**Safeguarding livelihoods of vulnerable households in rural communities in Kenema District, Sierra Leone, during the**

**COVID-19 Epidemic**

**June – September 2020**

**THE DANISH EMERGENCY RELIEF FUND**

**MODALITY: COVID19 PRIORITY COUNTRIES**

Has your organization prequalified for DERF funding?

X Yes: reference no.: 17 83 OC Financial ceiling: above 200.000 DKK

No – if no, an OCA application must be submitted together with   
 the intervention application.

|  |  |
| --- | --- |
| **Do you plan to submit more than two applications under this call?** | **X No** |
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**Index**

[1. The humanitarian intervention 2](#_Toc42072500)

[2. The implementing organization 6](#_Toc42072501)

[3. Local strengthening 7](#_Toc42072502)

[4. M&E, LEARNING AND ACCOUNTABILITY 8](#_Toc42072503)

[5. Coordination 9](#_Toc42072504)

## The humanitarian intervention

**What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)?**

* **WASH (Water, Sanitation & Hygiene)**
* **Health**
* **Shelter**
* **Nutrition**
* **Camp Management**
* **Education**
* **Protection**

**X Emergency FSL (Food Security and**

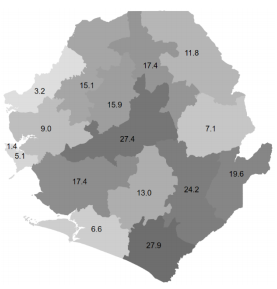
**Livelihoods)**

* **Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the overall purpose in short, including the objectives, activities, expected results and indicators to be applied?**

Engineers Without Borders Denmark (EWB-DK) in Partnership with Social Enterprise Development Sierra Leone (SEND) propose to implement a household based (door-to-door) social intervention in Sierra Leone to decrease the impact of the COVI-19 and to prevent further spread to vulnerable populations in 26 rural communities in Kenema district through improved hygiene combined with food distribution. The intervention is aligned with the Global Humanitarian Response plan (updated May)[[1]](#footnote-1) as it will focus on strategic objective 1.1 *Prepare populations for measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as health services and systems;*  And strategic objective 2.1 *Preserve the ability of the most vulnerable and affected people to meet the additional food consumption and other basic needs caused by the pandemic through their productive activities and access to social safety nets and humanitarian assistance..”* The classification of vulnerable people is also aligned with the GHRP. Hence the intervention is a combination of DERF modalities early action and lifesaving interventions.

According to GHRP Country and regional plan – New Plan (Sierra Leone) [[2]](#footnote-2) the priorities are public health as in strengthening capacity to limit human-to-human transmission; identify and reduce transmission from animal sources, communicate and raise awareness on critical risks and minimize socio-economic impacts of the pandemic.

Current challenges identified in the Sierra Leonine rural context are: capacity and equipment gaps in the health system, needed to engage the public for surveillance and other activities, lack of personal protective equipment for health workers and overall to maintain key social and health services, including sexual and reproductive health, gender-based violence support, and education. Food distribution systems is according to the national plan also a severe need due high level of poverty and vulnerability of large groups of the population. Social protection measures that support basic needs, particularly those in the informal sector and agriculture should be adapted for rapid expansion. The distribution of food will ease the overall pressure at community level insofar that the population’s health will not be strained even further by applying the usual coping mechanisms use by vulnerable families when in lack of food.

**Figur I. Ration of extreme poverty by district 2018[[3]](#footnote-3)**

The Poverty in Sierra Leone is highly concentrated in the rural areas, poverty rates in rural areas are more than twice as high as those in the urban areas (73.9% versus 34.8%), and the disparity is even wider for extreme poverty rates (19.9% versus 3.8%). The rate of Extreme poverty in Kenema district is amongst the highest in the country (24.2% see figure I.) which is clearly accelerating the effects of the CPOVID19.

As EWB-DK and partner SEND are working closely with district level authorities on larger initiatives on WASH strategies and democratic participation of the population, the local authorities and the police have reached out to the partners in order to support the distribution of protection gear to civilians and to ease the food crisis which many vulnerable families endure during present crisis. The request from Kenema Police is attached.

With other Kenema based partner OTC (Opportunity Training Center for youth living with disability), EWB-DK has launched production of masks for civilians. The masks produced by OTC is currently being distributed by SEND in the communities they reach through their health outreach work as SEND is the best placed organisation locally to reach the population in rural communities. Important to note, is that present initiative demonstrated the synergy and valued added in having local partners draw on their respective abilities, skills and resources to engage in joint actions.

The use of masks has been made mandatory by the national authorities when moving about in public space. Buying masks has become an additional economic burden for the most vulnerable groups and if not purchased restricts their ability to move and to earn the daily living to feed their families. If contracting COVID19, the extreme low purchasing power of the most vulnerable persons will also affect the number of vulnerable persons protecting others through the use of masks.

I**mmediate objectives** of the intervention are:

1. **Contain the spread of COVID-19 among the most vulnerable households through improved hygiene measures**
2. **Safeguarding livelihoods by meeting the food consumption needs of most vulnerable households**

**Expected Results:** The project timeframe is three months. By the end of the implementation period the partners (EWB-DK and SEND) expect

* That the impact of lock downs and quarantine have been mitigated for the targeted vulnerable families in the 26 communities in Kenema district.
* That an uptake of good hygiene practices through general use of facial masks has reduced the transmission of COWID19.

**Key activities include:**

**Immediate objective 1: Improved hygiene measures**

* Vulnerability assessments conducted in 26 communities (identification and listing of beneficiaries)
* Exchange of information and coordination between the district authorities and communities are strengthened
* Awareness raising on COVID-19 and good hygiene practices at community level
* Distribution of handwashing materials (tippy tap materials) to vulnerable households in 26 communities
* Distribution of masks to vulnerable households in 26 communities.

**Immediate objective 2: Food consumption needs met**

* Provision of food (2x1 month) for the 1000 most vulnerable households in 26 communities.

**Indicators**

**Immediate objective 1: Improved hygiene measures**

Measures and procedures have been established for the District Emergency Operation Centre to receive data and updates on number of vulnerable households in the rural communities

At least 26 communities have submitted vulnerability assessments to the district

1000 vulnerable households received information on COVID-19 and good hygiene practices

1000 vulnerable households received handwashing materials (tippy tap materials, and soap)

8000 masks distributed to vulnerable households for each of the 26 communities.

**Immediate objective 2: Food consumption needs met**

1000 vulnerable households have received food supply for 2 months (2x1 month) for each of the 26 communities.

**How does your selected response consider the specific context within which you plan to implement the intervention?**

Though there has been an increase in investments in the health system in Sierra Leone in the wake of the Ebola pandemic in 2014 – 2015, the system is still weak, and the COVID-19 pandemic has weakened it further. WHO estimate that 20 percent of the population may contract the virus. With more than 47.7 percent of the population food insecure, one-third of children chronically malnourished, and 57 percent of the population living in poverty, the country is particularly vulnerable to shocks and could lead to a collapse. The Government of Sierra Leone has recently declared a State of Public Health Emergency accompanied by regular lock downs and regional travel restrictions to prevent and contain the pandemic. These measures are as confirmed by EWB-DK’s partners in Sierra Leone in particular affecting the most vulnerable segments of the population that have lost their income due to local downs or are in particular at risk if attracting COVID-19. As learned from the Ebola-response, local and community-appropriate messaging on proper understanding of how the disease spreads and how proper health hygiene is key to mitigate the spread and any misinformation on COVID-19. Therefore, at the relatively early stage of the COVID-19 outbreak in Sierra Leone it is crucial to provide information, preventive measures and at the same time meet the basic needs of the most vulnerable families.

SEND, our partner in Sierra Leone, has been working with the Kenema District authorities and most of the communities for a considerably period of time. Since the very early stage when the first COVID-19 cases were diagnosed in Sierra Leone SEND has been represented in the District Emergency Operation Centre (DEOC). Protection of and support to the most vulnerable households is by the district considered a high priority, and for the time being these households have not yet been identified. The required response is being coordinated with all involved parties at district and community level. SEND is already in partnership with EWB-DK implementing a community-based approach to WASH in all the 26 communities targeted in this intervention and has a well-established and trusted cooperation with the local health committees at both district and community level. SEND is also assisting in the distribution masks produced in other COVID 19 intervention with another EWB-DK partner in Kenema. However, the partners realise, that vulnerability assessment conducted by the authorities is not at community level and as each household is not being visited in this intervention, the most vulnerable have so far only received few if any masks. Based on the work SEND is already engaged in it is well positioned and has the required experience to ensure that the support is implemented in an effective and efficient manner, for which reason it has been requested by the DEOC to provide support to the most vulnerable households in the municipalities where it is already working.

The first urgent task is to establish a process to rapidly be able to assess the number of vulnerable households/persons including female headed households, people living with disability, elders, pregnant women, those living with TB or HIV, community Health committees is essential local stakeholder in that respect and already enrolled in activities in ongoing joint EWB-DK/SEND project activities on community institutionalisation of the WASH sector. To ensure proper quality, coordination, exchange of lessons learned and value for money SEND will through its staff be responsible for the direct contact with the selected households in the 26 communities and ensure coordination with the DEOC and the health committees. Each household visit will be visited twice. 1) For the first distribution of food, delivering of information on COVID-19 and good hygiene practices, handwashing materials and masks (2 to all persons in the households above 10 years). 2) For the second food distribution after one month and follow-up on the wellbeing of the families.

**How does your selected response consider the strategic priorities and the immediate objectives of the Global Humanitarian Response Plan (GHRP)?**

Present intervention addresses the two main strategic priorities in the global GHRP plan: To contain the spread of the COVID19 epidemic through increased knowledge about the decease and improved hygiene specifically targeting the most vulnerable families (1). The other focus area is to decrease the deterioration of livelihood through basic socials food distribution, which will be provided to the most vulnerable and affected families in the 26 municipalities (2).

**Is the intervention appropriate and relevant (CHS 1)**

High rate of communicable diseases, malnutrition, and other health conditions characterises the population targeted in this intervention hence they are particular more vulnerable to a COVID-19 related mortality. With this intervention it is possible to support the 1000 most vulnerable households in the 26 communities where EWB-DK and SEND are already working. Through this intervention it expected that the impact of lock downs and quarantine will be mitigated for the most vulnerable families as well as improved hygiene practices and consequently a reduction in infectious diseases that will mitigate or prevent the spread of COWID-19 among the most vulnerable families. The process SEND is establishing with the Health committees at Community and District level for assessing and continuously updating the number of vulnerable persons at community levels in the 26 communities will be documented and explained for the DEOC to be able to replicate the process in the other municipalities and thereby establish a consolidated vulnerability assessment for the entire district.

**Resources management - effective, efficient and ethical (CHS 9)?**

SEND’s close proximity to the implementation and direct participation on ground will secure responsibly management and use of resources. The close coordination with other strategic actors at the district and community level will also facilitate adjustments to secure appropriate use and relevant actions. The interventions outlined are based on the Core Humanitarian Standard principles to be coordinated (CHS 6) and structured in a way that is based on local needs and strengthens local capacity (CHS 3, 4). SEND has a well-established relationship with the district authorities as well as with the community leaders and relevant committees at community level. As SEND and EWB-DK is currently working in the targeted communities with WASH related activities and distribution of masks strong ties already exist with community leaders, which secures the interventions ability to address needs of assistance with urgency. Channels of communication already exists along with the trust and confidante of delivery towards the implementing organisation. Currently the staff operates at a daily basis in the communities. SEND is well informed of the context and needs on the ground and the current conversations and coordination ongoing among the various district authorities and donors SEND’s close proximity to the implementation and direct participation on ground will secure responsibly management and use of resources. The close coordination with other strategic actors at local level will also facilitate adjustments to secure appropriate use and relevant actions.

**How you will start your activities within 7 days of the Danish CSO receiving the first transfer?**

* As soon as the application is approved EWB-DK and SEND will conduct an on-line planning and coordination meeting in order to take into consideration the latest developments on the ground.
* SEND has a well established procurement system in place and can in a day draw up an procurement plan to be approved by EWB-DK, and being in Kenema SEND has the right local contacts to enhance timely and reliable procurement of required quality.
* Production of will be ordered from local producer OTC as soon as the intervention has formally been approved – production is already up and running.
* As member of Kenema DEOC and already working in the communities targeted this support and having staff there, SEND immediately establish the process for rapid vulnerable assessment, and coordinate the support.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| Type of Activity | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between 18-50 | Over  50 |  |
| Provision of food (2x1 month) | 1850 | 1450 | 550 | 1850 | 900 | 400 | 7000 |
| Awareness raising on COVID-19 and good hygiene | 1850 | 1450 | 550 | 1850 | 900 | 400 | 7000 |
| Distribution of information & handwashing materials | 1850 | 1450 | 550 | 1850 | 900 | 400 | 7000 |
| Distribution of masks | 350 | 1450 | 550 | 350 | 900 | 400 | 4000 |
| Total: |  |  |  |  |  |  |  |
| Total adjusted for double counting\*: | 1850 | 1450 | 550 | 1850 | 900 | 400 | 7000 |
| Total vulnerable persons of the above | Same as total |  |  |  |  |  | 7000 |

\*correct the number if the same persons are listed in more than one activity. Each person can only be counted once.

**How do you calculate the number of people who shall be assisted through the various activities?**

The calculated number of people to be assisted in the 26 communities is based on data from the DEOC with inputs from the District Health management Team and the Ministry of Social Welfare Gender, and Children's Affairs. SEND will furthermore prior to the commencement of the support confirm the numbers for each of the communities from the community health committees. The number of the most vulnerable households in the 26 communities is roughly estimated to 1000. As a household on average consists of 7 persons approximately 7000 vulnerable family members will be reached by the intervention. The above disaggregation on age and gender is based on data from UNDP. Each household will receive 2 masks per person above the age of 10, and as it is estimated that on average there are 4 persons above the age of 10 per household 8000 masks will be distributed during this intervention.

**Which particularly vulnerable groups are you specifically targeting amongst the crisis affected population?**

The vulnerable groups to be targeted by the intervention are female headed households, people living with disability, elders, pregnant women, those living with TB or HIV and persons quarantined by the authorities.

**Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**

* **Internationally**
* **Regionally / neighbouring country**

**X In country / locally**

**Does the intervention include cash-based programming?**

* + **Yes**

**X No**

**Financial localization of the intervention** *Take the following two figures from your budget format:*

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 89.83%**

**% Funding spent on activities & goods for crisis affected persons, from the intervention budget: 76.90%**

## The implementing organization

**What is the capacity, experience and expertise of the proposed partner organization(s) (CHS 8) undertaking the proposed intervention substantiating whether the humanitarian response can be delivered up to standard and to the needs of particularly vulnerable persons?**

*Social Enterprise Development (SEND)* Sierra Leone is a non-profit national NGO registered in Sierra Leone since 2004 with a vision of contributing to a Sierra Leone where people’s rights and well-being are guaranteed. SEND has its head quarter in Kenama and its operations are based in the Eastern Region, Western Area, and Bonthe Districts implementing numerous projects related to Women’s’ Empowerment and Entrepreneurship, Nutrition and Health, Livelihood, and Wash Sanitation and Hygiene (WASH). SEND is EWB-DK’s main partner on WASH activities in the country and operates at the community level supporting district-wide institutions on access and participation by the population. SEND has 76 employees, 27 of whom are women. Its partners include Irish Aid, Trocaire, UNDP, WHH, Christian Aid, UN Women, GIZ, Terra TECH Germany and Solidaridad West Africa. SEND meets internationally required financial management and reporting standards and is CHS certified. EWB-DK Has been engaged in the WASH sector in Kenema district since 2009 and was after the landslide in Freetown in 2017 supporting emergency WASH in two of the communities that were impacted by disaster. Both organisations have an extensive experience in WASH and health related interventions taking point of departure in a community-based approach strengthening procedures and capacities at both district and community level, which is appropriate for present intervention.

EWB-DK and SEND has known each other for several years as we have both been working with local communities in Kenema district on establishing WASH and have since January 2020 been partners on the project including the 26 communities in Kenema, which will also be the target of this emergency support. The project address access to clean water as a basic human right and uses it as a strategic tool to promote local empowerment and engagement of civil society in a wider development agenda through institutionalisation from below. SEND is already at present conducting awareness raising on COVID-19 in the eastern, southern and western regions, providing food for PWDs, and promoting coordination among security actors in the district as part of the efforts to contain the pandemic. One of these projects, which is in Kenema district is in cooperation with EWB-DK and OTC, another of EWB-DK’s partners in the district.

Jointly the two partner holds an extensive local knowledge both on the issue of poverty and vulnerability in the area of intervention but also on the local structures to engage and involve in securing a successful intervention

**Is the Danish CSO proposing to self-implement?**

**X No**

**Partnership:**

**Kindly explain whether you have entered into partnership agreement, the main features of this agreement(s) and whether this agreement(s) was developed with the local partner**.

EWB-DK and SEND have signed both a partnership agreement as well as specific project agreement when started the cooperation on a WASH project in 26 communities in Kenema district in the beginning of 2020. The roles and responsibilities of the partners on this DERF funded intervention will be:

**Describe the contributions, roles and areas of responsibilities of all partners (including the Danish CSO) within this intervention**

EWB-DK:

* Is responsible for overall planning and coordination with SEND
* Is responsible for transferring funds to SEND
* Is responsible for overall monitoring spending and activities carried in the intervention
* Is responsible for reporting to CISU/DERF according to the agreement between them and
* EWB-DK will secure relevant and qualified staff/volunteers to support the intervention.

SEND:

* Is implementing local partner, responsible for carrying out activities on the ground as described in the application
* Coordination with local authorities and other donors
* Local procurement
* Makes sure that spending is in accordance with budget
* Submit monthly reports to EWB-DK, using online data transmission system - summarising progress, challenges and recommendations using the agreed upon template provided by EWB-DK
* Monitor and documentation of delivered goods and services
* Facilitate and secure liaison and communication with strategic actors in the project at district and community level
* Conduct brief monthly online coordination and information meetings with its partners based on updated overviews of activities supported by the different partners.

## Local strengthening

**How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

Mitigating a possible negative downward spiralling extreme poverty at family level will enhance community robustness to handle the COVID19 crisis. The distribution of food supply will ease the overall pressure at community level insofar, that the populations health will not be strained further by the usual coping mechanisms use by poor families when In lack of food ‘food rationing’: skipping meals, restricting consumption of adults to secure small children’s intake, and limiting the portion size at meal times of the whole family. The intervention strengthens local capacities as in the Health Committees as key community stakeholder. The community will also obtain a clear map of the particular vulnerable persons in the community through SEND’s support to a vulnerability assessment, coordination and exchange of information between district and community level. SEND will be the custodian of the project and will involve the communities and relevant organisations, e.g. Sierra Leone Union for Persons with Disability in Kenema, in order to engage civil society as during the support and close liaise with the community leaders and the relevant committees, in particular the community health committee, to avoid and mitigate any possible adverse impacts. The masks are produced locally at the Opportunity Training Centre (OTC) in Kenema, which is vocational training school for young people living with disability.

**How are the local actors including the target group informed and involved (CHS 4)?**

SEND has a well-established working relation with each community health committee and holds a deep knowledge of the local context in the particular area of intervention. SEND has a well-established relationship with the relevant institutional stakeholders at both district and community level such as the DEOC and the health committees at district and community level. The proposed intervention is planned based on a needs assessments conducted at community level and compiled at district level. SEND field staff has participated in carrying out the needs assessments and held dialogue meetings with a number of the target communities. The Sierra Leone Union for Persons with Disability in Kenema was also consulted on disability issues to enable their needs to be captured. SEND will continue the dialogue and exchange of information at both Community and district level.

## M&E, LEARNING AND ACCOUNTABILITY

**How are risk management systems applied in the appropriate context?**

Curfews and travel restrictions could impact service delivery by humanitarian organizations; however, SEND is appointed as one of the national NGOs able to continue to provide essential services during lock down. SEND has developed a Contingency Plan on COVID-19 to contribute to the containment of the pandemic in Sierra Leone which contains prevention, control and containment measures for all SEND staff, project beneficiaries and stakeholders. SEND will implement this Plan in compliance with the Government of Sierra Leone and the WHO COVID-19 guidelines. The staff is trained in order to provide instructions to the targeted households on how to use the materials in a correct and safe manner. SEND has previous experience with distribution of food and other consumables and have procedures to mitigate waste and misappropriation.

**How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific context?**

SEND already has a well-established Monitoring and Evaluation Unit with well trained staff with extensive monitoring experience and which has now generated a good working relationship with EWB-DK. Project performance will be assessed on an ongoing basis and the progress towards the result based indicators will be communicated every 14 days.

The partners will conduct online monitoring meetings every two weeks. Due to the international travel ban it is not deemed possible to participate on site in the midterm evaluation, this will be conducted online as well. The initiative will rely on the self-monitoring done at community level by the members of the health committees, which will inform the M&E process of SEND. The intervention will also use online data transmission in order to systemize data on beneficiaries. Checklists for in-field monitoring will be prepared and applied via the online data transmission system. The monitoring will secure participation and active engagement of the direct beneficiaries via evaluation sessions at community level with the health committees involved to ensure maximum protection for the vulnerable groups and known access point with respect to claims.

An online mid-term review will be conducted between the first and the second round of food-distribution, which will provide an opportunity to adjust the second stage of the intervention based on the experiences from the round.

Information boards on the initiative is placed at each community meeting facility /if none, then at the house of the chair of the health committee. Any critical issues that might arise will be brought to the attention of the management of SEND via the chair of the community health committee and if needed to the appropriate authorities and community and/or district level - District Emergency Operation Centre. SEND’s staff will use View World on their smart phones to document the delivery of goods to each of the households, and the generated lists/reports will be attached the monthly reports.

To respond to potential complaints from the target population, SEND already have a Complaint and Response Mechanism in place and will use it to address the concerns and provide feedback on a timely basis to target groups. All staff are already trained on CHS and are well equipped to address community complaints where necessary and sufficient according to the following steps:

* SEND’s HR and Monitoring and Evaluation Manger will visit the communities to look into the complaints of the target groups and resolve them
* If they address are sensitive issues, they will refer them to the Country CRM team for redress and feedback
* Should the complaints go beyond the intervention of SEND, they will be referred to the appropriate authorities for redress.

**How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

The implementing team will use a three-pronged approach to make sure learnings are applied to improving humanitarian action: 1) Continue to support local governance structures at district and community level to develop, coordinate and monitoring initiatives to improve community-led service delivery with results and lessons learned shared at the community level to inform future health emergency actions; 2) Promote appropriate community-led management seeking behaviour and aid the delivery of quality preventative and early warning interventions that can be used and modified for any future humanitarian action; 3) Improve the supporting framework that allows for community-led advocacy, targeting vulnerable communities to increase their risk resilience and behaviour with the goal of these communities to be more equipped (e.g. less vulnerable) in any potential future outbreak.

## Coordination

**Are the implementing organisations involved in a coordination mechanism? Yes**

SEND will be the main implementing part in Sierra Leone and has for last more than 10 years worked closely with the Kenema district authorities as well as the community leaders and relevant committees at local level. The government of Sierra Leone has established the District Emergency Operation Centre (DEOC) in Kenema, and as one of the national NGOs SEND is represented in the DEOC and participate in their daily coordination meetings, and at community level coordinate with the health committees.

**How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

SEND will use the daily DEOC meetings to update stakeholders, contribute to updated planning and share lessons learned in order to continuously improve the implementation of the COVID-19 preventive interventions. Also at community level SEND will through dialogue with in particular the community health committees ensure that interventions are coordinated and there is a good and timely communication and coordination between district and the communities. These coordination efforts ensure efficient service delivery, and involvement and ownership of local community groups. SEND will also internally coordinate with its international partners to avoid duplication and unnecessary use of resources through brief monthly online meetings taking outset in updated overviews of activities supported by the different partners.

1. <https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf> [↑](#footnote-ref-1)
2. <https://reliefweb.int/sites/reliefweb.int/files/resources/GHRP-COVID19_MayUpdate_Annexes.pdf> [↑](#footnote-ref-2)
3. <https://www.statistics.sl/images/StatisticsSL/Documents/SLIHS2018/SLIHS_2018_New/sierra_leone_integrated_household_survey2018_report.pdf> [↑](#footnote-ref-3)