

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

LIBERIA

1. CONTEXT

Fourteen years of armed conflict in Liberia have left 250,000 people killed, almost the entire infrastructure destroyed, and large-scale displacement both internally and to neighbouring countries and further afield.

Following national elections, the government of President Ellen Johnson-Sirleaf was installed in early 2006. Although the overall security situation has been stabilised, localised inter-ethnic property and land disputes, and high tensions in Ivory Coast continue to threaten the fragile peace. The United Nations Mission in Liberia (UNMIL), through its peace-keeping forces has provided security throughout the country since 2003.

Among the major challenges that the government faces are maintaining peace and security after withdrawal of UNMIL peacekeeping forces, tackling corruption, reducing the high level of unemployment (estimated at 80% in 2007), and continuing to reconstruct the country's infrastructure. Nearly 1.7 million Liberians live below the poverty line of USD 1 per day (in rural areas 68% and in urban areas 55%). 13% of the population is highly vulnerable and 28% moderately vulnerable to food insecurity. Although the global acute malnutrition rate has decreased in the last years to 2.8%, the chronic malnutrition rate (stunting) remains very high at 41.8 %. Liberia also suffers from high incidence of diseases (malaria, cholera) and high under-5 years and maternal mortality rates. Although primary health care has been largely re-established, the hospital infrastructure remains in a poor state. Liberia is ranked 3 on the DG ECHO¹ Global Needs Assessment scale and is ranked 162/169 in the Human Development Index of 2010.

The south-east of the Liberia (Maryland, River Gee, Gran Kru, Grand Gedeh) remains the most undeserved part of the country. The food insecurity is very high (between 41% and 71% of the population)². Remote communities do not have access to save water and the whole area is poorly covered in terms of sanitation facilities. Primary health care has not been as well developed as in other regions of Liberia and lack qualified staff. The few existing roads (including the main roads) are very difficult or impossible to use during the rainy season. As a consequence, numerous and important communities have not been targeted by humanitarian assistance or development activities.

In addition to the above mentioned problems, the turmoil in Ivory Coast since the second round of Presidential elections of 28 November 2010 could cause a further deterioration of the situation as the south-east of Liberia has a long border with Ivory Coast. Fighting in the west of Ivory Coast (near the Liberian border) and Abidjan between the different

¹ European Commission Directorate General for Humanitarian Aid and Civil Protection

² Food security and Nutrition Survey October 2010; Ministry of Agriculture, WFP, UNICEF

factions, has led to large displacements within Ivory Coast, and large numbers of Ivoirians have sought refuge in neighboring countries, mainly in Liberia. As of 25 February 2011, the official number of registered refugees in Nimba county, Liberian border area, was of 39,700. In addition, a new wave of refugees estimated at 50,000 individuals arrived in the period of 25 February – 20 March, including 13,000 refugees in Grand Gedeh. If the crisis continues, more refugees could seek refuge in the south – eastern border areas of Liberia.

Although a shift is going on from humanitarian to development funding, humanitarian gaps remain. Liberia still requires humanitarian assistance and support until the Government has the capacity to take over from international agencies in a linking relief, rehabilitation and development (LRRD) context.

2. HUMANITARIAN NEEDS

- (1) Affected people/potential beneficiaries: The target beneficiaries are the whole population of the counties of Maryland, Grand Gedeh, River Gee and Gran Kru. According to the census of 2008, the population is estimated at 380,000.
- (2) Description of most acute humanitarian needs (by sector):

a. Health

The few health indicators available in Liberia convey an alarming health status:

- The infant mortality rate is estimated at 71/1000 live births (2007), the under five mortality rate at 110/1000 live births.
- In 2007, the maternal mortality ratio was estimated at 994/100,000 live births, one of the highest in the world, and worse even in the south east of Liberia due to bad road access..
- Malaria: Liberia is a malaria endemic country, and the disease has been the leading cause of morbidity and mortality, accounting for 40 % of out-patient attendances and 18 % of in-patient deaths.
- Cholera: high risk in Maryland with regular outbreaks.

b. Food Security

According to the 2010 Liberia Food Security and Nutrition Surveillance report, between 10.8 % and 43,3 % of the population is considered to be food insecure and between 29,3 and 54,4 % are highly vulnerable to food insecurity. The chronic food insecurity is related to geographical isolation, limited market access, poor infrastructure and chronic poverty. The food insecurity could be exacerbated by the influx of refugees.

c. Water and Sanitation

Numerous and important communities do not have access to safe water. The biggest parts of these communities are in areas with difficult access by road,

especially in the rainy season. Wells coverage is high along the main roads, but in the more remote communities well coverage is between 0 and 30 %.³ Only a small part of the population (estimated at 5%) has access to sanitation. This situation could deteriorate when refugees would arrive from Ivory Coast.

3. HUMANITARIAN RESPONSE

- (1) **National / local response and involvement:** the government is aware of the numerous problems. However, due to the difficult logistical problems which make interventions very expensive and the low national budget, the government has not been able to intervene significantly in the south-east. However, by the beginning of the rainy season, the main road from Zwedru to Maryland should be rehabilitated, and at least should permit access in the next rainy season.
- (2) **International Humanitarian Response:** In the health sector mainly Merlin in collaboration with the Ministry of Health, is active in 3 of the 4 counties funded by the pool fund and the European Union. However, the coverage in primary health care is very low. Some food security projects and water/sanitation projects are being implemented by different partners (Welthungerhilfe, Danish Refugee Council, Solidarites) but it is largely insufficient to cover the needs. The assistance is mainly done by international non governmental organisations, probably because of the difficult circumstances. In general, not a lot of partners are present.
- (3) **Constraints and DG ECHO response capacity:** Not a lot of partners are present in the south-east due to the difficult working conditions. However, in anticipation of an eventual refugee influx several more partners are assessing the local situation.
- (4) **Envisaged DG ECHO response:** Support to **Primary Health Care** will be considered. This includes provision of drugs, rehabilitation of health centres, training of staff and payment of incentives, and setup of referral mechanisms. The WASH (water, sanitation and hygiene) initiatives can include improved access to safe drinking water, household water treatment and storage, hand washing and hygiene promotion, safe excreta disposal, and waste management especially in health centres, in local communities and at household level. To access remote villages, road rehabilitation will also be considered. Initiatives to support **food security** should be kept simple with provision of seeds and tools in case local communities have hosted refugees. The experience in Nimba county, where there has been a massive influx of refugees, has shown that food stocks of the local population had been depleted very rapidly.
- (5) **Expected results of humanitarian aid interventions.** The support to health centres has to contribute to both reducing morbidity and mortality. The WASH intervention should contribute to the improved access to safe water

³ Solidarites International: Liberia: Do not forget the South East.

and reduction in waterborne diseases. Support to farmers should increase the food security. In general coping mechanisms of the local population should be strengthened in case of refugee influx from Ivory Coast.

4. LRRD, COORDINATION AND TRANSITION

- (1) DG ECHO is supporting already a WASH project (ECHO/LBR/BUD/2010/01002) in Maryland and Gran Kru, but the program is at a very small scale compared to the needs.
- (2) The EU through the Food Facility is supporting one project in the south east. Through European Development Fund (EDF), healthcare in Gran Kru is supported, but the coverage is low. The African Development Foundation, the Kreditanstalt für Wiederaufbau and the German government are supporting some initiatives in the South East.
- (3) For the health sector, possibilities exist to continue funding through the pool fund. The WASH sector has been fragmented till now. However, at the end of 2009 a National Water Supply and Sanitation Policy was approved by the Government. The launch of the policy is planned for 2011 with assistance from United Nations Development Programme (UNDP) through the creation of a national board which will oversee policy and strategy. A multi donor mission will visit Liberia in 2011 to evaluate the sector and to look into possibilities for future funding. In the food security sector the African Development Bank will start initiatives in the south east.
- (4) The health and WATSAN interventions are foreseen to be taken over by development donors. The food security interventions are regarded as a one off to mitigate the current crisis.

5. OPERATIONAL AND FINANCIAL DETAILS

The provisions of the financing decision ECHO/WWD/BUD/2011/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

5.1. Contacts⁴

Operational Unit in charge: ECHO/B3 covering East, West, Southern Africa and the Indian Ocean.

Contact persons at HQ: Lâle Wiesner at lale.wiesner@ec.europa.eu.

Contact in the field: Koen Henckaerts at koen.henckaerts@ec.europa.eu

5.2. Financial info

Indicative Allocation: EUR 5,000,000

⁴ Letters of intent can be submitted to DG ECHO either by using APPEL (e-Letter of intent) or by email ECHO-CENTRAL-MAILBOX@ec.europa.eu

Breakdown as per Worldwide decision:

Man-made crises: Hum. Aid: EUR 5,000,000

5.3. Proposal assessment**Assessment round 1**

- a) Description of the humanitarian aid interventions relating to this assessment round. All interventions as described under section 3.4 of this HIP.
- b) Indicative amount to be allocated in this round of proposals: up to EUR 5,000,000.
- c) Costs will be eligible from 18/04/2011⁵.
- d) The expected initial duration for the Action is up to 18 months.
- e) Potential partners: All DG ECHO partners.
- f) Information to be provided:

Interested partners are invited to send a letter of intent⁶ of a maximum of 5 pages. The letter of intent, in either free format or based on the Single Form format, should provide an assessment of the humanitarian needs, detail the intended beneficiaries (location, number and situation), describe the proposed method (s) of intervention and provide an overview of the context and linkages to local authority and other humanitarian interventions in the proposed area of operations. A simplified Logical Framework should be attached as should a short budget presentation giving indicative costs for each activity and support costs (staff and logistics) needed.

- g) Indicative date for receipt of letters of intent is from 18/04/2011 onwards.
- h) The following principles will be respected during the assessment of proposals:
 - **Pertinence/quality/feasibility of the proposal.** This covers, inter alia, the quality and pertinence of the needs assessment, knowledge of the country/region, relevance and appropriateness of the proposed activities, previous experience and track record of the partner in the sector or country/region, compliance with DG ECHO's sector policies and strategy for the country.
 - **Quality of analysis on LRRD and transition arrangements.** Partners are invited to clearly illustrate how they hope to achieve the transfer/integration of their short-term humanitarian action with local structures and institutions,
 - **Respect of humanitarian aid principles and standards.** This includes adherence to the EU Consensus on Humanitarian Aid.;

⁵ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, what ever occurs latest

⁶ An initial analysis will be done on the basis of the information received in the letters of intent, Single Forms and other sources, such as humanitarian programmes and appeals (CAPs or CHAPs). For the retained letters of intent, partners will be requested to submit a Single Form, which will be the subject of a more detailed assessment. Only accepted Single Forms can lead to the award of an agreement. Single Forms will be submitted to DG ECHO using APPEL (e-Single Form).

- **Respect of the General Conditions governing DG ECHO's agreements.** This includes ensuring appropriate visibility for the DG ECHO funding,
- **Risk assessment.** This includes an evaluation of the risk assessment made by the partner, risk management and contingency planning and security training of staff.