Situation Overview

As of 31 October 2020 – thirty-one weeks into the COVID-19 outbreak in Sierra Leone -- there were 2,366 confirmed COVID-19 cases, 74 deaths and 1,800 recoveries. The overall Case Fatality Rate (CFR) remained steady at 3.1 per cent. In persons over 60 years of age, the CFR remained significantly higher at 15.8 per cent. Of the 74 recorded deaths, 68 per cent were male and 32 per cent female.

Total number of COVID-19 tests conducted through 31 October was 57,747 (7.53/1000 population). Over 60 per cent of all reported cases are in Western Area Urban and Rural districts (in and around the capital of Freetown). High case load in these districts directly correlates with the population density but may also be an indication of where health services are most easily accessed and trusted. Other districts with high attack rates are Bo, Kenema and Port Loko.

Due to the slowing trend of COVID-19 cases since the outbreak began, the Government of Sierra Leone lifted the 11pm-5am curfew on 26 October for a period of four weeks, after which the situation will be reassessed for case trends. However, all other COVID-19 related regulations remain in place.

UNICEF Highlights

- UNICEF and the Japan International Cooperation Agency (JICA) teamed up to support the Ministry of Health and Sanitation (MoHS) in rolling out a training for 1,800 nurses and other health workers across the country to ensure continued essential health and nutrition service delivery in the context of COVID-19.
- UNICEF, in collaboration with the World Health Organisation (WHO) and the World Bank, supported the MoHS in drafting a COVID-19 vaccination (COVAX) deployment and readiness plan in preparation for the future introduction of COVID-19 vaccines.
- UNICEF drilled an additional five boreholes in PHUs across Port Loko, Bombali, and Bo districts; altogether 10 boreholes have now been drilled.
- 540 civil society members from the KOMBRA and SUNI networks were mobilized to discuss issues around promotion of key behaviours on COVID-19, essential health practices and access to services
- UNICEF supported participation of Risk Communication and Social Mobilisation (RCSM) pillar members in the Manor River Union (MRU)-coordinated joint simulation exercise at the Sierra Leone-Liberia border to support the upcoming re-opening of land borders.

1 Ministry of Health and Sanitation (MoHS) COVID-19 situation report (sitrep) no. 215, 31 October 2020, 3pm.
As of 31 October, 13,218 people have received psychosocial support (PSS).

UNICEF and partners have scaled up safe spaces programming targeting adolescent girls with life skills. In October, mapping and identification of girls was completed and 11,683 girls registered based on a priority needs basis.

A training on Grievance Redress Mechanism (GRM) is being developed by UNICEF, the Ministry of Social Welfare (MSW), Anti-Corruption Commission (ACC) and National Commission for Social Action (NaCSA) for community monitors to record grievances, psychological first aid and reporting mechanisms for Gender-Based Violence (GBV) cases.

UNICEF’s COVID-19 Response

Health, Nutrition and HIV

UNICEF continues to support the MoHS in sustaining access and demand for quality essential health and nutrition services through the development of standard operating procedures (SOP) and guidance notes for health workers, capacity building, provision of supplies and equipment, including Personal Protective Equipment (PPE) and Infection Prevention Control (IPC), and social mobilization.

During the reporting period, UNICEF and JICA supported the MoHS in roll out of the training for 1,800 nurses and other health workers across the country (930 supported by UNICEF and 870 by JICA) to ensure continued essential health and nutrition service delivery in the context of COVID-19, with special attention to screening, triage, referral and IPC. Sessions on modification to service provision specifically for immunization, reproductive and maternal health, child health, and nutrition are covered in the training. The training for primary health care workers in all periphery health units (PHUs) nationwide will commence in November.

A total of 2,500 pieces each of brochures on breastfeeding and complementary feeding in COVID-19 context along with 1,500 posters on breastfeeding in COVID-19 context were distributed nationwide to support nutrition education and counseling by trained health workers and community health workers.

UNICEF-supported COVID-19 procurement has been progressing well. During the reporting period, technical evaluation of Expression of Interest for supply and commissioning of oxygen plants was conducted. This will be followed by Request for Proposal process.

As the country prepares for future introduction of COVID-19 vaccines, UNICEF, in collaboration with WHO and the World Bank, supported the MoHS in drafting of the COVAX deployment and readiness plan.

Water, Sanitation and Hygiene

In October, UNICEF drilled an additional five boreholes in PHUs across Port Loko, Bombali, and Bo districts using COVID-19 response funds from the UK Foreign, Commonwealth and Development Office (FCDO). Altogether since June, a total of 10 boreholes have been drilled. All successful boreholes are undergoing pumping tests and other completion processes. UNICEF will continue with technical feasibility assessments, and construction work in the remaining targeted locations to reach the overall target of 41 healthcare facilities.

In collaboration with the MoHS, UNICEF has commenced the distribution of WASH/IPC supplies, including plastic buckets (with lids), plastic cups, and soap for handwashing to households as part of the COVID-19 response across districts. The distribution is being done through five implementing partners targeting a total of 4,000 families (estimated 24,000 people including children and women) across five districts. The exercise aims to increase the capacity of vulnerable households to protect themselves against the spread of COVID-19.

In collaboration with MoHS and the Ministry of Basic and Senior Secondary Education (MBSS), UNICEF reached 13,145 primary and secondary school children (6,491 boys and 6,654 girls) with COVID-19 awareness and prevention messages in 27 schools (six secondary and 21 primary schools) across five districts, including Western Area Urban, Falaba, Koinadugu, Port Loko and Bonthe districts. Leaflets with COVID-19 messages, buckets, soaps were distributed in all the 21 schools reached.

Risk Communication and Community Engagement (RCCE)

UNICEF and FOCUS 1000 cascaded IPC trainings on COVID-19 and essential health to all 16 districts. Five hundred forty members of the KOMBRA and SUNI networks at the chiefdom and community levels were mobilized to discuss issues
around promotion of key behaviours on COVID-19, essential health practices and access to services. Specific focus was placed on communication skills and engagement strategies of key community mobilizers, i.e. religious leaders, traditional healers, market women, media representatives and civil society organisation (CSO) members of the network to scale up and sustain mobilization in districts.

During the reporting period, UNICEF and the Inter-Religious Council for Sierra Leone (IRCSL) also resumed quarterly meetings with religious leaders’ district coordinators. The meeting helped reiterate the important role play by religious leaders in maintaining prevention behaviours in congregations – including social distance and masks wearing – in a context of lifting of restrictions, while also looking more closely at issues GBV, early childhood development and reopening of schools. Finally, UNICEF supported participation of RCSM pillar members in the MRU-coordinated joint simulation exercise at the Sierra Leone-Liberia border to support the upcoming reopening of land borders.

Education
All primary through senior secondary schools across the country re-opened on 5 October 2020 guided by the School Guidance and Safety Protocols developed by the MBSSE. As previously reported, a total of 984 trainers were trained in implementation of the School Guidance and Safety protocol with support from UNICEF. With support from the World Bank, the training was then cascaded at the district level, benefitting an estimated 23,000 teachers in all 16 districts in Sierra Leone.

UNICEF provided individual learning materials to 226,222 primary school children in seven districts and conducted joint monitoring of the distribution of handwashing stations and teaching and learning materials in seven districts. Altogether, 1,154 primary schools benefitted from the provision of 2,322 handwashing stations in eight districts with the highest COVID cases (Port Loko, Bo, Kenema, Bonthe, Tonkolili, Kono, Western Area Urban and Western Area Rural) and an additional 387 primary schools received WASH support which included soap and buckets with taps and lids.

The Teaching Service Commission continued to provide basic lessons on the national radio teaching programme. The MBSSE and the TSC have planned to continue the radio teaching programme for the provision of remedial and catch-up classes.

Child Protection
As of 31 October, 13,218 individuals have received psychosocial support (PSS), with an additional 3,531 people reached during the reporting period.

UNICEF, in partnership with the National Secretariat for Reduction of Teenage Pregnancy (NSRTP) and other partners, continued airing radio programmes to disseminate key information on protecting adolescent girls during COVID-19 (including messages on prevention of GBV, teenage pregnancy and child marriage). The interventions are strategically planned to target all 16 districts in Sierra Leone with an estimated listenership of 50,000 people per quarter. In the month of October, UNICEF targeted six of these districts.

Together with CSO partners, UNICEF has scaled up safe spaces programming targeting adolescent girls with life skills. The intervention was initially delayed due to challenges posed by the pandemic but has been revised and adapted to the COVID-19 context in terms of reduced group size and contact hours. Mapping and identification of girls was completed in October with 11,683 girls currently registered and priority given to those who are at risk of early marriage or already married; those at risk of early pregnancy, already pregnant, or already having children; recent school dropouts; and those with disabilities. The establishment (and rehabilitation) of the safe spaces are ongoing, with the delivery of life skills training scheduled to commence in early November.

To ensure continuous functioning of child friendly and adolescent and gender-sensitive justice services, UNICEF supported the revision and validation of the training curriculum on Legal Assistance Framework for children in contact with the law and training of 50 child justice actors (35 male, 15 female) across nine institutions (4 state operated and 5 by CSOs), to help provide legal assistance to survivors of GBV. As of 31 October, a total of 3,337 children (2,026 girls and 1,311 boys) have been provided with free legal aid, through special sessions on both criminal/ legal advice and assistance and alternative dispute resolution procedures through eight Legal Aid Board offices across the country.

Social Protection

Pre-primary schools opened on 15 September 2020.
Preparations are ongoing for payments under the COVID-19 Social Safety Net (SSN) programme, along with verification and payment under the COVID-19 emergency cash transfer (ECT) programme for households of informal workers in urban areas. UNICEF is working with the MSW, the ACC and NaCSA to prepare training for GRM Community Monitors on recording of grievances, psychological first aid and reporting mechanisms for GBV cases. The training will take place ahead of the SSN payment cycles, and will represent an opportunity for Community Monitors to get to know social workers in their local areas for further collaboration. This capacity building event is important for enabling timely resolution of administrative grievances under the SSN grievance redress mechanism.

Findings from the U-Report poll with Community Monitors who participated in targeting for the SSN and verification/payment under the ECT found that most felt well prepared for the task, and that they mostly understood their role well. Whenever they had questions, their supervisor was the first point of call. Nearly all Community Monitors had received grievances, most of them less than 25, with grievances most often concerning potential beneficiaries who failed to meet the criteria for enrollment and receipt of benefit. Several Community Monitors said they had advised any community member to report gender-based violence cases to the 116 helpline. Community Monitors reported that they had felt sufficiently protected against COVID infection throughout the exercise.

Analysis of data from the telephone survey measuring socio-economic impact of COVID-19 on households is ongoing. The survey will provide data on households’ access to social services such as health and water, children’s education and families’ livelihoods situation. Preparations for the second round are at an advanced stage, with interviewer training in progress. The questionnaire has been updated with a new child nutrition module and updated education questions to reflect the reopening of schools.

**Innovation**

During the reporting period, UNICEF, in collaboration with a software developer, deployed a dashboard at [www.eoc.dsti.gov.sl](http://www.eoc.dsti.gov.sl) that features both daily calls and case data. Charts include calls by:

- Nature - death, health information, suspected cases, sickness, health emergencies, quarantine, and referral
- Symptoms (COVID-19) - weakness, fever, difficulty in breathing, headache, muscle or joint pain, vomiting etc
- Symptoms (death) - fever, abdominal pain, muscle or joint, dry cough, diarrhoea etc
- Health information
- Summaries of suspected cases.

Further to the above, in collaboration with MBSSE, an EduTrac poll was created prior to the reopening of schools around school readiness. Questions regarding sufficiency of health and sanitary supplies, such as hand-washing stations and sanitizers, were asked, as well as questions around proper mask-wearing.

A 10th COVID-19 poll was distributed on the U-Report platform that focused on mask wearing which included questions regarding proper use of masks and enforcement of mask wearing regulations in communities.

Finally, the RapidPro platform continued to be utilised and analysed for data from Community Monitors supporting the risk communication and social mobilisation activities of the COVID response.

**Adaptations to ongoing UNICEF programmes**

During the reporting period, UNICEF signed a partnership agreement with CSO “Happy Kids and Adolescents (HAPPY)”. The aim of the partnership is to improve the quality of lives of children and adolescents living with or affected by HIV through a family centred approach to facilitate early identification of HIV positive individuals and access and utilization of HIV prevention, care and support services in the context of COVID-19. The interventions include: community/doorstep Multi Month Delivery (MMD) of antiretroviral therapy (ART) for HIV-infected children, adolescents and their caregivers; provision of 18,000 free fabric face masks to 9,000 HIV infected and affected children, adolescents, their caregivers and other vulnerable children in communities to prevent and control the spread of COVID-19 pandemic; HIV testing within the family (community index case family testing); provision of care and support (education, medical, and psychosocial) to children and adolescents living with and affected by HIV; and HIV awareness raising activities, which integrates COVID-19 related messages.

In Sierra Leone, during COVID-19 pandemic, other common illnesses such as malaria, pneumonia, and diarrhoea continue to be the main killers of young children. In a bid to revitalize integrated management of newborn and childhood
illnesses (IMNCI) programme in the country, UNICEF supported the MoHS in updating and printing IMNCI guides, registers and job aides as well as strengthening the capacity of health workers. During the reporting period, 27 national IMNCI mentoring and coaching facilitators and 127 district IMNCI mentors were trained.

In line with the COVID-19 prevention and safety protocols, UNICEF supported the relevant ministries (MoHS and MBSSE) in the commemoration of Global Handwashing Day in 21 schools, training of WASH Committees and facilitated community level meetings.

Humanitarian Leadership and Coordination
UNICEF attends national coordination through the Public Health National Emergency Operations Centre (PHNEOC) and district level coordination through the District Emergency Operations Centres (DEOCs).

UNICEF continues to support the MSW to coordinate child protection-related COVID-19 response in the framework of the Psychosocial Pillar. During the reporting period, the Pillar met to discuss plans for scaling down the social workers allotment and presence considering the national plan to reduce the intensity of COVID-19 response communicated by NACOVERC and concentrate on district-level response and institutionalization of the response within line ministries. UNICEF is supporting the transition discussions and monitoring of implementation of this planned scale down.

In related developments, a positive milestone was achieved in terms of social workforce strengthening during the reporting period, as MSW received concurrence from the Ministry of Finance and the Human Resource Management Office to recruit 280 staff according to the Human Resource Development Strategy developed with support from UNICEF. Recruitment will commence in 2021. UNICEF is providing technical and financial support to launch the Human Resource Strategy and consultative meetings with stakeholders at national and decentralized levels.

As a co-chair for Nutrition cluster, UNICEF supported the process of updating and extending the Nutrition Cluster Response Plan up to 2021. The consultation is still on-going among cluster members for finalization of the plan. Planned integration of vitamin A supplementation and deworming interventions into IPV and routine immunization catch-up campaign in the first quarter of 2021 is captured in the draft response plan.

As UNICEF procures most of the COVID-19 supplies on behalf of the Government of Sierra Leone, UNICEF continued to provide the procurement update to the Medical Logistics Pillar in its weekly meetings.

Finally, UNICEF continued to co-chair the WASH Pillar meetings together with the MoWR and made significant contributions to the preparations for the Finance Ministers Meeting (FMM) on Sanitation and Water for All (SWA).

Supply and Logistics
The delivery of the World Bank and FCDO-funded supplies increased dramatically in the third quarter of 2020, with more than 80 per cent of requested supplies handed to the Government of Sierra Leone by the end of October 2020.

Commercial air travel increased, and long-awaited shipments of laboratory reagents and accessories arrived in country, some of them requiring extreme temperature control of up to –70˚C. The latter shipment was cleared from the airport in collaboration with the MoHS’ Expanded Programme for Immunisation (EPI), which made available the relevant temperature-controlled vehicle to transport the goods from the airport.

Requests for UNICEF’s Procurement Services increased sharply in October. Currently there are seven different Requests for Cost Estimates in the pipeline, one of which had been accepted by the Government. The estimated value of these procurement services is US$3 million.

Media and External Communications
In support of the safe schools reopening advocacy agenda led by the MBSSE, UNICEF hosted an hour-long virtual panel discussion, which sensitized local and global audiences on current steps to keep the school environment safe for learning during COVID-19.

The panelists included the Hon. Minister of Basic and Senior Secondary Education, Hon. David Sengeh, UNICEF Representative, Dr. Suleiman Braimoh, representative of the Teacher’s Union and two school children – all of whom re-emphasized the advantages of opening schools during these times of the COVID-19 pandemic. The discussion also
helped raise awareness on the critical role that parents, teachers and the students can play to ensure that schools are safe for learning. The panel discussion was livestreamed on the UNICEF and MBSSE Facebook pages. It was also transmitted live a main national TV station, AYV, to ensure a wider audience reach.

Visibility for the safe schools reopening was also enhanced with the local sharing of the regional press release “Only 1 in 3 countries ready to receive children safely in schools in West and Central Africa”, which was shared with local media. UNICEF Sierra Leone subsequently contributed the names of resource persons to be interviewed for a story that was published in the Guardian Newspaper. UNICEF’s voice was also added to an article on the impact of COVID-19 on child marriage. This article was published in a Spanish based newspaper, Planeta Futuro.

Audiences also continued to be sensitized on COVID-19 prevention measures through global observances, such as International day of the Girl and Global Handwashing Day (GHWD). These days were commemorated through a series of visuals and messages to highlight the ongoing impact of COVID-19, while a press release on GHWD was published on the UNICEF Sierra Leone website and distributed to local media.

UNICEF Sierra Leone also contributed to the UNICEF Global human interest story published on International Day for the Eradication of Poverty, which demonstrated how cash transfers, including the targeted emergency cash transfers in Sierra Leone, have helped to address multidimensional poverty heightened due to COVID-19.

### Funding

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding requirements US$</th>
<th>Funds available US$</th>
<th>Funding gap US$</th>
<th>Gap %</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCCE</td>
<td>600,000</td>
<td>448,355</td>
<td>151,645</td>
<td>25%</td>
</tr>
<tr>
<td>WASH &amp; IPC</td>
<td>6,700,000</td>
<td>6,582,349</td>
<td>117,651</td>
<td>2%</td>
</tr>
<tr>
<td>Health, Nutrition and HIV</td>
<td>6,500,000</td>
<td>6,469,118</td>
<td>30,882</td>
<td>0%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>200,000</td>
<td>-</td>
<td>200,000</td>
<td>100%</td>
</tr>
<tr>
<td>Education</td>
<td>3,500,000</td>
<td>528,543</td>
<td>2,971,457</td>
<td>85%</td>
</tr>
<tr>
<td>Social Protection &amp; Evaluation</td>
<td>1,500,000</td>
<td>102,600</td>
<td>1,397,400</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19,000,000</strong></td>
<td><strong>14,130,964</strong></td>
<td><strong>4,869,036</strong></td>
<td><strong>26%</strong></td>
</tr>
</tbody>
</table>

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### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>2020 target</th>
<th>Total results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Communication and Community Engagement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging</td>
<td>3,700,000</td>
<td>3,300,000</td>
</tr>
<tr>
<td># of people engaged on COVID-19</td>
<td>500,000</td>
<td>593,804</td>
</tr>
<tr>
<td># of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms</td>
<td>5,000</td>
<td>2,577</td>
</tr>
<tr>
<td># of key leaders and platforms supported actively engaged to role model and promote preventive and protective behaviours</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>WASH and IPC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of healthcare facilities receiving improved WASH services (district hospitals/peripheral health units)</td>
<td>20/30</td>
<td>0</td>
</tr>
<tr>
<td># of people in high-risk communities receiving WASH services</td>
<td>50,000</td>
<td>0</td>
</tr>
<tr>
<td># of people reached with critical WASH supplies (including hygiene items) and services (high level indicator)</td>
<td>250,000</td>
<td>45,492</td>
</tr>
<tr>
<td># of high-risk communities with hand washing with infection control messages</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td># of healthcare workers within health facilities and communities provided with Personal Protective Equipment (PPE)</td>
<td>15,500</td>
<td>345</td>
</tr>
<tr>
<td># of healthcare facility staff and community health workers trained in IPC</td>
<td>15,500</td>
<td>377</td>
</tr>
<tr>
<td><strong>Health, Nutrition and HIV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of healthcare providers trained in detecting, referral and appropriate management of COVID-19 cases</td>
<td>2,500</td>
<td>2,813</td>
</tr>
<tr>
<td># of hospitals equipped with oxygen plant</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td># of children 6-59 months admitted for treatment of severe acute malnutrition (SAM)</td>
<td>39,000</td>
<td>15,119</td>
</tr>
<tr>
<td># of children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities</td>
<td>1,760,000</td>
<td>2,162,770</td>
</tr>
<tr>
<td># of caregivers reached with IYCF messages/recommendations in COVID 19 context</td>
<td>575,000</td>
<td>340,881</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children supported with distance/home-based learning</td>
<td>1,500,000</td>
<td>Data not available</td>
</tr>
<tr>
<td># of schools receiving WASH supplies</td>
<td>1,200</td>
<td>1,541</td>
</tr>
<tr>
<td># children receive individual learning materials</td>
<td>230,000</td>
<td>226,222</td>
</tr>
<tr>
<td># of people reached on COVID-19 through messaging on prevention and access to services</td>
<td>1,600,000</td>
<td>679,898</td>
</tr>
<tr>
<td># of teachers trained to provide alternative learning including PSS to reach 60,000 children</td>
<td>2,000</td>
<td>28,467</td>
</tr>
<tr>
<td><strong>Child Protection and GBV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, parents and primary caregivers provided with community based mental health and psychosocial support</td>
<td>10,000</td>
<td>13,218</td>
</tr>
<tr>
<td># of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse</td>
<td>3,700,000</td>
<td>3,462,689</td>
</tr>
<tr>
<td># of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors</td>
<td>350</td>
<td>463</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support</td>
<td>64,000</td>
<td>28,921</td>
</tr>
</tbody>
</table>

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3 Results presented above are as of 14 October 2020 and duly reflected in UNICEF Global Reporting sitrep no. 11.