

FD-ACD-040



Save the Children
UK

**SAVE THE CHILDREN UK
EMERGENCY RESPONSE TO LIBERIA:
MASS IMMUNISATION CAMPAIGN AGAINST MEASLES
PRIMARY HEALTH CARE AND PROTECTION**

FINAL REPORT

September 2003 to June 2004

***Submitted to Office of U.S. Foreign Disaster Assistance
Grant No. DFD-G-00-03-00135-00***

1. EXECUTIVE SUMMARY

Applicant:	Save the Children UK
HQ Address:	1 St John's Lane, London, EC1M 4AR tel: (020) 7012 6400 fax: (020) 7012 6963
Contact Person HQ:	Louise Davis, Desk Officer email: l.davis@savethechildren.org.uk
Field Address:	UN Drive, Mamba Point Monrovia, Liberia Tel: ++231 512 630/515 716 E-mail: sc_pd@awli.net.lr sc_leila@awli.net.lr
Contact Person field:	Dieneke Van Der Wijk, Country representative – Liberia Leila Bourahla, Senior Program Manager – Liberia

Project Title: Save The Children Emergency Response To Liberia: Primary Health Care and Protection and Mass immunization Campaign against Measles

OFDA Grant No: DFD-G-00-03-00135-00

Country: Liberia

Type of disaster/hazard: Armed Conflict

Time Period Covered by the report: September 2003–June 2004

Objective and expected results

Objective 1a: To improve access to and quality of health services in remote/urban communities and IDP camps/settlement, focusing on curative and preventive maternal and child health.

Expected results: Accessible, quality PHC and MCH interventions preventing illness and mortality are established and maintained.

Objective 1b: Verify the status of current caseloads of identified separated children, enhance their protection from suffering and abuse through facilitating their rapid reunification with families and relatives and develop a local capacity capable of ensuring the protection of separated children, in response to further population movements and other causes of separation.

Expected results: A minimum of 85% of the cases of identified separated children will be reunified and 4 others NGOs are selected as partners and trained in approaches to protection and technical issues for family reunification

Objective 2 : To prevent measles outbreaks by increasing measles immunisation coverage.

Expected results: At least 90% of children aged from six months to fifteen years benefit from an increased immunity against measles.

Summary of Results

Objective 1a
To improve access to and quality of health services in remote/Urban communities and IDPs camps focusing on curative and preventive health care and maternal and child health.

% of clinics and emergency health posts that received monthly supplies of drugs, equipment and EPI inputs.	100%
Total number of patients treated	47,023
Total number of deliveries	648
Number of health posts rehabilitated	5
Number of TTMs deployed and trained	223

Objective 1b:	
Verify the status of current caseloads of identified separated children, enhance their protection from suffering and abuse through facilitating their rapid reunification with families and relatives and develop a local capacity capable of ensuring the protection of separated children, in response to further population movements and other causes of separation.	
Number of separated children identified	164
Number of children traced and reunified	131
Number of partners selected and trained in prevention of family separation, identification and reunification.	3 PARTNERS AND 36 PARTNERS STAFF

Objective 2:	
To increase immunisation coverage against measles.	
Number of children aged 6 months to 15 years old immunized against measles.	640,541
Number of children that have received Vitamin A	151,488

2. INTRODUCTION/BACKGROUND

This report summarizes outcome of activities carried out during the project life from September 2003 to June 2004. Beneficiaries of the project were women, children and people displaced in Monrovia, Bong and Margibi Counties as a result of the massive armed conflict in Liberia during the months of June to October.

The SCUK Health programme improved access for women, children and vulnerable groups through the provision of drugs and medical supplies for the treatment of common illnesses afflicting the displaced in Monrovia and in camps outside of Montserrado County. SC emergency support to the displaced and host communities included provision of safe drinking water and storage containers and high energy biscuits to women and children escaping fighting in Totota and the Buchanan Highways.

The Programme Mobile Health Team continues to provide regular preventive and curative health services to residents who are returning to their villages or those who were unable to flee the fighting.

Refresher Training was provided to traditional midwives (TMs) on safe delivery practices and hygiene to ensure that mothers who delivered while seeking refuge from fighting were delivered safely and protected from infection. The trained traditional midwives (TTMs) were also given delivery kits and the kits regularly replenished during field visits. Baby kits were given to mothers who delivered, or were at term, for the mothers to wrap their children from cold.

Assessments visits were conducted in remote villages to identify areas of need for SC UK Health programme interventions. The Programme worked with communities in Gbarpolu and Bong Counties to established areas for service provision during mobile clinic visits and to prepare for permanent clinics once the residents returned home.

To implement the measles mortality reduction campaign (MMRC) SC UK with NGOs partners carried out mapping exercises of areas in and outside of Monrovia to enhance coordination and avoid overlapping of activities. Communities, through leaders and social groups, were mobilized to

encourage mothers and care givers to take their children to the vaccination points set up in each community. Additionally the programme facilitated the maintenance of routine vaccination in the fixed clinics and for the mobile clinic.

More than half a million children were vaccinated against measles and over 100,000 children less than five years received Vitamin A supplementation. It can be assumed that the measles vaccination has contributed to the low level of reported measles outbreak during this emergency.

More than 800 volunteers that took part in the mass measles mortality reduction campaign received cash incentives as well as 104 service providers working at fixed clinics.

To promote personal hygiene and sanitation in the displaced settlements, (schools and large buildings) programme staff trained IDP volunteers to carefully dispose of waste materials, including human waste, to help prevent the spread of communicable diseases.

During the period, SC UK continued to identify children who are separated, documenting them, placing them in interim care, tracing their families in order to reunify them, and provide follow up care. In order to try to prevent children from becoming separated in the first place as well as to boost children's protection, a lot of work has been done with the communities and through children's clubs in accessible areas to train children and sensitise communities in how to protect themselves, how to avoid separation, violence and abuse, and other key protection issues.

Lastly, SC UK need to expand and provide more permanent fixed health service in the communities now as UNMIL deploys. This need is precipitated by the visit of IDP men to their burnt out villages to assess and establish some form of shelter for the return of their family.

3. PROGRAM ACHIEVEMENTS

3.1. Objective 1a: Primary Health Care

Objective 1a: To improve access to and quality of health services in remote communities and IDP camps/settlements, focusing on curative and preventive maternal and child health.

Expected results: Accessible, quality PHC and MCH interventions preventing illness and mortality are established and maintained.

Achievements: During the project period SC UK health programme achieved:

- Regular deployment of drugs, medical supplies and vaccine to four 24 hour IDP health clinics and nine remote community clinics in Montserrado, Bong Margibi and Gbarpolu Counties. The 24 hour IDP clinics were at Greater Refugee Church, GW Gibson, St Paul Lutheran Church School, in Monrovia and Conneh IDP Camp in Margibi County. As the IDPs were moved out of central Monrovia the need for these clinics diminished and the final clinic to close was St Paul's at the end of March 2004. The Conneh camp clinic is still operating, along with a 24 hour MCH clinic in Maimu II camp in Bong. The MOH Totota clinic in Bong County, supported by SC UK commenced 24 hour delivery service at the height of displacement from November 2003. Regular drugs and supplies were also provided to Garmue and Foequelle MOH clinics in Bong County. In Margibi County the programme continued to support Worhn, Peter Town, Yarmwellie and Gbayes Town clinics. In Montserrado County SC UK continues to support Kingsville and Zannah Town clinic with drugs and vaccine including support to trained traditional midwives network. In Gbarpolu County SC UK run mobile clinics in Turnuquelleh and Bamboo towns and supported the Bopolu Health Center with drugs medical supplies, vaccine and incentives from February to April 2004.
- Conducted interagency nutritional survey in six Montserrado IDP camps to determine the rate of global malnutrition and measles immunization coverage rate.

- The programme is providing regular mobile curative, immunization and MCH services to scatter populations in the towns of Gbao, Fefeh, and Suehn in Bomi Counties. This is to ensure that vulnerable children and mothers who are in communities with sparse population access basic health services pending the establishment of more permanent health facilities. More than 47,000 people, the majority being mothers and children and other vulnerable persons, were treated for common illnesses such as malaria, scabies, watery and bloody diarrhea during the project life. The mobile service catered to more than 10,000 persons in abandon communities in Bomi and Gbarpolu Counties.
- The Health programme conducted assessment in 15 communities in four counties. The team assessed general and health situation in seven Bomi Communities, namely Suehn, Fefeh Town, Weawolo, Mecca, Gbargon, Gbao and Beh Towns. In Gbarpolu County the team conducted assessment and mobile health services in, Tumuqualleh, Henry and Bamboo Towns while the Bopolu health center was assessed for SC UK medical and administrative support. Other areas assessed were Careysburg in Montserrado County and Sanoyea, Zeanzue, and Gbartala in Bong County. These assessments provided information that enabled the health team to establish mobile clinics in Bomi and Gbarpolu counties. Support continues to fixed MOH clinics in Bong and Montserrado Counties and the programme is working with the County Health Teams (CHTs) to reopen the fixed clinics in Gbartala and Zeanzue in Bong and Careysburg clinic in Montserrado.
- In Bamboo and Tumuquelleh Towns in Gbarpolu County the team worked with villagers who are returning from the bushes and displaced camps to help build temporary structures in which the health mobile team provide regular health care services during weekly visits. These structures will then be used as temporary fixed clinics, as the population returns.

In Sanoyea the programme is awaiting complete disarmament and eviction of combatants from the clinic to begin renovation and services for the returning displaced population.

- 47,023 consultations, at IDP and mobile clinic sessions, and 648 deliveries were recorded during the project period. 80% of the deliveries were assisted by TTMs from IDP camps and host community. The majority of beneficiaries at these curative and preventive health clinic sessions were women and children. The most frequent diseases treated were malaria, respiratory tract infections, diarrhoea and skin infections, as well as cases of sexually transmitted infections (STIs). Antenatal consultations for pregnant women, including teenagers, were carried out by certified midwives.
- Provided safe drinking water and distributed water storage containers to moving population along the Monrovia-RIA and Monrovia-Gbarnga Highways during the mass movement of the population in September 2003. This was to ensure that women and children were made less vulnerable to water borne infections as they moved to seek shelter in safer areas. More than 1,000 mothers and vulnerable persons benefited from the distribution of the water and water storage containers.
- 233 TTMs were provided refresher training over a five day period in the displaced camps and one host community, Worhn. These TTMs were provided delivery kits and exercise books to record and report deliveries.
- Cash incentives were regularly paid to staff at clinics serving IDPs population in and outside Monrovia and 860 volunteers who worked in the immunization campaigns.
- At the height of the displacement in Monrovia and Bong County training in diarrhea control and prevention was provided to IDPs at displaced camps and settlement around Monrovia. The team conducted health education training for 45 IDP volunteer health educators on family planning, diarrhea prevention, and nutrition and personal hygiene in four IDP settlements. These were carried out in Tumutu, Maimu I and II, Coneh and Plumkor IDP camps.
- Regular supply of vaccines and accessories were provided to seven clinics outside Monrovia in Bong, Montserrado and Margibi. The static and mobile facilities vaccinated 7,421 children under-five with multi antigens and administered to them 5,495 Vitamin A capsules in the static facilities.

Over 2700 mothers received tetanus toxoid (TT) 2+ shots and over 714 post-partum mothers received Vitamin A supplement.

- Recruited and provided refresher training for 860 vaccinators and recorders along with County Health Teams in Bong, Montserrado and Margibi Counties to ensure completion of mass immunization campaign. A total of 518,870 children six months to fifteen years were vaccinated against measles.
- Conducted on the job training for eight clinic registrars on proper filing, recording and record keeping. The training was to ensure staffs have adequate skills in collecting, reporting and collating records on health information.

Provided refresher training for 65 clinic staff in diarrhea prevention and management in seven static health units serving IDPs and host population in Bong, Margibi and Montserrado Counties.

- Made two donations of drugs, medical supplies and equipment, including ten hospital beds and three delivery beds, to ELWA Hospital in Paynesville, a suburb of Monrovia, to enhance care and services for mothers attending the MCH and delivery services at the ELWA Hospital and to help ensure safe deliveries for displaced and vulnerable women.
- Supported Montserrado, Margibi and Bong CHTs to maintain, the EPI cold chain through the provision of vehicles, fuel, incentives for vaccinators, refresher-technical-training on administering and record keeping of immunization activities and the supply of frozen ice packs to ensure vaccine potency during immunization sessions.

3.2. Objective 1b: Protection

Objective 1b: Verify the status of current caseloads of identified separated children, enhance their protection from suffering and abuse through facilitating their rapid reunification with families and relatives and develop a local capacity capable of ensuring the protection of separated children, in response to further population movements and other causes of separation.

Expected results: A minimum of 85% of the cases of identified separated children will be reunified and 4 others NGOs are selected as partners and trained in approaches to protection and technical issues for family reunification

Achievements:

Prevention of family separation & tracing and reunification

- **Assessment of issues affecting children:** Conducted inter-sectoral rapid assessment missions and ongoing FTR and child protection needs assessment with three local NGO partners (BUCCOBAC, ACRICODA & CRACRO) in different IDP camps in Montserrado, Bong, Margibi and Grand Bassa counties and identified issues affecting children. Based on the out come of the assessments CBO partners and children's groups were encouraged to carry out advocacy work with camp management committees and camp level inter agency coordination meetings.
- **Awareness raising on family separation:** Both spontaneous and organized population movements as well as living in crowded environment such as the IDPs increases the likelihood of family separation unless families are appropriately prepared to protect and safeguard their children from family separation and children are aware of strategies to protect themselves. Therefore, SC UK prioritized prevention of family separation and established systems for carrying out regular public awareness –raising activity in all locations within the project coverage areas. Accordingly, several awareness raising meetings on prevention of family separation and child protection were carried out in the 14 IDPs in Montserrado, Margibi & Bong counties. SC staff, members of children's clubs and staff from partner organizations, carried out the awareness-raising meetings using posters, role-playing and dramas. Children's club members in the IDP camp also carried out

block-to-block visits to raise awareness of families on prevention of family separation strategies. The awareness raising concentrated on families and communities separation prevention and harm prevention strategies as well as facilitating communities developing their own responses to the protection issues they were identifying. These awareness-raising activities resulted in reduction of family separation as, reported by camp management committees in different IDP camps, and in the identification and documentation of separated and missing children.

- **Use of media for awareness -raising on prevention of family separation:** Supported through SC UK partners such as ACRICODA & BUCCOBAC, prevention of separation awareness raising message were produced and aired through local radios run by amateur media groups working in the IDP camps and host communities in Bong and Grand Bassa Counties. IDPs spontaneously returning to their village of origin, some to assess the situation of their village and others to resettle, were encouraged to take measures that will safeguard their children and protect them from becoming separated.
- **Building partners and communities technical capacity to protect children from family separation:** In an effort to improve the performance and the quality of Family Tracing and Reunification (FTR) and child protection activities carried out by three local NGO partners. SC-UK carried out training and supervision for staff from CRACRO, BUCCOBAC & ACRICODA on prevention of family separation strategies, identification, documentation, tracing and reunification of separated children and on participatory approaches to working with children groups. This activity benefited 36 staff from the three CBOs. Similarly, training two training workshops was also held for SC UK social assistants working in the IDP camp, children's groups and camp management committees to increase their capacity to prepare communities to protect their children from family separation during population movement. A total of 92 participants attended the workshops and produced action plan to carry out separation prevention activities in their respective IDPs. Following the training social assistants, children's groups camp management committees and other community structures, with the support provided by SC UK, carried out series of awareness raising meetings and block level awareness raising activities informing families on how to protect and safeguard children from family separation during population movement and in stable situation.
- **Identification and reunification:** During the project period SC UK identified and documented a total of 128-separated children through the family tracing and reunification network established by SC UK including social contacts working in the IDP camps, Community Based Organizations and children's clubs. During the same period a total of 108 children were reunified while tracing is ongoing for the remaining 20 separated children. Additionally 36 tracing requests were accepted from families looking for their children. 23 of this number were reunified and tracing is ongoing for the remaining 13 children. Community structures such as children's clubs, local NGO partners and social assistant were used for the rapid identification and reunification of separated children. Work was also carried out through support from the Bureau of Social Welfare task force for the provision of temporary accommodation for children whose families were not rapidly traced. Follow up visits were made on 20 separated children still pending family tracing and reunification

Separated children identified and documented during the project period.

Geographical Area	Total	0-5 yrs		6-12 yrs		13-18 yrs		Over 18 yrs		Total	
		M	F	M	F	M	F	M	F	M	F
Montserado	125	2	2	14	3	80	15	9	0	105	20
Margibi	0	0	0	0	0	0	0	0	0	0	0
Bong	3	0	0	1	0	1	1	0	0	2	1
Total	128	2	2	14	3	80	16	9	0	107	21

Separated Children Reunified (108)

Geographical Area	Total	0-5 yrs		6-12 yrs		13-18 yrs		Over 18 yrs		Total	
		M	F	M	F	M	F	M	F	M	F
Montserrado	91	2	2	8	0	61	10	8	0	89	12
Margibi	0	0	0	0	0	0	0	0	0	0	0
Bong	15	0	0	1	12	1	1	0	0	2	13
Total	108	2	2	8	12	62	11	8	0	91	25

- **Livelihood support to disadvantaged children and families caring for separated children:** In an effort to support families that are caring for separated children, SC UK and her CBO partner in Bong and Montserrado Counties have embarked on providing livelihood support to carer families in the form of small income generating scheme which will help in augmenting their capacities to continue to provide for those children while tracing for their parents is going on. Similarly, disadvantaged, particularly teenage pregnant children, in the 7 IDP camps in Montserrado are being targeted to benefit from small pilot income generating scheme. Accordingly, 27 foster parents and 70 disadvantaged children are benefiting from small business livelihood generating scheme. All of the beneficiaries have received small-scale business management training and distribution of start up capital is ongoing.
- **Documentation of FTR information:** As a step forward for improving documentation of FTR information in Liberia SC UK developed a new FTR database and provided training for database clerks, community workers and social assistants in documentation of FTR forms. To support the documentation of FTR activities carried out by the partners SC-UK produced and distributed copies of different FTR forms i.e rapid registration form, full documentation form, tracing request form, rapid tracing request and follow up form for child in care and reunified child. SC-UK also provided megaphones, batteries and poster sheets. In order to ensure the quality of information and proper usage of the forms SC-UK field workers reviewed all the forms produced by partners and carried out regular coaching.

Support to local partners and children's structures

- **Logistical support to CBO partners:** During the project period SC UK provided financial and logistic support to four local CBO partners to carry out FTR and child protection activities in Montserrado, Bong, Margibi and Grand Bassa counties. These are BUCCOBAC, ACRICODA, and CRACRO. However, work with one of the partner, (CRACRO) was terminated due to poor performance while the contact with FOCO (another CBO partner operating in Grand Gedhe County) which was lost due to insecurity was re-established. SC-UK staffs continue to carry out regular monitoring and mentoring of the CBO partner.
- **Review of CBO partner's performance:** As part of assessing the performance and support requirements of CBO partners, SC UK carried out field visits at the project sites of the three national partners in Buchanan, Salala and Totota covering two days each. During these visits, the review team engaged staff of partner organizations, children and community based groups and key stakeholders with whom these partners work. Range of PRA (participatory rural appraisal) tools and child participation methodologies were used, including focus group discussion, drawings, and diagrams. During the review exercise community members in the Totota and Salala IDP camps spoke of prevention of family separation initiatives that are put in place by partner organizations and the importance of community based approach in preventing family separation. This included the wider dissemination of family separation prevention strategies via radio and children's awareness raising drama groups. The review also highlighted high level of recognition and respect of the role of the local partners in communities we visited. All the partners interact with a spectrum of community groups and other agencies that appear to know at varying degrees what they are doing. The local partners engage with these groups in family tracing and child protection activities. These include school authorities, Camp Management Committee, other CBOs providing services in the camp, community groups, and children's groups. Their work with children and community groups is visible. There is evidence of activities in family tracing and child protection carried out by children and young people themselves. These include awareness raising on prevention of separation, and DDR messages. Children use recreation and cultural events as an entry point for raising awareness, including the use of megaphones. The integration of boys and

girls in the clubs seem to encourage positive socialization and shared leadership, attributes which are critical in reversing negative gender roles. The interactions with the children's groups indicate that they have some level of understanding on child protection issues, and good leadership structures.

- **Establishment and supporting of children's clubs:** SC UK and its local CBOs partners encouraged the establishment of children's clubs in the displaced camps and supported them in the process of identifying issues affecting them, in prioritising those issues and developing activities to address them. Accordingly, SC UK established 76 (38 boys & 38 girls) children's clubs (in IDP centres in Montserado, Margibi and Bong). SC-UK also provided life skills training for club members to enable young people to meet the challenges faced by children including early marriage, exposure to SGBV, recruitment in to armed forces and HIV/AIDS. The children's clubs were critical in identifying and reporting protection and other issues affecting children in the camp. They were also instrumental in disseminating messages on child protection and family tracing and reunification. Issues identified by the children's clubs including problems of sexual exploitation and teenage pregnancy. Child protection and participation training and on-the-job coaching were also provided for staff members of three local CBOs engaged in FTR and child protection activities to effectively engage with children's structures and other community members.
- **Support to children's clubs:** Provided technical assistance and recreational material support to children's clubs. The recreational materials provided include sets of Jerseys for 76 children's clubs, 61 Footballs, 20 Volleyballs and nets, 12-foot ball pumps, 44 ludo board, Drums, Sasa, and Straw skirts. The recreational and cultural materials provided to the children's clubs were used by the clubs to carry out community based recreational and cultural events for children and young people and for raising awareness on issues such as family tracing, child protection, SGBV, HIV/AIDS, recruitment and for imparting life skills support for other children and young people affected by conflict and displacement. This support has helped normalize children's environment and improved children's right to recreation and play.

Protection of children in welfare institution

- **Assessment of the situation of children in orphanages:** In addition to, trainings, meetings and awareness-raising on child rights and protection against abuse and violation of children's rights, in IDP and host communities, SC UK also supported two assessments (one in Grand Bassa and another in Montserratado & lower Margibi) on the situation of children in orphanages. In Grand Bassa County, SC-UK team along with BUCCOBAC assessed the situation of children in 10 orphanages. A total of 514 children (259 male and 255 female) including 21 separated children were hosted at the 10 orphanages. During the assessment the team observed that the facilities of the orphanages were looted during the conflict. As part of the project support to vulnerable and separated children, SC-UK provided NFI's (blanket, mats, jerry cans, BP5 Biscuits, soap, used clothing). All 514 children at the orphanages benefited from this distribution. Similarly, a 5-day assessment was also carried out, in collaboration with UNICEF and other child protection agencies, on the situation of children in 95 orphanages in Lower Margibi and Montserratado Counties. The primary objectives of the assessment were to: a) authenticate the existence of orphanages in these counties and b) verify if they are operating in line with the guidelines on welfare institution. These are measures to monitor the care and protection of children in these homes. The findings showed a few issues such as: sustainability the homes since 85% of them depend on WFP ration; poor sleeping conditions for 42%; Lack of adherence, by 50% of the homes, to the national standard of 1 to 10 ratio of carer to children; inadequate care and supervision of children's activities. About 70% of these children are not orphans but rather children of the owners and staff therefore, the need for intensive family tracing activities is urgent. Key recommendations emanating from the assessment include the closure of 37 sub standard orphanages supported by intensive tracing and reunification services and putting 18 orphanages on probation.
- **Support to the relocation of children in welfare institutions:** As part of the implementation of recommendations from orphanage assessment which was carried out during the last month along

with members of child protection task force, SC UK supported the relocation of forty (40) children from the C.O Smythe Orphanage in Sinkor which was closed down due to poor standard of services and lack of compliance with the national standard guideline for welfare institutions. The children were relocated to the Alfred and Agnes Orphanage in Brewerville, Omega and children Relief Ministry in Du Port Road and Victoria Thomas in New Matadi Estate. During this process, SC UK provided some NFIs which included clothes, slippers, tooth brushes, tooth paste, hair grease, blankets, mats etc to the orphanages that taking in the children. Although SC UK was to take urgent action to support the process of closing down the orphanage and move the children to other referral institutions until family tracing and reunification is accomplished, the MOH SW has postponed all closure of orphanages till October 2004.

- **Assessment of orphanages and provision of health services:** During the reporting period SC UK team visited the House of Prayer orphanage in Harbel Margibi County. The visit was based on a letter from MSF-B stating the condition of the children at that orphanage. During the visit, the team saw the total of seventy-nine (79) children (38 boys and 41 girls) who were living in very bad conditions. They are sleeping on the ground with tarpaulin, and almost all of them had sores on their legs and some other parts of their bodies. They have no clothes, blankets or slippers. Because this orphanage is on the list of 35 orphanages recommended for closure SC UK could not supply NFI's to them. However, the health team was sent to provide some medical assistance to the children.

3.3. Objective 2: Measles Immunization Campaign

Objective 2: To prevent Measles outbreaks by increasing Measles immunization coverage in children aged six months to under-fifteen years among at risk population.

Expected results : At least 90 % of children aged from six months to fifteen years benefit from an increased immunity against Measles.

Achievements:

- SC UK and the County health authorities undertook mass immunization activities against Measles in selected districts in Montserrado, Margibi and Bong Counties. The health team in consultation with the MOH and the National EPI Task force employed two strategies to reduce the number of children missing or losing access to the immunization sites. The strategies ensured that vaccination was simultaneous using fixed immunization sites in the various communities and mobile teams which went from house to house to reach children who missed the static sites.
- Prior to the start of mass measles mortality reduction campaign in Monrovia, SC UK the County Health Team (CHT), IRC and MERLIN carried out community mapping exercises in Monrovia, and Montserrado County.. The exercise demarcated Monrovia into zones and major communities to avoid conflict and overlapping by NGOs that were conducting the measles campaign. The mapping exercise was also replicated in Margibi County and this process helped to improve coordination.
- A total of 565,948 children six months to fifteen years were vaccinated against measles. Of these, 109,551 children twelve to fifty-nine months old received vitamin A supplementation as well as 41,937 children aged six to eleven months.
- CHTs, IDP leadership and other community structures, including women and childrens' groups, community health committees and local political authorities carried out a series of pre-campaign mobilization activities to ensure the success of the campaign in the targeted communities. Pre-campaign activities included community selection and organization of immunization sites, community assessments, with lists of villages and development of catchment area maps, refresher training of vaccinators, screeners, mobilisers and recorders and training of trainers (TOT) for county EPI supervisors.

- Recruited and provided refresher training for 850 vaccinators and recorders along with County Health Teams in Bong, Montserrado and Margibi Counties.
- SCUK served as medium between MoH and Bong CHT facilitating communication, and securing antigens and EPI materials from the National Drug Service for the immunization campaigns.
- Secured more than 300 gallons of kerosene to support the cold chain (refrigerators) in seven remote clinics to ensure continuity in the vaccination process for children under five and women of child bearing age.
- SC UK carried out a follow-up mass measles immunization campaign in the Paynesville area when four new cases of measles were confirmed by the Ministry of Health and Social Welfare in mid February 2004. 35 community mobilisers were recruited and provided training on basic messages on measles prevention in children aged six months to 15 years. Work of the mobilisers included active home visitations to encourage parents or care givers to take their children to the immunization sites or clinics.
- The campaign was also conducted in Jorquelleh and Salala districts in Bong County. The campaign in Jorquelleh district was aimed at controlling confirmed measles outbreak in Jorquelleh and surrounding villages in Panta District. More than 240,539 children age 6-15 years received measles vaccine while 110,377 or 45% of the children less than five years got vitamin A supplementation.
- Individual road to health cards were issued for all children aged six months to one year while measles vaccination cards, provided by UNICEF, were given to children from one to 15 years. Children under one year children were also recorded in the national EPI under-five ledger with the plan to handover to community clinics for follow up of routine immunization activities.
- A joint supervisory team comprising of SC UK, the Montserrado, and Bong County Health EPI supervisors and National EPI Co-ordinators from central MOH/SW supervised the campaign implementation activities ensuring quality of the work and compliance with national EPI policy guidelines and standards.
- Static immunizations are ongoing at health posts serving IDPs in Totota and Kakata. Health education lessons are given to mothers and women visiting the immunization sessions. Topics health care providers discuss with the IDPs and host community mothers include: the importance of full immunization, diarrhea prevention, and the benefits of family planning practices for the family, child and mother. The team also continues to conduct mobile outreach immunization activities in communities along the Monrovia-Bomi highway not having access to health care.
- SC UK EPI supervisors have conducted assessment of EPI equipment and manpower needs in supported districts of Bong, Margibi and Montserrado counties. The assessments show that cold chain materials in nearly all the health facilities are broken down or have been looted during the fighting. Staff will also require refresher training as cold chain equipment is replaced, as skills and knowledge have reduced due to lack of active immunization activities.
- Gbartala, Zeanzue, Bamboo Town communities have designated and partially renovated three structures for service delivered. In Gbartala the community people partition the building designated for curative and preventive services while the people in Bamboo town erected a three room adobe structure for services delivery. In Zeanzue the community provided a three room building and also presented the examination and delivery beds which was saved from looting during the war.

4. PROGRAM PERFORMANCE BY OBJECTIVE

Objective 1a

To improve access to and quality of health services in remote/urban communities and IDP camps/settlement, focusing on curative and preventive maternal and child health.

Activities:

- Set-up health posts and mobile health clinics featuring, PHC and MCH activities in IDP camps and communities to complement Health NGOs emergency activities.
 - Construct emergency health posts in camps/communities where PHC activities are lacking.
 - Set-up ORT/IV therapy corner in the various IDPs settlements to separate treatment areas for diarrhoea/cholera patients.
 - MCH and EPI routine activities will be featured at the various health posts clinics and through the mobile clinics. Each clinic and mobile team will comprise of one Physician assistant OIC, one nurse, one midwife, one dispenser, one nurse-aid/vaccinator. The mobile clinics will operate on a daily basis to fill the gaps of communities/camps in term of primary health coverage. They will cover sites one or two times weekly depending on the size of the population (population returning in the camps/communities of origin).
 - Set-up network of community health workers.
- Supply essential drugs, medical supplies to health posts and mobile health clinics.
 - Health posts and mobile clinics, all situated in the area of operation will be supplied with drugs and medical supplies.
 - Systems for distribution, use and reporting of drugs and medical supplies will be monitored regularly.
- Assist the UN, NGOs and health authorities in the strengthening of systems for effective and efficient delivery of health services delivery. Priority goes to the Health Management Information Systems (HMIS)
 - Facilitate rural health facilities in detecting, treating and documenting five major morbidity and mortality causes at each health facility. These are malaria, Lower Respiratory Tract Infection, diarrhoea, malnutrition and measles.
 - Support the use of data collection tools and monitoring tools (which are standard forms used by WHO).
 - Training of health facility staff on data collection, sample analysis, presentation and use at the facility level
 - Linkage of the information generated from data collection at the facility level into disaster preparedness at the community level, facility level and the county in general.

Objective 1a: To improve access to and quality of health services in remote communities and IDP camps/settlements, focusing on curative and preventive maternal and child health.

OUTPUT: Mothers and children have access to quality health care services in remote areas

Activities	OVI's	MoV's	Assumptions
Identified community health needs and intervene based on assessment.	15 communities assessed and intervention carried based on identified needs for vulnerable communities	-Feedback from communities of programme intervention - Records of Number of vulnerable groups served	-Improve security
Ensured regular drugs and medical supply for mobile and static services	Drugs and supplies stock available for services in five 24hr IDP clinics in Monrovia, Margibi and	-15 service points maintained with regular drugs and medical supplies	Access to community -(road condition) Improve security

	Bong Counties including ten community clinics and two mobile teams. One mobile team, provided services in Monrovia during the emergency and the other providing ongoing basic health services in sparsely populated communities to which IDPs are returning.	-47,023 consultation done for common illness -Mobile health services available for sparse and scattered population in Bomi and Gbarpolu Counties.	
Assess vulnerable population and children nutritional status	810 children less than 12 years, 350 pregnant women and 385 lactating mothers provided high protein biscuits 71 severely malnourished children assessed and referred to therapeutic feeding Center.	Records of severely malnourished children referred to feeding centers Record of vulnerable children, pregnant women and lactating mothers that received food ration	Severely malnourished children
Mobilise and seek active community participation in service provision	Four communities actively participating in process for reactivation of health services (Zeanzue, Gbartala, Bamboo Town and Tumuquelleh	No of communities actively involved in service delivery activities	Community members willingness and ableness

Objective 1b

Verify the status of current caseloads of identified separated children, enhance their protection from suffering and abuse through facilitating their rapid reunification with families and relatives and develop a local capacity capable of ensuring the protection of separated children, in response to further population movements and other causes of separation.

Activities:

- Organise briefing sessions for local NGO staff to clarify the concepts of separated children and unaccompanied children and initiate training in tracing needs assessment methodology
- Train local's NGO staff on IDTR (identification, documentation, tracing and reunification) methodology and best practice in communication with children
- Conduct preliminary joint field visits with local NGO staff to interview children and assess their status
- Establish a quick data base of identified and cross checked caseloads
- Establish a system of family tracing and reunification of separated children
- Regularly supervise, coach and exchange information between SC UK and local NGO partners
- Provide small-scale assistance to local's NGO so as to facilitate their field activities: tracing of families and children, reunification and follow-up of reunited/fostered children
- Supervise IDTR activities of selected partners
- Consolidate the caseload in a unique and harmonised database
- Make an inventory of local non-governmental organisations working for vulnerable children and identify potential partners
- Assess the capacity of identified NGO and select those to be involved in IDTR activities. To select local partners, diverse criteria will be applied, such as human and material resources, levels of

staffing, perception towards the NGO by local communities, relationships with the Bureau of Social Welfare, organisation mission and values, amongst others

- Organise training sessions for selected partners and the Bureau of Social Welfare. Some of the topics that will be covered include: a) communication with children / conducting interviews with children; b) identification, documentation, tracing and reunification methodology; c) the importance of a family environment for children; d) care and protection of separated children; e) basic principles of the Convention on the Rights of the Child; f) prevention of family separation
- Initiate a co-ordination system between selected local partners, SC UK and the Bureau of Social Welfare
- Support local NGO partners in the production and dissemination of prevention material
- Orientation on SC UK's Child Protection Policy and code of conduct for working with children
- Organise briefing sessions for local NGO staff to clarify the concept of separated children and unaccompanied children and initiate them in tracing needs assessment methodology

Objective 1b: Verify the status of current caseloads of identified separated children and promote their quick reunification with families and relatives

Outputs-Objective 300 separated children will be reunified

Activities	OVI	MoVs	Assumptions
Conduct preliminary joint field visits with local's NGO staff to interview children and assess their status	<ul style="list-style-type: none"> ▪ inter-sectoral rapid assessment missions on child protection needs assessment were carried out in Montserrado, Bong and Margibi IDP camps with three local NGO partners. 	<ul style="list-style-type: none"> ▪ Lists are available detailing the status of 100 % of caseload identified by local NGO (i.e. their status determined as either separated children and unaccompanied children). ▪ Documentation exists of follow-up visits to reunited children and their families. 	<ul style="list-style-type: none"> ▪ Security conditions permit operations in Monrovia and adjacent counties. If not, efforts will be made to negotiate safe access with district and regional commanders.
Establish a quick data base of identified and cross checked caseloads			
Establish a system of family tracing and reunification of separated children in need	<ul style="list-style-type: none"> ▪ SC UK developed a new FTR database and provided training for database clerks, community workers and social assistants in documentation of FTR forms. 		
Regularly supervise, coach and exchange information between SC UK and Local NGO			
Reunified the separated children	<ul style="list-style-type: none"> ▪ SC UK provided technical support and coaching to partners (CRACRO, ACRICODA, BUCCOBAC) on issues of prevention of family separation and child protection during population movement. Bi-monthly mass tracing lists and monthly caseload analysis report were provided to all the partners for tracing and reunification and follow up of their active caseloads. 		
Consolidate the caseload in a unique and harmonised database			
Organise briefing sessions for local NGO staff to clarify the concept of separated children			
Train local's NGO staff on IDTR			
Make an inventory of local non-governmental organisations working for vulnerable children and identify potential partners			
Organise training sessions for selected partners and the			

<p>Bureau of Social Welfare.</p> <p>Support local NGO partners in the production and dissemination of prevention material</p> <p>Initiate a co-ordination system between selected local partners, SC UK and the Bureau of Social Welfare</p>	<ul style="list-style-type: none"> • SC UK identified and documented a total of 128-separated children. • 108 children were reunified representing 84% of the project caseload. • 544 children in welfare institutions benefited from NFI distributions. • Three partners were selected as partners and trained in prevention of family separation, identification and reunification. • 36 staffs from 3 local NGOs benefited from 2 workshops on IDTR. • 76 children clubs (approximately 3500 children benefited from recreational materials in IDP camps. The recreational materials provided included sets of Jersey for 76 children's clubs, 61 Footballs, 20 Volleyballs and nets, 12-foot ball pumps, 44 ludo board, Drums, Sasa, and Straw skirts. • 27 foster parents and 70 disadvantaged children in IDPs camps benefited from small business livelihood generating scheme and start-up equipment. • The protection network was re-initiated with the efforts of UNICEF and SC UK and has been meeting on the regular basis in the bureau of social welfare. 	
--	--	--

Objective 2**To prevent measles outbreaks by increasing measles immunisation coverage.****Activities:**

- Deployment of international staff for health program management.
- Purchase additional equipment for the measles campaign such as additional cool boxes and road to health cards.
- Recruitment and deployment of additional national staff, vaccinator and EPI supervisor to increase the number of sites for mass vaccination campaign implementation. A vaccination team will comprise of 1 vaccinator, 2 aids to prepare the vaccines, 2 registrars, 2 community mobilisers. The number of teams per location will depend of the size of the community. The crowd control helpers will be provided by the community at the various sites.
- Selection and organisation of the immunisation sites.
- Mobilisation and sensitisation of the IDP settlements and communities for the mass measles campaign through radio messages, churches, different meeting with community/children/community leaders/local authorities and through the community health workers deployed in advance in the various communities and IDP settlements.
- Refresher training for all vaccination teams and immunisation supervisors in cold chain maintenance, record keeping and in systematising vaccination procedures.
- Two strategies will be used simultaneously using fixed immunisation sites within various sections of the communities and IDP settlements and as well mobile teams, which go from houses to houses to reach the children missed at the fixed sites.
- Individual vaccination cards "road to health cards" will be issued for all vaccinated children less than five years old.
- Vitamin A supplementation will be administered simultaneously with the measles vaccine.
- Monitor and evaluate immunisation coverage using a wide immunisation coverage survey in coordination with IRC.
- Work with other health service providers (NDS, MSF, Merlin, IRC etc.) to complement the measles campaign for IDPs, refugees and host communities in crisis areas and establish strong co-ordination with the NDS and MoH.

Objective 2. To increase immunization coverage against Measles**Outputs- Objectives**

Children from six months to under-fifteen will benefit from increased immunity against Measles

Activities	OVI	MoVs	Assumptions
Mass Measles immunization of children through the static and mobile outreach activities in IDP settlements and communities	81% (565,948) of children aged six months to fifteen years of the target population- (700,000) have been immunized against Measles.	-Vaccination records and cold chain report. -Antigen stock report, delivery note and stock card. - Wastage rate Supervision and monitoring report. Regular (monthly) co-ordination meetings with other health service providers. - Meeting minutes.	Security conditions will allow extension of operations in other counties outside Monrovia, if not will be made to negotiate safe access with district and regional commanders. - Mothers will bring their children for immunization. - Participation in an unplanned national immunization campaign or epidemic.
Along with the Measles vaccination, Supplementation of Vitamin A will be	In line with the Sphere Standard and the national EPI policy only children under-five years of age	Vaccination records- tally sheets and Road to Health Cards	

administered for all children	received Vitamin A supplementation during the campaign. 95% of the under-five children reached during the campaign received Vitamin A supplement.		
Conduct Measles coverage survey at the end of the project to monitor and evaluate Measles immunization coverage	Current coverage rate is based on immunization reports and not survey. Formal survey will be conducted at end of project. However 81% of the initial targeted population was vaccinated.	Measles coverage survey results for Monrovia, Montserrado Margibi counties.	Security conditions permit survey exercise in Montserrado and other counties.
Refresher training for all vaccination teams and immunization supervisors	Refresher training done for vaccinators, 35 community mobilisers and 70 volunteers to improve their skill and knowledge in record keeping, community mobilisation and proactive participation.	- Training reports - Supervision and monitoring report. - Quality assurance checklist Community feedback	
Purchase of additional cold chain equipment and EPI stationery	Overseas purchase of additional 8 cold boxes and 10 vaccine carriers.	Availability of overseas and local purchase record. EPI stock record	
Recruitment and deployment of additional national staff	EPI supervisors' active and functioning in programme implementation.	CHT and other national partners' feedback on supervisors' performance. - CHT micro-planning meeting minutes - Health program staff record	
Mobilization and sensitisation of IDP settlements and communities.	Massive community mobilization and sensitisation carried out in over 35 Paynesville communities and 17 towns and IDP camps in Salala District in Bong county using local radio stations, community structures (town criers, IDP and local political leadership)	Communities' knowledge about Measles campaign activities - Feedback from community structures on their participation	

Summary of MASS MEASLES Mortality Reduction Campaign

Activities from September 2003 to June 2004				
Location	Estimated Pop.	Target Pop.	Total Pop. Vaccinated	Coverage %
Montserrado County September 03 to February 04				
Logan town	47,647	21,441	53,850	251%
West Point	3,518	15,893	16,192	102%
Central Monrovia	51,594	23,217	70,020	302%
Lakpasee	32,518	14,633	34,064	233%
Old road	44,529	20,038	17,992	90%
Gardnersville	109,112	49,100	29,630	60%
New Georgia	81,265	36,569	18,951	52%
Bardnersville	58,929	26,518	24,066	91%
Caldwell	58,859	26,486	26,486	100%
Duala & New Kru	115,907	52,158	13,222	25%
Paynesville	192,462	86,608	108,522	125%
Total	796,340	372,661	412,995	
Careysburg District Dec 4-15, 2003				
Careysburg	127,074	57,183	47,078	82%
Margibi County Nov 3-14, 2003				
Kakata District	129,920	58,464	40,639	70%
Gibi District	58,411	26,285	17,494	67%
Total	188,331	84,749	58,133	
Bong County January 12-26, 04				
Salala District	67,576	30,409	47,742	157%
SUB TOTAL	1,179,321	545,002	565,948	
Montserrado May 31- June 5 and June 14-19 04				
St. Paul RD	156,178	37,850	43,087	114%
Todee District	93,807	42,213	31,506	75%
Total	249,985	80,063	74,593	
Grand Total	1,429,306	625,065	640,541	

Constraints

Logistical and Political Constraints

By October 2003 ECOMIL peacekeepers had restored relative calm to greater Monrovia and to certain other key towns close to the capital. The international airport was open and shops and businesses in Monrovia were starting to re-open, although many items were in short supply. At least two-thirds of the country remained inaccessible, however, due to poor security or poor road conditions. The SC UK programme in Liberia was still building logistical capacity during this period from what had been a relatively low base in early 2003.

From October to December 2003 SC UK adapted to these conditions by creating multi-sector rapid assessment and response teams that travelled to the Margibi/Bong area of operations on a daily basis to respond to the needs of displaced people. From the end of December 2003, when UNMIL started deploying peacekeeping troops further afield, humanitarian organisations started to have access to isolated vulnerable populations which were formerly behind rebel lines. From the beginning of December 2003, SC UK undertook emergency assessments in Upper Bong Counties, Bomi, Gbarpolu and Grand-Gedeh Counties.

A full UN 'Chapter 7' mission (UNMIL) began in Liberia in October 2003, alongside the creation of a transitional government (NTGL). Although UNMIL troops deployed in strategic positions in most of the country, civilians in many areas of Liberia remained vulnerable to rape, harassment and looting by both MODEL and LURD armed combatants – and in contravention of the August 2003 peace agreement, signed by all parties. Frustration at the delay in the DDRR process, hunger and boredom all contributed towards the harassment of civilians by fighters who knew of no alternative to living by the gun. Security incidents affecting SC UK operations continued throughout. Few of the estimated 500,000 internally displaced persons in Liberia felt safe to return to their home areas during the period of the project.

Therefore, it should be noted that the Primary health care activities has targeted first the Montserrado county (communities and IDP settlements) through health posts and mobile MCH and EPI services. As the IDP population moved back to the former Montserrado IDP camps and or their county of origin, mainly Gbarpolu and Bomi Counties, the expansion of the PHC services has followed these populations to respond to the most urgent needs of different groups within the ongoing dynamic of population movement and changing security conditions. However the clinic renovations planned in Bomi and Gbarpolu Counties have not moved as fast as we had planned because of security and the delay in UNMIL deployment. As well the slow pace of IDPs return did not justify the full restoration of the clinics in these counties.

Coordination and Networking

SC UK supported and regularly attended various co-ordination meetings including the weekly SC UK chaired Health Sector NGOs Committee, the monthly MOH chaired Health sector Co-ordination Committee, the various UN meetings, including the WHO health coordination meeting, the Committee on Food-Aid and its technical Committee chaired by WFP.

SC UK actively participates and plays a key leadership role in different co-ordination fora addressing protection issues, involving other institutions such as the Bureau of Social Welfare, UNOCHA, ICRC, UNICEF and local NGO's.

These meetings, besides helping co-ordinate the relief effort, provided excellent fora for advocacy to the major players involved. While the regularity and cohesion of co-ordination structures has inevitably suffered due the recent conflict and consequent disruption to plans and activities, SC UK has continued to work within informal co-ordination frameworks to the extent possible, and remains committed to leading and participating in renewed co-ordination mechanisms once the situation has been more stable.

A mapping-up exercise was done in Collaboration with other health NGOs to ensure the coverage of the various zones and counties of the country.

Mobile MCH clinics, EPI corner and health posts/clinics in the camps settlements and communities has complemented activities done by other health agencies, particularly Medecins Sans Frontieres and MERLIN.

Lessons Learnt and Recommendations

- The regular co-ordination meetings, although time-consuming, held between the UN bodies and NGOs improved inter-agency interaction and facilitated improved emergency preparedness. These meetings provided a forum for lobbying and advocacy on specific issues related to the emergency.
- At the onset of the emergency, SC UK developed a system for conducting multi-sectoral rapid assessments of vulnerable populations. This increased the agency's flexibility and preparedness and enabled SCUK to gather reliable humanitarian information quickly.

- The Liberia programme was well prepared for the emergency in terms of having skilled and committed programme staff who could 'get things done'. However, SC UK's lack of institutional logistical capacity meant that the Logistics Department struggled to keep up with the demands of the programme.
- Established good relationships with government agencies and local communities enabled SC UK to act quickly in setting up emergency response interventions.
- Due to the succession of civil conflicts, there is a lack of organisational capacity at community level which created an over-dependency on NGOs, especially international NGOs. With the transition to peace and future return of IDPs and refugees, SC UK needs to allocate more resources to help build local community structures and organisations so that more work can be conducted through a partnership approach.
- SC UK has taken an approach to immediate health care provision that systematically builds elements of sustainability into the project: training health center personnel, government supervisors and community representatives not only in necessary health knowledge, but also in management and accountability, despite the suspension of the fee-for-service system of health care service; engaging the community in the development and maintenance of the infrastructures needed for them to generate income to attain health; and reinforcing community and government level structures.
- The standards of service by health clinic staff within the standard diagnosis and treatment guidelines have been high throughout this program thanks to ongoing training and supervision provided by SC UK. The style of training is also extremely important, and continuous on-the-job training is more effective and practical and less disruptive to the running of the clinics than one-off seminars or courses.
- Working through the children's groups has proved a successful approach in awareness raising of protection and RSH issues. Children were the people who highlighted the high level of sexual exploitation and abuse occurring both in the camps and on their journeys, whereas adults were initially less keen to divulge such sensitive information. Having this information helped SC UK develop basic protection strategies such as ensuring that there were sufficient condoms, family planning and emergency contraception available in the camps, offer counselling services and conduct aware raising with partners on HIV/STIs, sexual abuse and exploitation of IDPs.