Limitations of Data Sources

While this evaluation was specifically for the ECHO grant, data available in UNICEF is not necessarily captured per source of funding and this makes it difficult to attribute achievements to the ECHO grant. The data obtained can therefore only serve to indicate the extent to which the overall programme that was funded by multiple donors (of which ECHO is a part) has been successful in achieving its objectives.

While targets were set, baseline data was not available against which to make comparisons.

A key challenge experienced during the study was accessibility due to the bad road conditions during the rainy season. This led to changes in the communities visited and led to the inability to maintain the random sampling methodology but overall this did not affect the quality of data collected.

## 4. Key Findings

### 4.1. Limitations and Interpretation of Findings

The following limitations should be taken into account in interpreting the findings of this report:

- While this evaluation covers the ECHO funding, the mode of UNICEF's operation is such that data on outputs is not necessarily gathered by donor. The findings have therefore to be read and understood within the overall emergency response that also included other funders. However, where possible outputs in this report are those apportioned to ECHO based on its financial contribution.
- The period of implementation is too short to be able to demonstrate causality between the intervention and the observed changes that have taken place and as a result, impacts described in this report are those immediate behavioural changes among the study population that could reasonably be attributed to the programme interventions.

### 4.2. Result 1: WASH Services and Disease Reduction

#### *Relevance*

Availability of safe drinking water and provision of sanitation facilities were among key needs for the community and refugees as revealed in the Focused Group Discussions (FGD) and the Household Survey (HS) that were conducted. These needs are still valid to date and without meeting them, the population will suffer from water borne diseases, mainly diarrhoea. With the influx of refugees from Ivory Coast, there was a big strain on the few existing water points and sanitation facilities. The WASH interventions were therefore deemed relevant and well received by both refugees and the host communities where the interventions were carried out.

However some latrine construction designs did not take into consideration odour emission and this discouraged some from using the facilities.

#### *Effectiveness*

The WASH program managed to deliver most of the outputs outlined in the proposal operational framework signed with ECHO. Annex 5 shows outputs achieved and attributed to the ECHO grant. Key indicators achieved under the programme are as described hereunder:

- Results from the survey reveal that the amount of water available per each household member was close to the target of 15litres per person per day. This was

estimated based on the size of storage containers and interviews with mothers on how often they filled them on a daily basis.

Results were as follows: 15 litres and above (40%); between 10 - 15 litres (43%). Programme target was 15 litres per day per person. The CCC target is 7.5-15 litres per person per day.

- Water test results from selected implementing partners in the counties of Nimba, River Gee and Grand-Gedeh indicated that standards were largely met with regard to turbidity (<5NTU), levels of faecal coli form (zero) and free chlorine after water was treated. However few the reports picked showed a residual chlorine level of 0.1mg/litre, short of the 0.2-0.5mg/litre target. Water treatment in households was not always assured thereafter when households run out of the Aqua tabs supplied as a number of them indicated they could not afford them. Accordingly only 23% of respondents indicated that they treated their water.
- Case summaries from the evaluation indicated that most respondents (57%) could name at least three key hand washing times due to the WASH education received. This is against a programme target of 50%. Those who reported receiving WASH related education were 61%. Most of those who did not receive the WASH education indicated that they were either not aware or had other commitments. The programme target was 70% as set in the CCC standards.
- NFIs were procured and given to partners for distribution to 25,000 refugees and 5,000 vulnerable children from host communities. 57% of respondents in the household survey indicated that they received NFIs.

Through provision of safe drinking water from hand dug wells/boreholes, sanitation facilities and WASH education, there has been a reported reduction of cases of diarrhoea. Records maintained by health centres and clinics visited indicated a reduction in reported diarrhoea cases, especially within the first half of the year 2012, which is within the programme period.

One key contributor to the success of the WASH component was the existence of a solid sector coordination mechanism that ensured that duplicative activities by partners were minimised. New entrants in the sector often came through the coordination group to find out where gaps existed before launching their activities.

However, there were some shortcomings during the implementation of the programme and these are summarised below:

- Rapid assessments were not carried out prior to the intervention

- Due to limited sanitation facilities before the intervention, the programme sought to reduce the number of users per latrine in communities to 50 and below. However, calculations from sample communities based on catchment population and number of latrines available indicate that there are still more than 50 persons who use a latrine on average. More facilities will need to be built given a sizeable number of refugees who are still in communities.
- Some water pumps were not working due to breakdowns. While the WASH committees established are expected to mobilise households to contribute towards the kitty for purchasing small spare parts, this has proved to be very challenging in most communities. Partners have however engaged private businesses to stock spare parts, trained pump repair mechanics and tried to involve local leadership to mobilise communities to make monthly contributions towards pump maintenance;
- The quality of facilities constructed by some partners is poor although it is understood that some represent rehabilitations which were initially poorly done before the Ministry of Public Works (MPW) released required standards. Some institutional toilets have cracks and emit bad odour. Some wells dry up quickly during the dry period due to shallow depths. This suggests that monitoring of the work of some partners is not sufficient to ensure that standards are adhered to at all times.

The following challenges were faced:

- Limited capacity available at the level of county of the MPW and that of Health for carrying out monitoring and supervision of activities at community levels. Due to limited capacity, water testing of newly dug wells is delayed and this is often done by the NGOs/implementing partners who implement the programme;
- Some NGOs had earlier on constructed sanitation facilities without requiring community contributions and this became a challenge in convincing the community to make their contributions in terms of digging the pit hole and constructing the latrine structure. This was later minimised through the WASH sector coordination meetings where standards were established on what should make up the assistance given to the community in this respect.

### *Coverage*

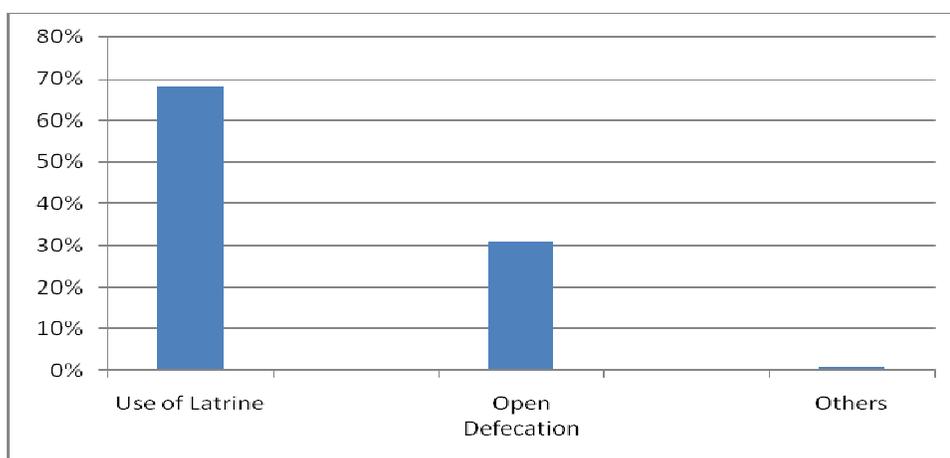
In sum, WASH related Non Food Items (NFIs) were purchased for about 30,000 people in different communities, among them about 5,000 vulnerable children. The programme covered 34 communities including schools, where WASH education was provided. In addition to the targeted communities, campaigns conducted through local radios on WASH education reached neighbouring communities. As a result, some communities especially in

Grand-Gedeh showed great interest and requested for the same WASH services to be offered to them.

### *Impact*

A key immediate impact of the WASH intervention has been evident behaviour changes towards good hygiene practices in the community and in institutions. There has been a general reduction in open defecation resulting in a much cleaner environment in communities and camps where the interventions were carried out. WASH education messages had an impact on neighbouring communities who wanted to benefit from the same services offered to their neighbours.

Figure 1: Methods of Defecation following Wash Education received



### 4.3. Result 2: Access to Quality Public Health Services

#### *Relevance*

Interviews with key informants and FGD with women, caregivers, youth groups and school children cited fighting malaria, drugs availability in public health clinics/hospitals and availability of sufficient numbers of trained health workers as major priorities in the health sector. To the extent that the programme included these interventions in the programme design, it can be said that it was very relevant to the needs of the communities and refugees who were the primary beneficiaries.

#### *Effectiveness*

In order to increase access to quality public health services, medical supplies and drugs were procured and distributed to the health centres and hospitals through the County Health Teams (CHT). Officers in Charge (IOC) interviewed in various clinics and health institutions expressed their appreciation to UNICEF and partners for helping with the provision of supplies and drugs while indicating that due to high demand, sustained

deliveries are required. As part of capacity building, 45 HIV/AIDS counsellors received training across the four counties for post HIV testing on mothers making the first Antenatal Care visit.

The Household Survey (HS) conducted as part of the evaluation recorded the following statistics:

- 91% of malaria incidents for the under 5-year old were treated in various health institutions. This percentage also represents those who sought medical treatment in clinics/health centres for malaria treatment.
- 62% of respondents (mothers and caregivers) indicated that children between 6 months and 15 years received a vaccine against measles within the programme period. This was against a target of 80% set by the programme and against 95% CCC benchmark. Only 37% of respondents indicated participating in measles awareness campaigns carried out – out of which 58% indicated lack of awareness while 18% had other commitments when the campaigns took place.
- The percentage of pregnant mothers who sought ANC services during the programme period was 78% against a programme target of 50%. This should however be interpreted very cautiously as the number of who responded in this category was very small and in most cases fell below the expected 5% pregnant women within a catchment population hence this could be localised as compared to national statistics which are far lower than this. 79% of those seeking ANC services reported having received HIV testing and counselling (target was 80%).
- 84% of pregnant mothers reported receiving Intermittent Preventative Treatment (IPT) for malaria through FANSIDA (Programme target was 30%). Again, the number of responses in this category was significantly small and the percentage is higher than expected national average, hence should be interpreted with caution.
- Reported deliveries by trained birth attendants in health institutions represented 64% in the HS, compared to a programme target of 80%. According to key informants in the health sector, this contributed to a reduction in child and maternal related deaths.

Interviews with various stakeholders cited the use of mobile clinics to reach remote areas and good coordination among partners and the CHT as contributing to the positive developments. The ambulance service in the refugee camp was very much appreciated by the refugee population.

The following shortcomings were noted:

- Malaria cases are still on the rise as sufficient resources have not mobilised and invested on prevention;
- There was no rapid needs assessment carried out

Challenges faced in providing quality services include the following:

- There are few health centres within close proximity of the communities and people have to walk long distances in search of medical care. As a result, a number resort to the use of traditional herbs for treatment;
- Health institutions are very understaffed with trained medical personnel. As a result some of them only open once a week and in most cases only during daylight.
- Supply of drugs is still a far cry given the number of people that require them at the health institutions(demand side)

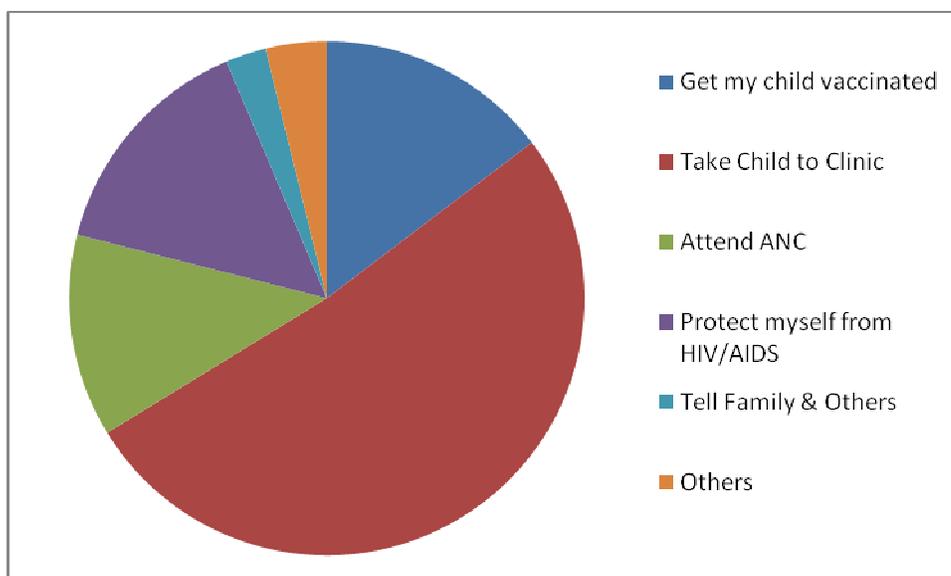
#### *Coverage*

Testing and treatment supplies were procured by UNICEF and distributed to 116 health facilities in the four counties through the County Health Teams and in total 145,105 beneficiaries were reached by the programme. There were reported cases of people from nearby non-targeted communities who also benefited from the services provided.

#### *Impact*

Immediate notable impacts result from the health promotion education that was provided by the implementing partners. A number of those who took part in the survey indicated that they will do one thing or another as a result of the health education received.

Figure 2: What respondents intend to do as a result of Health Education



#### 4.4. Result 3: Access to Quality Education

##### *Relevance*

A Rapid Joint Needs Assessment (RJNA) was carried out prior to the interventions in education. The RJNA involved the local communities through focused group discussions. Activities and outputs such as provision of temporary and semi-permanent learning spaces, recruitment and training of teachers and provision of education supplies, among others, were consistent with the overall objective of increasing access to quality basic education. These services were well received by refugees and host communities.

##### *Effectiveness*

The education programme managed to deliver on most of the outputs that included provision of temporary and semi-temporary learning spaces (54 provided), identified and trained 381 teachers and 153 pre-primary care givers and set up 56 ECD centres. 107 schools benefited from educational supplies procured by UNICEF and distributed by the implementing partners. As a result:

- 15,120 students were enrolled in primary schools and 4,040 children between 3-5 years were catered for in ECD centres. 75% of respondents with eligible children reported enrolling them in ECD centres while 62% with eligible children enrolled them in primary schools. For both cases, rates of enrolment averaged 47% and 53% for girls and boys respectively. The target enrolment of 20,000 children for primary enrolments and 20,000 children for ECD were not met because these figures were

based on estimates but it turned out that a sizeable number of refugees relocated and some were repatriated;

- The shift system of having morning classes for Liberians and afternoon classes for refugees enabled facilities to be used effectively to ensure access to education especially for refugees as the curriculum and language used were different. Indeed 81% of respondents in the HS were satisfied with the education services offered in spite of a number of challenges this posed.
- In some communities, refugees joined Liberians for the morning sessions while Liberian students joined refugees for the afternoon sessions, providing an opportunity for both to learn from each other and to learn a second language.
- The education and protection components were integrated to ensure a safe environment for schools and provision of psychosocial support to those in need.
- For refugee schooling, an accreditation system was eventually agreed with the Ministry of Education officials from Ivory Coast. This enabled students to take examinations in Liberia using the Ivory Coast curriculum, receive certificates and be allowed to continue in school when they choose to go back to their country of origin without losing any school year.

Figure 3: Primary School and ECD Enrolments

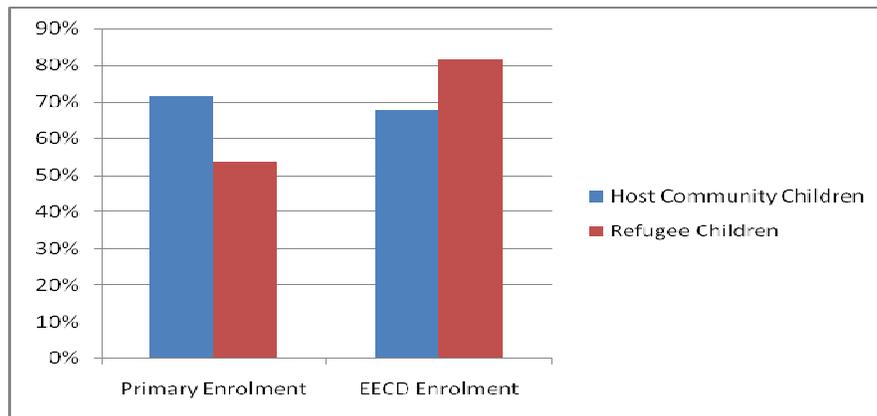
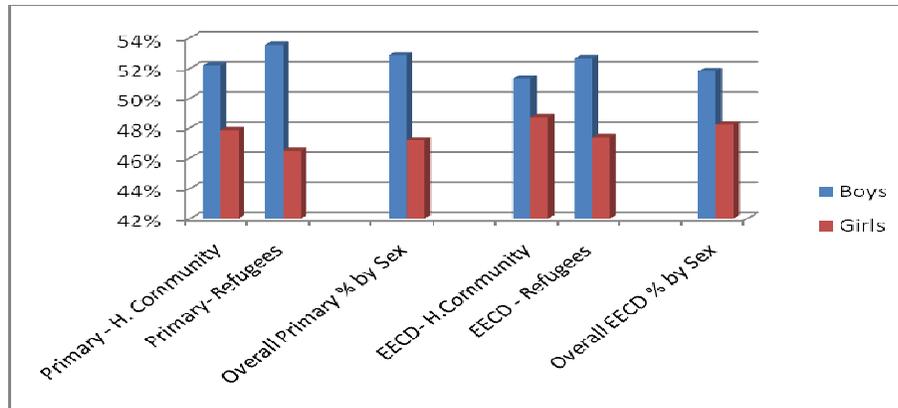


Figure 4: Enrolment proportions by Status(Liberians vs Refugees) and Sex



Feedback received from Focused Group Discussions and interviews with key informants attributed success to school supplies provided that encouraged many students to enrol and commitment as well as good coordination of all the partners involved. In one community in Nimba County, the local community took the initiative to build a school by themselves. 55% of respondents who did not take their children to ECD centres considered them too young to be enrolled. Mothers, youth and caregivers interviewed in the FGD cited lack of feeding in school as a major reason for non enrolment of some children in primary schools as they have to go and look for food in the bushes.

Education activities were integrated with those of protection especially in the provision of psychosocial support.

The key shortcomings of the education component include the following:

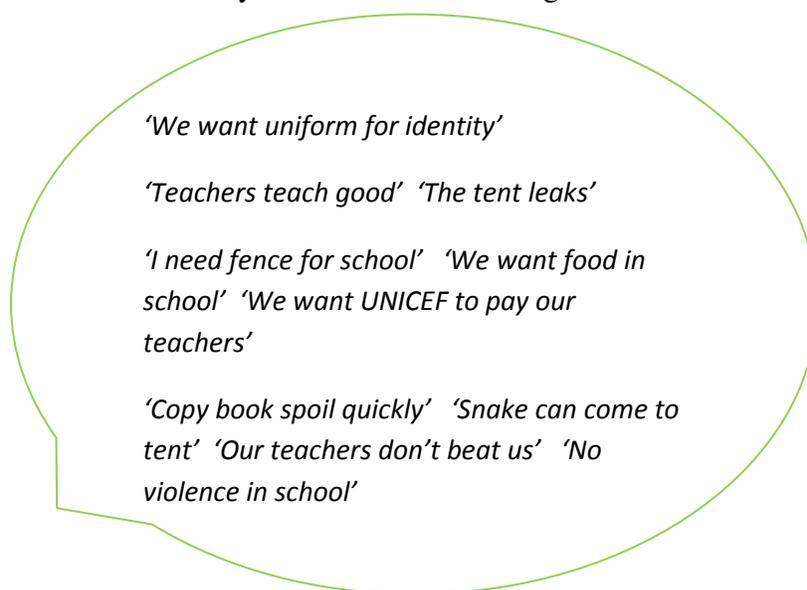
- Learning spaces and classroom facilities were not adequate to cater for the large number of students and this went beyond the 1:50 teacher to student ratio set by the government.
- The number of teachers was also not sufficient leading in some cases to one teacher teaching two classes at ago or having two different classes going on in the same room at the same time. This was sometimes due to sudden increases in the number of refugees especially in camps;
- School supplies to some implementing partners arrived very late and this resulted in some students not getting them when required;
- Tents supplied for use as temporary learning spaces did not last long. In the refugee camps visited, the tents are in a deplorable condition. There was also no sufficient furniture in some schools;
- A sizeable number of teachers reported receiving their payments very late – some waiting for as long as three months. Some partners attributed this to late transfer of

disbursements by UNICEF while some partners attributed this to their own internal procedures or a combination of both;

The following challenges were faced:

- Parents and caregivers interviewed in the communities indicated that due to insufficient food, children have to spend hours looking for it in the bushes at the expense of learning and in some cases leading to dropouts – this could perhaps be mitigated with the planned start of the school feeding programme by WFP;
- The Government policy of henceforth only providing services to refugees who are in camps has made provision of education to those refugees who choose to remain in host communities difficult, due to language barriers that makes it a challenge to integrate them into the Liberian curriculum. Some partners have taken steps to provide English lessons to the Ivorian children in communities in order to help them begin attending classes in Liberian schools.
- Refugee students graduating from primary schooling have difficulties continuing with their education in high schools as such facilities are far from the camps or where they live and they cannot afford the fees required to be paid

Figure 4: Voices from Primary School Students during FGD



### *Coverage*

In total 19,160 students in primary schools and ECD centres were reached while 534 teachers and pre-primary care givers were trained. 107 schools received emergency educational supplies in the four counties. The programme covered both host communities and refugee camps.

Students from nearby communities who did not host refugees also benefited from the education facilities that were set up through the programme.

### *Impact*

The immediate impacts and highlights include the fact that the pass rate for grade 6 in the refugee camps averaged 84%. In addition to this, teachers who have been trained can be able to utilize those skills elsewhere to better their lives and those of their communities.

## 4.5. Result 4: Protection from Violence, Abuse and Exploitation

### *Relevance*

The objective of the protection component was to ensure that the rights of girls, boys and youth to protection from neglect, violence, abuse and exploitation during the emergency were respected. These rights tend to be violated to such vulnerable groups during emergencies and therefore the planned activities in line with RJNA conducted included activities that were in line with the overall protection objective. These included timely referrals for unaccompanied and separated children, case management and provision of psychosocial support to those in need.

However, some items such as cloths distributed as NFIs were found to be inappropriate to the vulnerable children based on feedback received from implementing partners and beneficiaries.

### *Effectiveness*

Key outputs delivered as part of meeting the protection objective included enrolling 12,742 children in Children Friendly Spaces (CFS), identifying and training 454 foster families in parenting skills and distributing NFIs to 19,603 vulnerable children covering both refugees and host communities. However, only 48 % of respondents reported that they received child friendly NFIs. Field visits revealed that some NFIs had not been distributed due to a government directive against doing distributions in host communities as refugees are expected to move into camps. 63% of respondents indicated that their children participated in recreational activities in CFS.

Although this may not be necessarily attributed to the emergency programme, 76% of respondents in the Household Survey, based felt safe. Interviews with key informants indicated that domestic violence, rape, abuse and exploitation cases have been on a decline, based on perceptions.

With regard to unaccompanied and separated children, 1,140 cases were identified by the implementing partners and referred to ICRC for tracing.

Areas of shortcomings with the protection component include the following:

- Education related to protection did not seem to reach many people; only 24% of respondents indicated they received the education – especially rights related to knowing what their rights are and how they should handle them in case of violations. Of those who did not receive it, 64% cited not having seen the campaigns or were not aware that they were taking place;
- There was reported late arrival of NFIs for distribution and some were received at the end of PCAs signed with some partners;

Challenges that were experienced include the following:

- Due to funding availability, PCAs signed with UNICEF are often too short for case management of unaccompanied and separated children which often times take more than a year.
- Cases related to abuse are mostly not reported to authorities (only 44% reported cases in HS) due to compromises made at community level and fear of reprisals;

- Delays in reunifications due to long processes and lack of harmonisation between the partners and the agencies involved. As a result, of the 1,140 number of unaccompanied and separated children identified and referred to ICRC by UNICEF partners, only 107 have been reported to have been reunified with their families, with 264 reunified with their primary caregivers in Ivory Coast;
- Insufficient open spaces for children especially in refugee camps;
- Limited skills training and lack of opportunities for youth who acquired them

### *Coverage*

The protection component covered 46 host communities and 5 refugee camps in Nimba, Grand-Gedeh and Maryland counties.

### *Impact*

An immediate impact from protection activities is to do with its contribution to community integration especially through activities organised for children from both refugees and host communities. Distribution of NFIs to vulnerable children to both groups without discrimination contributed towards inclusiveness and community harmony and peace.

*‘One advantage of the protection programme is that it makes people to respect each other and to live in peace’* (Dubuzon Community resident)

Some trained community volunteers especially from Maryland were greatly impacted and some of them expressed a strong desire to start the same kind of programmes for children back home in Ivory Coast.

## 4.6. Overall Efficiency

Efficiency can be looked at from two main fronts: cost of inputs versus outputs and the timeliness of the interventions in all the four sectors.

Overall programme cost was 1.6 million Euros from ECHO and UNICEF that was fully spent. Taking all the sectors together (due to inter-sector linkages) an estimated number of 145,105 beneficiaries can roughly be allocated to the ECHO programme. This translates to a cost of about 11 Euros per beneficiary. This could be said to be reasonable given the enormous logistical costs involved in delivering programmes in Liberia, due to poor or lack of basic infrastructure such as roads and electricity and the long distances covered to reach the few facilities available.

The ECHO programme was scheduled to start in July 2011 but funding was received towards the end of the year. UNICEF experienced challenges at the switch to its new accounting system thus payments could not be made in a timely manner. As a result of the

two factors, the programme that was expected to end in March 2012 had a no cost extension to June 2012 and most PCAs with partners were signed in January 2012. It must however be mentioned that ECHO funding was part of an already going on emergency response and while there were specific delays with the implementation of the grant, UNICEF and its partners somehow managed to deliver timely assistance to the refugees and host communities. Most key informants acknowledged that the support to the refugees and host communities was largely timely.

Two shortcomings in the area of timeliness were to do with some delays experienced in sending supplies to partners and in the payment of teachers' salaries.

#### 4.7. Light Assessment against UNICEF CCC & Coherence

##### *The CCC in Brief*

UNICEF has established Core Commitments for Children (CCC) in humanitarian actions which are expected to be followed in all programmes in order to protect the rights of children. The CCCs cover programme and operational commitments and include interventions for nutrition, health, water and sanitation, HIV and AIDS, education and child protection.

##### *Assessment against CCC Principles, Norms and Standards*

In general, the implementation of the programme through UNICEF and its partners respected the humanitarian principles of humanity, impartiality and neutrality. There was equal enjoyment of rights by girls, boys, men and women in implementing the programme and there was no reported discrimination.

While UNICEF led in ensuring interagency coordination and in monitoring the activities of its partners, gaps were noted in monitoring information and consolidation of activities of all partners involved in the humanitarian action. For instance, overall outputs were not readily captured in an organised manner to provide information as and when required.

##### *Assessment on Programme & Operational Commitments*

Rapid assessments were not carried out in WASH and health and there was no evidence to suggest a strong involvement of communities in early recovery programmes.

There were reported cases of late delivery of supplies to partners by UNICEF and in some cases, supplies arrived late when the partners' PCAs were drawing to a close.

Standards related to media and communications, human resources, resource mobilisation, finance and administration, information and communication technology were largely adhered to.

The table below summarises how various programme strategic result benchmarks were achieved.

#	CCC Benchmark	Sector(s)	Achievement level/Comment
1	Interagency strategy & coordination for guidance on standards and alignment	All	Sectors coordination groups established and met throughout the emergency response
2	Children and women have access to at least 7.5-15 litres each of clean water per day	WASH	Survey results: 83% had at least 10 litres of water per day, where water points were available
3	Maximum ratio of 20 people per hygienic toilet with means to wash hands	WASH	This standard was not met. The number of users per facility was on average above 50 from calculations based on number of facilities versus catchment population in sampled communities. Most facilities had no hand washing facility based on observations made.
4	Hygiene education provided to 70% women and child caregivers	WASH	Survey results: 61% indicated receiving WASH education / information
5	1-2 litres of drinking water per child per day	WASH	Most water points are to provide water on average for between 350-500 people in a day based on the pump hours per day. From the supply size, this was met where institutional water points were available
2	95% coverage with measles vaccine	Health	Survey results: 62%
3	90% children aged 12-23 covered with routine EPI	Health	Not covered under this grant
4	Key health education to all affected population	Health	Survey result: 62% of respondents indicated receiving health related education

#	CCC Benchmark	Sector(s)	Achievement level/Comment
5	90% of affected population have access to essential household items	Health	Not covered under this component
2	Schools re-opened, ECD and adolescent friendly emergency non-formal programmes provided	Education	Benchmark met (see enrolment figures under findings)
3	Schools safe and free from violence	Education	No major violence related cases were reported
4	Integration of psychosocial support, health and nutrition	Education	Psychosocial support integrated, no clear linkages to health while nutrition was not covered under the grant
5	Relevant education programmes implemented	Education	Implementation done as per the operational framework
2	Availability and use of periodic reports on grave violations and protection concerns	Protection	Reports received by UNICEF from IPs. Referrals are made to partners responsible for protection.
3	Plan for prevention and response to child protection risks	Protection	This was adequately covered under the grant operational framework
4	Separated and unaccompanied children are identified and in family based care	Protection	Children were identified and foster families trained to take care of them
5	Integration of psychosocial support in all child protection	Protection	This was part of programme design and was implemented
6	Children/communities have access to mine/unexploded ordnance risk reduction	Protection	Not applicable

*Adherence to National Standards*

National standards with regard to education, WASH, health and protection were followed. This was made possible through the coordination meetings in which the relevant Ministries at county levels led and participated in.

## **5. Conclusions and Lessons Learned**

### **5.1. Conclusions**

The following conclusions have been arrived at based on the findings for each sector.

- Overall the WASH programme has greatly aided both the refugees and the host communities and it can be said that despite the challenges faced, it has largely met its objectives;
- Notwithstanding the challenges that still exist, overall the health programme worked well in making the lives of both the refugees and host communities much more bearable given that the capacity of health institutions to deliver basic health services is very limited. In this sense, the objective was largely achieved;
- Providing basic infrastructure, educational supplies and training teachers was a big success in ensuring that students were enrolled in both ECD centres and primary schools. Challenges notwithstanding, the programme achieved its objective in this respect otherwise many students would have not got the chance to continue with their schooling. The fact that an accreditation system was agreed permitting students to be accepted back in Ivory Coast without losing a school year is to be considered a great success.
- Notwithstanding the fact that the programme could have done better to reach more people in protection education, it helped create harmonious relationships and respect for one another and contributed to a reduction in rights abuses.
- CCCs were largely met and the programme costs are justified by the number of vulnerable children, youth and women and men who were reached in often difficult operating conditions.

### **5.2. Lessons Learned**

Based on discussions held with different stakeholders during the evaluation, the following key lessons were learned:

- Good coordination both at national and local levels makes a big difference in not only ensuring that existing gaps in various sectors are identified but also in ensuring that the needs are met by the different partners while ensuring that quality standards are adhered to at the same time. Though often demanding in terms of time,

coordination is worthy investing in and should be part and parcel of all future interventions;

- Conducting emergency operations in infrastructure challenging environments such as Liberia can be greatly hampered as communities get cut off especially during the rainy season. As such, it may be necessary to include light infrastructure components especially wooden bridges that can be constructed with community help as part of the emergency response;
- As communities get involved in making decisions and actually participate in providing services that directly affect them, it may be a good practise to give them some basic information required so that they can make informed choices. A case in point is in the construction of household latrines where some designs by the community produced bad odour which later turned out to be a disincentive to use the latrines;
- Utilisation and maintenance of facilities put up for the community tend to be much more sustainable when communities make commitments before the facilities are put up. As an example, some partners required communities to set up the cash kitties and put in place management arrangements for the maintenance of water pumps before they were installed and this proved successful in ensuring that they are maintained when the partner leaves the scene.

## 6. Recommendations

Based on the findings and from interviews and discussions with various stakeholders, the following recommendations have been suggested for improvement of ongoing programmes and for future interventions of a similar nature.

### Water, Sanitation & Hygiene (WASH)

Recommendations	Who Needs to Act
<ul style="list-style-type: none"> <li>There is need to agree and put up a framework for enforcing set standards especially with regard to the construction of institutional latrines and put in place a rigorous monitoring system to ensure that all partners meet quality requirements</li> </ul>	UNICEF/MPW/MOHSW/ WASH Sector coordination
<ul style="list-style-type: none"> <li>Continue to work to build and further strengthen the capacity of Ministries of Public Works for facility monitoring and that of Health and Social Welfare for carrying out timely water tests, especially when speedy action is required in emergencies. This may take the form of technical assistance staff who could later be absorbed within the government structures</li> </ul>	UNICEF, MPW, MOHSW
<ul style="list-style-type: none"> <li>Involve local administration such as chiefs much more closely in ensuring that there is continued mobilisation of households to contribute towards sustained maintenance of the water pumps and other sanitation facilities put up for the community.</li> </ul>	Implementing Partners

### Health

Recommendations	Who Needs to Act
<ul style="list-style-type: none"> <li>Ensure that joint rapid assessments are carried out to inform the action and involve beneficiaries as practically feasible</li> </ul>	UNICEF & Partners

### Education

Recommendations	Who Needs to Act
<ul style="list-style-type: none"> <li>There is need to work with vendors to ensure that supplied tents used as temporary learning spaces are of durable quality</li> </ul>	UNICEF
<ul style="list-style-type: none"> <li>Work closely with UNHCR and camp management stakeholders to ensure that facilities provided such as tents for learning are maintained and where necessary replaced</li> </ul>	UNICEF, UNHCR, LRRRC
<ul style="list-style-type: none"> <li>More monitoring is required with regard to fluctuations in the number of refugees and children going to school in order to constantly review the number of teachers required and take appropriate actions</li> </ul>	IPs and share information with UNICEF

### Protection

Recommendations	Who Needs to Act
<ul style="list-style-type: none"> <li>There is need for a clear strategy for reaching more people with regard to education related to violence, abuse, GBV and other kinds of abuse. This should include sensitisation of local</li> </ul>	IPs and UNICEF

authorities to the need to follow the rule of law when it comes to reporting and dealing with cases of abuse.	
<ul style="list-style-type: none"> <li>• Work more closely with agencies responsible for tracing and reunification of unaccompanied and separated children to their families i.e. ICRC, UNHCR and find better ways of improving communications and system bottlenecks that may exist in order to fast track the process</li> </ul>	UNICEF & Partners, UNHCR, ICRC, LRRRC
<ul style="list-style-type: none"> <li>• Due to the short duration of PCAs signed with partners and given the long period case management can take, it is recommended that community based approaches be utilised wherever possible whereby local organisations are trained to take over cases and/or work with social workers who can be absorbed by the Ministry of Gender as social welfare staff. This approach is already being practised by some partners.</li> </ul>	IPs

One male refugee leader recommended that big posters be made and displayed in all camps, with the following readings:

*Il n'est pas bon de battre les enfants* (It is not good to beat children)

*Il n'est pas aussi bon de violer les petites filles même les grandes femmes*  
(It is neither good to rape young girls and women)

### Other Recommendations

- UNICEF and partners should continue with the advocacy work at the national level to address issues related to the implementation of decentralisation so that regular minimum resources in the form of operating funds and human resources are committed to the ministries at county levels in order for them to be able to discharge their coordination, and monitoring roles. More resources also need to be invested at county and community levels for basic infrastructure related to construction of health centres and schools; This will enable county ministries to be better prepared to handle emergencies and help reduce associated risks;
- Procurement processes should be speeded especially in emergencies to ensure that supplies are speedily procured and distributed to partners through forward planning and taking necessary management measures. Implementing partners should also make sure that they liquidate funds on a timely basis in order not to delay disbursements to them;
- Monitoring systems need to be improved in order to track all activities and outputs in a systematic manner permitting easy retrieval of information when required. This applies to both UNICEF and its implementing partners. Setting up of simple data bases able to track outputs for each sector can help in this regard and information available can be used for future planning.

**GOVERNMENT OF LIBERIA - UNICEF  
ECHO SUPPORTED EMERGENCY MULTI-SECTOR INTERVENTIONS IN FOUR  
COUNTIES AFFECTED BY INFLUX OF IVORIAN REFUGEES**

Questionnaire No _____
------------------------

*(Community # followed by questionnaire # e.g. A01, B01, etc. (see numbering guide)*

**A. Introduction**

*UNICEF, with support from ECHO has implemented an EMERGENCY program in selected counties over the past 9-12 months to support the continued delivery of humanitarian assistance for refugees from Ivory Coast following the 2010 disputed elections as well as support to the host communities. The principle objective of this multi-sector intervention was to provide essential WASH, Health, Education and child protection services to both refugees and host communities. You have been selected as a member of an evaluation team charged with the responsibility to gather relevant information using this questionnaire. This questionnaire will require that you follow instructions to households systematically and then select a household and ask to speak with a mother/caregiver in each household. You will need to be thorough, polite and diligent in administering the questions as you were guided during the enumerators' training/induction.*

*Read the questions and instructions carefully and draw a circle around the appropriate response. You must also write additional responses where it is needed legibly. Refer to your supervisor in case you encounter any challenge or when in doubt.*

- 1. Initials of Enumerator: \_\_\_\_\_
  - 2. Date (DD/MM/YY): \_\_\_\_/\_\_\_\_/2012
  - 3. County: \_\_\_\_\_
  - 4. District: \_\_\_\_\_
  - 5. Name of Community \_\_\_\_\_
  - 6. Community Type1: 1-H 2-Camp
- 1 H – Host Community

**How long have you lived in this Community? Yrs \_\_\_\_\_ Mms \_\_\_\_\_**  
**(If less than 3 months, move to the next household)**

---

**B. Background Information:**

Good morning/afternoon. My name is ..... and I am part of a team collecting information on behalf of UNICEF - Liberia. UNICEF is implementing a project in this area aimed at improving (name project – WASH/Health/Education/Protection). I would like to speak with you (**preferably the household mother, otherwise speak with father/other care giver**) about the WASH, health, Education and protection situation in your household and also in this community. I will be grateful if you take some time to answer them. You are under

no obligation to answer any of the questions. However, if you choose to participate, nothing you say will be used against you now or in the future. I also promise that the information you give will be used solely for the purposes of the project only. Do I have your permission to proceed with the discussion?

- a. Yes, agreed (continue with Interview)
  - b. No, (Discontinue and look for respondent).
- 

1. Name of Respondent \_\_\_\_\_

2. Respondent's Sex: 1-Male: 2-Female

3. Respondent Age \_\_\_\_\_

4. Status: 1- Liberian: 2- Refugee

5. Number of Household Members \_\_\_\_\_

6. Highest Education Level

- 1. No formal schooling
- 2. Primary level
- 3. Secondary
- 4. Post secondary
- 5. University
- 6. Other(specify) \_\_\_\_\_

7. What is your marital status

- 1. Single ; 2. Married; 3. Separated; 4. Co-habitation; 5. Widow/er; 6. Other

### **C. Water, Sanitation & Hygiene (WASH)**

1. What is the source of drinking water?

- 1. Hand dug well/borehole fitted with hand pump
- 2. Unprotected Wells
- 3. Surface Water(River/Stream)-Skip to Q.6
- 4. Other ( Specify) \_\_\_\_\_

2. In case the water source is a hand- dug well or borehole with pump, who provided it/made it possible?

- 1. UNICEF and partners/NGO(name NGO(s) \_\_\_\_\_)
- 2. Other (specify) \_\_\_\_\_

3. Do not know
3. Who manages the water facility?
  1. Water management Committee
  2. UNICEF Partner
  3. Other(specify)\_\_\_\_\_
  4. None
4. What is the estimated amount of water are you able to draw from the borehole/well for your household on a daily basis? (**Important Note:** This amount is to be divided by the number of household members before ticking the appropriate responses below)
  1. 10-15 litres per person per day
  2. 15 litres and over per person per day
  3. Do not know
5. Do you treat your drinking water?
  1. Yes (skip to Q. 7)
  2. No
6. Why are you not treating your drinking water?
  1. Have no chemicals / supplies for treatment
  2. Do not know how to treat water
  3. Not aware
  4. Do not consider this necessary
  5. Other\_\_\_\_\_
7. Have you received Non food items (NFI) such as Jerry cans, soap, buckets, Aqua tabs, PUR, etc
  1. Yes (Name them.....)
  2. No
8. Where do you and your household members defecate on a regular basis?
  1. Household latrine
  2. Camp Latrine
  3. Household/camp latrine with hand washing facility
  4. Public/communal latrine
  5. Dig and bury.....(Skip to Q.12)
  6. Open Defecation(beach, bush, poly bags, etc)(Skip to Q.12)
  7. Others(specify)\_\_\_\_\_-(Skip to Q.12)
9. Do you have separate latrines for males and females?
  1. Yes
  2. No

10. How many people on average use one latrine?
  1. 100 and over
  2. Between 50-100 people
  3. 50 and below
  4. Don't know
  
11. Who constructed the latrine hole?
  1. Self/Family
  2. Community(collective effort)
  3. NGO
  4. Other(Specify)\_\_\_\_\_
  5. Do not Know
  
12. Please name **three** key hand washing times (**Please: Do not prompt!**)
  1. Before meals
  2. Before feeding a child
  3. Preparing/serving a meal
  4. After using a latrine/toilet
  5. After cleaning a child's faeces or changing dippers
  6. After meals
  7. After shaking hands
  8. After working in the farm
  9. Other(specify)\_\_\_\_\_
  
13. Did you receive WASH related education within the last 6-9 months?
  1. Yes
  2. No (skip to section D)
  
14. What are you doing differently following the WASH education that you received? (Select any/all that apply)
  1. Wash hands on a regular basis
  2. Drinking safe and treated water
  3. Using a pit latrine at all times
  4. Teaching children to wash hands regularly
  5. Other(specify)\_\_\_\_\_
  6. I was not educated

**D. Health –Quality Health/HIV services**

1. Do you have a child of less than 5 years old who has had malaria in the last 9 months?
  1. Yes
  2. No (Skip to Q.3)
  
2. Was the malaria treated in a nearby clinic/health centre?
  1. Yes
  2. No

3. Do you have a child falling within the age bracket of 6 months and 15years?
  1. Yes
  2. No (Skip to Q.7)
  
4. Has the child received a measles vaccine within the last 9 months counting up to 30<sup>th</sup> June 2012?
  1. Yes
  2. No
  
5. Did you participate in a measles awareness campaigns during the last 9 months up to 30<sup>th</sup> June 2012?
  1. Yes (Skip 7)
  2. No
  
6. If you did not participate in the campaign, please state why.
  1. Not aware
  2. Had no time
  3. Chose not to go
  4. Other(Specify)\_\_\_\_\_
  
7. Do you have a child of less than 6 months old or are you pregnant?
  1. Yes
  2. No(Skip to Q.13)
  
8. How many antenatal (ANC) visits have you/did you make to the nearest clinic /health facility?
  1. One time
  2. Two times
  3. More than 2 times
  4. Did not make visit(Skip to Q.10)
  
9. During the first ANC, did you receive HIV post-test counselling (**Important Note:** HIV testing results are confidential and are not to be disclosed / requested. The respondent is merely requested to state if counselling was provided or not irrespective of the test results)
  1. Yes (Skip to Q. 11)
  2. No
  
10. If no visit was made, please state why?
  1. Not aware
  2. No health facility available
  3. No trained medical personnel

4. Cultural Reasons
  5. Other(specify)\_\_\_\_\_
11. Have you received at least 2 doses of FANSIDA (SP) as preventative treatment against malaria during the pregnancy?
    1. Yes
    2. No
  12. (For mothers who have a child less than 6 months old): Who attended to you during child delivery?
    1. Trained Health worker
    2. Traditional birth attendant
    3. Other (specify)\_\_\_\_\_
  13. Did you receive or attend any health promotions, including those related to HIV/AIDS in the last 6-9 months?
    1. Yes
    2. No(Skip to E)
  14. What are you doing differently as a result of the health promotion education that you have received?
    1. Ensure my children receive required vaccinations
    2. Take my child to clinic immediately there is a noted sickness
    3. Attend ANC
    4. Know how to protect myself and family from HIV/AIDS
    5. Tell my family and others on health matters learned
    6. I was not educated
    7. Other(specify)\_\_\_\_\_

**E. Access to Quality & Relevant Formal and non Formal Education**

1. Do you have a child aged between 3-5 years old?
  1. Yes
  2. No(Skip to 4)
2. Has your child been enrolled in a nearby school for Early Childhood Development (ECD) services within the last 12 months?
  1. Yes (please name the facility: \_\_\_\_\_Skip to Q.4 )
  2. No
3. Why hasn't your child been enrolled for ECD services?
  1. Not aware of this possibility
  2. No facility around
  3. Child considered too young

4. Other(Specify\_\_\_\_\_)
4. Do you have school going children (6 years old plus) enrolled in a primary school?
  1. Yes (Name school\_\_\_\_\_)
  2. No(Skip to Q. 7)
5. Who runs/manages the school that your child attends?
  1. NGO
  2. UN Body
  3. Refugee Committee
  4. Local Community Committee
  5. Government
  6. Other ( Specify)\_\_\_\_\_
  7. Don't know
6. Did the schooling system adopted (Morning and Afternoon shifts) suit you and your child?
  1. Yes ( please give details\_\_\_\_\_)
  2. No
7. How would you rate the state of education services and facilities available for your child/community?
  1. Very good
  2. Good
  3. Average
  4. Poor

Give details(if any)\_\_\_\_\_

**F. Protection and Response to Violence**

1. How safe do you and your household feel from abuse, exploitation and Gender Based Violence (GBV)?
  1. Feel well protected
  2. Not so well protected( feel menaced)
  3. Unprotected
  4. Do not know

Details on 2&3 above\_\_\_\_\_
2. Have you or any of your household members experienced any incidences related to abuse, exploitation or GBV in the last 12 months?
  1. Yes (Please give details if possible\_\_\_\_\_)
  2. No(Skip to Q.6)
3. Did you report the incident to the local authorities or any of the NGOs

- working among you?
1. Yes (Skip to Q. 5)
  2. No
4. What was your reason for not reporting the incident?
1. Do not know where to report
  2. Fear of reprisals
  3. Lack of trust
  4. Aggressor requested me not to report
  5. Other( Specify)\_\_\_\_\_
  6. No Reason
5. Do you have access to /have you received any psychosocial support related to abuse, GBV or any form of exploitation?
1. Yes
  2. No
6. Do your children participate in play activities and other recreational activities within where you live?
1. Yes
  2. No
7. Has any of your child received child specific NFI within the last 12 months?
1. Yes(Name them\_\_\_\_\_)
  2. No
8. Have you participated in any awareness raising campaigns in relation to protection (Abuse, GBV or Exploitation)?
1. Yes
  2. No (Skip to Q.10)
9. What have you done differently/intend to do differently as a result of receiving information from these campaigns on protection issues?
1. Know how to protect myself
  2. Report protection incidences ( GBV, abuse and exploitation)
  3. Tell my family and others about them
  4. Other\_\_\_\_\_
  5. Do not know
10. Why didn't you participate in the awareness campaigns?
1. Did not see any campaigns
  2. Was not in the community/village
  3. Was not aware
  4. Had other work to do

5. Other \_\_\_\_\_
6. Do not know

Conduct facility observations with the aid of checklists on the following page:

## OBSERVATION GUIDE

### Household Guide and Comments

County: ..... District.....  
Community/Camp..... Type: .....  
(Household/Community/school) Enumerators initial.....

### WASH/HEALTH

1. Hand washing facility near latrine 1. Yes 2. No (.....)

2. Hand washing facility with soap 1. Yes 2. No (.....)

3. State of latrine ( Describe the state of latrine);

a. Neatness

Immediate environment 1. Yes 2. No (.....)

Disposal of anal cleansing materials 1. Yes 2. No (.....)

b. Odor. 1. Yes 2.No (.....)

c. Access to children 1. Yes 2. No (.....)

d. Any defects with the structure; 1. Yes 2. No (.....)

e. Availability of water 1. Yes . No (.....)

f. Availability of soap on site 1. Yes 2. No (.....)

g. Other observations;

.....

h. The person using the latrine wash hands? 1. Yes 2. No (.....)

**(ensure you observe one hand washing event)**

5. Evidence of cleaning and maintenance? 1. Yes 2. No (.....)

1. Who/Roaster? .....

2. When? .....

3. How? .....

4. How often? .....

6. Water pump working? 1 Yes: 2 No(.....)

### EDUCATION

1. Existence of classrooms in safe learning spaces 1. Yes 2. No  
Comments.....

2. Existence of furniture in classrooms 1. Yes 2. No

Comments.....

3. Observe availability of other supplies such as board 1. Yes 2.No

Comments.....

4. Presence of Early Child Development (ECD) centre 1. Yes 2. No

Comments.....

5.Observe the state of facility and make comments.....

**PROTECTION**

1. Recreational and play facilities/activities in camps 1. Yes 2. No.

Comments.....

2. Child friendly spaces in host communities 1. Yes 2. No

Comments.....

Supervisor's Initials: ..... Date: .....

## Annex 2: Reference Documents

1. ECHO Multi Sector Emergency Proposal and Operational Framework
2. Core Commitments for Children in Humanitarian Action, UNICEF, May 2010
3. Shelter from the Storm, A real-time evaluation of UNHCR's response to the Emergence in Cote d'Ivoire and Liberia, Mamadou Dian Balde et al, June 2011
4. UNICEF Emergency progress Reports 2012-10-09
5. UNHCR Guidelines on Refugee Education(Revised) 1995
6. Government of Liberia (GoL) New Refugee Strategy, July 2011
7. Matrix of UNICEF emergency activities, 2011

### Annex 3: List of Persons Met and Key Informants

1. Zainab Al-Azzawi, m&e Specialist, UNICEF
2. Faizah Samat, M&E Officer, UNICEF
3. Benjamin K. Blevins, Country Director, Visions in Action Liberia
4. Ranjam Poudyal, Country Director, Save the Children Liberia
5. Prabhu Prabhakaran, Resource Mobilisation Specialist, UNICEF
6. James Massaquoi, WASH Specialist, UNICEF
7. Sophie Mamy, Child Protection Officer, UNICEF
8. Nyan P. Zikeh, Humanitarian Programme Manager, Oxfam Liberia
9. Aaron Gbanlon, Executive Director, CIPORD Liberia
10. Massamba Gningue, Country Manager/Director, Right to Play Liberia
11. Sarah Main, Program Manager, Right to Play, Liberia
12. Washington W. Ganyan, Environmental Health Coordinator, Martha Tubman Hospital, Zwedru
13. Robert Orina, Emergencies Manager, Save the Children, Zwedru
14. Augustine Kullie, Education Officer, Save the Children, Zwedru
15. Phoebe Marabi, Protection officer, Save the Children , Zwedru
16. Timothy Nguyai, acting Programmes Manager, Oxfam, Zwedru
17. Guladiya Gbangbolor, Hygiene Promoter, Oxfam , Zwedru
18. Dedee Jackson, Project Supervisor- WASH, ECREP, Zwedru
19. Dave Barlue, Education Officer, Caritas( implementing on behalf of Plan), Zwedru
20. Ageline Karnga, Protection Officer, Caritas, Zwedru
21. Orphelia Garley, Certified Midwife, Janson Clinic, Nimba county
22. Margaret Thindwa, Education Specialist, UNICEF, Zwedru
23. Gizah Shimeles, WASH Specialist, UNICEF, S.E. Liberia

24. Timothy Murungi – Filed Coordinator, ACF, Nimba County
25. Chantal Umutoni, Consultant- Health, UNICEF
26. Maneesh Philip, Consultant-Health, UNICEF
27. Smarth Johnson, Community Services Assistant, NRC, Bahn Camp, Nimba County
28. Peter G. Williams, Camp Superintendent, LRRRC, Bahn Refugee Camp
29. Molly Sendi, Camp Supervisor, LRRRC, Bahn Refugee Camp
30. Edsel Cooper, Field Assistant, Protection, UNHCR, Bahn Refugee Camp
31. Bah Gonli Augustin, Refugee Representative, Bahn Refugee Camp
32. Lincoln Zorh, Education Field Worker, SCUUK, Nimba County
33. Millicent Lusigi, Nutrition Coordinator - Grand Gedeh, MERLIN
34. Jackline Olonya, Emergency Child Protection & Education Manager Nimba, IRC
35. Chester Shaba , Education Programme Manager, SCUUK
36. Magdalena Molina, Emergency Specialist, Maryland & River Gee counties, UNICEF
37. Fergus McBean, Emergency Coordinator, UNICEF
38. Martin Foss, Education Specialist, Maryland & River Gee, UNICEF
39. Ailsa Laxton, Emergency coordinator, Grand Gedeh, UNICEF
40. Sheila Donaghi, Emergency Specialist, Nimba County, UNICEF
41. Matthew Slermien, Programme Manager, SPIR, River Gee
42. Maminne Quaque, ECHO
43. Hyda Hamza, Reports Officer, WFP
44. Voegti Peter, Refugee Programme Coordinator, WFP

Also Met: Various community leaders, school principals, OIC of clinics, CHT, Wash Committee officials, CHT in all the communities visited.

## Annex 4: Evaluation Terms of Reference (TOR)

UNICEF Liberia CO

Terms of Reference (TOR)

**Evaluation Title:** Final evaluation of ECHO-supported “Emergency Multi-sector Interventions in four Liberian Counties affected by the influx of Ivorian Refugees”

**Commissioning Section:** PM&E Unit/Deputy Representative Section

### 1. Evaluation Purpose:

A summative evaluation of the ECHO-supported “Emergency Multi-sector Interventions in four Liberian Counties affected by the influx of Ivorian Refugees” will be conducted in September and October 2012 as part of ECHO funding requirement. The four counties mentioned include Nimba, Grand Gedeh, River Gee and Maryland. An external consultant will be hired to complete this evaluation in 49 working days.

The purpose of the evaluation is to assess the effectiveness, impact and relevance of this program and to extract lessons learnt and good practices.

### 2. Evaluation Objectives

The objectives of the evaluation are to:

- Analyze the effectiveness of the program (Assess to what extent the program had realized its planned results as identified in the logical framework.)
- Identify impact generated from program intervention
- Assess the relevance/pertinence of program intervention to the humanitarian context of target population
- Provide a light assessment of the program implementation against UNICEF CCC standards (Core Commitments for Children in Humanitarian action).
- Capture best practices and lessons learned and recommendation that can be used by UNICEF for future program design

### 3. Evaluation Context

The program supported the continued delivery of humanitarian assistance for Refugees from the Ivory Coast who sought refuge in Liberia following the disputed elections in November 2010.

The refugees were welcomed and hosted, adding on to the already tenuous circumstances created from previous immigration flows. This large influx of refugees has placed a significant burden on the scarce resources available. The emergency response had taken into account the needs of both host population and refugees in order to prevent diseases and safeguard the rights of children. More resources was invested in effective coordination amongst various Government Ministries, UN agencies, INGO's and NGOs , which were considered critical in ensuring the effective delivery of assistance to those most in need.

The key areas of response are:

- Multi-sector
- Nutrition
- Health
- Water, sanitation and hygiene
- Protection
- Education
- Logistics

#### **4. Evaluation Scope**

The scope of this evaluation is limited to the program funded by ECHO titled “Emergency Multi-Sector Humanitarian Interventions in four Liberian Counties affected by the influx of Ivorian refugees.”

In addition, the geographic scope of this evaluation is restricted to the 4 counties where this program was implemented namely Nimba, Grand Gedeh, River Gee and Maryland.

The time expected for this evaluation is for 8 weeks which will include time for data collection, analysis and report write-up.

## 5. Evaluation Criteria

This evaluation criteria should be in line with DAC criteria:

1. **effectiveness:** the extent which development intervention has achieved its objectives, taking their relative importance into account
2. **impact:** the totality of the effects of a development intervention, positive, negative, intended and unintended
3. **relevance:** the extent to which a development intervention conforms to the needs and priorities of target groups and the policies of recipient countries and donors
4. **coverage:** the extent to which the entire group in need had access to benefits and were given necessary support.
5. **coherence:** consistency between the intervention and the country's humanitarian policies
6. **efficiency:** the extent to which the costs of the development intervention can be justified by its results, taking alternatives into account

## 6. Tailored Evaluation Questions

### On effectiveness:

- To what extent did the program achieve its planned outputs and results at the outcome level?
- In which were the areas the program delivery particularly excelled in? What aspects of the program were most appreciated by target population?
- What challenges did the program face? What solutions were developed to overcome them? Are there alternative solutions that could improve that can be used in other similar program delivery?

### On impact:

- What effects positive and negative, intended or unintended were brought about as a result of this program intervention?
- How did the program influence relationship between refugee and host community?

### On relevance:

- How did the Ivorian refugees and Liberian Host community perceive these interventions as relevant in meeting their most urgent needs?
- Were there other needs that were they perceived as important by target groups but not covered under this program?
- Was the program implemented according to UNICEF CCC standards? (Core Commitments for Children in Humanitarian action)
- Was the programme implemented in the right time?

**On coverage:**

- To what extent did the benefits reach the target group as intended?
- Did benefits spill-over to communities living outside of the intervention area?

**On coherence:**

- Was the project implemented in line with National policies and guidelines as appropriate?
- To what extent was the project implementation in line with UNICEF CCC standards?

## 7. Methodology

The methodology employed by the evaluator will be a mixture of desk review and both qualitative and quantitative primary source data collection. The evaluator is expected to use quantitative data from a household survey and focus group discussions to identify impact and relevance as perceived by those interviewed. The evaluator is also expected to further supplement this information from key informant interviews with program staff and community leaders/representatives.

- Desk review: Some resources are available to the evaluator, which will be useful for assessing the effectiveness criteria. These include:
  - UNICEF bi-weekly Site Reps
  - HIMS (Health MIS, an existing database housed at the Ministry of Health & Social Welfare)
  - Baseline information are available (provide limited information for WASH and Education sectors)
  - Progress reports for WASH, Health, Education and Child Protection sectors
- Household survey: households in communities where the project was implemented will be randomly sampled for a quantitative survey. Evaluator is to develop a sampling strategy and finalize with UNICEF. In addition, the evaluator will sample in neighbouring communities where the project was not implemented to assess on program impact
- Key informant interviews will be organized with target beneficiary population in project area, individuals from outside of project area, UNICEF representatives, implementing partners.
- Group discussions with target beneficiary population

## 8. Evaluation Work Plan

The work plan is structured over a two-month duration or over 40 full-time working days. The proposed duration is from 25<sup>th</sup> August to 20<sup>th</sup> October 2012.

Day 1-2	Country office briefing with M&E unit on expectations and deliverables. Follow-up meeting with Operations on logistical needs for evaluation
Day 3-5	Desk review of available material
Day 5-8	Develop questions for Key Informant Interviews, Focus Group Discussions and Quantitative survey
Day 8-10	Develop questionnaire/data collection tools. Finalize sampling strategy.
Day 11	Discuss proposed questionnaire with UNICEF M&E Unit
Day 12-14	Adjust questionnaire tools, pilot questionnaire, training of enumerators
Day 15-24	Data collection (both qualitative and quantitative)
Day 20	1-page progress report and Meeting with M&E Unit to update progress
Day 24-31	Quantitative data entry, transcribe qualitative data and data-cleaning
Day 32-35	Analysis of raw data
Day 35-40	Preparation of final report

### **Key deliverables:**

Day 15	Finalized questionnaire tools and sampling strategy
Day 20	Progress report and meeting with M&E Unit
Day 40	Final report of no more than 20-30 pages excluding annex. (Raw dataset and questionnaires and list of KII interviewees to be included in annex)

## 9. Gender and Human Rights, including child rights

Evaluators are to encourage women's participation in data collection as they are both duty bearers and rights-holders of the target population. Where possible, involving children of appropriate age is also encouraged.

All data collected should be disaggregated by sex, location, age.

Relevant instruments or policies on human rights, including child rights and gender equality will guide the evaluation process.

## **10. Evaluator Experience and qualification and level**

The evaluator is expected to have the following profile

- Master level academic qualification related to the task (international relations, social sciences, development studies).
- At least five years of relevant professional work experience in the emergency field operations, program management.
- Experience of conducting at least 3 program evaluations and submitting them within established deadlines.
- Strong skills in quantitative and qualitative research methods.
- Mastery in statistical databases such SPSS, Excel or Access.
- Strong analytical and writing skills.
- English proficiency (oral and written), French also preferable as second language.

## **11. Management of Evaluation**

The consultant/contractor will work under the supervision of the Monitoring and Evaluation Specialist, UNICEF Liberia.

The supervisor will provide a briefing at the beginning of the consultancy, overall guidance for the Consultant/Contractor and introduce the Consultant/Contractor to UNICEF program staff. In addition, compliance with the TOR and timely delivery of the expected outputs/results will be observed by the evaluator.

Annex 5: Table of Outputs<sup>1</sup>

<b>Output /Activity</b>	<b>Target (where applicable)</b>	<b>Achieved Output/Activity</b>	<b>Comments</b>
<b><u>WASH</u></b>			
No. of Refugees who received essential WASH NFI	25,000	25,000	Based on amount procured and given to partners, validated through Household Survey
Children under 5 from host communities receiving WASH NFI	5,000	5,000	Based on amount procured and given to partners, validated through Household Survey
Number of water points constructed	30	24	
Rehabilitation of existing water points	30	86	
Construction and putting in place management arrangements for communal shared latrines/institutional latrines	1,000	668	558 for communal use, 110 institutional latrines
No. of communities /institutions reached on WASH education		34	17 communities and 17 schools
<b><u>EDUCATION</u></b>			
Children 3-5 years enrolled in ECD centres	20,000	4,040	Low achievement figure due to relocation of refugees and repatriation
Children Enrolled in primary schools	20,000	15,120	
Pre-primary caregivers identified and trained	1,300	153	Target figure based on estimated population of 3-5

<sup>1</sup> Extracted from UNICEF sector monitoring reports and attributed to ECHO based on its contribution

<b>Output /Activity</b>	<b>Target (where applicable)</b>	<b>Achieved Output/Activity</b>	<b>Comments</b>
Teachers identified and trained	400	381	years old Voluntary repatriation of Ivorian teachers
Secondary school teachers and peer educators identified and trained	200		Formal secondary education was not set up in any locations
Adolescents accessing non formal education	10,000	1,377	Livelihood training covered under child protection, only covered youth skills training in Maryland
Number of ECD centres maintained for 3-5 year olds		56	
Temporary classrooms with furniture set up for primary schools	200	36	There was a change following an agreed strategy with the MOE to use existing Government schools through double shift system. As a result temporary classrooms were set up in camps and few host communities where no government school was available
Number of semi-temporary schools built		18	As above
Number of schools that received emergency education supplies		107	
<b>PROTECTION</b>			
Children enrolled in Child Friendly Spaces (CFS)	10,000	12,742	
Foster families trained in parenting	250	454	This was due to a large

<b>Output /Activity</b>	<b>Target (where applicable)</b>	<b>Achieved Output/Activity</b>	<b>Comments</b>
skills			number of unaccompanied children that were identified
Number of vulnerable children who received NFIs	8,000	19,603	
Separated children traced and reunited with families		1,140*	*This represents numbers of unaccompanied and separated children identified by UNICEF implementing partners and referred to ICRC for family tracing and reunification. Reported reunification figure is 107 and 264 reunited with their primary caregivers in Ivory Coast
Number of Awareness raising campaigns on protection issues		30	
<b>HEALTH</b>			
Number of 6 months – 15 year old receiving measles vaccine		145,105	
Number of pregnant mothers who made at least 2 ANC visits	43,277	30,377	
Pregnant mothers receiving IPT for Malaria	43,277	19,094	
HIV/AIDS counsellors trained		45	

## Annex 6: Validation Workshop Participants

1. Chester Shaba, Save the Children
2. Margaret Thande, UNICEF
3. Edwin Rogers, UNICEF
4. Maneesh Philip, UNICEF
5. Utako Matsuo, UNICEF
6. James Massaquoi, UNICEF
7. Lauren Bienkowski, UNICEF
8. Steven Z. Korvah, JR, UNICEF
9. Laura O'Hara, UNICEF
10. Zainab Al –Azzawi, UNICEF
11. Pegee Wright, UNICEF