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Abstract

Post-Ebola Case Management of Orphaned Young Adults in Rural Sierra Leone

by

Augustine Frazer

MSW, Howard University, 2004

BSc, University of Sierra Leone, 1994

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Crisis and Disaster Intervention

Walden University

April 2019

Abstract

The 2014-2016 Ebola pandemic in Sierra Leone significantly increased the orphan population and the need for social support programs, especially for student-orphans in higher education. Poorly prepared disaster response managers have little knowledge about how college student-orphans experience social services. The purpose of this transcendental phenomenological study was to explore how post-Ebola student-orphans enrolled in an agricultural university in rural Sierra Leone experienced post disaster specialized case management to enhance student performance. Criterion sampling techniques including specific inclusion and exclusion criteria guided the recruitment, that included 10 research participants taking part in the semi structured interviews. Ecological system theory and postpositivist ontology informed this transcendental phenomenological research. The modified van Kaam transcendental phenomenological data analysis enabled the development of themes from lived experiences of post-Ebola case management for student-orphans. The findings of the research showed that student-orphans experienced specialized case management   with three characterizations: (a) sadness, (b) happiness, and (c) anger which included information helpful for crisis and disaster case management administration and staff across similar circumstances. The social change implication for the study results include information useful for human service administrators and staff in designing and employing post disaster programs for college student-orphans.

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Dedication

This dissertation is dedicated to all Ebola student-orphans in Sierra Leone who experienced trauma and confusion both by the disease and the intervention; rejection while utilizing services and endearing self-efficacy in coping strategies to meet the needs for college requirements and to enhance coping skills with the new normal.

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I want to acknowledge the many individuals who contributed to and supported my academic journey. No amount of words will be enough to express my profound gratitude to all of them. However, I want to thank the individuals whose stories and unique experiences made this study possible. Thank you for your willingness to allow me to be part of your stories. Each of you has singlehandedly made a critical piece of this study a reality. To Dr. Randy Heinrich my dissertation committee chair, I will remain significantly forever grateful for your willingness to direct this research, openness to understand my culture, mentorship, patience and your supportive directions throughout my course at Walden University. To Dr. Barbara Benoliel, I am indebted for your readiness to be part of my dissertation committee and became a very strong advocate for quality work; all of your inputs enhanced the quality of this study. Thank you to my wife Millicent and children Boi-Nancy Abigail Frazer and Giivuii Feimata Frazer, for your endurance and unconditional support throughout this process. Finally, to all my friends Moses S. Belewa, Amara Belewa, Saffa Boima, Pastor Christian Fhole, Ambrose S. Nyaley, Emmanuel Koivaya Amara, ESQ, Mark Nuwah, Munda K. Banya, Mary Jo Jo Rogers, Major Peter J. Amara, Dr. Arthur Williams, and Mr. James Juana you are duly recognized for your support, patience and understanding throughout this study.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Background of the Study

The Sierra Leonean young adult population between 18 and 26 years of age accounts for 33% or 1.9 million of the estimated 7.7 million citizens (Alemu, 2016; Efevbera & Betancourt, 2016; Gray et al., 2018; Shepler, 2014; Leone, 2014). Approximately 15%-24% of the youth population are considered orphans, either for not living with biological parents or other family members or living on the streets (Alemu, 2016). The orphan population is only an estimate because of the communal and traditional parenting patterns, as well as a poor tracking and record-keeping culture in Sierra Leone (Case, Paxson, & Ableidinger, 2004; Kamara et al., 2017). Between 2008 and 2013, there was a decrease in the numbers of orphans in Sierra Leone; single-parent deaths fell from 1.8% to 1.4%, and both parents dying decreased from 8.7% to 7.5%. However, the post-Ebola orphan count indicates that the numbers significantly increased to 30%, and other scholars argued that the number is much higher (Abramowitz et al., 2015; Davies, Bowley & Roper, 2015; Denis-Ramirez, Sørensen, & Skovgaard, 2016; Evans & Popova, 2015a).

The large numbers of orphans resulted in economic hardship, which lowered the quality of care, reduced short-term therapeutic interventions, and resulted in a poor understanding of how orphans experience case management services (Beegle, Filmer, Stokes, & Tiererova, 2010; Evans & Popova, 2015b; Evans & Miguel, 2007). Post-Ebola student-orphans experienced emotional problems and social isolation in addition to the loss of parents (DePinto, 2016; Evans & Popova, 2015b; Shultz, Cooper et al., 2016). The

limited funded Social Safety Nets Programs, launched in 2013-2014, met exacerbating factors during postwar economic development and reconstruction, which reduced available funds for rural areas of the country resulting in post-Ebola student-orphans reliance on community and personal resources for coping with a new normal (Bakare, Ilesanmi, Nabena, & Famuyide, 2016; Dallatomasina et al., 2015; Salmon, McLaws & Fisher, 2015). The secondary effects of the Ebola outbreak on rural families, including mental health and psychological distress, closure of schools and colleges, and government suspension of social functions, remains to be quantified, particularly given the limited ability of the rural population to meet essential social and emotional needs in pre-Ebola model of care for war victims, making a case for supportive services and specialized case management to the targeted population in post-Ebola intervention programs (Ansumana et al., 2015; Wolz, 2014).

Human services administrators and disaster response managers have a poor understanding of the coordination of care and services of post-Ebola specialized case management victim needs, particularly for postsecondary education (Garoff, 2015; Phrampus et al., 2016). Disaster response managers in the case management planning role have little understanding of how student-orphans experienced specialized case management, which has resulted in a significant gap in needs assessment and case management service delivery; thus, orphans attending colleges have relied on personal coping skills to meet emotional and physical needs, to improve grades, and achieve graduation (Althaus, Low, Musa, Shuaib & Gsteiger, 2015). The next section includes the problem statement for this transcendental phenomenological study.

Problem Statement

In the Ebola pandemic of 2014-2015, there were 14,124 cases of the disease that resulted in 3,956 deaths in Sierra Leone, which led to a 12% increase in the number of orphans, overwhelmed the health care system, separated families and communities, and created economic challenges (Evans & Popova, 2015b; Helleringer & Noymer, 2015; Pronyk, et al., 2016; Team, 2014). The increase in the orphan population resulted in lower quality of care, inconsistent therapeutic interventions, and poor case management coordination by human service professionals (Burton, 2015; Evans & Popova, 2015b; Phua, 2015).

Case management programs in Sierra Leone are available for student-orphans including free college readiness programs, short-term therapeutic services, and mentorship opportunities (Bledsoe, 1990; Farrar & Piot, 2014; Shultz, Baingana, & Neria, 2015). However, program administrators reported issues with underfunding, inadequately trained foster care personnel and poor crisis intervention strategies, including low understanding of the demands of case management for student-orphans in higher education (Betancourt et al., 2008; Chukwudozie et al., 2015; Evans & Popova, 2015a; Zuilkowski & Betancourt, 2014). Post-Ebola leadership and case management teams and staff in Sierra Leone have a low understanding of how orphans are experiencing case management supports and college activities (Salazar, Roe, Ullrich & Haggerty, 2016; Sapienza & Masten, 2011; Ungar, 2014).

The problem is, despite case management supportive services, the post-Ebola college orphans' performance decreased by 15% in grades from 2013 to 2015 and a 5%

increase in dropping out of college as compared to pre-Ebola college dropout rate for the targeted population (Nabwire & Owino, 2015; Schenk, 2009). Decreasing post-Ebola student-orphans performance was partly as a result of the poor understanding of case management needs and supports for post-Ebola college orphans by disaster response managers and staff (Kazeem & Jensen, 2017; Sapienza & Masten, 2011).

Although available research about case management for orphans in Sierra Leone includes significant findings, I have not found studies about the post -Ebola case management experiences of college orphans in Sierra Leone. The poor understanding of disaster response managers, crisis intervention policy planners, and human service administrators of the lived experiences of post-Ebola orphans attending college in post-Ebola Sierra Leone has partly resulted in poor outcomes for the student-orphans. Thus, I conducted this transcendental phenomenology study to understand the lived experiences of student-orphans receiving post-Ebola case management services while attending a rural agricultural university in Sierra Leone. The results of this study filled a gap in the literature and included information helpful for policy and decision-makers, as well as program managers and practitioners of orphan care case management programs for subsequent programming development and delivery. The next section examines the purpose of this transcendental phenomenological study.

Purpose of Study

For this transcendental phenomenological study, I explored the lived experiences of post-Ebola student-orphans enrolled at a rural agricultural university in Sierra Leone and engaged in a specialized case management intervention intended to enhance college

grades and promote graduation. The information assisted human service program administrators and foster care providers, as well as government and nongovernmental organizations, to design post disaster intervention services and social support systems for the orphan population to promote college graduation and improve grades. Furthermore, the findings of this research provided an understanding of how post-Ebola student-orphans experienced case management supportive services while enrolled in college (Buseh, Stevens, Bromberg, & Kelber, 2015; Denis-Ramirez et al., 2017; Evans & Popova, 2015b). The significance of the study discussed in the next section provides the need for this transcendental phenomenological study.

Significance of Study

For this transcendental phenomenological study, I explored the lived experiences of post-Ebola student-orphans enrolled at an agricultural university in Sierra Leone and receiving specialized care as an intervention scheme to enhance college grades and graduation. The results of this transcendental phenomenological study include helpful information to human service leaders, policy planners, and foster care providers to understand how orphans experience post disaster case management services (Ardington & Leibbrandt, 2010; Masten et al., 2014; Sapienza & Masten, 2011; Ungar, 2014; Ungar, Ghazinour, & Richter, 2013). The next section contains the theoretical framework that guided this transcendental phenomenological study.

Theoretical Framework

The theoretical framework and data interpretation of this study included the following constructs. I applied the transcendental phenomenological research method

using ecological systems theory (EST) to understand the lived experiences of young

adults in foster care who are engaged in post-Ebola specialized case management while

enrolled at a rural agricultural university in Sierra Leone. The use of EST helped me

understand individuals in the natural community and how participants interrelated with

core and subsystems to enhance efficacy in overcoming challenges in school, and within

the communities, peers, and families (Bronfenbrenner, 1977; Burns, Warmbold-Brann, &

Zaslofsky, 2015; Fivush & Merrill, 2016; Garbarino, 1980; Lindsay, McDougall, Menna-

Dack, Sanford, & Adams, 2015; Ungar, 2014). EST theorists seek to understand how

individuals experience an event and use environmental resources to maintain normative

behavior (Cote & Nightingale, 2012; Folke, 2006; Gallopín, 2006). In understanding

college orphans lived experiences with specialized case management, my perspective as a

human service professional did not influence my interpretation of the qualitative results;

therefore, using EST helped to improve the internal validity (Baškarada, Shrimpton &

Ng, 2016).

The transcendental phenomenological method allowed me to understand the lived

experiences of college student-orphans' participation in specialized case management in

post-Ebola Sierra Leone while enrolled at a rural agricultural university (Brown &

Wilderson, 2010; Lauver, 2010; Moustakas, 1994). Attempting to understand the

individual's perception of a phenomenon is a complex construct, particularly in

challenging traumatic experiences (Burns et al., 2015); however, the transcendental

phenomenological qualitative method permitted me to understand the lived experiences

of case management by the research subjects without allowing preconceived ideas to

cloud the true meaning of the phenomenon to emerge as the research participants experienced such a phenomenon (Bernet, 2015; Himelhoch & Njie-Carr, 2016; Moustakas, 1994). Through bracketing, data collection, and analysis, I obtained an understanding of the lived experiences of post-Ebola student-orphans' meaning of specialized case management to enhance grade and graduation (Cote & Nightingale, 2012; Gallopín, 2006; Tufford & Newman, 2012). The next section includes the research question.

Research Question

I used the following research question to guide this transcendental phenomenological study: What are the lived experiences relative to higher education of post-Ebola orphaned young adults engaged with case management activities while enrolled at a rural agricultural university in Sierra Leone? The next section addresses the nature of the study.

Nature of the Study

I used a transcendental phenomenological approach to examine the lived experiences of post-Ebola student-orphans engaged in specialized case management for 2 years while enrolled at a rural agricultural college in Sierra Leone (see Moustakas, 1994). I examined the student-orphans' experiences of post-Ebola specialized case management at a rural agricultural university in Sierra Leone through interactive interviews with 10 post-Ebola student-orphans. Data were collected through semi structured interview questions (Frith & Gleeson, 2011; Gale, Heath, Cameron, Rashid, & Redwood, 2013; Palinkas et al., 2015).

Understanding the case management experiences of orphaned young adults aligns with transcendental methodology allowing me to experience the phenomenon as the research instrument (Butler-O'Halloran, & Guilfoyle, 2015; Geiger, Hayes & Lietz, 2013; Moustakas, 1994). The construct of investigating the post-Ebola specialized case management relating to orphaned young adults provided useful insights for human science administrators in designing post disaster case management intervention for college orphans (Masten et al., 2014; Sapienza & Masten, 2011; Ungar, 2014). I used the previous research of Bronfenbrenner (1977, 1986) to form the basis for understanding the lived experiences of specialized case management of student-orphans 19 years of age and older enrolled at a rural agricultural university in Sierra Leone and to interpret and find meaning in the inscribed unique experiences. My knowledge of and professional experience with this phenomenon assisted in guiding this transcendental phenomenological research; as such, I bracketed the objective world to understand participants' applied worldviews through the transcendental phenomenology research and utilizing this process of bracketing, I identified the meaning student-orphans ascribed to specialized case management schemes designed for use in post-Ebola Sierra Leone (Band-Winterstein, Doron, & Naim, 2014; LeVasseur, 2003; Tufford & Newman, 2012). In the deconstruction of the lived experiences of post-Ebola student-orphans to case management enrolled at a rural agricultural college in Sierra Leone, I engaged 10 research participants identified as having lost both parents to Ebola and recruited through a homogeneous purposive sampling technique (Guarte & Barrios, 2006).

Definition of Key Terms

Orphan: An individual losing both parents or primary caregivers or an individual losing the breadwinner and with limited safety net within the extended family system (Stark et al., 2015).

Ebola: A fatal communicable disease accompanied by fever and severe internal bleeding, often transmitted through contact with contaminated bodily fluids (Qureshi, 2016).

Assumptions

I assumed the populations sampled who have lost both parents to the Ebola pandemic would be willing to participate in the qualitative transcendental phenomenological study interview. I assumed the research participants would answer the interview questions honestly based on lived experiences and perceived constructed meanings of specialized case management. Finally, I assumed the sampled population for this study could express personal impressions, feelings, and experiences about post-Ebola case management.

Limitations

The results of this study do not apply to different populations, even to other orphans of disaster in urban Sierra Leone as I concentrated data collection primarily to 10 post-Ebola student-orphans enrolled at an agricultural university in rural Sierra Leone and engaged in specialized case management. Participants were not observed navigating the community, and I relied on answers to interview questions not taking into consideration participants' cultural and other variables such as friends and community

resources (Lowes & Prowse, 2001; Shorter & Stayt, 2010). The selection of research subjects for the transcendental phenomenological study influenced the results (Marshall, Cardon, Poddar & Fontenot, 2013; Suri, 2011).

Delimitations

The samples for this transcendental phenomenological study are post-Ebola student-orphans enrolled at a rural agricultural university in Sierra Leone and engaged in specialized case management. Participants collectively experienced loss of parents to the Ebola pandemic and engaged in specialized case management (Wertz, 2005).

Summary

Case management to post-Ebola orphans is primary to the adjustment for student–orphans enrolled in higher education; the poor understanding of and improper coordination of services has run counter to improving grades and enhancing college graduation (Althaus et al., 2015). Therefore, the poor understanding of human service administrators and disaster managers as to how post-Ebola student-orphans experienced case management affected the design and implementation of such services to the affected population (Masten et al., 2014; Sapienza & Masten, 2011; Ungar, 2014; Ungar et al., 2013). In this transcendental phenomenological qualitative study, I examined how post-Ebola student–orphans enrolled at an agricultural university experienced case management.

Chapter 2 includes a comprehensive review of related literature of case management practices to college students and orphans in the post-Ebola reconstruction of Sierra Leone and resources and case management policies with attention to how post-

Ebola orphans experienced supportive services. This chapter will also include a brief

historical outline of orphans and orphanages and disaster in Sierra Leone with current

case management practices, resources for clinical intervention in postwar, pre- Ebola and

post-Ebola disaster intervention services and a brief review of political influence on case

management policies for orphans.

Chapter 2: Literature Review

Background of the Study

In this transcendental phenomenological study, I examined how post-Ebola student-orphans experienced specialized case management while enrolled in an agricultural university in rural Sierra Leone. This chapter comprises a review of literature including (a) historical background of orphans and orphanages, including antiquity, mid-ages, and industrial ages; (b) history of orphans and orphanages in Africa, sub-Saharan Africa, and Sierra Leone; (c) crises and disasters in Sierra Leone; (d) timeline of catastrophic events and social support systems in Sierra Leone; (e) postwar educational resources for orphans and students; (f) Sierra Leone's pre-Ebola orphan population; (g) model of case management for orphans and students in pre-Ebola era; (h) post-Ebola case management model for students and orphans in Sierra Leone; (i) alternative placement for orphans in Sierra Leone; (j) clinical case management practices in Sierra Leone; (k) international partnership in disaster case management; (l) traditional and cultural perceptions of coping skills of young adults in Sierra Leone; and (m) political influences that shape disaster recovery programs and policies.

Literature Search Strategy

The subjects and keywords I examined for this literature review included phrases and words relating to *human services, crisis and disaster intervention, social and disaster leadership management, Ebola response,* and *case management of school and student-orphans.* Furthermore, I consulted peer-reviewed journals in *child welfare, foster care,* and *mental health,* and seminal sources utilizing multiple databases, including

SocINDEX, PsycARTICLES, ProQuest Central, Google Scholar, and Thoreau through the Walden University Library system. The review of the literature includes approximately 95 peer-reviewed journals and 100 articles on disasters, case management of disaster victims, the challenges orphans experienced during and after disasters, and the corresponding long-term effects of disasters. The next sections include the orphans and orphanages in three periods: (a) antiquity between 400 A.D. to the 15th century; (b) midhistorical period between the16th century to the 17th century; and (c) the industrial revolution era from 1806-1930, through the agricultural revolution from the 18th century to the 20th century.

Historical Background Orphans and Orphanages

Wards and children's social living arrangements and legal statuses had taken various regulatory formats for standardization and service delivery (Chui & Jordan, 2016; Rotabi, Roby & Bunkers, 2016). Human service managers charged with the responsibility of providing systems for the increasing orphan population adopted orphanages as living arrangements to meet such goals (Nelson, 2011; Winter, 2010). Orphanages, therefore, became the alternative care option for the increasing global population of orphans (Frimpong-Manso, 2013; Porter, 2014). To understand the historical perspective of orphans and orphanages, In the following sections I briefly examined the periods from 400 A.D. to the 21st century.

Orphans and Orphanages in Antiquity

The Romans formally started the orphanage model of childcare in 400 A.D.; this prototype of service delivery inspired the development of regulatory policies for the Jews

to care for orphans (Hacsi, 2013; Nathan, 2012). Fitzgerald (2016) and Hacsi (2013) posited that the Athenian law enacted to support military orphans during the economic decline of the Greek Empire was timely and provided necessary services for the increasing numbers of orphans that resulted from the war. Szreter, Kinmonth, Kriznik, and Kelly (2016) suggested that the Elizabethan Poor Laws charged churches and communities with providing care for needy children. Placement of orphans in orphanages during this period provided relief for orphans and human service managers (Disney, 2017; Efron, 2008).

Between the 960-1279, during the Sung Dynasty, human service administrators in China began feeding children in orphanages, which continued until 1644 when public agencies gained legislative support to sponsor orphanages from the consolidated funds (Wu-Chi, 1953; Pao, 2014). Between 1492 and 1540 Spanish authorities began consolidating resources for indigent children an idea that prompted human service managers in England and the United States to replicate programs for orphans (Gibbs, 2017; Nelson, 2011; Winter, 2010). Religious organizations initiated housing orphans in convents in 1570 and human service managers established the first orphanage in the United States in 1729 to care for orphans due to the conflict between the Native Americans and the Whites in the Natchez region of Mississippi (Webster, Wente, Parris & Rus, 2017). The Middle Ages of orphans and orphanages between the 16th and the 17th centuries included a shift in understanding the challenges in service delivery to orphans as discussed in the next section.

Middle Ages History of Orphans and Orphanages

In the 16th century, the European states and colonies through the poor and relief administrative managers provided the framework for child care, which allowed France in 1570 to host 280 street children in shelter-like homes identified as orphanages (Broomhall, 2006; Nelson, 2011; Winter, 2010). The framework designed by the European states orchestrated the city orphanages to admit street children between the ages of 6 and 17 (Stoler, 2001). In the late 17th century, with an increase in human suffering, philanthropic actions assisted churches with funds to provide care for orphans (Nathan, 2012; Nelson, 2011). Between 1756 and 1834, the orphan crisis in London became a primary concern for human service administrators. The increase in the orphan population without corresponding design and delivery of social service programs resulted in the creation of workhouses to care for orphans (Nathan, 2012; Trost, 2013). The industrial historical era between 1806 and 1930 of orphans and orphanages appear relevant to understanding the evolving changes in the design of housing for orphans.

Industrial Ages History of Orphans and Orphanages

The maltreatment of children in workhouses and other similar settings led to an orphanage movement in the 19th century (Guy, 2004; Lorenz, 2016). In the United States, the Orphan Asylum Society established a sanctuary for orphans in New York in 1806 (Boylan, 1984; Netting & O'Connor, 2016). During the Great Depression in the 1930s, parents abandoned children and wards, which increased the number of children living on the streets and led to the Orphan Train Movement, which transported approximately 150,000-200,000 orphan children to new homes (Chiodo & Meliza, 2014;

Riley & Holt, 1993). The term *orphan* had been applied very loosely to street children at that time because while some children were true orphans, others did not have caregivers (Agutter, 2016; Shoko & Ibisomi, 2016). Many children had living parents who lacked the capacity to provide essential support, which resulted in children opting to live on the streets (Frost, 2005; Shoko & Ibisomi, 2016). While some children ran away from abusive and neglectful parents or caregivers, others left home because of inconsistent care and ended up on the streets, which crowded the field and complicated orphan censuses (Hill, Taylor, Richards, & Reddington, 2014; Marsh, 2005; Meinck et al., 2017; Shoko & Ibisomi, 2016).

The rise of poverty and the increasing need for orphans with minimum funds pushed human service managers to use older orphans as cheap labor on farms (Humphries, 2013; Horrell & Humphries, 1995). The increasingly complex needs for social programs for permanent shelters for the growing number of orphans in the 20th century bred the urge in social service managers to design and place a premium on policies to govern orphanages (Baldwin 2012; Schalk, 2017; Winter, 2010). The complex nature of the orphan population can be understood from the global and regional and local trends of the targeted population.

The Trajectory of Orphan Population

I reviewed the trend of orphan population and the level of service provided, together with the challenges for human service administrators in the following order: (a) the world trend, (b) sub-Saharan Africa, and (c) the Sierra Leone experience.

World Orphan Population Trend

Bourdillon (2017) claimed that poverty is one of the primary contributors for the increase in the global orphan population. As the number of orphans increased, the need for orphanages gained the attention of human service administrators (Humphries, 2013; Horrell & Humphries, 1995). The world's orphan population has been estimated to be 168 million documented, 153 million orphans registered as orphans receiving some form of social service around the world, 1.2 million trafficked children who remain unconnected to service, and 10 million undocumented orphans (Bryant & Beard, 2016; Gray et al., 2016).

Orphan and Orphanages in Sub-Saharan Africa

Approximately 60 million of the global orphan population live in sub-Saharan Africa, with 27% of that population resulting from HIV/AID (Balding, Feng, & Atashband, 2015; Finlay et al., 2016). Gray et al. (2016) advanced that 13-17 million of the global orphans have lost one or both parents or primary caregivers. Orphan and orphanage systems gained prominence in regional policy discussions during the 1990s in sub-Saharan Africa when HIV/AIDS increased the orphan population to 20 million (Balding et al., 2015; Finlay et al., 2016; Kidman & Anglewicz, 2016). Between 1990 and 2001 Bryant and Beard (2016) posited that the orphan population losing parents to HIV/AIDS in sub-Saharan Africa increased from 3.5% to 32%.

Characteristically, the orphan population in sub-Saharan Africa falls into the following categories: (a) 0-4 years old orphans composed of 15% of the total orphan population in sub-Saharan Africa, (b) 5-9 years old orphans made up of 35% of the

orphan population, and, (c) orphans over 10 years old composed 50% of the total orphan population in sub-Saharan Africa (Bryant & Beard, 2016; Goldberg & Short, 2016; Kidman & Anglewicz, 2016).

Poverty accounted for 40%-60% of children becoming orphans in sub-Saharan Africa (Gray, Ariely, Pence & Whetten, 2017; Govender, Reardon, Quinlan, & George, 2014; Sinha, Lombe, Saltzman, Whetten, & Whetten, 2016; Sharer, Cluver, Shields & Ahearn, 2016). Approximately 570-800 million young adults and children live below the poverty line in sub-Saharan Africa living on $1.25 per day on average; 40% of this population end up as orphans (Bryant & Beard, 2016; Drah, 2012). Rizk, Rifai & Aboulghar (2017) suggested that about 150 million street children are not counted in the orphan census. Providing care for the growing number of orphans remains a concern for human service administrators (Gray et al., 2017; Sharer et al. 2016).

Orphans and Orphanages in Sierra Leone

Orphanages in Sierra Leone began in 1866 when the Missionary Sisters of St. Joseph of Cluny arrived with a mission to strengthen the Catholic faith among newly resettled freed slaves; the first orphanage on Bonthe Island and later in the Moyamba District in the Southern Province marked the new childcare model (Pasura, 2010; Porter, 1953). The original aim of the orphanage was to meet the basic needs of children whose parents believed that through education and Christian values children may become successful in adult life (Akram, Anjum, & Akram, 2015; Banya & Fyle, 1995; Caserta, Punamäki, & Pirttilä-Backman, 2016; Lindenfeld, 2005). However, traditional family belief systems created challenges for orphanage placement—the idea of placing children

with strangers yielded strong opposition to the new system of childcare (Sanou, Turgeon-Obrien, Ouedraogo, & Desrosiers, 2008; Zinn, 2016). The historical events in Sierra Leone provide an understanding of how orphan crises prompted the design of housing, service, and programs for the targeted population.

Brief Historical Events of Orphans and Orphanages in Sierra Leone

In the early 1780s, after the abolition of slavery, British abolitionist Granville Sharp relocated several freed slaves to the West African coast of Sierra Leone as an experiment with the intention that freed slaves would own properties (Banya & Fyle, 1995; Kaifala, 2016). Freetown became a refuge for freed slaves, the flow of new occupants without housing and social services promoted street living for orphans (Banya & Fyle, 1995; Keefer, 2017). In 1896, the British administrators in Freetown imposed a sanction taxing system in an effort to locate housing spaces for the freed slaves, which led to conflict with the chiefs until 1898 resulting in an increase in the orphan population and need for orphanages (Gardner, 2010; Kaifala, 2016). A poor and *disorganized* formal orphan care system existed during the pre-colonial era in Sierra Leone (Shetler, 2016). Between 1899 and 1960 human service administrators depended on non -governmental efforts to provide care to orphans through religious organizations (Akram et al., 2015; Banya & Fyle, 1995; Caserta et al., 2016).

Between 1960 and 1962, the street living phenomenon and poor housing conditions quickly became a public concern for human service administrators, and the development of formal government institutions that later become known as *approved schools* that housed orphans (Fyfe, 1987; Mouser, 2009; Tefera, 2015). Human service

administrators' poor record-keeping and orphan tracking between 1963 and 1971

mirrored the orphan services (Asogwa, 2012; Tabutin & Schoumaker, 2004). Sierra

Leone's formal orphan system of care gained national recognition in the 1960s,

immediately after the country achieved independence from Britain, when human service

administrators and legislators realized that the increasing *street children phenomenon* in

the capital city demanded formal intervention (Hounmenou, 2016; Oleke, Blystad, &

Rekdal, 2005; Pratt, 1970). Sierra Leone, human service administrators, modeled the

orphan system after an alternative care mechanism termed approved school and

residential placement, where orphans enrolled to receive care in an institutional setting

(Monasch & Boerma, 2004; Zeanah, Humphreys, Fox, & Nelson, 2017). The approved

school system of care of orphan—the initial design of orphanages drew criticism from the

public and prompted families to withdraw children and wards, which led to the closure of

the government-sponsored programs and limited such activities to urban centers (Lautze,

Leaning, Raven-Roberts, Kent, & Mazurana, 2004; Monasch & Boerma, 2004; Zeanah et

al., 2017). The clinical interventions for orphans in orphanages provide an understanding

of social services offered in Sierra Leone to the targeted population.

Therapeutic Interventions for Orphans in Orphanages

Programs for orphans adopted by administrators of orphanages in Sierra Leone

provides therapeutic curricula which are delivered through schools, kinship care, or

supportive interventions with wrap-around services including mental health, social and

life skills training (Forenza, 2016; Schenk, Michaelis, Sapiano, Brown & Weiss, 2010).

Orphanages in advanced economies have organized systems of oversight and regulatory

policies governing the program operations to deliver comprehensive services to the orphans such as behavioral and clinical needs that meet determined standards than orphanages in developing countries (Bush et al., 2013; Gray et al., 2017; Wolff & Fesseha, 1998). However, the establishment of orphanages in developing countries like Sierra Leone remained limited to policies and negating personal, social and mental health needs of orphans - such practice with limited therapeutic interventions with opposition to adoption disadvantage the orphans in developing countries (Drah, 2012; Gray et al., 2017). The construct of managing orphanages requires an understanding of complex interconnected elements of child development, history, and regulatory policies (Bhargava & Bigombe, 2003; Gray et al., 2017). Programs and funding for orphanages in Sierra Leone remain poorly managed, coupled with poorly trained foster care workers, mental health personnel with inadequate physical structures, and, resulting in poor delivery of services to orphans (McCall, 2013; Wolff & Fesseha, 1998). The affect of crises and disasters on orphans in Sierra Leone provides an understanding of how disaster response managers model types of disasters interventions techniques.

Historical Overview of Crises and Disasters in Sierra Leone

Sierra Leone has had two types of disasters, natural and man-made. Man-made disasters historically account for most of the disasters that have affected Sierra Leone, including civil unrest, military coups, civil war, and industrial fires (Schleussner, Donges, Donner, & Schellnhuber, 2016; Sodhi, 2016). Additional man-made disasters include rainforest deforestation, intensive slash and burn methods used in primitive to subsistence farming, water crises, and poor waste management services (Djalante, 2012; Halkos,

Managi & Tzeremes; 2015). Nevertheless, Sierra Leone's natural disasters tend to cause significant deaths and result in economic hardships to the population, including children and vulnerable individuals, more often than other disasters, due, in part, to the magnitude of the disasters, poor communication with the vulnerable communities, and poor preparation for such crises (Djalante, 2012; Lumbroso, Brown, & Ranger, 2016). However, Shultz, Espinola, Rechkemmer, Cohen, and Espinel (2016) posited that hybrid forms of disaster, including one or two types of disaster at the same time, also affect Sierra Leone (see Table 1).

Table 1

Types of Disaster and Frequency in Sierra Leone

Natural disaster	Percentage affected	Intervention
Flooding	Flooding affects approximately 40-70 of individuals each year	Model includes education, food distribution through aid and relief agencies, use of community resources for housing displaced persons, and grief and loss counseling
Wildfires/Industrial fires	Wildfires and industrial fires affect 5-10 of disaster victims	Encompasses community education, food distribution through aid and relief agencies, community rehabilitation and compensation, and community counseling
Landslides	Landslides cause approximately 8-20 of disaster deaths	Education of farming practices, building construction, grief, and loss counseling, and regulatory laws
Storms	Storms account for 8-10 of total disaster victims	Includes community education and food distribution through aid and relief agencies
Other (riots and electricity)	Other causes such as riots and electricity are responsible for 0.5-0.8 of disaster victims	Comprises of education, food distribution through aid and relief agencies

Note. Sources: Aitsi-Selmi, Egawa, Sasaki, Wannous, and Murray, 2015; Briand et al., 2014; Chege, 2002; Dumbuya and Nirupama, 2017; Fimbel, 1994; Salama, Laurence, and Nolan, 1999.

Catastrophic Events and Social Support Systems in Sierra Leone

Sierra Leone's 7.5 million population has a significant urban dimension, with 48% living in cities; therefore, disaster relief support remains concentrated in urban centers rather than rural communities (Ali et al., 2016; Hillson et al., 2014; Jefferson & Buch Segal, 2019; Lynch, Maconachie, Binns, Tengbe, & Bangura, 2013). Alkire and Santos (2014) and Alkire, Roche, Seth, and Sumner (2015) noted that Sierra Leone's poverty ratio would stay at 70% with poor social safety nets and social service support systems: the country ranked 176th out of 189 countries measured by social and economic indices. Sierra Leone's disaster response system's close alliance with military operations tends to worry the citizenry; as such, victims of disasters in rural communities remain disadvantaged because of a lack of trust in the army that developed during and after the country's civil war (Bruch, 2017; Hamer et al., 2016).

Sierra Leone's mental health system management is the responsibility of qualified psychiatrist in the Ministry of Health plus a team of poorly trained mental health workers and operates under the guidance of the mental health policy developed in 2010, but remains under-supervised (Bertone, Samai, Edem-Hotah, & Witter, 2014; Shackman & Price, 2013). Post-disaster orphans tend to rely on traditional kinship care and community support mechanisms for coping with the *new normal* and psychological challenges (Bledsoe, 1990; Tambo et al., 2017). Therefore, post-Ebola orphans encountered challenges in harnessing traditional resources because of stigmatization, which increased the vulnerability of the targeted population, including problems of psychological

maladjustment to grief and loss (Davtyan, Brown, & Folayan, 2014; Vetter, Kaiser, Schibler, Ciglenecki, & Bausch, 2016).

Sierra Leone's social support in disaster resettlement largely depends on a crisis mode of intervention, and psychological first aid, with little follow-up care or clinical discharge planning (Ansumana et al., 2015). While food, shelter, and water are critical for sustenance, disaster managers often do not provide for victims' mental and physical wellbeing and other secondary social needs for long-term healing (Abdulmalik, Kola, & Gureje, 2016; McMahon et al., 2016). Sierra Leone's emergency managers have a poor understanding of how victims experience post-disaster services that are often complicated by poor coordination with NGOs and relief organizations, poor allocation of roles, or lack of clear responsibilities for disaster managers, which confuses rural victims of disasters and prompt reliance on personal efforts in post-disaster reconstructions (Brett & Guida, 2013; Chouliaraki, 2010; Fullerton & Ursano, 2005). The effect of a disaster is particularly significant for women, children, and the disenfranchised; however, social support efforts for such populations are not a priority for human service managers in Sierra Leone (Emerson, 2012; Enarson & Fordham, 2001). Family and community support remain a fundamental component in the post-disaster adjustment building block for victims in Sierra Leone (Adejuwon & Oki, 2011; Murray & Jordans, 2016; Ventevogel & Spiegel, 2015) (see Table 2). The evolving orphan constructs discussed in the next section with relating meanings appear relevant to understanding orphans and orphanages.

Table 2

Historical Timeline of Disasters and Crises in Sierra Leone

Historical Event	Orphan Incidence	Support System and Intervention
Small Pox 1801, 1824, 1856-1859, 1872 and 1905	approximately 800, 000 orphans in Sierra Leone	Social services through religious organizations, government, private local and international non-governmental agencies
Leprosy: in 1840-1849	parental stigma and isolation resulting in an increase in the orphan population	Human service administrators provided leprosy hospitals and community education, grant in aid to orphans
1870-1880 Malaria was officially discovered in Sierra Leone	Malaria-related illnesses contribute to 38% of the death of children and 25% for adults	Malaria control mechanism to enhance the community outreach including the supply of nets and drainages
1916 Polio Discovered in Sierra Leone	Polio victims remained abandoned on the streets	Mass Polio vaccination
1925-1961 fire, mudslide and civil unrests	Household earnings decreased by 31% increase in orphans	Poverty and mechanized farming subsidies and food for work scheme
HIV Discovered in Sierra Leone in 1984	HIV increased the orphan population by18%. 32% losing parents to HIV/AIDS	Public education through local traditional town hall meetings, public health campaigns
1991: RUF civil war	The 11-year civil war 800,000 children affected	The accelerated school system, Truth and reconciliation, increased social services and employment for youths
2014: Ebola Virus discovered in Sierra Lone	Ebola epidemic caused, 12% increase orphans	counseling, grief and loss counseling, specialized case management
2017 Mudslide in the capital city	Killed 4000 people 2% increase in orphans	Counseling, housing, and social services

Note. Sources: Betancourt, et al.; 2008; Evans & Popova, 2015b; Frenkel & Western, 1988; Foege, Millar and Lane, 1971; Grant and Yeatman, 2012; Hanlon, 2005; Osuteye, Johnson & Brown, 2017; Sim and Mackie, 2017; Zack-Williams, 2001.

Evolving Orphan Construct

People use the orphan construct loosely, while this population is sometimes referred to as *social orphans*, or children and young adults who have lost one or both parents with no caregiver and no connection to social services (Agutter, 2016), other terms for orphans include *double orphans*, denoting individuals who have lost both parents (Bicego, Rutstein, & Johnson, 2003; Danhoundo & Khanlou, 2016). Some also call orphans *foundlings* (Pullan, 2016; Vassberg, 1998); *waifs* (Kim, 2010); *half-orphans* (Muller, Munslow, & Odempsey, 2015); s*treet Arabs* (Cheetham, 2012); and s*treet urchins* (Ayub, Kumar, & Shora, 2016; Lusk, 1992). The outline of Sierra Leone's educational, supportive services offered to orphans in the post-war reconstruction appeared applicable in understanding service delivery in post-disaster intervention schemes to student-orphans.

Post-Civil War Educational Resources for Orphans and Students

The need for social services for orphans increased in the post-war reconstruction of Sierra Leone which prompted The Demobilization Disarmament and Reintegration Commission (DDRC) and the Truth and Reconciliation Commission (TRC) of Sierra Leone to recommend the development of accelerated education programs to engage young adults, orphans, and street children that included technical education oriented to decrease the high unemployment among the targeted population (Ager, Stark, Olsen, Wessells, & Boothby, 2010; Fanthorpe & Maconachie, 2010).

Between 2001 and 2004, of the total of 6,900 schools - private and government-sponsored, approximately 4,270 primary schools, six technical, 900 secondary schools,

three teachers' educational colleges, and four tertiary institutions remained unusable (Zuilkowski & Betancourt, 2014). The poor distribution and allocation of school resources across Sierra Leone immediately after the war affected the attendance as 67% of primary - school-aged children (ages 6-12) and 80% of secondary (ages 12-18) and college students (ages 19 and older) remained out of school between 2001 and 2004 (Archibald & Richards, 2002; Bellows & Miguel, 2009; Kline & Mone, 2003). The educational programs in the postwar reconstruction of Sierra Leone included the Complementary Rapid Education for Primary Schools (CREPS), which aimed to make up for lost learning time for primary school children and the Rapid Response Education Program (RREP), targeted younger students (Betancourt et al., 2008; Moyi, 2013). Such programs targeted an accelerated curriculum that accounted for the advancement of 13,529 students between 2001 and 2002 (Zuilkowski & Betancourt, 2014). Despite the provision of the accelerated education programs in post-war Sierra Leone, orphans continued to have limited access to educational services (Barrios-Tao, Siciliani-Barraza & Bonilla-Barrios, 2016; Edwards & Yilmaz, 2016).

Secondly, 40% of primary school teachers did not have a college education, and the inadequate supply of textbooks with a literacy rate of 60% among 15- to 24-year-olds (Betancourt et al., 2008). The dropout rate for orphans in Sierra Leone was between 25-30% from 2008 and 2012 (Betancourt et al., 2008; González & Miguel, 2015). Furthermore, secondary school attendance between 2008 and 2012 was pegged at 39.9% for males and 33.2% for females (Betancourt, Agnew-Blais, Gilman, Williams & Ellis, 2010; González & Miguel, 2015). However, González and Miguel (2015) claimed that

the postwar educational resources for orphans and students made significant gains, with 77% of students completing primary school, as compared to 55% before the war.

Sierra Leone's legislators enacted the *Education Act of 2004*, which provides for the education of children up to Junior Secondary School (JSS) and accounts for nine years of free education—a developmental benchmark set by the international Millennium Development Goals (MDGs) on education (Johnson, 2008a, 2008b; Nishimuko, 2009). However, the war and the subsequent Ebola pandemic affected the educational system in Sierra Leone, shifting to emergency management programs in establishing essential alternative educational services through radio and television (Gellman, 2015; Kuppens & Langer, 2016). This mode of delivery for education programs has a limited reach as, in the cities, only 12-16 individuals in every 1,000 own a TV set, which reduces to only 5-10 in rural populations; furthermore, with inconsistent electricity, TV sets may not be useful (Kamanda, Madise, & Schnepf, 2016). However, radio audiences are more extensive, with 72% of the Sierra Leonean population regularly receiving daily news updates on the radio (Jackson, 2007). About 25-30% of primary-school-aged children remain out of school even with the Education for All (EFA) policy; this setback may be due, in part, to associated charges and surcharges that families could not afford (Briand et al., 2014; Nishimuko, 2009). The post-Ebola educational resources designed for student-orphans in Sierra Leone appears pertinent to provide an understanding of how human service managers intervene in resource allocation.

Post-Ebola Educational Resources to Student-Orphans

The Sierra Leone government through the crisis and disaster managers working with local and international partners, initiated several interventions to help post-Ebola orphans and students, including fee waivers, educational supplies, periodic site visits by caseworkers, and group counseling to enhance psychological and emotional wellbeing (Bakare et al., 2016; Chalk, 2017). The assessment conducted by the World Bank for Sierra Leone's post-Ebola needs asserted that the Radio Education Program (REP), organized by the Ministry of Education Science and Technology (MEST), was a successful model of intervention for supportive services to student-orphans (Moon et al., 2017). Challenges remained in the Ebola education delivery program; such as the affordability of radio sets, and often the timing of the transmission conflicted with household chores, farming, trading, and other daily activities (Marais et al., 2015), this minimized the targeted audience (Marais et al., 2015; Moon et al., 2017). The program became a learning tool for student-orphans (Marais et al., 2015; Moon et al., 2017). The REP broadcast five days a week on local FM bands in 30-minute increments for core curricula in math, English, and civic education (Marais et al., 2015). However, REP anchors' and presenters' accents posed a challenge to the listening audience (Marais et al., 2015; Moon et al., 2017). In support of the program, the United Nations International Children's Emergency Fund (UNICEF) staff, a partner in the community and investor for education, provided 25,000 radios to communities, which helped to relieve the challenge of affordability for many individuals (Romero, 2015). Investing in REP-type programs, online education, improving the radio signals to include a wider audience like rural Sierra

Leone, and providing subsidies for batteries may benefit student-orphans during crises and disasters (Comfort, Bert, & Song, 2016; Jiménez, Mediavilla, Portús, López, & Vicente, 2015).

There are limited programs for orphans in higher education, although college readiness services, including tuition waivers, and school supplies from post-Ebola intervention provide relief to college orphans (Shetty & Powell, 2003). The poor national budget's funding for education and inconsistent private sponsorships remains the primary reasons for the lack of programs in college education for orphans (Banya, 1991; Betancourt et al., 2008; Martin & Zulaika, 2016). Sierra Leone, human service administrators, spend 2.83% of the national GDP on education, but tertiary education spending increased from 17.93% of education spending in 2011 to 25.93% in 2013; however, the percentage allocated to primary schools fell from 52.56% in 2011 to 48.86% in 2013 (Kamanda, 2016; Betancourt et al., 2008). Disparities in access to education in Sierra Leone affect vulnerable individuals, including female students, rural people, and orphans, with the gaps widening at the higher education level (Dabalen et al., 2014; Miyagishima, 2016). The orphan population trends between 2008 and 2016 provide an understanding of the affect of Ebola on the targeted population in Sierra Leone.

Sierra Leone's Pre-Ebola Orphan Population

An estimated 340,000-400,000 orphans existed in Sierra Leone between 2008 and 2013; the available data on orphans indicated that 30% lived in extreme poverty and or on the streets (Evans & Popova, 2015a). The orphan's census in Sierra Leone may not be

accurate due in part to the traditional family system of child care, poor record keeping by human service administrators and complex orphan reporting system (Asogwa, 2012; Evans & Popova, 2015a; Shaman, Yang, & Kandula, 2014).

Pre-Ebola Model Case Management for Orphans and Students

This section includes a brief overview of the case management model in the pre-Ebola intervention scheme for student-orphans in Sierra Leone. After the postwar intervention, the authorities reduced the case management protocol in Sierra Leone to regular social services and redirected funding for postwar efforts at community rehabilitation, including water supplies, school reconstruction, road resurfacing, and community health centers (Maclure & Denov, 2009; Svärd, 2010). The unemployment rate for young adults remained at 70%, access to healthcare remained at 20%, and education access remained at 40% (Abdullah, 2002; Richards et al., 2015; Elston, Cartwright, Ndumbi & Wright, 2017). A phenomenon known as the *youthman* problem re-emerged (Richards et al., 2015; Wai, 2015). The youthman term refers to unemployed, young adults—school dropouts with a high-school education who gather on the streets to harness resources to survive through music and soccer (Shepler, 2010; Wai, 2015). Illiteracy and school dropout rates remained high, among orphans in Sierra Leone (Barrios-Tao et al., 2016; Betancourt, Borisova, Soudière & Williamson, 2011). Because of economic turndowns, legislators did not find funds to manage job skills programs or partially funded some programs including free education for orphans (Betancourt, Borisva et al., 2010; Novelli & Higgins, 2016).

Less than 40% of the population has access to health care, and the mortality rate is among the highest in the world, with orphans experiencing less access to health care and dental care, and higher occurrences of early death than the rest of the national population (M'Cormack-Hale & McGough, 2016; Trani et al., 2011). Approximately 26% of the Sierra Leone orphan population has access to services, while 74% remain unconnected to core services; 70% of the orphan population have limited access to mental health services, while 30% may be linked to some form of clinical services (Betancourt, et al., 2011; Sharma, Fine, Brennan, & Betancourt, 2017). Additionally, 61% of the orphan population is engaged in some form of education, but orphans experience 30-45% school dropout rate in the nation as compared to non-orphans (Ainsworth & Filmer, 2006; Beegle, Weerdt, & Dercon, 2006; Dorsey et al., 2015; Greenaway & Heckert, 2013). The next section addresses the case management model for students and orphans in the post-Ebola reconstruction of Sierra Leone (See Table 3).

Table 3

Case Management to Post-Ebola Student-orphans in Sierra Leone

Orphan population	Case management	Regions affected
3,300 – 12,030	Tracking, monitoring, isolation of suspected cases. Public education, design, and distribution of resource centers, counseling, burial intervention. Also, specialized case management including fee waiver, college resources for student-orphans remained part of the intervention protocol	The South-Eastern regions and three districts in the Northern region and the capital city Freetown.

Note. Sources: Anebonam and Ossai, 2016; Buseh et al., 2015; Clark et al., 2015; Evans & Popova, 2015a; 2015b; Team, 2014

Child placement in Sierra Leone including, (a) traditional kinship care placement, (b) the role of local chiefs and secret societies, and (c) the role of government in orphan placement may provide an understanding of the complex interconnected role of the subsystems in child development and breeding examined in the ensuing sections.

Orphan Alternative Care Placement

Social service managers concerned with the safety of orphans often look for stable housing through orphanages, as this type of model of care is often a solution to the increasing social problem of housing orphans without addressing the underlying issues of poverty, child abuse and neglect, mental health, and physical health (Jones, 1993; Zeanah et al., 2017). In the short term, this solution reduces the pressure on human service

administrators to provide comprehensive and intensive social services to enhance the

support system for family reunification (Allen & Vacca, 2011; Petrowski, Cappa, &

Gross, 2017). Orphanage living has an adverse effect on child development, with some

exhibiting delayed development, physical stunting, low intelligence, and psychological

damage, whereas others may exhibit trauma associated with orphanage living for an

extended period (Balding et al., 2015; Finlay et al., 2016).

Traditional Kinship Care Placement: Sierra Leone

Kinship care is when the child lives with relatives other than biological parents,

and this is popular with grandparents and economically stable relatives (Borenstein &

McNamara, 2012; Kiraly & Humphreys, 2013). Kinship care in Sierra Leone is a central

and intricate part of the transfer of cultural norms and traditions, as well as a way of

fostering family ties and or bonds between and within generations, and, as such, the

traditional authorities only consider *institutional* placement as an alternative option

(Bledsoe, 1990; Roelen, Delap, Jones, & Chettri, 2017; Swanke, Yampolskaya, Strozier,

& Armstrong, 2016). Although human service professionals usually recognize traditional

kinship care, though statutory laws and policies neither sanction nor regulate such model

of child care, as a viable, alternative system of child care when compared to the limited,

government-operated programs for fostering and orphanages, which are primarily in

urban centers in Sierra Leone (Bellows & Miguel, 2006; Roelen et al., 2017).

Tribal Characteristic of Child Placement in Sierra Leone

The cultural and traditional practices of the 15 tribes in Sierra Leone are an

important element in the planning of post-disaster intervention and case planning for

orphans, because each culture has implicit preferences for placement and child care includes characterizations of child placement (Abramson et al., 2015; Measham et al., 2014) (see Table 4).

Table 4

Tribal Characterization for Child Placement in Sierra Leone

Tribes	Population percentage	Preference for child placement
Mende	32	Reject placing children with *strangers*
Temne	31	Open to placing children out of the traditional family system
Limba	8	Believes that children belong to the community accept placement
Kono	5.1	Maintains strong familial ties with caregivers of orphans.
Kuranko	4.4	As a result of the strictly religious adherence of tribal group children are easily placed in care.
Fulani	3.8	Share the same belief as the Kuranko tribal individuals
Others	15.7	Comprises the other nine tribes and cultures each accounting between 1-2% of the national population

Note. Sources**:** Dorjahn, 1966; Forehand and Kotchick, 2016; Gamble, 1963; Hareven, 2015.

Role of Local Chiefs and Secret Societies in Sierra Leone

The Sierra Leonean cultural groups identify with secret societies and local tribal authorities, and the influence of such institutions on the welfare of the child continues to evolve. This section will briefly examine the role of local chiefs and secret societies on the welfare of student-orphans. The Sierra Leonean cultural lineage is central to the welfare of orphans in rural communities of Sierra Leone, as this incorporates traditional practices such as the role of Paramount Chiefs in handling and resolving domestic violence, foster care placement, and nomination of parental proxies (Fanthorpe, 2006, 2010). Furthermore, traditional secret societies; a central piece of cultural hegemonies, have considerable power and influence in child placement (Yovsi, 2013). However, because of the *mysterious* nature of the traditional societal institutions, comprehensive assessment and implication of child placements may be difficult, which complicates the inclusion of such systems under regulatory policies in Sierra Leone (Acemoglu, Chaves, Osafo-Kwaako, & Robinson, 2014; Bledsoe, 1990; Yovsi, 2013).

Role of Government in Foster Care Programs in Sierra Leone

The Ministry of Social Welfare, Gender and Children's Affairs is the primary overseer of government-funded programs for orphanages in Sierra Leone, and staff monitors the treatment of orphans to try and prevent abuse and neglect (Frimpong-Manso, 2013; Motha & Frempong, 2013). The government's social programs for orphans remain centralized in major cities (Bourdillon, 2017; Monasch & Boerma, 2004). There are limited government-operated and sanctioned programs in Sierra Leone for young adult orphans (Bledsoe, 1990; Richards, 1996; Thurman, Kidman, & Taylor, 2015).

Furthermore, local and international organization staff provide funds through religious and or non-governmental organizations (NGOs) and relief organizations to deliver programs for orphans (Baldé, 2011; Kanyako, 2011; Zuilkowski & Betancourt, 2014). However, the increase in the post-Ebola orphan population overwhelmed the traditional family system and other private agencies, resulting in human service administrators to operate specialized case-management services for orphans in higher education through partnerships with international organizations (Lee-Kwan et al., 2014; Cancedda et al., 2016; Peter, et al; 2016).

Sierra Leone's traditional family systems in child care presented challenges in implementing government-sponsored foster care systems due to the trust issues between the government and families; parents prefer community-extended family care for orphans; therefore, the numbers of reported orphans in rural communities may be less than the numbers in urban communities (Caserta et al., 2016; Madhavan, 2004). However, the Ebola-increased orphan population presented an unexpected challenge to the extended family system, and disaster managers designed new programs; such problems exacerbated the already reduced resources, fear, and stigma associated with Ebola and poor resource allocation (Ali et al., 2016; Folayan, Haire, & Brown, 2016). The clinical case management protocol in Sierra Leone may provide an understanding of the coordinated continuum of care with both internal and external partners.

Clinical Case Management Practices in Sierra Leone

The case-management model used in Sierra Leone continues to be formatted in group session like a town hall-style - where participants gain support from each other

with a *trained* facilitator who may follow up with victims and provide referrals for services or advanced clinical care (Muriuki & Moss, 2016; Weinmann & Koesters, 2016). In post-disaster case management like the Ebola crisis, World Health Organization (WHO) employees and other multinational partners provide mental health and psychosocial support to post-disaster victims, offer guidance to stakeholders responsible for planning, and advocate and monitor social systems to build a resilient mental health system during the reconstruction of communities (Yoder, Tol, Reis, & Jong, 2016). WHO staff also assisted in training Health Care Workers (HCWs) through the mental health Gap Action Program (mhGAP) and offered Humanitarian Intervention Guide (HIG) communication skills, compassionate community engagement, psychological first aid, and cultural diversity training (Betancourt et al., 2016).

In Sierra Leone, the Ministry of Health and Sanitation (MoHS) monitors the established clinical case-management protocol, in close collaboration with the Ministry of Social Welfare, Gender, and Children's Affairs, charged with the obligation to monitor, license, regulate, and promote clinical case-management practices and to enhance collaboration with partners including NGOs (Bennett et al., 2014; McMahon et al., 2016). The multi-level integration and sharing of responsibilities by government functionaries including the Ministry of Justice, Ministry of Education, and law enforcement presents a challenge and can create bureaucratic setbacks when designing standardized case-management protocols (Ben-Arieh, 2010; Krueger, Thompstone, & Crispin, 2013). The nature of the mixture of a local and international approach to crises intervention in Sierra Leone may be understood by the interactions between the

international communities and disaster response managers in post-disaster case management intervention.

International Partnership in Disaster Case Management

Local and international NGOs work in close concert with national authorities, using the psychological first aid model and the mental health continuum of care to provide case management to disaster victims, orphans, and domestic violence victims (McDonald, 2010; Rapeli et al., 2017). However, complex, traditional cultures present resistance to care; case managers often confer with traditional authorities before committing to fundamental case management protocols (Lemarchand, 2013, 2005; McDonald, 2010). The respective ministries work to build partnership with international and local organizations, to supervise treatment plans and to coordinate the activities of orphanages, foster care programs, and child welfare regulatory operations; however, there is a poor central mechanism to hold individuals and organizations accountable when deficiencies occur in orphanages (Fluke et al., 2012; Krueger et al., 2013). The traditional views of Sierra Leone may provide an understanding of the cultural perception of gender role and coping skills of young adults in crises and disasters.

Traditional Perceptions of the Coping Skills of Young Adults in Sierra Leone

Societal expectations of young adults vary based on culture, country, and gender; while societal members assume Sierra Leonean young adult males to maintain a masculine nature and sees females as mothers and housewives (Alesina, Giuliano, & Nunn, 2013). Societal and cultural beliefs call for young adults to maintain independence regardless of economic readiness, psychological, and emotional stability of young adults

(Alesina et al., 2013; Staab, 2016). Sierra Leone's communal living and interrelatedness do provide ongoing supports, and inbuilt social capital at community and family levels and such traditional practice assist with farming and living arrangements (Fanthorpe & Maconachie, 2010; Zulu & Wilson, 2012).

The Sierra Leone traditional members believe that children remain community progenies, seemingly regardless of age and the social status, this view cuts across traditional tribes and cultures in Africa (Betancourt et al., 2008; Verhoef, 2005). Young adults who may have little education and leave school with poor social skills and without a primary source of income have fewer opportunities for employment; therefore, becoming independent involves facing severe challenges, and such young people instead rely on networks for survival including friends and families (Dercon, 2002; Zulu & Wilson, 2012). Young women may rush into marriage to seek the protection and supportive mechanisms imbued in the relationship; whereas young men struggle with the transition to adulthood and opt to relocate from rural communities to cities in the search for *opportunities* (Collinson, 2010; Thieme, 2017). The evolving clinical interventions to student-orphans in post-Ebola Sierra Leone may provide an understanding of the continued struggle with grief and loss (Murray, Drew, Memmott, Bangura & Maring, 2017; Sprecher, Herp & Rollin, 2017).

Struggle with Loss and Emotional Needs

The social and emotional complexities present in the post-Ebola coping system for student-orphans pose challenges to core functioning of this population, including coming to terms with loss, adjusting to the new normal, balancing school and self-care,

and maintaining links with traditional communities (Davis, Wilson, Brock-Martin, Glover, & Svendsen, 2010; McManus & Saucier, 2012). The means of healing and recovering from a disaster-related trauma varies from client to client; however, there are interwoven variables that may augment recovery, including post-disaster coping skills, the level of social support, and the type and level of catastrophe (Goenjian et al., 2005; Kadak, Nasıroğlu, Boysan, & Aydın, 2013).

The emotional challenges student-orphans face may lead to secondary effects including physical health issues, behavioral problems, anxiety, sleep and eating disorders, depression, and posttraumatic stress disorder (PTSD) (Rivera & Kapucu, 2015). However, Jaycox et al., (2010) posited that a brief reaction to trauma is common and may heal over a short period without clinical intervention. The apparent recovery from the trauma exposure without clinical intervention might indicate an incomplete adjustment to the disaster, like grief and loss of friends, family, and possessions may linger (Greca, Silverman, Lai, & Jaccard; 2010; Neal & Neal, 2013; Salloum & Overstreet; 2012). Post-disaster victims who enrolled in college may suffer from poor concentration or experience social withdrawal, which may affect school performance and graduation (McManus & Saucier, 2012; Roberts & Hitchcock, 2017). Somatic reactions remain with young adults in post-disaster adjustment as such expression of internalized feeling and emotions are difficult (McManus & Saucier, 2012). Culture and gender may also modulate the reactions, expression of feelings, and help-seeking patterns of victims (Davis et al., 2010). The anxiety and depressive episodes in post-disaster behavioral expressions continue as orphans and students struggle with and remain anxious about the

future threat to personal welfare, loss of home, possessions, and lifestyle (Hewlett &

Hewlett, 2005; Salloum & Overstreet, 2008). The roles of politics in shaping post-

disaster policies remain an intricate part of the program that may affect post-disaster

orphans in Sierra Leone.

Political Influence on Policies Affecting Post Disaster Orphans

The role of government, through the direct and indirect functionaries such as

human service administrators and disaster managers in policy design, practice guidance,

and program implementation, remains essential in disaster preparedness, intervention,

and reconstruction (Frieden et al., 2014; Jackson, 2007). Such political influence may

include the identification of vulnerable communities and individuals, and resource

mapping in pre-disaster planning, education, and prevention (Frieden et al., 2014).

Human service administrators need to draft and deliver such services in languages and

culturally sensitive media that community members understand (Omelicheva, 2011;

Pelling & Dill, 2010). However, the role of politics in planning disaster management

policies often evolves based on needs, type of disaster, the magnitude, and level of

disaster (Cancedda et al., 2016; Cavallo & Ireland, 2014; Madsen & O'Mullan, 2016).

The level and degree of innovation in disaster planning and management depend on the

strategic plan, implementation, budgetary allocations, design and delivery, training

personnel, and decentralization of command structures with logistics and leadership

(Laverack & Manoncourt, 2016; Moon et al., 2015).

Summary

The literature review contains, (a) the historical background of orphans and orphanages in antiquity covering the period between 400AD to 1540, the mid-ages from the 16th century to the 17th century, and the industrial ages from the 17th century to the 21st century, (b) the orphan population trajectory with emphasis on the global, sub-Saharan African and Sierra Leone trends, (c) the affect of crises and disasters on orphans and the services offered by human service administrators in post-disaster intervention, (d) educational services and resources provided to student-orphans in post-disaster Sierra Leone, (e) alternative orphan placement in Sierra Leone, and (f) the role of government and non-governmental organizations in service delivery to orphans in Sierra Leone. Chapter 3 includes the research methodology for the transcendental phenomenological study.

Chapter 3: Research Method

Background

This transcendental phenomenological study related to how post-Ebola student-orphans experienced specialized case management during a 2-year period while enrolled at a rural agricultural university in Sierra Leone. The use of a transcendental phenomenological research method allowed me as researcher to experience the phenomenon through understanding the case management experiences of post-Ebola student-orphans (Butler-O'Halloran, & Guilfoyle, 2015; Forsman, 2015; Moustakas, 1994). The results of this transcendental phenomenological study provided useful insights for human service administrators and foster care providers, as well as for disaster managers who design and manage post disaster case management intervention for orphans and students in higher education (Masten et al., 2014; Ghali, 2014). The sections to follow include the research methodology, justification of the methods, purpose, research question, theoretical frameworks, the process of participant selection, the role of the researcher, and validity, reliability, and ethical considerations.

Research Methodology

For this transcendental phenomenological research method, I elicited the lived experiences of post-Ebola student-orphans who received specialized case management while enrolled at a rural agricultural university. The justification of the methodology and research purpose provided the fundamental yardsticks to understand the research methods for this transcendental phenomenological study.

Justification for Method

For this transcendental phenomenological study, I examined the lived experiences of student-orphans of post-Ebola case management as this method provided a lens for considering this social phenomenon from diverse perspectives (see Armour, Rivaux, & Bell, 2009; Giorgi, 1997, 2012; Moustakas, 1994; Pereira, 2012). The transcendental phenomenological research method appeared to be the appropriate instrument to explore how student-orphans experienced post-Ebola specialized case management. By using transcendental phenomenological research methods to guide this study, I was able to analyze how student-orphans in higher education experienced post-Ebola case management (see Flood, 2010; Giorgi, 2012, Moustakas, 1994). Additionally, this method provided the opportunity to uncover themes across the research subjects' experiences (Moustakas, 1994; Sterett, 2015; Wertz, 2005; Winn, 2016). In summary, this design provided the mechanism to understand how post-Ebola student-orphans experienced specialized case management (see Butler-O'Halloran, & Guilfoyle, 2015; Moustakas, 1994; Park & Kim, 2015). Transcendental phenomenological design for this study allowed for the opportunity to examine and manage personal worldviews, focus on the phenomenological wholeness from the lived experiences as advanced by the research subjects, search for essence and meaning of the experiences through the re-storying of the individual's unique experiences, and, obtain individualized accounts of the phenomenon (Moustakas, 1994). The ensuing construct includes potential uses of this transcendental phenomenological study of how post-Ebola student-orphans experienced specialized case management.

Purpose

For the transcendental phenomenological study, I explored the lived experiences of post-Ebola orphan-students enrolled at a rural agricultural university in Sierra Leone and engaged in a specialized case management intervention intended to enhance college grades and promote graduation. The information benefits human service program administrators and foster care providers as well as governmental and nongovernmental organizations to design post disaster intervention services and social support systems for the orphan population to promote college graduation and improve grades. Furthermore, the findings of this research supported an understanding of how post-Ebola orphans experienced case management supportive services while enrolled in college (Buseh et al., 2015; Evans & Popova, 2015b). The findings of this research helped in understanding how post disaster student-orphans experienced case management support services while enrolled in college (Berry & Finnoff, 2016; Buseh et al., 2015; Hamblen, Norris, Symon & Bow, 2016; Peter et al., 2016; Ssewamala, Karimli, Han & Ismayilova, 2010). The next section contains the research question I used to inquire as to how post-Ebola student-orphans experienced case management

Research Question

The research question for this transcendental phenomenological study was: What are the lived experiences of post-Ebola orphan-students engaged in case management activities while enrolled at a rural agricultural university in Sierra Leone? The theoretical framework is an integral part of the research design (Yüksel & Yıldırım, 2015); the framework for this study is contained in the next section.

Theoretical Frameworks

The theoretical frameworks for this transcendental phenomenological study was based on my ontology and EST. As a researcher, I see the world and make sense of its constructs to form my own perceptions and belief system, which determines how I interpret worldviews (Moustakas, 1994). Postpositivist ontology and ecological system theory provided unique perspectives that channeled and helped with answering the research question and additionally modulated how I analyzed data (Bronfenbrenner, 1977; Moustakas, 1994). Additionally, I subscribed to social-ecological theory, which provided a baseline approach to understanding the linkages between individual interactions with the environment and informed my thinking like an analyst for this transcendental phenomenological study.

Transcendental Philosophical Viewpoint

The exploration of the lived experiences of post-Ebola student-orphans includes a philosophical construct; transcendental philosophy provided insight into the lived experiences of student-orphans regarding specialized case management provisions in the post-Ebola reconstruction of Sierra Leone (Padilla-Díaz, 2015; Yüksel & Yıldırım, 2015). I examined the understanding of post disaster case management from individuals who lived the experience (Flood, 2010; Sadala & Adorno, 2002). As researcher and analyst for this transcendental phenomenological study, I view the world through certain lenses and make sense of reality based on certain constructs; as such, attempting to understand the lived experiences of post disaster student-orphans regarding specialized case management can be explained by how individuals with this experience view and

interpret that world (Moustakas, 1994). To help in explaining my worldviews, the next sections outline the anticipated post positivistic analysis of this transcendental phenomenological study.

Postpositivist Viewpoint

In experiencing the deductive worldview as a human service professional, data collector, and analyst for this transcendental study, postpositivist constructs related to how causal linkages and environmental factors including social relationships, peers, schools, families, and friends influence behavior and thought processing (Charnley et al., 2017; Wasserman, Chatlosh & Neunaber, 1983). Moustakas (1994) and Benedetti, Cohen, and Taylor (2013) posited that researchers with postpositivist ontological worldviews should: (a) be mindful of personal biases that may cloud the meaning of the phenomenon from the research-participants viewpoints, (b) account for how the investigators' knowledge and worldviews on social phenomenon based on different personal experiences may play a role in presenting social issues, and (c) relate to the investigators' knowledge of the phenomenon under review directly and in a varied manner to different environmental constructs. As such, as principal investigator with the postpositivistic ontological construct, I interpret the world around me by using causal linkages with environmental paradigms (Charnley et al., 2017, Moustakas, 1994). A post-positivist ontological viewpoint includes my experience as a human service professional seeking to understand the world through the lived experiences of how post-Ebola student-orphans experienced specialized case management (Fischer, 1998; Scotland, 2012). Post positivistic ontology allowed me to experience the authenticity of specialized case

management with the understanding that such realities directly interface with limitations

of the environment, personal worldviews, and sensory constructs (Clark, 1998;

Moustakas, 1994**).** In addition to my personal ontological viewpoint, the EST provided an

understanding of how environmental linkages influence human behavior in post disaster

reconstruction as examined in the next section.

Ecological System Theory

The understanding of the lived experiences of post disaster intervention is a

complex process that is interwoven with several factors including (a) past experiences

with disaster, (b) coping skills, (c) environmental factors, and (d) support systems

(Aldrich, 2017; Blosnich & Bossarte, 2011; Shibl, Lawley & Debuse, 2013).

Bronfenbrenner's (1977) EST is an integrative, multilevel framework that contains the

explanatory potential for understanding the interfaces and affects of lived experiences of

post disaster victims (Abramson et al., 2015; Marín, Bodin, Gelcich & Crona, 2015). EST

contains descriptions of influences of human behavior on multiple levels: (a) thought

processing (cognition), (b) the internal and expressed feelings (affect), (c) the will to

accept the new life (volition, conation), and (d) the expressed explicit behaviors for

survival (Bronfenbrenner, 1977,1986; Masten & Narayan, 2012; Masten & Obradović,

2008; Ostrom, 2009). EST characteristics become obvious due to the following

interrelationships and attributes: (a) the environmental impress on the individual together

with the influence of the individuals on the environment, (b) responses from feedbacks

from interactions with the environmental factors due to the evident behaviors, (c)

transactions with components in the systems and interpretation of such feelings, and (d)

biological and spiritual dimensions (Bronfenbrenner, 1977, 1986; Castelfranchi, 2015; Masten, 2011; Masten, 2014; Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008). Given the multifaceted nature of the interrelationship between the environment and individual behaviors, EST appeared appropriate for this transcendental phenomenological study in exploring how student-orphans experienced post-Ebola specialized case management (see Bronfenbrenner, 1977).

EST theorists divide the environment into different facets, or levels, each of which uniquely influences the individual in life adjustment in post disaster construction; such levels include the mesosystem, the ecosystem, and the macrosystem (Boon, Cottrell, King, Stevenson & Millar, 2012; Masten & Obradović, 2008; Masten, 2014). The use of EST explained the intricate roles including the immediate environment, social network, social and cultural values, and changes in the new normal in the post-Ebola recovery experiences of student-orphans, as well as on the coping mechanisms adopted in post-Ebola recovery endeavors (see Bronfenbrenner, 1977; Burns, et al., 2015). The use of EST also complemented the transcendental phenomenological methods employed in this study by providing a lens for understanding how individuals in the natural community interrelate with core and subsystems to enhance efficacy in overcoming challenges with schools, communities, peers, and families (see Bronfenbrenner, 1977, 1986; Burns et al., 2015; Fivush & Merrill, 2016; Garbarino, 1980). The next section provides the participant search for this transcendental phenomenological study, including, (a) participant search, (b) participant contact, and (c) sampling.

Participant Search

For this transcendental phenomenological study, as the primary data collector, I contacted the university faculty of the Rural Agricultural University (pseudonym) in Sierra Leone and secured the list of the case management of individuals engaged in the post-Ebola specialized intervention (see Appendix A). I obtained permission to conduct this study from university faculty. I secured the IRB approval in lieu of the letter of cooperation (see Appendix B) from the agricultural university to initiate contact with potential research participants. Additionally, I secured IRB approvals from Walden University and the Sierra Leone Ethics Board (see Appendix C and D).

Participant Contact

I initially relied on the list provided by the university registrar and or faculty to make contact with potential participants via, (a) e-mail, (b) texting, and or (c) telephone. In this initial e-mail, text and or phone call, I explained the purpose of the study, provided information about confidentiality, and informed the participant of potential benefits and risks associated with participating in the study. The next section outlines the sampling techniques used for this transcendental phenomenological study.

Inclusive Criteria

From the pool of potential participants, the following predetermined criteria formed the premise to recruit research participants for this transcendental phenomenological study, (a) student lost both parents to the 2014-2016 Ebola outbreak, (b) student is 19 years of age or older, (c) student is enrolled at a specific agricultural

university in rural Sierra Leone, and (d) student is engaged in specialized case management at agricultural university.

Sampling

Moustakas (1994) and Hartmann-Boyce, Boylan, Jebb, Fletcher, and Aveyard (2017) suggested that the sampling techniques for a transcendental phenomenological study targets the interpretation of collected data from data-rich sources that gave meaning to the phenomenon under review. The sampling techniques used for this transcendental phenomenological study to examine how post-Ebola student-orphans experienced specialized case management provided an understanding of how case management was experienced by research subjects.

Sampling Techniques: Criterion and Snowballing

For this transcendental phenomenological study, to explore how post-Ebola student orphans experienced specialized case management, I used the list provided by the registrar to target research participants by using contact information to employ the criterion sample technique. Although snowball sampling techniques was part of the sampling strategies I did not use it as I achieve theoretical saturation with criterion sampling technique. The sample for this transcendental phenomenological study includes post-Ebola orphans-students enrolled at a rural agricultural university in Sierra Leone and engaged in specialized case management (see Figure 1). Moustaska (1994) and Malterud, Siersma, and Guassora (2016) claimed that at least three research participants with *information power* about a phenomenon are sufficient to explore the lived experiences of a phenomenon. The targeted sample size of ten participants falls within the suggested

guidelines proposed by Moustakas (1994) and Simpson and Che (2016) claiming that for

phenomenological studies the sample size falls between 5-25 research subjects. Search

for research participants did not continue after reaching point of theoretical saturation

(Cleary, Horsfall & Hayter, 2014).
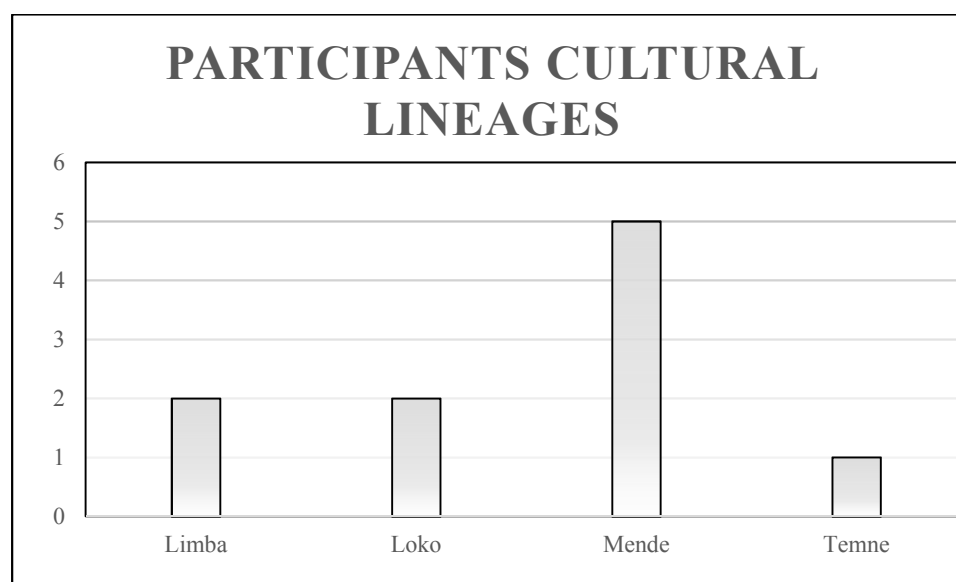
Figure 1. Cultural attribution of research participants.

Criterion Sampling

The targeted population for this transcendental phenomenological study includes

individuals who, (a) lost both parents to the 2014-2016 Ebola in Sierra Leone, (b)

engaged in post-Ebola specialized case management at a rural agricultural university, and

(c) are between the ages of 19-35 years old. For this transcendental phenomenological

research, I used the criterion sampling model to sample for potential research subjects

(see Figure 2). Palinkas et al. (2015) argued that the criterion sampling technique might

give the researcher individuals with experience of the phenomenon under review. Suri

(2011) claimed that for phenomenological studies, research participants have to possess the lived the experienced under review. Participants with the knowledge of the phenomenon under review communicated the lived experiences in an articulate manner and with an increased reflective capacity of the phenomenon (Palinkas et al., 2015).

Additionally, Goodman-Scott, Carlisle, Clark and Burgess (2016) noted that in phenomenological research, the emphasis is on the population that provides a deeper understanding of the phenomenon under review to collect reflective descriptions, making meaning of the lived experiences and interpreting essences rather than recruiting more research participants to be able to make generalizable statements. To make sure that potential research subjects have knowledge of the lived experience, I used inclusion criteria in this transcendental phenomenological study including, (a) participants orphaned by the Ebola of 2014-2016, (b) enrolled at the agricultural university, (c) engaged in specialized case management, (d) willing to explore the meaning of specialized case management, (e) predominately domicile in rural Sierra Leone prior to the Ebola Outbreak, and (f) participants age ranging between 19 -35. If theoretical saturation point were not achieved under the criterion technique, snowball sampling technique would have been used. However, I did not use the snowball sampling technique as theoretical saturation was achieved with the tenth research participant recruited through purposive criterion sampling modalities.

Research Participants by Gender

Figure showing a bar chart. The Female bar reaches 4 and the Male bar reaches 6 on a vertical axis numbered 0 through 7.
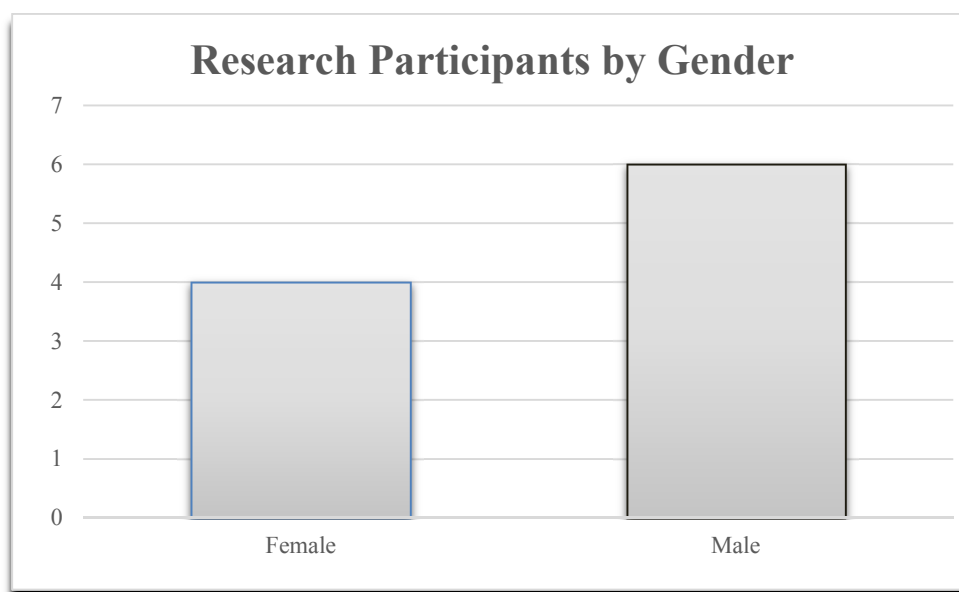
Figure 2. Research participants by gender.

Snowball Sampling

At the initial recruitment process, as needed, I used the initial point of connection to ask participants to encourage others to contact me about possible participation in this study (Malterud, Siersma & Guassora, 2016). Etikan (2016) and Valerio et al., (2016) and Ziakas and Boukas (2014) posited that the snowball sampling technique allows the researcher to enlist hard-to-reach populations. Snowballing sampling technique appeared appropriate for finding suitable study participants for this transcendental phenomenological study (Ziakas & Boukas, 2014). Snowball sampling techniques was an appropriate tool to limit my search to only participants who meet the pre-determined criteria (Heckathorn & Cameron, 2017). The snowball sampling strategy identifying *the foundation or seed* willing to participate in the study, as such seed and or information foundation provided a network for chain recruiting, including a list of references by other participants in a multi-stage approach for the transcendental phenomenological study

(Goodman, 2011; Sadler, Lee, Lim & Fullerton, 2010). I used the sampling techniques as my primary method to find samples in the following manner, (a) use the list provided by the university faculty to contact participants via email and phone explaining the purpose of the study, benefits and option to opt out of the study at any time without consequence, (b) in the initial email, I informed the research participants to encourage others to contact me should they be interested in the study, this referral format continued until I recruit 10 research participants or reach theoretical saturation, and (c) I informed the participants who engaged with me and expressed willingness to participant in this transcendental phenomenological study about the inclusion criteria. The consent process discussed in the next section emphasizes the need for obtaining informed consent prior to interviews.

Participants and Research Consent

Once the recruitment was completed, I traveled to Sierra Leone to meet with selected research participants and presented each with consent form and answered any questions that arose prior to the face-to-face interviews. The participants had the option to opt out of the study without consequence. I collected the signed consent forms before initiating the interviews. Data collection took place in Sierra Leone at a place and time convenient to each research participant.

Interview Format

I used a semi-structured face-to-face interview format for this transcendental phenomenological study to explore the lived experiences of student-orphans of specialized case management. Questions for this semi-structured interview (see Appendix E) provided the direction of the interview details. The interviews were spaced out over a

one-week period in the evenings to avoid disrupting classes. Interviews for each research

participant took between 30-45-minute, detailing gender, age and tribal lineage (see

Table 5). I sent a thank you letter to each research participant after the interviews. The

next section includes the data recording for this transcendental phenomenological study.

Table 5

Participant Demographics and Cultural Lineage

Participant code	Tribal lineage	gender	Age range
PAR1	Mende	Male	19-25
PAR2	Limba	Female	30-35
PAR3	Mende	Male	30-35
PAR4	Temne	Male	25-30
PAR5	Limba	Female	19-25
PAR6	Loko	Male	25-30
PAR7	Mende	Male	19-25
PAR8	Mende	Male	19-25
PAR9	Mende	Female	25-30
PAR10	Loko	Female	19-25

Data Recording

I audiotaped interviews using a recording device that was placed in plain sight

before starting the interview. I used a Sony digital voice recorder to record each

interview. Data security and disposal remains an integral part of the concerns in this

study.

Data Security

The digital voice recordings, signed consent forms, and copies of the formal responses, interview transcripts, were scanned to an encrypted password protected removable drive and physical copies shredded. Digital file will be saved in a locked box in which only I have access, and I destroyed the data after publication in accordance with the APA manual. The next section includes the data collection process for this transcendental phenomenological study.

Data Collection

The data collection tool for this study was an open-ended semi structured interview conducted in English. Each of the research participants and I agreed in advance of the time, place, and date of the individual interview via text message, email, and or phone. The data-collection process through semi-structured face-to-face interviews continued to the point of theoretical saturation when interviewees have no new insight into the phenomenon under review. The use of the transcendental phenomenological research method for this study allowed the use of interviews as a data collection tool for obtaining the lived experience of individuals with the first-account of a phenomenon (Moustakas 1994). To understand how student-orphans experienced post-Ebola case management, the data analysis process provided an insight into the phenomenon.

Data Analysis

For this transcendental phenomenological study, I employed the van Kaam's transcendental phenomenological analysis step-by-step guide proposed by Moustakas (1994) including, (a) recorded the statements of relevance related to the experience of the

phenomenon being studied, a process Moustakas (1994) referred to as horizontalization, (b) removed duplicates and vague comments, (c) developed composite description that represents the *essence* of the phenomenon (*essential invariant structure)* during the structural descriptions process, (d) developed invariant horizons and list statements that remain, (e) grouped variant horizontal statements into theme, (f) organized textual description of developed themes with statement to create a story of the participant's lived experiences of the phenomenon, (g) constructed a structural description from my interpretation, (h) designed a textual-structural description that blends the themes from research participants and me the researcher, and (i) conducted a textual-structural synthesis of the experiences of the phenomenon (Chambers, 2013; Michael-Chadwell, 2011, Moustakas, 1994).

Moustakas (1994) noted that reflexivity throughout the research process provides the premium for the researcher to develop the essence of the lived experiences of research subjects. The descriptive themes developed through textural-structural syntheses provided an understanding of how post-Ebola student-orphans experienced specialized case management to enhance grades and graduation. Finally, member checking after the interviews followed as a purposeful process for the accuracy of interview notes consistent with the experience of post-Ebola student-orphans with how case management was experienced (Moustakas, 1994).

To facilitate coding and data analysis, I used NVivo 11, computer-assisted qualitative data analysis software. Tummons (2014) claimed that using the computer-assisted software in qualitative data analysis increases the researcher's ability to manage,

organize, and process the data accurately and efficiently. I uploaded the collected audio files to the NVivo 11 software with a protected password. I then coded using Moustakas's (1994) tiered approach. The acronyms and jargon in local dialects used in the interviews that have double meanings were then clarified and coded to avoid misunderstanding comments (Doody & Noonan, 2013; McLellan, MacQueen & Neidig, 2003).

Member Checking

I completed member checking after the interview with each of the research participants in person to promote the accuracy of the transcripts and increase the internal validity of the research method. I presented summarized transcripts to each research participant, allowing participants to make corrections and return the transcript. Schwandt, Guba, and Lincoln (2007) argued that member checking to gain and solicit reaction from research participants enhances validity and authenticate the reported applied meanings. Subsequently, I asked participants to review and possibly correct their interview transcripts. There were no changes in the transcripts as each participant signed the summarized form as transcribed.

Validity

A transcendental phenomenological approach supports the purpose of this study, which is to explore how post-Ebola student-orphans experienced specialized case management and post-disaster intervention while enrolled at a rural agricultural university in Sierra Leone (Moustakas, 1994). The validity of this study was examined through the following structures:

Methods

This transcendental phenomenological study I engaged participants whose lived experiences provide them with in-depth insight into the phenomenon under investigation (Giorgi, 2012; Moustakas, 1994). Noble and Smith (2015) and Roth (2015) claimed that the use of inclusive criteria provides the researcher with a tool for recruiting participants with vital knowledge and experience of the phenomenon to increase the internal validity of the study. However, transcendental phenomenological methods have some limitations, including reflexivity and pre-dispositions to the data source, which affects how the interviewees and interviewer relate to each other and as such brew validity challenges (Brown, Roberts, Whiddon, Goossen & Kacal, 2015; Finlay, 2014).

Sources

The young student-orphans targeted for this study present with an experience of trauma and are engaged with post-disaster case management and, therefore, have challenges recalling the events of the disaster or issue an erroneous account of the experience (Brewin & Andrews, 2017). Additionally, the young research participants may or may not be dealing with trauma at the time of data collection, which may affect the nature and accuracy of the account of individual experiences (Valibhoy, Kaplan & Szwarc, 2016). Furthermore, the case management services contained in the post-Ebola reconstruction may or may not have an affect on college life and grades.

Analysis

I used Moustakas's (1994) guidelines for phenomenological analysis in order to increase validity. I transcribed the interview verbatim and cross-checked the transcribed

interviews summaries with participants for correction to also increase validity (Moustakas, 1994).

Although the process of epoché, experiencing the phenomenon in a pure state, may be difficult to achieve, through bracketing, I presented the meanings that the participants applied to constructs taking into consideration my personal ontology (Moustakas, 1994; Roth, 2015). Additionally, the direct interaction between the participants and me throughout the data collection process allowed for clarification of concepts and meanings. The synergy between the researcher and participants increased validation, as participants built on responses or explained statements, as well as by the continual re-examination of the material to ascertain meaning as intended by the participants (Noble & Smith, 2015; Roth, 2015).

Reliability

For this transcendental phenomenological study, I sought to establish an accurate description of how post-Ebola student-orphans experienced case management and interventions aimed at enhancing grades and graduation while enrolled at a rural agricultural university. The protocol for face-to-face interviews within transcendental phenomenological research appeared to be replicable and reliable (Harvey, 2010). Reliability of this study was examined through the following constructions:

Methods

The transcendental phenomenological research methods outlined by Moustakas (1994), which I employed for this study, appeared to be replicable to examine how post-Ebola student-orphans experienced specialized case management. The sampling process

for the selection of participants who met the inclusion criteria provided valuable data about the phenomenon under review (Moustakas, 1994).

Sources

According to the process described by Moustakas (1994), data was collected through 30-45-minute, individual semi-structured interviews, and research participants had the opportunity to ask questions and opt out of the study without consequence at any point (Doody & Noonan, 2013; Moustakas, 1994). This data collection model appeared to be replicable.

Analysis

I adapted Moustakas' (1994) analytical method and adhered to related protocols, as the following analytical model appeared replicable. Emerging themes were generated concurrently with data collection and developed themes form the universal structures for analysis (Constantinou, Georgiou & Perdikogianni, 2017; Hsieh & Shannon, 2005; Moustakas, 1994)—a process which also appears to be replicable. The ensuing section contains the ethical protection of research participants for this transcendental phenomenological study.

<div align="center">

Ethical Protection of Participants

</div>

I coded the identifying information of the research participants to maintain confidentiality, protect identity, and sustain and promote the integrity of the study (Rodner, 2015; Ali & Yusof, 2011; Vaismoradi, Turunen & Bondas, 2013). I assigned pseudonyms to each interviewee for confidentiality and privacy (Marshall et al., 2013). Each participant signed the informed consent after receiving full disclosure of the intent

of the study and obligations of the researcher (Vaismoradi, Jones, Turunen & Snelgrove, 2016; Doyle & Buckley, 2017). The role of the research in this transcendental phenomenological study remained an important construct that will be examined in the next section.

Role of the Researcher

My role as the researcher in this phenomenological study was to recruit research participants who met the inclusion criteria and conduct interviews with the selected study participants. As the principal researcher, I collected and analyzed data, and provided a written report of research findings that reflected the voices of the participants (Fry, Scammell & Barker, 2017). My focus as the researcher in this transcendental phenomenological study was to explore how post-Ebola student-orphans experienced case management, to capture the lived experiences of the research participants through the semi-structured interview while managing my perceptions and preconceived worldviews (Fry, Scammell & Barker, 2017; Moustakas, 1994). My experience and professional relationships with crises and disasters bear link between the study participants and I. I relate to the lived experiences of specialized case management as I experienced firsthand the emotional, financial, and psychosocial affects experienced by the victims of crisis and disaster. I developed my own perceptions of experiencing post-disaster services during and after the ten years of civil war in Sierra Leone. I managed my researcher biases through awareness and bracketing my personal experiences. I used NVivo qualitative analysis software to reduce my subjectivity and biases and to

determine relevant data and appropriate coding of data (Ross, 2017). Reliving traumatic experiencing could trigger the use of professional counseling service, as needed.

Professional Counseling Services

I understand that reliving traumatic lived experiences may evoke negative memories that cause distress; therefore, I used careful consideration and took the necessary safety measures to address possible problems with propinquity throughout the interview and study. Counseling sessions were made available as needed with Possible Harm Referrals (PHR) to the university's counseling department form to be completed as needed (see Appendix F). I did not utilize the university counseling facilities for any referral as participants did not show any stress during the interviews. Research participants did demonstrate some traumatic behaviors like shouting, tearing and long pausing between answering interview questions; however, participants continued the interview as such triggers for a referral to the university counseling services were not warranted. Additionally, participants received information about the availability of counseling services offered by the university. The next section contains compensation for participation in this transcendental phenomenological study.

Compensation

Participation in the transcendental phenomenological study was voluntary. Each research participant received a personal thank you note to each research participants and a $10 gift card for allowing me to experience individualized personal stories of the lived experiences of post-Ebola case management.

Summary

This chapter contains, (a) research methodology and justification, (b) research purpose, (c) research question, (d) theoretical framework including the transcendental philosophical viewpoint and post-positivistic ontology, (e) ecological system theory, (f) participant search, participant contact , (g) sampling techniques, (h) participant consent (i) data collection, recording and analysis (j) member checking and (k) ethical protection of research participants including possible harm referral to counseling and (l) role of the researcher. The next chapter will contain (a) the research results, (b) description and analysis of data, and (c) interpretation of findings for this transcendental phenomenological study.

Chapter 4: Data Analysis and Findings

Background

This chapter contains findings of the transcendental phenomenological research, deconstruction of data collection methods and processes, and examination of data transcription and description of the thematic matrices from the perspective of the information-rich sources to understand how post-Ebola student-orphans experienced specialized case management in rural Sierra Leone while enrolled at an agricultural university. Moustakas (1994) and Anderson and Eppard (1998) described van Kaam's (1959, 1966) modified method of phenomenological data analysis as a tool in which researchers seek to separate the essential biases to experience a phenomenon from participants' perspectives. I used the van Kaam's (1959, 1966) modified phenomenological data analysis to deconstruct participatory data for this transcendental phenomenological study. This chapter includes: (a) research purpose, (b) research method, (c) research question, (d) research findings, and (e) summary.

Research Purpose

Using a transcendental phenomenological research study, I explored the lived experiences of post-Ebola student-orphans enrolled at a rural agricultural university in Sierra Leone and engaged in a specialized case management intervention intended to enhance college grades and promote graduation. The information generated in the findings of this study may help human service program administrators, disaster response managers, community health care workers, and foster care parents, as well as government and nongovernmental organizations, to design, deliver and evaluate post disaster

intervention services and supportive social schemes for the student-orphans enrolled in higher education relative to college activities. The research method included a baseline to investigate this phenomenon.

Research Method

This transcendental phenomenological research design included the framework that formed the lens to understand how student-orphans experienced specialized case management relative to college activities. The modalities of this methodology provided the benchmark to understand the lived experiences of information-rich sources of how case management was entertained in the post-Ebola intervention of Sierra Leone (Gros, 2017; Moustakas, 1994; Salmon, 2012). The transcendental phenomenological research method appeared to be the appropriate tool to explore how student-orphans experienced post-Ebola specialized case management. By using transcendental phenomenological research methods to guide this study, I was able to explore the lived experiences and analyze how student-orphans in higher education experienced post-Ebola case management in rural Sierra Leone (see Gros, 2017; Giorgi, 1997, 2012, Moustakas, 1994). Additionally, I was able to uncover themes across the research subjects' experiences of the phenomenon (Moustakas, 1994; Giorgi, 1997, 2012; Sterett, 2015).

Transcendental phenomenological design allowed the opportunity to: (a) examine and manage personal worldviews, (b) place emphasis on the phenomenological completeness from the lived experiences as advanced by the research subjects, (c) search for essence and meaning of the experiences through the restorying of the individual's unique experiences, and (d) obtain individualized accounts of the phenomenon

(Moustakas, 1994). In summary, this design included a mechanism to understand how post-Ebola student-orphans experienced specialized case management (see Butler-O'Halloran, & Guilfoyle, 2015; Moustakas, 1994; Park & Kim, 2015). The ensuing section contains the research question and short answer for this transcendental phenomenological study.

Research Question

The research question for this transcendental phenomenological study was: What are the lived experiences of post-Ebola orphan-students engaged in case management activities while enrolled at a rural agricultural university in Sierra Leone? Student-orphans' lived experiences with specialized case management relative to higher education in post-Ebola Sierra Leone included three major categories: sadness, happiness, and anger. The characterization of case management lived experiences relating to sadness expressed and branded in the following manner ranging from self-blaming to poor service delivery and quality of such services by disaster relief managers. Poor service delivery and coordination at the onset of the disaster became evident as several organizational staff and government workers engaged in uncoordinated efforts to reach out to victims, some duplicating services and not complementing each other in the process and creating confusion (Gidado et al., 2015; Nuriddin et al., 2018). Secondly, the construct of happy experiences with case management became evident when participants knew that other individuals in the same group shared the same traumatic experiences. This empowered participants to seek in-group support mechanisms including (a) open discussions regarding grief and loss, (b) assistance with academic activities, and (c) trust that they can

be accepted. Thirdly, research participants experienced case management through anger. The angry sentiments became evident with the poor communication and little information about the Ebola disease and programs.

Additionally, participants felt that post disaster relief managers appeared hopeless and helpless with the Ebola pandemic of 2014-2016, as such disaster response managers did not know how to approach Ebola victims. The fear of the unknown about the disease became the center of focus for human service administrators and government workers and such an attribute of fear affected the level of services provided to student-orphans (Gidado et al., 2015; Nuriddin et al., 2018; Shears & O'Dempsey, 2015). Finally, research participants experienced case management through emotional contrition. Post disaster victims exhibited mild to moderate stress reactions in the early post-Ebola intervention phases up to the time of this study as victims recognized the severity of the disease and the associated traumatic events like shock, guilt, blame, anger, sadness, numbness, hopelessness, difficulty sleeping, or sustained fear complicated by the poor service offered by government agencies (Hugo et al., 2015; Jalloh et al., 2018; Shultz et al., 2015). Participants related to lived experiences of specialized case management including poor services, unreliable program supplies, nonpayment of college fees, and inconsistent group sessions. Therefore, the lived experiences of post-Ebola student-orphans to case management can be characterized into four significant elements including (a) sad feelings and expression, (b) mad and angry reactive feelings, (c) emotional feeling and contrition, and (d) happy dispositional sense (see Appendix A). The next section contains the findings for this transcendental phenomenological study.

van Kaam's Analytical Tool: Presentation of Research Findings

I used the van Kaam's (1959, 1966) modified phenomenological data analysis as outlined by Moustakas (1994) for this transcendental phenomenological study. Moustakas (1994) classified the modified van Kaam's (1959, 1966) phenomenological data analysis into seven phases. The seven steps guided the data analysis for this transcendental phenomenological study resulting in the findings as discussed in the ensuing sections.

Step 1 is the initial process contained in this analysis; it comprises active listening and preliminary groupings of themes, a model Moustakas (1994, p.120) referred to as *horizontalization*. The process of listening to the interview scripts and cataloging initial themes into groupings allowed me to see the developing trends of how post-Ebola student-orphans experienced specialized case management while enrolled at a rural agricultural university in Sierra Leone. At this stage, ideas began to develop and inclinations of how participants experienced specialized case management started to surface.

Step 2, the next phase in the van Kaam's (1959, 1966) modified transcendental phenomenological data analysis, entails the *reductions and elimination phase* (Moustakas, 1994, p. 121). I examined the transcribed data to qualify if the statements that subjected the surfaced themes contained the moment of the lived experiences and constituted an understanding from the interviews. Moreover, I looked at the possibility of the statements to be abstracted and labeled, which included the horizon (see Moustakas, 1994). I eliminated the comments and expressions not meeting the above requirements.

Additionally, statements that overlapped or were monotonous or vague were excluded or

subjected in more descriptive terms or required clarification from research participants.

Moustakas (1994) claimed that the horizons that remain after submitting the statement to

the two questions are called *invariant constitutions* of the lived experiences of the

research subjects to the phenomenon. This process allowed me to sort and arrange

experiences from the transcripts and eliminates statements and quotes in the next stage of

the van Kaam (1959, 1966) analysis (see Table 6). I decided on the elements of the

interviews analyzed that represented close affinity to the phenomenon to retain and those

of the analysis I should omit before moving on to the next stage of the van Kaam (1959,

1966) transcendental phenomenological analysis. The identified perceptions and lived

experiences of post-Ebola student-orphans to specialized case management were marked

as the invariant constituents (Moustakas, 1994).

Table 6

Themes and Invariant Constituents with Clusters and Dominating Compositions

Themes	Subthemes	Clusters	Dominating compositions
Case management as a motivator	Resilience, joyful	Challenges	Culture, tradition, family values, education, case management
Disbelief and frustration	Rejections	Isolation, self-blame	Loss, grief, loneliness
Hopelessness and despair	Poor services	Overwhelmed	Hopeful, better future, security
Anxiety, fear, and anger	Indigent, vulnerability	Uncertainty	The absence of information, poor social network
Case management is family	Social support, trust	Security	Reconnection, family values
Hopefulness	Hope for better connection and opportunities	Family, friends, Resources	Motivation, shared family values, resource sharing
Safety and security and trust	Stable social contacts, less treat from external sources	Strong reliance on case management	Assurance, emotional bond
Self-advocacy	Feeling of belonging, in-group support	Voice of the voiceless	Promote dignity and awareness
Inspiration in the face of persisting trauma	Enduring challenges, grief, and loss	General anxiety, tension	Restlessness
Guilt, shame	Unexpected changes, no familiar contacts	Death, poor communication,	Traditional, cultures, values, support

For Step 3, Moustakas (1994, p.121) argued that the modified van Kaam (1959, 1966) transcendental phenomenological analysis subjects the invariant constitutions to a deconstruction process that includes themes closely aligned to statements or phrases from the transcripts, a process called *clustering and thematizing* of the invariant constituents. At this stage, I assembled and clustered the invariant constituents relating to how student-orphans experienced specialized post-Ebola case management into themes that I labeled as the emerging main themes and used Nvivo 12 to organize the main themes and subthemes (Table 7). I only considered such themes as main themes when three or more occurrences became evident in the interview transcripts. The emerging main themes included: (a) case management as a motivating factor; (b) disbelief and frustration; (c) hopelessness and despair; (d) anxiety, fear and anger; (e) case management is family, (f) hopefulness, (g) safety, security, and trust; (h) self- advocacy; (i) motivating in the face of challenges; and (j) guilt and shame.

Table 7

Major Units or Themes

Identified themes	No. of participants (*N*=10)
1. Case Management as a Motivator	10
2. Disbelief and frustration	10
3. Hopelessness and despair	10
4. Anxiety, fear and anger	10
5. Case management is family	10
6. Hopefulness	10
7. Safety and security and trust	10
8. Self-advocacy	10
9. Inspiration in the face of persisting trauma	10
10. Guilt, shame	10

Main Theme 1: Case Management as a Motivator

The coping mechanism with grief and loss especially to an unknown disease presented some difficulties for student-orphans in rural communities relying on cohesion with in-group support to understand and seek help for the new normal; such tendencies triggers internal interests and enhance motivation in some survivals (Bakhshi et al., 2014; Hong, 2016). This was evident in the responses by PAR1 "case management is a life-changing intervention and motivator to me" Coping with the loss by the research participants PAR4 and PAR5 appeared to have created a catalyst and motivation to be engaged in some form of social justice and social change concepts by suggesting

changing or have changed college majors to reflect that interest. PAR 4 said that I have changing or have changed college majors to reflect that interest. PAR 4 said that I have changed my majors to Social Work so that I can make a difference in someone's life just as mine has been affected" PAR 5 "my parents will be happy that I am setting up an advocacy group for orphans across the country." Sanders, Laing, and Frost (2015) claimed that while crises and disasters related encounters provided challenges for victims, some victims find opportunities in the disaster as a motivation to move ahead of the limitations and devastation, while others remain stuck to the past causing cathartic residual traumas. PAR1 "I felt rejected and abandoned by my people, as such I concentrated on my education."

Main Theme 2: Disbelief and Frustration

College life can be stressful and can even be more challenging when one's safety social network is limited due to crises and disaster as presented in the post-Ebola circumstances of student-orphans (Beiter, et al., 2015; Hendrickx et al., 2016; Kumar, Bhukar & Vaz, 2011). Participants presented disbelief in the challenges and encounter with case management. PAR 1 in the identification and disbelief with the absence of parents indicated "My parents were farmers and did all they could to get me here, and we did well before all this happened." However, case management in post-Ebola intervention became a life support for student-orphans as evident in the following testament of PAR 3 "Life as I knew it is no more, my parents are dead, and my uncle who is the only breadwinner in the family on both side is afraid to come near me, this is very annoying, no one seems to care to help, the hospitals do not want to give us food, the shelter they

took us to was not managed by professionals, but one zombie who was just waiting for us to die and be taken away".

Additionally, PAR 3, PAR 4 and, PAR 7 recalled that "case management services stopped nobody told us anything" PAR 1, PAR6, PAR 9 and PAR 10 in high tone and stressed voice " We are making the best out of this situation, even for fees we are struggling to make payment" PAR 2 suggested to avoid the problem "I sometimes do not want to even think of it, but just concentrate on my studies" The heightened alert to environmental normal stressors and anxiousness exhibited by research participants appeared to have compounded the frustration. This matrix was noted in PAR1, PAR 3, PAR5, PAR6, and PAR10 asserted that the experience with case management is that "case management is unpredictable."

Main Theme 3: Hopelessness and Despair

The conceptualization of an individuals' negative expectancy regarding the future after a disaster which encompasses the characterization of pessimistic expectations, negative emotions, and loss of pleasure in life denotes hopelessness (Marsiglia, Kulis, Perez & Bermudez-Parsai, 2011; Niranjjan, Sarkar, Balajee & Srinivasan, 2018; Wolmer, Laor & Yazgan, 2003). The research participants enraged by the poor management and delivery of Ebola resources, intervention and communication, suffused hopeless attributes that the scheme was limited in nature, generated the notion of disrespect for cultural rites as traditions have dictated for centuries and fearful that the true story of the Ebola virus remains unexplained. The demonstrated assertions from PAR 3, PAR 5 and PAR 8 related to this theme explain the feelings of hopelessness, PAR3 "nobody knew

what to do, and everyone was just dying." PAR 5 "Ebola is such a bad disease that kills without mercy and no cure more over the services provided were very inadequate and some not needed." PAR 8 added that "the disease and intervention in the early stages were chaotic and unplanned." While PAR3 affirmed that "I get frequent headaches, and when the place is very quiet I feel afraid, and when people talk in loud voices, it startles me."

Main Theme 4: Anxiety, Fear, and Anger

The physiological response of post-disaster victims is wrapped with the complex mechanism of anxiety and fear to defend, fight or flee as a defense mechanism to buffer the shock or loss to the Ebola (Schalinski, Elbert & Schauer, 2011; Blevins, Weathers & Witte, 2014). In post-disaster, victims are often at a heightened alert and very sensitive to the immediate surrounding which represented a factor in the experience of anxiety and fear (Rahill, Joshi, Lescano & Holbert, 2015; Forbes et al., 2015; Shultz, Cooper et al., 2016). PAR 10 explained that "one could not help but feel angry and fearful that with the sudden cessation of case management poor communication, no one managed the situation well, no explanation of the disease, not even from the so-called experts, they wear zombie-like jackets and treat us like very contagious people what is there to like and feel good about case management but the food and college fees?" PAR 8 infused that "I certainly feel angry and mad as anyone could imagine at the treatment, level of care both in and out of the encampment and even when we returned to the university, we became the orphans and Ebola survivals nobody wanted to talk to us, touch us or even share our common space." Cui and Sim (2017) posited that fear could denote the threat to

immediate personal space of the individual's environment, property, and safety and response generated an immediate physiological response of fear especially in disaster victims. PAR 1 said that "I was afraid of dying, contacting the disease or even getting sick as there was no detection mechanism in the early stages of the disease to separate malaria from Ebola" PAR 3 noted that "hunger and fear were two major factors in camp, to get out to locate food was difficult." PAR 5 indicated that the whole issue surrounding the Ebola management was mismanaged and initiated anxiety." PAR 7 "Life with Ebola is day by day with each day bringing me numbness and anxiety but hopeful for a better future."

Main Theme 5: Case Management is Family

Participating in case management services appeared as a new concept to respondents as reliance on community in-group support system, and traditional coping mechanism seemed to have been the bedrock of managing crises and disasters in the past. PAR 3 related to this construct as "I cannot hide the fact that I have lost my parents and this group" spearing his hands raised in the air "is the family, only family I have left" silence "I have relied on them for help, questions about homework and sometimes even food" PAR 4 described the experience as " case management was helpful to come to terms with our collective traumas that I have indeed lost my parents, I remember when we had the first session immediately after case manager started the meeting, I cannot remember his name came from the UN, or something and told me that I have to come with him into his car, and he took me to a building in the camp and told me that my parents died of Ebola and that he will refer me for benefits with a program at the college,

that was strange and unexpected." pause " However, that was left of what I considered family." PAR 6 asserted that when all you have left is a group of people that share the same experience as you, you tend to cling onto them." PAR 9 described this relationship as "the workers did not manage the Ebola events enough to communicate the effect so that we can protect ourselves. We learned to protect each other in the group." Participants related to this construct of family in the following manner; PAR3, PAR4, PAR5, PAR6, PAR8 and PAR10 "It was good that we had others who were in the same situation which would provide support to me, life would have been difficult without them" PAR 9 cited case management as a "useful intervention" noting that "the case management services was indeed useful to all of us, we relied on each other for support and networking." PAR 5 pointed to the fact that parental death remains an unresolved issue claiming, "the memories of the death of my parents circles around me all the time and think of them every day, but case management services helped me to come to terms with my loss." PAR 3 reported that "I find comfort in participating in case management knowing that I am not alone." Participant PAR10 described the service as a "miracle" while participant PAR 8 described case management as "a blessing, but I get a headache all the time and do not sleep well" PAR 2 described case management as "reconnecting with people, real people, not individuals who suspect you of been infected with Ebola, case management helped me get stuff, school supplies, and reconnect with people." PAR 3 noted "home is no more as there is nobody at home, you know when my mother, an excellent cook would always bring the best to the table each day I love to be home, and it is an empty place" PAR 4 sensed that "each time I went to case management, I received food, clothing I

think of my parents, it is painful to expect people to give you stuff, strangers, it is not right" Participant PAR 8 described case management as "getting a holiday present from a stranger, but this time the stranger become your only family" The case management services participant received were described as a positive experience, getting to talk about the losses, ability to engage with others.

Additionally, case management experiences with research participants exuded negative inclinations including a low understanding of complex needs of student-orphans in relationships with college experience. Although some case management delivery techniques promulgated negative feelings all participants agreed that case management provided the best option in the post-Ebola reconstruction, this behavior and feeling suggested that participants learned to integrate individual needs against the overall goal of the specialized post-Ebola intervention. The engagement of participants in the specialized case management, sharing familiar stories and building trust in post-Ebola reconstruction in Rural Sierra Leone increased the ability for social connectedness (Bower, Kraayenoord & Carroll, 2015; Bower, Conroy & Perz, 2017; Li et al., 2015). PAR 9 suggested that case with case management "we are now family, and that means we care for each other."

Main Theme 6: Hopefulness

Cloke and Conradson (2018) and Hechanova et al., (2018) claimed that in post-disaster intervention victims might exhibit anxiety and numbness which is characteristic of hopelessness. Seeking help in such situation from community sources and family was helpful in minimizing the stress, social support is essential in post-disaster recovery,

where family and friends are the primary first stop sources. Finding external support from

known survivals of disasters and examining what coping skills worked in the past

provided comfort and routine interventional strategies (Gil-Rivas & Kilmer, 2016;

Hechanova, Waelde & Ramos, 2016). PAR 6 indicated that "I feel empowered and

adequate, knowing where and how to get help and what type of help I may need, this is

very important when one is in crisis; information is power. I never felt so strong and

hopeful of my future than now; I have an offer of employment already and just waiting to

complete my studies." PAR9 assessed case management experience as "hopeful" and

"valuable" in light of poor resource availability and poor access to counseling for higher

education post-disaster victims." PAR 8 noted that "with case management, I can talk to

someone freely without fear of the information reaching someone I do not want to hear

and to voice my heart which I do not usually do." PAR 1 quoted that "in the process of

managing and healing, I find support and see my future brighter, I changed my majors,

and willing to help my community so that no one should have to lose their parents as I

did." PAR 6, PAR 7 and PAR 10 indicated that "Case management prepares the missing

piece for linking with school and finding oneself." Participants became comfortable with

case management services as the construct became a movement and confident resource

center; they became more open with each other and planned to stay in touch for

continued support. PAR 3 echoed that "we will stay connected forever regardless of

where we go after college" this sentiment was alluded to by PAR 4 and PAR 7 "We have

planned to stay within the same community as some of my friends." Participants PAR 1,

PAR3 and PAR 5 experienced some emotional reactions during the interviews but agreed to continue the interview.

Main Theme 7: Safety, Security, and Trust

The social contract between the ingroup as it relates to trust is an important construct and an element that improves the relationships and enhance self-empowerment and wellbeing for post-disaster victims, these elements promotes a sense of security and safety (Brooks et al., 2015; Hommerich, 2012; Nappi & Souza, 2015). Safety appeared relatively and loosely attributable to case management which interfaces with real-world challenges with the Ebola disease. PAR 3 related to this construct as "nobody is safe with Ebola and not even know what can make us safe, but case management provided a medium for safety by providing information to each other caring for each other and making sure the group's interest is protected." Participants PAR4, PAR 6 and PAR 9 shared that "knowing that participants in the specialized case management have a common interest with post-disaster losses provided the premise to build on group cohesion, promoting trust. It appears the knowledge of knowing that Ebola took our parents; with the pain and grief are now expressed to gain unity among us." Safety and security are important to the participants who built the tendency for trusting relationships in specialized case management. This was shared by PAR 1, PAR 3 and PAR 5 reflected on the "unique relationship between the senior students was still visible even when we all share the same challenges." pause "one cannot help but still feel that level of ownership and belongingness when one has a responsibility to provide protection for the group like ours, when providing others with help with college work and giving them directions this

is very satisfying." The in-group bonding of individuals with the same experience tends to form cohesion and trust when there is a central emotional focus, for student -orphans in this transcendental phenomenological study collective grief formed the coefficient (Saunders et al., 2018; Sullivan, 2015; Wayment & Silver, 2018).

Main Theme 8: Self-Advocacy

Post-Ebola student-orphans engaged in self-promotion in the face of the ensuing confusion with the disaster especially in limited resource situations where discussions and quarries about information, resources, and methods of program delivery became subjective to scrutiny. PAR 2 noted that " we had to ask the questions that are needed to explain to us the things that we needed to know" PAR3 "we are not specimens and would not wait for them to give us what they think is wrong with us" PAR9 "if we do not speak up for ourselves, nobody will, and this will not be a good thing for us. We had to stand up for what we believe in and get the leaders to understand our points." Some of the consideration and changes in the post-disaster intervention by human service administrators took some of the advocacy rejoinders of the victims as noted in the adaptation and design of a post-disaster secretariat in 2018 presented in the Ebola interventions and disaster mitigation (Abramowitz, Hipgrave, Witchard & Heymann, 2018; Abramowitz et al., 2018; Bell et al., 2016; Harris, Wurie, Baingana, Sevalie & Beynon, 2018; Shultz, Cooper et al., 2016) (see Figure 4). The process of self-and in group advocacy efforts became evident in the following exchanges with PAR6 "we did all we can get so that they will listen to us, hear what we need and what they provided was not needed will be left on the table and even foods that were provided." PAR 7

"sometimes they would bring us things that we do not need, and they expect us to take it, we do not and will let them know." PAR8 noted that "we organized ourselves into a strong one voice with no leader, but our answers were the same and no matter the level of questions we remained true to the *cause*." Disaster victim yearned for that voice that provides a face and value to the needs and aspiration of the community, such demands can be mostly advanced by the victims and those that provide a pillar for that cause (Huss, Kaufman, Avgar & Shuker, 2016; Plooy, Harms, Muir, Martin & Ingliss, 2014). Such pressure on local human service managers led to the commissioning of the Disaster Management, and Intervention (DMI) Secretariat in Sierra Leone mandated to review, plan and evaluate vulnerable indices.
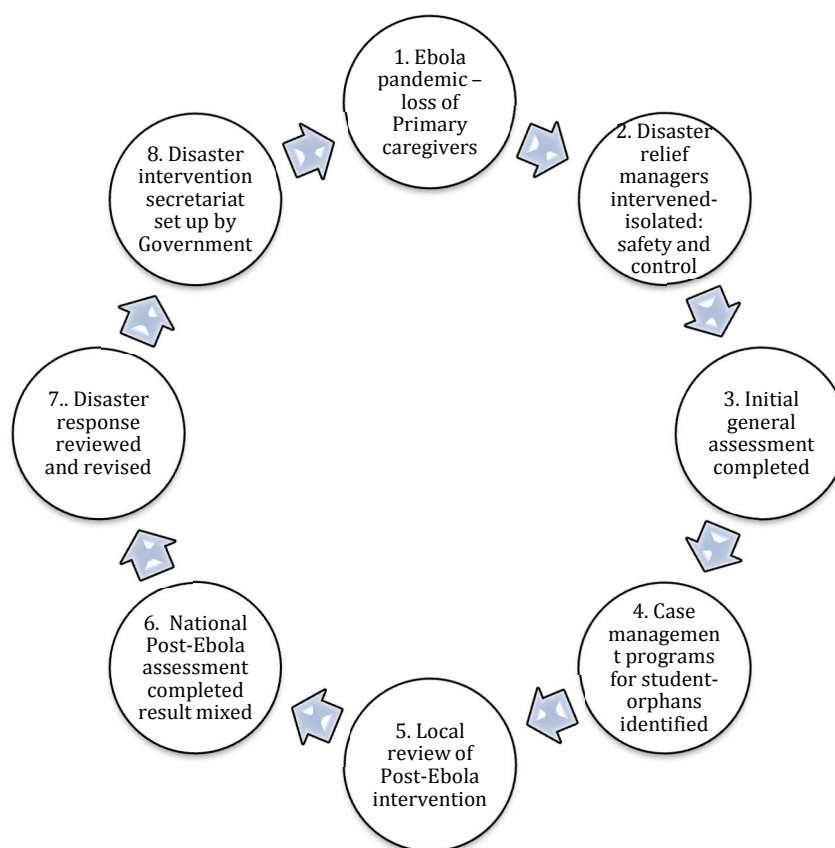
Figure 3. Ebola disaster intervention model in Sierra Leone.

Main Theme 9: Inspiration in the Face of Persisting Trauma

Student-orphans' encounter with past trauma referencing losses during the 2001-2004 civil, political upheavals and the Ebola pandemic presents challenges and opportunities in coping with Ebola disaster shocks, and known skills surfaced to enhance motivations for victims to face the new normal (Cadamuro, Versari, Vezzali, Giovannini & Trifiletti, 2014; Hatch, Cherry, Kytola, Lu & Marks, 2015). Losses and grief appeared to have a different meaning to research participants, loss due to the death of loved ones by Ebola, loss due to misinformation and or lack of information thereby making onerous

the recovery process from the traumatic experiences and the healing process resulting in self-blaming which presented a cloud in understanding the meaning of losses. However, the quest for moving past this level of trauma and support through case management became a central focus for participants. PAR 1 alluded that "case management means something extraordinary to me, it is a lifesaving experience , it gives me hope and courage and to be able to live through the traumatic experiences, and there was a time when I was discriminated against, I am now able to understand how to handle my past losses, hoping to complete my education using this opportunity." PAR 3 stated that "I am hopeful for the future someday I will be proud of myself." Participant PAR3, PAR5, PAR8, and PAR10 shared "we now have the skills to move pass our traumas, as such cannot fail as we have lost all we had this is the only way that we can make it."

Main Theme 10: Guilt and Shame

Throughout the case, management experience research participants indicated that the feeling of guilt and shame persisted when other individuals in the same circumstance have not had the opportunity to receive the same services. Research participants responded that the feeling of guilt and shame and disbelief with the selective services in the death of parents was shameful. PAR 5 noted that "getting services while others equally affected by this disaster did not get it is shameful and I feel guilty" Although trauma associated losses for this transcendental phenomenological study focused on the death of parents, other types of losses to the research participants also remained pertinent to the recovery process and clouded the meaning and experience with case management such losses include: a), loss of friend b), loss of residence or property c), loss of income,

and d) loss of known communities (Burden et al.,2016; Cherry et al., 2014; Isaranuwatchai, Coyte, McKenzie & Noh, 2016; Maschi, Viola, Morgen & Koskinen, 2015; Pollack, Weiss & Trung, 2016; Stotz, Elbert, Müller & Schauer, 2015). Participants PAR 1, PAR 4 and PAR 6 also indicated the physical, emotional and psychological incapacitation "I experienced tiredness, sleeplessness, worried, lack of appetite, and lack of interest in activities which affected my grades." These feelings and attributes with the research participants can be categorized into four main groups: (a), cognitive feelings (b), emotional affect (c), physical distresses, and (d) relational variances (see Appendix D). PAR 4, "feeling guilty and shameful is ok except when you cannot manage and direct your anger to the appropriate channel." Eight of the ten participants related to case management experiences as essential to survival in life and to be made available to affected by this disaster and 20 percent noted that human service administrators must design any future intervention for a national audience.

Applying Step 4 of van Kaam's (1959, 1966) transcendental phenomenological analysis in this study involves the substantiation of the identified and established themes and invariant constituents of how post-Ebola student orphans experienced specialized case management occurred at this stage of data analysis. Moustakas (1994, p. 121) advanced three questions which major themes must qualify includes (a), the themes must be clearly expressed in the transcripts (b), if the expressions are not explicit, are they compatible with the phenomenon under review (c), if the themes are not explicitly stated and not consistent and not relevant to the lived experiences of the phenomenon they should be deleted. At this stage, I subjected the themes to the three-question test and

revisited the scripts for clear statements relating to the phenomenon which resulted in the final main themes for this transcendental phenomenological study.

Step 5 of van Kaam's (1959, 1966) transcendental phenomenological analysis Moustakas (1994) posited as the *individual textural description* process. Moustakas (1994) described individual textural descriptions as a process of using the invariant constituents, and the main themes identified earlier in step one, and two and the validated themes from step four to become the baseline for the generation of individual textural descriptive tools of each of the research participants to relive the experiences of post-Ebola specialized case management. Participant experienced specialized case management with both positive and negative experiences (see Table 8).

Table 8

Brief Summarized Textural Description of Feelings

Participant code	Brief summarized textural description	Participant code	Summarized textural description
PAR 1	Positive: "I found support and my future is better with case management."	PAR 6	Positive: "Hopeful and helped me." Negative: "Brief support and coordination."
PAR 2	Negative: "struggling to make payment after the discontinuation of services."	PAR 7	Positive: "Linking me with core services." Negative: "services stopped with notice."
PAR 3	Positive: Helped me to go through my course." Negative: "Services were brief and short."	PAR 8	Positive: "received financial assistance." Negative: Hopelessly coordinated and inconsistent."
PAR 4	Positive: "paid my college fees and supplies." Negative: "Limited in scope, unpredictable."	PAR 9	Positive: "a valuable resource for me." Negative: "poor communication."
PAR 5	Positive: "helped me with support financially." Negative: "guilty feelings about case management."	PAR 10	Positive: "case management was a miracle." Negative: "Brief service and limited in scope."

At Step 6 in the data analysis process, I confirmed the creation of the individual structural descriptions that have met the rubric of the conditions as described by Moustakas, (1994, p. 121). As an instrument in the data analysis, I developed the individual structural description that helped to identify essences of the lived experiences

of post-Ebola student-orphans to specialized case management while enrolled at

agricultural university relative to college activities (Moustakas, 1994). This process

permitted me to confirm the major themes to understand how student-orphans

experienced post-Ebola case management (see Appendix C).

Moustakas (1994) described Step 7 of the modified van Kaam's

phenomenological data analysis process as the integration of the developed themes and

the invariant constituents where the meaning and essences provided the lived experiences

of the research subjects. At this stage in the data analysis the student-orphans experienced

specialized case management through four experiences: (a), sad feelings and expression

(b), mad and angry reactive feelings (c), emotional feeling and contrition, and (d) happy

dispositional sense (see Table 9). The next section contains the findings of the

transcendental phenomenological study.

Table 9

Case Management Feelings Experienced by Student-Orphans

Sad feeling and expression	Mad reaction feelings	Emotional feelings and contrition	Happy disposition and feelings
Distressed	Anger	Fearful	Joyful
Helpless	Rejections	isolation	Someone to talk to
Abandoned	Poor services	Overwhelmed	
Lonely		Uncertainty	Hopeful of the future
Grief		Hunger	Glad that people cared
Loss and neglect			

Findings

The significant finding of this transcendental phenomenological study included ten major themes including, (a) case management as a motivating factor, (b) disbelief and frustration, (c) hopelessness and despair, (d) anxiety, fear and anger, (e) case management is family, (f) hopefulness, (g) safety, security and trust, (h) self- advocacy, (i) motivating in the face of challenges, and (j) guilt and shame. Additionally, the finding of the research discovered that student-orphans experienced specialized case management case management with three characterizations: (a) sadness, (b) happiness, and (c) anger. This transcendental phenomenological research explored how post-Ebola student-orphans experienced case management; I interviewed ten student-orphans using a semi-structured interview to the point of theoretical saturation and analyzed transcripts using

the van Kaam's transcendental phenomenological analysis as justified by Moustakas

(1994) (see Appendix B; Figures 1 and 2). Data collection process for this study

continued between October 17, 2018, and October 23, 2018, while data analysis of

transcribed interviews between October 24, 2018, and November 3, 2018.

Furthermore, member checking with each of the research participants was

between November 4, 2018, and November 6, 2018, resulting in the primary themes of

this transcendental phenomenological study. The results of how student-orphans

experienced specialized case management in the post-Ebola reconstruction of Sierra

Leone while enrolled in an agricultural university in rural Province of the country was

captured through a semi-structured interview with ten research participants to the point of

theoretical saturation. Research participants in this transcendental phenomenological

study mainly believed that case management experiences ranged from sadness,

happiness, and anger, these three elements stood out clearly in the transcripts. In the

composite textural structural description using van Kaam's data analytical methodology,

I contained the meaning and essence of the experiences of the research participants based

on the transcribed data confirmed through the member checking process. Research

participants in this transcendental phenomenological study believed and experienced

specialized case management with mixed feelings. Hundred percent expressed positive

attributes and experiences with case management, and 100 percent of research

participants experienced case management with some form of negative connotation.

However, 40 percent of research participants experienced case management with angry

feelings and disposition.

Summary

This chapter summarized the findings for this transcendental phenomenological study generated from obtained data through a face-to-face semi-structured interview with ten research participants in rural Sierra Leone who qualified through predetermined inclusive criteria. The findings of the transcendental phenomenological study using the van Kaam's modified data analytical tools produced ten major themes with several invariant constituents. The lived experiences of post-Ebola student-orphans with specialized case management based on the findings of this transcendental phenomenological study noted that case management was experienced in three different formats, (a) sadness, (b) happiness, and (c) anger. Chapter 5 contains the discussion of key findings of this transcendental phenomenological study, provides an interpretation of the findings, reports on the limitations of the study, make recommendations for future research, describe the potential impact for positive social change, and advanced recommendations for future studies of this phenomenon.

Chapter 5: Discussion, Conclusions, and Recommendations

Background

Post disaster student-orphans in rural communities and engaged in higher educational activities experience challenges different than others disaster victims, difficulties range from adjusting to the new normal, understanding collective trauma with losses, and the stress associated with college activities and navigating community resources (see Murthy, 2018; Sanderson, Gross, Sanon & Janairo, 2016). Mejri, Menoni, Matias, and Aminoltaheri (2017) claimed that post disaster orphans are at higher risk to bear challenges to harness limited resources to endure frustration and disbelief after a disaster than any other group. As principal investigator for this transcendental phenomenological study, I was interested in discovering how student-orphans experienced case management relative to college activities during the post-Ebola reconstruction of rural Sierra Leone. The outcome of this transcendental phenomenological study provides resources and fills an academic gap for researchers, disaster relief managers, human service administrators, and foster care parents in designing, planning, and implementing post disaster case management protocols to university student-orphans. A transcendental phenomenological design provided an opportunity for an in-depth understanding of the lived experiences (Moustakas, 1994; Dedeurwaerdere, 2018; Wertz, 2016) of how student-orphans experienced specialized case management related to college activities in post disaster rural Sierra Leone.

The purpose of this transcendental phenomenological study was to explore how student-orphans experienced post-Ebola specialized case management relative to college

activities while enrolled in higher education. Through a semi structured interviews with 10 research participants in rural Sierra Leone, the lived experiences of this phenomenon emerged from the information-rich sources. This chapter contains the following sections: (a) research findings, (b) limitation of this study, (c) the implication for social change, (d) implication of the study, (e) recommendations for future studies, and (f) conclusion. The next section contains the research finding of this transcendental phenomenological study.

Research Findings

The transcribed data from 10 research participants yielded 10 significant themes: (a) case management as a motivator; (b), disbelief, frustration, hopelessness, and despair; (c), anxiety, fear, and anger; (d), case management is family; (e), hopefulness; (f), safety, security, and trust; (g), self-advocacy; (h), inspiration in the face of persisting trauma; and (i) guilt and shame (see Table 10). Though these results are unique to the population sampled for this transcendental phenomenological study, the interpretations of the findings may not be replicable to other populations in different settings and under different disaster recovery scenarios. Moustakas (1994) and Giorgi, (2012) posited that the findings in a transcendental phenomenological study might not be universally represented with other lived experiences. In as much as the findings may not be generalized to other populations and communities, the unique findings may help human service administrators, disaster relief managers, and community resource workers to understand lived experiences of student-orphans with specialized case management services in post disaster interventions. The understanding of how post disaster victims experience services may help to improve post disaster planning and delivery of services

to this population to enhance college activities including (a) minimizing dropout rates, b) improving grades, and c) enhancing graduation rates. However, the findings of this transcendental phenomenological study are consistent with studies of post disaster orphans with specialized services to enhance recovery and reconstruction (Bledsoe, 1990; Davtyan, Brown, & Folayan, 2014; Spreen & Knapczyk, 2017; Tambo et al., 2017; Walque, 2011).

A total of 33 research participants meeting the initial research inclusive criteria from the list yielding 10 through a criterion-purposive sampling provided unique lived experiences of specialized case management generating the themes confirmed by participants through member checking. The 10 themes resulting from this transcendental phenomenological study appeared consistent with the literature reviewed in Chapter 2. Seven out of 10 research participants reported having experienced specialized case management with negative attributes while 30% reported positive feelings. Additionally, this study found that research participants sought strength and motivation through case management as a support system to enhance college activities. College graduation among student-orphans increases with support systems such as case management services which provided resource for the research population that may have enhanced college grades and graduation (Spreen & Knapczyk, 2017). Although participants described case management as inadequate and poorly planned with other support systems for postdisaster intervention, they used community networks to adjust to the new normal, which closely aligns with the claims of Bronfenbrenner's EST (1977, 1986). The word frequency query results generated by Nvivo 12 provide a cloud of how student-orphans

experienced specialized case management (see Figure 4). The next section contains the

deconstruction of the major themes generated from this transcendental phenomenological

study.

Figure 4. Word frequency query results.

Table 10

Consider: Research Participant Characterizations of Case Management

Cognitive Feelings	Emotional Affects	Physical Agony	Relational Variances
Impaired concentration	Surprise	Feeling exhausted	Poor connections
Confusion	Frustration	Hyper-arousal	Social isolation
Self-blame	Irritation	Experience of physical pain	Poor grades
Anxiety	Guilt	Loss of appetite	Problem with self-esteem
Dissociation (spacey gazes)	Vulnerability	Headache	Increased distrust
Intrusive thought processing	Loss of pleasure	Sleeplessness	Blaming others
			Feeling of rejections
Nightmares	Difficult feeling happy		Feeling abandoned
	Difficulty feeling loved		Hypersensitive to jokes

Case Management as a Motivator

The unexpected changes to the life of student orphans in the post Ebola reconstruction may have presented challenges and struggle for survival especially relating to collage activities. However, case management provided the opportunity for research participants. While some accepted the challenges to enroll in college and the sponsorship associated with the case management services, others engaged in therapy to resolve the grief and loss issues. The lived experiences with specialized case management from

research participants directed the inner urge to adapt to the sudden change in the lifestyle of student-orphans. Student-orphans used case management as an adaptive tool to survive including learning to make new friends, eating foreign foods and anxiousness about the future, fear, and the urgency to meet college classes and expectations for homework and grades. In the lived experiences of PAR 1, "case management is a life-changing intervention and motivator to me." College life can be stressful and challenging when a person's safety social network is limited or diminishing (Beiter et al., 2015; Farrer, Gulliver, Bennett, Fassnacht & Griffiths, 2016; Räsänen, Lappalainen, Muotka, Tolvanen & Lappalainen, 2016). Lived experiences with case management with PAR 4 intertwined with the quest for social change and social justice. PAR 4 expressed that "I have changed my majors to Social Work so that I can make a difference in someone's life just as mine has been affected." A total of 60% of research participants posited that case management served as a motivating factor moving them to stay in college and study hard to make a passing grade; 20% changed majors to social services majors, while 80% experienced case management as a hopeful resource phenomenon. PAR 1 indicated that case management motivated the interest in initiating advocacy "in the process of managing and healing, I find support and see my future brighter, I changed my majors, and [became] willing to help my community so that no one should have to lose their parents as I did." PAR 6, PAR 7, and PAR 10 asserted that case management was more than services but provided the personal interest in the process. PAR 6 related that "Case management prepares the missing piece for linking with school and finding oneself." Family connections and relations are valued in each culture, and the rural communities

tend to place a premium on such connections more than urban communities. Participants became comfortable with case management services presenting the scheme as a movement and resource center, they become more open with each other and planned to stay in touch for continued support. PAR 3, PAR 4, and PAR 7 pointed to the idea that staying connected will be good for the group as PAR 4 stated that "we will stay connected forever regardless of where we go after college"

Disbelief and Frustration

PAR 1 expressed that the experience with rejection from the community toward Ebola victims was key in investing in case management. PAR indicated that "I felt rejected and abandoned by my people, as such I concentrated on my education." The construct of getting handouts from the case management protocol appeared new to PAR 1, who linked case management with disbelief to the new normal and thoughts of past parental support. PAR 1 added that "My parents were farmers and did all they could to get me here, and we did well before all this happened." Persisting traumatic experiences with student-orphans as a result of the consequences of the 2014-2016 Ebola outbreak and the alternate burden on student-orphans created the void in the natural support systems. Additionally, fear and frustration from poor information about the disease limited extended family interractions with victims for fear of contracting the disease. Therefore, community social support systems became impossible as such student-orphans relied on in-group support, even with the poor communication between systems yet this program became a life support for student-orphans at this university. This was evident in the testament from PAR 3:

Life as I knew it is no more, my parents are dead, and my uncle who is the only

breadwinner in the family on both sides is afraid to come near me. This is very

annoying, no one seems to care to help, the hospitals do not want to give us food,

the shelter they took us to was not managed by professionals, but one zombie who

was just waiting for us to die and be taken away.

Anxiety, Fear and Anger

Avoiding thinking of traumatic events is common with post-disaster victims who

generates anxious behaviour in which victims tend to avoid stressful feelings and

situations in an effort to protect individual psychological stresses and recall of the loss

associated with the disaster (Cadamuro, Versari, Vezzali, Giovannini & Trifiletti, 2015;

Vezzali, Cadamuro, Versari, Giovannini & Trifiletti, 2015). Loo et al., (2016) posited

that avoidance stress-coping conducts might generate stress and nervousness that may

result in loss of self-confidence and increase anger and frustration which would result in

harmful psychological impairment. The inconsistencies associated with specialized case

management delivery clouded the positive experiences with the phenomenon as evident

in the statements by PAR 1, PAR 3, PAR 5, PAR 6 and PAR 10 "case management is

unpredictable." The participants recounted emotionally charged situations associated with

case management tied to anxiety, some of these feelings felt intense and directive toward

authority. The anxious feeling was evident in the expression of PAR 7 "Life with Ebola is

day by day with each day bringing me numbness and anxiety but hopeful for a better

future." Student-orphans experience acute emotional stress with uncertainties in post-

disaster circumstance which exudes and develop behavioral problems, cumulatively

providing a poor concentration in colleges which increase drop out and poor grades; however, reliance on community resources and peers may improve the grades and college activities (Day, Dworsky, Fogarty & Damashek, 2011). The behavioral challenges reported by student- orphans included: (a) self-judgment, (b) poor sleeping habits, (c) low appetite, (d) poor physical health, (e) lack of exercise, (f) poor social connections resulting in isolation, and (g) poor self-esteem. These behaviors are consistent with findings relating to orphans in post-disaster interventions (Graham, Schellinger & Vaughn, 2015; Salazar, Jones, Emerson & Mucha, 2016). PAR 3 related to this construct of anxiety as "nobody is safe with Ebola and not even know what can make us safe, but case management provided a medium for safety by providing information to each other caring for each other and making sure the group's interest is protected." Additionally, while others research participants used case management as a motivating element to stay in school and make the grades to graduate, some engaged in case management therapy sessions and community service, while other participants engaged in a*voidance coping* and relied on familiar skills to adjust to the new normal. Different coping mechanisms to the loss experienced by the research participants appeared to have created a catalyst and motivation to complete college as evident to the continued enrollment in college. Sanders, Laing, and Frost (2015) argued that while crises and disasters related encounters may provide challenges for victims, some find opportunities through motivation to move past the limitations and devastation; others remain stuck to the past causing cathartic residual traumas. The coping skills with grief and loss of both parents to an unknown disease proved to be even difficult for student-orphans in rural

communities as community cohesion with an in-group support is significant to the

existence and continued development of such communities and individuals (James &

Zagefka, 2017; Vollhardt, Nair & Tropp, 2016). PAR 2 expressed that "I sometimes do

not want to even think of it, but just concentrate on my studies."

Hopelessness and Despair

Participants expressed unique experiences with specialized case management as

hopeless; this did not interface with the core belief of services acceptability and

helpfulness. However, hopelessness attributed experienced by research participants

geared towards the poor delivery and pattern of case management protocol. In the story

of PAR 1 ", I was afraid of dying, contacting the disease or even getting sick as there was

no detection mechanism in the early stages of the disease to separate malaria from

Ebola." PAR 3 associated the inadequacies with case management as the inability to

service provided to understand how victims consume the services "hunger and fear were

two major factors in camp, to get out locating food was difficult." The uncertainty and

unreliability of the services associated with case management blurred the positive

experiences of the phenomenon. Romero, Piña-Watson, and Toomey (2018) posited that

hopelessness experiences by research participants geared toward the negative

expectations with the belief that outcomes with the disaster will not be positive. These

expectations coupled with negative feelings with case management breed an image that

student-orphans associated with case management (Morselli, 2017; Marsiglia, Kulis,

Perez & Bermudez-Parsai, 2011; Lowe et al., 2015).

On the other hand, a sense of hopelessness in services led to motivation as participants evaluated the new situations and determined that effective coping strategies inherent in victims bred new skills and behaviors (Kirkland, Sherman, Covert, Barlet & Lichtveld, 2017). The research participants frustrated with the Ebola resources allocation, delivery, intervention, and communication, attributed lived experience with disrespect for the dead and cultural traditions. In the restorying of PAR 5 who related the uncertainty associated with case management in the lived experiences as "the whole issue surrounding the Ebola management was mismanaged and initiated anxiety." Individuals tend to build cohesion and trust when there is a central emotional bond in grief a construct often referred to as collective grief (Schultz et al., 2016; Wayment & Silver, 2018). The risk and matrix of disaster survivals across the world are not limited to resources and communities but also on the individual's ability to adjust to the new normal and use the skills to navigate community resources (Schultz et al., 2016). The memories of the death of parents of disasters like Ebola especially in the uncertainties and confusion that surrounded the intervention provide a void that survival is encouraging further trauma associated with grief and loss (Lowe, Rhodes & Waters, 2015; Silove, Ventevogel & Rees, 2017). PAR 1 said "case management means something extraordinary to me, it is a life-saving experience, it gives me hope and courage and to be able to live through the traumatic experiences, and there was a time when I was discriminated against, I am now able to understand how to handle my past losses, hoping to complete my education using this opportunity." In inspiring hope, PAR 3 noted that "I am hopeful for the future someday I will be proud of myself." While PAR 3, PAR 5,

PAR 8, and PAR 10 shared "we now have the skills to move past our traumas, as such cannot fail as we have lost all we had this is the only way that we can make it."

Case Management is Family

In post-Ebola reconstruction effort by human service managers to provide services to student -orphans challenged with stress and diverse backgrounds appeared to have found secured attachment with case management and these attachments were both in-group with parent-like figures. Such a relationship appeared to play a significant role in helping and nurturing healing (Glowacz & Born, 2015; Mclaren & Challis, 2009). Furthermore, younger student-orphans new in college environment legitimized parent-like authorities within the case management domain as older participants in the groups for helped younger participants with school work, mentoring and social networking.

Peer bonding patterns became evident in this transactional relationship with specialized case management which regulated awareness and improve case management experiences allowing research participants to gauge individual strengths and inabilities to manage behaviors that suits the social environment to advance advantages in educational activities (Naderi, Akbari & Abbasi-Asl, 2016). Pagnini and Langer (2015) noted that the positive interpretation of the meaning of the crisis will also enhance case management needs and promote coping, while Pfefferbaum et al., (2016) claimed that when young orphaned students utilize creative problem-solving skills especially previously used experiences to resolve a hardship and better gain a better chance of coping with the crisis than those that may not have experienced the hardship. Post-disaster coping strategies may transform into many meanings and adaptions, depending on the environment culture

and society where it is used and applied (Masten, 2014; Wright, Masten & Narayan, 2013). Coping strategies in post-disaster period can be challenging to individuals in rural African communities as resources are concentrated in urban cities while victims in these areas rely on community resources (De, Gaillard, Friesen & Smith, 2015; Smucker & Wisner, 2008). The story of PAR 3 indicating that during the case management events "I cannot hide the fact that I have lost my parents and this group" spearing his hands raised in the air "is the family, only family I have left" silence "I have relied on them for help, questions about homework and sometimes even food." Sippel, Pietrzak, Mayes, and Southwick (2015) noted that the complex needs for post-disaster victims could be multifaceted with coping strategies and prior exposure to crisis playing a significant part in the intervention. PAR 4 described the experience as " case management was helpful to come to terms with our collective traumas that I have indeed lost my parents, I remember when we had the first session immediately after case manager started the meeting, I cannot remember his name came from the UN, or something and told me that I have to come with him into his car, and he took me to a building in the camp and told me that my parents died of Ebola and that he will refer me for benefits with a program at the college, that was strange and unexpected." pause " However, that was left of what I considered family." PAR 6 inferred that the connections and relationships developed with peers in case management bred a new familiar relationship indicating that "when all you have left is a group of people that share the same experience as you, you tend to cling onto them." PAR 9 indicated that the vacuum left by the poor communication and services provided the strength to engage with peers "the workers did not manage the Ebola events enough

to communicate the effect so that we can protect ourselves. We learned to protect each other in the group." While in the experience of PAR 9 case management became a *haven* "we are now family, and that means we care for each other." Although this new-found unity and central premise discovered through case management were expressed by 60% of the research participant 40% four of the ten participants indicated that the seniority of their peers still had some effect on their ability to freely communicate and relate to them regardless of the common denominator of loss. In the statements of PAR 4, PAR 6 and PAR 9 presented case management experiences as a promoter of trust "knowing that participants in the specialized case management have a common interest with post-disaster losses provided the premise to build on group cohesion, promoting trust. it appears the knowledge of knowing that Ebola took our parents the pain and grief are now expressed to gain unity among us." In the same light PAR 1, PAR 3 and PAR 5 asserted that relationships within the in-group developed to be more trusting adding that:

> the unique relationship between the senior students was still visible even when we all share the same challenges. One cannot help but still feel that level of ownership and belongingness when one has a responsibility to provide protection for the group like ours, when providing others with help with college work and giving them directions this is very satisfying.

Hopefulness

Post-disaster victims appear to harbor grief, however, to attain emotional, psychic equilibrium, supportive services are required depending on several factors including (a), age (b), gender, and (c) level and type of disaster; victims exhibited helpless and passivity

with prolonging overwhelming catharsis (Bohleber, 2017; Zepinic, 2016). The sentiment

of helplessness and sustained emotional instability with the research population became

expressive through the individual unique experiences of student-orphans with specialized

case management as in the lived experience of PAR 3, PAR 5 and PAR 8. PAR 3

"nobody knew what to do, and everyone was just dying." PAR 5 "Ebola is such a bad

disease that kills without mercy and no cure more over the services provided were very

inadequate and some not needed." Post-disaster student -orphans experienced case

management with angry feelings wrapped in the face value of a poorly planned and

executed case management programs. The poor service deliveries and interventions also

included poor coordination of care with other agencies. PAR 8 added that "I certainly feel

angry and mad as anyone could imagine at the treatment, level of care both in and out of

the encampment and even when we returned to the university, we became the orphans

and Ebola survivals nobody wanted to talk to us, touch us or even share our common

space." Gil-Rivas & Kilmer (2016) and Boscarino (2015) claimed that community

workers and human service administrators must be able and willing to assist student-

orphans in the struggle with recovery and adapting to changes and the risk associated

with the new life. However, Olu et al., (2016) posited that there must be a comprehensive

approach to help student-orphans develop and maintain resilient skills to face challenges

as they come to terms with post-disaster interventions through a professional team of

experts including mentors, counselors, educators, spiritual leaders, opinion leaders, and

peers. Within the framework of the Sierra Leonean experience, the finding of this

transcendental phenomenological study demonstrated that student-orphans' reliance on

the community, peers and case management resources provided a positive adaptation to the challenges and viewed case management in the same regard (Theron & Theron, 2010; Wood, Theron & Mayaba, 2012).

Safety, Security and Trust

Research participants primarily from rural areas exhibit cultures of self-reliance as such receiving case management appeared as a new concept to respondents as reliance on community in-group support system, and traditional coping mechanism seemed to have been the bedrock of managing challenges associated with crisis and disaster. PAR 3, PAR 4, PAR 5, PAR 6, PAR 8 and PAR 10 referenced that fact that "It was good that we had others who were in the same situation which would provide support to me, life would have been difficult without them" Participants linking traditional family to case management as a family unit relaying this as "useful intervention" noting that "the case management services was indeed useful to all of us, we relied on each other for support and networking." Research participants marveled in the traumatic loss of parents which case management continued to bring to bear, this loss was associated with the services of case management as expressed by PAR 5 who related that "the memories of the death of my parents circles around me all the time and think of them every day, but case management services helped me to come to terms with my loss." Additionally, PAR 3 expressed case management experiences as finding the space that brings tranquility "I find comfort in participating in case management knowing that I am not only." The construct of using physical elements as an object to grieve provides comfort to victims and serve as an instrument to lessen the pain associated with the loss, as such the

participation in case management provided such an apparatus for student-orphans in this transcendental phenomenological study (Russo, 2018; Goulding, Kelemen & Kiyomiya, 2018). The model of disaster intervention with post-disaster victims must be multifaceted and wrapped in *motivational support mechanism* to improve recovery (Breckenridge & James, 2010; Ruzek, Kuhn, Jaworski, Owen & Ramsey, 2016). Social relationships and more aligned psychological health and adaptable functioning among disaster victims tend to be established when motivational support is encouraged in the intervention (Goulding et al., 2018; Oktari, Shiwaku, Munadi & Shaw, 2018).). PAR 10 described the case management service as a "miracle" and PAR 8 referenced to case management as an "a blessing, but I get a headache all the time and do not sleep well" PAR 2 described case management as "reconnecting with people, real people, not individuals who suspect you of been infected with Ebola, case management helped me get stuff, school supplies, and reconnect with people." PAR 8 experienced case management as trusting "with case management, I can talk to someone freely without fear of the information reaching someone I do not want to hear and to voice my heart which I do not usually do." In the same light PAR 6 experienced case management as a tool for empowerment, "I feel empowered and adequate, knowing where and how to get help and what type of help I may need, this is very important when one is in crisis; information is power. I never felt so strong and hopeful of my future than now; I have an offer of employment already and just waiting to complete my studies." In light of the positive experiences with case management PAR 9 asserted that case management is "hopeful" and "valuable" in light

of poor resource availability and poor access to counseling for higher education post-disaster victims."

Self-Advocacy

The pressure in the midst of chaos and trauma, loss and grief participants found solace and hope, hoping against hope for a better future and consumed the supportive services to enhance that goal. PAR 3 noted "home is no more as there is nobody at home, you know when my mother, an excellent cook, would always bring the best to the table each day I love to be home, and it is an empty place" PAR 4 relived case management experience as "each time I went to case management, I received food, clothing I think of my parents, it is painful to expect people to give you stuff, strangers, it is not right." PAR 8 accessed case management experience as "getting a holiday present from a stranger, but this time the stranger became your only family" light of poor resource availability and poor access to counseling for higher education post-disaster student orphans in rural Sierra Leone and enrolled in higher education.

In promoting self-advocacy PAR 2 noted that "we had to ask the questions that are needed to explain to us the things that we needed to know" PAR 3 "we are not specimens and would not wait for them to give us what they think is wrong with us" PAR 9 "if we do not speak up for ourselves, nobody will, and this will not be a good thing for us. We had to stand up for what we believe in and get the leaders to understand our points." PAR 8 flatly indicated that "we organized ourselves into a strong one voice with no leader, but our answers were the same and no matter the level of questions we remained true to the *cause*." While PAR 5 directed the advocacy into designing and

creating an orphan consultancy agency "my parents will be happy that I am setting up an advocacy group for orphans across the country."

Inspiration in the Face of Persisting Trauma

Social support is a crucial component to disaster recovery including family and friends which Bronfenbrenner (1977) claimed to be an important major resource. Support can also be harnessed from past survival of disasters in similar circumstances and learned skills in managing stress some of the combination of these inherent attributes in student-orphans helped in shaping waive the stressors associated with the post-Ebola saga including: (1) denial of the facts that parents died of an unknown disease, (2) hopefulness for the future now that crisis managers are interested in working with student-orphans, (3) interested in mutual and exclusivity of working to be involved in the planning, delivery and consumption of the service, (4) desire to succeed in school and help community rebuild, (5) reduced anxiety and worries about the future outbreak, and (6) reduced tension about poor understanding of the disease. The behaviors and construct expressed by research participants conform with the grief and loss model of victims in post-disasters who may linger in the healing and recovery process, grief and loss recovery take several parts to make the hole as there is no linear path or uniform model of acceptance of the new normal (Alston, Hargreaves & Hazeleger, 2018; Sanders, Laing & Frost, 2015). PAR 1, PAR 4 and PAR 6 "I experienced tiredness, sleeplessness, worried, lack of appetite, and lack of interest in activities which affected my grades."

Guilt and Shame

The catharsis trauma with grief and loss with lingering memories emerged as a strong theme by the participants. There was a struggle to moving on, and participants referred to this as not been able to grief appropriately, proper traditional burial rites and cultures negated believed to have brought shame, guilt, and the lingering grief to the participants. Approximately 80% of the participants shared that for closure knowing the burial site may be a good mix in this journey. In the story of PAR 5 "getting services while others equally affected by this disaster did not get it is shameful, and I feel guilty." Student-orphans' personal experiences with trauma referencing loss during the 2001-2004 civil, political traumas and the Ebola pandemic presents distressing and catastrophic loss that may result in disaster shock and cloud the new normal with the Ebola disaster. In the related experience of PAR 6 noted that "the war was predictable, but the Ebola events are very unpredictable." Loss and grief associated with how post-Ebola student-orphans experienced case management appeared to have a different meaning to research participants loss due to the death of loved ones by Ebola, loss due to misinformation and or lack of information and loss of known communities continued to cloud the meaning of *loss,* this thereby extubated the traumatic experiences and the healing process resulting in self-blame, self-pity, anger, poor concentration in school and poor appetite. Although trauma associated losses for this transcendental phenomenological study focused on the death of parents, other types of losses to the research participants also remains pertinent to the recovery process and clouded the meaning and experience with case management such losses include: (a) loss of friend, (b) loss of residence or property, (c) loss of

income, and (d) loss of known communities. Participants also indicated the physical,

emotional and psychological incapacitation that resulted from these losses, including

tiredness, sleeplessness, worried, lack of appetite, lack of interest in activities and hence

low grades at school. However, the interest in participating in case management and the

outcome including motivating inner interests propelled participants to remain in college.

The ensuing section includes the implications for social change.

Implications for Social Change

The possible social change implication for this transcendental phenomenological

study to understand the lived experiences of post - Ebola case management to enhance

college performance may include the contribution of knowledge to human service

administrators in designing post-disaster programs for college student-orphans in rural

communities. The results from this study may include information helpful for

administrators and staff that support college student-orphans in post-disaster

interventions to gain insights into client lived experiences. The findings may also include

information helpful for crisis and disaster program administrators and staff across similar

circumstances. Furthermore, the research findings especially related to the lived

experiences of case management (sadness, anger, and happiness) has a unique

opportunity for policy planners and disaster managers to incorporate multi-faceted

approach in designing and delivering case management services to post-disaster student-

orphans.

The result may provide a useful insight to human service managers to enhance

post-disaster intervention for student -orphans enrolled in higher education relative to

college activities while dealing with complicated grief and loss issues and residual trauma Davtyan, et al., 2014; Spreen & Knapczyk, 2017; Tambo et al., 2017; Walque, 2011). The identified long-term trauma associated with the research population provided some behavioral problems including headaches, avoidance numbing self-blaming which may affect the level of coping and healing (Graham, Schellinger & Vaughn, 2015; Salazar et al., 2016). The next section contains the implications of the study.

Implications of the Study

The findings of this transcendental phenomenological study included that student-orphans experienced specialized case management in post-Ebola Sierra Leone, while enrolled in a university in three phases, (a) sadness, (b) happiness, and (c) anger. Although these interrelated experiences with case management appeared to have limited participants, the unique insight on how case management is experienced by student-orphans may give insight to human service administrators how to structure post-disaster intervention (Bledsoe, 1990; Davtyan, et al., 2014; Spreen & Knapczyk, 2017; Tambo et al., 2017; Walque, 2011). Research participant cultivated coping skills learned how to harness resource in the in-group sessions and exploited these to enhance college activities. For this transcendental phenomenological study, the four defined subsystems mutually become evident in the adjustment of student-orphans to the post-Ebola intervention including the case management as such this case management became an exosystem intervention scheme that influenced the macro and micro and the meso systems. In this transcendental phenomenological study, research participants described case management lived experiences that directly related to having an inter-relationship

with the ecosystem including the college activities, belonging to the therapy group, depending on strangers for support and educational case management (Bronfenbrenner, 1977). Bronfenbrenner's theory conceptualized that the individual and the environment mutually influence one another (Lerner, Johnson & Buckingham, 2015; Perry☐Jenkins & Wadsworth, 2017; Zeldin, Krauss, Kim, Collura & Abdullah, 2016). In critiquing the ecological model of adaptation to hardship in post-disaster challenges, Sippel et al., (2015) claimed that the model appears to make trauma coping as simple as achieving positive outcomes in the face of crisis, this assertion may not be applied across victims. Sippel et al., (2015) posited that for the theory to be applicable and outcomes be positive; there should be an inter-alignment of the systems for supportive mechanisms with the victims' ability to accept and entertain the services. The Sierra Leonean experience with post-Ebola student-orphans may be complex to understand in this study; it must be approached from a multiple system and multi-levels. Historically, the context of the Sierra Leonean student-orphans have been exposed to trauma for an extensive period of time, trauma including physical abuse, hunger poor of access to healthcare, and poverty these elements may have applicable coping schemes embedded in them and coupled with the cultural family systems youths are quick to adjust to any prevailing condition (Barra, 1988; Lombe, Mabikke, Enelamah & Chu, 2017; Sanou et al., 2008). However, the residual trauma that was exhibited through anger, frustration, tension and emotional confusion related directly to the chronosystem at this stage in the mutual relationships the individual depends on the environment to vent the anger and emotion which the ecosystem takes and adjusts by providing the venues safe space for the transaction

(Lorenz & Dittmer, 2016; Boon, 2012; Tešliar, Kučeravcová & Dzurdženík, 2016). Additionally, the positive feeling about case management as expressed by research participant appears to be influenced by the mesosystem including the relationship with other participants, gratefulness for the case management services, and interaction with the microsystem the case managers. The recommendations for future studies with this population as outlined in the next section may give a global understanding of how post-disaster student-orphans in higher educations may experience intervention relative to college activities.

Recommendations for Further Studies

The limited scope of this transcendental phenomenological study included students of rural Sierra Leone orphaned by the 2014-2016 Ebola pandemic, how targeted research participants experienced specialized case management while enrolled in higher education. This transcendental phenomenological study presented an in-depth view of how post-disaster rural student-orphans experienced specialized case management relative to college activities. To further explore the lived experiences of this phenomenon, one research recommendation is exploring the lived experiences of college student-orphans with specialized case management in rural and urban Sierra Leone. This comparative analysis may give program managers a comprehensive view of how post-disaster orphans experience case management regardless of the location. This research study only included information about rural college student's engagement in specialized case management it may be possible that the level of intervention with a relatively new disease may also new further studies. Therefore, I would recommend that further studies

to explore the lived experiences of post-disaster services with younger population; adjusting the age limit to include younger population, exploring younger victims about this phenomenon may be interesting to know how younger post-disaster victims experience case management relative to other non-educational activities. Furthermore, I would recommend causal-comparative research on student – orphans to see if there are statistical relationships between case management experiences in rural areas and urban cities or among university students with the same circumstance.

Summary

Student-orphans experienced specialized case management with mixed feelings including (a) anger, (b) sadness, and (c) happiness. The participants lived experiences with specialized case management factorized into the environmental elements provided essences and ten themes and several sub-themes and demonstrated that case management was both painfully and happily experienced. In this transcendental phenomenological study 80 percent of research participants experienced specialized case management with some negative feelings and the same number experienced case management with highly positive feelings while 20 percent relied on some environmental boosts to get a positive feeling about the phenomenon. The result will provide foster care providers, government and non-governmental organizations insight into how to design wrap- around services, social support system and the construction of therapeutic needs of both the foster care children and their caregivers so that these student-orphans enrolled in higher education will use services relative to college activities to enhance grades and graduation.

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Appendix A

List of Research Participants

No.	Name	I.D. No.	Programme	Year	Telephone No.	Email Address
1	████████	███	B.Sc. Sociology	4	██████	████████
2	███████	███	B.Sc. Sociology	3	██████	████████████
3	███████	███	B.Sc. Economics	3	██████	███████
4	██████	███	B.Sc. Sociology	2	██████	███████
5	██████	███	B.Sc. Peace & Development	3	██████	███████
6	█████	███	B.Sc. Peace & Development	2	██████	██████████
7	██████	███	B.Sc. Economics	4	██████	████████
9	██████	███	B.Sc. Economics	2	██████	████████
10	██████	███	B.A (Ling/Lit)	2	██████	████████
11	███████	███	B.Sc. Economics	2	██████	█████████
12	███████	███	B.Sc. Sociology	2	██████	██████████
13	██████	███	B.Sc. Peace & Development	1	██████	██████████
14	██████	███	B.Sc. PADS	2	██████	█████████
15	█████	███	B.Sc. Acc	2	██████	█████████
16	█████	███	B.Sc. Social Work	4	██████	████████
17	██████	███	B.Sc. BAF	3	████	█████████
18	██████	███	B.Sc. Acc	1	██████	████████
19	██████	███	HTC (H/Ed)	1	████	█████████
20	███████	███	HTC (Secry)	3	██████	███████████
21	███████	███	B.Sc. Sociology	3	██████	████████
22	███████	███	B.Sc. Economics	3	██████	███████████
23	██████	███	B.Sc. S Work	4	██████	███
24	██████	███	HTC Primary	3	██████	███
25	██████	███	B.Sc. Economics	2	██████	███
26	█████	███	B.Ed	2	██████	████████
27	█████	███	B.Sc. S Work	3	██████	████████
28	██████	███	B.Ed	3	██████	████████
29	█████████	███	SRN	4	██████	██████████
30	███████	███	B.Sc. Social Work	2	██████	█████████
31	██████	███	B.Sc. PADS	3	██████	█████████
32	██████	███	B.Sc. Sociology	3	██████	███████████
33	█████	███	B.Sc. Economics	2	████	█████████

Appendix B

Partner University Institutional Review Board Approval

IRB00008861   FWA00026712

FROM: Chair, NUIRB

TO: Mr. Augustine Frazer, PhD Candidate, Walden University, USA

DATE: 7th July 2018

Dear Mr. Frazer,

RE: Post-Ebola Case Management for College Students and Orphaned Young Adults in Rural Sierra Leone

    The ████████ Institutional Review Board, having reviewed your PhD research protocol grants approval for same. You are however required to report to the NUIRB about:
- i)   The dates that the research starts, pauses or ends.
- ii)   Any amendments to your current protocol before implementation;
- iii)   Research related injury;
- iv)   Final Research Reports.

    It is imperative for data collectors to have ethics training certificates which can be obtained freely from the following site, https://phrp.nihtraining.com or from the CITI site: https://about.citiprogram.org/en/series/human-subjects-research-hsr/ .

    This approval is valid for one year only. On the anniversary date of this approval you should apply for ethical clearance including updates and any desired amendments, for the protocol to remain active. The approval is voided if you fail to comply with the requirements stipulated above.

    Yours Sincerely,

████████████████████

Appendix C:

Walden University Institutional Review Board Approval

The Walden University Institutional Review Board approval number for this study was 10-09-18-0130477.

Appendix D

Sierra Leone Ethics Committee Approval

GOVERNMENT OF SIERRA LEONE
Office of the Sierra Leone Ethics and Scientific Review Committee Directorate of Policy, Planning and Information
5th Floor, Youyi Building Brookfields, Freetown Ministry of Health and Sanitation

22nd August,2018

TO: **Augustine Frazer** (PhD Candidate)   **Principal Investigator**

███████████████

augustine.frazer@walden.edu

Study Title: **Post-Ebola Case Management in Student-Orphans in Rural Sierra Leone**

Version: 05/ 16/2018

Supervisor   ███████████████████████
███████████████████

Submission Type: First protocol version submitted for Review

Committee Action: Expedited Review

Approval Date: 22 August, 2018

The Sierra Leone Ethics and Scientific Review Committee (SLESRC) having conducted an expedited review of the above study protocol and determined that it presents minimal risk to subjects, **hereby grants ethical and scientific approval for it to be conducted in Sierra Leone.** The approval is valid for the period, **22 August, 2018 - 21 August, 2019**. It is your responsibility to obtain re-approval/extension for any on-going research prior to its expiration date. The request for re-approval/extension must be supported by a progress report.

Review Comments:

Amendments: Intended changes to the approved protocol such as the informed consent documents, study design, recruitment of participants and key study personnel, must be submitted for approval by the SLESRC prior to implementation.

Termination of the study: When study procedures and data analyses are fully complete, please inform the SLESRC that you are terminating the study and submit a brief report covering the protocol activities. Individual identifying information should be destroyed unless there is sufficient justification to retain, approved by the SLESRC. All findings should be based on de-identified aggregate data and all published results in aggregate or group form. A copy of any publication be submitted to the SLESRC for its archive.

Appendix E

Interview Questions

1. Tell me about the case management services that you received from Social

   Service professionals while taking college courses? Why? How?

2. What does a case management service mean to you? Why? How?

3. Describe your experience with case management services. How? why? If not

   how? Why?

4. How do you experience case management services as part of your college

   experience?

5. Do you have any other thoughts of your experiences with case management

   experience that you would like to share with me?

Appendix F

Referral to Counseling and Psychological Services

Referral to Counseling and Psychological Services

Student Information

Student's Name: _____   **ID#:** _____

E-mail: _____   **Telephone #:** _____

Marital Status: [] Married [] Single [] Divorced [] Widowed

Gender
[] Male [] Female

Education
College year: Year 1 [] year 2 [] year 3 [] year 4 [] Graduate School []

Program Specialization: _____

Referring Office Information

Name of Referring Professional: _____

Phone#: _____   E-Mail: _____
Other:

Reason for Referral:

(Please check all that apply)

_____ Student requests help for psychological distress

_____ Professional perceives student need for help

_____ Professional concerned about student's safety

Age
19-25 ▢   25-30 ▢   30-35 ▢

_____   _____

Student Signature   Date

_____   _____

Signature of referring Professional   Date