

Liberia

Update on the context and situation of children

Liberia was hit by the pandemic in an already challenging economic environment characterized by high inflation, frequent and severe fuel shortages, and high exchange rate in a dual currency economy. Due to the COVID-19 pandemic containment measures, the Liberian economy was projected to contract sharply by 3 per cent in 2020 (IMF 2020). This represents a sharp contraction, considering an earlier projected economic recovery of 3.2 per cent in January 2020. IMF projection estimates a modest recovery of 3.2 per cent in 2021. World Bank estimates an increase in the population living under the national poverty line from 55.5 per cent to 65.2 per cent. An estimated 335,000 to 526,000 Liberians are at risk of falling into poverty. Consequently, inequity will widen and deprivations facing children in Liberia will multiply.

The Government responded promptly with the mandated national lockdown and took decisive economic actions: it harmonized the wage bill and eliminated allowances, eased inflation and extended benefits to the poorest Liberians who earned in Liberian dollars in a dual currency economy. IMF Executive Board completed the first and second review under the extended credit facility in December 2020. It approved US\$ 46.86 million in disbursements with a total disbursement of US\$ 72.2 million to meet the fiscal deficit arising from the impact of the pandemic. Senatorial elections were held on 8 December 2020, and half the seats were up for election. The election was conducted peacefully.

Liberia recorded its first COVID-19 case on 16 March 2020 and within four months crossed the 1,000 confirmed case mark. By 31 December it recorded 1,836 cumulative cases with a total of 83 deaths. Montserrado county was the most affected (1,380 confirmed cases, and 44 deaths). Seventy seven per cent of cases were among patients aged 15–54 years, and children under age 15 years accounted for 7.7 per cent of all cases. Cases amongst males were almost twice (66 per cent) than in females (34 per cent). The fragility of Liberia's health systems was highlighted given high infections among health care providers: a cumulative 222 (12 per cent) confirmed cases and five deaths. COVID-19 pandemic eroded the human capital development gains of the past years, particularly in health and education outcomes. The utilization rate for maternal and child health care services decreased significantly (30 per cent) during April to August 2020 compared to same period in 2019 (HMIS). Full immunization coverage dropped by more than 25 per cent in the first half of the year (HMIS). The school closures had a direct impact on incidents of sexual and gender based violence, which increased sharply from 330 in 2019 to 457 in 2020 (reported cases). Nationwide closure of all schools in March 2020 affected 1.4 million school children. Out of school children are now estimated to be about two million. All pre-

primary and primary school children had no formalized home-based distance learning. Through a staggered reopening of schools, 711,112 students of Grade 6, 9 and 12 were the first to return to school, followed by the remaining grades.

Post-electoral political instability in neighbouring Cote d'Ivoire caused uncertainty, conflict and armed attacks in the western part of the country resulting in Ivorian population displacement. As of 31 December 2020, UNHCR registered over 23,000 Ivorian citizens (12,901 females) in Liberia. Refugees, comprising mostly of children and women, are facing difficulties in obtaining food rations, education and medical care, as Liberian refugee camps are not designed as long-term settlements.

Liberia became a priority country for polio outbreak preparedness and response as Vaccine Derived Polio Virus (cVDPV) circulated in neighbouring Cote d'Ivoire, Guinea and Sierra Leone. The country plans to trigger country-wide mitigation, preparedness and response activities.

The Government of Liberia conducted its first Voluntary National Review of the SDG implementation with UNICEF's technical and financial support. The review noted progress made on SDG implementation, challenges and lessons learned. Weak data ecosystem is a key challenge, which undermines tracking and monitoring of Agenda 2030 implementation.

Neonatal mortality rates have increased and is a worrying trend: from 26 deaths (in 2013) to 37 deaths per 1,000 live births, accounting for 59 per cent of overall infant mortality, according to Key Indicator Report of the 2019–2020 Liberia Demographic and Health Survey (LDHS). The infant mortality rate of 63 is higher than the average infant mortality in the African region of 51 per 1,000 live births. The high maternal mortality ratios and neonatal mortality rates are attributed to high teenage pregnancy rate: 31 per cent in 2019 versus 30 per cent in 2013. The basic vaccination coverage among children

aged 12–23 months has improved since the 2013 LDHS, rising ten percentage points from 55 per cent to 65 per cent.

Thirty per cent of children under 5 years age had a birth certificate: a 5 per cent improvement since 2013. Two in three children aged under 5 had their births registered and had little variation by age, sex and residence, but presented broad variations by household wealth (62 per cent poorest, 75 per cent wealthiest).

Malnutrition remains a significant concern in Liberia. Stunting decreased from 32 per cent (in 2013) to 30 per cent. Percentage of underweight children decreased from 15 to 11 and wasting reduced from 6 per cent to 3 per cent. The proportion of overweight children increased to 4 per cent from 1 per cent in 2013.

Open defecation practice has decreased by 10 percentage points since 2013 (from 45 per cent). Currently, 35 per cent of urban residents and 9 per cent of rural residents access a basic sanitation service. The 2019–20 LDHS states that 85 per cent of the population uses an improved source of drinking water, with higher proportion in urban areas than in rural areas (83 per cent versus 63 per cent)

Major contributions and drivers of results

Goal Area 1: Every child survives and thrives

Immunization (KRC#1): In 2020, Liberia vaccinated 145,983 (84% vs 89% target) children 0-11 months with Penta 3. Eleven of the country's 15 counties achieved a Penta 3 coverage above the 80% target. Dropout rates between DPT1 and DPT 3 was 17 per cent (against 10% annual target). The high drop-out rate was largely due to COVID-19 containment measures and fake news of association of vaccination with COVID-19 infection.

There was an uninterrupted access to traditional vaccines, with no stock-outs of BCG, Polio and Td vaccines, due to efficient vaccine procurement by UNICEF. UNICEF procured traditional vaccines (funded from regular resources). UNICEF also procured and supported the installation of solar refrigerators in 103 new health facilities, thereby creating access to lifesaving vaccines for about 40,000 children, most of them in hard-to-reach areas. UNICEF worked in partnership with Gavi Alliance, the World Health Organization (WHO), Centre for Disease Control (CDC), World Bank and Clinton Foundation, to improve national immunization coverage rates.

These live-saving treatments were delivered through the Community Health Assistant (CHA) programme. UNICEF supports this programme by paying monthly incentives to all 743 CHAs and 108 Community Health Service Supervisors (CHSS) stationed in five targeted counties. In response to the COVID-19 pandemic, UNICEF supported the training of an additional 841 CHAs and 70 Community Health Volunteers in COVID-19 prevention measures and referral, while 100 CHSS were trained in contact tracing and awareness raising.

Results contribute most left out; reducing U5; maternal mortality; PAPD-Pillar#1; achieve CPD Outcome#1, SDG#3, UNICEF RO Key Result for Children (KRC#1), UNSDCF Outcomes#1; Liberia COVID-19 Response Plan.

Maternal and newborn health care services: A total of 124,231 women delivered in health facilities, assisted by skilled birth attendants (target -185,575 deliveries 67% coverage). A total of 111,853 newborns were provided with postnatal care within two days of births out of an estimated 185,575 deliveries which represents a 60% coverage. Up to 114,960 pregnant women received iron folic acid (IFA) supplementation (52% against 2020 target of 41%).

In 2020, 1,838 (91%) of pregnant mother who tested positive for HIV received anti-retroviral treatment (ART) to prevent mother-to-child transmission of HIV. UNICEF continued to support the Government to achieve this high uptake of ART through community engagement involving mother-to-mother peer support and on-site mentoring, coaching and supportive supervision of health facility service providers in five priority counties.

Results contribute: PAPD Pillar#1, CPD Outcomes#1, SDGs#3 and 5, UNSDCF Outcomes#1; Aligned with GAP gender priority of maternal care and pregnancy care and HIV prevention for adolescents.

Nutrition (KRC#2): In 2020, gains were made in micronutrient supplementation, with 171,921 (77 percent) pregnant women *against the annual target of 92,189 (41 percent) reached with iron folic acid (IFA) supplementation.* In addition, 132,974 children aged 6–23 months nationwide (55 per cent of children this age, against the annual target of 131,539 (54 per cent) received micronutrient powder (MNP) supplements, boosting their intake of essential vitamins and minerals to prevent conditions Caused by micronutrient deficiencies.

Vitamin A supplements through routine health services reached 67,075 (9 percent) children aged 6–59 months against the annual target of 34,888 (5 per cent). *The country has in the past years been conducting per annum 2 - 3 polio campaigns integrated with VAS. As of the beginning of 2020, Liberia was no longer considered a priority country for polio campaign.*

During 2020, 20,066 (75%) of the children aged 6–59 months admitted for treatment of Severe Acute Malnutrition (SAM) were discharged as cured. UNICEF was the key partner to MoH in scaling up the number of health facilities providing care for children with SAM, from 127 in 2018 to 227 in 2020.

UNICEF procured equipment and trained health workers and ensured uninterrupted supply and distribution of ready-to-use therapeutic food for SAM treatment for the entire country.

Results contribute: PAPD Pillar#1, CPD Outcome#2, SDG#2 and 3, KRC#2 and UNSDCF Outcomes#1

Goal Area 2: Every Child Learns

During the reporting period, in which the COVID-19 pandemic led to school closure, the education programme ensured: i) that 1.05 million children continued learning through distance education; and ii) safe school reopening operations in which at least 41,000 children in grade 12 came back to school.

Access continued to learn by accessing distance education via e-learning and home-based education (KRC#3): In the first three months of school shutdown, the Ministry of Education and UNICEF in collaboration with a number of NGOs, initiated Reading Campaigns, Radio Programme and e-Learning, through direct partnership with Mobile Network Operators, Community Radios and Banking Sectors. Reaching in the process, close to 1.055 million (against annual target of 600,500) children including out of school children. The target was achieved through extra effort made by UNICEF's NGO implementing partners.

The Country Office, as the lead of the Education in emergency sector and the lead of the United Nations Country Team and Education donors' group, was one of the first to raise concerns relative to the indirect consequences of COVID-19 on the education sector, notably relative to the continuity of education services while schools across the country were closed.

Result contribute: PAPD Pillar#1 CPD Outcome 4, SDG 4, KRCs 3 and 4, and UNDCF Outcome 1; as well as aligning with the COVID-19 Education in Emergency response.

Children access quality education through safe school reopening and conducive teaching and learning environments: With most school grades closed throughout the year due to COVID-19 containment measures, the Ministry of Education in collaboration with the Ministry of Health, adopted a phased approach to the re-opening of schools utilising grants from both the Global Partnership for Education (GPE) and the World Bank. Firstly, the Government prioritized the re-opening of 139 public and 568 privates starting with 41,526 Grade 12 students, that were registered for the August 2020 - West African Senior Secondary Certificate Examinations. Schools received teaching and learning materials (books, pens, pencils, etc) and facemasks for all the students, that UNICEF procured and delivered to the respective schools using a jointly prepared distribution strategy.

In preparation for the partial reopening of schools, a total of 4,401 public school teachers and education managers were trained in child centred pedagogues adopting participatory facilitation approaches and integrating psychosocial support aimed at minimizing the negative impacts of school closure including, gender-based violence and other inequity promoting social norms.

UNICEF as the GPE Grant Agent advocated for a joint MoE-MOH COVID-19 testing of 490 students at two public schools in communities considered high risk in terms of COVID-19 prevalence. 100% of the sample returned negative. The Government, Community and Students gained the confidence to reopen for 701,122 grades 6 to 11th students.

Result: PAPD Pilla#1, CPD Outcome 4, SDG#4, KRC#3 and 4, UNSDCF Outcome#1; COVID-19 Education Aligned: GAP integrated priorities of achieving gender equality in access, retention and learning, adolescents of improving girls' secondary education and skills.

Goal Area 3: Every Child is protected from violence, abuse and exploitation

Birth Registration (KRC#7) In 2020, under 1 birth registration and certification increased from 52,462 children in 2019 to 64,798 children; resulting in at least 36.3 per cent of children under 1 with birth registration and certification, which is a 12.8 per cent increase compared to 2019 and 19.4 per cent since 2013 (LDHS2013). When it comes to children under 5 years old, birth registration also

increased from 107,946 children in 2019 to 131,595 in 2020, 21.9 per cent increase; and resulting in at least 18.9 per cent of children under 5 years with birth registration and certification. Finally, a total of 208,856 children (0–12years) were registered in 2020, compared to 143,418 children registered in 2019, which is a 45.6 per cent increase.

The phenomenal rise in birth registration was due to UNICEF's continuous advocacy efforts and support to mainstream birth registration and optimize interoperability between the Ministry of Health and Ministry of Internal Affairs (MoIA) and among the MoH departments. to the establishment of five additional birth registration centers in health facilities, thus a total of 48 centers are now operational.

Ten adolescent safe spaces in 8 counties benefited 4,844 adolescents (1,209 boys and 3,635 girls). The services delivered include technical vocational skills trainings, life skills, awareness on prevention and response to violence against children, peer to peer support services, parenting skills trainings and referrals for other child protection case management services. While more adolescents were reached compared to 2019, since the state of emergency was declared in April technical vocational trainings were stop.

COVID-19 prevention and response outreach activities reached 17,127 persons (6,435 males, and 10,692 females). 1,558 caregivers (884 female and 660 males) were provided with positive parenting programmes and at least 3,599 adolescent girls received prevention and care interventions in addressing child marriage as well as other forms of SGBV. At least 8,981 children (2,977 boys and 6,004 girls), who experienced violence, were safely detected and reported to UNICEF-supported multidisciplinary services.

Result: PAPD Pillars#1#4; CPD Outcome 5, KRC 6, and SDG 16.9 and 17, and UNDAF Outcome 3 and 4 and National COVID-19 Containment protocols.

Goal Area 4: Every Child lives in a safe and clean environment

Children live in a safe and clean environment and adopt hygiene and personal practices:

50,000 people living in 80 communities targeted for scale up community-led total sanitation (CLTS) activities were mobilized. Integrated into CLTS activities was promotion and adoption of COVID-19 containment measures, that prioritised practices of handwashing with soap, wearing facemask/use of elbow when sneezing and keeping 1m apart physical/social distancing.

A total of 136 of 400 targeted public schools spread across the country's 15 counties were provided a minimum package of WASH/IPC package in line with national COVID-19 containment protocols, which benefited 11,250 (5,047 girls and 6,203 boys) Grade 12 students. A new foot operated handwashing design in response to COVID-19 pandemic that UNICEF designed, had revolutionize effective and hygienic handwashing, minimizing the risk of cross contamination at communal and public institutions. The handwashing stations became a standard minimum requirement for public places, now widely available on the market, a successful public private partnership.

Over 600,000 persons living in three fishing communities were reached with critical WASH/IPCC supplies, including handwashing soap. In collaboration with the National WASH Commission and WASH Consortium of NGOs, UNICEF was enhancing sector-wide partner support in community engagement in intensifying handwashing.

Results contribute: PAPD Pillars#1-2, CPD Outcome 3, KRC#8, and SDG#6.2, and UNSDF#3; National COVID-19 Containment protocols.

Goal Area 5: Every child has an equitable chance in life

UNICEF led the development of the concept, methodology, assessment tools, analysis plan of the ongoing assessment of impact of COVID-19 on Children and Women, and World Bank funded High-Frequency Phone Monitoring Survey (HFPMS) to inform the pandemic response and situation monitoring. As of 31 December 2020, a draft report provided preliminary findings which show that high awareness of the COVID-19 pandemic and the related containment measures. Almost all (95.7%) of households consider the pandemic as a substantial threat to their financial situation. Between June and September/October, 71.9 to 79.7 per cent of households skipped a meal, and 22.4 to 32.0 per cent went without eating for a whole day. The percentage of children involved in learning activities increased from 41.9 per cent in June (period of school closure) to 86.9 per cent in September/October (the period when schools re-opened).

In 2020, UNICEF provided technical and financial support to the Government to conduct Voluntary National Review (VNR), aimed to accelerate implementation of 2030 Agenda. The VNR revealed Liberia's progress against the Sustainable Development Goals (SDG) indicators as slow and with a low likelihood meeting SDG targets.

On 19 November 2020 African Union (AU) Ministers responsible for Civil Registration and Identity Management, within the framework of the AU-UNICEF “No Name Campaign”, virtually had a high-level political dialogue on Birth Registration on the theme “Towards Universal Birth Registration in Africa: challenges and opportunities during COVID-19”. The proven game changers that were echoed throughout the dialogue led to a final declaration focus: decentralization, digitization and interoperability, for which Liberia as **AU member state endorsed proposals to accelerate action towards birth registration of all children in Liberia and upload the commitment to universal birth registration by 2030.**

The education sector made headway on three fronts aimed at ensuring there was equitable access. First in consideration of early learning as a rights equaliser and long term foundation for economic development, UNICEF supported the drafting Early Learning Development Standards for Liberia, setting valuable benchmarks that informs teachers, parents, and all adults who contribute to children’s development, about the expectations they should have during the early years. These standards represent the major intents to kindle optimal development of children regardless of gender, individual characteristics, social, economic level of their families, affinity or skill level. Additionally, the Alternative Basic Education initiative was expanded during 2020 to 27 additional learning centres in order to provide additional learning pathways and options for out of school children. Finally, the sector embraced new innovations in distance education including tv-based e-learning and self-learning materials which demonstrated the ability to reach hard to reach out of school children.

Other Cross-Cutting Work

Gender dimension: In 2020, through the EU Spotlight Initiative, the office initiated the development of a five-year (2020 to 2024) social and behaviour change strategy to prevent violence against children including gender-based violence in Liberia as part of UNICEF’s C4D approach. The strategic focus is on changing social and cultural norms, beliefs and practices, including gender inequitable norms and behaviours that lead to violence against children and women. The strategy is particularly important in addressing sexual violence against women and girls, where at least 60 per cent of the victims are girls

under the age of 18.

Prevention of Sexual Exploitation and Abuse (PSEA) measures for both staff and Implementing Partners were integrated into the annual management priorities. A PSEA action plan was developed and implemented in 2020. Given the new PSEA requirements where PSEA assessment needs to be conducted for all CSO partners, the PSEA action plan prioritized the PSEA checklist rollout. Limited progress was made in the implementation of the PSEA action plan due to the COVID-19 situation.

The Supply team made progress by employing several HQ and Region Supply and Enabling strategies coupled with the implementation of the m-WINS application and best practices, using the Demand Tools for securing critical COVID-19 supplies. Procurement activities value (goods and services) contributed to improving the livelihood of children and beneficiaries in Liberia through project activities in Child Survival Development, Education, Child Protection, and Information and Communication. Supply Plan implementation was 109.24% (Regular 198.59%, COVID-19 supplies 72.17 and Services 56.96). The total value of procurement done by the end of year was US \$5,315,708.85 (procurement of goods \$4,481,226.82 for both Regular and Covid-19), and institutional services, including construction activities US\$834,482.03. 74.7% of purchase orders were delivered on time and within 30 days of purchase order delivery date.

UN Collaboration and Other Partnerships

2020 marked the first year of implementation of UNICEF's Country Programme 2020–2024 and United Nations Sustainable Development Cooperation Framework 2020–2024. UNICEF, other UN agencies and development partners, developed two-year rolling workplans to align and integrate their respective programme outcomes. A programme criticality assessment was conducted which identified critical life-saving programme activities that could be implemented within the COVID-19 programming context. This meant reprioritizing and/or reprogramming, and at times revising the implementation modalities.

The Ministry of Health developed a second COVID-19 National Plan in March with support from WHO, UNICEF, CDC and partners. Led by WHO and UNICEF, UN agencies developed the UN COVID-19 Joint Multisectoral Response Plan to align with the COVID-19 National Response Plan. The Joint Plan considered lessons learned from the Ebola response and placed greater emphasis on

addressing immediate health interventions and the secondary impact (socio-economic) of the pandemic. This meant minimizing the humanitarian impact of the pandemic on the most vulnerable, notably children and women. UNICEF co-led alongside the Government the risk communication and community engagement pillar.

Under the Spotlight Initiative UNICEF collaborated with UN Women, UNFPA, OCHCR and UNDP to tackle gender-based violence in partnership with the Ministry of Gender, Children and Social Protection (MoGCSP) and Civil Society Organizations (CSOs).

On 16 June 2020, the Economic Community of West African States (ECOWAS), MoGCSP, Children's Parliament of Liberia and UNICEF alongside development partnership celebrated the 30th Anniversary of the Day of the African Child under the theme "Access to a "Child Friendly Justice" system in Africa". A draft Memorandum of Understanding is under review to operationalize the ECOWAS Framework for Child Protection.

Through the UN Partnerships Portal implementation of the 2020–2024 Country Programme begun with the registration of more than 240 CSOs (205 National NGO). UNFPA and UNDP joined UNICEF and UNHCR in using the portal to float expressions of interest. UNICEF manages the portal and in 2021 will lead the prevention of sexual exploitation and abuse (PSEA) assessment of all CSO registered on the portal.

In 2020, office received \$27.8 million in Other Resources (OR), comprising of \$17.8m in ORR and \$10.0m in ORE. In addition to new funding, the office received approval to reprogramming a total of \$1.3m from Andalusia, the German NatCom for UNICEF and EU Spotlight Initiative. UNICEF Liberia maintained strong partnerships with Power of Nutrition and Irish Aid (in Nutrition area), Government of Japan (Health); Embassy of Sweden (Child Protection), German National Committee for UNICEF (Education and Child Protection); Government of Iceland (WASH) and GAVI Alliance (Immunization). New funding partnership were secured with USAID (Health), Canada (Communication for Development) and Global Partnership for Education (Education).

Throughout the year, the office spent about \$11.1m in support of programme implementation, through provision of supplies (\$5.4m) and cash payment (\$5.7m) to Government and CSO. Eighty per cent the total 169 cash payment disbursements were processed within 14 days, enabling timely release of funds for implementation.

Lessons Learned and Innovations

In 2020, the COVID-19 pandemic wreaked further havoc across Liberia's fragile social sectors. The pandemic exposed vulnerabilities across the health sector, highlighted poor access to water and sanitation, and exacerbated sexual and gender-based violence, especially for girls.

Beyond health, the secondary impact of the COVID-19 pandemic was felt the most in the education sector especially in schools, which serve as multisectoral service platforms. Despite lessons learned from the prolonged period of school closures during the Ebola epidemic, poor preparedness exacerbated the already precarious issue of *poor access* to education. The population of out of school children (estimated at 50 per cent) was pushed over the limit by the addition of school children who are not attending school. Despite national guidance to support the full reopening of schools in December 2020, it is estimated that that only 35 per cent of schools are operating at full capacity. There is no clear indication if pre Covid-19 attendance levels will be achieved.

While the pandemic provided an opportunity to scale up innovative learning mechanisms including remote and e-learning, there is an urgent need to measure both the full impact of educational loss due to the pandemic and to reimagine all the new learning requirements. Learning innovations, including distance and e-learning, are now in great demand and have been rolled out. However, these innovations need to be mainstreamed and there is need for clear feedback mechanisms that assess effectiveness and attainment of learning goals.

Going forward, a number of innovative measures have emerged that will need consolidation and scaling up. The need to reimagine schools or learning centres as multi-service platforms has also emerged as *a priority approach* for the future. At schools, children will be able to access health kits and psychosocial support to address the multiplicity of needs, which go beyond learning and schooling, among impacted children. Apart from providing holistic services, such schools also address protection and equity issues.

The U-Report platform was used as a feedback mechanism tool to determine the reach of mass messaging on handwashing with soap. This helped gather information on hand hygiene practices in hard-to-reach areas. UNICEF will incorporate this innovative approach in regular WASH programming, as part of the humanitarian and development nexus.

The COVID-19 pandemic has demonstrated the critical need for UNICEF to be able to remotely monitor programme deliverables by building a programme monitoring system with virtual access, whereby real-time remote observation and tracking of activities is possible. GPS based mobile technology through Geographical Tagging (Geotagging) is being used and is based on location-specific information, called EXIF (Exchangeable Image File) data. Geotagging collects programme related

information using pictures, videos and even SMS messages and consequently tracks progress. This innovative monitoring tool is already being used in the education section to monitor and report on education interventions in the context of COVID-19. This work is being led by the Programme Monitoring and Evaluation section and has been incorporated in all new Programme Cooperation Agreements and Programme Documents. In 2020, nine Implementing Partners received training on how to properly capture, store and share the geotagged media of programme activities as part of programme implementation. The aim for 2021 is for all programmes to incorporate this into their monitoring and evaluation practices, requiring all Civil Society Organizations to undergo training on geotagging. This initiative addresses the challenge of access to remote areas in Liberia, due to poor road conditions, which remains a pervasive challenge to achieving results for children. Geotagging enables programmes to validate, monitor and evaluate progress on the ground in real-time without having to travel to hard-to-reach locations, saving manpower, resources, time and effort.