Highlights

- On 10th April 2020, a 60-day state of emergency was declared, putting in place a set of measures to curb the spread of COVID-19, including a curfew, prohibiting movements between counties, banning of public gatherings and suspension of passenger flights. All schools were ordered closed affecting the education of around 1.4 million school children.
- As of mid-June, 509 cases of laboratory confirmed COVID-19 have been registered and 33 reported deaths.
- Through cooperation with the Ministry of Education, 992,768 children (486,456 girls, 506,312 boys) from pre-school age up to the age of 17 have benefited from the radio-based lessons aired during the reporting period.
- Within the framework of the agreement with the World Bank and the Ministry of Health, UNICEF airlifted 14 metric tonnes of vital health supplies to Liberia including oxygen concentrators, pharmaceutical supplies and personal protection equipment.
- As of mid-June 2020, UNICEF Liberia has received US$ 1.17 million against its COIVD-19 appeal and reprogrammed 2.14 million to the response. Currently, the office has a funding gap of 81.5 per cent against its appeal of US$ 18 million. Adequate and timely funding is urgently required to continue to provide life-saving support and reach all vulnerable children in the country.

Situation Overview & Humanitarian Needs

The population of Liberia is estimated at 4.9 million, and over half of these live below the poverty line (HIES 2016), distributed in rural 71.6 per cent and urban 31.5 per cent. In 2018, 71.2 per cent of Liberians experienced multi-dimensional poverty affecting 51 per cent of the population, who are younger than 19 and 16 per cent being under five.

Liberia reported its first confirmed case of COVID-19 on 16 March 2020 in Monrovia, the country’s capital. As of 15 June 2020, the country had recorded 509* (174 females, 335 males) confirmed cases of COVID-19 including 51 children under 18 and 50 health workers. A total of 223 cases have recovered and 33 deaths have been reported with a case fatality rate of 6.5 per cent. Montserrado County remains the epicentre with 85 per cent of the confirmed cases. Liberia has started the testing of dead bodies in the communities of which 12 have tested positive for COVID-19. The risk of transmission

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* Liberia COVID-19 Daily Case Update by County, 15 June 2020
remains very high due to high population movements in Montserrado which has approximately 1.5 million residents.

Local transmission from contacting confirmed cases has accounted for approximately 98 per cent of the cases. Following the declaration of a state of emergency starting on 10 April 2020, a set of measures to curb the spread of the virus have been put in place including a curfew, prohibiting movements between counties, adoption of two critical practices – personal hygiene and social/physical distancing, banning of public gatherings and suspension of passenger flights. All schools were ordered closed affecting the education of around 1.4 million school children.

The limited availability of health services, which has affected the right to health of the population also affects the most vulnerable and marginalized people in society particularly, pregnant women, youth, infants, persons with disabilities, and people with underlying health conditions. Containing the COVID-19 pandemic requires a well-coordinated multisectoral response including a system of care, beyond the health care measures. As such, the Government of Liberia has requested the United Nations to assist in the implementation of the country’s COVID-19 national response plan.

UNICEF is closely working with the pillar’s lead in Risk Communication and Community Engagement (RCCE), Water Sanitation and Hygiene (WASH), Women, Girls and Children Pillars. Further, UNICEF is actively participating in the Infection Prevention and Control (IPC), Case Management pillars. UNICEF led the reactivation of the Education in Emergency (EIE) working group and further provided technical and financial support to the finalization of the Education Emergency response plan.

The COVID-19 response and preparedness has been decentralized to the county level. Out of the country’s 15 counties, nine of them are in response mode, one in the 28-day countdown mode and five in preparedness mode. The World Health Organisation’s (WHO) planning and response scenario model is being used by all 15 counties to prepare their COVID-19 preparedness and response plans while heightening surveillance for COVID-19 related illnesses as part of the country’s priority diseases.

UNICEF has developed a partnership with the Inter Religious Council of Liberia (IRCL) to utilize its extensive experience and religious strength to mobilize and carry “Faith Based Action to Combat COVID-19 including raising awareness of 600,000 people in eight counties.

UNICEF, the World Bank and the Ministry of Health signed a trilateral agreement through which UNICEF will support the delivery of essential emergency supplies to the Ministry of Health within the framework of the World Bank financed COVID-19 Emergency Response Project.

Summary Analysis of UNICEF’s COVID-19 Programme Response

Strategic Priority 1: Public health response to reduce novel coronavirus transmission and mortality

Risk Communication and Community Engagement (RCCE)
UNICEF focuses on ensuring that affected populations have access to life saving information to enhance their knowledge and skills and foster the adaptation of positive behaviours (handwashing, social distancing and wearing of masks etc). UNICEF has supported the production and printing of more than 50,000 copies of culturally appropriate an Information, Educational and Communications materials and messages (posters, flyers etc.)

Over 1.16 million people including school age children were reached with awareness messages on prevention of the COVID-19 and means of protection. UNICEF utilized different platforms to reach the target audience mainly through the community radio stations.

In the highly affected counties of Montserrado and Margibi, UNICEF supported a risk perceptions survey to assess the perceptions and myths surrounding immunization and COVID-19. The findings from the survey are being used to inform the revision of immunization messages within the current COVID-19 context and promote immunization service uptake.

Humanitarian Leadership, Coordination and Strategy

At the onset of the pandemic, the Government of Liberia developed a preparedness and response plan with support from development partners and activated the National Incident Management System (IMS), using the International Health Regulations response framework, initially with 10 Pillars and now evolved into 19 Pillars, which is driving the response under the central command of the Minister of Health as the incident manager and a National Response Coordinator, appointed by the president.

UNICEF is closely working with the pillar’s lead in Risk Communication and Community Engagement (RCCE), Water Sanitation and Hygiene (WASH), Women, Girls and Children Pillars. Further, UNICEF is actively participating in the Infection Prevention and Control (IPC), Case Management pillars. UNICEF led the reactivation of the Education in
Through UNICEF’s support to the Ministry of Youth and Sports, trained youth and adolescent peer educators have engaged with 183 children and adolescents (149 girls, 34 boys) to raise their awareness on how to prevent and protect themselves against the COVID-19. Further 23 adolescents (14 girls and 9 boys) and 64 adults (40 women and 24 men) received awareness raising sessions.

UNICEF utilized different media channels to reach its target audience. Social media platforms have supported reaching over 630,000 people over the reporting period and an agreement with ECOWAS radio has been established to run a dedicated weekly programme on COVID19 related issues such as hand washing, hygiene and education took place, reaching audience in Montserrado and Margibi, the highly affected counties. Additionally, UNICEF supported the National WASH Commission to broadcast COVID-19 messages in the 16 Liberian vernaculars and 30 community radio stations in the 15 counties for a period of 90 days.

Infection Prevention and Control (IPC)/Water, Hygiene and Sanitation (WASH)

In collaboration with UNFPA, training for case management and Infection Prevention Control was provided to 20 health care workers (14 midwives, two psychologists and four monitors) at the maternity wing of the Martha Tubman Hospital. This training strengthened the capacity of frontline health workers who manage the new maternity wing at the military hospital treatment unit to ensure quality care for COVID 19 infected pregnant women and children. In total three pregnant women and 23 children infected with COVID 19 were admitted and later two woman and 11 children have recovered and discharged.

Strategic priority 2: Continuity of health, education and social services; assessing and responding to the immediate secondary impacts of the COVID-19 response

Health and Nutrition

In support of neonatal care and enable obstetric clinicians to save new-borns whose lives are at stake; UNICEF has provided the Redemption Hospital in Monrovia with a resuscitation platform. In total 1,618 health care providers were trained on detection, referral and appropriate management of COVID-19 cases among children, pregnant and breastfeeding women.

In collaboration with the World Bank and Last Mile Health organization, 518 community workers were trained. Trainings modules and terms of reference for Community Health Assistants have been updated to include information on essential health services related to COVID -19. These trainings targeted the five south east counties (Sinoe, Grand Gedeh, River Gee, Grand Kru, and Maryland).

In support of essential health services for maternal neonatal and child health care, 16 health care providers were trained and conducted a rapid assessment of health facilities in the two most affected COVID 19 counties. In total 27 health facilities were assessed and the outcome will inform better programming. Essential supplies mainly Integrated Management of Childhood Illness related supplies, such as oral rehydration salt, zinc, amoxicillin and paracetamol for community health activities were distributed to the County Health Teams in the five south east counties (Grand Gedeh, River Gee, Marylyand, Grand Kru and Sinoe) to ensure continuum of care for children and pregnant women under COVID-19 emergency.

It is anticipated that the Pandemic will lead to increased cases of acute malnutrition in vulnerable households especially through the pathway of worsened household food security due to closure of markets, reduced agricultural production as well as deterioration in care and feeding practices. To ensure preparedness for anticipated increases in the number of children with Severe Acute Malnutrition (SAM), essential nutrition supplies have been pre-positioned in all 15 counties across Liberia. The supplies included 4,815 cartons of Ready to Use Therapeutic foods and 20 cartons of therapeutic milk. The supplies are critical for the care of children with SAM a condition which if left untreated increases the odds of death among children by up to 10 times.

During the reporting period, a total of 6,198 children were admitted and treated of SAM which is 25 per cent of the country office response target of reaching 25,000 children. Additionally, to help prevent micronutrient deficiencies and enhance immunity, a total of 30,000 cartons of Micronutrient Powder, 558 cans of Vitamin A (100,000 IU[1]), 1,317 cans of Vitamin A 200,000 IU and 1,160 cans of Mebendazole tablets have been distributed. This micronutrient supplements are necessary for strengthening of children’s immunity and to help prevention of micronutrient deficiencies.
**Water, Sanitation and Hygiene (WASH)**

On June 05, UNICEF procured Infection Prevention and Control supplies for distribution among 3,000 households, Points of Care and designated health care facilities through county Health Teams and the WASH Pillar. UNICEF supported the dispatching of the supplies to the military hospital and to nine of the 15 CHTs in Liberia.

UNICEF is also processing requests from the WASH Pillar, to support coordination of the WASH Pillar and reactivate county level WASH coordination, disseminate WASH related RCCE messages through ELBC and affiliated local radio stations in all the counties and to distribute and promote usage of IPC/WASH supplies in all high risk public places and communities.

Using an emergency WASH FIT tool developed by UNICEF and WHO, UNICEF, in conjunction with County Health Teams conducted assessments to identify gaps in designated health care facilities in Montserrado and Margibi counties, to inform response. The assessment was completed on June 12, 2020 and the analysis of findings is ongoing.

**Education**

Through UNICEF’s cooperation with the Ministry of Education, an estimated 992,768 children (486,456 girls, 506,312 boys) from pre-school up to secondary school have benefited from the radio-based lessons aired during the reporting period.

UNICEF has provided support for the development and radio airing of risks communication/health promotion messages and radio/paper-based lessons for the over 1.4 million children (preschool to secondary school) currently out of school due to the pandemic. UNICEF is providing technical support in the development of the lessons scripts and providing technical assistance to guide teachers on how to support and evaluate the alternative learning process for children (Radio lessons).

In response to the Government’s decision to commence education for 41,000 Grade 12 students, UNICEF is working closely with the Ministries of Education and Health to ensure that educational and hygiene supplies are available and safe school protocols are in place.

A US$10 million COVID-19 Education Response Plan, jointly prepared by the Government and Education sector partners, was recently submitted to the Secretariat of the Global Partnership for Education. UNICEF has been nominated to be the grantee of the GPE fund.

**Child Protection including Mental Health and Psychosocial Support**

To ensure the psychosocial well-being of children and their caregivers, UNICEF is supporting the Mental Health and Psychosocial Support Pillar, to guarantee the provision of services to all affected children are according to the child friendly standards at the Precautionary Observation Centres, Treatment Unit and communities.

During the reporting period, 183 children (106 girls, 77 boys) and 375 adults (159 women, 216 men and) were provided with community-based PSS support through UNICEF supported trained for Mental Health and Psychosocial Support staff and social workers. UNICEF continue to support the interim care centre where 46 children (23 girls, 23 boys) who lack family-based care or victims of abuse and neglect have been placed.

UNICEF further is supporting Ministry of Gender Children and Social Protection to establish an interim care centre for separated and unaccompanied children, whilst their caregivers are under treatment. The centre is expected to support up to 300 children till the end of 2020.

Together with the Ministry of Health, UNFPA and the World Bank, UNICEF is identifying focused ‘strategic’ health facilities to ensure continuation and delivery of quality routine services, including birth registration. Data for birth registration shows that almost a 50 per cent reduction has taken place where 4,196 children were registered in March compared to only 2,872 children in April in 2020, while amongst all age groups 15,423 registration took place in March compared to 7,551 in April 2020.

**Supply and Logistics**

UNICEF provided logistical support to the Ministry of Health for the prepositioning of COVID-19 supplies from Phebe Hospital-Bong to six counties including Bomi, Cape Mount, Margibi, Lofa, Nimba, Grand Gedeh and a district in Bong.

On 05 May, UNICEF’s airlifted 14 metric tonnes of vital health supplies to Roberts International Airport in Liberia. The shipment is funded by the World Bank to support the response of the Government of Liberia to the COVID-19 pandemic.

**Adaptations to ongoing UNICEF programmes**

The office conducted programme criticality assessment of its three key result areas for children (KRC), namely...
Immunization, Access to Education and Birth Registration.

The assessment prioritized about a third of the planned activities that were retained and justified for continued implementation within the context of COVID-19 induced risks and impacts.

- In immunization, priority is given to risk communication focused on addressing rumours and misinformation around vaccination being linked to COVID-19 spread and fear of accessing child health services offered at health facilities, in absence of outreach services. With the approval of Gavi, re-programmed funds for Gavi Technical Cooperation Agreement funds to implementation of COVID-19 immunization response and other immunization activities considered implementable within the context of COVID-19 containment measures.

- Under access to education, priority is given to continuity of learning during closure of schools using various media. Re-programming German national Committee’s funds under the Let Us Learn programme to support continuity of learning and development of protocols for schools’ reopening post COVID-19. The education programme also prioritized development of curriculum and learning program materials responsive to the needs of COVID-19 impacts on out of school children and overaged enrolment of students. With anticipated COVID-19 medium to long term impact on student enrolment, the Country Office prioritized upgrading of school and child-based Education Management Information System (EMIS). With over 1.4 million children currently out of school, an updated EMIS with latest evidence-based data will be essential for key strategic decisions aimed at creating opportunities for children to be back in school and learning.

- In Birth Registration, optimize UNICEF supported monthly performance-based incentivized health facility birth registration services to increase new-born registration and certification. Building on 2019 encouraging results interoperability of birth registration and health facility-based services, the office will further optimise the African Union campaign to accelerate universal birth registration in Liberia.

- In Nutrition, in anticipation of COVID-19 pandemic impacts, ensured the country has a sustained access to life saving essential nutrition supplies relevant for the treatment of severe wasting. The office secured availability of therapeutic supplies for treatment of severe wasting by frontloading all procurement requests and pre-positioning of RUTF and Therapeutic Milk supplies. The office will also be implementing an adolescent nutrition programme, with focus on in-and out-of-school girls.

- In the areas of WASH, the country office prioritized the development and provision of low-cost COVID-19 appropriate handwashing and hygiene supplies for health facilities and schools. Intensification of handwashing, a well-known effective practice for prevention and control of COVID-19.

- Under Social Protection, the office has used its experience from a Nutrition Cash Transfer model, to develop its a Social Protection preparedness plan, that upon funding would be implemented in collaboration with the Government, USAID, World Bank and International NGOs. With the spread of COVID-19 pandemic, so too has been rising levels of violence against women and girls. UNICEF, will focus on widening NGO partnership under the Spotlight Initiative,

**Funding Overview and Partnership**

In 2020, UNICEF is appealing for US$18 million to respond to the COVID-19 in Liberia. As of the end of May 2020, the funding gap is 81.5 per cent for the COVID-19 Humanitarian Action for Children. Adequate and timely funding support is urgently required to enable UNICEF to continue providing life-saving support and reach all vulnerable children in Liberia and their families throughout the rest of 2020. So far against UNICEF COVID-19 HAC in Liberia, UNICEF has received new funding of US$1,000,000 from DFID, US$100,000 from the Government of Sweden and $70,000 from the Global Partnership for Education (GPE). Based on donor approval, the office has reprogrammed US$2,145,735 for COVID-19 response.

Together with the World Bank and the Ministry of Health, UNICEF has signed a trilateral agreement through which UNICEF will support the delivery of essential emergency supplies within the framework of the World Bank financed COVID-19 Emergency Response Project.
## Annex A.
**Summary of Programme Results in response to COVID-19 pandemic**

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response</th>
<th>Change since last report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Total results</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>1,500,000</td>
<td>1,167,372</td>
</tr>
<tr>
<td>Number of people who participate in COVID-19 engagement actions</td>
<td>75,000</td>
<td>43,389</td>
</tr>
<tr>
<td>Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>300,000</td>
<td>7,376</td>
</tr>
<tr>
<td><strong>WASH and IPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>300,000</td>
<td>-</td>
</tr>
<tr>
<td>Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>1,200</td>
<td>132</td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)</td>
<td>6,030</td>
<td>2,136</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>6,030</td>
<td>2,136</td>
</tr>
<tr>
<td>Number of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential new-born care, immunization, treatment of childhood illnesses and HIV care through UNICEF supported community health workers and health facilities</td>
<td>300,000</td>
<td>123,628</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of caregivers of children aged 0-23 months reached with messages aiming to protect breastfeeding in the context of COVID through national communication campaigns</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>25,000</td>
<td>6,865</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>1,400,000</td>
<td>992,768 *</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (COVID-19 prevention and control)</td>
<td>3,000</td>
<td>-</td>
</tr>
</tbody>
</table>

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**Child Protection and GBV**

- Number of children without parental or family care provided with appropriate alternative care arrangements: 300
- Number of children, parents and primary caregivers provided with community based mental health and psychosocial support: 1,456
- Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors: 3,010
- Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse: 5,000

**Social Protection**

- Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19: 5,000

*The estimate is based on an ongoing assessment conducted by the Ministry of Education. It will be revised in subsequent reports.*

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### Annex B

**Funding Overview**

<table>
<thead>
<tr>
<th>HAC Response Pillar</th>
<th>Liberia COVID-19 Funding</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Requirement</td>
<td>Funding</td>
<td>Funding gap</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td>750,000</td>
<td>580,000</td>
<td>170,000</td>
</tr>
<tr>
<td>Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</td>
<td>3,000,000</td>
<td>977,000</td>
<td>2,023,000</td>
</tr>
<tr>
<td>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</td>
<td>3,250,000</td>
<td>710,735</td>
<td>2,539,265</td>
</tr>
<tr>
<td>Data collection social science research for public health decision making</td>
<td>500,000</td>
<td>70,000</td>
<td>430,000</td>
</tr>
<tr>
<td>Support access to continuous education, social protection, child protection and gender-based violence (GBV) services</td>
<td>8,300,000</td>
<td>848,000</td>
<td>7,452,000</td>
</tr>
<tr>
<td>Coordination, technical support and operational costs</td>
<td>2,200,000</td>
<td>130,000</td>
<td>2,070,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18,000,000</strong></td>
<td><strong>3,315,735</strong></td>
<td><strong>14,684,265</strong></td>
</tr>
</tbody>
</table>