

# Annual Report 2020

**Ensuring Rights and Choices for all  
in Liberia in the Face of COVID-19**



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Ministry of Education  
Ministry of Youth and Sports  
Ministry of Gender, Children and Social Protection  
Liberia Institute of Statistics and Geo-Information Services  
Population Policy Coordination Unit

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# Foreword

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Over the past 25 years, UNFPA, the United Nations Population Fund, has led a global effort to achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality.

No doubt the global coronavirus pandemic has set us back and its consequences will be with us for a while. Yet we can't afford to take our foot off the accelerator. The pandemic shows just how vital UNFPA's mandate is — and the terrible things that can happen when access to essential sexual and reproductive health services is undermined.

Nevertheless, we have much to look forward to, as UNFPA continues to promote rights and choices for all in Liberia, especially women and young people. As the lead-UN agency for data, UNFPA's support to Liberia in the early days of the outbreak of the COVID-19 pandemic in the country which include contact tracing and epi-surveillance led to the curbing of the virus.

We know that the work in population and development remains central to ending poverty. We are committed to the transformative agenda of ending preventable maternal deaths, ending the unmet need for family planning, and ending gender-based violence and harmful practices for the people of Liberia. UNFPA will continue to work with the Government of Liberia and partners to ensure that population and demographic analysis are fully integrated into policy-making, planning, and programming by leading efforts to ensure the successful completion of the National Population and Housing Census; meeting the target of the 2020 Round of Censuses.

While the year 2020 might have initially slowed our activities implementation, we can afford to celebrate some key achievements: more than 400 thousand



individuals were reached with sexual and reproductive health information and services including family planning; 61 percent of whom were adolescents and youth. Through our efforts to prevent and respond to gender-based violence, 2,017 SGBV survivors were provided with medical, psychosocial, and legal assistance. At the compilation and finalization of this report came the full results of the Liberia National Demographic and Health Survey 2019-20 with some remarkable achievements including a 31 percent reduction in maternal mortality.

None of the progress and results highlighted in this report would have been possible without the support and collaboration of key partners, including civil society organizations, fellow UN agencies, and others, as well as the critical support of our donors.

Together, we can deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

**Dr. Bannet Ndyanabangi**

Country Representative  
UNFPA Liberia



## Country Profile

Liberia has a population of approximately 4.6 million people and more than half of the population is under the age of 18. While Liberia has made progresses in guaranteeing equality between men and women through legislation and policies, sexual and gender-based violence (SGBV) is still widely acknowledged to affect women and girls in schools, communities, homes and workplaces. Gender inequalities are deeply entrenched in the society, including stereotypes and prejudice against women and exclusion of women in decision-making, all of which provides an enabling environment for high levels of violence against women and girls (VAWG). Violence in the form of sexualized violence, daily domestic violence, sexual violence against minors, child marriage, sexual abuse, and traditional rites like female genital circumcision and forced child marriages still prevail nearly 20 years after the end of the Liberian civil war.

Young people and women continue to face challenges in accessing sexual and reproductive health services information and services. Adolescent girls in particular experience deprivation due to harmful traditional practices and gender norms, teenage pregnancy and high levels of gender-based violence (GBV) on a daily basis.

While the country was still recovering from the 2014-2015 Ebola virus disease outbreak in the Mano River Basin (Guinea, Liberia and Sierra Leone), came the global coronavirus pandemic in March. Though the country was able to prevent the outbreak from spreading beyond control, there were about 1,779 confirmed cases and 83 deaths recorded by December.

At the worst end of the pandemic is sexual and reproductive health and gender-based violence care and services.

For example, a Ministry of Health's Health Management Information System report released at the end of March highlighted a 39 percent reduction in the proportion of children fully immunized; a 17 percent decline in women receiving four antenatal care (ANC) visits; and a 5.4 percent decrease in institutional deliveries between January to March 2020 compared to the same period in 2019. There was also a 47 percent increase in maternal deaths reported in communities from January to June 2020; a 7.1 percent increase in neonatal mortality and 63.1 percent increase in stillbirths.

The decrease in the utilization of services and the increase in maternal deaths (at the community level), stillbirths and neonatal deaths during this period can be attributed to the impact of the COVID-19 pandemic containment measures, increasing community fears of attracting the virus at health facilities, family loss of income, lack of essential supplies at health facilities and limited funds for health services.

Moreover, between January and June 2020, about 1,156 SGBV cases were reported by the GBV Information Management System (IMS) of the Ministry of Gender, Children and Social Protection (MGCSP); of which 68 percent were girls under-18. While the above figure represents a decrease comparing with the data from the same period in 2019 when 1,481 cases were reported, it may be attributed to the restrictions of movement during much of this period which limited access to critical SGBV services such as the One Stop Centers (OSC) and Women and Children Protection Section (WACPs) of the Liberia National Police. ●

# What We Do

In furtherance of its Country Programme of support to Liberia which works to ensure:

- Women, adolescents and youth especially marginalized and furthest behind, have improved access to quality gender-responsive, comprehensive and integrated SRHRs information and services, including family planning and STIs/HIV;
- Adolescents and youth, including the marginalized, youth with disabilities and those furthest behind, have skills and knowledge to claim and make informed choices about their SRHR and well-being;
- Strengthened national capacity to advance gender equality, prevent and respond to gender-based violence and harmful practices, and promote women and girls' empowerment;
- Enhanced capacities of the national statistics

system to produce and use disaggregated population data to inform policy decision-making and development programming.

UNFPA, in the face of the COVID-19 pandemic supports activities aimed at safeguarding women and girls' access to a continuum of sexual and reproductive health services, including antenatal, perinatal and postnatal care, and screening tests according to national guidelines and standards; ensuring the continuity of life- saving, multisector services for survivors of gender- based violence and the most at- risk women and girls; ensuring the supply of modern contraceptives and other reproductive health commodities; and collection and analysis of data to track COVID- 19 cases, including disaggregated data on specific vulnerable groups, and with a view towards informing targeted interventions to address the pandemic. ●













# Ensuring Unhindered Access to Women Sexual Reproductive Health & Rights Services

The COVID-19 pandemic might have put a break on our interventions to ensure safe births but it has not stopped UNFPA's support to the Ministry of Health in strengthening human resources for maternal health including expanding women's access to skilled attendance at birth, increasing availability of basic and comprehensive essential obstetric and newborn care to treat pregnancy complications, and Post Abortion Care (PAC) services.

## Key Results

- Establishment of a maternity unit at the main COVID-19 treatment unit at the 14 Military Hospital in Margibi County to provide antenatal



care, delivery, emergency obstetric care, and postnatal care services for pregnant COVID-19 infected women admitted at the center;

- The availability of a Roving maternal health team set by UNFPA in collaboration with the Family Health Division of the Ministry of Health to ensure that the 17 health facilities at the epicenter of the COVID-19 outbreak in Liberia were mentored to identify high risk pregnant women for immediate referrals;
- Improved maternal and newborn care services rendered by 301 skilled birth attendants who received coaching in maternal and newborn care as part the Midwifery Association-led mentorship programme;
- 34 midwives were trained in EmONC and midwifery competencies;
- 301 midwives mentored directly at health facilities across Liberia by senior midwives through a UNFPA-funded capacity building program to provide reproductive health services including family planning.
- Two midwifery training institutions (Phebe Training Program and Dianna K Isaacson School of Midwifery) equipped and funded to ensure that 194 midwifery and nurse-anesthetic students complete their training cycles respectively;
- Dignity of 14 fistula survivors restored by successful surgeries conducted a team of local and international surgeons. ●



# Ensuring the continuity of family planning services amid COVID-19

While the COVID-19 pandemic has caused remarkable disorder to health systems around the world including that of Liberia, disrupting access to family planning information and services, as well as sexual and reproductive health, the need for these services remains critical. ►







- For women, family planning is essential basic health care. As the Liberian health systems shifted in March 2020 to prevent and treat people with COVID-19 following the confirmation of the first case of coronavirus in the country, UNFPA partnered with the Family Health Division at the Ministry of Health to ensure that the demands of responding directly to COVID-19 did not greatly affect the provision of essential sexual and reproductive health services, including family planning services, for all women and girls.



With the support of UNFPA, there was a continuity of community-based family planning services in all 15 counties of Liberia; resulting to:

- a total Couple Year Protection (CYP) of 274,107;
- Aversion of 80,202 unintended pregnancies;
- Prevention of 33,217 unsafe abortions and 441 maternal deaths. ●









# Making young people's access to sexual reproductive health and rights services and participation a priority

UNFPA, the United Nations Sexual Reproductive health and rights agency, uses the life course and human rights based approaches to increase universal access to and utilization of Sexual Reproductive health and rights (SRHR) services by adolescents and youth through its new Global Strategy called “My body, My Life, My World”. The strategy puts young people - their talents, hopes, perspectives and unique needs- at the center of sustainable development. In doing so, it backs achievements of

the Sustainable Development Goals, and aligns with the United Nations Global Strategy on youth as well as UNFPA Strategic Plan 2018 – 2021.

UNFPA's current programme of support to Liberia addresses the sexual reproductive health and rights challenges faced by adolescents and young people using a Three Access Point Model (Community, School and Health Facility). This is to ensure-adolescents and young people are reached with a comprehensive package of SRHR information and services through a Multi-Sectorial Platform

As part of this strategic approach, UNFPA supports evidence-based advocacy for an enabling policy and programme environment for young people to access SRH/FP information and services; the delivery of gender sensitive, age-appropriate and life skills based Comprehensive Sexuality Education (CSE) to both in and out of school adolescents; community behavior change communication and awareness creation on SRH/FP information and services for very young adolescent; and capacity building of institutions and community structures to deliver quality youth-friendly sexual and reproductive health services. While the COVID-19 lockdown in Liberia between April and July 2020 hampered the direct implementation of some of the activities, UNFPA and partners derived innovative means of reaching adolescents and young people; especially students through radio programs and online platforms.

## Key results

- 107,442 students reached with sexuality education through 350 schools across Liberia;
- 267,943 adolescents and young people ac- ▶

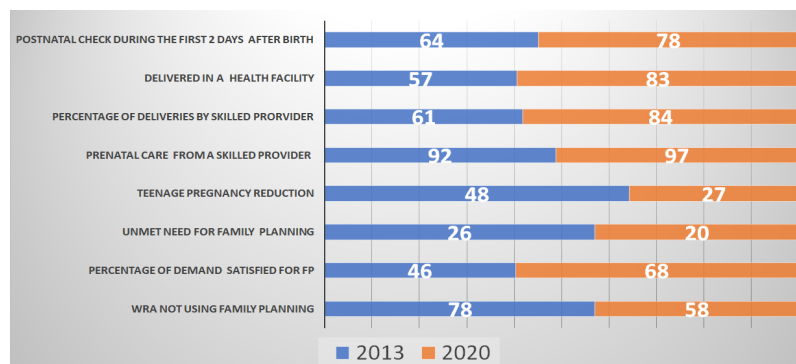




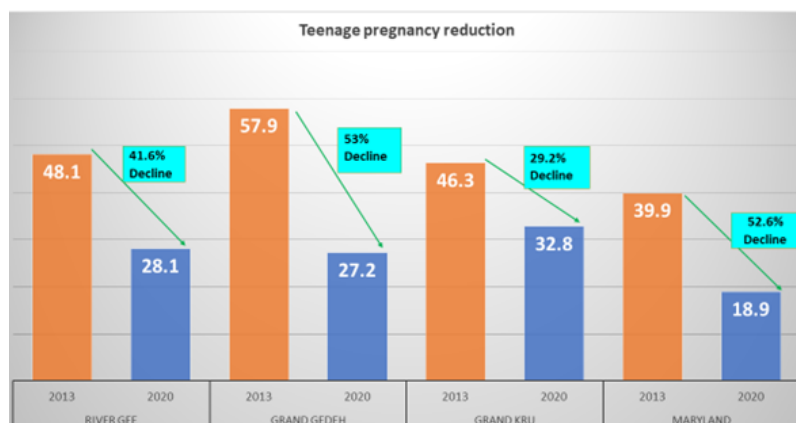


- ▶ cessed selected SRHR services including family planning, PAC, ANC and delivery care, clinical care for SGBV, and STI syndromic management from health facilities and youth friendly centers supported by UNFPA;
- 23,049 adolescents and young people received HIV counseling and testing;
- A cumulative total of 1400 teachers from 350 schools across the country trained in the delivery of sexuality education syllabuses;
- 28,411 young people reached with sexuality education through out of school settings including community outreach;
- Improved access to PAC services for adolescents and young people by continued support to 30 health facilities in the provision of quality PAC services. ●

**Figure 1:** Access to RH Services in UNFPA-focused counties in Southeastern Liberia (Grand Gedeh, River Gee, Maryland and Grand Kru)



**Figure 2:** Teenage Pregnancy Reduction in UNFPA focused counties in Southeastern Liberia (Grand Gedeh, River Gee, Maryland and Grand Kru)



# Responding to SGBV and harmful practices

UNFPA led the response and data pillar for the SGBV prevention and response program of the UN and Government of Liberia Joint Programme on GBV which ended on 31 December 2020, and the Liberia Spotlight Initiative

implemented together with UN-WOMEN, UNICEF, UNDP, and other UN agencies. The UNFPA-led response pillar is focused on ensuring quality and efficient health and psychosocial service provision to women and girls at risk or victimized by sexual and gender-based violence.

UNFPA supports the Ministry of Health and the Ministry of Gender, Children and Social Protection in the provision of comprehensive survivor-centered support services for GBV survivors through the various One Stop Centers and safe homes including 27 health facilities across the country.

The One Stop Centers, which are linked to health facilities, provide integrated services to survivors including health (clinical management of rape, other routine services and referral for obstetric, gynecological and other specialized health services, etc.), psychosocial support, legal and protection support for

GBV survivors free of charge. In the wake of the COVID-19 pandemic, UNFPA worked to ensure the continuity of lifesaving, multisector services for survivors of gender-based violence and the most at-risk women and girls. Within national COVID-19 strategies, UNFPA is helping to adapt service provision based on COVID-19 implications for service providers and case management. It supported efforts to ensure that referral pathways and risk-mitigation information are updated and disseminated regularly to facilitate access to services throughout the pandemic; and strengthened response capacities for case management and mental health and psycho-social support (MHPSS).

## Key results:

- 1,659 SGBV survivors reached with medical and counseling services from 12 One-Stop-Centers;
- 94 SGBV survivors received services at two safe homes (Lofa and Nimba);
- Standardization of Gender-Based Violence Information and Management System (GBVIMS) tools to enhance quality data collection, storage analysis, and



UNFPA Representative Dr. Bannet Ndyabangi (left) presents assorted equipment including a server to an official of the Ministry of Gender, Children and Social Protection to enhance quality data collection, storage, analysis, and reporting of GBV incidence



Mental Health Clinicians, Social and Psychosocial Support Workers during one the mental health and psycho-social support (MHPSS) training sessions



reporting of GBV incidence;

- 1,802 (98.5 percent) of the total recorded cases of GBV (1830) received services at UNFPA supported service provision points; and
- 27 health facilities supported in the integration of SRHR/GBV services. ●



# Data for planning and development

UNFPA supports Liberia to strengthen the capacities of the national statistics system to produce and use disaggregated population data to inform policy decision-making and development programming including the conduct of regular demographic and health surveys and population and housing censuses.

Population and housing censuses remain the primary sources of data needed for formulating, implementing and monitoring policies and programmes aimed at inclusive socioeconomic development and environmental sustainability. It is an important source for supplying disaggregated data needed for the measurement of progress of the 2030 Agenda for Sustainable Development, and Government National Development Plan, especially in the context of assessing the situation of people by income, sex, age, migratory status, disability and geographic location, or other areas including education/literacy, housing, and health.

In 2019, the Liberia Institute of Statistics and Geo-Information Services (LISGIS) in collaboration and support from development partners led by UNFPA, the United Nations Population Fund, embarked on the conduct of the next Liberia Demographic and Health Survey and the National Population and Housing Census which are aimed at having updated health-related data, provide comprehensive social, economic as well as geo-spatial data at the smallest administrative level of Liberia to facilitate national development planning.

However, LISGIS and UNFPA were constrained to suspend the implementation of all field-related census activities between March and August 2020 as a result of the ongoing Coronavirus pandemic.

Nevertheless, due to the critical nature of the census which is overdue by two years, UNFPA and LISGIS

requested and received an SOP from the Ministry of Health and the National Public Health Institute of Liberia to direct the physical engagement with the population.

As a result, the President of Liberia Dr. George Manneh Weah officially launched the public engagement and field works for the 2021 National Population & Housing Census (NPHC) activities, on October 2, 2020 in Monrovia.

Since then, the process has remained in full swing with:

- 250 GIS Field Mappers, Supervisors and Coordinators trained and deployed to conduct;
- Renovation and refurbishment of LISGIS (NSO) physical and technical infrastructures, including ICT, GIS, DATA PROCESSING; and
- Procurement of various equipment, including gadgets, tablets, ICT technology, satellite imagery, Google Cloud computing services, etc. ▶



*The President of the Republic, H.E. George Manneh Weah officially launches the public engagement and field works for the 2021 National Population & Housing Census (NPHC) at a ceremony in Monrovia.*



- The results from the Demographic and Health Survey (LDHS 2019-20), highlight some considerable improvements in population and health data in the last seven years before the survey.

### Maternal health care

- Maternal mortality ratio in Liberia is 742 deaths per 100,000 live births
- 87 % of women aged 15-49 attend 4+ antenatal care visits
- 71 % had their first antenatal care visit in the first trimester



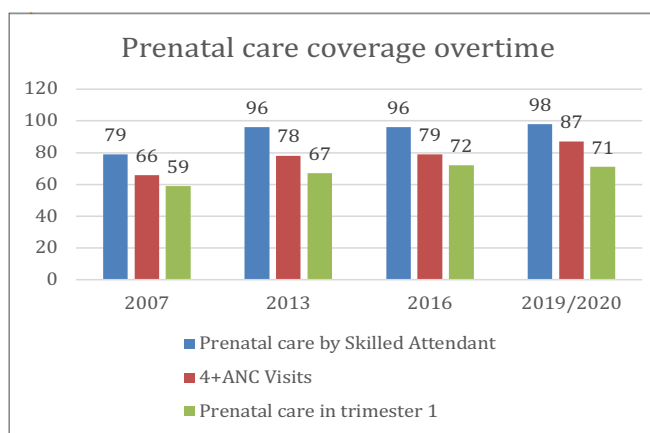
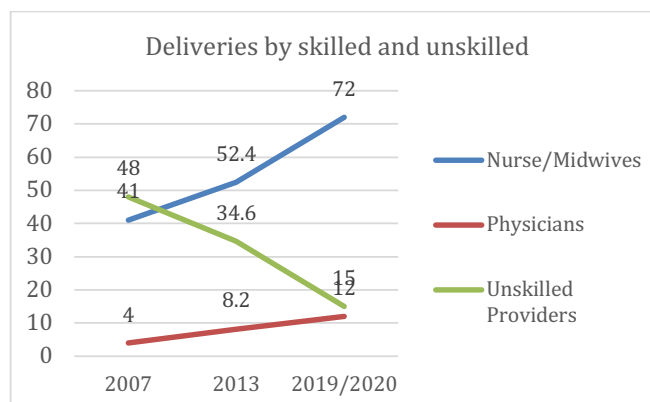
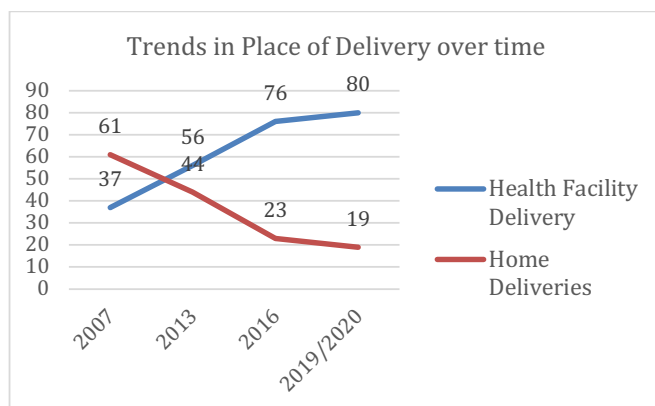
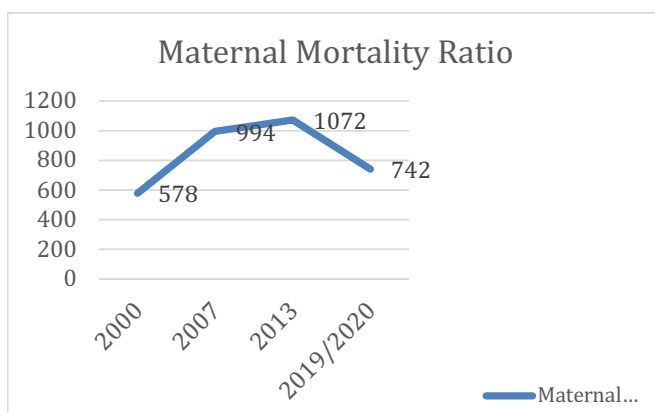
Census Cartography & GIS Technical Specialist Ms. Olujemisi Olugbile in consultation with LISGIS GIS Director Mr. Thomas Davis during a field session to derive the best area demarcation mechanism.



An array of Geographic Field Mappers in training



- ▶ Health facility deliveries at 80%
- 80% of births occur at health facilities
- 84% of births are assisted by a skilled provider

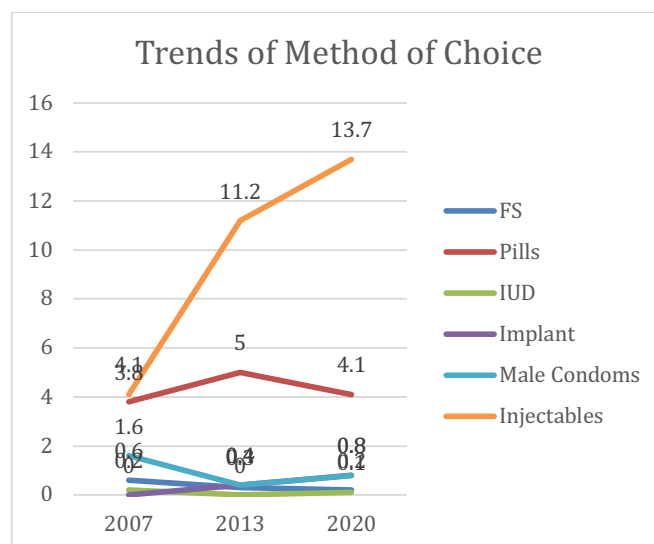
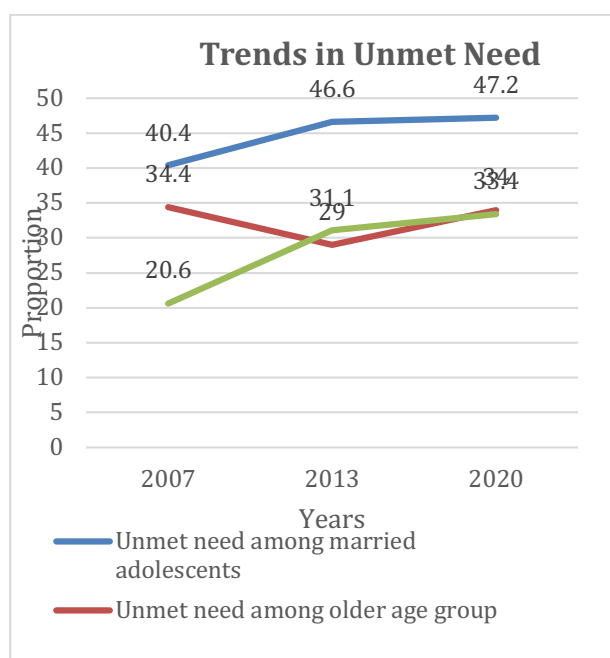
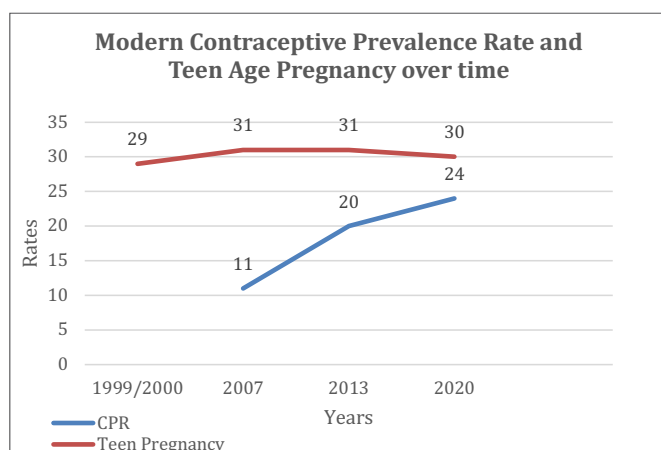


### Fertility and family planning

- Fertility has declined from 4.7 children per woman in 2013 to 4.2 children in 2019-20



- ▶ 30% of women aged 15-19 have started child-bearing (i.e., they have already had a birth or are pregnant with their first child)
- 25% Contraceptive Prevalence Rate for married women aged 15-49
- 1 in 4 married women aged 15-49 use some method of family planning
- Total demand for family planning among married women is at 58%
- 33% of married women have an unmet need for family planning



## Gender-based violence

- 60% of women aged 15-49 have experienced physical violence since age 15
- 55% of ever-married women aged 15-49 have experienced spousal violence whether physical, sexual or emotional by their husband or partner
- The most common perpetrator of physical violence against ever-married women is current husband/partner (45%).
- 46% have experienced spousal violence within the past year.

## Female genital mutilation

- 38% prevalence of FGM
- Prevalence higher in rural areas (52%) than in urban areas (30%) ●

# UNFPA Liberia's Response to humanitarian emergencies including the COVID-19 Pandemic

UNFPA's response to the COVID-19 pandemic in Liberia has been geared at ensuring the continuity of sexual and reproductive health services and interventions, including protection of the health workforce; ensuring the continuity of life- saving, multisector services for survivors of gender- based violence and the most at- risk women and girls; and ensuring the supply of modern contraceptives and other reproductive health commodities. ►





- Immediately when the first confirmed case of COVID-19 was announced by Liberia's health authorities in early March, UNFPA made available at the disposal of the National Public Health Institute of Liberia, four motor vehicles and five motorbikes and more than 120 tablets and mobile phones for real time data collection.

With UNFPA's support, the first batch of 105 contact tracers, 20 data managers, 30 case investigators were trained and deployed by NPHIL in collaboration with the Ministry of Health. Subsequently, the number of active contact tracers was increased to 430 with their allowances paid by UNFPA until the end of May.

UNFPA worked to ensure the availability of some basic IPC supplies at 15 high burdened public health facilities including 3 hospitals across the country.

In collaboration with USAID, Global Funds and other Partners, UNFPA supported the Supply Chain Management Unit at the Ministry of Health and the Central Medicine Store in the distribution of essential drugs and medical supplies to the various counties to ensure the continuation of routine health services amidst the COVID-19.

Using lessons learned from the Ebola epidemic that pledged Guinea, Liberia and Sierra Leone from 2014 to 2015 wherein health facilities closed their doors; leaving patients including pregnant women stranded, UNFPA supported the establishment of a fully equipped maternal and child care unit and an operating theater at the main COVID-19 treatment unit at the 14 Military Hospital to provide antenatal care, delivery, emergency obstetric care, and postnatal care services for pregnant COVID-19 infected women admitted at the center.

Additionally, a roving maternity team comprised of trained midwives was set up in collaboration with the Family Health Division at the Ministry of Health to provide care for quarantine pregnant women at Points-of-Cares (POCs), and within the communities.

Within the country's COVID- 19 strategies, UNFPA's intervention was aimed at ensuring the continuity of SGBV service for survivors of gender- based violence and the most at- risk women and girls. The Country

Office provided clinical and psychosocial support to pregnant women, adolescent girls undergoing quarantine or treatment, women and girls who survived COVID-19, and affected communities as well as survivors of sexual and gender based violence. These services were provided by 105 Mental Health Clinicians and Social Workers trained through the Mental Health and Psychosocial (MHPSS) Pillar under the supervision of the Ministry of Gender and Social Protection.

Between and October and November, there was a mass movement of Ivorian refugees; especially women and girls into Liberia following the presidential election in La Cote D'Ivoire.

In response, UNFPA moved in to ensure the availability of dignity kits for the fleeing population, mainly pregnant women and girls, and reproductive health kits at facilities in the region hosting the refugees to meet their and host communities' reproductive health needs. ●



## Partnerships and resources

In response to the implementation of its fifth country programme COVID-19 response, UNFPA Liberia in 2020 received financial and non-financial support from generous donors including the Governments of Sweden, Ireland, and the UK, the European Union through the Global Spotlight Initiative, Johnson & Johnson, and Friends of UNFPA.

UNFPA is grateful to them for their continued commitment to supporting our effort to achieve the three transformative goals for the empowerment, rights, and well-being of girls and women in Liberia. ●





# Moving forward

UNFPA will continue the delivery of its programme of support to Liberia with the overall objective of contributing to the achievement of universal access to sexual and reproductive health rights (SRHRs) through the three transformative goals of zero maternal death, zero unmet needs for family planning and zero gender-based violence and harmful practices by ensuring the continuity of sexual and reproductive health services and interventions, including protection of the health workforce; addressing gender-based violence (GBV); and ensuring the supply of modern contraceptives and other reproductive health commodities even in the aftermath of the COVID-19 pandemic. We will also work with all our partners, especially the Liberia Institute of Statistics and Geo-Information Services (LISGIS) to ensure the successful conduct of the 2021 Liberia National Population Housing Census. ●





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