



Ebola: beyond the health emergency

Research into the consequences of the Ebola outbreak for children and communities in Liberia and Sierra Leone

The first phase of the research is available at <http://plan-international.org/ebolareport>

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Part I: Introduction

1 Introduction

The 2014 outbreak of the Ebola Virus Disease in West Africa was declared an international public health emergency on 8 August 2014 (WHO, 2014). Plan International, who commissioned this research, undertook a rapid assessment of the situation among Plan staff in the three most affected countries, Liberia, Sierra Leone and Guinea; staff reported that, whilst Ebola trailed sickness and death in its wake, the outbreak had implications that reached far beyond this direct impact on people's health. This was confirmed by reports from other NGO's and the international press about how the Ebola outbreak was causing wider problems such as the closure of schools, restrictions on movement, food shortages and economic downturn. In a rapidly-changing situation, media coverage was an important source but tended to give a one-dimensional picture, presenting issues as separate headlines.

What was evident is that there is a lack of empirical research investigating the wider effects of a large-scale Ebola outbreak, and in particular the indirect impacts on children and young people. To address this gap, Plan International commissioned this qualitative study in late October 2014.

Fieldwork was carried out by community based organisations in Liberia and Sierra Leone. Teams of researchers visited a sample of twenty (20) communities in each country. Selective sampling was used, to represent urban and rural communities, different regions of the countries, as well as locations where there were high and low case numbers of Ebola. Female and male children and adults took part in focus group discussions, in one-to-one interviews and case studies. This qualitative methodology allowed people to tell their own stories and encompassed views from children, families and the wider community. In total, 1,836 children and adults participated in the study.

Selective (purposive) sampling was used: the sites were chosen to represent both urban and rural communities, different regions of the countries, as well as locations where there were high and low case numbers of Ebola. Children and adults took part in small group discussions and one-to-one interviews. This qualitative methodology allowed people to tell their own stories, building up from the impact of the outbreak on the child to those experienced by the family and wider community. In total, 1,836 children and adults chose to participate in the study.

The safety issues surrounding fieldwork in countries at the height of an Ebola outbreak are substantial, as are the practical difficulties of fieldwork when people are afraid of contact, public gatherings are banned, travel restrictions are in place and areas have been quarantined. In such circumstances it was the presence of local community-based organisations and Plan staff already active amongst affected communities that made the research possible.

This report therefore describes the range of impacts that Ebola has on children and families looking beyond the immediate health effects and exploring the cause and effects, as described by those living through the crisis. It finds that beyond those infected with the virus there are a large number of children and families whose survival and development is threatened by the loss of already precarious health services, the loss of community cohesion and the loss of basic needs such as food. Many children are placed at risk by a breakdown in the protective environment usually provided by families and the wider community. Almost all children and adults, even communities with no Ebola cases, feel the hurt of bereavement and experience the loss of what gives them confidence and self-esteem; education, employment and social ties with family and community. Children's lives have been comprehensively harmed by the wider consequences of the Ebola outbreak.

It is important to bear in mind that an Ebola outbreak of this scale has never been seen before, and as a result all actors involved – from the international community, to the national governments, to civil society and communities - have been learning as the crisis escalated. Therefore, the findings, conclusions and recommendations should not be seen as a critique on what didn't work, but as a basis to draw on the learning for what to improve if a similar emergency occurs in the future.

The report is organised as follows: Chapter 2 gives a description of the research method. Chapter 3 is a review of the Ebola outbreak and response, based on published sources and with the aim of providing a context for the research findings. Chapters 4 to 9 set out the findings of the research under each of the main topics of enquiry; health, food security, livelihoods, child protection, education and community cohesion. Chapter 10 contains conclusions and recommendations for relieving the immediate impacts of Ebola's wider consequences, supporting the longer-term process of recovery and increasing resilience to such a crisis. The report is accompanied by two appendices. Appendix 1 is a book of case studies collected from children during the study. This provides first-hand and powerful accounts of the multiple ways in which children are affected by the side-effects of the Ebola outbreak. Appendix 2 contains the research tools and training guide.

2 Research method

2.1 Research aims

The research was commissioned as a qualitative study, to investigate the consequences of Ebola for children, young people and families in Liberia and Sierra Leone.

The specific objectives of the research were to:

1. Identify the immediate needs of children, young people and families with particular regards to education, livelihoods, child protection and well-being, and food security and nutrition.
2. Based on the findings from the study, initiate a broad set of recommendations which can be used to inform programming and advocacy for when the outbreak ends and with regards to a health outbreak of a similar nature and scale in the future.
3. Advise on further research needs, to improve understanding of the consequences of the outbreak.

2.2 Research challenges and general approach

2.2.1 *Gathering personal perspectives on a broad agenda*

An emphasis was placed in the research brief on understanding how children, parents and others view the wider consequences of the Ebola outbreak. A challenge for the research was therefore to reconcile the need to give people the time and open agenda to express their own views, with the need to minimise contact and conduct research quickly and efficiently. There was also a challenge to reconcile the exploratory aims of the research, across a wide agenda, with the desire for deep insights and the ability to make comparisons between countries and types of site.

To balance these different needs a semi-structured interviewing method was used. This employed a core set of topics and prompts to guide the discussion, but was sufficiently open and flexible to enable the participants to shape the discussion. The use of a core set of topics and prompts within the semi-structured agenda, created a data set that is a rich source of qualitative data as well as being sufficiently large and consistent to allow a simple numerical analysis and comparison between different categories of sites.

This method was chosen in preference to a more rigid questionnaire. Whilst this would have produced answers that were easier to quantify, closed questions tend to pre-set the agenda. It is also very time-consuming or resource intensive to deliver closed questions to a large number of people when they cover multiple topics.

2.2.2 *Safety and ethics*

Safety of participants and researchers during the research was a primary concern and a major influence on the approach. In addition to the risk of contracting Ebola there was the possibility of a hostile reception from people in communities. Attacks on visiting health teams, were reported in the international press, for example, including a fatal attack in Guinea in July 2014 (WHO, 2014g). In response to these risks, the general approach taken was to:

- **Minimise contact;** by minimising the time spent in each site, by avoiding physical contact and by avoiding the exchange of paper, pens or other research materials.
- **Minimise travel** between areas; by using different teams to cover different parts of the country, rather than a single team traveling between all the sites.
- **Maximise familiarity** with the communities; by working through Plan communities and/or through local organisations and with researchers who knew the participating communities. This helped to overcome the reluctance of people in communities to meet.

A detailed safety protocol was prepared for the research and incorporated into training for researchers, covering issues such as hand-washing, meeting in open spaces and no physical contact (see the Research Tools Appendix to this report, Appendix 2).

As children were the focus for the research it was important to include young people in the fieldwork. The child protection and ethical issues raised by this were managed by working with organisations with a track-record of carrying out research with children and with knowledge of child protection. Older children, aged 12 to 18, were invited to take part in the research instead of very young children, given the health risks and the emotional risks of discussing Ebola with children who had potentially lost their parents and loved ones to the virus. Younger children (as young as 8 years) are occasionally included in the case studies, which were researched in the presence of a parent or other adult. The inclusion of children required a shorter and simpler discussion framework to that used with adults. For child protection and safety reasons, the meetings with children and adults were held mostly in the open or in large spaces, visible to all and with space for people to avoid close contact.

The arrangements and issues described above had implications for the types of research tools used. Participatory techniques often involve the exchange of materials (for example maps) and the active (physical) engagement of participants (for example in walking transects). Such techniques were avoided in favour of methods such as focus groups and semi-structured interviews, where researchers facilitate a discussion among participants, noting down the main topics of discussion that resulted. The focus groups were a

maximum of 12 participants, for a combination of safety and research-effectiveness reasons.

The use of several research teams to minimise travel and maximise familiarity with the communities has the potential disadvantage of adding inconsistency in how the research is conducted, and hence the results. To mitigate against this, training was held for all team members, the methods were piloted and reviewed and a team leader supervised all of the sessions in a given area.

Ethical approval for this study was obtained in accordance with Plan International's Research Policy and Standards. The research adhered to Plan International's Child Protection Policy and Guidelines. In addition, the research was conducted in accordance with Plan International's safety protocol put in place in response to the Ebola outbreak. The prior and informed consent of all participants was sought, before all meetings or interviews took place (see consent form in Research Tools, Appendix 2).

2.3 Data collection

2.3.1 Selection of research sites

Research sites were purposively sampled, chosen to provide a representative sample of the demographic characteristics of the two countries and examining:

- A broad geographical spread across the countries, to encompass characteristics such as proximity to borders, trade flows and proximity to capital cities.
- Rural and urban areas.
- Areas with a high number of suspected, probable and confirmed Ebola cases and areas with a low number of suspected, probable and confirmed cases (referred to in this study as High Outbreak and Low Outbreak sites).

Pragmatic and programming reasons also influenced site selection. Very remote areas were not included because of time and transport difficulties. Communities where either the research teams or Plan staff had already worked and had personal contacts were favoured in order to ensure safety of the researchers.

In each country a sample of twenty (20) sites was selected. These are portrayed in Figure 2.1 and the features of the sites are summarised in Tables 2.2 (Liberia) and 2.3 (Sierra Leone). Sites were defined as high or low outbreak at the time of fieldwork according to cumulative incidence maps such as that reproduced in Figure 2.1, and research teams aimed to investigate an equal number of each type. However, the cumulative incidence maps do not give a wholly accurate guide to the status of sites because the actual numbers of suspected, probable and confirmed cases of Ebola vary from community to community (the communities being neighbourhoods of several thousand people in urban areas, or villages of a similar size or smaller for rural sites) and they change rapidly with

time. Therefore, after local knowledge was gathered during the research, the final number of high outbreak sites included in the research was 15, which was fewer than the number of low-outbreak sites included (25).

Communities themselves were usually unable to give an accurate guide to the level of outbreak as there was great uncertainty about whether cases and deaths were actually due to Ebola. Establishing accurate figures is difficult and was not an objective of this research. Nor was it essential for the method; sites that were within high outbreak counties or districts but which had relatively few cases were very aware of and affected by the events and reactions in nearby communities that had experienced a greater number of cases. Nonetheless, comparisons made in the study between high and low outbreak areas should be considered with this uncertainty in mind, and treated as indicative rather than absolute.

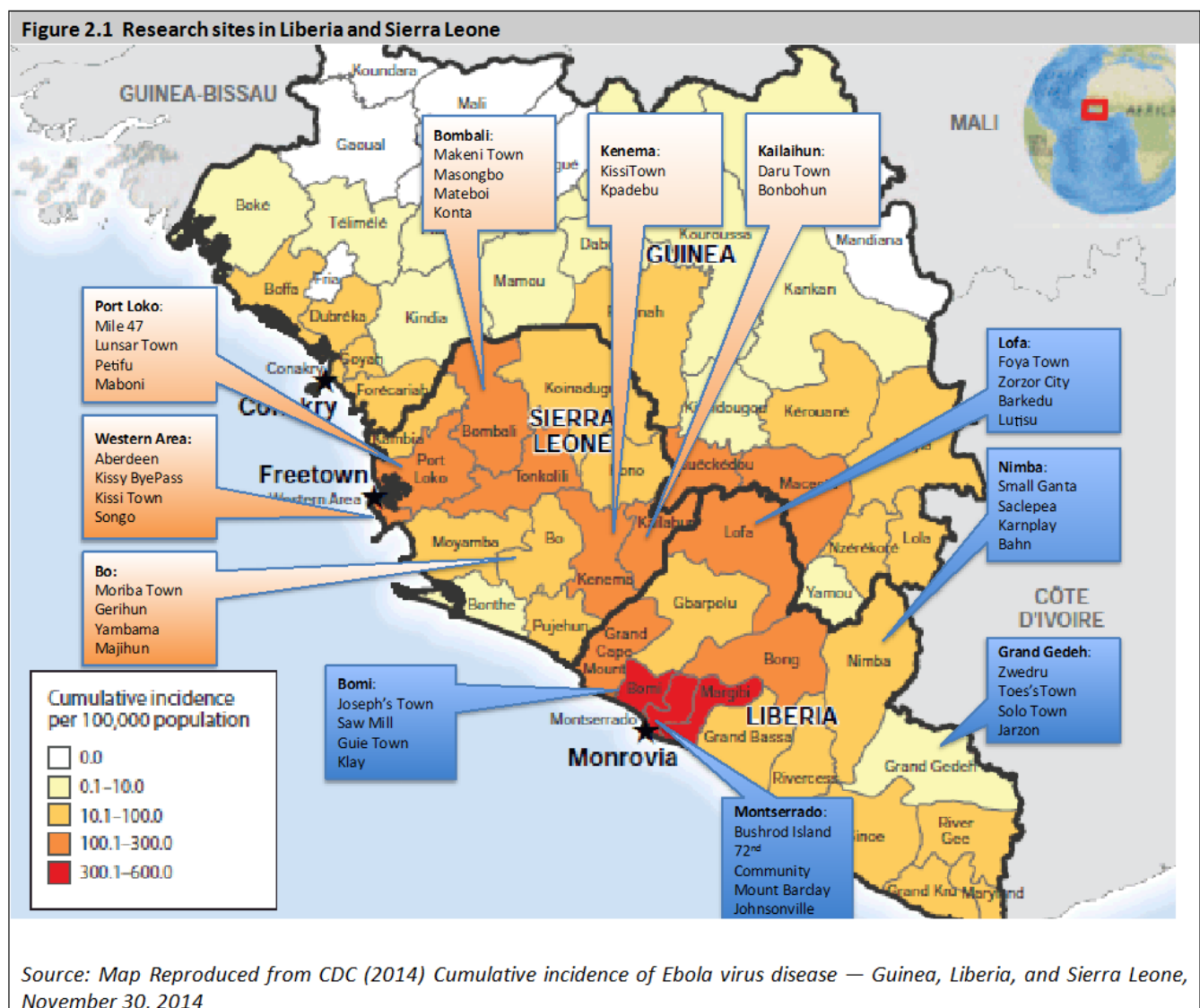


Table 2.2 Research sites in Liberia			
Liberia			
County	Site	Rural/Urban	Outbreak High/Low
Montserrado	Bushrod Island	Urban	High
	72 nd community	Urban	Low
	Mount Barclay	Rural	High
	Johnsonville	Rural	Low
Bomi	Joseph's Town	Urban	High
	Sawmill	Urban	Low
	Guie Town	Rural	High
	Klay	Rural	Low
Nimba	Small Ganta	Urban	High
	Saclepea	Urban	Low
	Karnplay	Rural	High
	Bahn	Rural	Low
Grand Gedeh	Zwedru	Urban	Low
	Toe's Town	Urban	Low
	Solo Town	Rural	Low
	Jarzon	Rural	Low
Lofa	Foya Town	Urban	High
	Zorzor City	Urban	Low
	Barkedu	Rural	High
	Lutisu	Rural	Low
<i>Total sites</i>	20		
<i>Total Rural</i>	10		
<i>Total High Outbreak</i>	8		

In Sierra Leone, the choice of districts was more heavily influenced by travel restrictions: passes had to be obtained to permit travel, which was not the case in Liberia. Roadblocks caused long delays, making it more difficult to reach remoter areas. Nonetheless, Kailahun district in the east, bordering Lofa County in Liberia, was included, particularly because it was a centre for the early stages of the outbreak in Sierra Leone and because it is a programming area for Plan International. To reduce travel difficulties, only two sites were visited in Kailahun. So instead of four sites in each district as elsewhere, the north-eastern four were split between Kailahun and the relatively accessible Kenema district.

Table 2.3 Research sites in Sierra Leone			
District	Site	Rural/Urban	Outbreak High/Low
Western Area	Aberdeen	Urban	Low
	Kissy Bye Pass, East III	Urban	Low
	Kissi Town, Waterloo Rural Area	Rural	High
	Songo, Koya	Rural	Low
Bo	Moriba Town, West Ward	Urban	Low

	Gerihun Town	Urban	Low
	Yambama	Rural	Low
	Majihun	Rural	Low
Kenema	Kissi Town, Gbo Kakajama	Urban	Low
	Kpadebu	Rural	Low
Kailahun	Daru Town	Urban	High
	Bonbohun	Rural	High
Bombali	Makeni Town, Banana Ward	Urban	High
	Masongbo Town	Urban	High
	Mateboi	Rural	Low
	Konta	Rural	Low
Port Loko	Mile 47	Urban	High
	Lunsar Town-Madigbo	Urban	High
	Petifu	Rural	Low
	Maboni	Rural	Low
<i>Total sites</i>	20		
<i>Total Rural</i>	10		
<i>Total High Outbreak</i>	7		

2.3.2 Selection of participants

Participants, like sites, were purposively selected and not sampled randomly. The aim was to bring together small groups consisting of children, parents and community leaders (Table 2.4). The participants were selected on arrival at the site and with the cooperation of community leaders. They are therefore largely self-selected, but within the criteria of a roughly equal gender split and a representative spread of ages between 12 and 18 in the children's groups.

Table 2.4 Groups and interviews in each site		
Group and Individuals	Participants	Researchers
1. Children	8 -12 school age children, with an equal number of boys and girls and a range of ages from 12 to 18	1 lead facilitator and one note-taker.
2. Carers (Female)	8-12 female parents or carers	1 lead facilitator and one note-taker (at least one female)
3. Carers (Males)	8-12 male parents or carers	1 lead facilitator and one note-taker (at least one male)
4. Community	8-12 community representatives, including youth, woman and community leaders	1 lead facilitator and one note-taker
5. One-to-one Interviews	With community leaders (e.g. clan chief, or representatives of local government and non-government organisations)	1 interviewer and one note-taker
5. Case Studies	With children, identified through discussion groups.	1 interviewer and one note-taker

<i>Total participants per site</i>	<i>Minimum 38</i>	<i>Total team: Minimum 5</i>
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The sampling was altered in Sierra Leone, by having two groups of children, boys and girls separately. This was done following piloting of the research tools in that country, with the aim of enabling children to have a freer discussion about sensitive topics such as sexual exploitation and gender issues more generally. To keep the total number of groups the same, the discussion group with leaders was dropped. This was considered by the research team to be the most dispensable, because the experience from Liberia was that community leaders tended in any case be included as parents/carers. Furthermore, they were specifically targeted with the 1-1 interviews that were carried out in each site, in addition to the group discussions.

In total, there were 20 children's focus groups and 60 adults' focus groups in the Liberia sample, and 40 children's focus groups and 40 adults' focus groups from Sierra Leone. There were 42 one-to-one interviews in Liberia and 80 one-to-one interviews in Sierra Leone. In total, 221 children and 599 adults were interviewed in Liberia; 473 children and 543 adults were interviewed in Sierra Leone. In total, 694 children participated in the study and 1,142 adults. A breakdown of the participants is provided in Table 2.5 below.

The intended minimum sample size was exceeded in both countries. It was greatest in Sierra Leone, mainly because more groups were at or near the maximum number planned for. Slightly more females than males took part in the focus groups and case studies. There is a significant difference in the 1-1 interviews which are predominantly male. This is because these were targeted at community leaders and the gender bias reflects the larger number of men in leadership roles.

Table 2.5 Number of participants in research							
	Liberia						Total
	Adults	Adults Female	Adults Male	Children	Children Female	Children Male	
<i>Focus Groups</i>	557	283	274	184	98	86	741
<i>1-1 Interviews</i>	42	16	26				42
<i>Case Studies</i>				37	19	18	37
Liberia Totals	599	299	300	221	117	104	820
	Sierra Leone						Total
	Adults	Adults Female	Adults Male	Children	Children Female	Children Male	
<i>Focus Groups</i>	463	238	225	433	224	209	896
<i>1-1 Interviews</i>	80	21	59				80
<i>Case Studies</i>				40	21	19	40
Sierra Leone Totals	543	259	284	473	245	228	1016
TOTAL	1142	558	584	694	362	332	1836

2.4 Organisation and preparation of research teams

Fieldwork in both countries was divided up amongst three teams of five researchers, covering different parts of the country as shown below (Table 2.6). A one-day training session was held with all researchers, with the research tools then being piloted in communities who were not part of the study, before being refined and then applied.

Liberia			Table 2.6	Sierra Leone		
South	North-West	East		West	East & South	North
Team 1 Montserrado Bomi	Team 2 Lofa	Team 3 Grand Gedeh, Nimba		Team 1 Western Area	Team 2 Kenema Kailahun Bo	Team 3 Port Loko Bombali

2.5 Research tools

The research tools draw upon on Rapid Appraisal techniques (Chambers, 1983 and Beebe, 2001). These are quickened forms of ethnographic techniques, giving priority to the perspectives of informants and consisting of semi-structured interview checklists, observation, interviews, focus groups and case studies. Assembling views from different groups and perspectives (triangulation) is an important feature of the method.

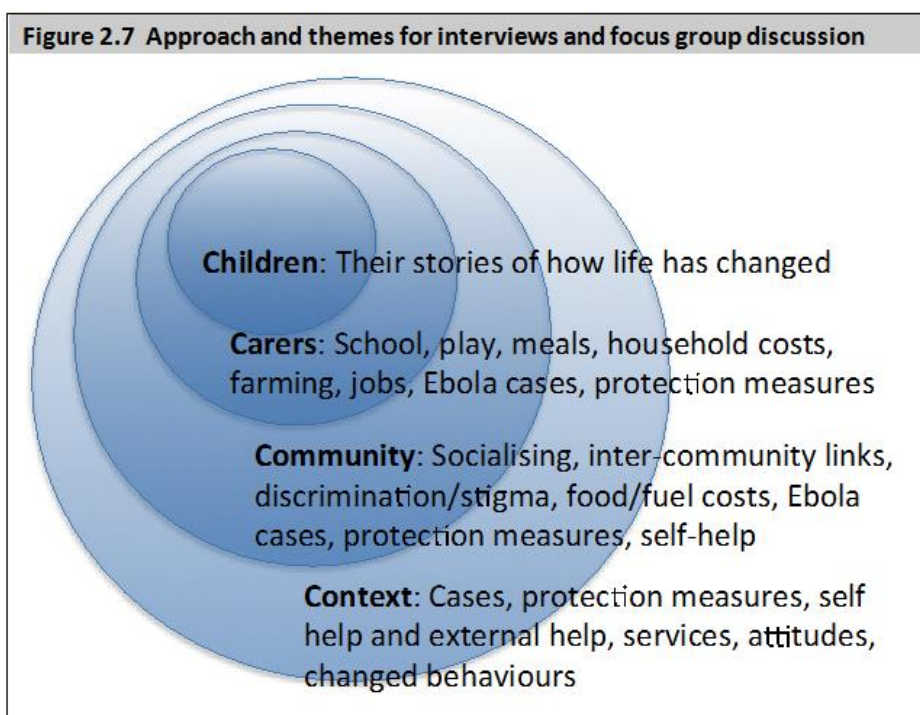
For this study, focus group discussion, individual semi-structured interviews and case studies were chosen. Answers elicited from focus group discussions are, therefore, formed as a group and not individually. For this reason, groups have the potential disadvantage of obscuring individual viewpoints, especially if particular individuals or interests dominate the discussion. On the other hand, they allow topics to be explored through an exchange of views and reveal divergence as well as consensus. For this particular study they had the added advantage of being an open and transparent way of meeting people.

To balance the collective discussion with groups, individual interviews (with community leaders) were held and case studies of children (with carers) were researched to give more in-depth views and real-life examples of the wider impacts of Ebola. These allow for in-depth discussion of topics. Whilst the style is conversational and flexible, prompts from a checklist are used by the researcher to ensure that core topics are covered.

The tools used in this research are set out in full in a Research Method appendix (Appendix 2) and are summarised below:

- **Focus group/Interview checklists.** These were a semi-structured discussion guide, based on set topics – education, health, food security, livelihoods and community cohesion. Questions to prompt discussion for each of these topics were designed in line with the research questions and objectives of the study, and to ensure comparability of answers across the sampled sites. Different versions of the checklist were used for children and adults’ groups. The same checklist was used for 1-1 interviews. Whilst each topic was introduced by the interviewer using the prompt questions, groups then led the discussions that followed, with the interviewer posing questions for clarification. This was to avoid ‘leading’ questions and to give groups the opportunity of engaging with the topics on their own terms.
- **Change charts:** A change chart is a simple graph on which the participants identify which aspects of their lives have changed and define how much it has changed. These were used to encourage participants to define and measure (approximately) change. They also allow the group to see that their views are being recorded.
- **Case study template.** This is a template for researching and recording case study interviews with children. It invites a story that covers what has happened to the child, what occurred in the family that contributed to that change and what occurred in the wider community that influenced the family.

The tools were designed to build up an understanding of impacts, centred on the child but encompassing the family, community and wider context, as illustrated in Figure 2.7.



2.6 Data analysis

2.6.1 Qualitative analysis and the quantification of results

Analysis of the fieldwork results is manual and iterative, involving an accumulation of information from the different sources and the cross-referencing of one source against the other, to identify similarities and differences and explanations for these.

The presence of a consistent set of core themes and prompting questions allowed for some basic quantification of the answers provided. Microsoft Excel was used for data entry, data analysis, and the production of simple charts. The numerical results were generated by counting the frequency with which groups (not individuals) gave specific answers. The charts and percentages referred to in this study should therefore be treated as a rough guide only: an indication of the frequency with which certain answers were given. The proportions are expressed as percentages of the total number of groups in that category. For example, 78% of adult groups in Liberia said that there were no maternal health services. This means that 47 of the 60 adult groups gave this answer.

Adults and children are analysed separately, because the children's discussion checklist was simpler and less structured. The two countries are also analysed and presented separately. This is to avoid amalgamating data from two different contexts, different sample sizes and different stages of the outbreak.

In essence, the qualitative data identifies the impacts of the Ebola outbreak and explains how they come about, whilst the simple, numerical data gives a measure of the extent to which this impact is recognised across the different groups and sites. Extensive use of quotes from the fieldwork transcripts is made in the text, to illustrate points and to give the reader a first-hand account of people's views. The case studies of children form part of the data for this analysis and they are produced separately in a Case Study Book (Appendix 1).

2.7 Comment on the robustness of the findings

This study had a number of limitations. Despite efforts to ensure that the literature search was as comprehensive as possible, the constrained timeframe in which to complete the study may mean that relevant studies and reports were unintentionally excluded.

The choice of a primarily qualitative methodology, with semi-structured tools, means that the data is not fully standardised and so is less suited for comparisons between sites and countries, and for quantitative analysis. The selective sampling of sites introduces the possibility of selection bias - although the large number of sites visited and people who participated in the research gives strong grounds for confidence in the representativeness and accuracy of the findings.

Additionally, the staggered timeline of the research meant that the research teams began the study one month apart in the two countries, although this difference was less significant than the differences in the stages of outbreak and response that are described in chapter 3.

Finally, there is the possibility of social desirability bias, where respondents tell the interviewer what they think they should say, rather than what they really believe. This is a particular risk in crisis situations where people are looking for financial and other forms of help. To guard against this, the research teams gave introductory information that included explaining that the research brought no financial rewards. Nonetheless the possibility that people answered tactically should be acknowledged.

2.8 Definition of terms

The terms used in this report are often defined in the text by explaining what the informants meant by the use of that particular word. Nonetheless, there are several terms that are frequently used and for which it is helpful to provide a definition up-front, as follows:

- **Children:** Young people aged 18 and under. The CRC defines children as under 18, whereas our research included young people aged 18. Focus groups were with children aged between 12 and 18
- **Adolescents:** Young people under 18 but who are mature enough to take on serious caring roles or work roles in the family home and also outside of the household. Typically in this research, this is children aged 14-18, who would normally be attending school or higher education. WHO defines adolescents as aged 10-19 so here we are adopting a narrower definition (WHO, 2015d). The term youth is used with the same meaning as adolescents.
- **Young people:** Used interchangeably with children to mean any child under 18 years old.
- **Child labour:** The engagement in paid employment by children under the age of 16, the legal minimum age for employment, but also those up to age 18 who would otherwise be engaged in education. It includes arduous physical labour and work that may be harmful to health.
- **Neglect:** A lack of care so that the child is not adequately protected from harm or provided with its basic needs, such as food and shelter.
- **Sexual exploitation:** A situation in which the exploited child engages in sex for food, money or protection.

3 Outbreak and response: international overview

This section provides an overview of the outbreak and the response in Liberia and Sierra Leone. Reference is also made to the situation in Guinea, so that the relevance of findings from the other two affected countries can be considered. The review is largely based on published sources but because of the fast-moving situation it relies heavily on media reports and announcements or updates by the many organisations that are involved in tackling Ebola. The focus of the review is on:

- Identifying features of the outbreak and response that create wider socio-economic impacts
- Understanding the similarities and differences in the outbreak and response between the three countries, so that the relevance of evidence or lessons from one area to other areas can be judged.

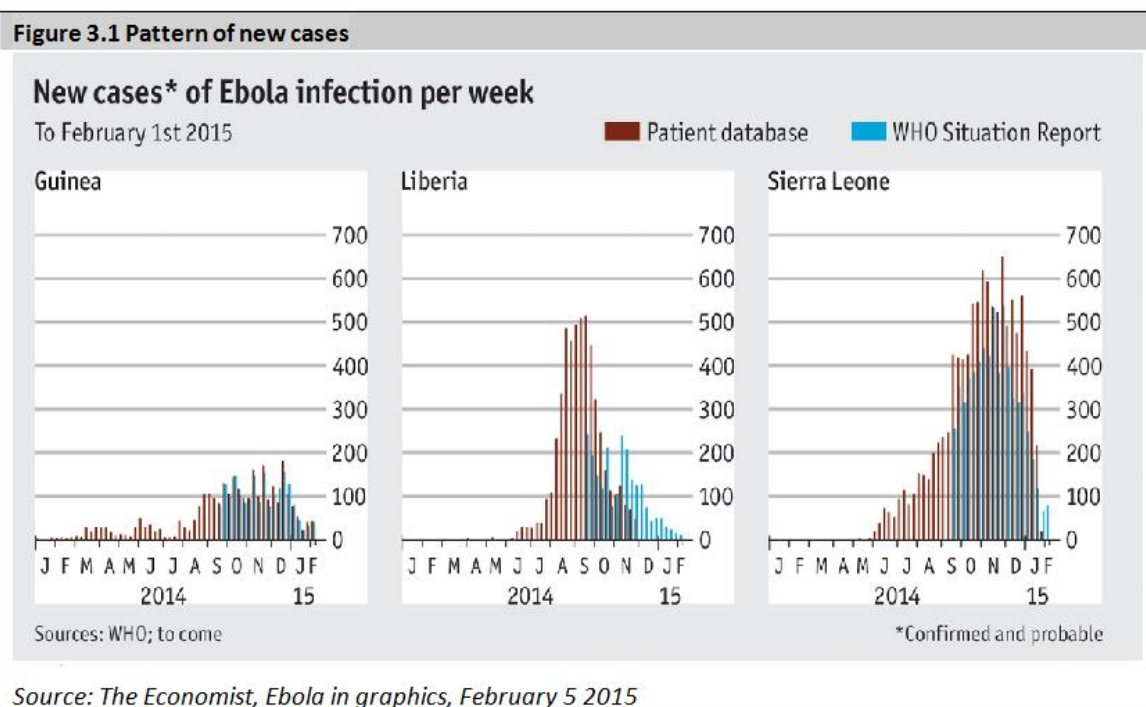
3.1 Pattern of outbreak

The current outbreak in West Africa began in Guinea in December 2013 and became the most widespread and deadly Ebola epidemic since the virus was first recognised in 1976. Unlike the previous 24 outbreaks, it spread beyond isolated rural villages to urban centres and from country to country; from Guinea to Liberia, Sierra Leone and Mali by cross-border travel and then to Nigeria, Senegal, USA, UK, Spain, Italy, Switzerland, Germany, France, Netherlands and Norway by air travel, including cases where patients received treatment in Europe and the United States. At the same time, an unconnected outbreak occurred in the Democratic Republic of the Congo (WHO, 2014).

In Liberia, Sierra Leone and Guinea the outbreak became widespread and intense, whereas in the other countries it was largely contained and has been declared over. The WHO issued its first report on the Ebola outbreak in March 2014 and declared a public health emergency of international concern in August after the virus had travelled from the countryside to the crowded capital cities of the three most affected countries. As the charts reproduced in Figure 3.1 describe, the severity of the outbreak was different in the three countries, both in terms of the number of people becoming infected and the timing of peak periods in new cases. The graph also shows the considerable uncertainty that exists about actual numbers, with large discrepancies between two official sources of data.

3.1.1 *Liberia*

The first cases of Ebola were confirmed in Liberia in late March 2014. Despite a confirmed case in the capital city Monrovia in April, the situation in Liberia remained relatively calm,



Source: *The Economist, Ebola in graphics, February 5 2015*

with the outbreak apparently being largely confined to Lofa county in the north, where the virus had crossed from neighbouring Guinea. By the end of June, Liberia reported 51 cases, compared with 390 in Guinea and 158 in Sierra Leone. Following the first confirmed deaths in Monrovia on 17 June, the infection spread rapidly and overwhelmed the government's response capacity. As case numbers grew, Liberia's president closed schools and borders in July and declared a state of emergency on 6 August, 2014.

By September, the country had witnessed nearly 2000 cases, more than 1000 deaths and almost 200 infections among health care workers, the highest number among the three countries (WHO, 2015a). As of 11 February 2015, Liberia has had 8881 confirmed cases and 3,826 confirmed deaths (WHO, 2015b)

3.1.2 Sierra Leone

In Sierra Leone, the outbreak began slowly, building up to a flurry of cases in late May and early June. The first case in the capital, Freetown, was reported on 23 June and then cases increased rapidly in the last quarter of the year. By 15 October, the last district in Sierra Leone untouched by the disease had declared Ebola cases and November saw a dramatic increase in new case numbers (WHO, 2015a).

The outbreak in Sierra Leone also dipped and spiked, albeit later than in Liberia. The May funeral of a traditional healer in a remote village was reportedly responsible for around 365 deaths that were subsequently traced back to that one funeral (WHO, 2015a). Authorities declared a local state of emergency in the affected district of Kailahun and closed schools and businesses, followed by a national state of emergency on 6 August 2014. This did little, however, to stem the rate of infection among Sierra Leone's 6.2 million inhabitants. At the close of 2014, the country's Ministry of Health was reporting

2,435 confirmed Ebola deaths out of 7,458 confirmed cases (Ministry of Health and Sanitation, 2014 and 2015). By 11 February 2015, the WHO put the number of confirmed deaths in Sierra Leone at 3,341. (WHO, 2015a)

3.1.3 Guinea

Guinea, with a population of 11 million people, did not witness the scenes of bodies left in the streets of its capital that played out in Monrovia in September and Freetown in November and December. However, the size of the country along with the population's resistance to assistance posed added challenges to controlling Ebola there. Where the other two affected countries saw sharp rises in transmission, Guinea's outbreak intensified and then petered out several times between April 2014 and the end of the year.

The first cases of Ebola in the West Africa outbreak were confirmed in Guinea in March 2013. By April 2014, reported cases had dropped to zero and health officials thought the outbreak might be over, such that Médecins Sans Frontières (MSF) closed its treatment centre. The virus returned in May and subsequently spread to the capital, with a peak of over 300 cases per week in August and September 2014, said to be caused by people returning from Liberia or from Sierra Leone (MSF, 2014). By late January 2015, Guinea reported only 30 cases per week, a significant decline. On 19 January, the government began its "Zero Ebola in sixty days" campaign and by 11 February, the country had recorded 3,044 cases and 1,995 deaths (WHO, 2015b).

3.2 Impact on health services

As the outbreak evolved, vulnerabilities in the health care systems of the three countries were exposed. Before Ebola, the health systems were already extremely weak. Liberia, for example, had only 50 doctors and about 1000 nurses for 4.3 million people (BBC, 2014a).

Patients with Ebola symptoms were initially admitted to hospitals and other health centres. Without sufficient staff, facilities, triage or infection control capabilities, these services quickly became overwhelmed and closed, or health workers fled (WHO, 2015e). Subsequently, patients presenting with Ebola symptoms found facilities closed or were turned away because of insufficient staff and beds. They returned, infectious, to their homes and communities (WHO, 2015e).

The situation was aggravated by the high death rate amongst health care workers. By January 2015, a total of 830 health worker infections had resulted in 488 deaths in the three countries (WHO, 2015a). An investigation conducted from June to August by the CDC and Liberia's health ministry into the risks for health care workers found that in addition to the closure of health facilities and the loss of other medical services, health care worker deaths also undermined the Ebola response by discouraging people from seeking treatment (CDC, 2014). The report concluded that strengthening infection control

infrastructure was a main priority in order to decrease the transmission rates among health personnel.

From the start of the outbreak, MSF supported local health services with expertise and frontline medical staff. It ran medium scale Ebola Treatment centres in Liberia, Sierra Leone and Guinea, such as the 70-bed treatment centre in Kailahun, Sierra Leone. By July 25, however, as case numbers rose, MSF warned that the virus was “out of control” and reported they could not provide sufficient assistance. (MSF, 2014). By September, the situation facing health services was summed up as follows:

"Six months into the worst Ebola epidemic in history, the world is losing the battle to contain it. In West Africa, cases and deaths continue to surge. Riots are breaking out. Isolation centres are overwhelmed. Health workers on the front lines are becoming infected and are dying in shocking numbers. Others have fled in fear, leaving people without care for even the most common illnesses. Entire health systems have crumbled. Ebola treatment centres are reduced to places where people go to die alone, where little more than palliative care is offered. It is impossible to keep up with the sheer number of infected people pouring into facilities. In Sierra Leone, infectious bodies are rotting in the streets." (2 September, Joanne Liu, International President of MSF)

Recognising that health services were unable to cope and that therefore Ebola patients would inevitably be cared for at home, the WHO and international aid agencies tried to relieve pressure on hospitals and stem secondary transmissions by encouraging care at home through the distribution of thousands of infection prevention and caregivers kits (MSF, 2014).

International health organisations also recognised that patients presenting with other illnesses would be untreated and experts became concerned that non-Ebola related deaths would result. In response, programmes were directed at providing care for other, common diseases such as malaria, outside of the usual health centres. For example, in October 2014, MSF distributed antimalarial drugs to 300,000 people in Monrovia. In early December, health workers in Sierra Leone gave out 1.5 million antimalarial treatments to people and another mass distribution was planned for January (MSF, 2014). Because those suffering from malaria present with the same symptoms as those suffering from Ebola in the early stages, the objective was also to reduce the numbers of malaria patients ending up in Ebola centres.

3.3 Responses: national, international and local

3.3.1 Government emergency measures

In March 2014, Guinea's president declared a national health emergency and instituted strict measures to control the spread of Ebola, including quarantining homes, border control, travel restrictions, and hospitalization for individuals suspected to be infected

until cleared by laboratory results. There was also a ban on transporting the dead between towns (The Tech Times 2014).

Liberia's president announced on July 27 that the country would close its borders but would keep a few crossing points open, such as the airport, where passengers would be screened. The country also took other preventive measures, like closing schools and universities, banning large gatherings like football games, and placing affected areas under quarantine, including West Point, one of the largest slums in Monrovia. In August, the Liberian government ordered corpses of those that died from the Ebola virus disease to be cremated. This highly unpopular order was relaxed in December 2014, when the Government allowed people to return to the practice of burying their dead, albeit with the instruction that bodies should not be touched (CCTV, 2014). Compulsory cremation was said to have led to people refusing to send family members to Ebola treatment centres and burying them at home instead (CCTV, 2014). Unlike Liberia, Sierra Leone did not make cremation compulsory (The Guardian, 2014). All the country's beaches were closed from 29 November, until Liberia is declared free of Ebola (BBC, 2014c).

Sierra Leone declared a state of emergency on August 1 but had already moved to shut its borders for trade with Guinea and Liberia in June. It closed cinemas, nightclubs and some schools in the most affected areas in an attempt to slow the spread of the virus (WHO, 2015a). Quarantines, enforced by the military, were imposed on the areas and households hardest hit. Also in August, the government passed a law imposing a jail sentence of up to two years on anyone found to be hiding a suspected Ebola case.

On 12 December, Sierra Leone banned all public festivities for Christmas or New Year, because of the outbreak (BBC, 2014e). By December (the month when fieldwork for this research was carried out) six districts and around half the total population was "locked down", under strict travel restrictions that prevented people from entering or leaving these districts without special permission (Mail Online, 2014)

Emergency restrictions were lifted at the end of 2014. Sierra Leone declared that it would ease district and chiefdom-level travel restrictions on 23 January 2015, explicitly linking this act to the aim of supporting economic activity (Times Live, 2015).

3.3.2 Closure of schools

Guinea's government announced that schools would reopen across the country on January 19, the same day the country began the "Zero Ebola in 60 days" campaign. This was five months after schools were closed and some eleven months after the first case of Ebola was confirmed.

As in Guinea, Liberian schools did not open in September after the summer holiday. After six months of closure, schools were set to reopen on 2 February, but the government announced a delay until 16 February to enable more than 5,181 schools to be outfitted with protocols and supplies. In preparation for the reopening, UNICEF provided more

than 7,000 school infection prevention and control kits with thermometers, soap, buckets, gloves and chlorine to help teachers, students, community members, and parents keep schools safe. UNICEF is distributing these kits to all 98 school districts across Liberia using barges, helicopters, trucks and other vehicles. (Ministry of Health and Social, 2015). There is concern that students whose parents have lost jobs and livelihoods won't be able to return to fee-paying schools (Ministry of Health and Social, 2015).

Sierra Leone's Ministry of Education announced that schools would reopen on March 30, after an 8-month shutdown. As in the other countries, measures are to be taken to help ensure the schools are a safe environment, checking the temperatures of everyone with thermometers, providing chlorinated water for hand-washing and generally cleaning the buildings (BBC, 2015).

3.3.3 International response

On 18 September, the United Nations Security Council declared the Ebola virus outbreak in the West Africa sub-region a "threat to international peace and security". A large international response began, coordinated by the United Nations Mission for Ebola Emergency Response (UNMEER). In October the Recovery Road Map was produced, with the immediate objectives of isolating at least 70% of cases and safely burying more than 70% of the dead within 60 days.

This led to the construction of a large number of Ebola Treatment Centres (ETCs or ETUs) in the most affected countries in the months of November and December. A 92-bed ETC in Kerry Town, Sierra Leone was opened in early November 2014, the first of six constructed by the British government. (DfID, 2014). In early December, the International Medical Corps opened 50-bed ETUs in two high-outbreak districts to the north of the capital; Lunsar in Port Loko District, and Makeni, the country's fourth largest city (IMC 2015). These were both in districts visited during the research.

From October, the US Government began constructing 17 large (100-bed) ETCs in Liberia, across the worst affected counties. This added to the new Island Clinic ETC in Monrovia (Also a site for the research), opened on 21 September with 120 beds, and the 240 beds already available in Monrovia in centres run by WHO and others (WHO, 2014f). New ETCs were still opening in late December; for example a German government 50-bed ETC opened on 23 December. Specialist services began to appear by the start of the new year, such as the 33-bed treatment unit for pregnant women, opened by MSF in their treatment centre in Kissy, Freetown, opened in January 2015 (MSF, 2015).

By mid-January 2015 it was being reported that ETCs in Liberia and Sierra Leone were being underused, with new case numbers having dropped to around 1 per day just at the time when the largest number of beds had been made available and more were under construction. By January there were seven ETCs in greater Monrovia, mostly completed

after the epidemic had started to decline, indeed newly opened centres were starting to close by February 2015 (The Washington Post, 2015).

Community Care Centres

In response to the shifting nature of the outbreak a network of Community Care Centres (CCCs) began to be established from November onwards. These were also a response to the way in which the larger ETCs were found to be inaccessible to many communities and were also unpopular, because they separated patients from their families. The CCCs were intended to complement ETCs by providing a rapid diagnostic, isolation and referral facility, but they also represented a shift of care back towards communities.

CCCs were promoted as part of a comprehensive and more community-based approach, including isolating patients, contact tracing, organising safe burials, disinfecting contaminated areas, and community mobilisation. MSF attributed this grassroots approach, rather than the large ETCs, as being the main factor in the reduction in case numbers in Liberia from late summer (MSF, 2014c). The first community care centre opened in Liberia in late November 2014, with a further 64 planned (Save the Children, 2014). Sierra Leone also led the way with the construction of some 46 community care centres from November onwards, with the aid of UNICEF, Plan International and others.

One strand of the international response was the development of effective Ebola treatment and vaccination drugs. The decline in case numbers has made trials impossible. For example, the trial of the drug brincidofovir in Liberia was halted in January 2015 (MSF, 2015b). Looking ahead to possible future outbreaks, the significance of this is that there is still no established cure for Ebola or vaccination against it.

3.3.4 Community level responses

Distrust and resistance

In all three countries, communities initially showed a high level of distrust in the information on Ebola provided by governments and NGOs, and resistance to infection control measures. This diminished in time but remained an issue, especially in Guinea.

Community resistance led to fatal encounters with security forces and health workers in all three countries:

- On 27 August, Liberian troops opened fire on protesters in the quarantined community of West Point, Monrovia, killing a 15 year old boy (New York Times, 2014)
- On 18 September, 8 members of a health team were killed by residents of Wome, in Guinea. The previous month saw rioting in the regional capital of Nzerekore, where it was reported that locals believed health workers spraying a market were spreading the disease (BBC, 2014f)

- On 22 October two protesters in Sierra Leone's Kona district were reportedly shot dead by police during a riot provoked when health teams tried to remove the bodies of suspected Ebola cases (Reuters, 2014)

Less dramatic but more prevalent was the reported reluctance amongst communities to receive and act upon the Ebola prevention messages communicated by governments and NGOs. This problem greatly diminished during the height of the outbreak in Liberia and Sierra Leone, when the danger of Ebola became evident to people in almost all areas of the countries. However, the latest situation report from the WHO describes an ongoing problem: *"engaging effectively with communities continues to present a challenge in several areas. Each of the three countries reported an increase in security incidents related to the Ebola response compared with the previous week"* (WHO, 2015b). Security incidents refer to breaches of infection control procedures, unsafe burials, failure to report sicknesses and death to the authorities, and non-cooperation with contact tracing.

The explanations for non-cooperation reported usually involve rumours and false information, or the reluctance to abandon traditional burial practices. They include:

- Fear that the government wants to sell the blood of Ebola patients, or that it will remove patients' limbs for ritual purposes.
- Fear that health workers are injecting them with Ebola or spreading it with disinfectant sprays
- Fear that the virus is an invention by government so that it can profit from foreign donations.

As the last point indicates, the lack of trust is related to a history of corruption and mis-governance (The Economist, 2014).

Acceptance and Action

By the end of 2014, media reports were describing a widespread effort by communities to defend themselves against the virus and to stop the spread of infection. In Liberia, educated youth have worked with community elders to form their own neighbourhood watchdog groups; quarantining infected households and restricting visitors to and from their communities. People adapted their own protective clothing from plastic bags and other materials so they could care for the sick with less risk. In Sierra Leone it was reported in the new year that similar community-protection arrangements were being put in place and that government leaders and traditional leaders had cooperated to make bylaws forbidding communities from hiding those who were sick, obstructing health workers or carrying out traditional burials. These local actions were being credited with having a great effect on the reduction in case numbers (New York Times, 2015).

3.4 The wider impacts of Ebola and the response to the outbreak

A broad overview of the wider impacts of Ebola noted in the press and in early studies is given below. More specific references are made in the subsequent chapters on research findings, to place the results from fieldwork in the context of information from other sources.

3.4.1 *Impact on children*

An interagency response plan on child protection and education, led by UNICEF and Save the Children, identified five issues of particular concern (GEC, 2014):

- i. Unaccompanied and separated children: loss of caregivers due to death of parents, being sent to relatives in less affected areas or out of fear of contamination.
- ii. Mental health and psychosocial distress: due to fear, bereavement and loss of support.
- iii. Lack of education and development opportunities: Due to closure of schools and confinement of children in homes.
- iv. Child work and child labour: as a result of children having to earn income in hazardous ways.
- v. Exclusion: discrimination through the stigmatisation surrounding Ebola.

At the time of fieldwork for this research, the situation of orphans from Ebola was dominating media coverage of the impact on children but the information was based on estimates and projections. Concern was expressed at the possibility that thousands of orphans would be rejected by relatives and communities afraid of contracting Ebola, expressed in headlines such as “thousands of orphans shunned” (BBC, 2014g). By 2015, a more informed picture was starting to emerge, with UNICEF suggesting that less than 97% of Ebola orphans were being cared for by relatives or other community members. UNICEF’s January estimate for the number of orphans in the three countries was nearly 3,600 children who had lost both parents to Ebola and 16,600 registered as having lost at least one parent (UNICEF, 2015).

The closure of schools and the loss of education also received considerable press coverage, but as with the situation with orphans there has been a lack of reliable information with which to judge impacts. The Global Partnership for Education estimated that across the three countries, 100,000 schools did not open after the 2014 summer holidays, leaving more than 2 million children out of education (no figures were found for higher education establishments). The already weak education and school systems in these countries was highlighted, meaning that the gains being made in children’s

education before Ebola were in danger of being set back, and meaning that the education system was poorly prepared to cope with such a crisis, so may recover with added difficulty. Efforts by Liberia and Sierra Leone to provide alternative classes via radio were recognised, as was the variable quality of these programmes (GPE, 2014).

In general, information from published sources on the impact on children from 2014 is very limited and largely based on estimates, rather than empirical data.

3.4.2 Impacts on economic activity and food security

The financial costs of the Ebola outbreak for Liberia, Sierra Leone and Guinea were estimated at over \$113 million for 2014, plus a further \$359 million from economic activity forgone because of Ebola in 2014, followed by a further \$1.6 billion in 2015. The effect of this on the economies of the three countries was described as “crippling” (World Bank, 2014, 2015). Studies vary in their estimates of which country has been worst affected economically: however, all agree that Guinea has been least affected, because of its larger size and the more limited spread (and scale) of the outbreak.

The consequences for households were an increase in prices, most seriously of food, and a reduction in employment. A telephone-based household survey in Liberia in October 2014 found that around half of the Liberian population was out of work. Salaried employment was halved and those who were self-employed in the informal economy – a large majority of the population – were hardest hit, largely as a result of the closure of markets (LISGIS, 2014). The government of Sierra Leone announced a 30% deflation of the national economy in August 2014 and identified the agricultural sector as the most affected, the majority of the working population being farmers. The likelihood of food shortages, increased prices and future food insecurity as a result of farmland becoming abandoned was predicted (BBC, 2014c).

A study of the socio-economic impacts in all three countries conducted by the UNDP, using economic modelling, concluded that: *“The Ebola epidemic has been a social catastrophe of vast dimensions.”* Whilst acknowledging that reliable measurements of this impact were largely missing, the study makes a number of observations. Coping strategies were noted such as the sale of assets, eating less and consuming less, as was a drastic reduction in the uptake of health and education services (with the widespread closure of health facilities and schools). It suggests that the epidemic had a disproportionate effect on women, because they make up the majority of local traders and producers of food. The study did not identify significant socio-economic differences between the three countries, although it did conclude that rural areas, isolated from health care and other services and cut off from centralised food supplies, were particularly vulnerable (UNDP, 2014)

Concerns over food insecurity led, in October, to the World Food programme in Sierra Leone, with help from the World Bank, delivering food to more than 1.7 million in the

three most affected countries, targeting those receiving treatment or in isolation (WFP, 2014)

3.5 Country differences in the outbreak and response

The three countries share similar socio-economic characteristics. They are all least developed countries, recovering from armed conflict, with relatively weak health and other services. Yet as the brief review above shows, there are some substantial differences in both the outbreak and response:

- The timing and severity of the spread of the virus has been different, with Sierra Leone experiencing the greatest peak in cases several months after Liberia, and with Guinea experiencing a longer, ongoing outbreak but at a relatively low level.
- The strictness of infection control measures has been varied and apparently most strict in Sierra Leone in terms of the quarantining of large areas.
- The pace and extent to which communities have accepted Ebola information and changed their behaviour in response has been varied, with Guinean communities appearing to be particularly reluctant to change.

Yet published sources neither discuss nor reveal substantial differences. There is the broad finding that Guinea is less affected economically, but this tells us little about the consequences for those people and places in Guinea who have been affected seriously by the virus. It is noticeable that reporting, and especially research, from the three countries is quite uneven. Coverage in the UK is strongly biased towards Sierra Leone. The situation in Liberia is well covered through a combination of USA and UK media and development organisations, and by the UN organisations. The coverage of Guinea by contrast is relatively thin. This is not just a language issue; for example, MSF's French-language sources do not reveal more or offset the predominance of Sierra Leone and Liberia information in their English-language reports. Given some potentially important differences, such as the greater community resistance reported from Guinea, this is a matter to be addressed by organisations with an interest in the recovery from Ebola.

The review helps to place the fieldwork conducted for this research, in Liberia in November and Sierra Leone in December, into context and to anchor it, time-wise, within the ebb and flow of the outbreak and response. In summary, the fieldwork took place:

- **Before** the large scale construction of Ebola treatment centres had been completed and had taken effect in Liberia.
- **Before** effective community-led infection control measures were becoming established in Liberia, but also Sierra Leone to some extent
- **During** the time when schools were closed in all countries and had been closed for three to four months.
- **During** the peak of the outbreak in Sierra Leone. The outbreak peaked in November/December and fieldwork took place in early December.

- **After** the peak of the outbreak in Liberia, which occurred around August/September whereas fieldwork happened in November.
- **After** the initial denial and resistance by communities had been replaced (largely) by acceptance of the reality of Ebola and their cooperation in enforcing infection control measures.

Part II. Impacts on children, families and communities

4 Health and survival

The Declaration of Alma-Ata affirms that health is a fundamental human right, stating that health should not only be defined as the absence of disease, but also needs to consider social well-being (WHO, 1978). Subsequent human rights standards have drawn on this approach, including the People's Charter for Health (PHM, 2000). A child's right to health, as stated in the UN Convention on the Rights of the Child, is a broad right covering not only access to effective health services, but also the right to grow and live in conditions that enable attainment of the highest standards of mental and physical health (UNCRC, 1989). This includes the environment in which children live and grow, comprising the nutrition they receive from their food intake, their education, access to water and sanitation, and supportive family and community systems.

The direct health impact on children and adults who contract Ebola is well documented; this study describes the indirect effects upon a much larger population who, even without having contracted Ebola, have their health and survival put at risk. In this chapter, the research illustrates the serious effects of the outbreak on health services, including maternal and child health services, malaria and routine healthcare and disease prevention. Later chapters of the report detail the impact of the Ebola outbreak on the underlying determinants of health including food security, education, livelihoods and community cohesion.

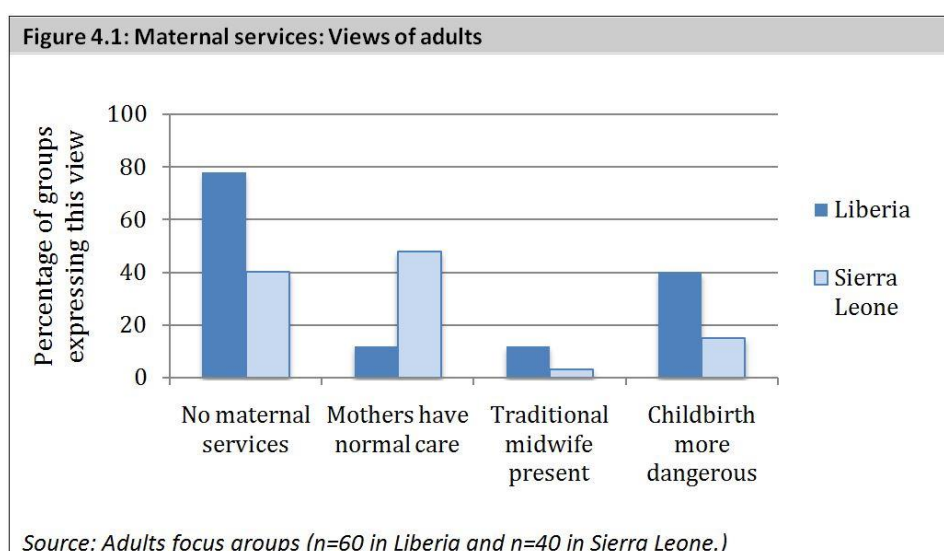
In interpreting the child's right to health in the UNCRC, the UN Committee on the Rights of the Child has emphasised the need to eliminate discrimination and exclusion from health, particularly gender-based discrimination and the exclusion of those in poverty (UNCRC, 2003). The Committee recognises the particular importance of mothers, whose health and role, with other carers, is crucial in a child's early development and hence future prospects. The concerns of the Committee in relation to mothers and the right to health have materialised in Liberia and Sierra Leone as a result of the outbreak, as this research confirms. There are, consequently, issues that need to be addressed in the response and recovery phases. The findings that follow also need to be seen in the context of precarious health services in both countries, even before the outbreak occurred (Edelstein, Angelides & Heymann, 2015).

4.1 Maternal and infant health services

Infant and maternal mortality was already high in both Liberia and Sierra Leone, falling short of Millennium Development Goal targets. Infant mortality rates were 182 deaths per 1,000 births in Sierra Leone and 75 deaths per 1,000 births in Liberia. Prior to Ebola, maternal mortality was particularly high at 890 (Sierra Leone) and 770 (Liberia) mothers dying for every 100,000 births. Before the Ebola outbreak, 46% of births in Liberia were

attended by skilled health workers, while in Sierra Leone 60% of births were attended by skilled health workers (WHO, 2014b and WHO 2014c). A recent UN study has estimated that 120,000 women in Liberia, Guinea and Sierra Leone could die of complications if emergency obstetric care is unavailable (UNFPA, 2014). In the majority of the research sites in Liberia, and in just less than half of those in Sierra Leone, the figure for births attended by skilled health workers had fallen to zero, according to the groups consulted. This has immediate implications for the health and survival of mothers and babies and potential implications for infant and maternal mortality rates.

Even before birth, children are placed at grave risk by Ebola. Published sources describe a near 100% mortality rate amongst pregnant mothers in Ebola care centres in all of the most affected countries (MSF, 2014). This research finds that the health of a much larger number of non-infected mothers and babies was also put at risk by the widespread closure of clinics and hospitals.



The scale of this problem is illustrated by Figure 4.1. The graph shows the percentage of all adult groups who took part in the research, in each country, who expressed these particular views. In Liberia, a large majority of the adults consulted said that the maternal services that existed before Ebola were no longer available. Usual (pre-Ebola) maternal care was said to be available by only 11% of the groups consulted in Liberia (seven of the 60 groups visited), in sites where clinics had remained open or health workers were willing to attend mothers and babies outside of the clinic. In Sierra Leone the proportion of communities who said that mothers had access to routine maternal services was higher, because more clinics and hospitals were open. The reason for this is mainly due to timing: when fieldwork was carried out in Sierra Leone (December), there had already been a concerted push by Government to re-open clinics. Communities described how, two months earlier, all clinics and hospitals were closed to all but Ebola patients and hence mothers were in a similar situation as that encountered in Liberia in November.

Prior to the Ebola outbreak, less than half of all births in Liberia's rural regions were attended by a skilled birth attendant (who is typically without formal medical training) (Lori & Starke, 2012). In Sierra Leone in 2008, this figure was reported to be at 42 % of births (Oyerinde et al, 2013). According to the communities that participated in the research, during the Ebola outbreak, traditional midwives played a role in supporting mothers and pregnant women, but only in a minor way in Liberia and scarcely at all in Sierra Leone. In Liberia, traditional midwives, like other health professionals, were avoiding attending to patients out of fear of contracting Ebola. In Sierra Leone, maternal services were being provided exclusively by the government hospitals and clinics and expectant mothers were encouraged to attend.

The reduction and/or closure of maternal health services in both countries, initially by order of the state and then through the reported reluctance of health practitioners to treat patients, denied mothers the maternal services that they benefitted from before the outbreak during most of the period of the epidemic. The Liberian communities that participated in the research described women giving birth at home, outside closed clinics and elsewhere, and they gave examples of complications and consequent deaths of infants and mothers.

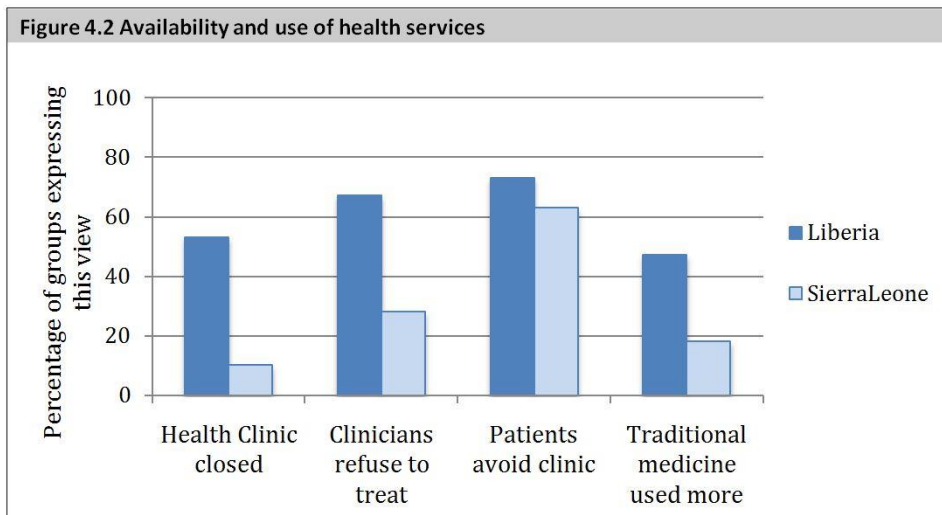
The closing of hospitals and clinics is making it difficult for pregnant women to give birth and also killing some of them, while others have given birth in the street in search of a hospital. Mothers are still breast feeding their children but they are always hungry (Mother, Bushrod Island, Liberia 20 November)

4.2 Treatment for routine illnesses

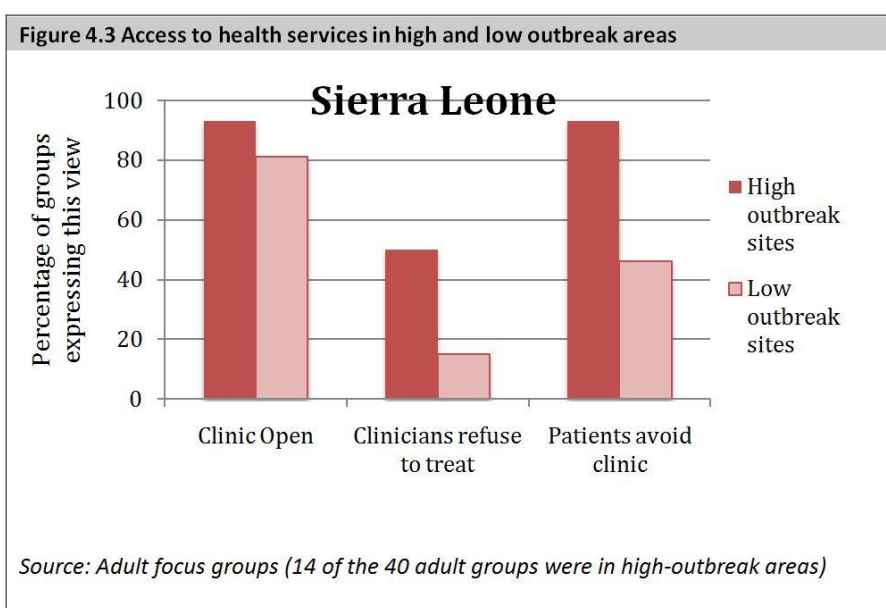
Evidence from the research suggests that the treatment of routine sicknesses and injuries has significantly diminished. Reports indicated that children and adults were denied routine treatment by the closure of medical facilities. This was compounded by the loss of medical workers, through death and reported refusal to come to work or refusal to treat patients. It was further compounded by the reluctance of people to visit clinics or hospitals. In addition, the ability of families to provide the care for routine illnesses that they would ordinarily provide at home was diminished as a result of the Ebola outbreak.

4.2.1 The use and availability of health services

A large majority of those interviewed for this research reported that health services were unavailable to them as a result of the Ebola outbreak, suggesting this occurrence was widespread across Ebola affected areas (Figure 4.2). In Sierra Leone, far fewer clinics were said to be closed and fewer health workers were reported to be refusing to see patients, compared to Liberia.



The exact combination of reasons provided for why health services were unavailable varied from country to country and site to site: most people in both countries stated that they were without health services either because the clinics were closed or because communities were unwilling to attend.



4.2.1.1 Reluctance to attend health services

In both countries, most communities reported that people who were ill were avoiding health centres. This was particularly so in areas with a high incidence of Ebola. In Sierra Leone, 14 of the 40 sites we visited had a relatively high level of outbreak. In these, nearly all (93%) of the groups said that they were avoiding clinics (Figure 4.3). The equivalent figure from the low outbreak sites was 46%. In Liberia, 79% of the groups in high outbreak sites said people were avoiding clinics, 69% in low outbreak sites. These findings suggest that only a minority of Ebola patients are being cared for in proper health care facilities, and illnesses are being diagnosed and treated at home (including Ebola cases,

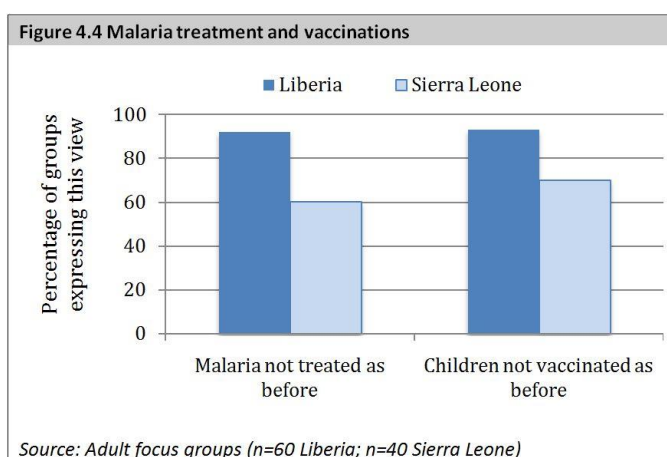
potentially). This is in line with published sources, which estimate that case numbers of Ebola and other diseases are heavily under-reported (MSF, 2014_b).

The main reasons given for why people were reluctant to visit clinics or hospitals, was that all sicknesses were treated by medical staff as potential Ebola cases. People described how a fever of any sort, even a headache, would be assumed to be a symptom of Ebola and the patient promptly quarantined for a minimum of 21 days.

Now if you are sick our parents treat us at home because they said the doctors will say that you are Ebola patient. In fact all clinics and hospitals are closed and all the doctors do not treat any patients because they too are afraid. (Child, Saclapea, Liberia, 22 November)

The fact that the early symptoms of Ebola are similar to other illnesses such as malaria and cholera explains why health care workers (and members of the community) were cautious. Thus the lack of an effective diagnostic for Ebola meant quarantining was applied to all, whatever their ailment. Obviously, for nursing mothers or any parent of dependent children, for workers living hand-to-mouth and for adults and children in general, the prospect of detainment for 21 days was something they wished to avoid. This is particularly so when confinement in a health centre was widely considered to be a 'death sentence' - not simply a major inconvenience. There was a common view amongst adults and children that they would contract Ebola if they visited a health centre. It should be noted that this study did not speak with medical professionals, and therefore the findings should be regarded as only reflective of the views of community members.

4.2.1.2 The effect of a loss of health services on routine illnesses and treatment



The longer term consequences of the loss of health services (and community reluctance to visit them) are sharply illustrated in the case of vaccinations. According to national health statistics, in Sierra Leone, 84% of infants were vaccinated before Ebola and in Liberia this figure was 77% (WHO, 2014c and 2014b). As a result of the

outbreak, vaccination programmes appear to have come to almost a complete stop in the areas of Liberia included within the study. The situation in Sierra Leone is better, but still 70% of communities say that children are no longer being vaccinated as they were before the outbreak (Figure 4.4). This represents a complete reversal of the level of vaccinations achieved pre-Ebola: these findings are supported by a recent article in the Lancet by Edelstein, Angelides & Heymann (2015) detailing vaccination coverage in the affected

countries. The finding suggests that the Ebola outbreak may have serious long-term consequences for public health.

Children are not vaccinated like before. We all are afraid to take our children to any clinic. Health workers are not going around giving vaccine because of Ebola. (Male carer, Jarzon, Liberia, 27 November)

When asked about who was most vulnerable because of the outbreak, the focus groups in both countries frequently mentioned that the elderly, disabled and long-term sick lost their access to health care when clinics closed and were also less likely to be cared for at home because of the fear amongst community members of touching others, especially when ill.

“If Ebola could affect people with eye sight, what about blind boys like me? If I am not mistaken, I am the worst affected person. I survive from the remnants of the sighted people.” (Joseph, Boy, Konta, Sierra Leone, 10 December)

The closure of health facilities and the reluctance of communities to seek out health services has meant that routine sicknesses such as malaria are treated at home, or are left untreated. This was the case amongst almost all of the Liberian communities visited. The situation was less dramatic in Sierra Leone, because more communities had access to a clinic and those in less affected areas were willing to seek treatment (Figure 4.3). Nonetheless, more than half of the Sierra Leone communities interviewed said that malaria was no longer being treated as it was prior to the Ebola outbreak. Malaria was a leading cause of infant (and adult) mortality in both countries prior to the outbreak: for example, it accounts for more than a third of all out-patient visits and in-patient deaths in Liberia (WHO, 2014_d). In published sources, the prediction of health experts is that the additional death toll from malaria and other endemic diseases is likely to exceed the number of deaths from Ebola (BBC, 2014). This research supports such predictions, based on the large extent to which communities have lost their access to health services.

I totally believe that most of the deaths of people in this community is not by Ebola but other sicknesses. Because of the fear of Ebola people were left to die. (Male carer, Daru Town, Sierra Leone, December 8)

4.2.2 The ability of families to provide care has been diminished

Given the weak health services that existed in Liberia and Sierra Leone before the Ebola outbreak, people were used to treating illnesses such as malaria at home. However, Ebola diminished the capacity of families to provide such care, as the closure of public health centres cut off supplies of free medicine and so people were forced to turn to private clinics and drug stores instead. Groups in Liberia explained that medicines had become unaffordable as prices rose and household incomes dropped.

A few clinics are open but they are private clinics so if we don't have money we can't go there. (Mother, Johnsonville, Montserrado, 14 November)

Some communities reported that they had turned to traditional medicines. They explained that although the use of traditional healers to prepare or administer treatments had stopped, out of fear of Ebola on the part of both patients and healers, the use of herbal remedies continued. This finding clearly exemplifies the dilemma faced by carers. Communities reported that, whilst they were aware of the warnings against traditional medicine, they had no alternative but to use it (government health officials in both countries have warned against treatment by traditional healers, but the research did not find an official message against such medicines). In some communities, adults explained that traditional medicine was their main cure, because other medicines for routine illnesses were not available. Given that the popular Ebola prevention messages included "There is no cure for Ebola", it is perhaps not surprising that a substantial proportion of people turned away from health services and looked instead to traditional medicines to cure or prevent Ebola itself.

In Sierra Leone, adults in the communities interviewed explained that traditional medicine had been banned by government, and that this was reinforced by the community with a system of fines; 200,000 Leone for those found using traditional medicines and 500,000 Leone for traditional healers caught practicing their craft (approximately £30 and £80 GBP respectively). Despite this, almost a fifth of the communities in Sierra Leone said that use of traditional medicines had increased. In Liberia, this proportion was higher (47%). It is worth noting that this is not a behaviour that is found just in rural sites; the proportion of urban and rural sites where adults said they were home-treating with traditional medicines was similar in both countries. The issue of traditional medicine use is important because of what it reveals about people's understanding or adoption of Ebola prevention messages, and as an example of how poverty and the shut-down of government-run medical services pushes people towards alternative solutions for managing routine illnesses.

The overall impact of the loss of care in health facilities is likely to be an increase in health spending for families and an increase in sickness, morbidity and mortality amongst children and adults unable to access or afford care.

4.3 Stigma and segregation of quarantined households

There is a complete rejection for any family member who falls sick of any kind. No compassion for sick persons any more, they immediately become an outcast. (Mother, Ganta, Liberia, 11 November)

The communities interviewed described how the lack of medical services and proper isolation facilities forced them to adopt the crudest of isolation measures for community members suspected of having Ebola. In effect, suspected cases were isolated and often

left to die. This applied to anyone expressing any symptoms, as well as to all their family members. Sometimes whole communities were isolated. Just as clinics treated every illness as a suspected Ebola case, communities did the same and were even more rigorous in their isolation of the sick.

We normally help to care for sick people by sponge-bathing them, feeding and giving them medications. But since the Ebola outbreak, sick people are only encouraged by words; telling them to take their medications and to eat some food by themselves (Mother, Solo Town, Liberia, November 28)

Those isolated in their homes were said to often lack adequate clean water, food, shelter or care. Parents or carers reported that they avoided touching or coming close to their sick children or relatives. Their accounts included extreme examples of families being boarded up in their houses without food or water, and communities being divided into Ebola and non-Ebola sections, with suspects being denied access to the village well and other facilities. For example, adults from 'high-outbreak' sites in Liberia; Ganta in Nimba and Guie Town in Bomi, described how suspected families had been enclosed in their houses without adequate food or water.

People are quickly quarantine in their house when any member of their family show sign of any sickness. In some cases the doors and windows are sealed up by community authorities with nails and hammers. These people will stay in there with little or no food for days. Most people in this community died in that situation. Some of their children were later taken to the ETU and some survive. (Parent, Ganta, Nimba, 20 November)

Children and adults that are suspected of Ebola are treated badly by community members. Less attention is given to them, sometimes they lock door on them without food and drinking water for a week, causing death. (Female carer, Guie Town, Bomi, 19 November)

Adults in Scalapea, in Nimba county, described how a nearby refugee camp was quarantined for 21 days after 2 people there died of Ebola (after returning from Monrovia). The town authorities then decided to isolate the camp for a further 10 days, causing great hardship amongst the confined population.

The stories from Sierra Leone were less extreme, although enforced isolation and stigmatisation happened, as illustrated by a quote from a boy in Masongbo.

I was quarantined in a home where four people died. When we were released, my own friends avoided me until the sensitisation team came and explained to the community about the way to treat survivors (Boy, Masongbo, Sierra Leone, 7 December.)

The adults in Sierra Leone that we interviewed were much more likely than those in Liberia to say that Ebola suspects were not stigmatised or maltreated. They had clearly received the non-discrimination messages being put about by "sensitisation teams" and accepted this as the way in which they should behave, although the examples ongoing discrimination that they gave suggested that stigmatisation remained.

The dramatic examples of abandonment from Liberia make a more general point: suspected cases, individuals, families and communities were at real risk of being isolated in a way that denied them their basic needs. This finding corresponds to media reports of instances in both Liberia and Sierra Leone when people broke out of quarantine in order to obtain food (Telegraph, 2014).

A second point that can be taken from the findings of the study is that the case-identification and contact-tracing systems of the Ebola response were weak. Especially in Liberia, but also in Sierra Leone, sick people were being isolated in their homes, apparently without the knowledge of the authorities.

People are now hiding their sickness because when they are taken to government Ebola centres they will die (Community Leader, Montserrado, Liberia, 15 November)

4.4 Attitude to health services and Ebola prevention messages

Discussions around traditional medicines revealed much about the receptiveness of adults to Ebola prevention messages. Communities interviewed tended to respond initially by explaining that traditional medicine is banned. Follow-up questions with the research respondents then revealed that they were still being used and communities explained this by referring to the non-availability and high cost of modern medicines. This suggests that prevention messages are reaching communities and being understood but without proper health care services in place, people are often ignoring the messages.

Acceptance of prevention messages, however, requires a level of trust in those delivering such messages and trust in government health services was low in both countries (IRIN, 2014). This can be seen in the high proportion of communities who reported that they are avoiding using clinics (73% in Liberia and 63% in Sierra Leone, see Figure 4.2). This mistrust in government and government services has been noted in published sources and related to a history of corruption, incompetence and civil conflict (IRIN, 2014). Whilst Liberian communities who participated in this research were united in their criticism of the health services, communities in Sierra Leone had less negative attitudes towards health services. The governments of both countries had instructed hospitals and clinics to re-open around the same time, in August-September 2014. This had been more effective in Sierra Leone (hence the higher proportion of groups saying that clinics were open) and communities appear to have played an important role by asserting their own rules about sick people and even pregnant women having to report to health services.

There is a law in this village that all deliveries should be done in the health centre. Any woman who delivers out of the health centre is fined some amount of money. (Mens group, Yambana, Sierra Leone, 12 December)

The chief and counsellor have passed a law that whoever is sick should go to the hospital for treatment and no traditional healer should harbour a sick person in their homes. (Women, Makeni Town, Sierra Leone, 8 December)

Another indicator of mistrust in health services is the spread of rumours about vaccinations causing Ebola. Several communities in both countries stated that they would not allow their children to be vaccinated because they believed it was a way to spread Ebola.

The crucial point from the findings in Sierra Leone is that trust can be rebuilt with communities to the extent that they accept health messages and then take their own action to implement these. In Sierra Leone, communities appear to have been further advanced in both accepting and acting upon guidance from government. A key factor in this, the research finds, is the attitude and role of local leaders. To a great extent, it is they, rather than government health officials or NGOs, who determine whether a community responds to health messages or not. More is said on the importance of community leaders in a later section on community cohesion (section 9).

One health message that has been interpreted in a variety of ways by communities regards breastfeeding. The Ebola virus has been detected in breastmilk and close contact with an ill mother can increase an infant's risk of catching the virus (CDC, 2015); consequently, mothers who are probable or confirmed cases of Ebola are advised to weigh the possibility of passing on the virus to their children against the risk of malnutrition and diarrhoeal disease. According to the communities we consulted, breastfeeding practices appear to have remained largely unaffected. In both countries, most groups did not even raise it as an issue but when they did they mostly said there had been no change (22 groups in Liberia and 8 groups in Sierra Leone said there had been no change). In exception to this general pattern, in Foya and Barkedu, high outbreak sites in Lofa county, northern Liberia, mothers said that they were now afraid to breastfeed. They referred to the health advice that mothers with Ebola should avoid breastfeeding for 3 months and said that Ebola survivors were doing this. In addition, in Barkedu communities reported that suspect cases who returned from isolation were avoiding breastfeeding. Interestingly, eight of the 60 adult groups consulted in Liberia said there was a difference in breastfeeding practices, in that mothers now take more care to clean their breasts before feeding. While there is no evidence to show that washing breasts before breastfeeding is beneficial, it nevertheless indicates that communities have taken on board health messaging around Ebola, hygiene, and sanitation measures.

4.5 Key points on health

As stated by the World Health Organisation, well-functioning health systems respond to a population's needs and expectations by:

Improving the health status of individuals, families and communities

Defending the population against what threatens its health

Protecting people against the financial consequences of ill-health

Providing equitable access to people-centred care

Making it possible for people to participate in decisions affecting their health and health system. (WHO, 2010)

Clearly, Ebola has caused a sharp move in the opposite direction. The right to life, survival and development is challenged on a large scale by the loss of parents' and the state's capacity to combat diseases such as malaria and provide preventative care. The obligation on the state to reduce child mortality cannot be met when there is a widespread closure of facilities or a widespread fear amongst the population of visiting those facilities. Communities have little choice or input in the implementation of quarantine and isolation measures. Families have been forced to turn to expensive private medicine for routine illnesses.

At first glance, the health impacts of Ebola on the non-infected population appear to be universal because the loss of health services and the diminished capacity for home care affects all or most children and families. However, exclusion due to stigma heightens the vulnerability of children who have the disease as well as those who don't. Fear of Ebola in communities means that suspected cases, children of suspected families, or even children who present common symptoms such as fever and diarrhoea are stigmatised. The reportedly harsh treatment of suspected Ebola cases *by communities* (emphasis added), to the extent that individuals and families face death from a lack of basic needs, illustrates how exclusion can in some cases be elevated to a loss of liberty and threat to survival.

Communities' response to the threat of Ebola brings compounded and intersecting vulnerabilities into sharp focus: the wider health impacts of Ebola particularly affect poorer families, because they are less able to afford medicines, care or preventative materials. They are more reliant on traditional medicine, with attendant health risks. This highlights the broader social and development implications of the outbreak: a lack of functioning health systems and high levels of mistrust in the government following decades of civil strife has resulted in a low level of resilience to a deadly disease.

Health Impacts: summary	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> • Babies and mothers are placed at risk by the loss of maternal health services. • Vaccination programmes have been halted and parents distrust inoculations because of rumoured links with Ebola, • Malaria and other routine but serious ailments are no longer treated. • Health care at home is compromised by fear of contact and lack of medicines. • Elderly, disabled and long-term sick lose health care due to a fear of contact, especially with suspected cases of Ebola. • People diagnose and treat themselves at home, therefore Ebola cases are not isolated and do not come to light until the sickness is well advanced; • Lack of free medication forces people to turn to traditional medicines or to expensive private medicine. • Trust in health services and health messages is undermined. 	<ul style="list-style-type: none"> • An increase in maternal and neo-natal mortality • An increase in the numbers of cases of measles and other infectious diseases • Long-term health of children and adults may be compromised by a loss of treatment for malaria, TB and HIV. • An increase in health spending for families, pushing more families into poverty.
Priorities for intervention: <ul style="list-style-type: none"> • Investment in and restoration of maternal health services. • Rapid screening and development of a rapid test for Ebola. • Investment in and restoration of vaccination programmes. • Reconsideration of the methods of preventative messaging, including ensuring that local leaders consulted are those trusted by the communities. • Better investment in and design of emergency health responses to allow for acceptable and appropriate quarantine areas, for example, that allow communities to communicate with family members in quarantine. • Investment in health services with a view to withstanding future epidemics and improving population health, taking a health-systems approach that encompasses the key determinants of health. 	

5 Food security

The children and adults interviewed in both countries described scarcity of food and the high price of food. They confirm that what started as a health emergency quickly became a food security emergency, with consequences for a range of different child rights and development issues.

The children interviewed frequently said that they did not have enough to eat. They talked about being hungry, eating less and eating fewer meals. They were specific in describing the reduction in the number of cups of rice their family were eating per day and described how they were no longer eating meat, fruits or other quality foods that they enjoyed before Ebola. As put by a number of participants, they were 'eating for survival'.

We are starving; we don't have enough to eat. (Girl, Kissy ByePass, Sierra Leone, 8 December)

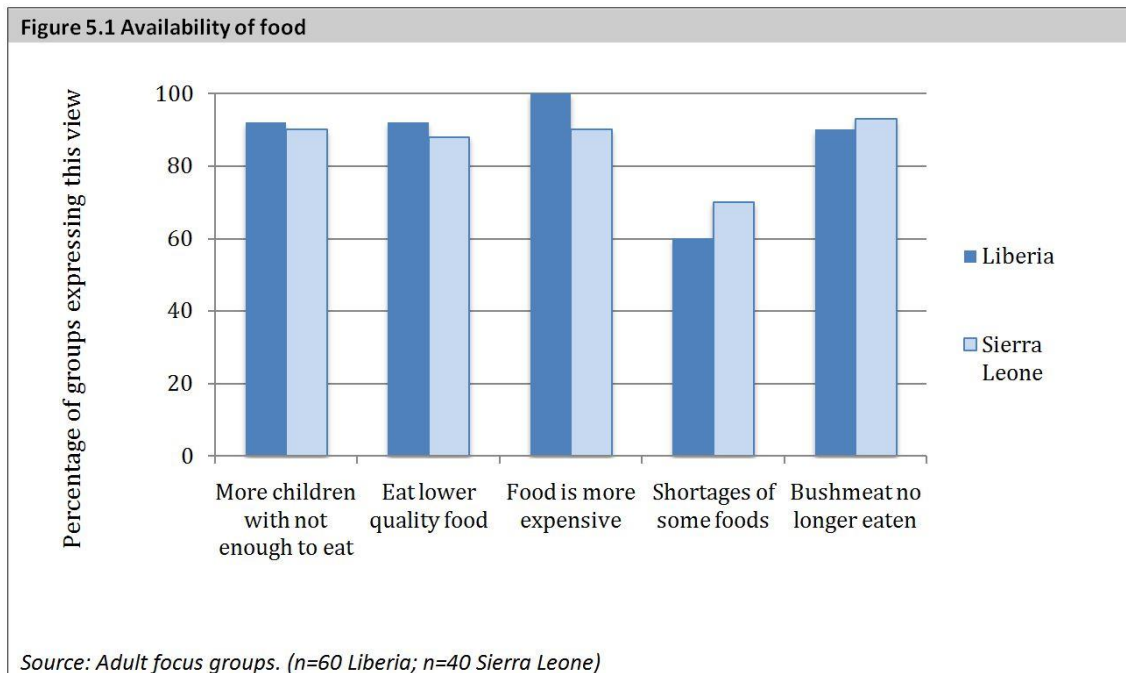
5.1 Food availability and prices

Children interviewed in both Liberia and Sierra Leone explained that they were hungry because parents were unable to obtain or afford sufficient food. The adults explained that there was a shortage of food staples such as rice, cassava, and basic ingredients such as pepper. They described how this was a result of the closure of markets, the quarantining of districts and neighbourhoods and the closure of borders with neighbouring countries to prevent the spread of Ebola. These restrictions were imposed by the authorities, but were also self-imposed as communities themselves tried to minimise contact with others.

The nearest market for now is 16 miles away. We walk on foot to Makeni, but how much can one buy to be going and coming for 32 miles? (Father, Konta, Sierra Leone, 10 December)

Whilst most food shortages were an unintended consequence of the restrictions placed on people's movements, there was a specific ban on the sale and consumption of bushmeat, imposed by governments in both countries (ACF, 2014). The research confirmed that, indeed, the large majority of communities were no longer eating bushmeat (see figure 5.1). For a substantial part of the population, certainly the majority in forested areas, this meant the loss of their main source of protein. However, despite people's awareness of the ban and the link between wild animals and Ebola, in five of the forty research sites there were accounts of bushmeat still being eaten. Three of these were rural (Majihun and Petifu in Sierra Leone and Karnplay in Liberia) but two were urban (Saclapea and Zwedru in Liberia). Karnplay is a high outbreak site, while the others were low outbreak. The reason given by participants in the five sites for defying the ban was that alternatives (fish, chicken, and beef) were not readily available or affordable. So

just as poverty and the lack of alternatives forced people to disregard health measures (as described the last chapter) it also led some to disregard the ban on bushmeat.



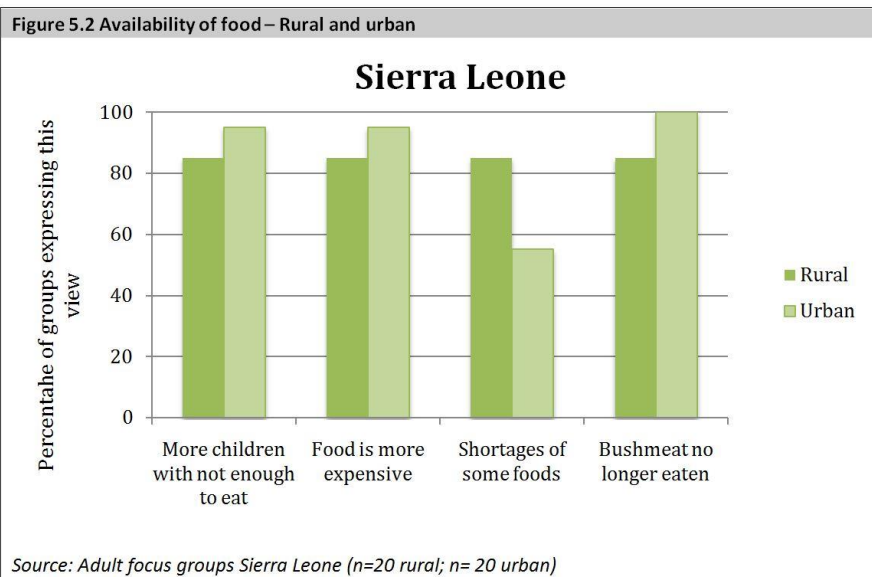
5.1.1 Increase in food prices

Participants commented that the limited supply of food and the restricted market had increased food prices substantially: the little food now available was not at a price that many people could afford. All groups in Liberia and almost all in Sierra Leone said that food was more expensive and they gave a detailed account of price increases in staples such as rice and cassava. The steep decline in household incomes (see next section on Livelihoods) meant that many families could not afford food, even at 'normal' prices. Those stigmatised by Ebola sometimes found that they could not buy food at any price, as demonstrated by the quote below:

We are out of food because of the stigma of Ebola on our community. People in the bordering market no longer want to receive our money when we try to get food for our family. (Mother, Mount Barclay, Liberia, 13 November)

Reports of switching to lower quality food were widespread, usually meaning that people were eating plain rice or rice with palm oil, but no "soup" or "sauce" (normally a spiced stew with meat and vegetables).

Both rural and urban areas were very similar in terms of the high level of food insecurity reported. Rural areas, in general, appeared to fare slightly better because they had better access to home-grown food - but they also tended to have poorer access to imported foods because of travel restrictions and market closures, hence more shortages. This is illustrated for Sierra Leone in Figure 5.2. The pattern in Liberia is similar, with even less difference between rural and urban areas.



Low outbreak sites did not fare any better in terms of food prices and appear to be worse in terms of the number of children with not enough to eat; for example 97% of the adults groups in low outbreak sites in Liberia said that there were more children with insufficient food, compared to 83% in the high outbreak sites. The equivalent figures in Sierra Leone were 92% (low outbreak sites) and 86% (high outbreak sites). The difference appears to be the result of food aid being targeted at some households in high outbreak sites. This was reported by research participants and it also fits in with the pattern of food aid distribution described in published sources. The World Food Programme distributed food to 1.7 million people in the three most affected countries, targeting people under medical quarantine, people under treatment (and their relatives) and people in communities hit hard by the outbreak (WFP, 2014). Food aid was also provided by local and international NGOs.

There were few instances where children and adults in research communities said that the food situation was no worse, or was better than this time last year (before Ebola and in the same harvest/pre-harvest period). This amounted to two sites in Liberia and two in Sierra Leone (out of a total of 40 sites) and were in communities where it was also said that food aid had been provided.

Most communities and most people, the vast majority of whom were not directly affected by Ebola, had a major problem of food insecurity and hunger. Thus almost all of the 100 groups consulted across both Sierra Leone and Liberia said that there were more children who did not have enough to eat. The results of this research support the findings of other studies, which warn that West Africa is on the brink of a major food crisis as a result of Ebola (UN News Centre, 2014). A national survey of Liberian households also found that over 70% of households said that they could not afford to buy sufficient food (LISGIS 2014).

In contrast to the views of the participants, other studies have provided a different perspective on the scale of food price rises. For example, a study of market prices in Sierra Leone in August 2014 found that there had been some very localised spikes in food prices, but that the overall picture was one of only slight increase (IGC, 2014). This research, on the other hand, found that just one of the communities visited, Yambama in Sierra Leone (a rural, low-outbreak site) reported that the price of some items had not increased. All the other 39 sites reported substantial price rises. In both Liberia and Sierra Leone, the overwhelming majority of communities included in the research described an increase in the price of staples such as rice and cassava, usually a doubling of prices and if not then a 50% increase. The difference in findings between this and other studies may be explained by the difference in timing of the research (this research was conducted in November and December 2014), as well as other potential research factors such as location, communities sampled, etc.

5.1.2 The loss of community-level food security strategies

Before Ebola, extended families and the wider community usually provided a vital safety net for households that were short of food. Children especially talked about how relatives were an important source of fresh food. Commonly, rural relatives provided food in exchange for goods from family members in the cities. Other community members, as well as relatives, typically helped hungry children or families by sharing food. Families with sufficient food would, it seems, quite normally share surplus food with children from other families who had less at that particular time:

Food, we used to share in common amongst friends. This used to help us but now all those things are not happening. (Child, Ganta, Liberia, 20 November)

As demonstrated by the quote above, participants reported that much of this community safety net was eroded by Ebola, because the flow of people and food from one community to another was greatly restricted and because so many households lacked any surplus to share. Children remarked that even in their own home, food was no longer eaten from a single pot as before. Everyone now had their own plate and cup and sharing was forbidden.

Food shortages are not a new hazard for children and families in Liberia and Sierra Leone. Parents acknowledged that before Ebola, children sometimes did not have enough to eat, particularly in the lean season of June to August. Published sources bear this out; before Ebola an estimated 42 percent of children under 5 years old in Liberia were stunted by malnutrition (USAID, 2014) and 34 percent of children under five years old in Sierra Leone were stunted by malnutrition (WFP, 2011).

This research suggests that Ebola has seriously worsened the immediate and longer-term consequences of food shortages and malnutrition:

Because times are hard, the children do not have enough food to eat. They never had 100% before, but at least we could give 75% (Mother, Mount Barclay, Liberia, 15 November)

Potentially, increased malnutrition will have the knock-on effect of increasing the burden on health systems and hindering economic activity. It also compounds the risks to unborn and newly-born children identified in the earlier section regarding the loss of maternal services. Most of the irreversible damage caused by malnutrition occurs during gestation and in the first years of a child's life, the so called 'first 1,000 days' (UNICEF, 2009). In response to a general question about the effects of Ebola on childbirth and breastfeeding, 12 of the 60 adult focus groups in Liberia said that pregnant and breastfeeding mothers were not getting sufficient nourishment. This was not explicitly mentioned in Sierra Leone and further research on this issue is recommended. The underlying conditions for undernourished nursing mothers appear to be very similar in both countries: widespread food shortages and loss of health services, which might otherwise provide information and assistance to malnourished mothers.

Adult groups in both countries also suggested that hunger and the need to find food increased the spread of Ebola. This was attributed to the need for women (and men) in towns and in rural areas to travel to other settlements to buy or sell food - and hence to mix with people.

5.2 Food production

The food shortages described above are partly due to restrictions on imports and partly due to the collapse in local food production that was found to have occurred across both countries. Around 90% of the focus groups in both countries said that less farming was being done compared to the same time in the previous year (Figure 5.3). They described how farming has been seriously disrupted in a number of ways:

- Farmers could no longer travel to their farms due to travel restrictions.
- In some high-outbreak areas, substantial numbers of farmers had died.
- Communal or hired labour, which is necessary for cultivation and harvesting on larger-scale farms, was not available. This was because farm workers were reluctant to gather in groups and because farmers could not afford to pay them.
- Farmers could no longer afford other agricultural inputs such as seeds and tools, because they had spent their capital on food.

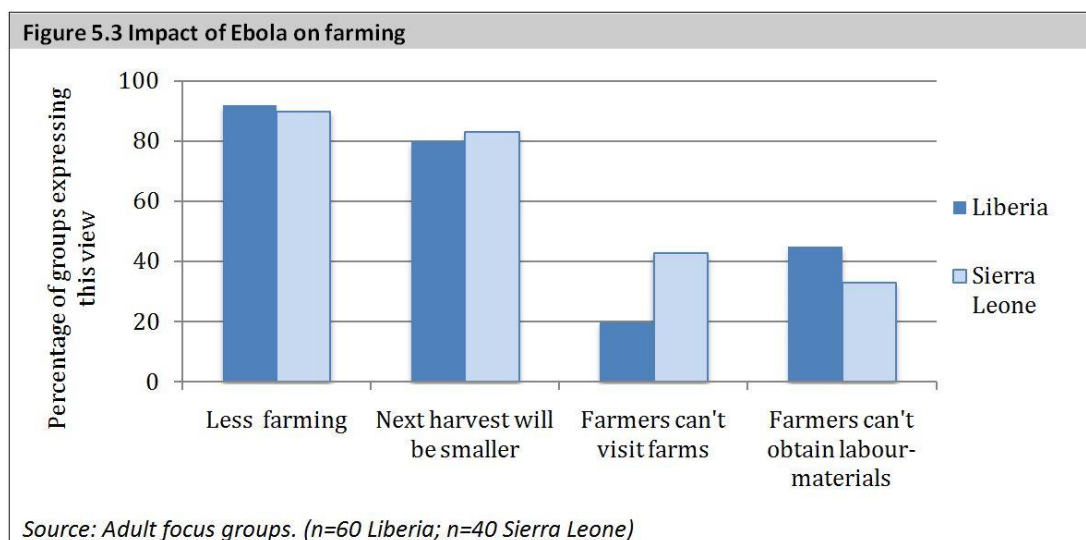
In several research sites, such as Kailahun in Sierra Leone, adults reported that the quarantining of communities and the nationwide three-day lockdown had prevented them from visiting their fields. Crops were therefore damaged by pests and weeds.

This community was quarantined so the farmers cannot go out to work on their farms and so lost many crops. (Girl, age 18, Daru Town, Sierra Leone, December 7)

Farming, food and social systems were connected in complex ways that are disrupted by the controls put in place to prevent Ebola. Farmers in Sierra Leone for example, described how the ban on bushmeat has meant that animals are no longer hunted and are damaging crops. Usually, the work-intensive parts of the farming cycle are managed with communal effort. During the Ebola outbreak, however, gathering in large groups was forbidden or avoided, and even if community members were willing to turn out, the farmers were no longer able to pay them, or reward them with bushmeat, as was common practice (see the example in the quote from Solo Town, Liberia).

You don't expect the harvest to be good because hunting plays a major role in farming, We use the meat to feed the people that come to help. Now no gathering so farming will be very poor (Mother, Solo Town, Liberia, 28 November)

A larger proportion of groups in Sierra Leone reported that farmers couldn't visit their farms, compared to those in Liberia. Liberia did not have a national lockdown and the quarantining of whole districts or counties was done less rigorously, enabling greater freedom of movement. These differences did not, however, appear to have had an impact on the overall level or distribution of food shortages. This appears from the research to be fairly universal across sites in both Liberia and Sierra Leone.



Despite trouble on the farms, the research contradicts media reports that farming was abandoned wholesale (e.g. BBC, 2014b). In both Sierra Leone and Liberia, research participants stated that farming had continued in most communities. Indeed, farms seemed to offer a refuge, as adults in rural sites often described how they had relocated to their farms to avoid the risk of contamination in the village, and because there were no other available work options. Children too (especially boys), described how they joined their parents on the farm as opposed to being at school.

The key change indicated by the research is that the scale of farming was reduced by the side-effects of Ebola to subsistence farming and farming for local sale, rather than for

wider marketing. Communities recount how they are “gardening” rather than “farming” as the quote from the Karnplay farmer illustrates.

*There is no real farming happening. There is only backyard gardening for eating purposes
(Female Farmer, Karnplay, Liberia, 24 November)*

One consequence of this was the absence from markets of locally-produced food. For example, female participants in Liberia stated that whilst they are able to obtain imported rice at markets, they could no longer find the local (and preferred) ‘forest’ rice for sale.

The shift from commercial to subsistence farming has longer term consequences in that it increases reliance on expensive food imports. This is likely to manifest itself over several years to come. Farmers explained that they no longer received the cash that they needed to buy labour, seeds, tools etc. for next year’s planting and talked about needing several years before they could build back up to their former level of productivity.

5.3 Key points on food security

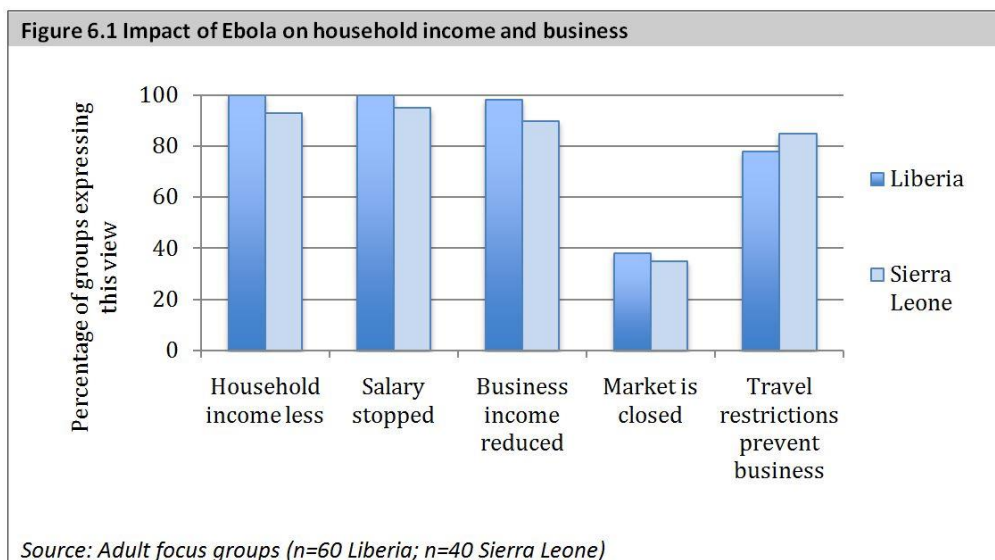
Food security	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> • Closure of markets and trade routes creates food shortages and high prices. • Families cannot afford sufficient food. • Children and families eat less often and food of a lower quality. • Shift from commercial to subsistence farming, with much less produce available for sale. • Travel restrictions and fear of contact prevents extended families from sharing food resources, removing a vital safety net for families. 	<ul style="list-style-type: none"> • Potential increase in wasting and stunting of children over and above the already high levels. • Farm productivity is likely to be substantially lower and food insecurity higher for several years, because farmers have lost the capital to invest in next year’s crops.
<i>Priorities for action</i>	
<ul style="list-style-type: none"> • Implementation of programmes for nutritional support for pregnant and nursing mothers. • Implementation of programmes for nutritional support for children. • Support for re-investment in agriculture, including cash-transfer programming to develop the economic capacity and livelihoods of individuals and households. 	

6 Livelihoods and incomes

Children who participated in the study were without sufficient food primarily because their parents had lost their livelihoods. A key finding from the research in both Sierra Leone and Liberia is that among those who participated in the study, the loss of livelihoods and household income as a result of the Ebola outbreak was widespread and very substantial (Figure 6.1).

6.1 Unemployment and loss of household income

The majority of adult respondents stated that they worked in small-scale agriculture and in the informal economy, trading food and other commodities. In one site, Makeni in Sierra Leone, mining companies were major employers but elsewhere, salaried people were few and mostly comprised of teachers or local NGO workers. This reflected the general employment profile of the two countries, as described in published sources: approximately half of the population works in agriculture and food retail (LISGIS, 2011). Many work in the informal economy as casual labourers or traders. Salaried employment is low (around 20% of the population) and unemployment levels amongst youth are particularly high in both countries, with estimates ranging from 65% to 80%, with youth unemployment being regarded as a contributory factor to historic civil unrest (LISGIS, 2010; Government of Sierra Leone, 2013).



Although salaried jobs are in the minority, their significance should not be underestimated as wages support a lot of the informal economy activity, through spending and funding other businesses (LISGIS, 2014). This is very evident in the household economies described by participants in the research. Families were typically

dependent upon both adults in the family working. As they put it, the men “work” (usually as casual labour) and the women “sell” (usually in food trading).

All our children are hungry because our husbands are not working, we are not selling to provide food. (Community leader, Toe Town, Liberia, Nov 29).

In both countries, nearly 100% of the groups interviewed reported that salaries had been stopped and that business income was substantially reduced, causing a collapse in household income. They described the termination of employment as being immediate in nature, without any notice or redundancy pay, and the groups described instances of people losing their jobs because their family members were Ebola suspects.

My father was a driver but he lost his job because of my sister’s condition (Ebola suspect). Since then things have gone from bad to worse, you can’t go to another family member to help you because everyone is affected one way or the other. My mother can’t do petty trade because she doesn’t have money. (Girl, Mount Barclay, Liberia, 13 November)

All the people in Makeni that were working for African minerals have been made redundant and most of their homes are suffering from hunger now (Boy, Makeni Town, Sierra Leone, 12 December)

Adults explained how travel bans, the closure of borders and markets, raised prices and the fear amongst people of mixing with others had severely damaged economic activity.

My mother used to go to villages to buy farm product to sell in Ganta city but she is no longer allowed to enter into the villages, because of state of emergency (Girl, Ganta, Liberia, 20 November)

When the chiefs noticed that the death of people was intensified by body contact, public gathering, they passed a bye-law that all local businesses be closed forthwith. (Mother, Kissi Town, Sierra Leone, 10 December)

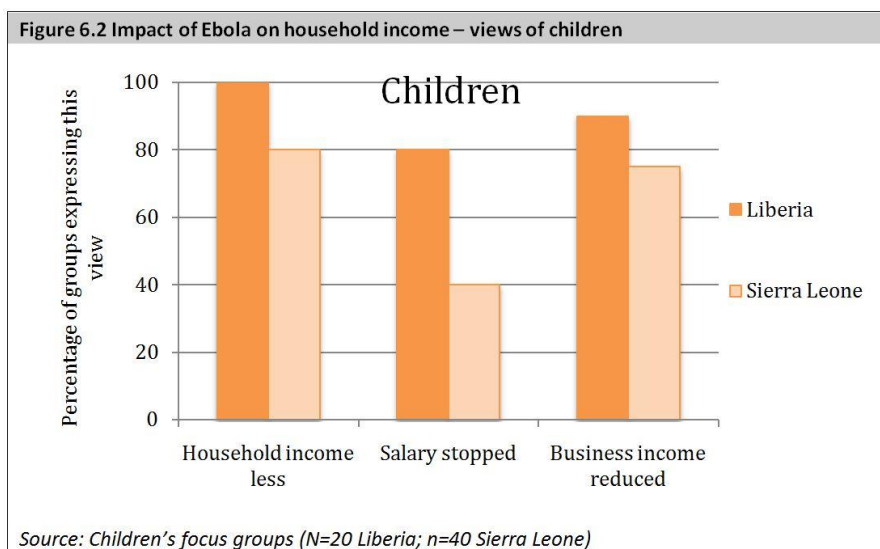
In their view, the cost of transport as well as goods had increased greatly, mainly because checkpoints within the country added substantially to travel times, and hence costs. Public transport was also more expensive, because of checkpoints and because people were less willing to crowd into cars, buses and lorries.

Markets were said to be open by more than half of the adult groups (Figure 6.1), although they qualified this by explaining that the large wholesale markets where traders buy their stock (the *Loma* in Sierra Leone) were mostly closed. It was the smaller local markets where people buy and sell food for the day that remained open (as they must in order for people to eat). In those, the amount of selling and buying was significantly reduced. Women, who do most of the informal market trading, described a lack of affordable goods and a lack of buyers. They continued to engage in business but the scale to which they did had diminished. Like farming, trading had become “hand-to-mouth” rather than profit-making.

Where markets were closed, the research respondents reported that they were more likely to be closed in rural areas than in urban areas in Sierra Leone - 50% of rural

research sites as opposed to 20% of urban research sites - but in Liberia the closure of markets was similar in both the rural and urban research sites. It was found that the market closures affected both high and low outbreak sites; and the factors behind such closures appear to be site specific. The severe reduction in small-scale trading found in this research is in line with the conclusions from other studies. A household survey conducted in Liberia, for example, found that the self-employed people (mostly women) who make up the informal economy were hardest hit by the side-effects of Ebola (LISGIS, 2014).

In examining the differences in responses from Sierra Leone and Liberia, the data indicates a slightly more positive outlook in Sierra Leone in relation to livelihoods. For example a man in Yambama said that he now received “*a little sum of money*” from farm work. A teacher from Moriba said that she was receiving her salary as before. This is in contrast to Liberia, where the responses were more absolute, including teachers complaining that they were not being paid. Children also expressed views on household income and employment and the results concur with the findings from adults’ groups that Sierra Leone is slightly less affected. Children mainly spoke about the loss of their mother’s trading activities, perhaps because it was more visible to them in the household (Figure 6.2).



The impact on household incomes and the consequences for food security are perfectly illustrated by the example of a man from Kissy ByePass in Sierra Leone. He described how he used to give his wife Le15,000 (3.4 \$USD) daily for feeding the family, but since he was no longer getting money from his business he reduced this to Le10,000 daily (2.2 \$USD). The discussion group he was part of had earlier described how food prices were typically 50% higher or more than before the outbreak. The situation in this household reflects those in most others: income is down and prices are up, substantially.

We used to buy a bag of rice Le120, 000, but now we are buying it Le145, 000. The consequence is we have reduced our daily foods to two meals a day instead of three.

The cost of one cup of rice now is Le 1,200 before Ebola it was Le 800, even though it depends on the brand of the rice ... The price of a cassava bundle (6 pieces) before was Le 1, 000, but now it is Le 2, 000 and sometime it goes up to Le3, 000. (Mens focus group, Kissy ByePass, Sierra Leone, 14 December)

As with food shortages, restrictions on business and a drop in household incomes was a universal effect of the Ebola outbreak, spread across all sites in both countries.

6.2 Credit and savings schemes

Farmers and business people interviewed in both countries described how they had consumed their capital and could not therefore invest in new crops or stock.

We have eaten all of our business money and don't know where to start again (Mother, 72nd Community, Monrovia, Liberia)

In Sierra Leone we asked specifically about savings schemes, an issue which was not explicitly explored in Liberia. Of the 40 adult groups which participated, 23 groups (58%) said they had some form of saving scheme before the Ebola outbreak that was now closed. They gave several reasons for this:

- Business activity was significantly reduced.
- Households were having to use their savings to buy food.
- People withdrew from their savings or credit schemes because they wanted any savings to be held within their family in case they died from Ebola.
- Loan schemes had closed because many people were defaulting on their loans.

Private sector or community-based loan schemes were affected as well as those supported by NGOs. The quote below from a farmer illustrates the importance of these and the way in which their collapse affects communities.

As a master farmer, I used to give out money to other farmers, to help them at the start of every farming season. They pay rice in return. Now all these farms do not do well because there is no way to weed, as no public gatherings are allowed. I neither get the yearly profits I used to get at the end of the season nor will I get my money (loans) back from these farmers because they have not even enough harvest to feed themselves. (Male farmer, Mateboi, Sierra Leone, 8 December)

Smaller incomes and the greater cost of items such food, medicines, water and chlorine, suggest that the capital for re-starting businesses will be in very short supply. There was no mention of private banks in any of the interviews, although media coverage of the impact of Ebola included a report that Liberian banks had restricted lending to certain sectors (including agriculture) in an attempt to protect their own reserves (Daily Observer, 2014).

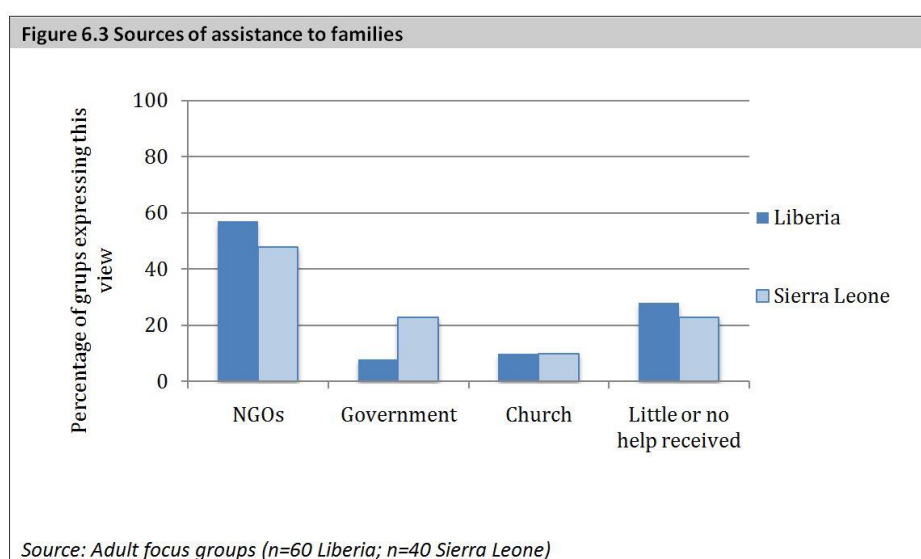
Based on these findings, the economic shock from the Ebola outbreak appears to have overwhelmed savings and loan schemes. It follows that they were unable to add much to

the resilience of families to food shortages and loss of income. It should be stressed however that this topic was touched on only very briefly in this study and so deserves further research.

6.3 Aid assistance

It is clear from the data that parents were attempting to work harder, taking risks with their health by hustling in the community and cutting down on their own food intake in order to provide for their children. It is equally clear from the extent of lost incomes and food shortages that families were very limited in what they could provide for children.

The need for emergency relief for the wider impacts of Ebola was recognised by government and the international community (e.g. the World Food Programme aid) but the research found that the Governments of Liberia and Sierra Leone, with support from international aid, were limited in their ability to step into the gap. The communities who participated in the research said that NGOs provided the most aid to them (Figure 6.3). The help they received was mainly in the form of preventative materials (buckets, chlorine and soap) and food, particularly through the World Food Programme. Churches were also reported as a significant source of help, especially in urban areas. Beyond these three main sources, private individuals (usually local politicians) and private companies (especially large international companies) were also identified as givers of aid.



What is perhaps most striking is the low-key response to the topic of aid; it was not a subject that people raised or responded to in detail and external aid appears not to have played a major role in relieving the harm done by Ebola to the non-health aspects of people's lives. Despite the considerable needs described by communities, for food especially, they did not on the whole appear to have received support or even expect it. For many children, NGOs were less present than they were before Ebola (for example

over 60% of the children's groups in Sierra Leone said that they see less of NGOs). Those that they do see now are concerned only with Ebola.

Now we only see the people that come here to do awareness and also the car that comes to pick up dead and sick people (Child, Johnsonville, Liberia, 14 November)

Some research respondents did express concern that assistance was only given to those directly affected by Ebola, whereas they felt that most or all were suffering equally from problems such as hunger. Dissatisfaction with the aid response feeds into a broader view amongst some communities in both countries that the government (and sometimes NGOs) had not been honest or fair with them in dealing with Ebola, an issue discussed later in the section on community cohesion. However, again this issue was not frequently raised by respondents. Only a quarter of the adult groups in Liberia spoke on the issue of aid, as did just over a third of the Sierra Leone groups.

6.4 Key points on livelihoods

The consequences of the loss of livelihoods go beyond lost incomes and hunger. The impoverishment of families affects many aspects of children's lives, including their education and safety, as we shall see in the following chapters.

Livelihoods	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> • A substantial reduction in trading results in lost income to most households. • Salaried employees are largely made redundant as businesses close, including private schools. • Households have less money to pay for food and other basic needs. • Families lose savings 	<ul style="list-style-type: none"> • Family-based businesses lose capital and are unable to re-stock. • Less money is available for children's education, health, recreation etc. • Children may be required to make a greater contribution to the household economy by working and are therefore placed at greater risk of dropping out of school or exploitation.
<i>Priorities for action</i>	
<ul style="list-style-type: none"> • Provision of credit for re-starting businesses, including support to community savings and loan schemes that have accumulated excessive debt. • Future emergency and outbreak responses must avoid a silo-approach that concentrates only on health responses and Ebola victims, and consider adopting a systems approach that takes the wider impact of the outbreak and trade control measures into account. 	

7 Child protection and well-being

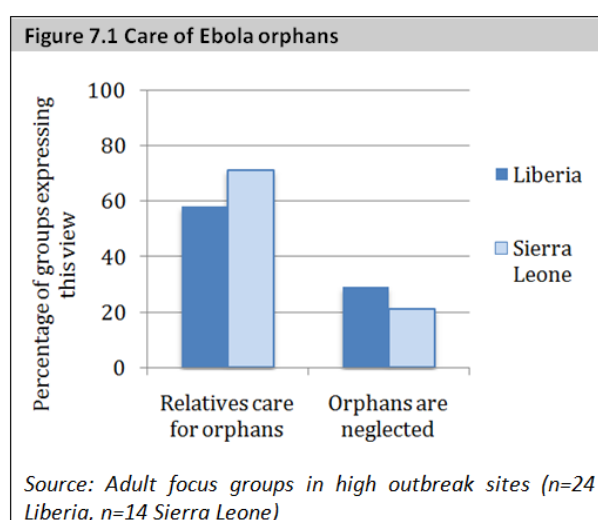
The discussions held with children and adults in Liberia and Sierra Leone confirm that the Ebola outbreak had a wider impact on the protection and well-being of children. Much of this stems from the fact that the ability of extended families and communities to care for children has been undermined. It also stems from the lack of food and money in households, which compels children to look for their own means of survival.

7.1 Children without parental care

UNICEF estimated that over 16,000 children in Liberia, Sierra Leone and Guinea have lost one or both parents to Ebola since the start of outbreak (UNICEF, 2015). This research did not attempt to count orphans in the communities visited or seek them out especially for interview, but it did ask about the alternative care they received. Orphans and adults taking care of orphans were represented in the interviews and focus groups. The main finding with respect to orphans is that relatives and community members are taking care of orphaned children, despite the fear and stigmatisation that surrounds Ebola suspects. However, the level of care that children receive may not always be adequate to meet their welfare and development needs.

7.1.1 Care of orphans

Most of the adult groups we interviewed, in both countries, said that it was relatives that were taking care of Ebola orphans (Figure 7.1). There were no specific examples given of



children being cared for in government/NGO run interim care structures. The extent to which people were willing to care for orphans appears to contradict the high level of fear, stigmatisation and indeed abandonment of Ebola suspects that was noted in the previous section on health. The willingness to care amongst individuals and communities obviously depends primarily on individual circumstances, but what the research appears to show

is a solid tendency to care for orphans. So whilst adults expressed fears and concerns, when it came down to it, they were prepared to care for children in the greatest of need.

It was noticeable that when discussing orphans in the abstract, adults expressed strong reservations about taking in orphans. Men especially, tended to place caveats on the

extent of care offered to Ebola orphans, insisting that the child must prove to be Ebola free for 21 days before they would take them in. Both men and women pointed out the difficulties they would face in having to feed an extra child, when they didn't have enough food to feed their own children. Parents who did not actually have to face the choice of accepting a child into their households were more likely to say that government or NGOs should take responsibility for orphans. But when real examples were discussed, the result was almost invariably that orphans were cared for by relatives or other members of the community, without delay.

I have an additional three children whose parents died during this period and I'm alone taking care of them, plus my children. How do you expect them to have enough to eat? (Single mother, Bahn, Liberia, 23 November).

Further research would be required in order to understand fully the limitations to such community care and the bonds amongst family, extended family and community that underpin it. What we can say with confidence, based on this research, is that the capacity to care for orphans within communities was very large and survived the extreme stresses imposed by the Ebola outbreak.

Communities, therefore, did not expect government or NGOs to replace them as the carers of Ebola orphans, but there was the hope that governments and NGOs would help families in this role. For example, community leaders in Mount Barclay, a high outbreak site in Liberia, said that there were around 80 children orphaned by Ebola and that they were looking to government and NGOs to help them with food and the costs of schooling.

We need help from Government and international NGOs to help take proper care of children whom were made orphaned by Ebola (Community leaders, Mount Barclay, Liberia, November 15)

7.1.2 The quality of community care

The discussion groups in Mount Barclay also illustrated a wider finding that the quality of care for the orphans without assistance from external organisations would often be poor. They said that although orphans were taken in by new carers, the quality of that care was sometimes low. This view was echoed by 29% and 21% of adult groups in Liberia and Sierra Leone respectively. The low quality care or 'neglect' described by adults and children included being underfed, under-supervised and in some cases an almost complete lack of care, resulting in children becoming beggars and spending a lot of time in the street.

Most of the children that were made orphans by this EVD are not really taken care of, even though community based organization and other community dwellers are helping, their help is insufficient to sustain them (Male carer, Mount Barclay, Liberia, 13 November)

Children are neglected especially the orphans from Ebola. Even when they look healthy, people can still be afraid to take them. Most times they can't even have food

to eat, they have to beg. It is really pathetic. (Mother, Kissy Bye Pass, Sierra Leone, 8 December)

The research findings suggest that child welfare and protection is a serious concern for orphans, especially in high-outbreak areas. The earlier chapter on livelihoods suggests that the problem is not just confined to orphans; they may be particularly vulnerable but a much larger number of children are living in households where the parents are very limited in their ability to provide basic needs, such as food.

7.1.3 Care amongst extended family

One of the ways in which some parents tried to protect children was to send them away to stay with relatives in areas of the country not affected by the outbreak. However, this occurred in relatively few of the research communities and it involved relatively few children. Only 5 of the adult groups interviewed in Liberia said that some parents had sent children away to avoid Ebola. Similarly in Sierra Leone, only 4 groups said parents had removed children. Communities who spoke of this practice explained that this happened more at the start of the outbreak, whereas later, as the virus spread, it was understood that nowhere was safe. Amongst the majority of caregivers who did not send their children away, the reasons given were:

- They did not trust anyone else to take care of their children like they did.
- Children who were sent from infected areas were rejected by the intended hosts.
- Travel restrictions prevented children from leaving or returning.

For example, mothers in Zwedu, Liberia, described how parents from high outbreak areas in Monrovia and Ganta sent their children to rural villages only to find that they became trapped when travel restrictions were imposed. In one instance a father tragically reported the severe consequences of sending his daughter away:

I send my children to my uncle in another community that was not affected by the Ebola virus, but I feel bad today because somebody raped my daughter while in that community. (Father. Ganta, Liberia, 20 November)

The previous chapter noted the importance of visits by children to relatives in terms of food security. Children who participated in the research were also concerned that the Ebola travel restrictions would result in the loss of these relationships and the material support that they provided, including help with the cost of schooling. Parents also relied on this wider network as the quote from a mother in Songo village, Sierra Leone illustrates.

We used to send our children to our relatives during holiday, so upon their return, they will help us by buying some schools materials. Now if schools are open all the burdens will be on us. (Mother. Songo village, 9 December)

7.2 Increased protection risks for children

The following findings related to protection risks for children emerged from the focus group discussions virtually unprompted. While the risks mentioned by children and communities are naturally hard to quantify, it must be borne in mind that it is difficult to clarify which risks are real and which are inferred.

Most of the children's groups interviewed in Sierra Leone were of the view that the risks to children had increased because of Ebola (Figure 7.2). The type of protection concerns that are said to have increased were involvement in crime, child labour and the sexual exploitation of girls. Children also described a greater risk of teenage pregnancy as a result of Ebola. Orphans and children in families who could no longer provide for them were said to be most likely to become victims of abuse and exploitation because they had to fend for themselves.

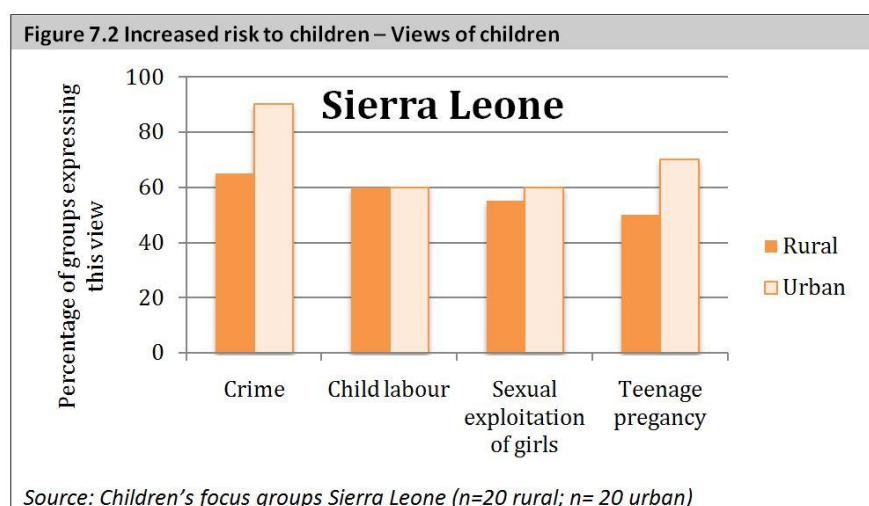
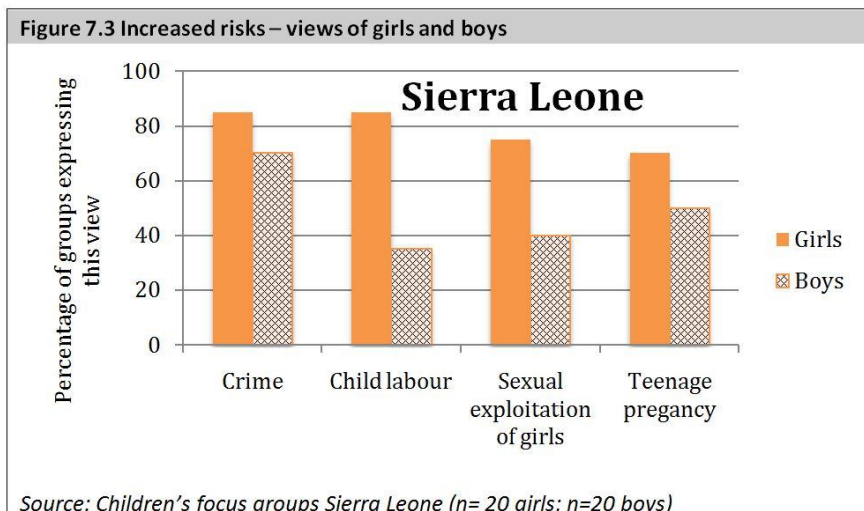
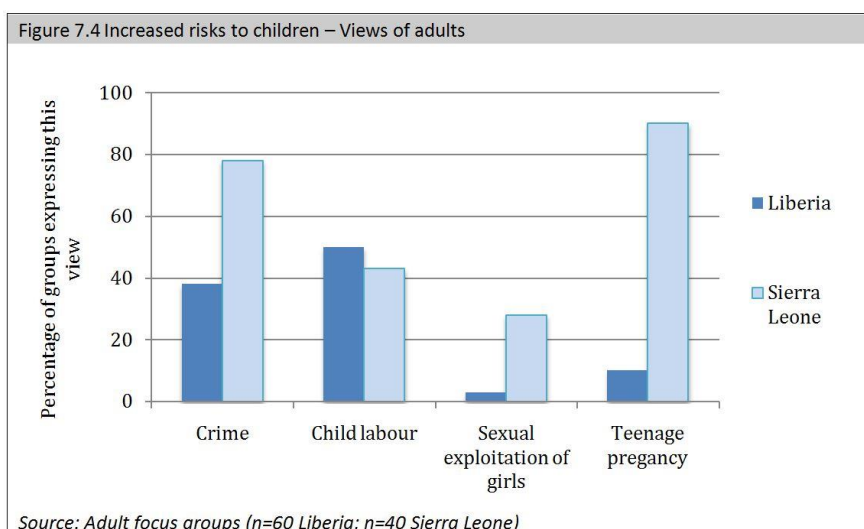


Figure 7.2 shows the proportion of children's groups in Sierra Leone that see an increase in these particular hazards. It shows that children in urban areas are more likely to be concerned about crime generally, and about teenage pregnancy in particular. When discussing the risk of crime, children (and adults) invariably referred to the greater risk of children, especially boys, becoming involved in stealing for money or food. There was no indication that they were at greater risk of being victims of crime.

The evidence from children in Sierra Leone indicates that girls are much more likely than boys to perceive an increased risk of child labour and sexual exploitation as a result of the Ebola outbreak (Figure 7.3).



The adults groups from Sierra Leone express similar views to the children although they put a greater emphasis on teenage pregnancy (Figure 7.4). However, the results from adults in Liberia are for the most part different to those from Sierra Leone. Whilst participants stated that children from Ebola-affected families faced a double-risk, having lost carers and being subjected to stigmatisation, they showed a much lower concern about this having consequences in terms of crime, sexual exploitation and teenage pregnancy.



The country difference is also seen in the results from children. Like the adults, Liberian children see less risk of crime, sexual exploitation and teenage pregnancy.

The research does not provide a full explanation for the apparently large difference between the two countries in terms of child protection issues and this is amongst the areas recommended for further research. However, the information provided by adults and children does hint at a possible explanation. Those from Liberia tended to explain that children were as safe (or were safer) than before Ebola because they were largely confined to the house. 70% of the children's groups in Liberia said that they were unable to visit family and friends, whereas the equivalent figure in Sierra Leone was 38%.

Children in Sierra Leone appeared to be more able to circulate within their community (although less free than those in Liberia to travel between communities because of the stricter travel restrictions, mentioned earlier.)

7.3 Increased involvement of children in work

The findings on the increased involvement of children in work are more consistent between children and adults and between the two countries. Children especially describe how involvement in work has increased for all children. Typically, the younger ones are said to help in the house with cleaning and cooking and the older ones help with business work outside. Outside the home, they are often helping the family with farm work or with selling, but they are also heavily involved in paid work outside the family, especially in Sierra Leone. The reasons for this are evident from the preceding sections: the reduction of household incomes, together with the loss of breadwinners, means that children must work more to contribute to the family's income or to provide for themselves.

The amount and type of work varies household to household, as a girl (age 13) from the Mile 47 community in Sierra Leone indicates:

Some children do more chores at home, some go and sell for their parents, while others are idle. For me during the day, I sell for my mother". (Girl, Mile 47, Sierra Leone, 16 December)

Figure 7.5 Examples of work described by boys and girls in Sierra Leone	
Boys, Makeni Town, Bombali, 12 December: <ul style="list-style-type: none"> • I go from junction to junction carrying loads for people and get paid (age 18) • I make bricks for people instead of idling at home (age 14) • I am a carpenter and make racks and chairs (age 18) • I go round the town search for jobs where I can get paid (15) 	Girls, Mile 47, Port Loko, 16 December : <ul style="list-style-type: none"> • I buy and sell scrap metals and slippers (age 17) • I sell boil ground nut for my mother (age 14) • I sell a cake we call here" kill driver" (age 17) • I gather stones to sell (age14) • I sell oranges for my mother (age 14) • We help with farming (age 17)
Source: Focus group discussions with boys and girls.	

As the examples in figure 7.5 illustrate, many of the children carrying out paid work are above the minimum working age (16 years) so this does not constitute child labour, although some are younger. All are school children or students in higher education, so the work does represent a change from their normal activity.

We're not doing school lessons but we are learning some trade. Some of us are learning tailoring, electrician, others are learning beautician, blacksmith. (Child, Karnplay, Liberia, 25 November)

In Liberia, the adult groups were more likely to say that the majority of children were idle. They were more concerned about their children being bored and tempted into bad behaviour than they were about overwork (only 50% of adults' groups say that children

are working more, as compared to 85% of children's groups who say they are working more now. The equivalent figures in Sierra Leone are 63% and 93% respectively).

Almost all the children remain in their yards whole day, doing nothing except the regular home clean ups and cooking for those who have the food to cook. Some of them, very few, venture into the bush trying to kill birds. (Community leader, Karnplay, Liberia, 25 November)

It is when children go to work outside of the home and family farm that they are seen by both adults and children as at greater risk of being engaged in child labour (including the worst forms of child labour); the boys from 'hard labour', gambling and illicit work, and the girls potentially from sexual exploitation (hard labour refers to arduous physical work, such as carrying heavy loads). Whilst there are numerous examples of children working from both countries, young people in Sierra Leone appear to be moving around considerably more in search of work and food. Children and adults link this very clearly to an increased risk of exploitation. In addition, the children and adults who participated in the research also identified a greater risk of contracting Ebola amongst those required to go out to earn money.

Our children are out selling in the community, helping their family to get food. Some of the younger girls will soon start prostitution, because we can't control the children if we can't provide for them (Mother, Johnsonville, Liberia, 14 November)

Most of our school friends are now engaged in stealing and gambling because that is the only alternative for them. (Boy, Masongbo, Sierra Leone, 7 December).

I think children are more at risk from abuse and crime, because during this Ebola some children lost their parents and they have no one to take care of them, so they go and do hard labour for their survival (Girl, Masongbo, Sierra Leone 8 December)

7.3.1 Age and gender differences in children's work and associated risks

The children taking part in the discussion groups were aged 12 to 18, so adolescents rather than young children. From their views and also those from adults a clear split is apparent between youth (aged 15 years and older) and younger children in terms of their involvement in work and associated risks. The younger children are very much confined to the house and help with small domestic chores or do nothing. The older ones mostly have a considerable burden of work in the house or farm and many of these also go out to find paid work. The watershed between these two age groups, as seen by parents, is the child's ability to understand and comply with instructions about avoiding contact with others.

The findings from children's groups in Sierra Leone suggests that girls perceive that work has increased because of Ebola much more than boys do (Figure 7.3). This may be because petty trading, usually of food, is a sector in which women are more prevalent, and this activity has continued to a greater extent during the economic lockdown than

the businesses that generate paid casual work for men and adolescent boys. The greater involvement of girls relative to boys in paid labour is hinted at rather than confirmed by the results of the groups. Much more certain is that girls have a heavier burden of domestic responsibilities as a result of Ebola, including caring for younger siblings and indeed older family members.

I am used to being cared for as a child, but I am caring for my young siblings and even for my father, since I lost my mother to Ebola. (Girl, Ganta, Liberia, 20 November)

7.4 Sexual exploitation

“Protection mechanisms (which often keep girls safe) can be eroded due to factors such as the lack of parental care, the breakdown of community structures, and because (communities) may no longer be administered in such a way as to keep women and girls safe” (SOTWG Report, 2013, p.65). There was a very widespread view amongst children and adults in Sierra Leone that sexual exploitation has increased greatly because of Ebola. Respondents identified a number of reasons for this, which link the increase in pregnancies very firmly to the economic crisis caused by the Ebola outbreak:

- Girls went out selling and so had more contact with men.
- Girls turned to prostitution to get food or money.
- Girls left their families to start a family with men who could provide for them, sometimes in early marriages but more often as just girlfriends.

The research findings demonstrate that communities are concerned about the fact that girls are not in school, connecting this to the need to go out and find work, and increased pregnancy and sexual exploitation of girls. The research does not, however, provide conclusive evidence of the extent to which exploitation is driving up teenage pregnancies. The references made during discussions to prostitution and to transactional sex with older men indicate the potential risk of sexual exploitation. The very consistent view amongst children and adults in Sierra Leone that it is economic factors that are causing the change in girls’ behaviour suggest that exploitation is a very large factor. Girls are forced to look for food and money by the economic crisis arising from Ebola and men are providing this in exchange for sex.

Girls go and sell themselves to men for food and money. Living with a man who does not pay your bride price is another issue that girls face in this community. (Girl, Masongbo, Sierra Leone 8 December)

There will be a change in the number of teenage pregnancies, but not early marriages. Children are no longer going to school, they are idle and most parents give their children trade to walk on the street. Children can be raped or they themselves can agree with their free will to sleep with men. (Mother, Kissy bye pass, Sierra Leone, 8 December)

Referring back to charts 7.2 and 7.3, girls identify a greater risk of sexual exploitation as well as a greater risk of teenage pregnancy. The two are not explicitly connected, but girls are clearly saying that both risks are concurrent. Adults express it differently; they recognise the risk of teenage pregnancy but not of sexual exploitation (Figure 7.2). The difference in opinion demonstrates the need for further research around attitudes and norms regarding sexual exploitation, in order to understand how the risks facing girls can be mitigated.

7.5 Teenage pregnancy

There is a very widespread view amongst children and adults in Sierra Leone that teenage pregnancy has increased greatly because of Ebola. This, at least in the opinion of children, is closely linked with an increase in the risk to girls of sexual exploitation (see Figures 7.2-4 above). The quotes below from a group of adult men in Makeni, Sierra Leone is a good example of the explanations provided in relation to this issue:

The petty trading that they are doing from place to place has caused these girls to become pregnant as they come across so many men who are trying to convince them to have sex every day ... We blame these girls but really, it is not their fault, it is because they are no more going to school, and we no more provide for them their needs. ... Because of poverty and hardship at home, people give their daughters in marriage in order to get money. (Men, Makeni Town, Sierra Leone, 12 December)

Less typical are the statements by the men that it is not the girls' fault. Adults (male and female) and boys were more likely to explain teenage pregnancy as a result of the individual behaviour of girls, rather than as a consequence of their environment. Children, especially girls, explained the increased risk of pregnancy more in terms of deliberate relationships with men, rather than chance encounters that arose because girls were out selling goods. The quotes below from girls in Mile 47 illustrate this:

We are encountering lots of teenage pregnancy. Girls get pregnant because they are not going to school and some because they want money ... Prostitution is rampant, girls don't eat unless they go and sleep with older men for money ... Now, we girls do have sex with our father's age group, because we need money and men don't give money for nothing. (Selection of quotes from a girls group, Mile 47, Sierra Leone, 16 December)

There is a major difference between Liberia and Sierra Leone in the extent to which teenage pregnancy is said to have increased. Very few adult or children's groups in Liberia said that girls were at greater risk of teenage pregnancy, or sexual exploitation and early marriage because of Ebola. On the few occasions it was mentioned (in 6 of the 60 adult groups interviewed and in 2 of the 20 children's groups), it was more a *prediction* rather than a description of actual change. The quote below from the mother in Bushrod Island is a good example of this.

My children are not in school. I am greatly worried about the girls. Some will soon involve themselves in teenage pregnancy. (Mother, Bushrod Island, Liberia, 20 November)

Children and adults in Sierra Leone, by contrast, are much more likely to describe actual pregnancies that they say are a consequence of Ebola.

As for me I have four daughters. The two elder are now pregnant because I can no longer support them like I used to. I am now thinking about how to protect the younger ones not to follow suit. (Father, Mateboi, Sierra Leone, 8 December)

The closure of schools is important in the explanations provided for teenage pregnancy given by children and adults in both countries. Adults (Like the mother from Bushrod Island) make a direct connection between girls being out of school and a greater risk that they will be engaging in sex and becoming pregnant. More detailed discussion revealed that schools play an important role in occupying adolescent girls during the day and keeping them in a relatively safe environment. Schools and teachers were also an important source of contraception and sexual health education and supervision. Specifically, in Sierra Leone girls described how they were no longer receiving contraceptive pills through the school-based program run by the international NGO Marie Stopes International.

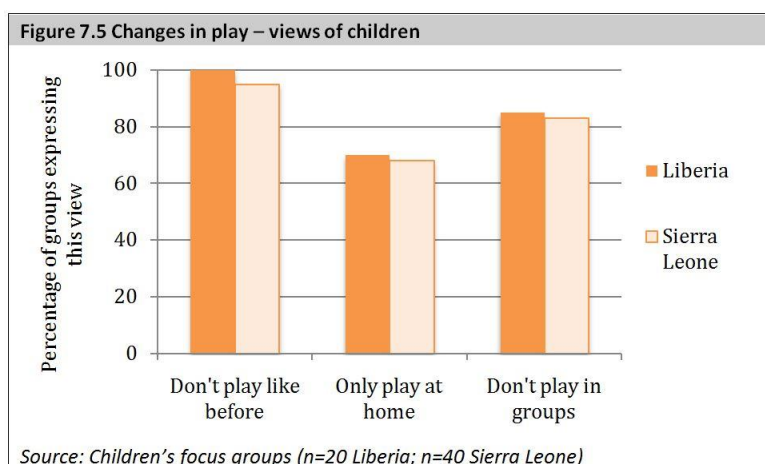
Marie Stopes use to go to schools to distribute preventives to girls, but now, there is no school, no Marie Stopes, so we experience more pregnancies and less marriages. (Girl, Mile 47, Sierra Leone, 16 December)

When we were going to school, some NGO workers used to come and supply books and pens for us and preventive pills for our sisters. Because they are not coming now most of our sisters are pregnant and this is all because of this Ebola crisis in our country and I feel too bad about that. (Boy, Konta, Sierra Leone, 7 December)

The considerable difference between Liberia and Sierra Leone indicated by this study requires further comparative research specifically on this topic. During this research, there was a methodological difference which may have affected the results, in that the children's groups in Sierra Leone were conducted as separate male and female groups and there were extra discussion-prompts on gender differences. The children's groups in Liberia were mixed gender. It is possible that the Sierra Leone approach encouraged a more open discussion of sexual practices and increased the frequency with which groups gave these answers. This does not adequately explain the difference, however; the adult groups were split by gender in both countries and followed the same checklist, yet produced different results. On other topics the children's groups in Sierra Leone and Liberia produced broadly compatible findings. Furthermore, the discussions started with an open question on change in general, without prompts on specific issues such as teenage pregnancy. Children and adults in Sierra Leone frequently mentioned an increase in teenage pregnancies amongst the changes they identified. The groups in Liberia did not.

7.6 Play and social opportunities

Children and adults from both countries described a complete change in the play of children. In response to a broad question on whether children played liked before, the answer was almost universally “no” (Figure 7.5). Children went on to explain that play was confined to the home or family compound, and that they no longer played in groups like they did before.



The closure of schools removed children from their daily contact with friends and they were very limited in their ability to play outside of school. The ban on gatherings meant that football, volleyball, kickball and other sports could no longer be played. The places where older children socialised; the video clubs and places to buy food and drink, for example, were closed. Even without the bans and closures, the socialising would have been greatly limited because children said they were afraid of contact with others.

Before Ebola we used to play with our friends in school and in our community but they told us not to play and our friends no longer go on the field to play football. (Boy, Ganta, Liberia 20 November)

We used to play under moon-shine, games like hide and seek and who is your best friend. All these have stopped because of Ebola and now I am lonesome ... We no longer enjoy our childhood. (Boy's group, Masongbo, Sierra Leone, 7 December)

From the descriptions of younger children, it can be seen that the quality of play has changed markedly. For most young children in the communities visited, play is described as being isolated or with siblings. For survivors and the much larger number of children stigmatised by Ebola in their family, the social isolation may be complete as the quote from a child in Ganta, Liberia, illustrates.

I am no longer accepted amongst my friends since I got sick. They no longer visit me at my house and when I go to their house their parents will make me return home because they said I was sick of Ebola. (Child, Ganta, Liberia 20 November)

A link between play, food and health is made in a few of the interviews. For example a mother in Aberdeen, Sierra Leone, said that children did not play like before because they don't eat enough food (note the link to the hunger described in chapter 5). The much

bigger impact is likely to be on children's happiness and social development. Children or adults do not say this explicitly, but it is clear from the way in which they talk about missing friends and play that it has a strong psychological effect.

Parents complain about the difficulty of preventing young children from mixing with others to play. As the outbreak wears on, the parents in Sierra Leone especially say that children are increasingly unwilling to put up with the restrictions and obey the "ABC" and "APC" rules (Avoid Body Contact and Avoid People's Compound). Children in Liberia and Sierra Leone gave examples of harsh and violent measures used to enforce the rules preventing play.

We don't play now because of Ebola. The last time we gathered to play, we were reported and the chief flogged us. (Girl, Mile 47, Sierra Leone 16 December)

7.7 Psychosocial impacts on children

The research does not provide direct evidence of emotional harm to children resulting from the Ebola outbreak, but the statements provided by children and adults, coupled with the evidence of the extent to which the wider impacts of Ebola were felt, give strong grounds for concluding that children's psychological well-being has been seriously harmed. Children in their own words talk about being unhappy, about feeling lonely, about being heartbroken at the loss of loved ones, about fear and about crying for what they have lost.

The interviews clearly demonstrate that Ebola has challenged the psychological needs of children for loving relationships, for hope and for self-belief, just as severely as it threatened their physical needs.

We no longer hug our parents and other relatives and friends as we used to do before Ebola (Child, Saclepea, Liberia, 21 November)

Children experience bereavement of parents and family members, and witness it in their community. This is evident in high outbreak areas such as 72nd community in Monrovia, but also in rural Bahn, Liberia, where the community reported only two cases of Ebola.

In this community, almost everyone knows somebody who got sick, die or lost a family member from Ebola. (Child, 72nd Community, Liberia, 15 November)

Some children watch their parents die before their eyes and cannot do nothing to help. This is getting our children traumatised. (Mother, Ganta, Liberia 20 November)

Survivors, or those who were seen as suspected cases, suffered from stigmatisation and even felt it as a form of punishment, as if they were responsible for the disease.

I used to go to choir practice every Saturday but since I lost my mother to Ebola, they no longer allow me in their midst. People stigmatize me as if I am responsible for what happen to my mother (Child, Ganta, Nimba, 20 November).

Survivors and suspected cases in both countries were likely to have the added problem of losing all their possessions. Typically, a person's bed, clothes, personal effects and even

their house was burnt in an attempt to eradicate the virus. Amongst people who typically only own essentials, this is a hard economic blow but it is also psychologically damaging - an obliteration of the past and of future possibilities.

*Most of our properties were burnt down in suspected and quarantined compounds.
(Mother, Bonbohun, Sierra Leone, 8 December)*

The strict isolation measures imposed by households and communities and children's own attempts to protect themselves by avoiding contact with others reflect a high level of fear. Parents said that children were afraid. Children's ability to cope with the fear and distress was not helped by what was, for some children and parents, a more stressful and conflictual home environment. Children describe a claustrophobic tension at home, in circumstances where families were confined together with the children not in school and the parents unable to work. The shortage of food adds more pressure on both adults and children.

7.8 Key points on child protection

The UNCRC affirms the right of children to grow up in a family environment. In some cases, Ebola directly challenges this, either by leaving orphans or when parents send children away and potentially into greater risk. More commonly, older children were forced by the economic hardship created by Ebola into premature departure from the family home. In so doing they weaken ties with one source of support, the family, at the same time as other sources of protection are lost: schools and the safety nets provided by relatives and friends. Children therefore lose their sources of protection – family, friends, schools, even NGOs – at the same time as they face greater risks.

The extent to which children felt more vulnerable to various forms of exploitation, particularly child labour and sexual exploitation and especially in Sierra Leone, is a strong finding. Despite the efforts of parents to provide for their children, and even to take care of orphans, children are being pushed into high-risk situations such as begging, stealing or prostitution. The extent to which teenage pregnancy is said to have increased in Sierra Leone, and the sexual exploitation that lies behind that, is also a strong and concerning finding. The research indicates that there are various factors behind this, and that they differ considerably between the two countries where fieldwork was carried out, but important questions are raised and the sexual and reproductive consequences of Ebola should be a priority for further research.

Overall, this section reveals again the interconnectedness of the consequences of the Ebola outbreak on the rights and development issues affecting children; linking food insecurity, loss of livelihoods, loss of parental care and child exploitation.

Child protection	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> • Orphans and those who have lost carers due to abandonment or stigmatisation are at greater risk of neglect, violence, abuse and exploitation. • The closure of schools has weakened the protective environment offered to children. • Older children who have lost parents or who face poverty are likely to be more involved in work. • Girls are at greater risk of sexual exploitation due to the loss of education, family's livelihoods and loss of carers. • Children and youth have reduced opportunities for play and socialising. 	<ul style="list-style-type: none"> • Teenage pregnancy rates increase. • Higher involvement in delinquency. • Potential worsening in sexual and reproductive health. • Increased involvement of children in child labour (including the worst forms of child labour) • Increased domestic violence. • Higher rates of behavioural problems and mental disorders.
<i>Priorities for action</i>	
<ul style="list-style-type: none"> • Provision of community safe spaces for children and youth to resume socialising. • Reinforce case management systems, including the identification of vulnerable children and referral to essential services. • Improve care for separated and unaccompanied children and ensure appropriate family-based placements for children affected by Ebola. • Implement cash-transfer programming to develop the economic capacity and livelihoods of individuals and households. • Implement and/or recommence sexual and reproductive health programmes. • Counteract the stigmatisation of individuals and communities through reconciliation programmes and awareness-raising. • Psychosocial support for children in families and communities affected by Ebola. • Safeguard girls through economic empowerment programmes and sexual health services provision, as well as awareness-raising to counteract marginalisation. 	

8 Education

All schools, colleges, and other places of learning closed in Liberia, Sierra Leone and Guinea in July 2014, and only began to re-open in February 2015, after the field research had been completed. Therefore the findings discussed below come from a time when children were not in school.

An estimated 5 million children were out of school in the three most affected countries; Liberia, Sierra Leone and Guinea (Global Business Coalition for Education, 2014). The closure of all schools, colleges and universities means that a cohort of children will have lost almost a year of education. The findings in this chapter show how being involuntarily removed from school has affected children's well-being over and above the obvious effect on their education.

8.1 School closures and home study

In line with the government directive for the closure of schools, all participants in both Sierra Leone and Liberia confirmed that schools in their communities had closed. When asked about the consequences of school closure, younger children talked mainly about the loss of contact with friends and their confinement at home. Older children were mostly concerned about missing examinations that would determine their progression to higher education or into employment.

Since this Ebola outbreak in our country, my school has closed. I do not have the freedom anymore to be with my friends as I did in the past due to the fear of this sickness. This sickness has brought a total change in my life that makes me to feel sad daily. (Girl, Guie Town, Liberia, 20 November.)

Parents and teachers also commented on the impact that school closures had on children's education and they complained that being out of school had encouraged indiscipline and bad behaviour in children.

It has brought our kids backward, it has made them wayward. Children are not reading any books, they are all day playing (Community Leader, 72nd community, Liberia, 15 November)

8.1.1 Home study

With schools closed, only a minority of the children's focus groups said that studying was taking place at home: 40% in Liberia and just under 30% in Sierra Leone. The level of study reported was typically light; mostly the occasional reading of old notes.

Given the often-reported inequality between girls and boys in accessing education, it is significant that in Sierra Leone only 15% of the girls focus groups mentioned participating in home study, as opposed to 40% of the boys groups. The reasons for this are not

explained by the research results; however there are indications in the other sections of the study which point to girls being used for domestic chores, caring for siblings and being required to earn money to support the household.

In Liberia and Sierra Leone, lessons were broadcast through community radio from mid-September 2014 (UNICEF, 2014_b; EDC, 2014). None of the children or adults who took part in the research in Liberia mentioned these broadcasts, although they did describe other ways in which home learning was supported.

In Sierra Leone the radio classes were reported to be helpful by just over half of the children's groups. They said that the classes gave encouragement and structure to their own attempts at home-learning. It is suggested by the interviews that the radio lessons were more likely to be used and valued by the children when siblings or adults gave encouragement and helped children to make this a regular part of their day.

During the day, when I'm not at school, I listen to the radio and my sister helps me with things I don't understand (Boy, Kissy Bye Pass 12 December)

But almost half the children's groups in Sierra Leone said that the radio programmes were not useful. They gave several reasons for this:

- Their parents did not have a radio, or could not afford batteries.
- They could not gather to listen at another household because of the restrictions on contact.
- The radio-teacher went too fast, the sound was unclear, and children were not able to follow as they could not see the teacher or ask questions.

Adults were more negative about the radio broadcasts and prioritised keeping their children safe from Ebola and providing food. The reasons they gave for the lack of home study were: a high proportion of parents are uneducated and so cannot tutor their children,¹ children are too hungry to concentrate on studying, and children are too busy working.

I have a radio but I don't have the mind to buy batteries when my children are crying with hunger. I'd rather buy food for my children with the little money I have. (Father, Mateboi, Sierra Leone, 8 December)

Most parents cannot read or write so they cannot help their children at home and at the same time they don't let other people come to their houses to conduct lessons, or let their children out for even 30 minutes. (Community leader, Saclapea, Liberia)

It is also notable that adults in both Liberia and Sierra Leone were less likely than the children to say that home study was taking place – in Sierra Leone less than 20% of the focus groups spoke about home study taking place and in Liberia only 12%.

¹ Approximately 40 percent of adults are illiterate in both countries (World Bank, 2014, UNICEF, 2014c).

Children and adults in both countries gave examples of more systematic attempts to provide alternative education, including:

- Older children teaching young siblings at home.
- Private tutors providing lessons at home.
- Teachers continuing to teach their own offspring at home.
- Establishment of regular study classes (discussed only by parents in Bushrod Island, Liberia).

In both countries, it was said that the availability of private classes and community-lessons was very limited because of the restrictions on gatherings, and people wishing to avoid contact with others. The loss of household income also meant that many families could not afford private lessons.

8.2 Barriers to a return to education

Substantial barriers to children returning to school were identified by children and adults in both countries:

- Parents of school children and youth in higher education would no longer be able to afford tuition fees.
- Girls who have become pregnant would drop-out of school.
- Girls and boys who have started earning money to support their households would be less likely to return to education.

The downturn in incomes and employment as a result of Ebola means that, even when schools re-open, fewer families will be able to afford to send their offspring to school. Children in interviews and case studies expressed their concern that their parents (and often other family sponsors) would not be able to pay school costs. The large and widespread reduction in household income described earlier suggests that this would be likely to affect many children.

Most children, at both elementary school and universities, will be school dropout due to lack of support. (Community leader, Saclapea, Liberia, 22 November)

From the focus groups it is clear that payment of fees is very common and there are many private teachers. So although education from six to sixteen years is in principle free and compulsory, in practice, poverty is a big barrier to attendance. There are many private schools (often church-based) because of dissatisfaction with the quality of government-run schools. Even in 'free' state schools, poverty may prevent the return of some students because parents are unable to meet the cost of uniforms, school materials, transport or other charges.

8.3 Key points on education

Schools don't just provide classes for children; they are important places for socialising, contact with peers, and for services such as sexual health, school feeding programmes, etc. When schools close, children are no longer spending the day with peers and teachers in an environment that can provide a level of child protection. Schools can be an integral part of the child protection system, bolstering children's knowledge and understanding of their rights. Finally, from the discussion with adults it can be seen that the knowledge and skills learned in school by children are valued. It is important that school is associated with the empowerment of children and their ability to have a voice in family and community matters.

Education	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> • All children, in all communities, are out of school and will miss at least a year of education. • Shortages of money, time and motivation mean home-study is very limited. • School time is replaced by domestic or paid work. 	<ul style="list-style-type: none"> • Loss of household income means that many families will not be able to afford fees. • Children lose confidence and self-esteem as a result of their lost education. • Longer term impact of the economy because of a potential gap in human resources.
<i>Priorities for action</i>	
<ul style="list-style-type: none"> • Provision of safe spaces and means of communication so that children can organise and support one another. • Ensure provision of education in emergencies through innovative and distance approaches including radio, television, mobile and Internet technology for when education institutions are closed. Encourage/increase the participation of private business (IT companies, Media and Communication etc) to improve access to education. • Improve the resilience of education establishments so that total closure is avoided. • Invest in health programming and teachers' training; mainstream psychosocial support in education programmes and ensure access to psychosocial care for children and teachers; support school feeding programmes and improve WASH facilities; support school community for disaster risk reduction action plans. • Financial support for children, youth and families who cannot afford a return to education. • Additional support for young mothers and victims of sexual exploitation to return to education. 	

9 Community cohesion

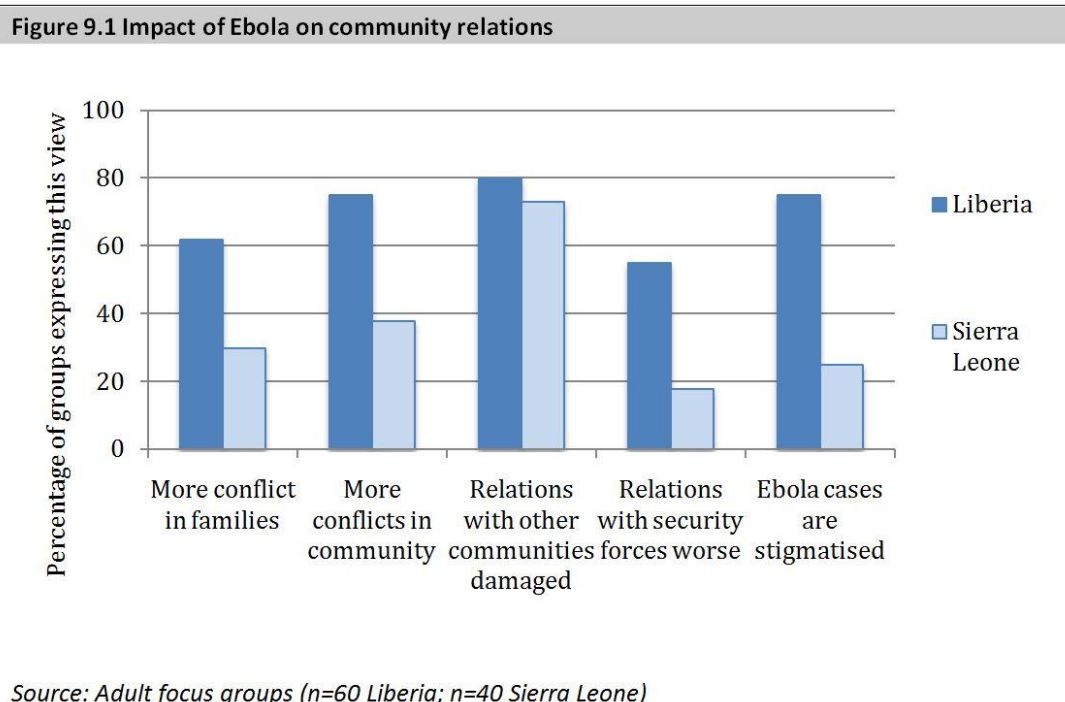
The protection and well-being of children greatly depends upon the family and the wider community environment. The research has found that communities have been key in responding to and managing the outbreak. In both countries the prevention measures and messages introduced by governments were generally adopted by communities. This was despite some mistrust about the messaging and resistance to the imposed measures in the earlier stages of the outbreak. Communities were also found to have enforced and enhanced the infection control measures.

One of the most striking findings from the research in both countries is how little reference is made, by both adults and children who were interviewed, to the actions of government and other external bodies. In other words, very little mention was made of governments and external actors when the research participants described the day-to-day implementation of control measures. The situation that they recounted is one in which the government set the overall rules – the closure of schools, markets and county boundaries for example – but communities were the ones who largely determined what happened on the ground, including the isolation and care of suspected Ebola cases.

However the strict measures adopted by communities to protect the health of children and adults came at a high price. Considerable distrust and tension was created within families and communities, which threatened their ability to deal with the wider impacts and to provide a caring environment for children.

9.1 Evidence of disputes and fragmentation

The research provides some evidence of disputes within families, within communities, between communities and between communities and external agencies (Figure 9.1). The tension and fractured relations that were described by almost all research participants has seemingly led to fractured communities in need of reconciliation and reunification. Recovery efforts in each of the Ebola affected countries need to take cognisance of these definitive findings from the research and address them as part of an integrated approach to all the issues explored within this study.



9.1.1 Disputes and tension within families

The research revealed differing views between Liberia and Sierra Leone on the extent of family disputes as a result of the outbreak.

Most of the adult groups in Liberia stated that disputes within families had increased as a result of Ebola. They attributed this mainly to the tensions that arise over shortages of food and money in the household, and to resentment between family members, including extended family, when they fail to take care of sick family members. Accounts of such disagreements were common and very hard-felt amongst research respondents. In addition, these were sometimes said to spill over into community-wide disputes, as the quote below illustrates:

There will be conflict in family and community because they were not there for each other when Ebola attacked (Father, Mount Barclay, Liberia, 13 November)

From the children's perspective, just under half of the children's focus groups in Liberia said that disputes within the family had increased. For example, one girl commented:

My own blood sister and best friends despise me, abandoned me and pretended never to know me when I lost my mother to Ebola. They will never again be my family and friends. (Girl, Ganta, Liberia 20 November)

More commonly, children noted that there was less fighting and shouting in the household on account of all the household members being very concerned about Ebola and the availability of food.

There are less conflicts in this community now because everyone is thinking about where or how to get food for his/her household. (Boys, Makeni Town, Sierra Leone, 12 December).

In Sierra Leone, only a third of the adult groups expressed the view that tensions within the family had increased. They explained that disputes mainly arose as a result of food shortages. In contrast with respondents from Liberia, they did not describe major family rifts occurring. Conversely, they also noted that hunger and the necessity to find work made them put the usual quarrels to one side. Children in Sierra Leone were least likely of all the research participants to say that disputes in the family had increased. Indeed, a large majority of the children's groups said that there were fewer disagreements as a consequence of Ebola.

9.1.2 Tension and disputes within communities

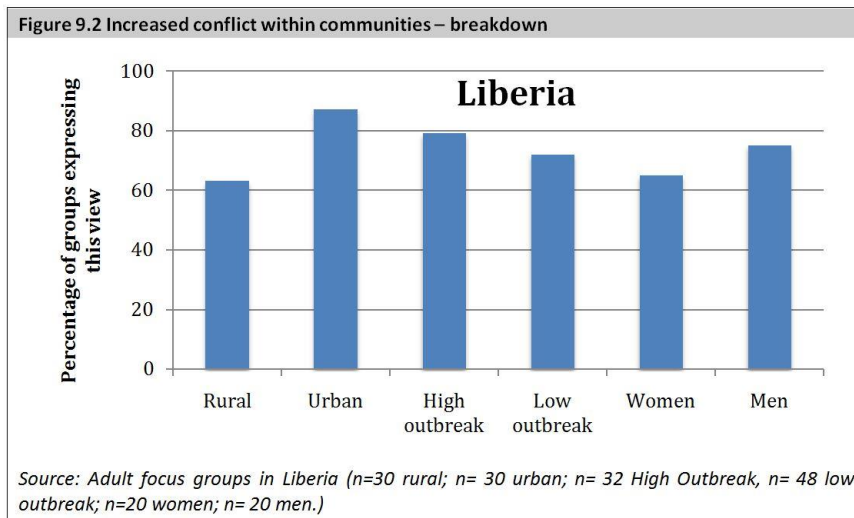
Communities have been considerably damaged by divisions and disputes. Most adult focus groups in Liberia said that there was more conflict within communities as a result of Ebola. Research participants related how community members were abandoned, or saw their loved ones being abandoned by others, and how they felt let down or betrayed by the community that they belonged to. Suspicion about families hiding suspected cases added to the distrust and divisions. Such feelings were particularly evident in urban, high-outbreak sites (the term "conflict" refers to these tensions and damaged relations and does not relate to physical violence).

Misuse of the Ebola hotlines for reporting suspected Ebola cases (4455 number in Liberia, 117 in Sierra Leone) was an often-cited cause of tension and resentment amongst communities, as shown by the quotes below:

Many people called the Ebola Team on their neighbour without being sure that what they really saw was signs of Ebola, and some of those people died from such action. (Mother, 72nd community, Liberia, 15 November)

There are two major conflicts; firstly people don't want 117 to be called even if they have sick people at home. Secondly, the food available at home which is now low does not go down well with the women. They tend to confront their husbands (Father, Mateboi, Sierra Leone, 8 December)

Research respondents described the anger that resulted when one community member reported another as suspected of having contracted Ebola. In Liberia, the view that there were more tensions and disputes in communities as a result of Ebola was widely shared across the different research sites, although it was more frequently expressed in the groups in urban and high outbreak sites. Figure 9.2 gives a breakdown of views on increased conflict within communities by different of groups.

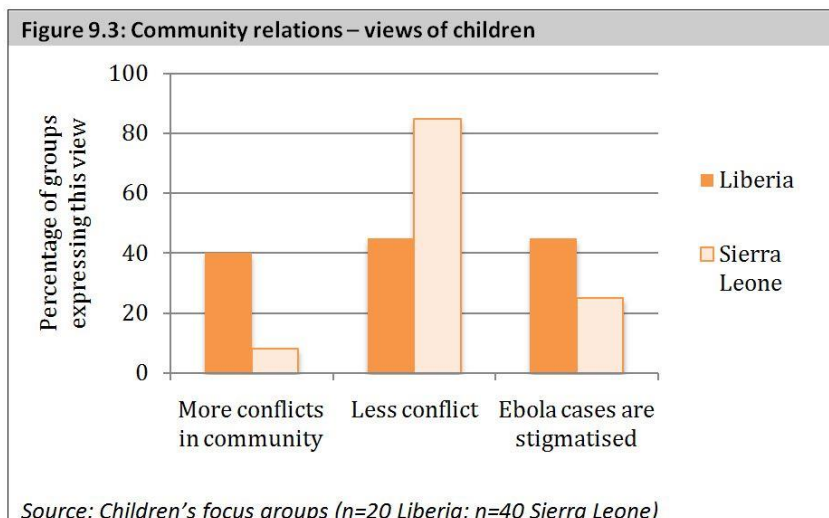


The level of tension and dispute within communities was noticeably less in Sierra Leone than in Liberia. The explanation for this appears, from the findings, to be that communities in Sierra Leone were better versed in the prevention messages, more organised in their application of these and better supported by external agencies (for example, a higher proportion of health centres were open). Because the peak of the outbreak occurred later in Sierra Leone, and after an initial spike in cases outside of the capital Freetown, communities and authorities had more time to prepare. Communities in Liberia, in contrast, were less able to rely upon their own organisation or external support and consequently turned in on themselves as a result of the greater pressure. They resorted more to stigmatisation as a way to create a separation from Ebola suspects. This discrimination added further fuel to the tensions.

The finding by the research that communities in Sierra Leone were better prepared has some support from statements from published sources. For example, a WHO situation report on Ebola from January 2015 notes that awareness raising has gone successfully through a network of community leaders in Sierra Leone, but such a network has yet to be established in Liberia (WHO, 2015)

Children, especially those from Sierra Leone, were more positive about community relations. Figure 9.3 shows that more children said that there was less conflict within communities as a result of Ebola. Children in both countries, and adults in Sierra Leone, more often described a “peace dividend” in that Ebola has reduced the everyday conflicts in families and communities, as people united to prevent infection and hunger.

There is less conflict in this community now because everyone is thinking about where or how to get food. (Boy, Makeni Town, Sierra Leone)



9.1.3 Discrimination against Ebola suspects

Stigmatisation is used to create a physical and emotional gap between those who are free of the virus and those suspected of carrying it. As the earlier health section showed, this segregation is often done crudely and sweeps in a large number of people who show signs of any form of illness or have any sort of association with individuals, families or even communities with Ebola.

There were rare examples from Liberia of communities helping Ebola families but in the main they were highly segregated and discriminated against; very much “outcasts”, which was the term often used. In line with the findings in relation to tension and disputes in communities, the stigmatisation of suspected Ebola cases and anyone associated with Ebola is much more frequently described by the adult and child participants in Liberia. 75% of the adult groups in Liberia said that those with Ebola were stigmatised, as did 45% of the children's groups. The quote below illustrates the complete division that was created in some settlements, and the expectation that the rift would continue long into the future:

Ebola divided our community into two zones. We now have zone one, free from Ebola and zone two, which has some households infected. Zone two was quarantined for over 21 days during this period. [Interviewer: “After Ebola, what do you think will happen?”] The community that has been divided will remain as it is. (Child. Ganta, Liberia 20 November)

By contrast, far fewer adult and children's groups in Sierra Leone said that suspected Ebola cases were stigmatised (25% of both adult and children's focus groups). Most groups affirmed that Ebola suspects were not stigmatised. They often said this in the form of “we are not allowed to stigmatise...” or “it is wrong to stigmatise...” and some groups explained that they had received these messages from health workers (the ‘Ebola Sensitisation Team’). However, to some extent, it appears that the Sierra Leone groups were speaking from the basis of what they thought they should say, rather than what

actually happened – there is a gap between their rhetoric and their actions, as evidenced by the quotes below.

Even some of us children call them ‘Ebola Pikin’ which mean Ebola affected child. (Girl, Kissi Town, Waterloo Rural Area, Sierra Leone, December 8)

My aunty was sick with Ebola and is now a survivor and I feel too bad about it because the stigma will always be on her. (Boy, Makeni Town, Sierra Leone, 12 December)

As noted elsewhere, one of the recurring themes emerging from the research is the effect of the messaging received by communities. In this case, the awareness raising that people in Sierra Leone received with regards to stigmatisation appears to have been effective. It forms part of the explanation of why they were better able than the Liberian communities to manage Ebola without creating huge divisions and tensions within the community.

9.1.4 Tension between communities

It was found that the divisions between communities were stronger than those within communities. The strict implementation of infection controls by communities themselves meant that extended families were unable to travel to help one another. In addition, many were refusing to help others out of fear of confinement or infection.

Nobody is allowed to go to another village or town. If anybody comes to you from another community, they will stay indoors without getting in contact with anyone for 21 days (Child, Karplay, Liberia, 25 November)

Communities in both countries have elaborate systems of laws, self-imposed rules, and incentives to prevent mixing between communities. In Liberia, the main incentive is the fear of being placed in quarantine for 21 days, as indicated by the quote above. In Sierra Leone, there is the added incentive of fines imposed by the community authorities. Thus, 83% of the adult focus groups in Sierra Leone said that visitors were banned or quarantined; as did 62% of groups in Liberia. A similarly high proportion of focus groups in both countries describe ways in which their relations with other communities have been damaged (Figure 9.1).

In both countries, adults and children gave examples of rumours about wells being poisoned by neighbouring communities (for example in Masongbo Town, Bombali, Sierra Leone). Whether true or not, such stories make the wider point that levels of fear and mistrust between communities are high. Several other “them and us” narratives run through the accounts given by adults and children, such as between medical workers and patients or between profiteering businesses and those struggling to afford the essentials. However, the stigmatisation of Ebola suspects is by far the largest cause of tensions and fragmentation within and between communities.

9.2 Evidence of cohesion and resilience

There is a strong counter-story to the tensions and disputes described above, which is that, despite the huge pressures created by Ebola, communities managed to continue to work together to protect themselves from the virus.

9.2.1 Decision-making in Communities

In both countries almost all of the adult groups who took part in the research reported that community governance meetings had been much less frequent, because of the ban on gatherings and people's own fear of meeting others. Despite these difficulties, communities had organised themselves against Ebola. Although the virus eclipsed community governance of all other matters, for this critical issue they continued to function as decision-makers. Community decision making structures and coping strategies were not, therefore, abandoned or overwhelmed and communities were (after the initial stages of the outbreak) highly effective in dealing with transmission by isolating suspected cases.

Importantly the research suggests that there has not been a widespread loss of community leadership. Some communities say that their community has been weakened by the death of community leaders, for example an adult group in Daru Town, Kailahun, Sierra Leone explained that most of their religious leaders like imams, had died due to the Ebola outbreak.

This sickness has brought backwardness in our lives like in the area of education for our children. It also made most of our health workers to die and in the area of religion most of our religious leaders, like imams, have died due to the Ebola outbreak (Male care, Daru Town, Kailahun, 8 December)

In the most affected sites, such as Small Ganta in Liberia, the high death rates and high levels of fear and distrust described by the adults' focus groups appear to bring the community close to a tipping point at which it will no longer be able to function. But even in these worst sites, complete disintegration was avoided. And in the large majority of communities, in both countries, community leaders were described as playing the key role in protecting people from infection.

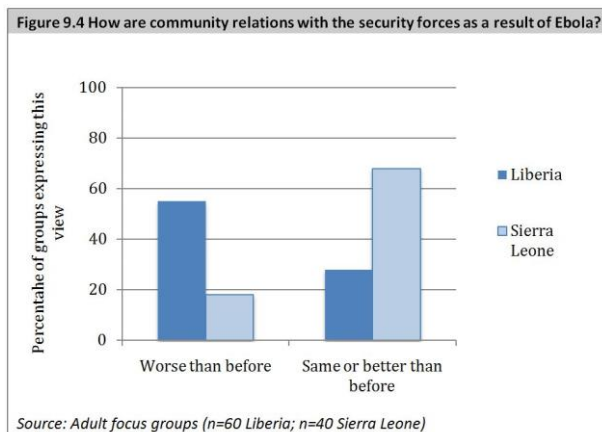
9.3 Attitudes towards government and NGOs

At the local level, in the sites where the research was conducted, some communities describe disputes and complaints with the state authorities. They described mistreatment and corruption by police and army, and they expressed anger at the government and at NGOs for failing to do enough to protect them from Ebola or help them cope with side-effects, such as hunger.

There hasn't been any fair play by government of Liberia and NGOs in the fight against Ebola. Sick people were being neglected, left to die all by themselves.

Materials meant for the community to fight Ebola were not distributed fairly. (Parent, Ganta, Liberia 20 November)

In Liberia, just over half of the adult groups said that their relationship with the police and army was worse, as a result of how they had acted during the Ebola outbreak (Figure 9.4), whereas about a third of the groups said that it was like before. This changed attitude is



perhaps a consequence of the way in which emergency security and Ebola prevention measures were put in place and crudely enforced whilst the outbreak was rapidly rising and before the communities were able to organise themselves. In particular, communities complained about the heavy-handed ways in which curfews, market closures and bans on gatherings were enforced

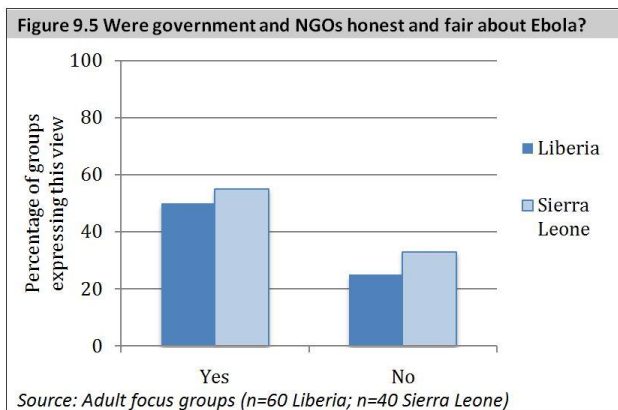
by police and troops in the months after the state of emergency had been declared. Several communities in Liberia complained that Ebola had been handled by the government as a security issue rather than a health crisis. As evidence of this they referred to the Ministry of Internal Affairs rather than the Ministry of Health being in charge of operations. They reported seeing more troops controlling people than health workers treating them.

Attitudes amongst the adult groups in Sierra Leone were the reverse of that found in Liberia. Only the minority of focus groups said that relations were worse and most groups said they remained as before.

Even though some of us were angry with the government we now realize that they were helping to save us (Community leader, Toe Town, Liberia, 29 November)

9.3.1 Perceptions about the honesty and fairness of government and NGOs

In response to a more general question about whether governments and NGOs had been honest and fair in the way they dealt with people about Ebola, over half of the adult groups said that they had been honest and fair. Only a minority said otherwise (Figure 9.5). Overall, the attitude towards external agencies is slightly positive and has survived the worst of Ebola. There is therefore some basis to build on between communities, government, and NGOs for the post-Ebola recovery.



9.4 Views on recovery and permanent change in communities

Most of the children's groups in both countries who expressed a view on the longer-term recovery of their community were of the opinion that it would return to how it was before Ebola. Children tended to see a quicker recovery, speaking about when schools would re-open and it would be possible to mix with friends.

For me, what I know is that people will be close again, schools will open and we will play with friends again. (Child, 72nd Community, Liberia, 15 November)

The adult focus groups also mostly believed that recovery would happen, although it would take longer – from five to ten years in most cases in Liberia. Adult groups in Sierra Leone were generally more optimistic, predicting a return to normal in less than five years in most cases. The types of reasons given by those predicting a longer recovery are illustrated well by the quotes from a women's group in Petifu, Sierra Leone (a low outbreak, rural site).

It will take us five or more years, because we will be creeping for survival as we have used all our resources during this crisis, but it all depends on the help from the government and NGOs ... It will take us a long time, like five to eight years because most of us have lost our helpers in outside communities and most of us will not have money after Ebola to take care of our homes and also to pay school fees for our children ... It will take us like seven to ten years because if whole year pass by without farming it will be like you have lost everything ... Things will not be the same after Ebola because we have lost all of resources and most of our girls are now pregnant and most of the boys will be drop outs (Women, Petifu, Sierra Leone, 13 December)

In both countries, some adults expected Ebola to be a permanent threat. Thus they spoke about maintaining prevention practices: not shaking hands, avoiding contact with corpses and sick people, being careful about meeting others, especially strangers and avoiding multiple sexual partners.

We all believe that things will never be the same again. We will never eat together as before. We will never wash our dead bodies as before. We don't believe we will ever shake hands again. We may not welcome visitors as before. We will find it difficult to rally around sick persons like before. (Community leader, Karnplay, Liberia, 25 November)

However, others referred to the previous civil conflict in Sierra Leone and Liberia and the resilience that communities showed in recovering from these. They said that the communities are quick to forget and so they will put Ebola behind them and go back to their old ways.

If the ten years of rebel war came and went yet communities stayed the same, after Ebola communities will also be the same again, as Sierra Leoneans are quick to forget (Father, Mateboi, Sierra Leone, 8 December)

This also implies that some of the practices developed during Ebola that the groups see as positive, such as washing hands, will also be forgotten quickly. One of the traditional practices that appears to have been halted during Ebola is Bondo secret society rituals in Sierra Leone, at which female genital mutilation is carried out.

9.5 Key points on community cohesion

Community cohesion	
<i>Immediate impacts</i>	<i>Possible long term consequences</i>
<ul style="list-style-type: none"> Community practices such as meetings, celebrations and burials have largely ceased and some customs may change permanently. 	<ul style="list-style-type: none"> Community decision-making capacity has (largely) remained intact, so there are good foundations for community-led initiatives in the recovery phase. Communities have been totally focused on Ebola prevention and so other development initiatives and community cohesion practices have generally been neglected and may even have regressed.
<i>Priorities for action</i> <ul style="list-style-type: none"> Reconciliation amongst families and communities, as well as between communities and the state. Restoring the central role played by families and communities in how their sick and dead are cared for in outbreak scenarios (whilst ensuring safety and infection control) in order to ensure community acceptance of infection control measures. Using community and leadership structures as a basis for different recovery interventions e.g. citizenship and governance initiatives, economic security, rebuilding and strengthening health services. 	

Part III: Conclusions and recommendations

10 Conclusions and recommendations

This study was exploratory and therefore wide in scope. It sought to examine the indirect consequences of the Ebola outbreak for children and families in relation to defined rights based issues: education; food; livelihoods; child protection; and health. Furthermore, it sought to examine these issues in the light of cross cutting themes such as youth, gender, rural/urban differences and community cohesion. The findings, on the one hand, provide a community- and child-based perspective on the intricate and complex ways in which children's lives were affected. They confirm and at times contradict some of the prevailing studies and thinking, but always through a grassroots lens. On the other hand the findings, despite being based on very localised views, have illuminated certain bigger, more fundamental issues that need to be addressed within the response and recovery phase of the Ebola emergency.

Some key conclusions emerge from the study. Upon these, recommendations are made for addressing immediate needs and longer term consequences. The key conclusions and attendant recommendations are each discussed in turn, below.

Finally, while perhaps stating the obvious, despite this being a medical emergency with direct health implications for those infected, the entire population of each country was dramatically affected by the wider consequences of the outbreak. It follows that the recommendations are relevant not only to the continuing response and recovery for the Ebola outbreak, but also future health emergencies and other types of disasters.

10.1 An integrated, interconnected recovery approach is needed

The research findings clearly demonstrate the complex and interconnected ways in which Ebola affected children and their families. Given the breadth of the impact of the Ebola outbreak, a single issue or single-sector approach, with separate initiatives for mothers or orphans, or for education, health, and child protection, is unlikely to be the most effective. Therefore, a key recommendation that arises from the research is that interventions should be comprehensive and integrated.

In this regard it is recommended that:

- **Measures to protect children's rights and restore services should be taken at scale, in recognition of the way in which all children are seriously affected by the indirect effects of Ebola.** This means working through the existing nation-wide infrastructure (like the education system or health system).
- **Emergency committees and planning processes should involve all relevant stakeholders (e.g. health, education, child services, justice, employment and gender) in the design, planning, budgeting and implementation of the Ebola**

response and recovery. This is to ensure that inter-dependencies, risks and the full range of impacts of an emergency are considered: not just the health implications, but also the social implications.

- **Community representatives and those with local knowledge should be included in top-level decision making**
- **Targeted assistance should be provided within a comprehensive approach because acute needs are created by the wider impacts of Ebola (such as hunger) and some groups are particularly vulnerable (such as children).** These should be implemented in a coordinated fashion. For example, cash programming should be coordinated with providing food aid and the opening of schools.

10.2 Strengthening systems

The research is based very firmly on the experiences and views of children and adults at the community level. It did not include an analysis of the national government systems that contribute to the care environment for children, but the findings point to some conclusions and recommendations in this respect.

An obvious but nonetheless significant point is that least developed and aid-dependent countries such as Liberia, Sierra Leone and Guinea have major weaknesses in their national child-services and child-protection systems. They also lack any state-sponsored social protection system to assist those in poverty. This emphasises the relevance of mainstream development efforts and the importance of community-based support in the absence of state provision.

Schools are shown by the research to have an importance for children that goes beyond the provision of education. They provide the time and space for socialising and peer support. They give children access to information and with this an enhanced status in family and community decision making. They are important centres for sexual health, child protection and other programmes.

Thinking ahead to future emergencies, the most pertinent recommendations that follow are:

- **The closure of schools should be a measure of last resort, only taken with full recognition of the impacts that it will have on the wider well-being of children, as well as on their longer term prospects.**
- **Measures that increase the resilience of schools against complete closure should be prioritised within disaster risk reduction.** For example, infection control measures, coupled with accurate and child-friendly information, could enable schools to stay open in low-outbreak areas.

- **Alternative means of delivering classes to children in homes or other safe environments should be planned and piloted so that future contingency arrangements are in place.**
- **In the absence of national social protection systems, the revival of economic and social activities must be prioritised.** For example, this could be supported by cash programming, waiving of school fees, government grants, or support to village savings and loans groups.

10.3 Communities are central to response and recovery

The findings demonstrate that communities have played a central role in responding to and ultimately controlling the Ebola outbreak. Far from being passive victims of the virus or beneficiaries of the international emergency response, they managed Ebola prevention and containment when state systems were strained and international relief was slow to respond. Communities enforced their own isolation methods; for example by preventing gatherings and contact with outside communities and by quarantining suspected Ebola cases. Often their actions were crude, but they represented a level of leadership at a time when communities were in crisis. Coping strategies were not entirely abandoned and decision making continued to function. The findings provide confirmation that externally imposed control measures such as isolation, contact tracing or safe-burial do not work unless supported and implemented by communities.

However, it is equally apparent that communities paid a heavy price for their strict control measures. The isolation of suspected cases led to family members, households and even whole communities being shut off and, to a large extent, abandoned. This caused fear and resentment, made worse by the stigmatisation that was used to separate suspected cases and those free from Ebola. The tensions within and between communities damaged important safety nets such as the care normally available to children from extended family, or the practice of sharing food amongst families and friends. The capacity for self-care has been damaged, the research finds, but not lost. To capitalise on the strength and centrality of communities, reconciliation is a critical feature of recovery efforts. The role of communities and the leadership that they displayed is a critical strength that must be supported and built upon in the recovery phase.

In this regard there are some clear recommendations that arise from the findings:

- **Stigmatisation should be addressed by supporting communities with accurate information about risks and how to provide safe care.** This is because the stigmatisation of children and carers associated with Ebola greatly increased their vulnerability. There were instances of individuals being denied food and water, prevented from buying food and losing their job because of their association with Ebola suspected cases.

- **Community-reconciliation initiatives should be used to help families and communities resolve disputes and divisions.** This is so that they can provide the collective care and ‘safety nets’ that children rely on and prepare them for emergencies of a similar nature.
- **Local civil society organisations that can help fill the gap left by absence of state-led services should be an important component of response and recovery, and should be supported by governments, UN agencies and INGOs at critical stages of emergencies and in resilience planning.** There was an almost complete absence of any other intermediary body to help fill the gap left by the shut-down of state-led provision. This added to the great strain that was placed on communities and families. The research found that organisations such as churches and private companies played a useful role in a few localities, so there is the potential to build this up into a stronger support system for communities and families.
- **Governments, UN agencies, donors and INGOs should work with and through communities in order to make infection control measures effective. This is also true for managing the wider impacts of Ebola.** Decisions about whether measures will do more harm than good are more likely to be correct for local circumstances if they are made with communities, or by communities.

10.4 Community resilience

The resilience of community decision-making and the importance of communities as a bedrock for recovery has already been highlighted. Further conclusions on resilience can be drawn about how the strengths of communities can be built on.

Although an Ebola outbreak of this nature is new to West Africa, sickness, hunger and poverty are not. Parents and communities therefore have coping strategies that the research shows were applied in response to the wider impacts of Ebola. Families resort to home-diagnosis and treatment when medical services are unavailable or unaffordable. They also reduce the number of meals and the quality of food eaten in response to food shortages. In rural areas especially, families have access to land on which they can grow subsistence crops and gather wild food.

A second form of resilience is the elaborate system of familial and community-based support that is available to children and families. For example during the research children described how they often depended upon who they described as ‘sponsors’ in their extended family to pay for school fees and materials, and how they relied on visits to relatives and friends to get fresh food. Adults described how orphans were almost always cared for in the community by relatives but also by friends and neighbours. Although severely strained by fear of contact, control measures and wider impacts such

as loss of household income, this community-level care remains as a vital component of the recovery and future resilience.

The recommendations that follow from this are that:

- **The strategy for relief and recovery should be built around an understanding of existing coping mechanisms and have the central aim of supporting, not replacing, the care services that communities provide.** For example, supporting community care of orphans rather than removing children into state alternative care.
- **The adverse consequences of short-term coping strategies need to be recognised and mitigated.** For example, changes in food intake are likely to exacerbate undernourishment and stunting in infants.
- **The limitations of community-based care should be recognised, in particular the vulnerability of children being informally placed in alternative care.** Support for community care should therefore be complemented by enhanced protection safeguards.

10.5 Social mobilisation and awareness raising

This was an emergency that rocked the core of each of the three nation states most severely affected by the outbreak of Ebola. The messaging employed by the governments and UN agencies to prevent the spread of the disease are shown by the research to have been problematic in the way they were received and enacted in communities:

- The crude prevention messages that were used to try and contain and stop further transmission had unintended consequences – for example, the messages “Ebola kills,” “There is no cure for Ebola” and “Don’t touch” were reasons given by adults who participated in this research for avoiding health services and refusing to care for others.
- The ban on bushmeat addressed a minor risk of infection yet had a very far-reaching effect on food security, spilling over into a general fear of eating meat in some cases and denying a large proportion of the population their main source of protein.
- Ebola Task Forces or Sensitisation Units were often perceived as playing more of a security than a health-care role, sometimes brutal in their enforcement of laws such as the ban on bushmeat or gathering in groups. When this happened it caused resentment rather than cooperation in communities.

This is a difficult balancing act because the priority must be to get the essential safety messages across, and in this respect the research found that messaging clearly worked. People in both countries were very clear about the basic “don’ts.” However, some other

messages about what could be done safely would have helped to reduce the wider impacts and supported communities in the actions they were attempting to take.

In this regard, some recommendations on messaging can be made as follows:

- **Messaging should include information to counteract rumours.** For example this research found that vaccinations were widely believed by parents to be a possible cause of Ebola.
- **Messages should be accompanied by measures which enable communities to do what is being asked.** For example suspected cases could not present to the authorities for isolation and treatment when no such facilities were in place. Communities could not leave bodies for burial teams when these were unable to collect bodies in a reasonable time.
- **Lessons need to be learnt on how to ensure more effective messaging is delivered at community level.** For example, it was found that community leaders played a crucial role in determining whether messages were acted upon by the wider community. Therefore, governance structures should be involved at the outset on both the content and mode of delivery.

10.6 Vulnerability of children

The vulnerability of children was exacerbated by the Ebola outbreak, because family and community safety nets were less able to care for and protect them.

A vital factor in vulnerability is care. Essentially, the most vulnerable are those who require most care. So children who lose their parents or carers, unborn or newly born babies and children with illnesses or disabilities are acutely vulnerable. But perversely, Ebola is also a serious threat to care-givers. Health care workers died in large numbers and those who remained were afraid to treat patients, as the research demonstrates. Parents and carers at home faced the same risks and fear of infection and stigmatisation.

The vulnerability of children to the wider consequences of Ebola can be seen in terms of the extent to which they have been disempowered. They have been shut out of awareness-raising and risk reduction by the closure of the institutions that they usually rely upon for information and support: education establishments and development programs. They have no safe space to meet with peers and help each other or their community. Those who are forced from education into work or early marriage have their future taken out of their hands.

Another principal factor governing vulnerability to the wider impacts of Ebola is poverty. Ebola impoverishes families, as the evidence from communities shows, and this has consequences for children such as shortages of food and other essentials. Although Ebola kills the wealthy as well as those who live in poverty, the poor are affected

disproportionately because they have fewer reserves to cope with the impact on standards of living by Ebola. They lack adequate nutrition and access to clean water and sanitation, they live in overcrowded, inadequate accommodation and they are less able to pay for medical care. They cannot afford to move away or stay away from work. Everyone in the household must work to secure food or money, including the children. In numerous ways, they have fewer options. Children in poorer households are therefore more vulnerable to infection by Ebola and to the side-effects of attempts to control it. They face a 'double-hit'.

The recommendations that follow from this are:

- **Relief and recovery planning should be informed by vulnerability assessments, specifically including children.** Conventional assessments, which typically concentrate on care-dependent people, should be expanded to include care-givers, including parents and carers at community level.
- **The wider impacts of outbreak control measures and their likely effects on the population at large, and on vulnerable groups in particular, should be built into crisis assessments and planning from the outset of any emergency.** This is in order to mitigate, if not avoid, harmful side effects.
- **There is a pressing need for safe spaces and safe means of communication so that children can exchange information and support one another.** This is so that they can organise themselves in order to play a full role in decision making and crisis response even when schools are closed and movement is restricted.
- **Vaccination services need to be restored. Children who have not been vaccinated need to be identified and vaccinated and future disaster risk reduction efforts must safeguard vaccination programmes.** A clear finding from the research was that children were no longer being vaccinated.

10.7 The need to listen and learn

This research demonstrates the value of listening to the voices of children and communities. The observations, experiences and lived realities of those at the sharp end of the outbreak provide important insights into how wider impacts occur and hence how they might be addressed. One example can be found in the section on education where children and adults spoke about the availability of radio broadcasts as an alternative to closed schools. It was clear from the focus group discussions that there were a number of challenges encountered including both the quality of the broadcasts and access to radios or even batteries for radios. Shared experiences, such as these, should be utilised in order to inform improved responses, relief and recovery efforts in future emergencies. Humanitarian action often involves rapid assessments and situation analysis, but the

value of structured dialogue to give voice to those affected at grassroots level cannot be underscored enough.

- **It is therefore recommended that in emergency situations, a multi-faceted approach to information gathering and learning needs to be implemented including in depth qualitative research with children.** However, listening is not enough. Where needed, the information gathered through the various studies needs to be fed through to communities and other decision makers to drive continuous improvement in humanitarian responses.

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WHO (2014)^g *Working with communities in Gueckedou for better understanding of Ebola*. [Online] Available at: <http://www.who.int/features/2014/communities-gueckedou/en/>. Last accessed 24th Feb 2015.

WHO (2015)^a *Situation Report, 14 January 2015*. WHO, Geneva.

WHO (2015)^b *Ebola Situation Report*, 11 February 2015. WHO, Geneva

WHO (2015)^c *Ebola Situation Report*, 18 February 2015. WHO, Geneva

WHO (2015)^d *Maternal, newborn, child and adolescent health*. WHO Programmes: Adolescent Development.

WHO (2015)^e *One year into the Ebola epidemic: a deadly, tenacious and unforgiving virus*. WHO Global Alert and Response, January 2015.

1 Appendix 1

EBOLA: beyond the health emergency

Case Studies

Introduction

Two case studies were researched and written for each site; forty from Liberia and forty from Sierra Leone. There are 43 girls and 37 boys in total. These have an individual child as their focus and involved in-depth discussion with that child and their parents or carers. They often required speaking with more than one adult as well as the child.

The case studies were prepared from short discussions (typically 10-20 minutes), depending on how much information the child and carers had to give. The guidance used for conducting case studies is included in appendix 2. This included advice on handling confidentiality and child protection/ethical issues in the following way:

- The participants for the case studies will come from the discussions with children and parents and they will therefore be selected by the participants and with their consent.
- The child's name will not be included in the final, published version of the case study, although it will be recorded during the research.
- The parent/carer of the child will be invited to give her/his verbal consent to the case study on the understanding that it will only be reported anonymously.

The intention with the case studies is that they complement the other sources of information; the focus groups and the 1-1 interviews with community leaders; by telling a real-life story which illustrates the consequences of Ebola for a child, relating this to how the family and community have been affected.

The length and quality of the case studies varies considerably, because of differences in the way they were carried out as well as differences in the individual stories and the circumstances in which the interviews were conducted. Some illustrate a single aspect of the impact of Ebola whereas others reveal various, inter-connected issues. Read, together, they provide a first-hand account of the many ways in which children are affected by the indirect, as well as direct, impacts of the Ebola outbreak. Those from Ebola orphans and survivors are particularly dramatic, but the accounts from children less directly affected give an equally important description of the comprehensive harm caused by the Ebola outbreak. The wording of the field-notes is reproduced, with only minor editing to improve readability. As a consequence, the grammar is often incorrect although the meaning is clear.

In this case study book, the Liberian case studies are presented first, followed by those from Sierra Leone. For both countries, cases from high outbreak areas are given first, followed by those from low-outbreak areas. Within each sub-section, urban and rural areas are presented in that order and under the urban/rural heading, girls are followed by boys.

NB: The names and locations in the case studies have been removed to protect the child's identity.

Case studies from Liberia

There are 22 case studies from girls in Liberia and 18 from boys.

Children from high outbreak areas

Urban sites

Girls

1.

Sex: Female

Age: 12

Date: 20 November 2014

What has changed in this child's life and in what way has Ebola been the cause?

I am not going to school; I can't play with my friends as I used to do. My father asked my sister to leave the house because she is in the habit of going out and coming back late. Because we didn't know who she can interact with and what is their health status, she was put out of the house and I am missing my sister, had it not been for the sake of Ebola, my sister was going to be with us in the house.

How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel, etc.) affected the child?

Now that I am almost always home, my parents are more watchful for fear that I will go out to play. When my mother leaves the house, she is always checking on me by asking neighbors if I am home. Because of the EVD, both my parents hardly leave the house together. At present, my father is not working even though my mother is selling but she was forced to change the kind of goods she was selling. Food business is very difficult as the price of rice on the market has increased; rice is not coming from the rural areas as it used to be, everything is difficult and no money.

I don't eat enough as I used to, I used to visit my relatives during vacation, but all of these things are not happening because of EVD.

In what way was the child's and family's situation affected by events or actions in the wider community?

When my aunt died from Ebola, we were quarantined for 21 days. Our neighbors asked their children to stay away from us, I used to be very lonely, worried and most often sad from the way my friends stopped coming around me. From what I observed, my family's situation was affecting the community because my father who is in the cabinet at the community was sidelined from making decision; people were not coming to him because of fear. They only started coming when they got to know that we were free from Ebola.

2.

Sex: Female

Age: 12

Date: 20 November 2014

What has changed in this child's life and in what way has Ebola been the cause?

For now, there are many things that have changed in my life as the result of Ebola. I am no longer in school, I can't play most of the games I used to, and I can't go to visit my friends. The only game that I can play often is "Jumping Rope". In this game you can't touch your friend, there are three players at the rope and one player at the time, two people will hold each end of the rope and one person will come to the middle of the rope to be jumping over it.

I am not eating as much as I used to, for now, we are eating to live and not to get our stomach full as before. Ebola has harmed my family and many of them died.

How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel, etc.) affected the child?

When my aunt's husband's brother died, people were afraid to bury him. My aunt's husband took the dead body and buried it, after the burial, he got sick and later died and so people started believing that it was due to Ebola. His son said he did not want his father to be cremated and so, took his father body and buried it. Later he got sick, and my aunt, from my father's advice, took her son to the JFK Ebola Treatment center. However after one day at the ETU, she escaped with her son and went home, his condition got worse and he died, because she was in physical contact with him, she too got sick and died and because of that people became afraid of us even though we were not living together.

Because of my family members contracting Ebola, I was always sad because I used to love my aunt very much; my parents were also downhearted due to the death that was occurring. We were restricted from travelling. Food business was a problem - not as much food in the home as before.

In what way was the child's and family's situation affected by events or actions in the wider community?

Because of my family situation, people were not coming around us, we were not moving around too, as people believed that we could be carrying the virus.

3.

Sex: Female

Age: 14

Date: 21 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Two years ago, [the child]'s father left the three children in the care of their mother in Joseph Town to go work in Bomi and the family has not heard from him since. [The child]'s mother, a food seller at a public school who was the children's only carer and provider, has recently died of Ebola. *"Ebola has changed my life altogether leaving me motherless,"* [the child] said. [The child], along with her brother and sister, now live with their grandmother.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] says that living without a mother is like losing everything. Her grandmother sells potato greens to feed the children, who have one meal per day.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child] says her family was neglected in the community because of her mother's death. People were scared they would also die if they came into contact with her family but attitudes towards them have changed over time. [The child] said her family received food help, like rice, oil, split peas _ from Bomi Hospital.

4.
Sex: Female
Age: 14
Date: 21 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lost both of her parents to Ebola in August. She is no longer going to school, playing with friends and fears becoming infected with the disease.

Family: how have changes in this child's life have affected the family and how have the changes in the family (Jobs, Food, Travel) affected the child?

[The child] said her entire family is troubled by the situation. Her older big sister is trying her best to provide food and other basic necessities but this has been complicated by the traveling restrictions now in place because of Ebola.

Community: In what way the child's and family's situation affected by events or action in the community?

When word reached the community dwellers that both of her parents have died from Ebola, people were confused and afraid to come around our area. She said now they are living in sorrow.

5.
Sex: Female
Age: 14
Date: 10 December 2014

Child: What has change in this child's life and in what way has Ebola been the cause?

This is the second time I am losing my parent (father). In 2001, I lost my father who died in a car accident, now my step father that married my mother one year ago just died from Ebola.

My stepfather was like my real father, he did everything for me, sent me to school, bought clothes for me and other things. I don't how things will be for me, no father, my mother with many children (6 Children). We suffered for food, house rent and money to buy medicine.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

The absence of my step father who was the bread winner for the family has brought plenty problems on us. My mother alone will not be able to take good care of us. This means, we will be suffering for food, clothes. Because who will buy for us clothes, send us to school and be paying the house rent? My Pa (father) didn't build a house, he only bought the land. My mother. me and my big sister can do contract work for people. We wash clothes, harvest rice and do other small-small work. But our mother is old; we need someone to help us.

Community: In what way the child's and family's situation affected by events or action in the community?

From the beginning, we couldn't find work, because the entire community were scared of us; they said that since our Pa died from Ebola, we too have the Ebola virus.

So, no one wanted to come around us, only after our 21 days people started coming around us. It was not easy, even to move around or to go to the market was hard. My mother used to send my little brother in the market. They wouldn't take the money from my mother. Everybody thought that my mother would die. We thank God today we all are alive.

Too much work is giving us hard times. I'm not used to this kind of hard work but we just have to do it to help ourselves. I hope that Ebola will finish in our country soon.

6.
Sex: Female
Age: 15
Date: 20 November 2014

Child: What has change in this child's life and in what way has Ebola been the cause?

My entire life has changed completely now because I was infected with Ebola. Some of my family members and friends have turned their backs on me. People are now afraid to come close to me again in the community. Whenever I want to buy something, many people will refuse to sell to me because they are afraid that I might infect them with the virus. I lost one brother and sister along with two other friends to Ebola. We are six victims in our house and only two of us survived. People in the community are avoiding me now. I don't have friends and relatives as before. I feel very miserable some days living in this way.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Changes in my life have affected my family greatly. My mother is finding it difficult to support the family with feeding, clothing and any other support. We are now stigmatized as an Ebola infected family. Our only means of survival now is through my brother who lives in Seniquily. He sometimes sends us money he earns from the sale of his palm fruits. And also the Catholic Church one time supplied us with 25kg rice for our entire household of five. This supply lasted for just a week.

Community: In what way the child's and family's situation affected by events or action in the community?

The entire community was quarantined and stigmatized by other communities. For those of us who got infected with the virus, our quarters were the most stigmatized. Even now that we are declared free from the virus, others still don't visit our quarters. People point at us in wider community that we are from Small Ganta, so we are the virus carrier they have to stay far from us. All our belongings burned to ashes. Now we do not have anything to start a new life. Our living conditions are very deplorable.

7.
Sex: Female
Age: 17
Date: 20 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Before the outbreak of Ebola, just like any other child I was living a very happy life when my mother was alive and before I got Ebola. My mother used to pastor the [church] in Ganta City here. She was highly respected by people in the community and disciplines us. She never allowed me put on certain cloths such a trousers or put on certain kinds of ear rings or do other things such as following peer groups she considered to be indiscipline. But when my mother died of Ebola, with all the respect she used to have, no one from the community ever came to even sympathize with us, even when I came back from the ETU. I by the grace of God after being taken to the Ebola Treatment Unit got well.

My father survive only by the grace of God too, not because he was infected with the virus, but due to the stigma most especially coming from people we considered before to be close friend, family members or relatives.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Even after our quarantined period was over and up till now, most people do not even receive money from us when we go to buy food or other commodities in the market. I used to be cared for as a child by my mother when she was alive. But now, even though I am still a child by my age, I am no longer what I used to be. I now render all the services my mother used to render to me and my other siblings including my father. This is happening because no one in the community any longer comes close to us, not even our own blood relatives.

Since the death of my mother in August 2014 I only start to cry since a few days ago, when I fully realized my new position in the family; now as a mother not as a big sister any longer. I will continue to cry more (as she was doing during the interview) most especially this Christmas season approaching where other children will have their mothers around them caring for their needs. This will not happen in my case anymore, all because of this Ebola”

Community: In what ways was the child’s and family’s situation affected by events or actions in the wider community?

The entire community was quarantined and stigmatized by other communities.

All belongings to the affected family were burned to ashes by the Ebola Task Force

Boys

8.
Sex: Male
Age: 17
Date: 10 December 2014

Child: What has change in this child’s life and in what way has Ebola been the cause?

I lost my big brother, he died of Ebola. He was a teacher and he was doing everything for me. I was staying with him. My mother sent me and my small Brother to him, for him to send us to school.
His friends are the one taking care of me now. My small brother went to the village to stay with one woman.

My brother wife too died, our mother live in Nimba County, our father died during the war in Kakata. Right now, I spend the whole day with my friends and eat with them; I can sleep at my brother friends place. He too can go most of the time to their village that is why I can be with my friends all the time.

Things are hard, no school, nobody to go to for help. Sometimes NGO workers help me. I want to go to my mother in Nimba County. She thought all of us died here. She can’t hear from us and we can’t hear from her.

How have changes in the child’s life affected the family and how have changes in the family (job, food, etc.) affected the child?

I don’t have family here except my small brother who is now in the village. We (my brother and myself) are suffering for food. That is why that woman took my brother to the village. For me, I told her that I am not going.

I am worrying because I know my mother is worrying about us. I never used to walk about (moving all around the place). I never used to go to club to dance or stay outside at night. My brother friends can go to his village. I can be alone in the house. They are the only people I know in Foya. I came here in March 2014.

In what way the child’s and family situation affected by the even or actions in the wider community?

Before my brother died, he was very sick for about two weeks. At that time I was scared and all the people left the house. Only two of us were there with him. We didn’t touch him, he even asked us to leave the house and be living in the other house so that we will not get sick. That is the time he asked his friend to be helping us with food until he die. That woman

too stops giving us food because her husband told her to stop coming around us. That women and her husband went to the village. Only my small brother and I were living in that big house, we were there till the food we had finished.

I started going out to do work for people to find food for me and my brother. My brother, who is 14yrs old, was getting sick, I carry him to the hospital, but the people never give us medicine. Only one nurse we saw in the hospital that day. My brother continue to get sick. One day the woman who was giving us food came from the village and asked us to go with her, I told her that I want to stay in the city (Foya). That is how she took my brother to the village. Here, people were scared of me, all of my friends at that time were advised by their parents not to come near me. So I use to be inside crying thinking that I will die too. I used to cook the green banana and eat without oil, sleeping in the mosquitos and the community was not friendly with me.

Please allow me to cry. ([The child] was waited on and given time to cry by the interviewer).

After 20 minutes of weeping, he made this statement: *"Thank you for visiting and sitting with me and making the community believe that I am also important. I want to stop here for today."*

Rural Sites

Girls

9.
Sex: Female
Age: 15
Date: 24 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Fifteen-year-old [child] is now the breadwinner of a family that includes her younger siblings and her father. Since her mother travelled to Ivory Coast to buy goods, she has yet to return because of the border closures put in place to help stop the spread of Ebola. [The child]'s mother use to sell bush meat and used the money to travel to Guinea to buy basic commodities, like rice, which she brought back to sell. [The child]'s father can no longer hunt bush meat for selling because of the hunting ban. As a result [the child] has become street vendor, selling slippers and other goods that were left behind by her mother in order to make ends meet. Though selling is not a safe venture, and possesses the risk of being abused or becoming infected with Ebola, selling is the only means [the child] has to help her family in her mother's absence.

"I sell slippers everyday to get money to buy food for our house, sometimes people don't even buy from me. Right now, if you sell food it is easily sold but for things like slippers you can never be sure that people will buy."

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Her mother's absence has forced [the child] to step into the role of family breadwinner and carer for her younger sister and brother. [The child]'s father can no longer fulfill his role as a provider given the abrupt halt to his hunting business. Now, he stay home with the other children why [the child] plays the role of both parents now. [The child] is no longer attending school but is instead looking after her younger siblings and making sure they are protected from Ebola. [The child] is often tired and sometimes no longer wishes to get out of bed. Her father can no longer fulfill his role as a provider given the abrupt halt to his hunting business.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

With Ebola situation in the community, everybody is trying to protect themselves and their families. People are not helping one another especially with food. Farmers, and hunters have stopped their activities since anyone caught hunting will be prosecuted.

10.

Sex: Female

Age: 16

Date: 13 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] no longer attends schools and her parents cannot afford a teacher for home studies, like some of her friends. She can longer visit her friends as much as I did before because she is forced to help her parents find food for her younger siblings. She sells the whole day in order to get money. Ebola have also meant her family is no longer eating bush meat and the food they now eat is of less quality and quantity.

Family: how have changes in this child's life have affected the family and how have the changes in the family (Jobs, Food, Travel) affected the child?

Because of Ebola, [the child]'s parents are overworked and stressed to make ends meet, as well as to make sure that the family follows the preventive measures put in place by the ministry of health and social welfare. Even before Ebola, jobs and business were very hard and with Ebola it has become worse. People can no longer travel as before or visit each other.

Community: In what way the child's and family's situation affected by events or action in the community?

Before Ebola, her community had football and kickball teams, now that is no more. There is also no community-farming going on and community meetings have dwindled. The community, which was hit hard by Ebola, is not functioning as it did previously and everyone is very careful.

11.

Sex: Female

Age: 16

Date: 24 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child]'s family was quarantined because her aunt was suspected of having Ebola after returning from Monrovia. During the period of the quarantine, which requires everyone staying home for 21 days, the 16-year-old began having sex with a boy in the same house who was not related to her. She feels she was led into early sexual activity because the family lacked food and other basic necessities, which the boy was able to provide. *"He helped me and my family with food when they quarantined us and he took care of me too."*

The sexual activity resulted in pregnancy and [the child] is now expecting a baby. Her father, who is very unhappy about the pregnancy, has threatened to throw her out of the house. His hopes of successfully educating his daughter have been dashed. *"I wanted her to complete high school and at least get married before having children,"* her father said.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s unexpected pregnancy is an additional worry for her parents. Their tradition not only forbids premarital sex but as parents they considered it their duty to protect [the child] until she graduated. Now they have an increased

responsibility toward their grandchild and daughter, whom they will have to feed and pay medical bills. [The child] regrets the situation and putting her parents through this ordeal. She never thought it would go this far. *"I never thought that I was going to get pregnant,"* she said.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

These events occurred because the community suspected [the child]'s aunt had Ebola and should be quarantined. According to the aunt, though she showed no signs of Ebola, the community felt she needed to be quarantined because she had travelled from Monrovia, *"I was not sick, no sign just because I came from Monrovia that's why. They were suspicious of people coming from Monrovia, Ganta and other Ebola hot areas, so they immediately recommended quarantine for anybody coming from those areas."*

12.
Sex: Female
Age: 17
Date: 13 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] said she was no longer going to school, playing with friends or traveling to visit friends or family members like before. She is also not getting as much food as before. The situation worsened when her started caring for a sick friend who turned out to have Ebola. Her sister also contracted the disease and soon everyone in the community was calling them "Ebola family."

From then on, they were prevented from playing with other children and their money was refused at the local market. They survived on food they received from their brother from Monrovia. They were quarantined for 21 days and during that time they did not receive help from any organization. They worried a lot, had sleepless nights, but thankfully they all survived, including her sister and her sister's friend.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

When her older sister contracted Ebola, everyone concluded that the virus was in her family. The family could no longer participate in community activities. No one visited them and they didn't visit anyone. Her father, who worked as a driver, also lost his job because of the sister's condition. The father's job loss compounded the family's problems. Their mother could no longer do petty trading because of the lack of money and other family members could not help because everyone was affected in one way or another.

Community: In what way the child's and family's situation affected by events or action in the community?

Because of illness in the family, they were no longer invited to meetings and people from nearby communities were afraid to come to Mount Barclay for fear they could contract the virus. Their relationship with friends and relatives, who called them names during the crisis, is strained because the family could no longer interact with them in the same way.

13.
Sex: Female
Age: 18
Date: 20 November 2014

Child: what have change in this child's life and in what way has Ebola been the cause?

My name is XXXX, an eighth (8) grade student for the past four months there have been some changes in my life as a result of the Ebola virus in our country. Before Ebola was happening I was going to school and living a quiet life, having fun with my friends and my parents. Even though everything was not completely all right but by the grace of God we were making life.

Since this Ebola outbreak in our country, my school has closed, I do not have the freedom anymore to be with my friends as I did in the past due to the fear of this sickness. This sickness has brought a total change in my life that makes me to feel sad daily.

Family: how have changes in this child's life have affected the family and how have the changes in the family (Jobs, Food, Travel) affected the child?

Changes in my life have affected my family, for one fact all of us just find ourselves in one place on a daily bases which is not satisfactory to me. Ebola has also caused change in my family in terms of food, travel and jobs as well. Before this Ebola crisis, my father was working for an NGO in Montserrado taking care of our basic needs and paying a weekly visit to us, but now that he is out of job, he does not visit us regularly because of financial reasons. Ebola have made us restrict our eating as compared to the past, prior to the Ebola virus disease. Nowadays we don't eat enough food like before, although WFP have started to supply us with some food items to sustain us. I want to be thankful to the World Food Program (WFP) for their level of support thus far.

Community: In what way the child's and family's situation affected by event or action in the community?

My situation is like the situation of every other child in our community because our community has not been directly affected by this disease even though it is national situation that requires the involvement of everyone. Thank God for our community but we are still concern about the reopening of school and other institution for us to continue our normal activities. I want to appreciate you for talking to me.

Boys

14.
Sex: Male
Age: 12
Date: 2 December 2014

The change in my life is that I will no longer see my late father and mother and more over, I will not have anyone to care for me, on one to encourage me like my late parents. My parents died as a result of Ebola.

It has brought serious problem to my family because since this Ebola came there are no job, farming is not happening like before, we don't have enough food to eat, the small business we are doing have stopped and we don't travel to other family members. Other community members keep away from us because our parents died of Ebola, so they are afraid of coming in contact with us.

It have caused community members to keep away from us, our movement restricted, our interaction with other community members have stopped, we don't even go to public places and we all are sitting home all day.

15.
Sex: Male
Age: 14
Date: 20 November 2014

Child: what have change in this child's life and in what way has Ebola been the cause?

My name is XXX a seventh grade student. I have experienced some changes in my life for over five months now; these changes are cause by the Ebola Virus in our country presently. Prior to this Ebola sickness, I was going to school and have time to play with my friends on campus and also in my community. Since this disease came to our country, my life has changed. I am not going to school and not having tine to share fun with my friends. Ebola have kept me home all day doing nothing.

Family: how have changes in this child's life have affected the family and how have the changes in the family (Jobs, Food, Travel) affected the child?

Changes in my life have affected my family in the sense that for now all of us are just together daily achieving nothing and change in the family with respect to jobs, food, travel etc. have greatly affected me because before Ebola, my step father was working at the Sime Derby plantation at the same time operating a local drug store providing food and other things for us. But when Ebola came to our county Bomi, my step Father died after providing minor treatment for a lady who died of Ebola in Tubman burg. Since his death the quantities of food we eat have reduced. Our movement from one place to another has also been completely restricted due to Ebola sickness.my mother who was making business is out of business. But at least last month we started receiving some items from the World Food Program which is helping to keep us up.

Community: In what way the child's and family's situation affected by event or action in the community?

While it is true I lost my step father to Ebola virus, but it did affect the community directly to a greater extend because the incident of the community was not confortable at the moment to be with us, but the community was kind. We are doing everything possible as community members to take the actual preventive measure against this Ebola sickness.

16.
Sex: Male
Age: (not recorded)
Date: 2 December 2014

What has the changed in this child's life and in what way has Ebola been the cause?

During this Ebola crisis, I lost my mother father and 13 of my brother and sister, right now life is different with us because five of my younger sisters and brothers are with me and since our parents had died, I am responsible for them. I am jobless all these things happen because of Ebola.

How have changes in the life of the child affected the family and how have changes in the family (job, food, travel) affected the child?

This have make me responsible and I am under age , not working and we are unable to travel in this time. Based on that, I am unable to provide for my sister and brother. I will not be able to send all of us to school. Families and communities members have abandoned us because of the virus. 13 persons died from our families and seven persons survive, I am one

of the survivors. Right now, community members are even afraid to come around us. WFP brought food but still not enough. We need some assistance.

Children from low outbreak areas

Urban sites

Girls

17.

Sex: Female

Age: 10

Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

My mother and two members of our family (uncle and big brother) died of Ebola. They all died in Monrovia, we did not even see their bodies. My brother who was working at one company first got sick and came to my mother's house for treatment, my mother and uncle are the ones giving him treatment. They all died too/my mother and brother are the one supporting the family including my father.

I am now 10 years and not able to do anything for myself, my father is a farmer he left the farm works because of this same Ebola business. Food business is hard this time on us. I am not going to school; I am a 4th grade student. I am hopeless and worry a lot. We are getting poor every day; my father has to sell the video for small money to buy some foods. I have to try hard and help my father. I have three younger brothers and sisters who are living with us.

Family: How have changes in the life of this child are affected the family and how are changes in the family (for example job, shelter, and traveling) affected the child?

My mother families (my uncle) are accusing my father for not protecting his wife and allowing her to live on her own in Monrovia. This has brought confusion between my father and my mother's family. The deaths of my mother and my big brother have brought lot of burden to my father. I feel for him sometimes. I don't know why so soon my mother has to die. My father does not know book (not educated), he only make living by doing farm and other garden works. My three younger brother and sisters who are living with my mother in Monrovia are all here with my father, all this making our father to miss our ma.

I can sell for one man on every market day. I sell slippers for him, he sometimes give me two hundred (200.00 LD) commission each time I sell for him.

Community: In what way the child's and family's situation affected by event or action in the community?

My friends are scared to come around me. One of my friends told me that her mother told her to not come to our house before she gets Ebola. I can even be embarrassed now to even go to the market when my father sent me to buy soup kinds. Since my brothers and sisters came here from Monrovia. Almost everybody stop coming around this place. The community thought that my brother and sisters going to affect us with Ebola since our ma have die of Ebola. I too stop going to them. That is how we are looking in this community. Not only us, other people are doing too. They need to stop this, if not so it will bring problems among the lot of us in this neighbourhood.

18.

Sex: Female

Age: 11
Date: 30 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Since the outbreak of Ebola which led to the increased in the prices of food and other goods and services, several families in Toe Town and Liberia at large are affected. [The child], a child from a family of five who happens to be the smallest continues to feel the pinch. Food, as one of the basic necessity of life is hard to come by owing to her parent inability to provide. [The child] is always at home, spending the day very hungry while her parent goes to find food for the rest of the day. [The child] is given very little to eat and always at night when her parent managed to lay their hands on something edible for the day, because there has not been any source of income for the family since the Ebola outbreak in the country. Her mother was involved in a cross border trade that supported the family with feeding, clothing and taking care of the children schooling, but now, [the child] especially, is almost suffering from malnutrition.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother is no longer trading, because the goods they paid for left across the border when the border was declared closed. The family has no other source of income, so they are now spending the day looking for small vegetables at a very far away land to feed on.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

With the outbreak of Ebola causing the immediate closure of the borders, this has rendered [the child]'s family and many other families in the community without sufficient food to survive. The situation is causing many children being underfed and becoming beggars.

19.
Sex: Female
Age: 12
Date: 17 November 2014

My life changed because the people that used to buy my mothers' garden products are not coming because of Ebola. I use to go to school but now I am not going. Even my friends are not going to school. We are two that my mother is caring for. We lost our father when I was in the 6 grade class.

Things were not bad because after school we went into the garden to help our single mother to sell some of the products. But this year it is not easy with our mother because people who use to come to buy before Ebola are not coming again.

My family life changed because my mother and us are not travelling like before, we spent our time on the garden. Before Ebola, we use to go to school and do some house work but now all of our time are spend on the garden. We are fine in our community but we don't have help from any NGOs, Government. Not anybody came here to give us help.

20.
Sex: Female
Age: 12
Date: 21 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is without parents now; she is an orphan by Ebola. Ebola claimed the lives of 14 of her family members including her mother, father, sisters, brothers, grandparents and uncles and aunties. *"I have lost everything in my life"*. At the moment, [the child] and four others are staying with one of her late mother's friend; name withheld but otherwise called "Aunt". She is quarantined following the death of her closest friend, [the child]'s mother.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s only Aunt was quarantined along with [the child] and her entire family for three months. She the Aunt almost lost her janitorial at WFP which is the only source of income for her family. *"I was quarantined for three months and I almost lost my job. As God could have it my Boss Lady was the only person who stood by me to be given some more time to recover and come back to work. I had to forfeit the three months' salary"*. The Aunt, explained.

[The child] is the oldest of her five siblings with the responsibility to help her Aunt take care of her and the others. *"We have only our Aunt left nobody else; I'm the only one who supposed to help take care of my younger brothers and sisters"*.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

"When the news of Ebola surfaced at our house, almost the entire community fled away to live in the bushes for fear of contacting the disease from us, no one was even willing to listen to what the health workers will come out with. After that the rest of the community was quarantined including my Aunt community and her children, workmates and other friends. My Aunt only came to help us when she heard that we were all sick and that my mother was dead".

21.

Sex: Female

Age: 14

Date: 20 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Right now, so many things have change in my life due to this Ebola outbreak. I'm no longer playing with my friends as compared to before. Even most of things my friends and sisters used to do we are not even doing it. Can you imagine the delay in education? Because of this Ebola I am not even going to school right now. Even my older sister is in the twelve grade class she is also sitting home. This thing keep bring tears to my eyes.

I am not eating like before because my parents are not working to provide my needs along with my brothers and sister, even families and relatives.

My father was working before so he used to at least help me with somethings that a girl child needs. Even my mother, she was a business woman. We are all sitting home doing nothing right now.

Family: How are changes in the life of this child affected the family and how are changes in the family (for example job, shelter, and traveling) affected the child?

Because my parents are not working right now like I said before confusion (arguments) sometimes take place because they most often spent their times home without doing anything. My father sometimes used to travel from country to another and bring so many surprises for me, even for my cousin, my brothers and sisters but today, traveling is highly

restricted by the government and the community leaders. Ebola has really affected me and my family. There is no visitation like before. Mom and Dad are not happy either, because they are not doing what they used to do.

Community: In what ways was the child's and family situation affected by events or action in the wide community?

Because of my parents' situations about joblessness, family members are not coming around like before, even though they are also afraid to come around because of Ebola. Even communication is not going on at all because they know that Mom and Dad are not working.

22.

Sex: Female

Age: 14

Date: 23 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] was suspected of having Ebola for which her entire family was quarantined. The news spread all over the community and other communities as well. Condition became worst by the days as people avoided her and family within the Bahn community. She became sick of severe malaria and was showing many of the sign that associated with Ebola (fever, vomiting red eyes etc.), and her situation was consider a one of suspected case. Under such condition where test has not been done the individual is taken to the community holding center for observation and testing of specimen taken to Monrovia at that time to confirm. But the result proves negative.

"I was completely confused; I didn't know what was happening to me, I felt like I was dying and that I was going to be responsible for so many people lives".

[The child]'s life was almost ruined with the situation of Ebola and being responsible for taking lives of her family members and possible some community members as well. If she had been positive, she did not how she could have come in contact with the virus, she said.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s conditions was responsible for her family being quarantined and stigmatized by others in her community and other nearby communities as well.

"We all were feeling bad and worried about the little girl's condition", we were also feeling bad about the way we were being voided by other community members and also worried about our fate, should our daughter be positive Ebola carrier". Said her uncle.

The family was no longer allowed to leave their house for even a minute, let alone going to market or farm for a period of two (2) weeks.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The condition of [the child] and her family panicked the entire community. People began to wonder who was in contact with the girl and any member of her family. Some people were blaming the family of being responsible for carrying Ebola to the community. Every community member stopped visiting them and pointed fingers at their house, encouraging others to avoid them as much as possible.

"When the result had not come, we were beginning to be the talk to the Town, that our family will die one after the other".

The situation was later controlled by the news that the girl was not Ebola positive, and that she was suffering from malaria. Even with that, they were still being monitored by community members as they (members of the community)

were still not very sure until after 21 days and there were no death and with the full recovery of [the child] and no sick member of her family.

23.
Sex: Female
Age: 16
Date: 26 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is a student, her mother used to trade between the border communities of Liberia and Ivory Coast in local farm products, but since the outbreak of Ebola, her mother no longer travels to her business communities because of too many checkpoints, harassment of checkpoint officers and the fear of contracting the Ebola Virus Disease.

"Even though, I was not used to selling, she asked me to help her to sell her rice bread which was a different kind of business she developed just to be helping our father, who is a teacher with irregular payment of his salaries and to be providing food for us in the home. I started the business well, but was later encouraged by some friends from my school, they persuaded me into making love affairs by saying I am wasting my time by refusing men who came my way, especially those my age. I was taken away and my first attempt got me into this two (2) months old pregnancy. My father drove me out of the house and my mother told me a month ago that she regrets asking me to sell for her in the street, right now I am stopping with one of my friend. Things are hard, especially to get food"

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Misunderstanding between father and mother has led to the loss of hope on the part of [the child] to continue her education. This is because her mother is no longer doing her regular business because of the Ebola outbreak. This made [the child] start selling rice bread, making her vulnerable and leaving her to the mercy of men and boys who impregnated her. Because of her pregnancy, she was accused by her father and driven away from the home that she may be carrying Ebola virus because she came in to contact with men or boys she [the child] wasn't sure of.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Her situation was greatly influenced by people of her same age group in the same community when she started helping her mother to sell. *"I realized that I was tempted almost every day by men both young and sometimes older men as well. They use to tell me that I am a big girl now especially when I am not in uniform, some of them used to ask me to comply, meaning I should agree to their demand of making love to me. Sometimes I told my friends about this and almost every one of them had a boyfriend, and they encourage me into this"*.

24.
Sex: Female
Age: 16
Date: 22 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is still traumatized by being taken to the holding center for coming in contact with her mother and by the news that her mother became an Ebola suspect after visiting a friend in Small Ganta. Due to the visit of her mother to small Ganta, the entire family of four was quarantined and was being observed for 21 days. This created trauma for [the child], especially so as she now spent most of the day all by herself grieving and very terrified as she worried about what could happen in the course of the 21 days. She did not mingle with her friends, sisters and brother like before. The other sister and brother are much older and so this situation did not affect them psychologically as it did to [the child]. She is no longer active as before and is stigmatized by some friends if she attempt to venture outside of her house.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father is a teacher but is no longer working for salary and the mother had just returned from the ETU, so she was not doing anything to help the family and the trauma of [the child]. They are surviving by the little backyard garden her father had before the Ebola outbreak. Now, he has expanded the garden with the hope of using it for income generation, but what is not certain at this point is that he is not sure that other community resident will buy from him or his children when the grains are taken to the market, because they presently suffer from stigma and unofficial isolation by other community members.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

With the alarming information about Ebola within the community, that there is no cure for this virus and that it's easily spread by bodily contacts especially family relations, [the child] and her family was isolated from the rest of the community for fear that the virus was in the family already.

This caused [the child]'s situation to worsen by the thought that her Mother will definitely die and they all will follow after her mother.

Boys

25.
Sex: Male
Age: 11
Date: 26 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Due to the present of Ebola, this child suffers from psychological depression and is no more emotional safe. He feels isolated and is compare to be practically quarantined by his parent, something which he sees as been done to him deliberately by them. However; his parent sole intension is to insure his safety and to prevent him from getting involved in gatherings. *"Before this time, I used to be very happy with my friends in school and sometimes in the neighborhood at the play ground; my mother and father used to be happy with me too and had always provided for me whatever I wanted. But this time, my parents as I see them, they do not seem to be happy with me, they don't let me to play. If I do, they will beat me up like I am going to school where as I am not going to school". Now I can be very lonely and very afraid to go eat with other neighbors because my parents may beat me back home".*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother is concerned about her child's sudden change in physical and emotional expression and the loss of weight, as well as his refusal of food at most times due to loss of appetite and sleepiness. *"Because I can be seated all by myself, my mother can be worried about my health and she can give me medicine to drink even when I am not sick. My father was used to bring me gifts on his way from work but now, he stays home and does not buy me anything, he told me he is not working again (a teacher) because the government closed all the school because of Ebola. He always tells me he don't have money if I asked him to buy my football or other things"*.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The community members and task force continually look out for suspected cases and ensure that government mandates are enforced, (restriction on movement, gathering, travel among others). *"My mother told me that there is Ebola in town and it is killing people, so she doesn't want me to play with other people for me not to get sick. She said that they closed the school because of Ebola and my father is staying home because he is afraid of Ebola too. People placed rope at the entrance of our community playground, stopping us from playing. If you enter the field, they will run after you"*.

26.
Sex: Male
Age: 12
Date: 17 November 2014

My life changed because last year my father was working at a school in a nearby village, but because of Ebola, he is not working at all now. In our community, we have not seen sick people in but people in the city are dying from Ebola and because of this situation, we are experiencing changes; our school have closed, we have less food to eat as compare to before Ebola came. The hospital people are afraid to touch us when we go for treatment all because of Ebola.

My families lives have change because my father use to make chairs to sell and get money for us to eat but even if he make the chairs, the people cannot buy them because of Ebola. The people are afraid to travel so you don't find people coming in our town to buy and because of this my father and mother are finding it difficult to get money to sustain us.

Our community is OK, people are not sick, people are not dying either, but the problem here is that we are not free to visit our friends neither to play with them all because of Ebola. We leave the community and go to our Grandfather farm to help him sell some of his products to our neighbours.

27.
Sex: Male
Age: 15
Date: 30 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

From focusing on school this child attention is been shape to becoming a bread winner and child labor as he explained: *"Before government closed down our school because of Ebola, I used to go to school, on weekends; I go along with my parents to our farm. Sometimes my father takes me along when he is going in the forest to set traps. But now, I am helping my mother and father to find money for food and other thing by joining my uncle to mine gold in the forest. I returned two (2) weeks ago with L\$3,000.00 that I raised in almost three (3) weeks operation. (L\$3500 is equivalent to US\$42.6)"*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

The changes in the life of this child, though negative, are supported by his parent at this time because of the presence of Ebola. His parent have virtually no ability to support the home, thus driving this child to becoming the bread winner of the family. *"I am helping my parents to provide food and other basic needs through the money raised helping people at the gold mine"*, said [the child]. The children are underfed because of poor harvest and lack of money in the home, this promotes child labor.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Because of the Ebola outbreak and the government measures put in place to fight Ebola which is enforced by the local authorities and the police, *"everything that we used to do and like to do have changed and things are still becoming very expensive everyday"*.

28.

Sex: Male

Age: 16

Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

I am 16 years of age and with my mother. My father died of Ebola. My mother too was sick and was treated at Foya Ebola Center, Because of Ebola in our country and community.

I am not going to school; we don't have enough food, no supporter in term of buying food and other basic needs. My mother is poor and old. My brother lives in Monrovia. I am along with my mother. Sometimes, I have to do contract for people (like selling cold water, sweeping and fetching water) to get money to help my mother for feedings.

Family: How have changes in the life of this child are affected the family and how are changes in the family (for example job, shelter, and traveling) affected the child?

More people fell that my mother supposes to everything for me instead of me selling in the street. My mother worries a lot about my father since he died. It has been a lot of burden on my mother as she tries to meet my needs. My father did not save any thing for us (no bank account, cash crops etc). She is the hope I have for now and she is unable to do for me what I need and want, I have to try on my own. I found myself in the street selling for the whole day for people and do all kinds of work for survival. I feel that my future of becoming a police officer will never be realized. If I continue like this, which is going to pay my school fees, which will provide for when I think about these, I feel discouraged about life. Sometimes I cry for my condition. It is soon since my father died in August 2014 for me and my mother to start suffering like this.

Community: In what ways was the child's and family situation affected by events or action in the wide community?

The community members are scared to come around us. They say they don't want to get sick with Ebola. Our family was quarantine for about 25 days, it that time we never went anywhere. We all just sat and worried about whether we would survive or not.

We are stigmatized even up to present, our quarter is called Ebola zone. My mother is no longer attending the women meeting and not attending in town meeting. She is not interested to do so anymore, since our family was advised not to go to certain areas of the community. Only a few community members have helped.

29.

Sex: Male
Age: 18
Date: 20 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

There are so many things that have changed in my life as the result of this deadly Ebola virus. There is shortage of food on the market and prices have increased. My mother used to sell cooked food but now she is not selling. Due to these factors, we don't have sufficient food in the home. I'm not going to school now, I can hardly go to visit my friends or relatives and I used to do. I'm always worry about what will happen when this deadly virus continue.

Family: How are changes in the life of this child affected the family (jobs, food, travel etc.) affected the child?

Due to my parents' joblessness now, things are very difficult now, we are not eating the kind of food we used to eat, we are not moving from our community due to the traveling restriction. We used to get food from up interior but it's no more because of Ebola.

Community: In what way was the child's and family's situation affected by events or actions in the wider community?

The community is affected by our situation, because if we as inhabitants of the community are not happy/functioning the community will not develop. It's our prayer that this virus leave our country so that we can go back to our normal ways of doing things.

Rural Sites

Girls

30.

Sex: Female
Age: 14
Date: 14 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

I'm faced with a complete set back in my education, since the government closed the schools. I'm not in school and things are very difficult in my home, my parents are not working and food business is very, very hard. We most of the time eat dry rice and even with that, it can't be enough. I used to go for vacation to my relatives and on my way back, they can give me money and some materials but that can't happen now all because of Ebola. My parents cannot allow me to play with my friends as I used to before the Ebola outbreak.

Family: How have changes in the life of the child affected the family (jobs, food, travel etc.) affected the child?

My parents are not happy due to the fact that I'm not in school and I'm not playing as I used to do. I myself am not happy that my father is not working and my mother is not selling. Things are just very much difficult in our home. We are not

travelling as before and there is no way to get things from up interior. Before Ebola things were coming from the rural areas but it's not like that now. People in the rural areas are not farming like before; things are also difficult on them.

31.

Sex: Female

Age: 15

Date 28 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is now required to do trading to support the family. Instead of going to school, she work as a shop keeper.

[The child]'s mother has been a local businesswoman while her father a hunter. Since the Ebola outbreak, her father has stopped hunting because of the public ban on bushmeat. Since then, [the child] has joined her mother and become part of the breadwinners of her family.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father is not pleased with the idea of his daughter selling around in the streets, according to him this could lead to several other abuses, but his wife will not listen to him because things have been getting difficult by the day, and there is no better alternative than sending their fifteen years old daughter in the streets to sell. *"We've argue this before, she and me, but she wouldn't listen all she prefer is to send our daughter to sell"*, said [the child]'s father. He prefer himself selling in the streets then his daughter, but his wife refused on ground that the entire community will mock her for sending her husband in the streets to sell fufu.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The Ebola outbreak has caused all the hunters and bushmeat sellers to stop working and earning to take care of their families. [The child's] family is no exception of this action or situation. The ban on the eating and touching off bushmeat has changed many families in the community.

32.

Sex: Female

Age: 17 years

Date: 19 November 2014

Child: what have change in this child's life and in what way has Ebola been the cause?

My name is XXX. Many changes have taken place in my life; some of these changes are change in the educational calendar, my level of affiliation with my friends regularly. These changes are due to the outbreak of the Ebola sickness. Before the Ebola, I was busy with my schooling, having fun with my friends, visiting my relatives and other family members, but since the Ebola sickness attacked our country, all of these things have ceased. Prior to Ebola, I also use to spend time my vacation with my aunt and other relatives in Monrovia.

Family: how have changes in this child's life have affected the family and how have the changes in the family (Jobs, Food, Travel) affected the child?

Changes in my life have affected my family because our entire family is not living the way we were before this Ebola sickness. Before this sickness, my father was work and my mother was also making business making sure to sustain us, but for now my father is out of Job and my mother not doing anything. This situation has brought a lot of changes in my life and the rest of my family members. Besides our food consumption has also reduced to some extent. But last mother (October 2014 we received some food items from the World Food Program as donation. Besides, regular visitation of my friends and family has also changed and it also affecting my family and me.

Community: In what way the child's and family's situation affected by event or action in the community?

My situation is not different from other children or family situation to some extent it has a general effect on the entire community and even beyond because the Ebola sickness have affected everyone either directly or generally, but for our community so far no one has come down with Ebola. We are all making sure to prevent ourselves well. Although our community have not been directly affected by having any confirmed case but we have been affected in other ways as I stated earlier. We are praying for us to resume our normal activities. Thank you very much and hope that Ebola will soon be kicked out of our country (Liberia).

Boys

33.
Sex: Male
Age: 12
Date: 14 November 2014

What has changed in this child's life and in what way has Ebola been the cause?

I can't go to school now due to Ebola and it's causing us to forget most of the things we learned. Some of my friends are doing studies at home but I can't attend because my parents don't have enough money to hire a study class teacher

I can't visit my friends or relatives as I used to do. Before Ebola, we were visiting and playing with our friends, but these things are not happening anymore, we are just sitting home and work too much and play less.

The food that we used to eat are not been eaten again, we can't eat bushmeat, my father is not working and things are very expensive on the market and because of that we eat less as we used to do before.

How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Now that I'm not going to school and Ebola is in the country, my parents are very much worry how to take care of us in the midst of the virus. My parents are not working as the result everything that we used to get is coming in low quantity or is not coming at all.

We can't travel or visit, we can't socialize these days, our interaction with our friends has reduced.

In what ways was the child's and family situation affected by events or actions in the wider community?

The situation with my family is almost the same for everybody and is affecting the community. We can't gather in large number, so there is no community meetings, we can't make community farm, so in term of development our community is not going forward.

34.
Sex: Male
Age: 14
Date: 27 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

As a boy, [the child] once lived in Ganta, Nimba County where he went to school prior to the Ebola outbreak. Unfortunately for him, in August he lost his grandfather, his father and his mother to Ebola in a period of one month. After the death of his parent, he and some other members of the family were in a quarantine center for over 21 days. *"After a few weeks my uncle went to Ganta and brought me here in Jarzon to stay with him. Most people in this community do not know what happened to me, he told me not to tell anybody because if people get to know about what happen to me, they will keep away from his family, so it should be kept as a secret for the time being".*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

The extended family is frightened to lose their relationship with other members of the community, and of being quarantined and stigmatized because of the presence of [the child]. *"The memory of my parents is making me very lonely; often cry especially when I am alone. Sometimes my uncle or his wife will meet me crying in the room and will console me to stop to crying. Most times, I don't feel like eating and since I came here I don't have any desire to play around or mingle with other boys of my age group, I have a sister, my younger one but she was talking to my Aunt in another place and I want us to stay together".*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

"My father was a Registered Nurse (RN) in Ganta Hospital. One day he dressed to go to work but returned earlier than expected. Our mother told us that Dad was not alright. After two days it became severe. A few days after, he was rushed to the same place he used to work, he passed away and our mother was not allowed to return home after his death. They told us late that our mother was sick and they told us lately that she too is dead. His death was followed by my Grand Father who was very old".

35.
Sex: Male
Age: 14
Date: 4 December 2014

My mother died of Ebola in Monrovia.

The change in my life is that, I will no longer see my beloved late mother; I will not be cared for by another person like my mother used to treat me.

It has brought serious problem to my family. Now we don't have job, no food, we are not doing any form of business and our movements are restricted. We don't even go to visit other family members any more.

It has caused community members to keep away from us. We are being kept home all day.

36.
Sex: Male
Ag: 16
Date: 28 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is now the breadwinner for his family because of Ebola. [The child]'s mother is a single mother of three (3) kids that was usually involved in cross border trade, to take care of her family.

Before the Ebola outbreak, [the child]'s mother had gone to the Ivory Coast to trade when the government announced the closure of all borders. *"Since the borders closed, we haven't seen or heard from our mother"*

It has been almost five (5) months now that [the child] has been taking care of his younger brother and sister. He now trades the goods left by his mother and also goes on the farm to gather vegetables and wood to help support the family.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] has to take the role of both his mother and father since his mother left for the Ivory Coast. [The child]'s father passed away two years ago, since then, his mother has been struggling to support them by her cross border trade, through which she feeds them, clothes them and supports their schools as well. This no more possible because of the presence of Ebola.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

With the Ebola situation in the country, relatives and other community members are unable to come to the aid of these children because living condition has become harder by the day, so everyone is only concern about their family. *"Nobody has helped us since, they say things are difficult on them too"*.

37.
Sex: Male
Age: 16
Date: 27 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

I am a 10th grade student of [the secondary school], I have not been in school since the outbreak of Ebola. Before the Ebola outbreak I came up to my home (Jarzon, Grand Gedeh) to spend time with my family. I got caught up here when the spread of the virus became very serious and alarming in Monrovia and other counties. Presently, I have very little or no time at all to even study because I am engaged in helping my mother to find food for the family.

Our father is dead and our mother is the only person supporting our feeding and school, through the business she used to do, selling fresh meat and dry meat.

"Because of Ebola, I may not be able to return to Monrovia for school for about a year or two even if Ebola is gone, because my mother will not be in the position to finance my stay in Monrovia (feeding, house rental, school fees etc.)".

[The child] is worried that grade 10th could be the end of his education and that he will remain a dropout.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

At the moment, there is no job and no trade, especially in the sale of bushmeat as was before Ebola which was the major means of income for the family. The family is deeply concerned and greatly worried about the indefinite closure of schools, the setback in [the child]'s educational development and they are also deeply troubled as to whether they will be able to continue the support their son back to school, when schools are opened. Currently, the family is faced with the challenges of insufficient food and other basic needs and expressed fear that it will be more severe in the rainy season. *"The outbreak of Ebola has caused my mother to lose her capital in the business, because there is a law preventing the sales of bush meat which is my mother's stable business that enables her to support to me"*.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The declaration of the state of emergency, mounting of many checkpoints on our highways, forbidding the sales of bush meat and the shutting down of all government and private institution to fight Ebola all contributed greatly to the present realities we are facing. The travel restriction and the ban on the sales of bushmeat is greatly affecting the livelihoods of most families including that of [the child]. More children are now underfed and some are going hungry more than before.

38.

Sex: Male

Age: 16

Date: 21 November 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] has become a fulltime salesman at his father shop, since the Ebola outbreak and the closure of school; instead of studying some old lessons as some of his schoolmate do. *"I am the sales person for my father now, the woman who was working for my father have stopped coming because of Ebola"*.

[The child] spends all day at the shop where he interacts with many people on a daily basis, advising them to wash their hands before they get served. He is afraid and feels vulnerable to the Ebola virus because he receives money from lot of people and believes this puts him at risk *"I really wish I never had to be selling here, some people come when I ask them to wash their hands, many of them refuse but want me to accept their money, I believe if any of them are carrying the virus I might get it through that means"*. The task force has warned that people should avoid the exchange of items such as pens and other materials that could host body fluid such as sweat.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s schooling was of most concern to his family. As one of the worthy family in the Town, his parents always wanted him to study at his best and come out to be an educated person. Ebola has caused great embarrassment for us all in Liberia, our Children are no longer in school, we have to be extra careful when dealing with people as businessman, his father added.

My son is a very smart kid, I worry about his education greatly, he just got promoted to the 10th Grade which means there is lot more to do, if he must become the educated person we all wish him. Now that he is not studying, but helping in place of an employee in my shop, who had to stop coming because of Ebola. I'm greatly worried.

[The child] has chosen to help in his father's shop because it is the only means of supporting the family in Bahn and in Saclepea. His brother and two (2) sisters are younger and their mother is busy taking care of them at the same time checking in to help [the child] and Father both at the shop. His grandmother (a teacher with three (3) other kids) is no longer working and they depend on his father for support.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child] is one of many children in Bahn community that are not in school due to Ebola. These children are the future of the community and maybe the county or the country at large, when properly educated.

With the event of Ebola in the country, everyone is worried about the survival of their children including [the child]. *"My son is interacting with many people while selling in the shop, but he has a personal hand sanitizer plus the general one in the bucket, I cautioned him not to touch anybody while serving them not to serve anyone who refuse to wash his/her hands at the door"*, the father of [the child] lamented.

Every household within the community has Ebola hand washing bucket at their door like [the child]'s family, because if you fail to have it, the rest of the community could easily avoid you.

39.
Sex: Male
Age: 16
Date: 4 December 2014

This Ebola have affected me greatly, to the extent where I perform very poorly, even in my domestic work. Interacting with other people has been very hard for me. I don't even go around family members anymore. It has changed my attitude toward people, these days I just speak any how to people.

All of these are happening because Ebola caught my father and he died from it.

Due to this Ebola and for the fact that I lost my father, there is much burden on my mother because she is alone with us the children and there is no help from anyone. She is not doing extra work to earn money. Sometimes we even have misunderstanding/confusion among ourselves.

40.
Sex: Male
Age: 18
Date: 19 November 2014

My life has changed since this Ebola crisis. It has changed because things that used to happen in my life are no longer happening. I was attending school last year and I was the dux of my class. I was happy last year but this year brought so much sorrow to my heart because if I see people dying every day it makes my heart worry so much. I am no longer playing with my friends and even my brothers and sisters all because of Ebola.

This Ebola sickness brought lot of changes in my family. My father use to work and earn money to support us but because of Ebola, there is no salary like before. My brother and I used to spend some time with relatives but no one is willing to receive us, all because of Ebola. We were having a good time together as family but now we are distant from each other. One of the changes is that we are relocated from [our community] to Klay district because lot of people died from the house we were living in.

In our previous community people use to neglect my brother and I, all because people died from Ebola in our house, so they were afraid of getting in contact with us. That make us to leave from there to come and reside in Klay District.

The mother said: *"My people, all that my son has explained are exactly what happened to us. My husband is not working and we moved on his late father's land to burn coal to make our living here. Life here in Klay is so hard. It was few month*

back when World Food Program brought food to share on us. At least that helped us a little while. Thanks for talking to us; we pray that your work will help us at least when school opens they will find themselves in school”.

Case studies from Sierra Leone

Forty (40) case studies were collected in Sierra Leone; 21 girls and 19 boys. As with the Liberian case studies above, these are presented below with the children from high outbreak areas first. Urban precedes rural and girls precede boys. Within the sections, the children are arranged with the youngest first.

Children from high outbreak areas

High outbreak urban sites

Girls

1.
Sex: Female
Age: 15
Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in a village ... in Makari Gbanti chiefdom, in northern Sierra Leone. Her mother's whereabouts are not known as her parents divorced when she was 5-years old. Previously, she stayed in Freetown with her father, but after her father's death, she went to stay with her aunty in this village. Her aunt, who does not have a husband, is a small businesswoman who manages to feed the household and pay [the child]'s school fees.

During the Ebola outbreak, [the child]'s aunt became sick and was taken to the treatment centre in Kenema. Since that time, [the child] has not seen her aunty again. She heard later that her aunty had died but [the child] was not able to see the corpse. Now, her future is uncertain.

[The child] is extremely worried about who will take care of her after Ebola and when schools reopen. Ever since the Ebola ambulance took her aunt away, she believed that her future schooling was in jeopardy. She no longer sees her school friends and misses school activities like sports, drama and dance. [The child] neither takes lessons nor listens to the radio teaching programmes because she does not have access to a radio.

For now, she is staying with a man who already has large family and will not be in a position to shoulder her responsibility. [The child] wants to leave the village but travel restrictions do not allow her to move. Even though it is strongly recommended that people do not visit other homes, hardship and hunger are forcing her to help with other people's household work in order to get food. She is really fed up with life and doesn't really know what to do.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s caregiver said that the Ebola outbreak has brought a serious setback for children's schooling - especially [the child]. She has lost her aunty who was the breadwinner of the family and paid her school fees. Her caregiver is worried about [the child]'s future: "Who will pay her school fees when schools reopen, as my husband has plenty of children to take care of."

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member sympathised with [the child] over the death of her aunty who use to pay her school fees. [The child] has been trying to find work in order to feed herself, because there is not enough food in her present home. She receives one meal per day which is not even sufficient for that one time.

2.

Sex: Female
Age: 17
Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in a town ... in Koya chiefdom, Masiska section in northern Sierra Leone. By the time [the child] was 10-years-old, both her father and mother had died. From then, [the child] lived with her elder brother. Ebola has caused much sadness in [the child]'s life as her elder brother died of the virus.

[The child] now stays with her uncle, but misses her brother and the support that he provided her. "I really don't know if my uncle will be in a position to pay my school fees as he has three children in secondary school, and his entire business has collapsed during this outbreak. He used to sell at the loma (weekly market), but that is now closed as public gatherings are not allowed."

Now, [the child] complains that she eats fewer meals. She would like to trade and sell goods to make some money, like her friends do, but she has no capital to make initial purchases. [The child] sometimes plaits her friends' hair in exchange for small amounts of money, just so that she can afford a slightly bigger meal at night. She is very conscious of the 'avoid body contact' policy: "I am really risking my life in plaiting my friends' hair as we are always told to avoid body contact."

Had it not been for the travel restrictions imposed throughout the country, [the child] would have travelled to Guinea, to start a new life. She says that her life is meaningless now. Usually over the Christmas period she would see her friends, watch football games and enjoy community activities. This year, [the child]'s Christmas day will be the same as any other day for her.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s uncle, says life is very hard for [the child] presently.

"She lost her parents a long time ago and her brother, who used to take care of her, has died during this Ebola outbreak. She is always lonely, and I know that she is worried about who will pay her school fees after Ebola."

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

"The outbreak of Ebola has brought a setback in [the child]'s life," said a community member who sympathises deeply with [the child], as she has been an orphan since she was very young – and now her caregiver (brother) has also died. "[The child] is a serious girl in the community and is really ready to learn, but who will pay her school fees when schools reopen? As all local businesses have closed due to this Ebola outbreak, nobody has money. The only help we receive here are for quarantined homes but a person like [the child] really needs help."

3.

Sex: Female

Age: 18
Date: 10 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], who lives in ... Makeni in northern Sierra Leone, was attending ... secondary school and was promoted to SSS3 before the Ebola outbreak. Now that schools are closed, [the child] reports that she misses learning. She has a radio at home, but cannot listen to the lessons as she has to sell goods every day, so that her family can buy food.

[The child] lives with her father and siblings. Her father used to provide for their household by working for African Minerals, but he has been sacked because of the Ebola outbreak. [The child]'s mother remarried and now lives in Guinea. [The child] has started to make money by having sex with big men. She recently aborted one unwanted pregnancy. She no longer visits her friends because she is left with the responsibility of feeding her home at age 18.

"My future is being shattered gradually. I doubt I will be able to go to school again. I am worried that I may become a mother very soon. Most of my school friends are now pregnant because we are all in the same situation."

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father, says, "*The Ebola outbreak has affected [the child]'s education greatly as she no longer goes to school and she is now engaged in selling - just to feed the home. I have lost my job and her mother is in Guinea. She is the only one left to feed us.*" Her father denies that [the child] is now a prostitute. He cannot stop her from selling goods, as the family would starve.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A member of [the child]'s community, said: "*The Ebola outbreak has brought a set back in [the child]'s life. She no longer goes to school and with her age, she is now with the responsibility to feed the home because her father who used to provide for the home is now out of a job. She has no time for herself presently. She sees to it that her brother and sister get food for the day. She is really suffering.*"

4.
Sex: Female
Age: 18
Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in ... Jawai Chiefdom in Kailahun District in the Eastern Province of Sierra Leone. She is 18 years old and has always been very committed to her education. Prior to the Ebola outbreak, [the child] had enrolled and paid to complete her West Africa Senior School Certificate Examination (WASSCE). Her plan was to complete the WASSCE so that she could apply to the Institute of Public Administration and Management University of Sierra Leone to study Banking and Finance.

In preparation for her exams, [the child] studied very hard and was looking forward to doing well and continuing on to university. However, with the onset of Ebola, all schools (including exams) were cancelled without further notice.

This has had a serious impact on [the child]'s life today and on her future goals. Without the option of school, [the child] has started a relationship with a man who can give her financial support and assistance. She is very concerned about

getting pregnant and has started to take birth control pills. [The child] says that her friends do not support her relationship and have since abandoned her.

[The child] explains her current situation: “Sitting idling at home for the rest of the day since the closure of schools is one of the changes in my life. I was supposed to have sat to my WASSCE but cannot due to the outbreak of Ebola. Ebola has stopped us from going to school and has forced me into an unwanted relationship. It makes me feel so bad and stressed.”

[The child] dreams of becoming an accountant in one of the biggest companies in Sierra Leone, but she is uncertain if her dreams will come true. She is not sure if the setbacks brought about by Ebola can be reversed. She prays for the eradication of Ebola so that she can continue her education and be what she has determined to be in the future.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] lives with her aunt. Prior to the Ebola outbreak, [the child]’s aunt worked for an international NGO called COOPI but has since lost her job. There have been a lot of changes in [the child]’s life because of this job loss. There is no longer enough money or enough food. This is why [the child] believed it was necessary to start a relationship with a man who can provide some of these things.

Unfortunately, this change in [the child]’s life has adversely affected the family because she has gotten into a relationship that her parents do not approve of. She says that her family was looking up to her to provide for them in the future once she completed university. Now, her family is worried that she will not return to school and will continue to rely on a man they do not approve of.

The quarantine and travel restrictions imposed on Kailahun District have also made it more difficult for [the child] to travel to relatives who might be able to provide some financial and food support. If she could travel to other relatives for help, she believes she might not have to be in her current relationship.

Community: In what ways was the child’s and family’s situation affected by events or actions in the wider community?

The loss of her aunt’s job has severely impacted [the child]’s life and that of her family. Without enough money, food and financial support, [the child] is left to rely on a relationship with a man to survive. This relationship is problematic because [the child] is afraid of getting pregnant. She has already lost the faith of her family and friends. Unfortunately, without the support of the relationship, [the child] would not be able to survive.

[The child] believes that if the government did not cancel school and impose strict travel restrictions, she would be in a better position. This way, she would be in school and could rely on occasional support from relatives.

Boys

5.

Sex: Male

Age: 13

Date: 11 December 2014

Child: What has changed in this child’s life and in what way has Ebola been the cause?

[The child] lives in ... Makari Gbanti chiefdom, northern Sierra Leone. [The child] lost his mother when he was 4-years-old and stayed with his father who had two wives. Following his mother’s death, [the child] and his younger sister lived with his stepmother in a household consisting of twenty people.

[The child]’s life has become more miserable because of this Ebola outbreak. His stepmother was the first to complain of pain in her chest. She started vomiting and suffered from diarrhoea. His father called 117 but there was no response. He

even went to Lunsar to explain to the chiefs about his wife's condition but nobody came to rescue the situation. After 22 days of illness, his stepmother died. A week later, his stepsister also died. The following week his stepbrother also died. After these deaths, the Ebola response team came and quarantined them.

During the first 21 days of quarantine, three other people died, which extended their quarantine time to 46 days. The worst thing that happened to him was losing his younger sister.

"I will never forgive Ebola" seemed to be [the child]'s mantra as he spoke of his sister tearfully.

During the quarantine period, [the child] and his family were not getting any assistance from the government. A catholic priest from Lunsar, was the only one who assisted them with food items. After the quarantine period [the child]'s old friends, with whom he played before Ebola, ran away from him.

Ebola has caused [the child] to no longer enjoy his childhood and he doesn't seem too certain of his future given that his father is out of a job. He doesn't know if his father will be able to pay his school fees after Ebola as he's now left with no mother, no sister, and no hope for education. He is out of school, not taking lessons nor listening to the radio programmes as his father does not have a radio.

[The child] is now suffering from hunger. He said he is fortunate to get one full meal in a day. Before Ebola he used to eat three times a day. [The child] is now selling palm oil, which he had never done before. Ebola has involved him in gambling, playing "mercury," and he steals 1000 Leones every day from the palm oil sales just to play even though he is always beaten for the shortage of the palm oil money.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s other stepmother, who is presently his guardian, says [the child] is too young to go through this ugly situation. His mother died and left him with his younger sister, who also died during this Ebola outbreak. To quarantine a child who likes to play with friends is really painful for [the child]. After the quarantine period, the friends he was eager to see ran away from him for fear of getting Ebola. [The child] sometimes came home crying. His stepmother said that she has to sit with him and encourage him by telling him that things will be normal again.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member says Ebola has caused backwardness in [the child]'s life, as he no longer goes to school. His friends ran away from him after the quarantine period, which made [the child] sad. He now has to mingle with elderly people just to have any company. [The child]'s father was working with a mining company, but is now out of a job because the company has reduced workers because of the Ebola outbreak. This has caused hunger in [the child]'s household, where [the child] only eats once per day. If school reopens now, there is no money to pay for school fees as things are really rough with his parents.

6.

Sex: Male

Age: 16

Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is a 16-year-old senior secondary (SS3) student who lives in ... Kailahun District in Eastern Sierra Leone. His best subject in school is Government and he aspires because to become a lawyer upon completion of his education.

[The child]'s life has been severely impacted by the Ebola virus as he lost his mother, two brothers, uncle and stepdad to the virus. [The child] is also physically challenged (poliomyelitis) Despite being very friendly and outgoing, he can no longer play with his friends as he used to do before Ebola. The disease has brought untold suffering on [the child] and sometimes he feels very much discouraged about the loss of his close family members. The Paramount Chief is currently taking care of [the child] as there is no one else who can help his situation.

Due to the school closures, [the child] has not been attending classes, which has added to his frustration. He finds himself just spending the day idle and sad.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

There are a lot of changes in [the child]'s family that have affected his life. The loss of [the child]'s mother has been very difficult for him. His mother was his strongest supporter and used to do everything to care for him and his other family members. [The child] has one younger brother alive, but because [the child] is disabled, he cannot provide any support for his brother. He finds it very difficult to get food to survive, and this is disturbing [the child] greatly.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Since [the child]'s family have died, he is looked upon in the community as an orphan who desperately needs help for his survival. He does not feel stigmatized by the community, but he knows that they cannot care for him. Because the whole community is suffering economically, no one else but the chief can care for him. [The child] is grateful to the chief but he is hopeful and looking forward to receiving help from the government and NGOs.

7.
Sex: Male
Age 18
Date: 10 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives ... in Makeni town in northern Sierra Leone, with his mother, who is a single parent, and two sisters. [The child] was attending ... secondary school in Makeni and was recently promoted to SSS3, and hoped one day to become an accountant - but that dream is now fading.

[The child] is now out of school because of the Ebola outbreak. He doesn't take private classes but sometimes listens to the radio lessons. His mother is a businesswoman but has been unable to operate for a long time, because of the closure of lomas (weekly markets).

[The child] is now responsible for feeding his family, as his mother has no more capital and has nobody to help her. [The child]'s father abandoned the family ten years ago. [The child] has chosen to be a bike rider to earn a living. He now spends time socialising with other bike riders. He doesn't have time to study now, as he spends all day working to make money for his family.

[The child] misses school activities, especially the school football league. He no longer goes to clubs and he complained that this Christmas would be like no other, as they are unable to celebrate with their families.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother, said: reports: "Ebola has caused backwardness in [the child]'s life, especially in his education. He is not going to school now and cannot study because of the responsibility embedded upon him at tender age. I am a single parent with four kids and a business – but I cannot make any money now because of closure of the lomas. [The child] has to ride Okadas (bikes – a form of transport in Sierra Leone) to feed the home even though he doesn't have a bike for himself. He borrows his friends for a few hours a day to try to make as much money as possible. He sometimes gambles (mercury) in order to make ends meet".

[The child]'s mother also reported that she is afraid her son may not return to school. She also doesn't like the friends that [the child] is bringing home as they are all Okada riders.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member also lamented that [the child] is really suffering due to the outbreak of Ebola: "As a brilliant and determined boy, he no longer goes to school. If the situation remains like this, plenty of children will be dropouts - especially [the child] - who are now left with the responsibility of feeding the household. [The child] is really in a dilemma."

High outbreak rural sites

Girls

8.
Sex: Female
Age: 12
Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives ... in the Eastern part of Freetown. The devastating Ebola virus has caused her to lose both parents and has also prevented her from schooling. Fortunately for [the child], she was on holiday in town when the tragedies occurred. Presently, she is staying with her aunt ... but is finding it hard to survive unless she starts working for her survival as a child labourer

[The child] used to live blissfully with her parents and siblings before the outbreak. Her father was a hard-working trader and operated a small shop that was the main source of income for the family while her mother was a housewife. The family believes the father lost his life after contracting the virus in the provinces where he had gone in search of business. [The child] also lost her younger sister to the virus.

Her parents worked hard to provide for their family, especially her father. According to [the child], her father use to provide most of her essential needs but at the moment her aunt is not well capable of caring for all her needs, particularly food. Presently [The child] is helping people with domestic chores (like fetching water, laundering, washing dishing etc.) for her survival. Some people give her food in return for cash.

[The child]'s life would never be the same, since her father was the source of her happiness. [The child] said she really misses the love and support from her parents. The fate of her education is unknown because there is no one to rely on now. At the very moment of the interview, her slippers were so battered that it made her statement, "if my father was alive he would buy me better slippers," seem unnecessary.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s aunt is trying her best to provide for the child's essential needs but her efforts are not enough. The aunt has her own children and other kids to care for, and presently the aunt is not earning anything. The aunt is a businesswoman who used to trade on Luma market in this community and also in the provinces. Due to the Public Health Emergency, the aunt's movement has now been restricted so it is really difficult for them to survive.

[The child]'s aunt took up the duty as a task force officer at the check point erected in the entrance of this community to ease her stress. According to [the child]'s aunt, they lost most of their family members and now and she is left with five children to care for excluding her own kids. During this especially difficult period for [the child]'s family, whose members are directly affected by the outbreak, [the child] is engaging in child labour in order to survive.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

According to one member of the community, [the child] countenance has completely changed. She has to do odd jobs for money to help care for her basic needs. She not only lost her parents but also other members of her household.

[The child]'s father was considered among the top business people in the community and was able to run the affairs of his family well. The aunt is also an able trader but currently her movement is restricted. These changes have not only affected [The child]'s education but also her entire existence. Presently, she is just a child who has to face the repercussions of her parents' deaths as well as learn to provide for herself.

9.

Sex: Female

Age: 18

Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives ... in the Jawai Chiefdom, Kailahun District. She is 18-years-old and attended ... Secondary School, Kenema, and Eastern Province, Sierra Leone before the Ebola outbreak.

[The child] is in her final class in the Senior Secondary School and was supposed to be studying for the West Africa Senior Secondary Schools Examination in June. Because of Ebola, she did not sit her exams as all schools were closed and the exams suspended by the government. She was on holidays in ... her native village, when the outbreak occurred. The closures of schools and travel restrictions have forced her to stay in the village.

As the only survivor in her paternal line, [the child] is worried about her life and future. Both of her parents have died as well as her brothers and sisters. She worried about who will continue paying her school charges when schools reopen.

[The child] used to eat more than three times a day when she attended school in Kenema. She was a healthy looking girl before she lost her parents but now she is stressed and worried. She has lost considerable weight. Her uncle, with whom she is staying, is a worker and can ill afford her daily meal.

She said that the Ebola outbreak has taught her a lot of valuable lessons about hygiene, like how to keep her compound clean, hand washing, bathing, cleaning of her wears and brushing her teeth, all of which she was not used to before the teachings. Now she regularly washes her hands with soap and water and cleans her wears, all because community members are told that Ebola lives where the place is dirty. She used to shake hands, hug and peck friends but now because of Ebola she has had to stop such greeting habits. Before Ebola, she also visited friends and relatives in the community and even outside her community but now the outbreak has restricted her from these visitations.

[The child] also has a child who was born when she was in her Junior Secondary School. Her parents helped care for the child but now that they are dead, she worries about who is going to take care of both of them. She is concerned that she might have to drop out of school.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Her father was a farmer who usually cultivated bigger farmlands, yielding a high harvest. He sold and bought clothes, shoes and paid her schools fees and school materials, housing and medication when she was sick. [The child] worries about who will pay her fees when schools re-open as her parents and older brother are dead from Ebola.

[The child] has lost weight because of her worries and lack of food. She also has little food to offer her young child who previously was looked after by her parents. As an 18-year-old girl, she fears she will be too old to resume her schooling and will be forced to enter into an early marriage so she can be taken care of, which will mean dropping out of school. Now that her family is gone, [the child] has become a neglected child in the community with no relatives to care for her apart from those men who could potentially abuse her.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Before Ebola, [the child] used to eat daily since her parents farmed and provided for her and the rest of the family. After harvest, her family used to trade their farm products. Even if they were alive, because of the outbreak and travel restrictions, her parents wouldn't have been to take their harvested crops for sale in any community outside [the] Village.

[The child]'s has lost her parents and other family members but the community also lost members who were of great help to the wider community. [The child]'s father was one of the most successful farmers in the community who produced the highest harvest. Some of his produce was given to women to sell and a make profit, which in turn provided a helping hand to most families. Now that he is gone, both the community and [the child] will be hurt by his absence.

[The child] is staying in the village because of the travelling restrictions. She is not really feeling good about her situation, namely her lack of livelihood and not knowing if she will be to pursue her studies. She is hoping that some humanitarian organisation will come to her aid and save her from becoming a drop out given that she has been in school for over ten years, in both primary and secondary school education.

In addition to being a farmer, [the child]'s father was also the chief traditional healer in the community. He used to cure most of the sick in ... and outside this community and became infected with the Ebola virus from a lady he was treating without realizing she was sick with the deadly virus. As a result, her mother, brothers and sisters also became infected and died. Now that her father is dead, there is no longer a native doctor in the community.

The whole of the ... community has been hurt by the loss of [the child]'s parents, as they were pillars of the community. [The child] was also looked up to as a promising child with a bright future but the Ebola outbreak has affected her ability to achieve her dreams. The entire community would like to see a reputable humanitarian organisations come to her aid to help her achieve her educational goals. She wants to become a nurse.

Boys

10.	
Sex:	Male
Age:	11
Date:	8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], who has become an Ebola orphan at age 11, lives in a remote area without appropriate facilities, like safe drinking water, electricity or a good health centre. The area is ... in the eastern part of Freetown, Sierra Leone.

After [the child]'s parents died from Ebola, he was quarantined with the rest of his family for 21 days. Presently, he is trying to adapt to life back in the community where he is left with the memories as well as the stigma of what has happened. At the moment, he has to fetch wood from the bush and sell so that he and his ailing aunt, who is not even capable of caring for him, can survive.

[The child] was a brilliant and bold class 5 student of [primary school]. Currently, he is not taking any extra classes and not progressing in his studies because of the state of public health emergency. The little teaching he does receive comes from listening to the radio lessons with a neighbour who lets him listen sometimes.

[The child] misses going to school and playing football with his friends. To recount what he has gone through in losing his parents and the sadness he now feels [the child] speaks in a low-pitched voice: His father was shouting and vomiting blood; someone called 117 and workers came and took him away. His mother also passed away later. [The child]'s sadness over his parent's dying from Ebola was palpable at the time of this interview. He seemed in shock. His voice became very quiet and he looked to the ground when he spoke.

[The child] misses his parents and considering the situation and environment in which he finds himself, the young boy is worried about his future. Is he going to further his education, or will he end up as a wheelbarrow pusher or a trader like his relatives?

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Fortunately, [the child] is still living with his aunt in the same house where he lived with his parents. According to his aunt, his situation is deteriorating everyday because he is partially starving now. He has poor quality and quantity of food. He has been deprived of his education, and also has suffered trauma as a result of witnessing his parents passing from Ebola.

Moreover, all of [the child] basic needs can't be provided fully by his aunt due to the economic situation in which she finds herself. As a trader, his aunt only knows how to do business but can't move freely now to buy and sell her goods. When [the child]'s parents were alive they were providing for [the child] well and assisting his aunt greatly.

Travelling restrictions have also caused relatives to stop sending any support – mostly foodstuffs. His aunty has an additional responsibility since she actually has to take care of her children as well as her nephew and niece (her brother's children). The petty trading [the child] is doing is not effective because people don't have money to buy.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Since [the child]'s parents passed away, the community has stigmatized him and his home. According to his aunt: "I can vividly recall that since I lost my brother and we were quarantined no one has ever come to the well in front of the house, where people used to fetch water."

Both [the child] and his aunt feel the stigma and his aunt said this has affected them greatly.

"I'm feeling really sad and worried; at times these changes give me sleepless nights. Still living with the shock; it makes me find it difficult to mingle with people in the community because of the stigma" said [the child]'s aunt.

Sex: Male
Age: 17
Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in ... Jawai Chiefdom, Kailahun District. The 17-year-old old attends [secondary school] and is in his fourth year in the Arts faculty. He cannot attend school because of Ebola since the government has closed all schools in the country.

His father was a farmer in [the town] but fell sick and later died of Ebola. He is now left with his aging mother, who cannot provide food and other necessities for the family, three younger brothers and one sister.

[The child] cannot play with his friends because of fear of Ebola. His town was heavily hit by the outbreak and the bylaws do not allow people to touch each other like before. He also cannot visit other families because of the fear of contracting Ebola or spreading the virus as well as the travel restrictions that have been put in place. [The child] feels stressed and traumatized by all these problems caused by the outbreak and he is not feeling good about these developments in his life. He looks forward to receiving some help with continuing his education when Ebola is finally eradicated.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother is very old now and therefore cannot provide economically for the family. His father, who was the breadwinner of the family, has died. He cannot get enough food to eat now because of the food shortages, as farming was affected in his community. He cannot go to school or even listen to lessons on the radio because his mother cannot afford to buy batteries. He also cannot leave the chiefdom to go where his relatives stay because of the travel restrictions in the district.

[The child] is accustomed to eating more food during the Christmas month but because of the low harvest and the loss of his father, he has less food to eat this December. He used to go to the farm with his father and the rest of the family but since the father's death, he cannot go to the farm as they are still in mourning. Before Ebola, [the child] ate bush meat from animals trapped in the farms but because of the virus hunting and eating bush meat has been banned.

The cumulative effect of the Ebola outbreak has taken its toll on [the child] and he fears it will be difficult for him to achieve his dream of becoming a lawyer.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The Ebola disease in this community and the country at large has affected [the child] and many other children in so many ways: not going to school, not playing with his friends like before, being restricted from public gatherings and physical contact. He cannot eat bush meat and his community cannot relate like before because of the ban on meetings, games, social activities and more.

[The child] said he feels as if his own world has come to an end, as there is no one to take care of him and the family, especially to help him go through his education.

Children from low outbreak areas

Urban sites

12.
Sex: Female
Age: 11
Date: 11 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in Aberdeen, a wealthy area of Freetown with plenty of hotels enjoying the ocean views. She is 11-years-old and attends [primary school] in Aberdeen Community. [The child] lost her mother to Ebola late last year and her family was then quarantined for 21 days. During that period, friends, community members and people from her church provided support to the family.

[The child] used to live with her mother, her elder sister and two younger siblings. Her mother considered herself to be a single parent, because [the child]'s father lives in Liberia and does not provide for the family. [The child]'s mother generated income for their home successfully through being a fishmonger. Since her mother's death, [the child] reported that it is difficult to survive. Her elder sister has stepped into the shoes of the mother and is now a cook for one of the big local hotels, catering to an international NGO staff.

[The child] said that she was sad to not progress in her education. *"My mother, who used to take care of me, is no more. Considering the repercussions of her death for now, most people won't allow me and my family close to them or their children because of fear"* [the child] said.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

According to her aunts, [the child] seems to be unhealthier than before. [The child]'s mother was a strong and energetic woman, who was able to shoulder the responsibilities of her family. A devoted caregiver, [the child]'s mother provided food and most of [the child]'s basic needs from the little she earned every day. The aunts express their concern about who will care for [the child]. Whilst her sister is trying – it is very difficult to care for anyone during this crisis. The aunts have said that they cannot also provide for [the child] since they have their own children.

[The child] is an intelligent, obedient and hardworking child. Her aunt said: *"I feel sad because I'm worried that, with all these constraints that [the child] is encountering now, will the wish of her mother to see her through her education and become a successful lady come to reality?"*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Community members have noticed that [the child] does not seem to be that active or playing around with friends like before the death of her mother nor is she attending private lessons. These signs are the repercussions of the Ebola outbreak that have affected her directly. Because [the child] has lost her counsellor, monitor and her main provider, she is now living in pain, stigma and neglect.

Family members and friends are assisting [the child] in their own little way for the time being. With time, community members suggest that this assistance might stop – due to competing priorities.

"My greatest worry is her security. The rent for where [the child] and her family are staying presently will soon come to an end. What will happen if the sister or any volunteer is unable to meet the payment? Where would she go? Would they become homeless or would she be forced to live where she might not want?" – one community member speculated. She continued: *"I feel sad because the future of a beautiful and intelligent motherless girl is in a scramble. Presently [the*

child] is only a child who does not know what lies before her. My fear is how she will be able to defeat all the odds of life and grow up to be an educated and responsible woman.”

13.
Sex: Female
Age: 12
Date: 13 December 2014

Child: What has changed in this child’s life and in what way has Ebola been the cause?

[The child] lives in ... Marampa chiefdom – northern Sierra Leone. [The child] currently lives with her elder brother after her mother travelled to Guinea to attend to some family matters months ago with the intention of staying only one week. Due to travel restrictions she now cannot leave Guinea.

[The child]’s brother sells cooked food for them to survive. [The child] is now out of school and cannot take private classes, nor does she listen to the radio lessons. Instead, she does a lot of housework and helps her brother sell food. She keeps falling ill because she is working so much, but her brother will not take her to hospital as he fears Ebola.

[The child] is always sad, as she has no clothes or shoes. She also can’t play with her friends as she is always occupied with work.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]’s older brother described life being very difficult for [the child] due to the Ebola outbreak: *“Her schooling is going backwards due to the closure of all schools. She doesn’t attend extra classes and doesn’t have access to the radio teaching programmes. I do not allow her to listen to the radio. We have to work now so that we can eat at night.”*

Community: In what ways was the child’s and family’s situation affected by events or actions in the wider community?

A member of [the child]’s community, comments on how the Ebola outbreak has affected her: *“Things are difficult for [the child] due to the Ebola outbreak. She is out of school and doesn’t take classes, nor does she listen to the radio teaching programmes. Her brother is using [the child] as child labour. She is doing work that her mother wouldn’t have allowed her to do. This is due to the road block caused by Ebola.”*

14.
Sex: Female
Age: 13
Date: 12 December 2014

Child: What has changed in this child’s life and in what way has Ebola been the cause?

[The child] lives ... in the Eastern part of Freetown. She is a class 6 pupil and sat the compulsory exam for all primary school pupils to certify them into any secondary school of their choice during the last academic year. [The child] passed

her exams and has already gained admission into the school of her choice but presently, she can't attend her new school because of the state of public health emergency in Sierra Leone.

[The child] used to enjoy being in school, where she was taught and monitored strictly by teachers. Now, she feels that she is not achieving much. [The child] tries to listen to the radio lessons, but it is difficult to concentrate in her home. Because she also has to work at her mother's shop, she cannot listen to the radio every day. [The child] misses interacting with her friends at school. There are some experiences she would like to share with friends, and not her mother, so she misses her friends greatly - *"I'm sad because most of my friends have lost their parents and are living in much difficulty."*

[The child]'s mother has had to cut down on the family's expenses on food so that they will be able to survive. Now, [The child] complains that she is hungry. She also feels anxious about the reopening of schools.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother is concerned for her daughter's education, and worries about her future progress: *"She used to bring home notes and assignments that she engaged herself with everyday but now she loves to watch movies, rather than reading her notes. She can't even concentrate much on the radio teachings, because I'm not always there to supervise her."*

[The child] used to eat three times a day but now she eats only once or twice a day. [The child] has lost most of her privileges from relatives, because she should have been in Guinea for Christmas. Instead, she could not travel and therefore the family did not receive their support from relatives.

[The child]'s mother cannot operate her usual business, which entails importing goods from Guinea, because of travelling restrictions. Instead, she opened a provision shop, to sustain her family. Sales are slow due to economic situation in the country. [The child]'s mother is a single parent and has three children to look after – *"It takes a lot of pressure to give them all the love, care and attention. They need to become responsible individuals, with morals and integrity"*.

Even if school should reopen tomorrow [the child]'s mother said she can't afford the schools fees currently for all 3 of her children.

[The child]'s mother is extremely protective of herself and her children – so does not allow them to move around in the community. She also ensures that her children wear long-sleeves at all times. [The child]'s mother also reported that the Ebola outbreak has divided her family: *"This Ebola outbreak has caused serious hostility between my brother and I. He lost his wife during delivery and came with the baby to me. I deliberately refused to accept the baby because of fear, and then the baby died. I feel very sad and I don't know if my brother will ever forgive me."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

According to one member of the community, a neighbour near [the child]'s mother's shop, the young girl does not seem to be happy like she used to: *"She is an energetic and friendly child, but presently I hardly see her around, especially when the Urban Centre at Saroula was quarantined because of the death of Dr. Sallia. That's where they used to fetch water from every day [the hospital compound]. Presently [the child] is not going to school and she is not taking extra lessons."*

Community members report that [the child]'s mother used to be a successful businesswoman, but now: *"Even the provision shop that she is running is not functioning well. I remember last weekend she was complaining that she barely had a sale of Le 100,000 a day. This is really discouraging; she is even reducing in weight because she is always*

worried.” “I feel sad because [the child] is not going to school presently, and maybe she is going to waste a whole academic year will have great repercussions on her”

15.
Sex: Female
Age: 16
Date: 13 December 2014

Child: What has changed in this child’s life and in what way has Ebola been the cause?

Sixteen-year-old [child] lives in ... Baoma Chiefdom, Bo District, and Southern Province. She is in her second class in the Senior Secondary School

The eldest of the family, [the child] lives with her parents, two brothers and a sister, and everyone in the family looks up to her. She is not going to school now because schools are closed because of the Ebola outbreak.

Her parents are farmers who used to cultivate a large area of farms but could no longer do so because they are now getting old. They relied on hiring extra manpower, but with the ban on gatherings, they could not get people to help them on their farm.

Before Ebola, after harvest [the child] used to calculate the sales from the farm products and the proceeds were used on the home as livelihood and the balance on the children’s schooling. This year she did not make any sales since local markets are closed and travel restrictions do not allow her do trading in the other communities. Anxiety about her future has caused her to feel that she will not be going to school when schools resume because there will not be money to pay for her schooling.

She used to visit relatives in the City who in turn would give her financial support, but because of the travel restrictions she did not go on holidays this year. This means that she did not receive the support she has come to rely on.

[The child] used to wear good clothes as there was money at hand from the sales of harvest but because of Ebola, they did not make sales this year so she will be with her old clothes next year and she is stressed over this. She also used to be a healthy girl but because she is not getting quality food to eat as there is a ban on the eaten of bush meat, her body condition has deteriorated.

The teenager, who is almost 17, is bored. If schools do not reopen next year, she fears a man might ask her hand in marriage which is really worrying and tormenting [the child].

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] is not attending classes because schools are closed. Her parents are not earning from employment and the proceeds from sales they do get to support her to pursue her education did not happen this year as the harvest did not do well this year, so less harvest was on market and they cannot provide as before.

She cannot get the quality food she used to eat as there is no money to buy good fish, cow meat or goat meat. Before Ebola, she used to eat good food as her father has the capital to buy any type of food stuff in the local market.

She cannot travel to relatives living in the City who used to take the responsibility of her schooling as there is a travel restriction in place.

Community: In what ways was the child’s and family’s situation affected by events or actions in the wider community?

She cannot go to school as all schools are closed because of the Ebola outbreak. She cannot do business, as there is a ban on local markets and trade fairs where she was used to sell her farm products and raise money. She cannot travel because of the travel restriction in the community and making her bored of sitting home the whole of the day. Because of the travel restriction, she cannot visit friends in the other communities.

16.
Sex: Female
Age: 16
Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in the Eastern part of the country, in ... Kakajama Section, Kenema District. She is 16-years-old and attends a junior secondary school. [The child] was supposed to take her Basic Education Certificate Examination this year but did not because of the outbreak of Ebola.

There have been no suspected cases of Ebola in [the child]'s community but she has expressed concern over not going to school since the outbreak. She also expressed her sadness that she cannot visit her friends or relatives. Because her community wants to contain the sickness, its members do not allow visitors.

[The child] emphasized the poverty threatening her family. They cannot eat sufficiently because there is no income from her father's job, or her mother's business. [The child] says this makes life difficult. Her aspiration is to see the sickness contained and her life return to normal.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s life has changed because she cannot attend school now and similarly be provided for by her parents like before because of the outbreak of Ebola. Her father, who used to be the sole breadwinner of the family, has no job. [The child] cannot eat good food and also misses eating bush meat. She also cannot visit friends and relatives.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s life and family has been greatly troubled because she cannot visit with her family because of the deadly disease. Although there is no trace or suspected case of Ebola in her community, people no longer tolerate friendly visitation among one another.

17.
Sex: Female
Age: 18
Date: 14 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is an outgoing senior prefect of the Queen [secondary school]. She is 18-years-old and her seriousness is evidenced by the number of house chores she does. She has already taken her West Africa Senior Secondary School Certificate Examination and obtained 5 Credits and 1 Pass. [The child] applied to Njala University, Korwana Campus in Bo where she intends to study Public Health, but this plan has been disrupted by the Ebola outbreak and has caused tremendous setback in her academic pursuit.

[The child] had been selling food to help her mother take care of the family but has been stopped because of no public gathering rule. This has affected her earnings and has restricted her movement because she could not help with any other business. Her mother, who sells water, also has slow business now all due to the outbreak of Ebola. These hardships have made life more difficult for [the child] and her family. She is bored and feel disgusted by all that is going one.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s life has been affected because she is restricted in her movements and deprived of her education and the further pursuit of her studies in Public Health. The outbreak has made life challenging for [the child] and her family because they cannot get their basic needs. [The child] cannot move about freely to do her business like before nor help her mother run the home. The situation has left them with barely anything to keep aside for any extra commitments, such as savings for her education.

Her mother is a trader whose income from the sales used to provide for the family, but since this outbreak, sales made from the trading cannot provide even the daily meal, which mean the household is underfed.

Before Ebola, [the child] used to go out to play with the senior girls in this community but now she is always at home doing domestic work and cooking. Every Christmas [the child] used to go out with her friends to celebrate but this year because of Ebola, she cannot go out and this is stressful and makes her wonder when this outbreak will be contained.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s life along with her family's has been affected immensely because she cannot relate to or communicate with family members, like her father, who was supposed to come help take care of her family but who himself has been deprived because of the outbreak.

Though there is no case of Ebola in the community, most people seem to be on their own. They adhere to the rules of the state of emergency on public gathering and have stopped earning income for their families. Restriction of movement to the other communities is also a real hardship for her mother because they are not doing business, which used to earn money for the family.

Because of the bylaws on hunting and eating bush meat, Bailor is also deprived of good quality food to eat, as her mother cannot afford the high cost of cow meat and fish in the market.

[The child] used to meet with the other girls in the community each time she is out of school, but now because of the regulations on the ways Ebola can be contacted, she stays alone at home. She should have been initiated to the "BONDO" society this December but because of Ebola, there is ban on gathering and all cultural activities has been suspended.

Boys

18.
Sex: Male
Age: 8
Date: 11 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is 8-years-old and presently not attending school because of the state of public health emergency.

According to [the child]: *“The Government thinks that we are more vulnerable so schools are temporally closed as a way of preventing the Ebola virus from spreading, because children are very friendly and can’t control our emotions.”*

Although [the child] does listen to the radio lessons every day and even attends extra lessons, he still is not making much progress in his education. When schools return, [the child] suspects that he will have to repeat his last year of schooling. [The child] also used to play football in the field with his friends, but since the outbreak started creating tension in Freetown, his mother stopped him from playing in order to avoid body contact. According to [the child]: *“I feel really sad about these changes that have happened in our education. The current financial status in my family is going to affect us even when schools reopen. Moreover, I feel bored now because I’m not playing with my friends.”*

The company where [the child]’s father used to work has closed down, as the expatriate owner has travelled to his home country out of fear of contracting the virus. [The child]’s family is now living in extreme difficulties, because the father is not earning much money. According to [the child]: *“I used to find it difficult to eat garri (local product made from cassava), but I have no option at this moment. It has become our staple food.”*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]’s mother reported that she is facing more pressure than normal as her son is always around the home – due to the closure of schools. She also suggested that the government’s actions were irresponsible, because education could be one of the best ways to contain the Ebola virus. His mother said: *“The consequences of Ebola have further effects on [the child]. The contradiction for children not to be in school for a whole academic year will cause a great gap in his education. I have noticed that [the child] is not playing as much as he used to. He is always so bored and feels sad.”*

[The child]’s father lost his job because of the outbreak. Now that his father is unemployed, [the child] is going through lots of constraints – and the family are particularly suffering from food shortages.

Community: In what ways was the child’s and family’s situation affected by events or actions in the wider community?

A member of the community said that [the child] used to be seen around with his friends, but now his parents are strictly monitoring him. [The child] is a bold and bright child, but the Ebola epidemic has caused him to be a bit reluctant.

One community member commented: *“[The child]’s father is presently unemployed; the mother is actually doing her best to cope in running the affairs of the home. When the father was working I used to see him with plastics [plastic bags] full of items in his arms every day. [The child]’s family were living a happy life until the Ebola outbreak came and interrupted everything. I feel sad because this change has created some negative impacts in [the child]’s mental, social and physical life.”*

19.
Sex: Male
Age: 12
Date: 13 December 2014

Child: What has changed in this child’s life and in what way has Ebola been the cause?

[The child] is 12-years-old and lives in Northern Sierra Leone. Because of the closure of schools, [the child] is concerned that his education is 'going backwards.' There are secret classes for the price of 5000 Leones, but his uncle cannot afford that amount. [The child] also does not have access to the radio teaching programmes. Even though his uncle has a radio, the household cannot afford to buy batteries.

[The child]'s uncle, who was working with London Mining, recently lost his job. Since then, [the child]'s diet has changed completely. He used to eat meat, chicken, and good fish cooked with plenty of palm oil. The family used to eat three times a day, but now they eat 'water water soup' (a watery, plain soup), with no palm oil. Now the family only eats once per day. Every day, [the child] goes to the garden to pick up cassava leaves and potato tubers - which he sells to get his breakfast.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s uncle, said that the Ebola outbreak has affected their family greatly: *"He is a clever and outspoken boy. At his age, he could challenge his elder brother and sister with spellings. But now this does not happen as [the child] is out of school and does not take lessons. He is now always sad because the facilities he used to enjoy are no more as I have lost my job. He eats only once per day and even sell tubers to feed himself."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A member of [the child]'s community, reports: *"Most children in this community are greatly affected by this Ebola outbreak, and [the child] is not an exception. He used to live in a home that has got everything before Ebola, but now things have turned upside down. He now eats less food with poor quality. He is out of school and does not even take lessons nor does he have access the radio teaching programme. I am praying for Ebola to go so [the child] could start school again."*

20.

Sex: Male

Age: 15

Date: 12 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in the Eastern part of Freetown. At the age of 6, he left his biological parents in Lunsar and joined his aunt, in Freetown, where he has lived ever since. Usually during holidays, [the child] travelled to visit his parents. One sad morning, [the child]'s aunty received a call from his mother telling them that [the child] cannot come to Lunsar this year over the holidays. Both his mother and father were being held in a treatment centre. Sadly a week later, [the child]'s was informed that both of his parents had died from Ebola.

Since then, [the child] had stopped listening to the radio lessons he used to listen to. Instead, he sits alone, head bowed, with tears running from his eyes. [The child] is worried about who is going to pay for his school fees when they re-open and is worried for his future.

[The child] said although he had been with his Aunt since childhood, his parents paid for all of his basic needs, like school and food. Now they are both dead. [The child] said he wants to be educated up to university level, but doesn't have any hope that he will be able to achieve his dream.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s Aunt said that since [the child]'s parents died, things have been very hard for him. [The child]'s mother used to send them food provisions monthly, along with some money to take care of [the child]'s school fees, but since the death of [the child]'s entire family, they now lack this income.

[The child] used to play with his friends, but since the death of his parents, he sits alone, not talking to anybody. He also sometimes refuses to eat food: *"The behaviour of [the child] has been horrible for us, and we do not know how the future for [the child] will be."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

The community reported that they do not know [the child]'s parents. However, they said that [the child] is a smart, intelligent, and clever boy. One community member reported– *"But since the death of his parents, we always meet him sitting alone; head bowed down and tears running from eyes. Whenever we ask him what the problem is, he will say 'there is no hope and future for me because my parents died of Ebola'. We [the community] encourage him that there is hope and it is not the end of the world for him. But up to now [the child] has not yet stopped thinking of his parents. Things have really changed in [the child]'s behaviour and his condition is also deteriorating since the death of his entire family."*

21.

Sex: Male

Age: 17

Date: 13 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

Before the outbreak, 17-year-old [child] was attending Agricultural [secondary school] in Gerihun Town but cannot attend school now because the Ebola disease has led to the closure of all places of education.

[The child] has two brothers and two sisters. His mother is blind and therefore cannot earn money for the family of six. Before Ebola, life at home was already very difficult for his family. The outbreak of this dangerous disease has only worsened the situation. He cannot visit other family members in Kenema City who used to help financially because of the travel restrictions.

[The child] is discouraged about this outbreak, which has brought untold hardship to his family, and he hopes it comes to an end. He used to like going to school but since schools are closed, he feels bored. He wants the Ministry through the country's government to reopen schools now.

[The child] recalls his normal holiday times when used to go hunting with the other boys in the community, eat bush meat, and eat lots of rice around Christmas time. He used to celebrate with family members and enjoy some festive events in the village but these events have been restricted. These are the things that make him bored this December. Because of the Ebola outbreak in the country, everything is on hold.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] cannot attend school now because of Ebola, which is a major change in his life, and he cannot relate to friends like he used to before the outbreak.

There is no job for his family because his mother is visually impaired which makes him very sad. The family cannot get sufficient food now because times are tougher now. He cannot go to school and cannot even listen to the radio programme lessons, as his mother cannot afford batteries.

He used to eat more food during the Christmas but because of the low harvest and the loss of his father, he has got less food to eat this December. He also used to go to the farm on holidays but could not this year because of the Ebola. They were not able to farm this year, as his mother is not financially able to hire men to do the brushing for her as they have done during planting season.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s situation since the Ebola outbreak has only worsened. His mother, who previously was the breadwinner of the family, can no longer help financially because of her impairment. His community cannot relate like before because of a ban on visitations, games, social activities and various other events in the community.

[The child] also cannot play with friends like before because of the restriction on public gatherings and body-to-body contact. He cannot eat bush meat now because of fear of being infected by the Ebola.

22.

Sex: Male

Age: 18

Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] attends [secondary school] and his favourite subject is Mathematics. In the future, he hopes to become a civil engineer.

Due to the Ebola outbreak, [the child] cannot go to school now, which makes him feel sad. Many things have changed in his life since the Ebola outbreak. Now, [the child] washes himself regularly to protect himself from the virus and he also regularly washes his hands with soap and chlorine.

Because of Ebola, [the child] cannot play with friends like before, due to the 'don't touch' policy. He hopes that the outbreak will end soon and that he can start school again.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] is now always at home studying alone. Before the outbreak, he studied with friends.

His family reports that they are all struggling as they cannot contact and visit other family members due to the travel restrictions imposed throughout the country.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s family cannot contact and visit other families anymore. For example, when a family member dies, they are unable to attend the funeral. The community is not as cohesive as before the Ebola outbreak, as a ban on public gatherings has stopped community meetings.

23.

Sex: Male
Age: 18
Date: 14 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is a former student of [a college]. Having completed his secondary school examination during the 2013/14 academic year, he had been looking forward to entering university in the 2014/15 academic year but cannot do this now because of the outbreak of the Ebola disease in the country.

[The child] does not have a sponsor because things are very hard in the country now. All economic activities in the country have been slowed down. His mother's business is not going well and she cannot restock frequently because she does not have enough money. He also cannot visit other family members now for assistance because of Ebola.

Before the outbreak, [the child] used to eat fruits, bush meat and drink from a dug-up well but now because of Ebola he no longer eats bush meat nor eat fruits and does not drink from the well. Instead he buys packet water from dealers in the community.

He has also changed the way in which he interacts with his friends. Before he used to play football and volleyball with the other boys in the community but now because of Ebola, they no longer play those games. Groups are not allowed in the community and he doesn't want to have body contact with the other boys.

[The child] said before Ebola he used to travel to visit friends and families living in other communities in order to spend weekends or holidays. Now that there are restrictions on travelling and visitation, he no longer visits his friends or relatives living in other communities.

Another change in his life, he said, was: *"I used to celebrate at Christmas time with my friends to visit entertainment centres and go to the beach on Boxing Day, but this December because of Ebola I will not be getting that fun I used to with my friends and relatives."*

"Moreover, I was taught in school about the washing of hands to prevent diseases and bacteria but it was not put to actions, but now I am used to washing my hands regularly with soap and water as it is one of the ways to prevent getting the Ebola virus as the soap will kill the Ebola virus if I get into contact with it when touching surfaces of objects in my community."

[The child] said all these restrictions in the way he used to behave before Ebola has made him bored in the community.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother, who is the breadwinner of the family, cannot make more money from her business because sales are low. The family cannot eat enough food now because of the financial strain and prices of goods have gone up, which has affected the living standard of the family.

Before he is been given quality food to eat but now his mother who used to support the family is no longer doing business because of Ebola. As a result, the six members in the family are underfed. His mother used to provide food, clothes, medical and schooling. Since this outbreak and its impact on her business again [the child] is stressed about how his mother will get the funding to get him and the other children back to school.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s family finds it very much difficult to sustain itself because the economic situation is much harder now. When business was flourishing in this community, [the child] used to eat three times a day, but now because of the Ebola outbreak and no businesses, they hardly get their daily meal. [The child] is also used to eating meat but since there is a ban on bush meat and the family cannot afford to buy cow meat, they eat low quality food.

Community members cannot shake hands or visit sick people, because of the fear of the Ebola disease and the fear of touching an infected person. The community is not like before.

There are restrictions on travel and no one is allowed outside, not even for businesses. His mother, who is a trader, can no longer trade in other communities and continue with her business. [The child] fears he cannot be financed to return to school when schools resume.

[The child] has not been to school in over four months and a term in his educational course. He is really troubled over the long stay at home. This sitting at home and not going for school or lessons is making him hot tempered as he feels he will be missing a year in his academic life.

Rural Sites

Girls

24.
Sex: Female
Age: 8
Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is an 8-year-old from ... the outskirts of Freetown. [The child] lost her father to Ebola late last year and she and her family were quarantined for 23 days. The community insisted that they served an additional two days of quarantine in order to be sure the family was Ebola free. Luckily, [the child] received some assistance when she was in quarantine. Her neighbours and the government provided the family with food.

[The child] is a class 4 pupil at the [primary school] and she misses going to school. Previously, she enjoyed lessons because she could concentrate and her teacher provided support and motivation. Now, [the child] reports that she cannot learn much from the radio lessons, because she doesn't have anyone to help with her studies.

[The child] used to have a happy family before the death of her father, who was the breadwinner in their home. [The child] reported that her father strived very hard to care for her. But now [the child] can't have all her needs met. She is really worried about her education; and suggested that if her father were alive, he would find a way for her to progress in her education.

[The child] can't even play with her friends like before. She feels sad because she misses the company of her friends as well as their support and advice during this difficult time.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father was a devoted and hardworking man. He worked diligently at the local clinic, and went to the farm in the evening. [The child]'s mother reports: *"When her father was alive, I was not bothered with responsibilities of my*

children, because he used to take care of their needs. But presently there are certain things she needs that I can't provide because of my financial status."

[The child]'s mother explained with grief and tears in her eyes about their experience in quarantine. She said that after [the child]'s father passed away, she ran into the bush with her children when she heard the vehicle of the burial team, due to fear. They all stayed there until late in the evening, but had no option but to come back home. The next day they saw the arrival of a truck in front of their house, which was used to quarantine them. According to [the child]'s mother, the quarantine was unjust because she is not convinced that [the child]'s father death was of Ebola.

Presently [the child]'s mother is devastated. She used to spend most of her time at home doing domestic chores with her children. Now, she has to take up the duties of [the child]'s father. The family have a big farm that is serving as their main source of survival. They use some of the harvest for feeding and sell the rest at the loma market; however, this income generation has just stopped – as the market was closed recently. According to the mother, she does not even have the courage to work on the farm since the death of [the child]'s father. [The child] and her family can't go visit relatives, nor can relatives come and help. Even [the child]'s elder sister who went on holiday to Freetown before the outbreak has not been to Songo since her father's death.

"I feel sad because I have now become a single parent. I am really worried about the future of my girls, how can I raise them? Especially to see all of them through school."

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

According to the village head, [the child] does not seem to be happy like before. She does not have much support now, since her father's death. [The child] is now losing weight and doesn't interact much with her friends.

The village head man suggests that this is happening due to the stigma against [the child]'s family, caused by the death of her father: *"Since the father that was the breadwinner is no more, my greatest worry is about [the child]'s control and her education. A house without the head, especially for girls, is not that secure."*

According to the community, [the child]'s mother is not much of a disciplinarian, and therefore struggles to monitor, encourage or give her children the full support they need.

The village head man reported: *"I feel sad because, [the child]'s father played an important role in this community; he was really devoted to his duties. Even in difficult times and thinking about the way he died, he was not able to have a befitting funeral. [the child]'s mother is still living with shock and fear, even though we really trying to console her."*

25.

Sex: Female

Age: 13

Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], 13, lives in Maforki Chiefdom. Her education has been restricted ever since the Ebola outbreak began in Sierra Leone. [The child] does not go to school nor take any supplementary lessons. Her parents do not have radio for her to listen to the teaching programmes.

[The child] wanted to be a nurse, but now is afraid, because: *"Ebola comes purposely for health practitioners as plenty of nurses and doctors have died of Ebola."*

Her father practices mixed cropping, but only his cassava has grown well this year, while all other crops were destroyed during the lockdown. Now, people steal their cassava because of hunger caused by Ebola. [The child]'s mother's business recently stopped, due to the closure of the weekly market. As a result [the child] sometimes eats once per day and goes to bed without food.

[The child] does not enjoy her childhood, as she cannot play with her friends as before. She misses her friends and school activities - especially sports. She also used to go on holiday to Port Loko to see her aunt over the Christmas period. Her aunt used to spoil her and buy her new clothes. This year, she won't be able to spend Christmas with her favourite aunt. Her uncle, with whom she used to be very close, died of Ebola.

Now, [the child] wakes early in the morning to do the washing up. She sweeps the compound and fetches water, which she never did before. She is praying for Ebola to be eradicated soon and for schools to reopen.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father, said that Ebola has affected his daughter greatly. She no longer goes to school, and does not listen to the radio teaching programmes because her father does not have a radio. [The child] is always sad at home and asks her father when school will reopen. She no longer plays with friends, as everyone is aware of the ABC (avoid body contact) policy.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child], a community member, reported that the Ebola outbreak has really affected [the child], as she no longer goes to school and does not have access to the radio lessons. She eats less now, as things are hard for her parents.

"At her age, [the child] does most of the house work, like washing up, sweeping and fetching of water at night down at the river. Had it not been for Ebola, she wouldn't have been doing all these jobs by herself as friends would have been around to help her, or her sister wouldn't have been stuck in other towns because of travel restrictions. She is really suffering."

26.

Sex: Female

Age: 15

Date: 11 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], living in the Bo District is a 15-year-old student in Freetown in her final class in the Junior Secondary School. She was supposed to take her exams this academic year but because of Ebola, she did not do so as all schools were closed and the exams suspended.

[The child] had come to her native village on a holiday break but the closure of schools and travel restrictions have forced her stay at the village until now.

The teenager used to eat three times a day when she lived in Freetown with her elder sister, a UN agency worker with whom [the child] was staying while going to school. Since she has been restricted and her parents cannot afford to provide her with three meals per day, her body weight has dropped.

[The child] said that before the Ebola outbreak, she was taught in school and at home about sanitation. For instance, she was taught how to keep her compound and school clean, hand washing, bathing, cleaning of my wears and brushing her teeth but she was not used to some of the teachings. Now, she regularly washes her hands with soap and water, cleans her wears, brushes her teeth each time she eats, all because she has been told that Ebola lives where the surrounding is dirty. She also used to shake hands when greeting people and hugged her friends but now, because of Ebola, she has stopped such habits.

Before Ebola [the child] used to visit friends and relatives both inside and outside their community but now Ebola has restricted her from these visitations.

Her father is a farmer who usually sells the harvest and buys clothes, shoes and pays her schools fees, since her elder sister only took the responsibility for [the child]'s food, dwelling and medication. Since payment of her school fees was her father's responsibility, she is now worried about who will pay her fees when schools reopens as the harvest did not do well this year and they did not sell enough of the harvested crops because of the travelling restrictions.

[The child] is tall and can often be mistaken for an 18-year-old. Before the Ebola outbreak, she would spend her free time when not in school in doors. But since the Ebola outbreak, she is always outside, surrounded by young men in the village. She is worried that, her father who is now poor and cannot afford the support to her might agree to any man who may ask for her hand in marriage. If this happens it will be the fault of the Ebola outbreak – because if not for the disease she would have been at school.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

Before Ebola, [the child] used to eat three times a day but now the family cannot afford her daily meal. Her parents used to farm and provide for her and the rest of the family but now there is little farming, a low harvest and no sales. Before the Ebola outbreak, after harvesting her family used to trade farm products to get the things they needed like clothes, food and provisions. But now they cannot take their harvested crops for sale in the other bigger communities like Bo City.

[The child] recognizes these hardships and knows that her family has so little and that she cannot be provided with all the things she needs and wants.

Her parents used to attend trade fairs to sell their harvested crops in the weekly market, but now they can not take the farm products for sale, leaving her parents with no saving to feed the family, let alone pay her school fees when schools should have reopen.

[The child] has lost weight because of the lack of a balanced diet. She no longer eats meat or good fish, as she used to in Freetown. She now eats rice and cassava leaves without fish or meat, as her father can't afford these luxuries.

Her parents are worried that [the child] is not going to school and as a 15-year-old girl, she will become too old to go to school when school resumes and eventually drop out. [The child] says that, the Ebola outbreak has made her lose an academic year and she realizes that this will show on a girl of her size, because a year means so much for a girl's growth.

She says if the Ebola is not contained and schools stay closed, there is going to be a setback for her and the rest of the family as she has been looked up to as one of the promising teenage girls in the village. She is looked up to and wants to do well to help her family in the future. Now, she doesn't know if it will be possible if schools don't open soon. She is praying that The Almighty God will contain this virus and the country to return to normal.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Before Ebola, [the child]'s family was one of the most successful farming families in the village, but this outbreak has caused her family to drop down as the farm harvest was not high this planting seasons. A low-yield harvest, along with restrictions on travelling and the closure of local markets in the community, has made living conditions worst for her.

She should have travelled back to Freetown but because of the travelling restrictions and a lack of money to pay her way back, [the child] is stuck in the village. This has made her sick most days.

[The child] was also accustomed to the American or western style of dress common in Freetown, but here in Yambama she said, *"We are living in a Muslim dominated community which does not allow her to wear shorts, trousers and body fit materials."* All of the changes she is experiencing in this community is bearing on heavily on her mind and she hopes that the travel restrictions are over soon and she is allowed to travel back to Freetown.

Yambama is a typical village setting where the elders are respected, and children are expected to behave in a certain way. But [the child] has spent some years of her teenage life in the city of Freetown where the same rules don't apply. As a result, [the child] is finding it difficult to behave according to the expectations in the village. On the other hand, the community feels that she is too proud and she feels is not supposed to be with them.

27.

Sex: Female
Age: 15
Date: 12 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is 15-years-old and lives in ... the Tikonko Chiefdom, Bo District, with her aunt. Before Ebola, she was attending [primary school] where she sat the National Primary School Examination with the aspiration of entering Junior Secondary School. She had planned on attending Kankalay Junior Secondary School, where she intended to make new friends, wear her new uniform, new shoes and new bag but Ebola interrupted all those plans.

[The child] feels bad now that there is no school and that all she does is domestic work. She does not play with her friends or travel to visit relatives for help. Her aunt has no money.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s schooling has stopped and all of the plans she imagined for the new school year were broken, as she could not go to a new school and make new friends. She also could not also play with her friends as she did before. Her aunt could not trade and do her agricultural work and they have been struggling to eat because of the reduction in their income. She cannot also travel to relatives in other towns for help and support because of the travel restrictions. She also complains of the backwardness and limitations brought on them because of this deadly Ebola. They cannot live their normal life and are always underfed.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

There is a lot of suspicion in the community that somebody could contract the disease and cause it to spread. One of the consequences is that there is no business and agricultural work as before. Life seems to be difficult for [the child] and her family. Above everything else, she has experienced wasted months because of the closure of school.

28.

Sex: Female

Age: 15
Date: 10 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] said that a lot has changed in her life following the outbreak of Ebola in Sierra Leone, namely that she has stopped going to school. Secondly, [the child] said that she has been separated from her father because of the outbreak. Her father has stopped visiting them and her mother's business has closed.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother's businesses collapsed. Her mother reported that [the child] has decided to work in other areas to try to assist her mother and make some money for the family. [The child]'s mother feels very emotional as she can no longer provide for her sons and daughters.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s mother can no longer run her business, as she cannot move freely around the community. Within the community, a lot of businesses have closed down, due to the Ebola outbreak. Community representatives stated that there is a serious economic situation in this community.

29.
Sex: Female
Age: 17
Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], aged 17, lives in ... Port Loko district in northern Sierra Leone. [The child] lives with her grandmother, who no longer farms as she is too old. Today, [the child]'s grandmother depends on her children in Freetown to provide for her.

[The child] was attending ... senior secondary school and was recently promoted. The closure of schools has brought backwardness to her education. She does not listen to the radio lessons, as her grandmother cannot afford a radio. [The child] suggested that she has almost forgotten what she learnt.

Her mother and uncle can no longer provide support to [the child] and her grandmother, because of travel restrictions. Additionally, the mother's business is not operating during this outbreak, so they too are short of money.

[The child] now has the responsibility of feeding herself and her grandmother by selling goods every day. With the little money she earns, [the child] buys food, which she cooks for her and her grandmother. [The child] reports that her friends are always laughing at her for refusing to join them in their wayward life:

"I always listen to my grandmother's advice to be patient, to work hard and look up to God. But really things are difficult for me; I sometimes go to bed without a full meal. There are times when I am tempted to go after men for survival but I think about my grandmother's advice, and I always withdraw."

[The child] said that the saddest thing about Ebola is the graveyard situated in her village. [The village] was as a burial site for Ebola deaths in the area. She believes, like everyone in the village, that the odour coming from the cemetery is disturbing the entire community because the graves were dug too shallow. The community members are also worried about the transmission of Ebola as a result of this.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s grandmother, said: *"I used to do everything for her, but because of the travel restrictions due to this Ebola outbreak, I can no longer provide for her. The closure of schools has made [the child] always sad at home. [The child] is now starving; we have less food to eat. Because of that [the child] has taken it upon herself to sell and feed the home, which she never did before. I thank God that she is not pregnant, as most of her friends are. I hear her scream in her sleep, but I don't know how to help her"*.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member reports: *"The Ebola outbreak has affected [the child] greatly as she no longer goes to school and her grandmother who used to provide for her is not now in the position to do so as travel restrictions have prevented her from getting her support from her children. [The child] is really suffering, as she has to sell for the whole day to feed herself and her grandmother. [The child], who was so frisky, is now always dull because she does not really love the present life she is living."*

30.

Sex: Female

Age: 18

Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in ... Sanda Tendara Chiefdom, north of Sierra Leone. The Ebola outbreak has made life meaningless for [the child]. She is presently out of school and she neither takes extra lessons nor listens to the radio teaching programmes. Even though her aunt has a radio, they cannot buy batteries.

She stays with her aunty who is a petty trader but the business has been closed because of the closure of the weekly markets. This has affected her meals. She now eats once per day and it is poor quality food. She has to sell butterscotch just to help feed the home, because her aunty is now poor.

Her aunt was receiving support from relatives living in Freetown, but the travel restriction has stopped this assistance. [The child] also lost some relatives in Freetown because of Ebola. Her uncle, who used to pay [the child] school fees, also died of Ebola. The 18-year-old is afraid of becoming a drop out and is concerned that she will be married, as her family cannot afford to keep her with them. [The child] wishes Ebola would go away so that schools could reopen. She misses her school, going to see friends and school activities like sports and school leagues.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s aunt said things are really difficult for her niece because she is not going to school now. The girl sometimes sleeps without food because the aunty cannot provide for her as before. She sometimes sells things to get something to eat. The aunty is afraid for [the child], as most of her friends have become pregnant over the past few months. Her uncle used to help the aunt by paying [the child]'s school fees, but recently died of Ebola in Freetown.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member said [the child] is really affected due to the Ebola outbreak. She is no longer going to school and her aunt's business has collapsed. This has caused hunger in [the child]'s home. She now eats only once per day and sells at times to get any food that she can. Sadly, the community can in no way assist [the child] as everyone is affected.

31.

Sex: Female
Age: 18
Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in ... Bombali Seborra Chiefdom – northern Sierra Leone. Before the Ebola outbreak, the 18-year-old stayed in Makeni with her parents, but because of the rapid spread of the virus in Makeni, [the child]'s grandmother collected her from Makeni and brought her to Konta village.

[The child]'s life is presently deteriorating because all schools are closed. Before the outbreak, she was attending the Secondary School and preparing to take a university entrance examination.

[The child] reported that she struggles to live in [the village], as it is so remote. Nobody talks about schooling, and all the men pester her, asking for love and marriage, which [the child] is against.

[The child] does not want to stay in this village, as things are difficult for her. Her grandmother has no money, as she no longer does farm work because of her age. [The child]'s grandmother was receiving support from her family in Freetown, but because of the roadblocks, their help can no longer reach the village.

[The child] has heard that three of her school friends in Makeni have died of Ebola. Her uncle, with whom she previously spent her holidays in Freetown, has also passed away: *"He used to assist my father by paying part of my schools fees. Ebola has caused backwardness in our lives, not only on education, but also the social aspect of life. Over Christmas, I used to visit relatives and friends in bigger towns. Most of them used to help me with money and some clothing, but this Ebola outbreak has broken my social life entirely. I am really fed up with village life right now. I am really praying for Ebola to go out of my country so that life will be normal for me again."*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s elder sister, said: *"It seems Ebola came purposely for our family. We all have hopes on [the child], as she is the only one that has gone up to this level in school. We all want her to finish school, go to college, and start a job. But now she is not going to school and she is stuck in a village where nobody gives her extra lessons and she does not have access to the radio lessons as her grandma does not have a radio. The worst of all is that her uncle who pays her school fees has died of Ebola in Freetown. Who will now pay her college fees if she makes it up to college after Ebola?"*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member, said that: *"This Ebola outbreak has really affected [the child]. Being out of school, getting stuck in the village because of travel restrictions and eating less with poor quality food are all hindrances in her life. But the worst is the death of her uncle who used to pay her school fees, especially this time when she is approaching college."*

32.
Sex: Male
Age: 12
Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in ... a conservative community with a large amount of land used for cultivation and forestry. [The child] has been promoted to class 4, but he is not going to school presently because of public health emergency in Sierra Leone. He listens to the radio lessons at times, but admitted he does not pay much attention. Even though his mother is monitoring him, [the child] does not like spending the whole day at home. Instead, he likes to go to the field and help people burn charcoal so he can earn some money to assist his family. With this additional income, [the child]'s family can buy more food.

[The child]'s mother used to trade at the weekly market and was also doing business in the provinces. However, [the child]'s mother has had to stop any income-generating activities now, due to the ban on movement and public gatherings. [The child] is having difficulty now because his parents cannot afford to meet even his basic needs.

According to [the child], he is very sad now because he is bored and misses school. Moreover, his mother does not allow him to play with his friends anymore, as she tries to convince him to avoid any body contact.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] is living with his mother, a single parent. She has been struggling to raise her children since the death of [the child]'s father in 2013. Before the outbreak of Ebola in Sierra Leone, [the child]'s mother's business was prospering. Therefore [the child], along with his brothers and sisters, had enough to eat, nice clothes to wear and they could also afford to purchase school supplies.

[The child]'s mother used the 'Osusu,' a local villages and loan scheme, to expand her business selling goods at the local market. The loan was also used to cover schooling costs for [the child] and his siblings. However, [the child]'s mother fears that after the outbreak she will not be able to resume her business and send her children to school because of the current economic hardship she is experiencing.

[The child]'s mother has a little garden at the back of their house that is sustaining their food consumption but she expressed concern about her son's future. Her ability to send [the child] to school in the future is now uncertain.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

Community members noted that [the child] used to be seen playing with his friends, but now, nobody sees him around the community. A community member reported that [the child] and other children are very aware of Ebola, so they have chosen to isolate themselves.

Since [the child]'s father's death in 2013, his mother has struggled to provide for her children. However, she is determined and has not sent her children away to relatives, as she wants the family to maintain a close relationship. The community noted that because of the Ebola outbreak, [the child]'s mother is struggling to earn any money as her business cannot operate.

33.
Sex: Male
Age: 13
Date: 7 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is 13-years-old and lives in Maforki Chiefdom, Northern Sierra Leone. His father died when he was just five years old and he now lives with his elder sister in Freetown.

This year his sister decided to send [the child] to his father's village, so that he could get to know other members of his family. Unfortunately for him, a roadblock was established two weeks after his arrival in [the village] because of Ebola.

Things are really difficult for [the child] in this village, as the relatives that he came to see are very poor. This has only worsened since the Ebola outbreak because their farms did not produce a good harvest. [The child] is now out of school and does not take any extra classes. He also does not have access to the radio lessons.

[The child] is not used to village life. Now he is doing difficult jobs that he never did before. [The child] goes to the family farm to dig bush yam with his cousin every day. They only eat in the morning and at night when they come back from the farm - which is not even enough for him.

Now, [the child] does not eat quality food and sometimes goes to bed without any food. This had made him lanky and he has rashes all over his body. [The child] wants to return to Freetown and even asked the researchers to take him to back to the city.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s aunt said Ebola has traumatised her nephew. He is out of school and the very first time for him to enjoy in his father's home, he was forced to stay there because of the travel restrictions.

[The child] really regrets his arrival in their village, during these present circumstances when all farms do not do well and most local businesses have closed. The family wants to extend the love they had for his late father to [the child] but Ebola does not allow them to do so. *"[The child] is always sad and will not even want to talk to us as we have nothing to give to him to make him happy."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A community member, said Ebola has created frustration in [the child]'s life. His schooling has been retarded and he does not feel free in the village. Ebola has affected every member of his family and the community as a whole. *"His father had done great things in this our community, so it is our duty to return this good to [The child], but Ebola does not allow us. He always cries hunger and always wants to return to Freetown, but travel restrictions do not permit him to return."*

34.
Sex: Male
AGE: 15
Date: 11 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], who lives in Valunia Chiefdom, is a junior secondary school student but he cannot go to school now because of the Ebola disease. The 15-year-old also cannot play with his friends like before because of the fear of contracting the disease.

His family has not engaged in viable economic activities since the outbreak, which has affected the household. They no longer eat a balanced diet because his family cannot sometimes afford to buy fish, which is now the only source of protein for the family.

Although [the child]'s village does not have any Ebola cases, the fear of the disease has stopped everyone from behaving like before. This saddens [the child] tremendously as it means they cannot celebrate the yearly festivals like Christmas or New Year.

[The child] described on the biggest changes in this life: *"The Ebola outbreak has made me used to different behaviour which I was not used to. Before Ebola I did not wash my hands regularly with soap and water; I was at everyone's house, especially when I am on holidays. I used to do hand shake when greeting my friends; we used to play football with other communities and go hunting in the bush with my peers, but all these has changed because of the Ebola outbreak."*

The other change in his life is that they used to eat rice as dinner until their bellies are over stretched but now he is underfed as the farming system was interrupted this year because of Ebola.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child] is not involved in any educational activity, which is a worry for the family.

His family are farmers but did not have much of a harvest from the farm because during the lock down that lasted three days, birds ate about half of the rice in the farm, making it difficult for the family to get food and other necessities they previously had before the outbreak. The only source of income for [the child]'s father is trade of the harvest but this year's harvest was so poor that the family could not get much income for the festive celebration.

[The child] used to eat good food when he hunted. When he was lucky to get deer, bush cow or squirrel, his family had good and quality food but now with the ban on hunting and on eating of bush meat, his family does not eat quality food, as they cannot afford to buy fish.

They used to travel to the other communities to sell their farm products and save money for the family and his schooling. Now that there are restrictions on travelling, the harvested crops cannot be sold because that is all they have to eat. [The child] is concerned about these changes in this family livelihood because he worries that they *"cannot get money to even do his schooling when schools shall reopen as low sales were done this year."*

Furthermore, as he has learnt new behaviours like hand washing, playing alone and staying away from friends, [the child] believes that his whole family may take on these behaviours forever to maintain an Ebola free household.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

At the community level, his social life has been affected by the Ebola in the sense that he cannot get an education and his family cannot relate to each other like before. His family and other families are not as cohesive as they were before Ebola. Restrictions that have been instituted by the local authorities also make life difficult for the family because economic activities cannot go on as before and this is very difficult for the entire family and the community.

35.

Sex:

Male

Age: 17
Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] is a blind boy who lives in ... Bombali Seboria Chiefdom in Northern Sierra Leone. He analysed the situation in this way: *"If Ebola could affect people with eye sight, what about blind boys like me? If I am not mistaken, I am the worst affected person. I survive from the remnants of the sighted people."*

Going to school was [the child]'s only priority because he wants to be like Mustapha Bai Atilla, a blind deputy minister in Sierra Leone. His hopes are now fading, due to the closure of schools: *"Being out of school now is the worst time in my life. I do not take extra lessons, but I do help my younger brother and sister by giving them lessons at home."* The only thing that encourages him is the radio teaching programme which he thoroughly enjoys. *"Ebola has made me realise my life as a blind boy is limited. Before now, I used to play together with my friends, but now I am always lonely. My only friend is the radio."*

Two of [the child]'s older brothers are out of work because of Ebola and three of his relatives died of Ebola in Freetown. He used to go on holiday to visit one of these relatives regularly: *"He did great things for me, but Ebola has taken his life, may his soul rest in peace."*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s mother said: *"Ebola has indeed affected [the child]'s life greatly. He is now out of school and does not take any lessons. He is always lonely and his friends do not visit him as before. He wholly and solely depends on people for his survival because he is blind and unable to find food for himself."*

Things are difficult for [the child]'s parents as their harvest was destroyed during the nationwide lockdown. *"He now eats only once per day and there is nowhere else to get food as he is unable to search for food. His best food is the radio. He is really pitied by many people."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

An elderly member of the community, feels sorry for [the child]: *"He is blind but determined to go to school. He is always sad and lonely because there is now no school. Hunger has infected every household in this community, especially his family. His father's farm was totally destroyed by birds and cotton grass [an animal] over the lockdown. This reduces [the child]'s meal to one per day. He is desperately in need of help."*

36.
Sex: Male
Age: 17
Date: 8 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child], 17, lives in Sanda Tendara Chiefdom in Northern Sierra Leone with his grandfather, whose hands were amputated during the past rebel war. [The child]'s father died in June 2013. His grandfather is a beggar in Makeni town and through this means of earning he feeds [the child] and pays his schools fees. His life is miserable now that can no longer beg because he is stuck in the village and cannot return to Makeni.

This development meant that [the child] had to become the breadwinner. Now the 17-year-old cuts wood and also goes to farms to help in the harvest in exchange for some of the yield of the day. [The child] has no choice now but to go out working for people and the little he gets is used to buy food for him and his grandfather.

[The child] is not taking lessons nor does he listen to the radio teaching programmes, because his grandfather does not have a radio. His schooling is retarding gradually. Even though he was promoted, [the child] doesn't know if he will ever continue schooling again because he doesn't know when the roads will be reopened for his grandfather to go to Makeni and start begging again. [The child] and his grandfather have no one to assist them. Whenever [the child] sees his grandfather suffering for food, he feels like not living and this occupies his thoughts most of the times.

[The child]'s elder sister used to sell from village to village, but can no longer do so due to the closure of the weekly markets. Her business has totally collapsed and she is at the point of separating from her husband. This sister sometimes used to give a helping hand to [the child], but things are difficult for her too now.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s stepmother, said: *"[The child] being out of school is his biggest problem. His father died last year and his grandfather, who is an amputee and beggar, now can no longer beg to finance him as he cannot go to Makeni because of the travel ban. So he has been working for people to sustain his aged grandfather and himself since the travel ban was declared."*

Seeing [the child] sometimes makes his stepmother feel pity for him because he was his father's pride. The family cannot help him, as they have nothing. There has been no farming as public gathering is not allowed, and thus the farm started by the family has gone to waste because of the Ebola outbreak.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A member of the community, says [the child]'s schooling is in jeopardy, as his grandfather, who used to beg and pay his school fees, can no longer do so. He stressed that even though their community doesn't have any cases of Ebola (either death or illness), they are still greatly affected, because of the ban on public gathering and travelling. On behalf of the community, his grandfather is appealing to government and NGO's to assist [the child] in his schooling as he is determined to be educated.

37.

Sex: Male

Age: 17

Date: 12 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in the Loko Masama chiefdom - northern Sierra Leone. His mother died in Freetown three months ago. He heard that an Ebola burial team buried his mother and that no member of the family was present for her burial. *"That pains me so much. I want to fight the burial team anytime I see them."*

[The village] has been chosen as a grave site for all Ebola deaths in Loko Masama, which has disturbed [the child], especially because he believes that the burial team are not digging deep enough graves to bury the dead: *"This makes me anxious and stressed that I am going to catch Ebola. Any day I see the burial team, it reminds me of my mother's death."*

[The child] is out of school now because of Ebola, which has caused backwardness in his schooling. Even though he was promoted to a higher grade, he now he believes he should be back one year. [The child] misses his school friends,

especially the group studies at home. He loved the group studies because he believes that he learned faster from group studies than from the teacher because he was not afraid to ask his friends questions.

He also misses school activities like football leagues and sports. Though his father was fortunate to have a high yield in his farm, they still eat less food.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s father, said: *"Ebola has caused stress in [the child]'s life as he lost his mother whom he loved so much. And besides, he is presently not going to school. He is sometimes sad whenever he thinks of his mother, especially when he hears the sound of the ambulance's siren. This is frequent as [the village] is a burial site for Ebola corpses. He sometimes isolates himself and cries. He doesn't even have the appetite to eat enough food as before."*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s Pa said Ebola has caused backwardness in children's education, especially [the child]'s, whose mother died in Freetown some months ago. That he is presently not going to school due to this same Ebola and could not eat enough food again as before means he really needs psychosocial assistance.

38.

Sex: Male

Age: 18

Date: 9 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] who lives in ... Dama Chiefdom, Kenema District is an 18-year-old commerce student. He cannot attend school now because of Ebola outbreak even though his community has never had an Ebola patient since the outbreak began. He is not happy because he cannot attend school, play with his friends or visit other family members because of the fear of coming into contact with Ebola.

His family cannot engage in economic activities like before, so things are very difficult for them He said he looks forward to seeing this disease contained in the shortest possible time.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

In addition to not being able to attend school, [the child]'s life has changed in that he cannot eat bush meat now like before nor can he play with friends. His family cannot provide sufficient food for him now because of hardship and increased prices of essential food items in the community. His family's agricultural work cannot go on now like before either.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s life and family have been greatly affected. He and his family cannot interact with other members of the community like before even though there have been no cases of Ebola recorded in their community. People still fear Ebola immensely, and are concerned that it will reach their community. For these reasons, life is difficult for [the child] and his family.

39.
Sex: Male
Age: 18
Date: 12 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[The child] lives in [the village] and attended Junior Secondary School in Bo before the outbreak. The 18-year-old has three brothers and one sister. This disease has made his family poorer as the family cannot carry out their normal economic life because of restrictions of movement in the community. His village has not had a confirmed case of Ebola but fear of the disease had made everybody uneasy. He is not happy because of this and prays that this problem is solved soon.

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

[The child]'s family do not work now and are therefore unable to raise an income. Farm work is also restricted due to the reduction of cooperatives working in the area helping farmers. The price of food has increased because of the restriction in movement so [the child] and his family cannot get enough food to eat because of Ebola.

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[The child]'s family cannot engage in any viable economic activities now because of the Ebola outbreak. The authorities have enacted bylaws to help curtail the problem in the whole country but this has made things very difficult for community.

Adult case study

The following interview was conducted with a 23 years old, which falls outside the definition of a child used in this study, of age 18 or less. It is included here because of the insights it gives into the situation facing children and their carers with quarantine and treatment.

40.
Sex: Female
Age: 23
Date: 13 December 2014

Child: What has changed in this child's life and in what way has Ebola been the cause?

[Woman X] is an Ebola survivor who lives in Lunsar town, Marampa Chiefdom, in Northern Sierra Leone. [Woman X] was forced to marry after completing class 6, as her elderly mother had to stop working, which meant there was no one left to pay [Woman X]'s school fees.

[Woman X]'s husband, 3 children and her in-laws all died of Ebola. When her husband died of the virus, the whole household was quarantined. On the 14th day of quarantine, [Woman X] and two of her children started to feel sick. The '117 of Lunsar,' Mr. K, a philanthropist in the community who responds to suspected case calls, responded immediately.

Two days after contacting the authorities, the ambulance collected [Woman X] and two of her children. They were taken to Port Loko. [Woman X]'s daughter died immediately after entering the treatment centre. [Woman X] and her son spent

the next two days at the treatment centre, but received no medical attention. They were not provided with food or water. [Woman X] believes that this is the cause of the many deaths in the centre. [Woman X] again contacted Mr K and explained her ordeal. He then came with food, water and drugs, not only for [Woman X], but for the entire treatment centre.

Doctors and nurses continued to avoid touching [Woman X] and her son. She called Mr K again when her 7-year-old son fell critically ill. He bought drips for both patients, but on checking the boy, discovered that this help was too late. [Woman X]'s 7-year-old son had also died.

[Woman X] was then finally put on a drip – provided by Mr K. Her third son, who was 18 months old, fell ill while [Woman X] and her children were at the treatment centre. There was nobody at home to take care of him. Even [Woman X]'s elder sister refused to take care of her son, for fear of getting Ebola.

Mr K made an arrangement for [Woman X]'s final son to be taken to the Hastings treatment centre – where [Woman X] was also receiving treatment. However, the son, whose name was not on the register, was refused treatment. [Woman X] had to cry for days before the Chinese medical staff started treating her son. However, the treatment came too late and he also died.

[Woman X] spent 8 days in Port Loko and 14 in Hastings. She reported that the Port Loko centre was “really a death trap.” Had it not been for Mr K, [Woman X] believes that along with her children, she would also have died.

Today, [Woman X] struggles to earn a living. She relies on neighbours to provide her with food and feels very depressed. She has nobody. When [Woman X] was discharged, people in her community ran away from her, as they were afraid of contracting the Ebola virus. Mr K stepped in again and sensitised the community about Ebola survivors. Now, most of her neighbours have accepted her. In some areas of the town people still don't come close to [Woman X] when they hear that she is a survivor: *“This pains me so much. I do not want to walk around in the day, so now I only go out at night.”*

Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?

A cousin of [Woman X] says [Woman X] is traumatized and at the same time as she is stigmatized within the community. The cousin says that [Woman X] needs counselling: *“She sometimes looks in one direction until she sheds many tears. She keeps losing concentration and talks to herself. She really needs help, as she no longer has a husband to help her. [Woman X] even blamed her family for the death of her last son. But it was really not our fault.”*

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

A local philanthropist who tried to help, comments on [Woman X]:

“[Woman X] has suffered greatly in this Ebola outbreak. She lost her husband and her three children within one to two months. She went through quarantine the hard way and also lost her in-laws of the same household. She is really traumatized and needs serious counselling. She even tries to isolate herself as people ran away from her. [Woman X] needs help, as she is not even going out to fetch food for herself. I had to go from house to house and on the media to sensitize people about the way to treat survivors. Now her neighbours have started coming closer to her.”

2 Appendix 2A

TRAINING and FACILITATION GUIDE

EBOLA HUMANITARIAN CONSEQUENCES RESEARCH

Contents

1. Research objectives and approach
2. Safety protocol
3. Child protection
4. Selection of participants
5. Informed consent
6. Organisation of research teams
7. Survey checklist
8. Change chart
9. Case studies
10. Debrief, recording and write-up of data
11. Confidentiality and data storage

1. Research objectives and approach

The research objectives create some big challenges for how we carry out the fieldwork.

Firstly, this research is not about the direct impacts of Ebola (sickness and death). It is about the way in which children and adults have had to change the way they live as a result of Ebola, and the consequences that this has, or will have, on education, child protection, food security, livelihoods and community cohesion.

So we are not testing people on what they know about Ebola or how to protect themselves. We are going to be asking them about the changes they have had to make in their lives and how these affect their children and family. The basic questions that we want to explore with people are:

- What changes in your day-to-day life have happened because of Ebola?
- How are these changes affecting the well-being and development of children and the strength of the family and community?

Secondly, it is not easy to ask this kind of question:

- The changes and consequences can be many, so a discussion can be complicated and long.
- People might want to tell you about Ebola sickness and how it directly affects people, because this is what they think you want to hear and it is what they are immediately concerned about.
- People naturally focus on immediate problems and on those that they think NGOs/donors might help them with. For example, people may talk more about money or food, because they are necessities and they hope to get financial assistance or food aid. They may talk less about children being afraid or being out of school and less able to play with friends, because the long-term consequences of this are less obvious, as are the immediate solutions that NGOs can bring.

Thirdly, the research aims to get an in-depth understanding of the consequences and how they happen, at the same time as getting a general understanding across communities in Sierra Leone that can also be applied to Guinea and Liberia. It is difficult to balance these two levels of analysis. For in-depth, we want to spend a lot of time talking in detail. For general, we want to cover a wider set of questions, consistently, with a large number of people.

Fourthly, the purpose is to enable Plan International and others to improve their response to this and future outbreaks of deadly viruses. We therefore need to relate our findings to what individuals and communities can do to help themselves, and how Plan and others can support people, communities, civil society organisations or their governments. So we want to understand how the wider consequences of Ebola happen, in order to identify what interventions will help most.

What this means for how we do fieldwork

With these challenges, it is very important that the research teams understand why we are doing the research. We don't have a questionnaire that researchers just work through, asking every question. If we had this it would be too long, and it would mean that we have already set the agenda – communities would not be free to tell us their priorities, in their own way.

Instead, we have a checklist that gives themes and prompts for the researchers to use. The facilitator therefore needs to use their skill and judgement to decide what questions to ask or not. They need to find the right balance between:

- allowing participants to describe the changes and consequences as they see them;
- making sure we cover the themes and ask a consistent set of core questions at each site.

To do this, facilitators need to:

- Organise the group so that different types of people and perspectives are included.
- Facilitate the discussion so that each person has an opportunity to speak
- Begin the discussion by asking the participants to list the most important changes in the lives of children and families that they see.
- Use follow up questions to get an in-depth understanding of (only) the most important changes/consequences.
- Use the checklist to make sure that all the themes and core indicators are covered.
- Use the change chart to measure the scale of change in core indicators and to feed the results of the discussion back to participants.

<p>Training Purpose</p> <p>To understand the objectives of the research so that the research tools can be applied most effectively.</p>	<p>Resources</p> <ul style="list-style-type: none"> • Research Terms of Reference • Research Proposal • Research Tools and facilitation guide (included in this document)
<p>Training Tasks</p> <ul style="list-style-type: none"> • Read research terms of reference and proposal. • As a group, carry out a ‘<i>problem tree analysis</i>’ for an example (fictional) pregnant woman, based on what you already know about changes and consequences of Ebola. The reason for doing this is that it shows the kind of ‘cause and effect’ discussion we want to have with children and adults and the importance of follow-up questions to reveal consequences. It also shows the sort of ‘story’ that we want to be able to tell in the reporting/write-up of the consultations and case studies. 	

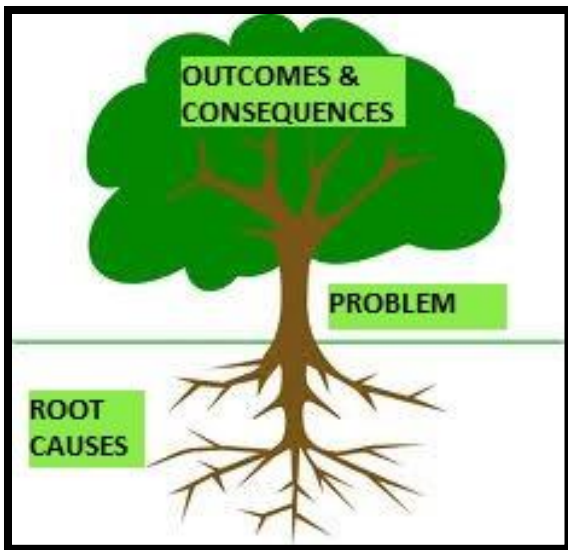
Step-by-Step: Problem tree analysis

Step 1: Explain to the participants that you are going to read a scenario that deals with the consequences of the Ebola outbreak in Sierra Leone

Step 2: Explain the following short scenario to the group:

A 15 year old girl living in a village outside of Port Loko fell pregnant in November. This girl did not use a contraceptive during intercourse as she was afraid to go to her local clinic due to the threat of Ebola. Her friends who have been to the clinic say there is nothing there anyway. Now her village is quarantined, and she is worried about accessing a PHU for the duration of her pregnancy.

Step 3: On flipchart paper, draw a tree with the roots showing underground and branches leading up to the sky. Label the tree as highlighted below:



Step 4: Introduce this as a simple tool which can be used effectively to identify and explore the root causes and impact of any identified problem.

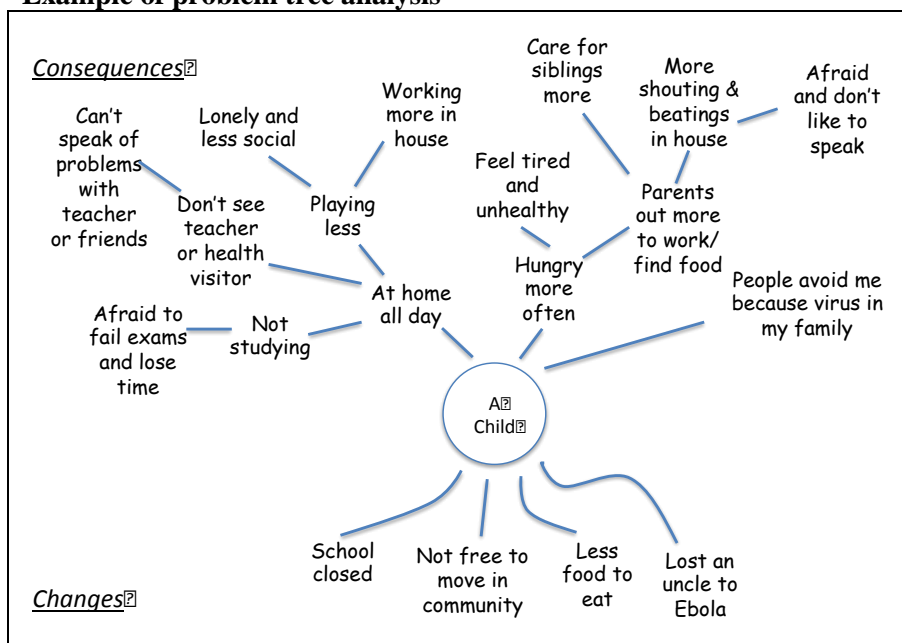
Step 5: Use the problem tree to explore the wider consequences of the Ebola outbreak.

NOTE: that the 'causes' we are interested in are not the causes of Ebola, but rather the causes of the wider impacts. This is important because we want the children, adults and communities we speak to to focus on the changes that trigger wider consequences, such as closed schools, or quarantines

Step 6: Facilitate a discussion on the problem tree analysis, emphasizing the following:

- First ask questions about the problem itself, then follow up with questions about the solutions.
- What are the most serious outcomes/consequences?
- Which causes and consequences can this study help address? How can local leaders help? How can the government help? Where can international agencies help? What can communities and people do? Etc.

Example of problem tree analysis



2. Safety protocol

Training Purpose To provide the research teams with a set of rules to follow during fieldwork, so they can protect themselves from infection and also protect participants.	Resources <ul style="list-style-type: none">• Safety protocol• Established practices of NestBuilders and Plan Sierra Leone.
Training tasks <ul style="list-style-type: none">• Each team to nominate a lead person on safety. This person will be responsible for ensuring that safety guidelines are followed during fieldwork. At training, the nominated person should lead the team through the following tasks:• Taking the safety protocol as the starting point, each team to compile a list of measures that they will follow to: a) protect themselves and each other; b) protect participants.• Agreed safety protocol to be written up, give to all researchers and sent to project coordinator.	

SAFETY PROTOCOL (to be checked, revised if necessary and adopted by all teams)

- All researchers will be given a written version of this safety protocol and will rehearse this in training.
- Before meeting any communities, contact by telephone will have been made with at least two members of that community to discuss the arrangements for the research, safety precautions and to seek approval for the meetings.
- Researchers will work in pairs.
- One team member will have overall responsibility for safety.
- Research teams will be equipped with water, disinfectant etc. to enable washing.
- The research team will wash hands on entering a community, before meeting people.
- Researchers will carry their own disinfected water for hand washing.
- Researchers will not enter buildings or confined areas where there are suspected cases of Ebola or meet with people who appear to display associated symptoms.
- Meetings will take place outside or in an open space, with people seated separately and with distance maintained between everyone.
- There will be no physical contact (hand shake, back slapping etc.) and no exchange of materials such as pens, paper, food, drinks.
- Travel to different places and communities for research purposes will be minimised.
- If a researcher believes they may have come into contact with the virus they will be removed from the research team and will follow the contact-minimisation and health-monitoring steps advised by the Sierra Leonean authorities.

3. Child Protection

Training Purpose To ensure the fieldwork is conducted in a way that avoids any harm or distress to children and young people.	Resources Plan Child Protection Policy Child protection skills and knowledge of NestBuilders
Training tasks <ul style="list-style-type: none">• All researchers to read Plan Child protection policy.• Research team to draw up a list of practical steps they will follow to put the child protection policy into practice during the fieldwork.• Agreed child protection steps to be written up, given to all researchers and sent to project coordinator.	

Notes

The organisation conducting the survey work have members who are experienced at working with children and young people on sensitive topics such as health.

The practical steps for child protection that we set out in our proposal are that:

- All meetings with children should take place outside or in an open space and will be done alongside meetings with other sections of the community.
- Parents, teachers and others should be fully aware of the presence of the research team and all will be within close proximity.
- Researchers will work in pairs.
- There will be a range of ages in each group, from 12 to 18, so younger children will be accompanied by older peers.
- Girl's and boy's FGDs will be conducted separately. To avoid participant discomfort, FGDs with girls will be conducted by female researchers, whilst FGDs with boys will be conducted by male field staff.

Researchers will be aware that the discussion of Ebola and its consequences may be distressing and fearful for children in particular. They should therefore treat these discussions with great sensitivity and take the lead from participants and about what topics can be explored without causing too much distress. If a child or adult is distressed, researchers should ensure that the person's concern is recognised (e.g. by allowing them time to talk, making eye contact, empathising whilst maintaining professional boundaries) and that they have the comfort of family, friends or others, before leaving.

If researchers become aware of children who are at risk, in terms of Plan's child protection authority, they should report it to the team leader who will in turn report it to Plan and/or other appropriate authorities (including local leaders) if it requires immediate intervention.

4. Selection of participants

<p>Training Purpose</p> <p>To guide the research teams in the selection of participants by explaining the purpose and approach.</p>	<p>Resources</p> <ul style="list-style-type: none"> • Safety protocol • Table describing groups and participants • Contacts in communities
<p>Training tasks</p> <ul style="list-style-type: none"> • Read and understand the guidance here on selecting participants and organising the groups. • Check the guidance against your own experience/knowledge of the communities we will be working in and add to or improve it. • Agree how to approach local contacts and explain what we want in terms of groups. 	

Purpose and method for inviting participants

The aim of the research is to produce findings that are relevant throughout Sierra Leone, Guinea and Liberia. So the sites we have chosen represent the different kinds of settings in which people are living with Ebola. For the same reason, we need to invite participants that represent the different types of people living with the consequences; young, old, parents, leaders, women, men, disabled etc.

We will not use a strict method for selecting individuals (sampling framework) of the kind that is used sometimes for statistical studies; e.g. when households or individuals are randomly selected. This is because:

- It requires a large number of participants to become representative. In our small groups we need to deliberately select the type of individual we want to represent the diversity in the community (Called ‘Selective’, or ‘Purposive’ sampling).
- Randomised sampling involves the selection of individuals, whereas we want to select the type of person and leave some choice about who actually participates. This is to avoid people feeling they have to participate.
- Randomised sampling takes a lot of time and organisation to implement and involves researchers going amongst households;

Instead, we want to give to communities clear guidance on the type and numbers of people we want to meet and ask them to help invite suitable individuals. The types of people we want are:

Groups and participants table

FGD/Interview	Group	Participants
1	Children (Girls)	8-12 female school age children (12-18)
2	Children (Boys)	8-12 male school age children (12-18)
2	Carers (Female)	8-12 female parents and teachers
3	Carers (Males)	8-12 male parents and teachers

<u>INTERVIEWS</u>	X4: With key leaders (e.g. chief/headman/local government/NGOs)
<u>CASE STUDY</u>	X2: 1) Boy + 2) Girl. Focus on the individual child. Also speak to carers and teachers of this child

Organising the groups in advance

You should try and organise the groups before arriving at the site, by speaking with contacts in the community. In explaining what you want, you will want to describe the groups above, but also to emphasise that:

- We want to hear the different perspectives/voices within the community, so want to meet with people who come from different family circumstances and different experiences.
- This is about the wider consequences of Ebola, so we don't just want people who have suffered directly from the virus.
- We will speak in a group and we will ask people to talk about their lives and what is happening in the community. So the people must be willing to speak in a small group, although they don't need to be a spokesperson.

Managing the size of the groups

It is not always possible to control the numbers and composition of the group. Men are more likely than women to come to the mixed groups. People may join the group during the discussion. It is sometimes impossible to control this strictly (It is not a military exercise!).

The overriding necessity is to stick to safety rules – i.e. to limit group meetings to maximum of 12 participants. If more than 12 come, stop the meeting, explain that we want to keep the group small for everybody's safety and ask for their cooperation.

If the community, or you, think that even a small group is unsafe, ask to meet with individual households.

If there are chairs, it may help to set out the right number of chairs and no more.

The team supervisor can also assist in ensuring that the size of the group is managed. If curious outsiders attempt to join discussions once the participants have been selected and the FGD begins, the supervisor (who is not responsible for facilitating discussions or note-taking) or the facilitator can ask the group to explain to others that the maximum number cannot be exceeded, and that extra people cannot join.

5. Informed Consent Form

Training Purpose To familiarise the research teams with the need to obtain consent from participants, and with the form to use.	Resources <ul style="list-style-type: none">• Informed consent form
Training tasks <ul style="list-style-type: none">• Check that team understand the purpose and use of the form, and the need for joint signatures from facilitator and note-taker.• Check the words used to introduce yourselves and the study, and make improvement where you can, so that it will be well understood by participants.	

The consent form below will be used to check that participants are informed of the research and have expressed their willingness to participate. We do not need signed consent forms from each participant. This is often good practice but it is not desirable in this case because it would involve the exchange of pens, paper, etc. and hence risk.

Date: _____
 Site: _____
 County: _____
 Number of participants: Female _____ Male _____

I have communicated the above information to the participant and they have agreed to participate.

Signature of researcher: _____ Date: _____

Signature of second researcher: _____ Date: _____

6. Organisation of research teams

Training Purpose To select and organise the teams of researchers who will carry out the fieldwork in the sites.	Resources <ul style="list-style-type: none"> Table of groups and researchers (below)
Training tasks <ul style="list-style-type: none"> Compile a team list with names, relevant training and skills. Assign team members to particular survey tasks. Write a checklist listing the materials and copies of checklists that you need to take to sites. 	

Guidance on team selection

Essential

- Minimum of five researchers in team.
- Minimum of 2 females or 2 males.
- The team leader and the facilitators are the same for all sites, so that they build up experience, so that the method is consistent and so that they can compare the results in each site.
- The number should allow for researchers to work in pairs for all groups/interviews.
- Experienced in working in Ebola affected communities.

Desirable

- Mix of younger and older researchers.
- At least one member of the team is known personally in the community being visited.
- Facilitators speak dialect of community.
- Trained in child protection

Table of Groups and Researchers

FGD/Interview	Group	Participants	Research Team
1	Children (Girls)	8-12 female school age children (12-18)	One facilitator and one note-taker
2	Children (Boys)	8-12 male school age children (12-18)	One facilitator and one note-taker
2	Carers (Female)	8-12 female parents and teachers	One facilitator and one note-taker
3	Carers (Males)	8-12 male parents and teachers	One facilitator and one note-taker
INTERVIEWS	X4: With key leaders (e.g. chief/headman/local government/NGOs)		One facilitator and one note-taker
CASE STUDY	X2: 1) Boy + 2) Girl. Focus on the individual child. Also speak to carers and teachers of this child		One facilitator and one note-taker

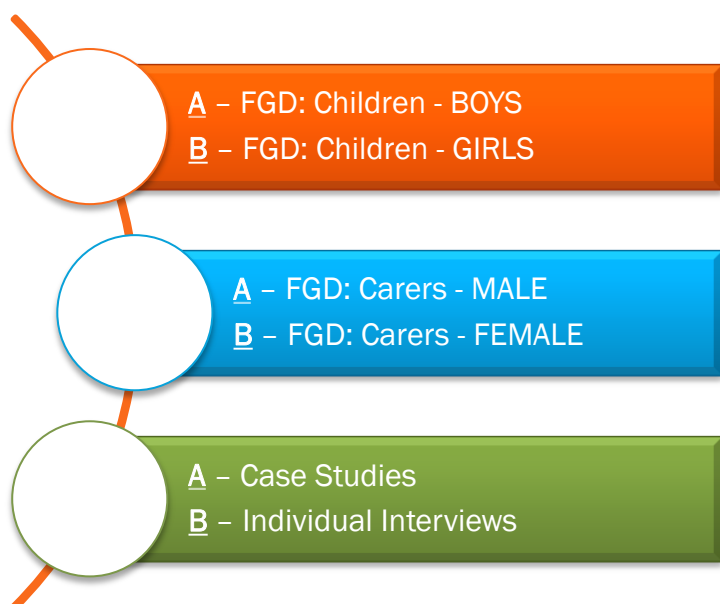
The workplan and budget is based on three teams with at least 5 members each. This number allows the surveys to be completed relatively quickly, as two groups/interviews can be going at the same time.

However, it is for the organisations carrying out the fieldwork to decide if more than 5 are required. For example, you may want to include extra researchers if they are known in the community or if they speak local dialect.

Timing, the order of groups and other aspects of organisation are to be decided by the research team, in consultation with local contacts and leaders. The example given below is just a suggestion. It will probably be desirable, in most cases, to have the same pair of researchers meeting with children, female carers and doing case studies, because the case studies will be identified through the discussions with children and carers (Facilitator A and Note-taker A in the example below.)

Example of survey schedule

Activity [Team members involved]
Introductions and courtesy meeting with community leaders [A//]
Organisations of timing and group with leaders and local contacts [A//]



Activity [Team members involved]
Debriefing: Improvements to survey implementation and read-through, checking and labelling of notes [A//]

7. Survey checklist

Training Purpose To familiarise research teams with the checklist and to give guidance on its use.	Resources <ul style="list-style-type: none"> Checklist, with version adapted for children. Facilitation guide (in this document)
Training tasks <ul style="list-style-type: none"> Read through the checklists as a team to clarify the meaning and purpose of the prompts and to check that the wording will be understood by participants. For difficult question agree a form of wording that will help participants to understand. 	

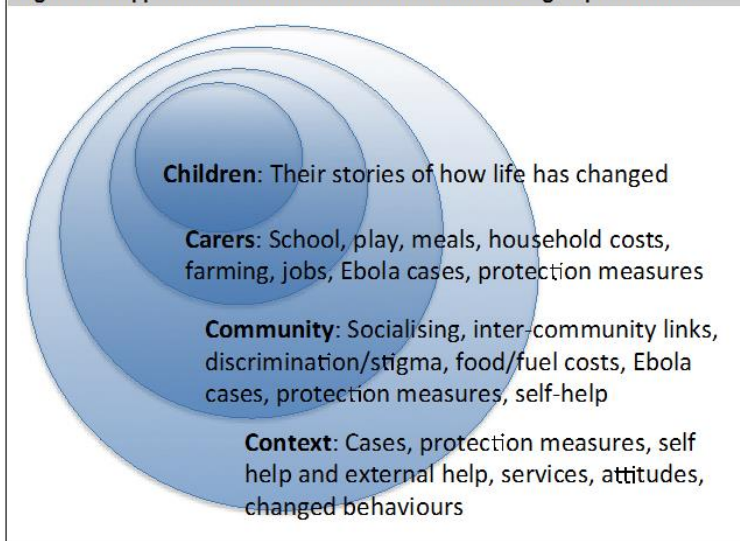
- Pilot the checklist (and informed consent form), change chart and case study template with one group of children, one group of carers and one case study in a community.
- Review your use of the form, the checklist and the recording sheets. Send a copy or transcript of the recording sheets to project manager. Make minor improvements (e.g. changes to wording/translation) in your team. Major improvements/changes to the tools should be discussed with the other organisations and the research coordinator and manager, so that we maintain consistency.

Facilitation notes

The checklist is to guide the semi-structured discussions in small groups or in 1-1- interviews. It uses themes and prompts that allow space for the community to state its own views on the most important consequences, and space for the facilitator to use follow up questions to dig deeper into priority issues. The purpose of the key indicators is to have a small number of factors that are asked in each discussion, to improve consistency and to enable comparison from site-to-site.

A shortened version of the checklist, with age-appropriate language, is used with children. The facilitator will place different emphasis on different themes within the checklist. With children it will be their immediate experience of school, play, day-to-day living and care. With parents and carers the emphasis will be on families and households. With community leaders it will be on the community impacts and responses to Ebola and the context for this created by external agencies such as Government and NGOs.

Figure 2.7 Approach and themes for interviews and focus group discussion



The main steps in facilitating the meetings are:

- Introduction and consent request [Informed Consent form].
- Introduction of participants
- General question on changes (*"What are the main changes in your lives and in your community because of Ebola?"*)

In this part of the discussion you want to get a list of the different types of changes and an indication of which the participants see as most important. It may be helpful ask each person in turn, to get different perspectives and to encourage all to speak.

In particular, children will tend to give the same answers as the older children who were asked before them, so you will have to encourage them to speak their own mind, e.g. by saying that we are interested in different answers, everyone's opinion is valuable and that there is no right or wrong answer.

- Go through the rest of the checklist, concentrating on the themes that are most important to the participants and using follow-up questions to understand how consequences happen, how children are effected and what sort of solutions can work.

It is difficult to do this quickly and better to let people speak in a relaxed way. An hour is the minimum it will take. The note-taker can help by watching the time and helping you to stick roughly to the agenda.

If people give general or superficial answers you will need to use follow-up questions to test the accuracy of what they are saying and to gain details. Asking for examples or "why do you say that?" ... or ... "what evidence do you have for that?" may be helpful follow-up questions.

Deal with themes as people raise them. You do not need to follow the order of the checklist, just make sure that all topics are covered by the end of the session.

- Use the Change Chart (adult groups only) to get a rough measure from the participants of the proportion of children who are affected, using the key indicators.

You'll need to use an example, such as the proportion of children in school, to show participants how the chart works.

Try to avoid using numbers and percentages. Numbers exclude less numerate people from the conversation and favours others (e.g. teachers). It is better to talk in terms of "majority & minority", "more than half & less than half" or "small & plenty". When placing the indicator on the scale, check the different opinions. If the change is particularly significant ask people's reasons for saying it is high or low.

It is important that people can see the change chart and engage in deciding where on the scale the indicators should be. It is usually done on a big sheet of paper (flipchart), on the floor in the middle of the group, using post-its so that the indicators can be moved around easily.

- Use the change chart to summarise to participants what they have told you, adding in some key points from the earlier discussion.
- Explain what you will do with the results and give thanks.

Recording Sheets (Groups and Interviews)

Group/Individual _____ Site _____ Date _____

Number of participants: Female _____ Male _____

Theme:

Question:

Answers:

***The following discussion guides will be reviewed:**

1A: Discussion Guide: Boys (Children)

1B: Discussion Guide: Girls (Children)

1C: Discussion Guide: Female Carers

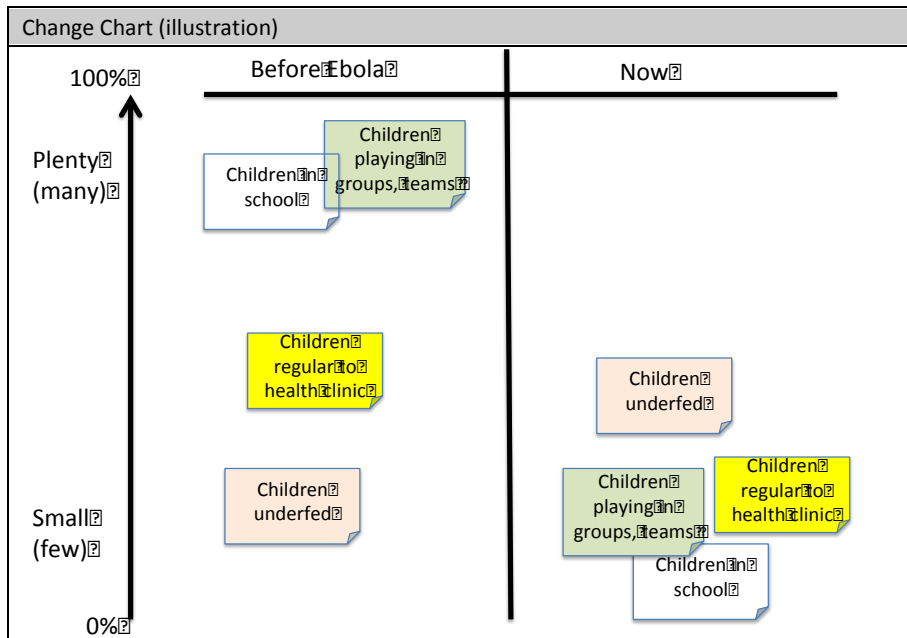
1D: Discussion Guide: Male Carers

1E: Interview Guide for Key Leaders/Informants

8. Change Chart

The Change Chart is to be used at the end of the adult group discussions to summarise views on the change that they have seen in a number of the key indicators. It does not involve any additional activities or individuals and it will be completed by the facilitator, on behalf of the group, to avoid the exchange of pens, papers etc.

For the participants, it provides some confirmation that their views have been recorded in a way that they can see. It is a way to 'play back' to the group some key points from the discussion.



Materials required

- Flip chart paper (usually better without stand)
- Post-it notes (large) with headings for key indicators written in advance (to save time and to ensure none are forgotten)
- Pens
- **Camera to take a photo of the completed change chart**

9. Case Studies

Two case studies per site will be researched and written-up. These will have an individual child as their focus and so will involve in-depth discussion with that child and their parents/carers. They may require speaking with more than one adult as well as the child. These discussions may be short (e.g. 10-15 minutes) depending on how much information they have to give, but allow one hour in total researching each case study. The confidentiality and child protection/ethical issues that arise from this are handled in the following way:

- The participants for the case studies will come from the discussions with children and parents and they will therefore be selected by the participants and with their consent.
- The child's name will not be included in the final, published version of the case study, although it will be recorded during the research
- The parent/carer of the child will be invited to give her/his verbal consent to the case study on the understanding that it will only be reported anonymously.

When finalised and written-up, the case studies should be no more than two pages in length although you may need to take more notes. They should tell a real-life story which illustrates the consequences for a child of Ebola, relating this to how the family and community have been affected. Include actions that have been taken by the child, family, community, NGOs or other organisation to help the child and family.

They must relate to one or more of the research priorities: **education, child protection, food security, livelihoods, psychosocial consequences and community cohesion.**

Take notes during the interviews for the case study under the headings given in the template below, and use the template to write the case study from your notes.

Case Study Template
Childs Name (First name and first letter of surname only) Sex Age Location (Site)
Child: <i>What has changed in this child's life and in what way has Ebola been the cause?</i> <i>[expand as required]</i>
Family: <i>How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child?</i> <i>[expand as required]</i>

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[expand as required]

The parent/carer of this child gives their consent to the case study being reported anonymously and they have been told/read the key points that will be written:

Signed (researcher) _____ Date: _____

10. Debrief, recording and write-up of data

Debrief

A debrief after the work in each site is important to:

- Collect and clearly label each recording sheet and change chart (sites, date, name of group etc.).
- Take photos of all the charts and recording sheets so we have a digital record.
- Review the safety of the site activities, identifying any breaches of the safety protocol, any inadequacies in the protocol and agreeing improvements to practices if there have been (and sharing these with the other organisations and project manager).
- Review the research tools and how you used them, identify any problems and agree solutions.
- Review the results of the discussions and made additional notes if necessary, so that you are clear about the key points that participants made (in pairs of facilitator/note-taker)

Recording

The note-taker will take hand-written notes of key points from the discussion and from the interviews and case studies. We do not need a record of every word said, but it is important to capture the main points in detail. Ensure that all notes are labelled so that you can tell subsequently which discussion/group it was from.

Write-up

Notes should be typed up by the note taker and/or facilitator in microsoft word. It is strongly recommended that you do this the same day as the survey, when your memory of the discussion is fresh and before it gets confused by discussions from other sites. These are to be sent to the team leader and project manager.

Team leaders are asked to produce a site report, which includes the main points, analysis and findings from each site, organised the themes in the checklist. These are to be sent to the project manager.

11. Confidentiality and data protection

Confidentiality

The research tools described above provide templates for recording the information gathered. They will be completed by note takers/facilitators during the consultations and copied as digital images. Transcripts will therefore be held in both original (paper) and digital form.

The survey produces a substantial number of records; at least 80 discussion/interview transcripts and change charts and 40 or more case studies. Each area team will produce site reports; word documents which compile the information from the different interviews under the theme headings.

Names of participants will be recorded in the fieldwork notes and transcripts. E.g. The names of the group will be written down during introductions. Please use **first name and first letter of surname**. This is important for authentication and also to acknowledge the attendance and contribution of the participants.

No names or information that would make a person identifiable will be included in the reported/published documents arising from the research.

Children's names will be disclosed if researchers deem this necessary to protect a child from substantial risk, in terms of the Plan child protection policy (e.g. a child who reports being abused), in which case the researcher will advise the team leader who will report the incident to Plan in the first instance.

Informants will receive a summary of key points that the researchers have noted (particularly through use of the change chart). A contact telephone and email address will be left and participants will be informed that they can request a copy of the report or contact researchers to provide further information.

Data protection

Fieldwork transcripts, reports and electronic data relating to this processed data will be stored by Plan IH for a two year period after completion of the research project. All hard copies of raw data – data recording sheets, informed consent forms, will be transferred to Plan IH upon completion for the project and stored by them for five years, after which it will be destroyed in accordance with the legal, ethical, confidentiality requirements relevant to Plan IH.

*Prepared by David Rothe, Project Manager and Contractor.
28 October 2014-10-28*

Contact: David Rothe +44 1223 366 680, +44 7889 522 373, rothedavid@gmail.com

3 Appendix 2B Focus Group Discussion Checklist: Boys

Discussion with 8 -12 school age **boys** and a range of **ages from 12 to 18**

A. Interview Identification	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	3.1.1 A4. DATE OF INTERVIEW: 3.1.2 (dd/mm/yy): ____/____/____
A5. NUMBER OF MALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A6. NUMBER OF FEMALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">0</div> </div>
A7. FACILITATOR (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A8. NOTE-TAKER (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Instructions:

1. Read the 'Informed Consent Form' to all participants
2. Prior to beginning the discussion, ask each participant to introduce themselves. Ask for the respondents name and age (remember to reiterate that names will not be reported). Fill in the details in the table below
3. As each participant introduces themselves, distribute a sticker name tag with their corresponding ID# recorded on it and ask them to affix it to their shirt for the duration of the discussion (this is meant for recording purposes so that we are able to trace responses back to the respondent. As you record participant responses, record the speakers ID# next to their response)

ID#	NAME	AGE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

THEME	KEY QUESTIONS
INTRODUCTIONS	Icebreaker activity: Favourite song (group singing). Have you learnt any Ebola prevention songs?
CHANGES DUE TO EBOLA	Since the Ebola outbreak, is there any difference in your life for you, and for your friends? → If yes, how?
EDUCATION	Before Ebola, did you all go to school? → If you are not going to school now because of Ebola, how do you feel about this?
	During this Ebola outbreak, are you taking lessons out of school? → If yes: Who is providing your lessons out of school? → If no: Why are you not taking lessons out of school?
	Does any member of your family own a radio? → If yes: Do you listen to the radio for lessons or teaching? Is the radio programme or teaching useful to you? Why or why not?
	If you are not going to school, what are you and other children doing in the day? → PROBE: do you have more chores at home? ETC.
CHILD PROTECTION AND WELLBEING	Do you and your friends play like you did before Ebola? → If no, why? What has changed?
	Tell me about a normal day for you during the Ebola outbreak? → PROBE: If you are not in school or playing, what are you doing in the day and who are you with?
	Has your life with your family at home changed since the Ebola outbreak? What is different?
	Do you see people from the government (e.g. education and health workers) or from NGOs more or less often now, compared to before Ebola? How does this make you feel?
	Do you think that you and other children are more at risk from abuse, crime or neglect since the Ebola outbreak? If so why?
FOOD SECURITY	Compared to December last year, do you have more or less food to eat now? → Why do you think this is?
	Has the kind of food or the quality of food that you eat changed since a year ago?
	Do you help with farming, getting food or preparing food like you did before Ebola?
LIVELIHOODS	Does your family get money from trade or salary (employment/work) like they did before the Ebola outbreak? → What has changed?

	→ How has this affected your life? (Give specific examples)
	Do boys and girls do the same household work as they did before the Ebola outbreak? → PROBE: what has changed?
	Do you work outside home to earn money or to get food? → If yes: What do you do?
	Do you think your involvement with such activities has increased since Ebola?
COMMUNITY COHESION	Are you free to visit friends and receive visitors from <u>within</u> your community? → Why or why not? → If no, how does this make you feel?
	Can you visit friends or family or receive visitors from <u>outside</u> your community? → Why or why not? → If no, how does this make you feel?
	Do you see more or less conflict (fights, confusion, shouting) in your community, compared to before Ebola? → Why do you think this is so?
	Do you know of any households or people in your community that have had contact with the Ebola virus?
	How are children or adults in households with Ebola treated by others in the community?
PROTECTION, CONTROL, RECOVERY	Do you know someone who has been sick with Ebola? → If yes, how did this make you feel?
	What do you do to prevent yourself from getting Ebola?
	Do you have everything you need to protect yourself from Ebola? → If no, what are you missing?
	Does your community get help to prevent Ebola from government or NGO organisations? → If yes: What do they do?
	Do you think this has helped protect you community from Ebola?
	After Ebola, do you think your life will be different? → PROBE: If yes, how? If no, why?

GENDER SPECIFIC QUESTIONS	<p>Thinking about your life since the start of the Ebola outbreak: do you think that the girls in your community have been treated differently than the boys?</p> <p>→ PROBE: do you girls or boys have more responsibilities? Freedom?</p>
	<p>Thinking about your life since the start of the Ebola outbreak: are there any issues that boys in your community face that girls do not?</p> <p>→ If yes, what are the top three issues?</p> <p>→ If no, why not?</p>
	<p>Do you think that there will be a change in the number of teenage pregnancies or early marriages because of Ebola?</p> <p>→ If yes, why do you think this is so?</p> <p>→ If no, why do you think this is so?</p>

4 Appendix 2C Focus Group Discussion Checklist: Girls

Discussion with 8 -12 school age **girls** and a range of **ages from 12 to 18**

B. Interview Identification	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	4.1.1 A4. DATE OF INTERVIEW: 4.1.2 (dd/mm/yy): ____/____/____
A5. NUMBER OF MALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A6. NUMBER OF FEMALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
A7. FACILITATOR (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A8. NOTE-TAKER (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Instructions:

1. Read the 'Informed Consent Form' to all participants
2. Prior to beginning the discussion, ask each participant to introduce themselves. Ask for the respondents name and age (remember to reiterate that names will not be reported). Fill in the details in the table below
3. As each participant introduces themselves, distribute a sticker name tag with their corresponding ID# recorded on it and ask them to affix it to their shirt for the duration of the discussion (this is meant for recording purposes so that we are able to trace responses back to the respondent. As you record participant responses, record the speakers ID# next to their response)

ID#	NAME	AGE
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

THEME	KEY QUESTIONS
INTRODUCTIONS	Icebreaker activity: Favourite song (group singing). Have you learnt any Ebola prevention songs?
CHANGES DUE TO EBOLA	<p>Since the Ebola outbreak, is there any difference in your life for you, and for your friends?</p> <p>→ If yes, how?</p>
EDUCATION	<p>Before Ebola, did you all go to school?</p> <p>→ If you are not going to school now because of Ebola, how do you feel about this?</p>
	<p>During this Ebola outbreak, are you taking lessons out of school?</p> <p>→ If yes: Who is providing you lessons out of school?</p> <p>→ If no: Why are you not taking lessons out of school?</p>
	<p>Does any member of your family own a radio?</p> <p>→ If yes: Do you listen to the radio for lessons or teaching?</p> <p>Is the radio programme or teaching useful to you? Why or why not?</p>
	<p>If you are not going to school, what are you and other children doing in the day?</p> <p>→ PROBE: do you have more chores at home? ETC.</p>
CHILD PROTECTION AND WELLBEING	<p>Do you and your friends play like you did before Ebola?</p> <p>→ If no, why? What has changed?</p>
	<p>Tell me about a normal day for you during the Ebola outbreak?</p> <p>→ PROBE: If you are not in school or playing, what are you doing in the day and who are you with?</p>
	<p>Has your life with your family at home changed since the Ebola outbreak?</p> <p>What is different?</p>
	<p>Do you see people from the government (e.g. education and health workers) or from NGOs more or less often now, compared to before Ebola?</p> <p>How does this make you feel?</p>
	<p>Do you think that you and other children are more at risk from abuse, crime or neglect since the Ebola outbreak?</p> <p>If so why?</p>
FOOD SECURITY	<p>Compared to December last year, do you have more or less food to eat now?</p> <p>→ Why do you think this is?</p>
	<p>Has the kind of food or the quality of food that you eat changed since a year ago?</p>
	<p>Do you help with farming, getting food or preparing food like you did before Ebola?</p>

LIVELIHOODS	Does your family get money from trade or salary (employment/work) like they did before the Ebola outbreak? → What has changed? → How has this affected your life? (Give specific examples)
	Do boys and girls do the same household work as they did before the Ebola outbreak? → PROBE: what has changed?
	Do you work outside home to earn money or to get food? → If yes: What do you do? Do you think your involvement with such activities has increased since Ebola?
COMMUNITY COHESION	Are you free to visit friends and receive visitors from <u>within</u> your community? → Why or why not? → If no, how does this make you feel?
	Can you visit friends or family or receive visitors from <u>outside</u> your community? → Why or why not? → If no, how does this make you feel?
	Do you see more or less conflict (fights, confusion, shouting) in your community, compared to before Ebola? → Why do you think this is so?
	Do you know of any households or people in your community that have had contact with the Ebola virus?
	How are children or adults in households with Ebola treated by others in the community?
PROTECTION, CONTROL, RECOVERY	Do you know someone who has been sick with Ebola? → If yes, how did this make you feel?
	What do you do to prevent yourself from getting Ebola?
	Do you have everything you need to protect yourself from Ebola? → If no, what are you missing?
	Does your community get help to prevent Ebola from government or NGO organisations? → If yes: What do they do?

	Do you think this has helped protect you community from Ebola?
	After Ebola, do you think your life will be different? → PROBE: If yes, how? If no, why?
GENDER SPECIFIC QUESTIONS	Thinking about your life since the start of the Ebola outbreak: do you think that the girls in your community have been treated differently than the boys? → PROBE: do you girls or boys have more responsibilities? Freedom?
	Thinking about your life since the start of the Ebola outbreak: are there any issues that girls in your community face that boys do not? → If yes, what are the top three issues? → If no, why not?
	Do you think that there will be a change in the number of teenage pregnancies or early marriages because of Ebola? → If yes, why do you think this is so? → If no, why do you think this is so?

5 Appendix 2D Discussion Checklist Female Carers

Discussion with 8-12 female parents and teachers	
C. Interview Identification	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	5.1.1 A4. DATE OF INTERVIEW: 5.1.2 (dd/mm/yy): ____/____/____
A5. NUMBER OF MALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A6. NUMBER OF FEMALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
A7. FACILITATOR (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A8. NOTE-TAKER (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Instructions: 1. Read the 'Informed Consent Form' to all participants 2. Prior to beginning the discussion, ask each participant to introduce themselves. Ask for the respondents name and role (remember to reiterate that names will not be reported). Fill in the details in the table below 3. As each participant introduces themselves, distribute a sticker name tag with their corresponding ID# recorded on it and ask them to affix it to their shirt for the duration of the discussion (this is meant for recording purposes so that we are able to trace responses back to the respondent. As you record participant responses, record the speakers ID# next to their response)		
#	NAME	ROLE (E.G. MOTHER, TEACHER, ETC.)
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		

THEME	KEY QUESTIONS
INTRODUCTION	Lead the group in prayer.
CHANGES DUE TO EBOLA (UNPROMPTED)	What are the main changes in your lives and in your community because of Ebola?
EDUCATION CHILDREN RECEIVING EDUCATION	Are your children going to school?
	Since the closure of schools, are your children getting classes outside school? (i.e. radio programme, private classes) → If yes: Which one are they using? And why do you prefer it? Do you think they are useful?
	During the day when children are not in school, where are they and what do they do?
CHILD PROTECTION AND WELLBEING CHILDREN PLAYING IN GROUPS/TEAMS VACCINATIONS	Have you noticed a change in children's behaviour since the start of the Ebola outbreak? → If yes, what are the major changes you see?
	Do children play like they did before Ebola?
	Is your nearest health clinic open? → If open: Do people visit the clinic like before Ebola? → Why?
	Do you / the community use traditional medicines and healers like before the Ebola outbreak? → Why/why not?
	Has Ebola affected where or how mothers give birth and their breast-feeding? → Why?
	Are malaria and other diseases being treated like before? → Ask for respondents to provide examples
	Do children in the community usually receive vaccinations? Has this changed because of Ebola? → How has it changed?
	Are parents sending children away to stay with other relatives, to avoid Ebola? → Why have they done this? → What has been the consequences of this?

CONFLICT WITHIN FAMILIES	Do you see more, or less, conflict <u>within</u> families due to Ebola? (e.g. fights, confusion, shouting) → Why?
	If a person in your community died of Ebola, would you take care of his or her son or daughter?
	Do you think that children are more at risk from crime or neglect since the Ebola outbreak? → If so, why?
	Do you think that there will be a change in the number of teenage pregnancies or early marriages because of Ebola? → If yes, why do you think this is so? → If no, why do you think this is so?
FOOD SECURITY	Have you noticed a change in the price of rice in your community? Please provide details on this: How much more for rice (and/or Cassava) * record the price before Ebola and the current price of rice and cassava
	Is bush meat being eaten as before? → Why? Why not?
	Have you noticed or heard of changes in farming because of Ebola? → If yes: Elaborate
	Do you think the harvest be like last year? Do you think it will be affected by Ebola? → If yes, how will this impact your life?
UNDERFED CHILDREN	Since the Ebola outbreak started: are there more children in the community with not enough to eat now? → If yes, do you think this is because of Ebola? WHY?
	Are households in your community having to eat more of lower quality food (e.g. dry rice or cassava with no soup) since the Ebola outbreak? → PROBE: WHY? WHY NOT?
LIVELIHOODS HOUSEHOLD INCOME	Are you getting money from trade or salary (employment/work) like before?
	Have local businesses closed since the Ebola outbreak? → PROBE: Provide examples – was this directly linked to Ebola outbreak?
	Is the nearest market open like before? → If yes: Is the market as busy (like before Ebola)?
	Are there shortages of any goods because of Ebola? (Which goods?) How does this impact your normal life?

	Do people still collect water and wash themselves as before? → If change: What has changed? Why?
	Are there travel restrictions in your community? → If yes: What do these prevent you from doing? How do the travel restrictions affect your life? Livelihood? Well-being?
	Do your children work outside home to earn money or to get food? → If yes: What do they do? Do you think their involvement with such activities has increased since Ebola?
COMMUNITY COHESION	Does the community meet to discuss matters and make decisions like before? → If no: What is the impact of this? How does it make you feel?
FREQUENCY OF COMMUNITY MEETINGS	How is sensitization done in your community? Who in the community is most important in telling people about Ebola and what to do? Are people listening to him/her?
	Has Ebola created tension or conflict <u>within</u> the community? → If yes, why?
	Has Ebola affected relations with <u>other</u> communities and visitors? → If yes, why?
	How has Ebola affected the relationship between people and the police, army or other state organisations?
	Do you know of any houses/people in your community that have had Ebola? → If yes: How are children or adults in households with Ebola treated by others in the community?
	Thinking about your community since the start of the Ebola outbreak: Who in the community is most affected? (not just by the disease but by other consequences related to nutrition, employment, livelihood, general health, education, etc.) Arrange from most to least and give rationale as to why: - Children - Elderly - Women - Single mothers - Disabled and long-term sick? Why do you think this is?
PROTECTION, CONTROL,	How many people in this community have been sick with Ebola?
	Do the same number of women and men get sick with Ebola? If different, why is this?

RECOVERY KNOW SOMEONE WITH EBOLA	What actions have you taken personally and for your family, to prevent Ebola?
	What has been done by outside organisations in your community, since Ebola? - By NGOs (who and what?) - By Government (who and what) - By other (e.g. Church, Private)
	Which kind of organisation has given you the most assistance?
	How can organisations improve the help they give to children and communities to tackle Ebola? [Or: What are the two most important things that you and your community would like to do to protect against Ebola?]
	Do you think government organisations and NGOs have been honest and open with you about Ebola?
	When Ebola has been controlled and there are no more new cases, how long do you think will it take before things are normal? → Why?
	After Ebola, do you think the Community will ever be the same as before? What will have changed?

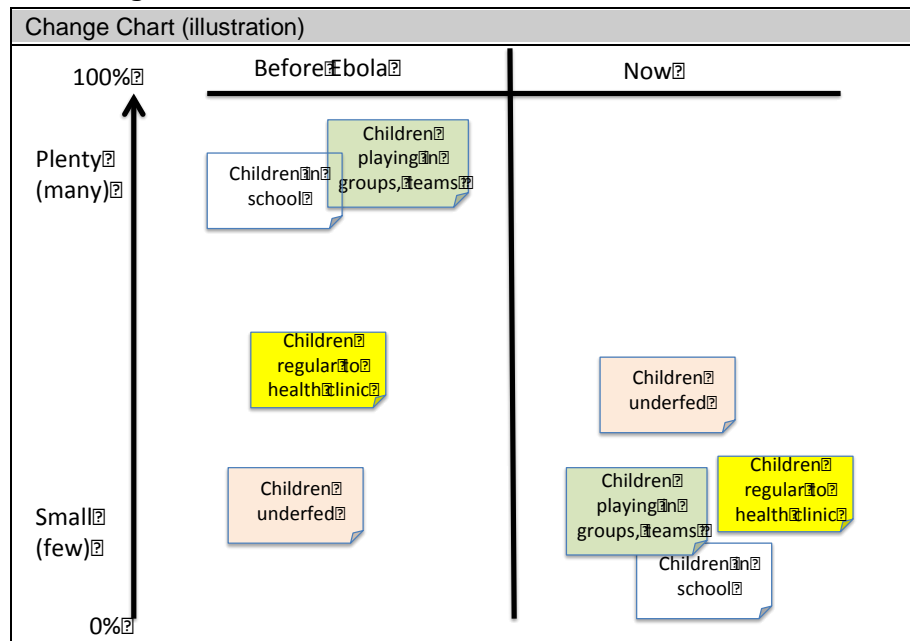
→ Change Chart

1. Next, use the change chart **to measure and summarise views on the change that they have seen in a number of the key indicators.**
2. At the end of the FGD, with your colleagues, take each **key indicator listed below** and summarize the main points the group discussed for this indicator. Direct the conversation to focus on talking about the change experienced by **children.**
3. As you discuss each one, show the group the pre-written post-it note that has the key indicator written on it.

Theme	Main Indicator
Education	Children in school
Child protection & wellbeing	Children playing in groups/teams Children receiving vaccinations Children regular to health clinics Mothers having safe deliveries Conflict within families Children at risk from crime
Food security	Underfed children Families eating rice once a day
Livelihoods	Households receiving money from trade or salary Markets opened Goods easily available Goods are affordable Children doing house chores
Community cohesion	Community meetings happen regularly

Protection, control & recovery	Assistance from organizations
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- Display the flip chart paper with the change chart already drawn on it, and provide an example of how the change chart works :



- Using the first indicator “Children in school” as a group, to try to ascertain where on the scale this indicator was before Ebola, and then after Ebola came to their community (“NOW”). **Avoid using numbers (this would exclude less numerate people from the conversation). Try to understand from the participants whether the change has been ‘small’ or ‘plenty’.**
- Facilitate the change chart activity with the remaining key indicators.
- When placing the indicator on the scale, check the different opinions. If the change is particularly significant, ask people’s reasons for saying it is high or low.
- When completed → Take a photograph of the change chart.**
- Explain what you will do with the results, and thank the participants for their input.

Significant on-going discussions and debates →

6 Appendix 2E Focus Group Discussion Checklist: Male Carers

Discussion with 8-12 male parents and teachers	
D. Interview Identification	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	6.1.1 A4. DATE OF INTERVIEW: 6.1.2 (dd/mm/yy): ____/____/____
A5. NUMBER OF MALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A6. NUMBER OF FEMALE PARTICIPANTS <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px; text-align: center;">0</div> <div style="border: 1px solid black; width: 30px; height: 20px; text-align: center;">0</div> </div>
A7. FACILITATOR (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A8. NOTE-TAKER (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>

Instructions:

1. Read the 'Informed Consent Form' to all participants
2. Prior to beginning the discussion, ask each participant to introduce themselves. Ask for the respondents name and role (remember to reiterate that names will not be reported). Fill in the details in the table below
3. As each participant introduces themselves, distribute a sticker name tag with their corresponding ID# recorded on it and ask them to affix it to their shirt for the duration of the discussion (this is meant for recording purposes so that we are able to trace responses back to the respondent. As you record participant responses, record the speakers ID# next to their response)

#	NAME	ROLE (E.G. FATHER, TEACHER, ETC.)
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.		
46.		

THEME	KEY QUESTIONS
INTRODUCTION	Lead the group in prayer.
CHANGES DUE TO EBOLA (UNPROMPTED)	What are the main changes in your lives and in your community because of Ebola?
EDUCATION CHILDREN RECEIVING EDUCATION	Are your children going to school?
	Since the closure of schools, are your children getting classes outside school? (i.e. radio programme, private classes) → If yes: Which one are they using? And why do you prefer it? Do you think they are useful?
	During the day when children are not in school, where are they and what do they do?
CHILD PROTECTION AND WELLBEING CHILDREN PLAYING IN GROUPS/TEAMS	Have you noticed a change in children's behaviour since the start of the Ebola outbreak? → If yes, what are the major changes you see?
	Do children play like they did before Ebola?
	Is your nearest health clinic open? → If open: Do people visit the clinic like before Ebola? → Why?
	Do you / the community use traditional medicines and healers like before the Ebola outbreak? → Why/why not?
	Has Ebola affected where or how mothers give birth and their breast-feeding? → Why?
	Are malaria and other diseases being treated like before? → Ask for respondents to provide examples
	Do children in the community usually receive vaccinations?
	Has this changed because of Ebola? → How has it changed?
	Are parents sending children away to stay with other relatives, to avoid Ebola? → Why have they done this? → What has been the consequences of this?
VACCINATIONS	

CONFLICT WITHIN FAMILIES	Do you see more, or less, conflict <u>within</u> families due to Ebola? (e.g. fights, confusion, shouting) → Why?
	If a person in your community died of Ebola, would you take care of his or her son or daughter?
	Do you think that children are more at risk from crime or neglect since the Ebola outbreak? → If so, why?
	Do you think that there will be a change in the number of teenage pregnancies or early marriages because of Ebola? → If yes, why do you think this is so? → If no, why do you think this is so?
FOOD SECURITY	Have you noticed a change in the price of rice in your community? Please provide details on this: How much more for rice (and/or Cassava) * record the price before Ebola and the current price of rice and cassava
	Is bush meat being eaten as before? → Why? Why not?
	Have you noticed or heard of changes in farming because of Ebola? → If yes: Elaborate
	Do you think the harvest be like last year? Do you think it will be affected by Ebola? → If yes, how will this impact your life?
UNDERFED CHILDREN	Since the Ebola outbreak started: are there more children in the community with not enough to eat now? → If yes, do you think this is because of Ebola? WHY?
	Are households in your community having to eat more of lower quality food (e.g. dry rice or cassava with no soup) since the Ebola outbreak? → PROBE: WHY? WHY NOT?
LIVELIHOODS HOUSEHOLD INCOME	Are you getting money from trade or salary (employment/work) like before?
	Have local businesses closed since the Ebola outbreak? → PROBE: Provide examples – was this directly linked to Ebola outbreak?
	Is the nearest market open like before? → If yes: Is the market as busy (like before Ebola)?
	Are there shortages of any goods because of Ebola? (Which goods?) How does this impact your normal life?

	<p>Do people still collect water and wash themselves as before?</p> <p>→ If change:</p> <p>What has changed?</p> <p>Why?</p>
	<p>Are there travel restrictions in your community?</p> <p>→ If yes:</p> <p>What do these prevent you from doing?</p> <p>How do the travel restrictions affect your life? Livelihood? Well-being?</p>
	<p>Do your children work outside home to earn money or to get food?</p> <p>→ If yes: What do they do?</p> <p>Do you think their involvement with such activities has increased since Ebola?</p>
COMMUNITY COHESION	<p>Does the community meet to discuss matters and make decisions like before?</p> <p>→ If no: What is the impact of this? How does it make you feel?</p>
FREQUENCY OF COMMUNITY MEETINGS	<p>How is sensitization done in your community?</p> <p>Who in the community is most important in telling people about Ebola and what to do?</p> <p>Are people listening to him/her?</p>
	<p>Has Ebola created tension or conflict <u>within</u> the community? → If yes, why?</p>
	<p>Has Ebola affected relations with <u>other</u> communities and visitors? → If yes, why?</p>
	<p>How has Ebola affected the relationship between people and the police, army or other state organisations?</p>
	<p>Do you know of any houses/people in your community that have had Ebola?</p> <p>→ If yes: How are children or adults in households with Ebola treated by others in the community?</p>
	<p>Thinking about your community since the start of the Ebola outbreak: Who in the community is most affected? (not just by the disease but by other consequences related to nutrition, employment, livelihood, general health, education, etc.)</p> <p>Arrange from most to least and give rationale as to why:</p> <ul style="list-style-type: none"> - Children - Elderly - Women - Single mothers - Disabled and long-term sick? <p>Why do you think this is?</p>
PROTECTION, CONTROL, RECOVERY	<p>How many people in this community have been sick with Ebola?</p> <p>Do the same number of women and men get sick with Ebola? If different, why is this?</p> <p>What actions have you taken personally and for your family, to prevent Ebola?</p>
KNOW SOMEONE WITH EBOLA	<p>What has been done by outside organisations in your community, since Ebola?</p>

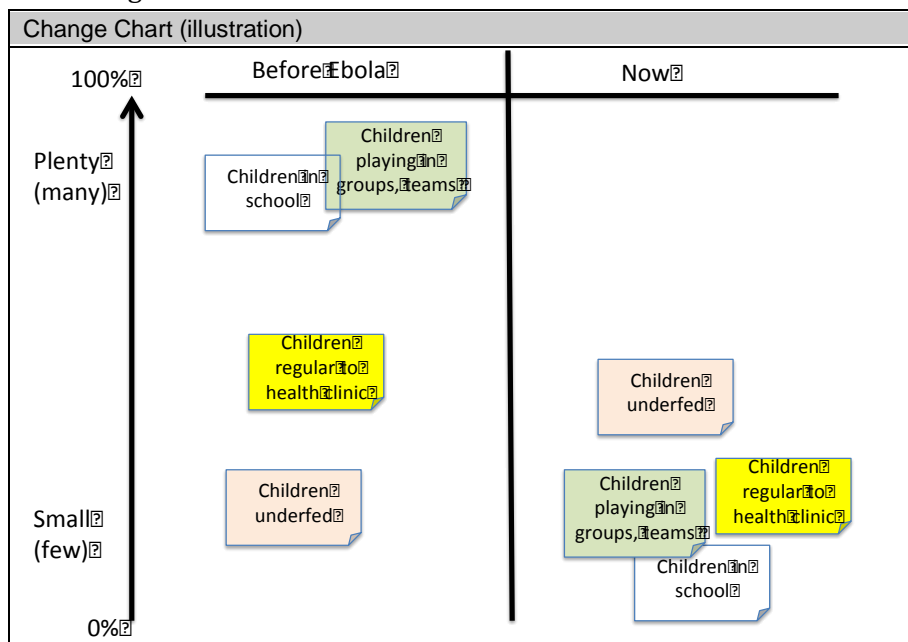
	<ul style="list-style-type: none"> - By NGOs (who and what?) - By Government (who and what) - By other (e.g. Church, Private)
	Which kind of organisation has given you the most assistance?
	How can organisations improve the help they give to children and communities to tackle Ebola?
	[Or: What are the two most important things that you and your community would like to do to protect against Ebola?]
	Do you think government organisations and NGOs have been honest and open with you about Ebola?
	When Ebola has been controlled and there are no more new cases, how long do you think will it take before things are normal? → Why?
	After Ebola, do you think the community will ever be the same as before? What will have changed?

→ Change Chart

- Next, use the change chart **to measure and summarise views on the change that they have seen in a number of the key indicators.**
- At the end of the FGD, with your colleagues, take each **key indicator listed below** and summarize the main points the group discussed for this indicator. Direct the conversation to focus on talking about the change experienced by **children**.
- As you discuss each one, show the group the pre-written post-it note that has the key indicator written on it.

Theme	Main Indicator
Education	Children in school
Child protection & wellbeing	Children playing in groups/teams Children receiving vaccinations Children regular to health clinics Mothers having safe deliveries Conflict within families Children at risk from crime
Food security	Underfed children Families eating rice once a day
Livelihoods	Households receiving money from trade or salary Markets opened Goods easily available Goods are affordable Children doing house chores
Community cohesion	Community meetings happen regularly
Protection, control & recovery	Assistance from organizations

13. Display the flip chart paper with the change chart already drawn on it, and provide an example of how the change chart works :



14. Using the first indicator “Children in school” as a group, to try to ascertain where on the scale this indicator was before Ebola, and then after Ebola came to their community (“NOW”). **Avoid using numbers (this would exclude less numerate people from the conversation). Try to understand from the participants whether the change has been ‘small’ or ‘plenty’.**
15. Facilitate the change chart activity with the remaining key indicators.
16. When placing the indicator on the scale, check the different opinions. If the change is particularly significant, ask people’s reasons for saying it is high or low.
17. **When completed → Take a photograph of the change chart.**
18. Explain what you will do with the results, and thank the participants for their input.
19. Sketch the findings of the change chart below, and in the box below record any significant on-going discussions and debates.

Significant on-going discussions and debates →

7 Appendix 2F One-on-One Interview with Key Leaders and Informants: Checklist

1-1 INTERVIEW with key leaders (e.g. chief or representatives of local government and non-government organisations)	
E. Interview Identification	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	7.1.1 A4. DATE OF INTERVIEW: 7.1.2 (dd/mm/yy): ____/____/____
A5. FACILITATOR (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	A6. NOTE-TAKER (ENUMERATOR ID #) <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
RESPONDENT NAME: _____	
RESPONDENT POSITION: _____	
RESPONDENT CONTACT #: _____	
EMAIL: _____	

THEME	KEY QUESTIONS
CHANGES DUE TO EBOLA (UNPROMPTED)	What are the main changes in your lives and in your community because of Ebola?
EDUCATION CHILDREN RECEIVING EDUCATION	Are your children going to school?
	Since the closure of schools, are your children getting classes outside school? (i.e. radio programme, private classes) → If yes: Which one are they using? And why do you prefer it? Do you think they are useful?
	During the day when children are not in school, where are they and what do they do?
CHILD PROTECTION AND WELLBEING CHILDREN PLAYING IN	Have you noticed a change in children's behaviour since the start of the Ebola outbreak? → If yes, what are the major changes you see?
	Do children play like they did before Ebola?

GROUPS/TEAMS	<p>Is your nearest health clinic open?</p> <p>→ If open:</p> <p>Do people visit the clinic like before Ebola?</p> <p>→ Why?</p>
	<p>Do you / the community use traditional medicines and healers like before the Ebola outbreak?</p> <p>→ Why/why not?</p>
	<p>Has Ebola affected where or how mothers give birth and their breast-feeding?</p> <p>→ Why?</p>
	<p>Are malaria and other diseases being treated like before?</p> <p>→ Ask for respondents to provide examples</p>
VACCINATIONS	<p>Do children in the community usually receive vaccinations?</p> <p>Has this changed because of Ebola?</p> <p>→ How has it changed?</p>
	<p>Are parents sending children away to stay with other relatives, to avoid Ebola?</p> <p>→ Why have they done this?</p> <p>→ What has been the consequences of this?</p>
	<p>Do you see more, or less, conflict <u>within</u> families due to Ebola? (e.g. fights, confusion, shouting)</p> <p>→ Why?</p>
CONFLICT WITHIN FAMILIES	<p>If a person in your community died of Ebola, would you take care of his or her son or daughter?</p>
	<p>Do you think that children are more at risk from crime or neglect since the Ebola outbreak?</p> <p>→ If so, why?</p>
	<p>Do you think that there will be a change in the number of teenage pregnancies or early marriages because of Ebola?</p> <p>→ If yes, why do you think this is so?</p> <p>→ If no, why do you think this is so?</p>
	<p>Have you noticed a change in the price of rice in your community?</p> <p>Please provide details on this: How much more for rice (and/or Cassava) * record the price before Ebola and the current price of rice and cassava</p>
FOOD SECURITY	<p>Is bush meat being eaten as before?</p> <p>→ Why? Why not?</p>

UNDERFED CHILDREN	Have you noticed or heard of changes in farming because of Ebola? → If yes: Elaborate
	Do you think the harvest be like last year? Do you think it will be affected by Ebola? → If yes, how will this impact your life?
	Since the Ebola outbreak started: are there more children in the community with not enough to eat now? → If yes, do you think this is because of Ebola? WHY?
	Are households in your community having to eat more of lower quality food (e.g. dry rice or cassava with no soup) since the Ebola outbreak? → PROBE: WHY? WHY NOT?
LIVELIHOODS HOUSEHOLD INCOME	Are you getting money from trade or salary (employment/work) like before?
	Have local businesses closed since the Ebola outbreak? → PROBE: Provide examples – was this directly linked to Ebola outbreak?
	Is the nearest market open like before? → If yes: Is the market as busy (like before Ebola)?
	Are there shortages of any goods because of Ebola? (Which goods?) How does this impact your normal life?
	Do people still collect water and wash themselves as before? → If change: What has changed? Why?
	Are there travel restrictions in your community? → If yes: What do these prevent you from doing? How do the travel restrictions affect your life? Livelihood? Well-being?
	Do you know of any children that work outside home to earn money or to get food? → If yes: What do they do? Do you think their involvement with such activities has increased since Ebola?
COMMUNITY COHESION FREQUENCY OF COMMUNITY MEETINGS	Does the community meet to discuss matters and make decisions like before? → If no: What is the impact of this? How does it make you feel?
	How is sensitization done in your community? Who in the community is most important in telling people about Ebola and what to do? Are people listening to him/her?

	Has Ebola created tension or conflict <u>within</u> the community? → If yes, why?
	Has Ebola affected relations with <u>other</u> communities and visitors? → If yes, why?
	How has Ebola affected the relationship between people and the police, army or other state organisations?
	Do you know of any houses/people in your community that have had Ebola? → If yes: How are children or adults in households with Ebola treated by others in the community?
	Thinking about your community since the start of the Ebola outbreak: Who in the community is most affected? (not just by the disease but by other consequences related to nutrition, employment, livelihood, general health, education, etc.) Arrange from most to least and give rationale as to why: <ul style="list-style-type: none"> - Children - Elderly - Women - Single mothers - Disabled and long-term sick? Why do you think this is?
PROTECTION, CONTROL, RECOVERY KNOW SOMEONE WITH EBOLA	How many people in this community have been sick with Ebola?
	Do the same number of women and men get sick with Ebola? If different, why is this?
	What actions have you taken personally and for your family, to prevent Ebola?
	What has been done by outside organisations in your community, since Ebola? <ul style="list-style-type: none"> - By NGOs (who and what?) - By Government (who and what) - By other (e.g. Church, Private)
	Which kind of organisation has given you the most assistance?
	How can organisations improve the help they give to children and communities to tackle Ebola? [Or: What are the two most important things that you and your community would like to do to protect against Ebola?]
	Do you think government organisations and NGOs have been honest and open with you about Ebola?
	When Ebola has been controlled and there are no more new cases, how long do you think will it take before things are normal? → Why?
	After Ebola, do you think the Community will ever be the same as before? What will have changed?

8 Appendix 2G Case Study Guide

Instructions: Two case studies per site will be researched and written-up. These will have an individual child as their focus and so will involve in-depth discussion with that child and their parents/carers. They may require speaking with more than one adult as well as the child. These discussions may be short (e.g. 10-15 minutes) depending on how much information they have to give, but allow one hour in total researching each case study. The confidentiality and child protection/ethical issues that arise from this are handled in the following way:

- The participants for the case studies will come from the discussions with children and parents and they will therefore be selected by the participants and with their consent.
- The child's name will not be included in the final, published version of the case study, although it will be recorded during the research.
- The parent/carer of the child will be invited to give her/his verbal consent to the case study on the understanding that it will only be reported anonymously.

When finalized and written-up, the case studies should be no more than two pages in length although you may need to take more notes. They should tell a real-life story which illustrates the consequences of Ebola for a child, relating this to how the family and community have been affected. Include actions that have been taken by the child, family, community, NGOs or other organisation to help the child and family.

They must relate to one or more of the research priorities: education, child protection, food security, livelihoods, psychosocial consequences and community cohesion. Take notes during the interviews for the case study under the headings given in the template below, and use the template to write the case study from your notes.

Case Study Template
Childs Name (First name and first letter of surname only): _____ Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Age: _____ Location (Site): _____
Child: What has changed in this child's life and in what way has Ebola been the cause? <i>[expand as required]</i>
Family: How have changes in the life of the child affected the family and how have changes in the family (jobs, food, travel etc.) affected the child? <i>[expand as required]</i>

Community: In what ways was the child's and family's situation affected by events or actions in the wider community?

[expand as required]

The parent/carer of this child gives their consent to the case study being reported anonymously and they have been told/read the key points that will be written:

Signed (researcher) _____ Date: _____

9 Appendix 2H Supervisor Debrief Worksheet

SITE	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	9.1.1 A4. DATE OF INTERVIEWS: 9.1.2 (dd/mm/yy): ____/____/____

Read through all of the recording sheets created at this site. For each overall theme, create a summary of what you found at this site. Remember to use information from: x4 FGDs, x4 individual interviews, x2 case studies, x2 change charts.

THEME	MAIN FINDINGS FROM THIS SITE	ADDITIONAL NOTES
OVERALL CHANGES BECAUSE OF EBOLA		
EDUCATION		
CHILD PROTECTION/WELLBEING		
FOOD SECURITY		
LIVELIHOODS		
COMMUNITY COHESION		
PROTECTION, CONTROL & RECOVERY		

10 Appendix 2I Supervisor Checklist

SITE	
A1. SITE NAME: _____	A2. AREA: _____
A3. RURAL (01)/URBAN (02) <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	10.1.1 A4. DATE OF INTERVIEWS: <div style="display: flex; justify-content: space-between;"> <div>10.1.2 (dd/mm/yy):</div> <div>____/____/____</div> </div>

Before leaving the research site: Have you completed the following in: (Please tick (✓) to ensure you have completed each component of research)		
Data collection →	Yes	No
1. FGD: Boys (Children)		
2. FGD: Girls (Children)		
3. FGD: MALE Carers		
4. Change chart for Male Carers FGD		
5. FGD: FEMALE Carers		
6. Change chart for Female Carers FGD		
7. AT LEAST 4 individual interviews		
8. 2 Case Studies		
9. Photograph: x2 Change Charts		
10. Photograph: x4 FGD Interview Sheets		
11. Photograph: x4 Individual Interview Sheets		
12. Photograph: x2 Case Study Sheets		
SUPERVISOR: Please check the following →		
13. Is each recording sheet clearly labelled?		
14. Have you completed the debrief sheet for this site?		
15. Are you clear about the key points that participants made?		
Distribution of materials →		
16. Have Ebola prevention materials been distributed to the community?		

Have there been any breaches of the safety protocol at this site? (Please tick (✓) Y/N)	YES		NO	
If yes → Please describe in detail here:				

SIGNED: _____ **DATE:** _____

11 Appendix 2J Training Workshop Agenda

Field Staff Training Workshop, December 4th – 5th 2014

Day 1: Thursday 4 th	
9.30-9.45	Welcomes and introductions Administrative overview for training Review of study objectives
9.45-11.15	Interview checklist: Children - Question-by-question review of the questionnaire
11.15-11.30	Tea break
11.30-13.30	Interview checklist: Carers/community/1-1 interviews - Question-by-question review of the questionnaire
13.30-14.15	Lunch
14.15-14.45	Technique: Change chart - Purpose of the change chart - Review change chart format
14.45-15.15	Technique: Case study - Purpose of a case study – analysis of case study example - How to identify children for the case study - Review case study format - Question-by-question review of case study format
15.15-16.45	Practice session: FGD, change chart & case study technique - FGD: Role-play of FGD interview checklists <i>(Include: Probing techniques, translation of questions and note-taking)</i> - In plenary, develop change chart with FGD role-play notes - Case study <i>(Role-play by 2 facilitators: Group individually prepare a case study for review)</i>
16.45-17.30	Field logistics - Division of teams - Sampling - Field chronology - Safety protocol - Child protection
Day 2: Friday 5 th	
9.30-10.00	Overview of day 1: Questions, comments, feedback
10.00-10.15	Pilot logistics
10.15-14.00	Pilot research method and tools - Each team to pilot: 2 FGDs, 1 interview, 1 change chart and 1 case study in 3 different research sites
14.00-14.45	Lunch
14.45-16.00	Debrief - Comprehensive de-briefing session, assessing the study design - Finalise data collection method and tools
16.00-16.30	Field mobilisation - Contract and Payment - Field packs: Documents, tools, ID cards, data collection materials

12 Appendix 2K Informed Consent Form

F. Site Identification			
A1. SITE NAME: _____		A2. AREA: _____	
A3. RURAL (01)/URBAN (02)		12.1.1 A4. DATE OF INTERVIEW:	
		12.1.2 (dd/mm/yy): ____/____/____	
A5. NUMBER OF MALE PARTICIPANTS		A6. NUMBER OF FEMALE PARTICIPANTS	
A7. FACILITATOR (ENUMERATOR ID #)		A8. NOTE-TAKER (ENUMERATOR ID #)	

[illegible]

I have communicated the above information to the participant and they have agreed to participate.

Signature of researcher: _____ Date: _____

Signature of second researcher: _____ Date: _____