# Liberia’s Ebola orphans

## A crisis for the next generation

Street Child, September 2015

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# 1. Introduction

*"Here, we have been engulfed by the most devastating epidemic.*

*No matter how much the children play, there will never be laughter.*

*There is no mother or father here today who can pay his son's or his daughter's school fees.*

*The multitude of children here are destitute. They work on the streets because that is the only way they can survive.*

*Simple is the language of the poor; the language of the destitute; the language of the dying man.*

*If you do not understand this now, you never will."*
*Heixim J Abdul, VOA Community Elder, Liberia*

When Ebola first struck West Africa in March 2014, no one foresaw quite how terrible its impact would be on a people already living largely on the edge. Media reports did showcase Ebola's brutality, but the general international response was to focus on numbers affected, and what was being done to halt the spread of the disease – which at its most potent was claiming the lives of nearly 100 people a day.

Since Liberia was declared 'Ebola free' in May 2015 by the World Health Organization, global attention has inevitably faded; the threat is over, the crisis contained. But not for those living there. With this report, Street Child hopes to provide a portal for readers, allowing entry into a scenario which is now largely invisible to much of the international community; that of a country struggling to cope with the aftermath of what began as a health emergency, but has since morphed into a major social and economic crisis. With schools closed, a collapsing health care system, and a people experiencing desperate poverty on a massive scale, the representation of a country experiencing recovery from a crisis is deeply misleading.

This report aims to bring to life the facts and figures about Ebola, and those affected by it; statistics which are sterile on the page, and yet so terrifyingly real on the ground for those living and dying through it. It presents an analysis of quantitative data, placed within the country's social and economic context, but it also includes the voices of the people affected; direct quotes, taken from interviews and meetings with individuals and communities eager to communicate to the outside world that the aftermath of Ebola sounds like no children laughing.

The data in this report does not come from a mere 'survey' of orphans, but from a database of information sensitively gathered, over time, from 1,856 of the children orphaned by Ebola and whom Street Child has supported intensively between March 2014 and 1 June 2015. While it provides a useful insight into the lives of these children, the data is also testament to the hard work of an organization

which was among the first to enter Liberia's Ebola-stricken communities, talk to people about their needs and offer real assistance to thousands of children who had lost their loved ones.

The information is presented as dispassionately as possible, but passion is inevitable when people who have lost five, ten, even 20 members of their family, and yet who are still standing, and functioning, and caring for other dead people's children, are as honest about their emotions and needs as they were during the visits Street Child made to them, specifically for this report, between 14 and 19 May 2015.

By the time this report is read, Street Child will have supported more than 2,000 orphans and spent more than $500,000 on services to ensure their long-term future. All of the children have received emergency aid, and all have been united with caregivers willing to provide a home and supportive environment. They are also either back in school already or will be soon. There is, however, so much more to be done.

We believe that the government's estimate of 7,500 children orphaned by the virus is a vast underestimate. In Sierra Leone, where Street Child also supports Ebola orphans, a similar number of adult deaths has yielded 12,000 orphans. It is vital for the future of these orphans, and the country of Liberia, that these most vulnerable of children are identified and supported as soon as possible.

As one of our beneficiaries told us, "We thank you for the money. We have spent it well; it has not been wasted. But we have more children". We call upon funders, friends and those who do not even know Street Child yet, to help us feed, clothe, house, sustain and educate the next generation of children in Liberia before it is too late.

**Addendum**

Between 1 June 2015 and publication of this report, the number of Ebola orphans supported by Street Child in Liberia has risen from 1,856 to 2,200, an excellent illustration of the scale and intensity of the virus and its consequences.

## 2. Context

*General background*

Between the start of the Ebola crisis and the end of the long and brutal civil war, which devastated much of the region throughout the 1990s and into the new millennium, Liberia had made huge strides in rebuilding its economy and infrastructure. Between the end of the war in 2003, and the first recorded case of Ebola in March 2014, GDP per capita had grown by more than 300%[1], and the country had risen by three points in the United Nations Development Programme's (UNDP) Human Development Index[2]; unusually high rates of growth testament to the efforts of a new government and a people working for an end to both political and social turmoil.

Despite this positive growth, in absolute terms Liberia is still vastly under-resourced and lacking in the basic infrastructure necessary for the development of an economically resilient people. More than half of the country (52.8%) lives in severe, multi-dimensional poverty, deprived of access to basic standards of healthcare, education, and nutrition, including drinking water, electricity, sanitation, and nutrition[3]. One-fifth of children are chronically malnourished;[4] eighty-four per cent of the population lives on the purchasing power of less than $1.25 USD a day[5], and a staggering 94% live on less than $2 USD per day[6].

In 2014 Liberia was listed at 143 out of 149 countries ranked for gender equality[7] by the UNDP. According to the organization, women "comprise 54 percent of the labor force in both the formal and informal sectors", which includes producing approximately 60% of agricultural products, and undertaking more than 80 percent of rural trading activities, as well as the majority of household chores[8]. The work is however disproportionately centered on low-income activities, leaving women economically disadvantaged; women's gross national income (GNI) is around two-thirds of men's[9].

In educational terms, the situation is equally serious. Between 2005 and 2012, the government spent only 1.9% of the country's GDP on education, compared with 2.7% and 3.1% respectively in neighboring countries Sierra Leone and Guinea, or 5.6% in both UK and US[10]. More than half of all children – 58% – do not complete primary school, a figure which rises to 82% of poor children[11]. State school education is not free, and class sizes are generally too big to allow for any comprehensive learning[12]; and only half of

[1] The World Bank country data http://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?page=2 last accessed 16 July 2015
[2] United Nations Development Programme 2014 Human Development Statistical Tables
[3] United Nations Development Programme 2014 Human Development Statistical Tables
[4] Unicef Liberia country report http://www.unicef.org/infobycountry/liberia_statistics.html last accessed 16 July 2015
[5] Unicef Liberia country report http://www.unicef.org/infobycountry/liberia_statistics.html last accessed 16 July 2015
[6] UNDP Human Development Report for Liberia http://hdr.undp.org/en/countries/profiles/LBR last accessed 23 July 2015
[7] United Nations Development Programme 2014 Human Development Statistical Tables
[8] United Nations Development Group fact sheet 'Empowering Women in Liberia' https://undg.org/wp-content/uploads/2014/07/Liberia-Empowering-Women.pdf last accessed 16 July 2015
[9] United Nations Development Programme 2014 Human Development Statistical Tables
[10] United Nations Development Programme 2014 Human Development Statistical Tables
[11] Education Policy and Data Center Liberia National Education Profile 2014 Update http://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Liberia.pdf last accessed 23 July 2015
[12] Unicef All in School Liberia country report http://allinschool.org/wp-content/uploads/2014/08/Liberia-OOSCI-Country-Report.pdf last accessed 23 July 2015

all primary school teachers are actually trained, a figure which drops to 21% for teachers at junior high school level, and 7% at senior high[13]. This leaves many children either without an education at all, or struggling to pay school fees which our own experience shows can reach $10,540 Lib ($105 USD) per semester – dangerously close to unaffordable for the 84% of people whose income barely exceeds $450 USD in a year. In some areas – especially the rural areas and the more impoverished communities – there are simply no schools at all.

It is this fragility – this knife-edge survival – which created the perfect storm for the devastation wreaked by the Ebola outbreak.

Since March 2014, in Liberia alone more than 10,000 people contracted Ebola, and almost 5,000 have died,[14] leaving a minimum of 7,500 orphans[15] short of food, shelter, people to care for them, and education. Ripping through entire families and communities, destroying huge chunks of the workforce and orphaning thousands of children, the virus also drove away much-needed foreign investors[16] and killed some of the country's most senior healthcare professionals[17], devastating the economy afresh and setting Liberia's positive upwards economic trend back by nearly one-third over the next decade[18].

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[13] Unicef All in School Liberia country report http://allinschool.org/wp-content/uploads/2014/08/Liberia-OOSCI-Country-Report.pdf last accessed 23 July 2015

[14] Centers for Disease Control and Prevention http://www.cdc.gov/vhf/Ebola/outbreaks/2014-west-africa/case-counts.html accessed 13 July 2015

[15] Unicef Ebola Situation Report No. 72 4 February 2015, last accessed 23 July 2015 http://www.unicef.org/appeals/files/UNICEF_Liberia_Ebola_SitRep_4_Febuary_2015.pdf

[16] World Bank Sub Saharan Africa report January 2015 http://www.worldbank.org/en/news/press-release/2015/01/20/Ebola-most-african-countries-avoid-major-economic-loss-but-impact-on-guinea-liberia-sierra-leone-remains-crippling last accessed 23 July 2015

[17] World Health Organization Ebola situation assessment 25 August 2014 http://www.who.int/mediacentre/news/Ebola/25-august-2014/en/ last accessed 23 July 2015

[18] BMI Research http://www.pharmaceuticalsinsight.com/10-year-forecasts-Ebola-setback-investment-driven-growth-aug-2015 last accessed 23 July 2015

## 3. Summary of key findings

This report highlights findings drawn from an analysis of both quantitative and qualitative data. It is based on information about 1,856 Ebola orphans and their caregivers, gathered during Street Child's work supporting them with emergency relief, income generation opportunities, family reunification and transition back into school.

1. Right now, there are between **7,500 and 12,000** Ebola orphans in Liberia. These children need immediate support to ensure that they can eat, find a safe home, and get back to school as quickly as possible;

2. Women are bearing the brunt of the caregiving process – almost **80% of caregivers** are women – despite being the population **least likely** to be able to cope with this extra financial burden;

3. Families are taking in an average of between **two and three school-age children each**, adding an average financial burden of $250USD per year to a population earning less than $450 per year;

4. **51% of caregivers** are siblings of the deceased, each of whom already have an average of four or five biological children. Many of them will now need to pay school fees for both their own children, and their adopted nieces and nephews;

5. Older orphans are being kept out of school to help care for younger siblings, or to work to support the new, larger families;

6. Hunger is a huge barrier to education; almost all interviewees and participants cited hunger as one of the main reasons their children do not attend school;

7. Bullying because of Ebola stigma – either because of association with the virus, or because a child has changed school and no longer has the appropriate uniform – was cited by orphans as a major reason for not attending school;

8. In order to be truly impactful, any NGO intervention must address every single one of the challenges facing the orphans and their caregivers – food relief, uniforms and an opportunity to generate greater income to support the new larger families – before they will even be able to contemplate returning to school.

The financial impact of a health crisis like Ebola, on a people already living on the most fragile of tightropes, has the potential to be catastrophic; businesses are failing, family sizes are swelling, orphan numbers are overwhelming, and communities are starving. The acute crisis of Ebola may be over, but its economic and social aftermath only just beginning.

# 4. Methodology

This report is an analysis of quantitative data known about the 1,856 Ebola orphans and their caregivers whom we supported, intensively, between March 2014 and 1 June 2015, and complemented by qualitative information gathered from one-to-one interviews with 11 Ebola orphans and four separate caregivers, and a meeting of elders at VOA Community (where there are Street Child beneficiaries), at which eight members spoke, between 14 and 19 May 2015.

During the same period we also met with 15 individuals enrolled on Street Child's Urban Business Scheme. Although not necessarily caregivers for Ebola orphans, where their experiences of Ebola add value to the discussion, they are included.

The report is not intended as a head count of all Ebola orphans in Liberia or even Monrovia, where the majority of Street Child's work is centered.

Data collected from the children and caregivers supported include:

- The orphans' age, address and sex;
- Whether they had lost one or both parents (i.e. were a 'single' or 'double' orphan);
- Which parent had died;
- The caregiver with whom they now live; their sex; and that caregiver's relationship to the child;
- The caregiver's address (i.e. the child's new address)

*Limitations*

While every effort was made to ensure that the data is as accurate as possible, inevitably it is limited in the following ways:

1. Only 4% of births are registered in Liberia, and so children's given ages are approximate;
2. Information about existing numbers of children per caregiver is not available at this stage, and so we are unable to discuss using exact data how much each household has increased; rather we discuss likely increases given the anecdotal evidence we have gathered, and our knowledge about Liberian family sizes;
3. Information about the financial situation of the caregivers prior to taking in the orphans was not available at this stage, so we are unable to discuss using exact data how much each household's financial burden has increased; rather we discuss likely increases given the anecdotal evidence we have gathered, and our knowledge about the economic situation of the Liberian population;
4. There is very little officially validated data available about differing socio-economic strata in Monrovia, which makes it difficult to conclude much about how Ebola affected different types of communities, beyond the understanding that wherever there is poverty in the country, there is Ebola; and wherever there is Ebola, there are orphans;
5. In some cases certain data was unavailable. We excluded these from any totals from which percentage were calculated and so calculations are based only on complete data profiles; and
6. 1,856 is a large sample size, but represents less than one-third of officially estimated numbers of Ebola orphans in Liberia to date, and as little as one-sixth of potential numbers.

*Definitions*

Like other international development agencies, Street Child defines an 'orphan' as any child who has lost one or both of their primary caregivers, on the understanding that having one parent alive does not necessarily make a child less vulnerable, especially if that parent is abusive or unable to perform parental duties for various reasons including absence (for work or other social reasons), disability, discrimination, or poverty leading to ill-health or malnourishment[19]. If we rely purely on the standard, narrow definition of orphan, we risk failing to capture the scale of the real crisis.

*Protection of vulnerable adults*

Prior to the start of all meetings and interviews, participants were made aware that their comments might be recorded and used for the purpose of highlighting their situation to an external audience. All of those participating consented to contribute. To avoid causing distress, no one was asked specifically to reflect on their experiences or feelings. In one-to-one interviews, participants were asked questions about practical aspects of their situation, such as how many children they are caring for, their relationship to the children, how they support them, and details about their business if relevant. In the community meeting, participants were asked to discuss any solutions they felt might be beneficial to their situation. In both interviews and meeting, many people included discussion of their feelings and experiences as part of their comments, and agreed for these to be shared externally.

*Protection of children*

To avoid causing distress to children, we made the decision to actively interview their adult caregivers only. Some children, however, were moved to speak with us after hearing the adults speak. On other occasions – for example when we visited a school to greet some of the Ebola orphans we had supported and who are now back in education – some children actively asked to speak with us. Prior to speaking, they were made aware that their comments might be recorded and used for the purpose of highlighting their situation to an external audience. All of those participating consented to contribute. In all cases there was a responsible caregiving adult present for the conversation: either an official caregiver, or a teacher. No child was asked to talk about their feelings, or to reflect on their experiences, and all questions posed centered on their schooling: what subjects they liked best, what grade they were in and so on. In some cases the children included discussion of their feelings and experiences as part of their comments, and agreed for these to be shared externally.

Both adults and children were reminded that they could access support from Street Child staff after the interviews if they felt any sadness after speaking with us. Names have been changed to protect identity.

Work in Liberia is carried out by our local implementation partner Street Child of Liberia, and funded by various parts of the Street Child family. For the sake of simplicity, we refer throughout this report to the work of 'Street Child', although many different actors contribute.

[19] Home Grown School Feeding http://hgsf-global.org/en/ovc/background/263-orphans-and-vulnerable-children-defined last accessed 23 July 2015

# 5. The data

## 5.1. Orphan demographics

The data set out below was gathered by Street Child's staff from Ebola orphans and caregivers, during the course of interviews designed to elicit information about their needs for the provision of appropriate and adequate support. The statistics below represent a quantitative analysis of data from 1,856 Ebola orphans and 714 caregivers between 1 March 2014 and 1 June 2015.

- More than 2/3 (1,308 or 70%) of orphans have lost both primary caregivers and less than one-third have lost only one (548 or 30%).
- The number of children in total is split 51:49 female to male, a ratio which remains broadly consistent across both single and double orphans.
- The children ranged in age from one month old to 17 years old. Two of the children's ages were unknown. Of the remaining 1,854:
    - 362 (14%) were aged five and under
    - 1,203 (65%) were under the age of 11
    - 708 (38%) were between the ages of 7-11 (UK primary and US elementary school ages)
    - 642 (35%) were between the ages of 12-18 (UK secondary school age)
    - 348 (19%) were between the ages of 11-13 (US middle school age)
    - 410 (22%) were between the ages of 14-18 (US high school age)
    - 1,350 (73%) were of school-going age (aged 11-18)

## 5.2. Caregiver demographics

*Relationship to orphan and numbers taken in*

- Data is available on 1,756 of the orphans being cared for by 714 caregivers – an average per caregiver of 2.5 children.
- Of all 714 caregivers:
    - 51% (365) were aunts and uncles, across all orphans
    - 12% (68) were grandmothers
    - Only 1% (9) were not immediate or extended family
- Of the 548 single orphans, more than half remained with their other parent (223 with their mother and 66 with their father, a total of 53%). Of those who did not remain with a parent, the majority were taken in by aunts or uncles (143 children or 55%).
- There were 611 non-parental caregivers across both double orphans (516) and single orphans (95). Between them they took in 1,467 orphans, an average of 2.4 children per caregiver.
- Of these 611 non-parental caregivers, 60% (365) were aunts & uncles, siblings of the deceased.
- Numbers of children taken in by a single caregiver ranged from 1-12. Of all non-parental carers:
    - More than one-fifth (21%) took in 4 or more children (128 caregivers)
    - 10% took in 5 or more children (61 caregivers)
    - 5% took in 6 or more children (32 caregivers)

- Three took in 10 or more children

*Gender divide*

- Of the 714 caregivers, their sex was known in 586 cases. Of these:
    - 127 (22%) were male, taking in 321 children at an average of 2.5 children per caregiver
    - 459 (78%) were female, taking in 1,164 children at a similar average
- Women significantly outnumber men as caregivers by a ratio approaching 4:1. Women also took in a maximum of 12 children, while men took in a maximum of 9 children.
- There were 29 single orphans whose fathers are still living but who are now being cared for by their grandmothers (no information exists around where the fathers are).

## 5.3. Geographical location of orphans

- Zone 1 – West Point
    - 31 orphans in total: 23 double orphans, 8 single orphans
- Zone 2 – Somalia Drive
    - 94 orphans in total: 55 double orphans, 39 single orphans
- Zone 3 – Paynesville
    - 98 orphans in total: 72 double orphans, 26 single orphans
- Zone 4 – Old Road
    - 56 orphans in total: 6 double orphans, 50 single orphans
- Zone 5 – central Monrovia
    - 28 orphans in total: 9 double orphans, 19 single orphans
- Zone 6 – Bushrod Island
    - 170 orphans in total: 103 double orphans, 67 single orphans
- Zone 7A – Dualla Community
    - 201 orphans in total: 115 double orphans, 86 single orphans
- Zone 7B – St Paul River Community
    - 537 orphans in total: 444 double orphans, 93 single orphans
- Zone 8 – Grand Bassa
    - 341 orphans in total: 341 double orphans, 0 single orphans
- Zone 9 – Margibi
    - 248 orphans in total: 121 double orphans, 127 single orphans
- Zone 10 – Bomi
    - 52 orphans in total: 19 double orphans, 33 single orphans

This data gives us various insights into the orphans' situation: whether they lost one or both of their primary caregivers, their ages, and where they lived before things changed for them. It also gives us information about the people caring for those orphans: the relationship they have with each child (whether family or friend), the burden of childcare they have taken on, and who is bearing that burden; men or women, and which family members.

Most obviously, the data shows that the majority of children are of school-going age (73%), and that more than two-thirds are very young, up to the age of 11 (65%). This indicates how vulnerable they are, and that they will need immediate protection to ensure their safety. It demonstrates that disruption to their schooling is inevitable, and that there will be financial pressure on caregivers to pay for their new children's schooling. There is also the risk that new caregivers will prioritise feeding and educating their own biological children over assisting the orphans.

We see that the average number of children taken in by caregivers is 2.5, a childcare burden which is falling disproportionately on those more likely to already have their own school-going children (siblings of parents), and on lower earners (women).

Finally the data shows us that the majority of children were double orphans. This is not necessarily reflective of a general trend among orphans, because at the onset of the Ebola crisis Street Child took the decision to focus support on the most vulnerable children, which at the time we considered to be those who had lost both parents. Since then our remit has widened, based on the understanding that those who have lost one primary caregiver are in many cases as vulnerable as those losing both.

## 6. Commentary

This section attempts to flesh out the data, analysing it in the international and country-specific context as set out in section 2, and bringing to life with case studies and other qualitative information what these facts might mean for the fledgling families now, and in the future. Conversations with both orphans and caregivers confirm that the financial and gendered consequences of Ebola are indeed hugely problematic, and highlight issues of hunger, sexual violence, stigma, isolation and trauma, and the very real fear that without external support, caregivers will be unable to provide all their children with access to education.

### ISSUE: Financial burden

**CASE STUDY: Patricia and David, Robert Field Highway, Monrovia**

Patricia runs a 'moveable' business, which means that she does not have a stall, but sells her goods – frozen pigs feet and chicken wings – along the roads and inside the market all day, to traders and drivers passing through. Her husband, David, fled to Ghana as a refugee during the civil war, and has struggled to find work outside the home since; he now spends his days at home looking after the 14 children who live with them – nine of their own, and five nieces /nephews. The older children help with the babies.

As for all traders, the Ebola outbreak has been extremely damaging to Patricia's business. But in September 2014, the situation worsened: both Patricia's sister and brother-in-law contracted and died of Ebola, within 11 days of each other. They left behind five devastated children, who are now receiving counselling and other psychosocial support from Street Child to help them cope with the loss.

Patricia had her business before, but with a $200 USD grant, she was able to expand her stock significantly. David says that they are now able to put aside $90 USD per week for school fees. The family is living hand-to-mouth, but every single one of their school-age children is in school.

"Of course losing our family was hard, but you just have to let it go," he says. "Sometimes you just have to get on with life and have acceptance. We have to do something for the betterment of their future. If we give the children a better life, we help them become somebody for tomorrow. One of them wants to be a doctor, another a teacher. Provided the international support is there, they can do this."

David and Patricia are among the one-fifth (128) of non-parental caregivers who have taken in more than four children. Like the majority of caregivers, they are aunt and uncle to the children. In their case,

all five extra children are of school age, adding to the seven school-age children of their own. Luckily, their other two children are very young, and while they need care during the day, they are not yet costing them school fees.

Given that the average Liberian household size prior to Ebola was at four or five children[20] per family (depending on location), we estimate that many caregivers are now having to feed, clothe and educate a minimum of six or seven children each, just like Patricia and David.

The couple were given a double grant from Street Child to reflect the large numbers they are now caring for, and to ensure that there is no tension in the household created by a scenario in which only some of the children can access education, or have enough to eat. The fact that Patricia and David are able to earn enough to support all of the children's schooling is by no means common; their savings total of $90USD per week is significantly higher than the other small business owners on Street Child's Urban Business Scheme (FBS). For 15 small business owners, who had been enrolled on the FBS for at least one year by the time they were informally surveyed in May 2015, weekly savings maxed out at $50 USD, with most saving between $5-$10 USD per week.

These figures were described positively by the owners; for example, Korto, who used a $100 USD grant to expand her fruit and vegetable business to include dried goods and toiletries. She said: "I feel good. As long as my children are in school, I am happy. Education is so important; it will help them have a strong future". The overwhelming majority also, however, described their financial progress as "small" or "slow".

School fees in Liberia can reach an average of almost $5,000 Lib ($50 USD) per semester, per child, which our own work shows can average out at approximately 20% of a poor family's income per child per year. It will be almost impossible for caregivers to offer long-term educational opportunities to six or seven children without external support. The risks here are obvious; that children without a state school place will not be able to attend school at all, or that the older children will be taken out of school to either work or help care for siblings.

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*"Most people here have no less than five children. We have our own children, we have taken in other children. So maybe you can only choose two children to send to school. Kids are very sensitive. You can't hide anything from them. They know there is no source of income to support these extras".*
*Heixim J Abdul, VOA Community Elder*

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[20] Liberia Institute of Statistics and Geo-Information Services (LISGIS) Demographic and Health Survey 2007 http://dhsprogram.com/pubs/pdf/SR140/SR140.pdf last accessed 23 July 2015

**CASE STUDY: David & Mary, Chicken Soup Factory, Monrovia**

David and his seven siblings lived with their mother before she passed away from Ebola in November 2014. Their father was already dead and the family lived on what little income came from her small business selling chili peppers and garlic in the local market. When she died, the family was taken in by her younger sister, Mary, who did not have her own children. Mary has taken over her sister's business, and also farms on the side.

The seven younger children are in school – Street Child provided uniforms, fees and emergency aid after their mother's death, including food and bedding – but David, who is almost 17, has been kept out of school to look after his younger siblings while his aunt works. He spend his days washing clothes, sweeping and helping his aunt harvest crops.

Scenarios like this – where an older child is required to take responsibility for educating and caring for their younger siblings – are not unusual. Given that only 28% of girls and 32% of boys finished even primary education in 2012[21], this scenario is likely to be compounded. Having a second generation lost to education since the civil war would not be helpful for Liberia's fragile economy, which is already struggling to cope with the financial burden of Ebola itself; the World Bank estimates that the Ebola outbreak will cost Liberia $100m in lost income and containment, and that it could slow growth by as much as 50%[22]. Assistance from the international community is therefore vital to stop children being taken out of school and either made to engage in child labor, to feed the family, or to help raise the younger children, like David above.

## ISSUE: Women as caregivers

Women's caregiving role in this Ebola crisis is vast, with female caregivers (mainly aunts) outnumbering male caregivers by a ratio of almost four to one, at 78%. This is no surprise, given that women are disproportionately responsible for childcare globally[23], but it is problematic. Almost one-third of Liberian households are headed by women[24], and so these caregivers are not only likely to have their own children of school-going age, but are also more likely to be raising these children on a single income.

[21] Unicef Liberia country report http://www.unicef.org/infobycountry/liberia_statistics.html last accessed 23 July 2015

[22] World Bank Sub Saharan Africa report January 2015 http://www.worldbank.org/en/news/press-release/2015/01/20/Ebola-most-african-countries-avoid-major-economic-loss-but-impact-on-guinea-liberia-sierra-leone-remains-crippling last accessed 23 July 2015

[23] UN Women http://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures last accessed 24 July 2015

[24] Liberia Institute of Statistics and Geo-Information Services (LISGIS) Demographic and Health Survey 2007 http://dhsprogram.com/pubs/pdf/SR140/SR140.pdf last accessed 23 July 2015

*"I have eight children and no husband. Now I have my sister's children too. There is literally no way to send them to school."*
*Frances, VOA Community resident*

Add to this the fact that women earn less than men[25], and less access to healthcare[26], and we can see that the financial consequences for these caregivers could be catastrophic. According to *Dying for Change*, a report by the World Health Organization (WHO) and the World Bank[27], lack of access to healthcare can have serious consequences for education: "Sickness of the family breadwinner […] means food and income suddenly stop. Paying for treatment brings more impoverishment – assets may have to be sold and debts incurred. A downward spiral of poverty begins: food becomes scarce, causing malnutrition, and children are withdrawn from school and sent to work".

**CASE STUDY: Johnetta, Caldwell, Monrovia**

When six-year-old Beatrice's mother died from Ebola in late 2014, she moved in with her grandmother. Johnetta used to bake bread for a living, funded by a grant from Street Child's Urban Business Scheme, but spending all day on her feet led her to develop severe rheumatism in March 2015. Now she can barely stand and cannot work at all; and all of her savings are gone.

"When my feet are better I will sell oil instead," she says, "but now things are bad". Beatrice is still at school for now, in grade 4, but Johnetta does not think she will be able to afford fees for next semester.

Grandmothers are second most likely to be non-parental caregivers, which heightens the salience of the WHO's warning; in addition to experiencing less earning potential due to their gender, these caregivers are also more likely to experience chronic disease and disability because of their age[28], which further reduces their ability to work. Conversely, this population takes in a higher average number of orphans, at nearly three per caregiver.

*"My daughter died and I had to take in my granddaughter. She is six. She cries because she doesn't have a uniform! And I cannot work. I have a bad heart and I cannot do anything. I can only beg. It is terrible."*
*Elsa, VOA Community resident*

[25] UN Women http://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures
[26] WHO/World Bank 'Dying for Change' http://www.who.int/hdp/publications/dying_change.pdf last accessed 24 July 2015
[27] WHO/World Bank 'Dying for Change' http://www.who.int/hdp/publications/dying_change.pdf last accessed 24 July 2015
[28] World Health Organization September 2014 'Facts about Ageing' http://www.who.int/ageing/about/facts/en/ last accessed 16 July 2015. bit.ly/2DFuxej

Elsa and Johnetta's situations illustrate the problems facing both women and the older generation in Liberia. They both live in poor communities, and there is no healthcare available. They have young, school-age children to care for and educate, and little to no opportunity to earn money. Elsa's granddaughter hates going to school because she does not have the right uniform, and she herself is also facing stigma for begging, with several of her neighbors telling her that she should be ashamed during the community meeting at which she spoke[29]. Johnetta's grandchild is at risk of being taken out of school because of the expense.

Here we see that the burden of childcare and crisis management has fallen heavily on the shoulders of the population least likely to have the financial and infrastructural resources to cope: not just women, but the poorest women, who are themselves most likely to experience ill health, least likely to have education, and who generally have the least support from their own authorities. Extrapolating this is simple: these caregivers have less money to invest in their children's education, health and development, leading to another generation of adults who lack the resources to develop economic self-sufficiency.

## ISSUE: Bullying and stigma

For caregivers and NGOs, paying for a new uniform for a school-going child may not seem to be a priority when so many other children cannot access school at all; but having a different uniform differentiates them from their classmates and signals that they are poor, or an Ebola orphan, or both.

Street Child's meetings and interviews with Ebola orphans and their caregivers has given us a great deal of anecdotal evidence that, just like in the West[30], many orphans drop out of school because they are being bullied, either because of the stigma of association with Ebola, or because they do not have the right uniform or school equipment (like Elsa's granddaughter, above).

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*"When there is no money for textbooks or materials, there is shame, and peer pressure. There is no uniform, no nice backpack. Then there is no worry about school fees, because they won't go."*
*Bakisa, VOA Community resident*

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Stigma from association with Ebola is also a very real phenomenon, including among adults. In the early stages of the outbreak, many cases were transmitted because people with Ebola simply did not want their neighbors to know. They either hid their symptoms until they were very obviously ill, and highly infectious, or they secretly visited doctors in neighboring villages, spreading the disease outside their neighborhood as they travelled[31]. Stigma can result in community members refusing to take in children whose primary caregivers died of Ebola, and many of the orphans whom we support report being

[29] VOA community meeting, Saturday 16 May 2015
[30] Stopbullying.gov http://www.stopbullying.gov/at-risk/effects/#bullied last accessed 24 July 2015
[31] World Health Organization Ebola report January 2015 http://www.who.int/csr/disease/Ebola/one-year-report/factors/en/ last accessed 16 July 2015

bullied, ignored, abandoned or ostracized by their communities after their parents contracted Ebola, and experiencing similar feelings of shame.

**CASE STUDY: Rose and Daniella, Somalia Drive, Monrovia**

After Daniella and her three siblings lost both their parents to Ebola, the community abandoned them. NGO health workers took away the dead bodies, along with anything in the house which might have been contaminated – including bedding, clothing and mattresses – but no one helped the children who were starving and cold within, sleeping on bare wooden floorboards. No one came to the house, or offered them any food; their once-friendly neighbors were terrified of contracting the disease, and ran away from the children whenever they left the house.

Eventually their neighbor Rose saw that the children were not ill – even the baby, who had been breastfeeding – and decided to take all four of them in. Unfortunately, shortly afterwards her husband lost his job. Now the six of them live on the salary Rose makes from selling bread and cold water, in the house opposite the children's family home, meaning that the children have a daily reminder of the terror and grief they went through earlier this year.

"Things are very hard for them. Even the older ones cry a lot," Rose says. "I feel bad for them. I try my best to make them happy, but sometimes there is not enough to eat. I can't give them money for lunch, and being hungry can lead children astray. But they are all in school now, which is so important. It's important for their future, because they don't have anybody else. What if something happened to me? They have to be able to look after themselves".

Daniella, who is 16, is happy the day we meet, despite her grief and the worries she has for her family's future. She does not know if there will be any money for school fees next semester, but she sat her year-end exams today, and they went really well.

The family has benefited significantly from Street Child support. Rose and her husband, who did not have children of their own, chose to attend a Street Child parenting workshop; among other useful techniques, these teach participants how to help children who have had traumatic experiences cope

with their grief and pain. Rose also received an Urban Business Scheme grant to buy stock for her business, and attended a workshop where she learned about writing a business plan and keeping track of profit.

"Street Child has been really helpful," she says. "Today you can see the children smiling because of them. When there's no food, I can call them and ask for help. We do not need to panic now."

## ISSUE: Physical and psychological trauma

Experiences like those of Daniella and her siblings can not only lead to bullying, feelings of shame and school absenteeism, but also incidences of post-traumatic stress disorder (PTSD). This, along with depression, can inhibit educational achievement[32] and represents another hurdle faced by the orphans of Ebola victims. Many of these children have been uprooted entirely from their homes and families; having experienced the deaths of their parents, they are now ignored by their communities, bullied by their peers, living in an alien neighborhood and, in many cases, starving. In some cases they are living with caregivers (either family or friends) who have never parented before.

PTSD can also develop from experiences of physical trauma, such as sexual violence. In humanitarian crises like this, where social norms are disrupted and where already an vulnerable female population is more likely to experience greater deprivation and exclusion[33], women and girls are often at greater risk of experiencing physical and sexual violence, or exploitation[34].

In a country where sexual violence against young women and girls is already commonplace – the most commonly reported crime according to police reports is that of rape of women aged between 10-14[35] – these orphaned girls and young women become particularly vulnerable. Many of our beneficiaries have reported experiencing rape and sexual assault, and our own research found that the most pressing concern for street-connected young women was the potential for sexual violence[36].

CASE STUDY: Mietta, Zuma Town, Monrovia

Mietta is 16 years old. Six months ago she was living with her parents in a tiny, remote village in the center of Liberia, east of Monrovia. That was before Ebola took them both, within three days of each other. "My pa, he passed away first", she says. "Then my Ma got sick". When her mother knew she was dying she gave Mietta a bundle of Liberian dollars, which she had secretly saved for an emergency, and told her to make her way to Monrovia, to escape from the stigma attached to Ebola survivors.

[32] Kataoka, S, Langley, A, Wong, M, Baweja, S, & Stein, B (2012). 'Responding to Students with Posttraumatic Stress Disorder in Schools', in Child & Adolescent Psychiatric Clinics of North America, vol 21:1, 119-133

[33] Michigan Journal of Gender and Law 'Women, Vulnerability, and Humanitarian Emergencies' http://repository.law.umich.edu/cgi/viewcontent.cgi?article=1011&context=mjgl last accessed 24 July 2015

[34] Reuters http://www.reuters.com/article/2015/03/18/us-health-ebola-women-idUSKBN0ME30520150318 last accessed 24 July 2015

[35] Unicef 'Protecting girls and women from sexual violence in post-war Liberia' http://www.unicef.org/protection/liberia_46379.html last accessed 16 July 2015

[36] Street Child 'An assessment of street-connected children in Monrovia' April 2015

Armed with the money (about $15USD in total), Mietta fled her home and the fearful aggression of her neighbors, and headed for the bush, where she slept for several nights. While there, she was approached by a man who told her he could get her into a school in Monrovia. Knowing that her mother had wanted that for her, she agreed to go with him; but he raped her, and when they arrived in the city he sold her on to another man, who also raped her and told her to marry him.

Mietta refused, so he threw her out of his house and onto the streets of Monrovia, late at night. With nowhere to go, and not knowing the area, all she could do was run as far away from his house as possible, and sleep rough at the side of the road, hiding behind a derelict building for safety. She lived there for several days and nights, sleeping when it was dark and scavenging for food during daylight hours, until an elderly woman walking past one day saw her crying and took her in.

Mietta now lives permanently with Cecilia, but is not back at school yet; when she did attend she was bullied for not having a new uniform, which marked her out as being poor, and as an Ebola orphan. She has also developed flashbacks and post-traumatic stress disorder as a result of her many negative experiences. Fortunately, Street Child has been able to help. We have allocated money for a uniform for Mietta, and have paid for one semester of school fees, so that she can return to a normal routine. We are also providing her with weekly counselling, to help her overcome her experiences of loss, homelessness, and sexual violence.

"I want to learn. I want to work," Mietta says. "I want to set up my own office, and be a banker or a doctor. I want to work in the city. Street Child helped me fine. They talked to me, they encouraged me to take my education seriously. And they make me feel better about my situation."

## ISSUE: Risky behaviors

The same research also highlighted that of young women who are visible on the streets of Monrovia at night (i.e. street homeless), almost 20% are engaged in sex work to make ends meet[37]. Anecdotally, we know that much of this is driven by poverty and hunger.

CASE STUDY: Hellena and Lorena, Caldwell, Monrovia

Hellena runs a bar in her neighborhood. It is good money and she is able to save $150 USD every week. This is important to her; Lorena, her daughter, ran away to the streets last year in search of food, and became a sex worker. Identified as young and vulnerable by Street Child's social work team, over time Lorena was helped to exit street life and sex work, and reunited with her mother, who was given an Urban Business Scheme grant to set up a business.

With the grant Hellena bought stock, and with the profit is now able to feed herself and her four children, and send them all to school. Street Child is still monitoring the relationship between mother and daughter, helping Lorena adjust to life back at home, but without hunger driving her on to the streets, the relationship is becoming ever more stable.

[37] Street Child 'An assessment of street-connected children in Monrovia' April 2015

Street Child research into Ebola orphans in Sierra Leone (2014) also found that older children are more likely to rely on sex work to survive, and/or turn to other risky behaviors as a coping mechanism, such as drugs, alcohol, petty crime and unprotected sex, leading to increased numbers of teenage pregnancies. The latter is particularly problematic for maintaining cycles of economic and employment vulnerability for women, who cannot access education once they have a child.

## ISSUE: Hunger

A huge number of Street Child beneficiaries cite hunger as having a significant impact on their lives, heightened by the Ebola crisis. Put simply, where there are more children, there is less money; and where there is less money, there is less food to go round. We see the various impacts hunger can have on people. Children who are hungry complete fewer years of education than those who have enough to eat[38]. To avoid hunger they and their caregivers will beg, or scavenge:

"Now I have seven children, and one cup of rice a day is no longer enough. So what must I do? I collect rice from the dump – other people's leftovers. I wash it. And we eat it."
Bakisa, VOA Community resident

They will take on difficult or problematic work (such as Lorena, above), work two jobs, sell their assets or walk ten miles a day to find anything to eat:

"People will walk three hours each way to get two chicken feet and rice. We used to have one cup of rice in the house. Now we have five more people. One cup is no longer enough."
George, PTA chairman at VOA Community

Common to almost all stories is that if children are hungry, they will not attend school; without food in their bellies, education is simply not a priority.

"Where there is no food in the system, there is not even the idea of going to school. Children won't go to school because they are hungry, so they go off in search of food."
Bakisa, VOA Community resident

Exacerbating the issue is the impact that the spread of the disease has had on business. In order to contain the contagion, houses in which there were Ebola cases were quarantined, and curfews were ordered on many public spaces. For individuals, quarantine lasted for a minimum of 21 days – a long three weeks leaving inhabitants completely reliant on the generosity of neighbors or awareness of NGOs to bring them food.

Many of the public spaces, however, were locations such as markets, where much small business is transacted – the type of business mostly carried out by people at the income levels of Street Child caregivers. Many of these have been under curfew for months, to avoid the transmission risks engendered by large gatherings of people. While this has certainly contributed to declining rates of infection, it has also once again negatively impacted those least able to cope with a decline in income;

[38] Oxfam Global Campaign for Education https://www.oxfam.org/sites/www.oxfam.org/files/1goal-back-to-school-sept-2010.pdf last accessed 23 July 2015

more than one-third of the 23 Urban Business Scheme participants informally interviewed in May 2015 referenced Ebola as having been destructive to their ability to make profit.

## ISSUE: Geography

Research and our own organizational experience tells us that impoverished communities where population density is high, such as slums, are more prone to the spread of infection than sparsely populated areas, such as rural villages[39]. Inevitably, people who live in these areas are the least likely to have access to healthcare and education, and can lack a basic understanding of how diseases are transmitted, reducing their ability to keep themselves safe.

Our work with Monrovia's street children and their families, both before and during the Ebola crisis, has given us a unique insight into how vulnerable these communities really are. Inhabitants of West Point and VOA (an urban community on the edge of Monrovia which is home to many displaced civil war refugees) report many ways in which the outbreak was terrifying and devastating for them.

They did not understand how Ebola was transmitted, and many report witnessing friends or family unwittingly infecting others, or becoming infected by caring for sick relatives; some could not access health clinics; they were afraid of the stigma; they were told they could not bury their dead in line with their cultural or religious beliefs, which was problematic; their relatives' bodies were taken away, sometimes before they were even dead, by faceless people wearing hazmat suits; they could not pay rent when primary breadwinners died, and/or curfews reduced their ability to trade and earn a living, and so lost their homes. Significantly, people also report feelings of abandonment and marginalization by authorities, which led many to suspect that Ebola was not real at all, but simply a conspiracy invented by the government to justify further maltreatment of the country's poorest.

CASE STUDY: Sammelia, West Point, May 2015

"I am ten years old, and my mother is dead. Two months ago she went to the market to get some food, and she met her friend. Her friend got sick and she died. Then my mother said she was not feeling well. She told my auntie, who helped her, but then some people in big white suits came and took my mother away. I did not see her again. Then someone told me that she was dead. I was very sad.

"Then my auntie got sick, and they came back and took her away too. My family got scared because when they take people away, they die. So my uncle and his friends went to the doctor and took my auntie back. There was a lot of trouble. My auntie died anyway, and then my uncle too.

"Now I live with my big sister Janet, and my little brother George. She is 30 and sells mangoes and she sends us to school. I am in 1st grade and I like it. I like social studies and science best. My sister saves money for us to have school, and a better life. She saves nearly $2USD every day. I am still sad, but I feel safer now, and happier when I am at school."

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[39] TED case studies: 'Ebola, Trade and the Environment' http://www1.american.edu/ted/ebola.htm last accessed 24 July 2015

Sammelia's family were among those West Point residents who broke into an Ebola treatment center in August 2014 and stole back the dying and dead bodies of their relatives, desiring to bury them respectfully, according to their traditions. Government retribution was swift and draconian; the entire area – home to an estimated 75,000 people – was quarantined. No one was allowed out or in for 17 days, and when people inevitably began to riot, police deployed teargas and fired indiscriminately into the crowds, injuring Titus, one of Street Child's beneficiaries. Fortunately he survived, but the friend he was with did not. Ultimately, international pressure persuaded President Sirleaf's armed guards to step down, but residents believe that many died as a result of other diseases – including Princess, a three-month-old baby who developed malaria during the quarantine period, and who died in her church as her community prayed for her – the only succor they were allowed to offer[40].

This is an excellent illustration of the confusion, terror and pain the people experienced during the early months of Ebola, before NGOs such as Street Child were able to explain to people how the disease was transmitted, and why is was no longer safe to observe traditional funeral rites such as by bathing in water used to clean the deceased.

[40] Interview with West Point community member, Monday 18 May 2015

## 7. Street Child's Ebola response

Since 2008, Street Child has existed to challenge and solve the barriers to accessing education faced by street children in West Africa, and Ebola inevitably provided one of the biggest challenges to date. As the number of fatalities increased, it became clear that the number of children orphaned by the virus was growing too. These children did not have any of the survival skills learned by our usual beneficiary group – children who gradually transition from being 'street-connected', to relying on the streets full time – and so many had no idea how to cope with their circumstances. They fled to the streets, terrified and devastated, or stayed in their homes, often with the dead bodies of their parents, waiting for someone to rescue them. Sometimes rescue came; sometimes it did not.

Adding further layers of complexity to the problem, once the government declared a state of emergency in July 2014, entire regions were placed under quarantine or curfew. Schools and other public spaces were closed, and in many areas people were forbidden from leaving their houses, which meant abandoning their harvests, animals, and businesses. In many cases the authorities did not bring food to quarantined households. Adults and children alike began to starve, slowly.

As a small organization with a unique local knowledge of Liberia (and Sierra Leone, our sister country), Street Child was able to adapt our work very quickly to lead the way on a crucial aspect of the international relief effort. Our Ebola response was an extension of what we have done successfully for years: reunite each street-connected child with a caring, supportive family (ideally their own); provide income generation opportunities for that family in the form of business grants and training, and ensure a sustainable pathway for each child into education. Critically, however, our local presence, gained from years of working with remote, marginalised communities, allowed us access into the regions where Ebola was causing the most devastation to the people, from both starvation and transmission rates.

While other agencies were building treatment centers, or collecting dead bodies in hazmat suits, Street Child invested in training 'Ebola educators' – local community members who went door-to-door in vulnerable neighborhoods, having conversations with people about how Ebola is transmitted, how to keep safe, and why the bodies were being removed; not out of spite, or to create fear, but because those bodies were highly contagious. These educators cost Street Child and our funders a mere $50 per month each, and in many of the areas where they operated, fatality levels declined noticeably. We also used our network of community contacts to provide sanitary facilities – simple but effective buckets of chlorinated water, for handwashing – used by more than 10,000 West Point residents.

Our other vital service addition was to provide food to a desperately hungry population. Harvests failed country-wide, and in urban areas such as West Point, where people were quarantined, food was scarce. Street Child used its community contacts and intimate knowledge of Monrovia to set up food distribution stations throughout the most marginalised areas, including persuading local merchants to sell us rice on credit, which we repaid once the lock-down was over. Food supplies in West Point reached a minimum of 1,000 beneficiaries over the three-day lock-down.

During all this emergency relief work – alleviating hunger and educating people about safety at scale – we also continued applying our normal model to these most vulnerable of children – assisting them off the streets, reuniting them with a supportive caregiver, and providing the means for them to return to school, sustainably.

In total, between March 2014 and 1 June Street Child achieved the following outcomes in Liberia. The majority of support has gone to those affected by Ebola, but during the same period we also continued to support street-connected children via our usual model:

**10,000** residents of West Point received access to sanitary facilities;

**1,856** Ebola orphans reunified with caregivers and given emergency relief, of whom:

- 1,500 received access to school;
- 450 received counselling;

**1,000** West Point residents received food during quarantine;

**714** Ebola orphan caregivers supported, of whom:

- 714 received parenting support, counselling, and mentoring;
- 430 enrolled on Urban Business Scheme (indirectly affecting 2,500 family members);

**536** (non-Ebola orphan) street-connected children received access to school; and

**12** rural schools built or repaired.

## 8. Street Child's model

Street Child provides street-connected children in West Africa, including Ebola orphans, with access to education. There are many complex reasons why street children do not access education, and with our funders we work to solve as many of these challenges as possible, via an innovative, multi-disciplinary approach that is simple, scalable, sustainable, and nimble, while bringing maximum impact for beneficiaries and funders.

Many agencies operate by bringing a single solution to one problematic issue. In contrast, Street Child operates by addressing every aspect of a family's needs from the bottom up, to ensure that every unit supported has the maximum capacity to run its own future. Sustainability, for us, is vital. We also work with local implementation partners, which gives us a unique reach into some of the most disadvantaged, marginalised communities in Monrovia; this means we can be sure that our support is always going to the populations who need it the most, and that it reaches them very quickly.

The model has four strands, each an integral part of ensuring sustainable school attendance:

*1. Income generation initiatives*

At the core of our work is financial sustainability; alleviating hunger, stress, and ill-health and getting children into education are almost impossible without also providing opportunities for people to generate their own income. We offer families of street-connected children, or Ebola orphans, the opportunity to enroll on our Urban Business Scheme, where they learn to create or develop a small business. The scheme provides grants, training and one-to-one mentoring for the participants, supporting them for as long as it takes to get the business off the ground and making a profit.

Crucially, we also provide savings opportunities for caregivers, ensuring their economic resilience into the future and helping them create a safety net for when life inevitably takes a wrong turn. Encouraging savings can be cheaper and less risky than offering vulnerable populations debt, in the form of microfinance, and so we offer our beneficiaries grants, not loans, and require them to put money aside each week to save for their future. A condition of scheme enrolment is that the family uses some of the profit to pay for their children's education.

So far 430 people have completed the Urban Business Scheme, creating businesses which range from baking bread to smoking fish to selling charcoal. Together, these businesses have sent more than 600 children back to school, and benefited 2,500 extended family members with more meals per day, and greater economic security, at a total cost of $47,000.

We also provide income generation schemes in rural areas, whereby both individuals and communities benefit from the chance to farm seed and sell the surplus, either to feed and educate their family, or to subsidize construction, maintenance, and teacher salaries for the local school.

*2. Family reunification*

Feeding into this fulcrum of sustainability are family tracing, reunification, mentoring and counselling. Children are more likely to succeed in education if they live in a supportive environment with responsible adults with whom they feel safe, and so Street Child works to identify immediate or extended family for the children, reunite them, and then provide parenting advice, workshops and one-to-one support to ensure that the relationships are healthy and sustainable. We also provide the children, where necessary, with counselling, therapy and other support aimed at helping them cope with grief and loss, trauma from sexual and other physical abuse, drug or alcohol addiction, stigma and bullying.

*3. Emergency relief*

Providing people with an asset for longer-term sustainability is almost never a successful strategy if the grant receiver lacks basic elements of survival, such as food. To ensure our business scheme is impactful, we therefore provide emergency aid for families, such as food, clothing, school uniforms and bedding, reducing their need to sell or eat their asset before it has the chance to generate income.

*4. Education*

The above components of our model are all aimed at one goal: getting children into school and learning, for their futures. There are other practical aspects to our education offering, however. We provide community education around Ebola transmission, to reduce stigma for orphans and facilitate finding willing caregivers, but also to help stop transmission rates. Educating communities around the value of education itself is also very important, to reduce the pressure families can put on children to leave school and contribute to the household financially instead. In Sierra Leone we build schools and train teachers in rural areas, a program which, with the necessary funding, we shall also launch in Liberia. We are also in the process of creating income generation initiatives for schools themselves: businesses which local communities can manage together, which contribute towards funding the schools. This will help to reduce school fees and pay reasonable salaries to trained teachers.

# 9. Conclusion and recommendations

Ebola orphans rarely experience one single challenge in their lives; rather a number of challenges which together create a formidable barrier to accessing education. Hunger, stigma, financial instability and/or poverty, physical and psychological trauma, and ill health are all components of a complex system which conspires to keep children out of school, and for which there is no one perfect solution.

When resources are low, and those at risk great in number, it is tempting to focus interventions on what appear to be the 'major' challenges, rather than attempting to address all issues. The data in this report makes it clear, however, that in order to succeed any intervention must address every single one of the challenges facing the orphans and their caregivers, and in a way that is meaningful and useful to them.

Without access to food, shelter, a supportive home environment, a uniform, psychosocial support and the means for their caregivers to become financially sustainable, thousands of children are at risk of losing out on an education, leaving another generation of adults without access to the most basic of resources: the ability to provide a financial safety net for themselves and their families.

## Recommendations

1. Provision of support for Ebola orphans via a comprehensive, multi-disciplinary response which addresses every aspect of their needs, rather than focusing on one or two of the seemingly most pressing needs. This including alleviating hunger, poverty, stigma and trauma, and providing income generation opportunities as well as access to education.
2. With the necessary funding, expand Street Child's Urban Business Scheme so that it forms the fulcrum of support for every child's caregiver, whether Ebola orphan or street-connected. The scheme has been highly successful so far, with 84% of businesses running for more than two years still making a profit, and it has huge potential to create positive economic and social change among these marginalized communities.
3. Develop services, including the Family Business Scheme, to incorporate the knowledge that the majority of small business owners are women, with specifically gendered needs and circumstances, such as the likelihood of having more children to care for on a single income.
4. Offer short-term education grants for Ebola orphans, to return them to school as quickly as possible, and also to provide an element of continuity for them in what has been an extremely distressing, unsettling time.
5. Consult with communities themselves about their needs, rather than approaching support from a top-down perspective; they know best what they need, what they can achieve, and what solutions will work.
6. Educate people about the value of education itself and work with policy-makers and government to ensure that the curriculum develops skills and knowledge that have practical value and can lead directly to employment opportunities; this will in turn persuade adults of the value of that education on a longer-term basis.