



UNICEF Liberia Covid-19 Situation Report 15 June – 31 July 2020

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Highlights

- As of 31 July 2020, Liberia recorded 1,189 confirmed cases of COVID-19, that is 410 females, 779 males, including 102 children under 15 (48 girls, 54 boys) and 197 health workers (HAI: 16.5%). This is 604 new cases since the SitRep of 20 June 2020 and all country's 15 counties now have confirmed cases.
- 707 high schools (including 139 public schools) were reopened on the 29th of June to prepare 41,526 students in all 15 counties for the regional exams (WASSCE). UNICEF procured and distributed teaching and learning materials, school health kits, and supported the roll out of safe school protocols for the 707 schools.
- On July 18, UNICEF inaugurated the 'Julue-Ta' – Children's home in Kru dialect – together with the Ministry of Gender in Monrovia, Liberia. The centre will serve as an interim care centre to provide alternative care services for 30 children whom their parents or care givers are infected by COVID-19. and admitted to treatment units.
- Liberia as in many countries has been struggling with low community compliance with COVID-19 prevention and control measures. In order to address this, the NRC and RC has organized national consultations which led to the formation of a technical working group which UNICEF participated as the UN Technical lead. As a result, the group drafted the 'Renewed Action Plan to enhance RCCE for COVID-19' which was submitted to the President of Liberia for endorsement.
- As of 31 July 2020, UNICEF Liberia has received US\$ 8.89 million against its COVID-19 appeal and reprogrammed US\$2.14 million to the response. Currently, the office has a 50.6 per cent funding gap against its US\$ 18 million appeal.

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. Liberia reported its first confirmed case of COVID-19 on 16 March 2020 in Monrovia, the country's capital. As of 31 July 2020, the country had recorded 1,189¹ (410 females, 779 males) confirmed cases of COVID-19 including 102 children under 15 (48 girls, 54 boys) and 197 health workers (HAI²: 16.5%).

Situation in Numbers



1,400,000
Children and youth
affected by COVID-19
school closure

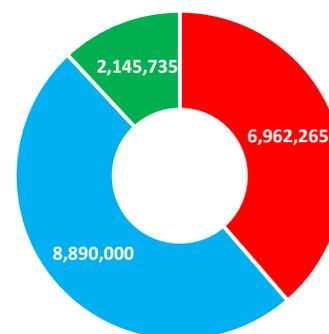


1189
Laboratory Confirmed
COVID-19 Cases



75
COVID-19 Deaths

Funding Status



■ Funding Gap ■ Funds Received
■ Reprogrammed

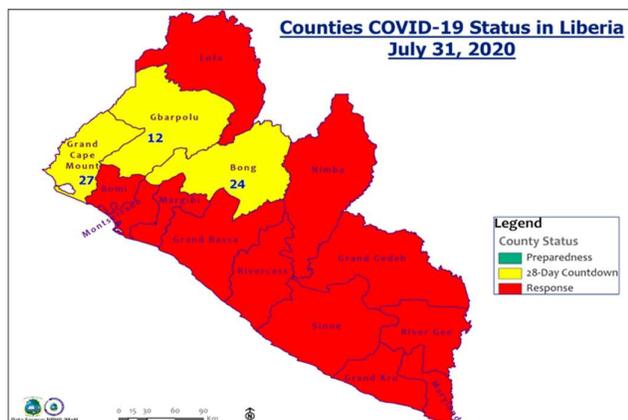
¹ Liberia COVID-19 Sitrep # 138

² Health Care Associated Infections

A total of 496 cases have recovered and 75 deaths have been reported with a case fatality rate of 6.3 per cent³. The people aged 55 years or more, have a low share in the total confirmed cases (15.6%), but have suffered disproportionately high deaths (57%) than any other age group. The age groups of 15-34 and 35-54 years has the higher share of the confirmed cases respectively as 36% and 39.6%.

Montserrado County remains the epicentre with 72 per cent of the confirmed cases. The risk of transmission remains very high due to high population movements in Montserrado which has approximately 1.5 million residents. The State of emergency has been extended for additional 30 days from June 22 to July 21 to mitigate and contain the spread of the virus, however no further extension was made, while the country continues to be under a public health emergency. However, with the cases continuously on the rise and the general public's non-compliance to these measures, the President of Liberia had requested the NRC and UN RC to organize a national consultation on the way forward, accordingly a technical task force was formed to provide the President with a set of recommendations. After several task force meetings which UNICEF participated as the UN Technical lead, and provided technical inputs through UNICEF supported 'Rapid assessment to inform strengthening of national RCCE initiatives, partnerships and activities' and Conceptual Framework of RCCE, led to the draft 'Renewed National Plan to Enhance RCCE for COVID-19' which was submitted to the President.

Meanwhile on 28 June Roberts International Airport has resumed its operations for commercial flights and since 29 June, schools have been reopened for 12th graders only in preparations for to the West African Senior School Certificate Examinations (WASSCE).



Humanitarian Leadership, Coordination and Strategy

The Government of Liberia continues to play a strong leadership role through the National Incident Management

System (IMS), using the International Health Regulations response framework, with 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.

Additionally with the support of UNICEF, the Ministry of Education had reactivated the Education in Emergencies Working Group to coordinate education interventions and the President has also established a National Steering Committee for the COVID-19 Household Food Support Programme (COHFSP) which is co-chaired by the Ministry of Commerce and Industry and Agriculture with WFP as the Secretary. The aim of this programme is to provide food distribution to the close to 2.5 million vulnerable people in Liberia.

Meanwhile, funding constraints has been an issue for the government, especially the Ministry of Health. At a COVID-19 Response Donor Conference that was held on 15 July, co-hosted by the Minister of Finance and Development Planning, Minister of Health and the National Response Coordinator, the IMS presented the key achievements, challenges, lessons learned, actions to increase efficiency and sustainability of the response and emphasis on actions to sustain routine health services. Meanwhile, despite its intention, the conference didn't obtain additional funding commitment from donors and its development partners.

Liberia's Humanitarian Response Plan (HRP) for COVID-19 was updated on 29 June, whilst the funding gap remains significant. Under the leadership of the Resident Coordinator, a Task Force was established for the operationalization of the HRP. The Task Force has a clear role of supporting the Government and the IMS and its Pillars; thus the intention was not to create parallel IASC clusters. Instead the group has completed an operational readiness matrix, which highlighted the gaps of the IMS especially in the area of M&E and information management. Further the group was tasked to review the revised Pillars of the IMS which the plan is now to reduce from the existing 19 down to 8.

UNICEF continues to closely work with the pillar leads in the areas of Risk Communication and Community Engagement (RCCE), Water Sanitation and Hygiene (WASH), Mental health and psychosocial support (MHPSS), Women, Girls and Children Pillars. Further, UNICEF is actively participating in the Infection Prevention and Control (IPC), Case Management pillars. UNICEF is co-leading the Education in Emergency (EIE) working group with the Ministry of Education providing technical and financial support to the staggered resumption of schooling which started with the 12th graders since 29 June.

³ The Liberia Case Fatality rate (CFR) officially considered is for deaths that occurred among patients in care at the COVID-19 treatment units across the country.

The COVID-19 response and preparedness continue to be decentralized to the county level. Out of the country's 15 counties, 12 are in response mode and three in the 28-day countdown mode.

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)

Following Liberia President's 23 June COVID-19 response progress review meeting with Ministries, UN and USA-CDC, UNICEF as the nominated RCCE technical advisor, is supporting the Government in formulating ways to improving COVID-19 communication, community awareness and engagement. This is aimed at bolstering the Liberia communities to adopt behaviours/practices compatible with living safely with the virus.

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).

Additionally, UNICEF continues a weekly radio intervention to inform and communicate with the public on issues related to prevention and protection against COVID-19.

Infection Prevention and Control (IPC)/Case Management

UNICEF continues to provide technical support in regular IPC and Case management meetings, as well as to key documents such as the IPC/Case management training guide and the home base care guideline. UNICEF provided over 10,000 local made facemasks to all the 851 community health workers in five counties to improve the Infection, Prevention and Control.

A total of 265 health care workers from different governmental departments including the Treatment Units were provided with Personal Protective Equipment (PPE).

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

Health and Nutrition

During the reporting period, UNICEF has completed the distribution of essential COVID-19 supplies (oxygen concentrators, PPEs, COVID 19 lab test kit and essential drugs) to the Ministry of Health and support on job training to the lab team to enhance their capacity. UNICEF to support the Ministry of health team to continue monitor the in-country stock of vaccines. Several measures have been undertaken to ensure the availability of vaccines and prevent stock-outs at all levels of the supply chain.

Through UNICEF's intervention, some of the 2020 allocation of Gavi co-financed vaccines were brought in-country ahead of schedule and potential stock-outs were averted.

At the service delivery level, UNICEF has supported the training of over 851 Community Health Services Supervisors (CHSS-100) and Community Health Assistants (CHAs-743) in the five Southeastern counties on Community Engagement/Awareness and Community Event Based Surveillance (CEBS), essential health services and COVID – 19 to ensure safe service delivery. The trainees were also provided with local made facemasks.

Field monitoring has been conducted in seven counties. and it covered the monitoring of activities in 37 Health facilities. The field mission aims to support the training of CHAs and CHSSs on Infection prevention and control of Covid-19, skills and practices of CHWs, assess the impact of Covid-19 on community health and routine health services, Monitor the implementation of the community health programme, conduct on-site mentoring for relevant health workers and supervisors implementing UNICEF supported programs

UNICEF continues to provide technical support and essential nutrition supplies to the Ministry of Health and partners on the promotion of appropriate maternal infant and young child feeding practices, management of severe acute malnutrition and micronutrient supplementation at facilities and communities level during COVID 19 pandemic in the country. UNICEF support the development of maternal infant and young child feeding messages in the context of COVID 19 which are being aired across the country.

During 15 June to July 31 2020, a total of 10,046 children were admitted and treated for severe acute malnutrition, almost 40 per cent of UNICEF's response target of 25,000 children. Additionally, to help prevent micronutrient deficiencies and enhance immunity, a total of 73,105 children 6-23 months have been reached with Micronutrient Powder, 10,372 of children 0-59 months reached with Vitamin A supplementation. This micronutrient supplements are necessary for strengthening of children's immunity and to help the prevention of micronutrient deficiencies.

The Ministry of Health and National Public Health Institute of Liberia in cooperation with partners continue to uphold Infection Prevention and Control measures during the provision of nutrition and health services at both the facilities and communities' level.

A conference was held from 15- 16 July with the objectives of reviewing the year one of Phase II "Working to Improve Nutrition at Scale" (WINS) workplan, program's priorities and the results framework. The conference was attended by Government representatives from the ministries of Education, Social Protection as well as several departments within the Ministry of Health. Additionally, the main donors of the program i.e. The Power of Nutrition, UK Natcom and Irish Aid were in attendance. The key outputs of the conference were the adoption of the year I of phase II final workplan, program's priorities and result framework for implementation.

UNICEF continues to provide technical and financial support to the Government of Liberia to further strengthen the delivery and quality of facility-based services, to expand prevention and treatment services to the community level to ultimately achieve universal coverages, and to strengthen demand creation and nutrition messaging for the benefit of children and women. The WINS program is building on phase one successes with focus on addressing the bottlenecks around nutrition services, delivering and strengthening demand creation for nutrition services and on improving the enabling environment for nutrition.

Water, Sanitation and Hygiene (WASH)

During the reporting period, UNICEF procured IPC/WASH supplies to facilitate safe reopening of 139 public schools located in all the 15 counties to enable 12 graders to prepare for exams. The WASH supplies were intended to serve about 11,250 students of 12th grade. By the time of reporting, the supplies had been distributed to 136 of the 139 planned public schools

To better inform the WASH interventions, UNICEF, in cooperation with County Health Teams conducted assessments to identify gaps in 29 health care facilities in Montserrado and Margibi counties. The IPC/WASH assessment was conducted using simplified emergency WASH FIT tool developed by UNICEF and WHO. The assessment established that 13 (45%) of the health care facilities met the indicator targets for water; 11 (38%) for sanitation; 12 (41%) for healthcare wastes; 16 (55%) for hand hygiene; 12 or 41% for environmental cleaning; and 12 or 41% for management. UNICEF is now working with WASH pillar in preparing a response plan to improve water, sanitation and hygiene services and to provide cleaning materials at the 29 health care facilities.

Education

Following the closure of schools, a measure taken by the Government of Liberia to contain the spread of COVID-19, over 1.4 million students were affected. Since March 17 students were engaged in remote learning while at home through various modalities including radio lessons, internet and paper-based lessons delivered to them at home.

As part of the Government's preparedness measures and commitment to reopen schools using a staggered approach, UNICEF has procured the IPCs and Teaching and Learning Materials such as blocknotes and stationary for more than 41,000 Grade 12 students and over 5000 teachers in 707 schools (139 publics and 568 private).

Prior to the reopening of the schools, UNICEF and partners supported the development of the safe school protocols and conducted training for 650 school administrators who cascaded the training in their various schools in the 15 counties reaching 5,980 teachers and staff.

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, 270 children (195 girls, 75 boys) and 655 staff and social workers were provided with community-based psychosocial support knowledge through UNICEF supported training on Mental Health and Psychosocial Support (MHPSS). The increased number of front liners was reflected positively on the people reached as 270 children and 656 adults were reached with MHPSS services. A 48 and 75 per cent increase respectively from the last reporting period.

On July 18, UNICEF inaugurated the 'Julue-Ta' – Children's home in Kru dialect – together with the Ministry of Gender in Monrovia, Liberia. The centre will serve as an interim care centre to provide alternative care services for 30 children whom their parents or care givers are infected by COVID-19 and admitted to treatment units.

UNICEF continue to support the interim care centre where 45 children (32 boys, 13 girls) who lack family-based care or victims of abuse and neglect have been placed. Comparing to the previous reporting period, while the total number of children in the interim care centre has not changed drastically, there is 39 per cent more boys and 44 per cent less girls placed in the centre.

The Minister of Gender, Children and Social Protection, concerned over the unprecedented spike in rape and other SGBV cases, called for a high-level inter-ministerial level meeting on 9 July. Various Ministries committed to work closely together in addressing this issue. The outcome of the meeting was shared with the President, whom further called a high-level meeting participated by the Vice President, the Speaker of the House, Chief Justice and senior members of the cabinet. He further instructed the inter-ministerial Task Force to put in place a technical team that would be developing a concrete road map on enhancing the fights against SGBV. On 31 July a consultation session was held with CSO representatives.

UNICEF in collaboration with UNWOMEN, UNFPA, and OHCHR is undertaking the Assessment of socio-economic impact of COVID-19 on children, women and their communities. The assessment is undertaken in partnership with Ministry of Gender Children and Social protection.

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 July 2020, the funding gap is 42.1 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 US\$8.89 million new funding including US\$1,000,000 from DFID, US\$100,000 from the Government of Sweden, US\$ 100,000 from the Government of Canada and US\$ 622,066 from the World Bank, in addition to US\$7 million from the Global Partnership for Education (GPE). Based on donor approval, the office has reprogrammed US\$2,145,735 for COVID-19 response.



Inauguration of interim care centre in Monsterado, Liberia

Who to contact for further information

Laila O. Gad
UNICEF Representative
Liberia Country Office
Tel: +(231) 770.26.7100
Email: logad@unicef.org

Yuko Osawa
Chief of Child Protection,
COVID19 Emergency
Coordinator
Liberia Country Office
Tel: +(231) 770.26.7650
Email: yosawa@unicef.org

Mostafa Omar
Communication Specialist
Liberia Country Office
Tel: +(231) 770.26.7110
Email: mosomar@unicef.org

Annex A.

Summary of Programme Results in response to COVID-19 pandemic

Sector	UNICEF and IPs Response		
	Target	Total results	Change since last report ▲▼
Risk Communication and Community Engagement			
Number of people reached on COVID-19 through messaging on prevention and access to services	1,500,000	1,297,717	130,345
Number of people who participate in COVID-19 engagement actions	600,000	53,000	9,611
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	100,000	7,529	153
WASH and IPC			
Number of people reached with critical WASH supplies (including hygiene items) and services	600,000	12,407	12,407
Number of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)	1,500	1,345	1,213
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	3,500	3,179	1,043
Health			
Number of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases	3,500	2,553	417
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	300,000	165,456	41,774
Nutrition			
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	130,000	48,014	48,014
Number of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)	25,000	8,629	1,764
Education			
Number of children supported with distance/home-based learning	1,000,000	992,768 *	-
Number of schools implementing safe school protocols (COVID-19 prevention and control)	3,000	707	707
Child Protection and GBV			
Number of children without parental or family care provided with appropriate alternative care arrangements	300	133	45
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	15,370	2381	925
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	457	-
Social Protection			
Number of households receiving humanitarian cash transfers through UNICEF response to COVID-19	3,000	-	-

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

Annex B

Funding Overview

HAC Response Pillar	Liberia COVID-19 Funding		
	Total Requirement	Funding	Funding gap
Risk Communication and Community Engagement	750,000	680,000	70,000
Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies	3,000,000	977,000	2,023,000
Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management	3,250,000	1,332,735	1,917,265
Data collection social science research for public health decision making	500,000	70,000	430,000
Support access to continuous education, social protection, child protection and gender-based violence (GBV) services	8,300,000	7,848,000	452,000
Coordination, technical support and operational costs	2,200,000	130,000	2,070,000
Total	18,000,000	11,037,735	6,962,265