Final evaluation of Multi-Sectorial Interventions to Address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the Four Emergency Counties (Grand Gedeh, Maryland, Nimba and River Gee)

Disclaimer:
This report has been produced at the request of UNICEF Liberia. The comments contained herein reflect the views of the African Development Associates (ADEAS).

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Final Evaluation: Multi-sectorial Interventions to address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the four emergency counties
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2. Separated and Unaccompanied Children that are supported through Case Management And Psychosocial Support
3. Number of Community-Child Protection Issues Services and Mechanisms
   f. Impact of the Project
   g. Sustainability of the project
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Final Evaluation: Multi-sectorial Interventions to address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the four emergency counties
FOREWORD:

According to UNICEF 2012 State of the World Children’s Report, children are abused regularly, and are denied basic rights. In fragile states and conflict zones, the conditions of children are even worse. Most often, these children lack psychosocial support / care, basic education and protection. Ivorian refugee children and youth as well as Liberian children are gravely affected.

In assisting the Government of Liberia to de-traumatize Ivorian refugee children and youth; integrating them with children of host communities, providing access to quality education; strengthening protection, and providing access to safe drinking water, UNICEF Liberia implemented the Multi-Sectorial Interventions to Address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the Four Emergency Counties in Grand Gedeh, Maryland, Nimba, and River Gee Counties. The final evaluation of the project shows remarkable achievements; however there are conditions to be improved during the implementation of future emergency projects.

It is therefore anticipated that the findings and recommendations of the final evaluation will help strengthen the implementation of future emergency projects. A society that promotes child rights, integration, good behavior; peace building, and provide basic social services will greatly help children to become productive citizens and adults.

Respectfully submitted:

James Kormon
Chairman, Board of Directors, ADEAS
ACKNOWLEDGEMENT:

The Chairman and Members of the Board of Directors of the African Development Associates (ADEAS) wish to convey thanks and appreciation to UNICEF Liberia for the opportunity to conduct the Final Evaluation of the Multi-Sectorial Interventions to Address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the Four Emergency Counties. The successful completion of this task involved the active and dedicated participation of several actors.

Special appreciation goes to the 367 respondents and various stakeholders (health teams, implementing partners, local government authorities) for the level of cooperation demonstrated in responding to the questionnaire. We want to equally recognize the valuable contributions of the focus group discussants and participants at the validation workshop for providing relevant information on the project. Background information provided by UNICEF staff members – Mr. Pragya Mathema, Nutrition Specialist; and Mr. Shimeles Gizaw – WASH Specialist; and Madam Sophie Many – Child Protection Officer were very helpful, and greatly helped to enhance the quality of the report. Information from partners was also helpful. Specific reference is made to Hon. George Yango – Ministry of Public Works; Mr. Hanibal Worku, Country Director, ACF and from Vision in Action staff – Ms. Fredrestine Massaquoi – Admin / Finance Officer; Mr. Delano Davis – School Monitor and Christine Miller – ECD Consultant. We are also grateful to Madam Zainab Al-Azzawi – Monitoring and Evaluation Specialist; Faizah Samat – Monitoring and Evaluation Officer; and Peegee Wright – Monitoring and Evaluation Officer for the professional support rendered and the critical analysis on various updates preceding the draft report.

Finally, we wish to recognize the immense contributions of our team leader – Ms. Agnes Kormon; our research officers – Mr. Prince Tehn, Mr. Emmanuel Davis; Ms. Adeline Jebboe, Ms. Theolin Thompson, and Ms. Florence Sanga. We greatly appreciate their endurance, despite the constraints encountered. Mr. Lewis Marwolo also deserves commendations for designing the database and spearheading the analysis. For data entry, we also appreciate the efforts of Mr. Elton Saar and Mr. Abraham Dovee.

We hope this report will assist UNICEF Liberia to improve the quality and scale of future programs; contribute towards the achievements of Liberia’s national development policies, in particular, Vision 2030 and the Agenda for Transformation (AfT), as well as, the realization of the UN Millennium Development Goals.
Acronyms

ADEAS  African Development Associates
CAP    Consolidated Appeal Process
CBOs   Community Based Organizations
CFS    Child Friendly Space
CHSS   Community Health Services supervisor
CHT    County Health Team
CWC    Child Welfare Committee
DRC    Danish Refugee Council
ECD    Early Childhood Development
ECHO   European Commission Humanitarian Office
FGDs   Focus Group Discussions
GOL    Government of Liberia
HHs    Households
HMIS   Health Management Information System

IMAM   Integrated Management of Acute Malnutrition
IPs    Implementing Partners
IRC    International Rescue Committee
KII    Key Informant Interview
LECO   Liberia Environmental Care Organization
LISGIS Liberia Institute of Statistics and Geo-Information Services

M &E   Monitoring and Evaluation
MDGs   Millennium Development Goals
MOH&SW Ministry of Health and Social Welfare
MoPW   Ministry of Public Works
NGOs   Non-Governmental Organizations
NRC    Norwegian Refugee Council
OIC    Officer-in-Charge
OTP    Outpatient Therapeutic Program
PCA    Partnership Cooperative Agreement
PRS    Poverty Reduction Strategy
SAM    Severe Acute Mal-nutrition
SC     Save the Children
SEA    Sexual Exploitation and Abuse
SFP    Supplementary Feeding Program
SI     Specialized Interviews
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPSS</td>
<td>Software Products and Service Solutions</td>
</tr>
<tr>
<td>SRS</td>
<td>Systematic Random Sampling</td>
</tr>
<tr>
<td>SSI</td>
<td>Semi-Structured Interviews</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commission on Refugees</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VIA</td>
<td>Vision in Action</td>
</tr>
<tr>
<td>WASH</td>
<td>Water. Sanitation and Hygiene</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

In response to the humanitarian crisis along the border towns of Liberia and the Ivory Coast in 2010, UNICEF Liberia along with both local and international partners implemented the ECHO Funded SM 120339 Project – the Multi-Sectorial Interventions to Address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the Four Emergency Counties. The project was implemented from July – December 2012 in 134 communities; cost Euro 1,099,055.25 and targeted 25,000 direct beneficiaries in four counties – Grand Gedeh, Maryland, Nimba and River Gee. The project was implemented under three key objectives:

1. To address disease prevention
2. To promote Child Protection / rights of children
3. To promote effective coordination of humanitarian assistance amongst actors.

In February 2013, the final evaluation (FE) of the project was commissioned by UNICEF Liberia and conducted by the African Development Associates (ADEAS).

METHODOLOGY

Scope and Sample Size of the Final Evaluation: The Final Evaluation employed both quantitative and qualitative analysis. Although the project was implemented in 134 communities in four counties, namely, Grand Gedeh, Maryland, Nimba and River Gee, a total of 14 communities were selected through systematic sampling (Appendix 4). Prior to the application of the systematic sampling method, the four counties were
arranged alphabetically. Partners and districts in each county were arranged alphabetically. Communities under each district were also arranged alphabetically. The number of communities in each county by sector was also identified, and a sample size of 10% was chosen, thereby determining the number of communities to be sampled in each county. An additional WASH community – Marlay was added in order to maintain sector balance. Table 1 shows the sectors, the number of communities in each county and the 10% sample size for each sector and county, while Table 2 shows the communities that were selected through the systematic sampling method. Appendix 4 statistically captures the sample size.

**Table 1: # of Communities in Targeted Counties**

<table>
<thead>
<tr>
<th>#</th>
<th>Sector</th>
<th># of Communities in County</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>G. Gedeh</td>
<td>Maryland</td>
</tr>
<tr>
<td>1</td>
<td>Child Protection</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Nutrition</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>WASH</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>40</td>
<td>19</td>
</tr>
</tbody>
</table>

10% Sample Size 4 1.9 6.7 0.8 13.4

**Appendix 4** shows the list of communities and refugee camps

**Table 2: Sector, Partners, vis-à-vis Counties of Intervention**

<table>
<thead>
<tr>
<th>#</th>
<th>Sector</th>
<th>Partner</th>
<th>Counties of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Grand Gedeh</td>
</tr>
<tr>
<td>1</td>
<td>Child Protection</td>
<td>1. Save the Children</td>
<td>SC</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td>1. IRC</td>
<td>SC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Save the Children</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(SC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Vision in</td>
<td></td>
</tr>
</tbody>
</table>
DATA COLLECTION PROCESS: The data collection process began with desk review. Major documents reviewed were UNICEF bi-weekly site reports, UNICEF Mid-Year Emergency Report, review of the Health Management Information System (HMIS) at MoH&SW, baseline information on sectors, and progress reports from the various sectors - WASH, Health and Nutrition, Education and Child Protection.

The literature review was followed by two major in-house training for researchers and data entry clerks; followed by a one-day training on the equity approach on February 8, 2013. Although other survey tools were briefly discussed, the training focused on techniques in asking questions; and other research methodologies. The training also reviewed the project documents with emphasis on the logical framework – objectives, results, indicators and assumptions. The trainings achieved various outcomes¹. The wording and order of each question was critically discussed. For the FGDs, SI/KII and SSI, researchers were encouraged to ask follow-up questions.

The collection of data began from the 11 – 20 of February 2013 by an eight member team composed of the lead consultant, team leader, four research officers and two data entry clerks. The team used a multi-phase participatory approach to gather the relevant information. The team undertook 367 household interviews; held over fifteen focus group discussions and several key informant interviews with UNICEF program staff members, community leaders, implementing partners and targeted beneficiaries.

Both qualitative and quantitative methods were applied; primary and secondary sources consulted. A questionnaire (Appendix 2) for households was designed; reviewed, edited and approved. Background documents received from UNICEF Liberia were conceptualized the advantages and disadvantages of the closed-ended questionnaire vis-a'-vis- the open-ended questionnaire; maximized the advantages of both types of questionnaires; ensured the shortest, yet clearest form of questioning; avoided ambiguous words; did away with bias and double-barreled questions; avoided background premises that will generate arguments; and did away with conditional responses or forcing a response.

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¹Conceptualized the advantages and disadvantages of the closed-ended questionnaire vis-a'-vis- the open-ended questionnaire; maximized the advantages of both types of questionnaires; ensured the shortest, yet clearest form of questioning; avoided ambiguous words; did away with bias and double-barreled questions; avoided background premises that will generate arguments; and did away with conditional responses or forcing a response.
reviewed and data collection tools developed. Emphasis was placed on structured and semi-structured interviews (SSI), Specialized Interviews (SI), 17 Focus Group Discussions (FGDs) ranging from ten to twenty participants (10 disaggregated by sex and 7 jointly held) as well as direct observations of structures, for examples, schools, pumps, and child friendly spaces.

An SPSS (Software Products and Service Solutions, previously referred to as Statistical Package for Social Scientists) database was designed and finalized; data inputted and analyzed. The questionnaire was coded and data inputted according to code; and quality check was conducted for data verification. During the process of editing, the entire data was highlighted and frequencies processed. The SPSS Master Database (Appendix 5) is disaggregated by, inter alia, sectors, sex, and analysis (Appendix 6-18)

In a nutshell, the major research methods used were literature review, gathering of primary and secondary data, analysis of data and the presentation of findings. Thus, the research ensures a high degree of triangulation by corroborating findings from various sources.

**Ethical Consideration:** Signed UNEG evaluators code of conduct and UNEG ethical guidelines were fully applied.

**MAJOR CONSTRAINTS:**

Major constraints encountered included:

**Difficulties in locating refugees:** Due to UNHCR mandate that all refugees should be relocated in refugee camps, coupled with the closure of the program in October 2012, the team experienced difficulties in locating refugees in some host communities. However, the few refugees that were still in host communities had family ties with those hosts.

**Bad road condition and damaged bridges:** The evaluation team encountered bad road conditions in Nimba County. Although the rainy season ended over six months ago, no rehabilitation had been done on the road. Pot holes were still visible.

**Lack of Access to Communication:** Access to network, both telephone and internet, was very difficult in some communities. In order to communicate, one had to stand at strategic locations for either Lonestar or Cellcom signal, for examples in Kailey and Kparblee communities; while in Behwaley, only the Ivorian mobile phone company signal was accessible.
LIMITATIONS:
The evaluation did not capture cost, thus did not pass judgment on the amount spent on actual project cost and overhead cost. It would be important to describe the methodological limitations. There was no baseline against the data can be compared to? Sample sizes, not sure but seem small sample sizes to be able to draw meaningful conclusions...More importantly, how the above described constraints have impacted the findings would something to mention, if they had...

Lack of Comprehensive Mal-nutrition documents: A major constraint faced during the data collection period was the inability of some health facilities to provide record on the number of patients treated for malnutrition during the project implementation period (July – December 2012). From the eight nutrition centers\(^2\) visited, only four centers provided the required information.

LITERATURE REVIEW:

Prior to the commencement of the final evaluation, an in-depth literature review was undertaken. The literature reviewed covered various internet sources, books, periodicals and relevant publications. Major documents reviewed included the project document, baseline report, the logical framework and various reports from Implementing Partners. These documents provided background information on the project.

Liberia’s 2012 CAP document was reviewed. The document vividly captures the humanitarian situation in Nimba, Grand Gedeh, River Gee and Maryland Counties. Although the document targeted 120,000 refugees, it recognizes the stress posed on host communities by Ivorian refugees. Consequently, the 2012 CAP sought to reduce mortality and morbidity; improve access to basic social services; improve livelihood activities and promote human rights. A total of US$121,577,270.00 was budgeted.

Another prominent source that was reviewed is the Poverty Reduction Strategy (PRS). The PRS was the blueprint for Liberia’s social economic development. Its implementation began April 1, 2008 and ended on June 30, 2011. Derived through a consultative process, the PRS identifies four (4) key areas of intervention, namely, Consolidating Peace and Security, Revitalizing the Economy, Strengthening Governance and the Rule of Law; and Revitalizing Infrastructure and delivering Basic Social Services. Activities of the project squarely fall under Pillar I – the Consolidation of

\(^2\)Those centers that were unable to provide health data were G.W. Harley Hospital in Nimba County; Janzon Clinic and Martha Tubman Hospital in Grand Gedeh County and the Cavalla Clinic in Maryland County
Peace and Security. Equally reviewed were Liberia’s Vision 2030 and the Agenda for Transformation (AfT).

The Convention on the Rights of the Child (CRC) was also reviewed. It defines a child as anyone below the age of eighteen, except otherwise provided by national laws\(^3\). The Convention espouses several rights, for examples, non-discrimination, the right to life, survival and development as well as the right to identity, and freedom of expression. Notwithstanding, one of the recurrent problems facing most children is the violation of their rights / child abuse. It involves discrimination, denial of basic social services, care and freedom of expression. It also ranges from sexual abuse, verbal abuse, corporal punishment, neglect, marginalization to stigmatization. Worse of all, most children are exposed to sexually transmitted diseases, in particular Human Immune Deficiency Virus and Acquired Immune Deficiency syndrome (HIV and AIDS)- a killer disease.

Another issue reviewed was the conditions of youth\(^4\). According to the 2012 World Youth Report\(^5\), 85% of youth live in developing countries. Youth unemployment increased by 836,000 from April to July 2012; as compared to an increase of 745,000 from April to July 2011. The Liberia National Youth Policy and the National Security Strategy documents emphasize the conditions and needs of youth. The latter document attributes youth unemployment to the lack of skills which has led to vulnerability and exclusion\(^6\) of youth. Liberian youth constituting 34.5% of the country’s present population (3,476,608) are yet to fully contribute towards national reconstruction and development. Worst of all, they are at risk of entering the circle of poverty (64%)\(^7\),

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\(^3\) In Liberia, the 1985 Constitution is mute on the age of a child, but voting age is eighteen and the age of consent is eighteen. Moreover, Liberia ratified the CRC in 1993 and presented its First Country Report in November 2000. Several other policy and administrative documents confirm the CRC age limit and equally re-emphasize the rights enshrined under the CRC; Government of Liberia, First Country Report on the Convention on the Rights of the Child (CRC), 2000, Monrovia: Sabanoh Printing Press Ltd. 2000, P.22.

\(^4\) The classification of youth is one of the most contentious issues in the world. Depending upon institutional, economic and political factors, it varies from society to society and from culture to culture. It even differs between economic status, sex, race and religion. In Liberia, it ranges from 15 to 35 years, and presently constitutes 37% of Liberia’s population. In Britain, a youth is someone between the ages of 14 – 19, in Canada, 15-24 years, and in Nigeria 16-30 years. In the Bahamas, it runs from 15 to 30. In a nutshell, there is no single answer on the age range of youths. Notwithstanding one common denominator that is ascribed to youth is someone who is not too young and at the same time not too old. The United Nations clearly acknowledges the disparities amongst states, yet set the age range of youth from 15 to 24 years (www.un.org/esa/socdev/unyin/yin98.001.htm#1). The above age range was endorsed by the General Assembly Resolution A/36/215 and 26/28 of 1981 in preparation for the 1985 International Youth Year. Within the context of the above age limit, there are ages of convergence (15 – 18) for both children and youth since Article One (1) of the UN Convention on the Rights of the Child defines a child as someone under the age of 18. Unlike the Convention on the rights of the Child, there is no convention on the rights of youth.


\(^6\) National Security Strategy of the Republic of Liberia, January 2008, p.13. The document also acknowledges the presence of unemployed youths who are conduits for drugs trafficking. In the absence of tangible solutions, these situations have become a major challenge with serious implications.

\(^7\) PRS, p.185
unemployment and impoverishment. The Liberia National Youth Policy presents the priorities of youth employment, participation, empowerment and development.

Notwithstanding, many youths in the emergency counties are experiencing frustration and a lack of access to services and learning and economic opportunities. According to the Liberia Core Welfare Indicators Questionnaire (CWIQ) survey of 2007 that was conducted by LISGIS with support from the World Bank, most youth in the leeward counties lack opportunities in the formal sector as a result of poor education and lack of requisite skills..

Another important document reviewed was the Comprehensive Food Security and Nutritional survey (CFSNS) conducted by the Ministry of Health and Social Welfare in 2006. Field survey was done at the household, individual and community levels. The survey covered rural and semi-rural groups, representing about 65 percent of the total population. The study was conducted in collaboration with international and local partners. It was estimated that about 36 percent of households benefited from food assistance program mainly through food-for-education and resettlement programs. Children are the most affected from food insecurity; most especially refugee children.

A 2009 survey - Learn Without Fear Baseline Survey - conducted by ADEAS and sponsored by Plan Liberia reveals that beating and starvation are common abuses. 16% of children interviewed during the survey attributed child rights violation to lack of parental care. Over the past four years, UNHCR and LRRRC have documented several cases of child abuses ranging from sexual molestation to rape. In Ivory Coast, the political conflict led to the displacement of thousands of children and the lack of access to education. The conflict resulted to many children and their parents to flee to neighboring countries.

These alarming situations of children have therefore claimed the attentions of many individuals, major Non-Governmental Organizations (NGOs) and the United Nations. The World Health Organization (WHO), a specialized agency of the UN, estimates that forty (40) million children below the age of fifteen (15) suffer from abuse and neglect. Other institutions that have spoken openly on abuses against children include, but are not limited to Plan International, Save the Children and the American Refugee Committee. Consequently, health and social services are strongly recommended by almost all stakeholders. Emphasis is placed on refugee children, children without parental care and those at risk of losing parental care.

Other prominent works that also address the issue of girls’ education, marginalized groups and networking are Liberia’s 2nd, 3rd and 4th Consolidated Report to the United

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Nations Convention on the Rights of the Child (UNCRC) and the National Policy on Girls’ Education. The latter was jointly published in 2005 by the Ministry of Education and the United Nations Children Fund (UNICEF). It highlights the peculiar conditions of girls and offers remedial actions. Several issues including girls’ admission and retention; dysfunctional cultural practices; violence and sexual harassment are discussed in details.

Another national document reviewed was A System in Transition: The 2007/08 National School Census Report published by the Ministry of Education (MOE). This document provides reliable data which is intended to enhance proper planning and effective implementation. It clearly shows, amongst other data, the percentage / distribution of pre-primary enrollment by sex – 49% for girls and 51% for boys from a total pre-primary enrollment of Four Hundred Ninety-one Thousand Five Hundred Sixty-four (491,564) students. It also shows that Three Thousand Three Hundred and Ninety-one (3,391) pre-primary students suffer from some types of disabilities (physical 23%; hearing 44%; visual 20% and others 13%). This report equally indicates that from a total of Eleven Thousand Seven Hundred Seventy-Eight (11,778) pre-primary teachers, only 29% are trained.

The Education Sector Plan (ESP) of Liberia (2010 – 2020) converges with the PRS in presenting the Government’s strategic educational objectives. In close collaboration with donors and partners, the ESP targets seven major objectives. It also draws upon the Liberia Education Law of 2001 which defines Early Childhood Education (ECE) as education meant for children ranging between the ages of two (2) and six (6) years of age, although the prevailing international definitions for ECE targets children ranging from zero (0) to eight (8) years of age. Finally, other prominent sources include the Republic of Liberia National Budget for the Fiscal Year July 1, 2012 – June 30, 2013 and Liberia’s Progress towards the Millennium Development Goals 2008. Appendix I gives a detailed listing of the most prominent sources that were reviewed.

I. MAJOR FINDINGS:

a. Coverage of the Project

9 The ESP seven major strategic objectives include strengthening the curriculum, improving access to quality, safe and hygienic schools, recruiting and training qualifies teachers, improving learning environment and school completion rates; strengthening the quality and accessibility of skills and vocational training. Apart from targeting the improvement and quality of tertiary education, it also focuses on strengthening the overall governance and management of the educational system, page 24.

10 Liberia’s ECE takes into serious consideration the growth of children socially, morally, physically, culturally and linguistically. It can be attained in various settings – homes, community, centers, schools and formal institutions, page 29.
Although the project was implemented in 134 communities in four Counties of Liberia, (Nimba, Grand Gedeh, River Gee and Maryland Counties) which share common boundary with Ivory Coast, the project also impacted nearby towns and villages. These communities were equally affected by the influx of Ivorian refugees. However, some border communities that are reflected in the 2008 LISGIS National Housing and Census Results which were also affected were not targeted. From four Focus Group Discussions, the project did not reached equally affected communities such as Gbeibolah, Teaplay, Gboweatehplay and Nilla in Nimba County and Gbalekeh in Grand Gedeh County. Notwithstanding, the presence of other NGOs such as Childfund, NRC, Save the Children UK was felt. Even though the project has ended, there is still a need to provide basic social services for children in the targeted and untargeted communities, if the equity approach is to be fully realized is still visible.

b. Relevance of the Project

The Ivorian crisis created huge humanitarian needs in host communities which share common border with the Ivory Coast. The increase in population in the host communities which were already marked by poverty increased the need for assistance. FGDs in several communities revealed that the arrival of the Ivorian Refugees placed a strain on scarce resources in most households. Some community leaders informed the Evaluation Team that their communities were constrained to share with the refugees since most of their ancestors migrated from the Ivory Coast. Additionally, both the Ivorian Refugees and host communities spoke the same language. This further strengthened their bonds and compelled members of the host communities to cater to the refugees with the meager resources available. Notwithstanding, community members in several FGD indicated that supplies quickly ran out and there was great need for assistance in all aspects of life. Thus, they saw the intervention of UNICEF through implementing partners as welcoming.

i. Education

“My sister, this project was really helpful to the children of this community. We have never had a school here before so parents were only sued to going on the farm in the morning. They did not know how to get children for school. Now things are beginning to change”.  
A parent from Duokodi Community
SSI with school authorities indicates that the presence of refugees increased enrollment level in all of the communities visited. Children below the age of five did not have a place to spend the day. Ivorian children did not have a way to continue their education. Figures 1 and 2 below show the relevance of the project in the targeted communities.

**Figure 1: Relevance of ECD Centers**

<table>
<thead>
<tr>
<th>WAS THERE A PLACE WHERE CHILDREN UNDER (5) COULD PLAY AND SING TOGETHER BEFORE THE COMING OF THE PROJECT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW 0%</td>
</tr>
<tr>
<td>YES 34%</td>
</tr>
<tr>
<td>NO 66%</td>
</tr>
</tbody>
</table>

**Figure 2: Relevance of Support for Primary Schools**

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All figures / charts are generated from the Master Database – Appendix 5.

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FGD with females of the community whose children attended the primary school and ECD center in Kaylay explained that the project intervention was relevant because it catered to the educational needs of their children. They further explained that before the intervention, children often played at nearby creek or even went into the bush to play. However, with the coming of the project, children were kept at ECCD centers were they did not only play, but also learned how to recite the letters of the alphabet and sing songs.

ii. WASH
Community members also informed the Evaluation Team that the presence of the refugees also put pressure on the number of functional pumps in each community. They further explained that most of the pumps found in their communities were hand dug well which quickly ran dry during the dry season. Participants of FGDs indicated that with the increase in population, there was need for machine dug well which catered to the communities during both the rainy and dry seasons. Figure 3 shows the relevance of the WASH component of the project in the targeted communities.

Figure 3: Relevance for Additional Hand Pumps in Communities
iii. Nutrition

Hospital administrators informed the Evaluation Team that the nutritional component of the project was very relevant. The team was also informed that the number of malnutrition cases increased during the crisis. The OIC at the Health Center in Yuukudi Community, Maryland County said the health facility catered not only to Ivorian refugees in Liberia, but also to Ivoirians from neighboring villages in the Ivory Coast.

Members of the Health Team at the Bahn Health Center in an SSI revealed that the support from UNICEF through the MOHSW was necessary because it catered to malnourished children from both the host community and the Ivorian Refugees. The interview revealed that malnourished cases were seen at the hospital even before the refugee crisis. However, with the constant supply from UNICEF, the center was in the position to cater to the increased number of cases during the Ivorian crisis.

Figure 4 below shows the percentage of HHs which said that there were malnourished children in the community before the coming of the project.

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**Figure 4: Relevance of Nutritional Component**

*Final Evaluation: Multi-sectorial Interventions to address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the four emergency counties*
iv. Child Protection

FGD with facilitators and youth in some communities revealed that the need for the protection aspect of the project was very relevant. Children needed to be protected against Sexual Exploitation and Abuse (SEA), gender-based violence, and domestic violence. Facilitators further informed the team that there were some unaccompanied and separated children who had to be protected in the host communities. 47% of HH interviewed indicated that children were not protected before the project (See figure 5 below).

**Figure 5: Relevance of Protection Component**

FGDs with community members in Beatou indicated that the project catered to the needs of both Ivorian Refugee children and children from the host community. According to them, children coming from Ivory Coast were stressed and needed a safe
place where they could play and forget about the war, while Liberian children needed to be protected against child labor, domestic violence, and a place to play.

SSI with the facilitators at the CFS in Kayley also indicated that the CFS served as a place where psychosocial services were provided to Ivorian refugee children. The CFS de-traumatized children who were uprooted from their original surroundings and provided a cordial environment for growth and development.

c. **Equity in Project Implementation**

The equity approach was adapted to certain extent during the project implementation. Project implementation ensured that children in all categories had equal access to services despite the bad road condition, and the geographic location. HH interviews revealed that 91% of communities have bad road condition. The major means of transportation is motor bikes. However, there were equitable distribution of services and all children had equal access to communities’ facilities irrespective of the social status of their parents. Findings from HH revealed the following:

**Table 4: Summary of Equity in Project Implementation**

<table>
<thead>
<tr>
<th>No</th>
<th>indicator</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Men and women have equal access to borehole</td>
<td>73%</td>
</tr>
<tr>
<td>3</td>
<td>Boys and girls have equal access to borehole</td>
<td>70%</td>
</tr>
<tr>
<td>4</td>
<td>All malnourished boys and girls have equal access to health facilities</td>
<td>93%</td>
</tr>
<tr>
<td>5</td>
<td>Disabled children have equal access to schools</td>
<td>98%</td>
</tr>
<tr>
<td>6</td>
<td>Boys and girls have equal access to schools in the community</td>
<td>98%</td>
</tr>
</tbody>
</table>

SSI with health workers with several health centers also confirmed that all services at clinics are free and that these clinics cater to everyone in the community and surrounding villages on an equal basis. The OIC at the clinic in Yookudi reported that the clinic also caters to the Dookudi Community and Ivorian boys and girls who reside in Ivory Coast. These activities validate the issue of equity which, according to UNICEF Child Protection Section, is embedded in the Partnership Cooperative Agreement (PCA) with partners.

d. **Effectiveness of the Project**

From HH interviews, SSIs, Sis and reports from UNICEF, the project achieved its objectives to a large extent. In the area of education, the number of children reached exceeded the target number while all 20 boreholes were constructed in 16 communities. Additionally, the number of children targeted under the both child protection and nutritional component were reached.
i. Objective #1 WASH: Enhance the health status of the refugee population and Liberian host population by focusing on improving sustainable access to safe drinking water

1. Number of new boreholes constructed

According to the project document, 20 boreholes were targeted to be constructed in 16 communities in order to achieve Objective 1 under the WASH component of the project. The Final Evaluation sampled four (4) out of the sixteen (16) communities and discovered five (5) boreholes. In Nicko Community, there was one borehole constructed by GOL, but was not in use during the time of the evaluation team’s visit because community leaders said they were waiting for a formal program at which time the pump would have been turned over to the community. In Behwaley Community, there was also one borehole constructed by ACF. The pump was functioning. There are also one borehole constructed in Marley Community and one borehole rehabilitated by ACF. In Toe Town, there are two boreholes constructed by GOL. The below table summarizes the above findings:

Table 5: information on Boreholes in Communities Visited

<table>
<thead>
<tr>
<th>#</th>
<th>County</th>
<th>Community</th>
<th>Constructed</th>
<th>Rehabilitated</th>
<th>Functional</th>
<th>Non Functional</th>
<th>Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>Nicko</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>GOL</td>
</tr>
<tr>
<td>#</td>
<td>Behwaley</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>ACF</td>
</tr>
<tr>
<td>#</td>
<td>Marley</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>ACF</td>
</tr>
<tr>
<td>#</td>
<td>Toe Town</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>GOL</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviews and FGDs revealed that the location of the pumps was the decision of the entire community. Although the pumps are meant to cater to all members of the community, access to the pump is governed by some rules. Town officials and female beneficiaries indicated that these rules are put in place to ensure the sustainability of the pumps. In Nicko, the pump was not in use because the community members were still in the process of finalizing the rules for accessing the pump. Other communities like Toe Town and Marley also had rules in place for accessing the pump. In Bewalay, FDG with the pump management team revealed that construction works started December 2012. The pump is located in one of the quarters (Paye Quarter). The pump was turned over to the community on January 4, 2013.

KII with UNICEF Field Official in Zwedru, Grand Gedeh County, and ACF WASH officials confirmed that 20 boreholes were constructed in 16 communities. It can therefore be deduced that boreholes in the other communities were constructed.
However, the evaluation team fell short of performing e-coli test on those boreholes that were functioning in the sampled communities.

2. **Liters of safe drinking available to a person per day:**
The project targeted 25 liters of water per person per day. However, HH interviews revealed that 46% of HH has 1-5 members, while 45% has 6-10 members. Water consumed by households range from 8 to 152.4 liters. Average water consumption for HHs is 11.23 gallons or 43 liters per day. Figures 6 and table 6 below show the details of the findings.

**Table 6: Average Liter of Water Available to HHs**

<table>
<thead>
<tr>
<th>HOW MANY GALLONS (1 GALLON = 37 LITERS) DOES YOUR HOUSEHOLD USE PER DAY? Valid N (listwise)</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW MANY GALLONS (1 GALLON = 37 LITERS) DOES YOUR HOUSEHOLD USE PER DAY? Valid N (listwise)</td>
<td>100</td>
<td>2</td>
<td>40</td>
<td>11.23</td>
<td>8.278</td>
</tr>
</tbody>
</table>

3. **Average distance from nearest water point to HH**
61% of HHs interviewed said that they have a hand pump in close proximity of their homes. The closest distances from any home to the water source is less than five minutes (40% of HHs), while the farthest distance is more than ten minutes (19% of HHs).

**Figure 8: Time spent to get to a Water Source**
ii. Objective #2 Nutrition: Essential Nutrition Actions and integrated management of acute malnutrition services are sustained in implementing health facilities and integrated in the health system and structure to effectively rehabilitate children with severe acute malnutrition admitted in the IMAM program

1. Number of children screened in five months

The project document targeted 35,000 children to be screened; and 2560 under five SAM children to be treated. Findings from HH questionnaire revealed that children from both the host communities and Ivorian Refugee population suffered from mal-nutrition during the period under evaluation (July – December 2012). 43% of HHs had children who suffered from mal-nutrition during the five months. 41% of HHs said that children from their HHs were treated for SAM during the last five months. 9% of HHs lost a child as a result of malnutrition (See figures 9 and 10 below). The UNICEF 2012 IMAM statistics also revealed that a total of 2,017 patients were admitted for various kinds of malnutrition during the period under evaluation. Of this number, 1,372 were cured, 70 defaulted while 27 died. The statistics further revealed that there is no record for 188 patients.

Figure 9: number of Children who suffered from Mal-Nutrition during the Project Period

| HOW MANY CHILDREN IN YOUR HOUSEHOLD SUFFERED FROM SAM DURING THE LAST 5 MONTHS |
|-------------|----------------|
| ONE         | 23%            |
| TWO         | 15%            |
| THREE       | 3%             |
| MORE THAN FOUR | 2%        |
| NONE        | 57%            |
2. Number of Children under five admitted to in and outpatient treatments

During the final evaluation, eight health centers\(^\text{12}\) were visited. Reports from five (5) out of the eight (8) health centers visited during the End of Term Evaluation revealed that a total number of 324 children were admitted from July to December of 2012. However, reports from the nutrition sector indicate that a total of 13,749 children were screened in 24 health districts under the project. The table below shows the statistics from health centers visited during the evaluation.

**Table 7: No of Children treated for SAM at 4 Health Centers**

<table>
<thead>
<tr>
<th>#</th>
<th>Names of communities</th>
<th>Number of patients admitted</th>
<th>Number of patients cured</th>
<th>Number of patients discharged</th>
<th>Defaulted</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bahn Health Center</td>
<td>121</td>
<td>45</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Gbeapo Health Center</td>
<td>75</td>
<td>63</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Yookudi Clinic</td>
<td>35</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Toe’s Town Health Center</td>
<td>93</td>
<td>71</td>
<td>73</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>324</td>
<td>198</td>
<td>73</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

\(^{12}\)Health Centers visited were the G.W. Harley Hospital and Bahn Health Center in Nimba County; Toe Town Health Center, Janzon Clinic, and Martha Tubman hospital in Grand Gedeh County; the Cavalla Clinic and Yookudi Clinic in Maryland County; and the Gbeapo Health Center in River Gee County.

**Final Evaluation:** Multi-sectorial Interventions to address the Humanitarian and Recovery Needs of Ivorian Refugees and Liberian Host Community Members in the four emergency counties
Semi-structured interviews with a cross section of the CHT in Nimba County revealed that the G.W. Harley hospital was not directly involved with the Ivorian Refugee crisis because health centers were established in most of the refugee centers. However, as a referral center; the hospital received some malnourished children from refugee communities whose cases could not be managed at the community level. Members of the CHT further indicated that the hospital received Outs of Therapeutic Products (OTP) from UNICEF through the Ministry of Health and Social Welfare for onward distribution to other health centers in the country. It was further revealed the CHT was also involved with the training of health practitioners on nutrition in June of 2012.

At Bahn Health Center, members of the Health Team in a SSI also indicated that the project started on time. They further explained that in June of 2012, two Staff members attended a workshop in Saniquillie where they were trained to administer both OTP and SFT. They also learned how to detect mal-nutrition in children. A major highlight of the training was sensitization/awareness in the various communities on mal-nutrition and to educate mothers on how to detect mal-nutrition in children. Mothers were also sensitized to move away from attributing the cause of malnutrition to mystical belief and to take children to the hospital when signs of malnutrition were suspected in children.

iii. **Objective #3 Education: Provide access to ECD and primary education services to refugees and host population in the four emergency counties**

1. **Number of children accessing ECD Centers**

On the overall, 95% of parents interviewed stated that their children are currently in school. Of this number, only 7% of HHs did not have children who accessed the ECD centers. An overwhelming 93% of HH had children who accessed the ECD centers. 54% of HHs has one child accessing the ECD centers, while 32% has more than four children who accessed ECD centers. The graph below shows details of the quantitative findings.
The project provided a tent that served as the ECD Center. Toys, chairs, and other recreational materials were provided to the center. Additionally, facilitators were trained to handle the children. For the primary school, the project provided materials like uniforms for children, instructional materials for the school and recreational materials for children. For example, facilitators at the Kaylay School also indicated that Chairs, toys, mats, bucket, and tubs were supplied to the ECD center by the project. SSI with school authorities in Beatou Community revealed that the project constructed an ECD center which catered to more than 300 children between the ages of three to five.

2. Number of children accessing primary education centers

The number of children accessing primary education has increased. An overwhelming 97% of parents have children who accessed primary schools. Several schools visited indicated that enrollment increased as a result of the refugee crisis. In Beatou for example, the school enrollment was 461 before the arrival of the refugees. Enrollment increased to 750 with the coming of the refugees. However, when the refugees were moved to the camps, school enrollment dropped to 460.

3. Number of teachers using learner-centered methodology

Interviews with teachers and facilitators of several schools visited indicated that teachers were trained in learner-centered methodology. Information received from
Vision in Action (VIA) Field Office in Maryland County, revealed that more than 500 teachers were trained. The administrator of the Primary school at the Solo Refugee Camp also confirmed that all of the teachers in the school were trained. In Cavalla, it was revealed that only two Liberian teachers were trained while school administrators in Duokodi informed that all teachers in the community were trained. Interviews with teachers who attended these trainings revealed that training was centered on basic classroom management, teaching skills and how to prepare lesson plans. Teachers from the Solo Refugee Camp also informed the Evaluation Team that through the initiative of the project, the Ivorian curriculum was sent to teachers and they were properly trained on how to prepare lesson plan from the curriculum.

iv. Objective #4 Child Protection: Ensure the rights of all girls, boys and youth to protection from neglect, violence, abuse and exploitation during the recovery phase through access to safe environments, case management and psychosocial support

1. Number of children accessing CFS, youth engagement and children’s club

HH interviews revealed that 76% of HHs have children who are part of Children’s Club. Interview with CFS facilitators in Beatou, and Kaylay revealed that Children’s Clubs are generally involved in awareness and sensitization of children on their rights. Youths of Boa Town in a FGD also confirmed that the Youth Club was engaged in several activities such as sports, dancing and playing which promoted peace and prevented conflict. This information was crosschecked with some instructors.

SSI with Community leaders in Beatou, revealed that the Child Friendly Space (CFS) catered to 1535 children (both Ivorian and Liberian). However, with the relocation of refugees in camps and the voluntary repatriation, the CFS currently caters to 835 children. The center catered to children using the equity approach, notwithstanding, some games are restricted to a particular sex, while special games were reserved for disabled children who cannot play vigorous sports like football and volleyball. Games like ludu and checkers were reserved for the disabled, although other children could play them if they wanted to. The project also supplied unaccompanied children with clothes and protected them against sexual abuse by providing them with foster parents. These activities clearly promote the equity approach.

Both CWC members and CFS Facilitators indicated that children were protected against violations like sexual abuse, child labor, and early marriage. The program also protected children from going near the border. There were several activities that were used to provide psychosocial support to children. Some of these activities included kickball, football, volleyball, traditional games, storytelling and cultural performances.
The project also established a Children’s Club in each of the community. The club was involved in sensitizing the community on protection issues, and was engaged in garden projects. The Children’s Club had a head and meets every Saturday.

Although started very late, the project also established a Child Welfare Committee in November 2012. The Committee worked along with the facilitators to investigate child right violations in the community. The CWC also protected vulnerable children and referred malnourished children to health centers. The CWC was also involved in a garden project and worked along with pregnant women to ensure that they give birth to their babies at health centers instead of giving birth in their communities.

In Kpablee for example, children and youth clubs were also established to carry on sensitization and on child right abuses, create awareness among children on the importance of education and promote peace messages among youth and children.

Although the project has ended, the CFS in Beatou Community has life skill training which teaches children how to be good citizens and how to relate to each other. There is also an ongoing training in tailoring that caters to 75 youth between the ages 13-25.

In Kaylay community, the CFS catered to the psychosocial needs of Ivorian children. Children were taught of their rights and how to live at peace with each other (Life Skills). According to the facilitators of the CHF, Save the Children provided games of all sorts for the children and trained the facilitators on issues of child protection. Parents were constantly sensitized on the rights of children. One major lesson learned from the awareness was that parents stopped beating children. According to some parents, children often reported cases of child right violation to the CWC, immigrations officers and other community leaders. Consequently, it was hard to compromise child right violations.

An interview with some youth of the community also revealed that the project established a Children Club and a Youth Club. The Children Club carried awareness on child protection, while the Youth Club has a football team and undertook projects by selling labor to community member.

2. Separated and unaccompanied children that are supported through case management and psychosocial support

FGDs with Youths in the sampled communities revealed that the project identified unaccompanied and separated children. Information further revealed that some of these children were turned over to the Red Cross. Red Cross was successful in reuniting them with their families. SSI with CFS facilitator in Boa Town and Kaylay Community also revealed that separated and unaccompanied children were placed in foster home. In Kpablee, SSI with CFS facilitator and CWC members revealed that
foster parents were given US$75.00 to assist with the upkeep of the unaccompanied and separated children. The Evaluation Team was also informed that children above the age of 18 were given money to set up a business of their own. The project further provided support for the unaccompanied and separated children by providing blankets, clothes, uniforms, book bags and toiletries for separated and unaccompanied children.

3. **Number of community based-child protection actors who demonstrate knowledge of child protection issues services and mechanisms**

Findings from HH interview revealed that 40% of child rights abuses are reported to Local Government Officials, 32% to NGOs while 27% are reported to CBOs. Additionally, a Child Welfare Committee (CWC) was set up in each community to monitor issues of child right violations. The below graphs gives a picture of the kind of child right violations that occurred in the communities and groups to which children reported child rights violations.

**Figure 12: Incidences of Child Right Abuse during the Project Period**

| HAS THERE BEEN INCIDENCE/S OF ABUSE DURING THE PAST SIX MONTHS IN YOUR COMMUNITY |
|---------------------------------|---------------------------------|
| **YES**                         | 14%                             |
| **NO**                          | 77%                             |
| **DON'T KNOW**                  | 9%                              |

**Figure 13: Kinds of Child Right Abuses that occurred during the project period**
Even though the project has ended, SSI in several of the communities revealed that the CWC is still working along with the Child Friendly Space Management Team to ensure that child rights are protected in the community. In Kpablee, CFS facilitators and some members of the CWC are helping communities to identify child right violations like neglect, child labor, early marriage and sexual exploitation. As a result of the knowledge acquired on child right issues, 97% of HHs interviewed indicated that separated and unaccompanied children are protected in the community.

e. Impact of the Project

The ECHO sponsored Multi-sectorial Project implemented by UNICEF through five (5) implementing partners impacted the lives of both Ivorian Refugees and members of the host communities. Impact of the project was experienced in the four sectors of the project, and even spilled over to indirect beneficiaries. Below are the findings on each sector.
i. EDUCATION

- Early Childhood Care
The ECD centers in the communities of Boa Town, Behwaley, Solo Refugee Camp, Doukudi, Cavalla, Beatou, Kparblee, Kiale and Kayley served as a safe place where children could play, while their parents went about their daily chores. Generally, parents in these communities indicated that ECD centers relieved Ivorian parents who had one or more under-five children of the responsibility of looking after their children. The ECD centers awakened in the young children the zeal to go to school. For example, the first school in the community of Duokodi Community was established during the Ivorian Refugee Crisis. Consequently, under-fives in Duokodi community now has an opportunity to go to school for the first time. The ECD centers also changed the attitude of members of the host communities that children had to be more than five years old before going to school. In the past, a child’s hand had to cross his/her head to reach the opposite ear before the parent was convinced that the child was old enough to go to school. However, the establishment of ECD centers under the project changed this mentality. Consequently 92% of parents in the 10 child protection communities had children who attended the ECD centers (see figure below)

Figure 15: Number of <5 who Accessed ECD Centers as a Result of Project Intervention

In Beatou, FGD with school authorities and some parents revealed that the ECD program helped to de-traumatize children from Ivory Coast who had been uprooted from their familiar surroundings. For children from host communities, the ECD center made children conscious of going to school. The center also helped mothers by giving them time to carry out their daily chores while their children played. The distribution of
uniforms and other school materials also helped parents who could not afford to buy such materials for their children to send their children to school. In Kaylay, mothers who formed part of a FGD explained that the ECD Centers helped them to take care of their children, while they attended to other activities like farming, cooking and washing. For the Ivorian mothers, they said that the time their children spent in the ECD centers relieved them of stress.

- **Primary Education**

  FGDs and SSIs held in most communities indicated that primary school enrollment increased in host communities because parents did not have to purchase uniforms and other educational materials. The project provided these educational materials. As such, Ivorian parents were relieved of the economic burden of purchasing school materials for their children.

  Another impact of the project is that Ivorian children did not miss out on their school year; they were taught according to the Ivorian curriculum and participated in the Ivorian National Exams, while in the refugee camps. According to UNICEF Education Officer, the Ivorian children in refugee camps scored higher average (85%) compared to the average score (65%) of children in Ivory Coast. As a result of the activities of the project, 97% of HHs interviewed currently have children in primary schools (See figure below).

*Figure 16: Number of children who Access ECD Centers as a Result of Project Intervention*

**ii. WASH**
Interviews in the four (4) WASH communities revealed that there were more than four hand pumps in each community. However, the major problem experienced in all communities is that most of the pumps quickly run dry during the dry season. But with the new boreholes, the communities are optimistic that the scarcity of water will be minimized. FGD with the WASH Committee of Behwalay revealed that the boreholes had a great impact on the community because of the constant supply of water during the dry season. The WASH Committee from Nicko also said that women do not have to exert much pressure before accessing water, unlike other pumps where women apply much labor before water is available. Most importantly, the four WASH communities visited indicated that they were convinced that water from the boreholes is safe for drinking.

iii. NUTRITION
According to the OIC in Cavalla Town, mal-nutrition is a sickness that takes away life if not treated on time. The County Focal Person on Nutrition for Grand Gedeh also confirmed that if mal-nutrition is not treated on time, it makes children vulnerable to diarrhea and anemia. However, with the support received through the ECHO funded project, communities are experiencing several benefits from the project. According to Health workers at the Bahn Health Center, the project commenced with the training of Health workers in the IMAM program. With the knowledge acquired from the workshop, clinical staffs have begun to sensitize mothers that malnourished children are to be taken to the clinic / hospital, contrary to the traditional belief which attributed the cause of mal-nutrition to some mystical beliefs. According to the nurse aid assigned to the clinics, more mothers responded to the campaign, thus resulting to an influx of malnourished children at the health centers.

The free medical supply for malnourished children from both host communities and refugee camps also increased the number of malnourished children at health centers. Health workers at Yookudi Clinic informed the team that children from the Ivorian side of the boarder were also brought to the clinic for treatment.

On the overall, the major impact of the nutritional component of the project was that it saved the lives of both Ivorian children and children from the host communities who were malnourished. Consequently, during the end of project evaluation, five clinics reported that 134 children were treated from July to December. The final report from the nutritional component of the project reported that 13,749 children were screened from July to December.

iv. CHILD PROTECTION
Several FGDs and SSIs in communities visited revealed that the project catered to the psychosocial needs of Ivorian children and provided protection for children from host communities. Under the protection component of the project, children became more knowledgeable of their rights. FGD with youth of Boa Town also revealed that children are now conscious of where to report child rights abuses. Some children said they reported child rights violation to community leaders, the CWC, NGOs and some CBOs.

Another impact of the child protection component of the project is that community now has a different way of dealing with their children. Contrary to the days of old, when children were subjected to child labor, early or arranged marriage, beating, or verbal abuse, parents of Kaylay Community in a FGD said they now discuss issues with their children. They further revealed that beating of children as a form of punishment is slowly fading away. Consequently, the HH questionnaire showed that 99% of respondents said that unaccompanied Ivorian children are safe in their communities (See figure below).

Activities at the CFS helped Ivorian Refugees and children from host communities to integrate more easily. Facilitators at Behwaley CFS said that both Ivorian and children from the host communities spoke the Krahn language in common. Therefore, when they met at the CFS to play, integration became easier and the Ivorian Refugee children quickly adapted to life in the new community. Facilitator at the CFS in Beatou also told the team that life skills learned at the CHFs helped children to be more cooperative and to avoid conflict. He further indicated that the psychosocial services at CHFs helped children to adapt to life in the new communities. FGDs in Beatou and Boa Towns also revealed that as a result of the project, the CWC, CBOs, community members and parents are now conscious of issues that constitute child right violations through continuous awareness and sensitization by implementing partners, Youth Club and Children’s club. Youth of Boa Town also informed the evaluation team that SC gave the names of unaccompanied and separated children to the National Red Cross. Through this initiative, some of these children were able to be connected with their biological parents. Youth of the FGD also said that they no longer fight each other. The CFS has taught them to play in a more peaceful manner.

**f. Sustainability of the Project:**

According to UNICEF’s Core Commitment to Children in Crisis, the logical thing to do in crisis is to cater to the humanitarian needs of the children. In instances such as these, there is not much time to put in place sustainability plans. The Multi-sectorial project was an emergency response which prioritized the needs of refugees. However, the project has high chances of being sustained in some sectors, while the
possibility of sustainability is low in other sectors. Below is the analysis on the level of sustainability.

i. Education

The ECD component of the project was not sustainable because ECD centers in all of the communities closed down. With the exception of Doukudi and Solo Town Refugee Camp which still have functional ECD centers, children from the other ECD in the communities of Boe Town, Cavalla, Beautou, Kailay, and Kaylay have been turned over to regular schools. Community members indicated that they are not in the position to pay the ECD teachers to continue the project. In Beatou, for example, 220 children (5 Ivorian and 115 Liberian) were transferred from the ECD center to the regular school program. For Kaylay, the tent used for the ECD program is no longer intact. The center has been dismantled. Like the other communities, the children have been transferred to regular schools where they continue to play and sing in addition to academic lessons.

On the other hand, primary schools continue to operate even though the project has ended. Apart from Cavalla where there is a private primary school, all primary schools are Government schools. The increase in school enrollment in Beatou has caused the communities to erect an annex to the school. Although the primary schools are government supported schools and will continue to function with or without assistance from NGOs, the quality of education is questionable.

ii. WASH

Although the project document did not provide for sustainability, community members have some sustainability plans in place. In Nicko, the community was in the process of setting out rules for governing the use of the pump when the team visited the community. There are rules for access to water and to ensure the sustainability of the pumps. In Behwaley, Toe Town and Marley for example, the communities came out with a set of rules to govern the use of the borehole. Some of these rules include:

1. Men do not fetch water because their strength might break the handle of the pump
2. Children under the age of 12 do not fetch water because they usually hang on the handle of the pump
3. Pump opens from 7:0 am – 11:00am
4. Reopens from 2:00pm – 5:00pm
5. Women fetching water must wear hair scarf
6. No wearing slippers in the fence of the pump
7. Water from the pump is only used for drinking
8. Each HH fetch only 20 gallons
9. Each family head is to pay a fee of L$5.00 a month for maintenance

Violators of these rules are prevented from fetching water at the pumps. Apart from rules put in place by the community for the sustainability of the pumps, the implementing partners also initiated some actions in all of the WASH communities. ACF and UNICEF encouraged communities to establish a cash box system so as to generate funds to purchase parts that might get broken on the pump. FGD with the Community WASH Committee (CWC) in Behwaley confirmed that each HH pays an amount of LD5.00 monthly. This amount is kept by the treasurer of the Community WASH Committee. FGDs further confirmed that revenues generated are intended to be used for the purchase of spare parts.

Moreover, to enhance the sustainability of the boreholes, ACF established a spare part network in Nimba County. There is a spare part depot in Graie, Boutou, and two other locations. These initiatives ensure that spare parts for the boreholes are available when the community needs to purchase them. FGDs and KII in Marley and Behwaley also revealed that pump mechanics were trained in all of the wash communities and supplied with tools that could be used for the period of two years.

II. Nutrition

Nutrition is a health priority and has an entire section at the MOHSW. Even before the Ivorian crisis, the nutritional program was a part of the G.W. Harley hospital in Sanniquillie, Nimba County. After the crisis, the nutrition program should continue. A member of the Nimba County Health team was quoted as saying “the nutritional component of health is needed with or without crisis”.

However, the nutritional component of the project is not sustainable without assistance from national government or NGOs. At some health centers, for example, at Cavalla Clinic, patients who were on treatment are finding it very difficult to get regular supplies since the project ended in December. This has posed a threat to the lives of these children. The lack of supplies at Martha Tumban Hospital in Zwedru, Grand Gedeh County has also hampered the treatment of malnourished children.

III. Child Protection

Most communities are not in the position to replace toys and recreational materials in the CFS when they are destroyed. Moreover, communities are not in the position to
give facilitators token to enable them to continue their services with the children. However, some facilitators intended to replace toys given by SC with locally produced ones. The child protection component of the project is sustainable to certain extent:

- Life skills acquired at the CFS has become a part of the children
- Livelihood skills acquired at the CFS are helping children to become productive citizens
- Awareness on child protection is changing the mindset of community members on how to relate to children

**Project Challenges:** Both the implementing partners and community facilitators faced series of challenges during the implementation of the project. Challenges include:

- **General Challenges**
  - Inaccessible communities due to bad road condition
  - Huge humanitarian needs of communities, coupled with limited funding which made distribution of services difficult
  - Timing of project implementation (rainy season) in some cases affected effectiveness
  - Bad bridges impeded movement of personnel and materials
  - Sporadic clashes at the border points
  - The desire of some refugees to return home, although the situation in Ivory Coast was still tense
  - Working with government partners in the absence of logistic and low capacity
  - Late reporting from partners
  - Road conditions caused delay in the delivery of needed supplies to children
  - Paying for community town halls for workshops
  - Paying sitting fees for participants of workshops to acquire needed knowledge

- **Child Protection**
  - Foster parents who wanted to return home put foster children in vulnerable positions
  - Refusal of some parents to adhere to awareness and sensitization on children’s rights

- **Education**
  - Parents in Doukodi have not fully grasped the concept of ECD centers. Still have problems with sending children under five years old to school.
  - Lack of school feeding program for the ECD centers was a challenge. Mothers stopped their children from going to school since they were not fed
at the school. On the other hand, the children began to leave the ECD centers to hang around the primary schools were the school feeding was carried out.

- **Nutrition**
  - Constant changes in staff at health centers. Staff who participated in the IMAM training were transferred during the project period and there was no one to replace them
  - When children who are screened at clinics do not qualify to receive therapeutic Products, parents feel that health workers are being selective.

- **WASH**
  - Most of the communities were very large and one borehole did not make much impact because all members of the community could not access the water.
  - There were many communities that needed boreholes but budgetary constraints could not allowed everyone to get one
  - Selection of communities to benefit from the 20 boreholes; there were 134 communities, but only 16 communities within two counties (Grand Gedeh and Nimba) benefited

**IV. Conclusion**

Based on the findings from the HH questionnaires and several FGDs, SSI, KII and observations, ADEAS wishes to draw the following conclusions:

Equity was observed throughout the implementation of the project; both the well off and worst-off, disabled and physically fit, girls and boys had equal access to community facilities. Even at CFS, there were specific games set aside for children who could not engage in vigorous sports like football, volley and kickball. All health centers visited were equally accessible by the rich, poor, well-off and worst-off.

Even though the project had several challenges, it catered to the huge humanitarian needs that were created in the communities as a result of the refugee crisis. Ivorian children were not only in the position to go to school, but children from refugee camps were able to score high marks in the Government exams. This indicates that the psychosocial aspect of the project under child protection was well in place, thus
enabling the children to be stable and concentrate on their lessons. Additionally, the lives of malnourished children were saved. Residents of 16 communities are having access to safe drinking water, although the pumps are easily accessible by everyone in most of the communities.

Although activities of the project were not implemented in a timely manner due to the bad road condition and the time of the implementation (July – December), people in all of the 15 communities visited were knowledgeable of the project. Structures erected by the project were also visible in the communities. The CFS did not only provide a safe place for children to play, but also impacted the children's lives in several ways. Children were relieved of stress through playing of game, singing, dancing and other traditional activities. Children were also protected from several child right violations such as child labor, early marriage, verbal abuse, physical abuse, and sexual exploitation.

V. Recommendations: In the midst of the findings and conclusion of the study, ADEAS wishes to put forth the following recommendation. Some of these recommendations were advanced by community members, implementing partners, OICs at health centers and ADEAS. The recommendations are categorized according to the entity to which it is addressed.

UNICEF

1. ECD program should continue in the host communities so as to enable parents to change the mindset that children have to be eight years or above before they can start school
2. Should liaise with WFP to provide food for children playing at CHF
3. Parents should be continuously sensitized on the importance of education for children
4. OTP and SFP for malnourished patients should not be allowed to run out. Lack of these products hampers the life of the children; UNICEF must therefore continue the nutritional component of the project
5. Some local CBOs should be involved in project implementation
6. Ensure that PCA with partners take into consideration capacity building of government partners
7. Continue collaborating with local structures on child welfare, community leadership, and the legal system that protect children
8. Continue to support Ivorian Refugees who feel at home in host communities

Implementing Partners

1. Training for health workers should include one or more staff members to ensure continuity in order to make up for transfer and resignation
2. Vocational skills like soap making and baking should be added to activities at CFS for children between the ages of 12-17.
3. Adult literacy should be introduced to help teenage children who missed out on primary education
4. Promises made to communities must be fulfilled so as to maintain confidence level

Government of Liberia

1. Government should get more involved in the implementation of projects; Government of Liberia should hold NGOs and INGOs accountable by requesting for periodic reports
2. GOL should provide logistics for responsible authorities to enhance mobility so that they are more involved in the monitoring of projects
3. Government officials should sensitize communities on the role of NGOs; NGOs are in the communities to render humanitarian services and not to rise high expectations
4. Central Government should make sure to provide primary schools and train communities with population that exceeds 2000 inhabitants; Primary education is a right
5. GOL should trained more social workers to be assigned with women and children
6. GOL should take ownership of initiatives that have been started by the partners
7. Ivorian refugees who feel secure in host communities and intend to settle in host communities should be given the opportunity to do so.

We hope these recommendations will assist in the implementation of future emergency projects.