

# Report of Assessment Survey on COVID-19 Emergency Response



**Location**  
**Western Urban District - Freetown.**

## **Assessment Overview**

Sierra Leone recorded its first confirmed case of COVID-19 on 31st March 2020. To curtail the spread of the disease across the country, the government declared a 12 months state of public emergency which started from 25th March 2020 and a 3-day countrywide lockdown was carried out. Furthermore, a countrywide curfew (9:00 pm-6:00 am) was instituted in addition to a district lockdown to prevent inter-district movements of people except for essential services which commenced on the 20th May 2020.

Like the Ebola outbreak, the COVID-19 pandemic has posed huge challenges on the socio-economic status of a country with already low educational outcomes, increase in food insecurity characterized by low production, depleted household food stocks, high inflation, increasing food prices and challenging access to the market.

Since the confirmation of the index case in the country, all primary, secondary and tertiary institutions were immediately closed indefinitely. This hugely disrupted learning for over 2.6 million young Sierra Leoneans whose schools are currently closed. On 9th June 2020, the Ministry of Basic & Senior Secondary Education (MBSSE) convened a consultative meeting and announced temporal reopening of schools on 1st July 2020, to allow registered students in public examination classes (the West African Senior Secondary Certificate Examination (WASSEC), the Basic Education Certificate Examination (BECE) and National Primary School Examinations (NPSE)) to sit for the public examinations. Schools will remain open for six weeks so that these students can prepare for and do their exams.

As part of WASH-Net commitment to the nation's development and contribution to a safe reopening of schools, the network in partnership with its member institutions conducted a comprehensive assessment of the status of water, sanitation and hygiene facilities in school, health care centers (mainly PHUs) and communities in the Western Urban District in Freetown. The assessment was therefore part of the wider measures instituted by the government to ensure safe reopening of schools and enhance continued safety of communities. This report therefore provides a summary of the key activities completed and findings of the assessment.

## **Purpose of the assessment**

The primary purpose of the assessment were as follows:

- Assess the availability of WASH facilities/kits and current practices in targeted communities, schools and PHU's to determine types of supports required
- Raising on-the-spot awareness on the adherence and compliance to government Covid-19 regulations and practice

- Gauge current community perceptives and challenges faced regarding response and inform stakeholders on potential areas for collaborative interventions
- Further engage with other institutions which provided supports at the community level in the course of the response effort

### **Assessment Methodology**

To ensure timely completion of the exercise, three teams were set to quickly conduct the assessment. The assessment was conducted using a mix of data collection techniques that includes both focus group discussions and individual interviews with key stakeholders and informants. The FGD's were conducted with mixed groups of community people to gather information on their perception on the current state or availability of WASH facilities/kits and practices in their communities, schools and PHUs in their locations. Also, individual interviews were conducted with key stakeholders/informants in the communities, school authorities and teachers, and PHU staff to also explore the availability of WASH facilities/kits and practices in communities, schools and at PHUs. On average, the interviews took between 30 to 35 minutes per person or group.

### **Data analysis and management**

Since the assessment was urgent and report is needed quickly to inform WASH-Net and partners on the types of WASH support package required in communities, PHUs and more specifically in schools during reopening, the information/data collected in the questionnaires were mainly analyzed using thematic groupings/coding. This provided the assessment team to quickly understand the different needs of beneficiary communities, schools and PHUs.

### **Communities targeted and Teams assigned**

<b>Team</b>	<b>Name of Members</b>	<b>Communities Covered</b>
<b>1</b>	1. Samuel Bangura 2. Theresa Ganda 3. Mayeanie Sesay	1. Dwazark 2. George Brooks 3. Tree Planting 4. Regent 5. Hill Top
<b>2</b>	1. Shaka Kamara 2. Kadiatu Conteh 3. Allieu Bah	1. Susans Bay 2. Culvert community

		3. Wellington (old wharf community) 4. Calaba town (Fulla town community).
<b>3</b>	1. Patrick Pokawa 2. Richard Nelson Caulker 3. Sylvia Allen 4. Adama Kargbo 5. Musu Sesay	6. Baoma 7. Brookfields 8. Gray Bush 9. Accession town

**Summary of key finding**

- 1) Information\data gathered reveals that WASH facilities/kits are generally absent in majority of the communities, schools and PHUs that were assessed. Most of them do not have good toilet facilities, garbage disposal sites and improved water sources.
- 2) Majority of the assessed communities, schools and PHUs do not have functioning hand washing stations/kits and therefore do not have water and soap for regular hand washing. The lack of these basic services has compromised their ability to adhere to one of the main COVID-19 preventive measures.
- 3) There is generally low levels of community peoples’ knowledge and awareness on the correct and appropriate preventive measures of COVID-19 prevention
- 4) Some health facility (PHU`s) do not follow the COVID-19 prevention practices of hand washing or the use of sanitizers and face mask at their centers. This has the potentials to put at greater risk or expose other service uptake visitors.
- 5) Majority of the schools assessed do have the hand washing station/buckets but are without soap and clean water for regular hand washing.

**Opportunities Identified**

- The major opportunity identified during the assessment process is that there is increased community stakeholders willingness for collaboration and corporation for any potential inventions in their respective communities.

- Young people are also willing to lead community education and sensitization efforts on COVID-19 prevention and response measures in their respective communities.

### **Conclusion and Recommendations**

The overall assessment exercise was excellent and timely as it has provided WASH-Net and partners with an insight to the current state of WASH facilities and practices in the project targeted communities. But most importantly, the exercise has helped WASH-Net to understand the type of support that is required by communities, PHUs and in schools as they are set to temporarily reopen for children in public examination classes.

### **Key recommendations**

- 1) WASH-Net and partners to urgently provide a complete need-based WASH facilities/kits in the targeted project communities, schools and PHUs that were assessed. The package should include provision of hand washing stations/buckets, soap and sanitizers which are essential for the safe reopening of schools.
- 2) Motivate community leaders/members, PHU staff and school authorities to regularly provide clean water in the hand washing stations/buckets to enhance regular hand washing practices.
- 3) WASH-Net and partners to design and implement structured community sensitization campaigns in the assessment communities in conformity with the government COVID-19 prevention and response measures
- 4) Health facility (PHU) should implement COVID-19 prevention practices of hand washing or the use of sanitizers and face mask at their centers.
- 5) Strengthen multi-sector coordination to enhance and support sustainable water sanitation hygiene practices in the assessment communities.
- 6) Finally, the Ministry of Basic & Senior Secondary Education (MBSSE) to work with both communities and school authorities to ensure a safe return of pupils to school through collaboration and collective actions. They should develop and share safety protocols, communication of safe behaviours in schools, develop and print IECS materials for teachers to ensure safety at school (Standard Operating Procedures, guidelines on school safety protocol etc.) and ensure robust monitoring for adherence to standards.