

Joint Assessment Mission

Ivorian Refugees Operation in Liberia

February 2013

Field Mission/Data Collection, November 2012



World Food Programme

wfp.org



UNHCR
The UN Refugee Agency

Acknowledgements

The United Nations High Commissioner for Refugees (UNHCR) and the World Food Programme (WFP) would like to thank the Government of the Republic of Liberia (GoL) represented by the Liberia Refugee, Repatriation, and Resettlement Commission (LRRRC), United States Agency for International Development (USAID), and United Nations Children Fund (UNICEF) for participating in the 2012 Joint Assessment Mission (JAM). Appreciation is also extended to the Norwegian Refugee Council (NRC), Danish Refugee Council (DRC), International Rescue Committee (IRC), African Humanitarian Action (AHA), Medical Emergency Relief Incorporated (MERCY), MERLIN, Cooperative for American Remittances to Europe (CARE), Oxford Committee for Famine Relief-Great Britain (OXFAM-GB), Community Health Education Social Services (CHESS), Norwegian Church Aid (NCA), and CARITAS for their valuable contributions during the field visits; not to mention also other organizations including World Health Organization (WHO) for contributing to the collection of secondary information.

The team members are thankful to the local authorities of the GoL in Nimba, Grand Gedeh, River Gee, and Maryland Counties; and to the Ivorian refugees in the four counties in Liberia for the time which they devoted to the field mission and making it a reality.

We are grateful to all staff members of WFP, UNHCR, UNICEF, and other agencies, including heads of field offices in Nimba, Grand Gedeh, and Maryland counties, who have provided us with briefing materials, organized schedules, logistical support, briefing sessions for the team, and participated in numerous meetings.

Our appreciation also goes to the senior management of UNHCR and WFP in Monrovia, for their guidance and for approving the JAM, and to HQ staff in Geneva and Rome for providing us with technical support.

The mission members would like to thank Mrs. Rossella BOTTONE, WFP-Rome) for the overall guidance, and express their appreciation to Dr. Nitesh Patel (VAM Officer, WFP-Liberia) and Dr. Gebrewold Petros Yohannes (Public Health Officer, UNHCR-Liberia) for the smooth and efficient coordination of the JAM.

Our main thanks and appreciation goes to the entire JAM team members whose dedication, hard work, and team spirit saw the mission through this challenging exercise.

ACRONYMS

ART-Ant-Retroviral Therapy
CDI – Côte D'Ivoire
CFW – cash for work
CHO – county health office
FFT – food for training
FFW – food for work
FGD – focus group discussion
GAM – global acute malnutrition
GFD – general food distribution
GoL-Government of Liberia
HH – household
INGO-International Non-Governmental Organisation
IP – implementing partner
JAM – Joint Assessment Mission
LISGIS – Liberian Institute of Statistics and Geo-Information Services
LRD – Liberian Dollar
LRRRC – Liberian Refugee Repatriation and Resettlement Commission
LW – Little Weebo Camp
MAM – moderate acute malnutrition
MoA – Ministry of Agriculture
MoHSW – Ministry of Health and Social Welfare
NFI – non-food items
NRC – Norwegian Refugee Council
PLW – pregnant and lactating women
PMTCT-Prevention of Mother To Child HIV Transmission
SFP – supplementary feeding programme
UNMIL – United Nations Mission in Liberia
UNHCR – United Nations High Commissioner for Refugees
UNICEF – United Nations International Children's Emergency Fund
VCT-Volunatry Counseleling and Testing
WASH – water, sanitation and hygiene
WFP – World Food Programme
WHO – World Health Organisation

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Executive summary

Political turmoil and violence in Cote D'Ivoire (CDI) after the disputed 2010 presidential election resulted in over 224,000 Ivoirians fleeing across the border to seek refuge in Liberia. Despite the political crisis now being over, there continues to be a significant movement of refugees across the Ivorian border into Liberia. With continued instability in areas of CDI, it is highly probable that many refugees will remain in Liberia for the foreseeable future, until it is safe for them to return home.

To gain a deeper understanding of the refugee situation, UNHCR and WFP conducted a cross border joint assessment mission (JAM) across both countries. The JAM focus was based on:

- Ongoing and projected refugee returns and repatriation to CDI;
- Developments on the CDI side of the border; and
- The ongoing operation in CDI for returnees.

The cross border JAM considers Liberia and CDI as "one situation", and primarily focused on analyzing the food security situation of the CDI refugees. The JAM also took into consideration a range of other indicators, including: health, nutrition, protection, education, non-food items, livelihood opportunities, and partnership in order to provide a comprehensive insight into the current status of CDI refugees in Liberia.

The mission used a combination of primary and secondary data gathered from different sources in order to obtain a complete, accurate, and impartial insight into the refugee situation. The team reviewed both strategic and operational issues and worked on secondary information through conducting desk reviews. Field visits were conducted between the 7th and 15th of November 2012, with the JAM team visiting four refugee camps (Little Weebo, PTP, Solo and Bahn) and five refugee relocation communities.¹ Information was collected through a combination of key informant interviews, focus group discussions (FGD), household (HH) interviews and site visits to inspect relevant infrastructure (schools, health facilities, markets, shelter and WASH facilities).

CDI refugees in Liberia reside in designated refugee camps or within host communities. The GOL released a relocation policy in July 2011, which encouraged refugees to relocate to designated camps by 31st December 2012. The policy states how and why refugees must relocate to camps in order to continue receiving comprehensive services. Refugees who opt to remain in host communities will only have access to services available within these communities, except when it comes to protection issues.

According to the latest biometric registration, the total refugee population in Liberia at the time of the JAM was 64,871 or 23,945 households.² Out of the total population, 81% of the refugee population is composed of women, and children under the age of 18.

In all locations visited during the JAM, food availability did not appear to be a major issue. Various food items were available in markets within refugee camps, reflecting the fact that both Liberians and refugees are engaged in petty trade activities.

The JAM findings showed that refugee expenditure is predominantly on fresh vegetables, fish and condiments, which are purchased to complement WFP food rations along with non-food items (NFIs). The JAM revealed how refugees commonly exchange a portion of their WFP general food distribution (GFD) for fresh food items in local markets. Overall, refugees reported exchanging 20% of rations, with rates highest in Little Weebo (LW) camp.

In relocation communities, many refugees have gained temporary access to land, which they are primarily utilizing to cultivate rice and cassava. In many instances, refugees are unwilling to relocate to refugee camps because they have planted land within host communities, with some harvesting their land at the time of the JAM. For refugees living in camps, access to arable land poses a significant challenge.

¹ River Gbeh (River Gee), Janzon and Toe Town (Grand Gedeh), Old Yourpea and Mahdiplay (Nimba)

² See details in the annex. UNHCR December 2012

With an increasing proportion of CDI refugees relocating to camps, this is anticipated to become a bigger issue over time.

A high proportion of refugees living in camps have found work in surrounding fields as wage labourers; whilst others have started to engage in petty trade. Those who sell prepared food in markets are doing better than their counterparts, earning on average 300 LRD (Liberian dollars) per working day. Some refugees have started petty trade activities by borrowing start up capital from Liberians. Others are engaged in selling firewood, vegetable gardening, tailoring, motorbike taxis, hairdressing and charcoal production. During the FGDs, women were hesitant to disclose more sensitive coping strategies. However, some admitted to living with Liberian men in order to benefit from perceived protection and support.

Analysis of HH interviews revealed that approximately one in five refugees (18%) living in camps rely on wage labour as their main source of income.³ However, in contrast, 15% exclusively live on food assistance, as they do not have access to any other source of income.

In refugee camps, the main source of food is from WFP assistance (60%). The rest of HH requirements come from direct purchase (30%); from the sale of some of the rice or other commodities provided from food assistance; and from income gained through engaging in other livelihood activities.

Data related to food consumption gained from HH interviews is indicative of the conditions faced by refugees. According to data collected, around 3% of refugees living in camps revealed poor food consumption; whilst 35% have borderline food consumption. This means that 38% of refugees residing in camps still lack a balanced and adequate diet, are highly vulnerable to economic and environmental shocks, and are at risk of falling into food insecurity without food assistance and long-term support. Out of those interviewed, 62% reported acceptable consumption levels (mainly due to food assistance), complemented with alternative sources of food gained either through other livelihood activities or exchange.

All interviews with refugees revealed the adoption of consumption-related coping strategies. This includes: reducing portion sizes or number of meals; and eating less preferred or less diversified food items than compared to previous consumption patterns in CDI.

At the time of the JAM, the nutrition situation appears to be stable. A nutrition survey conducted in the camps in October 2012 revealed that acute malnutrition remains within WHO acceptable levels, with a Global Acute Malnutrition (GAM) rate of 3.9%. However, the very high prevalence of anemia found in both children and women of reproductive age poses a concern.

Refugees living in camps have access to comprehensive, integrated and free primary healthcare services, including nutrition, HIV/AIDS, reproductive health, malaria prevention and control programme, mental health/psychosocial support, and WASH services.

³ The household survey involved conducting a total of 90 HHs interviews, representing an indicative sample, not a statistically representative one.

1. INTRODUCTION

Background

Political turmoil and violence in Cote D'Ivoire (CDI) after the disputed 2010 presidential election resulted in over 224,000 Ivoirians fleeing across the border to seek refuge in Liberia. Despite the political crisis now being over, there continues to be a significant movement of refugees across the CDI border into Liberia.

The fragile security situation in Western Côte d'Ivoire deteriorated further on 8th June 2012, when UN Peacekeepers deployed on the Liberian border (Nimba County) inside CDI fell victim to a deadly attack by armed fighters, leaving seven UN peacekeepers and ten civilians dead. In response, the GOL swiftly closed the border between the two countries; deployed security forces to monitor the border and boosted the presence of the United Nations Mission in Liberia (UNMIL).

As of November 2012, the refugee operation in Liberia primarily focused on supporting CDI refugees residing in designated refugee camps, and refugees living in relocation communities in Nimba County. In addition, very limited assistance was provided to other host communities located along the CDI border.

The GOL, supported by UNHCR and the international community, has established a number of designated refugee camps in the counties bordering CDI, namely in Grand Gedeh, Maryland and Nimba Counties. Nevertheless, a significant number of refugees continue to reside in Liberian villages close to the CDI border. Living in close proximity to the border is perceived to be advantageous to many refugees because it enables better access to information (Ivorian radio channels and mobile networks, interaction cross-border migrants, etc). In addition, living in close proximity to the border enables refugees to regularly visit their communities of origin in order to monitor their farms and engage in other livelihood activities. Considering the strong ethnic ties between Ivoirians and Liberians in the border areas in both countries, cross border movement is fluid and frequent. Population movement is also facilitated by the highly porous borders between the two countries.

The refugee influx has put additional strain on an already precarious food security situation in the four Liberian refugee influx counties. The highest incidence of food insecurity is concentrated in the south-eastern counties of Maryland (72.5%) and River Gee (82.5%), with levels relatively more favorable in Nimba (32.4%) and Grand Gedeh (42.0%) counties.⁴ Despite food insecurity, refugees have been readily welcomed by their Liberian hosts, who have generously shared their food and rice seed stocks.

As a result, population densities have doubled and in some cases tripled in refugee influx areas. Providing protection and assistance to remaining refugees remains a significant challenge due to the fact that a significant number continue to reside across various spatially dispersed host communities (approximately 40% as of December 2012) and not in designated refugee camps.

With the Ivorian Government capacity for reconciliation weak and land tenure issues remaining unresolved, security issues continue to persist. Insecurity is particularly prevalent in the Western region of Côte D'Ivoire.⁵ Continued insecurity poses a major deterrent to many refugees from Grand Gedeh, Maryland and River Gee counties from returning home. This is especially the case for Krumen and Guéré ethnic groups who originate from pro-Gbagbo areas, who continue to seek sanctuary in Liberia for fear of violent reprisals.

Insecurity continues to pose a significant barrier to return for refugees originating from a number of areas of CDI. In Bangolo region, insecurity and land occupation are still posing major problems. In Duekoué, land property related issues are proving a source of land conflict, with associated food insecurity discouraging refugees from this area to return to their homes. In Bloléquin and Toulepleu

⁴ Comprehensive Food Security and Nutrition Survey, WFP, October 2010

⁵ 2012, February, Cross Border Assessment Between Liberia and Côte d'Ivoire, January and February 2012: Security Stabilization and Food Security, UNDP

areas, insecurity is persistent, with the fragile situation contributing to continued mobility across the CDI border into Liberia.⁶

At the onset of the emergency, the GOL allowed refugees to integrate with the local population within host communities. Later, the GOL and UNHCR established official refugee camps in Nimba, Grand Gedeh and Maryland Counties, and designated 16 communities in Nimba County as official communities to accommodate refugees. In July 2011, the GOL issued a policy to voluntarily relocate refugees living in host communities into camps in order to facilitate the deliverance of humanitarian assistance and ensure sound protection. However, despite this policy, it is anticipated that a significant number of refugees will choose to remain living in communities located along the border areas. Whilst the initial deadline for the closure of all relocation communities was 30th September 2012, bad weather and poor road conditions delayed the relocation exercise until December 31st 2012. After this time, the GOL has indicated that no special arrangements will be made to provide for refugees who choose to remain in Liberian host communities, beyond the provision of basic protection services. Instead, in terms of the assistance they are entitled to receive, refugees who remain to reside in host communities will be treated equally with Ivorian residents.

In 2011, the Liberian and CDI governments and UNHCR signed a tripartite agreement committing to the voluntary repatriation of CDI refugees back to their country of origin. Between November 2011 and July 2012, UNHCR facilitated the return of 11,456 CDI refugees back to CDI. Unfortunately, as a result of the worsening security situation in certain parts of CDI, the voluntary repatriation process was temporarily suspended. However, the process remains open and an option available to all refugees.⁷ It is expected that the voluntary repatriation will resume as soon as the security situation is stable in border areas of CDI and safe to return.

Taking into account developments on the CDI side of the border, opportunities for repatriation and the ongoing operation for CDI returnees, UNHCR and WFP decided to conduct a cross border JAM which involved both countries.

The overall objective of the cross border JAM was to analyze the food security situation of refugees. The JAM also considered a number of other indicators including NFIs, health, nutrition, shelter, coordination, livelihood opportunities and partnerships based on available secondary data in both countries in order to comprehensively assess refugee needs.

Specific objectives were to identify food insecure and vulnerable populations living on both sides of the borders, review current assistance in both countries, and to propose improvements and/or new interventions in line with host countries policies and plans. Field missions undertaken in both countries were intended to confirm the overall situation, profiles, and needs of CDI refugees, and communities in border areas of Liberia and CDI.

⁶ JAM Mission Cote d'Ivoire, 2012

⁷ UNHCR has also assisted voluntary repatriation of 29,378 Liberian refugees from various countries over the course of 2012.

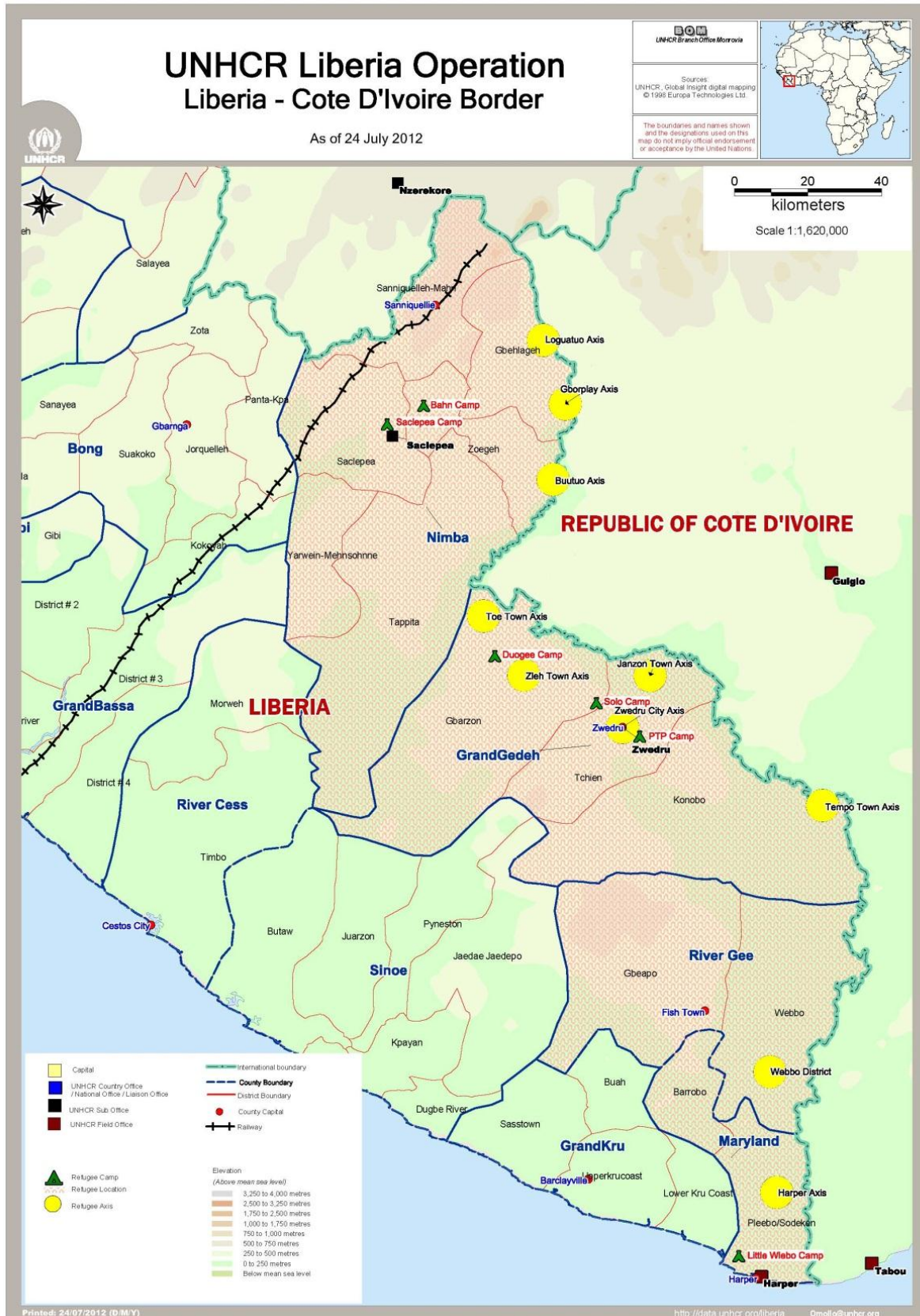
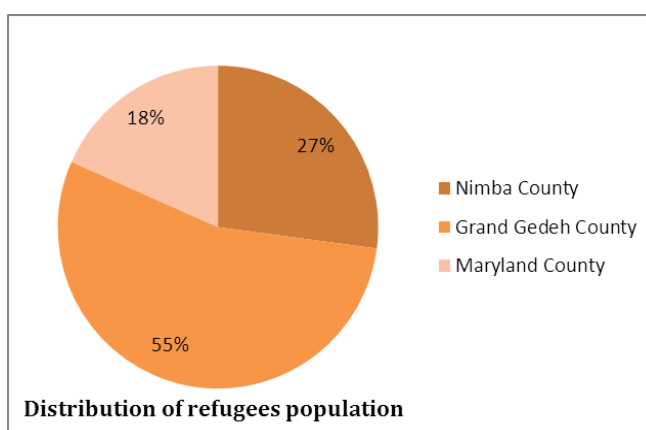


Figure 1: Refugee operation areas in Liberia

Refugee numbers and demography

According to the latest biometric registration, the number of CDI refugees in Liberia is 64,871 or (23,945 households).⁸ Out of the total refugee population, 81 percent represent women, and children under the age of 18. As shown in the graph below, CDI refugees are residing in three counties in Liberia, with the majority living in Grand Gedeh County.



55 percent of refugees are currently residing in six refugee camps, whilst over 2,500 refugees are living across eight relocation villages in Nimba County. Most adult women refugees fled with their children, and consequently many constitute single headed households. Many refugees interviewed reported that men stayed behind in CDI in order to farm and/or to take care of their property.

As of the end of July 2012, more than 6,800 new refugees have crossed the border from CDI into Liberia due to ongoing insecurity. The number of spontaneous returns and organized repatriation of CDI refugees started in mid-2011 and 2012 respectively. The targeted figure for voluntary repatriation of Ivorian refugees was 50,000 between January and December 2012. However, due to continued insecurity, only 11,456 refugees were willing to return home assisted by UNHCR and its partners.⁹ Many refugees remain reluctant to return to CDI due to fear of retributions or continued fighting.

Table 1: Refugee populations in camps and relocation villages, December 2012¹⁰

Camp	Population
Bahn	8853
PTP	9199
Dougee	5700
Solo	5639
Little Weebo	7895
Relocation communities (Nimba)	2,225
TOTAL	39511

Current Assistance

Food

WFP is providing a monthly food ration of rice, pulses, supercereal, salt and vegetable oil. The current food ration provides 2089 kcal (99 percent of the target - 2100 kcal) per person, per day.

⁸ See details in the annex. UNHCR December 2012

⁹ <http://data.unhcr.org/liberia/> August 2012

¹⁰ The Jam mission did not take into consideration the refugees staying in Scalapea camp (1208 people), as these came in 2003 and are under the responsibility of the Government of Liberia.

Table 21: WFP individual daily ration

Food Item	Quantity
Rice	420g
Pulses	50g
CSB (Supercereal)	50g
Vegetable oil	30g
Salt	5g

WFP transports food from its main logistics hub located at the Freeport, Monrovia to the various refugee hosting counties. Food is stocked in warehouses in county capitals or communities located in closest proximity to refugee camps. Transportation of food is extremely difficult during the rainy season due to deplorable road conditions. To overcome this constraint, WFP prepositions food before the peak of the rainy season. As an alternative, WFP also utilizes the UNMIL sea vessel the Katrina to transport small amounts of food from Monrovia to Harper before onward transportation by road. Apart from occasional pipeline breaks affecting certain commodities, the distribution of food assistance has been regular and smooth.

WFP is also actively engaged in the treatment of malnutrition through a supplementary feeding programme (SFP) to treat moderate acute malnutrition (MAM). The SFP targets pregnant and lactating women (PLWs) and children under two among host populations and refugees living in host communities. General food assistance targeting refugees living within host communities was discontinued in March 2012. In line with government policy which states that refugees should relocate to camps in order to receive humanitarian assistance, WFP discontinued food assistance to refugees living in relocation communities in December 2012.

Camp management and Protection

The Liberian Refugee Repatriation and Resettlement commission (LRRRC), in collaboration with UNHCR, is responsible for overall camp security, administration and protection. Biometric registration of refugees has been jointly conducted by LRRRC and UNHCR. The registration team is also responsible for processing new arrivals and checking missed biometric and relocation cases from communities to the refugee camps.

Education

UNHCR and UNICEF are supporting the education sector. Some of the schools are hosted in tents, operating two shifts. In some camps, such as Little Weebo, semi-permanent, mud-walled structures have been constructed through community participation. Furniture and teaching materials are currently being procured to serve these schools.

Livelihood opportunities and vocational training

A sizable number of the adult refugee populations have access to targeted livelihood activities. Many households are engaged in backyard vegetable gardening, small scale farming, poultry management, charcoal production, hunting, and daily labor in the illegal mining industry, etc. However, all livelihood initiatives, which could provide a reliable source for medium to long term self-reliance of the refugees, remain poorly organized. In some camps, INGOs are implementing vocational skills training courses (carpentry, mechanics, tailoring, pastry making, soap making and hairdressing), which target both refugees and Liberians living in the vicinity of the refugee camps.

Health and WASH

Primary health care services are provided by UNHCR's implementing partners (IPs) (AHA, CHES, Merlin, IRC, and MERCI) in collaboration with the Ministry of Health and Social Welfare (MoHSW) and County Health Offices (CHOs). WHO plays a central coordination role and provides technical support. There is a well-established referral system in place with standard operating procedures. However, some NGOs have a shortage of qualified health staff. Besides providing various medicines and medical supplies to the camp health facilities, UNHCR has also donated various medical equipment to Bahn Health centre

and Saclepea Comprehensive Health Centre; provided drugs and medical supplies to various government referral health facilities in refugee impacted counties; donated ambulances to two hospitals located in Grand Gedeh and Maryland counties; provided various items to the County Health Teams for HIV and AIDS programs, referral services, and hygiene promotion¹¹; and funded HIV/AIDS quick impact projects for the government CHOs in the four refugee impacted counties.

WASH programmes are implemented by CARE, OXFAM-GB and NCA. Refugees are also provided with shelters, a majority of which are manufactured from plastic sheeting. Some refugees have been mobilized to construct more durable housing structures using mud walls and zinc roofs.

2. The Joint assessment Mission

Objectives

The main objective of the JAM was to assess the food security and nutrition situation of refugees. This in turn would serve to identify needs for assistance both in camps and in host communities.

Specific objectives of the cross border JAM were to:

1. Identify groups vulnerable to food insecurity living on both sides of the borders;
2. Review current assistance in both countries; and
3. Propose improvement and/or new interventions in line with host country policies and plans.

Methodology

The mission used a combination of primary and secondary data collected from different sources in order to provide a comprehensive and balanced insight into the current refugee situation.¹²

Prior to commencement of the JAM, consultative meetings were held and information shared among all team members to agree on common definitions, methodology and data collection formats to ensure that information collected by all members would be readily comparable. The methodology was also coordinated with the CDI JAM team to promote cross border coordination.

To get a common understanding of the refugee situation prior to the JAM, the team undertook a number of processes, including: reviewing secondary data available; reviewing strategic and operational issues through desk reviews; and reading available documentation including distribution reports, (food, nutrition, health, WASH, etc.), nutrition survey, project monitoring reports, and other relevant assessment data.

JAM field visits took place between 7th and 15th November 2012. The JAM team visited four refugee camps (Little Weebo, PTP, Solo and Bahn) and five communities where Ivorian refugees are currently residing (including two relocation villages).¹³

The mission conducted key informants interviews, FGDs, HH interviews and conducted site visits to identify and assess relevant infrastructure accessible by refugees (including schools, health centers, shelters, markets).

In each location the mission:

- Met with camp/village authorities to obtain general information on the refugee situation and identify common concerns;
- Met with key IP staff to discuss current service provision, gaps in deliverance, challenges faced and lessons learned;
- Conducted at least two FGDs with female and male refugees;
- Visited local markets (within or in close proximity to refugee camp/host community) and interviewed petty traders to assess market prices of basic commodities and availability of food;

¹¹ UNHCR mid-term review 2012

¹² The list of secondary data can be found in the annex.

¹³ River Gbeh (River Gee), Janzon, Toe Town (Grand Gedeh), Old Yourpea, Mah-diplay (Nimba)

- Interviewed eight to ten HHs through home visits to gain a rapid insight into food consumption, coping strategies and expenditures;
- Visited health facilities inside refugee camps and nearby government health facilities, and interviewed relevant health workers to collect information on the health and nutritional status of refugees; and
- Walked through refugee camps and host communities, visiting water points and observing sanitation, hygiene, environmental and overall conditions.

Whilst a JAM is primarily focused on food security and nutrition, other inter-related needs were also considered in order to gauge their impact on food security.

Figure 2: Camps and communities visited during JAM

3. FINDINGS

The findings of the JAM mission are presented by sector, including:

- Food security and livelihood;
- Health and Nutrition;
- WASH;
- Protection;
- Education;
- Shelter and environment; and
- Refugee relocation and repatriation.

In order to clearly understand the medium and long term basic food requirements of refugees, food security findings are presented in detail in accordance to the conventional three pillar conceptual framework, which considers: *availability*, *access*, and *utilization*, whereby;

Food availability is the physical presence of food in the area of concern and is determined by production and trade. *Food access* concerns a HH's ability to acquire adequate amounts of food through their own production, purchase, gift, stocks, borrowing and food aid.

Access to health services and nutrition also formed part of the analysis, as access to health is one of the main determinants of household food security. This is distinct to nutrition status, which represents the main outcome of the food security situation on the individual.

Food utilization refers to how HH use the food to which they have access to, and the ability of individuals to absorb nutrients from this food.¹⁴

Market access, food availability, prices and access to land

JAM field visits were conducted during the harvest period in November 2012, and thus coincided with a period where the prices of rice and cassava had started to fall in response to increased local supply.



¹⁴ WFP, Emergency Food security assessment Handbook, 2009, page 23

However, just before the JAM field visit, there were reports of a lack of rice (imported and local) in some markets in south-eastern Liberia, due to extremely bad road conditions, which resulted in trucks being unable to access these areas for three to five weeks.

In Liberia, the deplorable state of the roads has significantly contributed to huge price differentials between Monrovia, the capital and main port of entry, and remote markets located in rural areas. In addition, the refugee influx exerted a strong upward pressure on prices in the four affected border counties.

According to monthly market monitor bulletins published by WFP in partnership with the Ministry of Agriculture (MoA) and the Liberian Institute of Statistics and Geo-Information Services (LISGIS), the September 2012 price of imported and parboiled rice remained relatively stable compared to previous months. Price trend analysis of imported rice when compared to September 2009 prices shows a significant increase in locations throughout the country. The only exception to this trend is in Pleebo market, Maryland County, which exhibits the reverse trend. The bulletin also indicates a relatively constant supply of food, in particular imported rice, local cassava and cassava by-products during the 2012 lean season. The main rice harvest started to appear in market in mid-October, at which time it was estimated that current commercial stocks of imported rice together with the local harvest could cover domestic demand until April 2013.

Food availability did not appear to be a major issue in any of the refugee camps or host communities visited during the JAM. Inside camps, various food and NFIs were readily available as Liberians and CDI refugees have established active market areas.

Refugees predominantly purchase fresh vegetables, fish (dry and fresh), meat and condiments to complement the food ration which they receive from WFP. Market visits revealed that a small portion of WFP rations (mainly rice) are exchanged by refugees on the market in order to obtain fresh food items. Indeed, market interviews revealed that refugees exchange around 20 percent of their rations, with higher rates in LW camp. Exchange of food rations represents the main mechanism used by refugees to diversify their diet, in response to a gap in the provision of fresh items by development agencies.

Refugee camps are generally located in close proximity to neighboring towns (on average 12-15km distance), enabling access to bigger markets where a wider range of commodities can be found. For example, Bahn camp is closely located to Saclapea market, where the market is held weekly on Tuesdays. Given its geographical location (equidistant from CDI and Conakry, Guinea), Saclapea market is one of Liberia's most active rural markets, hosting numerous traders selling palm oil, cane juice, imported rice and a variety of other food commodities and NFIs.

Refugees' decision to live in host communities or in refugee camps depends on a range of factors, including: ethnic, familial, proximity to home community and access to markets. For refugees living in host communities, some are located at a great distance from larger markets. For example, the nearest big market for refugees residing in the community of River Gbeh in River Gee County is Fish Town, approximately 45 kilometers away. This distance is too far to access on a daily basis, especially during the rainy season when roads become impassable.

Access to Land

Interviews held with refugees living in host communities revealed that many have gained access to farming land and community vegetables gardens, serving to reduce their need to purchase food on the open market. Indeed, 42 percent of refugee HHs in host communities reported that their main source of rice, cassava and vegetables was obtained from their own production. Furthermore, 12 percent reported that they were able to get meat and fish from hunting and fishing around their communities.

Information collected during the JAM seems to imply that availability of land and other livelihood opportunities at the community level seems to be a key motivating factor encouraging refugees to continue to reside in host communities. Indeed, many expressed that they had not yet moved to designated refugee camps as they were still awaiting completion of their rice harvest.

For refugees living in camps, access to farm land remains a critical issue. With the refugee population living in camps increasing, land access issues and possible conflict are anticipated to intensify over time. This represents a primary concern of refugee and host community leaders, who are worried that they will not be able to secure access to the amount of land they require without a clear legal framework. UN agencies and INGOs have only managed to negotiate access to a minimal amount of land for agricultural cultivation in the vicinity of the refugee camps, as the investment required to clear available land is extremely high.

In several locations, such as the communities of Solo and Bahn in Nimba County, access to land has already created tensions with local communities. Examples of tensions include hostilities over sharing forest resources with refugee populations for charcoal production and hunting activities. Whilst these situations were resolved amicably, the potential for sporadic conflicts remains a concern as refugee numbers in camps increase.

In Bahn camp, local authorities in partnership with community structures have allocated 10 hectares of land for refugees to live on and conduct small scale farming. In PTP, 28 hectares of land has been cleared by UN agencies for refugees to farm. However, overall the ratio of refugee HHs to available land for farming remains extremely low. As a result, most refugee HHs do not have access to land, with levels of self reliance achieved remaining minimal.

Food Access

Source of income:

The JAM showed that a number of refugees have successfully integrated into local markets, gaining employment as daily wage labours and through other non-skilled job opportunities. The refugee presence has exerted downward pressure on wage rates in local markets. This is because the supply of unskilled workers exceeding demand, resulting in a wage reduction in refugee counties from a daily average of 200-250 LRD to 150 LRD per day. As a result of an increased availability of workers, most refugees are unable to find work every day, and generally only work an average of three days a week. At the time of the JAM, it should be noted that opportunities for refugees to work were higher than usual due to the harvest period. With overall refugee numbers low compared to the local population in influx areas, the total number of refugees accessing local employment remains low relative to the local population. Therefore, direct competition with local communities over labour opportunities was not reported during the JAM. Instead, disturbances have been reported involving refugees encroaching into surrounding agricultural fields where local populations were working as wage labourers. Another key observation is that wages paid were generally reported to discriminate against women, who are paid less than men for completing the same work.

Petty trade is well established and functioning effectively within refugee camps. To access start up credit to support small business ventures, refugees primarily organise themselves into what is locally referred to as “susu” groups, representing informal borrowing and lending associations. Others reported borrowing money from Liberians to start business activities. Refugee livelihood activities include: selling wood, kitchen gardening, tailoring, motorbike taxis, hairdressing, and charcoal production. Refugees engaged in selling, preparing and cooking food are able to achieve higher profits compared to those engaged in other petty trade activities. This is reflected by the fact that refugees selling food in camps earn on average 300 LRD per working day. A lack of access to credit was one of the recurrent themes voiced by refugees as a constraint to starting livelihood activities, with only around 10 percent of respondents reporting to have successfully accessed credit from local people. According to HHs interviews, refugees generally reimburse credit in several instalments over time.

In refugee camps, available livelihood opportunities are sometimes linked to the activities of IPs, including: teaching, construction, sensitization/mobilisation and casual labour. Refugees working for INGOs represent a small minority, and benefit from a secure source of additional income (70 to 100 USD a month). There are tensions linked to these work opportunities as refugees have the impression that

they are paid less than their Liberian counterparts. Women also complain that most construction opportunities are given to men.

Analysis of HHs interviews revealed that in refugee camps, as many as 1 out of every 5 refugees (18%) relies on wage labour as their main source of income. 15% of HHs have no income source, and live exclusively on food assistance. 12% of HHs interviewed declared that they mainly rely on gifts from neighbours and relatives, and 9% on remittances (from CDI). This means that over 30% of HHs are extremely dependant on others and in need of support.

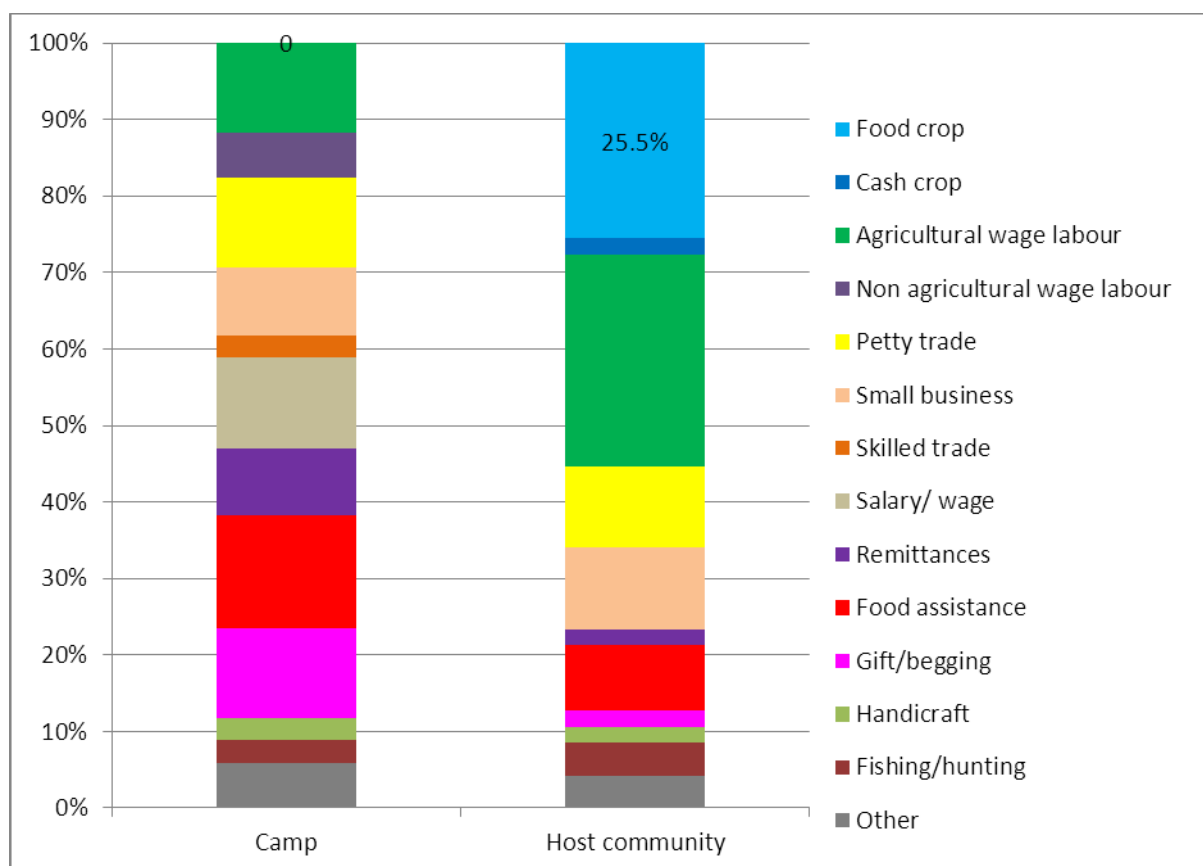


Figure 3: Main income sources for refugees in camps and host communities

Refugees in Grand Gedeh County have access to gold and diamond mining fields in and around the camps, presenting a significant livelihood opportunity particularly for young men. However, this illicit activity is extremely precarious, and does not provide a secure source of income. Furthermore, mining activities raise serious concerns about protection, health, and security as well as transactional sex.

Analysis of the data collected during the JAM revealed that a large number of vulnerable refugee HHs are headed by women (almost 50%), who have less access to employment opportunities or who are paid less than their male counterparts. Women also face additional constraints, including inability to work due to child caring commitments. The relocation policy also seems to have had a negative effect on newly arrived refugees from host communities, whose social networks have been disrupted, and consequently lack support from relatives and friends to take care of their children to enable them to work. Refugees in host communities mostly derive their livelihoods from the agricultural sector, either through direct access to land (food crop + cash crop¹⁵=28%) or as daily labourers (28%).

Interviews revealed that HHs headed by elderly refugees represent the second most vulnerable group. When living within host communities, elderly groups are able to utilize strong social links to access support from neighbours. However, reports suggested that in the camps the elderly are much more isolated.

¹⁵ Cash crop excludes items of commercial orientation, e.g. rubber, cacao, etc

Ethnic and familial ties were cited several times during FGDs as key factors encouraging refugees to continue to reside in host communities in order to access more support.¹⁶ This factor applies to all refugees, not only to the elderly. In addition, many respondents voiced almost a debt of gratitude to CDI refugees, as many Liberians were hosted by Ivoirians across the border during the Liberian civil conflict, and in turn wanted to repay this hospitality.

According to the FGDs (proportional piling) and the HHs interviewed in the camps, the main source of food for refugees is from food assistance (60%); 30% is from direct purchase; with the remaining secured from own production, livelihood activities and gifts. On a small scale, rice received from food assistance and other vegetables grown in kitchen gardens are bartered for other food items. However, bartering of commodities is not too significant, accounting for only 1% of total consumption. Gifts received from friends and relatives accounts for less than 5%. It was observed that the longer refugees reside within camps; the more favorable their access to food and their ownership of a kitchen garden to grow their own produce. This is because when they entered the camps refugee numbers were lower, and there was thus lower competition for access to land. Family interviews reported that preparing an acceptable meal for a family of four costs a minimum of 200 LRD.

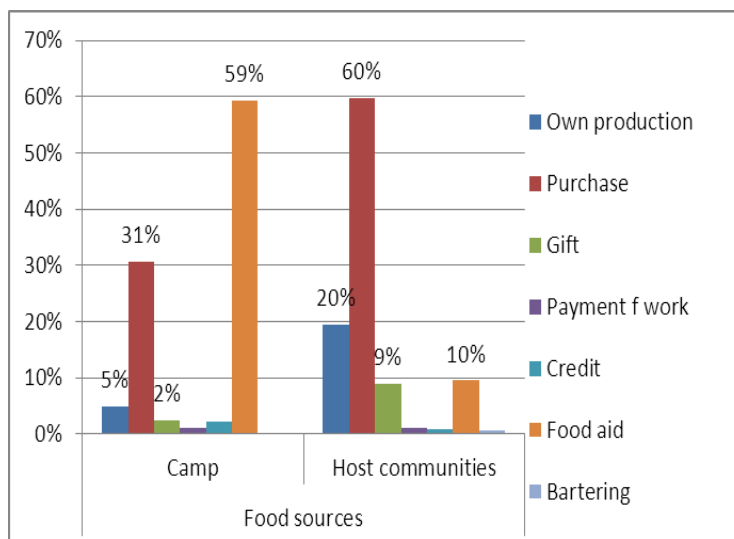


Figure 4: Sources of food in camps and host communities

Among refugees living in host communities, own production accounts for around 20-25% of food consumed, while 60% of food needs are met through market purchase. Food received as gift accounts for around 10% of total food consumed. At the time of the visit food aid was only being distributed in relocation communities, with distributions discontinued in December 2012.

Food consumption

Despite not being statistically representative, it is likely that information related to food consumption collected from HH interviews is indicative of the conditions being faced by many refugees.

The analysis shows that around 3% of refugees in camps have poor food consumption, whilst 35% have borderline food consumption. This means that 38% of refugees in camps do not have an adequate balanced diet, and thus remain extremely vulnerable to economic and environmental shocks. 62% reported having acceptable consumption, mainly a result of food

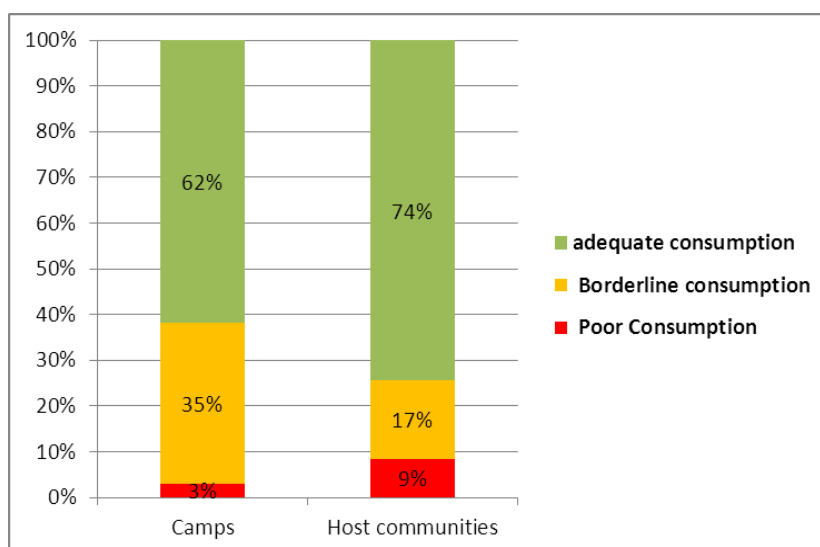


Figure 5: Food consumption groups of refugees living in camps and host communities

¹⁶ To give an example refugees in Old Yourpea (Nimba) are mostly Khran of Gere Language and would not move to Bahn camp as there are plenty of Yacuba speakers. Refugees in Mahdiaplay (Nimba) who are mostly Ghio of Yacuba language stated they could move to the camp as they have “their” people there.

assistance and dietary diversification funded by a complementary income sources to augment food needs. In contrast, analysis of food consumption among refugees living in host communities appears to be better than those living in camps, with approximately one quarter (26%) of refugees extremely vulnerable to food insecurity.

Refugees' food consumption mainly consists of rice, green leaves¹⁷ and fish. Whilst fish is widely consumed, in many cases the quantities eaten are so small, they merely provide flavor to the soup and offer little nutritional value. During family visits in refugee camps, it was not uncommon to see people eating only plain rice. With many refugees unable to complement their food ration, some exchange a portion of the rice or pulses that they receive for other food commodities and NFIs, reducing the amount of food that they consume. Whilst longer-term refugees are more likely to have access to a vegetable garden to complement their rations, recent arrivals often lack this opportunity. Furthermore, refugees living in host communities have better access to fruit and other vegetables compared to those living in camps.

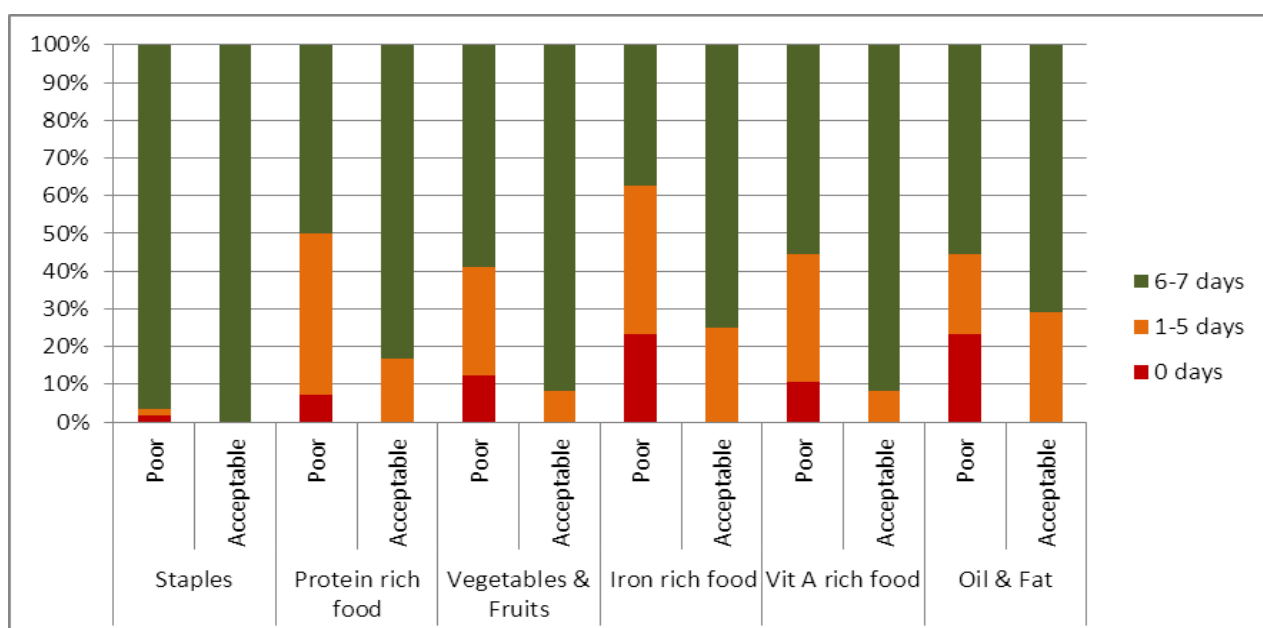


Figure 6: Dietary patterns for refugees with poor and adequate consumption scores

A refugee family with poor food consumption mainly eats rice or cassava on a daily basis, green leaves and pulses two to three days a week, with an absence of or minimum amount of animal protein.

FGD and HH interviews indicated that beneficiaries often failed to properly utilize the Supercereal (CSB) which they received as part of their food ration. Furthermore, recent nutrition surveys conducted in the camps revealed that malnutrition rates (GAM and SAM) are below emergency thresholds. Therefore, the JAM mission recommends modifying the food basket, including only providing Supercereal through targeted supplementary feeding activities, rather than as a component of the general food ration.

Expenditure patterns and purchasing power

All refugees interviewed in camps and in host communities reported spending a majority of their income on food. On average, refugees spent 66% of HH income on food, with refugees in camps spending 73%. Transportation represented the second biggest expenditure at 9% of total income, usually spent in order to travel to markets, work or to cross the border to CDI to check on houses and farms. Transportation to CDI, depending on the distance, was reported to cost an average of approximately 10,000 LRD for a return trip. Refugees reported a dependence on credit to pay for journeys home, but most expressed confidence that upon arrival they could receive support from family and friends in their home communities.

¹⁷ Potato or cassava leaves

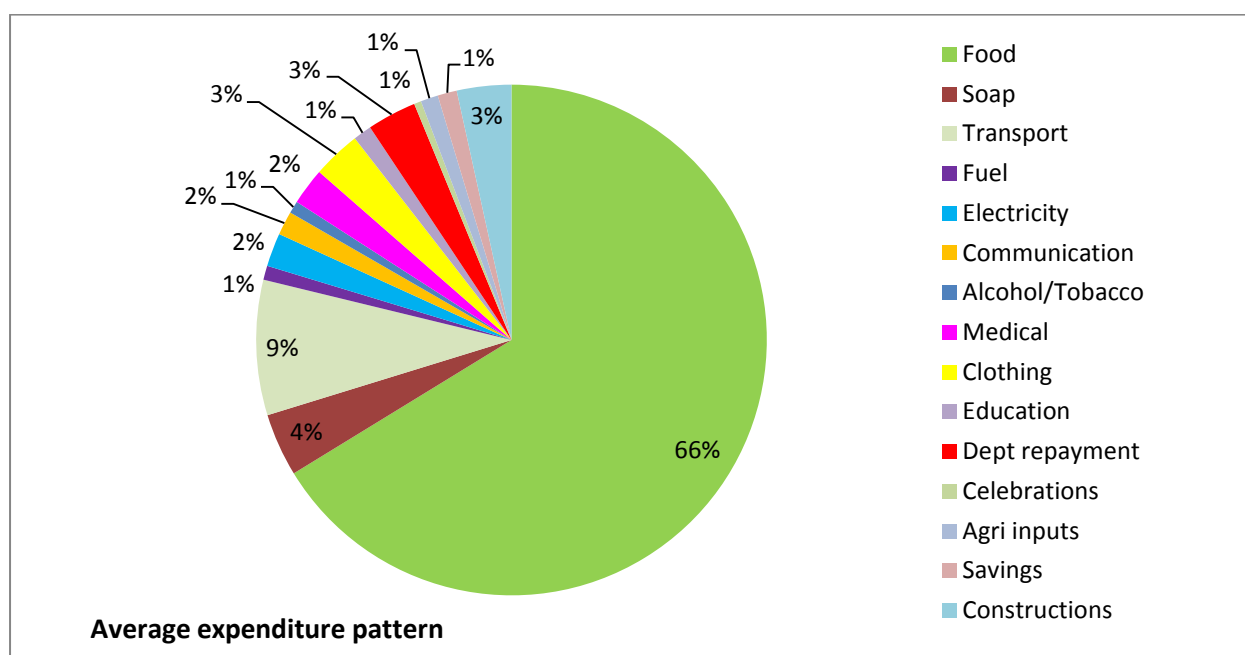


Figure 7: Refugees' average expenditure pattern (monthly expenses)

Site visits revealed that the price of one kilogram of rice ranged from 40 to 70 LRD (depending on the quality). Considering that as a casual laborer a refugee is able to earn around 150 LRD per working day, the low purchasing power of refugees is readily apparent. This is further emphasized by considering that an average family of five spends 750-1000 LRD on rice per week.¹⁸ When refugees sell part of their ration, it was reported that they receive 35 LRD per kilogram of rice.

A small percentage (2%) of refugees' expenditure goes toward medical expenses (5% in the case of refugees in camps). Interviews revealed how some refugees had to incur additional costs in cases when diseases could not be treated locally within primary healthcare structure. Such expenditure was more regularly incurred by refugees living in host communities.

With refugee incomes extremely limited, a majority of households are in need of additional resources in order to meet their basic needs. Only refugees with better income generation opportunities or diverse income sources have better purchasing power. In most cases, refugees are sacrificing a portion of their food ration in order to receive cash to cover other requirements such as soap, clothing or transportation.

Coping strategies

In order to survive on their low incomes, refugees employ some form of food consumption related coping strategy, including: reducing portion sizes; reducing number of meals; eating less preferred foods or consuming less diversified food items compared to former consumption patterns in CDI. Borrowing food or buying food on credit is the main coping mechanism employed by refugee HHs (65%) followed by relying on food gifts from neighbours and relatives (47% in camps; 62% in host communities).

As CDI refugees generally do not own many high value or productive assets, the lowly reported coping strategy of selling domestic assets (18%) may be misleading. Indeed, all refugees interviewed reported having to sell clothes, shoes, watches, phones and whatever valuables they had to cover their needs when they first arrived in Liberia. With the bulk of their assets now totally depleted, this no longer poses an option for many refugee HHs. Out of refugees interviewed in host communities, 10% of HHs reported withdrawing children from school to help with farming or petty trade.

During the JAM mission, refugees requested an increase in the allocation of rice provided to them as part of their food ration. However, the mission considers that this is not adequately justified, and will only

¹⁸ Average family size among refugees is 5.3.

enable refugees to engage more in exchange activities rather than utilizing this for their own consumption. Whilst the ration provided to refugees living in camps is enough to cover total caloric needs, the mission recommends that the provision of other food and NFIs should be explored in order to reduce the exchange of vital food items.

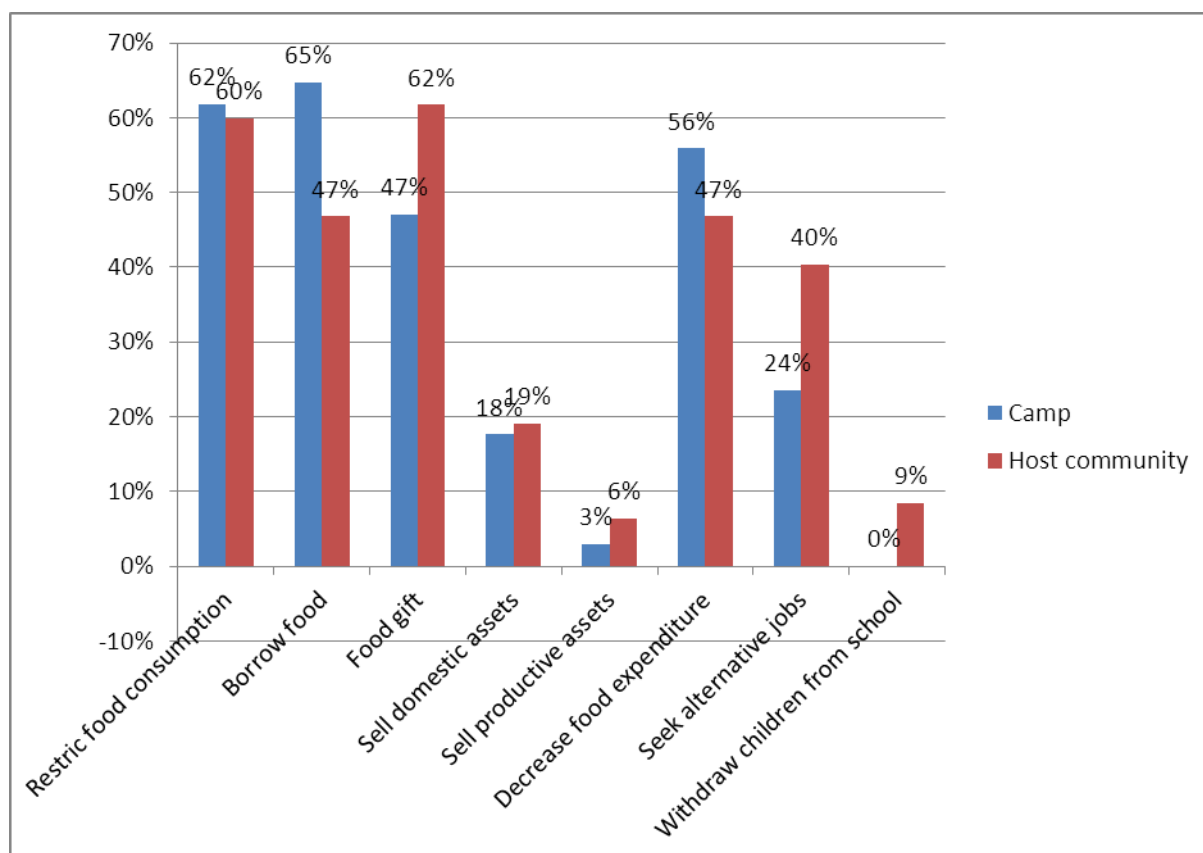


Figure 8: Percentage of HHs that adopt a particular coping strategy

Health and Nutrition:

Nutrition:

In refugee camps and host communities, nutrition activities have been implemented by various actors to prevent and treat acute malnutrition since the beginning of the crisis. No nutrition survey had been conducted exclusively in the refugee camps in Liberia since the influx of Ivoirian refugees in late 2010. Instead, only monitoring and programmatic data is available to indicate the trends of malnutrition. To address this, a nutrition survey was conducted in all camps in October 2012 just before the JAM field visits.¹⁹

The nutrition survey results revealed that the nutrition situation among Ivoirian refugees residing in camps remains within WHO emergency levels for acute malnutrition. However, a very high prevalence of anemia was recorded for women of reproductive age and children. Stunting levels were found to be 45.2% (41.2-49.1% in CDI regions), representing a critical level according to WHO standards. The most recent national level stunting data available from CDI reported a rate of 40.1% in 2006. According to the same report, rural stunting levels are higher than those in urban areas. With a majority of the refugee population originating from rural areas of CDI, there appears to be coherence between the two data sources.

The GAM rate of 3.9%²⁰ among children aged 6 – 59 months is acceptable according to the WHO cut-off point of 5%. As the five camps were merged and a sample was drawn from each camp based on a

¹⁹ Conducted by UNHCR in collaboration with WFP, MoHSW of the Republic of Liberia, and Partners

²⁰ (2.7 - 5.7% CI) including MAM of 3.6% (2.4 - 5.4% CI) and SAM of 0.3% (0.1 - 1.1% CI)

weighted population, the maximum confidence interval (CI) for both GAM and MAM requires further consideration to inform whether targeted programming is required. Prevalence of wasting was as high as 8.5% among young children aged 6 – 17 months, which also indicates issues related to weaning and feeding practices.

Whilst data on infant and young child feeding practices revealed an encouraging exclusive breastfeeding rate of 78% among children aged 0 – 5 months, initiation of breastfeeding within one hour was only 60%, whereas introduction of solid food among children aged 6 – 8 months was extremely low at 36%.

The global anemia rate among children aged 6 – 59 months is 74%, whilst it is 56.5 % among women of child bearing age. This is well above the WHO recommended threshold, which sets limit for anemia levels below 20% among both women of child bearing age and children below five years.

Measles vaccination (68%) and vitamin A supplementation (76%) revealed low coverage levels according to sphere standards. The nutrition survey report also indicated a low utilization and coverage of nutrition services. Addressing these factors is crucial to further improve nutritional indicators in refugee camps.

Access to health services:

Within camps, refugees have access to comprehensive and integrated free primary health care including nutrition, reproductive health, mental health/psychosocial support and HIV/AIDS assistance. The health facilities in the camp are also accessible to surrounding host communities; with an average 26% of beneficiaries being drawn from Liberian residents (in Bahn camp this was as high as 53% in the second quarter of 2012).

Table 3: Health indicators in refugee camps

Indicator	Level
Crude mortality	0.23/1000/month
under 5 mortality	0.4/10000/day
Health services utilization rates	1.6 visit per annum/person
Potable water availability	18.6lit/per/day

Refugees living in host communities have access to existing government health facilities free of charge. For refugees in some of the relocation communities in Nimba County, mobile clinics are in place for villages where the distance to the nearest health facility is more than one hour walk or over 5 kilometers. In line with GOL policy, by November 2012, twelve of the sixteen relocation communities were closed, and hence only one mobile clinic remains active. Mobile clinic services will be discontinued at the end of 2012 as a result of the closure of the relocation communities, a decreased number of weekly patients attending mobile clinics, and to encourage refugees to move to designated camps.

Secondary data gathered during field visits reported that malaria, acute respiratory tract diseases, diarrhea, and sexually transmitted infections account for the most common causes of morbidity, with malaria the leading cause. However, malaria reducing interventions have started to show dividends, with the proportion of malaria induced morbidity decreasing from 54% in 2011, to 30% in the third quarter of 2012. UNHCR distributed mosquito nets both in the refugee camps and in the relocation villages for refugees and host communities in 2012, achieving a coverage rate of almost 100%, with one net per two persons.

Although antenatal care coverage is relatively high at 86% with an average of two visits, only 13% of women delivered in camp clinics (mainly Solo and LW) because other camps lacked delivery services at the time of the JAM field visit. HIV/AIDS services including access to VCT, PMTCT and ART are established in all camps.

Beyond the achievements presented above, the field visits highlighted several challenges related to health assistance:

Infrastructure:

Permanent and durable health facilities have been constructed in Solo and PTP camps. However, urgent rehabilitation and upgrading is required in other camps to provide adequate space for refugee

consultations and waiting, because temporary structures were damaged during the rainy season. For example, the tent structure in Bahn Camp is leaking water; the current clinic in LW is only a temporary structure constructed from a tarpaulin; the new clinic at LW that is being constructed by UNHCR is at its very early stages.

Staff

There is shortage of trained medical staff in some camps, particularly in Solo and LW Camps. Another problematic issue facing medical staff is the language barrier, sometimes leading to poor communication between refugees and healthcare providers, resulting in inadequate quality, underutilization and decreased confidence in health services. For example, in LW, refugees voiced their frustrations over being denied assistance expressing dissatisfaction with health staff only talking to them in English or the local Grebo or Krumen dialect. In host communities, refugees expressed mixed reactions of their satisfaction level with access to health facilities and service provision.

Medicines and medical supplies

In both camps and host communities, refugees complained that medicines provided by clinics were often disbursed in insufficient quantities (less than what was prescribed), and on several occasions, refugees reported having to purchase their own medicine from private pharmacies. In a few instances, refugees in both camps and host communities expressed that their lack of confidence in medical staff or communication problems led to them purchasing medicines on the street.. Such actions may result in negative impacts to the health and wellbeing of refugees, who may prescribe themselves the wrong medicine or purchase poor quality drugs.

WASH and NFIs

WASH promotion activities are being implemented by various UNHCR implementing partners. Water availability ranges from 16.3 liters per person per day in Bahn camp, to 22.0 liters per person per day in LW. However, there are concerns that underground water levels may drastically recede during the dry season, reducing the availability of sufficient water in hand pumps. Field visits also observed that water points in some refugee camps were not operational, due to the limited availability of spare parts for repair, or insufficient or improper maintenance.

Semi permanent latrine ratios range from one latrine for 26 people in Dougee, to 1 latrine for 13 people in LW camp. In host communities, a common issue raised during FGD was the need to repair toilets and bathing areas. Indeed, village visits confirmed these requests, observing that many toilet facilities had been abandoned due to extensive damage.

Across all of the refugee camps, the JAM mission found soap distribution to be irregular, resulting in refugees having to spend their scarce resources on purchasing soap. Whilst plastic sheeting had been made available to construct some semi permanent structures, site visits observed that some housing required additional plastic sheeting for flooring purposes.

Protection

FGDs revealed the following concerns regarding the physical and psychological wellbeing of refugees;

- ❖ Discriminatory practices employed by some agencies providing assistance in camps, especially with regard to hiring of staff, salary scales and payments;
- ❖ An increasing feeling of insecurity in camps;
- ❖ Uncertainty and fear about relocation and repatriation among refugees in host communities; and
- ❖ Insufficient information on refugee rights and host country rules and laws.

In one camp, the team registered a number of sexual harassment complaints about IP staff. Due to the seriousness of these claims, these were immediately reported to the camp managers and the partner concerned. The team also received reports of transactional sex in one camp and in a number of host communities. During the FGDs, women were hesitant and protective when the issue of transactional sex

was raised. However, respondents admitted that some refugee women in camps and host communities have chosen to live with Liberian men in order to receive perceived protection and support.

According to FGD, feelings of insecurity in refugee camps are primarily a result of a lack of security guards and the fact that security guards are generally exclusively Liberian. This observation indicates a broader lack of trust between the two communities, resulting in instances of refugees mobilizing themselves to organize their own security patrols.

Family tracing was also a broadly expressed protection concern, especially among elderly groups who have lost contact with their children and are consequently taking care of their grandchildren. Indeed, the tracing of missing adult family members is a less pressing priority among the activities of development partners, who instead prioritize the tracing of unaccompanied minors and identified separated children.

CDI refugees have been very fluid in their movements since the onset of the political crisis. A significant number continue to reside across many host communities located along the CDI border, some of which are inaccessible during the rainy season. Such accessibility issues and the vast spatial distribution of refugees pose a serious challenge to UNHCR and its partners to provide the assistance which many refugees badly need.

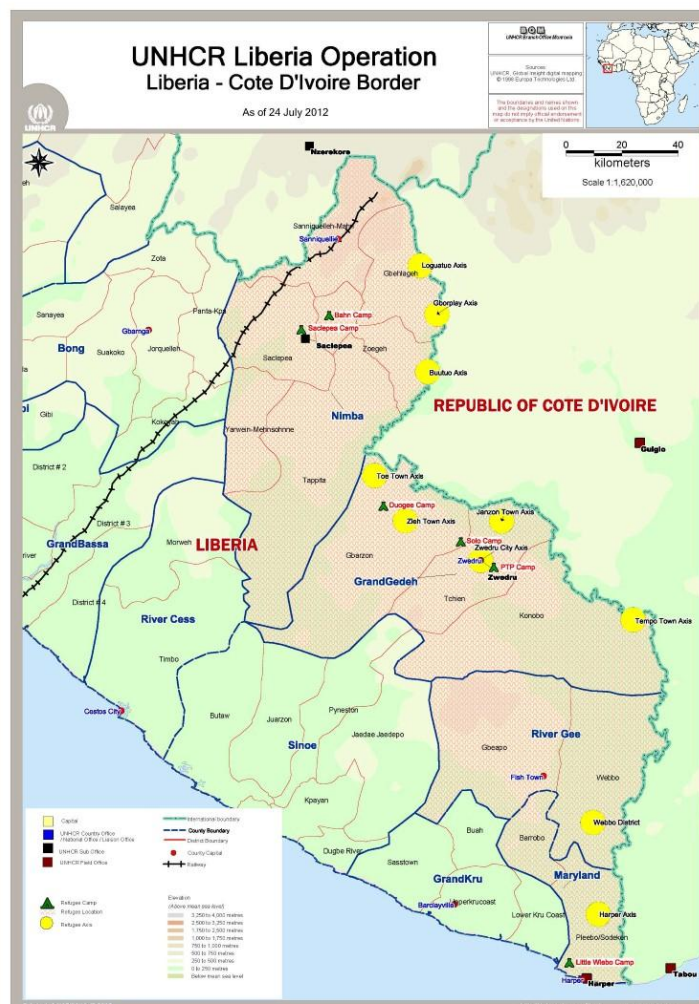


Figure 9: Refugees in Liberia: Areas of concern

Education

Free primary school education is available to all children residing in designated refugee camps, and is provided by UNHCR, UNICEF and IPs. Indeed, access to primary education plays a major role in the

decision making process of refugees who elect to reside in camps. This is because schools located in refugee camps are implementing the Ivorian curriculum, representing an agreement reached between the Liberian and CDI Ministries of Education to promote the continuity of education provided to refugee primary schoolchildren until they return to CDI.

Although primary education is freely provided in refugee camps, teachers report that some school age children are not attending schools. This is due to a variety of reasons, including: children being required to look after younger siblings; children made to participate in household activities as a coping strategy; and school level constraints including overcrowding and high student-teacher ratios. This situation appears to have been exacerbated by the relocation exercise.

Refugees voiced excitement at the prospect of the commencement of school feeding activities in primary schools located in refugee camps. This was because school feeding was identified as crucial to improve attendance rates through reducing food insecurity related barriers to children going to school. At the time of the JAM mission, preparation and planning was underway to commence school feeding activities in primary schools located in refugee camps.

A lack of student learning materials and insufficient curriculums for teachers were reported as factors reducing the quality of education in some primary schools located in refugee camps. Other educational related constraints included a lack of institutional support to secondary education, resulting in the educational development of older children being interrupted. Informal education targeting youth reaches a small portion of eligible population in the refugee camps. However, communication barriers (French/English) between teachers, IPs and refugees are contributing to the deterioration of trust between education providers and users, creating a negative perception about some educational interventions.

A recent change in government policy has resulted in the discontinuation of the teaching of the Ivorian primary school curriculum in host community schools. This means that refugee school children residing in host communities are now only able to receive the Liberian curriculum. It is feared that this change is going to negatively impact upon the enrollment and attendance rates of refugee children in host communities, resultant of language barriers and the fact that parents may not recognize the value of their children learning the Liberian curriculum.

Shelter and Environment

Refugees residing in camps are mostly living in semi-permanent structures. These semi-permanent shelters are constructed with plastic sheeting, which are then daubed with red earth in most cases. To facilitate this process, refugees are provided with material support and incentives to encourage their involvement in the construction of shelters.

The quality of materials provided for temporary shelters is often unsuitable for the climatic conditions in Liberia, with plastic sheets and tents too hot to be used during the day, whilst at night shelters become transparent and lack privacy. There is an ongoing effort to make refugees take responsibility to improve their own shelters. Improvements have already been achieved in Nimba County, where refugees have enhanced their shelters by taking advantage of locally available materials such as bamboo, palm leaves and wood.

Norwegian Refugee Council (NRC) is the IP responsible for environmental activities in refugee camps in Grand Gedeh and in Nimba. NRC's activities have included establishing "natural parks" located inside refugee camps, especially in Grand Gedeh County. Parks consist of forest trees and other wild plants, and include playgrounds and recreation facilities to be used by refugee children. The environmental team has constructed drainages in the camps, which it is also responsible for maintaining. The team has also provided training to refugees in the construction of eco-stoves, which it has distributed to refugees in camps to reduce firewood consumption. Forest rangers, mainly composed of refugees, are trained to conduct sensitization activities that promote the importance of environmental protection. Sensitization activities also include the discouragement of charcoal production and emphasize its negative impact on the overall ecosystem.

Priorities for refugees, and repatriation

Apart from specific problems in each location, one of the consistent requests made by refugees and host community members during the JAM mission was the need for livelihood support. Many respondents

requested support for farming, including: enhanced access to land and; distribution of seeds, tools and small livestock. Most refugees coming from CDI are farmers, who wish to continue farming activities in some way to preserve their skills. In many instances, Liberians interviewed during the mission recognized that refugees are generally more skilled and have more experience in farming than they have.

Refugees also requested assistance with accessing credit in order to support them to establish small businesses. To enhance livelihoods, refugees also emphasized that development partners should increase coverage of vocational training activities, with many women reporting that they those who had received training in tailoring, hairdressing or other skills have been able to diversify their livelihoods and increase their incomes. Women also voiced how they felt discriminated against in terms of the salary they receive for the same tasks performed by men, and are thus eager to new skills to avoid direct competition.

Despite enormous efforts made in communities to address refugee concerns about relocation and repatriation, some refugee still expressed fear, anxiety and concerns about returning home. Indeed, when asked about repatriation, most refugees reported that they are still unwilling to return home as they hear stories about continued insecurity in their home communities. This reflects the fact that most refugees remain in regular contact with their families or relatives on the other side of the border. In addition, many male refugees regularly cross the border to check on their house and farms, at which times they also assess the security situation in their communities.

Most refugees interviewed during the JAM reported that they would be willing to return to CDI as soon as UNHCR informed them that conditions are safe for them to return. For refugees living in host communities, there are fears that a failure to relocate to designated camps may result in their exclusion from the repatriation process.

4. Conclusions and recommendations

Conclusions:

Considering the findings above and the outputs of the visits, the JAM team concluded the following:

- ✓ Refugees are residing both in camps and in host communities but due to the Government policy of relocation, a possible increase in the camp population is expected toward the end of 2012 and the beginning of 2013. As of January 2013, registered refugees living in Liberia were 64,871, with about 41,000 residing in camps. It is expected that up to 50,000 refugees will be living in designated refugee camps by the end of 2013. These refugees will rely on food assistance to meet their basic requirements.
- ✓ 38% of refugees are not consuming a balanced diet, and remain at a high risk of food insecurity as they are unable to meet their food needs.
- ✓ Refugees living in camps are highly dependent on food assistance, which is currently preventing their food security status from deteriorating further.
- ✓ Livelihood opportunities are limited and access to land for vegetable gardens and small scale farming is very low. In addition, the legal framework that would allow refugees to access land is extremely unclear.
- ✓ Agricultural activities are limited due to thick tropical rainforest coverage, a lack of agricultural inputs and low productivity.
- ✓ Refugees living in host communities have better access to land and livelihood opportunities than refugees living in camps, enabling them to grow cash crops and improve their food consumption.
- ✓ 20% of food aid is exchanged or sold to cover other basic needs (NFIs, soap), as food aid represents the only resource available for many households.
- ✓ Refugee conditions were found to improve over time in most cases. Those who have been in Liberia for over a year have had more time to diversify their income sources to enhance their resilience to cope with their situations.
- ✓ Vulnerable groups, such as female headed households and unattended elderly people, are more exposed to food insecurity and unable to cope with their displacement.

- ✓ Access to healthcare is sometimes hampered by language barriers and a shortage of skilled staff, preventing some refugees from benefiting from adequate services.
- ✓ The nutrition situation among Ivorian refugees residing in camps remains within WHO recommended level of acute malnutrition. However, the high prevalence of anemia among women of reproductive age and children poses a concern.

Recommendations:

In light of these observations, the *JAM team recommends* the following actions among development partners:

UNHCR

- ✓ Conduct a refugee re-verification exercise in the first quarter of 2013 to establish an updated figure capturing refugee populations residing in camps and host communities.
- ✓ Design an appropriate response to address malnutrition and anaemia with *targeted* rather than blanket interventions.
- ✓ Distribute NFIs such as soap and plastic sheeting more regularly to protect food rations.
- ✓ Provide health staff working in camp health facilities with basic training in interpersonal communication skills and attitudes to improve relationships with refugees.
- ✓ Enhance coordination with community health workers and traditional birth attendants to increase hospitalized deliveries in all camps.
- ✓ Rehabilitate sanitation facilities and water points following a planned schedule across all locations.

WFP

- ✓ Continue general food distributions in all Ivorian refugees' camps for at least another six months. After this time, continuation should be reevaluated based on a livelihood opportunities assessment.
- ✓ For refugees living in host population explore suitable food-for-work/food-for-training and livelihood activities in order to optimize the allocation of resources and address disparities.
- ✓ Revise the current general food ration by removing Supercereal and increasing pulses and or rice in the food basket
- ✓ Continue providing Supercereal to pregnant and lactating women (PLWs) in the camps.
- ✓ Provide special food commodities to children under 5 years old to address high level of stunting.
- ✓ Continue implementation of school feeding assistance for primary school children inside camps as part of an enhanced safety net approach.
- ✓ Conduct a livelihood opportunities assessment in camps and host communities during the second quarter of 2013 to identify activities to enhance self-reliance and income generation.
- ✓ Distribute GFDs in line with the refugee suggestion of distribution by grouping.

LRRRC

- ✓ Review refugee camp security situations with a focus on increasing controls and deploying more diverse guards (by gender, and by nationality).
- ✓ Advocate with relevant GOL ministries to develop an enhanced legal framework to improve refugee land access and utilization by CDI refugees.
- ✓ Increase transparency and communication regarding relocation and repatriation of refugees.

UNICEF

- ✓ Improve access of refugee schoolchildren living in host communities to Ivorian primary school curriculum.
- ✓ Align school space and pupil: teacher staff ratios in schools in refugee camps with international standards.

ANNEXES

Terms of reference

Introduction

The political turmoil and violence in CDI due to the disputed presidential election results in 2010 led to the displacement of more than 224,000 Ivoirians across the border during the course of 2011 to seek refuge in Liberia. At the beginning of the refugee crisis, 60% of them were women and children. While the political crisis in CDI has come to an end, there continues to be significant movement across the Ivorian border with Liberia due to continued insecurity among other concerns in the western parts of CDI.

Liberia

The current refugee operation in Liberia is mainly focused on the Ivorian refugee case load and very limited assistance is provided to host communities living alongside the refugees. The Government of Liberia (GoL), supported by UNHCR and the international community, has established a number of camps in the counties bordering CDI, namely in Nimba, Grand Gedeh and Maryland to host Ivorian refugees; a significant number of these refugees remain in Liberian villages close to the border. Proximity to the border is perceived to be advantageous for the refugees who have not yet moved into camps, because there is better access to information (reception of Ivorian radio channels and mobile networks, interaction with people from CDI passing through). Additionally, the proximity enables regular opportunities to visit their villages on the other side of the border and to monitor their farms more regularly, and gives them better opportunities for livelihood activities in the border region. For these refugees – and other groups of Liberian migrants along the border regions – there appears to be better opportunities for livelihood activities.

The biometric registration is almost completed in all the camps, based on which the current figure of the number of refugees in Liberia stands at 64,826 or (23,344 households), (UNHCR 30/9/2012) of which 54% are females and 46% males. 49% of the refugees are hosted in Grand Gedeh, 30% in Nimba, and 18% in Maryland; 35,877 (55.3%) of them live in six refugee camps (two in Nimba, three in Grand Gedeh and one in Maryland counties), and 2,687 in 8 relocation villages in Nimba County. 81% of the refugees are women, and children are under the age of 18. From end of July 2012, more than 6,826 new refugees have crossed the border from CDI into Liberia due to the ongoing insecurity in the area.

The number of spontaneous returns and organized repatriation of Ivorian refugees started in mid-2011 and in 2012 respectively. The targeted figure for voluntary repatriation of Ivorian refugees was 50,000 between January and December 2012; however, the repatriation figure is now revised to 15,000. So far 11,456 Ivoirians were assisted by UNHCR and its partners to return from January to July 2012 (30/08/2012 data)²¹.

Most adult women refugees fled with their children and many constitute single headed households. Many refugees remain reluctant to return to CDI out of expressed fear of retributions or continued fighting.

Among the main challenges in Liberia, which were present even before the current refugee crisis, are the lack of sound infrastructure, physical accessibility to some of the health facilities, shortage of trained health manpower and lack of other medical resources. The latest sudden influx of refugees has put tremendous pressure on local communities already living in a precarious situation. As a consequence, the population density has doubled or even tripled in some areas. the refugee camps were established in the most food insecure counties, and assistance to refugees remains a challenge due to the fact that still a sizable number of the refugee population (more than 45%) is residing with host communities along the Ivorian border thus not in camps. As a result, increased consumption of local food stocks due to sharing with refugees in the early days of the crisis led to a premature lean season in Liberia, forcing many among

²¹<http://data.unhcr.org/liberia/>

the population to consume their next season rice seeds. At the same, time the price for locally produced rice in the refugee affected areas doubled between October 2010 and April 2011²².

In 2012, The GoL issued a policy to voluntarily relocate refugees living in host communities to the camps, and provide assistance to the refugees residing in camps only in order to facilitate the humanitarian assistance and ensure the sound protection of refugees. The GoL, with the support of UNHCR, has initially planned to increase the refugee population in the refugee camps to 80,000 by moving refugees from the host communities to the camps. However, it is expected that a significant number of refugees will opt to remain in the border areas.

Cote d'Ivoire

Statistics show that 159,891 Ivorian refugees have returned home between October 2011 and September 2012; 145,000 of them were spontaneous returns. From Liberia, 7,436 have returned through organized UNHCR convoys to their final destinations, while 7,500 benefited from UNHCR transportation and protection assistance from the border to their villages of origin. However, in the conflict prone border region in western Cote d'Ivoire, near to the Liberian border, renewed armed attacks since April 2012 negatively affected refugees, thus causing Ivorians to hesitate or change their plans to return and even forced some to flee into Liberia.

The first semester of 2012 witnessed a massive return of IDPs. 17 IDP sites in Abidjan hosting nearly 8,000 persons were closed by the end of March 2012. These persons returned either to their original neighborhoods/villages or to other locations close to or with relatives. The last IDP site at Nahibly was brutally closed in July 2012, forcing nearly 5,000 persons to return to their villages of origin or to alternative destinations. Many who returned to villages are struggling to reconstruct their lives. At the same time, there are thousands still living with host families. Closely connected to unrest and inter-community tensions, particularly in the west where most of the massive displacement took place, are the burning issues of addressing and management of land rights.

The 1998 Land Law does not provide for adequate dispute resolution over land ownership. In many areas of the west, wide scale reforms are necessary for the sake of peaceful co-existence and long lasting stability. Layers of secondary occupation of land combined with the connection between land tenure and the concept of "Ivoirité" and long term connections to the region will demand a national approach if the country is to find long-term solutions to the ongoing tensions over land ownership.

It is estimated that the 2011-2012 harvest in Côte d'Ivoire will be reduced by 38.5 % in areas directly affected by the conflict, including the South, South-West, West, and Centre-West. These are primarily due to population displacements, the lack of productive assets (looting of farms) and lack of agricultural labour, as well as late planting but also due to late rains; pressure on local resources and high commodity prices.

Considering the strong ethnic ties between Ivorians and Liberians, the movement across borders is fluid and frequent, depending on various socio-economic factors. The mobility among the population is compounded by the highly porous borders between the two countries. For example, some of the Ivorian refugees regularly cross the border back into Cote d'Ivoire to their home villages in order to monitor their farms or assess agricultural prospects for the upcoming season. Alongside the refugees are Liberian migrants who were semi-permanently based in Cote d'Ivoire but forced to return to Liberia as the result of the crisis.

The cessation clause for Liberian refugees came into force on 30 June 2012 and after a verification exercise in June, the total number of registered Liberian refugees was found to be 22037, out of whom

²² Impacts of Rising Food-Fuel Prices and Refugee Influx in Liberia, June 2011, Republic of Liberia

around 80 per cent applied for voluntary repatriation.

From July through September, 7457 individuals were transported back home in UNHCR convoys. As of 30 September, 9,845 Liberian refugees were still living in Côte d'Ivoire, the vast majority of them in Bas-Sassandra and Montagnes regions, close to the Liberian border. Those refugees fled the war in Liberia and many of them have been living in CDI for almost 20 years.

Objectives, purpose and outputs

The cross border joint assessment mission will analyze different sectors like food assistance, non-food items, health and nutrition, coordination, livelihood opportunities and partnerships based on available secondary data in both countries. The field mission will be undertaken in both countries to confirm the overall situation, profiles and needs of Ivorian refugees and refugee hosting communities in border areas of Liberia, and of IDPs/ host populations in CDI .

Objectives

Specific objectives of the cross border JAM are to:

4. Identify vulnerable populations living on both sides of the borders;
5. Review current assistance in both countries; and
6. Propose improvement and/or new interventions in line with host countries policies and plans

Proposed methodology

The team will review both strategic and operational issues; work on secondary information through desk reviews, and validation of data and primary information through key interviews, focus group discussions, and meetings during field visits. The team leaders of the joint mission will have access to the available documentation, such as the distribution reports, (food, nutrition, health, WASH, non-food items etc), recent nutrition surveys, project monitoring reports, and other relevant data.

One person from each country joins the team on either side for the duration of the field visit in each country; i.e. one person from either WFP or UNHCR from CDI joins the Liberia Team, and vice versa.

The assessment field mission will take place from 5-14 November 2012 with the participation of UNHCR and WFP in the two countries (with technical support from the regional bureau and HQs), donor community and selected cooperating partners, and representatives of both governments.

Following methodologies will be employed:

- 1) Review of available secondary data and information
- 2) Focus Group discussions during field visits
- 3) Interviews with key refugee representatives and local authorities

Assessment management and timeline

The assessment will be led jointly by JAM Coordinators from UNHCR and WFP who are designated for the exercise in both Liberia and CDI with the support of the two agencies' local, regional and HQ staff, and consultants. The exercise will be conducted in collaboration with NGOs, donors, and officials from the respective governments.

Liberia and CDI thematic areas have been coordinated by sectoral leads within the UN. All the thematic groups will be coordinated by the country JAM coordinators from both UNHCR and WFP with overall guidance by the senior staff from their respective local headquarters or regional bureaus.

It is proposed that the assessment team will be centrally coordinated from inception to finalization of the report. Due to the possible language barriers, lead persons from the two agencies shall be fluent in French and English as much as possible.

The mission will be expected to debrief on its preliminary findings to the country offices of both WFP and UNHCR in both countries, and to the humanitarian community on approval by the respective Country Representatives / Country Directors of both UNHCR and WFP.

A Joint Plan of Action will be formalized based on the findings and recommendations of the JAM, and signed off by the representatives of both agencies in both countries.

Budget

The JAM is expected to cost about 30,000USD (Liberia) and 30,000 USD (CDI)

Team Composition

Team 1

Dr. Nitesh PATEL, WFP, JAM Co-coordinator and VAM officer
 Mohamed Tejan-Cole, UNHCR, Field coordinator
 Peter VOEGTLI, WFP, Refugee Programme Coordinator
 Edward FEWRY, UNHCR, Associate Programme officer
 Ailsa Laxton, UNICEF
 Shawna Hirsch, USAID

Team 2:

Dr. Gebrewold Petros Yohannes, UNHCR, JAM Co-coordinator and PHO
 Rossella BOTTONE, WFP VAM Officer
 Jimmie T. Toe, LRRRC Senior Programme Officer
 David Banda, UNHCR, Field Officer

Sites Visited



Refugees Statistics



Summary Refugee Population Statistics
by Location, Sex and Age Group

UNHCR Monrovia
SES+ de Camps/Parishes de S. M. de Camp/Parishes
M. de S. M.

Location	0-4		5-11		12-17		18-59		60+		Grand Total		HHs								
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	Total						
LBR-Grand Gedeh																					
Doojee Camp	603	596	1,199	627	722	1,349	267	354	621	1,336	934	2,270	184	77	261	3,017	2,683	5,700	1,092	900	1,992
Grand Gedeh Communities	878	810	1,688	1,036	1,072	2,108	402	524	926	3,237	2,367	5,604	493	272	765	6,046	5,045	11,091	3,312	2,551	5,863
PTP Camp	926	907	1,833	1,025	991	2,016	413	533	946	2,077	2,094	4,171	134	99	233	4,575	4,624	9,199	1,276	1,830	3,106
Solo Camp	578	607	1,185	579	642	1,221	251	332	583	1,300	1,108	2,408	144	98	242	2,852	2,787	5,639	872	1,093	1,965
Total	2,985	2,920	5,905	3,267	3,427	6,694	1,333	1,743	3,076	7,950	6,503	14,453	955	546	1,501	16,480	15,139	31,629	6,552	6,374	12,926
LBR-Maryland																					
Little Wilebo Camp	923	885	1,808	1,053	1,011	2,064	450	409	859	1,779	1,236	3,015	94	55	149	4,239	3,596	7,895	1,241	1,030	2,271
Maryland Communities	483	481	964	582	662	1,244	243	343	586	989	707	1,696	74	40	114	2,371	2,233	4,604	634	528	1,162
Total	1,406	1,366	2,772	1,635	1,673	3,308	693	752	1,445	2,768	1,943	4,711	168	95	263	6,670	5,829	12,499	1,875	1,558	3,433
LBR-Menterrado																					
Monterrado	20	18	38	18	16	34	23	17	40	101	209	310	4	4	8	166	264	430	67	205	272
Total	20	18	38	18	16	34	23	17	40	101	209	310	4	4	8	166	264	430	67	205	272
LBR-Nimba																					
Bahn Camp	1,129	1,130	2,259	1,151	1,223	2,374	408	402	810	2,019	1,173	3,192	107	111	218	4,814	4,039	8,853	1,615	1,119	2,734
Nimba Communities	1,042	965	2,007	1,123	1,152	2,275	293	353	646	2,271	901	3,172	279	115	394	5,008	3,486	8,494	2,183	910	3,093
Relocation Communities	252	238	490	263	316	579	126	143	269	535	248	783	75	29	104	1,251	974	2,225	454	239	693
Saclepa Camp	112	99	211	142	131	273	113	103	216	244	238	482	20	6	26	631	577	1,208	128	184	312
Total	2,535	2,432	4,967	2,679	2,822	5,501	940	1,001	1,941	5,069	2,560	7,629	481	261	742	11,704	9,076	20,780	4,380	2,452	6,832
LBR-River Gee																					
River Gee Communities	181	207	388	222	239	461	67	64	131	369	159	528	20	5	25	859	674	1,533	324	158	482
Total	181	207	388	222	239	461	67	64	131	369	159	528	20	5	25	859	674	1,533	324	158	482
Summary for all Locations																					
Grand Total	7,127	6,943	14,070	7,821	8,177	15,998	3,056	3,577	6,633	16,257	11,374	27,631	1,628	911	2,539	35,889	30,982	66,871	13,198	10,747	23,945

Population Statistics by Location, Sex and Age Group

Prevalence of acute malnutrition

Table 7: Prevalence of acute malnutrition based on weight-for-height z-scores (and/or Oedema) and by sex

	All n = 637 ^{1,2}	Boys n = 312	Girls n = 325
Prevalence of global malnutrition (<-2 z-score and/or oedema)	(25) 3.9 % (2.7 – 5.7 95% C.I.)	(16) 5.1 % (3.2 – 8.2 95% C.I.)	(9) 2.8 % (1.5 – 5.2 95% C.I.)
Prevalence of moderate malnutrition (<-2 z-score and >=-3 z-score, no oedema)	(23) 3.6 % (2.4 – 5.4 95% C.I.)	(15) 4.8 % (2.9 – 7.8 95% C.I.)	(8) 2.5 % (1.3 – 4.8 95% C.I.)
Prevalence of severe malnutrition (<-3 z-score and/or oedema)	(2) 0.3 % (0.1 – 1.1 95% C.I.)	(1) 0.3 % (0.1 – 1.8 95% C.I.)	(1) 0.3 % (0.1 – 1.7 95% C.I.)

The acute malnutrition seemed more pronounced among boys than girls. The prevalence of oedema is 0.3 % with equal distribution in both sexes.

Table 8: Prevalence of acute malnutrition by age, based on weight-for-height z-scores and/or Oedema

Age (mo)	Total no.	Severe wasting (<-3 z-score)		Moderate wasting (>= -3 and <-2 z-score)		Normal (> = -2 z score)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6-17	130	0	0.0	11	8.5	118	90.8	1	0.8
18-29	156	0	0.0	5	3.2	151	96.8	0	0.0
30-41	146	0	0.0	5	3.4	140	95.9	1	0.7
42-53	149	0	0.0	2	1.3	147	98.7	0	0.0
54-59	56	0	0.0	0	0.0	56	100.0	0	0.0
Total	637	0	0.0	23	3.6	612	96.1	2	0.3

Secondary data

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