Critical Humanitarian Gaps in LIBERIA

2008

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Administrative Map of Liberia

Source: Liberia Millennium Development Goals Report, 2004

1. EXECUTIVE SUMMARY

The people and the Government of Liberia have made impressive strides since 2006 in consolidating peace and strengthening national authority. These achievements have indeed paved the way to more sustainable recovery and development. Yet, despite these advances, far too many Liberians remain vulnerable and confront acute humanitarian needs on a daily basis. These include lack of access to basic services, notably health care, safe drinking water, shelter and education. In response to the many challenges, the Government is leading efforts to formulate a Poverty Reduction Strategy (PRS) that will prioritise development efforts. In an attempt to ensure a more coherent response, the United Nations in Liberia has formulated the United Nations Development Assistance Framework (UNDAF) that advances select programmatic initiatives aligned with national priorities.

However, as is often the case in transitional situations, resource mobilisation for development is subject to delay, and adequate funding for the PRS and UNDAF will take time to come on line. In the meantime, resources are needed to ensure that the critical humanitarian gaps and needs of highly vulnerable communities during this important transitional period are addressed. However, given the global competition for humanitarian support, mobilising funding for these acute needs has proven difficult despite Liberia's worrying demographic indicators such as ranking fifth worldwide in childhood mortality.

During the crisis and immediate post-crisis period, Liberia has relied mainly on the support of international humanitarian organisations to provide basic social services, many of which have closed operations or are scaling back in light of reduced funding. The situation in Liberia is a reminder that the international community has yet to come to grips with the humanitarian-to-development gap. It would indeed be troubling were Liberians to be worse off now with peace than they were when humanitarian aid was reaching them in the immediate post-conflict period. Steps are needed to ensure that vulnerabilities are not exacerbated in a nation that remains fragile in many respects. Additionally, if the Government and its international partners are not seen to be delivering results and improving the situation with regards to delivery of basic services and justice, this may impact on the Liberians' confidence in their Government and its institutions.

Against this background, the Government of Liberia and the humanitarian community have agreed on the need to highlight the most critical humanitarian gaps (CHG) in Liberia and mobilise resources to respond. This document presents 19 high-priority projects valued at **$[1]27.9 million** in the sectors of Health, Food Security, and Water, Sanitation, and Hygiene (WASH). These sectors have been particularly underfunded in previous humanitarian appeals. A small Liberia Humanitarian Response Fund (LHRF), to be administered under the direction of the Humanitarian Coordinator in collaboration with the Government and the Inter-Agency Standing Committee (IASC) Country Team, is also proposed to ensure flexible and rapid response to unforeseen emergencies and critical residual gaps. The LHRF will add value to the CHG priorities by enabling quick action in the event of sudden emergencies.

Liberia has benefited from the ongoing Humanitarian Reform process. As one of the first countries to embrace the cluster approach and to support the formation of strong government-led sector groups, Liberia exemplifies a partnership among the Government, donors, UN agencies, NGOs and the Liberia Red Cross Society. Drawing on this partnership, the humanitarian stakeholders, working under the overall guidance of the Humanitarian Coordinator and the IASC Country Team, have carefully considered and prioritised the projects presented in this CHG.

The CHG's projects have been determined to have the most significant impact on the well-being of the most vulnerable communities. In addition, these projects will play a role in advancing efforts to lay the foundation for recovery and development. These projects also build upon successful work in Liberia supported by the UN Central Emergency Response Fund (CERF) in 2006-2007 as well as benefit from the strengthened collaboration and joint analysis fostered by the CERF prioritisation process. It should be noted that the prioritisation exercise in Liberia focused on the most critical needs in a limited number of sectors, in particular those that have been underfunded in the past. The overall target population to benefit from the 19 proposed interventions is estimated to be in excess of two million Liberians, with a particular focus on the least-served communities in the southeast of the country.

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[1] All dollar signs in this document denote United States dollars. Funding for this CHG should be reported to the Financial Tracking Service (FTS), fts@reliefweb.int), which will display requirements and current funding information on the CAP 2008 web page.

2. SETTING HUMANITARIAN PRIORITIES

In each of the past four years, humanitarian actors have identified strategic priorities and activities to meet urgent needs through common humanitarian planning processes. In 2007, a Common Humanitarian Action Plan (CHAP) was launched. Intended to raise $110 million, the CHAP was funded at the level of $67.9 million, or 62% of the requested total for 2007.

Photo 1: An immense need exists in the capacity of health workers to ensure safe births. *Courtesy: UNFPA-Liberia*

In late 2007, the humanitarian community in Liberia, through the IASC and in consultation with the Government, decided to develop a prioritised gap analysis. The humanitarian community decided to limit the scope of the analysis to better focus on urgent priority needs and underserved geographic areas. The prioritisation exercise and the ultimate decisions on sector and geographical coverage resulted from consideration of the following:

(i) The outcomes of the extensive consultations at the district and country levels that were being undertaken as part of a participatory process to frame the PRS and County Development Agenda. At these consultations, the key priorities that emerged as the people's choice were basic services (in particular, health water and sanitation), education and infrastructure (especially roads);
(ii) The remaining unfunded revised priorities of the 2007 CHAP;
(iii) Consultations with stakeholders at the cluster/sector level, the IASC Country Team and a stakeholders meeting at the Monrovia level that included interested humanitarian actors;
(iv) Acknowledgement of the tremendous needs, especially in the underserved southeast part of Liberia which remains one of the most isolated locations in the country.

Based on these considerations, the IASC recommends that attention be accorded to the *Critical Humanitarian Gaps in Liberia*, in particular the following strategic priorities for humanitarian action:

- Provision of basic social services for the vulnerable, especially in underserved areas;
- Support for needy communities to become more secure, productive and sustainable;
- Strengthening the capacity of civil society and local authorities to address urgent humanitarian needs of the most vulnerable.

These strategic priorities and related gap analysis informed sector discussions about urgent humanitarian needs as well as the variety and scope of proposed interventions to be carried out in 2008.

3. GAP ANALYSIS AND CHG RATIONALE

There is widespread recognition of the achievements of the Government of Liberia under the leadership of President Ellen Johnson Sirleaf in enhancing governance and stabilisation. Yet as the nation moves forward on the development path, the reality on the ground is that critical gaps in basic social services continue, given the widespread destruction inflicted on the country during over 14 years of civil war.

Humanitarian actors have been the primary providers of basic service, particularly in the health and water, sanitation and hygiene sectors. Government capacity has been understandably challenged across the country. As humanitarian actors scale down activities in line with the consolidation of peace in Liberia, and as donors begin to align support to the Government's longer term Poverty Reduction Strategy (PRS), funding gaps, especially in support of access to critical health and other basic services are likely to emerge. As humanitarian sources of funding diminish, identifying and addressing resultant gaps is a serious concern that requires immediate attention.

Approximately one-third of the 2007 CHAP was not funded, even after its overall request was reduced during the mid-term review. Two sectors notably had significant shortfalls in the CHAP: Health (only 29% funded) and Water and Sanitation (31%).[2] CERF funding, thus, was instrumental in 2006 and 2007 in supporting some of these unfunded activities from these appeals. It is uncertain whether CERF money will be available for Liberia again until the latter part of 2008.

During the 2007 mid-term CHAP review, it was evident that some activities would remain important priorities in 2008, and were badly in need of continued financial support. Recognising that funding will reduce in 2008, the humanitarian community (through the IASC with the Government of Liberia) decided to focus advocacy and resource mobilisation efforts on the most critical areas and include a few select projects of the highest priority in each sector, rather than pursue the preparation of a full-fledged humanitarian appeal.

The rationale was to identify a limited list of priorities and thus to present to donors the immediate gaps requiring their attention. This exercise took note that Liberia and its partners are in the process of preparing a PRS that will call for funding of development priorities as defined by the Government of Liberia. Therefore the selection of projects in this CHG has been made on the basis that these projects demonstrate the greatest impact in some of the most vulnerable regions of the country, and that they serve to bridge the transitional gap.

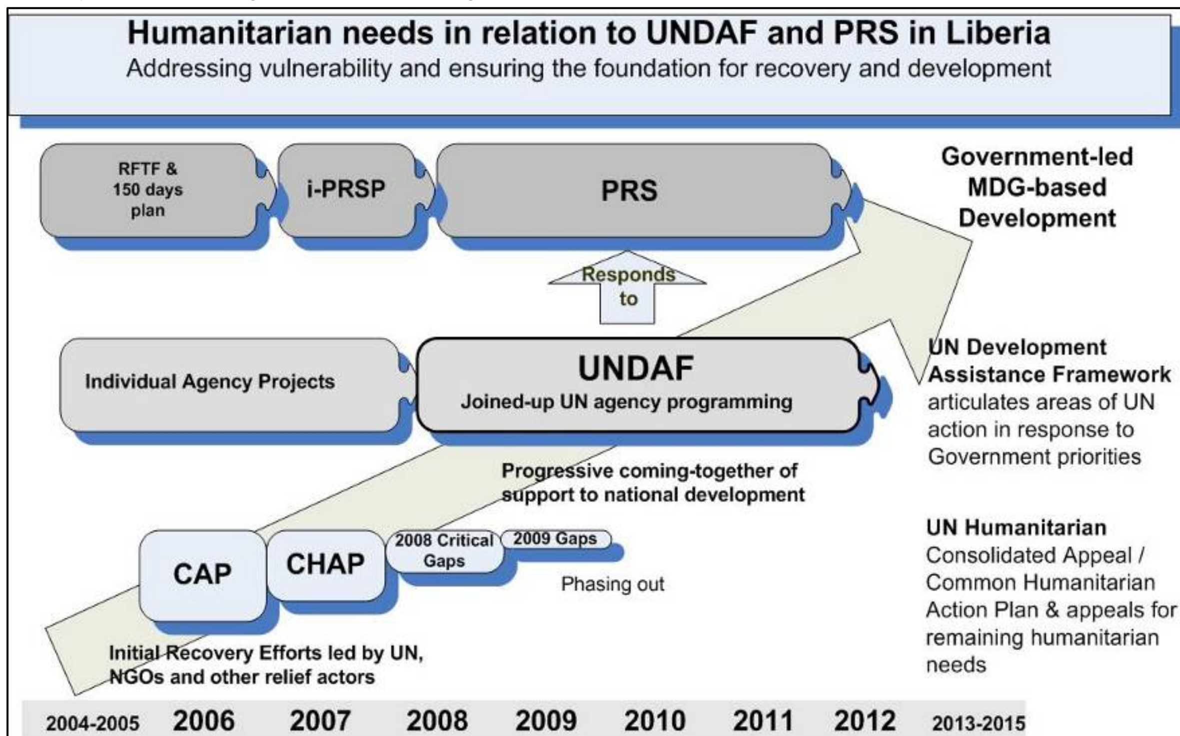

Fig. 1. Schematic of humanitarian transition to development planning

[2] In the 2006 CAP, similar low levels of contributions were received for Health and WASH, 13% and 43% respectively.

Health and water, sanitation and hygiene remain priority sectors. In addition, food security has been defined as the third critical sector, as every second household in rural and semi-rural Liberia has been defined as food insecure or highly vulnerable to food insecurity.[3] While nutrition remains a concern, targeting severe malnutrition among children is a proposed activity within Food Security in line with the Government of Liberia's Food Security and Nutrition Strategy that will be presented as part of the PRS.

In January 2008, the IASC cluster leads worked with sector groups (comprised of relevant ministries, NGOs and UN agencies) to analyse and prioritise gap areas. Sectors also determined specific criteria based on data available at the sector level. NGO and UN presence was taken into account to build on the gains of past humanitarian efforts and to target under/un-served communities. Government plans and priorities were also incorporated into the sector analysis. Activities that could be undertaken in advance of important elements of the PRS were also considered. Through these sector discussions, the focus was narrowed to a limited number of interventions that were deemed as most appropriate for the next twelve months. This initial slate of projects was presented to key stakeholders for validation at the end of January, and has since been refined with the projects included below.

Additionally, the Humanitarian Coordinator is proposing a small LHRF to respond quickly and flexibly to unforeseen crises and support overlooked needs. Having this capacity is paramount during such a fragile period with weak government capacity.

In support of the request to create the LHRF, note should be taken that Liberia had a successful Emergency Response Fund (ERF) in 2004-2005. This facility provided rapid support to local and international NGOs thus allowing for response in a timely manner to crises. Lessons from other ERFs will be incorporated into LHRF procedures to ensure flexible, yet thorough mechanisms to support rapid humanitarian action across priority sectors. The local IASC team, under the direction of the Humanitarian Coordinator, would set criteria for usage of the Fund, and review project proposals at regular intervals (or in response to sudden emergencies) to decide allocations. The requested $2 million in donor contributions will be pooled and treated as un-earmarked.

[3] *Comprehensive Food Security and Nutrition Survey,* 2006.

4. KEY CHALLENGES AND SECTOR NEEDS

4.1 Health

With an extremely low life expectancy at 44.7 years[4] Liberians also face one of the highest maternal mortality rates in the world - 994/100,000[5]. This situation is at high risk of deteriorating should health interventions not be immediately bolstered, with humanitarian indicators consistently poor throughout the country. Critical among these needs are interventions to reduce maternal and newborn deaths, respond to disease outbreaks (such as cholera, diarrhoeal diseases, Lassa fever, and a re-emergence of rabies) and ensure basic health care services to vulnerable and under served communities.

Photo 2: Immunisation is vital in reducing child mortality. / Source*: UNFPA*

Through these approaches, illnesses, deaths and disabilities can be averted, and vulnerability can be reduced, particularly among women and children who bear the brunt of the disease burden. A continued lack of primary health care (PHC) services in remote communities, and the resulting increased vulnerability, morbidity and mortality hampers potential gains in recovery and development.

The challenges for rebuilding the health system as outlined in the National Health Strategic Plan are numerous and diverse. Although the immediate challenge is to ensure access to basic health care of acceptable quality, Liberia's health services are inequitably distributed in the country, due to geographical isolation of communities and poor infrastructure in outlying areas, limited capacity of health care professionals and institutional resources, and capacity at the national level for prioritising greatest areas of need.

Many communities in the southeastern region of the country (Grand Kru, Maryland, River Cess, River Gee, and Sinoe counties) and other hard-to-reach areas remain under served, with access to basic health care services at critical levels. There are urgent humanitarian gaps that should be addressed before the government is able to mobilise funding through the PRS mechanism.

The Government's contribution to the health sector is inadequate in relation to needs. A 2006 Rapid Assessment of Health Facilities by the Ministry of Health and Social Welfare (MoHSW) determined that there were 389 functioning health clinics in Liberia, but most of them were sub-standard: 60% had no lighting facilities or equipment; 46% had no water supply; 53% had no refrigeration for vaccines[6]; and, 88% had no vehicle for emergency evacuation.

Local and international NGOs have been running or supporting the majority of these health facilities. In advance of the reduction of humanitarian funding for health, a review conducted in 2006[7] suggested that reducing this support would negatively affect approximately two-thirds of the population. The Government of Liberia has also urged donors and NGOs to maintain "an active and engaging role in the Liberian health sector *at least* until December 2008 to assist in reforming and growing the capacity of the Liberian health care delivery system."[8]

[4] *UNDP Human Development Report*, 2007.
[5] 2007 *Liberia Demographic Health Survey* (LDHS) Preliminary Report.
[6] Some improvements have been achieved since that study, notably among immunisation services which are now offered in 354 of the 389 clinics (EPI/MoHSW).
[7] Health Review for the 2006 Liberia Partners' Forum.
[8] Government of Liberia, *Challenges of Transition from Relief to Development: Health, Education and Food Security*, January 2007.

Health Facilities and Coverage, 2006-2007

Region[9]	County	No. of functional health facilities[10]	No. of non-functional health facilities	% of births delivered in a health facility[11]	% of children aged 12-23 months with illness for whom treatment was sought from a health facility/provider[12]		
					Acute Respiratory Infection	Fever	Diarrhoea
North Western	Bomi	20	1	25.7	65.5	52.5	61.5
	Grand Cape Mount	23	12				
	Gbarpolu	13	12				
South Central	Margibi	30	2	28.9	59.6	56.8	51.3
	Montserrado[13]	17	6				
	Grand Bassa	31	7				
North Central	Bong	31	3	31.0	73.2	50.7	44.7
	Nimba	54	12				
	Lofa	40	27				
South Eastern A	River Cess	18	0	24.3	44.5	46.6	46.4
	Sinoe	16	13				
	Grand Gedeh	13	6				
South Eastern B	Grand Kru	8	8	21.6	74.4	63.5	68.4
	River Gee	16	2				
	Maryland	19	5				
Greater Monrovia	Greater Monrovia District	40	16	69.7	88.4	79.4	72.7
Totals		**389**	**132**				

Table 1: Health Facilities and Coverage, 2006-2007.

The delivery of health service coverage remains as low as 41 percent according to the 2007 Liberia Demographic and Health Survey (LDHS). The MoHSW is in the process of implementing a National Strategic Plan with the roll out of the Basic Package of Health Services in 70% of existing health facilities. Implementation of this package will rely heavily on NGOs and other partners, as the Ministry does not have the capacity to scale up for the activities prioritised in the national plan and to consistently fill current and further anticipated gaps due to the withdrawal of some emergency NGOs[14]. As the Government and its partners strive to rebuild the health system to handle the challenges, it will be crucial and urgent to also develop innovative and alternative strategies to accelerate the reduction of maternal, infant and under-five childhood mortality, especially in hard-to-reach and isolated areas of the country. Delivering an integrated package of high impact interventions in basic health and nutrition is a vital step to take at this critical time.

The main underlying causes of these deaths can be summarised as limited access to health, nutrition, water, sanitation and hygiene, poor quality of the services provided, inadequate information and knowledge about good care practices at the household level, and the social consequences of the conflict. The major causes of death in children under five are malaria, diarrhoea diseases, malnutrition and ARTI (Acute Respiratory Tract Infection). Further, child care practices have been seriously compromised by the consequences and after-effects of the long conflict. Family and community structures have broken down. The number of teenage pregnancies has increased, partly due to poor levels of education. The weak health delivery systems are unable to provide sufficient information on reproductive health and child care practices.

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[9] Regional classification from 2007 *Liberia Demographic and Health Survey* (LDHS) Preliminary Report.
[10] Ministry of Health and Social Welfare, Health Facilities, December 2006.
[11] LDHS, 2007.
[12] *ibid.*
[13] Montserrado County has been divided into Greater Monrovia and Montserrado County.
[14] As the situation in Liberia has improved, some NGOs with emergency-only mandates, such as MSF-France and MSF-Holland, have closed operations. Some emergency-mandated donors have either closed offices or limited their support to existing partners.

As highlighted in the mid-year review of the 2007 CHAP similar critical gaps persist in 2008. Funds are required for interventions to **reduce maternal and under-five child mortality** and **disease outbreaks** and to **improve access to primary heath care services** in hard-to-reach communities.

Basic support is immediately required for the following prioritised activities:

- Continuing the supply of reproductive health kits, cholera and/or other emergency health kits, and rabies vaccine and treatment;
- Continuing the supply of essential drugs, equipment and medical supplies;
- Empowering health workers with the necessary skills and knowledge to effectively contribute to the provision of quality health services – this is particularly pertinent due to the inadequate number of qualified health personnel that currently exist;
- Protecting women of child bearing age against tetanus;
- Providing urgent treatment of rape and other forms of sexual and gender-based violence; and,
- Implementing an integrated package of high impact interventions through the organisation of 'child health' days in selected hard-to-reach areas of the most vulnerable counties in the southeast.

As a contribution to support the Government in addressing these critical humanitarian needs, ten emergency health projects for approximately $7,044,415 were developed. The projects are expected to be implemented in ten prioritised counties covering an estimated population of 2.2 million Liberians.

Priority locations for these activities will be underserved and vulnerable communities in Liberia, in particular the southeast and border counties. The southeast in particular is affected by poor access and limited trained personnel (more than 90% of health workers do not receive official salaries in these counties), weak County Health Team capacity, and limited NGO presence. The provision of basic services is a critical deciding factor for returnee populations to remain in their place of return. In the border counties, which have a large number of returnees, access to health services is important as an overall contribution towards national development.

> **"After 14 years of civil conflict that resulted in destruction of health facilities and other infrastructure, the availability of emergency Reproductive Health kits have been vital in ensuring timely and efficient service delivery, in most common life threatening conditions such as pregnancy-related complications as well as the treatment of rape and STIs."** *Dr. John Mulbah, Asst. Medical Director, JFK Maternity Hospital.*

Access to basic PHC services is still a major challenge in River Cess County in particular, where many under-served communities have limited or no access at the district level. During the dry season it takes an estimated six hours to travel the 138 miles from Monrovia to Cestos City. In the rainy season (which can stretch from six to eight months), the road is often totally impassable. Two complementary NGO projects are included to assist River Cess County with the provision of PHC.

Liberia's Worrying Maternal and Infant Mortality Rates

In Liberia, the infant mortality rate stands at 72 deaths per 1,000 live births while the mortality rate for children under-five years old stands at 111 deaths per 1,000 live births. Maternal mortality is estimated to have increased from 578 deaths per 100,000 live births (2000 LDHS) to 994 deaths per 100,000 live births (2007 LDHS). The main health factors contributing to the high level of maternal mortality include acute shortage of skilled human resources; inadequate emergency obstetrical care; inefficient referral system; and, poor nutritional status of pregnant women. Also, 75% of births take place outside health facilities, and unskilled birth attendants perform about 80% of all deliveries (2007 LDHS).

Therefore, rehabilitating health infrastructures/maternity wings and improving referral systems while building capacities of health personnel becomes essential. In addition, innovative provision of health services such as distribution of Reproductive Health kits to health clinics and other health service delivery points becomes essential in order to save lives, particularly in rural hard-to-reach areas. Combating maternal mortality is a key priority for the Government as expressed in the iPRS and PRS process, the National Health Policy and Plan, and the Reproductive Health Roadmap (which aims to reduce maternal and newborn mortality by 50% by 2015).

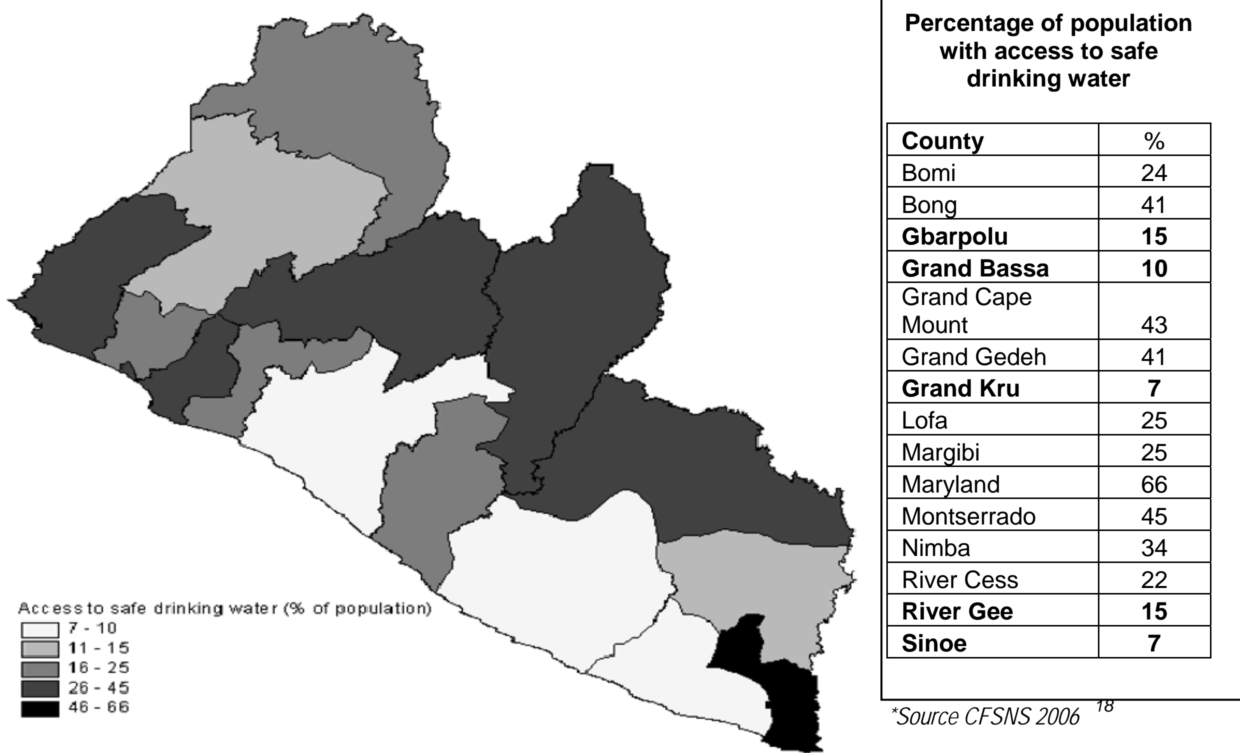
Health Project Requirements 2008

Appealing Agency	Partner (s)	Project Title	Estimated Cost ($)	Estimated Beneficiaries
WHO LBR-08/H01	MoHSW	Response to Cholera epidemics and other disease outbreaks	250,000	250,000
WHO LBR-08/H02	MoHSW	Maternal and neonatal tetanus campaign	1,454,301	1,240,000
Intl Medical Corps (IMC) LBR-08/H03	MoHSW and County Health Teams	Access to emergency obstetrics services in Lofa, Bomi and Cape Mount Counties	619,752	200,000
UNFPA LBR-08/H04	MoHSW, NGOs	Combating maternal and newborn mortality and morbidity	1,211,767	81,000 (70,000 women of reproductive age & 11,000 newborns)
UNFPA LBR-08/H05	County Clinics/ Hospitals, County Health Teams, NGOs	Distribution of reproductive health kits	547,100	60,000
UNICEF LBR-08/H06	MoHSW	Integrated child survival activities	765,250	55,000
Paradigm of Conscious Ministries, Inc. LBR-08/H07	MoHSW	Reactive Nyehn Health Centre in rural Montserrado County	250,000	60,000
UNHCR LBR-08/H08	AHA, IMC, MERCI	Provision of PHC services	1,242,995	495,658
Medical Teams Intl LBR-08/H09	MoHSW, River Cess County Health Team (CHT)	Improved PHC delivery in River Cess County	391,420	33,057
Africa Humanitarian Action LBR-08/H10	MoHSW	Emergency PHC for remote areas in River Cess County	311,830	86,733
Health Sub-total			**7,044,415**	**2,561,448**

4.2 Water, Sanitation and Hygiene (WASH)

- Access to safe water and sanitation facilities remains extremely low in urban and rural areas of Liberia.
- Diarrhoeal diseases remain common, and account for almost 20% of deaths in children under-five.

Only 32% of Liberians have **access** to safe water sources, and less than 25% have access to safe sanitation facilities.[15] In rural areas, access is even lower, particularly in the southeast of the country where four of the six counties have the lowest levels of access to safe drinking in the country.[16] In urban areas, piped-based water supply systems that operated before the war are no longer functioning in the nine cities, other than Monrovia, and functioning at 17% of pre-war capacity in the capital.[17]



Percentage of population with access to safe drinking water

County	%
Bomi	24
Bong	41
Gbarpolu	**15**
Grand Bassa	**10**
Grand Cape Mount	43
Grand Gedeh	41
Grand Kru	**7**
Lofa	25
Margibi	25
Maryland	66
Montserrado	45
Nimba	34
River Cess	22
River Gee	**15**
Sinoe	**7**

**Source CFSNS 2006* [18]

As a result of limited access to safe water and sanitation facilities and poor hygiene practices, Liberians are highly vulnerable to preventable **waterborne and vector-borne diseases**. Diarrhoeal diseases remain a chronic problem in urban and rural areas, accounting for 19% of Liberia's high child mortality rates,[19] and cholera remains endemic in the country, affecting over one thousand people per year.[20] In 2007, cholera and/or acute watery diarrhoea (AWD) outbreaks occurred in Monrovia (Montserrado County) and Harper (Maryland County). Counties in the cholera belt include Bong, Margibi, Grand Bassa, Grand Gedeh and Nimba.

Liberian women and children shoulder the burden of caring for the sick and having to collect water from distant sources. Water and sanitation related illness also has wider consequences: health services

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[15] *Comprehensive Food Security and Nutrition Survey (CFSNS)*, 2006.
[16] Namely, Sinoe, Grand Kru, River Gee, and River Cess counties, CFSNS.
[17] Liberia's Poverty Reduction Strategy (PRS), Draft 1.0, 2008.
[18] *CFSNS*, 2006.
[19] i*bid.*
[20] Admissions to Monrovia's main Cholera Treatment Unit (CTU) at JFK Hospital averaged over 1,900 per year between 2002 and 2006. These figures do not capture moderate cases which were not admitted to the CTU and those affected but who did not seek treatment at these centres. Data courtesy of Médecins Sans Frontières, Belgium.

have to bear the additional burden of disease; children are kept out of school; and economic progress is retarded.[21]

Liberians also remain vulnerable to the impacts of **natural hazards** such as flooding. In 2007 19,000 people in Monrovia were affected by floods. [22] Wells and latrines were flooded and an expensive emergency water tankering operation had to be initiated.

Photo 3: Co*urtesy: Eduardo Compte, UNHCR*

Work is underway in the sector to address **medium and longer term issues** such as achieving the water and sanitation Millennium Development Goals (MDGs) of improved access to safe water and sanitation; finding solutions to structural problems such as the fragmentation of institutional responsibilities; and providing a framework for improved sustainability in the operation and maintenance of facilities. The sector, however, has **immediate** critical needs and gaps that should be addressed as a matter of urgency**.** These are:

- Prevention and control of cholera/AWD;
- Mitigation of the water and sanitation related impacts of flooding;
- Prevention and control of water and sanitation related diseases in neglected communities in southeastern Liberia;
- Improvements in water and sanitation facilities in health centres in southeastern Liberia.

The water and sanitation **projects** presented in this appeal target these critical needs and propose operational models and partners that offer rapid, effective and tangible results. They also complement the work plans of key actors in the sector such as the Oxfam-led NGO water and sanitation consortium.

Photo 4: Well digging. */ Courtesy: Norwegian Refugee Council*

For each of the three proposed projects, UNICEF is acting as the appealing agency at the request of the proposed international and local NGO implementing partners, given a proven performance in managing funds for similar projects received under the humanitarian appeals of 2006 and 2007. In so doing, the projects are able to use agency staff, supply and supervisory resources to support service delivery and build capacity as part of a coordinated approach to sector/cluster activity.

The **consequences** of failure to address the critical gaps targeted by these projects are clear:

- Cholera/AWD rates will remain high and community level outbreak management structures weak. This will have detrimental health and economic impacts, and, given cholera's high outbreak potential, will increase the risk of a large scale outbreak;
- Populations in flood-prone areas will remain vulnerable to the adverse effects of flooding such as water and sanitation-related health problems and deplorable living conditions;
- Neglected populations in the southeast of Liberia will remain vulnerable to water and sanitation-related diseases and infections acquired at health centres; and governmental and non-governmental capacity for reaching remote populations in these areas will remain limited.

To have the maximum impact of these interventions, due to the seasonality of WASH-related hazards, timely response is critical. The occurrence of cholera (and other diarrhoeal diseases) and flooding

[21] PRS, 2008.
[22] UN Mission in Liberia (UNMIL)'s Humanitarian Coordinator's Support Office (HCSO) post-flood assessment report, 2007.

increase with the onset of the rainy season in May/June; simultaneously, project implementation becomes harder, especially in remote areas. The first part of 2008 therefore offers a critical window for starting project implementation in order to optimise results.

WASH Project Requirements 2008

Appealing Agency	Partner (s)	Project Title	Estimated Cost ($)	Estimated Beneficiaries
UNICEF LBR-08/WS01	ZOA-Vluchtelingenzorg (ZOA Refugee Care), Lutheran World Federation (LWF), local NGOs	Prevention and control of cholera and acute watery diarrhoea in 2007 outbreak areas (Monrovia & Harper)	651,885	35,000
UNICEF LBR-08/WS02	Diakonie Katastrophenhilfe (DKH) – in partnership with LNGOs	Mitigation of water and sanitation vulnerability in flood prone areas of Greater Monrovia	564,960	19,000
UNICEF LBR-08/WS03	DRC, DKH, Evangelical Children Rehabilitation Programme (ECREP); LWF, local NGOs	Provision of outreach-focused water and sanitation services to remote southeastern Liberia	1,177,674	51,000
WASH sub-total			**2,394,519**	**105,000**

4.3 Food Security

> "A healthy nation is one whose citizens are focused on being independent in food self-sufficiency."
> *President Ellen Johnson Sirleaf at the National Agriculture Fair, Tubmanburg 1December 2007*

From the onset of the civil crisis, Liberia has been beset by food shortages that have mostly been met by humanitarian agencies with direct food aid, seeds and tools. As detailed below, the agricultural sector is characterised by massive underinvestment, poor productivity, the lack of extension services, and large post-harvest losses. Despite substantial recovery efforts, the country remains one of the poorest countries in the world, with a per capita GDP of only $135 in 2007.[23] Poverty incidence is high, with 68% of the rural population, and 55% of the urban population living on less than one dollar per day.[24] Moreover, 56% of the rural, and 29% of the urban population fall below the extreme poverty line, meaning that they are not able to meet the cost of food needs based on a food basket providing 2,400 kcal/person-day.

Agricultural production has been undermined by inadequate infrastructure, structural weaknesses, poor policies of previous governments, and the armed conflict. Physical access to markets due to poor roads remains a major constraint. As a result, most farming households are yet to emerge from a low-productivity shifting cultivation or cutlass-and-hoe farming systems. Furthermore, there remains a high degree of wastage along the value chain of food crops,[25] as a result of poor handling, rot and storage losses. Maintaining the quantity and quality of unprocessed products has been emphasised as a clear priority, requiring knowledge improvement initiatives on handling techniques, post harvest technology as well as small-scale investments in storage and marketing infrastructure.

The Liberian population is heavily dependent on imports to meet their consumption requirements. Therefore the global increase in the prices of cereals, particularly rice, the staple food in Liberia, continues to adversely affect consumers – particularly the urban and non-producing rural population (more than two thirds of the population). Between November and December 2007, the price per bag of 'butter' rice (the most common locally consumed variety) increased by 12%.[26] The increasing prices of this staple food in Liberia are a potentially serious security threat, illustrated by Liberia's history of rising rice prices and shortages.

Photo 5: Chronic malnutrition is endemic in Liberia affects 39% of children under-five. *Courtesy: UNFPA*

The 2006 Comprehensive Food Security and Nutrition Survey (CFSNS)[27] revealed that every second household in rural and semi-rural Liberia is food insecure or highly vulnerable to food insecurity. While some progress has been made in counties in north-west and central Liberia, the geographically isolated counties in the southeast remain particularly vulnerable to chronic food insecurity.

> Malnutrition rates remain extremely high in Liberia, including the capital city, Monrovia, in which close to 40% of the country's population of 3.5 million now inhabit.

Child mortality stands at 235 per 1,000 live births, and is the fifth highest in the world.[28] Food insecurity and malnutrition are widespread in both urban and rural settings. Chronic malnutrition is endemic: 39% of children are stunted, 27% of children are underweight and seven percent are acutely malnourished (wasted). Lack of action in addressing key nutritional problems facing children and women in Liberia will result in chronic economic productivity losses valued at over more than $431

[23] World Bank: African Development Indicators, 2007.
[24] Core Welfare Indicator Questionnaire (CWIQ), 2007.
[25] Comprehensive Assessment of the Agriculture Sector (CAAS-Lib) value chain analysis.
[26] The price increased from $25 to $28.
[27] http://documents.wfp.org/stellent/groups/public/documents/ena/wfp095493.pdf.
[28] *The State of the World's Children*, UNICEF 2007.

million over the next nine years. A recent analysis using PROFILES[29] showed that 44% of deaths of Liberian children under-five were attributable to malnutrition.

Nutrition plays a major role in the survival, growth and development of young children. The effects of poor nutrition, in all its forms, impact upon the social, economic and cultural development of societies and nations. It will be impossible to achieve many of the MDGs, including the goals on extreme poverty and hunger, primary education, child mortality, and HIV/AIDS, malaria and other diseases, if under nutrition cannot be reduced and prevented.

Food insecurity and malnutrition in Liberia is the result of poor access to health, water and sanitation services; lack of education and inadequate care practices of infants and young children; limited availability and access to food resulting from low agricultural productivity; extensively damaged road networks; and limited income generating opportunities.

The Food Security Cluster identified the following priorities for 2008:

- School feeding in vulnerable communities;
- Treatment of severe malnutrition among children in Monrovia;[30]
- Protection of crops against pre-harvest losses and mitigation of post harvest losses; and
- Response to disease outbreaks among small ruminants and poultry, and prevention of rabies in domestic animals.

"For a child suffering from hunger, going to school is not important; having enough food to eat is. Among the poor, there is often not enough food at home, and most schools in developing countries do not have canteens or cafeterias. On empty stomachs, children become easily distracted and have problems concentrating on their lessons." *WFP*

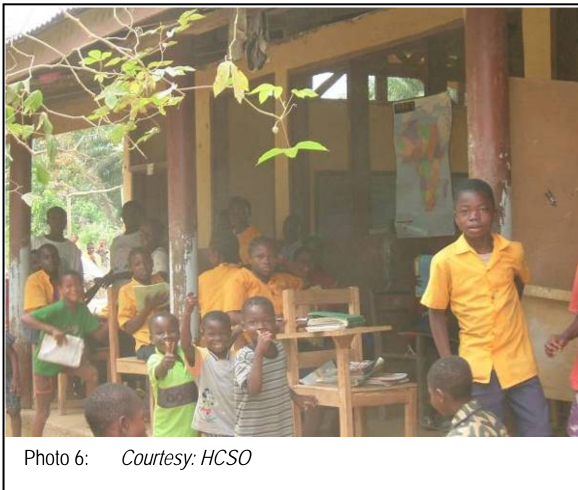

Photo 6: *Courtesy: HCSO*

The critical human capital deficit is a key structural impediment confronting Liberia as it transitions to longer term development. Tackling this issue requires, among other things, the combating of the main factors that inhibit children's access to primary education. Addressing hunger is vital. Food-insecure families often prioritise income generating activities instead over education, given the need to support the family's needs. Girls are the worst affected, as many families make a trade-off between investment in the future and immediate survival by sending boys to school and putting girls to work.

School feeding is an effective intervention as it tackles the linked problems of hunger and poor educational access for children, especially girls, from vulnerable households. Through daily school meals and take-home rations for girls, children's short-term hunger is addressed and they are better able to concentrate on their lessons, and gain basic nutritional support for their development. By providing incentives for parents to send their children to school and maintain their enrolment, school feeding helps children acquire the education to enhance their long-term income potential and increase their chances of escaping the cycle of poverty and food insecurity. The longer-term benefits of educating girls are well-known: lowered fertility rates, reduced childhood and maternity mortality rates, increased household income, older age of marriage, and overall higher levels of development.

Photo 7: *Courtesy: WFP*

[29] PROFILES is a process for nutrition policy dialogue to estimate the socio-economic consequences of malnutrition. It was designed by the Academy for Educational Development (AED) and has been used in about 30 countries worldwide.

[30] The Government of Liberia and its partners have developed a comprehensive Food Security and Nutrition Strategy that envisages the treatment of the acute malnourished through the establishment of therapeutic feeding services as one of its priority areas.

Over the twelve months ending June 2009, WFP requires $11.3 million to implement school feeding in chronically food-insecure areas of rural Liberia such as the southeastern counties, as well as Gbarpolu, Lofa and Nimba Counties that suffer transitory food insecurity. WFP needs urgent support to fill this gap in order not to disrupt school feeding and rollback all the gains made so far in increasing access to education for food-vulnerable rural children.

Investing in School Feeding Hunger and illiteracy are mutually reinforcing. Hunger in early life impairs cognitive development and limits future mental capacity. It keeps children out of school and inhibits their ability to concentrate once there. In turn, adults whose mental capacity and literacy is low because of childhood hunger are unable to take advantage of learning opportunities and cannot enjoy the economic benefits that result.

The linkage between hunger and illiteracy affects more than the potential of individuals and households; it also helps to determine the wealth of nations and the stability of states. A legacy of hunger in a critical mass of households can stagnate national economic development, deepen socio-economic cleavages, intensify conflicts over resources, and reverse national human development, as well as trigger and fuel wars. Conversely, reduced levels of child hunger coupled with increased literacy can give rise to a generation of youth and eventually adults with increased productive capacities which can be leveraged to spur economic growth, promote equitable distribution of social benefits and engender national stability.

Regarding food availability, the efforts of the Government, UN and NGOs partners during the 2007 planting season yielded an improved harvest for the first time in many years. The satisfactory rice harvest and production of local seeds during 2007 have eliminated the need for importation of seeds for the 2008 planting season.

Photo 8: *Courtesy: L. Barazini, WFP*

However, the increased harvest highlighted new challenges to address post-harvest losses, including the need to develop proper storage facilities, and to improve post-harvest technology and marketing. Initial assessments indicated that more than 20% of post-harvest losses were due to improper handling, processing, packing and storage. Although the price of rice has been increasing in the markets, various assessments provided evidence of farmers selling their harvested crop at very low prices given lack of access to markets. These challenges will continue in 2008. In addition, the availability of quality planting material (i.e. seeds) is a prerequisite for good yields. Last year's small scale introduction and multiplication of improved varieties of food crops must further expand to ensure enhancement of farmers' productive capacities.

Despite last year's interventions, which secured seeds for vulnerable farmers at a cost of $2.7 million, the crop losses attributable to pest damage remain a largely unaddressed threat to food security in Liberia. A wide variety of pests exist in Liberia. These losses are estimated at above 50%, which lowers the yield per hectare to 30% of the average yield.[31]

Subsequently, pest management has been included amongst the Food Security Cluster's priorities requiring an emergency response since 2006. An Integrated Production and Pest Management (IPPM) programme has been devised in collaboration with the MoA. The IPPM programme was piloted in 2006 and 2007 with limited resources that did not adequately address the needs. Hence additional support to extend the IPPM programme is now required, as pest-related damage to planted crops will rise as the land area used for planting increases.

Liberia has an estimated two million hectares of pastureland yet the livestock sector accounts for an estimated 14% only of agricultural GDP. According to the CAAS-Lib report, this amount is far below potential. During the fourteen years of conflict veterinary infrastructure, such as laboratories and field stations, was looted and destroyed. Most veterinarians have either fled the country or died during the

[31] As estimated by the baseline survey carried out by the Ministry of Agriculture (MoA) in 2001.

war seriously reducing access to veterinary services. While the recovery and rehabilitation of these services has begun, the country is still far from regaining its previous capacity.

In rural areas, an estimated 435,000 small ruminants (goats and sheep) and over three million poultry are raised with traditional methods and are thus more subject to diseases. Between 40-60% of these losses are due to preventable diseases and the inability to prevent and contain such outbreaks. Similarly rabies, which was a public health problem in Liberia over a decade ago, has re-emerged. In 2007, there were approximately 30 suspected human cases, including seven deaths in Lofa, Montserrado, Nimba and Sinoe Counties. In addition, more vaccines for both animals and humans must be procured to ensure that sufficient coverage is achieved.

Food Security Project Requirements 2008

Appealing Agency	Partner (s)	Project Title	Estimated Cost ($)	Estimated Beneficiaries
WFP LBR-08/F01	NRC, ADRA, VIA, LIURD, PWJ	Food Assistance for increased educational access in Liberia (School Feeding)	11,303,080[32]	465,500
FAO LBR-08/A01	Ministry of Agriculture, ADRA, Samaritan's Purse	Emergency support to address Newcastle Disease, PPR, and Rabies outbreaks	300,000	10,000
FAO LBR-08/A02	ADRA, CRS, CONCERN, Tearfund, Samaritan's Purse, AEL	Addressing emergency pest management and strengthening plant protection capacities	1,875,000	83,000
FAO LBR-08/A03	ADRA, CRS, Samaritan's Purse, Concern, Tearfund, AEL, LDS	Emergency support for enhanced food production and mitigation of post-harvest losses	2,800,000	100,000
UNICEF LBR-08/H11	MoHSW, MSF-B, Action Contre le Faim (ACF), ANDP	Treatment of Severe Malnutrition of Children in Monrovia	270,800	500
Food Security Sub-total			**16,548,880**	**659,000**

[32] Total project requirements: $26 million, of which $14.7 million already committed.

5. PROJECT REQUIREMENTS 2008

The following pages include summaries of the projects introduced above. Donors are urged to come forward to support these projects without delay. This document has been prepared by the Humanitarian Coordinator for Liberia and his office. Interested donors should contact the requesting agency listed in the following project summaries.

For general inquiries or additional information, please contact the Humanitarian Coordinator's Support Office (HCSO) at the UN Mission for Liberia: Ms. Maura Lynch, Chief, HCSO (email: lynch2@un.org, telephone: ++231-(0)531-3812).

HEALTH

Appealing Agency	WORLD HEALTH ORGANIZATION (WHO)
Project Title	Response to cholera epidemics and other disease outbreaks
Project Code	LBR-08/H01
Sector	Health
Objective	Reduce cholera and other epidemic-related morbidity and mortality
Beneficiaries	250,000 (all age groups)
Implementing Partner	MoHSW
Project Duration	Six months
Total Project Budget	**$250,000**
Funds Requested for 2008	**$250,000**

Summary

Cholera is endemic in Liberia with epidemics occurring annually especially in Montserrado, Grand Bassa, Grand Gedeh and Maryland Counties. Reasons for these outbreaks are related to weak infrastructure for water and sanitation services due to many years of conflict. In 2007, approximately 2,250 cases of cholera were reported with a case fatality rate of less than 1%. The case fatality is maintained below 1% because of the timely response and availability of cholera kits. With no treatment cholera, case fatality rate can be as high as 30-50%. The situation is exacerbated during the rainy season, during which public hygiene and sanitation is compromised by poor drainage and water containment facilities.

Recently, the prevalence of rabies in Liberia has caused concern among health authorities in Lofa, Nimba, Sinoe and Montserrado Counties. At total of 26 cases with eight deaths reported in 2007, while in 2008, five new cases have been reported in Montserrado County, with the potential to increase in other counties. WHO was able to mobilise few doses of rabies vaccine; but the quantity is not adequate to meet the needs of the country. Without treatment, mortality related to rabies is bound to increase, causing immense suffering, death and loss of productivity.

Main Activities

- Purchase cholera and emergency health kits.
- Purchase rabies vaccine.
- Conduct community awareness and community-based surveillance in affected communities.
- Provide technical support.

Expected Outcomes

- Reduction in cholera-related mortality below 1%.
- Reduction in mortality related to rabies from 31% to less than 10%.

Consequences If Project Unfunded

If the project is not funded, cholera kits, emergency health kits and rabies vaccines will not be available to support the Government in containing cholera and rabies outbreaks, with consequent increase in avoidable illnesses and deaths.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	60,000
Implementing or operating costs	152,405
Project monitoring and reporting	21,240
Administrative cost	16,355
Total project budget	**250,000**
Minus available resources	**0**
Funds requested for 6 months	**250,000**

Appealing Agency	WORLD HEALTH ORGANIZATION (WHO)
Project Title	Integrated Maternal and neonatal tetanus (MNT) & measles vaccination, ITN distribution, Vitamin A supplementation and de-worming campaign
Project Code	LBR-08/H02
Sector	Health
Objective	Achieve 100% coverage of tetanus and measles vaccination and reduce malaria-worm infestation and Vitamin A deficiency related child mortality
Beneficiaries	Children (9-59 months): 670,000; women of childbearing age: 570,000
Implementing Partner	MoHSW
Project Duration	April – June 2008
Total Project Budget	**$1,454,301**
Funds Requested for 2007/08	**$1,454,301**

Summary
The interruption of the health care delivery system in Liberia as a result of the war resulted in the country having very poor indicators of maternal mortality (994/100,000 live births), infant mortality (72/1,000 live births) and child mortality (235/1,000 live births). Preventable diseases continue to contribute to high maternal, neonatal, infant and child mortality rates, while infant and child worm infestation as well as Vitamin A deficiencies is wide spread. Although Liberia has successfully implemented three major maternal, neonatal, infant and child immunisation campaigns in 2006 and 2007, the country still lags behind in the implementation of global goals and initiatives and is one of the remaining 38 countries yet to eliminate maternal and neo-natal tetanus (MNT) and to reduce morbidity and mortality caused by measles.

WHO is seeking for funds to complement the vaccines being provided by UNICEF to ensure that the entire target population is covered as well as to cover the operational costs of organising the third round of an integrated MNT elimination campaign in ten counties and a nationwide measles immunisation campaign. UNICEF will provide the measles and tetanus toxin vaccines as well as related injection safety and waste disposal equipments, while WHO will provide technical expertise in the organisation of the campaign. UNMIL is expected to provide logistical support where required.

Main Activities
- Complement the vaccines to covert the entire target population and pay for the operational costs of organising and conducting the campaign;
- Mobilisation and training: community mobilisation; training of 5,000 vaccinators, supervisors and coordinators at the national and county level.
- Conduct and coordinate campaign in target counties: technical support, monitoring and evaluation.

Expected Outcomes
- 100% measles & TT vaccination coverage, ITN distribution, Vitamin A supplementation and de-worming tablets administration for all target populations.
- Neonatal, infant and child mortality reduced.

Consequences If Project Unfunded
Lack of funding would compromise the protection of women and newborns against tetanus and malaria-related morbidity and mortality. It will also hamper Liberia's prospects in achieving one of the key MDGs.

FINANCIAL SUMMARY	
Budget Items	**$**
Implementing or operating costs	1,175,600
Staff cost	60,000
Project monitoring and reporting	123,560
Administrative cost	95,141
Total project budget	**1,454,301**
Minus available resources	**0**
Funds requested for April – June 2008	**1,454,301**

Appealing Agency	**INTERNATIONAL MEDICAL CORPS (IMC)**
Project Title	Improved access to emergency obstetrics care in Lofa, Bomi and Cape Mount Counties
Project Code	LBR-08/H03
Sector	Health
Objective	Increase access to emergency obstetrics care in Lofa, Bomi and Grand Cape Mount Counties by providing technical and operational support to MoHSW health facilities
Beneficiaries	200,000 women and newborns
Implementing Partners	MoHSW; County Health Teams
Project Duration	12 months
Total Project Budget	**$713,360**
Funds Requested for 2008	**$619,752**

Summary

The 2007 LDHS estimated the maternal mortality ratio (MMR) at above 900/100,000 live births. According to reports from facilities supported by IMC and other partners, on average there are 29 emergency obstetric and gynaecological cases referred to Monrovia every month due to lack of adequate care in rural areas. This alarming situation with high maternal mortality requires urgent attention to stem the rise in preventable deaths of mothers and newborns. In this regard, the Government of Liberia, UN and NGOs have made the reduction of maternal mortality priority number one.

As part of its Basic Package Health System, IMC has been addressing the PHC needs of returning refugees from Guinea and Sierra Leone and former IDPs in Lofa, Bomi and Cape Mount Counties is spread over all Counties. It is seeking further support to provide basic emergency obstetric and newborn care services for the local population, comprising mainly returnees and vulnerable women.

Main Activities

- Rehabilitate and/or provide basic emergency obstetric facilities at major health facilities in the three counties, including water and sanitation facilities, and waste disposal facilities.
- Provide essential drugs and supplies, including a permanent cold chain for Expanded Programme on Immunisation (EPI) activities.
- In collaboration with County Health Teams (CHTs), provide appropriate training to health personnel to ensure quality and sustainable basic obstetrics services.
- Support the CHTs to strengthen supportive supervision and effective referral linkages within the health delivery system.

Expected Outcomes

- 50% reduction in maternal and infant mortality in the three counties.
- Local facilities fully capacitated to provide emergency obstetric care.

Consequences If Project Unfunded

It is likely that many returnee families will continue to suffer the traumas of losing their mothers and children to preventable deaths in Liberia.

FINANCE SUMMARY	
Budget Items	**$**
Staff costs	106,340
Implementing or operating costs	365,432
Project monitoring and reporting	108,628
Administrative costs	132,960
Total project budget	**713,360**
Minus available resources	**93,608**
Fund requested for 2008	**619,752**

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA)
Project Title	Combating maternal and newborn mortality and morbidity in Liberia
Project Code	LBR-08/H04
Sector	Health
Objective	Provide quality reproductive health services in four under-served counties of River Gee, Grand Kru, Sinoe and Maryland in Liberia
Beneficiaries	70,000 women of reproductive age and 11,000 newborns
Implementing Partners	MoHSW; NGOs
Project Duration	January – December 2008
Total Project Budget	**$1,311,767**
Funds Requested for 2008	**$1,211,767**

Summary
Maternal and neonatal morbidity and mortality in Liberia are among the highest in the world. The recently carried out 2006/2007 LDHS revealed an increase in maternal mortality from 580/100,000 to 994/100,000. There is an urgent need to improve the current state of the health care infrastructure and to equip facilities to provide access to quality reproductive health services, including emergency obstetric care (EmOC).

UNFPA proposes a set of targeted interventions to improve access to emergency reproductive health services for 70,000 women and 11,000 newborns in remote, underserved communities in the southeast Liberia: i.e. River Gee, Grand Kru, Sinoe and Maryland Counties. This project will respond to the priorities of the National Road Map for accelerating the reduction of maternal and newborn morbidity and mortality.

Main Activities
- Renovate, equip and supply the maternity wings, including for comprehensive EmOC, in four county hospitals and twenty county clinics.
- Improve referral system in the target counties, including communication and transportation systems, including the provision of the ambulances for the four county hospitals.
- Training of community members in Home Based Life saving skills for mothers.
- Development and dissemination of information, education, communication and behaviour change communication materials.
- Capacity building of mid-level health care providers to provide quality EmOC services.

Expected Outcome
- Reduced maternal and neonatal morbidity and mortality in four underserved counties.

Consequences If Project Unfunded
The negative trend of high maternal and newborn mortality and morbidity will continue, as service delivery would continue to be hampered particularly due to lack of timely access to care, lack of infrastructures, continued low levels of capacities amongst health care workers and community members to ensure safe births.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	80,000
Implementing or operating costs	1,120,950
Project monitoring and reporting	25,000
Administrative costs	85,817
Total project budget	**1,311,767**
Minus available resources	**100,000**
Funds requested for 2008	**1,211,767**

Appealing Agency	UNITED NATIONS POPULATION FUND (UNFPA)
Project Title	Procurement, distribution and training of reproductive health commodities
Project Code	LBR-08/H05
Sector	Health
Objective	Support safe motherhood, prevent HIV/AIDS and respond to sexual and gender-based violence (SGBV) medical emergencies through extension of delivery of emergency RH kits
Beneficiaries	60,000 women, new-borns and SGBV victims
Implementing Partners	County hospitals and clinics, CHTs, NGOs
Project Duration	March – December 2008
Total Project Budget	**$567,100**
Funds Requested for 2008	**$547,100**

Summary
Between 2006 and 2008, UNFPA Liberia distributed RH kits nationwide with support from the UN CERF. The proposed project builds on the first and second phases of the CERF-funded RH kits distribution, particularly with the aim to support safe motherhood, while at the same time helping to prevent HIV/AIDS and sexually transmitted infections (STIs) and respond to treatment of rape cases.

However, inadequate continued funding makes it difficult to provide sufficient quantities these useful and life-saving kits to needy and vulnerable women. The most recent statistics revealed that 75% of women in Liberia deliver at home, 80% of which are not attended by qualified health personnel. Hence the clean delivery kits will minimise infections and promote safe deliveries.

The proposed project seeks to increase the availability of RH kits and expand the reach of the target beneficiary groups to cover most communities in Liberia, with the aim to support safe motherhood, while at the same time helping to prevent HIV/AIDS and STIs and respond to treatment of rape cases. The project will train health workers in utilising the RH kits and properly targeting beneficiaries. In addition, the immediate provision of rape treatment kits and STI kits will reduce morbidity, unwanted pregnancies and prevent HIV/AIDS and STIs among rape survivors. The project will be implemented in collaboration with county hospitals and clinics, CHTs and NGOs. UNFPA will manage the distribution of the RH kits.

Main Activities
- Procurement and stocking of reproductive health items.
- Community sensitisation and beneficiary identification.
- Training of partners and health workers in distribution and management of RH kits.
- Distribution of RH kits by partners.

Expected Outcomes
- Reduction in mortality and morbidity rates among women, unwanted pregnancies, HIV/AIDS and STI cases.
- Enhanced capacities of health workers on life saving and RH emergency response.

Consequences If Project Unfunded
The RH kits are a useful means of providing safe, effective first aid kits for deliveries, rape victims, and for women with limited access to medical facilities in often, difficult to reach communities. They sometimes represent the only means of medical supplies for these women in critical health conditions. Without their availability, it is likely that women's RH would be compromised further and avoidable maternal and child mortality would be widespread.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	27,000
Implementing or operating costs	495,000
Project monitoring and reporting	8,000
Administrative costs	37,100
Total project budget	**567,100**
Minus available resources	**20,000**
Funds requested for 2008	**547,100**

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Integrated child survival activities
Project Code	LBR-08/H06
Sector	Health
Objective	Reduce childhood mortality and morbidity by providing an integrated package of high-impact interventions to children under five and pregnant women in southeastern Liberia
Beneficiaries	50,000 children under five and 5,000 pregnant women in Sinoe, Grand Kru, Maryland, River Gee and Grand Gedeh Counties
Implementing Partner	MoHSW
Project Duration	April 2008 – December 2008
Total Project Budget	**$1,150,250**
Funds Requested for 2008	**$765,250**

Summary
Access to basic health services remains very low nationwide, despite recent efforts to revitalise the health system. The MoHSW has defined a Basic Package of Essential Health Services (BPHS), including a number of high impact interventions that need to be implemented in all communities. A part of the package involves the construction and/or rehabilitation of health facilities.

While the health system is being revitalised and the BPHS is being rolled out, it is crucial to find alternative strategies to access children and women in hard-to-reach rural communities where mortality rates remain high. The five south-eastern counties of Maryland, Grand Kru, Grand Gedeh, River Gee and Sinoe are the most affected areas with less than 70% accessibility during the year and extreme shortages in health personnel and facilities. An alternative strategy to reach these vulnerable populations is through the delivery of the BPHS through reinforced outreach services, including vaccinations, free distribution of insecticide treated bed nets, vitamin A supplementation, de-worming tablets, hygiene promotion activities, Oral Rehydration Therapy (ORT), and sensitisation on exclusive breastfeeding feeding among others.

Main Activities
- Vaccinate 50,000 children and 5,000 pregnant women in selected communities with all antigens.
- Distribute vitamin capsules, single dose de-worming tablets and 55,000 Long-Lasting Impregnated Nets (LLIN) to children and pregnant women.
- Organise community sensitisation on hygiene promotion, exclusive breastfeeding and appropriate complementary feeding.
- HIV awareness and prevention activity.
- Treat simple malaria, distribute Sulphadoxine-Pyrimethamine to pregnant women, and ORS to families.

Expected Outcomes
- Improved child and maternal morbidity and mortality rates in the southeastern Liberia.
- Rural communities in the southeast increasingly aware of HIV and how to prevent the disease.

Consequences If Project Unfunded
Nearly five years after the war ended, the south-eastern counties of Liberia have some of the worst child welfare indicators in the country. While the health system is being rebuilt, there is a need to implement high impact interventions for the most vulnerable populations. Lack of funding will continue to aggravate the condition of children in these counties and child mortality rates are likely to increase.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	100,000
Implementing or operating costs	900,000
Project monitoring and reporting	75,000
Administrative costs	75,250
Total project budget	**1,150,250**
Minus available resources	**385,000**
Funds requested for 2008	**765,250**

Appealing Agency	PARADIGM OF CONSCIOUSNESS MINISTRIES, INC (PARACOM)
Project Title	Combating the growing rate of medical and surgical emergencies in rural Montserrado County
Project Code	LBR-08/H07
Sector	Health
Objective	Reactivate the Nyehn Health Centre for the provision of health care and RH services
Beneficiaries	Total : 60,000: children: 30,000; women: 15,000; returnees; 15,000
Implementing Partners	PARACOM in collaboration with the MoHSW
Project Duration	March 2008 - August 2008
Total Project Budget	**$250,000**
Funds Requested for 2008	**$250,000**

Summary
The Government Health Centre in Nyehn Town, Todee Statutory District, Montserrado County has remained closed since 1990. Before the war, the centre catered to more than 40,000 inhabitants from more than 60 towns and villages, including referrals from across the St. Paul River. This centre was used mainly for surgical interventions, such as strangulated hernia, ruptured ectopic pregnancies, caesarean sections, post-partum haemorrhages due to abortion and/or ruptured uterus, and other medical emergencies that could not be handled at the clinic level. Because the centre is presently non-functional, people continue to die from the above-mentioned surgical, obstetrical and medical emergencies. The MoHSW has made the reopening of the health centre a priority.

Main Activities
- Conduct community mobilisation and sensitisation in order for the community to own the health services.
- Renovation, furnishing and equipping of health centre.
- Procure drugs and medical supplies.
- Monitoring and supervision.

Expected Outcome
- Increased access to health services and reduction in avoidable illnesses and deaths in the District.

Consequences If Project Unfunded
The death rate due to obstetric emergencies, such as, ruptured ectopic pregnancies, abortion, post partum haemorrhage; strangulated hernia, including other acute abdominal cases and medical emergencies will continue to increase.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	50,000
Implementing or operating costs	150,000
Project monitoring and reporting	10,000
Administrative costs	40,000
Total project budget	**250,000**
Minus available resources	**0**
Funds requested for 2008	**250,000**

Appealing Agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES (UNHCR)
Project Title	PHC services for refugees and returnees
Project Code	LBR-08/H08
Sector	Health
Objective	Reduce morbidity and mortality rates among refugees and returnees through provision of PHC services
Beneficiaries	10,458 refugees, 158,210 refugee returnees, 326,990 IDP-returnees, and receiving communities
Implementing Partners	AHA, IMC, MERCI
Project Duration	January - December 2008
Total Project Budget	**$1,242,995**
Funds Requested for 2008	**$1,242,995**

Summary

UNHCR participates in a joint effort by other humanitarian organisations to provide essential services to Liberians. In the context of return and reintegration, UNHCR rehabilitated and supports 53 health facilities mainly in counties of high (refugee or IDP) return. The type of support provided includes training and incentives to health personnel and the provision of essential drugs and related health supplies. At present, UNHCR has two small refugee populations in Montserrado (3,563 Sierra Leonean) and along the border with Cote d'Ivoire (6,865 Ivorians) which it assists in the same fashion as returnees: i.e. through NGOs in the health sector who support the local clinics.

With this project, UNHCR will continue providing basic health care services for refugees and returnees. Returnees (both former IDPs and former refugees), face similar difficulties as the local population in accessing basic primary health care services and basic social services, hence these services will be extended to receiving communities. Having protected and assisted Liberian refugees over 15 years in neighbouring countries, UNHCR believes strongly that targeted interventions in improving access to health and other basic social services will help make the reintegration of returnees sustainable while at the same time helping to reduce morbidity and mortality among refugees, returnees and host communities.

If primary health care support is not provided, the target population (including the vulnerable members) would suffer adverse health consequences. UNHCR is especially concerned that if the return of refugees and IDPs is not sustainable, as it could affect the peace and security that the country now enjoys.

Activities
- Provide basic primary healthcare services: treatment services, drug supply, EPI, STI prevention, malaria control, etc.
- Train community health workers on hygiene promotion.
- Provide emergency maternal child health services, including obstetric care.

Expected Outcomes
- Reduced morbidity and mortality especially of maternity and children under-five.
- Epidemic preparedness and response system in place.
- Increased capacity and improved skills of health workers and county health teams.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	150,208
Implementing or operating costs	893,638
Project monitoring and reporting	98,496
Administrative costs	100,653
Total project budget	**1,242,995**
Minus available resources	**0**
Funds requested for 2008	**1,242,995**

Appealing Agency	**MEDICAL TEAMS INTERNATIONAL (MTI)**
Project Title	Improved PHC delivery in River Cess County
Project Code	LBR-08/H09
Sector	Health
Objective	Increase access to PHC services in six health facilities and their catchment areas in River Cess County
Beneficiaries	33,057 people including 5,620 children < 5years, and 1,653 women of reproductive ages
Implementing Partners	MoHSW, River Cess CHT
Project Duration	12 months
Total Project Budget	**$391,420**
Funds Requested for 2008	**$391,420**

Summary
Access to basic PHC services is still a major challenge in River Cess County, where many under-served communities have limited or no access within the six health districts of the county. River Cess is accessible by road from Monrovia but it takes an estimated six hours to travel the 138 miles during the dry season. Access decreases in the wet season during which time it is often impossible to get to the county via road.

The county is served by one hospital and 17 public health clinics, 11 of which are being assisted by Africa Humanitarian Action (AHA). Medical Teams International proposes to provide PHC services in six health clinics that are not covered by AHA or any aid organisation. According to estimates provided by the River Cess County Health Team and the MoHSW, these clinics and their catchment communities have an estimated population of 33,057.

Main Activities
- Rehabilitate and equip six clinics with priority drugs, equipment, and medical supplies to provide PHC services;
- Support the CHT in supervision, monitoring, disease surveillance and Expanded Programme on Immunisation (EPI) services;
- Establish community health networks with participation of community-based organisations, community health workers, traditional birth attendants and midwives, and teachers' associations; and
- Train schoolteachers, Community Healthcare Workers (CHWs), Traditional Birth Attendants (TBAs) and Trained Traditional Midwives (TTMs) in health messages such as malaria, nutrition, diarrhoea, and participative education methodologies.

Expected Outcomes
- Increased access of vulnerable population to PHC services.
- Reduced mortality and morbidity among children under five and women of reproductive ages.
- Strengthened PHC delivery system in River Cess County.

Consequences If Project Unfunded
If project is not funded, there will likely be a continued increase in infant, maternal, peri-natal and neonatal mortality. Morbidity rates are also likely to increase as a result of increase in the prevalence of easily preventable and treatable illnesses like diarrhoea, malaria, and acute respiratory infections.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	61,632
Implementing or operating costs	289,781
Project monitoring and reporting	14,400
Administrative costs	25,607
Total project budget	**391,420**
Minus available resources	**0**
Funds requested for 2008	**391,420**

Appealing Agency	AFRICA HUMANITARIAN ACTION (AHA)
Project Title	Emergency PHC for remote communities in River Cess County
Project Code	LBR-08/H10
Sector	Health
Objective	Provide PHC services to underserved communities in River Cess County
Beneficiaries	Total: 86,733; children:17,347, women: 43,367
Implementing Partner	MoHSW
Project Duration	Six months
Total Project Budget	**$311,830**
Funds Requested for 2008	**$311,830**

Summary
River Cess County remains one of the most underserved counties, and the catchment population around its 11 health facilities lack sustainable basic health care services. The Government's capacity to operate all the health facilities is limited and, coupled with the limited presence of NGOs, the population has borne the negative impact of the lack of basic health care infrastructure. There is a high shortage of trained health personnel and poor incentives for them to work in the county; e.g. more than 90% of health workers in the county do not receive Government salaries.

With support from the UN CERF and other sources, AHA reactivated 11 of the 18 health facilities in the county and provided life saving essential drugs and other basic health care services to the residents of the county in 2006 and 2007. This project seeks to build on the gains made in the past two years and to continue AHA life-saving activities at these 11 health facilities in the county, until the Ministry of Health and Social Welfare can take over.

Main Activities
- Deploy essential health personnel at 11 health facilities.
- Provide drugs, medical and non-medical equipment to ten clinics.
- Support community groups to conduct PHC interventions.
- Conduct joint monitoring and supervision.
- Strengthen reporting and surveillance.

Expected Outcomes
- Improved and widespread access to basic health care for more than 70% of the population in River Cess County.
- Reduced mortality and morbidity caused by common, avoidable illnesses.

Consequences If Project Unfunded
There will be a reversal of the achievements made so far in the reviving the health sector through rapid and targeted assistance. Also likely is a continual increase in morbidity and mortality, and widespread epidemics in the county.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	80,080
Implementing or operating costs	185,200
Project monitoring and reporting	25,050
Administrative costs	21,500
Total project budget	**311,830**
Minus available resources	**-**
Funds requested for 2008	**311,830**

WATER, SANITATION & HYGIENE (WASH)

Appealing Agency	**UNITED NATIONS CHILDREN'S FUND (UNICEF)**
Project Title	Prevention and control of cholera and acute watery diarrhoea in 2007 outbreak areas in Monrovia and Harper
Project Code	LBR-08/WS01
Sector	Water, Sanitation and Hygiene (WASH)
Objective	Reduce the incidence rate of cholera and acute watery diarrhoea in Monrovia and Harper in 2008
Beneficiaries	35,000 people
Implementing Partners	LWF & ZOA - in partnership with LNGOs
Project Duration	Six months
Total Project Budget	**$651,885**
Funds Requested for 2008	**$651,885**

Summary

Cholera and AWD remain endemic in Liberia. Annual admissions to Monrovia's main Cholera Treatment Unit (CTU) at JFK Hospital averaged over 1,900 admissions per year during 2002-2006. In 2007, cholera outbreaks occurred in Monrovia and Harper with weekly admissions to the main CTUs in those cities reaching 126 cases at the JFK CTU and 53 cases at the Harper CTU. This project will reduce the risk of cholera/AWD in areas of high vulnerability by using data from 2007 admissions at the Monrovia and Harper CTUs to geographically target appropriate *household and community* cholera/AWD prevention and control measures to known cholera hotspots. In order to achieve maximum impact this project should begin in March 2008, before the start of rainy/cholera season.

Main Activities

- Use of origin-of-patient admissions data from CTUs to prioritise geographical areas of intervention.
- Conduct cholera/AWD related hygiene promotion at community and household levels, targeted at 8,000 families.
- Distribution of household hygiene kits (bleach, jerry cans, soap) to 8,000 families.
- Development of community outreach structures in collaboration with the MoHSW.

In selected areas, the project will:

- rehabilitate/construct communal water and sanitation facilities, including 16 communal wells, 16 communal latrines, 16 communal bathhouses and 32 communal garbage pits; and,
- Develop local management structures to ensure sustainability of these facilities.

Expected Outcomes

- Reduced incidence rate of cholera/AWD (and other diarrhoeal diseases) in Monrovia and Harper.
- Improved household and community hygiene facilities and practices in target areas.
- Strengthened capacity of NGOs and MoHSW community outreach structures in areas at risk.

Consequences If Project Unfunded

Should the activities not be implemented, it is extremely likely that the rates of cholera and AWD will remain high in 2008, and community level outbreak management structures will remain weak and less responsive to future outbreaks. This will have detrimental health and economic impacts for those affected by these diseases, and given cholera's high outbreak potential, will increase the risk of a large scale outbreak occurring.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	50,637
Implementing or operating costs	492,100
Project monitoring and reporting	38,770
Administrative costs	70,378
Total project budget	**651,885**
Minus available resources	**0**
Funds requested for 2008	**651,885**

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Mitigation of water and sanitation vulnerability in flood prone areas in Greater Monrovia
Project Code	LBR-08/WS02
Sector	Water, Sanitation and Hygiene (WASH)
Objective	Strengthen water and sanitation structures and coping mechanism in flood prone areas in Greater Monrovia
Beneficiaries	19,000 people
Implementing Partners	Diakonie Katastrophenhilfe (DKH) – in partnership with LNGOs
Project Duration	Nine months
Total Project Budget	**$564,960**
Funds Requested for 2008	**$564,960**

Summary
Many low-lying areas in Greater Monrovia are chronically prone to flooding. In 2007 floods affected around 19,000 people in and around the city, wells and latrines were flooded and water trucking was required in many areas for an extended period of time and at considerable cost. This project will use targeted interventions to reduce the vulnerability of water and sanitation infrastructure in flood prone areas to the adverse affects of flooding, and to improve awareness and coping mechanisms amongst local populations.

To achieve maximum impact this project should begin in March before the start of rainy season.

Main Activities
- Selection of priority areas on the basis of assessments conducted after the 2007 flooding.
- Upgrading/construction of flood resistant water collection points: 40 tap stands and wells; 20 emergency water connection points to allow the rapid installation of emergency bladder tanks and tap stands when the need arises.
- Construction of 20 flood-resistant latrines.
- Improvement/unblocking of drainage channels in five communities to reduce future flood risks.
- Construction of footbridges (a total of 500 meters in length) as part of improvements to drainage channels.
- Creation and training of community emergency prevention/preparedness committees.
- Conduct flood related environmental and hygiene awareness campaigns for 1,000 families.

Expected Outcomes
Through improved water and sanitation infrastructure, and environmental/hygiene awareness, there will be:
- Strengthened flood coping mechanisms;
- Improved water and sanitation-related public health; and,
- Better living conditions in flood-risk areas.

Consequences If Project Unfunded
If this project is unfunded the vulnerability of populations in flood prone areas to the adverse effects of flooding will remain high. These impacts include poor water and sanitation related health from diarrhoeal disease (including cholera), and poor living conditions.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	39,400
Implementing or operating costs	430,000
Project monitoring and reporting	33,600
Administrative costs	61,960
Total project budget	**564,960**
Minus available resources	**0**
Funds requested for 2008	**564,960**

Appealing Agency	UNITED NATIONS CHILDREN'S FUND (UNICEF)
Project Title	Provision of outreach-focused water and sanitation services to remote, underserved areas in south-eastern Liberia
Project Code	LBR-08/WS03
Sector	Water, Sanitation and Hygiene (WASH)
Objective	Improve water and sanitation related public health in the most remote, underserved areas of Grand Kru, Maryland, River Cess and River Gee counties
Beneficiaries	51,000 people
Implementing Partners	DRC; DKH; ECREP; LWF – in partnership with LNGOs
Project Duration	Nine months
Total Project Budget	**$1,177,674**
Funds Requested for 2008	**$1,177,674**

Summary
In the south-eastern counties of Grand Kru, Maryland, River Cess and River Gee, many remote communities and health centres have limited or no access to safe drinking water and sanitation, and diarrhoeal disease is a chronic problem. Current NGO activities in many of these areas are minimal or non-existent, and the coverage of health services is extremely low. This project will use mobile hygiene outreach teams travelling on motorbikes and on foot to conduct hygiene/preventive health extension work. In more accessible but under-served areas construction activities will also take place to provide improved sanitary conditions in communities and health centres.

Main Activities
Working in Grand Kru County (Buah and Sasstown Districts), Maryland County (Barrobo and Pleebo/Sodeken Districts), River Cess County (Morweh District) and River Gee County (Gbeapo and Webbo District), the project will:
- Train, in collaboration with CHTs, community health workers to work in 100 communities;
- Conduct hygiene & preventive health promotion though outreach activities for 10,200 households; and,
- Distribute household hygiene kits (jerry cans, soap) to 10,200 households.

In accessible locations in the above districts where construction activities can be undertaken:
- Construct/rehabilitate/repair 41 safe water facilities in communities;
- Construct 242 safe sanitation facilities in communities;
- Construct/rehabilitate/repair water and sanitation facilities in 44 health facilities; and,
- Develop local management & maintenance structures.

Expected Outcomes
- Improved water and sanitation-related health in four of the most underserved counties in Liberia.
- Reduced risk of treatment centre acquired infections in some of the most remote health centres in Liberia.
- Strengthened health outreach and extension structures of NGOs and the MoHSW.

Consequences If Project Unfunded
If this project is not implemented then neglected populations in these counties will remain vulnerable to water and sanitation-related diseases and health centre acquired infections. In addition, governmental and non-governmental structures for reaching these remote populations will remain weak without the support that the project plans to provide.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	157,575
Implementing costs or operating costs	801,637
Project monitoring and reporting	70,040
Administrative costs	148,422
Total project budget	**1,177,674**
Minus available resources	**0**
Funds requested for 2008	**1,177,674**

FOOD SECURITY

Appealing Agency	**WORLD FOOD PROGRAMME (WFP)**	
Project Title	Food assistance for increased educational access in Liberia	
Project Code	LBR-08/F01	
Sector	Food Security	
Objective	Support access to basic education with particular attention to girls	
Beneficiaries	450,000 rural primary schoolchildren and 15,500 upper primary girls from vulnerable rural households across Liberia	
Implementing Partners	NRC, ADRA, Visions in Action (VIA), Liberia Islamic Union for Reconstruction and Dev. (LIURD), Peace Winds Japan (PWJ)	
Project Duration	July 2007 – June 2009	
Total Project Budget for 2008		**$26,003,080**
Shortfall / Funds Requested for 2008		**$11,303,080**

Summary
As it transitions to development, Liberia faces a critical human capital deficit. Tackling this issue requires, *inter alia*, combating the factors which inhibit children's access to primary education. One factor is hunger. Food-insecure families often employ children into income activities instead of sending them to school. Girls are worst affected, because many families make a trade-off between investment in the future and immediate survival by sending boys to school and putting girls to work. School feeding addresses the hunger factor.

Over the twelve months ending June 2009, WFP requires $26 million to implement school feeding in food-insecure areas of rural Liberia. Resources currently available against this requirement amount to $14.7 million, leaving a funding gap of $11.3 million. WFP needs urgent support to fill this gap in order not to disrupt school feeding and rollback all the gains made so far in increasing access to education for food-vulnerable rural children.

Main Activities
- Provision of daily cooked meals to 450,000 rural primary school children.
- Distribution of take-home rations to girls in upper primary grades (four to six) as incentives for families to send their girls to school and keep them there.
- Support to establishment of school gardens and the promotion of essential nutrition actions to tackle the underlying causes of food insecurity and malnutrition.
- Parents and Teachers Association (PTA) sensitisation and capacity development, as well as capacity upgrade for relevant departments of the Ministry of Education (MoE) will also be carried out to ensure sustainability of the programme beyond the life of the project.

Expected Outcomes
- Increased school enrolment.
- Stabilised attendance and higher retention rates.
- Reduced gender disparity in education.

Consequences If Project Unfunded
Lack of funding would force suspension of school feeding activities at over 1,800 rural schools, impacting negatively on 450,000 primary pupils, many of whom rely on WFP food as a main daily meal. This could induce reduced attendance and increased dropout, undermining the Government's compulsory education initiative and attainment of MDG2, universal primary education. It would also disrupt girl take-home rations, a key strategy for meeting MDG3 by reducing the high gender gap in primary education.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff cost	2,175,593
Implementing or operating costs (including commodities purchase)	22,126,351
Administrative costs	1,701,136
Total project budget 2008	**26,003,080**
Minus available resources	**14,700,000**
Shortfall / Funds requested for 2008	**11,303,080**

Note: *This project comprises the school feeding component of PRRO 10454.0, which was originally presented in the West Africa 2008 CAP. That CAP will be revised to reflect the move of this project.*

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION (FAO)
Project Title	Emergency support for addressing outbreaks of Newcastle Disease, Peste des Petits Ruminants (PPR) and Rabies in Liberia
Project Code	LBR-08/A01
Sector	Food Security
Objective	Control Newcastle disease in rural poultry, Peste des Petits Ruminants in sheep and goats, and rabies in dogs and cats
Beneficiaries	10,000
Implementing Partners	MoA, ADRA and Samaritan's Purse
Project Duration	12 months
Total Project Budget	**$300,000**
Funds Requested for 2008	**$300,000**

Summary
Liberia's veterinary capacity was severely damaged during the civil war, and all the laboratories and field stations of the veterinary service were looted and vandalised. There is only one veterinarian in the country. Although the recovery and rehabilitation of veterinary services has begun, the country is still far from regaining its previous capacity.

Poultry, sheep and goats form some of the important assets of the rural population in Liberia. The poultry population is estimated at three million, 90% of which are scavenging in villages and towns. Every year farmers in the rural areas lose between 50% to 100% of their poultry to Newcastle disease and 40% to 60% of their sheep and goats to PPR. Although both Newcastle and PPR are vaccine preventable diseases, no actions are being taken to address the problem due to extreme lack of technical, financial and human resources.

Outbreaks of rabies were recorded since the 1990s in Liberia. The latest outbreaks in 2007 affected three counties and claimed the lives of 10 persons as a result of dog bites. Reports are being communicated to date of rabies in different parts of the country, especially Lofa County.

Main Activities
- Procurement of equipment, thermostable Newcastle, PPR and rabies vaccines.
- Train farmers in the administration of Thermostable Newcastle Disease vaccine by the eye route.
- Carry out PPR vaccinations in sheep and goats.
- Vaccinate dogs and cats against rabies.

Expected Outcomes
- Healthier and productive livestock.
- Increased income for rural livestock owners.
- Human deaths caused by rabies eliminated.

Consequences If Project Unfunded
Without funding, it is highly likely that Newcastle Disease will continue to decimate rural poultry and threaten the commercial poultry sector. The resulting continued loss of goats and sheep and discouragement of farmers from raising animals. The population will be further burdened by a preventable and treatable disease like rabies.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	60,000
Implementing or operating costs	150,000
Project monitoring and reporting	20,000
Administrative costs	70,000
Total project budget	**300,000**
Minus available resources	**0**
Funds requested for 2008	**300,000**

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION (FAO)
Project Title	Addressing emergency pest management problems and strengthening plant protection capacities
Project Code	LBR-08/A02
Sector	Food Security
Objective	Minimise losses of food crops due to pests attacks
Beneficiaries	83,000 farm families
Implementing Partners	ADRA, CRS, Samaritan's Purse, Concern Worldwide, TearFund, Association of Evangelicals of Liberia (AEL)
Project Duration	One year
Total Project Budget	**$2,200,000**
Funds Requested for 2008	**$1,875,000**

Summary

In 2007 with support from the CERF and other donors, FAO, in partnership with the MoA and Food Security Cluster partners implemented a mass seeds distribution operation combined with the Rapid Seeds Multiplication Initiative (RSMI), which both aimed at boosting rice production for the next planting season. These interventions resulted in a sound increase in food crops yields and local seeds production.

The findings of many assessments estimated harvest losses attributable to pest damage at above 40% - thus reducing the yield per hectare to as low as 50% of the average estimated yield. Accordingly, the Food Security Cluster identified pest management as one of the major humanitarian priorities for the agriculture sector in 2008. FAO - in collaboration with the MoA has devised an Integrated Production and Pest Management (IPPM) programme. The programme was piloted in 2006 and 2007 with limited resources and high level of success. Additional support to extend the IPPM programme is now urgently required with the current expansion in farming activities combined with increased pest-related damage to crops.

Main Activities

- Practical participatory field training of field technicians and MoA extension workers on improved pest control methods.
- Procurement and distribution of input.
- Field training of small holder farmer groups in IPPM practices for food crops.
- Awareness-raising on the benefits of adopting integrated pest management practices in the context of Good Agricultural Practices (GAP) for crop production.
- Up scaling and follow up on farmer's adoption of IPPM practices for food production.

Expected Outcomes

- 83,000 vulnerable farming families will receive a package of pest management input.
- Significant improvement in food security.
- Increased awareness of participating farmer's on the benefits of adopting IPPM.
- Strengthened technical capacities of field extension workers.
- IPPM knowledge widely available among small holder farmers.

Consequences If Project Unfunded

Should funding not be available, it is likely that an estimated 40% of crop yields would be lost due to pests attacks. There will be decreased food production and increased food insecurity. Moreover, farmers may be discouraged from food production in the future.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	300,000
Implementing or operating costs	1,300,000
Project monitoring and reporting	200,000
Administrative costs	400,000
Total project budget	**2,200,000**
Minus available resources	**325,000**
Funds requested for 2008	**1,875,000**

Appealing Agency	FOOD AND AGRICULTURE ORGANIZATION (FAO)
Project Title	Emergency support for enhanced food production and mitigation of post-harvest losses
Project Code	LBR-08/A03
Sector	Food Security
Objective	Enhancement of small holder farmers' productive capacities and minimisation of post-harvest losses
Beneficiaries	100,000
Implementing Partners	ADRA, CRS, Samaritan's Purse, Concern Worldwide, TearFund, AEL, LDS
Project Duration	12 months
Total Project Budget	**$2,800,000**
Funds Requested for 2008	**$2,800,000**

Summary
During the 2007 planting season, funding from the UN CERF made it possible to address the serious shortage of seeds in the country through importation and distribution of 2,500 metric tonnes (MTs) of rice seeds to 112,000 farming families throughout the 15 counties of Liberia. Additional support from other sources made possible seed multiplication and post-harvest technology activities. The outcome of this crucial support has been a sound increase in harvest in terms of the areas planted and the yields per unit area for the first time in many years. The ongoing Post-Harvest Crop Assessment will determine the national production of 2007 and develop the Food Balance Sheet for 2008.

However, the greater harvest brought up new challenges related to post-harvest losses due to lack of proper or adequate storage facilities, marketing and post-harvest technology. These challenges will continue in the 2008 planting season, but in specific areas with exceptionally high production, immediate actions have to be taken to rescue this year's harvest from loss. The project will help mitigate post-harvest losses and increase yields through the use of improved pre- and post- harvest technology and good quality planting materials. The project objectives are drawn from the 2007 Comprehensive Assessment of the Agriculture Sector, which identifies increasing food crop yields as a pre-requisite for achieving food security in Liberia.

Main Activities
- Support post-harvest technology through procurement and distribution of agro-processing equipment.
- Construction of storage facilities and drying slabs.
- Support of existing seeds multiplication sites with foundation seeds of improved varieties.
- Capacity building of Farmers Based Organization (FBOs) and establishment of market linkages.

Expected Outcomes
- Pre- and post-harvest losses minimised.
- Increased planted areas and increased yields of food crops, especially rice and cassava.
- Increased farmers' income.
- Value added and employment creation along the food crops value chains.

Consequences If Project Unfunded
Without the targeted activities that the project plans to implement, it is likely that at least 20% of harvested crop will be lost due to lack of storage, marketing and proper post-harvest handling. Coupled with this will be a reduction in crop yields and food production, which could exacerbate an already precarious food security situation in the country.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	400,000
Implementing or operating costs	1,900,000
Project monitoring and reporting	200,000
Administrative costs	300,000
Total project budget	**2,800,000**
Minus available resources	**0**
Funds requested for 2008	**2,800,000**

Appealing Agency	**UNITED NATIONS CHILDREN'S FUND (UNICEF)**
Project Title	Treatment of severe malnutrition among children in Monrovia
Project Code	LBR-08/H11
Sector	Food Security
Objective	Reduce malnutrition among children by providing therapeutic feeding milk and plumpy nuts to therapeutic feeding centres
Beneficiaries	500 severely malnourished children in Monrovia
Implementing Partners	MoHSW, MSF-Belgium, ACF, Aid for the Needy Development Programme (ANDP)
Project Duration	April – December 2008
Total Project Budget	**$470,800**
Funds Requested for 2008	**$270,800**

Summary
Recent data from the preliminary report of the 2007 Liberia Demographic and Health Survey (LDHS), the 2006 Comprehensive Food Security and Nutrition Survey in Greater Monrovia, and a recent study by ACF, all show that malnutrition rates remain relatively high (39% stunting, 27% underweight and 7% wasted) in children under five in Liberia. On average it is estimated that some 15,000 children are moderately to severely malnourished in Liberia. The recent ACF study in Greater Monrovia reveals that some 1% of children under five are severely malnourished giving a total of about 500 children.

In response to the high need for therapeutic and supplementary nutritional support for severely malnourished children, UNICEF has been supporting ACF, MSF and ANDP to run therapeutic feeding three centres in Monrovia and its environs. UNICEF provides F100 milk and Plumpy Nuts, medical and non medical supplies and pays for operational costs to run the feeding programmes. Presently, there is a critical shortage of F100 and Plumpy Nuts and stocks are below critical levels at all facilities. There is also a need to increase stocks in newer facilities. The current appeal is intended to provide partners in Greater Monrovia with F100 and Plumpy Nuts top avoid a break in the provision of this critical nutritional support to malnourished children.

Main Activities
- Procure and provide F100 milk and Plumpy Nuts to all partners for the management of severe cases of malnutrition in Monrovia.
- Treatment of 500 cases of severe and moderate malnutrition cases nation wide.
- Prevention of malnutrition through hygiene promotion.

Expected Outcomes
- Reduced mortality due to malnutrition in children under five.

Consequences If Project Unfunded
At present no partners are in a position to provide F-100 and Plumpy Nuts. A lack of funding for this project will deny severely malnourished children the only available means of treatment and will lead to increased mortality caused by malnutrition in Monrovia.

FINANCIAL SUMMARY	
Budget Items	**$**
Staff costs	75,000
Implementing or operating costs	350,000
Project monitoring and reporting	15,000
Administrative costs	30,800
Total project budget	**470,800**
Minus available resources	**200,000**
Funds requested for 2008	**270,800**

MULTI-SECTOR

Appealing Agency	**UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP), on behalf of the Humanitarian Coordinator's Office**
Project Title	Liberia Humanitarian Response Fund (LHRF)
Project Code	LBR-08/SNYS01
Sector	Multi-sector
Objective	Provision of flexible and readily available funding to ensure timely response to unforeseen and residual humanitarian needs in Liberia
Beneficiaries	Approximately two million vulnerable Liberians
Implementing Partners	International and local NGOs and UN agencies
Project Duration	12 months
Total Project Budget	**$1,997,400**
Funds Requested for 2008	**$1,997,400**

Summary
Over the past two years, humanitarian organisations and the UN Country Team have had difficulties in accessing readily available funding to respond to disease outbreaks, natural disasters and other gaps. Diseases such as cholera and AWD are endemic, and there are cholera hotspots in many cities. Liberia has the fifth highest child mortality rate in the world, with a significant portion of deaths due to diarrhoeal diseases. Liberia also remains extremely vulnerable to natural hazards such as flooding, especially during its long rainy season, that require urgent response. In 2007, flooding, violent windstorms and wild fires damaged/destroyed hundreds of homes and property, affecting over 20,000 persons in 10 of Liberia's 15 counties. Response to these incidents was slow and sometimes partial due to the inadequate funds immediately available.

The Humanitarian Coordinator for Liberia proposes to establish the LHRF to provide quickly disbursed funds for humanitarian actors to undertake urgent humanitarian activities which require immediate attention. It will also ensure that critical residual humanitarian gaps can be addressed timely. LHRF funds will cover project activities up to a maximum nine-month period, i.e. grant duration is nine months from disbursement, plus length of time between project approval by the Humanitarian Coordinator and disbursement. Contributions to the LHRF will be treated as un-earmarked and pooled, i.e. they lose their donor identification as in other Emergency Response Funds. UNDP will administer the LHRF.

Main Activities
- Solicit project proposals from humanitarian organisations operating in Liberia and provide rapidly disbursed funds to support urgent activities.
- Address priority gaps within different sectors and facilitate small-scale, targeted and responsive emergency interventions addressing urgent needs.

Expected Outcomes
- Rapid access to emergency funds by NGOs and UN agencies to facilitate timely response.
- Increased delivery of health, water and sanitation, protection and other relevant emergency assistance to vulnerable and extremely remote communities.

Consequences If Project Unfunded
This project is a direct consequence of under-funded and unfunded interventions in Liberia, and aims to provide a funding source to allow targeted interventions to mitigate the impact of reduced available humanitarian funding. Without a fund, Liberia will remain extremely vulnerable and governmental and non-governmental structures to reach remote populations will remain weak

FINANCIAL SUMMARY	
Budget Items	**$**
Operations/Project Activities	1,820,000
Project monitoring and reporting, including evaluation	50,000
Administrative costs (7%)*	127,400
Total project budget	1,997,400
Minus available resources	
Funds requested for 2008	**1,997,400**

**7% for non-UN recipients, 1% for UN agencies. For planning, 7% is used as a maximum since UN agencies may be recipients.*

ANNEX I.

FINANCIAL REQUIREMENTS 2008

TABLE I: LIBERIA CRITICAL HUMANITARIAN GAPS 2008
Summary of Requirements – By Sector *
As of 10 March 2008
http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Sector	Full Requirements $	Committed Funding to date $	Unmet Requirements $
Food Security	31,773,880	15,225,000	16,548,880
Health	7,643,023	598,608	7,044,415
Sector Not Yet Specified	1,997,400	0	1,997,400
Water, Sanitation and Hygiene	2,394,519	0	2,394,519
Total	**43,808,822**	**15,823,608**	**27,985,214**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 March 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

** NOTE: evolving practice is to show funding per 'sector' (or sometimes 'cluster') following the sector groupings used in country, to be in accordance with the coordination structures on the ground and in the appeal text. Funding per standard IASC sector is also tracked (see Table IV, p. 51), because the fixed standard allows comparison across appeals. FTS on-line tables will offer both groupings.*

TABLE II: LIBERIA CRITICAL HUMANITARIAN GAPS 2008
Summary of Requirements – By Appealing Organisation
As of 10 March 2008
http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Organisation	Full Requirements $	Committed Funding to date $	Unmet Requirements $
AHA	311,830	0	311,830
FAO	5,300,000	325,000	4,975,000
IMC	713,360	93,608	619,752
MTI	391,420	0	391,420
Paradigm of Consciousness Ministries, Inc.	250,000	0	250,000
UNDP	1,997,400	0	1,997,400
UNFPA	1,878,867	120,000	1,758,867
UNHCR	1,242,995	0	1,242,995
UNICEF	4,015,569	585,000	3,430,569
WFP	26,003,080	14,700,000	11,303,080
WHO	1,704,301	0	1,704,301
TOTAL	**43,808,822**	**15,823,608**	**27,985,214**

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 March 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX II.

FINANCIAL SUMMARY BY SECTOR 2007

Table I: Liberia Common Humanitarian Action Plan 2007

Summary of Requirements, Commitments/Contributions and Pledges - by Sector, with funding status of each

as of 10 March 2008

http://www.reliefweb.int/fts

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US$	A	B	C	C/B	B-C	D
AGRICULTURE	10,700,000	7,550,000	5,080,555	67%	2,469,445	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	-	2,553,499	2,553,499	100%	-	-
EDUCATION	3,536,000	1,509,978	995,978	66%	514,000	-
HEALTH	43,703,000	29,784,178	8,489,702	29%	21,294,476	-
MULTI-SECTOR	32,265,201	33,864,721	33,762,871	100%	101,850	67,204
PROTECTION/HUMAN RIGHTS/RULE OF LAW	20,628,960	26,799,137	10,779,600	40%	16,019,537	-
SECTOR NOT YET SPECIFIED	-	-	3,457,750	0%	(3,457,750)	100,000
SHELTER AND NON-FOOD ITEMS	-	706,447	706,447	100%	-	-
WATER AND SANITATION	5,958,152	6,910,029	2,169,937	31%	4,740,092	-
GRAND TOTAL	**116,791,313**	**109,677,989**	**67,996,339**	**62%**	**41,681,650**	**167,204**

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 10 March 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX III.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre le Faim
ADRA	Adventist
AED	Academy for Educational Development
AEL	Association of Evangelicals of Liberia
AHA	Africa Humanitarian Action
ANDP	Aid for the Needy Development Programme
AWD	acute watery diarrhoea
BPHS	Basic Package of Essential Health Services
CAAS	Comprehensive Assessment of the Agriculture Sector
CERF	Central Emergency Response Fund
CFSNS	Comprehensive Food Security and Nutrition Survey
CHAP	Common Humanitarian Action Plan
CHG	Critical Humanitarian Gaps
CHTs	County Health Teams
CHW	Community Healthcare Worker
CONCERN	Irish NGO
CRS	Catholic Relief Services
CTU	Cholera Treatment Unit
CWIQ	Core Welfare Indicator Questionnaire
DKH	Diakonie Katastrophenhilfe
DRC	Danish Refugee Council
ECREP	Evangelical Children Rehabilitation Programme
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunisation
ERF	Emergency Response Fund
FBO	Farmers Based Organization
GAP	Good Agricultural Practices
GDP	Gross Domestic Product
HCSO	Humanitarian Coordinator's Support Office
HIV/AIDS	Human Immuno-deficiency Syndrome/Acquired Immuno-Deficiency Syndrome
IASC	Inter-Agency Standing Committee
IMC	International Medical Corps
IPPM	Integrated Production and Pest Management
ITN	Insecticide Treated mosquito Net
JFK	John F. Kennedy Hospital
LDHS	Liberia Demographic and Health Survey
LDS	Lutheran Development Service
LHRF	Liberia Humanitarian Response Fund
LIURD	Liberia Islamic Union for Reconstruction and Development
LLIN	Long-Lasting Impregnated Nets
LNGO	Local NGO
LWF	Lutheran World Federation
MDG	Millennium Development Goal
MERCI	NGO
MMR	Maternal Mortality Rate
MNT	Maternal and Neo-natal Tetanus
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoHSW	Ministry of Health and Social Welfare
MSF-B	*Médecins sans Frontières*
MTI	Medical Teams International
MT	Metric Tonne

NGOs	Non-governmental Organisations
NRC	Norwegian Refugee Council
ORS	Oral Rehydrated Salt
ORT	Oral Rehydration Therapy
PARACOM	Paradigm of Consciousness Ministries, Inc
PPR	Peste des Petits Ruminants
PRS	Poverty Reduction Strategy
PTA	Parent and Teacher's Association
PWJ	Peace Winds Japan
RH	Reproductive Health
RSMI	Rapid Seeds Multiplication Initiative
SIDA	Swedish International Development Cooperation Agency
SGBV	Sexual and Gender-Based Violence
SP	Samaritan's Purse
STIs	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
TTMs	Trained Traditional Midwives
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMIL	UN Mission in Liberia
VIA	Visions in Action
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZOA	Vluchtelingenzorg (ZOA Refugee Care)

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