



The UN  
Refugee Agency

# UNHCR LIBERIA 2014 IN REVIEW



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Ebola awareness campaign at Bahn Camp



## Message from the Representative

“We salute his courage and commitment in the service of peace.”

**- In reference to Dr. John Dada, a refugee who died from Ebola while practicing medicine.**

The year 2014 may well be remembered for two of the most disparate program achievements in the range of UNHCR operations.

We began the year conducting voluntary repatriation convoys at a fast pace and were able to return more than 12,000 refugees to their home in Côte d'Ivoire during the first half of the year. The refugees were choosing to return in large numbers after seeing their homeland achieve a level of peace and security where they could feel safe. Since the height of the Ivorian refugee crisis in November 2010 when there were an estimated 220,000 refugees in Liberia, through voluntary and spontaneous repatriation, the Ivorian refugee population has declined to about 38,000 individuals over four years.

By mid-year, however, we found ourselves in the midst of a deadly and quickly spreading Ebola outbreak that required our immediate response. We quickly switched our focus to Ebola prevention and preparedness and have so far succeeded in keeping Liberia's three camps free of the virus. The outbreak was continuing at year-end, but seemed to be stabilizing at the time of this writing.

While UNHCR has a great deal of experience with voluntary repatriation and other protection operational work, we had no

experience with Ebola. And yet we have helped to direct highly successful prevention and preparedness activities for the refugees, working alongside our government partner, LRRRC, our non-governmental implementing partner organizations, and other UN agencies, funds and programs. Our combined efforts have turned out to be a model for Ebola preparedness at the community and camp level.

We are immensely thankful to our staff and implementing partners who have remained committed to protecting the refugee population even in conditions that put their own health and well-being at risk. Their selflessness in the face of a significant health threat is to be commended. We also appreciate the support of our headquarters and regional office during this difficult time.

At the same time, it is with great sadness that we acknowledge the deaths of six Sierra Leonean refugees and one Ugandan refugee who died from the Ebola virus in urban areas in Montserrado County.

The story of Dr. John Dada is particularly touching. A Ugandan who requested asylum in Liberia in 1983, he went on to obtain a UNHCR scholarship grant to do post-graduate studies at the University of Liberia. He earned his medical degree in 1994, and was a practicing physician at the Redemption and ELWA hospitals in Monrovia, where he is believed to have contracted Ebola while treating a patient. We salute his courage and commitment in the service of peace.

We are also grateful to our financial donors, especially the Governments of Brazil, Sweden and the United States of America, for supporting our efforts with additional funding during this unprecedented health crisis.

In closing and looking ahead to 2015, our fervent hope is that the borders with Côte d'Ivoire will soon re-open for UNHCR and its partners to resume the voluntary repatriation of refugees in safety and dignity.

KHASSIM DIAGNE  
Representative, UNHCR Liberia  
December 2014



Ivorian refugees assemble for voluntary repatriation in June

## Voluntary Repatriation Gives Way to Ebola Prevention

At the end of March, it looked like UNHCR would reach or even surpass its target for the voluntary repatriation of 16,000 Ivorian refugees by the end of 2014. Convoys had already taken 8,627 refugees home to Côte d'Ivoire and the Solo Refugee Camp had been closed.

Then, an outbreak of Ebola Virus Disease in northern Liberia led to a two-month halt in voluntary repatriation. Convoys were restarted in June after it appeared the outbreak had been contained, and 3,395 more Ivorian refugees were able to return home.

However, a resurgence of the virus and its spread from Lofa into Margibi and Montserrado counties stopped those efforts again on July 11 when a UNHCR convoy carrying some 400 refugees from Nimba County was turned back from the border.

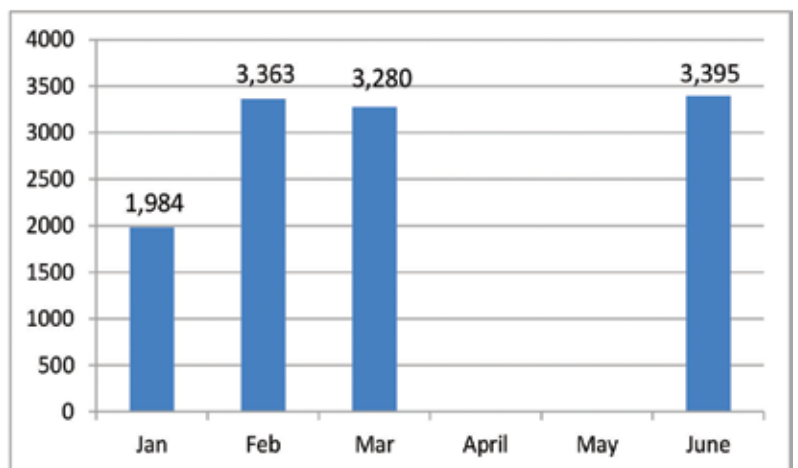
In the face of the world's worst outbreak of Ebola and the greatest threat to Liberia since the end of the civil war, UNHCR and its partners quickly refocused activities on Ebola prevention and preparedness. The overarching goal was clear: to protect the 40,000 refugees and people of concern as well as UNHCR's own staff from the deadly virus.

The year 2014 has been one of the most demanding yet for UNHCR's operations in Liberia, but it also has been one of the most successful, as UNHCR staff and all three refugee camps have remained Ebola-free.



Widespread campaigns raise awareness about Ebola.

**2014 Voluntary Repatriation by Month**  
Total: 12,022





Rep. Khassim Diagne symbolically hands over the key to Grand Gedeh County Superintendent Peter Solo signifying the official closure of Solo Refugee Camp.

## Key Achievements in 2014

- Facilitated the voluntary repatriation of 12,022 refugees to Côte d'Ivoire until the border was closed in July
- Resettled 25 refugees to the United States and 1 to Canada
- Closed Solo Camp on 21 March, leaving only three refugee camps remaining in the country
- Conducted massive Ebola awareness campaigns, going door to door in all camps and refugee host communities to reach nearly 40,000 people of concern
- Distributed hygiene kits along with Ebola prevention information directly to approximately 12,000 refugee and asylum-seeker households in all camps and host communities
- Developed three camp-based Community Care Centers for isolation and monitoring of suspected Ebola cases; provided training to health care workers along with essential drugs and supplies
- Supported the Government of Liberia's Ebola prevention and preparedness activities with cash and in-kind donations valued at \$669,675 (USD), including \$497,275 in support for refugee camps and households and \$172,400 for refugee host communities
- Printed and distributed 21,606 identification cards for refugees over age 7, and birth certificates for all newborns
- Offered livelihood training to promote refugee self-reliance in all camps, reaching 240 refugees with vocational training, 200 with adult literacy, and 1,850 with enhanced food security
- Supported 15 refugees with DAFI scholarships to pursue higher education in Liberia

## Basic Facts

### PARTNERS IN 2015

- Adventist Development and Relief Agency (ADRA)
- Africa Humanitarian Action (AHA)
- African Initiatives for Relief and Development (AIRD)
- CARE International
- Caritas Cape Palmas
- Save the Children International (SCI)
- Special Emergency Activity to Restore Children's Hope (SEARCH)
- Finn Church Aid (FCA)

### GOVERNMENT PARTNER

Liberia Refugee Repatriation and Resettlement Commission (LRRRC)

### COLLABORATING UN ENTITIES

UN Mission in Liberia (UNMIL), UNDP, UNICEF, UNFPA, WFP, FAO, WHO, OCHA, UN Women, UNV, UN AIDS, UNMEER

### Refugees and Asylum Seekers

Country of Origin	Individuals
Côte d'Ivoire	38,109
Sierra Leoneans	375
Mixed Nationality	92
Asylum Seekers	69
Other people of concern	1,540
<b>Total</b>	<b>40,185</b>

Figures as of 30 December 2014

### UNHCR OFFICES

- Branch Office Monrovia – Montserrado County
- Sub Office Zwedru – Grand Gedeh County
- Field Office Saclepea – Nimba County
- Field Office Harper – Maryland County

### REFUGEE CAMPS

- PTP Camp – Grand Gedeh County
- Bahn Camp – Nimba County
- Little Wlebo Camp – Maryland County



UNHCR staff assist Ivorian refugees repatriating to Côte d'Ivoire from Bahn Camp.

## 2015 Strategic Directions

Continuing uncertainty about the course of the Ebola virus in West Africa makes it difficult to plan for the upcoming year. It is impossible to predict how long the outbreak will continue or when voluntary repatriation of refugees can possibly be restarted.

However, in keeping with UNHCR's ultimate goal of finding durable solutions that allow refugees to rebuild their lives in peace and dignity, the Representation in Liberia plans to maintain its overall strategy in the coming year, focusing on the following primary areas:

- Voluntary Repatriation
- Camp Consolidation
- Self-Reliance
- Public Health

Partners have been encouraged to offer innovative solutions and complementary services in a declining budget environment, and to incorporate local non-profit partners into their programming to build capacity and sustainability for the future.

UNHCR staff stand ready to respond quickly to changes in the political and public health environment that will allow for the restart of voluntary repatriation and further camp consolidation.



Refugees receive training in tailoring and other vocational skills.

# UNHCR Operations At a Glance



World Refugee Day is celebrated June 20 at Bahn Camp.



World Refugee Day is celebrated at PTP Camp.



World Refugee Day is celebrated at Little Wlebo Camp.



Monique Rudacgora celebrates with the refugees at Bahn Camp



Twenty ambassadors and representatives of international organizations visited the refugee camps in January, including U.S. Ambassador Deborah Malac (in photo at left) and Ivorian Ambassador Kapiéletien Soro (in photo at right).





The Men's Involvement Group works to overcome sexual and gender-based violence (SGBV) at Little Wlebo Camp.



County attorneys from throughout Liberia receive SGBV training on the use of in-camera screens at trials.



Supply trucks get bogged down in the rainy season.



Staff clear the road so a repatriation convoy can get through.



The PTP Health Clinic provides basic health services to refugees.



After the advent of Ebola, MTI provided training for health-care workers on the use of PPEs at new isolation centers and CCCs.



MTI trains health care staff on Ebola protocols, while the CCC is under construction.



A group uses drama to raise awareness about Ebola at Little Wlebo Camp.

## UNHCR Undertakes Ebola Prevention and Preparedness

With Ebola Virus Disease spreading rapidly in Liberia, Guinea and Sierra Leone, UNHCR moved quickly to develop a preparedness and response plan aimed at protecting staff, refugees and other people of concern.

Specific objectives, in line with the World Health Organization roadmap and national response plans, included:

- Coordination and advocacy to ensure the inclusion of refugees in the national Ebola response
- Social mobilization through massive awareness and behavioral change in areas such as burial practices and active seeking of health care
- Disease control through implementation of hygiene measures, isolation of cases, and use of personal protective equipment by trained medical staff
- Early case detection and referral, contact tracing and follow-up

Activities were outlined to supplement the national response in each country, focusing particularly on gaps and resource constraints in areas hosting refugees and other people of concern.

In Liberia, teams of awareness raisers carried Ebola prevention messages to every camp and host community. The squads used every means available to convey their messages: fliers, banners, parades, radio broadcasts, songs, and drama.

Hand washing and thermometer checks quickly became

standard operating procedure for everyone entering a camp or UNHCR office. Hygiene kits also were given to every staff member and refugee household.

Community Care Centers for the temporary isolation of suspected Ebola cases were constructed on the outskirts of each camp, and personal protective equipment was procured for health care workers along with drugs and medical supplies needed for their operations.

Effective surveillance teams and a communication system for the referral of cases were established in all camps and host communities, including those in urban areas.

While UNHCR Associate Public Health Officer, Dr. Zinia Sultana coordinated these activities from Monrovia, the organization brought on an additional health partner, Medical Teams International to conduct Ebola training and operate isolation centers.

The International Rescue Committee and African Humanitarian Action continued to provide other health care services in the camps.

“In an outbreak where health care worker infections have devastated the general population’s confidence in the health system, zero health care worker infections and functioning—even expanded—health facilities in each camp is an incredible achievement,” said MTI Country Director Andrew Hoskins.

At the end of the year, Liberia was seeing a decline in the rate of new Ebola cases, and no Ebola cases had emerged among refugees in its camps.



## Livelihood Programs Teach Refugees New Skills



Refugees at PTP Camp learn carpentry skills

Refugees are learning an assortment of trade and vocational skills they can use to support themselves in the coming years, thanks to active livelihood training programs in all three of Liberia's refugee camps.

With more than 80 percent of the Ivorian refugee population having returned home since the peak of the crisis in Côte d'Ivoire, the self-reliance of those who remain has become a growing priority.

A total of 240 refugees completed skills courses offered by UNHCR's livelihood partners, the Adventist Development and Relief Agency, Center for Women Agricultural Program and Danish Refugee Council in 2014. Courses included batik, tailoring, cosmetology, bread and pastry making, soap making, carpentry, masonry, two-stroke engine mechanics,

plumbing, and computer applications.

After graduation, the refugees were awarded starter kits to help establish themselves in business cooperatives or otherwise pursue their new livelihoods. UNHCR is further helping to find markets for some of the products, such as soap, a high-demand item particularly during the Ebola crisis.

A 24-year-old Ivorian refugee, Mamie, said learning to make soap has given her higher esteem since she previously depended on men to support her and they often let her down. "This skill will allow me to earn money that can keep me going," she said.

Monique Rudacogora, head of UNHCR Field Office Saclepea and focal point on livelihood activities for all of the camps, said that the essence of the livelihood program is to enable beneficiaries to acquire vocational skills that will offer a sustainable income and reduce the poverty level among people in the refugee camps and host communities. The skills also will be useful upon their return to Côte d'Ivoire.

Training in agricultural practices also is being conducted to enhance long-term food security, and more than 1,850 refugees have benefited. Where backyard gardens or farming has been established, refugees are able to supplement their rations with rice, maize, cassava, and assorted vegetables they have grown themselves. Some refugees also are raising animals such as pigs and rabbits.

"We came to this camp with nothing," said Felix, 54, who lives in Bahn Camp with his wife and six children. "Life was so difficult, especially with the number of people in my family." But after joining the camp's agriculture program, he said, "I have thirteen 50g bags of seed rice that I produced from the swamp right behind my shelter. Now we have enough food for our family, and we can sell a portion of the rice to settle some of our financial obligations."



A student learns tailoring skills at Little Wlebo Camp.



Agriculture is thriving at Bahn Refugee Camp.



Geoffrey Kayonde of ADRA discusses livelihood activities in the refugee camps.

## Salute to Partners: We Couldn't Do it Without You

The success of the international protection and assistance program for refugees and other people of concern in Liberia is anchored in the leadership provided by the Liberia Refugee Repatriation and Resettlement Commission (LRRRC) and the commitment of our non-governmental organization partners.

In 2014, our partners defied the odds and continued to provide a range of services from health care and nutrition to camp management, infrastructure, supply and logistics, education and child protection. Together with UNHCR, they form the backbone of our operations, bringing humanitarian aid to the refugees and asylum seekers in Liberia.

Partners take on multiple challenges in their commitment to provide assistance to refugees, not the least of which is the very difficult road conditions in Liberia. Trucks loaded with supplies can become bogged down for weeks over impassable roads in the rainy season, and resulting shortages

have threatened to delay construction of critical facilities in some areas.

In a challenging financial period when refugees have had difficulty accessing work opportunities and monthly food rations from WFP have become irregular, partners have shown resilience under pressure to be present for the refugees.

Health care workers were in short supply at the beginning of the Ebola crisis, and yet our partners recruited and trained additional workers to ensure the camps were ready to handle any possible cases of the virus. Communication is vital to our joint success, and UNHCR helped to troubleshoot solutions to the wide range of issues that developed over the year.

At the close of 2014, we salute our partners for a job well done.



An MTI representative at UNHCR offices in Monrovia.



UNHCR Representative Khassim Diagne presents a new vehicle on loan to the Executive Director of LRRRC, Cllr. Abla Williams.



UNHCR Sub-Office Zwedru and LRRRC staff at PTP Camp distribute ID Cards.



Isabelle Oniyama at a Monrovia staff gathering.

## Staff Recognition

**W**e also wish to thank our staff, who remained strongly committed to UNHCR’s operations under particularly difficult conditions in 2014. The Ebola outbreak affected them both personally and professionally, and many staff members had to make tough decisions about their family’s welfare while also playing a role in preparing for and controlling a large-scale health epidemic.

Associate Human Resources Officer Immaculate Chepkonga described the situation as alarming, with staff having to continue working while fighting an invisible enemy, Ebola. As the virus spread throughout the country, UNHCR followed the administrative guidelines issued from headquarters for staff working in Ebola-affected countries, while the UN Contingency Plan was ratified as the repository for procedures in the event of an infection.

In an effort to reduce the footprint in the office, 23 percent of UNHCR’s 130-person workforce was released on spe-

cial leave with full pay for a period of up to five months. To compensate those who remained on the job, the International Civil Service Commission approved danger pay to all UN Staff in Liberia. UNHCR Headquarters further funded a one-time donation of assorted medical and food supplies to help protect staff health and offset the higher prices that were being seen throughout the country.

The operation also benefitted greatly from missions by the staff welfare and health section from the regional office in Dakar. The presence of the senior medical officer and senior staff welfare officer helped to reduce the tension and stigma associated with the EVD outbreak. By the year end, an expanded new medical dispensary in Monrovia for all UN staff and national staff families is being built and is expected to be functional early 2015.

“We greatly value our staff and the commitment they make to serving UNHCR’s people of concern,” said Representative Khassim Diagne. “This year they faced extraordinary challenges in carrying out their duties, and I want to express my gratitude and my heartiest best wishes for an Ebola-free new year.”



Dr. Zinia Sultana and Deputy Representative Ioli Kimyaci attend World AIDS Day.



Staff members at the UNHCR compound in Harper.

# “1 family torn apart by war is too many”



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