**Response to Joint Questionnaire of Special Procedures**

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1. **Statistical Information**
* The continued neglect of older people in Liberia did manifest significantly during the deadly Ebola outbreak in the country in 2014, which claimed the lives of over 4,800 persons and over 10,000 Ebola-infected persons. The Government’s National Ebola Response Policy specifically mentioned women and children as the vulnerable groups amid the health crisis -leaving out older people, or whom we refer to as the most “vulnerable of the vulnerable “social groups. As a matter of fact older persons were invisible during the crisis until a group of caregivers and advocates came together and organized themselves into an umbrella group known today as the Coalition of Caregivers and Advocates for the Elderly in Liberia(COCAEL), which comprises 16 registered NGOs catering to older people in Liberia in residential homes and in the communities, and launched an intense advocacy to ensure that older people received needed services and attention during the Ebola outbreak. Unfortunately it appears we are witnessing similar situation as the government appoints national structures and mechanisms to respond to the prevailing global pandemic manifested by the Coronavirus also known as COVID-19. This is evident by the appointment of a National Executive Committee on COVID-19 and the subsequent appointment of a National Taskforce with the exclusion of civil society groups that represent the voice of the older people in Liberia, including the COCAEL and the Global Fight Against Ageism Project in Liberia supported by the Global Alliance for the Rights of Older People (GAROP).

 However, while these policy matters are being discussed to remedy the situation, older people are roaming the streets and congregating daily in large numbers to beg for food and other basic necessities without practicing necessary health protocols, including social and physical distancing, wearing of mask and washing their hands. These daily high risk situations are visible at different locations, including a place known as Vamoma House located in Monrovia, the capital city of Liberia, which has become a regular meeting place for a huge crowd of older people to gather and wait for handouts from humanitarian individuals and organizations at the detriment of their health.

A recent United Nations (UN) Policy Brief released by the UN Secretary General noted that the COVID-19 pandemic is causing untold fear and suffering for older people across the world. As of 26 April, the virus itself has already taken the lives of some 193,710 people, and fatality rates for those over 80 years of age are five times the global average. In Liberia as of June 17, 2020, according to the data released by the National Public Health Institute(NPHIL) , the total number of confirmed cases is 542 ( 188 females and 354 males) and 33 deaths( 8 females and 25 males) with 250 recoveries(91 females and 159 males). The number of Active Confirmed Cases is 259, while the number of contacts being traced is 1067. Deaths in COVID-19 Treatment Unit=4, death in health facility=15 and death in the community=14.

The data is not disaggregated by ages, nationality, race, ethnicity, sexual orientation and religion based on the matrix/chat published by NPHIL. However, Liberia comprises 16 ethnic groups spread out in the 15 counties of the country. The data provided by the NPHIL as per County is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Counties** | **Confirmed Cases** | **Deaths** | **Recoveries** |
| 1.Bomi | 1 | 0 | 0 |
| 2. Bong | 5 | 4 | 0 |
| 3.Gbarpulo | 7 | 2 | 1 |
| 4.Grand Bassa | 9 | 0 | 5 |
| 5.Grand Kru | 1 | 0 | 1 |
| 6. Lofa | 4 | 2 | 0 |
| 7.Margibi | 30 | 1 | 15 |
| 8. Maryland | 1 | 0 | 1 |
| 9. Montserrado | 385 | 20 | 223 |
| 10.Nimba | 12 | 4 | 2 |
| 11.River Gee | 1 | 0 | 1 |
| 12. Sinoe | 2 | 0 | 1 |
| 13. Grand Cape Mt. | 1 | 0 | 0 |
| 14. Rivercess  | 0 | 0 | 0 |
| 15. Grand Gedeh  | **0** | **0** | **0** |

Note: Two of the 15 Counties have not yet reported any coronavirus case, including Grand Gedeh and Rivercess Counties.

 Based on the data published by the NPHIL it appears that the group disproportionately affected by the virus is male and there are several plausible reasons, including the behavior of men not to seek medical attention early and the high number of men in the work force, such as the health care delivery sector. Although the Data is not disaggregated by ethnicity, the number of affected cases by ethnic group could also be inferred by the number of cases per county because the county comprises specific ethnic groups. However, it is difficult to infer the ethnic group mostly affected in Montserrado County, which is the epic center of the virus in Liberia, because the County is very diverse and consider a Melting Pot of the Country due to its diversity of all ethnic groups. This situation in the county can also be attributed to the COVID-19 vulnerabilities in Liberia, which include high population density especially in the urban slums as seen in central Monrovia, which is located in Montserrado and the capital city of Liberia, that reported about 36.6 % of the confirmed cases with people above the age of 50 years accounting for 30 % confirmed cases, while children /young people aged less than 20 years old account for 10.7 % cases and 1% cases are neonate(0-28 days). The risk of transmission of transmission remains very high due largely to difficulty to adhering to social and physical distancing, especially in hotspot communities with Covid-19. Local transmission observed among contacts of confirmed cases accounting for over 95% of the total confirmed cases in Montserrado County, which is the home of 1.5m people (1/3 of the total population of Liberia).

* As indicated the Data published by the NPHIL is not disaggregated by ages and there is no public data of older persons affected in care institutions. The government does not have any care facility for older persons in the country. All the care facilities in the country are being managed by faith-based organizations and NGOs, all of which are members of the Coalition of Caregivers and Advocates for the Elderly in Liberia (COCAEL). The COCAEL is a legally registered organization under the non-for-profit laws of Liberia and has its by-laws and Constitution as adopted by its membership. It comprises 16 legally registered organizations providing services to older people through both residential programs (known in Liberia as Old Folks Homes) and community-based services. COCAEL was formed in August, 2014 during the Ebola crisis to respond to the needs of older people during our health epidemic and continues to champion the cause of older people in Liberia However, since the outbreak of the pandemic in Liberia, there has been no report from any of the member organization of any infected older persons in their care facilities. There are five member organizations that are managing residential care facilities for older persons. None has yet reported any infected older persons in their care, as they vigorously ensure that residents adhere to the health protocols issued by the Ministry of Health. There are a total of 150 older persons residing in these facilities. The number could be more but the facilities are unable to admit more older people who want to reside in residential facilities due to lack of support and resources to care for older people adequately. These facilities do not receive subsidies from government and all of them are able to keep their doors open based on donations from humanitarian organizations and individuals.
* The Government of Liberia is responding to the COVID-19 through several structures, including an Incident Management System(IMS) headed by the Minister of Health and co-Chair by the Director of the National Public Health Institute, COVID -19 National Executive Committee headed by the President of the Country. The IMS is responsible for the health care delivery aspect of the national response to the virus, which the Executive Committee is responsible to galvanize resources to support the work of the IMS through the Ministry of Health and the NPHIL. The work of the government is being supported by the World Health Organization (WHO) and the African Center for Disease Control. The government has been able to secured resources to combat the virus, including PPEs and Testing Equipment, through WHOM and other foreign governments, including the USA and European Union. It has established several approaches for treatment, awareness and psychosocial support. The treatment method includes isolation centers (for treatment), contact tracing (for follow up of secondary contacts of infected persons) and testing Centers to determine the number of persons pre-symptomatic, asymptomatic and symptomatic. These centers have been decentralized in the country and there is on-going testing taking place in communities. But there are still challenges in dealing with the virus, including lack of adequate PPEs and medications, denial and lack of trust among the citizens as well as cultural factors such as gathering for worship services and family events.

Older persons and persons with disabilities as well as different sexual orientation face a different set of challenges during the pandemic in the context of access to health care services. Although all health care services are supposed to be free at public health facilities, most older persons and persons with disabilities are unable to access these services due to their economic status, as many of them live in extreme poverty and unable to afford transportation to get to these facilities and purchase medications which are usually prescribed during hospital visits to be purchased at pharmacies run as for –profit businesses. The fees are even more exorbitant at private facilities. Liberia does not have a national health insurance policy for its citizens except for health insurance provided by companies for their employees. Besides the economic issues most of the health facilities are not disabled friendly as there are no ramps and operating elevators to provide access to these facilities. Those with different sexual orientation are highly discriminated against due to the cultural values in Liberia which detest such life styles. Hence, members of this community live in the shadows and cannot publicly identify as gays or lesbians for fear of retribution. They are also face with enormous challenge during the health crisis. There are no data publicly available about their condition and services being provided to them.

Many older persons are believed to be living in homelessness, but there is no available data. However, some of those who are homeless are provided a place to stay whenever they show up at one of the residential facilities for older people. There is approximately about 50 of them annually who show up at the door steps of these facilities based on the record of admission reported in meetings and discussions with service providers. Presently, there is no formalized shelter system in Liberia either through the government or NGOs. But there are plans being made by some members of COCAEL to establish a 30-day shelter to cater to the many older people living in the streets and seen daily in emergency situations in the streets or in communities. The need for a shelter program for older people is needed immediately as the condition continue to get worst for older persons without any support network.

In addition to the discussion with service providers, we also obtained data on the living conditions of about 150 older persons when COCAEL launched a national Older People Stay-At-Home Campaign on May 15, 2020. .  The Campaign, among other things, is to ensure that the rights of older people are protected and they receive sustainable support mainly food items and preventative materials to encourage them to stay at home to curtail the spread of the virus among older persons, who are mostly susceptible to the coronavirus. The COCAEL believes it is imperative to launch the Campaign because it appears that older people are being marginalized amid the health crisis, thus forcing them to congregate daily at various locations in Monrovia, including Vamoma House, to beg for food and other basic needs without taking preventive measures , including social and physical distancing as well as wearing of mask.

 During the launching of the Campaign, all the older people who showed received food items and participated in a targeted Awareness Forum conducted by health care professionals about the virus. A team of social workers conducted a Personal Profile Assessment on the about 150 older persons who showed up for the Campaign. Majority of those who participated in the event came from Vamoma House where older people gathered on a daily basis to beg for food. This was followed by a Home Assessment by the social workers directly in the homes and communities of the older persons. The data gathered from the two assessments indicate that about 90 percent of the older people do not have support network and any source of income. About 90 percent live in slum communities and poor living conditions, which could be described as homelessness.

Other data gathered are as follows:

**Gender:**

Male=35

Female=115

**Age Range**

**50-60=45**

**61-70=50**

**71-80=25**

**81-90=6**

**91-100=2**

**107-3**

**No Age Listed=19**

**Note: See below the two Assessment Forms being used for the Campaign.**

 **COCAEL COVID-19 Project**

**Older People Stay-At-Home Campaign**

 **ASSESSMENT & SOCIAL PROFILE FORM:**

1. **Personal Demographic:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**County of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address/Name of Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Political District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any Support/Source of Income?**

**If yes, what kind of Support/Source of Income do you have?**

**Personal Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

**Religious Affiliation:**

**Christian ( ) Muslim ( ) Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you are Christian, which Church do you worship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?**

**If you are Muslim, which Mosque do you worship?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(B)Family Profile:**

 Do you have a husband/Wife?

Husband’s/Wife’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Living ( ) Dead ( )

If Living, What is his/her address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you both Staying Together?

Do you have Children?

If Yes, How Many Children did you have?

How many are living?

If still alive, how many are living with you?

**Profile of Children Living with Older Person:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Age** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
| **7.** |

**Profile of Children Not Living with Older Person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Address** | **Phone Contact** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

**Which of your family member are you in contact with?**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name of Social Worker filling this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of filling this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COCAEL COVID-19 Project**

**Older People Stay-At-Home Campaign**

 **Home ASSESSMENT FORM:**

1. **Personal Demographic:**

Name of Older Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_

Address/Name of Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Political District Number: \_\_\_: Name of Community Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact of Community Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Block Captain/Chairman\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact of Block Captain/Chairman\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there an Older People Organization in the community of the Older Person?

If Yes, Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number of Contact Person: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(B)Living Arrangement of the Older Person: Check what is appropriate:**

Older Person Lives in his/her own house/Apartment ( )

How many Rooms are in the House/Apartment? \_\_\_\_\_\_\_\_\_\_\_\_\_

Older Person Lives in a Rented House/Room/Apartment ( )

If House/Apartment, how many rooms in their House/Apartment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Older Person Living in a house/Room/Apartment with other people ( )

How Many People are living with the Older Person? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many of those living with the Older Person are her/his children?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Profile of Children Living with Older Person:

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Age** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |

**How many of those living with the older person are Adults?**

**Profile of Adult Living with Older Person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Address** | **Phone Contact** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |

**What is the Condition of the Home? Check All that Apply:**

* The house/Room/Apartment is Deplorable ( )
* The House/Room/Apartment is Habitable/Livable ( )
* The House/Apartment/Room needs major/ minor Repair(s) ( )

Older Persons is Homeless/Does not have a Place to Stay ( )

If Older Person is Homeless, where does he/she & Dependents sleep?

**(C) Economic Condition of Older Person:**

What is the Older Person Source of Income/Support? Check All that Apply

* Have a Small Business ( )
* Get Support from a Relative ( )
* Get Support from a Church/Mosque ( )
* Beg in the Streets Daily to Survive ( )
* Does Not beg in the Street & Have no Income ( )

**(D) Emergency Contact of Older Person:**

Is there anyone in regular contact with Older Person? If Yes, What is the Relationship?

* A Relative ( )
* A Community Member ( )
* A member of the Church/Mosque ( )

Name of the Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Name of Social Worker filling this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of filling this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* The health pandemic is likely to exacerbate the pre-existing vulnerabilities of in a country with low human development index and ranking of 179 out 190 countries and territories where 63.8% are poor, with huge inequalities and gender gaps. The economy has been struggling towards post-Ebola recovery with a medium-term growth forecast of 3.8% far below the requirement of 7% annual growth to attain the Sustainable Development Goals. Over 90% of youths do not have access to formal employment and women experience higher informal employment than men (90.9%) and vulnerable employment (91.1%). The humanitarian community has launched a consolidated appeal to address these immediate needs in health and other humanitarian sectors (Global Humanitarian Response Plan Covid-19). This appeal focuses on countries with a humanitarian focus as well as some countries that had not previously implemented humanitarian programming, including Liberia. However, the World Bank has approved 7.5m International Development Association (IDA) financing to help Liberia respond to the threat of the virus. Besides the IDA financing the government also allotted 30m in its Recast Annual Budget to provide food assistance to people in their homes as they remain under a State of Emergency, including a Lockdown since April, 2020. The food distribution will be done by the World Food Program. But as June the food distribution is yet to reach many households, while the State of Emergency is expected to be lifted on June 21. Prior to the outbreak the government initiated a Social Cash Transfer program for the most vulnerable persons, including older persons. But this was initiated as a pilot program and now been expanded to other parts of the country. However, this is not specific for older persons, but some older persons were included among families served through the program. It is now known if this program is being implemented during this pandemic.

Also due to the virus outbreak the government took many stringent measures, including closure of schools, imposition of a curfew, closing of land borders and airports and limiting to civil service to essential workers, thus compelling majority of civil servants to remain at home. This created loss of income for mostly private sector employees and those in the informal sectors as most people could not move around the country to run their businesses, especially those in the agriculture sector. This loss of income also force some people to become beggars in the streets to survive. Some employees were furloughed since April without any income, especially private school teachers.

* As indicated the Data published by the NPHIL is not disaggregated by ages and there is no public data of older persons affected in care institutions. The government does not have any care facility for older persons in the country. All the care facilities in the country are being managed by faith-based organizations and NGOs, all of which are members of the Coalition of Caregivers and Advocates for the Elderly in Liberia (COCAEL). The COCAEL is a legally registered organization under the non-for-profit laws of Liberia and has its by-laws and Constitution as adopted by its membership. It comprises 16 legally registered organizations providing services to older people through both residential programs (known in Liberia as Old Folks Homes) and community-based services. Many older persons are believed to be living in homelessness, but there is no available data. However, some of those who are homeless are provided a place to stay whenever they show up at one of the residential facilities for older people. There is approximately about 50 of them annually who show up at the door steps of these facilities based on the record of admission reported in meetings and discussions with service providers. There is a total of 150 older persons residing in these facilities. The number could be more but the facilities are unable to admit more older people who want to reside in residential facilities due to lack of support and resources to care for older people adequately. These facilities do not receive subsidies from government and all of them are able to keep their doors open based on donations from humanitarian organizations and individuals. Presently, there are no formalized shelter system in Liberia either through the government or NGOs. But there are plans being made by some members of COCAEL to establish a 30-day shelter to cater to the many older people living in the streets and seen daily in emergency situations in the streets or in communities. The need for a shelter program for older people is needed immediately as the condition continue to get worst for older persons without any support network. The number of older persons in prison is estimated to be about 25 persons nationwide.

* The Ministry of Gender, Children and Social Protection is the government agency responsible to regulate care facilities in Liberia. But it does not appear that the agency has a robust system to receive and investigate complaints of abuse and neglect in care facilities. There are no hotlines for people to call or report abuse and neglect of older persons. This does not mean that abuse and neglect are not occurring in these facilities. There are reports that older persons are been abandoned at health facilities by family members. Some of these older people are reported to have died in these facilities without anyone claiming their bodies for burial, thus compelling the health facilities to dispose of the bodies at their own expense. There are no indication that the government has probed these situations to determine an appropriate response. However, in order to mitigate these situations several proactive measures have been taken by advocates, including conducting training for service providers and caregivers and encouraging private health facilities through their Patient Advocate Office to collect data on the issue of neglect and abandonment of older persons in these facilities to give us an accurate picture of the situation.

**(B)Protection of various Groups and Indigenous People**

* Since the outbreak of the virus, the government has taken some steps to protect health care workers, including medical professionals and social workers. The steps taking include providing PPEs for workers and encouraging workers to make themselves available for voluntary testing for the virus. Also most government agencies have preventative materials such as hand washing equipment and masks for workers. The government continue to create awareness through messages and jingles. However, there is clear system established to protect older persons and persons with disabilities during the pandemic. Similar situation could be facing those with HIV. Notwithstanding, the government did take measures to protect those incarcerated by suspending visitation to prison and providing preventative materials for inmates.
* There are no known measures being taken to mitigate the impact of COVID-19 for communities and group subject to structural discrimination in Liberia. It is the lack of such approach that has forced many older persons and persons with disabilities to be in the streets begging for food for survival as there is no specific plan to cater to these vulnerable groups, thus making them to appear invisible.
* Since the outbreak of the virus the government announced a State of Emergency (SOE) in April and imposed an initial curfew of 3pm -6am and closed many businesses, including hotels, schools, and non-essential businesses. This created financial hardship for many persons. The State of Emergency is expected to end on June 21. While the SOE is imposed the government allowed certain businesses, including supermarkets, restaurants, forex bureaus and governmental such as the Judiciary and health facilities, and market places to remain open to ensure continued provision of services. Although schools are closed, but government operated educational radio programs to provide some level of educational services to students while they are home. Schools also provided take-home materials for children to keep them studying while they stay home to ensure that they do not lose much grounds when schools reopen. There are also psychosocial services being provided to COVID-19 victims and communities to mitigate mental health concerns and stigmatization. The issue of gender-based violence is a major concern amid the pandemic in Liberia. There are reports of increased cases of domestic violence and child abuse, as families are made to stay home to control transmission of the virus. The government is working with international partners to curb human trafficking in the country, The government is taking steps to address these issues using existing government mechanisms and structures

 However, these services are available to the general public and there are no specific measures being taken to provide these services to vulnerable communities such as older persons and persons with disabilities.

**(C)Accountability &Justice**

* There are no formal reporting mechanism for abuse and neglect of older people and persons with disabilities. There are no publicized hotlines for the public to report abuse and neglect of older persons and persons with disabilities. But there are reports of neglect and abuse based on engagement with health facilities and care institutions, as indicated there are reports that older people are being abused emotionally, physically and economically by caregivers both in care institutions and in their homes. Presently, a lot of older people are being abandoned in health facilities by relatives and even many died in these facilities without anyone claiming their bodies. There is largely systemic abuse and neglect of older people by the government due to the lack of specific policy and budgetary allocation for older people in the country. There is no active government unit responsible to cater to older people besides a small staff in the Ministry of Gender, Children and Social Protection dedicated to address older people concerns, but lack budgetary support to function. Government has a Commission for Person with Disabilities with budgetary support, but a similar structure does not exist for older persons. It is this systemic abuse and neglect of older people and persons with disabilities that are forcing older people to roam the streets daily to beg for food for survival, as the situation appears hopeless for these people.
* There are no known measures being taken by the government intentionally to address these concerns. Also there are no known measures by the Judiciary to address these concerns. But the courts cannot address these concerns without a formal legal complaint and presently there is no case in the court to litigate these concerns. However, COCAEL is presently working with the Independent National Human Rights Commission to address some of these concerns through government and international structures such as the UN Commission for Human Rights. Both the Independent Human Rights Commission and COCAEL are planning to host a Two-day Stakeholders Forum for Older People to bring together advocates, caregivers, older people themselves and policy makers to critically review the many challenges facing older people.

 Notwithstanding, there is a proposed Bill presently in the Legislature to create a Commission for Older People to improve the quality of life of older people in Liberia. But the enactment of the Bill is moving at a snail pace, as it is being processed over two years ago. Also Liberia is among African Countries that adopted a Resolution on the African Protocol for the Rights of Older People since January, 2016, but Liberia is yet to ratify the document to create legal and policy framework for the improvement of the lives and protection of the rights of older people.

(D) **Questions by the Independent Expert on the Human Rights of Older persons**

* Presently there are no publicly known measures being taken by the government of financed institution with focus on the needs of older persons with underlying health conditions. Older women are facing the brunt of the economic hardship facing older people in Liberia. Most of them are head of households and caring for grandchildren. As indicated a recent Personal and Home Assessments of 150 older people indicate that majority of older women are living in slum communities and nearly homeless due to their living conditions. There are no shelter for older women to protect them from abuse and neglect. Majority of those living in care facilities and those roaming the streets to beg for survival are older women. There is also no intentional approach by the UN Women office in the country to address the challenges facing older women in the country. Most of their activities are focused on child-bearing women. Despite several attempts by COCAEL and advocates to engage the UN Women, there has no positive response from the office to even hold a meeting with the advocates to hear their concerns for older women.
* There is no public information or data about the number of older persons that called for help, assistance or made official complaint during the pandemic. However, cry for help by the older people is manifested by their daily roaming of the streets to beg for survival and gathering at different locations to beg for food amid the pandemic ignoring health protocol and risking their lives to gather food for themselves and families. Notwithstanding many humanitarian individuals and organizations are providing some level of assistance to older people. For example, the COCAEL national Older People Stay-At-Home Campaign is intended to provide food assistance to older people to encourage them to stay at home amid the pandemic and mitigate the health risks among older persons. The Campaign was launched on May 15, but the 2nd phase of the Campaign, which is delivery of food and preventative items to older people in their homes and communities, is yet to be implemented due to lack of needed resources both financial and in-kind.
* The continued neglect of older people in Liberia did manifest significantly during the deadly Ebola outbreak in the country in 2014, which claimed the lives of over 4,800 persons and over 10,000 Ebola-infected persons. The Government’s National Ebola Response Policy specifically mentioned women and children as the vulnerable groups amid the health crisis -leaving out older people, or whom we refer to as the most “vulnerable of the vulnerable “social groups. As a matter of fact older persons were invisible during the crisis until a group of caregivers and advocates came together and organized themselves into an umbrella group known today as the Coalition of Caregivers and Advocates for the Elderly in Liberia(COCAEL), which comprises 16 registered NGOs catering to older people in Liberia in residential homes and in the communities, and launched an intense advocacy to ensure that older people received needed services and attention during the crisis until a group of caregivers and advocates came together and organized themselves into an umbrella group known today as the Coalition of Caregivers and Advocates for the Elderly in Liberia(COCAEL), which comprises 16 registered NGOs catering to older people in Liberia in residential homes and in the communities, and launched an intense advocacy to ensure that older people received needed services and attention during the Ebola outbreak.

Unfortunately it appears we are witnessing similar situation as the government appoints national structures and mechanisms to respond to the prevailing global pandemic manifested by the Coronavirus also known as COVID-19. This is evident by the appointment of a National Executive Committee on COVID-19 and the subsequent appointment of a National Taskforce with the exclusion of civil society groups that represent the voice of the older people in Liberia, including the COCAEL and the Global Fight Against Ageism Project in Liberia supported by the Global Alliance for the Rights of Older People (GAROP). There are no public statement and reports as well as speeches from the government indicating a specific focus on the welfare of older persons amid the pandemic. Despite efforts by COCAEL to engage the government through the Ministry of Gender, Children and Social Protection, there has no positive response from the Ministry for us to work together to cater to the needs of older persons.

* Older persons are not directly involved in any decision-making processes during the pandemic either individually or collectively. Since the outbreak of the virus the Ministry of Gender, Children and Social Protection has not engaged with advocacy groups such as COCAEL to determine a plan to address the plague of older people amid the pandemic. Notwithstanding COCAEL recently became a member of the National Civil Society Council and represented by two persons on the Council. The Council was recently appointed as member of the National Executive Committee on COVID-19. This is the government body responsible to galvanize and allocate resources for the government to tackle the virus in the country. The President of the Council represent the group on the Committee.

Recently the National Civil society Council became a member of Liberia operational Response Technical Task force for the Global Humanitarian Appeal in response to COVID-19. The group was set up as result of meetings held with the United Nations Resident Coordinator in Liberia. The civil society is represented on the Task Force by one representative who is not a member of any older person organization in Liberia, but a member of a heath care NGO known as the Community Healthcare Initiatives (CHI)  to represent CSOs on the taskforce. These structures do not provide adequate representation of older people participation in national decision making. However, COCAEL will make strides to ensure that the voices of older persons are being heard through our representation on the National Civil Society Council.