Freetown City Council COVID-19
Preparedness and Response Plan

Working in support of and in collaboration with National Government

Issued 20\textsuperscript{th} March 2020, Updated 27\textsuperscript{th} April 2020
Objectives of document

Context of COVID-19 outbreak

Specific challenges for Freetown

Key lessons from Ebola response

FCC preparedness and response plan
COVID-19 is a virus with mainly respiratory symptoms that spreads via droplets

What is COVID-19?
- Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases
- COVID-19 is a new strain that was discovered in 2019 and had not been previously identified in humans

How is it spread?
- The virus is spread mainly through droplets between people who are in close contact with one another, or by touching a surface or object that has the virus on it and then touching your own mouth, nose or eyes

What are the symptoms?
- Common signs of infection include fever, dry cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death

How can I stay safe?
- Wash your hands with soap and water or use alcohol-based hand sanitizer regularly
- Cover your mouth and nose with bent elbow or tissue when you cough or sneeze – dispose of the used tissue immediately
- Practice social distancing - don’t shake hands and try to stay two meters away from other people
Quick detection, contact tracing and strict quarantine measures have proven successful in containing COVID-19 in other countries.

Goal of COVID-19 interventions

- Interventions to slow the spread of the disease are critical to ensure the healthcare system capacities are not over-burdened
- Interventions adopted to date include a variety of protective measures and can vary strongly in their level of restrictiveness
- Interventions include, among others, promotion of handwashing and social distancing, wide-spread testing, travel bans, lock-downs etc.

Examples of successful containment strategies

South Korea:
- Extensive testing
  - Make-shift test centres near areas with many infections
  - COVID-19 drive-through testing facilities
  - Establishment of laboratories that can perform up to 20,000 tests a day
- Social distancing
  - School closures and cancellation of large events (though no lock-down)

Singapore:
- Quick detection and diagnosis
  - Tracking detailed GPS data from phones
  - For each new case, specific contact tracing teams were deployed
- Strict quarantine
  - Including home quarantine, with location checks 2x/day through a phone message
  - Breaches attract stiff penalties, including jail terms
- Government transparency
  - Daily phone updates on new cases, recoveries and health advisories

Source: Centers for Disease Control and Prevention (CDC); The Economist
Objectives of document

Context of COVID-19 outbreak

Specific challenges for Freetown

Key lessons from Ebola response

FCC preparedness and response plan
Freetown has existing challenges that adversely impact implementation of recommended COVID-19 preventive measures.

**Freetown by numbers**

- **1.2m**: Population of Freetown based on 2015 census; home to >15% of national population but represents <0.1% landmass. Population is growing at 4.2% per annum fueled by rural migration.
- **8,450**: People per square km; similar to Varanasi, India and one of the most crowded cities in the world\(^1\). Increasing population growth has placed significant pressure on the environment, housing and sanitation infrastructure.
- **68**: Informal settlements in Freetown, housing approximately 35% of population that live and trade in very dense conditions making social distancing more challenging.
- **47%**: Of population live without direct access to running water increasing existing vulnerabilities in an outbreak which requires handwashing.
- **<1 $/day**: Available family income per day for about 30% of population, with over 60% of youth unemployed or underemployed.

**Consequence in context of COVID-19**

- Main guidance for preventive measures against COVID-19, i.e. handwashing and social distancing, is very hard to follow for large part of population in Freetown, due to densely populated communities, markets and public spaces and the lack of access to water.
- The reserve capacities of Freetonians (i.e. available savings and/or food stocks) are very limited or non-existence, which would make enforcing a lockdown of the city more difficult than in other contexts.

Freetown will likely face enormous resource gaps to effectively deal with COVID-19 transmission, even with containment measures in place.
Objectives of document

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<th>Context of COVID-19 outbreak</th>
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<tr>
<td>Specific challenges for Freetown</td>
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<tr>
<td>Key lessons from Ebola response</td>
</tr>
<tr>
<td>FCC preparedness and response plan</td>
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</tbody>
</table>
Key lessons from the Ebola response informed the development of the FCC COVID-19 preparedness and response plan

- **Strong leadership, clear reporting structures** required for effective & fast decision making, accurate information management, and accountability for actions and public communications.

- **Community ownership** in organizing and executing response interventions is critical to ensure that behavior change is accepted, internalized and sustained.

- **Tracking & isolating the virus** is key to containment so effective contact tracing, quarantines and potentially effective lockdowns are critical elements of a response plan.

- **Closing the gap** between approved protocols and on-the-ground practices require clear procedures, controls and regular monitoring.

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Command & Control

Community Ownership

Track & Isolate

Protocol vs Practice
Objectives of document

- Context of COVID-19 outbreak
- Specific challenges for Freetown
- Key lessons from Ebola response
- FCC preparedness and response plan
To ensure that the **cases of transmission** of COVID-19 in Freetown **remain at minimum** and that Freetown City Council interventions are aligned with national government guidelines, interventions and restrictions for COVID-19
FCC COVID-19 preparedness & response plan consists of 3 strategic elements that support the National Government response.

1. Behavior change messaging
   - Ensure Freetonians are adequately informed about risks and symptoms of COVID-19
   - Raise awareness of preventive and response measures to be taken by Freetonians – adoption will require widespread Behaviour Change
   - Disseminate messaging through significant and local influencers to engender community ownership

2. Behavior change support
   - Ensure provision of water in public spaces such as markets and PHUs
   - Adopt policies such as market and street trading restrictions to support implementation of social distancing
   - Support urban farming to improve food security in informal settlements
   - Adjust city sanitation and cleaning regimes to protect staff and reduce transmission risks

3. Isolation & containment support
   - Collaborate through DHMT re wharf and community monitoring and provision of community intelligence re suspect cases and contacts in Freetown
   - Collaborate with DHMT re contingency planning for additional quarantine and other relevant facilities

Supporting Social Mobilisation Pillar…

Supporting Logistics Pillar…

Supporting Surveillance & Case Management Pillars…
The plan was originally laid out to address the relevant changes that could possibly occur in various phases of the response.

**Behavior change support**

1. Behavior change messaging
2. Isolation & containment support

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**Any confirmed COVID-19 cases in Sierra Leone?**

- Yes
  - **2.** Adjusted *sanitation & cleaning* regime
    - Support for *urban farming* for improved food security
  - **2.** Food delivery provision to the most vulnerable communities
    - Facilitate production and distribution of *locally made face masks*

- No

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**Additional restrictive measures enacted by GoSL (e.g. lock-down)?**

- Yes
  - FCC Phase 3
- No
  - FCC Phase 2

**All response phases have now merged**

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**FCC Phase 1**

**FCC Phase 2**

**FCC Phase 3**
Swift and effective behavior change messaging is crucial to ensure preparedness for COVID-19

**Strategic elements**

**Activities to be conducted at scale**

- **Using approved MOHS messaging**, production of **content (visual & audio) in Krio**, with animations on transmission of virus, handwashing and social distancing
- Fostering **community ownership** via dissemination of content through **significant influencers, particularly in informal settlements**
  - Ward councilors, ward development committee (WDC) members
  - Inter-religious council and local religious leaders
  - Disabled persons associations
  - Market chairpersons, Youth leaders, Mammie queens, tribal heads and sub-chiefs
  - Private sector organizations and unions
- Dissemination of message to more Freetown residents through **traditional and non-conventional media**
  - WDC criers walks with megaphones in all 322 zones
  - Twice weekly TV/YouTube series with nuanced messaging on daily issues impacting and impacted by COVID19
  - Audio content shared via whatsapp, radio, commercial vehicles, and in small gathering venues (e.g. ataya bases, hairdressers etc)
  - Visual content regularly shared via whatsapp, LED & regular billboards, etc
  - Appropriate mapping and information sharing apps
With DHMT training, Zonal Level community sensitization now being conducted by Councilors & Ward Development Committee members

- **Freetown has 322 zones in 48 wards**
- **Target for engagement is 200 persons per zone per day over 5 weeks**
- **Community engagement coordinators collect data on an app and report to FCC daily**
- **Two independent baseline assessments and a KAP survey to be conducted to measure impact and inform focus of next phase of community engagement**
- **The trained Ward Development Community members will remain as valuable resources beyond this engagement**
Next phase of community ownership will be enhanced by sector specific and special interest group focused engagement.

**Citywide community engagement will continue for 4 weeks with additional members trained**

- Ward Councilor
- Community Health Worker (CHW)
- 2 Ward Development Committee members
- Tribal Leader
- Youth Leader
- Mammy Queen
- Religious Leader
- 2 other significant influencers

50% of team members to be women

**And sector specific/special interest groups targeted**

- Inter-religious Council
- Ebola Survivors Association
- Persons Living with Disability
- Traders Council
- Slum Dwellers Association
- Motor Drivers Union
- Kekeh Drivers Union
- Okada Drivers Union

480 Community Outreach Team Members

8 Sector specific or special interest groups

Ongoing stakeholder mapping will inform COT membership choice.

Data collection will continue and further assessments and KAP surveys will inform strategy.

Community Outreach Team ("COT") composition

Community outreach methods to be determined with relevant organisations.
Facilitating regular handwashing and wearing of masks are key components of supporting behavior change

- **Purchase and distribution of handwashing stations and veronica buckets** to most high risk and vulnerable target groups – 74 Peripheral Health Units (PHUs), 42 markets and 68 informal settlements
- Confirmation of water supply constraints and **provision of regular water supply to markets, PHUs, informal settlements** to ensure that the handwashing stations and veronica buckets provided can be used for hand washing.
- This includes **installation of > 80 water tanks** (where required) and scheduling and paying for **water bowser deliveries**.
- **Rainwater harvesting systems being installed all 68 informal settlements** will provide sustainable water supplies for during and post the outbreak
- Locally produced masks have been provided to over 10,000 traders and the intention is to distribute 120,000 masks (10% of Freetown population) to traders, persons with disability and transport workers
Water needs to be provided in key public spaces to facilitate hand washing for a large percentage of Freetown’s population.

**Public facilities**

- **Markets**
  - Water tank: 10
  - No water supply: 21
  - Total: [VALUE]
  - Out of which 18 have Veronica buckets

- **Public Health Facilities (PHUs)**
  - Water tank: 8
  - Guma pump: 28
  - Solar borehole: 8
  - Water trunking: 23
  - Local well: 5
  - Hand pump: 2
  - Total: [VALUE]
  - Inadequate water supply

- **Informal Settlements**
  - Borehole
  - Other water supply
  - No water supply
  - Total

*Data currently being collated and verified*
To ensure that behaviors actually change, handwashing & social distancing must be enabled via practical support

**Strategic elements**

**Phase 2 and Phase 3 have merged as lockdowns instituted in same week that the first case was confirmed**

**FCC Phase 2**

- **Food delivery provision** during lockdowns
  - Ensuring community kitchens or cash transfers (in collaboration with NACSA) provided for the most vulnerable in informal settlements
  - **Targeting** the elderly, pregnant women, women headed-households and persons with disabilities

- **Support for urban farming** for improved food security
  - The informal settlements of Freetown will be supported with utensils and inputs to grow own vegetables
  - Training on urban farming to be provided by Extension Officers
  - Ward Councillors select **youth groups** that can provide additional support on farming

**FCC Phase 3**

- Provide emergency interventions for PHUs, private health facilities, markets and disaster response teams
  - Upgrade 5 PHUs to BEMoNC for community maternal services) to ensure ongoing non-COVID health services available
  - Conduct intensive emergency response training for PHU health care workers, council staff, etc. to ensure sustainable capacity building

- Support for Aberdeen Women’s Center for food & hygiene packages and drugs & medical supplies

- Ensure adjusted market operations to facilitate social distancing
  - Re-organisation of market stalls and introduction of enforcement staff
Further lockdowns in Freetown will have adverse effects on food security for most vulnerable – cash transfers are being organized

- FCC already partnered with CRS, FEDURP\(^1\) / CODOHSAPA\(^2\) and CARITAS Freetown to provide food vouchers to 35,000 (i.e. 25% of the 140,000 persons living in the ten most vulnerable informal settlements) vulnerable persons in Freetown during the first 3-day lockdown

- With World Bank and other donors, FCC is now working with NACSA to implement cash transfers targeting the most vulnerable informal sector traders, many of whom also live in informal settlements

- This will support local markets and address food insecurity – markets are functioning at normal levels with adequate stocks and accessibility to meet beneficiary needs, therefore restricted unconditional food vouchers are an appropriate response modality

1 Federation of the Urban and Rural Poor
2 Centre of Dialogue on Human Settlement and Poverty Alleviation
Urban farming will increase compliance & resilience of informal settlement communities when lockdown measures are in place

**General concept urban farming**

**Kick-off and training**
- **Training on urban farming** will be led by **Extension Officers** to groups of communities from within the informal settlements.
- Additionally, **Ward Councilors and FCC staff** will ensure that youth groups are available within the informal settlements to provide support to the new urban farmers.

**Operational**
- After having received the adequate **training the community members** will obtain vegetable seeds, holding devices (e.g. pots or tires) and soil.
- A **facilitated access to water** (outside of rainy season) will be ensured for the communities.

## Input products for urban farming

<table>
<thead>
<tr>
<th>Seeds</th>
<th>Holders</th>
<th>Soil &amp; tools</th>
<th>Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>At project kick-off the seeds will be offered in mixed bags – mid-term goal is to have the community reuse seeds</td>
<td>The holding equipment for urban farming needs to be small in size and reusable, it will distributed to farmers at beginning of project</td>
<td>Short-term: soil from Bomeh/Kissy (needs to be sterilized) should be provided, requires further input</td>
<td>Watering regime for cucumber, potatoe, crane crane, pepper, lettuce, beans</td>
</tr>
<tr>
<td>- Potatoe leaves</td>
<td>- 2x2 pot (wood) - for cassava, crane crane &amp; pepper</td>
<td>- Wood ashes to add potassium</td>
<td>- Dry season: twice a day</td>
</tr>
<tr>
<td>- Cabbage</td>
<td>- 2x4 pot (wood) - for potatoe tubers</td>
<td>- Urea for additional nitrogen</td>
<td>- May: once a day</td>
</tr>
<tr>
<td>- Kassava leaves</td>
<td>- Tire (16 inches)</td>
<td>- Long-term: the communities should be trained in making their own compost</td>
<td>- Rainy season: none</td>
</tr>
<tr>
<td>- Camaranth</td>
<td>- Container (5 gallons)</td>
<td>- Use a 1m deep (communal) pit</td>
<td>- Watering regime for kassava leaves, orange flesh tuber: once a day</td>
</tr>
<tr>
<td>- Crane crane</td>
<td>- Paint gallons - for pepper</td>
<td>- Wet the waste (not hard waste)</td>
<td>General amount of water: 2l per 2x2 pot per watering</td>
</tr>
<tr>
<td>- Pepper</td>
<td>- Poly bags</td>
<td>- Mix waste with soil</td>
<td>Tools will be handed out: gardening fork, watering can</td>
</tr>
<tr>
<td>- Okra</td>
<td></td>
<td>- Add wood ash for potassium</td>
<td></td>
</tr>
<tr>
<td>- Beans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cucumber</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Tomatoe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lettuce</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Garden eggs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Orange flesh tuber (sweet potatoe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behavior change support**
- **Isolation & containment support**
- **Behavior change messaging**

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1 2 3
To prevent a disaster within a disaster, waste management and flood mitigation activities will be prioritised.

### Phase 2 and Phase 3 have merged as lockdowns instituted in same week that the first case was confirmed

<table>
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- **Adjusted sanitation & cleaning regime**
  - Temporarily **discontinue 525 street sweepers** as >80% are vulnerable (women over 50 years old)
  - Replace street sweepers with **existing Tricycle Micro Enterprises**
  - Cover cost and use FCC staff and Micro Enterprises for **all household waste collection**
  - Liaise with DHMT to support **improved medical waste management**
  - **Conduct regular disinfection** of markets and public spaces informal communities

- Ensure **flood mitigation** are undertaken for cleaning of storm waterways, culverts and bridges
### Sanitation emergency response areas

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current street sweepers (generally women over 55 years old and therefore high risk for COVID) will be paid half a month’s salaries for 5 months as compensation and support for livelihood.</td>
</tr>
<tr>
<td>FCC supported tricycle groups and other private sector groups will be used to facilitate waste collection across the city at both public and household level.</td>
</tr>
<tr>
<td>Street sweeping and collection of waste in public spaces will be conducted daily and this will include streets and markets.</td>
</tr>
<tr>
<td>FCC support team will target the markets and CBD areas.</td>
</tr>
<tr>
<td>Collection of waste by FCC support team using 5 tricycles, 2 skips and 1 compactor.</td>
</tr>
<tr>
<td>Waste will be transported to the dumpsite by the FCC trucks and tricycle support teams.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>FCC tricycle support groups will be responsible to collect trash from street bins in their designated areas of operation.</td>
</tr>
<tr>
<td>Bin collection will be also be carried out by FCC support team and tricycle support teams.</td>
</tr>
<tr>
<td>Waste from bins will be collected on a daily basis across the city.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>FCC to provide financial support to waste operators for household waste collection during the crisis period.</td>
</tr>
<tr>
<td>Waste operators will cover specific locations and their operations will be limited only to assigned areas.</td>
</tr>
<tr>
<td>Waste will be collected at the frontage of every household from households and this will be done 4 times weekly.</td>
</tr>
<tr>
<td>Skip bins will be located in each of our 8 blocks to serve as transit points for transfer and disposal.</td>
</tr>
<tr>
<td>Only domestic waste will be collected and must be safely placed in a container (rice bag).</td>
</tr>
</tbody>
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<tr>
<td>FCC support teams to facilitate waste transfer from transfer station points to the dumpsites.</td>
</tr>
<tr>
<td>Support dumpsite capacity to accommodate increased volumes of waste.</td>
</tr>
<tr>
<td>Work with DHMT to improve on medical waste incineration and where and if appropriate, collection and disposal.</td>
</tr>
<tr>
<td>Gloves, masks and other protective gears will be provided to the waste collection team.</td>
</tr>
</tbody>
</table>
Tracking, isolating and containing the virus in communities is essential to ending the outbreak

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<td>3 Isolation &amp; containment support</td>
<td></td>
</tr>
<tr>
<td>- Through the DHMT, ensure that <strong>enhanced community intelligence</strong> is collected and collated to inform and support MOHS contact tracing and surveillance teams, particularly in <strong>dense informal settlements</strong> where local knowledge is key to effective contact tracing.</td>
<td></td>
</tr>
<tr>
<td>- Provide <strong>PPE support to PHUs and Private Health practitioners</strong> to ensure that non-COVID care can continue.</td>
<td></td>
</tr>
<tr>
<td>- Contingency planning: to ensure that quarantined contacts in informal settlements are incentivized to stay in their homes, <strong>provide supplementary food items</strong> as numbers increase and cost of <strong>offsite managed quarantine facilities increase</strong>.</td>
<td></td>
</tr>
<tr>
<td>- Contingency planning: in collaboration with Case Management Pillar, DHMT, MSF and Red Cross identify and set up <strong>isolation centers for around 300 people</strong> for asymptomatic contacts and positive cases with mild syndromes with plans for food, power, water and surveillance over at least 2 months, to ensure capacities for isolation are increased.</td>
<td></td>
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</tbody>
</table>
A large part of Freetonians will be reached & sensitized through the FCC messaging – essential support will be provided as well

Key performance indicators (KPI)

1. Behavior change messaging
2. Behavior change support
3. Isolation & containment support

700k Freetonians reached through COVID-19 communication, of which 50% are women,

274 Community organizations/entities supported with essential equipment to prevent COVID-19 transmission, of which 42 markets, 68 vulnerable communities, 72 PHUs, 48 ward stations, 34 public toilets, 10 burial spaces

108 Water tanks and support structures provided, of which 20 for PHUs, 20 for markets, 68 for vulnerable communities

~100 Veronica buckets and handwash stations provided to critical and highly-frequented community entities, soap and hand sanitizer are added

~1800 Items of Personal Protective Equipment (PPE) provided to sanitation workers, incl. hand gloves, masks, body suits, boots

Note: These preliminary targets are subject to further refinement
For more information contact FCC on info@fcc.gov.sl

The FCC COVID-19 Preparedness and Response Plan is an evolving document and will be updated on a regular basis as guidance is provided by the Government and as the situation in Freetown changes.