

Understanding the needs of ten at-risk children, Ghana

Rosaline Sullivan, Research Associate,
Volunteer Partnership for West Africa, 2012

Introduction

Volunteer Partnership for West Africa (VPWA) is a volunteer-driven NGO based in Ghana with the impetus to improve opportunities for people in underprivileged communities through better education, health, sanitation and sustainable development. As part of this objective VPWA designed and implemented a Youth Development Centre (YDC), funded through sponsorship and internally-generated resources. The YDC, based in the village of Darmang in the Akuapim South Municipality of Eastern Region of Ghana, is designed to house up to 24 children. Children will live there up until they are 18, attending local schools during the day whilst living in a structured, supported environment. The YDC will be run by a full-time caregiver, the Madame, offering support and structure for the children and looking after their basic needs.

Initially ten children will live there, acting as a pilot programme. Following their predicted, and measured, success and further funding the Centre will increase to 24. These ten children were carefully chosen following numerous risk assessments of around 200 children. Each chosen child has displayed numerous developmental impairments: educational, nutritional, emotional, social and/or physical. Each child is currently living in extreme poverty and has suffered the loss of at least one parent.

Methodology

Interviews were undertaken with nine out of the ten children, five boys and four girls, aged from three to 15, and their caregivers or village elders. One child, aged three, was too shy to answer questions, but an interview was undertaken with his caregiver and teacher. Another child had no immediate relatives so information was only gathered from the child in the presence of their teacher. Participants were interviewed at home, school or at a location in their village. During the interviews with the children, an adult was present, either their teacher or caregiver.

The objective of this research was to collect further background information on the current needs of the children prior to their move to the YDC, to enable implementation of intervention programmes to address these needs.

The questions for the semi-structured interviews were written in plain English and translated during the interviews into the native language, Twi, by a translator and contact of the children and their families. The translator then transcribed the responses back to the interviewer.

The usual ethical considerations of informed consent, confidentiality and voluntary participation were adhered to, as supported by the ethical clearance obtained from the Ethics Committee at the university where the researcher was studying.

Research design

A qualitative approach allowed us to assemble a multi-faceted picture of children's feelings, past experiences and characters, to enable VPWA to implement programmes to meet needs. The data

collected will also form part of the benchmark to enable an impact evaluation of the schemes to be undertaken.

Nine semi-structured interviews were undertaken with children living in the Amanase area of Ghana. Each child has been allocated a place the YDC, an intervention programme established by VPWA to equip children currently living in extreme poverty with the skills to develop and progress, be it in further education or employment. Semi-structured interviews were also undertaken with the children's caregivers, village elders and/or teachers to explore more sensitive issues. Interviews were recorded on a Dictaphone to ensure all responses were captured and as evidence of adherence to ethical issues raised during the research.

One female research volunteer was assigned to undertake the interviews. A person acting as the translator and village contact was utilised throughout the interviews. The Research Associate on placement from England designed the open-ended questions, following a review of previous research on the needs of children in developing countries. Questions were then shared with the Director of VPWA to adhere to cultural acceptability.

Prior to the interviews, respondents were informed that participation was entirely voluntary, they were able to refuse to answer any questions and data collected would only be used for VPWA and, if published, would be anonymized. When respondents signalled that they understood this, this was an assumption of consent.

Questions

The research collected information on the following:

Household background

Photos of children's houses were taken to enable VPWA to understand their current living situations. Details were also asked about how many people lived in each house and shared a room.

Age, date and place of birth

To establish whether we had the child's correct date of birth and to enable VPWA to obtain a birth certificate to enable travel. None of the children interviewed possessed a birth certificate

Religion and ethnicity

To allow VPWA to appreciate the diversity of the children and make allowances for any religious or cultural practices, for example whether the children attend church regularly.

Previous travel

To enable VPWA to apply for funding for expeditions and benchmarking previous travel and purpose.

Personal hygiene

It is important for VPWA to understand the extent each child is able to look after him or herself, in order that we may inform the live-in carer, the Madame, at the Centre. This information can also be used to assess the demand for educational programmes covering the importance of hygiene.

Spare time

VPWA wanted to collect information on the activities children enjoy doing, including whether they partake in sports, to allow VPWA to cater to their desires, possibly arranging membership with local clubs if necessary. It is also important for VPWA to understand the character of each child

Reading

Each child was asked whether they read in their spare time, including what type of books they read (novels or school books). This will allow VPWA to apply for further funding for the Library Projects and estimate current levels of child development.

Confidence and ambition

Each child and their family were asked how they fare in new situations, whether they are shy or confident – to assess the need for team-building exercises or ice-breakers soon after their move to the Centre.

Children and their families were also asked about their ambitions. This was important to measure progress when at the centre. Also, for older children, VPWA will be aware of their ambitions, allowing us to prepare for funding of further education if children are determined to achieve this.

Responsibilities in house

It is important to ensure that the children are ready for modern society when leaving the centre. As such, we collated information on their current responsibilities in the household. This will enable us to address gaps in knowledge through vocational programmes implementation, such as cookery classes. Such data will also allow impact evaluations of the centre, measuring the progress of children.

Punishment

To assess current punishment behaviour and reaction punishment. VPWA is committed to alternative reward-and-punishment, rather than caning. We, therefore, need to elicit previous methods of punishment so we can explain to the children the reason we are enforcing rules differently.

Routine

Children were asked whether they get up and go to bed at a regular time. This allows VPWA to assess any barriers preventing the children adapting to life at the Centre. VPWA wishes to ensure that children are given a structured life and routine; if they do not currently have this then we may need to introduce reasons why this is important following their entry to the centre.

Attitudes towards centre

Children and their families were asked what they felt about moving to the centre, namely what they were looking forward to and any worries they may have. This will be used for funding opportunities and to alleviate any concerns the children/families may have.

Questions related to centre

Families, elders and children were given the opportunity to ask any questions about the centre. This is a fruitful process as it will allow VPWA to develop policies to alleviate concerns and queries.

Previous traumatic events

Families and elders were asked if the children had experienced any previous traumatic events, to allow VPWA to monitor the emotional state of the child and provide the necessary support to enable children to overcome such experiences. It should be noted that no child was asked about traumatic events.

Awareness of parental situation

Families and elders were asked if the children were aware of what had happened to their parent(s). Collecting such information was considered beneficial to the children as VPWA wanted to ensure that they were able to be sensitive when dealing with any questions posed by the children. It should be noted that no children were asked about their parents.

Sex education (children over 13)

Children over 13 were asked whether they had received sex education in school and whether they had a boyfriend/girlfriend. VPWA wants to educate the older children on the dangers of unprotected sex.

Limitations

As this research was conducted by an individual of different culture to the children it is possible that the culturally recognised correct behaviour of the children was not captured. The researcher tried to overcome this limitation by sharing the questions with the Director of VPWA and asking for culturally accepted behaviour, i.e. what Ghanaians believe each individual should achieve, and through a review of Africa-specific literature.

The researcher was reliant on the translator to interpret and deliver the questions and responses. As such it is possible that there were some errors in translation.

As with all research relying on individuals to divulge personal information, this research is subject to response bias, where respondents answer questions in a way they believe is acceptable to the researcher. As the researcher was present at the interviews this may have further influenced the incidence of response bias. The researcher was also of a different ethnicity and culture to the respondents, meaning that they may not have felt as comfortable as with an individual of the same ethnicity. As the children and their relatives are in need of an intervention, they may have answered

questions in a way they believed influenced their chance of attending the YDC, though it was emphasised prior to interviews that their answers did not influence their places and was just to gather information for the smooth-running of the Centre.

All the interviews conducted with children were conducted in front of an adult known to them. As such, children may be unwilling to divulge certain information for fear of reprimand. VPWA and the researcher took this into account when designing the questions; we believe we overcame this confounding variable as none of the questions posed to the children was emotive.

It could be argued that this research lacked neutrality as a code moderator was not used as an observer during the interviews. However, this was discussed with the Director of VPWA and following previous research conducted by the Research Associate with young, disadvantaged individuals in the UK, it was decided that it would be best to keep the number of researchers present to a minimum, to prevent the interviewees feeling overwhelmed.

VPWA is aware that the answers from these children are specific to them and are not representative of the population. VPWA will therefore not deduce any theories or conclusions on Ghanaian children based on the data collected during these interviews.

Interviews conducted with stakeholders

In order to learn from others' experience, two interviews were conducted prior to data collection with schools to discuss their evaluation measures, what information they collected and whether they could provide any advice on working with disadvantaged children. VPWA found that stakeholders did not collect as much information as that collected by VPWA prior to admitting the children to school/Centre. Few, or no, life skills intervention programmes were found to operate in the schools. One school was found to have hygiene, social skills, money-management and nutrition programmes, but neither school had addressed life situations, reading for enjoyment, the importance of routine and confidence issues.

Common themes emerging from interviews

After completing the interviews with caregivers and children, the researcher transcribed the interviews, enabling a profile to be created for each child. The researcher then sought through each profile to identify common themes amongst the children. A number of common themes emerged, detailed below. The researcher then searched for existing programmes addressing the needs of the children raised in interviews, to see whether VPWA could draw from already-designed interventions.

Confidence

All children either described themselves as shy or were described as shy by their teacher, caregiver or elder.

One area the Centre will focus on is increasing children's confidence. As such, it is suggested that shortly after the move to the Centre, children should undertake team-building exercises to enable them to settle into the Centre, such as throwing a ball to each other and introducing themselves upon catching it.

Other possible programmes are confidence-building workshops, similar to those run by the Centre for Active Learning and Integrated Development, Ghana, where annual regional girls' camps are hosted in Tamale for around 150 girls, designed to promote girls' education and build their confidence levels (Ghana Web, 2 May 2010).

It is hoped that the supporting and structured environment provided by the Centre will also result in an increase in the children's confidence.

School attendance

While most of the children attend school, it is noted, anecdotally, that not all the children attend every day. This is possibly due to a number of reasons, ranging from ill-health to lack of pressure from caregivers. When the children are at the YDC, VPWA will ensure that they attend local schools, hopefully having a positive influence on their confidence and educational attainment.

Reading

Most children/caregivers/teachers noted that the child did not read in their spare time. If it was suggested that the child read in their spare time then the books were always school text books; no child read novels.

VPWA understands the importance of addressing such an issue as numerous reports have emphasized the importance of reading:

“Reading is a very important issue, not only about enjoyment but a necessity; the basic tool of education.” (Makotsi, 2005 cited in Tella and Akande, 2007)

It is believed that reading allows a better understanding of one's own experiences; a journey of self-discovery (Panigrahi and Panda, 1996; Eyre, 2005, cited in Tella et al, 2007).

Based on previous research, we can make the assumption that the children interviewed in this study are not reading novels due to the inaccessible nature of books:

“In the African continent, the reading habit of children is waning. The cause of this has been traced to poor reading cultures...and...non-availability of reading materials (books)” (Tella et al, 2007;118).

Indeed, a recent study of 30 school girls undertaken by the Centre for Active Learning and Integrated Development, Ghana, found that inadequate materials, especially novels, were affecting girls’ ability to read.

VPWA wishes to address this issue as early as possible due to the finding that children missing the opportunity of getting in touch with books find it difficult to acquire reading habits in later years (Panagrahi and Panda, 1996). As part of the intervention programme, VPWA has secured funding for a Street Library, where a plethora of books will be taken to local villages to encourage reading. The children at the YDC will also have the benefit of access to these books, consisting of novels and educational reading, allowing them to develop their interest in reading.

At the YDC the main caregiver, the Madame, will encourage reading activities, possibly having set reading times in the evenings.

Spare time

Some of the older children mentioned that they enjoyed playing football or netball in their spare time. As VPWA is keen to promote active behaviour, the researcher suggests investigating the possibility of encouraging the children to play in local teams. This would also be beneficial to such children as it will allow their recreational pursuits to be unfettered following their move to the Centre.

Aspirations

Some of the children mentioned aspirations which involve entering further education. As such, VPWA wishes to seek for funding to support these children throughout higher education after their stay at the Centre.

Four of the ten children are aged 13 or over; an important transition time for them to consider their futures. As such, the researcher suggests VPWA should explore the possibility of securing work placements for the children, be it vocational or professional, if they are considered mature enough for placements.

Punishment

Most children were caned as punishment, only one child mentioned an alternative form of punishment; weeding. At the Centre VPWA will forbid caning as a form of punishment. As such, it is important to explain to the children why VPWA disapproves of caning.

Travel

Few of the children had travelled further than the areas surrounding their villages. Of those who had travelled, the majority had travelled for non-vacation purposes, such as to acquire food or for funerals. As such, VPWA wishes to secure funding to enable the children to travel, broadening their experience and knowledge of other areas.

Routine

Most children interviewed did not have a daily routine, i.e. a set bedtime, a time they got up and a set meal time. As discussed in existing research, this can have a profound effect on attainment. Young people with poorer grades are twice as likely as their peers to say that they did not have regular meal times when growing up (30% vs. 13%). Further supporting this is the finding that 63% of those with low grades said that their parents set clear boundaries for them, compared to 79% with better grades (Prince's Trust Youth Index, 2012).

At the Centre, children will have a structured routine, requiring them to get up and go to bed at certain times. VPWA will also be aiming to have a set mealtime and allocated times in the evening for reading, homework and free time.

Eating routine

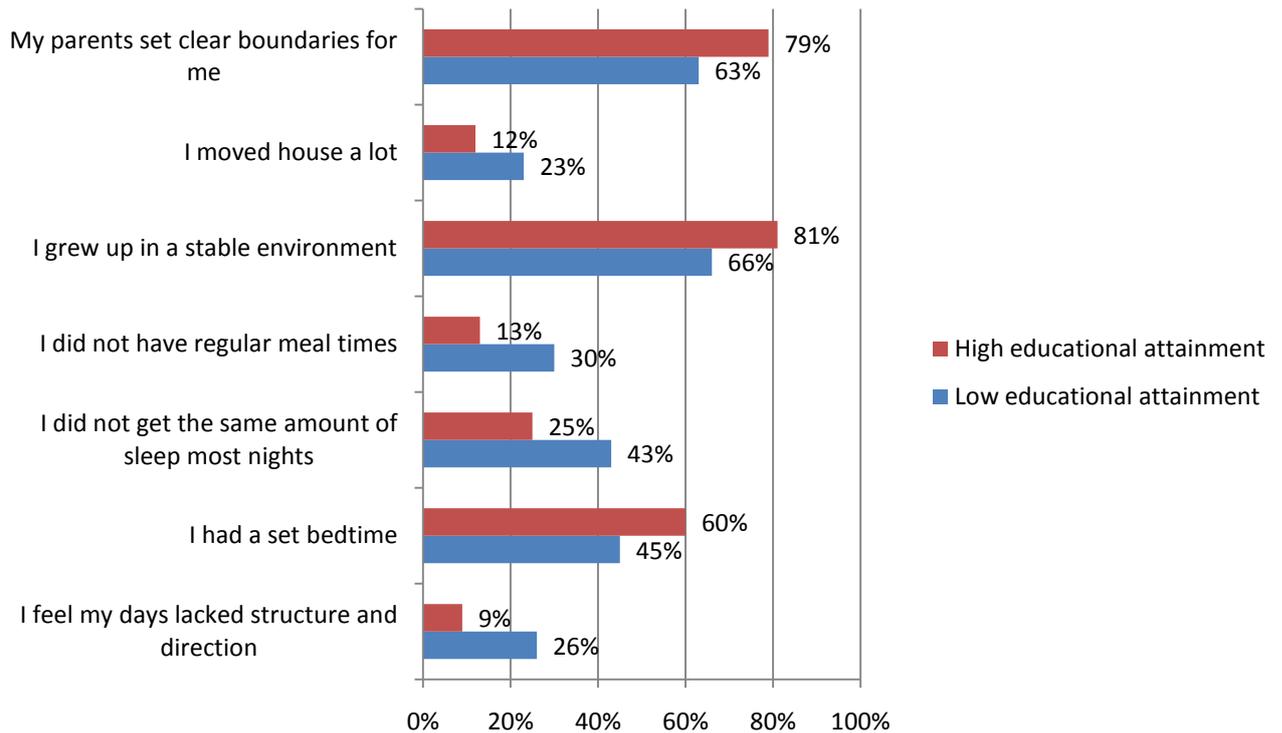
Few of the children have structured eating routines, with few eating with their families. In a survey of youths undertaken in the UK, 58% of those with higher grades had someone at home encouraging them to eat meals with the family, while just 29% of those with lower attainment said they had this (Prince's Trust Youth Index, 2012), highlighting the impact of an unstructured life.

Support at home

Previous research has indicated the influence of support received during childhood on well-being and confidence in adulthood.

As conveyed in Figure One, those who had obtained higher grades were more likely to have had set boundaries, grown up in stable environments, have regular meal times and a set bedtime. Findings from such research highlight the importance of implementing structure and routine in the stable environment of the Centre.

Figure One: The relationship between routine during childhood and academic achievement



Source: Princes Trust Youth Index, 2012 (1,937)

Hygiene

Most of the children and their families noted that the children wash their hands prior to eating. However, few children wash them regularly. Alongside this, although most of the children and their families said that the children brush their teeth regularly, previous interviews conducted with them found that they were brushing their teeth with sticks, or not at all. Some children were also ill-informed of the importance of brushing their teeth.

Based on these findings, the researcher wishes to emphasize the importance of implementing hygiene programmes at the Centre, focusing on the following:

- Education about water-borne diseases, previous interviews conducted by VPWA found that some of the children were drinking from dirty water supplies
- The importance of dental hygiene, including how to brush teeth properly – a similar programme is Unilever Ghana’s ‘Social Mission Programme’
- Information on storing, preparing and washing food safely
- Information on the importance of hand washing, including a demonstration on how easily diseases spread, for example putting glitter on one child’s hand and asking the children to shake hands amongst themselves to show how easily disease spreads. VPWA will need to ensure that a programme to increase the incidence of hand washing among the children is effective as “changing long ingrained hygiene habits is not so simple. Health education has an uncertain impact” (Curtis, 2003; 75)

Interventions undertaken in Burkina Faso, Africa, have involved a youth theatre group creating a comic play about the social value of cleanliness and avoiding contact with stools, as well as a series of posters about the importance of hygiene (Curtis et al, 2011). VPWA is keen to draw from previous interventions so will be looking at these when designing hygiene-promoting programmes. The researcher recommends measuring behaviour change following the delivery of these intervention programmes, for example measuring frequency and context of hand washing among children.

Traumatic events and loss of parents

Although none of the caregivers suggested that the children had experienced traumatic events, all children had suffered the loss, through death or abandonment, of at least one parent, with some children unaware of what happened to their parent(s). This emotional life event, and their current situation of extreme poverty, will need to be handled sensitively.

As such, the researcher suggests implementing the intervention of a counsellor at the Centre. The researcher considered the possibility of advertising for a volunteer counsellor to train the Madame but advises against this as it is a lengthy process. This decision is further supported following the findings of interviews investigating teacher perceptions of the effectiveness of training programmes offered in a specific school district in South Africa, designed to equip them to deal with issues arising from having orphans and vulnerable children in their classrooms (Wood and Goba, 2011). This study found that although the counselling course was mentioned as being particularly useful in helping teachers to be more empathetic and approachable towards vulnerable children, participants stated that they did not possess enough skills to do more than listen. This is possibly because “the development of counselling skills and the confidence to implement them takes time and the opportunity to practice in a supporting environment (Egan, 2002)” (Wood et al, 2011; 281). VPWA will consider, however, training the Madame prior to her employment to enable her to deal with the stressful situation of looking after vulnerable children. Teachers were found to be relied upon to discuss sensitive issues such as poverty, death, illness and other social skills; this expertise is not something that can be gained during a short course (Baggaley, Sulwe, Chilala and Mashambe, 1999) or in our case a volunteer’s placement with no follow up. As such, VPWA will be applying for funding for a visiting counsellor, who is able to visit the children at certain times each set period to discuss any issues they have regarding their new environment or the life events they have experienced.

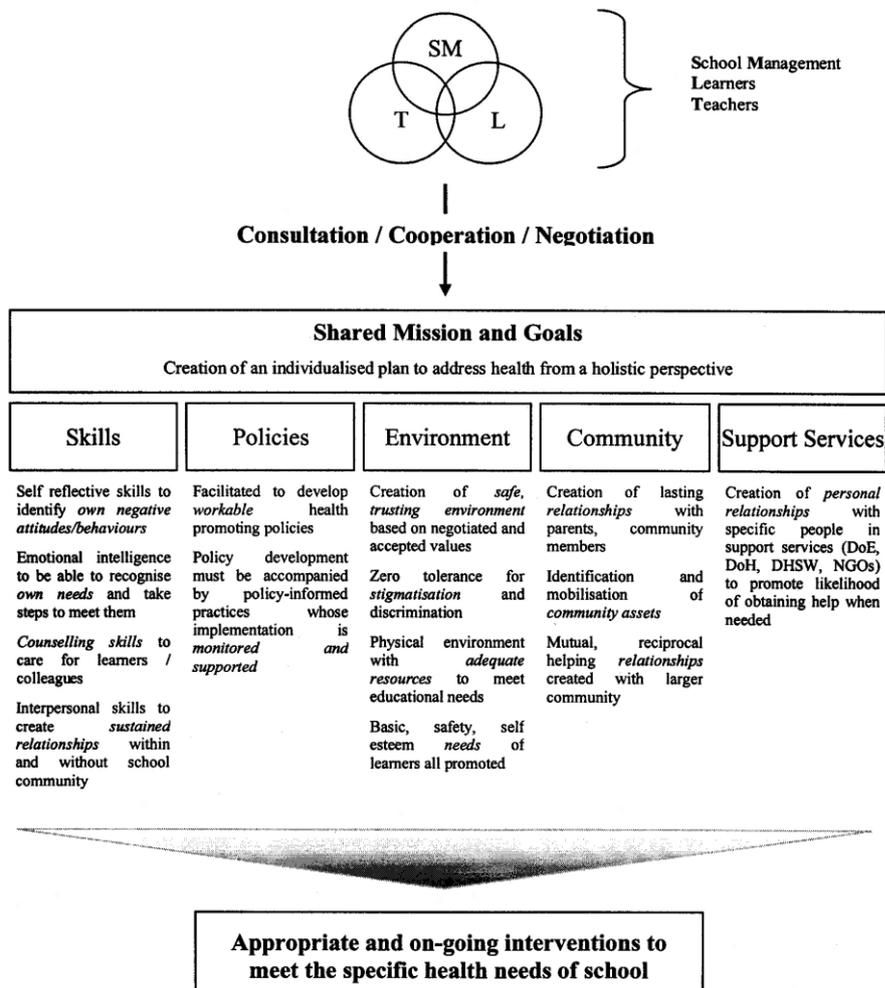
Following findings from the interviews, Wood and Goba (2011) outlined a structure, according to a Health Promoting School (as described by the World Health Organisation) design, with five main points of action, outlined below and in Figure Two. Whilst the children at the YDC will be attending a local school, we hope to implement such a structure at the Centre.

- *the development of skills within the school community — all teachers could be trained in basic counselling skills and assisted to develop strategies to help them cope with stress and negative emotions they indicated they were experiencing.* Whilst VPWA will be applying for funding for a visiting external counsellor, based on this suggestion we will also explore the possibility of training the Madame to equip her with the skills to deal with the stress and negative emotions she may experience due to looking after vulnerable children.
- *the design and implementation of appropriate health promoting policies: the reported issues of stigmatisation and negative attitudes could be addressed by exploring these issues and developing*

policies to promote inclusion and non-discriminatory attitudes and practices. Based on this suggestion, VPWA will explore the possibility of discrimination workshops to address issues with the children. However, when asked, none of the families noted that the children experienced discrimination due to their situation.

- the creation of healthy social, emotional and physical environments: school leadership could take the initiative to implement and monitor strategies that would promote the creation of a safe, trusting environment based on negotiated and accepted values and zero tolerance for stigmatisation and discrimination. Strategic goals could be set for equipping the physical environment with adequate resources to meet educational needs and promote the attainment of basic, safety and self-esteem needs of learners. VPWA wishes to achieve this through the stable environment of the Centre.
- the advancement and involvement of community members, agencies and assets and the creation and nurturing of effective working relationships with specialised support services: the identification of community assets and negotiation as to their use would help to develop relationships with outside helping resources. VPWA will be running the Big Brother: Big Sister Programme – allocating children a contact within the local community who will act as a mentor

Figure Two: Health Promoting Schools structure (World Health Organisation)



Source: Wood and Goba (2011)

Religion

The majority of children described themselves as Christian. Some children go to church every Sunday. VPWA is eager to continue the children's religious commitment and will, as such, be taking the children to the local church every Sunday.

Financial awareness

Four of the children, aged 13 and over, were asked whether they had learnt about money management. Whilst one child was responsible for managing money, as she lived on her own, the others had not been taught how to manage money or how to save money. VPWA will therefore explore the possibility of implementing financial education, if this is something not covered in the schools they attend.

Sex education

Only one child out of the four aged over 13 was asked whether they had received sex education, as the situation was deemed unsuitable for such questions. VPWA hopes to educate the children on the importance of protection, if they are not taught at the school they attend.

Information for families and village elders

Following interviews conducted with families and village elders, the researcher identified the need to provide the families with further information to allay their concerns, specifically:

- Highlighting the families' rights to withdraw the children from the YDC at any time
- Implementing policy outlining the process of family contact, i.e. how often families will be able to visit the children, how much notice families will be given, rights to contact and so on
- Policy outlining the protocol when child is sick. VPWA will be supplying each child with insurance. However, it is important to draw up policy outlining the steps VPWA will take to notify the families of the child's illness
- Outlining the education of the children, namely to which school each child will go to and how long the child will be supported
- Reassuring families that VPWA is not expecting any financial reward for supporting these children
- Reassuring families that they are not expected to supply children with clothes and goods for the YDC, as these will be provided by sponsors

Following the concerns highlighted by the questions posed by the families and village elders, VPWA decided to hold meetings with them to address these concerns. In addition to these meetings guides will be drawn up outlining the rights of the families, written in the basic local language and outlined in detail by the translator.

Conclusion

Table One provides a summary of interventions the researcher suggests VPWA should implement, following findings from the interviews.

Table One: a summary of recommendations

Issue	Intervention
Lack of confidence	Team-building exercises, confidence building workshops
Lack of school attendance	Ensuring children go to school
Lack of reading in spare time	Encouraging reading through access to books from Street Library, allocating a reading time in the evenings
Aspirations	Seeking support for further education and securing vocational or professional work placements
Spare time	Encouraging children to join local sports team to further their interest in sports
Punishment – previously caned	Eradicating caning and replacing with alternative discipline
Few children travelled	Drawing up birth certificate for each child and applying for funding for expeditions to broaden cultural awareness and experience
Lack of routine	Instil daily routine, give days structure, set bedtime, meal time and reading/homework time. Provide stable environment
Loss of parents	<ul style="list-style-type: none"> • Explore possibility of training Madame to deal with stressful and emotional events • Explore possibility of applying for funding for regular, Ghanaian counsellor • Explore possibility of discriminatory workshops
Low level of hygiene	<ul style="list-style-type: none"> • Education about water-borne diseases • Dental hygiene programmes • Awareness of importance of hand washing prior to eating • Information on storing and washing food
Religious practice	Children to attend church weekly
Finance	Explore the possibility of implementing money management programmes, including educating children on money saving, such as Susu (a small Ghanaian saving scheme).

VPWA believes that the successful implementation of the programmes detailed above will enable the children to progress in their lives. We believe that children need a stable environment, emotional and physical support and the chance to act as children. We wish to provide these

opportunities at the YDC, whilst providing them with the tools to enable good health as “good health and nutrition are prerequisites for effective learning” (The World Bank, 2006; 75).

References

- Baggaley R, Sulwe J, Chilala M & Mashambe C 1999. HIV stress in primary school teachers in Zambia. *Policy and Practice*, 77:284-287. Cited in Wood et al (2011)
- Curtis, V (2003) *Talking dirty: how to save a million lives*. London School of Hygiene and Tropical Medicine, London, UK. *International Journal of Environmental Health Research*, 13, 75-79. June 2003 <http://www.hygienecentral.org.uk/pdf/talking%20dirty.pdf>
- Curtis, V; Kanki, B; Cousens, S; Diallo, I; Kpozehouen, A; Sangare, M and Nikiema, M (2011) Evidence of behaviour change following a hygiene promotion programme in Burkina Fosa. *Bulletin of World Health Organisation*, 2011 <http://www.scielosp.org/pdf/bwho/v79n6/v79n6a07.pdf>
- Egan G 2002. *The skilled helper. A problem management and opportunity based approach to helping*. 7th edn. Florence, KY: Wadsworth Publishing. Cited in Wood et al (2011)
- Elley, W.B. (1996). Using book floods to raise literacy levels in developing countries, in *Promoting Reading in Developing Countries*, ed. Vince Greaney (International Reading Association. (Cited in Tella et al, 2007)
- Eyre, G. (2005). *The development and practice of literacy: A voyage of discovery*. Available at: <http://www.iasl-slo.org/ifla2005-eyre.doc>. Cited in Tella et al, 2007
- Ghana Web, 2 May 2010, Defilement Increases Drop Out Rate in School. <http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=181186>
- Mokatsi, R. (2005). *Sharing resources- how library networks can help reach education goals*. East African Book Development Association. A research paper looking at libraries in the developing world. Commission by Book Aid International. Cited in Tella et al, 2007
- Panigrahi, C. & Panda, K.C. (1996). Reading interests and information sources of school going children: A case study of two English medium schools of Rourkela, *Indian Malaysia Journal of Library and Information Science* 1 (1), 57- 65. Cited in Tella et al, 2007.
- Princes Trust (2011) *Annual Youth Index* www.princes-trust.org
- Sharma, J.N. (1976). Reading habits and its development. *Indian Librarian* 32 (3), 171 –173. Cited in Tella et al, 2007.

Tella, A and Akande, S (2007) Children reading habits and availability of books in Botswana primary schools: implications for achieving quality education. The Reading Matrix, Vol. 7, No. 2, August 2007 <https://unilorin.edu.ng/publications/tellaa/CHILDREN%20READING%20HABITS%20AND%20AVAILABILITY%20OF%20BOOKS%20IN.pdf>

[Unilever Ghana](http://www.unileverghana.com/sustainability/hygiene/nutritionhygienepersonalcare/BrandInitiatives/)

<http://www.unileverghana.com/sustainability/hygiene/nutritionhygienepersonalcare/BrandInitiatives/>

Wood, L and Goba, L (2011) Care and support of orphaned and vulnerable children at school: helping teachers to respond. South African Journal of Education. Vol. 31: 275-290.

The World Bank (2006) Prevention. A custom publication of the Disease Control Priorities Project

Appendix one:

Sample interview questions for the children

- Q1. What is your name?
- Q2. How old are you?
- Q3. Have you lived in this village forever?
- Q4. How many people live in the house?
- Q5. Do you share a room?
- Q6. How many sisters and brothers do you have and what are their ages?
- Q7. What religion are you?
- Q8. What ethnicity are you?
- Q9. Are you aware of other religions and culture?
- Q10. Do you get along with your brothers and sisters?
- Q11. Do you find it easy to make friends?
- Q12. How often do you wash?
- Q13. Do you do this on your own or does someone help you?
- Q14. Do you brush your teeth? Probe for how often and with what
- Q15. When do you wash your hands?
- Q16. Do you know why it is important to wash your hands?
- Q17. Where do you sit to eat? Do you eat with other people?
- Q18. Are you aware of the necessary food you need to be healthy?
- Q19. Are you active? Do you play games and exercise?
- Q20. What do you enjoy doing the most?
- Q21. What do you not enjoy doing?
- Q22. Do you enjoy reading? What do you read?
- Q23. What is the furthest place you have travelled to and why?
- Q24. When you are in a new situation are you happy? For example, if you are with a new person does it make you worry?
- Q25. What would you like to be when you grow up?
- Q26. Do you have responsibilities in the house? What are these?
- Q27. What chores do you have?
- Q28. Do you help cook? What do you do?

Appendix Two

Sample questionnaire for caregivers/village elders

- Q1. How old is the child?
- Q2. Have you lived in the village forever?
- Q3. What is the furthest place they have visited and what was the purpose?
- Q4. How many people live in the house?
- Q5. Do they share a room?
- Q6. How many sisters and brothers do they have and what are their ages?
- Q7. What religion are they?
- Q8. Do they strictly follow the religion? Please describe practice so we can try and adapt accordingly
- Q9. Are they aware of other religions and ethnicities?
- Q10. What ethnicity are the children?
- Q11. Is the child on any medication?
- Q12. Do they find it easy to make friends in the village/at school?
- Q13. How often do they wash?
- Q14. Do they do this on their own or do you have to help them? (probe for to what extent)
- Q15. Do they brush their teeth? Probe for how often and with what
- Q16. Do they wash their hands often? Probe for whether they are aware of when to wash them
- Q17. Have you spoken to them about the dangers of diseases and how they are spread?
- Q18. What does the child enjoy doing the most?
- Q19. What does the child not enjoy doing?
- Q20. Who is the main support?
- Q21. Do they have a good relationship?
- Q22. Has the child suffered an anxious event in their lifetime?
- Q23. Is the child aware of what has happened to their parents? (probe for extent of knowledge)
- Q24. Does the child experience discrimination (whether in school or in village) for their situation?
- Q25. When the child is in a new situation are they happy? For example, if they are with a new person does it make them worry?
- Q26. What would they like to be when they grow up?
- Q27. Do they have responsibilities in the house? What are these?
- Q28. Do you expect them to fend for themselves?
- Q29. Do they sit and eat with others or own their own?
- Q30. Can you describe a normal day for me? (probe for whether they have a routine – get up and go to bed at same time each day)
- Q31. What do they like to do in their spare time?
- Q32. Do they enjoy reading?
- Q33. When they have done something naughty what happens?
- Q34. Are they (child) looking forward to moving to the centre?
- Q35. What are they (child) most looking forward to?
- Q36. What are they (child) worried about?
- Q37. Is there anything you would like to ask us about the centre?
- Q38. Do you have any worries about the centre you would like to discuss?