

Conclusions

Despite the difficult security conditions that persisted throughout the seven-year war, OFDA was able to achieve its strategic objective. OFDA-supported activities saved the lives and alleviated the suffering of thousands of IDPs and Liberian refugees. By the war's end, OFDA-funded activities protected the livelihoods of rural populations, and reactivated Liberia's health care and agriculture sectors.

The unstable security conditions required major strategy shifts. NGOs began implementing a strategy of "maximum output for minimum input". The International NGOs began providing cross-boarder assistance through local NGOs. In addition, NGOs such as MSF used mobile hospitals to reach some of the IDPs outside Monrovia and Buchanan.

Throughout the civil war period OFDA's emergency assistance had generated positive results. For example, a 1994 OFDA report indicated that malnutrition among children in ECOMOG-secured areas had dropped significantly since 1993. In addition, it stated that, in Bong and Nimba counties, agricultural assistance programs, like those of the United Nations Food and Agriculture Organization (FAO) and CRS, had shown positive results, encouraging a return to farming and self-sufficiency. Because a new strategy of "maximum output for minimum input", food assistance that reached targeted beneficiaries had enabled all but a few geographic areas to avoid mass starvation¹.

A health assessment conducted in 1997 by OFDA suggested improvement in the health of the population². Systematic review of health facilities found that NGOs and relief workers were operating most of the health facilities. A general trend emerged from the report suggesting reduced malnutrition and mortality rates in some areas.

The most significant accomplishments of OFDA-funded activities are in the emergency health and agriculture sectors. Since 1990, OFDA had provided support for the rehabilitation of war-damaged hospitals and health facilities and the restocking of essential drugs. Support for the protection of livelihoods of rural populations and the revitalization of agricultural production began in 1992. Agriculture recovery support provided by OFDA was critical for enhancing food security of the affected population and for leveraging other relief resources.

Emergency Health /Nutrition

Prior to the seven-year conflict, health services were delivered within Liberia through a network of Ministry of Health hospitals and clinics, Church related health facilities, commercial concessions and private hospitals and pharmacies. Village health posts provided basic health care services supported by a system Health Centers. Health Centers would refer complicated cases to district or county hospitals. As of 1988, there were 34 hospitals, 140 Health Centers and 299 Health Posts³. These facilities were staff by approximately 2,484 health professionals. There was one physician per 10,000 people, with Monrovia citizens having better access to doctors and health facilities than rural populations.

The seven-year conflict devastated the health care system. About 95 percent of Liberia's health infrastructure was destroyed or severely damaged by the civil war. Hospitals, health centers, and health posts were looted and destroyed and many health workers had to flee to save their lives. During the civil war, pre-service and in-service training programs were shut down, and curricula,

¹ The reduced quantity and quality of food, however, increased susceptibility to disease and decreased capacity of the rural population to participate in heavy manual activity.

² Lillibridge, Scott R., etal

³ Lillibridge, Scott R., Downs, Kathleen, Mertens, Mary, OFDA Health Assessment for Liberia, April 1997

textbooks and training equipment were looted or destroyed. Many health workers became casualties of the conflict and those who skilled health workers who survived fled the country. Consequently, basic health services became unavailable to almost 90 percent of the population. As early as 1990, OFDA provided funding to organizations such as ACF, IRC, MSF, and UNICEF to provide emergency medical services to the IDPs and war affected population.

Activities funded since 1996 have helped to reactivate a network of primary health care services in 9 out of 13 counties. In addition to the provision of emergency medical services to targeted vulnerable populations, OFDA also supported activities in reproductive and maternal/child health care and training, immunization programs, health education, essential drugs distribution, training of traditional birth attendants, and reestablishment of cost recovery schemes. Most of these activities were concentrated in regions with high proportions of returnees. In addition, OFDA-funded activities, located in border areas, served as stabilizing forces and attracted refugees to return home.

Agricultural Emergency Support

OFDA's support for emergency agricultural programs assisted rural communities to return to farm activities after the disruption of their livelihoods, reduced dependence on relief food, and revitalized the agricultural sector. The emergency seeds and tools program started in 1992 when it became evident that farmers had lost planting seeds and farm implements when they were forced by the civil unrest to flee their homes and farms.

The emergency seeds and tools program has had a profound impact on agricultural production and protection of livelihoods of the rural population. Emergency seeds and tools distribution, coordinated by a committee including OFDA, WFP, EU, FAO, UNHCR, NGOs and Liberia's Ministry of Agriculture improved food availability for more than 1.5 million Liberians and reduced dependence on food aid. The emergency seeds and tools activity which included training of farmers in improved agricultural practices, development of community-based swamps for increased rice production, and increased local seed multiplication and distribution, implemented in regions where the security situation was relatively stable, helped to raise staple food production and reduce dependence on food aid.

A United Nations Food and Agriculture Organization assessment mission that visited Liberia in early December 1996, estimated that despite the war, the rice harvest was substantially larger in 1996 than it had been in 1995. In 1996, distribution of seeds and tools was concentrated in Bomi, Bong, Nimba, Lofa, Montserrado, Grand Bassa, Margibi, Cape Mount and Grand Gedeh counties. As more regions became accessible and the number of returnees increased, the production of crops increased steadily.

In January 1999, FAO reported a significant improvement in the overall food situation in Liberia. According to FAO, in 1998 rice production was up to 70 percent of pre-war levels, compared to 25 percent in 1995. And cassava production had returned to 100 percent of pre-war levels. These expansions were result of expansion of planted areas, and improved crop farming systems, which raised yield per hectare.

Lessons Learned

1. *Adherence with basic humanitarian principles and accountability helped reduce attacks on humanitarian workers, donors and beneficiaries.* Public announcement of the names of the factions that had looted humanitarian assistance commodities and assets, and attacked humanitarian workers had the effect of influencing public opinion against the factions that

were struggling for political power.

2. *Regular Donor and NGO meetings are essential for formulating and implementing coordinated approaches to fight threats on humanitarian workers as well as aid recipients.* In Liberia, these monthly coordination meetings resulted in the formulation and adherence with the principles of “do-no-harm”, and “minimum input for maximum output”. The minimalist approach made theft of humanitarian commodities unattractive. It also was effective in persuading NGOs to remain neutral and to avoiding siding with factions. (With more than six ethnic factions fighting for control of the country, Liberia was divided along ethnic lines for much of the war and the temptations for NGOs to side with the factions were great.) In addition, these meetings were useful for exchanging information, networking, and effective collaboration and coordination of humanitarian programs.
3. *Coordination among the humanitarian community, including NGOs and donors, and working together as a unit,* often had the impact of thwarting factions from trying to divide and conquer or from attaching donors and humanitarian workers.
4. *Local knowledge, expertise and experience are essential requirements for implementing programs that meet critical needs of disaster victims in a complex emergency situation.* Organizations such as MSF, ACF, CRS, SCF and WV that had long years of experience working in complex emergency countries such as Sudan and the Great Lakes were able to implement effective emergency response programs in Liberia. Even when humanitarian workers were evacuated out of Liberia for security reasons, these experienced NGOs were able to provide cross-border emergency assistance through local counterparts.

Local Knowledge + Experience + Expertise = Risk Taking to Saved Lives

5. *Advocacy for protection of vulnerable groups* is a critical element of disaster response in complex emergencies.
6. *The EU, and USG entities and NGOs need to work on relationships and on emergency response approaches.* The provision of full rations by the EU, for example, put beneficiaries and humanitarian workers at risk of attack by armed gangs.
7. *Wherever possible OFDA should take advantage of resources and local knowledge of USAID mission staff when responding to emergency events.* In Liberia, even though USAID had terminated development activities, it was on the ground throughout the period. It coordinated USG’s humanitarian assistance and provided guidance to NGOs, and collaborated and coordinated with other donors. In the absence of a DART in the field, coordination between OFDA/W and USAID/Liberia at times was awkward. In Liberia, for example, the communication equipment brought by OFDA was redundant to what the Mission had in place.
8. *Continuity of emergency assistance is essential to ease the way for negotiations among the warring factions.* The continued US presence and the continued provision of emergency assistance gave leverage to the US and other donors to bring the warring faction together to negotiate a peace accord.
9. *Emergency assistance that protects livelihoods and revitalizes social infrastructure helps reduce dependency and accelerates recovery and movement toward a sustainable development path.* OFDA’s support for rehabilitation and revitalization of Liberia’s health care sector and agricultural production sector was very vital in reducing dependence on

relief at the war's end.

10. *Almost always it is very difficult to access and target vulnerable groups in a complex emergency situation.* Often vulnerable groups are repeatedly forced to flee their camp or homes by warring factions to save their lives. In these cases, OFDA's programming flexibility and support for mobile emergency health services were critical in saving lives and reducing human suffering.