



**STREET
CHILD**

The STREET CHILD
Ebola Orphan Report

Jan – Feb 2015

THE STREET CHILD EBOLA ORPHAN REPORT

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Statement of Endorsement from the Ministry of Social Welfare, Gender and Children's Affairs



There are so many categories of children who have suffered grievously as a result of this Ebola crisis – my Ministry is highly concerned about all of them. However, it is clear that none have suffered more than those who lost parents and vital caregivers, those they really relied on, to this virus.

It is therefore right that we all do everything in our power to assist these children. They must be protected, empowered and educated. My Ministry is determined to see this happen.

To this end I warmly welcome and endorse this report from Street Child on their findings arising from their work with Ebola orphans. It is an important contribution to understanding the scale and nature of this issue. I urge all to read it. And then not just to read it but consider carefully how you can then act, in whatever way is possible for you, in support of these children.

I would also like to commend our partner, Street Child. It is not an easy job to go to almost every household where Ebola has taken victims in the entire country, in both the towns and remote villages equally. These 12,000+ children are not formed in a neat and easily accessible queue, they have to be found and helped in their disparate own places. Street Child have done an impressive job and on behalf of my Ministry, I would like to thank them.

Above all however, I wish to reiterate the importance of this issue and use this moment as an opportunity to encourage all to come on board and join my Ministry in the vital fight to ensure that these children who have suffered so much have the chance to live a dignified, safe and hopefully, one day, prosperous life.

Thank you

Alhaji Moijueh Kai Kai

Hon. Minister of Social Welfare, Gender and Children's Affairs



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FOREWORD

The Ebola crisis has been a horrific experience for the entire nation – all Sierra Leoneans have suffered in various, and often terrible, ways. Arguably, however, no surviving group has suffered as much or been left in such a precarious position as those who have lost a parent or caregiver to Ebola.

In the past six months, national authorities and the international aid community in Sierra Leone have had to face challenges unprecedented since the days of the civil war. Understandably, resources and manpower have been focused mainly on bringing the Ebola virus to an end as quickly as possible. Consequently, purely social aid programmes, including the provision of significant assistance to Ebola orphans, have in general not been prioritised.

At Street Child, as a specialist child protection actor with a unique national presence, **we chose to make identifying and supporting Ebola orphans our primary response to the Ebola crisis.** In September, we pledged support for 1,000 orphans; by February, our 18 nationwide social teams had documented over 12,000 cases. We have provided differing levels of humanitarian and psychosocial support to close to 11,000 orphans to date.

This document represents a distressing distillation of what we as an agency have discovered and learned during this time – and what we feel are the priorities that need addressing for these children. What is revealed is the scale and nature of the crisis: over 12,000 children have lost a key caregiver whom they depended on and are faced with extremely challenging and perilous circumstances. It is also clear that this is not a homogenous group and therefore careful consideration must be given to providing the right aid for orphans in varied circumstances.

It now appears possible to believe that an end to Ebola is near, and that the time for rebuilding, and in particular helping those who have lost the most, has come. It is Street Child's fervent belief that Ebola's orphans should be amongst the first in line for help.

TOM DANNATT

CEO & Founder of Street Child



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i. List of Acronyms

- CSW – Commercial Sex Worker
- CHH – Child Headed Household
- FTR – Family Tracing and Reunification
- ICC – Interim Care Centre
- MSF – Medicine Sans Frontier
- MSWGCA – Ministry of Social Welfare, Gender and Children’s Affairs
- NERC – National Ebola Response Committee
- OICC – Observational Interim Care Centre
- PSS – Psychosocial Support Services
- UNICEF – United Nations International Children's Emergency Fund

ii. Definitions of Terminology

Ebola Orphan: Any child who has lost their primary caregiver to the Ebola virus. This includes children who lost both parents to Ebola; those who were previously in single-parent households and lost that parent to Ebola; those who were orphaned by their biological parents prior to Ebola and subsequently lost their non-biological caregiver to Ebola; and also cases where one parent was lost to Ebola and a second parent may still be living but may or may not be present or capable to care for the children alone.

Primary caregiver: The person who takes primary responsibility for a child’s upbringing.

Support: A child is registered as supported once the initial aid package of humanitarian supplies has been delivered.

Street Child: Any child who relies on the street as either their home or for their livelihood.

Child: Any person below the age of 18, in accordance with the UN Convention on the Rights of the Child.

Contact Children: A child who has been in contact with a known case of Ebola

Total number of orphans losing at least their primary caregiver:



Both parents lost to Ebola:



Number of orphans living in a household of five or more orphans:



FINDINGS AT A GLANCE
Total population: 6,092,000



Total number that have received support from Street Child:



Living in urban areas:



Living in rural areas:

Ebola orphans face: **STIGMA, HUNGER AND TRAUMA**
Ebola orphans are at increased risk of: **MARGINALISATION, ABUSE AND PREGNANCY**
Ebola orphans urgently need support, including: **PSYCHOSOCIAL CARE, HUMANITARIAN AID, SUSTAINABLE LIVELIHOOD SUPPORT & HELP RETURNING TO SCHOOL**

Average age:



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The Street Child Ebola Orphan Report of the more than 12,000 orphans identified by the charity in Sierra Leone to date was researched between 13th and 27th January 2015. A Street Child research team travelled to all 14 districts in Sierra Leone, collecting quantitative data from Street Child teams and conducting interviews with Ebola orphans and their carers; Street Child staff working on the frontline of the Ebola orphan crisis; Ministry of Social Welfare Gender and Children’s Affairs (MSWGCA) officials; and representatives from a range of Non-Governmental Organisations (NGOs). This report stands out as the first national undertaking of its kind to be produced.

The **aims** of the project were to:

- Demonstrate the scale and nature of the Ebola orphan crisis
- Provide an insight into the challenges and risks faced by Ebola orphans
- Bring out the nuances associated with various situational differences
- Inform potential policy and programme decisions in relation to support for Ebola orphans

The scale of the Ebola orphan situation in Sierra Leone is of crisis proportions; over 12,000 Ebola orphans have been identified to date with thousands more predicted by Street Child staff on the ground. The challenges and risks that they face - including, poverty, stigma, exploitation and abuse - threaten the future safety of this already vulnerable group of children. These are long-term issues which, if not addressed immediately, could lead to a constant cycle of rehoming and a dramatic increase in the number of children relying on the street for survival.

These issues are not without solutions; through the identification of challenges, risks and groups in acute need, programmes can, and have, been set up to proactively work towards the protection and empowerment of these children tragically orphaned by this disease.

Methodology

The presented data was collected over a fourteen day period; Street Child teams from all 14 districts were interviewed about the scale and nature of the crisis – the following districts were visited by the research team to conduct interviews with Ebola orphan beneficiaries, local officials from the MSWGCA and aid agencies including World Vision, ChildFund, Plan, Action Aid and Oxfam:

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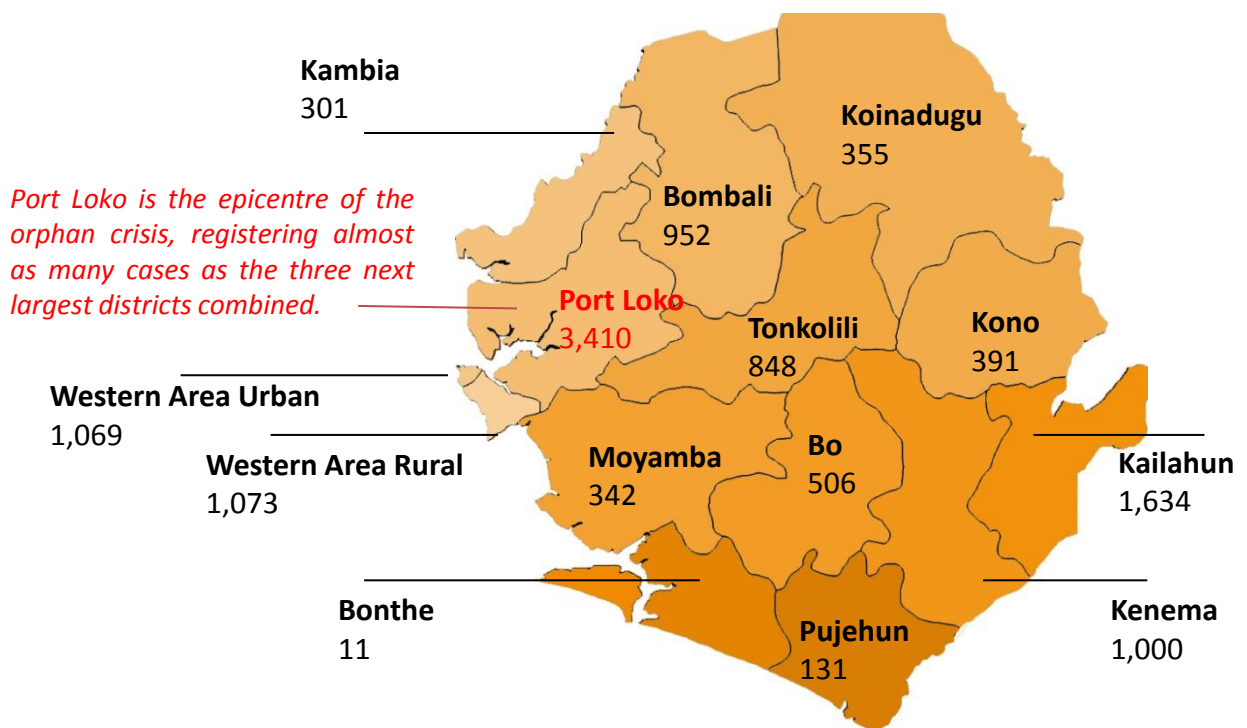
Bo, Bombali, Kailahun, Kambia, Kenema, Moyamba, Port Loko, Tonkolili, Western Area (urban and rural). Case studies from the remaining districts: Bonthe, Koinadugu, Kono and Pujehun were collected from the Street Child teams operating in those areas. Interviews conducted with officials and orphan case studies, containing key information about needs and the evolution of their situations, are available upon request.

The selection of interview candidates ensured that a wide range of children in a variety of circumstances were interviewed in order for the report to represent a large cross section of Ebola orphans. Orphans were asked about their current situation, the challenges they face, their needs, and their hopes for the future.

FINDINGS AT A GLANCE

Total population: 6,092,000

Total number of orphans recorded: 12,023



About the Report

Street Child is a proud partner of the Sierra Leonean Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and many other national and international child protection agencies whose work we respect and admire. The views and perspectives of a wide range of child protection professionals were canvassed during the research process, however the data itself is drawn purely from Street Child's own records – themselves based on months of interactions between Street Child social workers and Ebola affected children. This report is Street Child's contribution to a crisis which requires coordinated action from various partners.



Child Protection Statement

This project was carried out in accordance with the Street Child and Street Child of Sierra Leone child protection policies. Permission for interviews and photographs was granted by an adult caregiver or social worker. For child protection purposes the names and locations of each child were changed within the report.

Street Child's definition of 'Ebola orphan'

Street Child defines an Ebola orphan as any child who has lost their primary caregiver to the Ebola virus. This includes children who lost both parents to Ebola; those who were previously in single-parent households and lost that parent to Ebola; those who were orphaned by their biological parents prior to Ebola and subsequently lost their non-biological caregiver to Ebola; and also cases where one parent was lost to Ebola and a second parent may still be living but may or may not be present or capable to care for the children alone.

Street Child recognises that this is not the conventional use of the term 'orphan'; however, in this context, the Street Child definition is justified by the **functional impact of losing a primary caregiver** in Sierra Leone during the Ebola crisis. These children have lost their caregiver and their breadwinner – in effect, their whole world has been turned upside down. In many cases, the support a single parent Ebola orphan needs does not differ hugely from that of an orphan who has lost both parents, consequently, the use of the Street Child definition facilitates those in need receiving the aid they deserve. If we focus purely on the standard, narrow definition of orphan, we risk failing to capture the scale of the real crisis.

Street Child and the Ebola Orphan Crisis

Street Child has been operating in Sierra Leone since 2008; with over 600 staff and trainees teachers spread across every major town and many rural areas in the country. Street Child has provided access to education for more than 20,000 children during that time, through the provision of psychosocial support, family tracing and reunification, provision of sustainable business support and the creation of basic educational infrastructure to, and for, thousands of former street children and their families. **As a specialist child protection actor with a unique national presence, Street Child chose to make identifying and supporting Ebola orphans our primary response to the Ebola crisis.**

Since August 2014 Street Child has radically scaled up its support for vulnerable children orphaned by Ebola, and to date has identified over 12,000 orphans and provided support to close to 11,000. Initial identification is carried out by liaising with Command and Control centres, receiving referrals from hospitals, treatment centres and local community members and visiting Ebola hotspots.

Identification is followed by a needs assessment; to date, every orphan supported by Street Child has received the following:

- *Regular visits from a social worker (typically twice a week in urban and easy to access areas, less frequent in more remote areas);*
- *A one-off food supply to the household, typically lasting 2-4 weeks;*
- *Clothes, bedding and sometimes toys have also been distributed on a needs basis when funds are available;*
- *A small number of households have also received additional food distributions and business grants .*

The findings of this report are intended to display the gap between the needs of some of Ebola's most vulnerable victims – the orphans – and the services that are, at the time of writing, available to support them. Although Street Child has identified more than 12,000 children who have lost their primary caregiver to Ebola, and succeeded in providing emergency support to close to 11,000 of them, these emergency aid distributions alone are comparatively token compared to the interventions required to provide a hope or a future to these children.

Whilst Street Child's social visits are frequent and on-going, the emergency food distribution that Street Child provides is normally only sufficient for a month, and Street Child has been unable to distribute even clothes and bedding to all those who need it. A strategy must be developed to ensure that the children receive the ongoing support and sustainable futures that they deserve. Street Child has a desire to see such a strategy implemented, and is well positioned to deliver it, but presently lacks the funding resources to make this desire a reality on the scale needed.

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Street Child and the Ebola Orphan Crisis



The demands of the Ebola crisis have tested the capacity of every organisation operating in Sierra Leone. Many have stepped up admirably, taking on challenges previously unimagined. However, despite the efforts of these organisations, it is no surprise that service gaps exist. Street Child believes that the support of orphaned children is one such gap. The findings of this report are intended to be constructive, not critical. They are merely the facts that we have gathered during the course of our mission, aimed to implore others to consider these needs when designing funding priorities.

Street Child remains ready to collaborate with any organisation that would like to join forces in tackling this problem. We hope that the data we have collected and lessons learnt to date can serve to assist others in planning their own responses. It is clear that the needs of the children who have been orphaned by Ebola are staggering, and will persist unless further targeted intervention takes place.

EBOLA IN SIERRA LEONE 2014-2015

The Ebola outbreak in Sierra Leone began in May 2014 and has affected every district of the country. A national state of emergency was declared by his Excellency President Dr Ernest Bai Koroma on 31st July 2014; the closure of all schools and the quarantine of affected communities were amongst the measures put in place to stop the spread of the deadly virus. According to the World Health Organisation (13/02/15), a total of 10,954 clinical cases of Ebola have been recorded (8,138 confirmed) with a total of 3,350 deaths in Sierra Leone.* Transmission is currently most prevalent in the west of the country including in the capital Freetown, Port Loko district and Kambia district.

REPORT FINDINGS

Challenges

The major challenges faced by Ebola orphans in Sierra Leone are stigma, trauma, malnutrition and lack of access to education.

Stigma: Ebola orphans face isolation and rejection from their communities across Sierra Leone. The issue has softened since the start of the crisis, as knowledge about Ebola has increased, however it remains significant. Stigma is highest in the north of the country, which experienced cases later in the crisis, particularly in districts where contagion is still high, such as Port Loko. Stigma complicates the process of rehoming Ebola orphans and has an emotional toll on the orphans themselves. Orphans whose parents were the first to contract Ebola in a community have been particularly stigmatised.

Trauma: Trauma is a major issue amongst Ebola orphans in all districts; affected by grief and uncertainty, social workers report that orphans have a tendency to isolate themselves, many have nightmares about the deaths of their parents and are living in constant fear of what the future will hold.



Usman Kanu (16) from Tonkolili lost his father to the Ebola virus; he lives with his mother Fatmatu and three siblings. When Ebola came to Ali's family his friends would no longer associate with him and the community rejected them. **Usman attempted to take his own life by drinking a car battery.** Thankfully Ali survived, but this formerly financially stable family, whose father was principal of the local secondary school, are now fully reliant upon aid provided by Street Child.

*CDC 'Ebola Outbreak in West Africa Case Count' – 13/02/15

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Aminata Sesay (17) from Western Area lost both parents and is now the sole primary carer for her two younger brothers aged 12 and 4. Aminata does not leave her house; she does not see the friends she used to play with and she says that her new responsibilities weigh heavily on her. **At night she is kept awake by dreams that her mother's ghost is coming to visit them.** Aminata says that she has nobody to turn to apart from Street Child social workers when she feels scared.

Trauma: Trauma is a major issue amongst Ebola orphans in all districts; affected by grief and uncertainty, social workers report that orphans have a tendency to isolate themselves; many have nightmares about the deaths of their parents and are living in constant fear of what the future will hold.

Poverty and malnutrition: The majority of Ebola orphans are currently reliant on food aid for survival; out of the 12,023 identified in this study, Street Child has supplied emergency food support to 10,944 of them, however, some have already finished this aid and are in need of further support, while still others are yet to receive emergency support of any kind. The majority of orphans and their families received food support during their quarantine period, but have received nothing since. The loss of a primary breadwinner brings poverty to a family and can result in malnutrition, especially under the economic restrictions during the Ebola crisis when it is difficult for a caregiver to begin a new business or find work.

Access to education: Families, many of whom are impoverished, who take in orphans are faced with the added challenge of having extra mouths to feed. Social workers are in no doubt that Ebola orphans will struggle to return to education because families will struggle to afford school fees or will rely on children to bring in money to support the family. Street Child teams fear that without intervention, there will be a constant cycle of rehoming as caregivers either do not have the means or are unwilling to provide long term support to orphans.

The **Conteh family from** Lunsar, lost their father and are now headed by their mother Tenneh; the six children, Ibrahim (8), Alie (7), Usman (6), Kelfa (6), Moses (4) and Ishaka (4) are previous beneficiaries of Street Child and were taken from the streets and placed into education. **When we arrived at the household the children were out selling cake in the market; since the loss of their father, this is how they spend their days.** The older children cry when their mother sends them out, they do not like the market and wish to have their old lives back, but these means are necessary for survival. Aminata wants to continue to send her children to school but says she does not have the money for all of them – the ones who go to the market must continue to help her earn money to support their siblings.

REPORT FINDINGS

Risks

The risks for orphans are severe: orphans are at risk of marginalisation, abuse (including being forced into early marriage or hard labour), teenage pregnancy and entering into commercial sex work (CSW).

Marginalisation: The risk of marginalisation is greatest for orphans who have been rehomed either with a foster carer or a non-immediate family member. The new carer may be inclined to prioritise support for their biological children. In households where there are limited resources, children could miss out on food and will struggle to return to education. Even in families who have only lost one caregiver there is still a risk that a mother or father could remarry and the orphans will be marginalised in favour of new children.

Abuse, teenage pregnancy and sexual exploitation: Orphans who have been rehomed or left without a primary caregiver face increased risk of abuses such as child labour, sexual exploitation and early marriage, and a high risk of teenage pregnancy, all as a result of loss of security and guidance. Many of these pursuits will result in children never returning to school. Females acting as caregivers are also at risk of sexual exploitation if they are struggling to feed their family.

Fatmata (16), from Kenema, lost her mother to Ebola and her father many years ago. After the death of her mother she was living with her stepmother, her older brother and his wife, but some three months ago she left the home and has been sleeping at friends' houses, deprived of food. Fatmata has been **marginalised** by her stepmother, resulting in her food supply being cut, and was subjected to bullying by her sister in law, forcing her to leave the house. Fatmata is at risk of exploitation and abuse if she stays out of the family home.



Martha Sesay (17) from Kenema, lost her mother and father to Ebola and was left as the primary caregiver, along with her twin brother George (17), to their two siblings Foday (14) and Saidu (11), though Foday, who initially survived Ebola, subsequently passed away. During the 21 days quarantine period, **one of the soldiers guarding the quarantined zone broke into their home and attempted to rape Martha**. Martha is extremely traumatised by the incident. Martha and her family are extremely vulnerable. Apart from recent support provided by Street Child, it is very striking that such a vulnerable child-headed family, living not in a rural location but in the second town of Sierra Leone, have received no external assistance - it shows the real limit of the Ebola orphan response to date.



**MARIATU'S STORY:
PREGNANCY; HUNGER**

Mariatu (16) from Bo lost her father to Ebola, now, every day she joins her mother and eight younger siblings to work in the quarry, mining stone to sell and feed themselves. Selling is not always possible though – when we met Mariatu, the Street Child aid package had run out and she had not eaten in four days.

Four months ago, Mariatu was temporarily head of her household while both her parents were in Ebola treatment units (her mother survived, her father passed away). During this time she resorted to sleeping with a neighbour in exchange for food to feed her younger siblings. She is now pregnant and the father is no longer around. Mariatu told us that she is worried about the future for her child and for herself; she wonders how she will be able to take care of the child when she has little or no access to medical care and is uncertain as to where the next meal will come from.

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ACUTE RISK GROUPS

The scale of the challenge and level of risk can be dependent on several variables, such as the nature of the loss, location, age, number of orphans per household and effects of the virus.

Child Headed Households: In a minority of cases where a suitable adult caregiver can not be found, orphaned children may be best taken care of by their older teen-aged siblings. These children and households continue to need ongoing support, monitoring, and attempts to find suitable adult caregivers. These orphans are the most at risk from trauma, poverty and exploitation as they lack parental support and have an added burden of responsibility. Child carers are the least likely to return to school. The numbers of identified children acting as head of household is 102 (Male: 47 Female: 55).

Nature of Loss: Orphans who have lost **both parents (3,241)** are at greater risk of marginalisation and exploitation in a new home. Rehoming orphans with a relative offers the safest environment. In some cases children were reliant on their father, however, in the majority of cases the mother is integral both for financial support and domestic support – for many orphans this makes the loss of a mother particularly difficult.

Ramatu Jaward (35) from Kambia, lost her husband and mother and is a survivor of Ebola – her story illustrates the **difficulties of a single mother and of an unhealthy Ebola survivor**. Ramatu has two of her own children plus her mother's three orphaned children, Abu Kamara (6), Med (2) and Mohammed (1). Ramatu, like many survivors has acute pain that often keeps her bed ridden, this inhibits her ability to care for and provide for her enlarged family.

To make matters worse all those who used to help her are now dead. Long term, Ramatu wants a business grant to start a business as a trader – she is lucky that her village is large enough to support such a business, as many rural villages are not.



Rural vs Urban: **Rural** orphans (57% of those identified) are often less able to receive regular psychosocial and monitoring support because of the difficulties in reaching their remote locations. On average, Street Child teams visit rural orphans half as often as their urban counterparts, leaving them at a higher risk of trauma and abuse. Furthermore, many rural communities that underwent quarantine have lost substantial portions of this year's harvest, leaving orphans at a high risk of malnutrition and possible starvation. Female orphans have a greater exposure to early marriage in the rural setting where it is an accepted custom after the loss of a primary caregiver.

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Urban settings have greater exposure to Ebola sensitisation but this does not naturally correlate to lower levels of stigma. Instead, stigma is dictated by the scale of the virus in a particular area. Ebola orphans in urban areas have greater exposure to commercial sex work, drug use and crime, but conversely, families have easier access to business opportunities. 43% of orphans Street Child identified live in the urban setting.

Age: Children who have a clearer sense of the situation are more prone to suffering the effects of grief and stigma, and therefore showing signs of trauma. The average age of the orphans identified by Street Child teams to date is 9 years – an age at which the majority of orphans are not yet able to support themselves. Older children are more at risk of resorting to crime and commercial sex work.

Number of orphans per caregiver: In situations where a high number of orphans are reliant on a single caregiver for support, the risks of malnutrition, neglect and marginalisation are particularly high, and the likelihood that orphans will return to school is distinctly low. Street Child identified 17% of orphans as being supported by a caregiver who is supporting five or more orphans in their household, with a maximum number of 21 orphans being cared for by a single caregiver.

Weak care givers: Orphans with caregivers who are weak because of age or disability face a greater threat of poverty and greater risks to their security. Weak caregivers are often unable to run a business to provide for orphans, leaving them at risk of malnutrition and unlikely to return to school. There are many reported cases of Ebola survivors suffering from disability – orphans living with Ebola survivors are an acute risk group.

Abdul, a pharmacist from Makeni, who contracted the Ebola virus and died, left behind three wives and **28 children**. He was the sole breadwinner for his family; In fact Abdul's salary was reportedly supporting not just his 28 children but 52 people living in his wider compound.

When Abdul died his children were left **without financial support, wondering where the next meal would come from and if they would ever return to education.**

One aid package was not enough to feed all 28 orphans, so Street Child staff chose to register each of Abdul's wives as separate caregivers. This enabled them to distribute three separate aid packages and ensure that each child had a larger, if not sufficient, portion of aid.

Mammy Amie looks after her grandchildren, Fatmata (10), Ibrahim (3) and Martha (1). **Mammy Amie is old; after her daughter died from Ebola she took in the children and since then has struggled to provide food for them.** She fears for the children's health and that the family will be evicted from their home because of their inability to pay rent. Amie's age makes the family extremely vulnerable; their current landlord stole their Street Child aid package. Street Child family business officers have asked Amie to nominate somebody to receive a business grant and run a business in support of the family.

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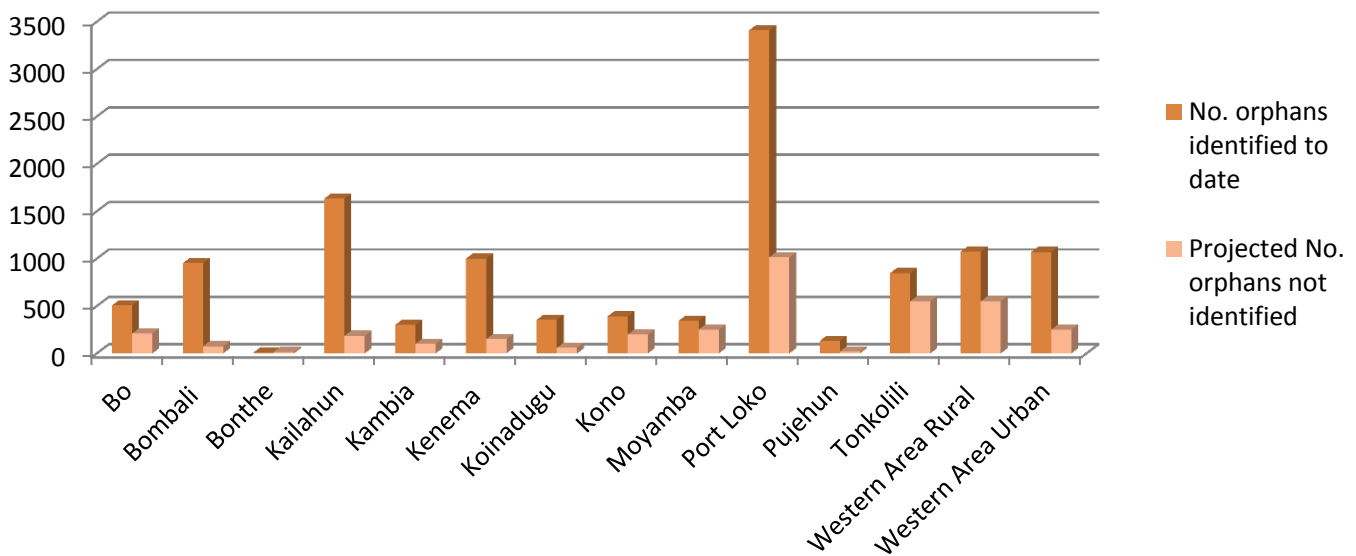
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QUANTITATIVE DATA

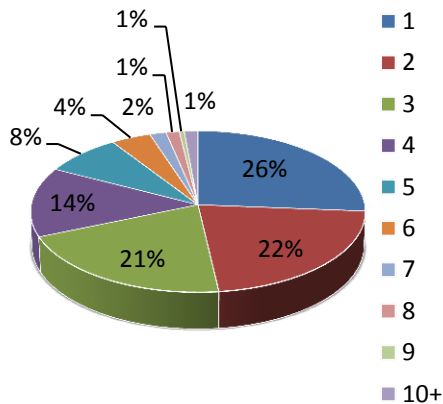
The quantitative data for the report was collected by Street Child teams over a six month period from August-February.

Street Child identified 12,023 children orphaned by Ebola across the country and provided support to 10,944 of that number. Street Child teams predict that there are an additional 3,630 children who have not yet been identified, either because of remoteness or as a projection of children who may have been orphaned recently, but whom Street Child has not yet been made aware of.



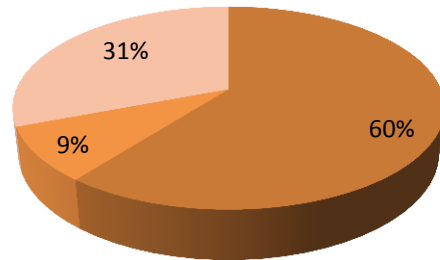
Port Loko District registered the highest number of orphans with a total of 3,410 identified and 2,459 supported while Bonthe reported the lowest with just 11 Ebola orphans identified, all of whom have received support.

ORPHANS PER CAREGIVER



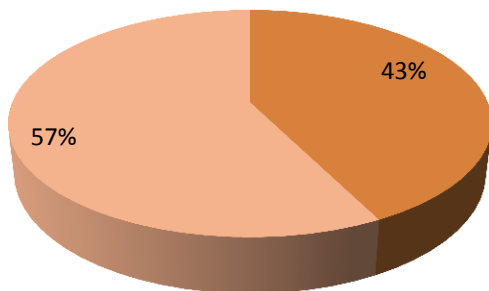
SCHOOL GOING FIGURES

- No. previously enrolled in school (In July 2014)
- No. not previously enrolled (of school going age)
- No. out of school but too young



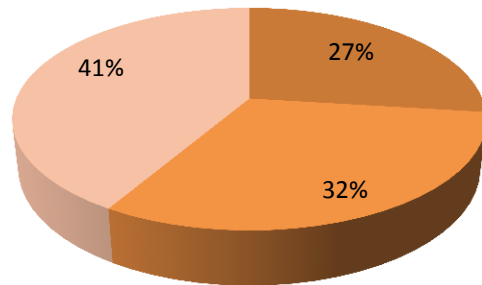
LIVING SETTING

- No. orphans living in urban
- No. orphans living in rural



NATURE OF LOSS

- No. orphans both parents died/absent
- No. orphans lost mother only
- No. orphans lost father only



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Males and females make up roughly equal portions of the orphans identified: 50.2% compared to 49.8%.

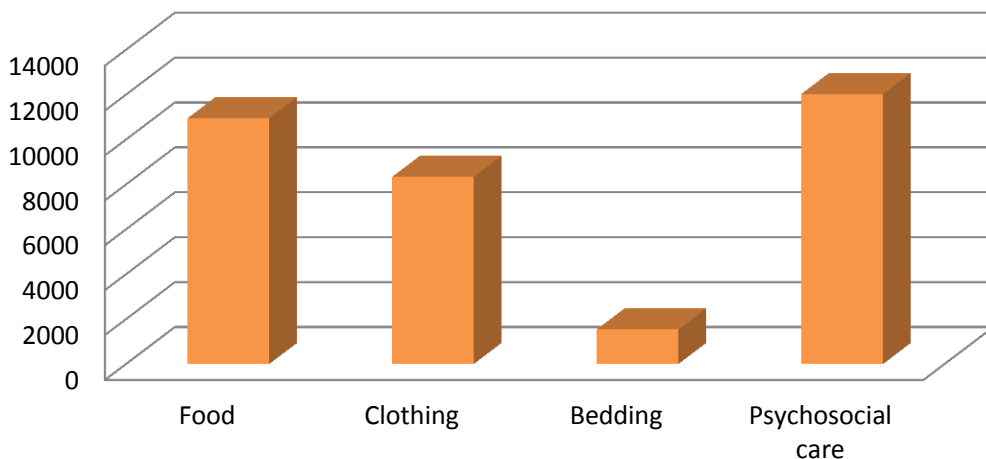
However, the number of children who lost both parents, **3,241 (27%)**, mother **3,790 (32%)** and father **4,992 (41%)** shows a degree of differentiation which is important when assessing the number of children in the greatest need of immediate support, as well as the types of support that children may benefit most from.

Importantly, the numbers of children acting as head of household are relatively low, numbering just 99 children (Male: 44 Female: 55). The average number of Ebola orphans per household across Sierra Leone is 2.99; Bombali registering the highest average of 4.01. **The maximum number of orphans being cared for by a single caregiver was 21, with 1% of those identified living in a household with 10+ orphans and 17% with 5+ orphans.** These numbers are an indication of the level of long-term support caregivers must be empowered to provide in order to support Ebola orphans. What must be considered when analysing these figures is the fact that many new caregivers will have their own biological children, making the average household size much larger than the numbers shown.

The majority of orphans have received food support and psychosocial support. Clothing distribution to replace clothing lost during the decontamination process has also been a major aid deliverable. From a planning perspective it is vital to note that **a majority of orphans are based in rural settings**: 6,907 children compared to 5,116 in the urban. Specific thought and planning will be required to ensure that these children receive the same level of support as their urban counterparts.

9% of Ebola orphans of school-going age were **out of school in July 2014** while 60% were previously enrolled in school.

Orphan Immediate Needs (based on their statements and social worker observation/records)





RECOMMENDATIONS

Immediate physical aid – food, clothing, bedding: Large numbers of children need immediate support of a humanitarian nature to restore basic dignity to their situations. Many families complained that humanitarian aid packages which they had previously been given have already run out. The current condition of too many of the orphans, who have suffered grievous loss already, is not acceptable. Ideally, for a period of time, this should run alongside any longer-term solutions, as detailed below.

Psychosocial support services and regular monitoring/contact: Whilst children and families are very grateful for whatever minimal physical support they have received from Street Child, the regular visits of Street Child social workers are evidently highly valued and have a powerful impact. It is recommended that this is a long-term initiative with teams receiving training under the supervision of The Ministry of Social Welfare, Gender and Children Affairs, as well as other agencies with the ability to build capacity, in counselling and identification of the signs of post-traumatic stress disorder. Children who have survived Ebola but have been orphaned are a high risk category that will continue to need regular psychosocial support. Additionally, training appropriate community members (possibly teachers) in rural communities as well as professional staff in urban areas is strongly recommended to ensure that orphans from these areas are able to access support equally.

Sustainable needs-based support: Ultimately, sustainable livelihood support, empowering families to help themselves, is the critical need. Street Child's own programmes will be looking to provide business grants in the urban setting, and agricultural grants in rural communities. The size of grants should also take into account the number of children in a household to ensure that large households are not at a further disadvantage. For those families unable to have a business because the carers are too old, too young, or disabled, Street Child recommends that a suitable adult should be carefully nominated to receive the grant and provide for the household. This agreement requires careful monitoring, however it is a method Street Child has used in other projects for years. This element is especially critical for child headed households if the caregiving child is ever to go back to school.



RECOMMENDATIONS

Educational grants: In order for families to send their children back to school, separate grants may be needed to cover the cost of education – especially in the short term, otherwise there is a risk that business grant money will be spent on education or other immediate needs as opposed to providing sustainable livelihoods for the children. Government initiatives such as lowering school fees and providing scholarships would be instrumental in mitigating the risk of an Ebola orphan schooling crisis. To avoid conflict in the household, and for equality, it will be necessary to consider the educational needs not just of orphans but of all children in a household; for example, the biological and other existing children in a home (those there before the orphans joined), some of whom may also be at risk of exclusion from school on financial grounds.

Acute risk targeting: Social work teams should target their work towards the categories of orphans at acute risk as identified in this document (heightened risk factors include: loss of both parents, rural location, high numbers of children supported by one caregiver, weak or elderly caregiver). These findings indicate that careful planning can help to overcome the various possible risks and challenges which orphans could face, depending on the nature of their loss, their location and their age.

What is not recommended: Orphanages or institutions (other than in the most exceptional cases). Street Child firmly believes that, in all but the most extreme of cases, a community or wider-family based rehoming solution is in the best long-term interests of the child.

It has been noted that various fundraising efforts are ongoing globally to raise money for 'orphanages' for children who have lost parents to Ebola. In almost all cases, Street Child fundamentally believes that those funds could be better utilised to find and support family and community based placements for children. Any alternative solution must meet an exceptionally high standard in order to be considered.

DISTRICT DATA

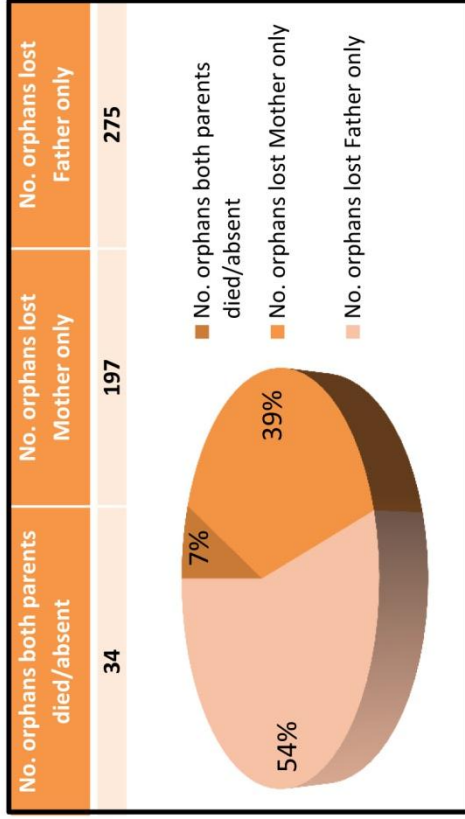
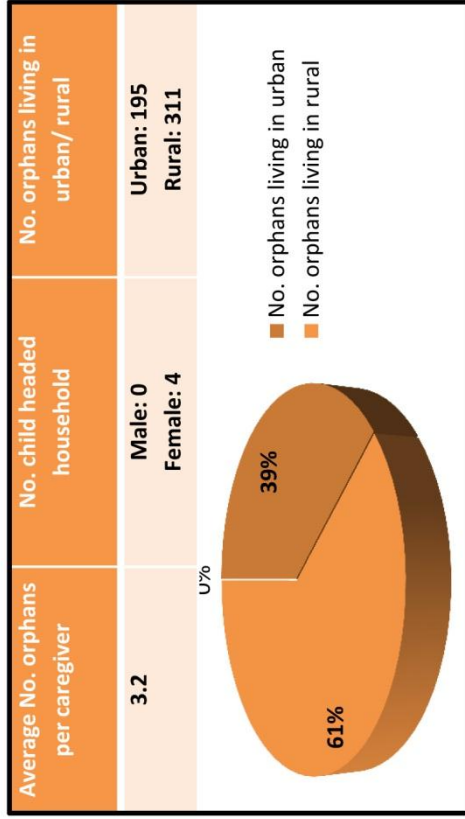
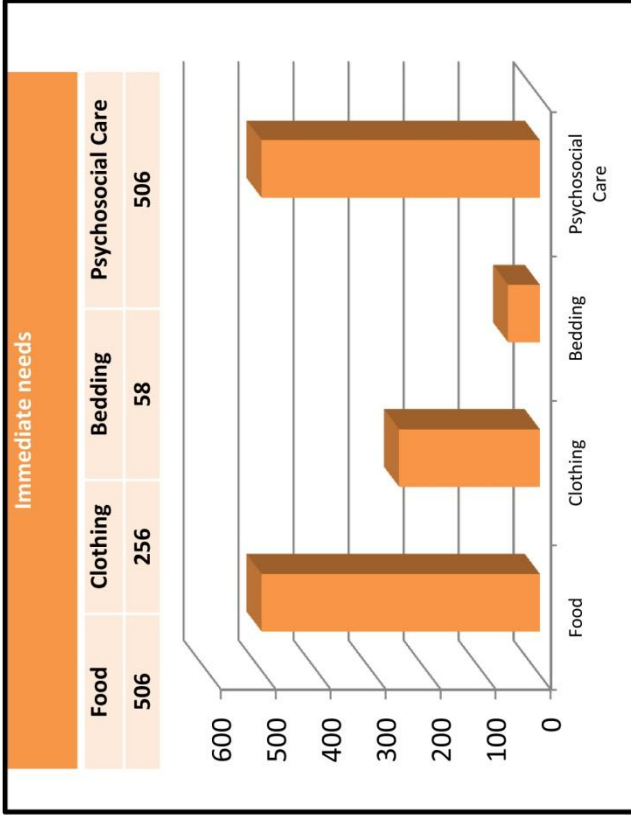
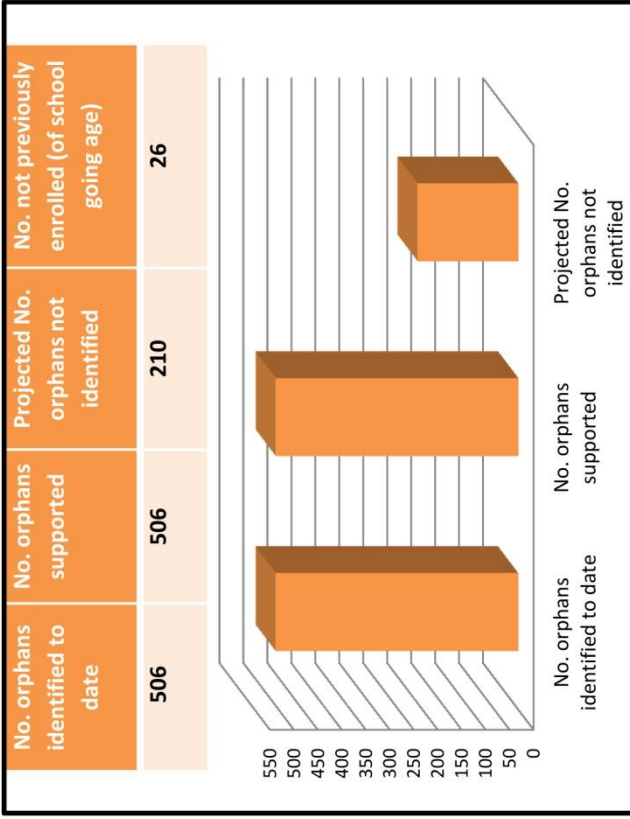


Bo

Average age	Average age Male orphans	Average age Female orphans
8.4	8	8.8
No. orphans identified to date	No. Female orphans	No. Male orphans
506	264	242

Bo: Interviews conducted - MSWCGA Southern Region co-ordinator, World Relief, Action Aid, Street Child district head and Ebola orphan team, Ebola Orphan beneficiaries.

- Street Child teams in Bo are currently distributing business support
- In the urban areas the Street Child Bo team visit families twice a week, in the rural once a week.



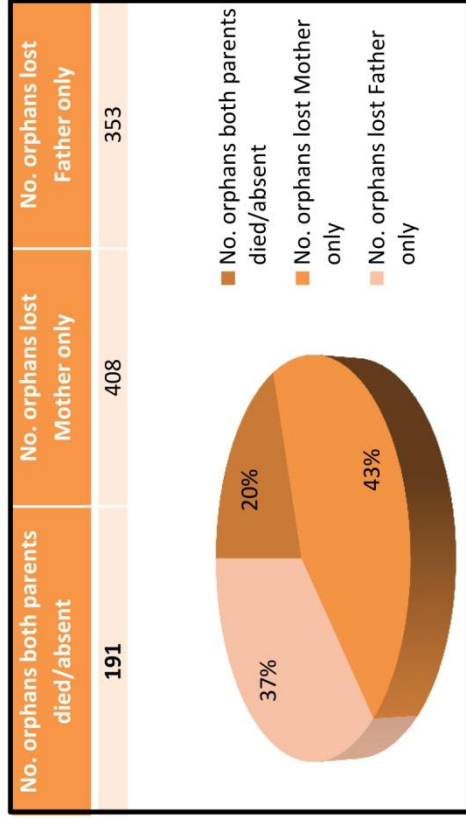
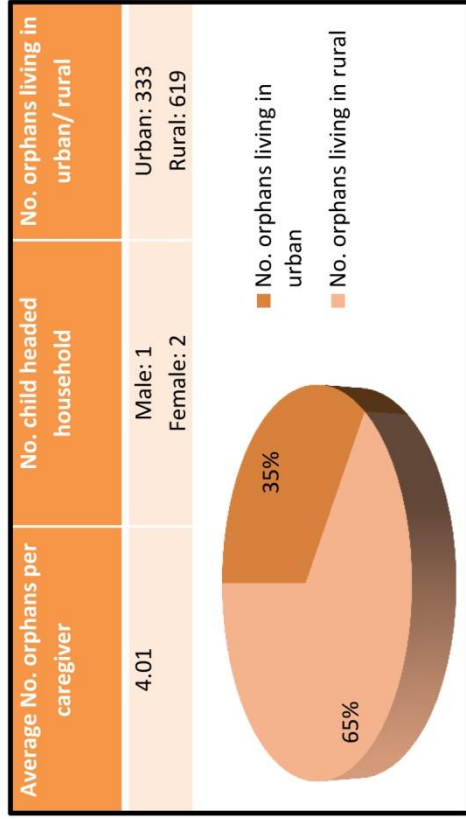
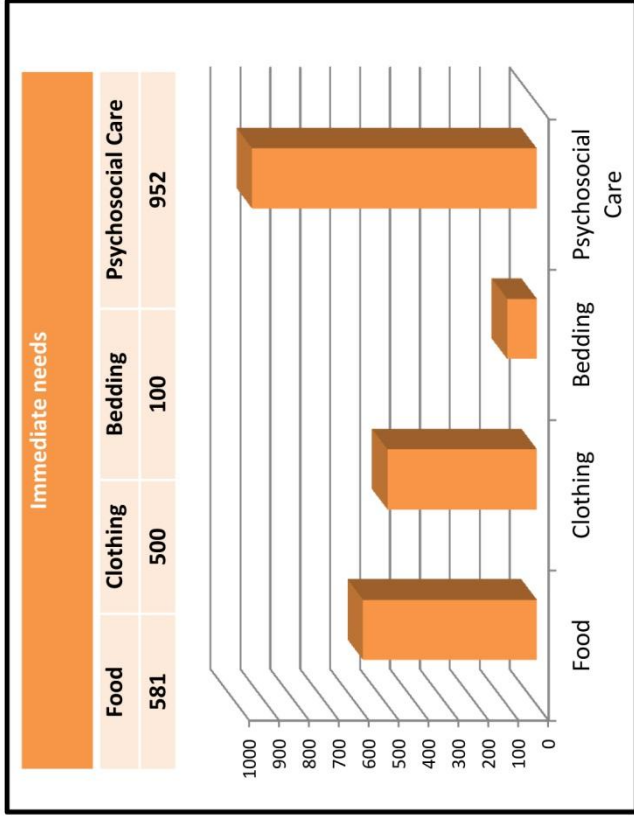
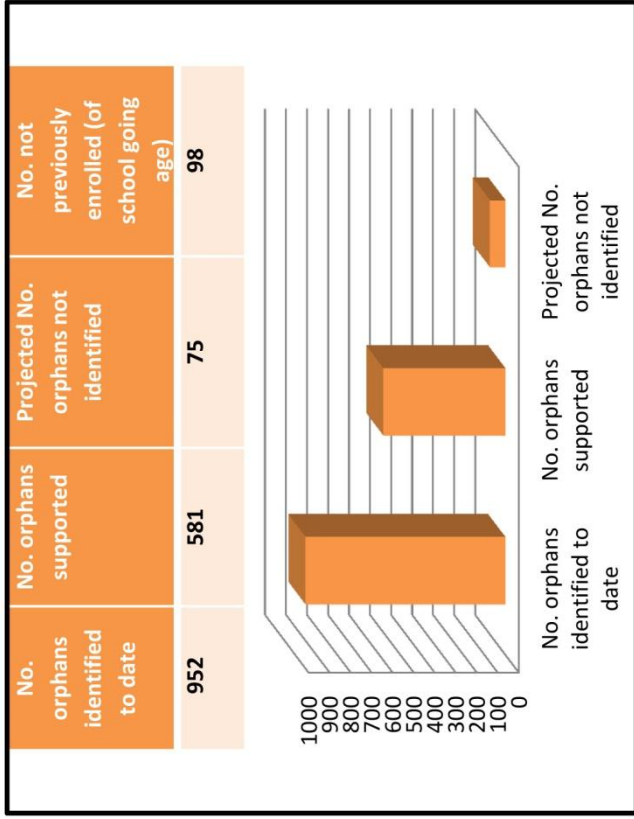


BOMBALI

Average age	Average age Male orphans	Average age Female orphans
9	8.8	9.2
No. orphans identified to date	No. Female orphans	No. Male orphans
952	446	506

Bombali: Interviews conducted – John Momodu Kargbo, Rural projects director, Street Child Bombali team, Oxfam, Plan, MSWGCA Northern office, Ebola orphan beneficiaries.

- Loss of Harvests – in quarantined rural areas farms had to be abandoned and seed banks were ruined at a time when communities were due to harvest groundnut and rice.
- Traditional marital arrangements exist whereby a widow will be inherited by her deceased partner's brother. While this may provide extra support for the family there is a risk for orphans that they could be marginalised in the new family home.



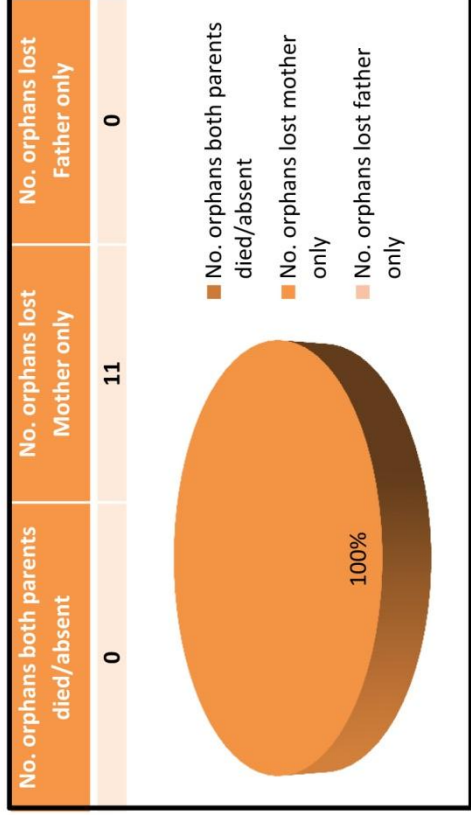
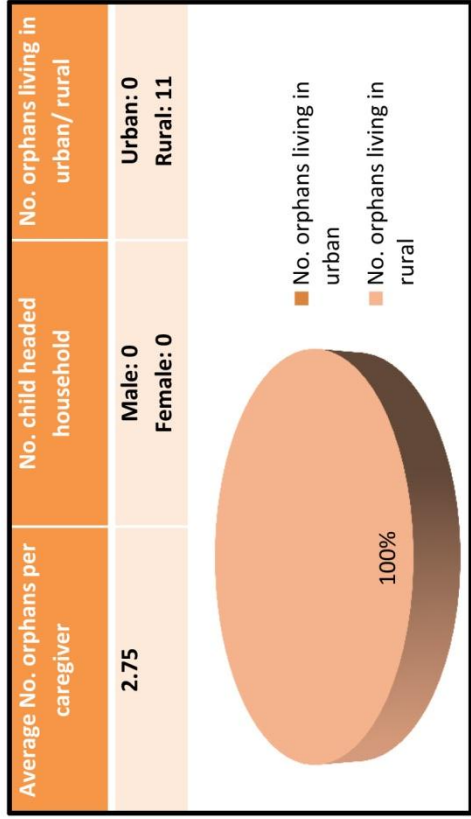
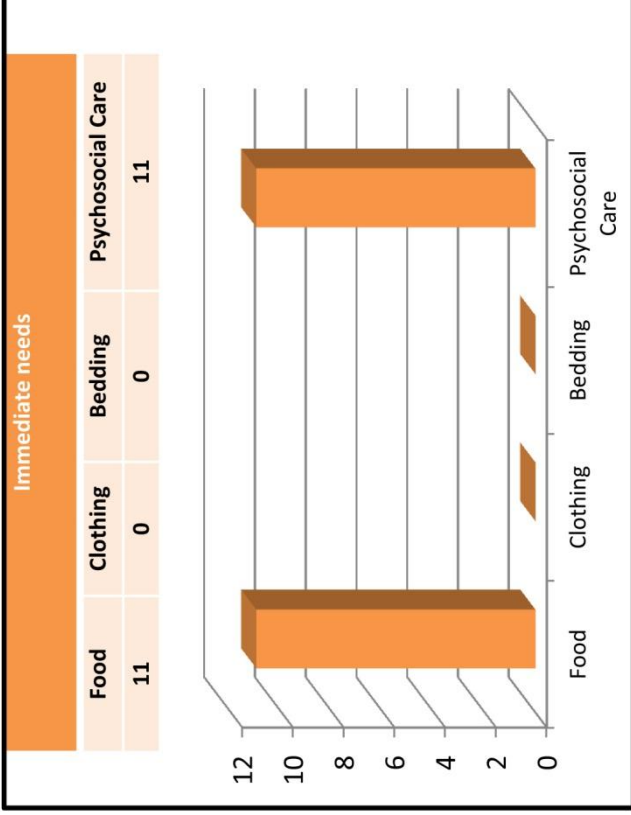
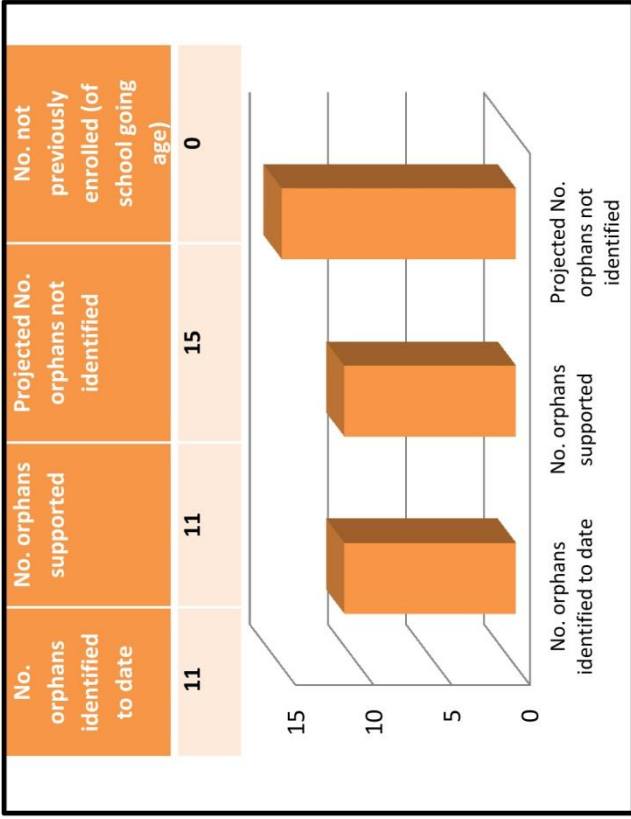


BONTHE

Average age	Average age Male orphans	Average age Female orphans
10.6	12.8	9.4
No. orphans identified to date	No. Female orphans	No. Male orphans
11	4	7

Bonthe: Interviews conducted - Street Child rural project co-ordinator Southern Region.

- Just five households have been identified in Bonthe. As a result of the low levels of Ebola in the district Ebola orphans are coping comparatively well. They do not face the same stigma as elsewhere in the country.
- The Street Child team find it difficult to visit the orphans regularly but have found success using the community animators model to carry out monitoring and data collection.

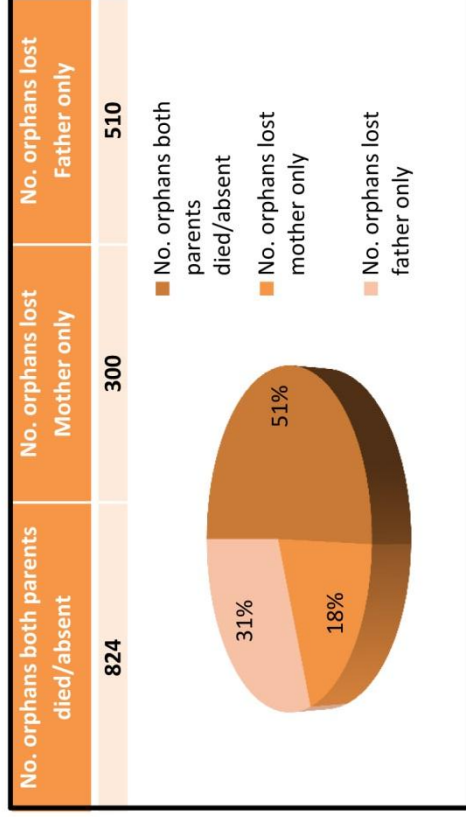
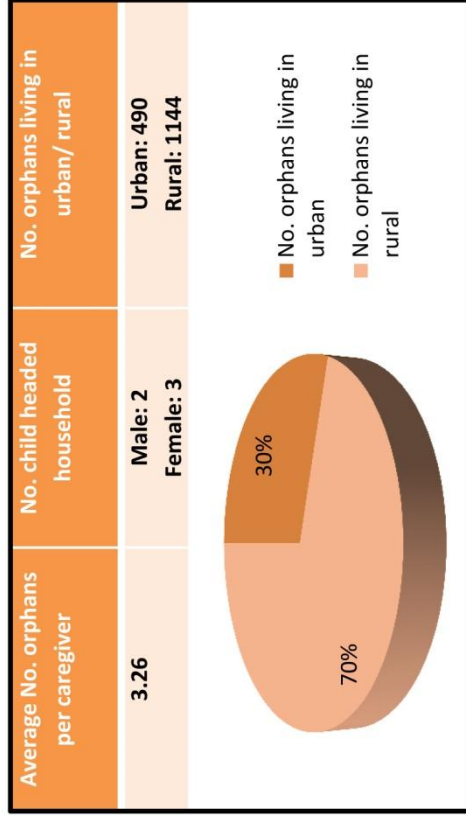
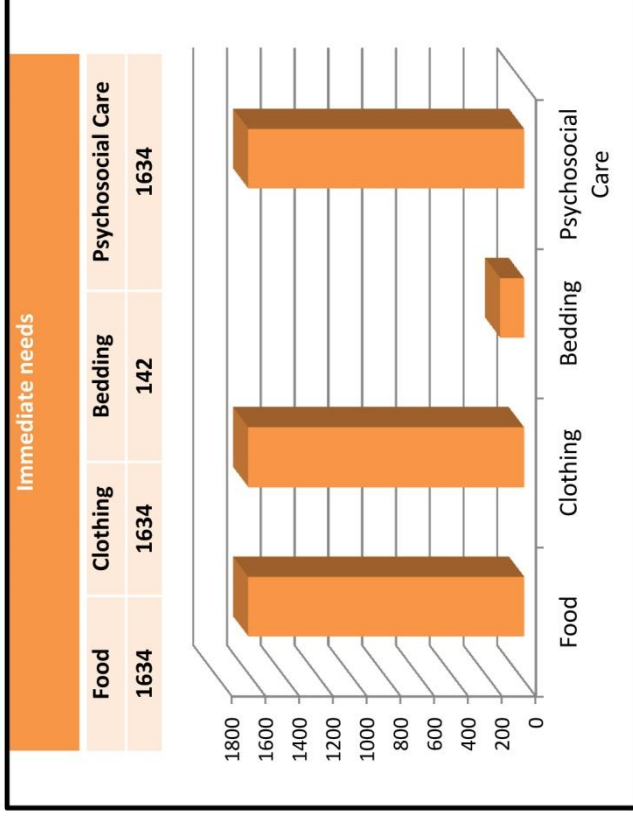
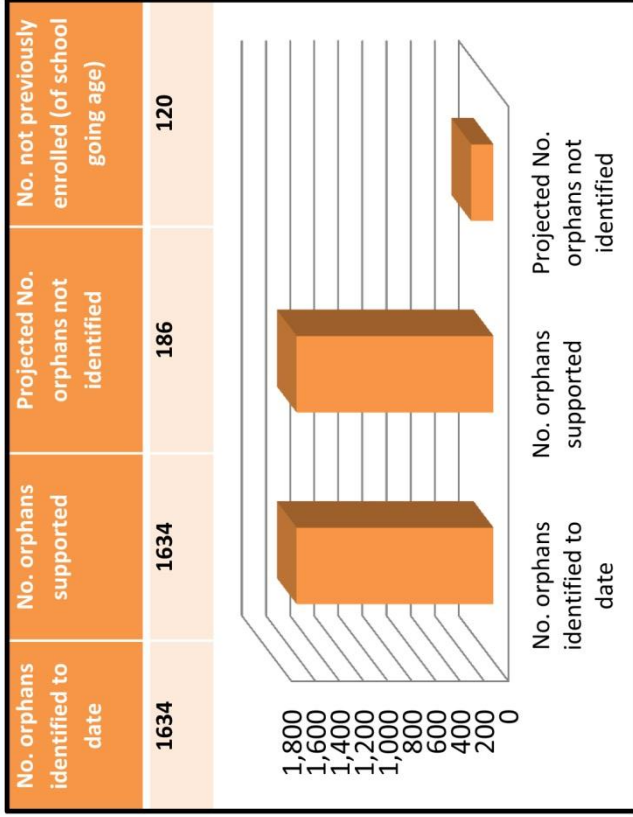


KAILAHUN

Average age	Average age Male orphans	Average age Female orphans
8.3	8.7	8.1
No. orphans identified to date	No. Male orphans	No. Female orphans
1,634	822	812

Kailahun: Interviews conducted - Street Child Project Director, Njala village chief Ambulai Konneh (Jawei Chieftom), and Ebola Orphan beneficiaries.

- Kailahun registered the first cases of Ebola – therefore it is an indicator district of the future challenges which Ebola orphans will face elsewhere.
- Kailahun has experienced many cases where orphans have been relocated – primarily due to the high number of orphans who have lost both parents.
- Many households have been left without any possessions because of the early decontamination policy of burning everything inside – social workers report children wrapped in floor mats instead of clothes.



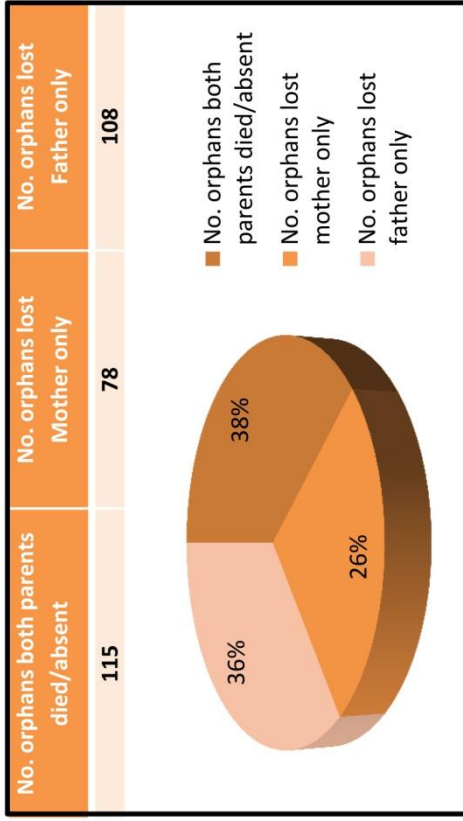
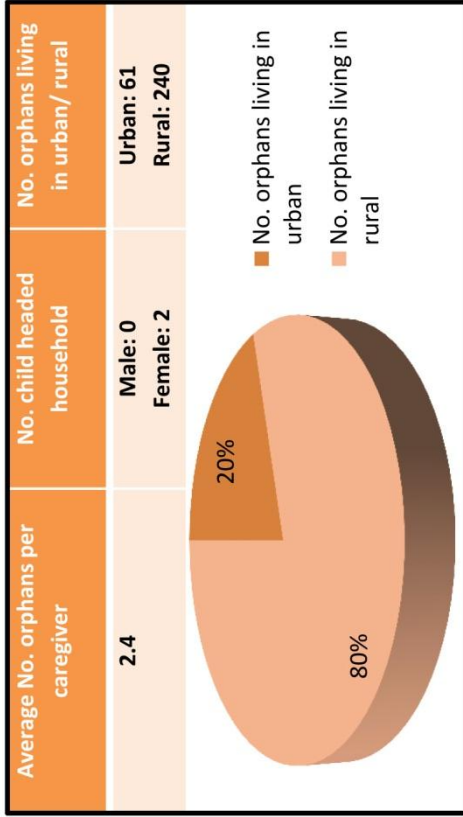
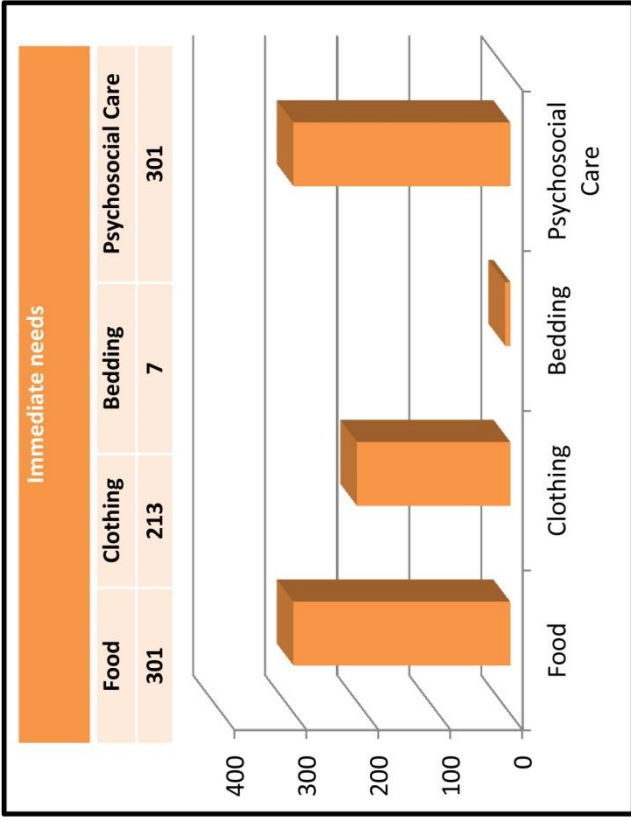
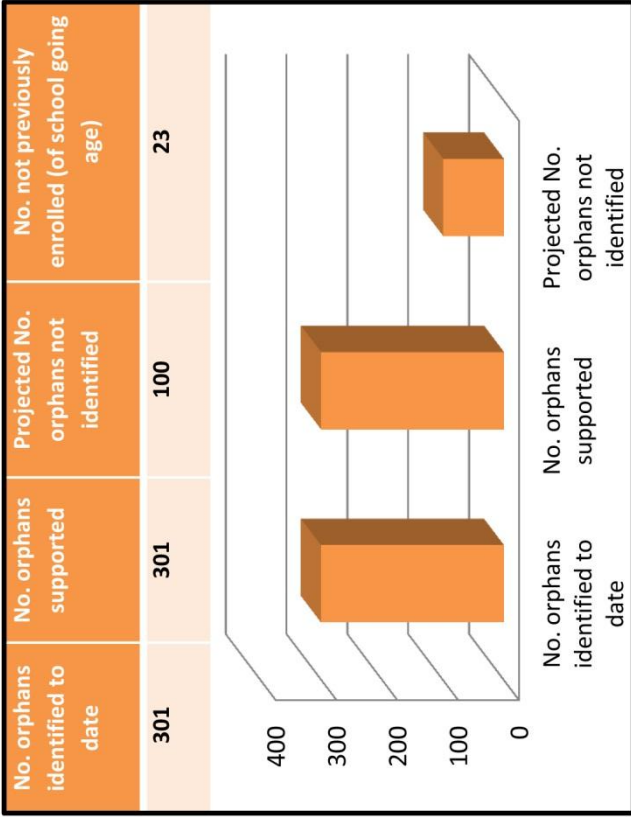


KAMBIA

Average age	Average age Male orphans	Average age Female orphans
8.2	8.2	8.1
No. orphans identified to date	No. Male orphans	No. Female orphans
301	155	146

Kambia: Interviews conducted- Street Child project staff and Ebola orphan beneficiaries.

- Orphans in Kambia are still experiencing a high level of stigmatisation – this can be attributed to a comparatively high number of new Ebola cases when compared to the majority of other districts.

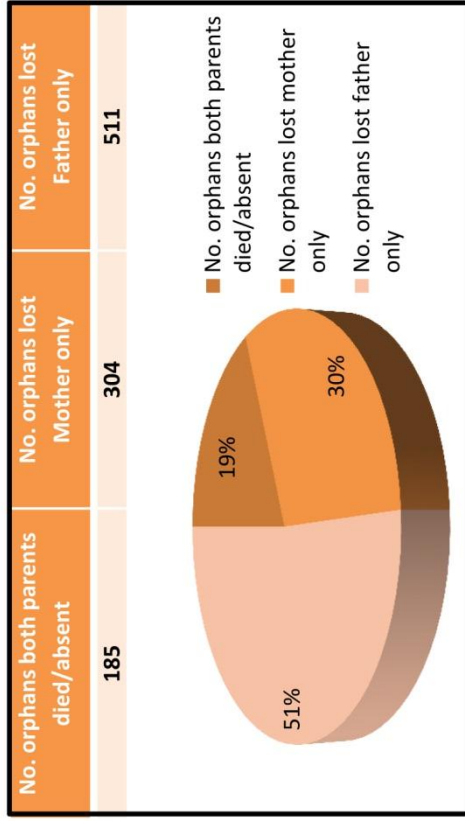
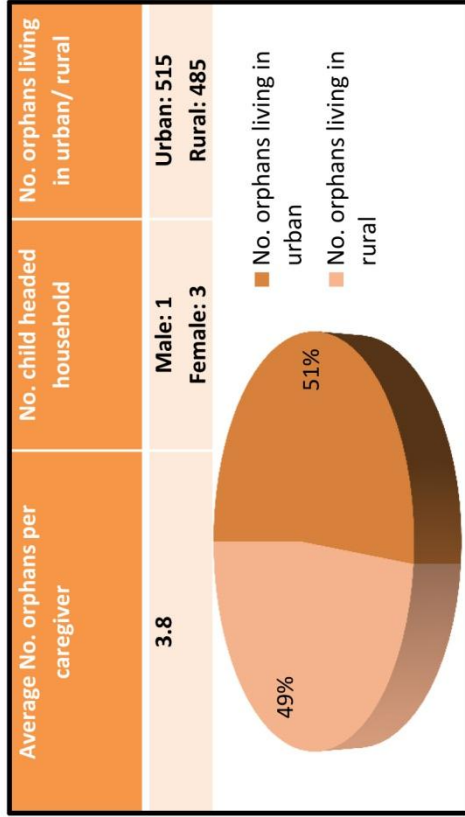
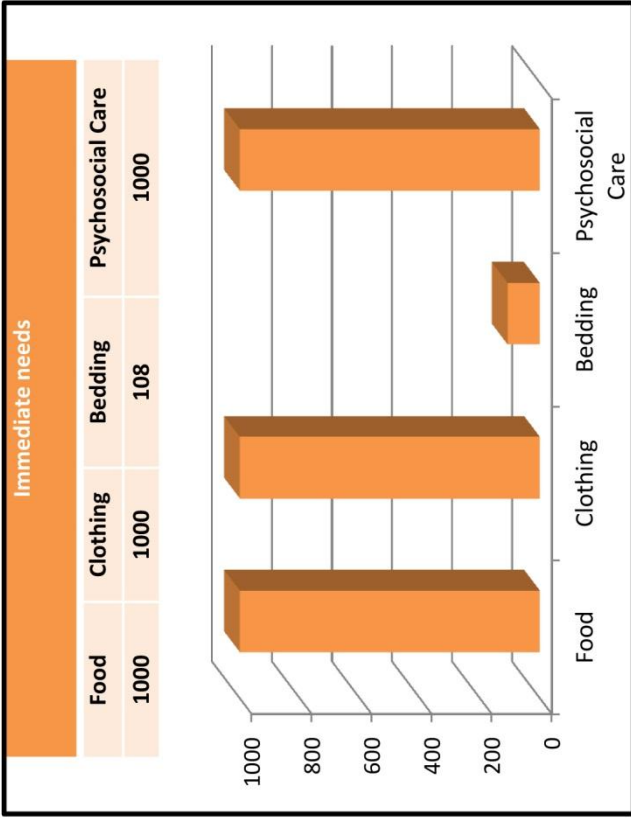
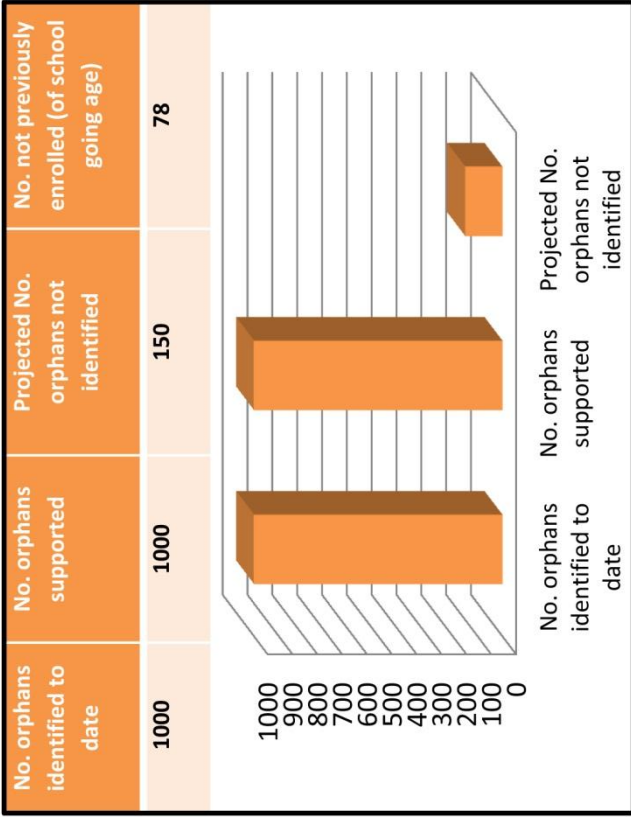


KENEMA

Average age	Average age Male orphans	Average age Female orphans
9.2	9.1	9.2
No. orphans identified to date	No. Male orphans	No. Female orphans
1000	501	499

Kenema: interviews conducted - Street Child project staff, Ebola orphan beneficiaries and State enrolled community health nurse and member of the social mobilisation team Kenema district, Elizabeth Bokari.

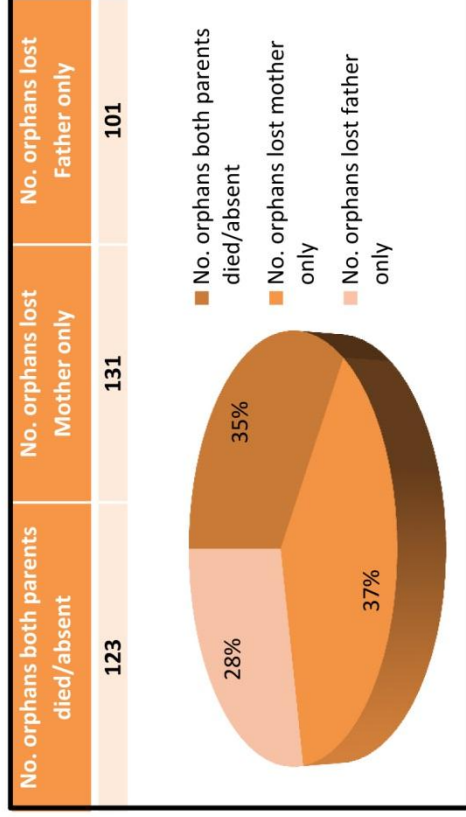
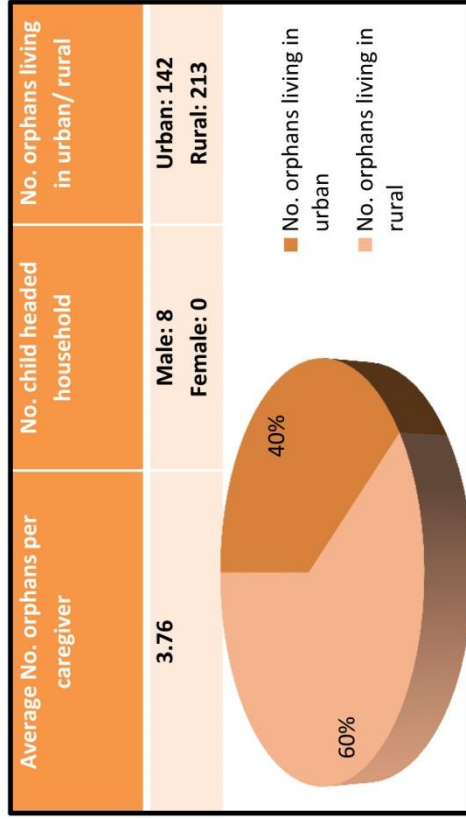
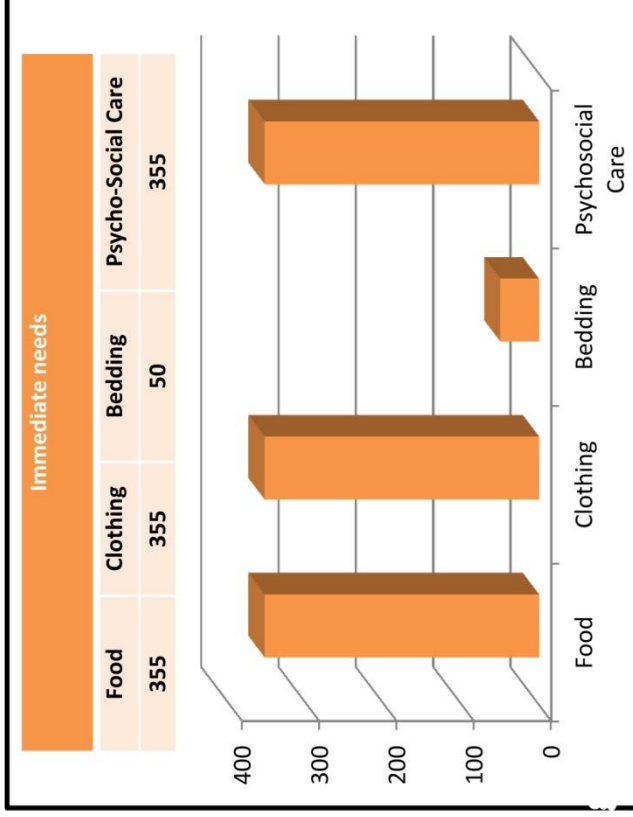
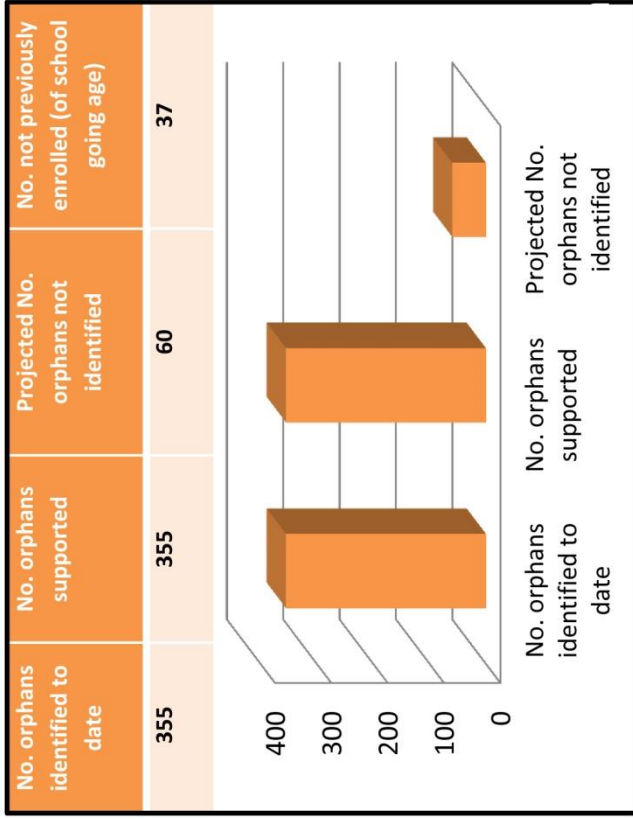
- Kenema is another indicator district because of the early date of the first Ebola case.
- Teams have identified young caregivers in the 18-21 category as vulnerable. They recommend that they also be provided with psycho-social support.



KOINADUGU

Average age	Average age Male orphans	Average age Female orphans
7.6	7.7	7.5
No. orphans identified to date	No. Male orphans	No. Female orphans
355	173	182

Koinadugu: Interviews conducted with Street Child project director Koinadugu district

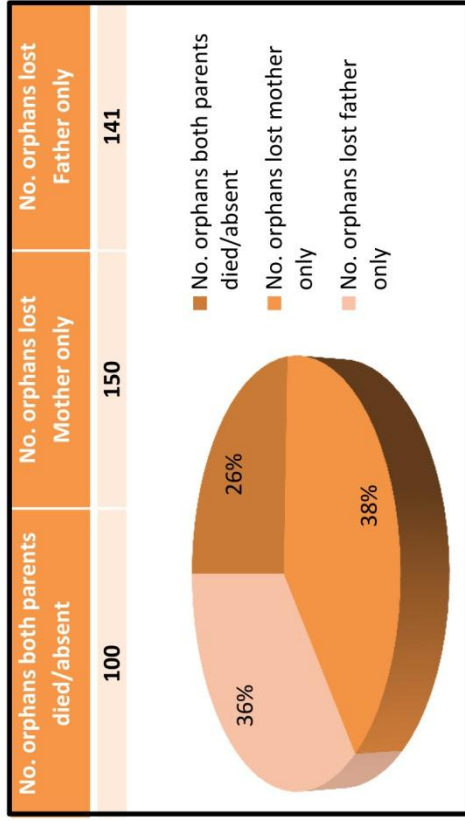
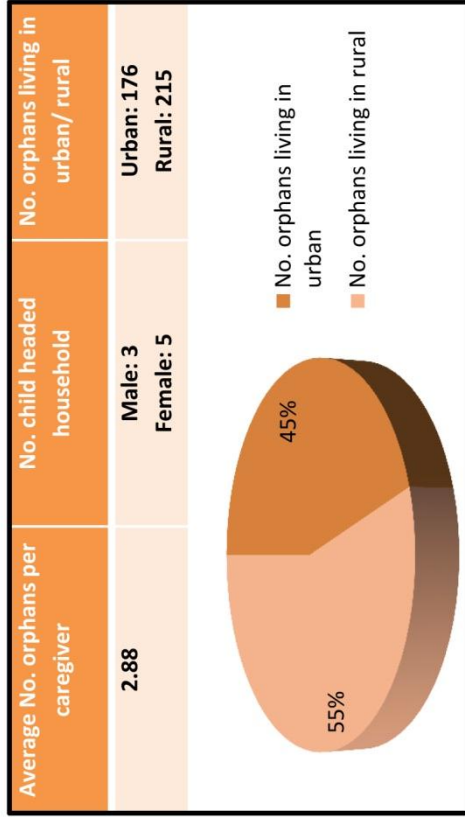
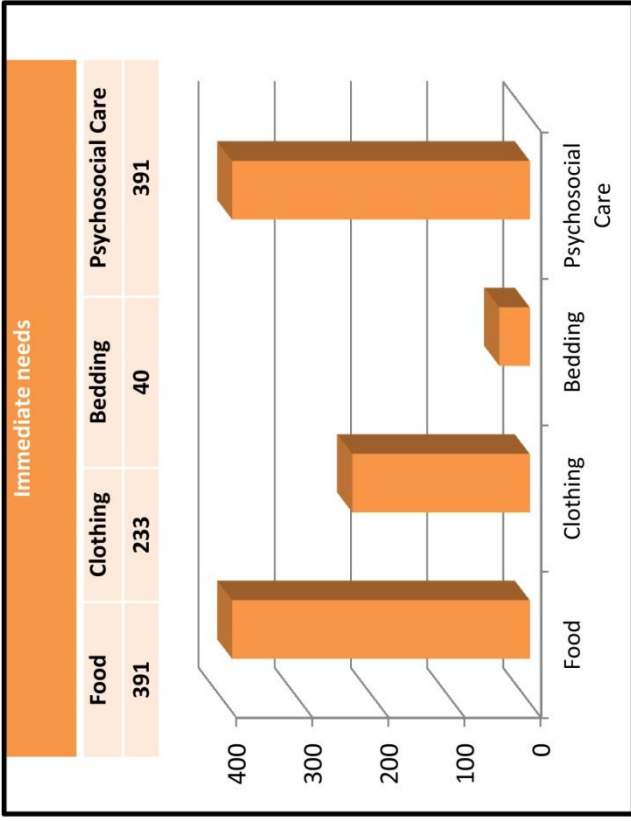
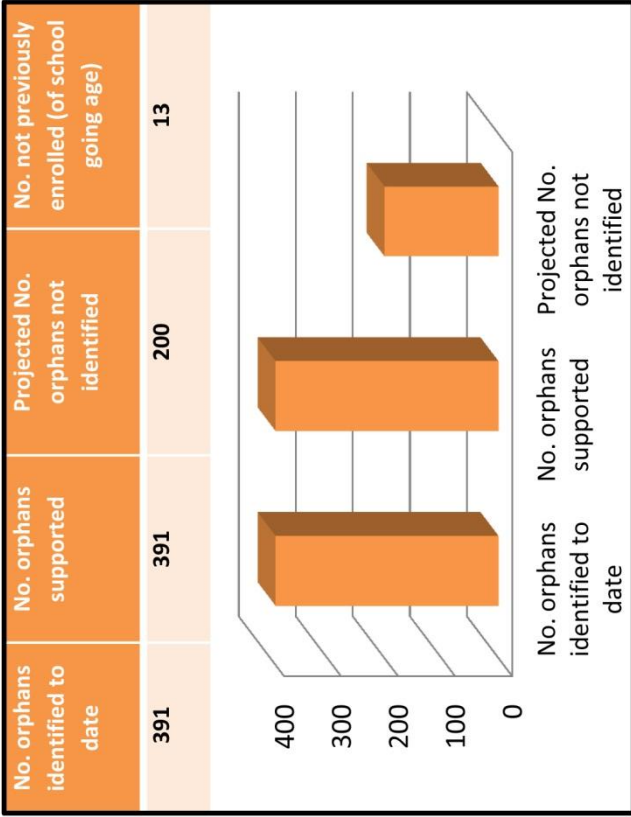


KONO

Average age	Average age Male orphans	Average age Female orphans
8.9	8.9	8.9
No. orphans identified to date	No. Male orphans	No. Female orphans
391	193	198

Kono: Interview conducted with with Street Child project director Kono.

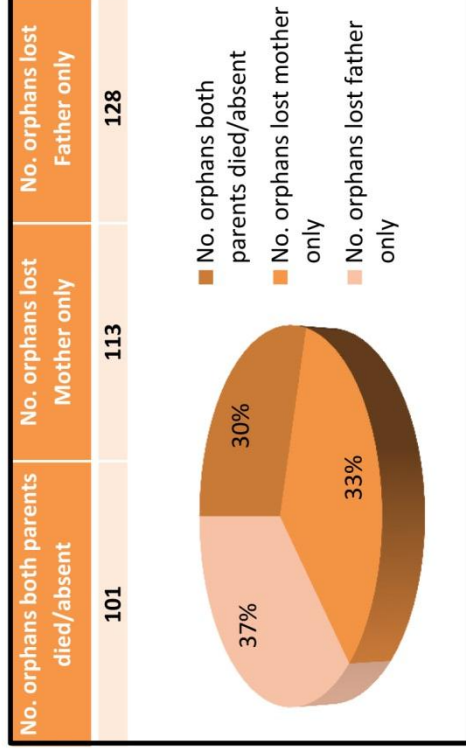
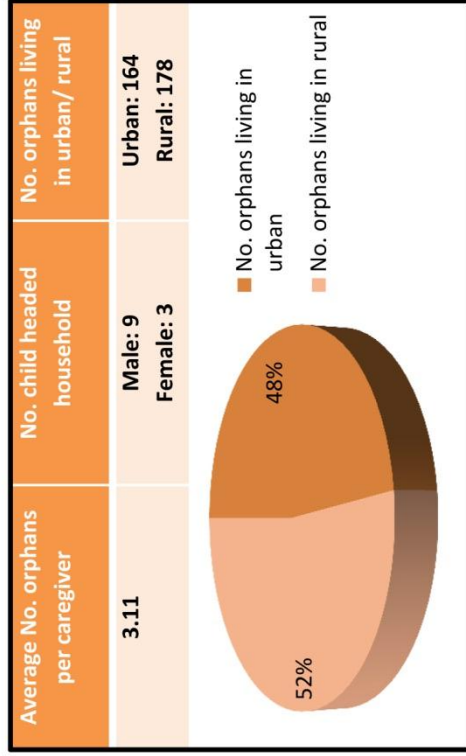
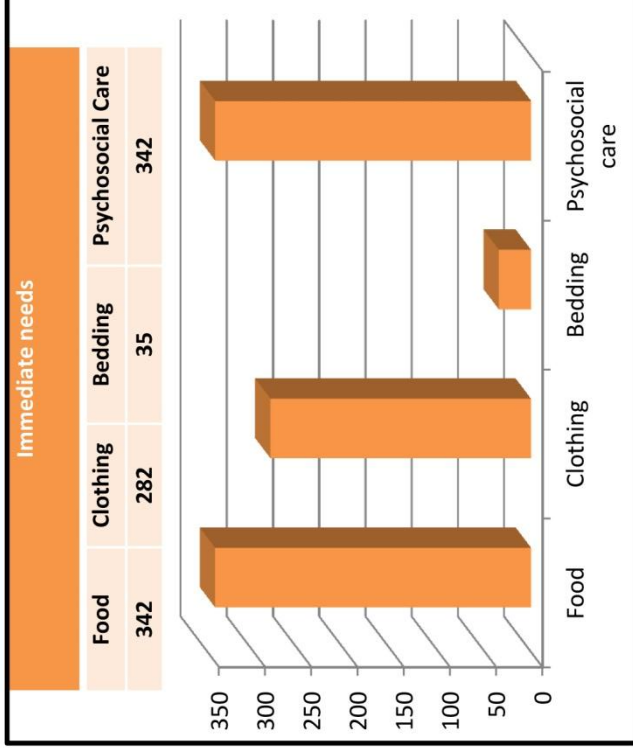
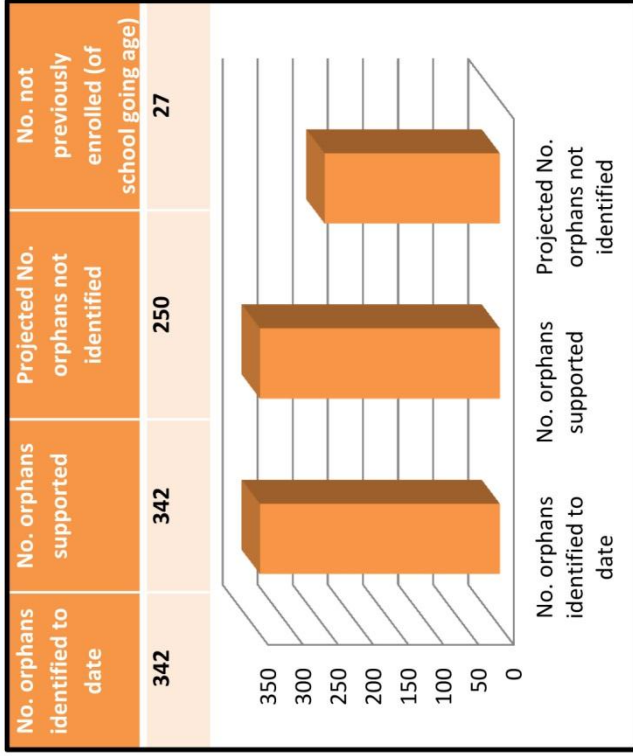
- Street Child teams are finding stigma a major barrier when rehoming orphans.



MOYAMBA

Average age	Average age Male orphans	Average age Female orphans
8.8	9.0	8.6
No. orphans identified to date	No. Male orphans	No. Female orphans
342	155	187

Moyamba: Interview conducted - Street Child district staff and Ebola orphan beneficiaries.

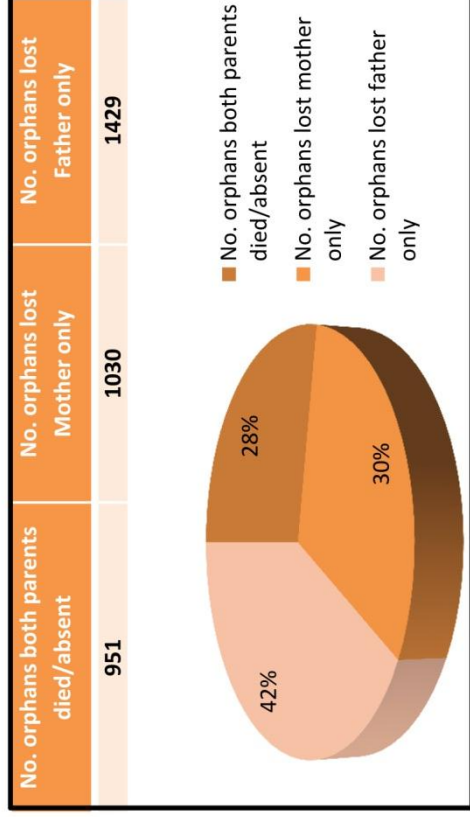
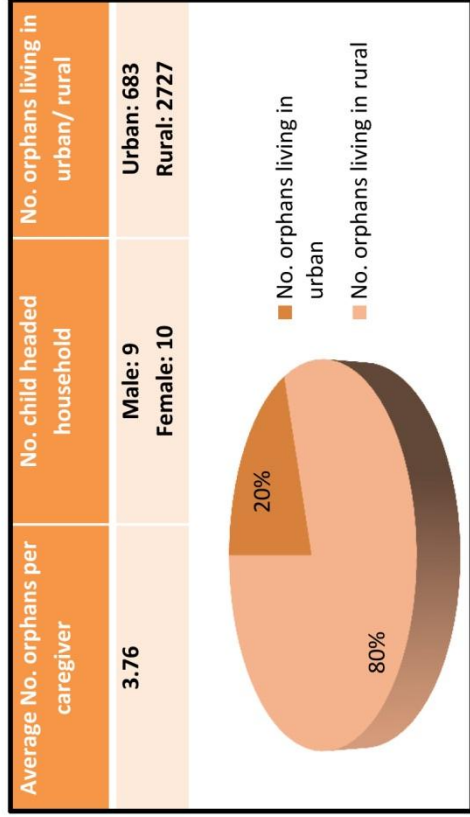
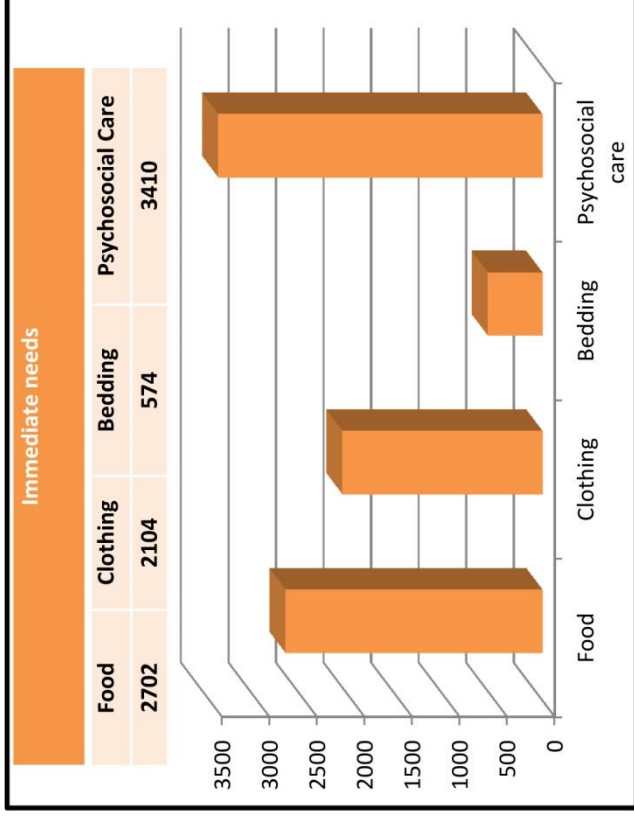
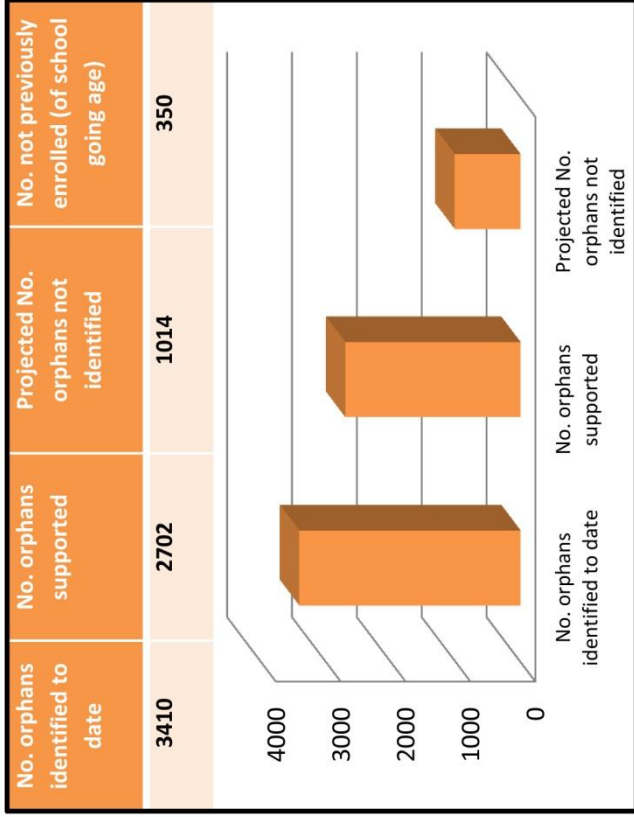


PORT LOKO

Average age	Average age Male orphans	Average age Female orphans
8.4	8.6	8.3
No. orphans identified to date	No. Male orphans	No. Female orphans
3410	1806	1604

Port Loko: Interviews conducted - Street Child project staff (Lunsar, Lungi, Port Loko Town), Ebola orphan beneficiaries and Childfund.

- Port Loko was one of the hardest hit areas and remains one of the most Ebola affected zones. Levels of stigma and poverty reflect this.

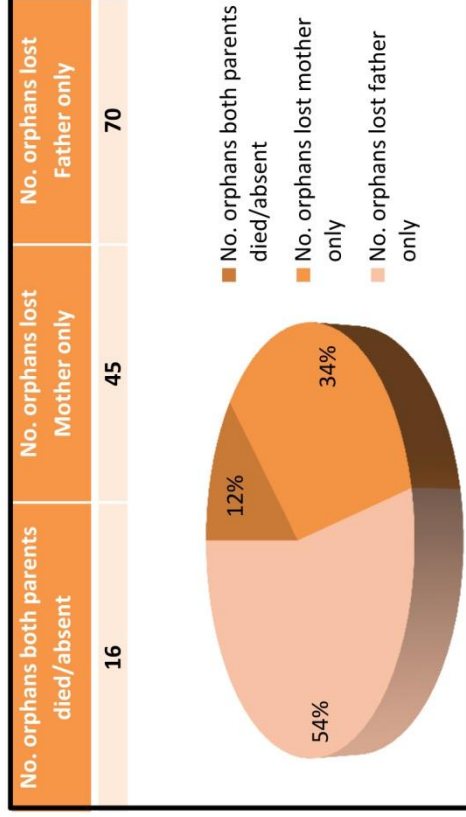
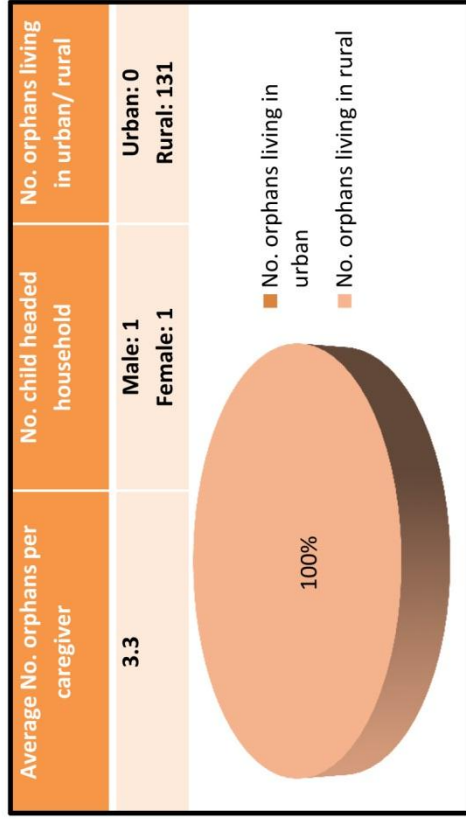
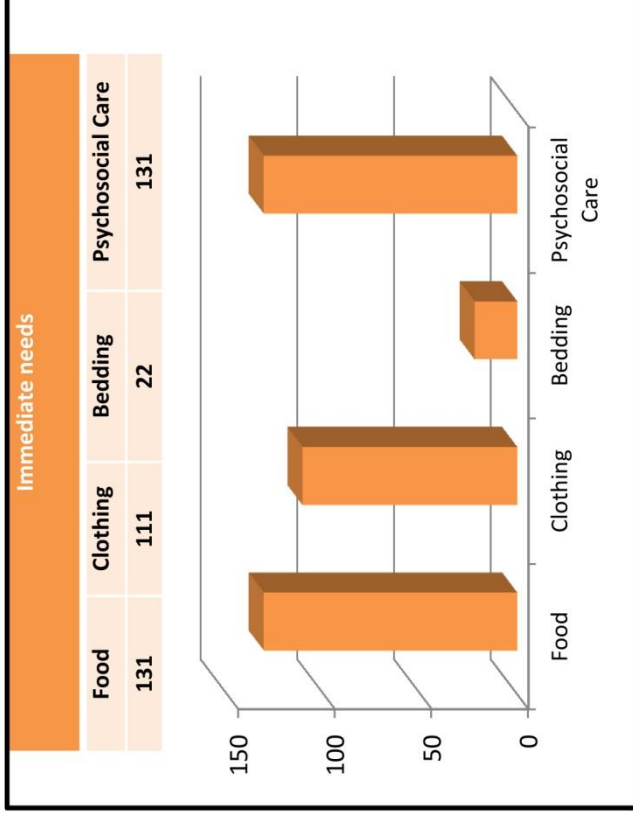
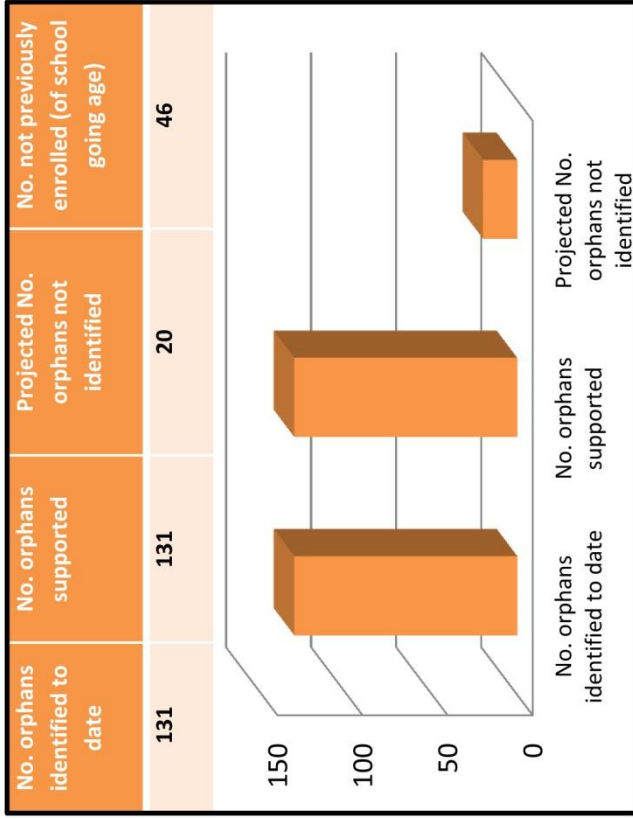


PUJAHUN

Average age	Average age Male orphans	Average age Female orphans
8.2	7.9	8.4
No. orphans identified to date	No. Male orphans	No. Female orphans
131	58	73

Pujahun: Interview conducted - Street Child project director.

- First district to be declared Ebola free.

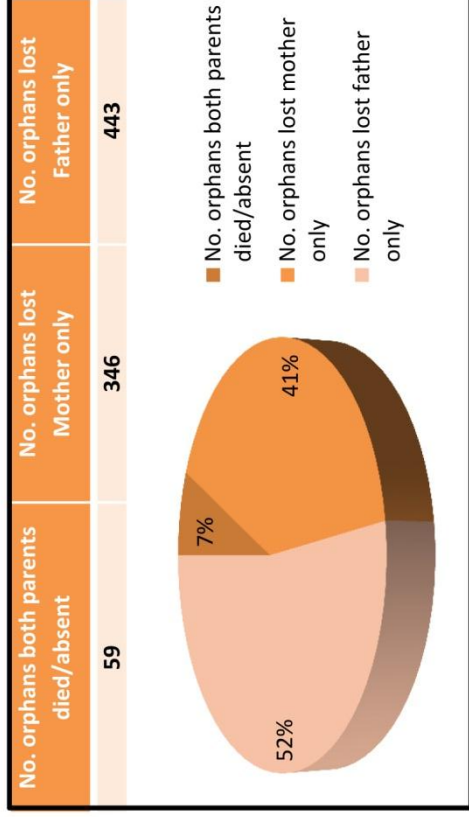
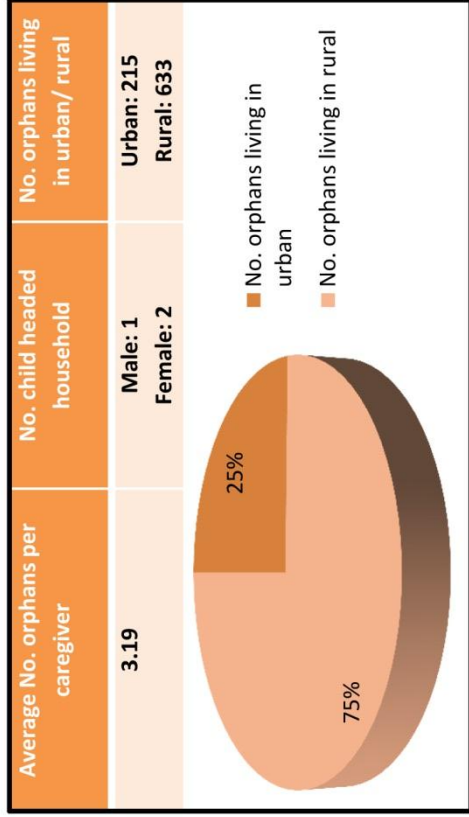
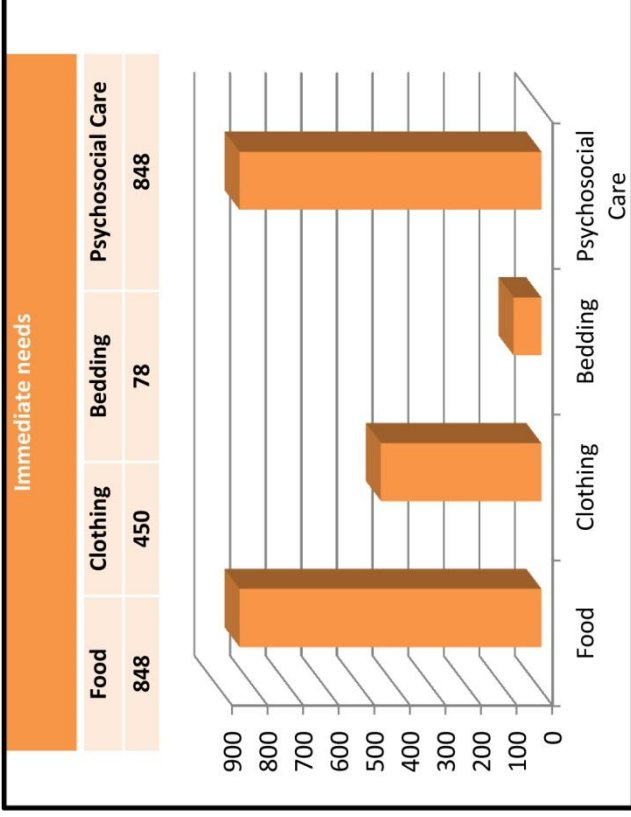
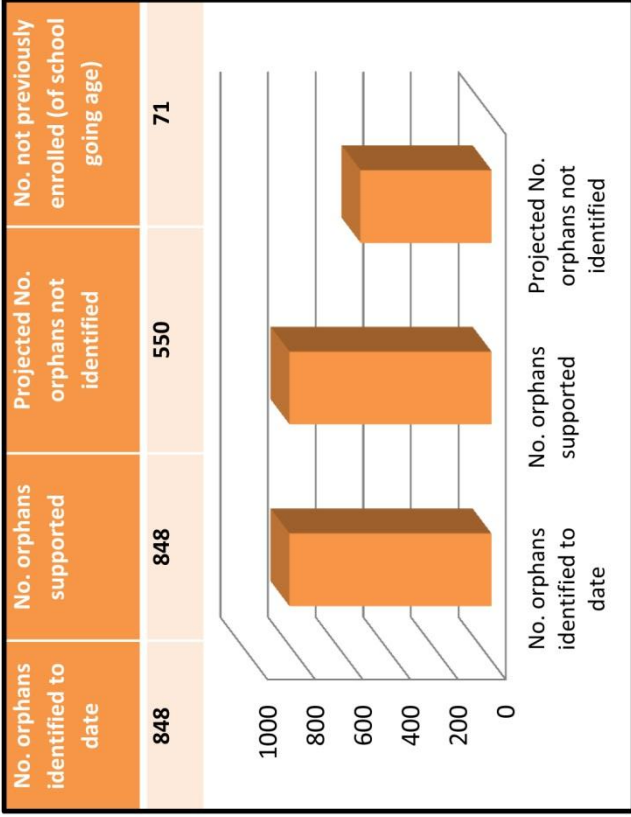


TONKOLILI

Average age	Average age Male orphans	Average age Female orphans
8.6	8.3	8.8
No. orphans identified to date	No. Male orphans	No. Female orphans
848	421	427

Tonkolili: Interviews conducted- Street Child project staff (Mile 91, Magburaka), local official MSWGCA and Ebola orphan beneficiaries.

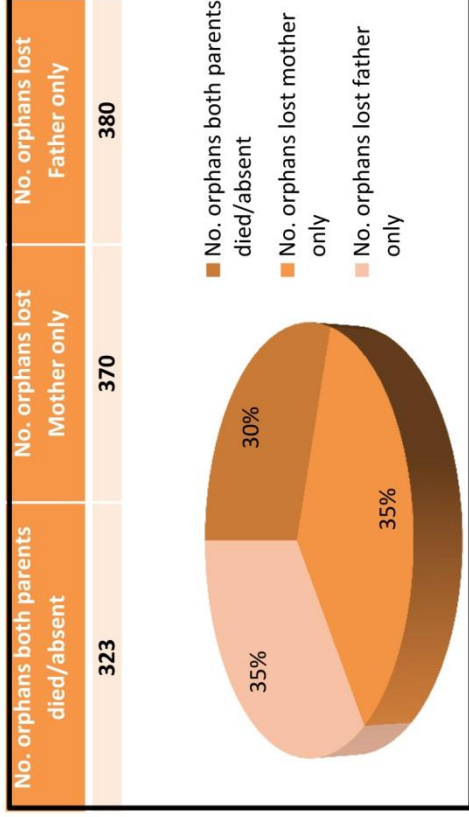
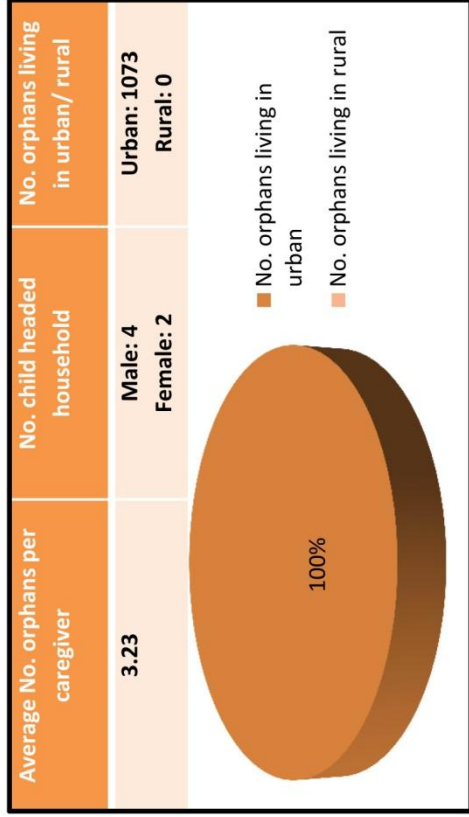
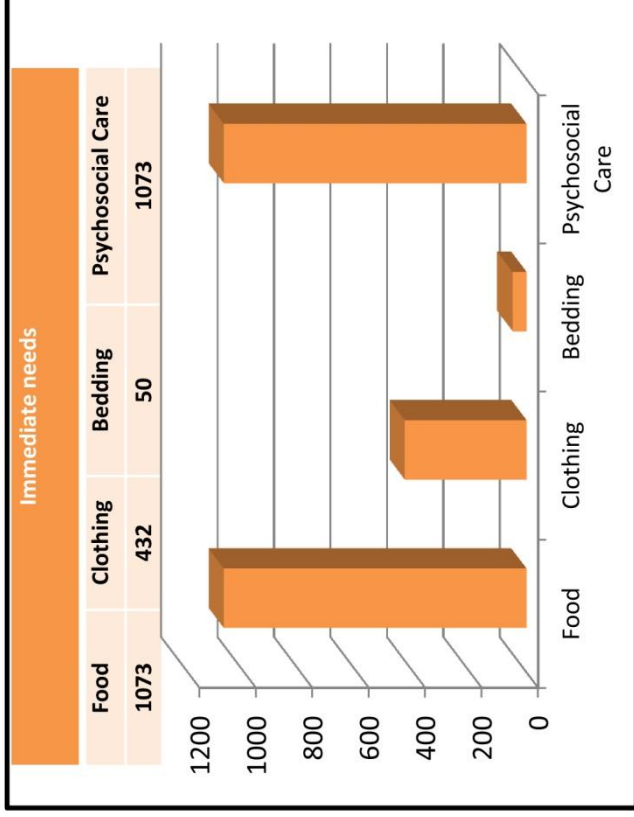
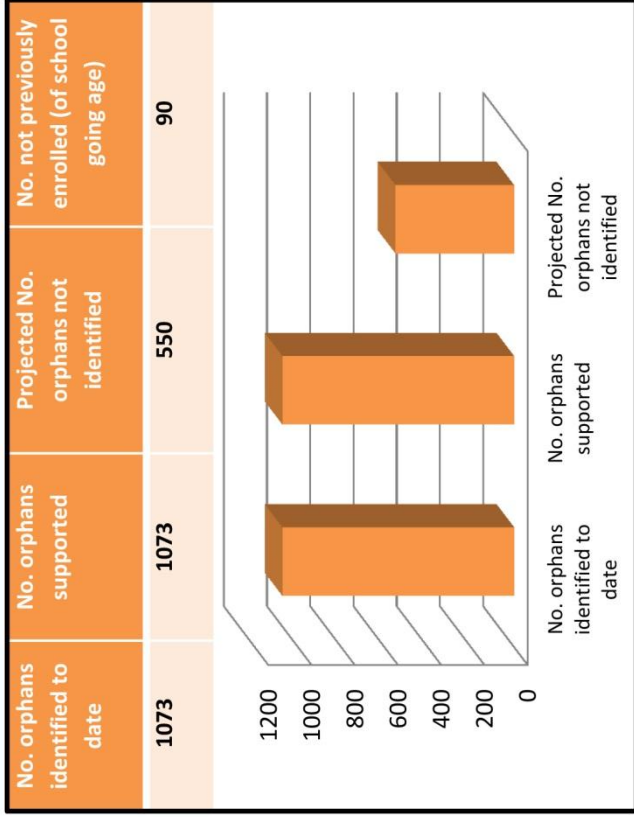
- Mile 91 has been in quarantine for over a month
- Levels of poverty have increased significantly making fostering extra children increasingly difficult.



WESTERN AREA RURAL

Average age	Average age Male orphans	Average age Female orphans
8.3	8.0	8.7
No. orphans identified to date	No. Male orphans	No. Female orphans
1073	520	553

Western Area Rural: Interview conducted - Street Child project staff, John Thorpe Community Head Mr Mohammed, Oxfam, MSWCGA and Ebola orphan beneficiaries.



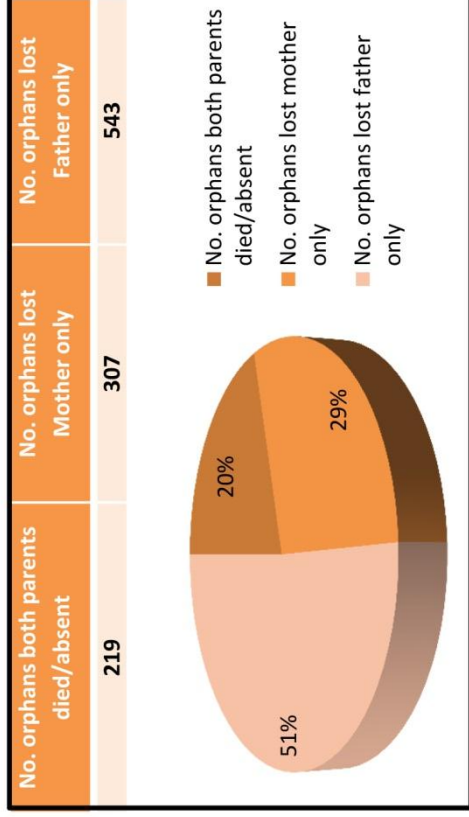
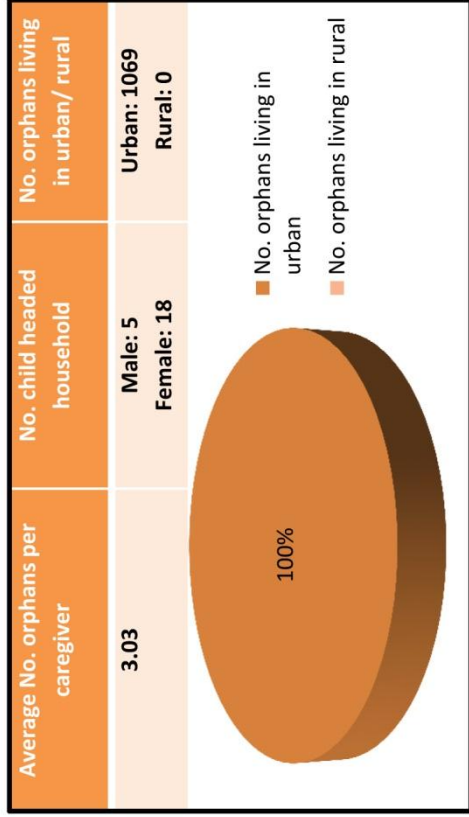
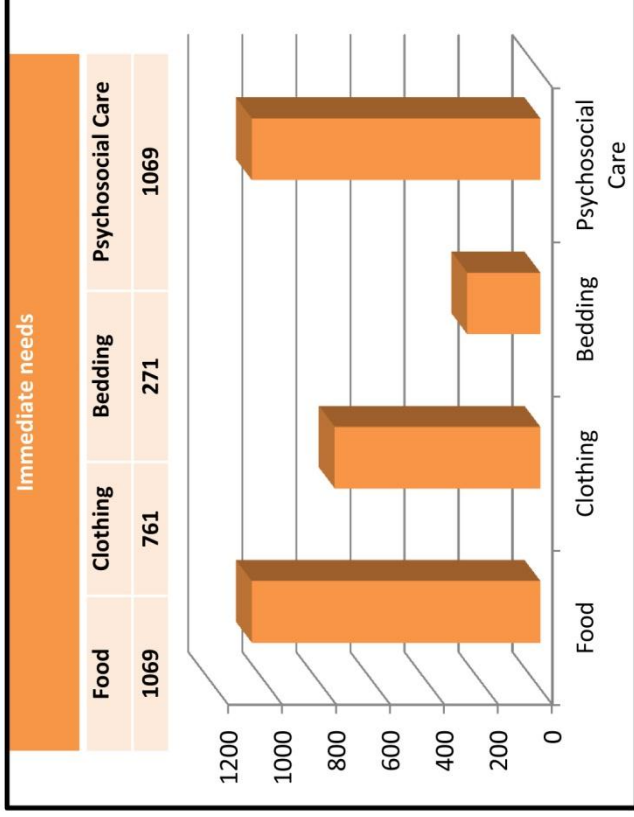
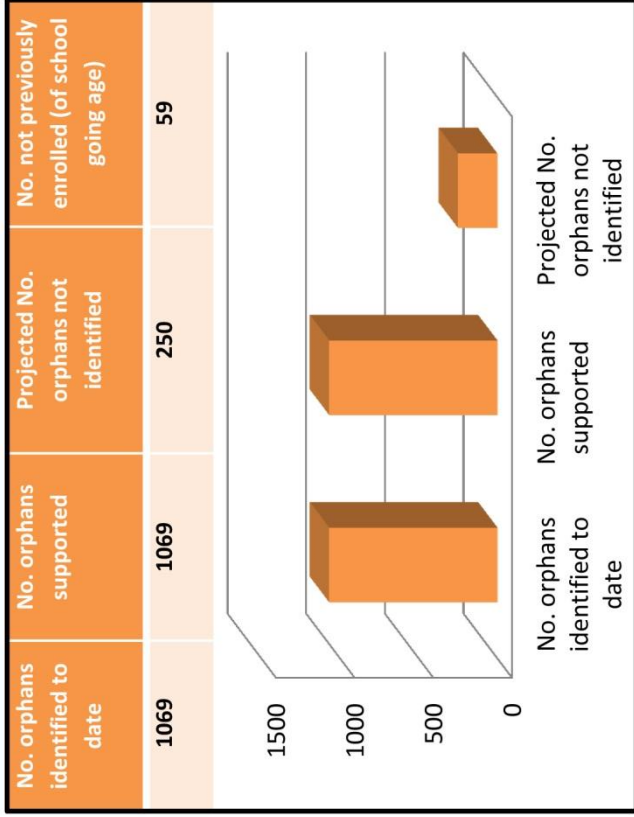


WESTERN AREA URBAN

Average age	Average age Male orphans	Average age Female orphans
9.3	9.2	9.5
No. orphans identified to date	No. Male orphans	No. Female orphans
1069	488	581

Western Area Urban: Interviews conducted - Street Child project staff and Ebola orphan beneficiaries.

- Increased Ebola awareness and sensitisation in the capital acts as a catalyst towards breaking down stigma, providing the orphans with better opportunities for rehoming and community care.
- A comparatively high number of work opportunities in the capital benefits those who have lost the primary breadwinner.
- Orphans experience an increased exposure to the commercial sex trade, crime and gangs.



THE STREET CHILD EBOLA ORPHAN REPORT
January – February 2015



CONCLUSION

Street Child has identified 12,023 Ebola orphans in Sierra Leone to date, and estimates more than 3,500 are likely to not yet have been registered by any organisation. These children face an uncertain future; they are a vulnerable group in an impoverished society being ravaged by a deadly virus. They face many challenges, ranging from wondering where their next meal might come from to whether their community will ever truly accept them again – and who they will turn to for love and security. They face all these challenges without their primary caregiver to turn to for support.

It is therefore unsurprising that Ebola orphans are amongst the most vulnerable children in the country – their desperation has the potential to drive them to commercial sex work and their lack of protection to abuse and marginalisation. Without immediate long term support, tens of thousands of children risk missing out on education and being forced to rely on the streets for their survival.

The plight of the Ebola orphans is not insurmountable. As the Ebola crisis response partly moves towards recovery, let the needs of those who have suffered the most, and yet, as children, still have the potential to contribute so much to society, be given the high level of attention they deserve.

This report was researched and compiled by John Pryor and staff from Street Child of Sierra Leone.

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APPENDICES

Appendix A – Case Studies January – February 2015



BO

Case one – Vulnerable orphans : Martha Sesay (17) from Kailahun, lost her mother and father to Ebola and was left as the primary caregiver, along with her twin brother George (17), to their two siblings Foday (14) and Saidu (11), though Foday, who initially survived Ebola, subsequently passed away. During the 21 days quarantine period, one of the soldiers guarding the quarantined zone broke into their home and attempted to rape Martha. Martha is extremely traumatised by the incident. Martha and her family are extremely vulnerable. Apart from recent support provided by Street Child, it is very striking that such a vulnerable child-headed family, living not in a rural location but in the second town of Sierra Leone, have received no external assistance -it shows the real limit of the Ebola orphan response to date.

Case two – Father headed household: Samura (16), Brima (13) and Alusine (6) lost their mother to Ebola and now rely on their father for support. When we visited this small family their father had left to seek work, leaving the children to care for themselves. The absence of a primary caregiver while their father seeks work means that Samura has stepped into this role and is cooking and cleaning for her siblings. Their father is a teacher and is therefore currently out of work – the reopening of schools will be critical to this family's economic prosperity.

BOMBALI

Case one- New London (Makeni) – Business support : The six Conteh children lost both parents and now rely on their elder brother, Usman (27) for support. In total they lost 21 family members. The Conteh's food support provided by Street Child has run out and Usman is struggling to find work to support the family - he used to be a petty trader but his resources were stolen during quarantine. The children are lucky that Usman has committed to support them financially and that his wife provides care in the home; the family is on the Street Child fast-track to the business support scheme.

Case two - Cemetery Lane (Makeni) – Elderly caregiver : The Sesay family, Mariatu (14), Mohammed (10) and Mariama (6) lost both parents and now live with their elderly grandmother Bunu. They are cared for, but it is difficult for their grandmother to provide support. Before Ebola the children attended school, now they spend their days plucking vegetables in the farm and helping their grandmother sell them in the market. The children expressed their desire to return to school but Bunu admitted that she couldn't imagine being able to afford to support them in doing so. She is worried that poverty will eventually drive the children to the streets.

Case three- Large families: Abdul, a pharmacist from Makeni, who contracted the Ebola virus and died, left behind three wives and 28 children. He was the sole-breadwinner for his family; In fact Abdul's salary was reportedly supporting not just his 28 children but 52 people living in his wider compound.

When Abdul died his children were left without financial support, wondering where the next meal would come from and if they would ever return to education.

One aid package was not enough to feed all 28 orphans so Street Child staff chose to register each of Abdul's wives as separate caregivers. This enabled them to distribute three separate aid packages and ensure that each child had a larger, if not sufficient, portion of aid.

BONTHE

Case one – Wider Family breadwinner: The Kargbo family; Rebecca (15), Josef (14), David (12), Usman (12) and Margret (6) lost their father who was their sole caregiver. Their uncle has migrated from Waterloo to take care of them. Street Child provided emergency food and non-food items to the family and, after receiving Ebola education from Street Child teams, the community has rallied around them in support. Consequently, the children are coping well, and with the provision of a business grant will be provided with the sustainable support they need for the future. Street Child teams in Bonthe have found that nominating new breadwinners, ideally wider family members, to support orphans is critical in situations where both parents have been lost or where a grandparent is too old to provide adequate support

KAILAHUN

Case one- Njala Village: Ebola killed 68 people in Njala village leaving over 200 orphans. The Chief reported that orphans have been suffering from trauma, many refuse to leave their homes, and malnourishment. He stated that the effect of Street Child's work was extremely positive, highlighting in particular the food distribution and psychosocial support. He recommended that future support come in the form of agricultural aid such as seed banks. Sensitisation has had a huge impact in this village, initially Ebola survivors were not allowed to return and orphans were stigmatised – now they are viewed as heroes.

Case two – Disabled survivor: Ramatu Jaward (35) from Kailahun, lost her husband and mother and is a survivor of Ebola – her story illustrates the difficulties of a single mother and of an unhealthy Ebola survivor. Ramatu has two of her own children plus her mother's three orphaned children, Abu Kamara (6), Med (2) and Mohammed (1). Ramatu, like many survivors has acute pain that often keeps her bed ridden, this inhibits her ability to care for and provide for her enlarged family. To make matters worse all those who used to help her are now dead. Long term, Ramatu wants a business grant to start a business as a trader – she is lucky that her village is large enough to support such a business, as many rural villages are not.

Case three - Marginalisation: Fatmata (16), lost her mother to Ebola and her father many years ago. After the death of her mother she was living with her stepmother, her older brother and his wife, but some three months ago she left the home and has been sleeping at friends' houses, deprived of food. Fatmata has been marginalised by her stepmother, resulting in her food supply being cut, and was subjected to bullying by her sister in law, forcing her to leave the house. Fatmata is at risk of exploitation and abuse if she stays out of the family home.

KAMBIA

Case one and two –Stigma-: Haja (16), from Casini Mathathoi village, lost both her parents to Ebola and the community now fear her; they call her an Ebola child and keep their distance. In the town of Dibiya, Mohammed (10), Samson (8), Martha (6) and Tenneh (5) lost their father to Ebola leaving just their mother to care for them. Stigma drove their mother out of the village, leaving the children behind. She has since remarried in another area of the country. The deceased father's family members have shared the children between them – but the children have now suffered the loss of both parents.

Case three - Child Labour: The Kamara family lost their father and are now headed by their mother Aminata; the six children, Awanatu (8), Musa (7), Mariatu (6), Ramatu (6), Ibrahim (4) and Neneh (4) are previous beneficiaries of Street Child and were taken from the streets and placed into education. When we arrived at the household the children were out selling cake in the market; since the loss of their father, this is how they spend their days. The older children cry when their mother sends them out, they do not like the market and wish to have their old lives back, but these means are necessary for survival. Aminata wants to continue to send her children to school but says she does not have the money for all of them – the ones who go to the market must continue to help her earn money to support their siblings.

Case Four -Early Marriage: Hawanta Kamara (16) lives with her grandmother having lost both parents to Ebola. When social workers visited last it had been announced that she would be married to a local boy.

KENEMA

Case one – Teenage pregnancy: Mariatu (16) from Kenema lost her father to Ebola, now, every day she joins her mother and eight younger siblings to work in the quarry, mining stone to sell and feed themselves. Selling is not always possible though – when we met Mariatu, the Street Child aid package had run out and she had not eaten in four days.

Four months ago, Mariatu was temporarily head of her household while both her parents were in Ebola treatment units (her mother survived, her father passed away). During this time she resorted to sleeping with a neighbour in exchange for food to feed her younger siblings. She is now pregnant and the father is no longer around. Mariatu told us that she is worried about the future for her child and for herself; she wonders how she will be able to take care of the child when she has little or no access to medical care and is uncertain as to where the next meal will come from.

Case two – Father-headed Household: Joseph is father to Kadija (12) and Papay (6) – Joseph's late wife was the primary breadwinner and took care of the house. Joseph is unemployed and seeking work; if he finds work away from Kenema he must rely on relatives to look after the children, otherwise they will be left to fend for themselves. The children hope they will be able to return to school but this will be dependent on his earnings. Joseph is doing his best to care for them but complains about the restrictions this imposes on his movement. He finds it very difficult to play mother and father, he tries to encourage them not to grieve but his main concern has to be providing food. Street Child have provided food aid and will be helping to set Joseph up in a cigarette selling business.

Case three - Marginalisation: Ramatu (16), lost her primary caregiver to Ebola, she now lives with her older sister but is experiencing abuse and marginalisation. Ramatu's older sister has three of her own children and has reserved any supplies the family has received for them. Ramatu was thrown out of the house recently and now lives with her boyfriend – she is at risk of teenage pregnancy and early marriage. When she received supplies from Street Child she sold them – demonstrating her desperation.

Interview with Kenema Nurse: Elizabeth Bokari

State Enrolled Community Health Nurse, member of the social mobilisation team Kenema district

Elizabeth spoke about the difficulties of social mobilisation, particularly during the peak of the outbreak – she praised the tireless work of Street Child in Kenema. Elizabeth highlighted the role of the Government hospital and the WHO in sending nurses to rural locations to train people in psychosocial counselling. The psychosocial centre at the Kenema Government hospital started in the middle of the virus and employs nurses, pastors, Imams and teachers to provide counselling in the district. She also spoke about the vulnerability of the orphaned children and the challenges which so many thousands of them face including stigma, trauma and health concerns; and about the importance of sustainability when rehoming. Teenage pregnancy is a major concern to health workers in the district, primarily because children are out of school; she said that the Ebola orphans are one of the most at risk categories of children, especially when they are in need of support. She had witnessed the impact of Street Child’s food distributions but saw the business support initiatives as the silver bullet to the social crisis.

KOINADUGU

Case one – Elderly caregiver: Eight children from the village of Kendeya: Jane (15), John (14), Kelfa (11), Joseph (6), Joseph (3), Justin (3), James (2) and Ishaka (2) lost both their parents and now live with their grandmother who is too old to care for them. She cannot work to feed them, instead the older boys labour for neighbours. The food support delivered by Street Child has now run out and unless the boys continue to labour the family will not be able to eat. The children are unhappy and refuse to talk when they are visited – they are clearly suffering from malnutrition.

Case two - Poverty: Reverend Joseph K Conteh lost his wife to the Ebola virus – he is now left to care for their ten children in the village of Tilikoro. The children, Mark (18), James (17), Luke (16), John (15), Margret (12), Roland (8), Lesley (8), Yusuf (7) and Abubakar (7) are in a dire situation – their father is too old to support them and the eldest sons are now engaging in community work to support their siblings. The father has stated that he may be forced to send some of the children away to live with their aunts in the urban setting. There are many risks for the children if this happens including marginalisation and ending up living on the streets.

KONO

Case one - stigma: Having recently migrated from Kailahun to Kono, John (14), Mohammed (12) and Adama (4) lost both their parents to Ebola. As a result of this migration they had no other family members in the vicinity and there was a barrier between them and the community. Before Street Child’s intervention, people ignored them and they relied on food aid. Street Child spoke to the community chief, involving religious leaders in the discussions, and helped them to realise the plight of the children. Later, Street Child held a community meeting and discussed how the situation could be handled. As a result, the community stakeholders have taken responsibility for the children. Street Child plans to provide their new caregivers with a business grant to enable the children to return to school.

Case two – Guilt, trauma and Stigma: Idrissa (12) lost his father, mother and two siblings to the Ebola virus along with 28 other people in the community of Bumpeh. Idrissa’s father was the person who brought Ebola to the community; therefore Fabian faced an added stigma from the community and shouldered guilt and responsibility. Even the Chief wanted nothing to do with Idrissa. Idrissa was no longer allowed to leave his home, he remained there, alone. Fabian’s Aunt has now come from Kenema to care for him and sensitisation in the community has tempered the stigma.

MOYAMBA

Case one – trauma and stigma: Usman Kanu (16) from Tonkolili lost his father to the Ebola virus; he lives with his mother Fatmatu and three siblings. When Ebola came to Ali's family his friends would no longer associate with him and the community rejected them. This stigma drove Ali to try to take his own life. Thankfully Ali survived, but this formerly financially stable family, whose father was principal of the local secondary school, are now fully reliant upon aid provided by Street Child.

PORT LOKO

Case One –Marginalisation: Unisa (1) lost both parents and now stays with his Aunt in Port Loko town – one day his aunt decided to leave him without care or attention for two whole days. By the time Street Child teams arrive Unisa had suffered heavily from the neglect. Street Child teams provided counselling and emergency support for the child and are monitoring the situation carefully. The treatment of one year old Unisa demonstrates the marginalisation children can face when they are rehomed.

Case two -Early marriage: Maria (15) and Fatty (14) live in the rural village of Mafengbeh, they lost both parents to the virus. In order for them to survive they have been given to early marriage.

Case three- Lunsar - Child Headed Household: Fatima (17) is the head of a child headed household, living with her siblings, Fatmata (16), Foday (16), Fatu (8) and Sarah (2). Both their parents died from Ebola and to date, the neighbours have avoided them. Street Child have set Fatima up as the breadwinner, delivering her a business grant. It is not easy for Fatima to earn money and she is at risk of being exposed to commercial sex work – particularly when the family are struggling for food. The children are all receiving counselling which helps them to deal with grief and the new found responsibility in their lives. When we visited Fatima, her younger siblings had gone to the market to work for food. Fatima told us that she has an Aunt who lives far away whom they are hoping will come to support them, enabling her to return to school. Fatima comforts her younger siblings, but explains that when she feels sad she has nobody to talk to except the Street Child social workers who visit her once or twice a week. Her main concerns are feeding the children and paying the rent for their house which she fears she will not be able to afford. Talk of returning to school seems a distant dream but all of the children expressed their desire to return – the arrival of their aunt would be a major step towards making this a reality.

Case four – Lungi - Exploitation: Rebecca (20) lost both her mother and father and now looks after her younger siblings, John (12), Peter (12) and Josef (8). Most of the time the family do not have enough food or items to survive and forcing Rebecca to go to her neighbours for help. They turn her away in fear. Rebecca is now pregnant, the result of a need for simple food supplies. The children now live in their grandfather's house, but things are not easy and they do not receive proper care. The burden for this family will only get worse when Rebecca has a new mouth to feed and it is unclear whether her siblings will consequently get marginalised. Street Child have provided humanitarian aid and plan to provide business support.

Case five – Lungi – Disability: Mary (19) lost both her parents and now looks after her four siblings, Ibrahim (15), Ishaka (10), George (4) and Maria (4). Ibrahim is disabled – his parents used to care for him but presently there is nobody who knows how to provide him the care he needs and Mary is unable to cope. When Ibrahim messes himself in his wheelchair his siblings beat him. It is extremely difficult for the disabled affected by Ebola.

Case six - Port Loko Town - Stigma: In the village of Batifu Kanu, Alie (9) and Abdul (5) lost both their parents to Ebola. The boys were subsequently chased out of the village and had to go and live with their uncle five miles away. Ali told our social workers of the heartbreak he felt when his immediate family living in his village would not accept him after the death of his parents, he is sad and mourns the loss of his parents and friends.

Case seven – Poverty, stigma and child labour: Salimatu lives in Port loko and is caring for her five siblings –she is 18 and was living in Port Loko previously but the children came to join her from Lungi. They used to live in another street but after the arrival of the children the occupants of the house did not want Ebola orphans living there and forced them out. She was afraid that they might have to live alone. Her younger brothers and sisters Lassadu (16), Hawa (15), Alaji (10) and Salifu (8) go to the market to sell oranges. Salimatu admits that she will not be able to afford to send the children to school as she needs the income they bring in to support them.

PUJEHUN

Case one – Child headed household : Fatmata (16) and Mamasu (14) lost both their parents – they have found the loss of their parents strange, particularly Mamasu who says that he does not enjoy the same freedoms as before. Fatmata said that she used to help her mother care for her brother so this is not such an overwhelming role change for her. They are however completely reliant on Street Child support, and due to their rural location there is limited monitoring which Street Child staff can carry out. This makes the pair extremely vulnerable, particularly Fatmata, who is at risk of early marriage. Street Child staff spoke with the local chief and community stakeholders about the possibility of nominating an adult to receive a business grant to support the children – however due to the lack of monitoring which staff can carry out this option carries its own risks.

TONKOLILI

Case one – Poverty and trauma: Abu (12) lost his father, stepmother and older brother to Ebola in Port Loko. Along with his three siblings he now lives with his aunt, Salay Kabia, in Mile 91. The children have so far been provided with food and non-food items by Street Child. The family are struggling to make money and provide food – Salay cooks food and sells it, giving the left overs to the children – their father was a security guard and used to provide for them. The children are still grieving for their father-Salay tells us that Abu cries often for his father and when we speak to him he breaks down in tears. At 12 years old he is clearly feeling the effects of grief more than his younger siblings.

Case two – Child labour: Marie (17) and her siblings Fatu (15), Ibrahim (9), and Med (5) were not at home when we visited – instead they were at the market selling goods for their mother. They lost their father to Ebola and with him, the source of income and food. Their mother admits that it is now difficult to take care of them, she struggles to feed them and fears she may not be able to send them back to school. As Marie returns she admits that she shares these fears and must now help her mother to support her younger siblings – working in the market does not make her happy.

Case three- Stigma: Louis (13) from Magburaka lost both her parents and is now living alone. Her community has rejected her, nobody has come forward to care for her and she now spends her days wandering alone. Street Child has provided Josephine with relief support and psychosocial support, but she is scared and lonely. Louis is determined to return back to school but without a carer she will be unable to. Louis told us that she doesn't feel good – people run away from her and it steals her happiness, she has nothing and has nowhere to eat. She begs street child to help her go back to school and to speak to the community to accept her again. She is struggling for food and also for medical treatments – she fears she may get malaria.

WESTERN AREA RURAL

Case one - John Thorpe Village – Trauma: Alfred (17), Tenneh (16), Zainab (10) and Alie (8) lost both parents to Ebola. They were taken in by their neighbour Adamsey Kamara who was already caring for four of her own children. Adamsey overcame the fear of Ebola to take the children in because of her close friendship with their mother. Adamsey has a business but is struggling as a result of depleted custom during the Ebola crisis. Street Child have provided food, extra bedding and counselling to Adamsey and the children, but there are still signs of trauma. Howa is very afraid of getting Ebola after watching her mother and father die, before Ebola she would walk around the village and travel further afield, now she simply sits in the house. Tenneh is able to comfort her younger sister and turn to Adamsey and the social workers for support. The thought of returning to schools fills her with excitement but also sadness when she remembers the food her mother used to prepare for her. She fears school will be more difficult in the future because of the extra care she must now provide for her younger siblings; she worries this will make her late and she will be beaten by teachers. Alfred has taken on the role of father to the family; he works on the sand mines to provide money. Alfred also fears catching Ebola and that he will never return to school because of his new responsibilities, he wants to study computing at university. He has clearly built a rapport with the social workers, joking with them and thanking them for providing a mattress for him to sleep on. The younger children do not bear the burdens of their siblings but still suffer the same grief and trauma; it is clear they recognise the loss of their parents and are hurt by the reluctance of their friends to play with them.

Case two - John Thorpe – Vulnerability and trauma: Aminata Sesay (17) from Western Area lost both parents and is now the sole primary carer for her two younger brothers aged 12 and 4. Aminata does not leave her house; she does not see the friends she used to play with and she says that her new responsibilities weigh heavily on her. At night she is kept awake by dreams that her mother's ghost is coming to visit them. Aminata says that she has nobody to turn to apart from Street Child social workers when she feels scared.

Case three –Waterloo – Child labour: Samuel (16) is the primary carer for his younger sisters (13) after the loss of their parents. Samuel works to sell coal pots during the day in order to feed his family, saying that he has had to put aside his grief to play the role of mother and father. His biggest responsibility is earning money to buy food for his sisters and easing their fear – during quarantine he achieved this by giving them board games to play. Before Ebola, Samuel loved to ride his bike around the village and read; he was a keen student of government history and literature. His main aim is to return to school one day but he cannot imagine being able to support his siblings and continue his education.

WESTERN AREA URBAN

Case one - East Freetown – Wider family caregiver: Mariatu (16), Melvin (13), Ibrahim (7), Samuel (5), Adama (2) and Wara 2 months lost both their parents to Ebola. Their aunt, 20 year old Tity Lusén, has taken them in, leaving her own four children with her mother. The children appeared to be coping well but their auntie admitted that it had not been easy taking care of them. Presently her time is taken up looking after the children and she relies on relations for financial support. She has pledged to look after the children until they are adults. Street Child have provided food and psychosocial support, but in order to survive long term the auntie needs a business grant. Mariatu suffered trauma after the loss of her parents, she used to withdraw inside to cry but has since come out of herself with the help of counselling and love – the children's main concern is now returning to education. This is a prime example of the benefits of rehoming children with a loving relative.

APPENDICES

Appendix B



Government Response to the Ebola Orphan Crisis: Interviews were conducted with Tina Davis, head of the psychosocial pillar for the NERC; Mr Bangura, acting assistant Director for the Southern Region MSWGCA and Josephine Sancoh Assistant Director Northern Region MSWGCA.

MSWGCA is co-ordinating the Ebola Orphan response in Sierra Leone; up to 25th January they have registered 15,768 affected children and 8,185 unverified Ebola orphans. The Ministry uses the definition of orphan as a person that has lost both their parents. Ministry protocol is to take children who have had contact with known Ebola cases to the OICC for 21 days, carry out family tracing and, if no relative or foster carer can be found, take the child to the ICC. They provide humanitarian aid and psychosocial first aid. The Ministry expressed that they have experienced difficulties when rehoming children out of ICCs as tracing can be difficult. The MSWGCA recognises that the best place for a child is with their family, and that fostering is not ideal but is preferable to an institution.

There are concerns within the Ministry about the economic power of families to feed additional mouths and enable orphans to return to school. The post Ebola social strategy is already beginning in districts with low levels of contagion – Bonthe, Pujehun and Kailahun. This strategy involves livelihood support for communities, strengthening structures, investing in teachers and child welfare groups.

The MSWGCA has been instrumental in: setting up the psychosocial pillar, which provides training and treatment; disseminating a psychosocial support manual on how to work with survivors and orphans and additionally, in providing training throughout the country to mental health nurses who provide counselling and identify PTSD. The MSWGCA agree with the findings of this report that Ebola orphans are a high risk category of child facing risks such as teenage pregnancy, abuse, hard labour and early marriage. The Ministry is getting ready to shift its approach to tackling Ebola stating: 'Ebola is a social issue, not a medical issue.'

Other major NGO responses to the Ebola orphan crisis:

Interviews were conducted with Plan International, Oxfam, Action Aid, World Vision and ChildFund. Street Child teams and MSWGCA confirmed the roles of the following aid organisations in the Ebola orphan response.

Plan International: *Interview conducted with Abdul S Kamara: Community Facilitator (Makeni) and Mohammed Jalloh, Community Facilitator (Makeni).*

Plan are Preparing to support 300 Ebola orphans in the Bombali district with one-off packages of food and non-food items. They support Ebola Orphans who have lost both parents. Plan are currently in discussion with MSWGCA about strategies for long-term support in their areas of operation.

Oxfam: Oxfam's presence in Sierra Leone is newly established - they are currently training community health workers. However, they have identified poverty as a major issue for families who have taken in Ebola orphans.



Defence for Children International: Putting in place a programme to reduce CSW in Bo; reducing the areas where CSW could take place.

BRAC: Supporting pregnant teens with grants and livelihood skills training.

World Vision: *Interview with World Vision Base Manager Bo District, Grace Kargbo:* World Vision is conducting safe burials of Ebola victims and set up the command and control centre in Bo. They work closely with children in quarantine to ensure their protection as well as to deliver food packages. These are one-time packages during quarantine – they do not continue support because they do not wish to promote dependency. If a child in one of these households is identified as being neglected, it is World Vision's policy to take them to the ICC. Grace agreed with Street Child's definition of Ebola orphans because of the high level of need in those who have lost their primary caregiver. World Vision has seen signs of trauma in the orphans they have worked with and have battled against stigma in the community. They recommend the provision of education support, medication support, and long-term sustainable solutions including guidance/leadership classes for primary carers. World Vision fears an increase in teenage pregnancy and worries in particular for children in the age bracket between 18-21 who have lost the guidance of their parents and may not be receiving support from NGOs.

Action Aid: *Interview with Patrick Moyba, District Co-ordinator Action Aid in Bo:* Action Aid supports children in 32 remote communities in rural Bo. Since Ebola began, their concern has been with those children and those communities. They have carried out sensitisation campaigns in those communities and have provided food for quarantined homes. They have provided food packages for their beneficiaries.

ChildFund: *Interview with ChildFund OICC Supervisor Shaku Gbla, Port Loko:* Funded by UNICEF, ChildFund is running OICCs and ICCs – they started their work in Port Loko specifically with contact children. OICCs take children for 21 days observation and then aims to rehome them – they have similar centres in Lunsar, Makeni, Kabala, Tonkilili, Bo and anticipate opening one in Moyamba in due course. The Port Loko centre opened in November and has admitted 75 children and reunified 54. While children are in the centres, social workers conduct family tracing. When surviving children cannot be reunified they are brought to the ICC. At the OICC and ICC they provide medical care and psychosocial counselling as well as food support. Once children have been reunited, they provide monitoring support for up to three months. For those below two years they also provide food support, older children go with a reintegration package of ½ a bag of rice. Foster care is the last option as they would rather place a child with a relative, however it is very challenging to trace relatives, especially when the children are too young to get information from and when they have been taken from the community under emergency circumstances. Sometimes they are forced to just return to the community with a picture of the child.

SOS: Mainly taking care of Ebola orphans in orphanages.

Goal: In Kenema, Goal are supporting the MSWGCA in training psychosocial support staff and undertaking sensitisation campaigns.

UNICEF: is acting as the main funding partner for the MSWGCA and in particular for the psychosocial pillar.

APPENDICES

Appendix C

Street Child operational areas



District	Chifdom	Town / village
Bo	Tikonko	Bo
	Kakua	Baoma
	Kakua	Benduma
	Kakua	Pindegumahun
	Kakua	Nengbema
	Kakua	Bumpeh
	Kakua	Kaniya

District	Chiefdom	Town / village
Kambia	Magbaema	Safaya Town
	Mambolo	Benna
	Tonko Limba	Laligberay
	Magbaema	Robot
	Gbelehbeckson	Masimbo
	Masumbala	Bamoi Luma
	Magbaema	Gbereka
	Tonko Limba	Koya
	Masumbala	Madina
	Brimaya	Mafaray Mumu
	Magbaema	Maboka
	Tonko Limba	Samaya community
	Masumbala	Bamio Luma
	Brimaya	Mayefeh
	Magbaema	Bamio Luma
	Gbelehbeckson	Kambia

District	Chiefdom	Town / village
Bombali	Tikonko	Bo
	Kakua	Baoma
	Kakua	Benduma
	Kakua	Pindegumahun
	Kakua	Nengbema
	Kakua	Bumpeh
	Kakua	Kaniya
	Tambakha	Tomparay Ferry
	Sella Limba	Kamakwie
	Tambakha	Samaya
	Bomali Shebora	Makeni
	Bombali Shebora	Patibana Marank
	Bombali Shebora	RogboMSella
	Makari Gbanti	Kolishokoh Village
	Makari Gbanti	Rogbesseh Village

District	Chiefdom	Town / village
Bonthe District	Jong	Luwua Village
	Jong	Kaniya
	Jong	Kaniya
	Jong	Bonebu Village
	Jong	Lowua

District	Chiefdom	Town / village
Kailahun	Kissi Teng	Kpondu village
	Kissi Teng	Koindu town
	Luawa	Kailahun town
	Luawa	Nyanyahun village
	Luawa	Ngeagor village
	Upper Bambara	Pendembu town
	Njaluahun	Nyanyahun village
	Njaluahun	Tondola village
	Njaluahun	Shegbwema town
	Njaluahun	Baiima kubuihun village
	Jawei	Bomborhun village
	Jawei	Daru town
	Mandu	Gohun village
	Mandu	Dablama village
	Upper Bambara	Pendembu town
	Kissi Tongi	Buedu town
	Kissi Tongi	Bamba 1
	Kissi Tongi	Kpongbondu village
	Luawa	Kailahun town
	Kissi Kama	Foidu village
	Jawei	Njalla village
	Jawei	Daru town
	Njaluahun	Shegbwema
	Kissi Tongi	Buedu town
	Kissi Kama	Gbanyawalu village
	Upper Bambara	Pendembu
	Jawei	Njalla village
	Jawei	Daru town
	Jawei	Gooma village
	Kissi Teng	Koindu town
	Kissi Kama	Foidu village
	Mandu	Mobai town
	Njaluahun	Shegbwema town
	Luawa	Kailahun town
	Peje Bongre	Manowa town
	Peje Bongre	Pujehun village
	Peje Bongre	Ngolahun
	Peje Bongre	Gbunumbu
	Upper Bambara	Pendembu town
	Luawa	Kailahun town
	Kissi Kama	Gbanyawalu
Jawei	Daru town	
Kissi Tongi	Buedu Town	



District	Chiefdom	Town / village
Kailahun	Kissi Teng	Kpondu village
	Kissi Teng	Koindu town
	Luawa	Kailahun town
	Luawa	Nyanyahun village
	Luawa	Ngeagor village
	Upper Bambara	Pendembu town
	Njaluahun	Nyanyahun village
	Njaluahun	Tondola village
	Njaluahun	Shegbwema town
	Njaluahun	Baiima kubuihun village
	Jawei	Bomborhun village
	Jawei	Daru town
	Mandu	Gohun village
	Mandu	Dablama village
	Upper Bambara	Pendembu town
	Kissi Tongi	Buedu town
	Kissi Tongi	Bamba 1
	Kissi Tongi	Kpongbondu village
	Luawa	Kailahun town
	Kissi Kama	Foidu village
	Jawei	Njalla village
	Jawei	Daru town
	Njaluahun	Shegbwema
	Kissi Tongi	Buedu town
	Kissi Kama	Gbanyawalu village
	Upper Bambara	Pendembu
	Jawei	Njalla village
	Jawei	Daru town
	Jawei	Gooma village
	Kissi Teng	Koindu town
	Kissi Kama	Foidu village
	Mandu	Mobai town
	Njaluahun	Shegbwema town
	Luawa	Kailahun town
	Peje Bongre	Manowa town
	Peje Bongre	Pujehun village
	Peje Bongre	Ngolahun
	Peje Bongre	Gbunumbu
	Upper Bambara	Pendembu town
	Luawa	Kailahun town
	Kissi Kama	Gbanyawalu
	Jawei	Daru town
	Kissi Tongi	Buedu Town

District	Chiefdom	Town / village
Kenema	NONGOWA	KENEMA
	NONGOWA	COMBEMA
	NONGOWA	KPAI
	NONGOWA	GELLHUN
	NONGOWA	LARGO
	NONGOWA	KORMENDE STATION
	SMALL BO	BAMBAA
	SMALL BO	GEREHUN
	SMALL BO	BLAMA
	SMALL BO	LUNGEAMA
	GAURA	PERI FEFEWABU
	GAURA	NJABWEMA
	GAURA	LEVUMA
	LOWER BAMBARA	KORMENDE LUYAMA
	LOWER BAMBARA	BANDAJUMA TORGBOMA
	LOWER BAMBARA	TALIA
	GORAMA MENDE	MANO
	GORAMA MENDE	MONDEMA
	GORAMA MENDE	BAAMA
	GORAMA MENDE	TONGIE
	GORAMA MENDE	PEWAHUN
	GORAMA MENDE	NYANYAHUN
	GORAMA MENDE	NYAGBEBU
	GORAMA MENDE	KPAWONDU
	GORAMA MENDE	KPAOMA
	GORAMA MENDE	KOTIHUN
	GORAMA MENDE	BOAJIBU

District	Chiefdom	Town / village
koinadugu	Nieni	Funumbakura
	Nieni	Kumala
	Nieni	Liroh
	Nieni	Fankoya
	Nieni	Tilikoro

District	Chiefdom	Town / village
Kono	Nimikoro	BANDAFAYE
	Tankoro	KOAQUIMA
	Nimikoro	BANDAFAYE
	Nimikoro	BANDAFAYE
	Nimikoro	KOMARO
	Gbense	KOIDU
	Gbense	KOIDU
	Gbense	SMALL SEFADU
	Tankoro	koidu city
	Nimiyama	mansabendu town
	Nimikoro	ngaiya
	Tankoro	koidu city
	Nimiyama	mansabendu town
	Sandor	gbondu
	Nimikoro	motema
	Nimikoro	joe town
	Sandor	gbondu

District	Chiefdom	Town / village
Moyamba	Bagruwa	Sembehum
		Moyamba
	Kaiyamba	Township
	Bagruwa	Sembehum
		Moyamba
	Kaiyamba	Township
	KORI	Taima Town
	Bumpeh	Rotifunk
	Fakunya	Kpetema
	Gbangbatoke	Fullah town
	Gbangbatoke	Kangibomeh
	Gbangbatoke	Mabang village
	Gbangbatoke	Bradford
	Gbangbatoke	Mabang village
	Gbangbatoke	Bradford
Gbangbatoke	Loko town	

District	Chiefdom	Town / village
Port Loko	Loko Massama	Kigbal Village
	BKM	Romeni Village
	BKM	Kagbanthama
	BKM	Romeni Village
	Maforki	Maforki
	Maforki	Rotifunck village
	Koyo Chiefdom	Mathrie Village
	Kaffu Bullom	Lungi
	Kaffu Bullom	Tombo Lol
	Kaffu Bullom	Rotifunk
	Kaffu Bullom	Gbaneh Bana
	Kaffu Bullom	Gbaneh Bana
	Buya Romende Chiefdom	Foredugu
	Marampa Chiefdom	Lunsar
	Marampa Chiefdom	Gbomkapabu
	Marampa Chiefdom	Masuba Village
	Marampa Chiefdom	Magbafeth Village
	Marampa Chiefdom	Robmka Village
	Marampa Chiefdom	Roral
	Marampa Chiefdom	Makotha
	Marampa Chiefdom	Rolemaray
	Marampa Chiefdom	Karafay
	Marampa Chiefdom	Makosa

District	Chiefdom	Town / village
Pujehun	Makapale	DUMANGBEY
	ZIMI Makpale	TANGAHUN
	ZIMI Makpale	GOBARU
	ZIMI Makpale	ZIMMI

District	Chiefdom	Town / village
Tonkolili	FAKUNYA	MOYAMBA JUNCTION
	YONI	GBOMBANA
		PUJEHUN
		MAKARGBO
		MAMORKA
		MAGBAGAI
		MAYANGBA
	YONI, KORI & FAKUNYA	MADINA
		PUJEHUN (UPPER YONI)
		GBOMKANA SERRY
		ROBARRI
		MAPOLY
		LARGO
		NYANDEHUN
		KONDAYANA
		ROCHEN MALAL
	YONI & FAKUNYA	GBAMGBAMA SOMANOR
		KPETEMA
		MAKONGBA
		MIE 91
		MAGBAKA
		YONI TOWN
		MAYANGBA
		RONIETTA
		NJANGBAHUN
	Kolifa Rowalla	Gbondama Village
	Yoni	Masang Village
	Taneh	Mabamp Village
Mayoloh Junction	Paki Massagbon	
Kaiyamba	Kangahun Village	
Kaiyamba	Kangahun Village	
Kaiyamba	Moyamba Township	



District	Bagruwa	Sembehum
Tonkolili	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Kaiyamba	Congowa Village
	Bagruwa	Sembehum
	Bagruwa	Sembehum
	KORI	Kowama
	Bagruwa	Sembehum
	Bumpeh	Rotifunk
	Bagruwa	Sembehum
	Kaiyamba	Kangahun Village
	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	Kaiyamba	Kangahun Village
	Kaiyamba	Kangahun Village
	KORI	Kowama
	KORI	Kowama
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Kaiyamba	Kangahun Village
	KORI	Taima Town
	Bagruwa	Sembehum
	Kori	Taima
	Bumpeh	Rochaindecom
	Fakunya	Moyamba Junction
	Bagruwa	gbangbatoke Junction
	Fakunya	Kpetema
	Kaiyamba	Moyamba
	Fakunya	Moyamba
	Fakunya	KONDAYAMA
	Lower banta	Gbangbatoke

District	Kaiyamba	Kangahun Village
Tonkolili	Bagruwa	Sembehum
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	KORI	Taima Town
	KORI	Fogbo
	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	Kaiyamba	Moyamba Township
	Bagruwa	Sembehum
	Bagruwa	Sembehum
	KORI	Fogbo
	KORI	Taima Town
	Kaiyamba	Kangahun Village
	Kaiyamba	Kangahun Village
	Kaiyamba	Moyamba Township
	KORI	Taima Town
	Bagruwa	Sembehum
	KORI	Kowama
	Bumpeh	Rotifunk
	Bagruwa	Sembehum
	KORI	Kowama
	Kaiyamba	Congowa Village
	KORI	Taima Town

District	Kaiyamba	Moyamba
Tonkolili	Kori	Bailargo
	Kori	Nyandehun Gbanda
	Kori	Bailargo
	Kori	Bailargo
	Kori	Nyandehun Gbanda
	Kori	Bailargo
	Kori	Nyandehun Gbanda
	Ribbi	Mokonnie
	Kargboro	Youнду
	Kori	Nyandehun Gbanda
	Kaiyamba	Moyamba military barracks
	Kori	Bailargo
	Lower banta	Gbangbatoke
	Lower banta	Gbangbatoke
	Ribbi	Moshelo junction
	Lower banta	Gbangbatoke
	Lower banta	Gbangbatoke
	Kori	Bailargo
	Fakunya	Kpetema
	Fakunya	Kpetema
	Kaiyamba	Moyamba military barracks
	Ribbi	Mabang village
	Ribbi	Mabang village
	Ribbi	Bradford

District	Town/Village
Western Area Urban	Freetown
	Dwzark
	Newenglan vill
	Kroo Bay
	Sorie town
	Godrich
	Lumlu
	Abardeen
	Kissy
	Willington
	Cline Town
	Up Gun
	Shell New/old road
Western Area Rural	Town/Village
	Waterloo
	John Thorpe
	Mabureh, new London
	Jui
	Rogbangba
	Paloko,coletown
	Tombo
	Campbull town
	Kissy town

Appendix D:

Street Child needs
assessment matrix

Needs Assessment Matrix

Need	1 Stable / no need	2 Need support	3 Acute Need	4 Emergency situation
Food & Nutrition	Child is stable and not in need of support – has enough food	Child is in need of food support – is not reliably accessing enough food	Child is acutely in need of food support – rarely / never has enough food	Child is at risk of starvation – in need of emergency support
Material possessions (eg. clothes, bedding, mattress)	Child has clothes, bedding, etc. Not presently in need of support	Child has some things, but still needs one or two items of material support.	Child has very little and urgently needs material support	Child has nothing – in immediate need – one of the worst situations I've seen.
Resettlement (FTR)	Child is living with an adequate long term caregiver	Child is in a safe short-term situation, but is in need of a different long-term caregiver.	Child is not in a safe and stable living situation, and does not have a caregiver	Child is especially vulnerable (under 5, or has special needs) and does not have a caregiver – emergency resettlement needed
Psychosocial Support (PSS)	Child has recovered from trauma and is assessed as being safe and stable, and psychologically and emotionally healthy	Child has experienced great loss, but is managing at the moment. I will monitor the situation closely	Child is in need of regular counseling and psychosocial support – social worker will support regularly	Child is experiencing breakdown. The child is in need of emergency intervention and should be referred to a specialist
Sustainability & Livelihoods (FBS)	Family that child is settled in is capable of supporting them sustainably.	Family that child is settled in can almost support them, but may in the future require support. Situation will be monitored and assessed further	Child is in an unsustainable environment. Family is poor, and definitely needs Family Business Scheme support	Child is in an unsustainable environment. Family is among the poorest I have seen, and needs FBS support, as well as other interventions.

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