Maintains

Research supporting social services to adapt to shocks

Sierra Leone's response to COVID-19

COVID-19 Series: Working Paper

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About Maintains

This five-year (2018–2023) operational research programme is building a strong evidence base on how health, education, nutrition, and social protection systems can respond more quickly, reliably, and effectively to changing needs during and after shocks, whilst also maintaining existing services. Maintains is working in six focal countries—Bangladesh, Ethiopia, Kenya, Pakistan, Sierra Leone, and Uganda—undertaking research to build evidence and providing technical assistance to support practical implementation. Lessons from this work will be used to inform policy and practice at both national and global levels.

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Executive summary

Sierra Leone was one of the last countries in the world to be affected by the pandemic but has faced a series of institutional and operational challenges that have slowed down response efforts to COVID-19. The government's preparedness from January was led by the Ministry of Health and Sanitation, and then the EVD Emergency Operations Committee (EOC) was reactivated in March, led by the Ministry of Defence. There remain issues around coordination and evidence-led decision-making to resolve. Quickly following this was the implementation of resource intensive approaches for quarantine and disease surveillance. However, given the rapid increase in cases this has been unsustainable to maintain, resulting in a lack of testing and insufficient support for COVID-19 patients and their families.

Unlike most other countries, Sierra Leone has not imposed an extended lockdown due to a deep concern about the negative economic consequences of comprehensive restrictions on economic activity. Instead, two 3-day lockdowns, policies of social distancing and a ban on inter-district travel have been implemented, although voluntary compliance rates seem low and there is a lack of capacity to enforce these policies. As prolonged restrictions on economic activity are unlikely, considerations should focus on how economic activities can be modified during COVID-19 and how voluntary compliance can be supported.

The Response Communication Team has attempted to disseminate information on prevention and treatment of COVID-19 that is tailored to different audiences. There has also been an information campaign to encourage citizens to continue to seek medical care for non-COVID-19 related diseases. However, non-COVID-19 health services have been affected by the pandemic's onset, as the government has reallocated already insufficient personnel to fight the virus. There is reason to believe that this reallocation of resources will disproportionately affect women and children. Given this concern, there is insufficient consideration towards Gender and Social Inclusion (GESI) in the response. Select initiatives are however taking place to raise awareness on sexual and gender-based violence, ante-natal healthcare, and gendered communication messaging (especially targeted at the youth).

Non-health sectors have also been impacted by COVID-19. As schools have been closed the government has attempted to continue education through distance learning. Social distancing policies and nightly curfews greatly curtail business opportunities for many bars and restaurants; the inter-district travel ban restricts the movement of supplies and foods across the country. While there are some social protection mechanisms in place to combat these economic challenges, overall social protection is limited. Both the government and international organisations are looking to strengthen this over the next few months, as the financial impact of the pandemic is felt by the poorest and most vulnerable households.

This report comes at a time when Sierra Leone is on the edge of a new stage of the COVID-19 response—first cases have been confirmed in most districts. The authors have tried to translate a description of events into insights for external actors looking to support the country's efforts to combat COVID-19, largely focusing on the operational aspects of the COVID-19 response. Specifically, this report identifies entry points for the Maintains programme in Sierra Leone, although these might also be useful to other actors in country.

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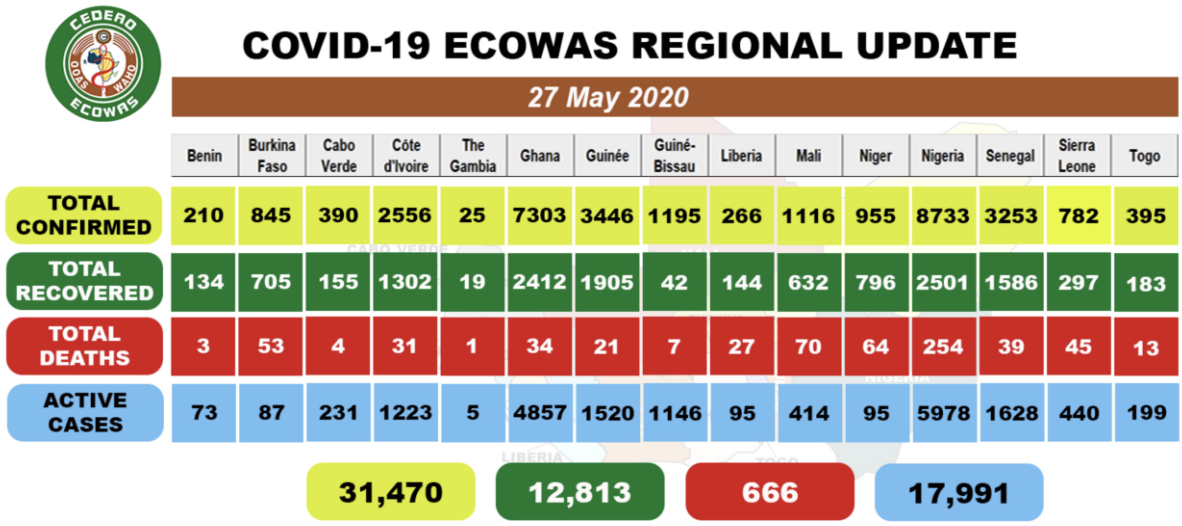
List of abbreviations

ACC	Anti-Corruption Commission
CHW	Community Health Worker
DaCOVERC	District COVID-19 Emergency Response Centre
DFID	UK Department for International Development
EOC	Emergency Operations Centre
EVD	Ebola Virus Disease
GESI	Gender and Social Inclusion
GovSL	Government of Sierra Leone
GRM	Grievance redress mechanism
IHPA	Integrated Health Public Administration
IMATT	The International Military Training and Advisory Team
IMF	International Monetary Fund
IPC	Infection, Prevention and Control
MoHS	Ministry of Health and Sanitation
NaCOVERC	National COVID-19 Emergency Response Centre
NaCSA	National Commission for Social Action
PPE	Personal protective equipment
QAERP	Quick Action Economic Response Programme
SLiSL	Saving Lives in Sierra Leone
SSN	Social Safety Net
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WFP	World Food Programme
WHO	World Health Organization

1 Introduction

Sierra Leone reported its first COVID-19 case on 31 March 2020. As of 27 May 2020, there are 782 (cumulative) confirmed cases, with the numbers increasing on a daily basis. Cases are now present in 14 districts outside of Western Area. As one of the last countries to officially record a case of COVID-19, the Government of Sierra Leone (GovSL) has had comparatively more time to prepare for a response than other countries. Despite this, the case fatality rate has been high in comparison to other countries in the ECOWAS region.[1]

Figure 1: ECOWAS Regional Update



Source: https://www.ecowas.int/wp-content/uploads/2020/05/COVID-19-ECOWAS-DAILY-UPDATE_May-27.jpg

By late January, the Directorate of Health Security and Emergency within the Ministry of Health and Sanitation (MoHS) was convening meetings to begin preparations to combat the virus. On 30 March H.E. President Bio appointed Brigadier (Retired) Kellie Hassan Conteh, Minister of Defence, as Interim National Coordinator for the COVID-19 Presidential Task Force. This ushered in a new phase of the COVID-19 response, which, in the days before the first confirmed case was announced, expanded to include (most notably) actors from the Ministry of Defence in coordination and logistical roles, but also actors from the Ministry of Social Welfare, the Ministry of Information and Communication, and the Directorate of Science, Technology, and Information. The response became an inter-ministerial effort, overseen by a Technical and Scientific Advisory Group, including H.E. President Bio.

While the governance structure for the response seems reasonably well-organised - and in part inherited from Ebola response efforts - GovSL has struggled to effectively implement response activities, such as adequately supplying government-managed quarantine facilities

[1] Note: The recorded death rate does not necessarily equal the real rate at which confirmed cases die. A high recorded death rate may also signal that the government is testing a pool of people that are more likely to die. For example, if testing only targets highly symptomatic people who have self-reported with health complications, the case fatality rate will be higher than if the government does preventative testing which confirms cases amongst non-symptomatic people who have minor or no health complications.

or monitoring houses placed under ‘self-quarantine’. There have been objective difficulties with contact tracing and the spreading virus – notably the fact that the first three COVID-19 deaths reported were not among the pool of confirmed cases or those under surveillance.

Even in the absence of capacity constraints, State House’s fears about the negative economic consequences of comprehensive restrictions on economic activity may lead GovSL to steer clear of the type of highly restrictive ‘social distancing’ policies that are being pursued elsewhere around the world. One of the key findings of this report (argued in Section 4) is that effectively enforced prolonged restrictions on economic activity are unlikely. In this report we lay out the implications of this finding for support efforts from external actors.

Irrespective of the effectiveness of the COVID-19 response, GovSL has devoted resources from *within* the existing health system to the COVID-19 response, to limit the spread and impact of the virus. Badly in need of health personnel to assist with the crucial response activities of contact tracing and case management, GovSL has redirected personnel from within the existing health system—hospital staff and Community Health Workers (CHWs) are being trained on case management and contact tracing. Obviously, deploying resources away from ‘peacetime’ health services, in a health system that is already resource- and capacity-constrained, compromises the ability of GovSL to offer non-COVID-19 services.

As case counts increase and human resource demands from the COVID-19 response multiply, GovSL will be faced with the challenge of balancing already insufficient resources across the COVID-19 response and ‘normal’ health services. The potential impacts of COVID-19 extend beyond public health. In Section 6 we detail the impacts of COVID-19 on education, social protection, economic livelihoods, food security, GESI and public finance.

This report comes at a time when Sierra Leone is on the edge of a new stage of the COVID-19 response. We know that the virus is spreading—first cases have been confirmed in most districts—and it is unclear if reported case counts tell the full story. Facemasks are now mandatory in public, but usage is far from total. As we write, the country is just coming out of another brief, three-day lockdown, yet many aspects of life carry on as normal: the markets at Lumley still bustle with activity, and okada drivers still congregate by the dozen, waiting for passengers.

2 Scope of report

The objective of this report is to describe initial efforts by GovSL to respond to COVID-19, and to paint in broad strokes a picture of how COVID-19 is affecting health and non-health aspects of life in Sierra Leone.

To do this, the authors conducted an in-depth review of documentation published by government and other stakeholders, made in-person visits to the Emergency Operations Centre (EOC)[2]—the locus of the COVID-19 response—to conduct interviews with key actors, and virtually attended additional EOC inter-pillar meetings. We also met with people from non-governmental organisations that are key to the response. To get a sense of community perceptions of the response we conducted a small survey of community members during the three-day lockdown; details on these surveys and their findings are outlined in Section 5.3.

We harbour no illusions that our presentation set out in this report is the only way to describe COVID-19 in Sierra Leone. We have focused on areas we found most important and most likely to yield insights for the direction of external support, but also areas to which we had some access to information. Undoubtedly, there are countless important aspects of the response efforts and impacts we do not address. These omissions may be due to the rapid nature of this report, the relative difficulty of accessing key figures during the emergency, or the fault of the authors. Important aspects of the COVID-19 response and impacts, especially local-level response efforts in the districts that are not adequately documented here, should be explored in future work.

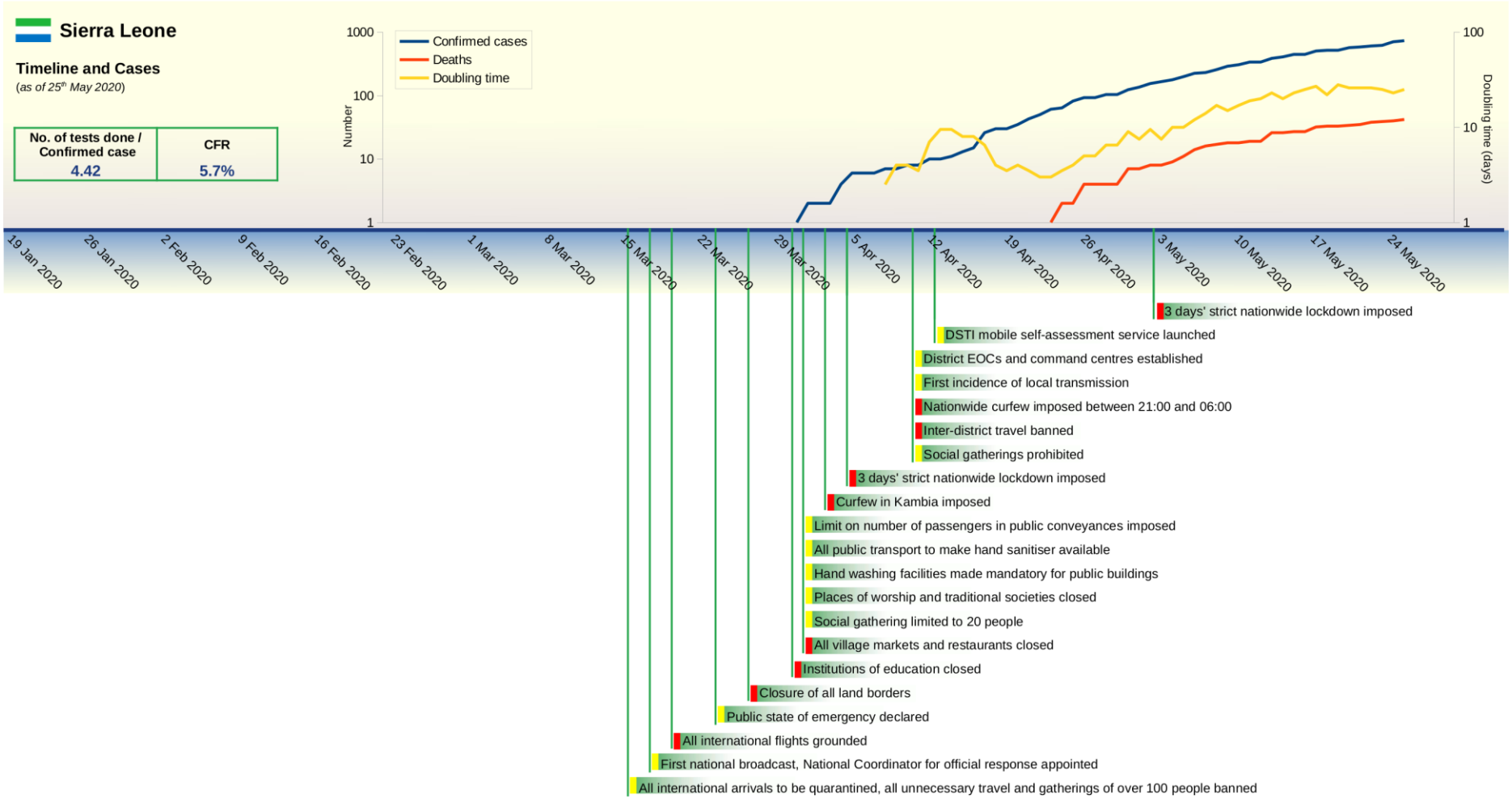
We have also tried to translate this description of events into insights for external actors looking to support GovSL in their efforts to combat COVID-19. Specifically, we reflect on potential entry points for the Maintains programme. We have tried to identify areas of support to which we believe GovSL would be receptive.

Also, please note that in this report we focus on the operationalisation of the COVID-19 response and the impact on society. We do not describe GovSL *preparedness* for COVID-19 or public health emergencies in general. Readers interested in preparedness for pandemics would better direct their attention to GovSL's Pandemic Influenza Preparedness Plan. How this preparedness plan has influenced the response to COVID-19 is an interesting topic of study, but it is not addressed in this report.

Finally, as everywhere in the world, the context and information on COVID-19 is rapidly changing, therefore this report represents the authors' best efforts to summarise the situation as of 27 May. By the time of publication some information might already be outdated.

[2] Note: Emergency Operations Centre (EOC) recently changed its name to the National COVID-19 Emergency Response Centre (NaCOVERC) and the District Emergency Operations Centre (DEOC) has changed to the District COVID-19 Emergency Response Centre (DCOVERC).

Figure 2: COVID-19 Timeline in Sierra Leone



3 Overall governance of the response

On 30 March, President Bio appointed Brigadier (Retired) Kellie Hassan Conteh, Minister of Defence, as Interim National Coordinator for the COVID-19 Presidential Task Force. Two days prior to this, Response Pillar Leads were delineated and announced in an EOC meeting by the Minister of Health and Sanitation, Prof. Alpha Wurie. Response efforts are being coordinated at the EOC, which was also used to coordinate the response to the Ebola outbreak. Prior to the appointment of Conteh, Coronavirus Preparedness Response meetings were chaired most often by Dr Mohammed Vandi (Director, Health Security and Emergencies).

3.1 Emergency response: organisation and institutions

Below, we briefly summarise key aspects of the governance structure for the COVID-19 response. A full description of the GovSL COVID-19 response infrastructure—which realistically depicts the governance environment for high-level response decisions—is available in the *National COVID-19 Preparedness Response Plan, 2020*.

Brigadier Conteh heads the team responsible for coordinating response efforts, a team that includes his Chief of Staff (Mr S. Caulker), a team of quality assurance advisers, and a Strategic Planning Unit. This team is advised by a Scientific and Technical Advisory Group, which includes President Bio, Vice President Mohamed Juldeh Jalloh, Finance Minister Jacob Jusu Saffa, and Chief Minister David Francis. A Public Information and Social Mobilisation Unit communicates with the public.

Conteh's team supervises a broader response organisation that is divided into three broad units: a) technical; b) financial/administrative; and c), which includes the names of key actors). The financial/administration unit is led by the Integrated Health Public Administration unit (IHPA) and the operations units is led by the Ministry of Defence. The Technical Response Team is led by Technical Lead Prof. F. Sahr and is divided into seven pillars. See Box 1 for a brief description of each technical pillar.[3]

It is worth emphasising that while the COVID-19 pandemic is ultimately a matter of public health, non-health departments and ministries are central to response efforts. Most obviously, the response is coordinated by the Ministry of Defence, which also leads on operations / logistics. The Risk Communications pillar is led by the Ministry of Information and Communication. The Psychosocial pillar is led by the Ministry of Welfare, though in coordination with the MoHS (mental health division). Another non-health department that is important for response efforts is the Directorate of Science Technology and Innovation, which is coordinating ICT and data management.

Representatives from each pillar, and other key actors, meet daily at the EOC to update other pillars and the overall Response Team on how pillar activities are progressing. These meetings are for inter-pillar coordination; activities that are considered 'within pillar' are

[3] Given the nature of this report, we refrain from listing 'pillars' of the financial/administrative and logistical aspects of the response, but details on the organisation of these response units can be gleaned from the *National COVID-19 Preparedness Response Plan, 2020*, and from the organogram.

expected to be hashed out at *intra-pillar* meetings. To maintain social distancing, many people join virtually.

Box 1: Seven technical pillars of the response

Surveillance – The Surveillance pillar is headed by Dr Vandi of the Directorate of Health Emergency and Security. The Surveillance pillar is responsible for identifying and monitoring sources of outbreak. The main activities of this pillar are: contact tracing of confirmed cases; developing a policy for isolation / quarantine for contacts and confirmed cases; and the generation of data on cases counts.

Case Management – Headed by Dr Stephen Sevallie, current head of the Joint Medical Unit at 34 military hospitals, one of the key COVID-19 testing centres. The Case Management pillar is responsible for dealing with confirmed cases, both in terms of treatment and isolation. In April, clinicians started to be trained in other districts.

Labs – The Labs pillar is headed by Prof. Gevao and is responsible for setting up labs to test possible cases. There are currently five operational labs that can test for COVID-19, with a lab in Kenema now operational. The plan is to eventually set up labs in each district.

Drugs and Medical Supply – This pillar is responsible for ensuring there are sufficient drugs and other medical supplies such as personal protective equipment available in country.

Risk Communications – Responsible for designing communication / sensitisation messages about COVID-19 for both clinicians/ hospital staff and the public. Led by the Ministry of Information and Communication. Receives support on this from the Psychosocial pillar.

Psychosocial – The Psychosocial pillar has three key components: 1) community engagement and social mobilisation; 2) psychosocial support; and 3) practical needs support, mainly for homeless citizens and the most vulnerable. The pillar's focus is largely on welfare in quarantine homes, but the broad mandate of this pillar also reflects the variety of topics it brings up and comments on in EOC meetings, ranging from advocating for sanitary pads for women in government quarantine houses to making observations about cross-border movement and security.

Food Assistance and Nutrition – This pillar was established after the EOC meetings started, sometime around 10 April. It is a multisectoral platform comprising government ministries, NGOs, and the Scaling-up Nutrition Secretariat. Its role is to coordinate the provision of food assistance and safety nets to vulnerable groups and households to help contain and mitigate COVID-19.[4]

Roles and responsibilities are also delineated within each pillar. For example, the Lab pillar is hierarchically structured under its lead, Prof. S.M. Gevao, who is supported by a team of technical advisers. Prof Gevao and these technical advisers then oversee teams responsible for: a) specimen collection; b) specimen analysis; and c) administrative support (see attached lab organogram). Each pillar is similarly structured, in order to accomplish its aims.

The pillar teams are openly modifying existing strategies when current strategies are not working as planned. For example, food was initially not being delivered to quarantine homes reliably, so plans were made to source the food closer to the destination. After Day 1 of

[4] This description is detailed in: Transform Nutrition West Africa, Covid-19, Food And Nutrition In West Africa: Potential Impacts And Resources, April 14th 2020, URL: https://a4nh.cgiar.org/2020/04/14/covid-19-food-and-nutrition-in-west-africa-potential-impacts-and-resources/

lockdown it was clear that water would be an issue for many communities in Freetown and so drop-off water was arranged (though many still reported not having access to water[5]). The Lab pillar has also repeatedly lobbied GovSL to procure more test kits. Our point here is not to assess if the response is operating efficiently but, rather, to indicate that the Response Team appears to be responding to their experience in the field, at least at a basic level.

Box 2: Recent political and security developments

There was an increase in violence in late April. Unrest began in Freetown with a riot in the Pademba Road Correctional Centre where five inmates and two prison officers died and parts of the detention facility were burnt; prisoners were concerned about getting enough food after the prohibition on visits, as well as the spread of the virus and their ability to take preventive measures against COVID-19. Then in Tombo, a small fishing community on the outskirts of Freetown, irate fishermen burnt down parts of the police station, the home of the town chief and left several people injured; they had been told that only 15 boats would be allowed to go fishing as part of social distancing measures. Similar incidents have been reported in Lunsar and other parts of northern Sierra Leone.

The President responded with strong language "to deal promptly, decisively and robustly with all acts of violence against the state". He also initiated a dialogue on "national cohesion and peacebuilding" which would engage with the opposition party (the APC). It has urged development partners, which the president describes as "the moral guarantors of our peace and our partners in development" to support this process. The president also appointed the vice-president to work closely with civil society and international partners to open up democratic and civic spaces of dialogue to ensure peace.

3.2 Involvement of international partners

In the organisation of response efforts we note the role of international organisations and agencies. In general, it seems that GovSL is asking partners mainly for financial support. In this section we note partner involvement in activities:

UNICEF*:* As co-lead on the Social Mobilisation Unit (part of the Communication Unit), UNICEF has developed songs, radio material, and videos to raise awareness. Partnerships with TV and radio channels have been established at national and community levels, including 40 community radios, to scale up COVID-19-related communication. UNICEF is also concerned about violence against women and children during lockdown and is considering initiatives that can be implemented in this area. This is in addition to the support it currently provides to the MoHS in the form of a technical assistant (a biomedical engineer), who is exploring different options to increase in-country capacity to provide oxygen.

EU: On 21 May 2020, the EU launched a new project 'EUStandsWithSalone - Supporting Freetonians confront COVID-19' where they are providing funding for 12 months to support vulnerable communities in Freetown. According to their Facebook post (dated 21 May 2020), they will support emergency obstetric and newborn care facilities; equip and manage three new isolation and containment centers; support effective community-level contact tracing; provide hand-cleaning equipment, masks, thermometers and gloves to city public health units and isolation centres; ensure that the public markets of Freetown are regularly disinfected and

[5] For example, see community interviews in Section 4.3.

adopt physical distancing and emergency protocols; drainage cleaning in flood prone areas, flood mitigation measures and urban farming and gardening training projects to address food insecurity issues in informal settings.

These activities will be implemented by a consortium of local CSOs led by Catholic Relief Services (CRS) in coordination with the Freetown City Council who are currently working on informing communities about COVID-19, providing sustainable water access and sanitation, upgrading health facilities, ensuring dignified quarantine and making services available for women and children who are victims of violence

UK Department for International Development (DFID): The Saving Lives in Sierra Leone (SLiSL) programme has already redirected support for COVID-19 activities. At the national level, SLiSL is supporting the World Health Organization (WHO) to support surveillance, preparedness, and response activities, as well as training and procurement for the local production of alcohol-based hand rub. The programme is working with the United Nations Population Fund (UNFPA) and UNICEF to scale up the provision of oxygen, Infection Prevention and Control (IPC), personal protective programme (PPE), and clinical training in the first identified isolation and treatment centre (30-bed capacity). The SLiSL programme works at district level and has provided COVID-19 awareness, social mobilisation, and funds for printing of communication materials. A DFID-owned mobile lab has been moved to the capital city for maintenance work so that it can be deployed if greater testing is needed in hard-to-reach areas. In addition, DFID is funding a technical assistant at WHO. DFID is also funding some work on raising awareness of COVID-19, especially amongst the youth. This is outlined in more detail in Section 6.5.

WFP is willing to support 'technological links' with all districts (EOC minutes, 18 April). WFP is also involved in the Nutrition pillar.

Partners In Health is training CHWs in Kono for contract tracing and has requested to do the same in other districts (EOC minutes, 9 April).

The World Bank is supporting the National Commission for Social Action (NaCSA) to expand the Social Safety Net (SSN) Programme to additional vulnerable households likely to be affected by COVID-19.

GIZ is training journalists on risk communication; carrying out focus group discussions on COVID-19; and procuring coordination and communication materials, including 100 tablets, laptops for districts, megaphones for outreach communication (50 per district), top-up cards etc.

The above list is not comprehensive but aims to capture the major players. Several other organisations are also providing support.

Finally, in addition to this support, on 21 May 2020, the president held a meeting with members of the diplomatic corps at the presidential lodge and appealed for support in the following areas:

- Co-leadership on driving coordination among various pillars and support and strengthening specific pillars within the EOC – testing, logistics, quarantine; administration, risk communications and social mobilisation, and contact tracing.

- Support for local research and development especially with local partners like DSTI;
- Support for surveillance and contact tracing so the response is driven by consistent and real-time data.

3.3 Funding for the response

The perilous financial situation of the GovSL makes it largely dependent on external support to fund COVID-19 response efforts. Despite the relatively late onset of COVID-19 in Sierra Leone, the government response is already heavily constrained by the financial situation.

In April, GovSL reached out to development partners requesting additional funding. For this, they have outlined a detailed budget of anticipated expenditure in year one, amounting to US$ 63,329,896.

The majority of the funding, roughly US$ 43.5 million, has been allocated to 'logistics', but the lion's share (nearly US$ 31 million) of this is for PPE. The remaining total budget of US$ 12.5 million is for stock reception, office supplies, distribution, human resources, capacity building, reverse logistics, coordination and monitoring and evaluation for logistics.

Case management receives US$ 9.2 million with roughly 84% allocated to safe burials. Other costs include treatment and intensive care units.

The Ministry of Finance has set up a separate government fund to manage the response to help ensure transparency, given the corruption allegations during Ebola. The GovSL has committed US$ 7 million to the response, of which US$ 3.5 million has been paid into the COVID-19 account. The balance sheet states that the cumulative amount paid into this account is just over US$ 4.3 million. Total expenditure on 8 May 2020 was just over US$ 2 million. For more a more detailed break-down of these costs, please see Annex 1.

In addition to this, GovSL has already received commitments for financial support from a range of organisations, including the World Bank, the Islamic Development Bank, the Global Fund and Gavi. The World Bank is mobilising US$ 7.5 million through the International Development Association Grant and the REDISSE project.[6] It is also committed to expanding the Social Safety Net (SSN) programme, outlined further in Section 6. As of 1 May 2020 donor commitments totalled to just under US$ 40 million, although this will have likely increased given the additional initiatives that have been announced over the course of the month.

In addition to financial support, GovSL has also received in kind donations from a range of individuals and countries including the Jack Ma Foundation, Alibaba Foundation and the United Arab Emirates.[7]

Finally, key to managing COVID-19 across the country is that funding is dispersed across the districts. However, it is not clear how this is happening; for example, Kono district has reported that it has not received any financial support to date.

[6] https://www.worldbank.org/en/news/press-release/2020/04/02/sierra-leone-to-receive-75-million-for-covid-19-response
[7] See press release: https://reliefweb.int/report/sierra-leone/uae-sends-medical-aid-sierra-leone-fight-against-covid-19 and http://sl.china-embassy.org/eng/xwdt/t1765003.htm

4 Analysis of COVID-19 response

4.1 The logic and implications of GovSL's policy of 'partial constraints'

In the section we analyse the biggest COVID-19 policy decision facing the GovSL: how much to restrict social and economic activities in an attempt to slow down the spread of the virus. As case counts have grown, conversations around restrictions on social and economic activities have intensified. We argue that GovSL is likely to maintain a policy of 'partial restrictions'— broadly limiting movement and social activity but allowing economic activity to go on largely as before. This is because: a) government actors believe there are potentially disastrous consequences of fully restrictive 'lockdown' policies on people's livelihoods; and b) GovSL faces resource constraints that make it difficult to enforce comprehensive restrictions. This analysis has clear implications for how donors/external agencies should support the GovSL response.

In the debate over restriction on social and economic behaviours, one pattern is that different government partners seem to be advocating different positions, corresponding to their organisation's thematic focus and area of expertise.[8] Organisations with a focus on epidemiology are strongly advocating for a 'lockdown' and heavy restrictions on social and economic activity. This position seems to be supported by the Ministry of Defence. Organisations with a mandate and area of expertise in social and economic matters are advising less extreme restrictions. This position is supported by many within the MoHS. The latter message of limited social and economic restrictions seems to be the message to which State House and H.E. President Bio are most receptive.

The concern from State House (and some advising partners) is that a policy of strong restrictions on social and economic activity will plunge a large part of the population into further economic distress. With limited social safety nets (outlined in Section 6.2) and limited resources or instruments for protecting and supporting the poor, GovSL cannot risk further deterioration in livelihoods for large segments of the population. This position is in line with recent position papers from economists and other academics that suggest that the economic costs of 'social distancing' policies in developing countries may outweigh the potential health benefits.[9] We point this out not to advocate for a policy position but to note that State House's concerns over the economic impact restrictions are shared by others in the academic and policy community. To the extent that a policy of lax restrictions has support in broader policy circles it seems possible that GovSL will maintain its position of partial restrictions.

Beyond the potentially negative economic consequences, we argue that GovSL faces large practical constraints on implementing and enforcing a policy that highly restricts social and economic activity. To make this argument we examine the current implementation of response

[8] In this section, our description is based on personal conversations with key players in the response, both over the phone and in person during numerous visits to the EOC.

[9] See for example: Calderon, C. *et al*. (2020) 'Africa's Pulse, No. 21 (April)', World Bank, Washington, DC;
Barnett-Howell, Z. and Mobarak, A.M. (2020) 'Should Low-Income Countries Impose the Same Social Distancing Guidelines as Europe and North America to Halt the Spread of COVID-19?', https://africanarguments.org/2020/04/22/one-size-fits-all-why-lockdowns-might-not-be-africa-best-bet/

activities and reason that, as case counts grow, GovSL will face constraints on effectively implementing policies that restrict social and economic activity.

4.2 Implementation of quarantine policy

The policies regarding the quarantining of cases seem to be diverging from the measures being taken in many other parts of the world. General practice in many countries is that contacts of confirmed cases of COVID-19 'self-quarantine' at home. The motivation for self-quarantine for confirmed cases and their contacts, rather than government-facilitated quarantine, is that self-quarantine is less of a burden on government, in term of finances and human resources, and is safer for the quarantined person, as there is no risk of getting infected by fellow quarantined people, as seen with institutional mass quarantine in other countries. As the number of cases grow and contacts increase exponentially, the financial costs and human resource requirements for government-supervised quarantine become impossible to manage even for rich countries.

However, in Sierra Leone, the current quarantine policy runs in stark contrast to the above. Current policy dictates that, at a minimum, GovSL supervises quarantine for primary contacts of confirmed cases. Specifically, primary contacts are isolated for quarantine, either a) being isolated in government-managed quarantine centres, or b) approved for 'self-quarantine' within their homes. There are currently less than 2,000 individuals in government-run quarantine centres, with the EOC reporting that these are now full. As of 21 May, the GovSL is spending US$ 7000 per day on renting 101 vehicles in addition to fuel costs. The government has spent over US$ 1.5 million on lodging and over US$ 1.2 million on food for quarantined people.

There are reports that quarantine facilities are not gender separated, that toilets are overflowing, that meals do not arrive on time or at all, and that there is no running water. We take this as evidence that the response has struggled to implement policy goals that require government intervention.

4.3 Implementing disease surveillance policy

It seems that resource limitations have made it difficult for GovSL to track and test suspected cases (i.e. contacts). The suggestive evidence for this is as follows:

- None of the first three COVID-19 confirmed deaths were previously confirmed cases; all were individuals who came to the hospital for treatment for a health issue, died, and then were confirmed to have COVID-19.
- While Lungi international airport is officially closed, in early May an embassy-organised flight repatriated many Lebanese residents of Sierra Leone. At the time of the flight, there were only a few hundred cases. When the flight landed in Lebanon, six passengers were confirmed with COVID-19. This suggests that there are far more cases in Freetown than the number officially confirmed.
- Individuals who have reported that they have COVID-19 note that only primary contacts for the last three days are traced. However, it is well known that the possibility of infection lasts longer than three days.

In summary, GovSL's constraints regarding the implementation of quarantine and disease surveillance suggests that GovSL is trying to avoid a policy that places large restrictions on social and economic activity.

4.4 Potential areas of support

As described above, GovSL is unlikely to place heavy constraints on economic activities as the virus progress. Given the economic costs associated with a full lockdown, and the capacity constraints of GovSL to implement such a lockdown, the response is one of partial restrictions – thus far comprised of two three-day lockdowns, restricted hours for bars and restaurants, and a 9pm curfew. All other businesses remain open. There are very few jobs in the economy that can be 'done from home', especially given the lack of electricity access and other basic services and there are no official recommendations on this from GovSL. Outside of these limited restrictions, economic activities go on more or less as before.

Within this framing (in relation to which we make no judgement), which we think will continue into the future, there are implications for the ways that support can be provided.

1. Support should be tailored to a context in which economic activities will be *modified* rather than *displaced*. The relevant policy question—to which full attention has not yet turned—is how should GovSL make existing economic activities safer during COVID-19?

One example of an innovative strategy to modify economic activities to make them safer under COVID-19 is Freetown City Council's strategy to 'COVID-proof' markets. Freetown City Council has not banned official market activity—this is not an economically viable option (see Figure 3 below). However, the City Council has recently taken steps to reduce risk in markets, by: a) making hand washing mandatory; b) making the wearing of facemasks mandatory for buyers and traders; c) applying a one-way flow of person traffic and dedicated entry and exit points; d) ensuring similar commodities are sold in the same area to enhance the one-directional flow people; f) forbidding mobile trading.[10]

2. Partners should support GovSL with strategies to improve *voluntary compliance* with prescribed restrictions on social activity and health measures. In contrast to economic activities, GovSL policy has limited, and likely will continue to limit, non-economic social interactions – such as regulations limiting church and mosque services, attendance at funerals, gathering at popular beach locations, and overall curfew, etc. While a policy that limits these interactions is unlikely to create much negative economic impacts, the limits on social activity are likely to be resented by sub-populations in the country and GovSL has limited ability to enforce these restrictions.

One implication of this is that GovSL needs to increase voluntary compliance with safety measures and restrictions to social activities.[11] There may be space for partners to provide technical assistance / support and to develop strategies that increase voluntary compliance

[10] 14 May Facebook post, 'Keep up to date with action taken by Freetown City Council under Mayor Yvonne Aki-Sawyerr here'. More Freetown City Council Response Plans.
[11] The 18 April EOC minutes note that communications messages will be centred on 'behaviour change'. This may be an avenue to support, with the provision of technical and resource support for devising 'behaviour change' messages.

with restrictions on movement, social activity, and health practices and revised, optimised 'business processes'.

Figure 3: Bombay Market, Freetown

Source: Freetown City Council, Facebook post 14 May 2020

An example of the lack of voluntary compliance has been the wearing of facemasks in public spaces. Despite the first official announcement of facemasks being mandatory in public transport in April 2020, this has not been adhered to, based on the authors' observations. The majority of people operating and using public transport are not wearing facemasks. In recent weeks, the Motor Drivers and General Transport Union has reiterated that the wearing of facemasks is mandatory, however compliance remains low. On 22 May the Ministry of Health and Sanitation released a press statement, saying that from 1 June there will be police action if individuals are not wearing facemasks.

3. Partners should support GovSL's attempts to rely on community-based institutions to 'self-enforce' GovSL policy for movement restrictions and healthy practices. Traditional authorities (chiefs) are one community-based institution of primary importance in Sierra Leone. GovSL is already working with chiefs to monitor crossings in border districts. For example, there have been several cases of fisherman from Guinea crossing the border by water, and then being sent to quarantine facilities. Following direction from GovSL, there are reports that some chiefs have introduced bylaws that prevent 'strangers'—visitors who are unknown to the community—from entering the village.

Engaging traditional authorities may be especially important in rural areas where the state's ability to enforce policy decisions and directly communicate with citizens, even through radio,

is limited. In urban areas, there may be a variety of community-level leaders that have influence and that GovSL could work with to engender citizen compliance. To our knowledge, limited work has been undertaken on this front so far. Partner organisations could support GovSL to increase efforts to contact traditional authorities in rural areas and develop strategies to bring on board community-level leaders in urban areas. Moreover, information that comes through traditional authorities and community leaders is likely to be more credible than information coming directly from government actors. This is of particular importance in a context where there are widespread false beliefs about COVID-19 (see community engagement section below).

5 Health system

5.1 Service delivery

The primary impacts of the COVID-19 crisis on 'normal' health services are three-fold. First, in early April it was reported in the EOC that there was a **diminished 'patient flow to health facilities for routine services'.**[12] This still seems to be an issue and the EOC is discussing how to communicate to the public that health facilities should still be used for non-COVID health needs. The assumption of those in the EOC was that members of the public were voluntarily reducing their demand for health services, possibly out of fear of catching the disease. Anecdotally, we hear a contrasting message from some members of the public: there are reports that people are being *turned away* from health facilities. This was reported by Umaru Fofana, a BBC reporter based in Freetown.[13]

Either way, this is of concern. If hospitals are turning people away, this will increase fear and decrease the trust in the health system. If these are only rumours, the perception from many that they are true is a consequence of low trust in the health system. The Ebola virus disease (EVD) outbreak demonstrated categorically the importance of trust in the health system.[14] Of course, the real situation is likely some combination of the two: a few instances of patient refusal spurred rumours that were easily believed due to low existing levels of trust.

Second, **health service personnel are being redeployed to the response efforts, and away from their 'peacetime' jobs** (see Figure 2 for the start dates of redeployment). Several hundred CHWs have been retrained to work as contact tracers. This leaves communities with less access to medical services and means that CHWs are less present in their communities to conduct disease surveillance. In addition, several hundred clinicians have been trained on case management. At first, redeployment happened in Western Area (the epicentre of the COVID19 outbreak), but CHWs in the districts have been trained as contact tracers since early May. This redeployment of health workers only exacerbates the existing lack of human capacity in the health system. For example, according to the DFID country team, Sierra Leone needs to increase its skilled healthcare workforce by 14,000 to meet the WHO minimum standard.

Moreover, there are stories of healthcare workers refusing to come to work given fears around COVID-19. These fears appear valid: as at 19 May, 12.5% of the total COVID-19 cases were health workers.[15] This has resulted in a substantial number of health workers being in quarantine; doctors also tested positive. This additionally puts pressure on the health system and results in exacerbating the existing shortage of staff. It is worth noting that GovSL has recently released additional support measures for frontline health workers, possibly in an attempt to coax health workers back to their posts, notably: a) life insurance; b) free tuition for up to three children in the event of loss of life; c) and a weekly allowance, food, and lodgings

[12] 8 April EOC minutes.

[13] https://twitter.com/UmaruFofana/status/1246846782505705474

[14] For example, researchers found that increased trust, brought on by previous positive experience with the health system, increased reporting of EVD cases (Christensen *et al*., 2020).

[15] Situation Report May 19th 2020: https://covid19.sl/sites/default/files/2020-05/mohs-may-19-situation-report.pdf

for certain stations.[16] They have also initiated payment of incentives to frontline response workers.

Third, the immediate aftermath of the outbreak saw the **temporary closure of several health clinics** including Aspen hospital (due to one of its doctors having COVID-19) as well as Aberdeen Women's Clinic in Freetown. Both have now reopened. Aberdeen Women's Clinic, one of the main clinics exclusively addressing women's health needs in Freetown, is working together with the Aminata Maternal Foundation to ensure physical distancing and to enforce enhanced personal hygiene measures at the centre. On their website, they note that staff 'were already familiar with enhanced infection prevention control procedures from their experience during the Ebola outbreak, and have been given updated training on COVID-19.'[17]

Finally, in a speech made by President Bio on 21 May, directed at the international partner community, he emphasised the importance of combating existing diseases in Sierra Leone and requested support on this: *"Inasmuch as COVID is here, I may wish to remind partners that our healthcare facilities are in great need of necessary medical supplies, equipment, and infrastructure as we continue to deal with Maternal and child health, malaria, HIV/AIDS, Tuberculosis and other disease conditions."*

While much of the healthcare resources have been diverted to COVID-19, there is still a strong emphasis on providing maternal healthcare. In line with this, the Ministry of Health and Sanitation launched a mass distribution campaign of high quality Insecticide Treated Mosquito nets from 22-31 May in the 14 provincial districts.

5.2 Information and communication systems: engaging the community

5.2.1 COVID-19 information campaigns

Promoting the message nationally is mainly done through radio, for which the MoHS has developed several broadcasts. For example, information about the 117 hotline, a toll-free number that citizens can use to report cases or find out more about COVID-19, is regularly aired on the radio. The MoHS has also engaged artists, for example in the development of a 'Corona song' to disseminate COVID-19 information, which features the Hon. Minister of Health and Sanitation (Dr Alpha Wurie), Bishop Archibald Cole, Sheik Abubakar Conteh, and H.E. President Bio. The first lady, Fatima Bio, has also disseminated a precautionary message during the pandemic. In a further appeal to demonstrate and reinforce compliance, during lockdown the President posted a video of different parts of the city and emphasising how citizens are adhering to the government guidelines.

The Response Communication Team has attempted to disseminate information on COVID-19 that is tailored to different audiences. For example, the national government has developed content in 12 local languages in addition to Krio and has engaged local leaders in disseminating information on the virus. While the urban population, which is just over 42% of the country (UN Population Division, 2018), can be reached through traditional and social

[16] Press release 22 April.
[17] https://aminatamaternalfoundation.org/2020/04/18/coronavirus-in-sierra-leone/

media, rural Sierra Leone has higher technological barriers to entry, making these means of communication less effective.[18] In rural Sierra Leone information flows through traditional leaders, such as village chiefs, elders, Mammy Queens, and religious leaders. The involvement of local leaders was seen as key during the Ebola response.[19] In the response to COVID-19 the MoHS has to varying degrees engaged these leaders in addition to administrative staff at local councils to disseminate information about the symptoms, preventative actions, and government measures, such as curfew, lockdown, and other restrictions to social and economic life. Some District Health Management Teams have also worked together with youth and community leaders to identify 'town criers': residents of the community who disseminate the message through megaphones. It is worth noting that the Mayor of Freetown has expressed the importance of working with Mammy Queens and male and female youth representatives to ensure inclusive information dissemination. The radio lessons also provide information on COVID-19, thereby educating students of all ages on the symptoms, preventative methods, and actions.

How effective these information campaigns have been is less clear: results from a survey conducted by IGR in Freetown, Western Urban, Western Rural, and Lungi indicated that over 95% of respondents had heard of COVID-19, with 90.3% being able to correctly identify at least one symptom (IGR, 2020). However, the same study reported that 41% of respondents believe that COVID-19 is manmade, which could help explain the perceived lack of compliance with the measures that have been put in place. We venture the following interpretation: everyone has heard of COVID-19, many of the symptoms are familiar, but most people do not understand how viruses work.

Some communities are going beyond GovSL's information campaign. Recent cases have been announced in informal settlements, which have led some, for example Cockle Bay, to organise COVID-19 sensitisation training. The youth leader, together with influential figures within the community and the Foundation for the Future, organised a three-day sensitisation training, which was funded by Architects without Borders UK. They had sessions with medical practitioners, social workers from Social Work Sierra Leone, as well as the police. This points to some degree of 'self-sensitisation' on COVID-19 amongst the urban poor.

5.2.2 Communicating COVID-19 response efforts to the public

GovSL provides the public with regular updates about the virus through a variety of channels. Starting from 18 March, key announcements from the President have been televised, with press briefings outlining the main points circulating shortly afterwards. Since the development of cases has become almost daily, the Ministry of Information and Communication is the official communicator on the number of cases through Facebook, and this is done daily at 11am.

Despite this official channel, the information is often circulated through social media, mainly WhatsApp, with the personal details of patients being openly shared. Importantly, some of the information being circulated is 'fake news', relating to rumours of additional cases, areas that

[18] Further, radio signal reaches some, but not all rural areas; we are not clear how much the MoHS is engaging local radio stations to disseminate information.
[19] This narrative is well laid out in Richards (2016).

are contaminated by the virus, or government policies. Official response to counter these rumours is slow.

More recently, a sleek website (not run by the government) has been launched that organizes COVID-19 related information for the public. Importantly, this website makes daily situation reports– that include previously sporadically reported information about quarantine and total conducted tests — publicly available (https://covid19.sl/). This real-time update on the developments of COVID-19 in country helps overcome the misinformation that has spread through social media.

Finally, a self-check app (dial: *468#) was developed which also provides updates and tips for preventing or managing COVID-19. According to the EOC, it has over 100,000 users who have used the platform more than one million times.

5.3 Community perceptions during lockdown

For this report, we collected community perceptions during lockdown. First, three residents from Freetown provided written perceptions of the lockdown and provided pictures of what lockdown looked like in their neighbourhood. Second, we asked a team of survey supervisors to conduct a brief survey in Freetown to observe the lockdown in their communities and to respond to a series of questions about their perception of the understanding of COVID-19 in the community and some of the key challenges faced by community members. Third, we asked a youth leader from Gbense chiefdom (Kono district) to share his findings from a supervision exercise he conducted during lockdown – in his role as a chiefdom youth leader, he was to travel between communities to observe the lockdown. While this was very much an informal data gathering, it provided some indication on whether communities complied with lockdown and what some of the main challenges were.

The four respondents who provided written feedback reported that they thought the lockdown was necessary for the security of the country. All reported that they had bought some kind of IPC, but that this was not provided by GovSL. The respondents who left voice notes live in three different parts of Freetown (Tengbeh town in central Freetown, Brookfields in central Freetown, and Cabala town in eastern Freetown), and IMATT, on the hill leading out of Freetown.

First, the general sense of these voice recordings was that the members of their community were complying with the lockdown. The respondents cited multiple motivations. On one hand, respondents cited deterrence from security forces, patrolling the streets (see picture below) – '*If you dare go out they will deal with you soberly*'. Others speculated that this was out of fear of contracting the virus, stating: '*everyone is afraid of the Corona*'. One respondent thought people might voluntarily comply because they appreciated spending time at home with family: '*Generally, I believe many people around my community welcome the lockdown, especially those couples whose husbands are normally holed up with work… they can have much time to spend with families at home.*' Of course, to some extent respondents are speculating, as one respondent told us: '*I can't state the specific reasons why people in my community are complying with the state proclaimed lockdown. Some people may be complying because they are afraid of the security forces or some may be doing it voluntary. I can't read someone's mind.*' The reasons why citizens comply with government authorities during emergency situations deserves more careful study.

Second, the challenge of accessing water and food was mentioned by all respondents. In particular, it was highlighted that most community members do not have storage facilities for water and food for three days. More generally, these concerns also highlight the importance of well-functioning basic services in the currently precarious situation. If people are expected to spend more time at home, they can only do this if they have access to basic services such as clean water, sanitation, and electricity. More fundamentally, many people do not have sufficient savings to prepare a supply of food for a sustained lockdown.

Third, several respondents explicitly and clearly articulated the health safety vs economic livelihood trade-off. One respondent said:

> '*I think the three days lockdown is not actually enough if we want to actually trace all those that may have contacted the disease, but 14 days as the medical expert are saying will be good to do the tracing. The only downside, if the authorities should announce 14 days lockdown, [is that] it will be unbearable for the citizens because of the poor economic condition of the country. There will be untold suffering*.'

A second respondent relayed an argument she had heard between neighbours in the days before the lockdown was announced:

> '*Some argue that, the economy is bad and if the government should lockdown for three days, how can they survive? Many go out on a daily basis to find their livelihood. If I don't go out to fend for myself, how can I feed? I have no savings in the bank unless I peddle every day to get my food to eat. Some also agree with the position of the government decision because these are trying times and all of the citizens should abide to stop the spread of the corona virus in Sierra Leone*.'

We infer from this that the economic vs health safety trade-off is a tension that weighs on the minds of average, thoughtful citizens.

Figure 4: Pictures from Brookfields Community, Freetown

Photo Credit: Sellu Kallon

The youth leader from Gbense chiefdom, Kono, reported three central findings.

First, he reported that there was substantial misinformation about the disease. He reported that many people believe the disease to be manmade. He relayed a common myth he heard that during lockdown 'a plane will come and spray the whole of Africa to kill people'. This is

very similar to myths that existed in relation to Ebola. Second, he reported that people were very concerned about mobility restrictions because of fears they would have difficulty feeding themselves. Presumably this is because people rely on traders travelling to and from markets. Third, he reported that false information had been spread about the existence of COVID-19 cases already in Kono at the time of the lockdown, when officially there were no such cases. He relayed that through sensitisation authorities were able to 'resettle people's mind' and convince them there were currently no cases. This is important, as it shows that misinformation can be overcome. More research should be done to understand the conditions under which false beliefs can be changed.

5.4 Supplies, logistics, and infrastructure

According to the EOC, there is a lack of drugs and essential medical supplies for treatment and isolation facilities nation-wide, with a funding gap for the next three months of US$ 8,592,457.

The number of testing kits available in country is a major issue and has been blamed for the limited testing. Indeed, there seems to be some tension between policy and practice in regard to whom to test: in President Bio's speech on 20 April he noted that all primary *and secondary* contacts of confirmed cases should be tested, however our understanding is that, in practice, only the primary contacts are being tested on Day 1 and Day 14. Secondary contacts are not being tested, reportedly due to limited supply of test kits.

Exactly how many test kits are available is subject to conflicting information. On 28 March, EOC minutes record that there are 21,353 test kits available in country; in an EOC meeting on 17 April, the lab pillar reports 'less than 1,500 test kits' available in country'; and according to a conversation with a member of the lab pillar on 20 April, the number of lab kits in country was described as 'less than 3,000'. Further complicating matters is the conspicuous donations of 20,000 lab kits from billionaire entrepreneur Jack Ma, which the Chinese embassy reports to have arrived in country.[20] The EOC says they have no knowledge of these test kits.

As of 21 May, we understand that there are less than 17,000 test kits in country. The country is currently testing fewer than 60 people per 100,000, which is significantly lower than other African countries. Ghana for example is testing a minimum of 5000 people per 100,000.

As response efforts expand to the provinces, GovSL has started to map possible quarantine facilities throughout the districts.[21]

[20] http://sl.china-embassy.org/eng/xwdt/t1765003.htm
[21] Note that these EOC Operations Situation Reports are not publicly available

6 Connected systems

As indicated in Figure 2 there have been a number of policy decisions to curb the spread of COVID-19 that have severely impacted non-health services. This section will look in detail at the education, social protection, health and nutrition sectors, and economic livelihoods.

Before we do so, it is worth mentioning that transportation has also been greatly affected. Restrictions have been placed on the number of passengers in different modes of transportation. Our own observations are that transportation is still overcrowded and that therefore these measures are unlikely to prevent the spread of COVID-19. However, limiting passengers has decreased the daily earnings of public transportation operators. Coincidentally, fuel prices were also reduced before lockdown, due to the global fall in oil prices, which countered some of these losses. Furthermore, during lockdown essential services like water and electricity have not been consistent.

6.1 Education

Schools and other educational institutions across the country have been closed since 31 March 2020, until further notice. This has of course raised concerns about childcare and continuing education, especially as during Ebola many young people's education (especially girls, explored in section 6.5) was severely disrupted, leading to whole generations needing to 'play catch up'. Already, for example, the West African Senior School Certificate Examination has been postponed this year, which means students in their last year of school will need to wait one year to take their leaving exams.

One initiative that was implemented during Ebola that is now being adopted in response to COVID-19 is continuing education through radio lessons, which started one week after the closure of schools. During Ebola the Ministry of Education led this effort, although it was heavily criticised due to the low quality of teaching and the fact that not all parts of the country were able to access this national radio station, due to the frequency. Therefore, only urban populations (namely Freetown) benefited from it.

Given the emphasis on social distancing, radio education is one of the few options remaining to provide education in the country. The Ministry of Education has asked partners from one of the largest education initiatives in the country – The Education Innovation Challenge – as well as the Teaching Service Commission to provide support. While the idea is to provide radio education to all students in all subjects, currently only a handful of subjects are covered. Furthermore, the same radio station is being used as was used during Ebola, so rural populations do not currently have access. Rising Academies, a private education provider that is part of the Education Innovation Challenge, is planning to extend the reach of lessons, by airing them on local radio stations. However, there are significant financial barriers, as the average price for airtime on local radio stations is currently US$ 50 for one hour. Rising Academies is currently seeking funding to establish telephone lessons and SMS tutorials to ensure effectiveness of radio education. They have started implementing telephone tutorials with 160 teachers who call 35 students a week. These tutorials discuss the content of the radio lessons and provide an opportunity for teachers to track progress. For students, it allows them to engage with teachers and simulate a classroom setting. They are currently seeking US$ 250,000 to fully implement the project. They have already received funding for an evaluation.

For high school and university students, Orange is currently providing a list of free online education resources through the Orange Education Portal. However, this is not accessible to a large part of the population as it requires a device that can access the internet, and a good connection.

6.2 Social protection

In light of the Quick Action Economic Response Programme (QAERP), the Social Protection pillar of the EOC met and discussed the ongoing social protection activities and agreed on two response interventions, in addition to the support provided to health workers in the form of insurance, tuition of children, and provision of food and lodgings. These interventions are: (a) scaling up the World Bank Social Safety Net managed by the National Commission for Social Action (NaCSA); and (b) providing food to vulnerable households.[22]

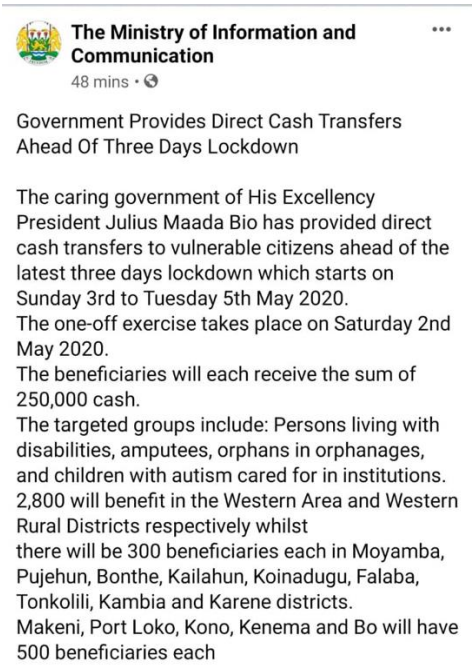
In 2014, the World Bank— the biggest international actor in social protection in Sierra Leone— provided US$ 7 million to support the establishment of the Social Safety Net Project (SSN). In an attempt to ease the burdens imposed by the current COVID-19 outbreak, the Bank has greatly scaled up support to SSN, providing an additional US$ 26 million. This additional support will allow SSN to target an additional 35,000 extremely poor households throughout the country; this complements GovSL's effort to provide assistance to people with disabilities. Under SSN, beneficiary households will receive US$ 15 per month over the course of three years, which represents 15.2% of average monthly household consumption among extremely poor households. To offset the additional financial burdens of COVID-19, it is proposed to double the transfer size to US$ 30 monthly for nine months.

In another initiative, the World Bank plans to provide a one-time cash transfer to 29,000 households with informal sector workers in the cities of Freetown, Bo, Kenema, Makeni, and Port Loko. The project is in the final stages of approval. The EU has also pledged €5 million to this initiative.

Finally, GovSL has provided a total of 4 billion leone (US$ 405,928) of cash and in-kind transfers to persons with disability, distributed by NaCSA, in collaboration with the Anti-Corruption Commission (ACC), the Ministry of Social Welfare, and the National Commission for Persons with Disability. The programme provided cash transfers of 250,000 leone and 25 kg of rice to 11,367 households with persons with disability in all district headquarter towns in the country prior to the most recent lockdowns in April and May 2020. Figure 5 shows the official communication of this support through social media for the most recent lockdown (3–5 May).

[22] This section borrows heavily from the 11 May DFID donor briefing, shared by DFID with the Maintains programme.

Figure 5: Official communication of the cash transfer program for PWDs



The Ministry of Information and Communication
48 mins •

Government Provides Direct Cash Transfers Ahead Of Three Days Lockdown

The caring government of His Excellency President Julius Maada Bio has provided direct cash transfers to vulnerable citizens ahead of the latest three days lockdown which starts on Sunday 3rd to Tuesday 5th May 2020.
The one-off exercise takes place on Saturday 2nd May 2020.
The beneficiaries will each receive the sum of 250,000 cash.
The targeted groups include: Persons living with disabilities, amputees, orphans in orphanages, and children with autism cared for in institutions.
2,800 will benefit in the Western Area and Western Rural Districts respectively whilst
there will be 300 beneficiaries each in Moyamba, Pujehun, Bonthe, Kailahun, Koinadugu, Falaba, Tonkolili, Kambia and Karene districts.
Makeni, Port Loko, Kono, Kenema and Bo will have 500 beneficiaries each

Source: Facebook Page, Ministry of Information and Communication: https://www.facebook.com/mic.gov.sl/?__tn__=%2Cd%2CP-R&eid=ARC9SGmuwfTDwuI61T7MnNrepSXd1IUU_sQwpSLojAhE-ibpHb5GgQej9kufwONfXI9e2kb8Yy_MjFzi

In Freetown, however, there were reports that individuals pretended to be disabled to receive the cash transfer. This highlights challenges in both targeting and distribution, and calls into question the effectiveness of the support.

NaCSA, in collaboration with the ACC and Statistics Sierra Leone, is developing the targeting and enrolment mechanism for the 35,000 extremely poor households and 29,000 households with informal sector workers. Potential beneficiary households have been identified using an existing database of 30,000 informal sector workers provided by city councils, line ministries, micro finance institutions, and trade associations. The programme will target 19,000 beneficiary households with informal sector workers in Freetown and 2,500 households each in Makeni, Port Loko, Bo, and Kenema regional headquarters.

For both cash transfers, the final selection will occur through a proxy means test. Furthermore, tools for the community-based targeting process, to be applied by the Community Identification Committees, have been completed. In urban areas, the payment will be received by households through Rokel Commercial Bank's e-payment system 'Simkorpor'. Rural areas will receive transfers over the counter (in line with social distancing guidelines). The informal sector workers cash transfer is expected to commence in May 2020 and the SSN additions in June 2020.

There has been an active discussion on targeting. There are worries that targeting practices, which may be fine in theory, will be implemented ineffectively. To address these concerns, GovSL and partners have developed a grievance redress mechanism (GRM). Beneficiaries can call a toll-free number (515) to file grievances. The ACC is hiring 741 community monitors to monitor the identification, enrolment, and payment processes, and to receive and file grievances issues. UNICEF is working with GovSL and the World Bank on strengthening the

GRM platform managed by the ACC for COVID-19-related programmes. Given the scope of the safety net and the mixed results of various community-based monitoring strategies, a rigorous evaluation of the GRM should be conducted.

A donor meeting on 11 May identified that additional support is needed in social protection. Plans for additional support and corresponding funding gaps are as follows:

- Double the amount of cash transfers for SSN extremely poor households for nine months and double the coverage from 35,000 households to 70,000 households (the Ebola model). This will create a financing gap of US$ 18.4 million in relation to the existing SSN project.
- Scale up the one-time cash transfers to 88,000 households with informal sector workers in major cities. This will require an additional US$ 15 million.
- Initiate a youth project, as youth forms the largest population and are also among the cohort hardest hit by COVID-19. This will require US$ 19.1 million.
- Provide food and supplies to vulnerable households as over half of the population is food insecure. Freetown alone is 30.5% food insecure. This will require US$ 10 million.

Despite this surge in efforts around social protection, it is recognised that there are limited state-provided mechanisms. With limited state-sponsored social protection, citizens often turn to existing village- or community-level social networks in villages for support. For example, with the announcement of the first lockdown, many people who were based in Freetown went back to their families ‘up country’, reasoning that it would be easier to ‘weather the storm’ there.

This shows that in times of crisis, people rely on their family and village, where they have some sort of safety net and support mechanism. Families in the village might have the expectation that a person from the city is wealthier and will therefore bring support and resources for the family to manage the crisis; it is possible that bringing city-based kin back to the village is the best option for many families during a crisis.

This also brings to light an important trade-off for policymakers. If policymakers restrict travel, some citizens will be stuck in places where they feel they are less able to deal with the hardships of COVID-19. However, if policymakers all travel it may increase the spread of the virus throughout the country. We are not advocating for a position here: instead, we wish to bring to light what we feel is an important policy choice that has thus far received little attention.

6.3 Nutrition and food security

The Ebola outbreak undermined food security by preventing farmers from harvesting and planting due to movement restrictions, and group harvesting was not possible, slowing down the process. We do not expect such strict lockdown measures so we do not expect harvests and planting of crops to be similarly impacted, but markets have been affected.

In rural areas, GovSL has banned large, periodic markets (i.e. occurring every set number of days) known as ‘Lumas’, and while implementation of this may vary across the country,

personal communication reveals that many markets are closed.[23] While petty traders who hawk foods are allowed to operate, the closure of markets may make access to food more difficult and more expensive. As described above, the Freetown City Council is looking into how to restrict and manage informal trading. Imports of essential food items, such as rice and sugar, have not been restricted and are still coming in according to schedule. According to local media reports, due to the inter-district travel ban, it has been more difficult to transport goods such as food items across the country. A large amount of produce consumed in Freetown for example comes from Guinea, however now with the international and national travel ban, only those with passes may travel. These passes are not easily accessed, despite a new e-pass system having recently been launched.

Chronic malnutrition is high in Sierra Leone – with stunting at 37.6% (compared to the developing country average of 25%)[24] – raising a real challenge in the COVID-19 response. During the Ebola outbreak there was a decline in nutrition screening, followed by increased diagnoses of acute malnutrition post-outbreak.[25] This pattern could occur in relation to COVID-19, suggesting that nutrition programmes need to be strengthened to pre-empt such effects.

An additional concern is access to clean water. During the first strict lockdown on 03 April 2020 a major problem was that many people that rely on water wells in Freetown could not obtain it. In an attempt to address this GovSL distributed water in some communities. This led to its own issues as there was overcrowding during the lockdown, as depicted in Figure 6. Furthermore, there were reports of police stealing water the people had stored before lockdown, accusing people of 'hoarding' water.

According to the EOC minutes, the Food Security pillar is providing food to quarantined homes as well as vulnerable communities. However, people in quarantine have complained that they have been left without food deliveries for days, leading some people to take matters into their own hands and increasing the risk of spreading the disease.

[23] For example, communication between authors and a youth leader in Kono reveals that period markets in Kono are in fact closed.
[24] Global Nutrition Report (2018), https://globalnutritionreport.org/reports/global-nutrition-report-2018/
[25] www.ncbi.nlm.nih.gov/pmc/articles/PMC5515560/

Figure 6: Water collection during lockdown

Photo credit: Abu Conteh (Sierra Leone Urban Research Centre)

6.4 Economy

The COVID-19 pandemic is having unprecedented impacts on the global economy. However, while business hours for bars and restaurants has been restricted, for the majority of Freetown residents economic life has continued as usual, outside of the three-day lockdowns.

6.4.1 Livelihoods

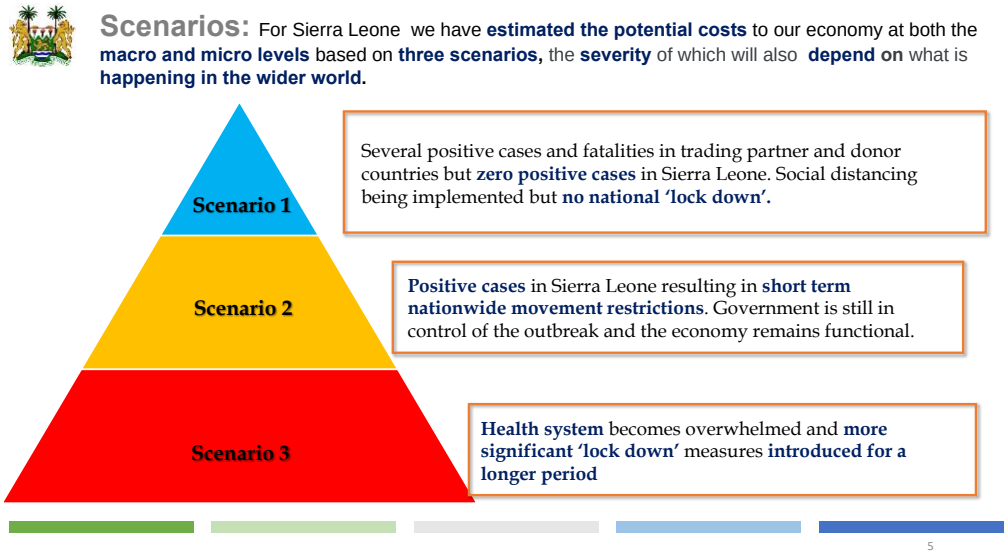
As case counts build, central and municipal governments will face the difficult question already before many of the world's leaders: how to best balance public concerns against the state of the economy. The consequences of getting this trade-off 'right', of correctly navigating the shallows between public health and economic disaster, is extreme in a country where health systems and economic conditions are in such a poor condition.

So far, GovSL seems content discouraging social gatherings that are *entertainment-based* – such as discouraging most activity at popular social points on Lumley beach – while simultaneously allowing large gatherings of *economic* activity to carry on as before.

6.4.2 Public finances

The Ministry of Finance has developed a QAERP to assess the overall economic impact of COVID-19 in Sierra Leone.[26] It estimated the potential cost based on three scenarios outlined in **Error! Reference source not found.** below. Currently, the country is in Scenario 2: '*Positive cases in Sierra Leone resulting in short term nationwide movement restrictions. Government is still in control of the outbreak and the economy remains functional*'. However, we are rapidly moving towards Scenario 3, with the health system increasingly unable to cope with the burden. Whether a longer lockdown will be implemented remains to be seen, and depends on funding support available to ensure food and water supplies.

Figure 7: Scenarios of severity of COVID-19 outbreak



The Ministry of Finance is aiming to ensure economic stability during COVID-19; however, Sierra Leone is already at risk of debt distress and is experiencing a budget deficit, which COVID-19 is set to worsen. To alleviate this impact through the QAERP, GovSL is seeking to implement the following actions:

1. Obtaining additional emergency support from the International Monetary Fund (IMF), including one or more of the following options:
   a) augmentation of the current allocation under the Extended Credit Facility Programme;
   b) accessing IMF resources being made available as part of the global economic response to the COVID-19 through the Rapid Credit Facility; and
   c) seeking debt relief from the IMF under the Containment Window of the Catastrophic Containment and Relief Trust.
2. Seeking debt relief from other bilateral partners and multilateral agencies so as to prevent a debt crisis.

[26] This was conducted prior to there being any cases in Sierra Leone.

3. Accessing resources being made available by the World Bank Group and other development partners as part of the global economic response to COVID-19.

4. Seeking additional grant financing and technical assistance from other development partners.

5. Seeking 'in-kind' support from development partners and the private sector.

What this section demonstrates is that COVID-19 is not just a health crisis: it is also a socio-economic crisis that can have devastating effects on Sierra Leone's development. To what degree these non-health sectors will be affected depends on how and whether a lockdown is implemented. If there is only a partial lockdown, as is currently the case, and economic activity continues then livelihoods will be sustained. However, in both a partial lockdown and a full lockdown public gatherings would be limited, likely resulting in schools remaining closed. A priority should therefore be investing in distance learning to ensure that a generation does not lose out on its education. Also, given that Sierra Leone has a weak government-led social protection system, if inter-district travel is allowed again, one can expect urban dwellers to reverse migrate, so that they can be close to their support networks. This will not only accelerate the spread of the disease but further burden rural communities. Another area of research and technical assistance is supporting the Ministry of Local Government to mitigate these potential negative impacts.

6.5 Gender equality and social inclusion (GESI)

This report has painted with a broad brush a picture of the impact across the population. However, the impacts of COVID-19 will be experienced differently by different sub-populations of Sierra Leoneans. While it seems too early to state gendered impacts definitively (Fraser, 2020), probing past experiences with Ebola can reveal how gendered effects might manifest themselves. Based on this, there is cause for concern in the potential rise in maternal deaths, adolescent pregnancy, gender-based violence, and avoidable child deaths. This section describes some steps being taken by GovSL to mitigate these concerns. In addition, we conclude this section with a brief description of how people with disabilities might be differently impacted by the crisis.

There is strong evidence from the EVD outbreak in Sierra Leone that the disruptions created by public health emergencies can have specific effects on women. Pregnancies greatly increased in villages that were highly impacted by the EVD outbreak, which is in part attributed to girls being out of school. Bandiera *et al*. (2019) show that women in villages highly impacted by the EVD outbreak lost more schooling than women in villages not highly impacted by the EVD outbreak. This was further exasperated as visibly pregnant women were prevented from returning to school (this policy was reversed on 30 March 2020).

That effect is compounded by the fact that during Ebola, a large proportion of healthcare workers died, leaving maternal, infant, and child health assistance under-resourced (Evans *et al*., 2015). It seems intuitively possible that the practice of reallocating healthcare workers to respond to the COVID-19 crisis will have a disproportionally negative effect on women. For example, the CHW programme is heavily focused on reducing maternal mortality, an important function given that Sierra Leone has the highest maternal mortality rate in the world. It seems

reasonable to worry that a reallocation of CHW responsibilities away from ante-natal and post-natal care can further increase maternal mortality rates.

While services for ante-natal and post-natal care may be impacted by COVID-19, there is some evidence that the health-seeking behaviour of women currently remains near (or has recovered to) pre-COVID levels. Partners in Health published a Q&A with Isata Dumbuya, a nurse midwife and manager of reproductive, maternal, neonatal, and child health at a Wellbody clinic and Koidu government hospital in Kono district.[27] Mrs Dumbuya noted that even though the frequency of visits for prenatal care has decreased, more women are visiting the clinic than during Ebola. She highlighted that in the initial period of the COVID-19 outbreak, women who came in were much further along in their labour and therefore there was not sufficient time to monitor or put interventions in place. This resulted in the majority of women having a caesarean section. However, she went on to note that over the last few weeks the situation has improved, with an increase in women attending the clinic, though still not enough critical care equipment and staff are not trained in high-dependency care. She stated: 'But it's getting better. We're getting more women to come in. We're almost back to normal.'

An additional piece of evidence that shows that health-seeking behaviour is still reasonably strong despite COVID-19 comes from a team of researchers collecting real-time data on social and economic outcomes in Sierra Leone (see dashboard at https://sldashboard.github.io/corona/): over 80% of respondents surveyed (both men and women) reported that they would still visit a clinic if sick with other illnesses.

To our knowledge, response plans have not yet integrated a gender-specific policy, aside from the plan for female-specific quarantine facilities mentioned above. However, it is questionable to what degree the latter have been implemented, as there are reports that many quarantine facilities mix gender, raising concerns around sexual and gender-based violence. Furthermore, there are several reports on the lack of access to running water and sanitary products in quarantine facilities, posing a serious health concern generally, but specifically for women with regard to their reproductive health.

DFID has been working with the Ministry for Gender and Children's Affairs to support the development of a gender mainstreaming approach across the response; policy recommendations are forthcoming. One programme that has gone forward is a collaborative effort between GovSL, UNFPA, UNICEF, and Africell (one of the biggest mobile network providers), that uses text messages to address gendered dimensions of the crisis. Specifically, these messages encourage women to continue to address their maternal healthcare needs and attend any ante-natal care. It creates awareness in relation to continued maternal care and family planning services during COVID-19.

This messaging service also provides support to individuals experiencing sexual, physical, or emotional violence. The programme has set up a freephone number #116 to call for help. These messages may be an attempt to counter one negative consequence of the Ebola response, that 'funding for sexual and reproductive health services were diverted to the Ebola response' (Homer, 2020). Furthermore, the Ministry of Gender and Children's Affairs is

[27] www.pih.org/article/qa-combating-sierra-leones-maternal-health-crisis-through-covid-19

intending to set up 16 'one stop' centres for sexual and gender-based violence at clinics across the country; however, there is little coordination with other ministries on this.

Finally, DFID has funded a weekly radio drama series targeting adolescents (see **Error! R eference source not found.**), where girls and other youths work together to shape what is happening around them. It has also developed an information video on COVID-19, which is currently being circulated through social media.

Figure 8: Karo Kura Kompin DFID funded campaign

Source: Purposeful Facebook Post: https://www.facebook.com/wearepurposeful/posts/the-2nd-volume-of-the-karo-kura-newsflash-is-outeach-edition-features-great-stor/274943669789676/

7 Key findings

In this section we lay out our key findings. In Section 8, we discuss how these findings might translate into opportunities for support from Maintains.

Finding 1: As argued in Section 4, we find it unlikely that GovSL will adopt policies that require prolonged restrictions on economic activity. Much work needs to be done to consider how **economic activities can be *modified*** during COVID-19, rather than replaced.

Finding 2: If economic activity is not restricted it becomes all the more important that the health safety measures and social restrictions that are put in place are followed. However, we do not believe that GovSL has adequate capacity to enforce these restrictions, especially in areas where a policy and security presence is already limited, such as informal settlements. This means that ***voluntary compliance*** **with health safety measures and social restrictions, or *community enforcement* of these measures/restrictions, is paramount** for slowing the spread of the virus.

Finding 3: Despite low levels of resources at GovSL's disposal, policies for controlling the virus, specifically for quarantine and disease surveillance, seem to be overly resource intensive. As we argued in Section 4, GovSL seems to be struggling to implement these policies with relatively few cases: we reason that **current resource-intensive strategies for curbing the disease are not practical / possible** as case counts grow.

Finding 4: One important long-term impact of COVID-19 may be the negative effect of loss of schooling for many school and university students. Important and innovative steps have been taken to provide students with schooling lessons over the radio. GovSL needs to double down **on investing in education that can be delivered outside the classroom**. This will increase the country's resilience to shock and could make education more accessible and flexible in general.

Finding 5: There are serious steps being taken to implement social protection, such as cash transfers, to citizens during the COVID-19 crisis. External actors, most importantly the World Bank, have hugely scaled up their support for social protection programmes. These social protection programmes have the potential to have large impacts, cushioning the economic burdens of not only the COVID-19 crisis but also future emergency situations.

While these are good first steps, the social protection system is still a work in progress. We believe that '**social protection' for many Sierra Leoneans during the COVID-19 crisis will be a return to their village**: in essence, a reverse migration to the provinces. We do not suggest that allowing this reverse migration is beneficial; however, we believe that it should be considered seriously, either as a policy option or because it has effects on policy.

Finding 6: There are many parallels between the current GovSL response to COVID-19 and the response to the 2014 EVD outbreak. We see parallels in: the 'pillar structure' of the technical response; the role of the military and the accompanying 'security perspective' (e.g. the government management or supervision of quarantine); the involvement of local leaders; the centralisation of response activities, etc. While the EVD outbreak is undoubtedly a relevant experience for policymakers within GovSL to draw on, the nature of a pandemic is that there

is a whole world of experience to draw on. Our impression is that **GovSL is not sufficiently leveraging the experience of *other countries* in combating COVID-19.**

Finding 7: The gender and social inclusion (GESI) dimensions of COVID-19 have not been seriously considered in the GovSL response. While select initiatives are taking place to raise awareness of sexual and gender-based violence, ante-natal healthcare, and gendered communication messaging (especially targeted at the youth), there is no approach to mainstreaming GESI in the response. DFID is supporting GovSL on this. However, to be effective GESI considerations should be part of the immediate response. Moreover, that public health emergencies have gendered consequences and disproportionally affect vulnerable communities is a key lesson from Ebola.

8 Further support required

In this section, we report potential areas for support. Not all of the areas of support outlined here will be within the purview of Maintains: we cast the net wide, reasoning that it is better to capture too many fish than too few. In Section 8.1, we detail requests for support that come directly from high-level actors in the COVID-19 response. This is essentially a 'wish-list' from members of the Response Team. These have not been filtered. In Section 8.2, we lay out a set of support options that follow from our findings in Section 7.

8.1 Resource support needed

- More laboratory testing kits, to allow for mass testing. As indicated above, testing seemingly cannot take place on a large scale and GovSL is keen to ramp this up. DFID has also reported that testing kits, PPE, oxygen, and COVID-19 treatment drugs have been requested from development partners, some of which have been provided by WHO but not to a great enough degree.
- Vehicles and motorbikes are needed for emergency responses and to conduct contact tracing, and also to distribute supplies. Currently, vehicles in rural areas are in need of refurbishment.
- Mattresses and other materials that would allow the repurposing of buildings, such as universities, as quarantine facilities and community care centres
- Additional doctors and medical supplies, such as PPE and ventilators. The provision of oxygen and water are some of the major constraints in the country. Donors have been requested to support in these areas.
- Support is required for the management of quarantine facilities, in particular food and toiletries, as well as food safety nets for areas affected by shortages in food supplies. DFID has echoed that this has been requested from development partners. This includes physical supplies, infection control, water, and nutritional requirements.
- Capacity building and training of in-country medical staff. Development partners have also been asked to support the provision of incentives for health workers.
- Development partners have been asked to provide tangible support for logistics, including coordination, supply chain management, distribution, inventory management, and procurement.

8.2 Research and technical assistance

We have aimed to highlight some of the key initiatives where Maintains could collaborate with ongoing projects and efforts, rather than totally new areas. We are happy to provide more detail on any of the suggestions made below.

- **Modifying economic activities –** As discussed under **Finding 1**, attention needs to be given to how existing economic activities can be modified, rather than replaced. Technical support can be provided to detail what these 'modifications' might look like.
- **Voluntary compliance and community enforcement** – As discussed under **Finding 2**, GovSL needs to develop approaches to induce voluntary compliance with health and

safety measures and social movement, and to leverage existing community institutions for 'community enforcement'. Developing and identifying these strategies requires technical assistance and research expertise. Maintains should position itself to provide both.

- **Education:** As discussed under **Finding 4**, the human capital effects of lost schooling may be the most tangible long-term impact of COVID-19 in Sierra Leone. As we have detailed in this report, schools are closed and alternative means of education are being developed, namely radio education. The Ministry of Education and its partners, such as Rising Academies, are keen to expand the radio education initiative and to ensure: 1) there are lessons in all subjects for all classes; 2) dissemination through local radio stations; 3) unemployed teachers are used to further to complement radio education by providing phone or SMS tutorials. Creating 'disaster-resilient' education systems is an area for potential support.
- **Social protection:** As described under **Finding 5**, serious steps have been taken to move towards implementing social protection policies to cushion the economic burden of COVID-19, but these programmes can only be effective if they are implemented properly. In Section 6.2 we described discussions about strategies to monitor the implementation of social safety nets. Rigorous evaluations of these monitoring strategies must be conducted.

  Under Finding 5 we also argued that many Freetown residents may feel safer in the provinces during times of crisis, especially to live out a 'lockdown'. GovSL may find it important to develop a policy on 'reverse migration' during COVID-19, but also crises in general. To develop such a policy, it needs to be understood why some citizens find rural areas preferable during crises in the first place: that is, a basic understanding of how living arrangements in rural areas provide better 'crisis safety nets' than urban areas is needed. Maintains should consider undertaking research on informal social security in rural areas during crisis.
- **Understanding citizen use of informal health systems in response to COVID-19:** While not a theme we have explored in this report, it is well-known that many people turn to informal medical practitioners to deal with health problems in non-emergency situations (for example, see this brief by the Sierra Leone Urban Research Center). Some informal health actors peddle drugs for citizens to self-medicate, others use drugs to treat illness, despite not being formally trained to administer these drugs. Citizens may turn to these actors due to a lack of access, a lack of trust, or a lack of resources to access the formal medical system.

  How do citizens interact with informal health actors in the context of a pandemic? Do citizens still turn to informal practitioners for advice and treatment? Do practitioners advertise remedies for / prevention of COVID-19? Despite the importance of informal health actors in the day-to-day lives of many Sierra Leoneans, we do not see policies directed towards these actors in the COVID-19 response. Regardless of whether or not GovSL or external actors regard informal health provision as safe, if citizens still turn to these actors during outbreaks, GovSL needs to design specific policy to address this. **We recommend research into the relationship between citizens and informal health actors in times of health emergencies/pandemics, so that policy can be designed to address this issue.** This might be an opening for Maintains research.
- **Risk prevention**: A lot of emphasis is currently being put on risk communication and telling people what they should do to prevent infection. Evidence suggests that rural communities are aware of preventative measures but do not have access to resources to take them.

IGC is interested in carrying out both a quantitative and qualitative study on the communication of disease prevention and also its effectiveness.

- **Telephone survey on economic impact of COVID-19:** IGC, together with a range of government partners, has started a telephone survey on the impact of COVID-19 on the country. Given the GovSL support for this initiative the results can be studied in real-time. An interesting extension to the survey would be to work with GovSL to *respond* to this real-time information gathering, possibly coordinated at a sub-national level. Of course, this would require substantial physical and technical resources. The dashboard updated on a daily basis can be accessed here: https://sl-dashboard.github.io/corona/

References

Aljazeera (2020), “Riot breaks out in coronavirus-struck prison in Sierra Leone: Reports of casualties after riot at Pademba Road Prison in Freetown, where a COVID-19 case was earlier confirmed” Aljazeera. URL: https://www.aljazeera.com/news/2020/04/riot-breaks-coronavirus-struck-prison-sierra-leone-200429141126471.html

Bandiera, O. et al. (2019) ‘The Economic Lives of Young Women in the Time of Ebola: Lessons from an Empowerment Program’, Washington D.C., The World Bank Group.

Barnett-Howell, Z., and Moborak, A. M. (2020) ‘Should Low-income countries impose the same social distancing guidelines as Europe and North America to halt the spread of COVID-19?’, Yale School of Management Working Paper, URL: https://som. yale. edu/should-low-income-countries-impose-the-same-social-distancingguidelines-as-europe-and-north-america-to-halt-the-spread-of-covid-19.

Calderon, C., Kambou, G., Zebaze Djiofack, C., Korman, V., Kubota, M., Cantu Canales, C. (2020) ‘Africa’s Pulse, No. 21 (April)’, World Bank, Washington, DC, Doi: 10.1596/978-1-4648-1568-3.

Christensen, D., Dube, O., Haushofer, J., Siddiqi, B. and Voors, M. ‘Building Resilient Health Systems: Experimental Evidence from Sierra Leone and the 2014 Ebola Outbreak’, University of Chicago, Becker Friedman Institute for Economics Working Paper 2020-28.

Evans, D. K., Goldstein, M. and Popova, A. (2015) ‘Health-care worker mortality and the legacy of the Ebola epidemic’, The Lancet Global Health 3(8), e439–e440.

Fraser, E. (2020) ‘Impact of COVID-19 Pandemic on Violence against Women and Girls’, VAWG Helpdesk Research Report, No. 284, London, DFID.

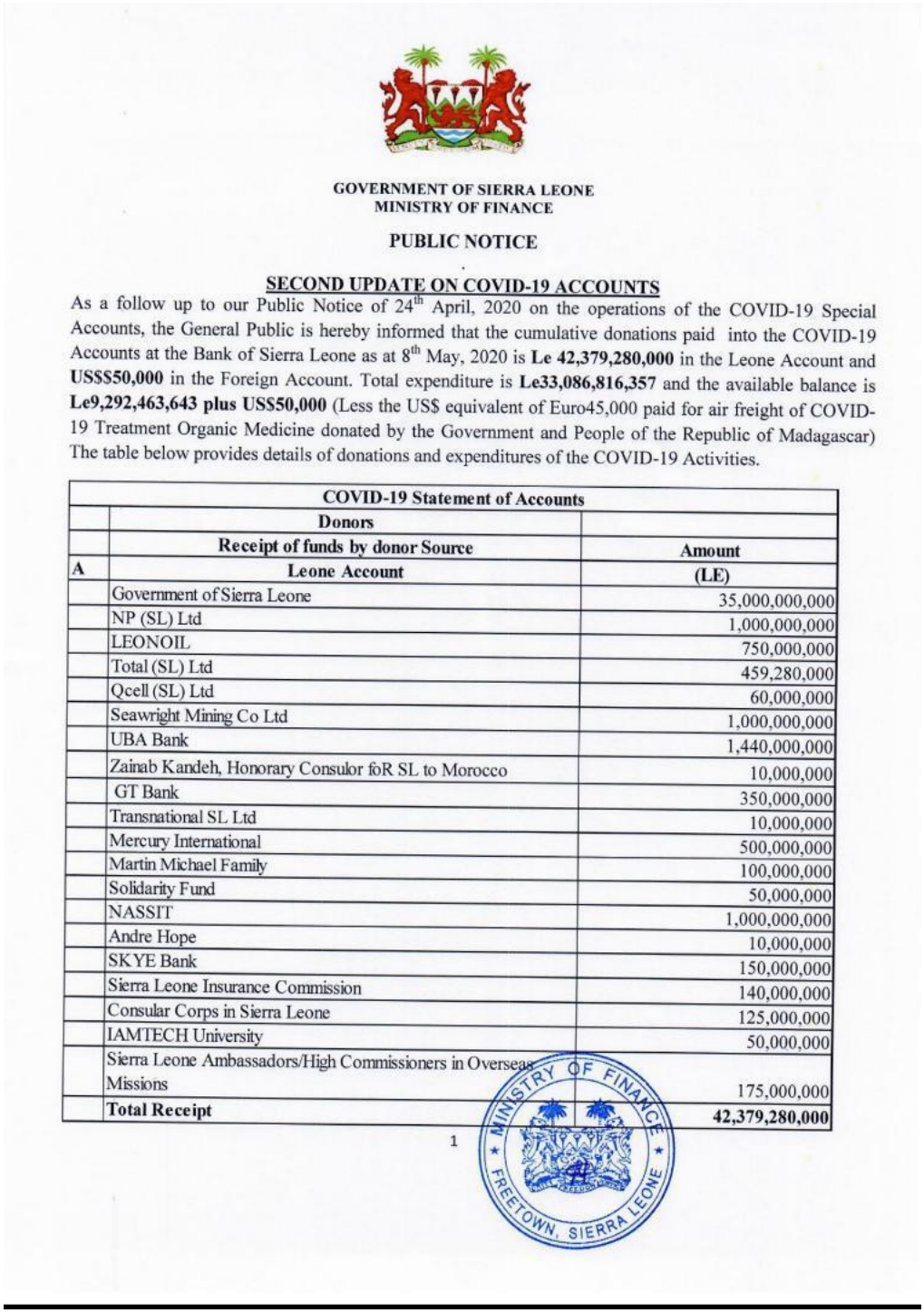
Homer, A (2020) ‘How to protect vulnerable children, especially girls, during the COVID-19 pandemic? Containing transmission through pandemics brings challenges for keeping children safe and learning but the experience from Ebola shows these are not insurmountable’ Global Partnership for Education URL: https://www.globalpartnership.org/blog/how-protect-vulnerable-children-especially-girls-during-covid-19-pandemic

IGR (2020) ‘Maintaining Our Zero: Sierra Leone’s Preparedness for CoVID-19’, Policy Brief No. 8, March 2020, IGR.

Richards, P. (2016) ‘Ebola: how a people's science helped end an epidemic’, Zed Books Ltd.

Transform Nutrition West Africa, Covid-19, Food And Nutrition In West Africa: Potential Impacts And Resources, April 14th 2020, URL: https://a4nh.cgiar.org/2020/04/14/covid-19-food-and-nutrition-in-west-africa-potential-impacts-and-resources/

Annex 1: Second update on COVID-19 Accounts



GOVERNMENT OF SIERRA LEONE
MINISTRY OF FINANCE

PUBLIC NOTICE

SECOND UPDATE ON COVID-19 ACCOUNTS

As a follow up to our Public Notice of 24th April, 2020 on the operations of the COVID-19 Special Accounts, the General Public is hereby informed that the cumulative donations paid into the COVID-19 Accounts at the Bank of Sierra Leone as at 8th May, 2020 is **Le 42,379,280,000** in the Leone Account and **US$50,000** in the Foreign Account. Total expenditure is **Le33,086,816,357** and the available balance is **Le9,292,463,643 plus US$50,000** (Less the US$ equivalent of Euro45,000 paid for air freight of COVID-19 Treatment Organic Medicine donated by the Government and People of the Republic of Madagascar) The table below provides details of donations and expenditures of the COVID-19 Activities.

COVID-19 Statement of Accounts		
	Donors	
	Receipt of funds by donor Source	Amount
A	Leone Account	(LE)
	Government of Sierra Leone	35,000,000,000
	NP (SL) Ltd	1,000,000,000
	LEONOIL	750,000,000
	Total (SL) Ltd	459,280,000
	Qcell (SL) Ltd	60,000,000
	Seawright Mining Co Ltd	1,000,000,000
	UBA Bank	1,440,000,000
	Zainab Kandeh, Honorary Consulor foR SL to Morocco	10,000,000
	GT Bank	350,000,000
	Transnational SL Ltd	10,000,000
	Mercury International	500,000,000
	Martin Michael Family	100,000,000
	Solidarity Fund	50,000,000
	NASSIT	1,000,000,000
	Andre Hope	10,000,000
	SKYE Bank	150,000,000
	Sierra Leone Insurance Commission	140,000,000
	Consular Corps in Sierra Leone	125,000,000
	IAMTECH University	50,000,000
	Sierra Leone Ambassadors/High Commissioners in Overseas Missions	175,000,000
	Total Receipt	**42,379,280,000**

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MINISTRY OF FINANCE
FREETOWN, SIERRA LEONE

B	Expenditure	(LE)
	Transfer to NaCSA	4,000,000,000
	Imprest to MOHS	3,000,000,000
	Imprest to MOHS	2,000,000,000
	Payment for 8 Ventillators	852,851,657
	Purchase of 60 Motor bikes for Military	1,230,503,400
	Purchase of 40 bikes for Sierra Leone Police	868,080,000
	Imprest to EOC for daily operations	2,000,000,000
	Transfer to MOHS IRO (1st Lockdown) 12-14 April 2020	6,091,829,600
	Purchase of 30 Vehicles and 100 Motor bikes for Districts & Central EOCs	5,928,300,000
	Payment for 30 Motor Bikes for Office of National Security	615,251,700
	Transfer to EOC (2nd Lockdown) 3-5 May 2020	6,500,000,000
	Total Expenditure	**33,086,816,357**
	Balance as per COVID (Le) bank statement as at 8th May 2020	**9,292,463,643**
	COVID USD Accounts	
	ECOWAS BANK FOR INVESTMENT AND DEVELOPMENT (including revaluation)	**USD50,000**
	Expenditure	
	Airlifting of COVID-19 Equipment	Euro45,000

Government also notes that the donation made by Guarantee Trust Bank (GTB) of **Le350,000,000 on 9th April, 2020** was paid into the Covid-19 Leone account at the Bank of Sierra Leone on the 28th April, 2020.

The public is re-assured that all expenditures relating to COVID-19 will be effected from the above mentioned Accounts, only when authorized by the sole requesting Authority, the National Emergency Operations Center, and in accordance with the Public Financial Management Act, 2016.

On behalf of the Government of Sierra Leone, we wish to extend our sincere thanks and appreciation to all donors and encourage the general public to continue to support Government in the fight against COVID -19.

MINISTRY OF FINANCE
FREETOWN, SIERRA LEONE

Sahr L. Jusu
Financial Secretary
8th May, 2020

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