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International Rescue Committee Liberia

Humanitarian Assistance to Conflict Affected Liberian Communities

FINAL REPORT

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Founded in 1933, the International Rescue Committee is a world leader in relief, rehabilitation, protection, post-conflict development, resettlement services and advocacy for those uprooted or affected by violent conflict and oppression. " At work in 25 countries, the IRC delivers lifesaving aid in emergencies, rebuilds shattered communities, cares for war-traumatized children, rehabilitates health care, water and sanitation systems, reunites separated families, restores lost livelihoods, establishes schools, trains teachers, strengthens the capacity of local organizations and supports civil society and good-governance initiatives. " Committed to restoring dignity and self-reliance, the IRC is a global symbol of hope and renewal for those who have taken flight in search of freedom.

Executive Summary

The International Rescue Committee's OFDA-funded Cooperative Agreement for Humanitarian Assistance to Conflict-Affected Liberian Communities commenced on July 1, 2004. During 2004 the IRC worked in close collaboration with OFDA to conduct assessments and develop individual Implementation Plans (IPs) for the health, water and sanitation, and gender-based violence sectors. In close coordination and collaboration with the OFDA Emergency Disaster Response Coordinator for the Mano River Region, the IRC reconsidered its geographical areas of intervention and refined its project design culminating in the approval of three IPs on December 17, 2004:

- ❖ IP1 – Health Intervention in Nimba County
- ❖ IP2 – Water/Sanitation Intervention in Bomi County
- ❖ IP3 – Gender-Based Violence Intervention in Bomi County

Implementation commenced in early 2005 in all sectors and proceeded until the end of the year with the benefit of two no-cost extensions. Strategies incorporated the IRC's program framework and OFDA's developmental relief principles, particularly emphasizing capacity building of Liberian institutions and communities. Examples included considerable community participation in health facility rehabilitation, the stakeholder analysis conducted to inform water and sanitation capacity building programs, as well as direct capacity-building support to local women's organization and collaboration with a local NGO in water and sanitation, both in Bomi County.

Effective coordination was a key component of the project with the IRC emphasizing participation in coordination fora both at the Monrovia and field level bringing together Ministries of the National Transitional Government of Liberia (NTGL), UN agencies, UNMIL as well as international and national NGOs. The health team in particular prioritized collaboration with local Ministry of Health (MOH) officials in the form of the County and District Health Teams (CHT/DHT), including joint supervisory trips to the supported clinics. In addition, the water and sanitation IP included close collaboration with community-based organizations (CBOs), such as water source and sanitation committees, to ensure effective management and maintenance of facilities beyond the IRC's direct intervention. Under the GBV IP, the IRC regularly liaised key players in the County, including Christian Children's Fund (CCF), St. Luke's Catholic Clinic, the Bomi Government Hospital, UNMIL, UNHCR, the Liberian National Police (LNP), community leaders and women's groups.

Major project achievements include the rehabilitation of four health clinics and their continued support with drugs, supplies and equipment resulting in over 65,000 consultations and 20,000 vaccinations, and the training of 92 Community Health Workers (CHWs). Additionally, the IRC provided direct services to over 170 survivors of Gender-Based Violence, constructed a women's center and trained local women's groups. Through environmental health interventions the project contributed to dramatic improvements in access to safe water and availability of sanitation facilities.

Program Overview and Performance

Program Goal: To reduce the vulnerability of conflict-affected Liberians to hunger, hazards to health, and rights abuses with a focus on the most vulnerable groups

IP1: Health Intervention in Nimba County

Following the approval of implementation plans in late December 2004, the IRC supported four Nimba County MOH clinics in Ganta Karnplay, Loguatuo, and Duoplay and one referral hospital in Yekepa over the course of 2005 with comprehensive Primary Health Care (PHC) including reproductive health and basic emergency obstetric care. Activities and services at each facility include:

- ❖ Rehabilitation, furnishing of the infrastructure, stocking with equipment and medical drugs & supplies;
- ❖ clinical management of common illnesses;

- ❖ reproductive health (antenatal & post natal care, EmOC, family planning, management of STI, and health response to GBV);
- ❖ HIV/AIDS awareness;
- ❖ oral rehydration therapy;
- ❖ growth monitoring and nutritional screening;
- ❖ and expanded program of immunization-EPI (Routine and participation in mass campaigns).

In addition, Yekepa referral hospital attended to cases that were beyond the capacity of the clinics. Services at the hospital included safe blood transfusions and emergency obstetric care. Following the successful rehabilitation of the clinics in the first and second quarter of 2005, the IRC continued to support the facilities maintaining an uninterrupted supply of essential drugs to all facilities.

Following completion of rehabilitation work and over the course of the second half of 2005, the IRC and its partners continued with a range of activities including:

- ❖ Provision of health education both in the health facilities and in the community through Community Health Workers (CHWs);
- ❖ awareness raising of HIV/AIDS and other sexually transmitted infections (STI) in communities;
- ❖ conducting of nutritional screenings and growth monitoring in the clinics and in the community through CHW using mid-upper arm circumference (MUAC) tapes;
- ❖ managing of common communicable diseases;
- ❖ weekly disease surveillance;
- ❖ supporting an immunization program for under-five year olds and women of reproductive age;
- ❖ and provision of reproductive health, safe motherhood, and EmOC services as well as and the clinical management of GBV survivors.

Over the course of the year, the IRC registered a total 65,000 consultations at the supported clinics with malaria, acute respiratory infections (ARI) and sexually transmitted diseases (STDs) being the three leading causes of morbidity. Please see appendix one for further health-related Nimba County statistics.

Coordination

- ❖ At the national level, the IRC participated in inter-agency meetings held in Monrovia at the Ministry of Health chaired by the Minister or Deputy on a monthly basis that brought together both International and National NGOs, UN agencies and UNMIL as well as relevant government authorities.
- ❖ At the field level, the IRC attended Nimba County Health coordination meetings chaired by the County Health Officer on a monthly basis and Community-based meetings chaired by District Health Officer or requisite community leaders. In addition, coordination with the Nimba County and District Health Teams was an ongoing activity throughout the project, including joint supervisory trips to the supported clinics.

Constraints

- ❖ Heavy rains in combination with transportation shortages and poor road conditions at times led to slow program implementation. In particular, the movement of IRC staff, CHT and community members was impeded leading to occasionally limited supervision of the staff at the clinics.
- ❖ Human resources constraints, both international and national occurred due to illnesses and limited capacity of candidates in country. However, the situation substantially improved with the successful recruitment of an expatriate interim health coordinator and health manager in September 2005. Recruiting qualified national clinic staff from the catchment areas to work in the MOH supported clinics continues to be a challenge. In an attempt to address this, the CHT has been utilizing the nursing school in Monrovia to recruit new graduates and the IRC has been and continues to offer training opportunities for staff at clinics as an additional incentive.

Lessons-Learned

- ❖ Continued training and building of capacity among community members will be vital to ensuring the sustainability of the intervention. Throughout the project implementation, the IRC has been impressed by beneficiary communities' participation and ownership in various aspects of the project. Communities contributed resources to construction activities, managed a community ambulance, expressed their willingness to supervise the clinics, cleaned clinics and managed their Community Health Committee (CHC). Notwithstanding this involvement, the communities will require continued support before health facilities can be managed in the absence of the IRC.

Objective 1.1: To improve quality of, access to, and utilization of health services by rehabilitating four PHC facilities and supporting one referral center by end of the project period.

Indicator	Progress
4 health clinics are rehabilitated (minor) and 1 referral center supported in the project period.	The IRC successfully rehabilitated four Health Clinics. Communities participated in the effort through the provision of locally available materials, labor, and the feeding of laborers while County Health Team participated in supervision of construction work and community mobilization. Following rehabilitation, the IRC procured and distributed furniture to all of the clinics. The IRC supported four clinics and the referral health facility (Ganta, Karnplay, Loguatu, Duoplay and Yekepa Hospital) throughout the project through provision of supplies, drugs, registers, training opportunities for staff and regular monitoring and supervision.
100% of clinic staff and CHWs receive at least one refresher training and 80% trainees retained 70% of knowledge per post testing.	The IRC conducted several refresher trainings for the clinics' staff as well as additional trainings to the benefit of community members and staff associated with the clinics. Specifically, the IRC conducted a six-day refresher training for vaccinators jointly with the MOH, organized a training for Registered Nurses (RNs) and Certified Midwives (CMs) on STI syndromic management carried out by facilitators from the National AIDS Control Program (NACP), trained 92 CHW on report writing, retrained clinic staff on the early detection of illnesses and the benefits of early referral, emphasized the promotion of condom usage through demonstrations, and trained clinics' staff on the rational use of drug and data analysis. In addition, in each clinic at least two staff members participated in a three-day workshop on the clinical management of GBV survivors using WHO guidelines. In the communities, the IRC organized four sessions with the adolescent RH groups focusing on trust and confidentiality, the consequences of teenage pregnancy as well as basic facts about STIs and HIV. Lastly, 45 vulnerable adolescent girls (teenage mothers and under age prostitutes) participated in a five-day formal training on RH, jointly facilitated by the IRC, MOH and German Agro Action with an emphasis on behavior changes, becoming peer educators for their community and promoting safer sex). 80% of trainees retained 55% of knowledge per post testing.
Essential drugs, medical supplies and the basic essential PHC services are provided monthly in all the IRC-supported facilities throughout the project period.	Starting in the second quarter of 2005, essential drugs were bought from the National Drug Service (NDS) and supplied to all IRC supported health facilities. Supplies were based on requests from the Officers in Charge at the clinics on a monthly basis, taking into account the drugs consumption rate of the previous month. Prior to this, the IRC provided drugs on a quarterly basis but it was found that the quarterly drug needs could not be accurately estimated for such a long interval and clinics regularly reported stock-outs of essential drugs or were found to be oversupplied at the end of the quarter. In addition to drugs, the IRC provided midwifery, minor surgical and dressing equipment and supplies based on needs assessments for each clinic. Moreover, the IRC trained community health clinic staff on STI syndrome management,

Indicator	Progress
	immunization, cold chain management, and clinical management to ensure quality PHC using MOH and WHO protocols and guidelines.
100% of health facilities adhere to MOH standardized drugs and case management protocols.	All IRC-supported health facilities adhere to WHO/MOH standardized drugs and case management protocols. The IRC in collaboration with NDS and the MoH jointly trained screeners and dispensers on the rational use of drugs. In addition, facilitators from the National AIDS Control Program (NACP) trained five RNs and four CMs on STI syndromic management protocol in an IRC-organized event. All required protocols were distributed to IRC-supported facilities.
At least 80% of supervised trainees put knowledge learned into use based on training standardized protocols and guidelines	Standardized MOH/WHO management protocols and guidelines for treatment were distributed to all IRC-supported facilities. Screeners and certified midwives in all IRC-supported facilities are competent in using treatment protocols and continue to receive formal and in-service trainings during supportive supervision visits.
50% increase of current prenatal care coverage in facilities with low utilization of prenatal care services	The prenatal care coverage was approximately 60% in 2005. IRC is unable to calculate the increase in prenatal care coverage due to unreliable baseline data. A total of 5,991 prenatal visits took place at the IRC-supported clinics over the course of 2005, out of these, 2,421 were first visits. The IRC provided iron/folic acid, Fansidar tablets and Tetanus Toxoid (TT) vaccinations to these patients.
Increase utilization of health services rate in 30% from the baseline rate	The average utilization rate for the four clinics increased by 17% over the course of 2005, from 0.6 up to 0.7. This corresponds to a total of 65,039 consultations undertaken at the IRC-supported clinics over the course of 2005 with malaria, acute respiratory infections (ARIs) and sexually transmitted infections (STIs) being the main causes of morbidity.
All of IRC-supported health facilities supervised on a monthly basis by IRC and the district MOH team	Joint supervision visits to clinics were jointly conducted by the IRC and the County and District Health Teams (CHT/DHT) on a monthly basis using joint supervision checklists developed by the IRC and CHT. In addition, the CHT took a lead role in the process of re-defining the catchments locations and meeting with community leaders on issues related to the selection of CHWs in the redefined catchments areas.

Expected Result 1.1.1: Five Functional clinics are fully equipped with all essential medical drugs, equipments, supplies and materials throughout the project period

Indicator	Progress
At least 90% of children < 5 years attending IRC-supported facilities are fully immunized against all the childhood immunopreventable diseases.	After having reinstated EPI services at the supported clinics, the IRC provided 14,313 doses of antigens (BCG, DPT, OPV, measles and yellow fever) to children under five over the course of 2005. The MoH EPI division provides the vaccines to all MoH clinics in the County. Regrettably, it was not possible to calculate the percentage of coverage as the clinics do not currently collect statistics that demonstrate the number of fully immunized children. In accordance with MOH and UNICEF policy, immunization is targeted at children under one and women of child bearing age.

Indicator	Progress
100% of children < 5 years brought to the clinic receive nutritional screening and growth monitoring.	100% of children < 5 years brought to the clinics received nutritional screening and growth monitoring. In total, 5390 nutritional screenings conducted over the course of the year. Of these, 87% were either mildly or not at all malnourished while 5% were moderately and 8% severely malnourished. Parents whose children were found to be moderately or severely malnourished were provided with nutritional advice and included in regular follow-ups by both clinic staff and CHWs. Moreover, those found to be severely malnourished were referred for additional care at the MSF- therapeutic feeding center in Saclepea. In addition to regular screenings, the IRC trained CHWs in carrying-out community-based nutritional screenings. Each CHW has further been provided with a mid-upper arm circumference (MUAC) tape for monthly nutritional screenings and trained in anthropometric measurement, such as weight for height (WFH).
More than 90% of patients attended in IRC-supported clinics receive the basic medications prescribed.	Throughout the project, the IRC ensured an uninterrupted supply of drugs and supplies to all supported health facilities. Medications were prescribed by qualified medical personnel for all patients attending clinics.

Expected Result 1.1.2: PHC services availed to estimated 217,162 persons during the project period

Indicator	Progress
200 CHWs are conducting regular outreach program and each is covering 10 homes per day with health education messages.	Following a redefinition of the catchment areas and consultations with other agencies working with CHWs, the IRC reduced the number of CHWs to 92. This was undertaken to prevent duplication while at the same time maintaining an appropriate level of coverage. Following training by the IRC, the 92 CHWs conducted regular outreach programs covering more than 10 homes per day.
Increase in 30% of caretakers able to identify correctly danger signs early management actions, and when to seek medical care for acute respiratory infections and diarrhea from baseline community survey	CHWs progress reports and community evaluations undertaken during supervision visits indicate that an increased numbers of caretakers are able to identify danger signs and are promptly seeking medical care for acute respiratory infections and diarrhea. The number of CHW and family referrals to the clinics for watery and bloody diarrhea was approximately 1,700. Unfortunately IRC is unable to calculate the percentage increase in caretakers able to identify correct danger signs as reliable baseline data was hard to determine.
Increase in 30% of caretakers able to identify correctly three preventive activities for key preventable diseases	Evaluating CHW health education sessions and focus group discussions held with the community members, it appears that there has been an increase in the number of caretakers able to identify correctly three activities for vaccine preventable diseases, STI/HIV/AIDS, and problems associated with water and sanitation for key preventable diseases. However, progress is from a low baseline and exact figures are difficult to determine. Over the course of the project, the IRC trained CHWs, TTMs, and HIV/AIDS peer educators. These staff performed a variety of tasks, amongst other things, educating the community and demonstrating the appropriate use of condom as one of the preventive measures against STI/HIV/AIDS, emphasizing the importance of safe water use and personal hygiene as well as mobilizing and sensitizing community members on the importance of immunizations for under fives and women of child-bearing age.

Indicator	Progress
More than 70% of cases referred from the communities reach the facilities and are attended to	More than 70% of cases referred from the communities reached the facilities and were attended to. Over 4400 cases due to a variety of reasons were referred by the CHWs to the clinics. Conditions included: diarrheas, vaginal bleeding, skin infections, and antenatal risks. CHWs regularly followed-up with clinical staff to check if the patients referred by them had reached the clinic by going through the registration book. This was undertaken on a weekly basis when CHWs submitted their reports.

Objective 1.2: To reduce infant and maternal health risks during pregnancy by supporting and equipping one health center as a referral center.

Indicator	Progress
One referral hospital is fully supported, stocked, and functional as a comprehensive EmOC facility by January 2005	Yekepa hospital was the IRC supported referral hospital acted as a comprehensive emergency Obstetric Care Center throughout the duration of the project and was fully supported and stocked. Yekepa hospital treated an average of 20-25 EmOC cases/month and performs approximately 10 caesarians/month. However, it cannot be classified as a comprehensive EmOC facility as it does not perform the required number of EmOC procedures on a monthly basis and does therefore not fully meet WHO comprehensive EmOC facility criteria. Due to periodic challenges in accessing Yekepa hospital during the rainy season from parts of Nimba County, obstetric emergencies were at times referred to Sanniquellie Government Hospital.
All obstetrics cases requiring referrals are transferred in a timely and effective manner.	The IRC supported the establishment of a community ambulance system in Karnplay which is also used by the Duoplay and Loguatuo clinics for the referral of cases to Yekepa or Sanniquelle hospitals. Nearly 40 documented cases of reproductive health complications were referred from the clinics to the hospitals. Community members have established a revolving fund to maintain the ambulance through a transport for fee mechanism. Revenue collected is being used for fuel and maintenance of the vehicle. However, it lacks four-wheel drive and has limited ability to reach remote and bad roads in the county, during the rainy season. To address this gap, the IRC will donate a four-wheel drive ambulance purchased a previous project. In addition, the IRC sensitized communities on the importance of and their role in transporting complicated cases to the clinic. This has led to the development of additional referral mechanisms by community members. For example, obstetric cases requiring referrals are carried in hammocks from villages or towns to IRC-supported health facilities and a Community Obstetric Transport Saving Clubs has emerged enabling members to pay for commercial transportation to referral centers.
All IRC-supported facilities have basic EmOC and MISP activities.	All IRC-supported health facilities can perform basic emergency obstetric care (EmOC), that is, administer parenteral antibiotics, parenteral oxytocics, parenteral anticonvulsants and anti-hypertensives. In addition, clinics are in possession of long gynecological gloves for the removal of placenta and perineal sets for the removal of retained products and vacuum extraction pump for assisted vaginal deliveries. The IRC also provided a variety of additional items including emergency trays with required drugs for each delivery room, diazepam injections, syringes, resuscitation kits, tongue blades etc. In-service training has been provided to address gaps identified. The IRC continues to work with clinics on ongoing basis under its present OFDA grant to ensure the presence of competent midwives or nurses with midwifery skills, a key component of quality basic EmOC services.

Indicator	Progress
100 traditional mid-wives receive at least one refresher training each. 80% of trainees retain 70% of knowledge learned per post testing.	The IRC trained 96 Trained Traditional Midwives (TTMs) with an emphasis on the early detection of antenatal complications and the importance of their immediate referral to a hospital. In addition, the IRC supplied each TTM/TBA with a delivery kit and replenished their supply of additional expendable items as well as colored weighing scales (Green, Yellow, Red) for use on all newborns after home delivery to assess potential low birth weight and later intervention if need be. Following the initial exercise, the IRC conducted additional in-service refresher trainings at regular monthly meetings with a view to assessing TTM/TBAs competency, work load and response to the needs of pregnant women in their community. Regular features of discussions were the identification of danger signs during pregnancy, delivery, care of the cord, infection prevention, and neonatal care. The IRC continues to supervise and support TTM/TBAs in cooperation with the CHT and clinic staff.

Expected Result 1.2.1: 100% of pregnant women attending antenatal care receive full antenatal package

Indicator	Progress
More than 80% of deliveries are attended by qualified personnel	Over the course of 2005, a total of 764 deliveries were recorded, 585 of which were assisted by TTMs in the communities while 179 deliveries were assisted by Certified Midwives in the clinics. This represents approximately 20% of anticipated deliveries, which indicates that most births continue to go unrecorded. In the Liberian context, all deliveries assisted by either Trained Traditional Midwives (TTMs) or Certified Midwives (CMs) are considered to be assisted by skilled personnel, while the WHO definition of skilled personnel only includes health workers with official diplomas.
More than 60% of the pregnant women in the catchment areas receive protective Tetanus Toxoid (TT) vaccine	Over the course of 2005, the IRC provided a total 1,396 pregnant women were vaccinated against TT2, approximately 35% of all pregnant women in the catchment area.
100% of those attending antenatal clinics are provided with clean delivery kits in their last month of expected date.	The IRC issued clean delivery kits to all supported facilities. These kits were given to pregnant women at 28 weeks of gestational age. Kits were only distributed to women not at-risk to encourage all women identified as at-risk to give birth at the clinics. Over the course of 2005, the IRC registered a total of 5,991 antenatal visits, including both new patients and revisits.

Expected Result 1.2.2: Reduced number of mortality cases reported as pregnancy related

Indicator	Progress
More than 80% of cases with obstetric complications reported to health clinics are referred to the referral center.	All the health facilities have the capacity to provide basic EmOC services and complicated cases are referred to Yekepa hospital which the IRC also provides with basic medical drugs and equipment to enable it to better manage obstetric emergencies. Over the course of 2005, 22 EmOC patients were referred to Yekepa Hospital. In addition, 30 were referred to Sanequellie Hospital and 22 to the Ganta Methodist Hospital when Yekepa was inaccessible due to poor road conditions in the rainy season. This represents approximately 40% of all pregnant women identified during antenatal visits to be at high risk for labor complications. The main causes for referral were cephalopelvic disproportions (CPD), suspected placenta previa, retained products, and eclampsia. There were 165 clinic deliveries.

100% are attended to by qualified trained health personnel in the referral centers/IRC-supported health facility.	100% of patients or clients are attended by Physician Assistants or Registered Nurses with midwifery skills in IRC/MOH-supported health facilities/referral centers in the absence of certified midwives using WHO/MOH protocols and guidelines. All IRC supported clinics have at least one RN and one CM. Cases that could not be managed at the basic clinics were immediately referred to referral hospitals for further management.
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IP2: Water and Sanitation Intervention in Bomi County

The water and sanitation situation in Bomi greatly improved over the duration of the project as a result of the rehabilitation of 15 previously non-functioning hand pumps, construction of 40 new wells, construction of 100 institutional VIP latrines and provision of 2000 latrine slabs for the construction of household latrines (see table below). The IRC assessed the quality of water provided to beneficiaries of the newly constructed and rehabilitated wells. Water samples were collected from the wells and microbiological and physiochemical qualities analysed. Results indicated that the water quality of all new and rehabilitated wells meet the required SPHERE standards.

Wells and latrines constructed or rehabilitated				
Town/Site	Latrines		Wells	
	Institutional & Communal	Family Slabs	New Construction	Rehabilitation
N RC--School Tubmanburg	1			
Pent.--Sch. Tubmanburg	1			
LOIC--Sch. Tubmanburg	2		1	
Govt.Hosp. Tubmanburg	1			
St.Dominic Clinic T/burg	1			
Women Center T/burg	1			
Tubmanburg Town	1	800	9	8
Fefeh Town Clinic	1			
Fefeh Town	1	25	1	1
Suehn Town		25	1	
Gbao Town	1	40	1	
Bowein Govt. Sch.	1			
Bowein Town		45	1	
Molley Town		30	1	
Borbor Town		30	1	
Gagama Town		35	1	
Newroad Town		40	1	
Varzolon Town		50	1	
Todien Town		35	1	
Gogan Town		40	1	
Nikpan Town	1	40	1	
Sawmill Town		20	1	
Gbah Town		40	1	
Lekpen Town		30	1	
Klay Town Sch	1			
Klay Town		120	3	1
Gonzipo Town Clinic	1			
Gonzipo Town		40	1	
Gbojay Town		50		3
Damagbeh Town		30	1	

Wells and latrines constructed or rehabilitated				
Town/Site	Latrines		Wells	
	Institutional & Communal	Family Slabs	New Construction	Rehabilitation
Beh Town		40	1	
Guah Town		40	1	
Sass Town Clinic	1			
Sass Town Govt. Sch.				1
Sass Town	1	160	2	1
Kpan Town No.1	1	50	1	
Kpan Town No.2		40	1	
Jawajeh Govt Sch.	1		1	
Jawajeh Town		65	1	
Malema Globah Clinic				
Malema Globah Town	1	40	1	
John Gbelley				
Total	20	2000	40	15

The IRC's capacity-building approach proved particularly important to the success of the project. The civil war that ravaged the country for 14 years caused huge population displacement, disrupted communal networks and organizational structures, which heavily affected local community-based organizations (CBOs). Therefore, the IRC included a capacity-building component to equip CBOs with the resources and skills necessary to disseminate key messages on hygiene promotion, community mobilization, participatory rapid assessments (PRA) and planning. The IRC provided training in the above-mentioned areas through a local NGO, the African Development Network (ADEN). CBOs were subsequently able to carry out important project activities, such as latrine monitoring and the distribution of sanitation kits under the supervision of ADEN.

A Knowledge Attitudes and Practice (KAP) survey was conducted at the beginning and end of the project in order to measure changing water and sanitation conditions, behavioral and attitude changes within the target communities. Findings of the KAP survey indicated that the project led to significant improvements in the water and sanitation situation of the targeted 82,500 war-affected residents and returnees of Bomi County. Specifically, water consumption from protected sources increased from an average of five to 15 l/p/d in the targeted communities, walking time to protected water sources decreased from an average of seven to three minutes and water collection from protected sources increased from an average of 23% to 100% of sampled respondents. In addition, latrine coverage improved from virtually no latrines to 115 persons per latrine, knowledge of at least three critical times for hand washing increased from 0% to 67% of sampled respondents and willingness to own a latrine increased from an average of 5% to 76%. Detailed KAP results data have been appended (see appendix 2).

Initial assessments at medical facilities indicated a low awareness of the importance of medical waste management with 70% of respondents feeling that this was not a priority in their medical facilities. Therefore, the IRC developed training modules and guidelines that would highlight the benefits of medical waste management. Following the training, 100% of respondents felt medical waste management was necessary and required immediate attention.

Coordination

- ❖ At the Monrovia level, the IRC participated in monthly national coordination meetings co-chaired by the Ministry of Rural Development (MoRD) and UNICEF mapping out lessons-learned, constraints and technical aspects of water and sanitation interventions. In addition, the IRC participated into a resource mapping exercise commonly referred to as 'Who is doing what where?' undertaken by the Humanitarian Information Center (HIC), an information exchange mechanism that facilitates planning of future projects and helps to avoid duplication.
- ❖ At the field level, the IRC regularly participated in Bomi County coordination meetings chaired by the Liberia Refugee Repatriation and Resettlement Commission (LRRRC)

bringing together representatives from UNMIL, the Government of Liberia, international and national NGOs, community-based organizations (CBOs), donor agencies and the County Health Team.

Constraints

- ❖ Bomi County is characterized by rock formation which makes it very important to identify suitable locations for wells to avoid excavating through rock before determining if water is available at the site. Because there are no published reports on general hydrogeology of Bomi County in particular and Liberia in general, well location and construction were based on general geomorphology and local knowledge. In some cases, the IRC had to abandon certain sites whenever good quantity of water of reasonable quality was not attained. Eight initially identified well sites had to be abandoned due to low water quantity and this caused delays to the implementation process.
- ❖ Localized insecurity by the ex-combatants in Gbah, Gonzipor and the forest region spilled over into Bomi County negatively affecting project performance early in the intervention. Field activities were suspended until relative peace was observed in the County, resulting in some delays in program implementation.
- ❖ The heavy rains at times disrupted construction projects. In addition, roads and bridges in Bomi County are in poor condition making transportation of program materials and/ or staff a challenge, especially in the rainy season.

Lessons-learned

- ❖ The success of EH interventions depends on community participation that inculcates a sense of ownership and responsibility. The wells have been constructed with community participation and later handed over the communities have been remarkably well maintained and inspected by the communities.
- ❖ While the average walking distance to the nearest water source decreased significantly in the target area as a whole, some community members cited longer walking distances to the nearest water source since the beginning of the implementation period as a result of returnees reclaiming property. As people returned back they reclaimed plots of land, forcing other community members to circumvent new homes and plots thereby increasing their walking distances to communal facilities. During the reconstruction phase more attention needs to be devoted to the anticipated patterns of resettlement when sites for communal facilities are chosen.
- ❖ The supply of water collection containers to communities has shown to result in an increase in per capita safe water consumption, indicating that many households lack basic necessary household goods to fully take advantage of improved water source access.

Objective 2.1: To increase access to safe drinking water and effective use of sanitation facilities of communities affected by armed conflict in Bomi County.

Expected Result 2.1.1: Increased Supply of Safe Water

Indicator	Measurement
Minimum of 11 liters per person per day	Safe water consumption averages 15 liters/per/person per day as determined through a KAP survey in September 2005.
70% Functional rate of hand pumps	An IRC-conducted hand pump assessment in August 2005 indicated 73% of total hand pumps were functioning, as compared to 27% prior to the intervention. The re-energizing and establishment of water source committee has improved on the general operation and maintenance (O&M) of hand pumps.
40 protected wells constructed	40 wells have been constructed and all are functional. The average well depth was 12m with a minimum 3m water column (in the dry season) and a yield of 0.3-0.5 l/s. The wells had a 0.9 m diameter concrete culvert lining and concrete apron and drainage and were quipped with Afridev hand pumps. The communities constructed fences for the wells using locally available bamboo poles.
15 wells rehabilitated	The IRC rehabilitated 15 wells. 13 required major rehabilitations

Indicator	Measurement
	including hand pump repair and major rehabilitation such as telescoping, total apron reconstruction and other rehabilitation needs. See appendix 2 for detailed list of locations of wells and rehabilitation needs.
Maximum 10 of Fecal Coliforms per 100 mls of water	At the end of the project period 100% of all wells indicated 0 fecal coliform/100 ml water, as compared to water analyses from the beginning of the implementation period where over 10% of wells had above 10 fecal coliform per 100 ml water.
55 Water Source Committees formed and trained	The IRC trained a total of 55 water source committees. Training topics included operation and maintenance of wells, water source protection, the importance of mobilizing community resources for maintenance and repairs, and safe water handling, transport and storage. Each committee consisted of seven members including at least two women. In all trainings, two members from the local authorities attended. The IRC trained a total of 495 participants and 30% of participants were women. At the of the training the committees were able to organize and supervise the cleaning and maintenance of the apron, drains and fences including basic maintenance of hand pumps.

Expected Result 2.1.2: Increased Access to Hygienic Sanitation Facilities

Indicator	Measurement
Latrine facilities completed and in use by beneficiaries at a ratio of no more than 65 persons per latrine stand. School latrines in use at a ratio of no more that 40 persons per latrine stand.	The ratio to persons per latrine stance is no more than 115 persons per latrine stance in communities and 35 persons per latrine stance in schools. The high ratio of people to latrines in communities is a result of higher rate of return than initially anticipated.
15 Sanitation Committees formed and trained	The IRC trained 15 Sanitation committees using the Participatory Hygiene and Sanitation Transformation (PHAST) methodology, This is an adult-focused participatory approach that assists the community to gain insight, understanding, confidence and proactivity towards development of action plans aiming to prevent diarrheal diseases by improving water supply, hygiene behaviors and sanitation.
90% of staff at a health center have adequate knowledge of medical waste management	100% of the staff members from 5 health facilities (Fefeh Town Clinic, Gonzipo Town clinic, Malema Goblah clinic, Sass Town clinic & Tubmanburg Government Hospital) were trained in medical waste management. A total of 60 participants attended the training, including auxiliary staff, medical staff and guards.
90% of health centers have a functioning monitoring system to assess the effectiveness of the HC in managing medical waste.	Incinerators and placenta pits were constructed in all the 5 health facilities supported by the IRC . Together with the County Health Teams, the IRC supported and trained clinics staff to develop a medical waste management plan including a monitoring system for assessing its effectiveness. All the 5 facilities have a functioning monitoring system for assessing effectiveness of medical waste management. However, absence of adequate financial resources for effective medical waste management remains a challenge. The IRC initially supplied each medical facility with disinfectant and soap. In addition, senior staff were tasked with obtaining sharps boxes from the County Health Team.

Expected Result 2.1.3: Improved local capacity of stakeholders to perform basic Water and Sanitation activities

Indicator	Measurement
Minimum of 10 hand pump repairs by community initiatives	Seven hand pumps were repaired by communities. Mobilization of communities took longer than expected as many beneficiaries were in the process of returning to their communities and focused their attention on constructing homes before repairs to communal infrastructure. However, towards the end of the implementation period community involvement in project activities increased.
Minimum of 20 sessions conducted to communities in general basic Operation and Maintenance of facilities	The IRC conducted a total of 43 sessions on water source management and hand pump repair. Evaluations from participants showed that over 75% of them found the training relevant and useful.
70% increase in knowledge levels of communities in basic water and sanitation training	The pre-test and post test were administered only if communities could read and write. As a result, only 50% of sessions featured pre- and post-training assessments. On average, there was a 45% increase in knowledge levels of communities in basic water and sanitation training. Most beneficiary communities consisted of returnees from refugee and IDP camps, hence their initial knowledge of water and sanitation issues was better than anticipated.
70% of beneficiaries participate in basic training in water and sanitation	The IRC targeted all communities for the improvement of hygienic practices. However, it proved infeasible to conduct formal water and sanitation trainings for 70% of the population. Therefore, the IRC elected to train selected community members, such as water source committees, who could in turn pass on the acquired knowledge. In addition, IRC trained community animators to promote hygienic behavior within target communities, using messages about four main issues: hand washing; water collection; treatment and storage; and use, operation and maintenance of wells and latrines. 600 household were targeted through house-to-house visits.

Gender-Based Violence Intervention in Bomi County

The IRC's GBV Program in Bomi County commenced with consultative meetings with local authorities and local NGO leaders in Tubmanburg to introduce the program to the Bomi community and begin the process of raising community awareness of GBV. The IRC had to overcome initial skepticism by leaders of a local women's group who stated that a variety of organizations had previously visited Tubmanburg to collect information to be used in fundraising which subsequently did not result in active programs in the community. Having done so, the IRC partnered with two women's groups, the Women in Peace Building Network (WIPNET) and the Bomi Women Development Association, to jointly organize sensitizations and raise awareness of the role of women in peace building. During the first quarter of 2005 the IRC provided considerable capacity building support and training opportunities to ensure that these groups had the capacity to implement awareness raising activities. In addition, the IRC recruited and trained 12 GBV program staff in the first quarter of 2005 who then carried out awareness-raising campaigns, training community members on GBV key concepts and human rights. As a result, survivors of GBV began coming forward for case management and psychosocial and health services.

Throughout the implementation period the IRC's GBV program in Bomi made substantial progress towards improving the well-being of GBV survivors through providing health and psychosocial services scaling up its direct case management activities. As a result, a total of 273 survivors reported to the IRC's social workers and received counseling and other psychosocial support. Apart from providing direct and psychosocial services to reported GBV cases, the IRC also provided transportation and material support to the most vulnerable survivors especially those with babies. In April the Ministry of Gender launched a month-long campaign against rape. The IRC in Bomi took the lead in sensitizing communities and raising awareness of rape with the involvement staff and

community educators and organized several public events, such as rallies, as a contribution to the campaign.

In close collaboration with the Tubmanburg authorities and local stakeholders, the IRC constructed a women's center in Tubmanburg for use by local women's groups. The IRC also worked to train and support these groups to provide prevention and support services to other women within their communities.

These efforts formed part of the IRC's exit strategy from Bomi County. As the IRC refocuses its efforts on areas of high return in Nimba and Lofa Counties, it is anticipated that the local women's group using the women's center will be in a position to continue carrying out GBV prevention and response efforts. The centre will be particularly important in this respect, serving as a place where women meet in privacy, offering a room for counseling and a multi-purpose hall used for women meetings, trainings and community development activities for women, and providing beneficiaries with a place to meet with social workers. Community education is a key component of any effective strategy to combat GBV and was a central to the IRC's exit strategy. The IRC's GBV staff in Bomi made a great effort to enable people to understand GBV and human rights issues as well as their role in responding to and preventing GBV in their families and communities. Once communities had a better understanding of GBV and human rights issues the IRC worked with communities to identify traditional ways of responding to GBV within communities and families that are sensitive to the special needs of survivors.

The IRC will continue to work with a Bomi Women's Group under its phase out plan until mid-August 2006 under an ECHO-funded project providing capacity-building as well as material support. Subsequently, the IRC will conduct periodic follow-up visits to monitor the group's performance and provide support on a as-needed basis.

Coordination

- ❖ At the national level the IRC worked closely with the Ministry of Gender of the new Government of Liberia. The IRC also worked with other NGOs to advocate within the government for legal changes of benefit to GBV survivors. The IRC regularly attends and takes a leadership role in the GBV interagency coordination committee, comprised of international and national NGOs and representatives of the Ministry of Gender of the Government of Liberia.
- ❖ At the field level, the IRC regularly organized and participated in meetings with key players in the County, including Christian Children's Fund (CCF), St. Luke's Catholic Clinic, the Bomi Government Hospital, UNMIL, UNHCR, the Liberian National Police, community leaders and women's groups. These Meetings provided an opportunity to discuss GBV issues, including human and women's rights, GBV prevention, response, and protection concerns.

Constraints

- ❖ The lack of clinical services for GBV survivors in Tubmanburg was a major constraint to implementation. Health services in the area are limited to the Bomi Government Hospital managed by UNMIL's Pakistani Battalion, the Catholic Clinic that does not offer any family planning or emergency contraception services, and a limited number of clinics in outlying areas supported by Save the Children and World Vision, which are generally open only one or to days per week.
- ❖ The Bomi Government Hospital has only a very small Maternal and Child Health Department that provides care to women needing reproductive health services. The facility lacks a gynecologist and there is a shortage of available drugs. In addition, there is very little privacy, and men, women, and children are mixed throughout the wards. While the Nursing Director is supportive and concerned with providing services to women, the Pakistani doctors will not conduct gynecological examinations of women thus all care is left to the nurses. These severe capacity limitations required cases with gynecological complications and cases that are sensitive from a protection standpoint to be referred to Monrovia. Another concern for program staff is where to refer clients for medical care should they be assaulted by a peacekeeper.
- ❖ Program staff have observed that large numbers of girls and young women were abducted by members of the fighting forces during the conflict and remain unable to leave their abductors. Many of these young women would reportedly like to leave their partners but are fearful of doing so because the men's histories as fighters and frequent direct death threats. Domestic violence cases within these settings that have been reported to the IRC

have been very severe and required hospitalization. Perpetrators reportedly have little regard for the law and many have been released from jail shortly after arrest.

- ❖ Collaborating with the police proved difficult at the outset of the project because of their limited understanding of GBV issues. Intensive visits and sensitization has improved police understanding on this issue and improved their participation and involvement in awareness campaigns and coordination meetings. They have also expressed a desire for further training on GBV issues.
- ❖ As described under IP2, localized insecurity in the form of rioting ex-combatants at the beginning of the program limited staff movement in Bomi County at various times and causing some delays to program implementation. Fortunately, no IRC staff came to harm.

Lessons-learned

- ❖ Awareness-raising has proven one of the key activities in a successful GBV intervention as it mobilizes community members, a pre-requisite for them participating actively in community-based GBV response and prevention initiatives.

Objective 3: To respond to the psychosocial and physical consequences of gender-based violence

Expected Result 3.1: Survivors receive appropriate response that addresses the problems that have arisen as a result of the violence.

Indicator	Measurement
Women's Community Centre operational and 100% of social work staff trained in basic social work knowledge and skills for working with survivors	The IRC trained 12 staff (constituting 100% of the social work staff) in GBV concepts, types of GBV, causes and consequences of GBV, human and women's rights, case management, protection and prevention, and the multi-sector approach to address GBV. Construction of the women's center was recently completed. Due to problems with the construction contractor, the centre was not completed until shortly after the end of the project period and the IRC used its own resources to finalize the construction.
100% of clients who report for assistance receive appropriate quality, holistic case management services that address their individual health, psychosocial and protection needs	100% of the 273 survivors attended to by the IRC received quality psychosocial services. The quality of counseling services was ensured by regular case reviews by the program manager or other senior staff. However, only 60% of survivors in need of health services received quality of services due to lack of drugs and gynecologists at the Bomi hospital. 81% of clients completed their counseling sessions and the remaining 19% continue to receive counseling sessions conducted by IRC and local partners.
100% of Community Workers trained and delivering human rights and GBV information, and community mobilization techniques. 80% of trainees retain 70% of knowledge learned per post-testing.	100% of the four community workers were trained in GBV, human rights and community mobilization techniques, together with six other IRC GBV staff. Out of the ten participants, 90% scored above 70% on post-training tests.

Indicator	Measurement
100% of Community Educators trained in human rights and GBV information. 80% of trainees retain 70% of knowledge post-testing	100% of community educators trained through a total of two training sessions benefiting 31 women and 27 men. Post-tests revealed that 100% of those trained retained more than 70% of the knowledge acquired. The community educators subsequently trained 61 community leaders (16 women and 45 men) and 85% of trained community leaders retained more than 70% of the knowledge acquired. In addition, community educators have been heavily involved in community mobilization and awareness raising activities. As contributor to the Ministry of Gender's campaign against rape, they disseminated important messages to teach girls how to protect themselves from harassment and abuse. One message that has now become a popular slogan for youth is "My body is mine". T-shirts carrying the message have been distributed in Bomi and Montserrado and other Counties. The UN mission in Liberia (UNMIL) has also adopted the message for their awareness campaigns.

Expected Result 3.2: Multi-sectoral prevention and response to GBV through effective coordination and collaboration with the community and relevant local, national and international agencies is strengthened

Indicator	Measurement
6 awareness-raising activities planned and implemented in partnership with women's groups	The IRC held 16 major awareness-raising activities benefiting an estimated 23,000 individuals. The IRC's Community Educators played an important role developing dramas depicting the importance of girls' education and connecting lack of access to education with risk of Gender-Based Violence. These dramas were well-received by community audiences. Moreover, all outreach and awareness activities were planned in collaboration with various community groups and entities. School outreach targeted young people while outreach at mobile clinic and food relief distribution sites targeted the general community, especially the many young mothers. During the elections period, due to the high degree of interest in the elections and the importance of empowering women voters, voters' education was incorporated into awareness-raising activities.
Interagency forum meets fortnightly and all members trained on GBV issues and on roles and responsibilities of actors	The interagency forum met fortnightly as planned. The forum allowed for the sharing of information and lessons learned as well as joint planning for special events. In addition, the forum aided in the mapping of activities to prevent overlap and allowed for the sharing of awareness raising and training materials.

Expected Result 3.3: Health personnel are trained on management of rape using WHO clinical guidelines

Indicator	Measurement
100% of clients who report for GBV health care at the Health Center and one clinic receiving quality confidential health care and appropriate drugs # of health facilities adequately stocked with medical supplies.	According to the IRC's assessment, of all GBV survivors attending the health center and clinic, approximately 60% received quality health care. Rape survivors were treated according to the WHO syndromic treatment protocol for clinical management of rape survivors, and other clients were attended by doctors or nurses as appropriate. The remaining 40% did not receive appropriate services due to lack of proper equipment and qualified health staff, especially gynecologists. In light of the above fact, the IRC conducted a needs assessment at Bomi Hospital and clinics. Based on its

	<p>findings, the IRC distributed reproductive health (RH) kits and other clinical material commonly used in handling GBV cases, as well as condoms, thereby stocking five health facilities with appropriate reproductive health supplies. The following health facilities were supported:</p> <ul style="list-style-type: none"> ❖ Government Hospital of Bomi ❖ Gonjeh clinic managed by World Vision ❖ Suehn clinic managed by Save the children UK ❖ Beh Town clinic managed by the African Humanitarian Action ❖ Gonzipo clinic managed by World Vision
<p>100% of TTM's trained in identifying and referring survivors for health care. 80% of trainees retain 70% of knowledge learned per post-testing</p>	<p>A health conference organized by the IRC brought together 105 Trained Traditional Midwives (TTMs) and other health care staff from various counties to learn about the clinical management of rape and other GBV cases. As the IRC opted to conduct this workshop as a larger conference instead of a training, pre- and post-training tests were not appropriate.</p>
<p>100% of designated clinic staff trained in clinical management of rape. 80% of trainees retain 70% of knowledge learned per post-testing</p>	<p>As described above, IRC chose to hold a larger health conference from clinic staff and TTMs. The conference included a training component on the clinical management of rape and other GBV.</p>

Appendix 1: Nimba County Health Statistics

Monthly Aggregated Morbidity/Consultations-Nimba County January-December 2005													
Disease	January	February	March	April	May	June	July	August	September	October	November	December	Total
Malaria	1130	952	833	940	1170	812	960	1295	1550	1180	684	1057	12563
ARI	709	651	773	1141	879	936	635	997	817	902	840	898	10178
Watery Diarrhea	324	344	277	200	252	207	233	239	221	145	81	124	2647
Anemia	176	231	210	201	241	936	164	318	417	410	85	431	3820
STI	604	732	622	740	728	576	520	900	947	647	257	659	7932
Skin Infections	178	128	55	235	311	246	180	329	378	396	104	446	2986
worms	387	256	334	388	489	358	458	613	510	415	304	466	4978
Others	955	806	1784	1018	1342	1136	1556	1227	1421	1019	686	994	13944
Prenatal visits	731	794	685	628	84	161	103	641	763	519	480	402	5991
Total	5194	4894	5573	5491	5496	5368	4809	6559	7024	5633	3521	5477	65039

Number of individuals benefiting from ORT January to December 2005								
Category of dehydration	Mild <5	>5	Moderate<5	>5	Severe <5	>5	Total <5	>5
January	135	48	32	50	14	17	181	115
February	153	102	45	42	17	24	215	168
March	68	40	15	5	8	7	91	52
April	77	51	17	17	15	12	109	80
May	108	71	33	46	1	16	142	133
June	78	30	18	22	57	33	153	85
July	52	44	10	2	7	3	69	49
August	89	64	39	34	17	11	145	109
September	77	65	33	34	18	22	128	121
October	43	40	20	26	5	7	68	73
November	7	9	4	5	0	1	11	15
December	39	22	10	14	0	2	49	38
Total	926	586	276	297	159	155	1361	1038

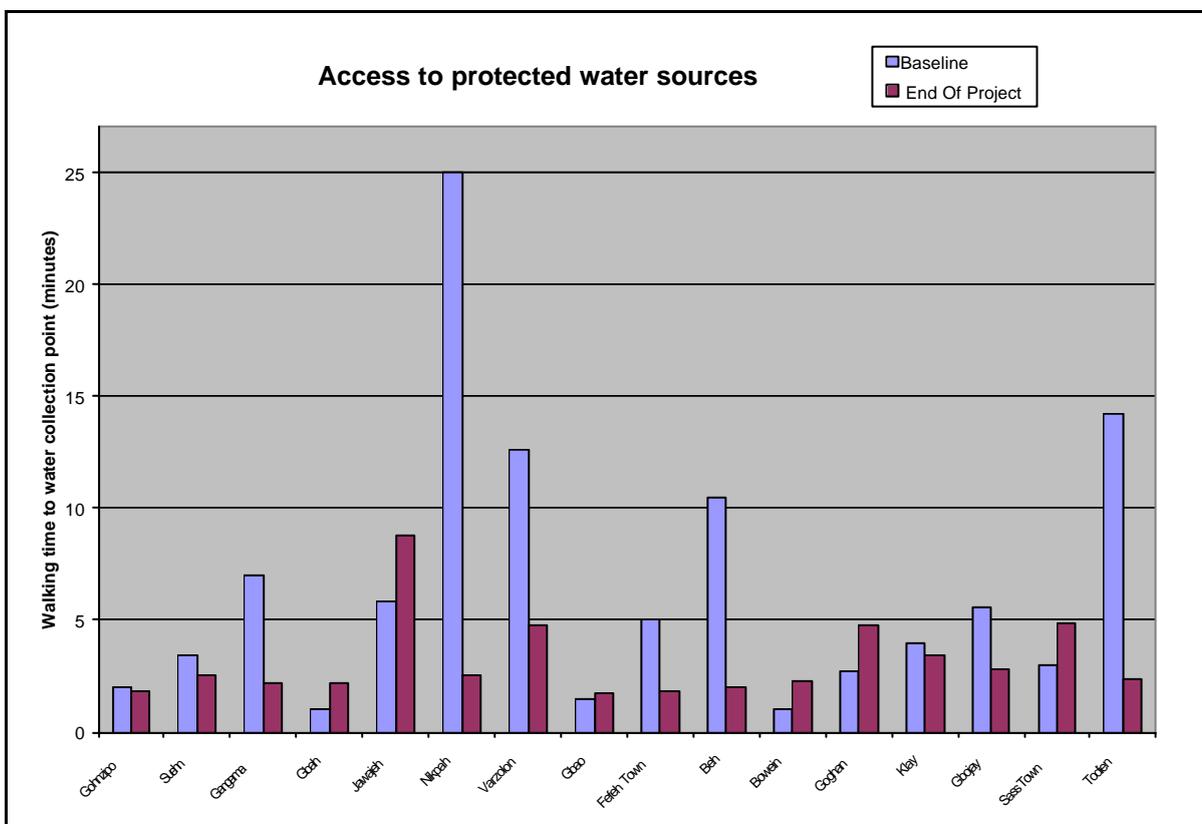
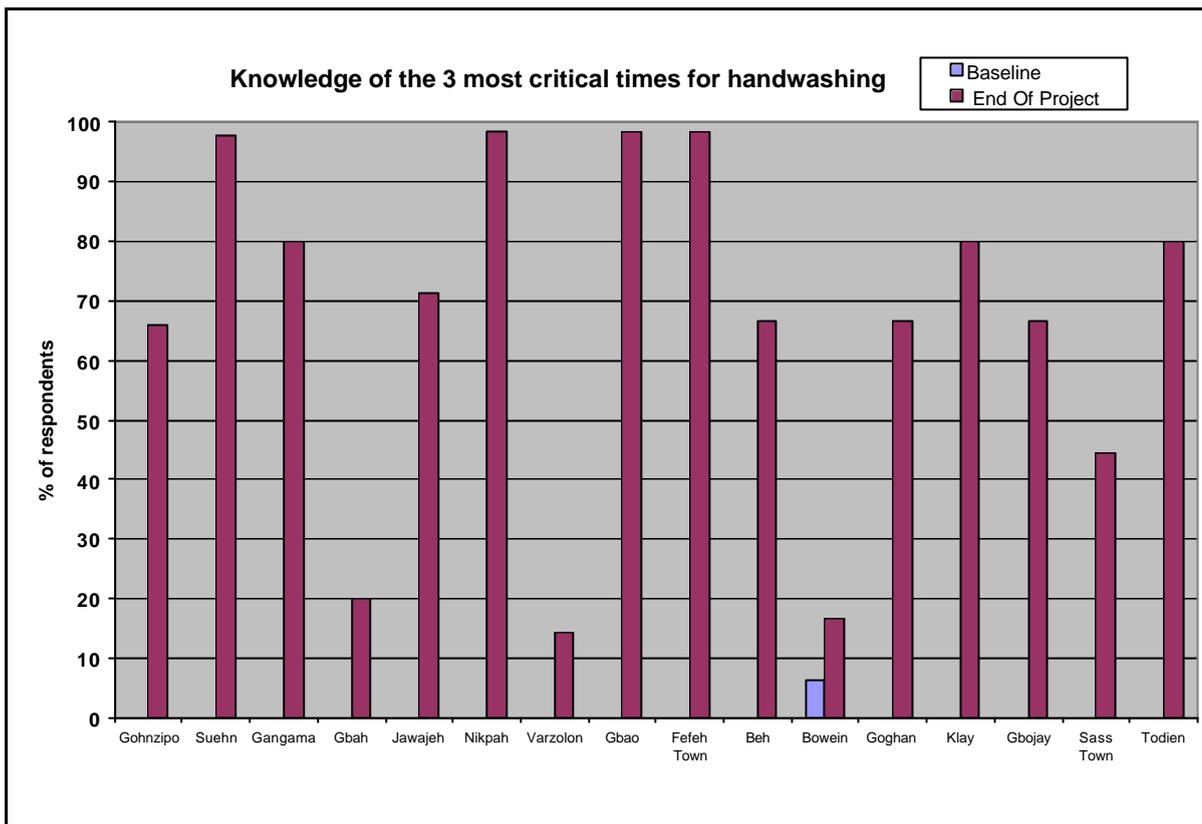
Number of U5 year attending nutritional screening in January-December 2005				
Category of Malnutrition	Mild(>80%)	Moderate (70%-80%)	Severe (,70%)	Total
January	605	4	56	665
February	669	31	5	705
March	246	1	0	247
April	790	52	1	843
May	108	38	356	502
June	445	40	4	489
July	362	20	8	390
August	544	46	0	590
September	76	18	14	108
October	327	20	0	347
November	180	3	0	183
December	314	7	0	321
Total	4666	280	444	5390

Number of EPI Antigens received from January-December 2005										Pregnant			Non-Pregnant		
Months	BGG	OPV 0	OPV 1	OPV 2	OPV 3	DPT 1	DPT 2	DPT 3	Measles	TT1	TT2	TT3	T1	T2	T3
January	343	10	217	80	43	312	120	58	149	420	105	0	219	80	0
February	211	4	130	15	18	232	46	33	111	184	87	0	157	52	0
March	132	6	87	65	25	80	74	25	38	122	132	0	18	72	0
April	0	166	129	78	42	190	89	72	200	159	41	0	281	60	0
May	125	79	175	74	46	278	130	47	169	341	217	0	262	288	0
June	325	12	253	194	138	247	224	244	463	184	96	11	255	179	35
July	150	113	187	158	96	164	140	157	76	136	92	0	219	140	0
August	243	33	234	283	434	294	250	501	209	277	311	293	348	275	140
September	175	0	123	114	98	135	139	109	79	119	87	0	331	141	0
October	194	1	117	91	67	85	102	97	96	77	57	0	194	122	0
November	87	0	114	120	88	84	113	96	61	119	93	0	178	147	0
December	556	0	105	82	83	94	65	68	100	97	78	0	8.5	91	0
Total	2541	424	1871	1354	1178	2195	1492	1507	1751	2235	1396	304	2471	1647	175

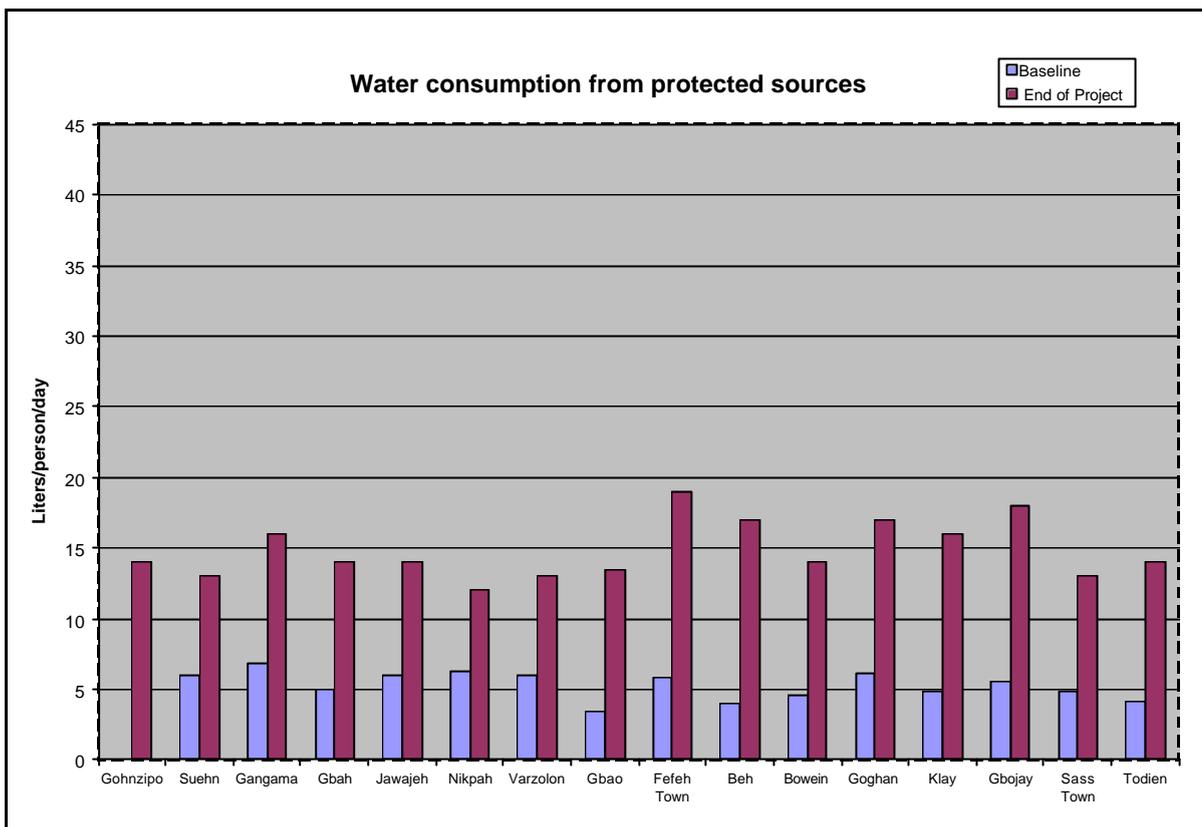
Appendix 2: Bomi County Water and Sanitation Statistics

Survey Summary										
Town/Site	Water Consumption (l/p/d)		Knowledge of at least 3 critical times of hand washing (% respondents)		Walking time to water collection point (minutes)		Water Collection from protected sources (% respondents)		Willingness of latrine ownership (% respondents)	
	Baseline	End of Project	Baseline	End of Project	Baseline	End of Project	Baseline	End of Project	Baseline	End of Project
Gohnzipo	0	14	0	66	2	2	100	100	0	100
Suehn	6	13	0	99	3	3	33	100	33	50
Gangama	7	16	0	80	7	2	0	100	3	0
Gbah	5	14	0	20	1	2	0	100	0	100
Jawajeh	6	14	0	71	6	9	100	100	0	100
Nikpah	6	12	0	99	25	3	0	100	0	83
Varzolon	6	13	0	14	13	5	0	100	0	100
Gbao	3	13	0	99	2	2	0	100	0	83
Fefeh Town	6	19	0	99	5	2	40	100	1	0
Beh	4	17	0	67	11	2	0	100	1	100
Bowein	5	14	6	17	1	2	0	100	0	100
Goghan	6	17	0	67	3	5	36	100	10	100
Klay	5	16	0	80	4	3	0	100	0	100
Gbojay	6	18	0	67	6	3	40	100	0	100
Sass Town	5	13	0	44	3	5	21	100	29	100
Todien	4	14	0	80	14	2	0	100	0	0
Average	5	15	0	67	7	3	23	100	5	76

LOCATION AND DETAILS OF WORK COMPLETED ON REHABILITATED WELLS			
Location	GPS Coordinates		Details of rehabilitation work
	X	Y	
Tubmanburg	6°52.539'	10°49.095'	Minor rehabilitation: cleaning of well, apron reconstruction, drainage construction and pump installation.
Tubmanburg	6°52.314'	10°49.311'	Minor rehabilitation: drainage construction and pump installation.
Tubmanburg	6°52.711'	10°49.615'	Major rehabilitation: dewatering of well, telescoping with 0.6m culvert rings, apron reconstruction, drainage construction and pump installation.
Gbojah	6°24.365'	10°46.348'	Minor rehabilitation: cleaning of well ,drainage construction and pump installation.
Tubmanburg	6°52.335'	10°49.205'	Minor rehabilitation: apron reconstruction, drainage construction and pump installation.
Tubmanburg	6°52.604'	10°49.715'	Minor rehabilitation: cleaning of well, apron reconstruction, drainage construction and pump installation.
Tubmanburg	6°52.418'	10°49.165'	Minor rehabilitation: cleaning of well, drainage construction and pump installation.
Tubmanburg	6°52.228'	10°49.415'	Minor rehabilitation work ,cleaning of well, apron reconstruction, drainage construction and pump installation.
Tubmanburg	6°52.065'	10°49.130'	Minor rehabilitation: cleaning of well, apron reconstruction, drainage construction and pump installation.
Klay Town	6°41.245'	10°52.408'	Minor rehabilitation: cleaning of well, drainage construction and pump installation.
Sass Town	6°34.645'	10°53.538'	Minor rehabilitation: cleaning of well, apron reconstruction, drainage construction and pump installation.
Sass Town	6°34.917'	10°53.514'	Minor rehabilitation ,cleaning of well, apron reconstruction ,drainage construction and pump installation.
Fefeh Town	6°39.198'	10°44.382'	Major rehabilitation: dewatering of well, telescoping with 0.6m culvert rings, apron reconstruction, drainage construction and pump installation.
Gbojah	6°24.113'	10°46.098'	Minor rehabilitation: cleaning of well, apron reconstruction, drainage construction and pump installation.
Gbojah	6°24.246'	10°46.134'	Minor rehabilitation, cleaning of well, apron reconstruction, drainage construction and pump installation.



In some communities the average walking time to the nearest water collection point increased as a result of increased settlement and development by returnees. As people returned they reclaimed plots of land thereby forcing other community members to circumvent their property in order to access the nearest water point.



Appendix 3: GBV-Bomi Beneficiaries

Bomi County 2005	Total New GBV Cases	Individuals Directly Trained	Individuals present at Awareness Raising	Other beneficiaries	<i>Total</i>
Jan-June	170	99	1632	61	1962
July	17	20	7128	85	7250
August	13	21	3919	85	4038
September	40	30	4023	92	4185
October	13	106	2582	46	2747
November	7	72	1869	130	2078
December	13	10	2071	8	2102
Total	273	358	23224	507	24362