

# Modification request for the Girls' Education Challenge

Detailed submission on rationale for modification

November 5<sup>th</sup> 2014.

## Project Details

<b>1.01 Project Reference</b>	5096
<b>1.02 Project name</b>	Supporting marginalised Girls to complete basic education with Improved learning outcomes – <b>An Adaptation During the Ebola Outbreak.</b>
<b>1.03 Project organisation</b>	Plan International UK
<b>1.04 Project contact name:</b>	Maggie Korde

## Overall approach to the project adaptation

The Ebola outbreak was first reported in Sierra Leone in May 2014 and has now spread to all districts of the country. There has been a total of 3998 confirmed cases and 1077 deaths as of 2<sup>nd</sup> November 2014 (National Ebola Response Centre).

Initially, the outbreak was limited to Kailahun district in the far east of the country where Sierra Leone shares borders with Guinea and Liberia. As the disease started spreading to other parts of the country, the President declared a *State of Public Health Emergency* on 30th July 2014 and closed all schools indefinitely.

Plan's GEC has currently had to suspend all field level programming. However we believe we are in a strong position to respond to some of the more overlooked issues in the wider Ebola response at present – that is 1) girls and 2) their education.

### **Impact on Education in Figures:**

- 100% of schools have been closed in the whole of Sierra Leone indefinitely
- 1,584,586 children (boys 831,230, girls 753,356) of school age who were attending school before the outbreak who are currently out of school<sup>1</sup>
- Up to 65,959 (boys 37,361, girls 28,598) children have not been able to take their end of Junior Secondary School Examinations (the Basic Education Certificate Examination or BECE)
- 75,750 children whose National Primary School Examination results have been released have not attended admission sessions in their new secondary schools
- Children who were successful in moving up to their new classes await entry to school

Therefore, the entire school system has been severely disrupted and school children adversely affected in many ways.

### **Impact on Girls:**

Whilst school closure has a devastating impact for all children, girls are particularly at risk whilst being out of school of an increase in those issues that made the original Plan GEC programme intervention so necessary in Sierra Leone – early marriage, domestic violence, sexual abuse, early pregnancy, and a prioritisation of domestic duties. During the Ebola crisis, girls and women are also the traditional care takers of those who are ill hence the higher incidence of female mortality.

We have already had reports on the GEC of how some of our beneficiaries have been affected by the outbreak. (Please see annex for case studies)

### **The wider effects of school closure:**

Whilst learning needs to be safeguarded for the GEC girls at this time, we also need to ensure that their basic needs are being met. The recent policy of quarantine for whole villages and communities means that on top of the above gender specific risks for girls, food, water, clothes and medicine are also now absent. A focus on learning and education cannot take place without an acknowledgement and response to these basic needs also.

Whilst GEC budget is not planned for addressing these needs directly, staff will be used to distribute food and NFI packages where we are in communities already to coordinate with the wider Plan International Ebola response. The network of GEC frontline staff and community based volunteers who are highly trained, trusted by communities and dedicated to their wellbeing will be invaluable to the reaching those most at need.

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• <sup>1</sup> Source: 2010/2011 MEST School Survey Report

## **The value of the Plan GEC consortium in responding to Ebola:**

Gains made during the project's first 18 months of activities are at severe risk of being lost if measures are not taken in the interim to provide some temporary interventions, maintain the gains made or at worst bridge the gap that has been created in the education process as a result of the EVD.

There is also a high expectation from communities to see the GEC beneficiaries continue to be supported. There are indications that communities view the suspension of our activities as a sign of abandonment at the time of their greatest need.

It is therefore imperative for GEC to reconsider its approach and repackage its programming to respond to the needs of its beneficiaries and their communities in order to maintain the relationship for future education programming.

An intervention now also means that start-up activities and community re-engagement post Ebola will be less challenging and much more supported by the communities and various stakeholders of the project.

Finally, given the very real needs of both girls and the education system during the crisis, the vast structure that the GEC consortium has on the ground is well placed to respond in this way to the outbreak. In line with the initial design, the project has already engaged an array of mentors, study group facilitators and community volunteers who are trained to work with adolescent girls, children with disabilities and are trusted by their communities. Not only will these networks be crucial to the effectiveness of Ebola response, they are also well placed to engage girls in education opportunities and address issues around the protection and SRHR issues pertaining to adolescent girls throughout the crisis.

## **The Adapted Approach:**

The proposal is an interim approach. We intend to respond with our adapted interventions until such a time when schools re-open and we can resume relative normalcy on the GEC programme. There is no fixed timeline on this as it is not known when the crisis will come under control however we have designed the activities in such a way that they can either remain relevant for the remainder of the GEC programme or dovetail back in to original GEC programming as schools re-open.

In terms of activities, the response will focus on the following three key areas:

### **1) Educational Opportunities**

### **2) Additional Needs Specific to Adolescent Girls**

### **3) The Wider Ebola Response and Basic Needs**

- 1) Educational opportunities: The project will focus on supporting girls' and CWDs re-engage with educational opportunities to ensure a routine and learning during the

crisis, as well as to ensure a smooth transition back to schools once they re-open. Interventions will include an education needs assessment, distribution of radios, provision of learning materials and mobilising out community volunteers to support programme activities.

- 2) Additional needs: The project will additionally provide psycho social care and sexual, reproductive health and rights interventions aimed at beneficiary girls and their communities.
- 3) Wider basic needs: There will be a final focus on wider basic needs, including Ebola awareness and prevention. GEC staff and community volunteers will receive training on Ebola awareness and prevention to ensure effective messaging in communities. Moreover, the project will support beneficiaries through supporting the distribution of food and on-food items as part of the wider Plan International Ebola response.

The proposal aligns with both the Plan UK proposed DFID Ebola response in Sierra Leone and with Plan Sierra Leone's Ebola Education Emergency Response plan to be implemented with the Ministry of Education, Science and Technology (MEST). It has also been drafted with consideration of the wider sector's response to Ebola in Sierra Leone.

A key part of this proposal is support to the MEST's plan to execute educational broadcasts via radio during this time of school closure.

#### **Budget:**

For the purposes of budgeting, we will be submitting a budget that is revised over 12 months from January 2015. As a guideline, we are working with the original figure for each partner for that period. This is looking to be around **£1,823,460** in total for the year.

A detailed budget continues to be drafted by partners and will be submitted if and when the green light is given on this concept note.

## **Detailed Analysis of Changes to Project Activities/Work-Plan at an Output Level**

### **Output 1) Increasing Education Opportunities for Adolescent Girls and CWDs**

During the emergency, under this output our key objective would be to ensure that the GEC beneficiaries have access to learning resources. It is no longer a priority that they actually access or are retained in schools rather the focus is on learning.

#### **1.1) Education Needs Assessment**

We will conduct a rapid education needs assessment to explore the effect of the Ebola outbreak on beneficiaries and their families and their immediate educational needs. This to get more group and community support for the actions plan to undertake. If families and communities have stated a need for a particular course of action, they are more naturally likely to support it, and be more engaged in the subsequent activities.

The assessment will focus on 50 (10 per district) of our cohort treatment school communities (25 PS, 25 JSS) and these will be purposefully selected to achieve an even spread. We will also hold discussions with education stakeholders in each district including the District Directors of Education and the Heads of Education Committees at the 5 local district councils.

The assessment will support the identification of acute educational needs/priorities of our girls and create a solid evidence base for decision making regarding the level and type of action required to respond to those needs. This is an instrument to make data available quickly on the impact of Ebola on our beneficiaries, so as to improve response planning and ensure our intervention is focused and targeted. Key local education authorities (MEST) and partners would be identified to participate in a two-day workshop. This is to consult and agree on the key data to be collected. This will include key outputs and outcomes that all education partners will agree to during this emergency.

The assessment will be low cost as it will be carried out by teachers in the school communities. Particular attention will be paid to the needs of girls and CWDs. It will provide quick feedback of results and involve a smaller sample size than would be expected with traditional survey methods.

### **1.2) Primary and JSS Bursaries**

We will continue with our bursary procurement process for 12,521 girls in Year 2. To date we have procured all textbooks and that of other bursary items is nearing completion. To complement the MEST radio programming we will distribute part of the bursary package for each girl - text books, exercise books, pens, pencils but not include the uniforms, shoes, bags, and fees for now.

During distribution, we will prioritise safety by ensuring as few people come at the same time for their items as possible. The distribution will be preceded by community visits by field staff to prepare the beneficiaries and parents on when distribution will happen, how this will be done and what items will be distributed.

### **1.3) Procurement and Distribution of Radios to GEC Beneficiaries**

In order to ensure our 21,600 beneficiaries benefit from the radio lessons that the MEST is currently planning, each will be provided with a solar powered radio. This will give them the best chance of being able to benefit from these radio broadcasts. The 2010 MEST school survey report (the most recent) puts number of students in pre-primary, primary, junior secondary and senior secondary schools in Sierra Leone at 1,584,586. However the MEST

only plans to provide 100,000 radios, meaning that just 6% of students would be reached. For this reason, we want to ensure the GEC girls have access to education at this time as they were chosen as some of the most marginalised girls in the country.

As mentioned above, to ensure all GEC beneficiaries are aware of when radio lessons are aired, 21,600 radio lesson timetables, which will include the radio names and frequency of the lessons in their respective districts, will also be distributed.

Each partner will secure Ebola passes (allowing them to enter and exit quarantined districts) for their staff doing distribution. Quarantined households will be left out of the distribution until such time when the quarantine period is over. IRC will distribute radios and timetables to all beneficiaries in Kenema, HI in Kono, FAWE in Kailahun and Plan in Port Loko and Moyamba. Plan will procure these on behalf of all partners (just as we have done with textbooks) and invoice accordingly after delivery to each partner.

#### **1.4) Weekend Repeat Broadcasts of Radio Lessons**

The consortium will pay for repeat broadcasts of the radio teaching program on the 15 radio stations across our 5 operational districts airing the MEST radio lessons. The repeat broadcasts will be done on the weekends on the following timetable: Language Arts (9am-10am) and Integrated Science (8pm-9pm) on Saturdays and Mathematics (2pm-3pm) and Social Studies (8pm-9pm) on Sundays. This is to provide our beneficiaries, and indeed other students in those rural districts, the opportunity to listen to the lessons again on the weekends.

IRC will pay for the repeat broadcasts in the 5 radio stations in Kenema, HI in the 2 radio stations in Kono, FAWE in 2 radio stations in Kailahun and Plan in 3 in Port Loko and 3 in Moyamba. A radio teaching monitoring tool to assess the effectiveness of this methodology will be developed and administered in our cohort schools as part of the wider monitoring framework during this period.

Community sensitisation on the radio teaching programs and why they are important to the girls and their communities will be done by existing community structures like CBRVs, LAs, Mentos, teachers, school clubs, and PACs after staff have had them engaged on this first during community visits preceding distribution. Awareness will also be raised on this during distribution of radios.

#### **1.5) Contribution to the MEST Radio Teaching Programming Content Development and Airing on Local Radio Stations**

The consortium will support the MEST with payment of 30 professionals for content development of core subjects at the Primary and Junior Secondary levels of the emergency education plan and airing of the lessons through radio programs for three weeks at 15,000,000 SLL per week. Plan, IRC and FAWE will implement this with each paying for one week.

The consortium will also pay for airing of the radio teaching program at the 15 local radio stations across our 5 operational districts for a 6-month period starting January 5, 2015 at 750,000 SLL per radio station per day (5 days a week – Monday - Friday).

This will be implemented in partnership with the MEST in collaboration with the Independent Radio Network and the Sierra Leone Associations of Journalists, and affiliate radio stations in GEC's operational districts.

### **1.6) Re-phasing of the Learning Assistant (LA) Activities**

The Learning Assistant (LA) programme is built on two main components (1) in-school experience and (2) self-study in preparation for the Teacher Training College (TTC) entrance exam.

The LAs would continue their self-study programme (Maths and English) in preparation for the TTC entrance examinations. Tutor support would be provided via regular visits as well as two marked assignments designed by the Open University and administered and marked by the tutors.

On project resumption, the priorities would be to (1) recommence the tutorials with emphasis on revision (2) resume the in-school experience and mentoring (3) hold a revision camp to help the LAs prepare for the exams and (4) make the arrangements for the LAs to be able to sit the teacher training college entrance exams.

## **Output 2) Addressing Additional Needs Specific to Adolescent Girls**

### **2.1) Psychosocial Support and SRHR messages Through Radio Slots**

Whilst the radio lessons will engage students in learning, radio slots will also be used to provide psycho-social support and SRH knowledge (2 x 1 hour a week per district). This will be done through 5 main radio stations (radio station per district). Jingles in Mende, Temne, Limba, Shebro, Kissi, Krio will be aired also on 1 radio station per district twice per day, 3 days a week (Mondays, Wednesdays and Fridays) – 8am and 8pm. Trained and qualified psycho-social and SRH counsellors (3 per radio program per district) will be identified and paid 80,000 SLL per radio program to provide counselling on radio so that our beneficiaries can continue to cope with, and come out of the stress and trauma brought about by the crisis.

These counsellors will be identified from psycho-social and SRH serving organizations and institutions including Ministry of Social Welfare, Gender and Children's Affairs, Marie Stopes and Restless Development. Mentors will be identified to participate in the radio program for providing SRH messages/education. These will be mentors residing in communities close to the district headquarter towns (to reduce travel constraints and costs).

Counselling will be focused also on child protection and livelihood issues that may come up as a result of the Ebola. A timetable for this (including radio station names and timings) will be developed, printed, laminated and shared with our beneficiaries including mentors at the same time that the radios are distributed. Other mentors will be encouraged to listen to the radio program and voluntarily provide one-on-one mentoring support children affected by Ebola. Evidence will be provided with recorded CDs provided to partners. This activity will be implemented by Plan (2 districts) and IRC (3 districts).

### **Output 3) Wider Basic Needs and Ebola response**

#### **3.1) Training (2 days) of consortium staff on Ebola awareness and prevention**

This is to ensure all staff are adequately aware and knowledgeable of the causes, prevention and consequences of the disease. This knowledge would help staff protect themselves and the communities as they carry out activities in the field.

The Inclusive Technical Unit at HI already has developed an Ebola Emergency Training Manual and have staff who can provide training to others. The consortium will use this resource for providing this training to our staff. Each consortium partner will organize training for their staff drawing resource persons from HI and within their organizations.

#### **3.2) Ebola awareness of CWDs and adolescent girls**

In collaboration with MEST and the District and community level task force, we will conduct sensitization activities such as meetings, awareness raising through community dialogue on basic special needs support(adaptation of messages) with GEC beneficiaries and the wider community on Ebola (causes, prevention, control etc) and ways of mitigating its future negative impact on children's education (low school enrolment/attendance, school dropout, early marriages, teen age pregnancy, death, stigma etc). There will be organized a planned and structured community outreach activity that requires consistent messages repeated in a wide variety of materials and reinforced by interpersonal contact as well as via mass and local media channels on the fight against Ebola with family members of children with disabilities.

IEC materials will be developed if not already available, with positive but adapted messages for CWDs that would encourage girls to enrol in school or continue their schooling after the Ebola crisis is over and schools officially reopened. The GEC beneficiaries will also be supplied with soap/chlorine (after being taught about the appropriate mixture for hand washing in the case of chlorine), buckets etc that they could use at home to practice hand washing. Hopefully this action would improve on the promotion of personal hygiene even after Ebola especially among children with disabilities and family members but also with trickle effect on the wider community.

Through the sensitization and awareness raising activities, the Community-Based Rehabilitation Volunteers (CBRVs) will work with chiefdom education supervisors to give support in GEC communities on the monitoring and supervision

Specifically we will:

1. Develop/adapt 350 related IEC materials to support sensitization and awareness raising activities
2. Provide 131 CBRVs and 250 families of CWDs (50 per district) with hand washing facilities (soap, chlorine, bucket, toilet roll and sanitizer for CBRVs)
3. Conduct weekly sensitization of CWDs, family members and other community stakeholders - 2 sessions per week (Tuesday & Saturdays) X 30 chiefdoms X 12months and 720 sessions total, rotational in chiefdom communities - on causes, prevention and community response to CWDs infected/affected with Ebola within the district.

### **3.3) Support to the Distribution of Food and Non Food Items**

The wider Plan UK humanitarian response in Sierra Leone (proposal with DFID currently) focusses chiefly on the distribution of food and non-food items. This is in order to support the government's policy of quarantining communities to constrain the outbreak by ensuring that people have their basic needs met at this time.

Plan would like to use the GEC structure that is already in place and already planning to enter quarantined communities, to distribute aid packages. Our staff know these communities well and are trusted by them. They are also trained in identifying marginalised children and will be effective in ensuring a proper spread of distributions.

We also have procurement policies and procedures in place that can support and advise on urgent procurement of aid items.

Therefore whilst GEC will see no listing for this in our revised budget, it is a planned activity should both programmes get the go ahead by DFID.

### **Impact on learning targets**

The Ebola outbreak unlike other disasters severely limits direct contact with people, which makes it difficult to accelerate learning through physical group lessons such as study groups or classroom sessions. The ban on public gathering means alternative education activities are limited, leaving the radio lessons as the most appropriate means for reaching to students with lessons from trained and qualified teachers. We acknowledge however that the learning gleaned from these radio programmes will be far less than if they were at school with all the GEC interventions in situ.

It is for this reason, that we request a removal of the PBR element for this proposal. We do not feel that it would be appropriate or valuable as a means to measuring the success of this intervention. Rather we would request a payment by output agreement for the duration of this amended project period.

Our aim, broadly, for learning is that children remain engaged in the routine of academic learning. For attendance, we believe that this intervention will have a positive impact on children's ability to re-enter school post Ebola.

Deciding on targets to measure these however and linking this to payment and performance we feel would be difficult and hence a payment by output or milestones approach is preferred. As and when we resume GEC programming, we can then revisit the issue of PBR targets.

In terms of learning and M&E, we will develop simple tools to monitor the effect of the radio lessons among our beneficiaries in our cohort schools. In terms of learning outcomes (outcome indicator 2), we will primarily rely on results of the monitoring exercise of the radio lessons and learning packages. We will also attempt to disaggregate the effects on boys and girls, including children with disabilities.

The Ebola-response programme activities will be complemented by a monitoring system that is based on the programme's general M&E framework but that is more attuned to the current emergency setting. Instead of measuring outcome-level results (e.g. PBR indicators on school attendance and learning), this monitoring framework will focus on the following objectives:

- 1) Programme beneficiary tracking and educational needs assessment
- 2) Output monitoring
- 3) Results monitoring

The programme registration database that holds all data on programme beneficiaries will help identify the adolescent girls and children with disabilities the Ebola-response activities need to focus on. This will be the starting point for tracking programme beneficiary and educational needs assessment.

As explained above, beneficiary tracking will include an assessment of the location of where the programme beneficiaries (i.e. adolescent girls and children with disabilities) currently are, and what their status<sup>2</sup> is. For that purpose, the programme will develop an easy-to-administer questionnaire that allows a rapid assessment of these questions. In addition, the programme will collect additional qualitative data on acute educational needs/priorities of our beneficiaries and create a solid evidence base for decision making regarding the level and type of action required to respond to those needs. To obtain this kind of data, the programme will employ qualitative research such as (small) focus group discussions and in-depth interviews with a representative sample of beneficiaries.

At the output level, the consortium will establish a timely monitoring system that allow the timely tracking of the delivery of education aids such as self-study materials and radios, to

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<sup>2</sup> We are conscious of the possibility of girls having moved, deceased, become mothers, become head of households, or become new wives who are expecting to stay at home for example.

programme beneficiaries. Short questionnaires will record the dissemination of all materials targeted to girls and children with disabilities. Re-activated mentors, LAs (and teachers) will play the role of independent verifiers in this process. The dissemination data will be incorporated into the overall programme database for further analysis. Inconsistencies and gaps will be immediately addressed by the consortium.

In addition to monitoring the delivery of education aids, the consortium will also monitor its Ebola-response activities at the results level. Short quantitative tools will be developed to monitor the continued use of education material (e.g. self-study material) and the continued accessing of education opportunities (e.g. radio programmes) by adolescent girls and children with disabilities. The short data-collection tool will focus on areas such as:

- time allocated to learning and self-study
- education opportunities used
- barriers to learning and self-study and education opportunities encountered
- simple measures on socio-psychological well-being
- other challenges faced

The data-collection tool will be brief to allow for rapid processing and analysis. In addition, some qualitative measures will be carried out to further broaden the evidence base on education needs encountered by adolescent girls and children with disabilities in the Ebola crisis. We acknowledge that most of the areas the monitoring of the programme Ebola-response looks at are mainly about access to learning and education. This is mainly due to the logistical challenges of administering learning assessments such as ASER in the current emergency setting. However, the consortium is currently considering undertaking an additional round of learning assessments post Ebola to obtain better estimates of the impact of Ebola on learning outcomes.

The monitoring system outlined above will be coordinated by consortium staff. The bulk of data collection will be carried out by re-activated mentors and LAs (and teachers) that are already located in programme communities. Training on how to use the programme monitoring tools will allow them to play a pivotal role in tracking beneficiaries, verifying the receipt of educational aids by girls and children with disabilities, and monitoring the results level of the programme's Ebola response. In this respect, the consortium is currently considering SMS-based technology of collecting and submitting data to the consortium. That way, the programme would not only be in constant close contact with its communities but would also be able to process data almost in real time. The final programme proposal will explore these monitoring options.

## **Impact on value for money**

Under the GEC adaptation proposal we will still adhere to the Value for Money (VfM) principles by endeavouring to maximise the impact of our spend on the project during the emergency. As mentioned above we will work through our already established and

experienced structures in the communities, with strong oversight and supervision from our partner staff who will benefit from training on Ebola-response programming. This means that we can quickly re-start up our programming when schools reopen, cutting out time and cost of recruitment and community engagement.

We and our consortium partners remain mindful of our cost drivers, seeking the best quality of items procured especially for our bursary items but at the lowest prices. In terms of new items within our bursary package such as the radios, our consortium have researched and consulted other agencies and are considering the solar radios that offer the best value for money and which can be procured within the shortest possible time.

Our case studies below provide some insights into the realities of the impact and effect of the EVD outbreak on our beneficiaries, so our approach is based on what will work for our beneficiaries and based on the strength of real evidence to support our interventions and our assumptions.

Our proposal is strongly aligned with overall National Ebola Response strategy in Sierra Leone and specifically with the Ministry of Educations Education in Emergency strategy. Plan has been a central player in the consultation and development of the MEST Education in Emergency strategy and has a key role it in its delivery. We see this as vital to delivering results under the adapted GEC interventions given the previous issues we experienced with the MEST stay order in 2013.

### **Impact on sustainability**

As mentioned above, our GEC adapted response to education at a time of Ebola outbreak compliments the provision of food and non-food items by Plan UK’s wider Ebola response in Sierra Leone. GEC networks and front line staff will be used to distribute items and to monitor activities.

Plan SLE is supporting the MEST to conduct a national assessment on the radio listening habits of children, but the assumption in the absence of this at the moment is that most marginalized households do not own a radio. Our plan to distribute radios will help make marginalized girls’ use of radio listening a habit even when the intervention would have ended.

### **Impact on risks and risk mitigation activity**

<b>What are the risks to this approach and how are they being managed/mitigated?</b>	
<b>Risk</b>	<b>Mitigation</b>
Exposure of project participants (staff, front line workers and community volunteers) to EVD.	All staff and community volunteers will receive full training on reducing their own risk and exposure to EVD. Comprehensive health insurance is in place for

	all staff. Evacuation protocols and support for international staff are established and each consortium partner is directly responsible for the safety and protection of their own staff.
Significant risk of social unrest and possible violence against staff and community teams if the EVD crisis escalates further, leading to reduced access and risk to safety of project staff.	Security risk assessments will be conducted on an ongoing basis in conjunction with the wider Plan disaster management response, with activities suspended or relocated if security risks are deemed unacceptable. Plan SL's security policies and management will be supported from Plan's regional office in Senegal.
Schools do not re-open until the March 2017 meaning that this 'education in ebola' response meant as an interim measure only lasts the duration of the grant.	The consortium are taking a 'until schools reopen' view on this intervention meaning that at whatever stage this happens, we will be ready to respond, albeit understanding that the education landscape will have changed significantly in the aftermath of the outbreak. If schools remain closed until March 2017 when the grant is due to end, it will still be the case that girls and their education are a much neglected area and our intervention will have been all the more necessary.

# Annex 1

## Partner Case Studies

### Case Study 1

#### **INTERNATIONAL RESCUE COMMITTEE**

#### **CASE STUDY**

#### **EBOLA CRISIS PUSHES GEC PROGRAM BENEFICIARY TO DECIDE DROPPING OUT OF SCHOOL.**

Most parents in rural communities believe that as soon as a girl becomes pregnant and gives birth she no longer needs to be encouraged to continue going to school but to stay at home either to nurse her young baby or be given into marriage especially when the parents are so poor that they cannot afford the educational needs of the girl. This has in most cases led to many girls dropping out of school.

Musu Kamara a twenty year old girl of Giema Dama village, Gaura chiefdom Kenema district is one of the girls that have fallen victim of such an unfortunate scenario. Musu became pregnant while she was in class six during the 2008/2009 academic year in KmDEC primary Giema. While she was pregnant, she lost her father and came to stay with her aunt Hawa Moriba in Giema Dama who found it very difficult to care and support her go back to school.

However with the intervention of GEC program in 2012, Musu's aunt became the public relations officer (PRO) for the Parent Advocacy Club of the Government Junior School in Giema Dama. This was a good opportunity for Musu. The Parents Advocacy Club (PAC) of Government JSS Geima Dama targeted her and some of her friends after the PAC training in October 2014 on their roles and responsibilities. The PAC members were able to encourage Musu to re-enroll in JSS for the 2013/2014 academic year using her 2009 NPSE result although according to her, she had wanted to re-enroll before this time but couldn't due to poverty or lack of support and negative teacher or peer group attitudes towards child mothers. Again she felt ashamed of going back to attend school in the same class with those who were once her juniors in the primary school. Musu's aunt and some other PAC members gave her some words of encouragement, and without wasting time she grabbed the GEC opportunity to re-enroll in JSS II for the 2013/2014 academic year and she is now promoted to JSS II.

The Ebola outbreak in Kailahun started in May, 2014 and spread quickly to Kenema and other parts of the country as a result of movement of people who had already contracted the virus. This forced the government of Sierra Leone to close down all schools indefinitely in July 2014 to reduce the spread of the disease that is easily contracted by contact. Kenema and Kailahun districts were quarantined by the government and movement of people from one place to another restricted. As a result of this, most of the GEC beneficiaries engaged themselves in petty trading and farm work which is the only means of livelihood in our rural communities.

During the visit of one of the GEC education officers to Giema community, she happen to meet Musu Kamara discussing in a very discouraging mood with some PAC members including her aunt, Hawa Moriba, about how Ebola disease has disturbed education and all other social activities in the country and therefore decided not to go to school again. She said that she could not go to school anymore if the GEC program that is not reopened. She also said that she could not rely on her aunt for support to her education.

The education officer and the PAC members present encouraged Musu that the GEC project will resume after the Ebola and that she should not lose hope of getting support to continue her education. She was moved by what she was told and asked that they give her time to think over the situation.

On the 15<sup>th</sup> October 2014, a PAC meeting was held to look at challenges that may likely be faced in the country by the school children especially girls after the Ebola crisis and Musu was invited in that meeting where she was furthermore encouraged by the PAC members to reconsider her plan to drop out of school as they all were very hopeful that the GEC support to girls will continue after the Ebola crisis. Musu was convinced and therefore declared openly that she would continue her schooling now that she was assured of continued GEC support. She confessed the confusing situation created by Ebola disease and sometimes the uncertainty about education during the trying period discouraged her to the extent of taken such bad decision as dropping out of school

## **Case Study 2**

### **Case Study On The Effect of Ebola outbreak On GEC Beneficiary Kissi Teng Chiefdom-Kailahun District.**

**Handicap International**

#### **A Case about: Emmanuel James (In school CWD)**

**Case Study:** Sourced by: Mr. Tamba E.K Fayia, CBRV Kissi Teng Chiefdom Kailahun District.

**Compiled by:** James V. Sulleh, HI Inclusive Education District Officer (IEDO) - Kailahun'

**Date Recorded:** Saturday 25/10/2014.

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#### **Historical background of Emmanuel's family**

Emmanuel James is a fourteen (14) years old boy living with physical impairment. He stays with his biological father Moses James who also has physical impairment. They both live in the commercial business town of Koindu in the Kissi Teng Chiefdom. When Emmanuel was a year old, he became very ill and was taken to a traditional herbalist for cure; after several months with the herbalist, he eventually became physically impaired. As a result the mother eventually abandoned both Emmanuel and his father thus accusing her husband of been a witch who has eating up the legs of her son.

#### **Livelihood activities of Emmanuel's family before the Ebola outbreak**

After the war in Sierra Leone, Emmanuel's father Moses and seven of his friends also with physical impairment were trained by UNIDO as blacksmith; after their training, a small blacksmith workshop was built for them by the same organization (UNIDO) at the entrance to the commercial business town of Koindu from Kailahun. Moses and his friends worked on a daily bases producing instruments/tools for framing and other domestic used. Living in the commercial business town of Koindu was an added advantage for Moses and his friends since people from the three neighbouring countries (Sierra Leone, Guinea and Liberia) converged at this centre to trade, and through this, they (Moses and friends ) sold their products and with the proceeds, were able to take care of their families.

#### **The effect of the Ebola on their livelihood**

As a result of the outbreak, the governments of the three countries (Liberia, Sierra Leone and Guinea) ordered the closure of their various borders thus preventing traders from these countries to converge as usual for trading activities. This closure has affected Moses and his friend's source of income greatly. Presently, no one buys their products, thus making it very difficult for Moses to provide for both him and his son Emmanuel. Most often Emmanuel goes around the neighbouring households and begs for leftovers so that he and the father could eat. Quite recently, Emmanuel and his father benefited from intervention of WFP with some food items but this only lasted for some days. Emmanuel is currently at risk of contracting the Ebola virus because both he and the father are never concerned with avoiding boundaries in a highly infected community only to survive.

#### **The effect of the Ebola on Emmanuel's Education**

Schools have been closed in this part of the country since the outbreaks thus keeping every child out of school. There have been no activities in Koindu relating to education since the

outbreak. However, the Ministry of Education recent initiatives (e-learning) have helped families that can afford radios and batteries to keep their children busy by taking part in the e-learning. Unfortunately, Emmanuel has not been able to benefit from this initiative since his father cannot afford a radio.

### **Case Study 3**

#### **EFFECT OF THE EBOLA VIRUS DISEASE ON GEC BURSARY BENEFICIARY IN MOYAMBA DISTRICT**

##### **Plan Sierra Leone**

Fatu Rose Tucker; a 14 years old GEC bursary beneficiary, is now experiencing serious challenges for daily survival with the loss of her guardian through the Ebola Virus Disease. She is a pupil of the Harford School in Moyamba town. Fatu lost her parents six years ago and had been taken care off by Mr. James Tucker an ambulance driver attached to the Ebola ambulance response unit in Moyamba district. Mr. Tucker was responsible to convey Ebola victims from Moyamba to treatment centres in Bo or Kenema districts

On the 20<sup>th</sup> September 2014; her care giver got sick and died three days later. The corpse was test for Ebola virus, which proved to be positive. After the result, the house where he stayed including Fatu, was quarantined for 21 days with very little support from Government to provide them with food items.

After the quarantined period, she found it very difficult to survive on a day-to-day basis as other family members isolated her, as is the case realized by most orphans during this Ebola crisis. She presently survives through the help rendered by the parent of one of her school mates who manage to give her food. Her fear is that, this parent may soon stop to give her food and if that happens, she may find it difficult to access food with.

Fatu is presently residing in the same house that the deceased caregiver left her, with no one to support her materially, especially to provide for her daily food intake. When asked about her greatest challenge now that she has lost her care giver, she said; she does not have anyone who will continue to provide her material needs; she do not have someone to provide lunch when school reopens. Her desire is to listen to the daily radio teaching of core subjects on the radio, but she is without a radio receiver. Due to the present situation, no one is allowed to pay a visit to a neighbour's compound during the health emergency.