



Ministry of Social Welfare, Gender and Children's Affairs, Sierra Leone

Verification Assessment of registered
children affected by EVD

Final Report

May 2015

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List of acronyms and abbreviations

Abbreviation	Definition
CEO	Chief Executive Officer
EVD	Ebola Virus Disease
FOCUS 1000	Facilitating and Organizing Communities to Unite for Sustainable development
FTR	Family Tracing and Reunification
ICC	Interim Care Centre
MSWGCA	Ministry of Social Welfare Gender and Children's Affairs
NGO	Non-Governmental Organization
ODK	Open Data Kit
OICC	Observatory Interim Care Centre
QA	Quality Assurance
QC	Quality Control
SPSS	Statistical Package for Social Scientists
UMEER	United Nations Mission for Ebola Emergency Response
UNICEF	United Nations Children Fund

Foreword

The Ministry of Social Welfare supported by UNICEF contracted FOCUS 1000 to conduct a child verification exercise for registered children who were affected by the EVD. The verification exercise covered all 14 districts in Sierra Leone. The objective of the exercise was to provide up-to-date information on the registered EVD affected children including orphans. Specifically the exercise was to furnish data needed for monitoring progress and care of verified registered children, Investigate the reliability of the data and services provided by partners nation-wide.

Sincerely,

Alhaji Moijue Kaikai
Minister of Social Welfare, Gender and Children's Affairs

Acknowledgements

Ministry of Social Welfare, Gender and Children's Affairs is extremely grateful to all household heads, caretakers and women who participated in the verification data collection for their willingness, time commitment and sincere responses. The data collection would not have been possible without their cooperation.

Also we sincerely thank FOCUS 1000, the data collection teams and supervisors whose diligent efforts ensured reliable and quality information from the assessment. We acknowledge the invaluable work the Child Protection partner organizations put into the initial data registration process result of which helped the data verification to be fairly easy.

We applaud the technical guidance and commitment of the technical team for developing the verification instruments and particularly to UMEER for providing sixty additional Android phones and Tablets for data collection. Use of the Android Phones and Tablets ensured electronic data collection and compilation which in turn made data analysis fairly easy in a short time.

Above all would thank UNICEF for its firm commitment in supporting the Government of Sierra Leone, development partners, and civil society in generating data to inform evidence-based strategies and actions to halt the Ebola epidemic in the country.

Together, we will win the battle against Ebola.

Executive Summary

The child verification assessment of registered children affected by Ebola Virus Disease (EVD) by partners of the Ministry of Gender and Children's Affairs was done from April 8 – April 17 2015 by FOCUS 1000 with technical support from the MSWGCA and funded by UNICEF.

The outbreak of the Ebola disease in 2014 has caused a devastating condition on the life of the population particularly on children who were affected by the virus. Children who were affected by EVD were the orphans whose parents had died of EVD, the child survivors of the EVD, Children who lived in homes that had cases of EVD and the homes were eventually quarantined, children who were now separated from their care takers because of EVD and Street children. As a result of this the consequences of the disease lead to long-lasting impacts on vulnerable children including orphans, separated children, street children, etc. The overall impact on households to care for the children has implications for households' food livelihoods and household economies resulting in increase in poverty.

The child verification results show that out of a total of 11,168 (56%) of the registered children were actually available at the time of verification. Children who were not verified 4949 (44%) had no evidence of correct registration. During child verification, enumerators found that the unverified children did not have correct information to allow for verification: their addresses were unavailable in the communities they were supposed to have been registered. In many cases names and contact addresses/telephone numbers of their caregivers were also not available; in several cases, names of the same registered children and their caregivers had been repeated in the register that enumerators were advised to delete multiple names of such Children from the verification list.

Approximately equal numbers of boys (5595) and girls (5573) were registered and verified. Most of the children verified were in the age group of 0-14 years.

One hundred and forty-nine (149) children were deceased at the time of verification.

Of the 11,019 children who were alive during verification, 14% had survived from the Ebola disease, 62.4% of them had been quarantined, while 2.9% of them were still in quarantine homes.

Many of the registered children had lost their parents or primary caregivers. Of the children who were verified, 18.6% and 39.2% of them were double and single orphans respectively. Six percent of them had lost one or two of their primary caregivers.

Because EVD many of the children 32.3% of them had been made vulnerable: 31.9% and 1.5% of them were respectively separated from their families and unaccompanied at the time of verification

Many of the children were in precarious care arrangements: 192 were living in child-headed households or independent living conditions; because of separation from their primary caregivers 583 of them were either in foster care or placed in interim care centres

The findings of this report should challenge partners of the MSWGCA to respond to the needs of those affected by EVD in areas of programme interventions, decision-making, and policy making.

Specific Objectives:

1. Furnish data needed for monitoring progress and care assessment
2. Investigate the reliability of the data and services provided by partners nation-wide.
3. Fill the data gaps and provide additional information of children that were not reached by reporting partners.

Methodology

Data verification design

The verification used the database of the registered children affected by EVD. The database was provided by the Ministry of Social Welfare Gender and Children's Affairs. The registration was done by partner NGOs in the months of October to December 2014. The database comprised names of registered children, their locations by district, chiefdom, communities, their sex and age, and names and contact numbers of caregivers of the registered children. The database consisted of 16,117 registered children but during verification 4,800 children were excluded from the verification exercise because they could not be located as their contact addresses through their caretakers were not correct or available

Population of verified children

Table 1: Distribution of the number of children registered affected by Ebola in Sierra Leone, April 2014– April 2015

District	Number of children registered
Bo	440
Bombali	1609
Bonthe	41
Kailahun	1546
Kambia	204
Kenema	872
Koinadugu	507

District	Number of children registered
Kono	661
Moyamba	835
Port Loko	2121
Pujehun	395
Tonkolili	838
Western Rural	2538
Western Urban	3510
Total	16117

Selection of clusters for verification

All communities with the registered children were visited for verification by the enumerators. List of children verified in all the 14 districts is attached to this report.

Selection of households/contact addresses of caregivers

Within each cluster a list of caregivers was presented to the local authority within the cluster. A meeting of all available caregivers whose names are on the register of the children was summoned and the purpose of the verification presented. After ensuring the authenticity of the cluster and the caregivers, enumerators were then assigned to the contact addresses in which the caregivers reside for verification of the registered children.

Selection of interviewees

Interviews were conducted with caregivers at the addresses provided on the database register. The verification exercise included the identification of the registered child when present at the time of data collection. If the child was absent, particulars of the registered child was cross checked with the information on the register to ensure that the verified child was indeed the person that had been registered before. Enumerators were asked to find out from older children aged 10-18 years their correct age as was recorded on the register. The caregiver (if present) was the first person required to give information about the registered child. If the caregiver was absent, any responsible family member of the child was also asked to provide the required information for the verification of the registered child.

Training of data collectors

FOCUS 1000 recruited and trained 150 data collectors, 14 district supervisors at five training locations in Freetown (for Western Rural and Western Urban Enumerators and supervisors), in Port Loko (for Port Loko Kambia district Enumerators), in Makeni (for Bombali, Koinadugu and Tonkolili districts enumerators and supervisors), in Kenema (for Kailahun, Kenema and Kono districts enumerators and supervisors) and in Bo (for Bo, Bonthe, Moyamba and Pujehun district enumerators and supervisors). MSWGCA, UNICEF and FOCUS 1000 staff were used as training facilitators and moderators in all the training centres. The training lasted for 3 days in each of the training centres.

Table 2: Distribution of the enumerators and supervisors in the districts, April 2015.

Districts	# enumerators	Supervisors
Bo	5	1
Bonthe	1	1
Pujehum	5	1
Moyamba	7	1
Kono	5	1
Kenema	11	1
kailahun	19	1
Bombali	16	1

Districts	# enumerators	Supervisors
Port Loko	24	1
Tonkolili	8	1
Kambia	3	1
Koinadugu	5	1
Western Urban	25	1
Western Rural	16	1
Total	150	14

Training

The training focused on the following core areas:

- Overall data collection protocols and guidelines
- In-depth review of verification questions
- Administration of questionnaire using Open Development Kit (ODK) with Kobo Collect app on Android-based phones and Samsung Tab 3
- Quality control and assurance (QA/QC)

The trained data collectors and supervisors were divided into their respective district teams (n=14). Each team was then assigned to specified geographic clusters in one of the 14 districts as indicated on the database of registered children.

Survey administration

A total of 14 team supervisors were responsible to oversee the day-to-day collection of data by the trained enumerators. In addition to the team supervisors, senior FOCUS 1000, MSWGCA, and UNICEF staff served as regional supervisors to ensure maximal quality control and assurance during the training and data collection. Data collection occurred during the period of April 8th to April 17th 2015. Each enumerator was assigned a list of registered children to be verified at the beginning of each day. Each interview took an average of about 30 minutes per each registered child to be verified.

Given the potential risk of exposing enumerators to households with EVD patients, stringent security and safety protocols were discussed during the training. Enumerators were continuously monitored by their team supervisors to ensure adherence to security and data collection protocols for quality control validity. FOCUS 1000 is delighted to report that none of data collection team members reported signs/symptoms of Ebola during and periods immediately after data collection.

Use of mobile technology

Data collection was done using Android mobile devices (mobile phones and Samsung Tab 3) with Open Development Kit (ODK)/ Kobo Collect application. A mirror of the paper-based data collection instrument was designed by staff of the MSWGCA and UNICEF using Kobo Collect and subsequently installed on the mobile devices. At the end of each day, team supervisors were responsible for verifying the data and uploading them to Form hub's cloud-based data

hosting server. Compiled data in Excel Spreadsheet was downloaded from the Form hub by staff of MSWGCA and UNICEF to check for data reliability and accuracy.

Data analysis and report writing

The collected data was downloaded from Form hub and imported into SPSS Version 18 for data tabulation and analysis. Data analysis and report writing were done by staff at FOCUS 1000 and cross-checked for reliability and accuracy.

Limitations

During data collection, enumerators found out that not all registered children could be verified for the following reasons:

- Many of the registered children were without verifiable caregivers or contact telephone numbers of caregivers. For example over 30 registered children in Bo town had neither names nor contact telephone numbers of the caregivers of the registered children. This discrepancy was found in several other districts during the data collection. In some districts and communities local authorities could not state for certainty when the registration took place in several other districts and communities
- In some communities some registered people about 161(2%) were above 18 years and could therefore not be verified as children in the verification exercise. Some children were purported to have been registered in communities, but such communities denied any registration to have taken place as they had not had any case of Ebola

Findings

The findings of the verification data are presented in tables and disaggregated by districts. Where relevant the findings are also disaggregated by sex and age. The enumerators went to all the 14 districts and communities where the initial registration took place to verify whether the registered children existed or not.

Out of the 16,117 registered children, 11,168 (69%) of them were verified. Bonthe district (98%), followed by Pujehun district (91%) and Kailahun district (82%) were the districts with the highest verification of registered children. Tonkolili district (55%), Kenema district and Kono district (59% each), and Western Urban (64%) recorded the lowest verification in that order. Data from Kambia district which verified (125%) of registered children was a suspect. It appeared that the enumerators were cowed in doing new registrations.

Table 1: Comparison of numbers of registered children database to the numbers of verified children by districts, Sierra Leone, April 2015

District	Registered			Verified			Percentage of registered verified
	Boy	Girl	Total	Boy	Girl	Total	
Bo	220	220	440	167	167	334	76%
Bombali	836	773	1,609	571	504	1,075	67%
Bonthe	22	20	42	21	20	41	98%
Kailahun	749	798	1,547	597	664	1,261	82%
Kambia***	115	90	205	142	115	257	125%
Kenema	435	438	873	258	260	518	59%
Koinadugu	236	272	508	184	209	393	77%
Kono	321	341	662	200	192	392	59%
Moyamba	379	457	836	262	300	562	67%
Port Loko	1,078	1,044	2,122	755	654	1,409	66%
Pujehun	194	202	396	177	184	361	91%
Tonkolili	414	425	839	244	214	458	55%
Western Rural	1,281	1,248	2,529	915	953	1,868	74%
Western Urban	1,706	1,803	3,509	1,102	1,137	2,239	64%
Total	7,986	8,131	16,117	5,595	5,573	11,168	69%

Table 4: Percent distribution of verified children by age group, Sierra Leone, 2015

Age Group	Boy		Girl	
	Number	% of total	Number	% of total
0-4 years	1390	25%	1361	24%
5-9 years	1981	35%	1959	35%
10-14 years	1555	28%	1537	28%
15-17 years	669	12%	716	13%
Total	5595	100%	5573	100%

The table above shows the distribution of the age group of the children who were verified disaggregated by sex. For both sexes, more children were registered and verified from 0-14 year olds. It appears that this age group of children were considered to be most vulnerable and at risk and were therefore registered by the child protection partners. There was not much significant difference between the boys and girls in their registration and therefore their verification

EVD status of the verified child

During verification, data was collected on the registered children under the following categories:

1. The registered child had died
2. The child was quarantined in an Observatory Interim Care Centre (OICC)
3. The child was quarantined in their family home
4. The child had been released from quarantine home or from an OICC
5. The child had contracted the EVD and survived
6. The child was alive and had not contracted an EVD

Of the 11168 children verified, 149 (1.3%) of them were reported to have died, 15 (0.1%) had been quarantined in OICC, 315 (2.8%) of them were in quarantined homes, 6973 had been released from either quarantined homes or OICCs, 1579 (14.1%) had survived from the EVD diseased, and 2137 (62.4%) had none of the above conditions.

Table 5: Distribution of the EVD status of the children affected by EVD disaggregated by district in Sierra Leone

District	Current EVD Status of the child						Total
	Deceased	In OICC	None	Quarantined	Released from quarantined or OICC	survivor	
Bo	9	0	1	44	262	18	334
Bombali	15	1	308	30	262	459	1075
Bonthe	0	0	0	0	40	1	41
Kailahun	16	1	876	1	42	325	1261
kambia	6	0	11	4	230	6	257
Kenema	4	0	72	7	324	111	518
Koinadugu	4	1	93	0	264	31	393
Kono	13	1	26	0	346	6	392
Moyamba	15	1	5	0	522	19	562
Port Loko	18	5	359	50	591	386	1409
Pujehun	2	0	1	0	357	1	361
Tonkolili	7	0	34	1	398	18	458
Western Rural	5	3	271	89	1451	49	1868
Western Urban	35	2	80	89	1884	149	2239
Total	149	15	2137	315	6973	1579	11168

Of the 149 children who died, 77 (51.7%) of them were boys while 72 (48.3%) of them were girls. Similarly, of the 1579 children who survived, 858 (54.3%) were boys and 721 (45.7%) of them were girls.

Table 6: Distribution of the EVD status of the verified children disaggregated by age and by sex in Sierra Leone, 2015

Category	Deceased	Quarantined in OICC	none	Quarantined	Released	Survivor	Total
Boys	77	6	1055	138	3461	858	5595
Girls	72	9	1082	177	3512	721	5573
Total	149	15	2137	315	6973	1579	11168
0-4 years	67	7	482	72	1774	349	2751
5-9 years	33	7	803	113	2449	535	3940
10-14 years	32		615	93	1895	457	3092
15-17 years	17	1	237	37	855	238	1385
Total	149	15	2137	315	6973	1579	11168

Distribution of the care status of the child:

During data collection, caregivers were asked about the status of care of the registered child. Of the 11,019 children who were alive, the caregivers reported that 637 (5.8%) of the registered children were of no known care status, 3520 (31.9%) of them were separated from their biological parents, 164 (1.5%) were unaccompanied, 1564 (14.2%) of them vulnerable in several other respects such as various forms of disability, and 5134 (46.6%) of them were living with their parents. Table 7 below shows the distribution of the care status of the children by districts

Table 7: Distribution of Care status of verified children by district in Sierra Leone – April 2015*

District	No known care status	None of the above	Separated	Un-accompanied	Other vulnerable	Total
Bo	0	24	161	6	134	325
Bombali	3	755	238	51	13	1060
Bonthe	0	0	3	0	38	41
Kailahun	1	75	1051	15	103	1245
Kambia	249	1	0	0	1	251
Kenema	1	186	253	1	73	514
Koinadugu	3	375	11	0	0	389
Kono	0	343	31	5	0	379
Moyamba	0	15	184	2	346	547
Port Loko	2	285	936	68	100	1391
Pujehun	0	64	115	1	179	359
Tonkolili	0	357	86	3	5	451
Western Rural	148	1025	135	3	552	1863
Western Urban	230	1629	316	9	20	2204
Total	637	5134	3520	164	1564	11019

* The above table excludes those who were reported dead

Figure 2a: The graphs below shows the age distribution of the care status of the children, Sierra Leone 2015

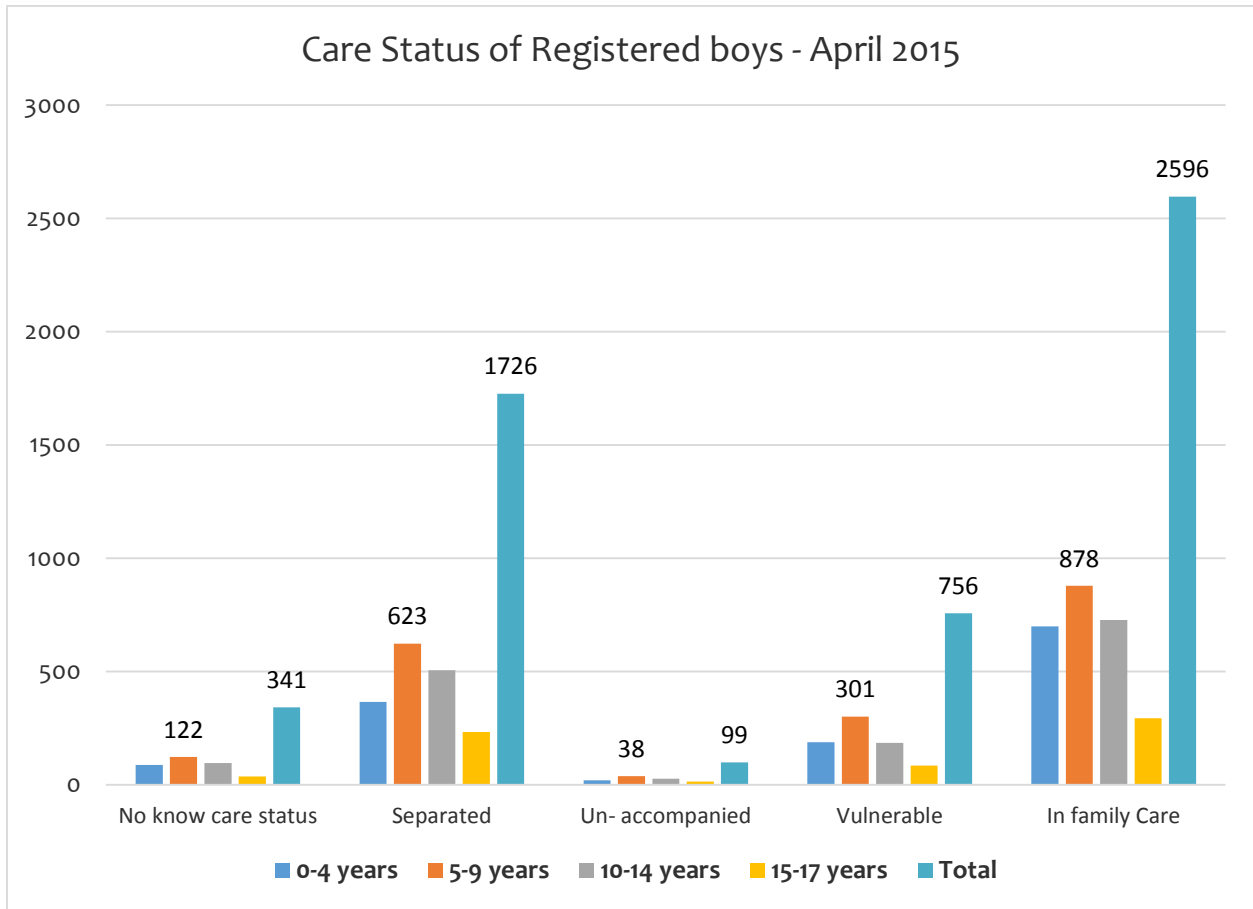
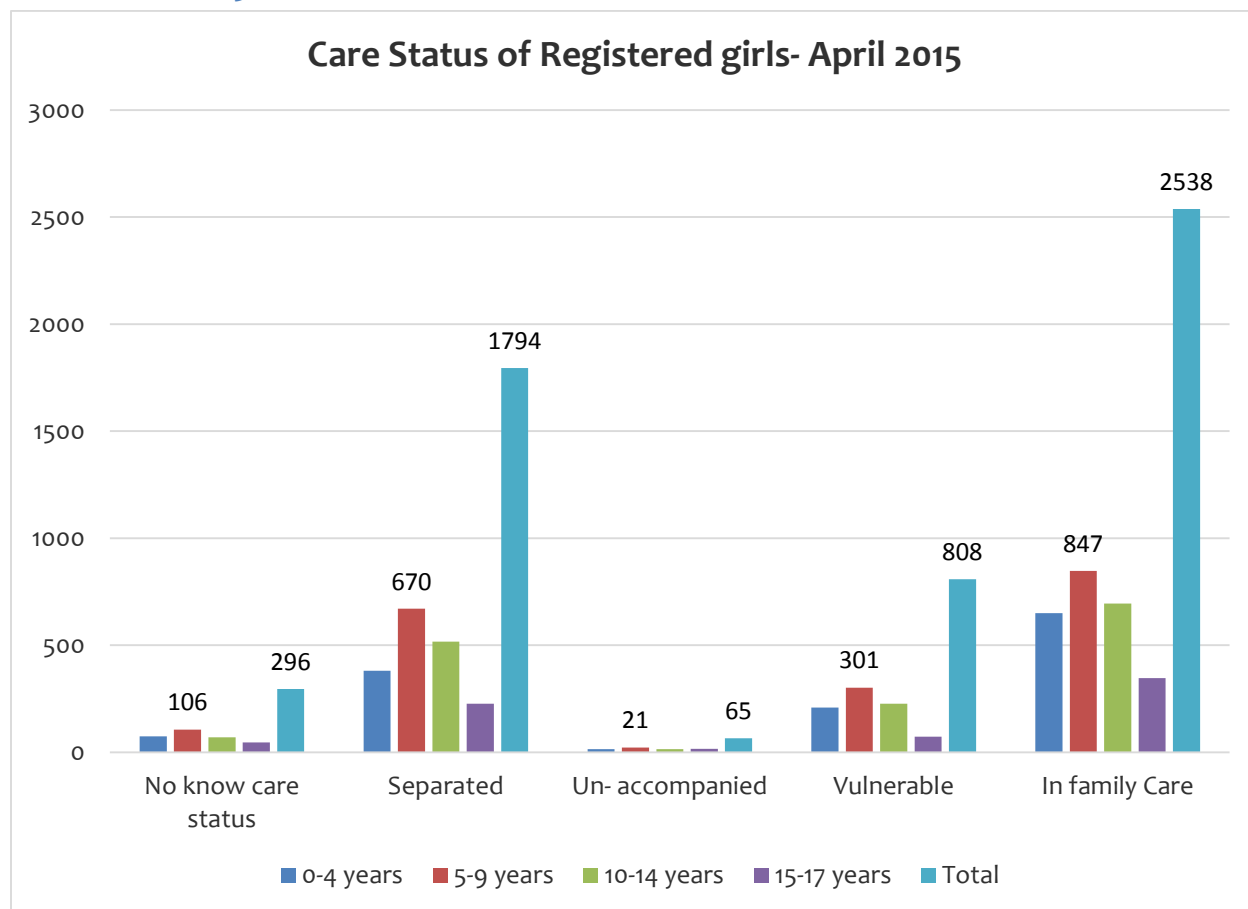


Figure 2b: The graphs below shows the age distribution of the care status of the children, Sierra Leone 2015



In the graphs above, the care status was worse for separated girls 1794 (32%) than separated boys 1726 (31%). The difference was much more significant in the age group of 5-9 years old children: 670 (34%) for girls compared to 623 (31%) for boys.

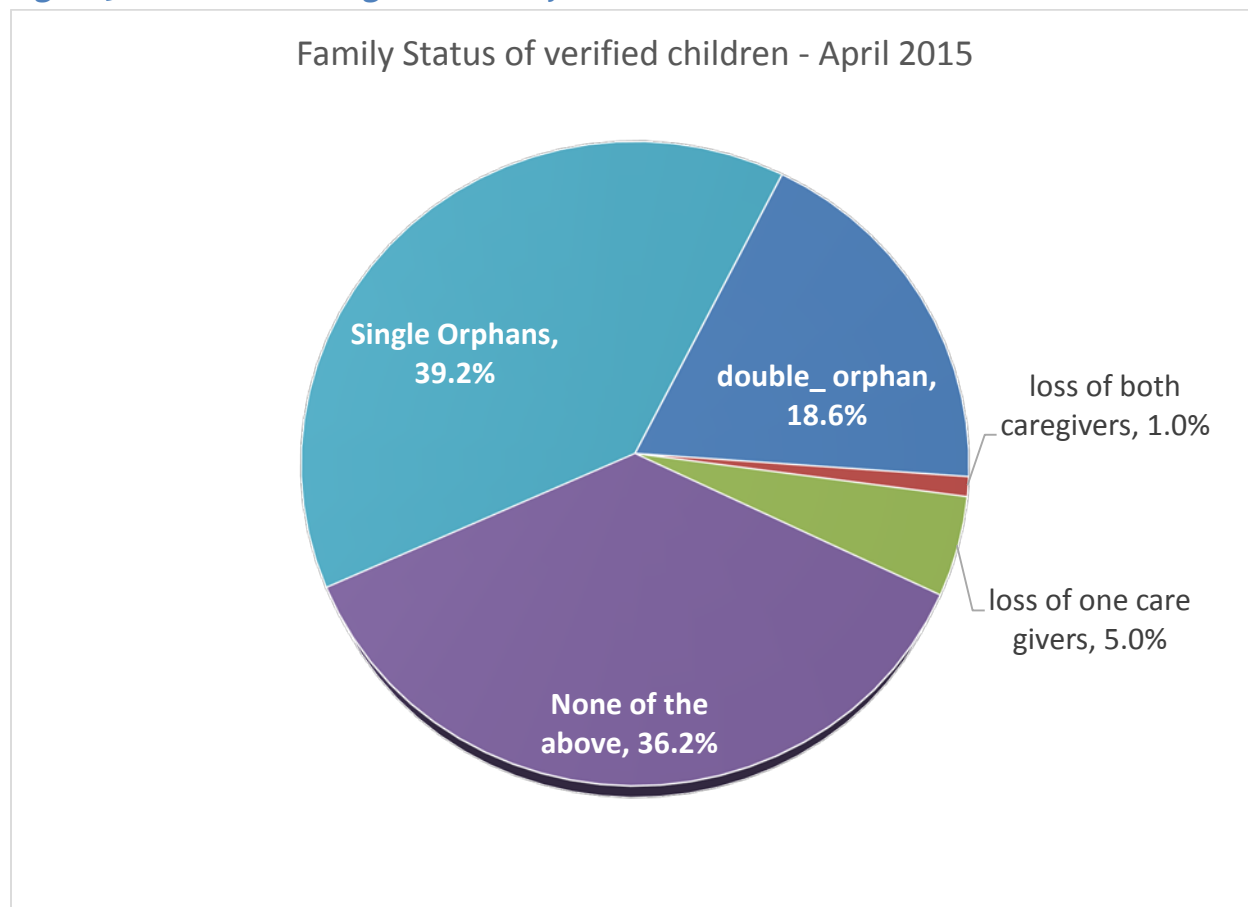
Family status of verified children

Most of the 11019 children who were verified had lost either their biological parents or primary caregivers: 6376 (57.8%) children were orphans, while 659 (6%) of the children had lost either one or both primary care givers. Only 3984 (36.2%) of the children had either their biological parents or primary caregivers alive. Port Loko, Kailahun, Western Rural, Bombali and Western Rural are the five districts with the highest recorded number of children who had lost their parents or primary caregivers. (See table 8 below)

Table 8: Distribution of the family status of the verified children – April 2015

District	double_orphan	Single Orphans	loss of both caregivers	loss of one care givers	None of the above	Total
Bo	66	147	1	58	53	325
Bombali	223	444	39	94	260	1060
Bonthe	0	3	0	0	38	41
Kailahun	333	831	10	64	7	1245
Kambia	15	58	3	26	149	251
Kenema	114	307	12	53	28	514
Koinadugu	40	254	0	1	94	389
Kono	31	106	0	1	241	379
Moyamba	49	172	1	24	301	547
Port Loko	619	654	17	51	50	1391
Pujehun	57	76	0	24	202	359
Tonkolili	46	212	10	34	149	451
Western Rural	358	600	12	79	814	1863
Western Urban	103	458	4	41	1598	2204
Total	2054	4322	109	550	3984	11019

Figure 3: Pie chart showing of the family status of the verified children



Current care arrangement for the verified children

During data verification, parents or primary caregivers were asked about the current care arrangement for the registered children. In response, it was recorded that most of the children, 10047 (91.2%) of them were living in regular homes. Worrying however was that 389 (3.5%) of the verified children were reported to be in living in child-headed households, in independent living arrangement or under some unknown living condition. A good number of them, 583 (5.3%) were in foster care or living in Interim Care Centres. Of the 147 children living in child-headed households, Bombali district reported the highest number of such cases, 110 (75%) of them. Children in foster care or ICCs were mainly in Western Urban, Western Rural, Port Loko, Kailahun and Bombali districts.

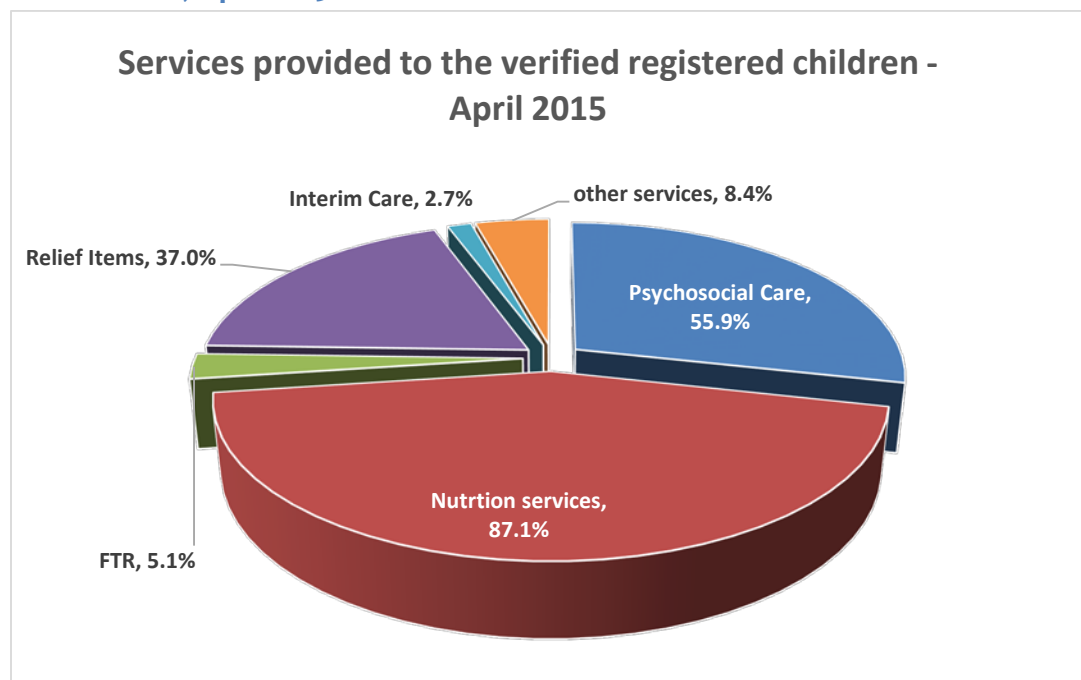
Table 9: Distribution of living arrangements for verified registered children in Sierra Leone– April 2015

District	Child-headed Household	Foster Care	ICC	Independent living	Living in regular home	Others	Total
Bo	1	5	0	0	296	23	325
Bombali	110	33	3	2	893	19	1060
Bonthe	0	1	0	0	40	0	41
Kailahun	8	49	2	3	1183	0	1245
Kambia	0	0	0	0	251	0	251
Kenema	0	9	0	2	501	2	514
Koinadugu	1	0	1	0	387	0	389
Kono	0	8	0	1	370	0	379
Moyamba	3	2	0	5	536	1	547
Port Loko	5	137	12	14	1200	23	1391
Pujehun	0	4	0	0	355	0	359
Tonkolili	2	7	1	2	430	9	451
Western Rural	17	110	4	5	1615	112	1863
Western Urban	0	184	11	11	1990	8	2204
Total	147	549	34	45	10047	197	11019

Child care services received by registered children

As stated earlier, the outbreak of the EVD brought suffering and hardship to many affected children. The Ministry of Social Welfare and its partners intervened to ameliorate the effects of the disease on some of the children in the worst affected districts. Services that were provided to children included psychosocial care, food and nutrition services, family tracing and reunification of those who were separated from their families, provision of relief care items, interim care and various other services including medical care. The three highest services provided were nutrition services for 9595 (87.1%) children, psychosocial services for 6245 (55.9%) children and relief items for 4072 (37.0%) children. The pie chart below shows the size of the services that were reported to be provided for the 11019 children

Figure 4: Services provided by child protection partners to verified registered children in Sierra Leone, April 2015



Conclusions

The child verification results show that about 70% of the registered children were actually available at the time of verification. Children who were not verified had no evidence of correct registration. During child verification, enumerators found that the unverified children did not have correct information to allow for verification: their addresses were unavailable in the communities they were supposed to have been registered. In many cases names and contact addresses/telephone numbers of their caregivers were also not available; in several cases, names of the same registered children and their caregivers had been repeated in the register that enumerators were advised to delete multiple names of such Children from the verification list.

Approximately equal numbers of boys (5595) and girls (5573) were registered and verified. Most of the children verified were in the age group of 0-14 years.

One hundred and forty-nine children were deceased at the time of verification.

Of the 11,019 children who were alive during verification, 14% had survived from the Ebola disease, 62.4% of them had been released from quarantine homes, while 2.9% of them were in quarantine homes.

Many of the registered children had lost their parents or primary caregivers. Of the children who were verified, 18.6% and 39.2% of them were double and single orphans respectively. Six percent of them had lost one or two of their primary caregivers.

Because EVD many of the children 32.3% of them had been made vulnerable: 31.9% and 1.5% of them were respectively separated from their families and unaccompanied at the time of verification

Many of the children were in precarious care arrangements: 192 were living in child-headed households or independent living conditions; because of separation from their primary caregivers 583 of them were either in foster care or placed in interim care centres

Ministry of Social Welfare, Gender and Children's Affairs Child Verification Form of EVD Affected Children in Sierra Leone

SECTION 1 - Child's Basic Details		
Date of Registration:		
First Name:	Middle Name:	Last Name:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth: mm/dd/yyyy Estimated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address:		
Community/Village/Town/City:		Chiefdom:
District:		
Name of Head of Household:		
SECTION 2 - Current EVD Status		
What is the current status of the child? <input type="checkbox"/> Deceased <input type="checkbox"/> A survivor <input type="checkbox"/> Quarantined <input type="checkbox"/> In OICC <input type="checkbox"/> Released from Quarantined/OICC <input type="checkbox"/> None of the above		
SECTION 3 - Care Status as a Result of the EVD		
What is the current care status of the child: <input type="checkbox"/> Separated <input type="checkbox"/> Unaccompanied <input type="checkbox"/> No Known care issues <input type="checkbox"/> Other vulnerable (Please Specify).....		
SECTION 4 - Family Status as a Result of the EVD		
What is the child family status as a result of the EVD epidemic? <input type="checkbox"/> Double Orphan <input type="checkbox"/> Single Orphan <input type="checkbox"/> Lost one Primary Caregiver <input type="checkbox"/> Lost both primary caregiver <input type="checkbox"/> None of the above		
SECTION 5- Current Care Arrangement		
What is the child's current care arrangement: <input type="checkbox"/> Interim Care Centre <input type="checkbox"/> Foster Care <input type="checkbox"/> Independent Living <input type="checkbox"/> Living with family <input type="checkbox"/> Others(Please specify)_____		
Name of Current Caregiver:		
Relationship to child:	Recognized by law: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact No:		

SECTION 6- Services Provided to the Child

What are the services that have been provided to the child?: PSS

Food/Nutrition

FTR

Relief Item

Interim Care

Other (Please Specify)

SECTION 7- Details of Enumerator

Name:

Contact No:

Signature:

Information obtained from: Child Caregiver Other (*Specify*):

Date: