



HAL
open science

The psycho-social support by local community members for traumatized children : a case study of Liberia, Botswana, and Morocco

Ariel King

► **To cite this version:**

Ariel King. The psycho-social support by local community members for traumatized children : a case study of Liberia, Botswana, and Morocco. Sociology. Université Bourgogne Franche-Comté, 2018. English. NNT : 2018UBFCC028 . tel-02339015

HAL Id: tel-02339015

<https://theses.hal.science/tel-02339015v1>

Submitted on 30 Oct 2019

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

UNIVERSITÉ DE BOURGOGNE-FRANCHE-COMTÉ

ÉCOLE DOCTORALE SEPT

Thèse en vue de l'obtention du titre de docteur en

SOCIOLOGIE

**THE PSYCHO-SOCIAL SUPPORT BY LOCAL COMMUNITY
MEMBERS FOR TRAUMATIZED CHILDREN.
A CASE STUDY OF LIBERIA, BOTSWANA, AND MOROCCO**

Soutenue publiquement par

Ariel Rosita Valerie KING

le 14 Décembre 2018

Sous la direction du Professeur Gilles FERRÉOL



Membres du jury:

Stéphane CALLENS, Professeur à l'université d'Artois (*rapporteur*)

Jean-Yves CAUSER, Maître de conférences à l'université de Haute-Alsace

Gilles FERRÉOL, Professeur à l'université de Bourgogne-Franche-Comté (*directeur*)

Maryse GAYMARD, Professeur à l'université de Bourgogne-Franche-Comté (*président*)

Armel HUET, Professeur émérite à l'université de Rennes 2 (*rapporteur*)

UNIVERSITÉ DE BOURGOGNE-FRANCHE-COMTÉ

ÉCOLE DOCTORALE SEPT

Thesis in view of obtaining the title doctor in

SOCIOLOGY

**THE PSYCHO-SOCIAL SUPPORT BY LOCAL COMMUNITY
MEMBERS FOR TRAUMATIZED CHILDREN.
A CASE STUDY OF LIBERIA, BOTSWANA, AND MOROCCO**

Submitted and publicly defended by

Ariel Rosita Valerie KING

14th December 2018

Under the direction of Professor Gilles FERRÉOL



Members of the jury:

Stéphane CALLENS, Professeur à l'université d'Artois (*rapporteur*)

Jean-Yves CAUSER, Maître de conférences à l'université de Haute-Alsace

Gilles FERRÉOL, Professeur à l'université de Bourgogne-Franche-Comté (*directeur*)

Maryse GAYMARD, Professeur à l'université de Bourgogne-Franche-Comté (*président*)

Armel HUET, Professeur émérite à l'université de Rennes 2 (*rapporteur*)

ACKNOWLEDGEMENTS

I would like to express my appreciation to Professor Gilles Ferréol for having accepted to be my director, but above all for the confidence he has shown in me during these four years. He has shown me the excellence of a wise and patient mentor with open availability, support, criticisms and readings always wise allowed me to continually improve and progress. I greatly appreciate the privilege of having my knowledge and understanding of the subject matter evolve under his direction.

I would then like to express my sincere gratitude to the whole communities of children and adults in Mmaphashalala, Botswana, Mookane, Botswana, Monrovia, Liberia and Marrakesh, Morocco for having given me the opportunity to become a part of their communities, trust the process of learning how to help their traumatized children and carry out this research. I would like to thank of people of these communities who have done everything in their power to enable, not only this study to come to fruition, but to develop processes and interventions that help their children.

I should also like to thank my rapporteurs, Professors Huet and Legros, as well as all the members of the jury, for the interest in this investigation and the time spent on its reading.

I also testify to my esteem for Roy Morris who was present throughout this study. His thoughts and proposals, especially in the evaluation of the data was a great help to me.

Also I would like to thank Thomas Désarménien for all his help to bring the thesis together and for helping with the French summary of the thesis. Without his help this thesis would not have come to fruition.

This research could not have been carried out without the help of the respondents, who devoted their valuable time to understanding the various issues. I am grateful for the attention they have paid to this work.

I also testify to my esteem for my children: family and all my heart children (orphaned and vulnerable) who were always present throughout this study and my mother Dr. G. Margo

King who continues to encourage me to ask questions, do good, and be thankful for all that can be contributed to the societies in which we live. Knowing that the study is a living changing work for children who have trauma, including my children helped to bring this thesis to fruition.

SUMMARY

ACKNOWLEDGEMENTS	2
GENERAL INTRODUCTION	5
PART ONE: DETERMINATION OF THE STUDY OBJECTIVES	12
CHAPTER I: SCOPE	13
CHAPTER II: COUNTRY BACKGROUNDS	19
CHAPTER III: LITERATURE REVIEW ON CHILDREN	53
PART TWO: METHODOLOGY AND RESULTS OF THE STUDY	80
CHAPTER IV: METHODOLOGY	81
CHAPTER V: RESULTS OF COMMUNITY SELF-ASSESSMENT ANALYSIS	91
CHAPTER VI: INTERVENTION: CHILDREN’S COMMUNITY CAMPS	112
PART THREE: CREATIVE AND QUALITATIVE RESULTS OF THE STUDY	171
CHAPTER VII: CREATIVE RESULTS FROM CHILDREN’S COMUNNITY CAMPS	172
CHAPTER VIII: QUALITATIVE RESULTS: “HOW I FEEL” SURVEY	202
CHAPTER IX: DISCUSSION	253
GENERAL CONCLUSION	268
THEMATIC BIBLIOGRAPHY	274
LIST OF ACRONYMS	286
TABLE OF CONTENTS	287

GENERAL INTRODUCTION

Over many years of travelling through many countries in Asia, Africa, Middle East, and the Americas and working with children in their communities, the most difficult experience was to encountering children who had been traumatized by various situations (orphaned, severe abuse, AIDS, illness, poverty, armed conflict, displacement, natural disasters) with no redress of organized psychological or psychosocial help or intervention. Yet, children in high income countries have access to various types of services for trauma. In contrast, there are very few services for psychological or psychosocial support available for the majority of the world's children outside of large cities and without being born into high income families.

*

**

A. Children Worldwide Experience Trauma

Children all over the world experience some type of trauma during their childhood. Yet, many children experience severe life-changing trauma (death, illness, war, poverty, social exclusion, natural disasters) that in the socio-economic rich countries would usually make a referral to an appropriate organization or person with the costs of services covered by a third party, as insurance. Most of the world's children who experience life-changing trauma live in countries that do not have access to mental health professionals. Yet, children who experience severe trauma who need psychosocial support do have access to community members. The premise of the research is that community members can effectively evaluate, plan, and carry out psychosocial interventions for their own children in groups with a foundation of fun, play, creativity, and group support.

Many traumatized children can benefit from psycho-social support from non-professional people in their community. To achieve this, the first step is that the community gathers and responds together. Communities responding to childhood trauma are not new; instead it is a return to how communities functioned for hundreds, if not thousands of years. Trauma during childhood is more likely to occur, than not, and each community needs ways to understand itself and its children to effectively respond to its children's traumas.

Effective solutions for psychosocial support for children come from interior readily available sources. Thus, the first assertion is that the community members, regardless of the country has the ability to come together assess their community, and effectively evaluate their challenges, strengths and values, plan and implement effective interventions to address the community issues with and for their children.

Thus, it is necessary to find effective techniques for the community to assess itself and its' children, and then develop a plan, and act to help groups of their children who have experienced severe trauma. Traumatized children benefit from psycho-social support from average people in their communities. Communities responding to their children's childhood trauma is not new, and is based in the culture of community and their function for thousands of years.

B. The Community Members are Invaluable for Traumatized Children

The community members are a vital link for the community. The community members in which traumatized children live have one of the most important resources for all children within a community. For children who are traumatized by severe life experiences of loss of parent(s), or caregiver(s), the stressors from violence, severe poverty or life-threatening health, a link to community members who understand fundamentally their lives and every day existence can have a very positive impact on especially these children, as they often feel alone, isolated and separated from the community.

For children to directly express how they feel (psycho-social pain), the researcher developed an original research survey instrument (by modifying and re-developing the Pain Scale tool) to directly assess how children (regardless of literacy) are feeling about themselves, their friends, their family, their community, and their future. It gives a small window into the minds and lives of the children by assessing their "*psycho-social pain emotional pain*".

This research develops a tool-kit for communities for psychosocial support for their traumatized children through first, community self-assessments and then, second, a tool to assess the children's individual psychosocial pain; third, an intervention to address the need for

psychosocial intervention using a “community children’s camps”. The research is a case study of its applications in Liberia, Botswana and Senegal in their local, language, culture, and chosen community support groups.

C. The Community Assess Themselves and Their Children

The community knows best their challenges, their strengths, their values and are able to best portray this to their children. When children have severe trauma, or severe loss, having the community support and learning about their values is extremely important to reconnecting them to being and feeling as if they too are an important part of their community. The community assessment was carried out by the volunteers in the community, in the locations within their communities in their own language (spoken and written), and cultural sensitivities and preferences, and guided by one of their volunteer community members. In other words, the entire assessments were carried out by and for the community.

The business assessment of “SWOT analysis” which evaluates the Strengths, Weaknesses Opportunities and Threats, can be used quite effectively with communities assessing themselves. Once the community completes the SWOT analysis as a formal way to look at themselves and their children, they have a concrete and clearer understanding of their challenges, strengths and values, that are then used as the foundation of the “community children’s camp” that were unique to each place and country, community, and group of children.

D. The Community Children’s Camps

All the community camps were distinct and unique within various community settings. They were unique in the types of children who attended the camp, types of volunteers, number of camp days, and camp activities.

The fairly new concept of bringing the camp and the development of the camp within the community by the community is an experiential research project in action. Although the basic theories and framework were developed in advance, we all learned how to implement theories into practice in real time with the development and design of the local children’s

community camp that would be staffed and its programs administered by community volunteers.

The community was asked to work together to get both donations of food and/or funds for food, cooking wood or fuel, for their community children. With the donation of food, staffing, organization, and organization of the camp based on the community's values, the volunteers and the community understood that the camp was theirs, its success (or failure) belongs to them. The community camps could only be developed and carried out with their shared community, human and financial resources.

The Children's Community Camps were held in three countries in four different communities (rural and city) for two to four days, with one overnight camp and all others only during the day. All camps were divided into technology camp or fun action camp depending on age, teens, thirteen to eighteen and children four to twelve years old. The Community Children's Camps were in four very different community based organisations including a children's home with a connected private elementary school, A rural and a city community based NGO, a local rural school:

- | |
|---|
| <ol style="list-style-type: none">1. Botswana, Mookane (Community Based Organization)2. Botswana, Mmaphashalala (Local Elementary School)3. Liberia, Monrovia (Local Children's Home and School)4. Marrakesh, Morocco (Inner-city Community National Organization) |
|---|

The technology camp was for teenagers, while the fun action camp format was for children twelve and under. The camps were held in the location, language, culture and values, of the community.

In all of the community camps the community leaders, elders, and volunteers learned how to conduct their camp by doing. The learning experience presented to them a challenge that was also rewarding. Each of the communities, after fully participating in the various states of setting up a camp, can now do other camps in their community and/or transfer their knowledge to other communities who want to carry out their own children's community camp.

E. Children's Direct Participation in Research

The literature on research on children and with children over the years have asserted that direct research with children is difficult, and not accurate until the years of teenagers. Also, there is very little sociological research that is carried out directly with children. Instead, research about children is by proxy; participation by proxy, where the questions about children are asked to the adults around them (parents, careers, teachers), but not directly to the children. After looking for a research for a tool to directly ask children how they feel about themselves and their lives, and not finding a tool, I started to look for tools that could be adapted to assess the children's psychosocial pain. After finding an appropriate tool that can measure "psychosocial" pain from trauma.

For children to directly express how they feel (psycho-social pain) the researcher developed an original research survey instrument (by modifying and re-developing the Pain Scale tool) to directly assess how children (regardless of literacy) are feeling about themselves, their friends, their family, their community, and their future. It gives a small window into the minds and lives of the children by assessing their "*psychosocial pain or emotional pain*".

This research develops a tool-kit for communities for psychosocial support for their traumatized children through first, community self-assessments and then, second, a tool to assess the children's individual psychosocial pain; third, an intervention to address the need for psychosocial intervention using a "community children's camps". The research is a case study of its applications in Liberia, Botswana and Senegal in their local, language, culture, and chosen community support groups.

The community interventions and research were conducted through the voluntary work with Ariel Foundation International along with local partners in community-based organizations, who in turn liaised with local community members, chiefs, government, local schools, and churches, parents, guardians and the children.

The community assessment and community camp by the local people provided a unique way to allow the community to directly affect a solution for the psycho-social support for their

children. The community driven intervention reflected the culture, talent, strengths, knowledge, and values of the community.

As each community gathered to assess their community, and their children and their successes, challenges and values, they actively shared their common community knowledge. With the assessed information and common community knowledge, the community then collectively made a child-focused fun filled intervention for the children, in the form of a “*community children’s camp*”.

The Research was carried out using a Triangulation of methodology including Quantitative, Qualitative, and Experiential. The Quantitative research was informed by the “How do I Feel...” Survey in the local language (Setswana, Arabic/French and English), administered to most children age five and over before and after the community children’s camps (with a few exceptions).

The Qualitative results are plentiful with the community assessments using the SWOT analysis (community model) to evaluate themselves, their children, their values as a foundation for their camps. In addition, the creative results from the children were used in the thesis that a very small portion of the creative output that include all of the photos, drawings, theatre plays, videos, collective art projects created by the children from the camp. For this thesis, the creative output is only a small fraction to represent the type of qualitative data derived from the camps.

The research looks at four main areas:

1. How can communities assess themselves and their children?
2. How can the assessment be used to address trauma and provide psychosocial support of their children?
3. What tools can be developed so that children can directly participate in research that asks them how they feel?
4. Can Community Children Camps be used as an effective group intervention for traumatised children?

The infield research was carried out in three countries (Botswana, Liberia and Morocco), four towns (Mookane, Mmaphashalala, Monrovia and Marrakesh), nine camps (overnight camps, imagination camps, sports camps, technology camps for over 400 children

between the ages of three and nineteen years old) in a total of thirteen camp days that produced many interesting results, and also additional information and more questions in the area of community psychosocial support for traumatised children.

The research carries out several unique adaptations of methods including:

1. Community assessments using business model SWOT Analysis
2. Children as direct research participants with the “How I Feel” Survey
3. The community using the camp concept to address severe trauma
4. The community and their children addressing the trauma within the community without the need for professional psychological staff (usually from outside the community)

<p style="text-align: center;"><u>PART ONE:</u></p> <p style="text-align: center;">DETERMINATION OF THE STUDY</p> <p style="text-align: center;">OBJECTIVES</p>
--

Part one has three chapters, first scope, second, the country backgrounds and third, the literature review on children and their communities.

The first chapter will lay the basis of the research in the three countries. We will look at an overall view of the research, summary of the research, determination of the research questions, rationale of the research, the use of a children's camp to deliver the community intervention, the general goals of the research, and the determination of where to carry out the research. The infield research on psycho-social support by local community members for traumatized children focused in three countries: Botswana, Liberia and Morocco.

The second chapter briefly looks at each country to understand the context for which the research is carried out. The areas include general facts, geography, their social political history, their education system, the socio-economic state, their children, the challenges for their children, and finally the future for the children in each country.

In the third chapter, a literature review will briefly explore the six main areas of children and their lives that include: 1. Children's Rights, 2. Children Participation, 3. Children's Development, 4. Childhood Traumas, 5. Community Participation and 6. Community Directed Children's Development and Participation.

CHAPTER I:

SCOPE

The first chapter will lay the basis of the research in the three countries. We will look at an overall view of the research, summary of the research, determination of the research questions, rationale of the research, the use of a children's camp to deliver the community intervention, the general goals of the research, and the determination of where to carry out the research. The infield research on psycho-social support by local community members for traumatized children focused in three countries: Botswana, Liberia and Morocco.

*

**

A. Summary and PhD research

Many children worldwide, including in Africa suffer various life-altering trauma illnesses, HIV/AIDS, armed conflict, orphaned, and live in abject poverty. Many of these children could benefit from psycho-social support from the people in their community. The people of a community gather to self-assess their community, their children, including their successes, challenges and values. Then they are enabled to use this common knowledge to develop and carry out a “*community children's camp*” to help to address the children's challenges and traumas.

The community assessment and camp by the local people, advanced by this research, allows a community to directly affect a solution for direct psycho-social support for their children. The community driven intervention that results reflects the culture, talent, strengths, knowledge, and values of the communities whose children are being served.

The thesis question is “*can a local community assess themselves and their children to developed tools and then use them to address their psychosocial challenges (Health – HIV/AIDS, conflict, extreme poverty, orphan, abuse, displacement, natural disasters etc.) for their children?*”. More precisely:

1. What tools can be adopted for a local community to use to evaluate and understand their community and then use it to address the needs of their children?
2. What tool can be developed to directly ask children how they feel and can we measure how children feel (their level of psychosocial pain)?
3. Can the research then be used to evaluate the intervention (before and after) and determine the results?
4. How can the tools developed and adopted be used to address the real day- to-day concerns of psychosocial support for children?

B. Rationale for research topic

After travelling through many countries and encountering children who have been traumatized by various situations (orphaned, Abused, AIDS, Illness, Poverty, Armed conflict). I realized that it was necessary to find a way for children to directly express how they feel (psycho-social pain) and for the community to assess itself and its children, and then act to help those who have been traumatized.

Many children suffer from various life-altering trauma that include severe abuse, Illness (HIV/AIDS, Cancer, Organ failure, etc.), loss of a loved one, being orphaned, armed conflict, natural disasters, displacement, and poverty. Many traumatized children can benefit from psycho-social support from non-professional people in their community. To achieve this, the first step is that the community gathers and responds together. Communities responding to childhood trauma are not new, instead it is a return to how communities functioned for hundreds, if not thousands of years. Trauma during childhood is more likely to occur, than not, and each community needs ways to understand itself and its children to effectively respond to its children's traumas.

Through the charitable work with the Ariel Foundation International, this researcher developed an original research survey instrument to directly assess how children (regardless of literacy) are feeling at the time about themselves, their friends, their family, their community,

and their future. It gives a small window into the minds and lives of the children by assessing their “*psycho-social pain emotional pain*”.

This research develops a tool-kit for communities for psychosocial support for their traumatized children through first, community self-assessments and then, and intervention, like community children’s camps. A case study of its applications in Liberia, Botswana and Senegal. The community interventions and research were conducted through the voluntary work with Ariel Foundation International along with local partners that included community based organization, local government, local schools and churches.

The community assessment and community camp by the local people provided a unique way to allow the community to directly affect a solution for the psycho-social support for their children. The community driven intervention reflected the culture, talent, strengths, knowledge, and values of the community.

As each community gathered to assess their community and their children and their successes, challenges and values, they actively shared their common community knowledge. With the assessed information and common community knowledge, the community then collectively made a child-focused fun filled intervention for the children, in the form of a “*community children’s camp*”.

C. Background of community children’s camp

The Community Children’s Camp is based on an approach used in the USA for children who have experienced the death of a very close relative. The bereavement camp for children in the USA called – “*Comfort Zone Camp*.” (www.ComfortZoneCamp.org). It is the USA’s largest independent bereavement camp that offers camps for children ages of 7-12 and a separate camp for teenagers from 13-17 years old.

One of the most difficult aspects of grieving loss or trauma for a child is the feeling of loneliness, isolation and feeling different. The camp helps children realize they are not alone, that there are many other children who will face the same types of feelings and experience they have from the trauma.

Ariel Foundation International volunteers and Board members from 5 countries, with varied experiences and professions from Ambassador to student, attended the training for camp comfort cone in 2009 in the USA.

C.1. The community children's camp – an African context

In some counties in Africa communities and their children have been hard hit by the HIV crisis, armed conflict, natural disasters and staggering poverty and violence. These and other difficult social issues can cause great trauma to the child. The children's trauma is best addressed in the community within the language and cultural context in which the child lives. Unaddressed (unspoken, not understood and processed) trauma in children can have lasting negative affects both on the child, their family, and the entire community.

The most difficult parts of trauma, loss and grieving, often leave the child with the stigma of being different and feeling of isolation and lonely. Trauma brings with it loss, including the loss of a basic "*childhood*". Children who experience loss often lose the security of a childhood, and prematurely become miniature adults.

During the camp, the children are with other children have also experienced loss and trauma so they too understand what it is like to have life altering trauma (abuse, HIV/AIDS, illness, loss of loved one, armed conflict, displacement, poverty, etc.). Children knowing that they are not the only one who has had such an experience is tremendously comforting for children.

The Community camp for children give them time, a place and encouragement to just be children. The community children's camp fosters a safe, healing, accepting and encouraging environment where the children can have fun, be around other children, who also know the realities of trauma, grief, stigma and isolation, and most importantly, a place where they get to be children once again. Their childhood is restored, if even for a short time.

The Children community camp, unlike other traditional camps, is always held in the community where the children live (villages, towns, rural areas, city, etc.). The community decides which children will attend their Children's Community Camps. The camp program and its duration is also ultimately decided by the community volunteers who have participated in

the community self-assessment. Generally, the community camps are designed to mirror the way that children grieve – with tears, smiles, memories, arts, play, memory sharing and healing circles.

The children learn to see themselves and their peers as valuable members of their communities, and not just stigmatized or isolated children who must act like “*miniature adults.*” The view of both the child and the community is to give a new direction that can have positive affects for daily life and the future of the children and the community.

C.2. The general goals of the children’s community camp

Six goals can be mentioned:

1. Provide emotional support through allowing children to know other children who have experienced trauma
2. Develop bonds with other children, volunteers and community people to and lessen the isolation and stigma of the specific trauma
3. Allow children to process their grief and loss through play, laughter, imagination play, arts and crafts, performing arts, healing circles, and children’s rights
4. Allow a space and time for children to be children (instead of little adults)
5. Teach children how to see the leader in themselves and others
6. Teach children through actions that they have the power to give, to contribute to their community

D. Countries chosen for infield research

The three case study countries chosen were in various parts of Africa. The countries chosen for the in-country research were Botswana in Southern Africa, Liberia in Western Africa, and Morocco in Northern Africa. Also, several countries were considered in East Africa, but instead it was decided to have additional camps in Botswana. The geographical areas within the countries chosen were varied between rural and urban areas.

In Botswana, the in-country interventions and research were carried out in two rural areas of Mookane (population 2,500) and Mmaphashalala (population 1,500). In Liberia, the area chosen was Monrovia. In Morocco, the area chosen was Marrakesh. Although the countries and areas of the research varied in language, cultural norms, community resources, types of trauma, and specific interventions, the research was carried out with a basis formula that allowed for adaptation for the community and country.

*
**

The infield research is on the implementation of community psychosocial support for traumatized children through the interventions of first, community assessment, second, children's psychosocial pain assessment and third, community camps.

The main question of the infield research is: *“Can a local community assess themselves and their children to develop and implement a children's camp as an intervention to trauma?”* The basis for the infield research, the topic, the intervention and the countries chosen was set out in the first chapter of introduction.

The following chapter two will look at each country, Botswana, Liberia and Morocco separately, to understand the foundation of the political, socio-economic and cultural aspect of each country to understand the context of the in-country intervention and research.

CHAPTER II: COUNTRY BACKGROUNDS

The second chapter briefly looks at each country, Botswana, Liberia and Morocco to understand the context for which the research is carried out. The areas include general facts, geography, their social political history, their education system, the socio-economic state, their children, the challenges for their children, and finally the future opportunities and challenges for their children in each country.

The three countries were chosen based on contacts, location, language, political stability, security and gaining various official and local participants permission to carry out the community assessments, community children's camps and "*How Do I Feel?*" surveys. The order in which the camps were held were: Botswana, Mookane (November-December 2010) and Mmaphashalala (September 2011), Liberia, Monrovia (November-December 2011) and last Morocco, Marrakesh (April 2014). The countries in the research vary widely in language, culture, history, religion, political form, and socio-economic state.

The three countries represented the Africa's Southern, Western and Northern areas. The addition of a West African country was considered, however after four camps in three countries and over 500 surveys, four community assessments, hundreds of photos, and children's pictures, and videos, the benefit of adding a Western Africa Country would have been marginal given the richness of the data from the other countries.

All the countries, Botswana, Liberia and Morocco although very different, the communities chosen all had in common children who have experienced trauma and a caring community who are willing to learn how to support them through community activities and engagement.

*

**

A. The Republic of Botswana

Fig.1: Map of the Republic of Botswana



Source: CIA Fact Book.

Fig.2: Flag of the Republic of Bostwana



Source: CIA Fact Book.

A.1. Botswana fast facts^{1, 2, 3}

Population: 2,155,784 (2014 estimate)

Capital: Gaborone

Area: Land area: 585,371 square km; total area: 600,370 square km

Language: Setswana (national language) and English (International language)

Religion: Christian 71%

Currency: Pula

Life Expectancy: 54 years (male 55 and female 52)

GDP per Capita: \$16,000 USD in 2013⁴ (12,000 Euros)

Population below poverty line 30.3% (2003)

Unemployment: 17.8% (2009 EST.)

Child Labour: 10.9%

Literacy Percent: 86%

Government: Parliamentary Republic (Roman-Dutch law)

President: Ian Khama (2008, Older son of First President)

A.2. Geography

The Republic of Botswana is a land locked country in Southern African. It is located at the Southern part of Africa sharing borders with four countries: The Republic of South Africa to the South and South East; Namibia to the West and North; Zambia to the North at a single point, and Zimbabwe to the North East. Botswana's land is mostly flat with 70% of its land located in the Kalahari Desert. Botswana is considered one of the most sparsely populated nations in the world. Most prefer to live in the urban areas that hold 62% of population.

Botswana has a total land area of about 566,730 squared kilometers and a total population of about 2 million people with the population growth rate around 1.7 percent. About

¹ *The World Fact Book*, Central Intelligence Agency, 2014. Retrieved 1 September 2014.

² CIA World Fact Book, *Botswana Economy 2015*. Retrieved 23 February 2015, www.theodora.com/wfbcurent/botswana/botswana_economy.html.

³ UNICEF Statistics, *Botswana*, accessed 24 February 2015, http://www.unicef.org/infobycountry/botswana_statistics.html.

⁴ *The World Fact Book*, Central Intelligence Agency, 2014. Retrieved 1 September 2014.

62 percent of the Botswana population lives in urban areas with about 200,000 living in Gaborone the capital⁵.

The two villages where the camps and research were carried out are Mookane and Mmaphashalala both rural villages located in the “*Central Mahalapye*” area Number 51 for the census.

Table 1: Population of Mookane and Mmaphashalala by Gender⁶

Location	Total	Males	Females
Mookane	3,042	1,500	1,542
Village	2,297	1,028	1,269
Localities	745	472	273
Mmaphashalala	1,309	680	629
Village	1,309	680	629
Localities	1,027	506	521
Unknown	282	174	108

Mookane is a village located 150 km north-east of Gaborone in “*Central Mahalapye*” (census area 51) and it has primary and secondary schools and a health clinic. Mookane village is surrounded by the villages of Mmaphashalala, Dibete, and Phala Road. The total population was 3,042 in 2007 census⁷. Mmaphashalala is a village located 20 km from Mookane and 170 km north-east of Gaborone and is close to the border with South. The village has a primary school and the population was 1,309 in 2007 census⁸.

A.3. Botswana socio-political history

Botswana adopted its new name in 1966 after independence from the British Protectorate. It has a multiparty parliamentary system. Its legal system is based on Roman-Dutch law in the

⁵ Africaw, *Major Problems Facing Botswana Today*, <http://www.africaw.com/major-problems-facing-botswana-today>. Retrieved on 22 February 2015.

⁶ “Distribution of population by sex by villages and their associated localities: 2007 population and housing census”, <http://web.archive.org/web/20071124145556/http://www.cso.gov.bw/html/census/dist51.html>.

⁷ *Ibid.*

⁸ *Ibid.*

urban areas, but in the rural areas local customary laws are used⁹. Also the political system has a 15-member house of Chiefs with advisory power.

Botswana has had more than 45 years of civilian political leadership and stability, positive community investment in its people and infrastructure. It is the most stable economy in Africa. Botswana's natural resources include diamonds, copper, nickel, salt, soda ash, potash, coal, iron ore, silver and animals¹⁰. The current President Ian Khama is the eldest son of the country's first president.

A.4. Socio-economic history

Since its independence in 1966, Botswana has maintained one of the world's highest economic growth rates. Of the population 30% live below the poverty line. The key sectors are diamonds, high cost - low impact tourism, financial services, subsistence farming, and cattle raising.

Botswana has transformed itself from one of the poorest countries in the world to a middle-income country with a per capita GDP of \$16,400 in 2013 through political stability, little corruption, fiscal discipline and sound management. However, the industrial sector shrinking by 30%, and the global economic crisis reduced demand for Botswana's diamonds, thus in 2009, the economic growth was negative and has started towards a slow recovery since then. Diamond mining has fueled much of the financial expansion, it currently accounts for more than one-third of GDP, 70-80% of export earnings, and about one-third of the government's total revenues¹¹. Contrary to Botswana's impressive economic growth, the rates of poverty and inequality remain high with 23 per cent of Botswana's population who live on less than \$1.25 US dollars a day (1 Euro)¹². Botswana's challenges¹³, like many of its neighboring countries, include inequality, discrimination, extreme poverty in the rural areas, high HIV/AIDS prevalence rate, and desertification. Most of the people living in rural areas are

⁹ <http://www.issafrica.org/AF/profiles/Botswana/Politics.html> (accessed 22 February 2015).

¹⁰ *The World Fact Book*, Central Intelligence Agency, 2014. Retrieved 1 September 2014.

¹¹ CIA World Fact Book, *Botswana Economy 2015*, accessed 23 February 2015, www.theodora.com/wfbcurrent/botswana/botswana_economy.html.

¹² *SOS Children's Village*, Botswana, accessed on 24 February 2015, <http://www.soschildrensvillages.ca/botswana>.

¹³ *Africaw, Major Problems Facing Botswana Today*, <http://www.africaw.com/major-problems-facing-botswana-today>. Retrieved on 22 February 2015.

subsistence farmers who grow crops and raise animals just to feed themselves and their families. However, because of desertification, most farmers in the rural areas have lost their farm lands leaving most with nothing but abject poverty.

A.5. Children's education in Botswana

Botswana's education for children is one of the best in Africa. Because children have access to education the total population has a very high literacy rate of over 80% (both males and females aged 15 and above). Botswana is one of the few African countries that offers free education for all up to the university level¹⁴.

“All students in Botswana are guaranteed ten years of basic education, leading to a Junior Certificate qualification. Approximately half of the school population attends a further two years of secondary schooling leading to the award of the Botswana General Certificate of Education (BGCSE). Students can then go to one of the six technical colleges in the country, or take vocational training courses in teaching or nursing. The best students enter the University of Botswana in Gaborone. Spread across 115 hectares, the university offers courses in social sciences, education, sciences, agriculture, and humanities to over 14000 students. The government of Botswana invests a large part of national income in education to reduce dependence on diamonds and expatriates. In January 2006, Botswana reintroduced of university fees after two decades of free state education but the government still provides full scholarships with living expenses to any Botswana citizen in university. This is valid for those wanting to study in the University of Botswana as well as others who wish to pursue an education abroad because a certain course is not available locally.”¹⁵

A.6. Challenges for Botswana children

The main challenges for children in Botswana are extreme poverty, malaria HIV infection, AIDS, malaria and becoming orphaned.

¹⁴ *Ibid.*

¹⁵ *Botswana Education*, accessed 20 February 2015, <http://www.studylands.com/guide/BW-education.htm>.

A.6.1. Poverty, nutrition, and hunger

There is extreme poverty in the rural areas, which have failure of subsistence farming, lack of rainfall and arid land. Poverty brings with it 26% of the population who are undernourished and are not able to have a daily minimum of calorie requirements¹⁶. Nonetheless, child labor is only 9% (45,036) of the populations between the ages of 7 and 17 years, while youth unemployment (15-24) is a comparatively low 13.6 percent¹⁷.

The Government of Botswana has put into place national social programs¹⁸ to address issues of poverty, nutrition and hunger for children. These interventions include school-based feeding programs. They also include a range of welfare programs for children, the Remote Area Development Program (RADP), Destitution Policy, Orphan Care Program, and Home Based Care.

A.6.2. Human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)

The continent of Africa and more specifically Southern African is the most affected by the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). Children are the most affected, as they can be born with it, contract it from rape, feel the effects of losing a parent or parents, thus becoming orphaned, and vulnerable to poverty, exploitation and lack of education. Also, HIV/AIDS can be contracted by teenagers, especially girls before their childhood is over. Thus, overall, children are some of the most exposed and adversely affected by HIV/AIDS.

“The statistics are chilling: twelve million children in Sub-Saharan Africa have already lost one or both parents to AIDS. Not only do these children must survive without one or both

¹⁶ *SOS Children's Villages, Botswana*, accessed 24 February 2015, <http://www.soschildrensvillages.ca/botswana>.

¹⁷ *The World Fact Book*, Central Intelligence Agency, 2014. Retrieved 1 September 2014.

¹⁸ Republic of Botswana Government Website, *National Orphan Care Program*, accessed 26 February 2015, <http://www.gov.bw/en/Citizens/Sub-Audiences/Children--Youth1/Orphan-Care-Program/#d14e4ceec324948834751a0a2ea0021>.

*parents; they must also fight malnutrition, disease, violence, sexual exploitation and poverty. Every minute, a child below the age of 15 dies of AIDS.”*¹⁹

The HIV/AIDS prevalence in Botswana is one of the highest in the world with 23% of the total population infected²⁰. There are 337,700 people in 2012 living with HIV/AIDS. Botswana has the third highest rate of infection in the world. The comprehensive social and health response has reduced the death rate to 5,700 people in 2012 (2012 estimate)²¹. The high infection rate and AIDS death rates has led to one of the highest orphaned populations in the world with more than 30% of the population infected with HIV.

Botswana is second only to Swaziland as the most affected country and peoples affected by HIV and AIDS. In 2012, there were an estimated 340,000 adults living with HIV, which is about 25% of the entire population aged 15 and over²². Also 36% of pregnant women account for 36% of HIV positive population²³. Considering Botswana’s population is only 2.1 million, the epidemic has reached disturbing proportions. The country has an estimated adult HIV prevalence among 15-49 year olds of 23 percent, the second highest in the world after Swaziland²⁴.

The national response to the HIV epidemic since 2004 HIV testing and counseling has been offered as a part of a routine yearly medical exam. Also, clinics in both rural and urban areas have included free HIV Voluntary Counseling and Testing (VCT) and counseling, free treatment and free antiretroviral medications through the public health system.

More than two thirds (66%) of the population (15+) have been tested and know their HIV status in 2012²⁵. Treatment is accessed by more than 95% of the HIV+ people who need

¹⁹ MSD, *Who Will Care for the Children? Hope for Botswana AIDS Orphans*, accessed 24 February 2015, <http://www.hiv-msd.info/secure/partnerships/Botswana/Botswana.html>.

²⁰ *The World Fact Book*, Central Intelligence Agency, 2014. Retrieved 1 September 2014.

²¹ Africaw, *Major Problems Facing Botswana Today*, <http://www.africaw.com/major-problems-facing-botswana-today>. Retrieved on 22 February 2015.

²² Avert, *HIV/AIDS in Botswana*, accessed 23 February 2015, <http://www.avert.org/hiv-aids-botswana.htm>.

²³ MSD, *Who Will Care for the Children? Hope for Botswana AIDS Orphans*, accessed 24 February 2015, <http://www.hiv-msd.info/secure/partnerships/Botswana/Botswana.html>.

²⁴ Avert, *HIV/AIDS in Botswana*, accessed 23 February 2015, <http://www.avert.org/hiv-aids-botswana.htm>.

²⁵ *Ibid.*

them. In Botswana, has brought about some positive results including the increase in life expectancy in 2002 at 49 years to 2012 to 53 years, a five-year gain. While treatment is available to all with HIV infection, prevention of new infections has barely decreased. Thus, the total number of those with HIV/AIDS has decreased only slightly.

A.6.3. Orphaned Children

“*Who will look after my children?*” These are the last words of a single mother dying of AIDS, have ultimately given up hope for a better life for many of Botswana’s AIDS orphans²⁶. The United Nations International Fund for Children (UNICEF) estimates, there are around 130,000 orphans, of which 93,000 of them have been orphaned due to AIDS²⁷ out of a total population of two million. Many of these children both parents have died from the underlined HIV infection that had led to AIDS. Most of the children are raised by their families, usually with grandparents.

HIV and AIDS impact on families is devastating for children and their welfare. “*The National Situation Analysis on OVC in Botswana estimated the number of orphans at 137,805, representing 17.2 per cent of the number of children below the age of 18*”²⁸ (Government of Botswana, 2008a).

Culturally the family has a sense of duty and responsibility towards its members. Before HIV/AIDS in 25% of the population, it was easier to take care of children orphaned within the family. Now there are multiple children who are cared for by the other family members. Yet there are too few family members to care for all the children who have been orphaned. “*Over 68% of orphans are taken in by female headed households, 34% live with grandparents, and 11% are cared for by other relatives*”^{29, 30} (UNICEF, 2005).

²⁶ MSD, *Who Will Care for the Children? Hope for Botswana AIDS Orphans*, accessed 24 February 2015, <http://www.hiv-msd.info/secure/partnerships/Botswana/Botswana.html>.

²⁷ *SOS Children's Village, Botswana*, accessed 24 February 2015, <http://www.soschildrensvillages.ca/botswana>.

²⁸ Malinga, Tumani and Ntshwarang, Poloko (2011), “Alternative Care for Children in Botswana: A Reality or Idealism?”, *Social Work and Society. International Online Journal*, Vol. 9 (No. 2), Department of Social Work, University of Botswana, accessed 25 February 2015, <http://www.socwork.net/sws/article/view/277/593>.

²⁹ *Ibid.*

³⁰ UNICEF, *Botswana Child Monitor: A Bulletin of Recent Events, Statistics, Acquisitions about Children*. Consolidated by UNICEF, January-June 2005.

When there is not a family member or other adult to care for the children, some children are expected to be and act as the head households for their siblings. Most children who have been orphaned live with the trauma of having experienced their parents succumb to various illnesses and infections, and then ultimately die³¹.

The Botswana Government, over 15 years ago, in 1999 put into place “*The National Orphan Care Program*” for orphans to give them a food basket, psycho-social support and education (elimination of school fees where applicable). Six year later in 2005, there were 52,537 and 53,395 registered orphans in 2007 in the program³².

A.7. Future for Botswana’s children

Children who are orphaned experience trauma, and vulnerability. Trauma means to be “*injured*” in Greek³³. It is often the result of an overwhelming amount of stress that exceeds one’s ability to cope or integrate the emotions involved with that stressful experience, like losing one’s mother and/or father as a child.

Losing a parent is not the only source of vulnerability for Botswana’s children. Other causes include living in an abusive environment, a child-headed household or living in a child-headed household, living with a sick parent or guardian, living with HIV, living with a disability, and living outside family care. All of these situations can make children vulnerable to abuse and exploitation, illness, withdrawal from school, and emotional distress and trauma (Feranil *et al.*, 2010)³⁴.

Botswana government and local communities have a great many challenges briefly explored that include poverty, hunger, education, malaria, HIV/AIDS, being orphaned and its linked increased vulnerability. Of these challenges the most dominant in preventing children from reaching adulthood is HIV/AIDS as many of the other challenges (poverty, hunger,

³¹ UNICEF, Botswana, *Real lives, Botswana: Decimation and multiplication: the AIDS burden*, accessed on 24 February 2015, http://www.unicef.org/infobycountry/botswana_1907.html.

³² Republic of Botswana Government Website, *National Orphan Care Program*, accessed 26 February 2015 <http://www.gov.bw/en/Citizens/Sub-Audiences/Children--Youth1/Orphan-Care-Program/#d14e4ceec324948834751a0a2ea0021>.

³³ *Wikipedia*, accessed 25 February 2015, http://en.wikipedia.org/wiki/Psychological_trauma.

³⁴ Feranil *et al.*, of the Health Policy Initiative, *Task Order 1: “Assessing Implementation of Botswana’s Program for Orphans and Vulnerable Children”*, USAID, Health Policy Initiatives, 2010.

education, being orphaned) either develop or are made more dyer because of HIV infection and the AIDS, that usually leads to opportunist infections that the body’s immune system cannot fight, leading to death.

Botswana as a middle-income country spends great resources to combat HIV/AIDS. For those with HIV/AIDS care and treatment spending is the highest at \$225.4 million. The second largest amount of expenditure is for orphaned and vulnerable children (OVC) and for those orphaned and vulnerable because of AIDS deaths, the second highest amount of \$57.4 million is spent.

A.7.1 Botswana spending by programmatic area³⁵

Several posts can be mentioned:

Care and Treatment: 225.4 million
Orphans and Vulnerable Children: 57.4 million
Prevention: 37.1 million
Program Management and Administration Strengthening: 40.8 million
Other: 8.5 million

Per the latest UNGASS Botswana report³⁶ most programs from 51-75% of all programs for orphaned and vulnerable children are developed, funded and carried out by civil society or non-governmental organizations, like Ariel Foundation International.

The attention to OVC and the Botswana Governments financial and ethical commitment to its children is commendable and apparent. Nonetheless, the targets set for the treatment and care of orphan and vulnerable children have fallen short per the United Nations General Assembly Special Session (UNGASS) on Botswana report (2011). Specifically, Botswana has encountered some obstacles to achieving UNGASS National response to HIV/AIDS Treatment Care and Support Targets for Orphaned and vulnerable children. The Challenges are (*verbatim*)³⁷:

³⁵ UNGASS, *Botswana 2012 Global AIDS Response Report: Progress Report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS 2010-2011*, accessed 23 February 2015, <http://www.avert.org/hiv-aidsbotswana.htm#sthash.5ifyHIJZ.dpuf>.

³⁶ Republic of Botswana Government, *UNGASS Global AIDS Response Progress Report 2012*, Response for percentages of NGO programs for OVC, p. 142.

³⁷ UNGASS, *Botswana 2012 Global AIDS Response Report: Progress Report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS 2010-2011*, Republic of Botswana.

1. Material relief has remained the principal focus of the orphan care program, without comparable psycho-social support, child welfare monitoring and HIV education and prevention
2. Other children made vulnerable by the epidemic are not eligible for Short Term Plan of Action (STPA) registration and benefits
3. There is no national child welfare policy to guide interventions for all vulnerable children, including HIV+ children
4. Considerable social and political unease is expressed about the sustainability of a 'culture of dependency', and lack of clearly articulated graduation strategies for orphaned children reaching 18 years
5. Poor socio-economic status to meet other basic needs: The OVCs and/or their guardians often sell or exchange the food rations and other safety nets for cash and other commodities
6. Some parents or guardians as well as some school-going teenagers resist registration because of the stigma attached to those enrolled in the programs and threats to their self-esteem
7. NGOs and CBOs providing care and support services to OVCs are concentrated on the eastern part of the country leaving other areas without adequate services

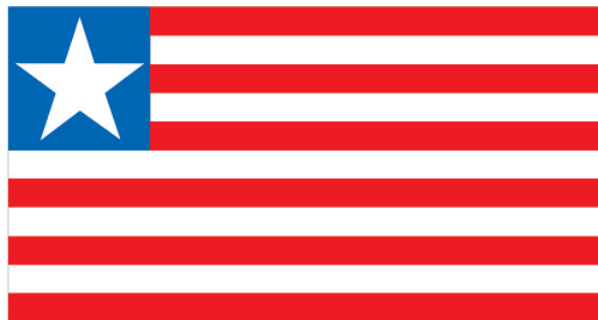
B. The Republic of Liberia

Fig.3: Map of the Republic of Liberia



Source: CIA Fact Book Online.

Fig.4: Flag of the Republic of Liberia



Source: CIA Fact Book.

B.1. Fast facts^{38,39}

Population: 3,283,000

Capital: Monrovia (572,000)

Area: 111,370 square kilometers (43,000 square miles)

Language: English, 20 ethnic languages

³⁸ *National Geographic*, Liberia Facts, <http://travel.nationalgeographic.com/travel/countries/liberia-facts/>.

³⁹ *Liberia Economy 2015*, accessed 23 February 2015, http://www.theodora.com/wfbcurrent/liberia/liberia_economy.html.

Religion: Indigenous beliefs, Christian, Muslim

Currency: Liberian dollar

Life Expectancy: 49

GDP per Capita: U.S. \$\$700 (2013 EST.)

Unemployment: 85% (2003 EST)

Literacy Percent: 58

Government: Democratic Republic (based on USA)

President: Ellen Johnson Sirleaf

B.2. Geography

The Republic of Liberia is in West Africa. It is bordered by Sierra Leone to its West, Guinea to its North and Ivory Coast to its East. Liberia covers an area of 111,369 square kilometers (43,000 square miles) and is home to about 4 million people of which one third lives in Montserrado, were the capital Monrovia, is located.

In Liberia, there are over thirty indigenous languages, but English is the official language. Christianity is practiced by over 85% of the population and Islam is practiced by 12%.

Monrovia is the capital of the Republic of Liberia ⁴⁰. Monrovia was founded in 1822, and was the first permanent Black American settlement in West Africa. Monrovia borders the Cape Mesurado peninsula. It is between the Atlantic Ocean and the Mesurado River. Monrovia's economy is enhanced by its harbour. Monrovia is Liberia's cultural, political and financial centre. Monrovia is the most populated city with 29% of the total population of Liberia: a population of 1,010,970 as of the 2008 census.

B.3. Socio-political history

The Republic of Liberia is the only country in Africa founded by the United States while occupied by native Africans. Beginning in 1820, the region was colonized by African Americans, most of whom were freed slaves. The colonizers later become known as Americo-Liberians. They established a new country with the help of the American Colonization Society,

⁴⁰ Liberia Institute of Statistics and Geo-Information Service, GEOHIVE, Liberia General Information, <http://www.geohive.com/entry/liberia.aspx>, accessed 13 May 2015.

a private organization whose leaders thought former slaves would have greater opportunity in Africa. African captives freed from slave ships of the British and Americans were sent there instead of being repatriated to their countries of origin.

Since Liberia was colonized by mostly freed African slaves from the United States, the government is modeled after it. It has a constitution, and is a representative democracy established by its constitution. There are 3 branches, Executive (President), the Legislative and the Judicial. Both the President along with the Vice President are elected to a six-year term (rather than four years in the USA) in a majority vote system. A President can serve two terms or twelve years.

B.3.1. Coups d'État and civil wars

Liberia's history up until the 1980 was peaceful. *"For 133 years after independence, the Republic of Liberia was a one-party state ruled by the Americo-Liberian-dominated True Whig Party (TWP)."*⁴¹ President William Tolbert held office until the 1980 coup d'état. Samuel K. Doe seized power in a coup d'état. Doe's group executed President William Tolbert. From 1980 to 1984, all political parties were banned. Doe stayed in power until 1989.

The rebel group led by Charles Taylor, the National Patriotic Front of Liberia, launched an insurrection against Doe's government with the backing of Burkina Faso and Ivory Coast, that triggered the first Liberian civil war on Christmas eve December 1989⁴².

In 1990, Doe was captured and executed by rebel groups. The rebel groups split into two factions that fought one another from 1989 to 1996. More than 200,000 Liberians died, while more than a million were displaced in neighboring counties in refugee camps. *"Soldiers, some of them still children, committed unspeakable atrocities, raping and murdering people of all ages, in what became one of the world's worst episodes of ethnic cleansing"*⁴³.

In 1995, the rebel groups reached a peace compromise that eventually led to the election on Charles Taylor in 1997. Internationally Liberia became known as a pariah state due to the use of blood diamonds and illegal timber exports to fund the Sierra Leone Civil War. Thus,

⁴¹ *History of Liberia*, <http://www.historyofnations.net/africa/liberia.html>.

⁴² *The Lone Star, the Story of Liberia*, <http://www.pbs.org/wgbh/globalconnections/liberia/essays/history/>.

⁴³ *Ibid.*

in 1999 and again in 2003 rebels launched attacks in Liberia, then Charles Taylor resigned. The United Nations mission arrived in Liberia in 2003 to provide security and monitor the peace agreement.

In August 2003, “*under intense U.S. and international pressure, President Taylor resigned office and departed into exile in Nigeria. This move paved the way for the deployment by ECOWAS of what became a 3,600-strong peacekeeping mission in Liberia (ECOMIL)*”⁴⁴.

Liberia had seven years of civil war. Approximately 200,000 people were killed, and 800,000 people were internationally displaced, while over 700,000 were refugees in neighboring countries⁴⁵.

B.3.2. Peaceful elections

In 2005, Ellen Johnson Sirleaf became the 24th and current President of Liberia. She won the 2005 presidential election and took office on 16 January 2006, and she was a successful candidate for re-election in 2011. Sirleaf is the first elected female head of state in Africa. Before becoming President, Sirleaf served as Minister of Finance under President William Tolbert from 1979 until the 1980 coup d'état, after which she left Liberia and held senior positions at various financial and international institutions including The World Bank (WB) and the United Nations (UN).

As President of Liberia, Ellen Johnson Sirleaf was awarded the Nobel Peace Prize “*for their non-violent struggle for the safety of women and for women’s rights to full participation in peace-building work*” in the field of “*peace movement and women’s rights*”⁴⁶.

B.4. Liberia’s socio-economic history

Liberia is a low-income country (LIC). Liberia relies heavily, if not solely on foreign assistance from international organizations as World Bank, USAID, International Monetary Fund and

⁴⁴ *The History of Nations, Africa*, <http://www.historyofnations.net/africa/liberia.html>.

⁴⁵ *The Lone Star, the Story of Liberia*, <http://www.pbs.org/wgbh/globalconnections/liberia/essays/history/>.

⁴⁶ http://www.nobelprize.org/nobel_prizes/peace/laureates/2011/johnson_sirleaf-facts.html.

other. Years of civil war, corruption, and government mismanagement destroyed much of Liberia's economy⁴⁷.

USAID stated: "*Between the mid-1980s and the end of the civil war, GDP fell by 90 percent. Nine years after the war, Liberia placed 182 out of 187 countries on the United Nations' 2011 Human Development Index, and its absolute score.*"⁴⁸

After the war, the reconciliation process has been a primary focus within groups and generations. The youth and children still live with the after effects of war, including, poverty, malnutrition, violence, rape, mal-education, post-traumatic stress, and other symptoms of a ruined family, psychological, social and economic structures under ongoing transformation.

In addition, some of the infrastructure caused difficult sanitary conditions has helped to spread the now deadly Ebola virus. The people in the poorest area, like the one for the children's camp, are poor, hungry and now quarantined⁴⁹. People wanted to let Sirleaf know the hardships they are facing because of the quarantine. "*A lot of people were saying we're hungry, we don't have food to eat.*"⁵⁰

Since the Presidency of Shileaf, the Liberian people have begun down the difficult path of recovery and healing. The Civil war caused immeasurable economic, political, environmental, humanitarian, social and psychological trauma.

B.5. The children of Liberia

After over 25 years of instability with coup d'états and civil war not only directly affecting, but including, the children as child soldiers, the child population has just started to recover and develop towards a more normal childhood. A more normal childhood includes, shelter, food, clothing, protection from violence and exploitation, education and play. Children were taken

⁴⁷ *Liberia Economy 2015*, accessed 23 February 2015 http://www.theodora.com/wfbcurrent/liberia/liberia_economy.html.

⁴⁸ USAID, *Liberia County Development Cooperation Strategy 2013-2017*.

⁴⁹ *Ebola outbreak: Liberia's President Restricts Movements*, <http://www.cbc.ca/news/world/ebola-outbreak-liberia-s-president-restricts-movements-1.2719952>.

⁵⁰ *Liberia's President Apologizes To The Mother Of A Slain Teenager*, National Public Radio, <http://www.npr.org/blogs/goatsandsoda/2014/08/25/343172859/liberias-president-apologizes-to-the-mother-of-a-slain-teenager>.

into the rebel army, trained to fight and given drugs to ensure blind obedience⁵¹. Child soldiers made up “25 to 75% of the total fighting forces in Liberia”⁵². UNICEF sponsored a “demobilization” program supporting almost 5000 child soldiers who received psychosocial support, health and social life training (HIV/AIDS) and re-integration back into society, including attending school.

B.5.1. Education for children in Liberia

Although primary school education is “free”, there are fees for uniforms, books, a desk, etc. that effectively make all schools in Liberia fee paying. The effect of this system is that most children do not attend school after 10 or 11 years old and very few children finish high school. Liberia has many children who were child soldiers or family members of child soldiers who are not in school. Of the 2.1 million children, only 3.7%⁵³ will attend primary school education. It is not unusual for a 12-year-old or 13-year-old to be in the same class or grade as a 7-year-old or second grade:

*“Despite multiple initiatives aimed at getting children to go to school and stay in school, this (UNICEF) report finds that 70 per cent of Liberian children ages six to eleven are not enrolled in primary school”, said UNICEF Representative Sheldon Yett. “We also know that many Liberian children enrolled in school are over age for their grade levels, putting them at a greater risk of dropping out.”*⁵⁴

As a part of the background this researcher, made an unannounced visit to the largest government primary school in Monrovia revealed only one teacher was in the classroom teaching, classrooms with chairs on desks, broken doors, the school looked ransacked and abandoned. All the teachers, except for one, were in the yard talking, students were running and playing, but there was very little other evidence that the school was in session. This was the

⁵¹ UNICEF, *Country Information – Liberia*, http://www.unicef.org/french/infobycountry/liberia_13403.html.

⁵² Council on Foreign Relations, *LIBERIA: Child Soldiers*, <http://www.cfr.org/liberia/liberia-child-soldiers/p7753>.

⁵³ UNICEF, *Statistics at a Glance, Liberia*, http://www.unicef.org/infobycountry/liberia_statistics.html.

⁵⁴ UNICEF Press Release, *As the continent celebrates Day of the African Child, Liberia looks inward at high out-of-school population* [16 June 2014], http://www.unicef.org/liberia/media_8241.html.

only government elementary school in a very large area. Liberian children lead the Western region for percentage of primary school age children who are not enrolled in formal schooling⁵⁵.

The continuation of education is especially a challenge for girls of whom 10% will be married before 15 years old and over 37% before 18 years old. For girls, 37.8% of them will give birth before they are 18 years old. While only 19% of them will be married or in a union before 18 years old. Child marriage stops education.

B.5.2. Special challenges for Liberian children: poverty, violence and exploitation

Poverty, violence, and exploitation are three other very influential factors in Liberian children's lives. More than 83% of the population lives below the international poverty line of \$1.25 USA or (less than 1.0 euro) per day in 2011⁵⁶. The GNI per Capita in 2012 was \$370 USD (about 250 euro). Poverty affects nutrition, growth. Due to a lack of nutritious food, between 2008-2012 more than 41% of Liberian children had moderate to severe "stunting" of both their physical and cognitive growth. Lack of nutrition affects children's ability to affectively learn while in school.

B.5.2.1. Poverty

Of almost 4.2 million people (2012)⁵⁷ in Liberia, more than 50% (2.1 Million) are children under 18 years⁵⁸. Almost 76% of the children live below the poverty line⁵⁹. Liberian children have several special challenges in their childhood that include the continued effects of violence in their society and homes, poverty, access to good nutrition and safe water, lack of educational opportunities, and general vulnerability to health and thus, life. The health challenges for children include mal-nutrition, respiratory diseases, fever and diarrhea, malaria, sexually transmitted diseases and sparse health care. The World Health Organization attributes both high morbidity and mortality in developing countries like Liberia to acute respiratory infection (ARI),

⁵⁵ *Ibid.*

⁵⁶ UNICEF, *Statistics at a Glance, Liberia*, http://www.unicef.org/infobycountry/liberia_statistics.html.

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

⁵⁹ *Child fund in Liberia*, <https://www.childfund.org/liberia/>.

fever, and dehydration from diarrhea. Immediate medical intervention for the child is needed to reduce death. Within a survey sample for the Liberian Demographic and Health Study, for children five years and under, 22% of the children had diarrhea and thus dehydration, 29% had fever and 7% had ARI⁶⁰. Liberian children have great health challenges. Only 60% of the children in urban areas and only 49% of the children in rural areas had childhood vaccinations⁶¹. Thus communicable and childhood disease is added to the health difficulties for Liberian children.

B.5.2.2. Violence and exploitation

Physical and sexual assault of children, the exploitation and sale of children for trafficking, and other violent acts against children in Liberia are all too common.

It is a historical fact that during the years of war children were taught and encouraged to rape, maim, kill or to see it being done. This violence has had a lasting effect on the children of Liberia today. Of all adolescents, over 90% believe that “*violent discipline*” is justified and a norm. Of adolescent males, 36% and 48% of adolescent females believe that there is justification of “*wife beating*”⁶². For the girl child face challenges that include Female Genital Mutilation/ Female Genital Cutting (FGM/FGC) with 45% of the general population supporting the practice.

Child soldiers, both boys and girls are estimated to have been more than 15,000. Many of the child soldiers, mostly between 6 to 16 years old, have been both victims and perpetrators of unspeakable abuses. “*Many of them have been killed, raped, tortured, and some have even practiced cannibalism*”⁶³, quoted Liberia Education Fund (LEAF) website.

Per Ross Mountain, the Special Humanitarian Coordinator for Liberia, eleven years ago in 2003: “*[M]any of these children have never been to school before. Many are deeply traumatized by the horrors of the war, they have indulged in all kinds of abuse and have no way*

⁶⁰ Liberia Demographic and Health Survey 2013 – Preliminary Report. Liberia Institute of Statistics and Geo-Information Services, Monrovia, November 2013, p. 16.

⁶¹ *Ibid.*, p.15.

⁶² UNICEF, *Statistics at a Glance, Liberia*, http://www.unicef.org/infobycountry/liberia_statistics.html.

⁶³ Liberia Educational Assistance Foundation, <http://leaf-lib.org/>.

to meet their needs outside of their structures 'rebels'. A concerted effort must be made to both reintegrate and equip children with the necessary skills that will allow them to rebuild their lives.”⁶⁴

A common form of exploitation in Liberia is child labour. Between 2002 and 2012, more than 20.8% of children were in child labour, males only a little more (21.1%) than females (20.5%).

B.6. The future for Liberia's children

The UNICEF Report on the Situation of Children and Women in Liberia 2012: From Conflict to Peace, states the various realities of childhood already mentioned above. The report goes on to give possible foci and solutions to the special challenges for Liberian children. Liberian government for its Liberian Economic and Growth and Development Strategy (2013-2017) “Agenda for Transformation” ten top priority actions identified are⁶⁵:

1. Enable reconciliation to take place through creating an inclusive PRS policy and service environment
2. Children's Act implementation throughout the country and reporting annually on progress to both the House of Representatives and to Senate; first step is establishment of the Child Wellbeing Council
3. Birth registration is critical for children to effectively claim their rights under the new Children's Act
4. Infant health and nutrition improvements must be maintained as infant malnutrition has irreversible impact on life-time prospects
5. Early childhood care and development (ECCD) enabling children to enter formal learning as healthy, confident young children is the best grounding for positive outcomes from child-centered learning from age six
6. Quality learning outcomes from Grade 1-3 education must be assured for all children as the foundation for their future education. Provide a foundation for future education that is less dependent on teacher quality

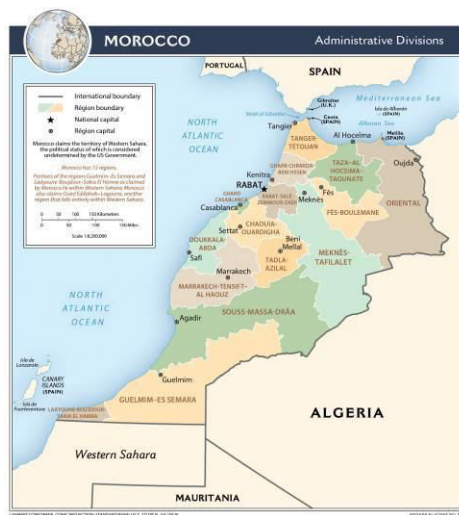
⁶⁴ IRIN, *LIBERIA: Plus de 15 000 enfants soldats au Libéria*, September 2003, <http://www.irinnews.org/fr/report/68099/liberia-plus-de-15-000-enfants-soldats-au-liberia>.

⁶⁵ UNICEF-Liberia, *The Situation of Children and Women in Liberia 2012: From Conflict to Peace*.

7. Post-basic education from Grade 4 needs to address education delivery in remote low-density locations, without expecting children to leave home
8. Secondary education needs to develop similar remote learning as well as quality boarding facilities. Research is needed on child, especially girl, workers
9. Skills training for post schooling and drop-outs to address the problem of youth unemployment could involve public-private partnerships providing work placements and entrepreneurship skills and loans
10. Child-adolescent transition requires urgent reform, through engagement with traditional and religious leaders

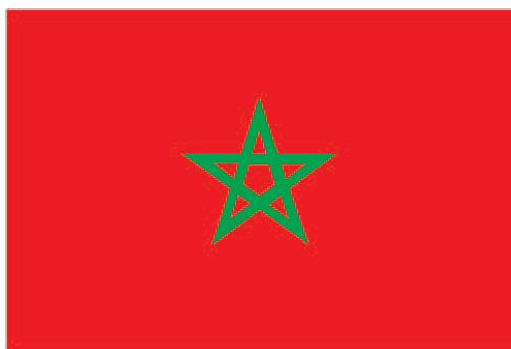
C. The Kingdom of Morocco

Fig.5: Map of the Kingdom of Morocco



Source: CIA Fact Book.

Fig.6: Flag of the Kingdom of Morocco



Source: CIA Fact Book.

C.1. Fast Facts⁶⁶

Population: 33,063,250⁶⁷

Capital: Rabat, 1, 759,000

Area: 710,850 square kilometers (274, 461 square miles)

Language: Arabic, Berber dialect, French

Religion: Muslim

Currency: Moroccan Dirham

Life Expectancy: 70

GDP per Capita: U.S. \$2940⁶⁸ - \$7350⁶⁹

Population below international poverty line (\$1.25 /day): 2.5% 4 million, 1 million or 75% in rural areas^{70,71}

Unemployment: 9.5% (2013 EST.)⁷²

Child Labour: 8.3%⁷³

⁶⁶ National Geographic site, *Moroccan Facts*, accessed 26 February 2015, <http://travel.nationalgeographic.com/travel/countries/morocco-facts/>.

⁶⁷ World Population Review, *Morocco*, <http://worldpopulationreview.com/countries/morocco-population/>, accessed 14 May 2015.

⁶⁸ UNICEF, *Statistics at a Glance for Morocco*, accessed 2 March 2015, http://www.unicef.org/infobycountry/morocco_statistics.html?p=printme.

⁶⁹ Morocco and the IMF, *GDP Per Capita*, updated 18 April 2015, <http://www.imf.org/external/country/MAR/index.htm>.

⁷⁰ *Rural Poverty in the Kingdom of Morocco*, accessed 2 March 2015, <http://www.ruralpovertyportal.org/country/home/tags/morocco>.

⁷¹ UNICEF, *Statistics at a Glance for Morocco*, accessed 2 March 2015, http://www.unicef.org/infobycountry/morocco_statistics.html?p=printme.

⁷² *Morocco Unemployment Rate*, CIA World Fact Book (24 August 2014), accessed 21 April 2015, http://www.indexmundi.com/morocco/unemployment_rate.html.

⁷³ *UNICEF Statistics on Morocco*, http://www.unicef.org/infobycountry/morocco_statistics.html, accessed 22 April 2015.

Literacy Percent: 67.1%⁷⁴

Government: Kingdom

King: King Mohammed VI, who has ruled since 1999, claims descent from the Prophet Muhammad

C.2. Geography of Morocco

Morocco has an estimated 2014 population of 33,063,250, up from 2013's estimate of 32,649,130 people⁷⁵.

Morocco is a demographically young country with 27% of its population under the age of 15, 18% between the ages of 15 and 24, 42% between 25 and 54 years old, 7% between the ages of 55 and 64 and just 6% 65 years and older. The median age of Moroccans is 27 years old⁷⁶.

The clear majority of Moroccans are Sunni Muslims, primarily of Arab-Berber, Arabized Berber, Berber and Congo ethnic backgrounds. The country itself was inhabited by Berbers since at least 5,000 years ago, while Arabs conquered the land that later became Morocco in the 7th and 11th centuries, when the area was inhabited mostly by indigenous Berber and Romano-Berber peoples. Arabs and Berbers currently account for around 99.1% of the Moroccan population⁷⁷.

Marrakech is a major city in the northwest of Morocco. It has a population of 1,063,415 people⁷⁸. It is the capital of the mid-southwestern region of Tensift-El Haquz Marrakesh is the fourth largest city in the country after Casablanca, Rabat and Fes. Marrakesh has an old fortified city with a medina, where vendors have their stalls which bordered by modern neighborhoods. Marrakesh is a major economic centre and tourist destination, especially for the French

⁷⁴ *Ibid.*

⁷⁵ *Ibid.*

⁷⁶ *Ibid.*

⁷⁷ *Ibid.*

⁷⁸ *Ibid.*

population. King Mohammed VI strongly encourages and advocates for tourism. Because of tourism, real estate and hotel development in Marrakesh has grown despite the economic recession in Morocco.

Marrakesh has the largest traditional Berber market, called souk in Morocco. There are 18 souks or markets selling items ranging from traditional Berber carpets to modern consumer electronics. The tourists are the main buyers of crafts. Thus, the craft industry employ a large percentage of the population.

Most of the estimated 100,000 foreign residents in Morocco are also French, while France is home to the largest concentration of Moroccan migrants outside of Morocco.

C.3. Morocco's social – political history

The Moroccan Constitution provides for a Monarchy, King Mohamed VI. From the Ninth century Morocco was ruled by various dynasties with the arrival of Islam. It starting with the Idrissids in the ninth century. The Almoravids of the 11th century (a confederation of Berber tribes) created modern-day Morocco by uniting the northwest of the country to the vast Berber and Saharan hinterland. The Almoravids empire stretched from the Atlantic to eastern Algeria and from West Africa to Spain. The Almoravids were overthrown by the Almohads (Berber tribes from the High Atlas). The Almohad ruled the empire in the 12th and 13th centuries. Architecture from this period can still be seen (for example, the Bab Agnaou gate in Marrakesh. The Merinids ruled in the 13th–15th centuries, followed by the Wattasids (15th–16th), Saadians (16th) and finally the Alouites, rulers from the 17th century to the present day⁷⁹.

The French controlled Algeria from 1830. Morocco was increasingly isolated from the Islamic world and subject to European pressure. This culminated in the Treaty of Fès, which established Morocco as a French Protectorate in 1912, with Spain controlling certain areas in the north and southwest (as well as Western Sahara). In March 1956, the French protectorate was ended and Morocco regained its independence from France as the “*Kingdom of Morocco*”. A month later Spain ceded most of its protectorate in Northern Morocco to the new state except

⁷⁹ *History and Politics of Morocco. Our Africa*, <http://www.our-africa.org/morocco/history-politics>, accessed 21 April 2015.

two coastal enclaves Ceuta and Melilla on the Mediterranean coast. Sultan Mohammed became King Muhammad V in 1957.

During World War II, Moroccan divisions distinguished themselves in battle against Nazi Germany. Mohammed V protected all 300,000 of his Jewish subjects in Morocco from deportation to occupied France. After the war, Mohammed V led popular demands for independence, which finally came in 1956⁸⁰.

Upon the death of his father Mohammed V, King Hassan II succeeded to the throne in 1961. He ruled Morocco for 38 years, until he died in 1999. His son, the current King Mohammed VI assumed the throne in July 1999⁸¹.

The political system is a Monarchy with a Parliament with an independent judiciary. Thus, politically Morocco is a parliamentary constitutional monarchy. The Prime Minister, currently Abdelillah Benkirane is the head of government and of a multi-party system. The government and two chambers of parliament called the Assembly of representatives of Morocco and the Assembly of Councilors exercise the Executive power.

On June 17, 2011 King Mohamed VI announced a series of reforms that would transform Morocco into a Constitutional Monarchy⁸².

The constitution grants the King extensive powers. King Mohamed VI is both the secular political leader of Morocco and the “*Commander of the Faithful*” as a direct descendant of the Prophet Mohammed. King Mohamed VI presides over the Council of Ministers; appoints the Prime Minister following legislative elections, and on recommendations from the latter, appoints the members of the government. The constitution theoretically allows King Mohamed VI to terminate the tenure of any minister, and dissolve the Parliament, after consultation with the heads of the higher and lower Assemblies, to suspend the constitution, call for new elections,

⁸⁰ *Ibid.*

⁸¹ *Ibid.*

⁸² *The Iris Times*, 2 July 2011 *Moroccan king in referendum win*, <http://www.irishtimes.com/news/moroccan-king-in-referendum-win-1.879350>, accessed 21 April 2015.

or rule by decree. This action had occurred only once before in 1965. The King is formally the chief of the military.

C.4. Socio-economic history

Morocco is a liberal economy based on supply and demand. Morocco has pursued a government policy of privatization since the 1990s. “The World Economic Forum placed Morocco as the first most competitive economy in North Africa, in its African Competitiveness Report 2014-2015⁸³.

Additionally, Morocco was ranked the 4th African country by the Economist Intelligence in 2013, the quality-of-life-index, was only behind three other African countries, South Africa, Algeria and Tunisia. Nonetheless, about half (50%) of Morocco’s population lives in the rural areas where the good quality of life is still to be achieved. Over 70% of Morocco’s poor people live in rural areas⁸⁴.

Moreover, of the employment industries (2006), the major three are Agriculture (44.6%), Services (35.5%) and Industry (19.8%). Moroccan economy mainly depends on its resources in agriculture (fish, grains and fruit), tourism and phosphates. Morocco is the world’s third-largest producer of phosphates, after the USA and China. The price fluctuations of phosphates on the international market greatly influence Morocco’s economy. Industry and mining contribute about one-third of the annual GDP. France remains the primary trade partner (customer and supplier) of Morocco. France is also the primary creditor and foreign investor.

Morocco’s current socio-economic challenges include its overall literacy rates and gender disparities (for girls) in access to secondary education, high rates infant and maternal mortality.

⁸³ World Economic Forum, *Initiatives in Africa and Competitiveness*, <http://reports.weforum.org/africa-competitiveness-report-2015/>, 2015.

⁸⁴ *Morocco Socioeconomic Influence of Rural Roads: Fourth Highway Project*, World Bank, accessed on 21 April 2014, <http://lnweb90.worldbank.org/oed/oeddoclib.nsf/DocUNIDViewForJavaSearch/7BEC60EE0D81629F852567F5005D3597>.

Morocco is addressing its persistent social problems by reducing absolute poverty rates, investing in its people through quality education, expanding access to safe drinking water, and linking rural areas to markets through the building of additional roads in the rural areas.

In short, “*Morocco stands out as a model of economic reform for the region and for other developing countries. The kind of economic progress that Morocco has made, and which the rest of the Maghreb has the potential to accomplish, is the best antidote to the new threat of terrorism in the region*”, per Ambassador Eizenstat⁸⁵.

C.5. The children of Morocco

Most children (94%) are registered at birth thus allowing for both recognition of a family name and nationality⁸⁶. The overall state for children is better in the urban areas with access to clean water, sanitation, food, medical and social services. The children in rural areas, where 70% of the poor population lives, both clean drinking water (60.8%) and sanitation (52%) is far below that for the urban area (98.2%) and (83.1%) respectively⁸⁷. Immunization coverage is 99% in both rural and urban areas⁸⁸.

C.5.1. Education in Morocco

Since 2000, education for children up to age 18 is a legal requirement. Early childhood education is quite low a total of 40.8% of the children attending from 2005 to 2012. The poorest children, 20% of the population, the school attendance rate is 5.9%. While for the richest children, 20% of the population the attendance is 78.3%⁸⁹.

Over 94% of children in urban areas and 82.7% in rural areas go to primary school. Yet, enforcement is a challenge in the rural areas. The biggest challenge to universal education is

⁸⁵ *International Monetary Fund Praises Morocco's Economic Performance and Reforms: Continued Growth Anticipated*, PRNewswire Press Release, <http://www.prnewswire.com/news-releases/international-monetary-fund-praises-moroccos-economic-performance-and-reforms-continued-growth-anticipated-65031107.html>, accessed 21 April 2015.

⁸⁶ *UNICEF Statistics on Morocco*, http://www.unicef.org/infobycountry/morocco_statistics.html, accessed 22 April 2015.

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

children working as “*live in maids*” or in factories or artesian shops to supplement the household income that is usually the sole responsibility of the man of the house. The school dropout rate rises between the ages of 11 and 14 years old⁹⁰.

Per *The Economist*, “[m]ore than 88% finish primary school, up from 62% at the end of King Hassan’s reign in 1999.” Rural children have benefited. Better transport and boarding facilities for those from far-flung villages have made schools easier to reach. Since 2008 the education ministry has given School bags with pens and exercise books to millions starting primary school. Modest cash allowances for parents of pupils have helped win over families⁹¹.

The father as the head of household makes most of the important decisions. Only 57.8% support the role of education for their children⁹². Yet, the percentages of children who attend primary school is high, thus it is likely that the mother’s support of education is one of the key factors in their child’s attendance.

C.5.2. Challenges for Moroccan children

Children in Morocco face several challenges including poverty, child labour, violence attendance and completion of secondary school, early marriage and parenthood.

C.5.2.1. Poverty

Poverty in both urban and rural areas manifests itself in different aspects of children’s lives. Poverty is both a concept and a reality that is all encompassing. It affects a child’s and their family’s entire life. Poverty is not only a lack of access to economic and financial support for their lives, but also lack of sanitation, drinking water, food, health, and other aspects needed for them to grow and develop: “*Nearly a third of Moroccans have no proper sanitation, putting them at risk of illnesses such as gastrointestinal infections, typhoid, malaria and trachoma. Tuberculosis also remains widespread, with 27,000 cases reported in 2009*” (WHO)⁹³.

⁹⁰ “Child Labour in Morocco. A work in Progress”, *The Economist*, 14 August 2014, online accessed 2 March 2015, <http://www.economist.com/blogs/pomegranate/2014/08/child-labour-morocco>.

⁹¹ *Ibid.*

⁹² *UNICEF Statistics on Morocco*, http://www.unicef.org/infobycountry/morocco_statistics.html, accessed 22 April 2015.

⁹³ “Rural Poverty in the Kingdom of Morocco”, *IFAD*, Investing in Rural People, Rural Poverty Porthole, accessed 25 April 2015, <http://www.ruralpovertyportal.org/country/home/tags/morocco>.

The description of poverty in Marrakech from a United Nations Post explains: “*Poverty is particularly rife in rural areas of Morocco, where as many as one in four people living in rural regions are poor, compared to one in ten in urban areas. Uneven development which has given little attention to rural regions and a much greater emphasis on development in the large towns and cities, has led to many people moving to the bigger cities such as Marrakesh looking for employment and a better standard of living. But do they find it? Judging by the sheer scale of beggars on the streets in Marrakesh and destitute children, many as young as three, waving tissues, toy snakes and even bread to feed the pigeons at you in exchange for a couple of Dirham’s, life in the city is just as hard...*”⁹⁴

In Morocco, seventy-five per cent of rural poor people depend on agriculture for their livelihood. Yet many have access to only a limited amount of arable land that cannot be irrigated, thus has a poor agricultural yield. In addition, farmers often do not have formal title to land, even though many they have owned the land for generation. Thus, it is difficult for them to obtain formal credit to start activities that can help them to diversify their sources of income. Thus, poverty is entrenched, even when the families own land⁹⁵.

Poverty in rural areas are especially difficult for ten percent (10%) of the children under five years old who are often underweight and undernourished because of family food insecurity stemming from poverty⁹⁶.

C.5.2.2. Clean Drinking Water and Sanitation

Sanitation, access to clean water and waste facilities is an aspect of daily life that is part of getting out of the poverty cycle. Poverty challenges include food security, clean drinking water and sanitation especially in the rural areas. “*Nearly a third of Moroccans have no proper sanitation, putting them at risk of illnesses such as gastrointestinal infections, typhoid, malaria*

⁹⁴ “Poverty in Morocco”, *UN Post*, Independent Insight into the United Nations, 2010, <http://www.unpost.org/poverty-in-morocco>, Accessed 25 April 2015.

⁹⁵ “Rural Poverty in the Kingdom of Morocco”, *IFAD*, Investing in Rural People, Rural Poverty Porthole, accessed 25 April 2015, <http://www.ruralpovertyportal.org/country/home/tags/morocco>.

⁹⁶ *Ibid.*

and trachoma. Tuberculosis also remains widespread, with 27,000 cases reported in 2009” (WHO)⁹⁷.

C.5.2.3. Child labor in Morocco⁹⁸

Child labor affects children who not only go to primary education (up to 10-12 years old) but also secondary education. Child labor affects both males (9.1%) and females (7.5%). In Morocco, more than 86,000 Children between 7-15 years old employed⁹⁹.

Per an article on a study by Morocco’s High Commission for Planning (HCP)¹⁰⁰, 76,000 children are working in rural areas, while 10,000 children work in urban areas, 57% of working children are male. Of those children working in the rural areas, most of the Children (94%), work in agriculture and forestry while in the city the children (87.7%) are doing industry-related jobs¹⁰¹.

Mostly girls from poor families in rural areas, some as young as 8 years old, work as “*petites bonnes*” domestic workers in private homes in the urban areas. Human Rights Watch in 2012 described the Lonely Servitude – the Domestic Labour in Morocco¹⁰². The majority of girl children who do this work experience isolation, violence (physical, verbal, sexual), food deprivation, long working hours into the day and night, poor pay (9 euro per month) and almost all do not attend school. Although the law provides that the child must be at least 15 years old for domestic work, it is not enforced. Thus, the girl “*petites bonnes*” are often exploited and abused.

⁹⁷ *Ibid.*

⁹⁸ “*Child Labour in Morocco. A work in Progress*”, *The Economist*, 14 August 2014, online accessed 2 March 2015, <http://www.economist.com/blogs/pomegranate/2014/08/child-labour-morocco>, <http://www.morocoworldnews.com/2014/06/132846/child-labor-in-morocco-86000-children-between-7-15-are-employed/>.

⁹⁹ *Morocco World News*, “Child Labour in Morocco: 86,000 Children Between 7-15 Employed”, accessed 2 March 2015.

¹⁰⁰ Hanin, Said, *Morocco World News*, “Child-labor in Morocco 86,000 Children between 7-15 are Employed”, 17 June 2014. <http://www.morocoworldnews.com/2014/06/132846/child-labor-in-morocco-86000-children-between-7-15-are-employed/>.

¹⁰¹ *Ibid.*

¹⁰² *Lonely Servitude: Child Domestic Labour in Morocco*, Human Rights Watch, November 2012.

Enforcement of mandatory primary school education has directly affected the decrease of child labour especially in the urban areas, with a few industry exceptions. Often, poverty is the main reason for child labour and for children not attending primary school and higher.

C.5.2.4. Violence against children

Per UNICEF statistics¹⁰³ (2005-2012), 92.0% of all children experience violent discipline. This is carried over to 63.9% of married teen girls who experience wife-beating.

In 2011, a total of 7,211 people were prosecuted for abusing minors per the Moroccan magazine *Jeunes du Maroc*. The survey looked at physical violence, but not psychological or verbal violence: “*There is a tendency to condemn physical violence against children and overlook psychological and verbal abuse, though the consequences of the latter are even more devastating*”, stated Najat Anwar, president of the Moroccan association, “*Don’t Touch My Child*,” per *Jeunes du Maroc Magazine*¹⁰⁴.

The 2011 survey results for physical violence against children are nonetheless important. Approximately 23 children died from physical assaults, while 1,384 children were severely abused that left them temporarily disabled for less than 20 days. Yet, 660 cases of violence against children caused a physical disability for more than 20 days were recorded. There were 912 cases of pedophilic crimes with additional physical violence, as well as 482 cases of sexual abuse without additional violence. In addition, there were 353 cases of rape against girls “*inducing defloration*”. There were 102 cases of trafficking and 43 cases of recruiting for child sexual exploitation. There is a code that allowed the rapist to marry their child victim, thus escaping prosecution. Examples of this law, Article 475 of the Penal Code - the law that is used to exempt rapists from punishment if they married their victim. A 16-year-old Amina Filali, committed suicide after being forced to marry her rapist, and 15-year-old Safae had twice attempted suicide after being pushed into marrying her rapist to save her “*honor*”¹⁰⁵.

¹⁰³ UNICEF, *Statistics at a Glance for Morocco*, accessed 2 March 2015, http://www.unicef.org/infobycountry/morocco_statistics.html?p=printme.

¹⁰⁴ Sourgo, Youssef, “Child Abuse in Morocco: alarming figures”, *Morocco World News*, 20 June 2013, <http://www.morocoworldnews.com/2013/06/95018/child-abuse-in-morocco-alarmingEquity-figures/>, accessed 28 April 2015.

¹⁰⁵ “Morocco: Enact Legal Reforms to Strengthen Punishments for Sexual Violence & Prevent Child Marriage”, *Equity Now*, May 2013, http://www.equalitynow.org/take_action/child_marriage_action412, accessed 28 April 2015.

C.6. The future for Moroccan children

The future for Morocco's children will be better as the main issues of poverty, violence and education are addressed especially for the girl child, children in rural areas and the perpetration of violence against children.

Children's Rights organizations have proliferated and the government often funds their projects. Human Rights Watch urged the government of Morocco to expand its efforts to address one important issue child labor, by¹⁰⁶:

1. Strictly enforcing age 15 as the minimum age for all employment, imposing penalties on employers and recruiters who employ or recruit children under age 15
2. Expanding public awareness campaigns regarding child domestic labor, including information about existing laws and how girls who need help can reach hotlines
3. Creating an effective system to identify and remove child domestic workers who are under the minimum age of employment and those ages 15 to 17 who are subject to abuse
4. Prosecuting under the Criminal Code people who are responsible for violence against child domestic workers

Education is the key to poverty reduction and child brides. Girls who stay in school do not marry early and bare children while they are still children. The rural areas need better enforcement of mandatory primary education while providing greater opportunities, especially for girls for secondary education.

¹⁰⁶ "Morocco: Abuse of Domestic Workers", *Human Rights Watch*, 15 November 2012 <http://www.hrw.org/news/2012/11/15/morocco-abuse-child-domestic-workers>, accessed 28 April 2015.

Violence against children, especially sexual violence needs to be addressed at the governmental level. For sexual violence against the girl children since “22 January 2014 the Moroccan parliament amended Article 475 of the Penal Code - the law that was used to exempt rapists from punishment if they married their victim.”¹⁰⁷

*

**

The second chapter briefly looks at each country, Botswana, Liberia and Morocco to understand the context for which the research is carried out. The three countries differ not only in their language and culture, but their sociopolitical standing and their governance.

The subjects explored briefly were general facts, geography, the social political history, the education system, the socioeconomic state, the children and the challenges for their children, and finally the future opportunities and challenges for their children in each country. The challenges for children are different, but nonetheless difficult. In Botswana the main challenges are HIV/AIDS infection and death of parents, while in Liberia the main challenges are linked to armed conflict and violence and in Morocco the main challenges are linked to poverty.

¹⁰⁷ “Morocco: Enact Legal Reforms to Strengthen Punishments for Sexual Violence & Prevent Child Marriage”, *Equity Now*, May 2013, http://www.equalitynow.org/take_action/child_marriage_action412, accessed 28 April 2015.

CHAPTER III:

LITERATURE REVIEW

The third chapter is a literature review that will briefly explore the six main areas related to children, trauma and the communities in which they live. The six main topics are: 1. Children's Development; 2. Children's Human Rights; 3. Children Participation; 4. Childhood Trauma; 5. Children's Grief and Bereavement; 6. and finally, Heling Traumatized Children: The Role of Their Community.

*

**

A. Childhood Introduction

Children have a short time, from 0 to 17 years old, when they are considered minors and need to have their lives and human rights nurtured and protected by an adult. Childhood's most important function is development, discovery and mastery over themselves and their environment. Yet, this very time is when children are the most vulnerable to human rights violations and experiencing life-changing traumas. Through their direct participation and the involvement of their families and communities, these very difficult life experiences can be transformed into a building block for their positive development and maturity. Thus, this literature review will be narrowly focused on childhood, children's rights, children's participation, childhood trauma, children's grief and bereavement, and community participation.

The definition of a child is a person under the age of 18 years old. Childhood is the time between birth and the age of majority 18 years for the United Nations Convention on the Rights of the Child (UNCRC). The definition of a child and childhood is often wrapped in culture. The definition we will use is children before the age of 18 years old.

Before the seventeenth century, childhood was not recognized as a distinct phase of life. Generally, childhood was regarded as a period in life to pass through as quickly as possible.

For most of history, there was the implicit view of the psychological model which viewed children as *'immature, irrational, incompetent, and asocial'*. Conversely, adults were viewed as *'mature, rational, competent, social, and autonomous'*¹⁰⁸.

Paradoxically, despite the common view of incompetence, children have always contributed to the economic life of the family and ultimately to the society. In almost all societies children were, and still are viewed by adults as the possession of their parents or guardians. In short, adults have the power and duty to make all the decisions for children because it viewed as being in the best interests of the children who have not fully developed cognitive abilities. Children cognitive development increases with both experience and abilities.

Only in the 1950 with the pioneering work of psychologist, Jean Piaget, he laid down the foundation used today to understand child cognitive development. He developed the theory of cognitive development. This groundbreaking theory formed the basis of understanding for child Cognitive development to date.

Piaget's stages set out deal with the nature of knowledge (epistemology) and how humans come to gradually acquire it. Childhood cognitive development progresses in stages with advancing maturation. Per Piaget (1954), there are four stages of childhood cognitive development. Although the stages are accepted as being more fluid in terms of their timing, Piaget's theories are still used as the basis for understanding children's changing intellectual and conceptual capacities.

¹⁰⁸ Borgers, Natacha, De Leeuw, Edith and Hox, Joop, "Children as Respondents in Survey Research: Cognitive Development and Response Quality", *Bulletin de Méthodologie sociologique*, April 2000, N. 66, pp. 60-75.

Table 2: Piaget’s Stages of Cognitive Development¹⁰⁹

Stage	Age	Developmental Tasks
Sensorimotor	0-2	<p>During this first stage, children learn entirely through the movements they make and the sensations that result. They learn that they exist separately from the objects and people around them that they can cause things to happen that things continue to exist even when they can’t see them.</p> <p>Once children acquire language, they can use symbols (such as words or pictures) to represent objects. Their thinking is still very egocentric though -- they assume that everyone else sees things from the same viewpoint as they do.</p> <p>They can understand concepts like counting, classifying per similarity, and past-present-future but generally they are still focused primarily on the present and on the concrete, rather than the abstract.</p>
Preoperational	2-7	<p>Once children acquire language, they can use symbols (such as words or pictures) to represent objects. Their thinking is still very egocentric though they assume that everyone else sees things from the same viewpoint as they do.</p> <p>They can understand concepts like counting, classifying according to similarity, and past-present-future but generally they are still focused primarily on the present and on the concrete, rather than the abstract.</p>
Concrete Operational	7-11	<p>At this stage, children can see things from different points of view and to imagine events that occur outside their own lives. Some organized, logical thought processes are now evident and they can:</p> <ul style="list-style-type: none"> order objects by size, color gradient, etc. understand that if $3 + 4 = 7$, then $7 - 4 = 3$ understand that a red square can belong to both the ‘red’ category and the ‘square’ category understand that a short wide cup can hold the same amount of liquid as a tall thin cup <p>However, thinking still tends to be tied to concrete reality.</p>
Formal Operational	11+	<p>Around the onset of puberty, children can reason in much more abstract ways and to test hypotheses using systematic logic. There is a much greater focus on possibilities and on ideological issues.</p>

First stage is sensor-motor that occurs at birth. During this stage the infant learns to coordinate sensory experiences with actual physical objects. Children’s reactions are reflective and instinctive in nature. Physical, sensory and emotional experiences start to shape the child’s understanding of their world.

¹⁰⁹ Piaget, Jean, *Stages of Cognitive Developmental*, *Psychology Charts*, accessed 16 August 2015, <http://www.psychologycharts.com/piaget-stages-of-cognitive-development.html>.

Second stage is preoperational that occurs during the toddler years. Children start to develop language. Children develop symbolic functions, language development, physical problem solving, and categorization of their world. Their thinking generally is egocentric and irreversible.

Third stage is concrete operations that occurs from about seven to twelve years old. During this stage, the child can use symbolic systems to think logically about concrete problems that are within their immediate environment.

Fourth stage is formal operations that that begins in the teen years. Generally, it is thought that from 16 years old cognitive capacities are fully developed. The child begins to apply their logical abilities to abstract thoughts, complex reasoning and hypothetical and deductive reasoning. Children's thinking becomes more flexible and they begin some mental hypothesis testing of newly acquired information.

Since originally set forth, Piage's theory has been further developed to account for the fact that children's abilities vary at specific ages depending on both nature and nurture (heredity, learning, experience, socio-economic factors). Although, over the years, his cognitive development theory has been criticized and amended because the stages for children and its boundaries and stages are not so fixes as stated in the theory. Nonetheless, it continues to be the foundation of the theories for cognitive development in children. Piage's theory is still the foundation of our understanding of cognitive development today, although, it has not been changed, but the stages are fluid, rather than fixed.

B. Children's human rights

The United Nations Convention on the Rights of the Child (UNCRC) was adopted by the UN General Assembly as an international legally binding treaty in 1989. The UNCRC became one of the most rapidly and widely adopted and ratified human-rights pacts with all the world's countries 194, except for one country, the United States of America. The UNCRC sets standards

for protection, education, health care, social services and it establishes the right of children to have a say in decisions that affect them¹¹⁰.

Today the United Nations Convention on the Rights of the Child (UNCRC) was signed, but not ratified the United States of America. All children in the USA regardless of nationality do not have their basic human rights protected under international law¹¹¹. Although the United States of America signed the UNCRC in 1995, twenty-one years plus later in 2016, has yet to ratify it. Thus, all children in the USA, regardless of citizenship or nationality, are denied the international legal protections of their human rights under UNCRC that children in all other countries have by law.

The UNCRC is comprehensive and can be divided into has three Ps: Provision, Protection, and Participation. In the literature on children’s rights and the UNCRC, all human rights under the UNCRC are connected. Yet, there are rights that are a direct part of children who experience traumas. These specific rights include, but are not limited to:

Table 3: Trauma and the United Nations Convention on the Right of the Child

You have a right:
1. to have all adults always do what is best for you
2. to life
3. to an opinion, be listened to and taken seriously
4. to say what you think
5. to be protected from being hurt or treated badly
6. to the best health possible and to medical care and to information
7. to protection from work that is bad for you
8. to be protected from dangerous drugs
9. to be protected from sexual abuse and exploitation
10. to not be kidnapped or sold

¹¹⁰ *The Economist* explains “Why won’t America ratify the UN Convention on Children’s Rights?”, 6 October 2013, <http://www.economist.com/blogs/economist-explains/2013/10/economist-explains-2>, accessed 2 May 2015.

¹¹¹ *Ibid.*

11. to protection from all kinds of exploitation
12. to not be punished in a cruel or hurtful way
13. to protection in times of war
14. to help if you are hurt, neglected, or abused

C. Child participation

International Treaties on Child Participation UNICEF in its fact sheet on Child Rights to Participation¹¹² states:

“Participation is an underlying value that needs to guide the way each individual right is ensured and respected; a criterion to assess progress in the implementation process of children’s rights; and an additional dimension to the universally recognized freedom of expression, implying the right of the child to be heard and to have his or her views or opinions considered.”

The former Chair of the UN Convention on the Right of the Child, Yanghee Lee, stated in her report to the European Union that¹¹³ although the Convention does not explicitly have the “*right to participate*” as an article, it does contain a cluster of articles that are considered “*participation articles*”. The Convention does not encourage pressuring children to participate, but to provide all necessary means to encourage and enable children to make their views heard.

- Article 5: evolving capacities
- Article 9 (2): in proceedings regarding separation from parents
- Article 12 (1): right to express views and have these views heard
- Article 13 (1): freedom of expression, etc.
- Article 14 (1): freedom of thought, conscience, and religion; (2): rights and duties of the parents, etc., to provide direction to the child in the exercise of his or her right consistent with the evolving capacities of the child
- Article 15 (1): freedom of association and assembly

¹¹² UNICEF, *Fact Sheet on Children’s Rights to Participation*, accessed 16 August 2015, unicef.org/crc/files/Right-to-Participation-pdf.

¹¹³ Council of Europe, *Child Participation and access to the United Nations Convention on the Rights of the Child*, accessed 16 August 2015. http://www.coe.int/t/dg3/children/JusticeSpeeches/Yanghee_en.asp.

- Article 16 (1): right to privacy and freedom from unlawful attacks on honour; (2): right to protection by law against such interference with privacy or attacks
- Article 17: role of the media and access to information
- Article 21: adoption
- Article 22 (1): refugee seeking
- Article 23 (1): children with disability and the right to active participation
- Article 29 (1. a-e): education (preparation for the child for responsible life in a free society, etc.

Moreover, the purpose of participation should be to ensure children have an opportunity to express their views in matters that affect them and then to have their views taken seriously by reflecting them in programmes and policies that affect children. The CRC has many provisions that serve as the legal standard and guidelines for participation.

The UNICEF guide on child participation continues:

*“Respecting children’s views means that such views should not be ignored; it does not mean that children’s opinions should be automatically endorsed. Expressing an opinion is not the same as taking a decision, but it implies the ability to influence decisions. A process of dialogue and exchange needs to be encouraged in which children assume increasing responsibilities and become active, tolerant and democratic. In such a process, adults must provide direction and guidance to children while considering their views in a manner consistent with the child’s age and maturity. Through this process, the child will gain an understanding of why particular options are followed, or why decisions are taken that might differ from the one he or she favored.”*¹¹⁴

Although “*child participation*” is a basic human right under the UNCRC, international and national organizations that focus on child rights are actively engaged in learning what it means logistically for children to participate in shaping their world. Child participation starts with his/her right to express their own opinion, to be listened to, and to be taken seriously. Child participation includes actively seeking their input in not only basic actions that affect their lives,

¹¹⁴ UNICEF, *Fact Sheet on Children’s Rights to Participation*, accessed 16 August 2015, unicef.org/crc/files/Right-to-Participation-pdf.

but also planned actions, programs, etc. that affect their lives. Thus, there is a clearly established need for children to be asked directly their opinions about their lives when doing planning, research, assessments, programming and any other action for their benefit and full participation in their lives and their communities.

D. Children as direct participants in research

Over the years since the UNCRC was adopted by most all countries, societies give more serious consideration to children's issues and there is an increasing interest in children's rights and their participation.

There is growing recognition that children have a view that should be known and their voices heard. Proxy reporting is just not good enough for knowing their views and hearing their voices. Thus, there is an increasing demand for research that focuses on children as actors¹¹⁵.

Moreover, survey researchers are realizing that information on children's opinions, attitudes, and behavior should be gathered directly from the children. (Borges, de Leeuw, Hox, 2000)¹¹⁶. Yet, methodological knowledge about how to development and carry out survey research with children is scarce¹¹⁷ thus, Piaget's developmental theory is useful for survey researchers¹¹⁸.

Most research about children does not directly include children. Mostly the adults in their lives (teachers, counselors, guardians, parents, etc.) are asked about the children's lives, thoughts, views, desires, etc. Yet, there are a few studies that directly engage and ask for the participation of children which directly seek their views. Examples of research about children that seeks their input and involves their participation will be briefly explored.

¹¹⁵ De Leeuw, Edith, *Improving Data Quality when Surveying Children and Adolescents: Cognitive and Social Development and its Role in Questionnaire Construction and Pretesting*, 2011.

¹¹⁶ Borges, Natacha, De Leeuw, Edith and Hox, Joop, "Children as Respondents in Survey Research: Cognitive Development and Response Quality", *Bulletin de Méthodologie sociologique*, April 2000, N. 66, pp. 60-75.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*

An important question when doing research with children is at what age can a child be directly involved in a survey in research about their lives? This is a very important question asked by Edith D de Leeuw (2011) in her paper on Improving Data Quality when Surveying Children and Adolescents: Cognitive and Social Development and its Role in Questionnaire Construction and Pretesting¹¹⁹.

Although the literature on child research “*participation by proxy*” is extensive, the literature on the methods of direct child participation in research is not. Children are thought to pose a special type of respondent with research, as their cognitive development, environment, and their natural abilities can affect their understanding of the questions posed to them. There are some direct research studies that we will look at closely as the precursor for the studies on “*How do I feel?*” that was adapted and developed by this researcher.

The general view within the field is that is that “*children below the age of 7 years old do not have sufficient cognitive skills to be effectively and systematically questioned.*” De Leeuw’s concluded that with children below the age of 7 a direct questionnaire research of children is not feasible. Although this was the thought then, the experiences during the in-field research has challenged this theory directly, with our direct research survey given to children as young as 5 years old.

Although the literature on child research participation by proxy is extensive, the literature on the methods of such direct child participation is not. Children pose a special type of respondent with research, as their cognitive development, environment, and their natural abilities can affect their understanding of the questions posed to them. There are some direct research studies that we will look at closely as the precursor for our survey or children called “*How do I feel?*”, was adapted from the pain scale and developed by this researcher. The general view within the field is that is that “*children below the age of seven years old do not have sufficient cognitive skills to be effectively and systematically questioned.*” De Leeuw’s concluded that with children below the age of 7 a direct questionnaire research of children is not feasible.

¹¹⁹ De Leeuw, Edith, *Improving Data Quality when Surveying Children and Adolescents: Cognitive and Social Development and its Role in Questionnaire Construction and Pretesting*, 2011.

De Leeuw's view is based on the belief that at age seven there is a maturation in social, conceptual and intellectual development. De Leeuw believes that the older the child, the more reliable the answers will be. In addition, she also believes that children are the best respondents on factual or general questions that are outside of the adult's knowledge.

De Leeuw believes that children who continuously develop cognitive, social and communicative skills, have implications for the question/answer process for surveys and other research methods with children. These include: 1) question comprehension, (2) recall of relevant information from memory, (3) judgment formation, and (4) reporting¹²⁰.

The European Industrial Relations Observatory on-line lists a survey¹²¹ that examined child labour with Italy's Instituto Centrale di Statistica, (Istat). Children between the ages of 15 and 18 years old were asked retrospective questions about their first jobs and on the work, they had done up until the age of 15 years.

E. Research measurements of children's participation

Two companion measures of children's participation are the Children's Assessment of Participation and Enjoyment (CAPE) and the Preferences for Activities of Children (PAC). Both measures are appropriate for children and youth (with and without disabilities) between six years and twenty-one years of age. Also, both are self-report measures of children's participation in recreation and leisure activities outside of mandated school activities:

1. CAPE¹²² is a 55-item questionnaire designed to examine how children and youth participate in everyday activities outside of their school classes. The CAPE provides information about five dimensions of participation. This includes diversity (number of activities done), intensity (frequency of participation measured as a function of the number of possible activities within a category), and enjoyment of activities. It also provides information about the

¹²⁰ *Ibid.*

¹²¹ Paparella, Domenico and Rinolfi, Vioma, *Child Labour in Italy*, 2002.

¹²² King, G., Law, M., King, S., Hurley, P., Hanna, S., Kertoy, M., Rosenbaum, P. and Young, N. (2004). *Children's Assessment of Participation and Enjoyment (CAPE) and Preferences for Activities of Children (PAC)*, San Antonio, TX: Harcourt, accessed on 16 August 2015, at http://participation-environment.canchild.ca/en/cape_pac.asp.

context in which children and youth participate in these activities (i.e., with whom and where they participate).

2. The Preferences for Activities of Children (PAC) taps into a sixth dimension of participation. The sixth dimension of participation is children's preferences for involvement in their daily activities. Both the CAPE and PAC used together "*measures contain 55 activities related to children's day-to-day participation in activities outside of the school curriculum*". The CAPE and PAC have three levels of scores. First is overall participation scores; formal and informal activities; Second, scale scores for five types of activities: recreational, active physical, social, skill-based, self-improvement. Third is levels for each of the five dimensions of participation obtained from the CAPE (i.e., diversity, intensity, enjoyment, with whom and where). The PAC give scores for children for preference for activities¹²³.

3. "*UK Children Go ONLINE*". Another direct study with children is the "*UK Children Go ONLINE*" surveying the experiences of young people and their parents.¹²⁴ In the UK Children the focus is a range of policy initiatives to realize the benefits of the internet while minimizing the potential risks. Yet, this is often done without engaging children in obtaining information and empirical data to make informed assessment of access, attitudes skills and uses of the internet for children. The UK Children Go ONLINE (UKCGO) project was designed to contribute new qualitative and quantitative findings on how 9-19 year olds are accessing and using the internet with a focus on four themes: 1) access, 2) undesirable forms of content and contact, 3) education, informal learning and literacy and 4) communication, identity and participation. The UK Children Go ONLINE, End of Award report by Livingstone, from the London School of Economics¹²⁵, adopted a child centered approach with quantitative and qualitative study features. The participants were from nine to nineteen years old and their families. The study comprised focus groups, in-home survey, and in-depth interviews. The study found very different results for children and their families. For example, it found that "parents seem to underestimate the risk their children experience online." For children, risky forms of contact are commonplace with 30% of children having received unwanted sexual or

¹²³ *Ibid.*

¹²⁴ Livingstone, Sonia and Bober Magdalena (2004), *Economic social and Research Council, UK Children Go Online: Surveying the experiences of young people and their parents online*, London, LSE Research Online. www.children-go-online.net.

¹²⁵ *Ibid.*

nasty comments online or by text messages, 46% having given out personal information online, 30% having made acquaintances online, and 8% having met the online acquaintances face to face. Because the research sought input from the children directly, it produced unique and important results that would not have otherwise been obtained.

4. Catholic relief services measuring of orphan and vulnerable children (OVC). The best study of children, who likely experienced trauma, as direct participants of research is the Catholic Relief Services (CRS) Measuring of Orphan and Vulnerable Children (OVC), a 5-country evaluation¹²⁶. The research incorporated a newly developed Orphan and Vulnerable Children Wellbeing Tool (OWT) into a five country, Rwanda, Kenya, Zambia, Haiti and Tanzania, evaluation.

The methodology of the study included sampling, translation, training enumerators, field testing and data collection.

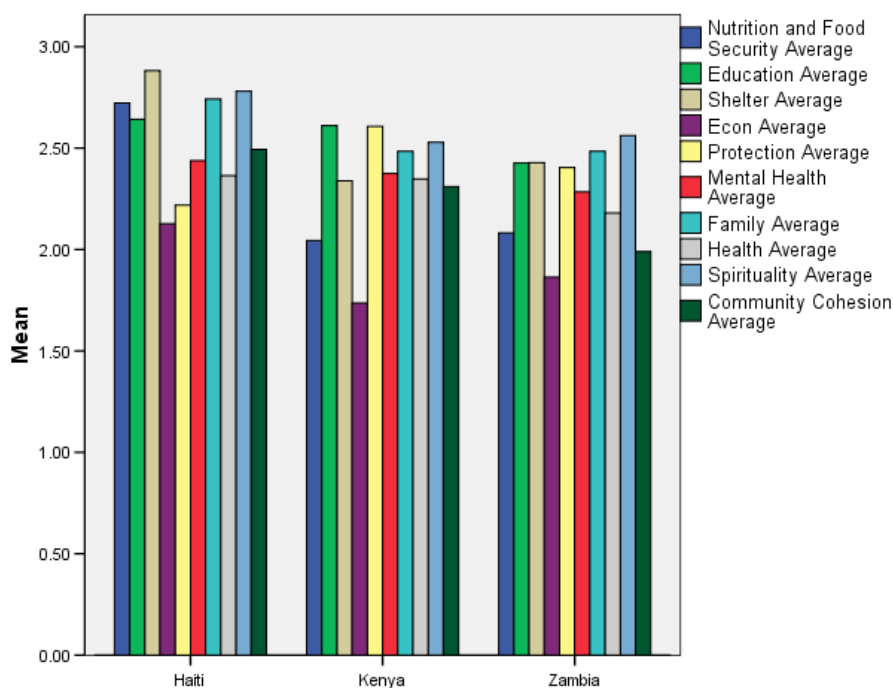
An evaluation tool was developed by Catholic Relief Services to measure ten aspects of the children's lives:

1. Nutrition and food security; 2. Education; 3. Shelter and Environment; 4. Economic;
5. Child Protection; 6. Mental Health; 7. Family Support; 8. Health; 9. Spirituality;
- and 10. Community support¹²⁷

¹²⁶ Senefield, Shannon, "Measuring OVC Wellbeing, Results from a 5-Country Evaluation", *Orphans and Vulnerable Children Forum*, June 25 and 26th, 2008.

¹²⁷ *Ibid.*

**Fig.7: Catholic Relief Services Wellbeing of Orphaned and Vulnerable Children
in three Countries¹²⁸**



Source: Department of Justice, Office of Juvenile Justice and Delinquency Prevention, October 2009.

The results for the eleven indicators of children's lives in five countries:

1. Family: the most important factor for all the children from all the countries
2. General Wellbeing: Children in Haiti had the highest score with 70.3% of the orphaned and vulnerable children (OVC) said that they feel good about themselves 90% of the time. While 90% said that they had friends that they could talk to all the time. Conversely, Rwandan OVC reported the highest feelings of isolation
3. Nutrition: Once again Haitian OVC reported to never going to bed hungry. While, Kenyan children were said that never had enough to eat
4. Education: Kenyan OVC reported 100% that they like school all the time, and in addition 93.4% reported that their teacher treat them like all the other students all the time

¹²⁸ *Ibid.*

5. Shelter and Environment: Kenyan OCV had the highest level of shelter insecurity with 14.7% said that they did not have a house to sleep in at night. Also, Zambian OVC were most likely to report feeling unsafe where they lived
6. Economic: This was the one result that was low across all five countries. Haitian OVC reported most likely to have to work that affected school attendance. Rwandan OVC were most likely to report gaining skills needed to support themselves in the future. While Zambian OVC were the least likely to report that one adult person in their household had a steady job
7. Protection: Most OVC, reported infrequently being treated differently from other children in the household. However, except for Kenya, they experienced being treated differently in school. Many had sleep deprivation because of work outside of school
8. Mental Health: Kenyan OVC worried the least, yet they were they most often thought that their future looked gloomy
9. Health: Most OCV from all countries reported that they were growing just as well as other children their age. Yet, understanding and being able to manage their own sexual health was extremely low
10. Spirituality: Most OVC reported that their belief in God helped them to face difficult times in their lives. Thus, these communities highly valued by OVC and have an important supportive role
11. Community Cohesion: Community acceptance and support makes a difference to the lives of OVC

The CRS self-reporting study of the OVC showed that their lives were much better than they had imagined. Although there were some weaknesses in some of the wellbeing indicators for some countries.

Senefield's Orphan and Vulnerable Children study revealed that it is imperative for children participate directly in research about them. Thus, direct communication with orphaned and vulnerable children about their lives, when trying to assess their lives, in this case, wellbeing is imperative. More importantly, much can be learned from what the children say about their lives.

F. Childhood Trauma

F.1. Trauma – general

Trauma is defined as an injury to the psyche thus from mental or emotional stress or physical injury. Trauma includes life altering circumstances, such as death, illness, physical abuse, sexual abuse, emotional abuse, neglect, violence, armed conflict, natural disasters, displacement, severe poverty, hunger, and other challenging life-altering events.

F.2. Trauma for children

All these traumatic experiences can challenge the child’s belief about the stability and safety of their world. Accordingly, *“traumatic experiences can have a devastating impact on the child, altering their physical, emotional, cognitive, and social development”*. Moreover, the *“impact on the children has profound implications for their family, community and, ultimately all of us”*¹²⁹.

Children experience trauma in full force in terms of its consequences and creation of opportunities for growth. A major difference between the way children and adults experience trauma, is the difference in the children’s sense of greater powerlessness and their degree of comprehension of cause and effect. Trauma during childhood can increase the risk for various social, neuropsychiatric, and physical challenges in childhood. These challenges can include drug abuse, alcohol abuse, school failure, risky sexual behavior, victimization, and various types of anti-social behavior and conduct disorders. Trauma can cause major neuropsychiatric disorders that often include post-traumatic stress disorder (PTSD), dissociative disorder (DD), conduct disorders and other manifestations. The resulting health challenges can include, development and added complications of heart disease, asthma, and other physical disorders.

The child who has been traumatized automatically reacts to a threat in neurological way with resulting physical reactions that are often gender dependent. A threat affects the mental, emotional and physiological states. Traumatized children in a base line state are often in low-

¹²⁹ Perry, Bruce, “Helping Traumatized Children. A Brief Overview for Caregivers”, *The Child Trauma Academy*, 2002, p. 2.

level fear. Thus, they can respond by either hyper-arousal or dissociation. Their emotional, behavioral and cognitive functioning is likely to be a regressed state¹³⁰.

F.3. Children’s response to trauma and threats

After a trauma, children can have a change in their thinking and behavior. Depending on the child’s age and understanding of the world, a traumatic event can be interpreted in a distorted manner. For example, a child might think that his/her mother died because she did not listen to her teacher. A house and dog were lost in a flood because “*God was mad at me*”, “*I am my daddy’s wife because I am bad.*”, “*My teacher hits me because I did not eat my lunch.*” In these distorted explanations children rationalize their trauma, what has happened and how they are responsible.

Table 4: The Traumatized Child and Threat¹³¹

Adaptive Response	REST	VIGILANCE	FREEZE	FLIGHT	FIGHT
Hyper-arousal Continuum	Rest (male child)	Vigilance	Resistance Crying	Defiance Tantrums	Aggression
Dissociative Continuum	Rest (Female Child)	Avoidance	Compliance Robotic/ Detachment	Dissociation Fetal Rocking	Fainting
Regulating Brain Region	Neocortex Cortex	Cortex Limbic	Limbic Midbrain	Midbrain Brainstem	Brainstem Automatic
Cognition	Abstract	Concrete	Emotional	Reactive	Reflective
Arousal Continuum	CALM	AROUSAL	ALARM	FEAR	TERROR

Most children feel some sense of responsibility, and thus feel guilt for the traumatic event. The feeling of being responsible for the trauma can be very destructive a child’s development.

¹³⁰ Perry, Bruce, “Helping Traumatized Children. A Brief Overview for Caregivers”, *The Child Trauma Academy*, 2002, p.13.

¹³¹ *Ibid.*

Most childhood trauma has a component of loss of stability or the world as it was once known. Per Perry (2009) “*the trauma may significantly challenge the child’s sense of the world [...] the child’s belief about the stability and safety of the world*”¹³².

If the traumatic symptoms continue more than three months, then it needs to be addressed. The symptoms of trauma can include re-experiencing the trauma, avoidance, fearfulness, sleep problems, nightmares, sadness, poor school performance, poor social functioning¹³³. Most children who experience trauma will have some changes in their behavior and/ or emotional functioning that can manifest itself in being tired, regression, irritable, withdrawn, quiet, distracted, etc.

Traumatized children who grieve may not be able to express or verbalize their fear, pain, frustration, wants or needs after a trauma. To understand the process the trauma, sometimes children re-enact the trauma with play, drawing, behavior or avoidance as being withdrawn, daydreaming, avoiding other children or adults, and physiological hyper-activity that include anxiety, sleep problems, behavioral impulsivity. Many exhibit a combination of these symptoms. Many children can have these symptoms for many years during and after the traumatic event. Symptoms can last for many years, as more than thirty percent (30%) of children who live through traumatic stress develop some form of Post-Traumatic Stress Disorder (PTSD).

Thus, the trauma after-effects can include grief (intense sadness) and bereavement (thinking and wanting the return to life before the trauma).

F.4. Common types of trauma in childhood

Children experience trauma in their homes, schools, communities, and country. Common types of trauma include violence (physical, domestic and sexual violence) and bullying. Other traumas are serious illness, death, natural disasters and armed conflict. “*Violence takes a toll on*

¹³² *Ibid.*

¹³³ *Ibid.*, p. 5.

*children whether as victims or as witnesses... minor incidences may have a long-lasting and far-reaching consequences*¹³⁴.

F.4.1. National (USA) Survey on Children as the Victims of Violence

Violence experienced by children is international. One of the first attempts to make a national survey on children as the victims of violence¹³⁵ in the United States to gain a comprehensive understanding and perspective on violence and victimization including the scope, variety and consequences was in 1994.

The results were that the victimization of children occurred than had previously been understood, reported on written. Thus, victimization of children was underrepresented in official statistics. Moreover, victimization of children “far exceeds” the statistics reported by government statistics.

Specifically, the national survey included two thousand children from all over the country between ten and sixteen years old were surveyed on the telephone about their experiences of violence the previous year.

The result was that 25% of the children were victimized (excluding corporal punishment). While over 33% tried, or succeeded at victimizing another child.

Assaults outside of the family were the most common, and boys were three times more likely to experience this type of assault by other children. One child out of eight (1/8) experience injury from the victimization. Family assault for children was a third of the rate of non-family assaults. Over half of family assaults and victimization were from adults. Sexual assaults, 3.2% was substantially more common among girls than boys, 0.6% percent. The study found that children who had experienced one form of violence were likely to have also experienced other forms of violence too.

¹³⁴ Center for Disease Control and Prevention, *The Adverse Childhood Experiences (ACE) Study: Major findings*, Atlanta, Georgia, US Department of Health and Human Services, Center for Disease control and Prevention, 2006.

¹³⁵ Finkelhor, D. and Dziuba-Leatherman, J., “Children as Victims of Violence: A National Survey”, *Pediatrics*, Vol. 94, No 4, October 1994.

The survey also found that officially a substantial amount of victimization is not reported, counted or recognized. This trend, including children's deaths because of victimization, mal-treatment, and injury may be underestimated by as much as 85% because the deaths are misclassified as accidents, natural causes or undetermined origin.

F.4.2. Second National (USA) Survey on Children's Exposure to Violence

A second national USA survey on Children's exposure to violence was conducted over ten years later in 2009 by the office of Juvenile Justice and Delinquency Prevention¹³⁶. This survey was the first comprehensive attempt to measure children to exposure to violence in their homes, schools, and their community. In addition, it was the first attempt to measure "*accumulative exposure*" to violence over the child's life time.

The seven questions with 48 types of violence in seven categories that included conventional crime, children maltreatment, peer and sibling victimization, witnesses and indirect victimization, school violence and treat, and internet violence and victimization. The results were in the past year children were exposed to any type of violence 60.0%, assault (without a weapon or injury), 37.6%; while assault with injury and or weapon was 14.9%, sexual victimization 6.1%, child maltreatment, 10.2%; Dating violence, 1.4% (age 12 and up), witnessing family assault, 9.8% and witnessing assault in the community, 19.2% of all the children surveyed.

The part of the study that was the most informative was the percentage (38.7%) of children who reported more than one direct type of victimization. Moreover, over 65.4% reported more than one incident of victimization. While 10.9% of children said that they had five or more incidences of exposure to violence, while 1.4% had ten or more incidences of victimization in the previous year.

Significantly, children who experienced one type of violence were at higher risk to experience other types of violence.

¹³⁶ Finkelhor, D *et al.*, *Children's Exposure to Violence: A Comprehensive National Survey*, USA Department of Justice, Office of Juvenile Justice and Delinquency Prevention, October 2009.

F.4.3. Survey on The Adverse Childhood Experiences (ACE)

A third study was a more comprehensive survey on The Adverse Childhood Experiences (ACE)¹³⁷ co-sponsored in the USA by Kaiser Permanente (USA Group health insurance) and the Center for Disease Control (CDC). This study looked at the consequences of violence for the future health and wellbeing of children. It looked at seven types of adverse childhood experiences under the main categories of abuse, neglect, and household dysfunction. The study did not query children directly, but instead asked adults about their memories of their childhood experiences.

The study results were at least 75% of children surveyed had experiences at least one “*adverse*” childhood experience. While 20% of the children said that they had three or more adverse experiences. The survey found that the number of long-term harms to children’s physical, mental and emotional health from those experiences increased the later rates in adulthood of substance abuse (alcohol, medicines, illegal drugs), depression, obesity and chronic illnesses.

F.5. Helping traumatized children

Children need to process, try to understand, respond to traumatic events.

They usually need to be able to express it through talking, asking questions, play, art, and other means of expression.

To help traumatized children it is important for adults to not be afraid to talk about the traumatic event. Yet, also the adult should wait for the child, to be think about it or talk about it. Overall it is better for adults to use age appropriate language and explanation and not to avoid the talking about the traumatic event(s).

Children work out traumatic events in a long process that continues well after the trauma(s). Generally, the children “*re-experiences*” the traumatic event through play, drawing, words, the child may repeat, re-enact, or re-live some elements of the traumatic loss. For example, children can ask the same questions many, many times or they ask that what happened

¹³⁷ Center for Disease Control and Prevention (2006). *The Adverse Childhood Experiences (ACE) Study: Major findings*, Atlanta, Georgia, US Department of Health and Human Services, Center for Disease control and Prevention.

be described again and again. The child could develop a profound ‘empathetic’ response to other people and even fictional characters who experience traumas. Even many years after the original trauma, a child may continue to revisit the trauma, loss and try to understand it from their cognitive development stage and understanding of the world¹³⁸.

For many children, some form of post-traumatic symptoms can last for many years. Over 30% of children who live through trauma develop some form of post-traumatic stress disorder (PTSD). Post-Traumatic Stress Disorder is a chronic disorder that requires professional attention¹³⁹.

How to help traumatized children¹⁴⁰:

1. Talk about the traumatic event, when they do
2. Structured, consistent and predictable, patterned days
3. Provide nurturing, comfort, and affection
4. Discuss expectations for behavior and discipline
5. Talk with the child
6. Be attentive, watch closely for signs of re-enactment
7. Protect the child
8. Give the child ‘choices’ and some sense of control
9. When the adult has questions, seek guidance and ask for help

G. Children’s grief and bereavement

All people experience loss and thus grief are a natural reaction to loss¹⁴¹. After the trauma there is a loss. The loss can involve a person, a home, stability, abuse, loss of safety, etc. Children grieve the loss of the life that was before the trauma and go through a process of bereavement just as adults. Yet the way children experience grief and its expression can be different from those of adults. Per Fitzgerald, children’s reactions to loss are denial, anger, guilt, depression

¹³⁸ Perry, Bruce, “Helping Traumatized Children”, *The Child Trauma Academy*, 2009.

¹³⁹ *Ibid.*

¹⁴⁰ *Ibid.*

¹⁴¹ O’Toole, D. (1991), *Growing through grief: A K-12 Curriculum to help young people through all kinds of loss*, Burnsville, NC, Mountain Rainbow Publications.

and fear. In addition, children tend to grieve sporadically. A child may look as if they are not affected by a traumatic event unless one sees them during their short state of grief that often comes multiple times. Usually they initially grieve intensely and but it will continue to grieve sporadically over many years. Children are more capable than adults, of putting their grief aside in the short run. Children will usually reconnect with their grief during important events in their lives such as academic or sporting or other accomplishment, holidays, and birthdays and anniversary or season when the trauma will be remembered¹⁴².

G.1. Children’s tasks for trauma, grief and bereavement

When children grieve, there are four tasks that they go through during grief that include first trying to understand what happen. Second, then trying to use what happened in a way that allows them to be constructive to build increased security. Third, to remember the life, person, state of being they had before the trauma and finally to learn to live with the trauma and to go forward in their lives despite the trauma.

Table 5: What bereaved children want adults to know about grief¹⁴³

The tasks of Childhood Grief (Sandra Fox, 1988 and 2001)
<ul style="list-style-type: none"> • To understand and begin to make sense of what has happened
<ul style="list-style-type: none"> • To identify, validate and express in constructive ways strong reactions to the loss
<ul style="list-style-type: none"> • To commemorate the life that was lived
<ul style="list-style-type: none"> • To learn to go on with living and loving
What Children Need Adults to know after the Trauma (adapted)
<ul style="list-style-type: none"> • Safe place to grieve
<ul style="list-style-type: none"> • Non-judgmental acceptance of their unique grief experiences
<ul style="list-style-type: none"> • Consistence in their routine to achieve a sense of security
<ul style="list-style-type: none"> • Opportunities to remember and commemorate

¹⁴² Fitzgerald, H., *The Grieving Child: A Parent’s Guide*, New York, Fireside, Simon and Schuster, 1992.

¹⁴³ Fox, Susan, *Investing in Our Future, Psychosocial Support Affected by HIV/AIDS, A case Study in Zimbabwe and the United Republic of Tanzania*, UNAIDS Best Practices Collection, 2001.

<ul style="list-style-type: none"> • To be told the truth about trauma in age-appropriate language
<ul style="list-style-type: none"> • To be prepared for the future (feelings, changes)
<ul style="list-style-type: none"> • Adult role models to encourage healthy mourning
<ul style="list-style-type: none"> • An opportunity to say /act out a goodbye (to former life, person, etc.)
<ul style="list-style-type: none"> • Understanding that their grief is a journey and not a one-time or short duration event
<ul style="list-style-type: none"> • Opportunities to tell their story
<ul style="list-style-type: none"> • To know that their age affects their grieving and understanding
<ul style="list-style-type: none"> • For adults to know that they may re-grieve and u the loss again and again as they mature
<ul style="list-style-type: none"> • Opportunities to express their grief through play and artwork
<ul style="list-style-type: none"> • To be loved unconditionally
<ul style="list-style-type: none"> • To have, if needed, professional assistance in their grief work

G.2. Helping traumatized children – the role of their community

The Institute on Violence, Abuse and Trauma (IVAT) in the USA has an annual conference on “*Childhood grief and traumatic loss: Restoring Joy to Children and Their Families*” (2007)¹⁴⁴. In the 2007 conference focused on grief support for dependent delinquents and other children under agency care. IVAT believes that children who are young, disabled, and have other challenges have special problems with trauma. The loss these children experience is not just death, but also losing their families through legal actions, abandonment, incarceration, severance of parental ties, abuse and other traumas¹⁴⁵. The children in these social settings need support and the staff who work with them also need support and training, which is not usual. Henderson¹⁴⁶ wrote a Grief Curriculum to Helping Children Grieving the Loss of a Parent or Loved One. The “*High faith based*” curriculum is for children from the ages of 6 to 12, who

¹⁴⁴ *Childhood Grief and Traumatic Loss. Restoring Joy to Children and Their Families*, Third Annual Conference, California, USA, 8 March 2007.

¹⁴⁵ The Inter-Agency Council on Child Abuse and Neglect (ICAN), Grief Symposium (2007), Third Annual Conference, *Childhood Grief and Traumatic Loss – Restoring Joy to Children and their Families*.

¹⁴⁶ Henderson, Sara, *Grief Curriculum: Helping Children Grieving the Loss of a Parent of Loved One. In partial fulfillment of the course requirement for “Loss and Mourning”*, School of Social Work, Baylor University, 2007.

would be at a 4-day retreat. The main objective of the curriculum is to assist children through the grieving process in a health manner. The desired outcome of the retreat is that children will be able to acknowledge and accept their loss, recognize their pain, their feelings, and developing helpful memories of the person that they are grieving.

In her research paper, Standard¹⁴⁷ proposed the use of puppets in children's grief groups. The exploratory study looked at how to effectively use puppetry as a therapeutic tool to allow children to express their feelings and thoughts. The children in this study were between the ages of six and twelve. Each had suffered a recent loss of a family member. During the sessions, the children could use puppets in dramatic play to express, explore and act out their feelings and thoughts.

The community in which the child lives plays an extremely important role in supporting the child through their trauma to develop both competence and resilience. The community is the best option for giving psychosocial support to traumatized children, for they too are usually privy too or a part of the trauma that is experienced. They know their strengths and their challenges for themselves as a community and specifically for their children in the community.

G.3. Psychosocial support and child participation

One of the most important key principals for psychosocial support for traumatized children is participation. Participation is a way of being, doing, learning, seeing, within and organization or community that allows children to directly contribute to their community and their lives. Through participation children¹⁴⁸:

1. Enhance their resilience and decrease their vulnerability
2. Discover and develop their talents
3. Discover and enhance their own strengths

¹⁴⁷ Standard, Marion, *An Exploratory Study on the Effect and Use of Puppets in Children's Grief Groups: An Exploratory Study*, Graduate School of Counseling, University of Wisconsin, 1999.

¹⁴⁸ Morgan, J., *Mainstreaming Psychosocial Care and Support Through Child Participation*, REPSSI Psychosocial Support Series, 2009.

4. Overcome many of their psychological challenges

Child participation directly allows for development, protection and contribution in four ways. First, participation is the key to children's development. The value of child participation cannot be overstated. Child participation is important because it is the key to the development of capacities for children.

Second, children develop their capacities mostly through experiences and interaction. They grow in competence through their experiences, and the most effective of these is direct participation in their lives, their communities, and their societies.

Third, participation enhances protection for children. Children are better able to help to protect themselves when they develop capacities and personal skills.

Participation increases solidarity and empowers the children who feel vulnerable to act together for their own benefits and causes. They can protect one another as they are being, talking, and playing with one another, it creates a safe space for them to develop. In addition, joint child participation creates and reinforces meaningful relationships. Participation helps them with isolation, which contributes to abuse (sexual and physical) and harassment; and in addition, helps to protect other vulnerable children in the family or communities.

Forth, participation allows children to make significant contributions to their society their communities and their family.

In summary, child participation:

1. Is a human right in the United Nations Convention on the Rights of the Child (CRC)?
To ensure that all children can actively participate in all issues directly affecting them
2. Contributes significantly to the psychosocial wellbeing of children
3. May increase their skills, confidence and social connectedness
4. Brings unique perspectives which can enhance all types of programs relating to the wellbeing of children and their families

5. Brings energy, creativity and fun

*

**

Childhood is a time of enormous growth and experiences. Cognitive development in childhood directly affects the understanding and interpretation of experiences in children's lives, including experiences that are traumatic. Thus, when addressing trauma for children the stage of cognitive development needs to be taken into consideration. The foundation of children's lives is their human rights under the legally binding international convention ratified by all countries except the USA, at its core calls for and encourages the response of communities local, national to actively address childhood issues including trauma. One of the biggest issues for children's right is their right to participation and to be heard, especially in the areas that affect their lives. Thus, direct research with children is imperative to help in the realization of being heard, participation and the direct implementation of their human rights. Earlier it was thought that children lack the cognitive development to be asked directly about what they think about their lives in research. This research believed and has found that children as young as five, from various cultures and languages can be asked about what they think and feel in research with the tool ("*How Do I feel about...*" Survey) that was adapted and developed by the researcher.

Children experience trauma as individuals. Yet, trauma can have adverse effects many years after the trauma has passed with Post Traumatic Stress Disorder, nightmares, depression and other emotional, mental and physical disorder and manifestations of the trauma. Children work out their trauma in a long process that is sporadic over a long period.

Although trauma can have a long-long affect, research has shown that intervention to address, talk about, learn, play and understand the trauma at the child's level can have a beneficial and positive effect. Thus, the community that the child lives in can help to address children's trauma, grief, bereavement and the process of trying to understand it, accept it and to live with the reality of the trauma. The community can help children with trauma through psychosocial support that allows for them to develop competence and resilience in spite of the trauma.

The next Part II with five chapters, will look at the methods and the results of direct children's participation in research and the community intervention for their children's trauma.

The five chapters in “*Part II*” are chapter four, methodology; chapter five is the community self-assessment results (SWOT); chapter six is the children’s community camp results. While chapter seven is the creatively from children (quantitative results) and chapter eight is the survey from children on “*How Do I Feel about...*” (qualitative results).

PART TWO:

METHODOLOGY AND RESULTS

OF THE STUDY

The second part of the study has five chapters four is methodology; chapter five is the community assessment with SWOT, chapter six is the implementation of children's community camp, while chapter seven is the qualitative results seven.

Chapter four is methodology of the study that includes the basis of the study, the research questions and hypothesis. Then the methodologies were specifically developed to attempt to answer the questions and hypothesis set forth.

Chapter five looks at the method of the community self-assessment (SWOT analysis) that were both the same in scope, but very different for each group. The community assessment allowed for each camp to be developed and tailored to the strengths, challenges and values of the community.

Chapter six evaluates the actual making and implementation of the children's camps that were informed by the community self-assessment results. Although each camp is tailored to the community and all very different, they were all based on the results of the communities' assessment of themselves and their children.

Chapter seven is the qualitative data from the community volunteers and the children with varied creative materials from drawings to photos to videos. The children were quite prolific in expressing themselves through various creative outlets during the camps.

Chapter eight is the quantitative data from the "*How do I feel*" surveys administered to the children before and then after the camps. The survey was developed as a research tool to ask children directly how they feel about various aspects of their lives, that the researcher has coined the expression, "*psychosocial pain*". The before and after camps survey assessment results explored more thoroughly in chapter eight.

CHAPTER IV: METHODOLOGY

The methodologies used for this in-field research were both qualitative and quantitative and experimental. Several of the methods were adopted from other disciplines, for example the SWOT analysis, (Strength, Weakness, Opportunities and Threats) was adopted for the community assessment, but usually used in the business world to assess the viability and improvement for business.

The qualitative methodologies included community assessment (SWOT analysis), the process of community training, and children's camps, and some of their creative activities during the camp.

Also, the quantitative method of Wong-Baker FACES Pain rating scale was adapted to assess children's psychosocial pain. This method was used to assess the level "psychosocial pain" of the children before and after the intervention of a children's camp to determine if there was a difference? And if there was a difference, what is was and how can the difference be interpreted.

The main research question is:

1. What tools can be developed for communities to assess and address the psychosocial challenges and needs of their traumatized (HIV+, conflict, war, poverty, violence, orphan, abuse etc.) children?

The further questions to be explored are:

a. What cross-cultural research tools can be adopted for the local community to use to evaluate and understand their community and use it to address the needs of their children?

b. What cross-cultural tool can be developed to directly ask and measure children how they feel (their level of psychosocial pain)?

c. How can the cross-cultural tools be developed and adopted to address the real day-to-day concerns of psychosocial support for children?

d. Is it possible for the community to develop and implement a culturally relevant and meaningful “community camp” experience to their children?

The second main research question is:

2. How can children be asked directly about how they feel about themselves, their world and their lives, regardless of literacy?

The Hypotheses for this question are:

- a. Children know how they feel, and when asked directly, will express themselves.
- b. A survey that is visual (pictures) and not dependent on literacy can be useful in understanding directly how children feel about their world when the questionnaire is visual and simple.
- c. Trauma affects how children feel about themselves, their lives, their families, their community and their future.
- d. Trauma that requires psychosocial intervention will likely occur during a child’s life. The trauma, with the communities’ involvement, can be alleviated.
- e. Communities are interested and capable of providing valuable and culturally based psychosocial support for their children whom experience trauma.
- f. Communities know their (adults, youth and children) values, strengths and weaknesses, threats and opportunities for improvement.
- g. In most cases and with little development of knowledge and training, average members of a community are capable of responding to their children’s trauma based on its values, without the ongoing aid of professional psycho-social support.

A. Methodology topics

The methodology used for this study include both qualitative and quantitative data collection. In addition, the study also included a component of direct participation by community members, community leaders, and children. Although this community participation is the foundation of the development, intervention and research. The methods are varied and will be fully explored in the chapters that also will provide the results of the methods (community self-Assessment with SWOT Analysis; How I Feel Survey, the various techniques used in the camps, and the resulting qualitative data that include videos, drawings, photos, etc.

A.1. The methods and techniques

1. Community self-assessment (SWOT Analysis)
2. Community development of their children's camp
3. Gathering of community resources (people, food, materials, location for camps)
4. The development and the implementation of the camps
5. The explanation of and the administration psychosocial pain survey before and after the camp
6. The creative materials produced by the children from the camps

A.2. The Development of "How I feel about... Survey"

The initial investigations were focused on how children's thoughts and feelings could be measured directly, instead of being measured through an adult. The initial research revealed scarcity of research, methods, and techniques for directly querying and measuring children's responses when asked about their thought, feelings, about their lives.

Initial literature review found research with orphan and vulnerable children with measurements of their "well-being" with a series of questions about the life of the child. However, the questions were asked to their caregiver, parent, and grandparent, but not the child. Also, this research measured almost every area of the child's life (nutrition, health, school, relationship), there was not a focus on measuring the child's psychosocial world.

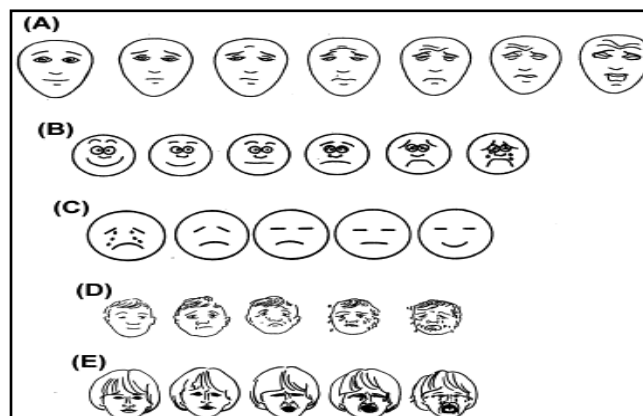
Once it was determined that there was no established way to measure a vulnerable child’s psychosocial worldview and how the child feels directly, research was expanded to other fields. The health field also has had challenges in directly asking and understanding the pain that children feel when they are ill, after surgery, etc. The research has found that health care delivery for children have some of the same challenges as that of measuring how children feel about various aspects of their lived.

The healthcare industries solution to measuring a child’s pain is the Children’s Pain Assessment Scale. It takes advantage of the fact that many people relate to and can use pictures to connect their thoughts with their feeling.

A.2.1. Children and their direct assessment of their physical pain

The Children Pain Assessment Scale has been adapted with many different types of faces. Some are gender specific and culture specific, and others are very generic and thus could be adapted to gender, age, and culture. An example of the five face pain scale used in the study on a comparison of faces scales for the measurement of pediatric pain: children's and parents’ ratings¹⁴⁹. The five pain scales are (A) Bieri *et al.* scale, (B) Wong & Baker FACES Pain Rating Scale, (C) Maunuksela *et al.* scale, (D) LeBaron & Zeltzer scale, and (E) Kuttner & LePage scale.

Image 1: Comparison of faces scales for the measurement of pediatric pain: children's and parents’ ratings



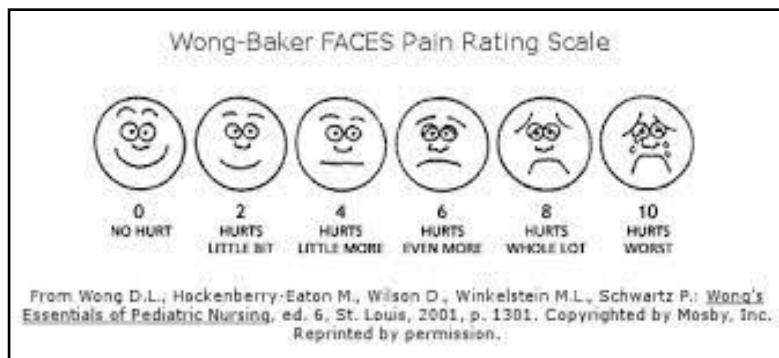
¹⁴⁹ Chambers, C., Giesbrecht, K., Craig, K., Bennett, S., & Huntsman, E. (1999), “A comparison of faces scales for the measurement of pediatric pain: children’s and parents’ ratings”, *Pain*, 83 (1), 25-35.

A.2.2 Adaptation of and choice of physical pain assessment scale

Although there is much research on assessing pain for children with direct query by this pain scale tool, the researcher asked the question of whether this could be adapted and used to measure how a child feels “emotionally” rather than physically.

The “Wong-Baker FACES Pain Rating Scale” has six round-faces that are gender and culturally neutral. The six faces go from smiling (0) to Crying (10), with four other faces that change in degrees in between (with a score from 0-10)¹⁵⁰.

Image 2: Wong-Baker FACES Pain Rating Scale



A.2.3. Adaptation of the FACES pain scale to assess “emotional” pain

Because there was a need to measure “emotional” pain for this research, rather than “physical” pain, these types of faces were more neutral and simpler than the other types (see actual survey).

A face (smiling to crying) feeling scale was developed that would allow the children to tell us how they feel about themselves, their “families”, their friends, their lives, their community, and their future.

¹⁵⁰ Wong, D.L., Hackenberry-Eaton M., Wilson D., Winkelstein M.K., Schwartz, P., *Wongs Essential Pediatric Nursing*, ed. 6, St. Louis, 2001, p.1301.

B. The “How do I feel” survey

The Wong-Baker Pain Scale was adapted to measure “*psychosocial pain*” instead of physical pain. The short survey used had a total 10 questions: 4 biographical and 6 about how the child feels (their emotional pain).

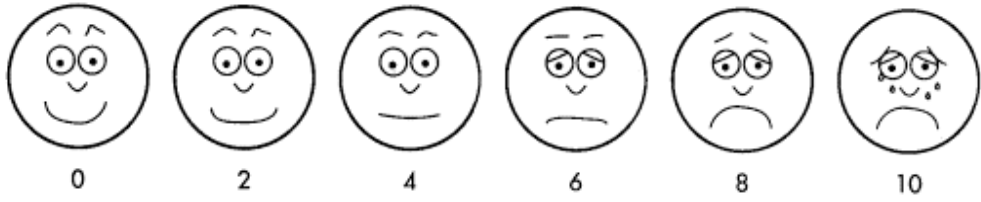
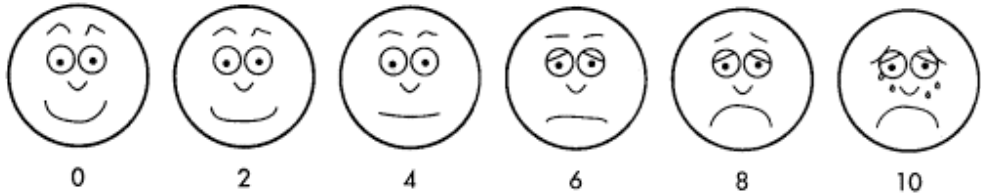




The biographical questions in the adapted pain scale survey are 1. boy or girl, 2. Age; 3. brothers or sisters? How many? and 4. Mom and/or dad died and when? The six “How I feel about....” questions used the adapted pain scale. They are: 5. How I Feel about myself, 6. How I feel about future, 7. How I feel about my friends, 8. How I feel about my family, 9. How I feel about my community, and 10. How I feel about my life¹⁵¹.

For each country, a specific the Wong-Baker Scale was adapted to the language of the country as shown in Figures 4.3 in Setswana 4.4 and 4.5 in English and 4.6 in Arabic and French.

Fig. 8: Botswana - How Do I Feel? Survey in Setswana







1. M or F 2. Dingwaga: _____ 3. Ba o Tsetsweng le bone: _____ Ba le kahe? _____

4. Mme _____ Ntate _____ O thokahetse? Leng? _____ 5. Ke I kutlawa Jaang.

0
2
4
6
8
10

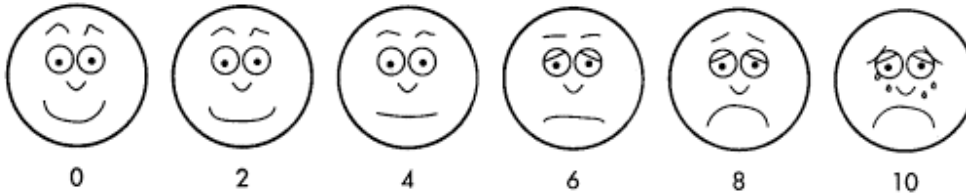
6. Ke I kutlawa Jaang ka bokamoso ja me.

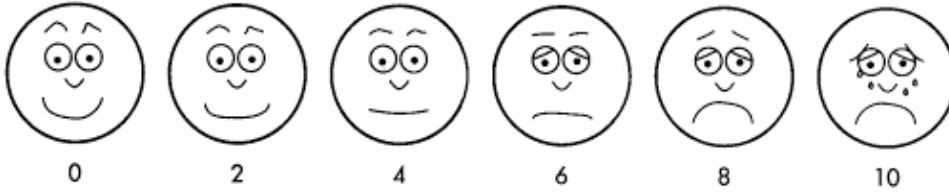
0
2
4
6
8
10

¹⁵¹ King, Ariel (2011) Images 4.3 to 4.5 is the Wong-Baker Scale adapted for measurement of perceived psychosocial pain English, Setswana (Botswana), French and Arabic.

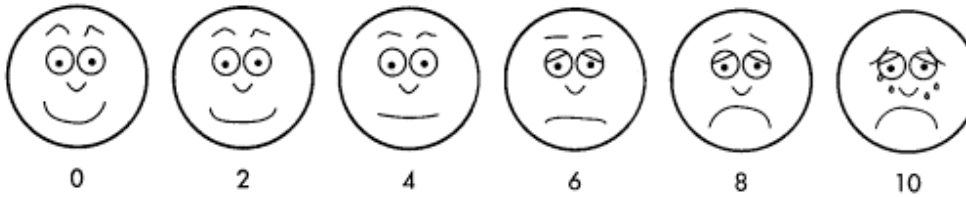
7. Ke I kutlwa jaang ka ditsala tsame.



8. Ke I kutlwa Jaang ka ba lwapa lame.



9. Ke I kutlwa Jaang ka ha ke tsewang ka teng mo sechabeing.



10. Ke I kutlwa Jaang ka botshelo ja me.

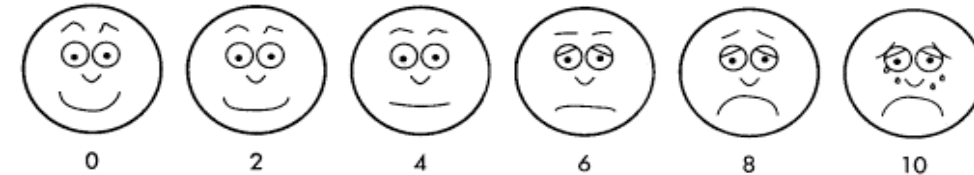
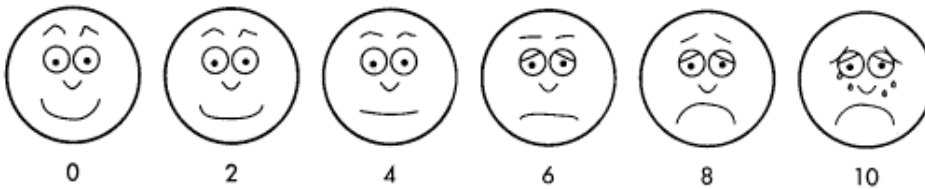
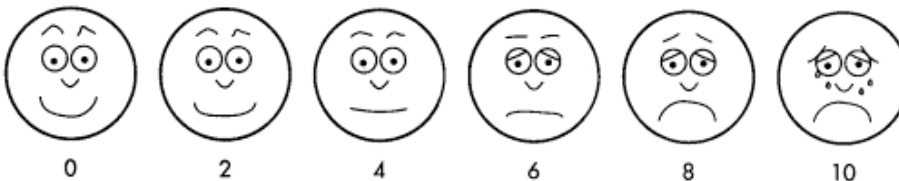


Fig. 9: Liberia – How Do I Feel? Survey in Liberia (English)

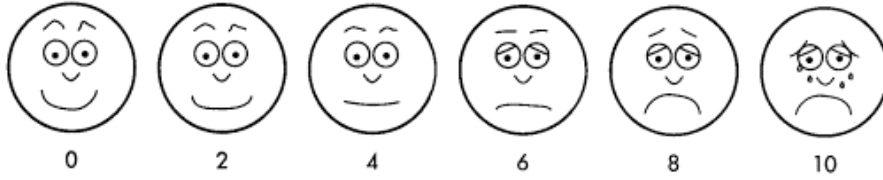
1. Boy or Girl 2. Age: __ 3. brothers / sisters? ___ How many? __ 4. Mom? __ Dad? ___
Died? When? ___ 5. How I feel about myself:



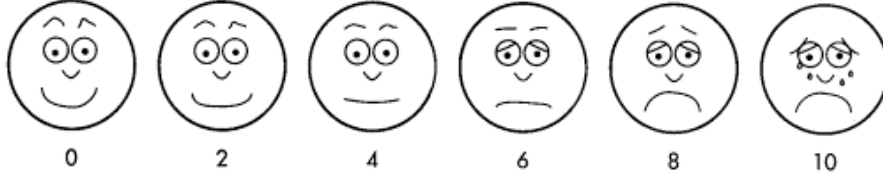
6. How I feel about my future:



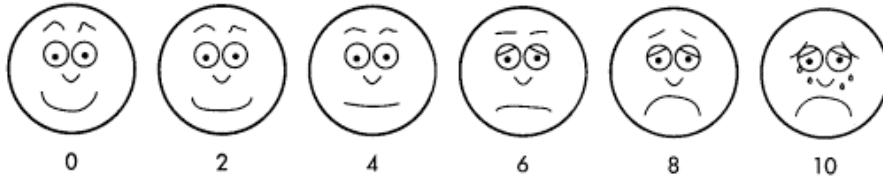
7. How I feel about my friends:



8. How I feel about my family:



9. How I feel about my community:



10. How I feel about my life:

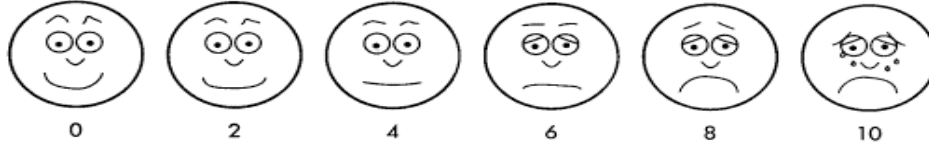
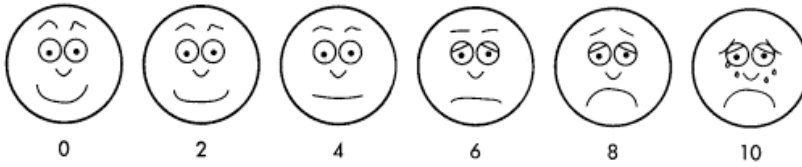


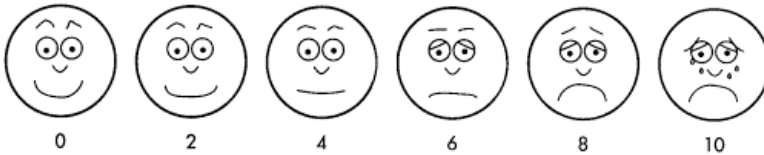
Fig. 10: Morocco How Do I Feel? Survey in Arabic – French (Morocco)

1. garçon ou fille / فتاة أو فتى 2. سن Age 3. الإخوة / الأخوات؟ كم؟ / frères/soeurs 4. توفي. / وفاة / le père est mort? Quand? / ولدته؟ / ولدته؟ / mère est morte? / توفي؟ / ولدته؟

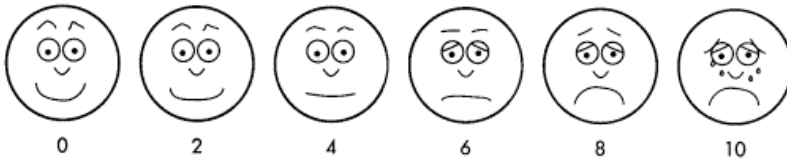
5. فيس ي حول أش عرك ي ف (Je ressens à propos de moi?)



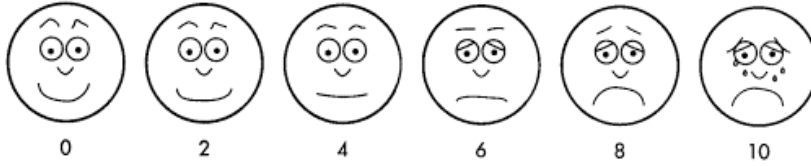
6. س وقت ي حول أش عرك ي ف (Je ressens sur mon avenir?):



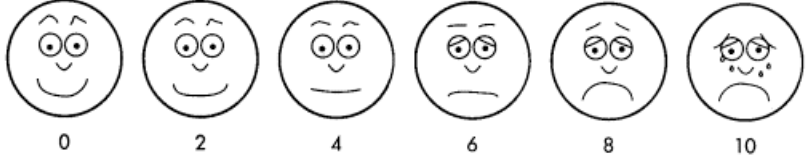
7. ع ا ل ي حول أش عرك ي ف (Que je ressens sur mes amis?)



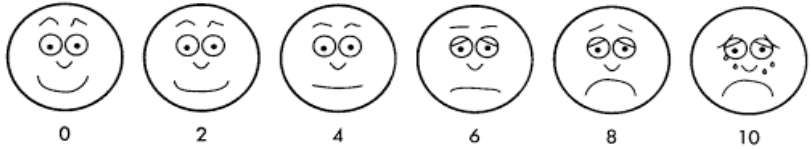
8. اعاطني حي التاش عركي ف (Je ressens à propos de ma famille?)



9. لام صام عيلدي حول تش عركي ف (Que je ressens sur ma communauté?)



10. حبيتي حول أش عركي ف (Que ressens sur ma vie?)



C. Qualitative Data: Creative Output from Children during Camps

All the camps had a component of creative engagement for the children of all ages who were going to start school or who had not completed basic education (3 years to 20 years). The children's community camps and its results will be explored in chapter six.

Children aged 13-19 in the “*technology camps*” were given the opportunity to use technology (photo, video, computer) to enhance their creativity. This included writing, producing, acting and videotaping plays, developing rap songs, documenting the day in the camps, documenting stories from their peers and taking photos of themselves and/or their peers drawings, completing a mural, drawing about themselves, their lives and their human rights.

During the infield research in Botswana, Liberia, and Morocco, hundreds of photos, videos, and hundreds of drawings were created by the children and were collected. In addition, the researcher and third parties were also able to take photos and videos to document the camps.

A sample of the creative output was chosen to show the range of creative output for various mediums within various age groups from all four camps (Mookane, Mmaphashalala, Monrovia and Marrakesh) in all three countries (Botswana, Liberia and Morocco). The creative outputs were selected for their variety and representative creativity from the children.

The qualitative data will be explored in chapter seven. It will include samples of the drawings, photos, videos, and short movies:

- Mookane, Botswana – Drawings and photos
- Mmaphashalala, Botswana – Technology: Photos and Theatre play
- Monrovia, Liberia – Short Movie about camp, Video of rap song
- Marrakesh, Morocco – Group Mural Picture and photos

D. The Community Self-Assessment with SWOT Analysis

The SWOT Analysis is an assessment tool that looks at the Strengths, Weaknesses, Opportunities and Threats. All four communities participated in a SWOT analysis or Community self-assessment. This technique was used as the basis of the camp method and results for the community assessment will be fully explained and explored and the results shown for each community: in Botswana: Mookane and Mmaphashalala, in Liberia: Monrovia, and in Morocco: Marrakesh. The Results of the SWOT analysis were used as a learning tool and, also as a basis for the values set forth for the children's community camps.

*
**

The research methods adopted were creative and varied. The choice and adaptation of the SWOT analysis used to assess businesses and newly applied to social science. The development of a survey that children could express their feelings regardless of literacy, language, and culture allowed us to use this assessment tool across all the camps.

CHAPTER V:

RESULTS OF COMMUNITY SELF-ASSESSMENT (SWOT) ANALYSIS

The SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) is well known as an effective evaluation and planning tool in the business arena. It has also been adopted by other disciplines, groups and organizations to assess where they are at one point, what factors need to be considered and what strengths can be used to plan for a better future.

SWOT is simply a framework that provides a structured way for a business to look at the problems and challenges, and address them. In the same way, it is a very good method of allowing communities, regardless of literacy or experience, to self-evaluate. It allows an easy step by step approach to evaluate the state of their community, including its their strengths, its challenges and its values, for themselves and their collective children.

*

**

A. SWOT Analysis: A Method for Community Self-Assessment

The SWOT analysis was used with all community volunteers as a step by step structured method to talk about what they see in their community, evaluate it and plan an intervention. The completed SWOT analysis allowed for the volunteers to have a clear understanding of the Strengths and opportunities (values) of their community to be able to address the weaknesses and threats (challenges).

A.1. Method of introduction and facilitation of community assessment

The local community members who volunteered for the community camp came from various parts of the community including community based organizations, schools, government, family members, care givers, and youth. As explained in Chapter 4, the Community Assessment was

attended and completed by a range of 12 to 20 volunteers who participated in the process between one and two days.

The volunteers sat together in an isolated space for one or two sessions for a total time between 4 and 10 hours. The community assessment was conducted in their local language. Although the community assessment is based on the business evaluation model of the “SWOT Analysis” (strengths, Weaknesses, Opportunities and Threats), the assessment was used to name and discuss the “communities’ strengths”, Communities Challenges, “Communities Values.” The Community values were voted on and the highest agreed 4 or 5 values were used as the foundation for the community camp.

For some of the assessments an additional evaluation was done on the community challenges and threats were paired with the community strengths and values. This was done because in those communities there was both time and the desire to do more with the assessment.

Once each community assessment was completed, one of the volunteers either wrote the results down or used the Mac computer to type the results in their original language (Setswana, Liberian English and Arabic), and then in General French or English.

A.2. Rationale for Community Self- Assessment – SWOT Analysis: Strength, Weakness, Opportunities and Threats

To structure the framework of the community assessment and intervention (camp), all community volunteers needed to sit together, and speak honestly about their strengths and challenges, and to verbalize their shared community values. The objective was to structure this exercise with dividends, such that it not only created a sound foundation, but also became the driving force for the actual camp experience for their communities’ children.

An excellent tool for a structured community evaluation is the business SWOT analysis. Although, the SWOT analysis was developed as a business tool, it is a very good method that can be adapted to allow communities, regardless of literacy or experience, to evaluate step by step their strengths, challenges and values in their communities and for their collective children.

Local communities know their challenges, strengths and local cultural values. They know the reality of daily life in their communities, not only for themselves, but also for the children. Thus, the local community volunteers are some of the best people to do a community assessment and to identify their community's core values.

The community assessment and core values are used as a basis for the development of an intervention for addressing psychosocial support for its children through the community children's camps.

A.3. SWOT analysis method of community assessment

The local community members who volunteered for the community camp came from various parts of the community including community based organizations, schools, government, family members, care givers, and youth. The community assessment was attended and completed between one half day and two days by between 12 and 25 volunteers per community camp.

The volunteers all sat together in an isolated space for one or two sessions for a total time of about 4.5 to 10 hours. The community assessment was conducted in the local language.

Although the community assessment was based on the business evaluation model of the “*SWOT Analysis*” (Strengths, Weaknesses, Opportunities and Threats), the assessment was on the “*communities' strengths*”, Communities Challenges, and “*Communities Values*”. The community challenges and threats were paired with the community strengths and values. Finally, the values were voted on and the highest number of people who agreed with 4 or 5 values were used as the foundation for the camp. Once the full community assessment was written on a surface that all the participants could see in front of them. One or more volunteers would write it the entire assessment down or type it directly on the computer in the original language, and then it was translated by one person in English. All the communities were asked to find one or more persons to learn how to use the computer to input their results of the SWOT analysis during or after the community assessment. All groups were successful in finding one person to carry out the task. The SWOT analysis and the assessment for each camp, along with the “method” of carrying out the camps, are explored together under each children community camp.

A.4. Strengths, Weaknesses, Opportunities and Threats: SWOT Results

The Strengths, Weaknesses, Opportunities and Threats, known as “SWOT Analysis” first developed in business and then adopted in social sciences is a method of assessing a current situation and then using the assessment in order to develop strategies or interventions to address the assessment. This method was used for the communities to assess their lives and children’s lives, values and desires for the future. The assessment then allows them to put their assessment and values as a foundation of the Community children’s camps to formally address their challenges, strengths opportunities, threats and the community values.

Method of introducing and facilitation of community assessment

Community assessment of local strengths, challenges and values as foundation for camps:

Mookane Children’s Community Camp (Botswana)

Mmaphashalala Children’s Community Camp (Botswana)

Monrovia Children’s Community Camp (Liberia)

Marrakesh Community Children’s Camp (Morocco)

B. Mookane, Botswana Community Assessment (SWOT Analysis)

The first community camp was Mookane, Botswana. The community assessment was carried out with eight community members and two guides/volunteers. The assessment was done in their local language of Setswana in two sessions in two days. While in these sessions I generally observed the discussions between them were spirited, detailed, un-guarded and honest. They could speak about both the challenges to the community and to their children with great passion. The community strengths and values were a little more difficult at first, but once they started, it became easier for them see and name their community strengths.

Photo 1: King explains process for Mookane Volunteers Community Assessment



B.1. The Strengths of the Mookane Community

The Mookane Community self-identified strengths within their Community (Table 6) were: “we care for our children”, “we care for the sick, needy, the elderly, the orphans and the disabled”, “those who have businesses create employment”, “we grow vegetables and fruits to support the sick” and “we do clean up campaigns”.

Table 6: Strengths of the Mookane Community

No.	DILO TSE DI SIAMETSENG MOTSE WA RONA	Strengths of Community
1.	Re thokokomela bana ba rona	We care for our children
2.	Re oka balwetse, bathoki, bagodi, masiela, le bana le bogole	We care for the sick, the needy, the elderly, the orphans, and the disabled
3.	Bangwe ba re kgethela ditiro)	Those with businesses create employment
4.	Re lema maungo le merogo go tshetsa balwetse	We grow vegetables and fruits to support the sick
5.	Re phepafatsa motes wa rona	We do a “clean up campaign”

Photo 2: Mookane Volunteers leading Community Assessment



B.2. Mookane Community Challenges (SWOT: “Weaknesses”)

The challenges in the Mookane Community (Table 7) identified were “*poor roads*”, “*school drop outs*”, “*child neglect and abuse*”, “*alcohol and drug abuse*” and “*lack of adequate housing*” and “*lack of self-acceptance*”.

Although the challenge of poor roads was identified, the community did not give ‘strength’ to address it, as the solution is not in the hands of the local community. All of the other challenges were answered by the community’s strengths.

Table 7: Mookane Community Assessment SWOT (Weaknesses) Challenges

No.	Challenge Dikgetlho	Challenge	Values (Opportunities) for Challenges
7	Go thoka tsela ya dikoloi e e siameng	Poor roads	----
8.	Go tlogela dikolo ga banana	School drop outs	2. We care for the sick, the needy, the elderly, the orphans, and the disabled
9.	Go ikgatholosa bana le go ba kgokgontsha	Child neglect and abuse	2. We care for the sick, the needy, the elderly, the orphans, and the disabled
10.	Tiriso botlhaswa ya ditagi	Alcohol and drug abuse	1. We care for our children & 2. We care for the sick, the needy, the elderly, the orphans, and the disabled
11.	Go tlhoka bonno jo bo siameng (2,3)	Lack of adequate housing	We care for the sick, the needy, the elderly, the orphans, and the disabled & Those with businesses create employment
12.	Go tlhoka go amogela seemo (1)	Lack of self - acceptance	We care for our children

Four out of the five challenges (child abuse and neglect, school drop outs, alcohol and drug abuse, and lack of adequate housing) can be addressed with the community strength of “*we care for the sick, the needy, the elderly, the orphans and the disabled*”. The two challenges of “*Alcohol and drug abuse, and the “lack of acceptance”*” can be addressed by strength of “*we care for our children*”. The challenge of lack of adequate housing can be addressed by the strength of “*those with businesses create employment*”.

C. Mookane Community Strengths of the children

The identified strengths of the children in the community (Table 8) were directly related to the active nurturing and protection of the children from the community at all levels. Children have a right to go to school and play. As part of their schooling, they are taken on field trips to expose them to the world outside of their village. If a child is poor, then they are given clothes and food basket. If a child has HIV, they have a right to know their status and participate in support groups. They also have a right to have medication. The community fights against child abuse in the community.

Table 8: Mookane Community - Strengths (SWOT) for Children
(Dilo Tse Di Siametseng Bana Mo Mookane)

No.	Dilo Tse Di Siametseng Bana Mo Mookane	Strengths of Children of Mookane
13.	Go bafa diaparo le dijo	Children are given clothes and food baskets
14.	Go ba isa dikolong	Children have the right to go to school
15.	Ba isiwa bongakeng	Children have a right to medication
16.	Ba tsaya loeto go bontshiwa di tsa tholego)	Children are taken out on field trips, exposure
17.	Ba fiwa teta ya go ithathobela mogare le go tsenelela mekgatho	Children are given permission to know their HIV status (VCT) and participate in support groups
18.	Ba fiwa teta ya go tshameka	Children are given the right to play
19.	Re lwantsha kgokgontsho	We fight child abuse in the community

D. The threats of the Mookane Community for Children

The threats to the children in Mookane (Table 9) include that they lack a recreational center, and there is a lack of a safe place for abused children. Children lack transport to go to school, and thus children are taken out of the village for technical training. The structural issues of daily life were also identified that include the lack of funds and resources and the lack of employment and shelter.

Table 9: Mookane Assessment Threats for Children and Solutions/ Strengths

No.	Dikgwetho	Threat	Solution
20.	Bana ba isiwa dikolong kwa mafelong a mangwe	(14) Children are taken outside the village for technical training	ba isa dikolong (Children have the right to go to school)
21	Go tlhoka go nna le lefelo la itshireletso la bana ba ba kgokgontshiwang	(19,2) Lack of place of safety for abused children.	19.Re lwantsha kgokgontsho (We fight child abuse in the community)
22	Letlhoko la dipalamo mo dikolong tsa bana	Lack of transport to go to schools.	-----
23.	Letlhoko la madi le ditlamelo	(13) Lack of funds and resources.	13.Go bafa diaparo le dijo (Children are given clothes and food baskets)
24.	Letlhoko la ditiro le bonno	(4) Lack of employment and shelter.	Re lema maungo le merogo go tshetsa balwetse (We grow vegetables and fruits to support the sick)
25.	Go tlhoka lefelo la itoso bodutu	(16) Lack of recreational center.	16.Ba tsaya loeto go bontshiwa di tsa tholego (Children are taken out on field trips, exposure)

E. Mookane opportunities or values to address challenges

The Mookane Community Challenges for its' children can be addressed with its assessed community strengths and community values.

The lack of safety for abused children can be addressed with the community strengths of 2 and 19 (*2. Re oka balwetse, bathoki, bagodi, masiela, le bana le bogole* (We care for the sick, the needy, the elderly, the orphans, and the disabled) and *19. Re lwantsha kgokgontsho* (We fight child abuse in the community)). The community values to address abused children are *Tirisanyommogo* (Team work), *Therisanyo* (Consultation), *Lorato* (Love), *Pelotelele* (Patience), *Kagisanyo* (Compromise), and *Boipelego* (Self Reliance).

The lack of transport to go to schools were to be addressed by the strength of (16) that children are taken on field trips for exposure. Also, identified to address this challenge were: *Botho* (Good morals); *Tirisanyommogo* (Team work), *Therisanyo* (Consultation), *Pelotelele* (Patience), and *Boipelego* (Self Reliance).

The challenge of *Letlhoko la madi le ditlamelo* (Lack of funds and resources) can be addressed by the strength of (13) *Go bafa diaparo le dijo* (Children are given clothes and food baskets). The values identified to address lack of funds and resources are *Tirisanyommogo* (Team work), *Therisanyo* (Consultation), *Lorato* (Love), *Pelotelele* (Patience), and *Boipelego* (Self Reliance).

The lack of employment and shelter (*Letlhoko la ditiro le bonno*) could be addressed with the strength of growing vegetables and fruits to support the sick. The values to address the challenge include: *Tirisanyommogo* (Team work), *Lorato* (Love), *Pelotelele* (Patience), *Kagisanyo* (Compromise), and *Boipelego* (Self Reliance).

The challenge of the lack of a recreational center can be addressed with the strength of (16) Children are taken out on field trips, exposure. Also the values of *Tirisanyommogo* (Team work), *Lorato* (Love), *Pelotelele* (Patience), *Kagisanyo* (Compromise) and *Boipelego* (Self Reliance).

The lack of employment and shelter (Letlhoko la ditiro le bonno) could be addressed with the strength of growing vegetables and fruits to support the sick.

F. Values To Meet The Challenges In Mookane

The values to address the challenge include: Tirisanyommogo (cooperation), Lorato (Love), Pelotelele (Patience), Kagisanyo (Compromise), and Boipelego (Self Reliance).

The challenge of the lack of a recreational center can be addressed with the strength of (16) Children are taken out on field trips, exposure. Also the values of Tirisanyommogo (Team work), Lorato (Love), Pelotelele (Patience), Kagisanyo (Compromise) and Boipelego (Self Reliance).

Photo 3: Mookane Community Assessment - Voting on values



G. Values of the Mookane Community

The Mookane Community values in order of most voted with the highest consensus are: Teamwork, Love, Consultation, Compromise and Self Reliance.

The Mookane community volunteer group voted on the five most important values to lay the foundation for the children’s community camp and all its activities. The five values are teamwork, love, patience, compromise and self-reliance. Before each group activity the volunteers and children would recite the 5 core value

H. Mmaphashalala, Botswana Community Self-Assessment (SWOT)

The second children’s community camp (CCC) was in Mmaphashalala, Botswana. The community assessment was carried out with eight members (teachers, local volunteers, clergy, and two guides) on 11 February 2011. The assessment was done in their local language of Setswana in two sessions one day.

It is noted that when they started the community assessment, they started to speak in English, and their language was sprinkled with specific NGO and multinational donor language and terminology. They said they spoke English so that the outside researcher would understand. They were then instructed that it is more important that they speak in the language they are comfortable and expressive in, their local language, Setswana. They then switched to their local language of Setswana and the entire vocabulary. This allowed the focus to shift back to their community rather than the “*international donor-language*”.

Photo 4: Mmaphashalala Community Assessment



The Community Assessment was led by volunteers with the guidance of the researcher at the Mmaphashalala Elementary School with nine local and two AFI volunteers. The assessment was conducted on one weekday, as it was the middle of the school year and the camps would be held during the weekend, Friday, Saturday and Sunday.

H.1. The Strengths of the Mmaphashalala Community

The strengths of the Mmaphashalala community (Table 5.7) is that they care about each other, they care about their children, have good working and cooperative relationships with each other. Most have good homes. They are good farmers who know how to look after cattle.

Table 10: Strengths Mmaphashalala Community Analysis (Bokgoni jwa bahto ba motes)

No.	Bokgoni jwa bahto ba motes	Strengths of Mmaphashalala
1.	Ba itse go tlhokomela dikgomo	How to look after cattle
2.	Ba tlhokomela bana ba bone	Care about our children
3.	Batho ba a tlhokomelana	Care about each other
4.	Bontsi bona le bonno jobo siameng	Most have good homes
5.	Badirisana sentle mmogo	Good working relationships, cooperative
6.	Ke balemi	They are famers

Photo 5: Volunteers active in Mmaphashalala Community Assessment



The leader volunteer who facilitated the community assessment decided to go directly to the issue of the challenges for children, rather than the challenges for the entire community. The challenges for children in the Mmaphashalala community (Table 11) are some parent are

lazy, use vulgar language, and drink alcohol excessively. Thus, children can live in a bad environment, where their parents do not appreciate education, they are neglected and/or sexually abused.

Table 11: Challenges for Mmaphashalala Children

No.	Tse Ba Sa Dikgoneng	Challenges for Mmaphashalala Children
7.	Bangwe batsadi ba itlhokomolosa bana	Some parents neglect their children
8.	Banwa mogo feteletseng	Some drink excessively
9.	Bana ga bana lorato la thuto	Some don't have love for education
10.	Batsadi le bana bangwe gabaitse mosola wathuto	Parents know the importance of education
11.	Bana banna mo tikologong ee seng phepa	Children live in a bad environment
12.	Bangwe baa itsemeletsa	Some parents have a tendency of laziness
13.	Bangwe ba kgokgontsha bana jaaka tlhakanelo dikoba	Some sexually abused children
14.	Bangwe ba dirisa matlhapa	Some use vulgar language

H.2. Challenges for Children in Mmaphashalala Community Assessment

The “Threats” for the children in the Mmaphashalala community (Table 12) are that the children are not encouraged, have no discipline, they are not being looked after properly, they are being abused, they are not able to be controlled by their parents and have no discipline. The result of these threats is that the children are more likely to be sexually active at an early age, drink alcohol, and use vulgar language.

Table 12: Challenges for Children in Mmaphashalala Community

No.	Challenges/ Threats	Threats
15.	Gagona kgalemo mogo ba bangwe	No discipline
16.	Ba a kgokgontshiwa	Being abuse
17.	Ga ba tlhokomelwe	Not being properly being looked after
18.	Ga ba rotloediwe	Not being encourages
19.	Ba dirisa matlhapa	Use vulgar language
20.	Ba tlhakanela dikobo bale bannye	Sexually active early
21.	Ba nwa bojalwa	Drink alcohol
22.	Ba goga motsoko	Smoke
23.	Ba a itaola	Not controlled by parents
30.	Ba nwa bojalwa	Too much drinking

H.3. Strengths and Opportunities to Answer Challenges

Once the strengths, threats challenges and weaknesses were assessed by the group, then they looked at how their strengths would be used to address the weaknesses and threat of their community. The table 12 shows the challenges and what strengths could be used to make the challenges better. For the challenge of no discipline (15) the strengths and opportunities are good working relationships (5) and parents know the importance of education (10) and, also we know how to look after our cattle (1). The challenge of being abused and early sexual activity, vulgar language, smoking and drinking alcohol can be made better through the strengths of the parents know the importance of education (10). Community care and cooperation and education of the population can be used to make these challenges better according to the community.

Table 13: Challenges, Strengths and Opportunities (Dikwetho Tsa Bana)

No.	CHALLENGE	DIKWETHO TSA BANA	STRENGTHS AND OPPORTUNITIES
15.	No Discipline Gagona kgalemo mogo ba bangwe 1,5,10	1. Ba itse go tlhokomela dikgomo 5. Badirisana sentle mmogo 10. Batsadi le bana bangwe gabaitse mosola wa thuto	1. Know how to look after cattle 5. Good working relationships, cooperative 10. Parents know the importance of education
16.	Being Abused Ba a kgokgontshiwa 2,10	2. Batho ba a tlhokomelana 10. Batsadi le bana bangwe gabaitse mosola wa thuto	2. care for each other 10. Parents know the importance of education
17.	No properly being looked after Ga ba tlhokomelwe 2,9,10,12	2. Batho ba a tlhokomelana 9. Bana ga bana lorato la thuto 10. Batsadi le bana bangwe gabaitse mosola wa thuto 12. Bangwe baa itsemeletsa	2. care for each other 10. Parents know the importance of education 12. Some parents have a tendency of laziness
18.	Not encouraged Ga ba rotloediwe 4,10,12	4. Bontsi bona le bonno jobo siameng 10. Batsadi le bana bangwe gabaitse mosola wa thuto 12. Bangwe baa itsemeletsa	4. Good homes 10. Parents know the importance of education 12. Some parents have a tendency of laziness
19.	Vulgar language Ba dirisa matlhapa 1,5,10,11	1. Ba itse go tlhokomela dikgomo 5. Badirisana sentle mmogo 10. Batsadi le bana bangwe gabaitse mosola wa thuto 11. Bana banna mo tikologong ee seng phepa	1. Know how to look after cattle 5. Good working relationships, cooperative 10. Parents know the importance of education 11. children live in a bad environment
20.	Early sexual activity Ba tlhakanela dikobo bale bannye, 4,10,12	4. Bontsi bona le bonno jobo siameng 10. Batsadi le bana bangwe gabaitse mosola wa thuto 12. Bangwe baa itsemeletsa	10. Parents know the importance of education 12. Some parents have a tendency of laziness
21.	Drink alcohol Ba nwa bojalwa 4,10,12	4. Bontsi bona le bonno jobo siameng 10. Batsadi le bana bangwe gabaitse mosola wa thuto 12. Bangwe baa itsemeletsa	4. Good Homes 10. Parents know the importance of education

			12. Some parents have a tendency of laziness
22.	Smoke Ba goga motsoko 4,10,12	4. Bontsi bona le bonno jobo siameng 10. Batsadi le bana bangwe gabaitse mosola wa thuto 12. Bangwe baa itsemeletsa	4. Good Homes 10. Parents know the importance of education 12. Some parents have a tendency of laziness
23.	No control of children by parents Ba a itaola 1,4,5,9,10,11	1. Ba itse go tlhlokomela dikgomo 4. Bontsi bona le bonno jobo siameng 5. Badirisana sentle mmogo 9. Bana ga bana lorato la thuto 10. Batsadi le bana bangwe gabaitse mosola wa thuto 11. Bana banna mo tikologong ee seng phepa	1. Know how to look after cattle 4. Good Homes 5. Good working relationships, cooperative 9. Some don't have love for education 10. Parents know the importance of education 11. children live in a bad environment

H.4. Mmaphashalala Community Values

After assessing the strengths, challenges and opportunities to address the challenges, the group looked at their values. The values for the Mmaphashalala community (Table 14) include being a caring and compassionate community who love each other, help each other, communicate well with a cooperative spirit, respect and good manners.

Table 14: Mmaphashalala Community Values

No.	Setswana- Mokgwa	English – Values
31.	Letsema	Help each other
32.	Botho	Good Manners
33.	Kutlwelobotlhoko	Caring and compassionate community
34.	Go Tirisanyo mmo	Cooperative
35.	Lorato	Love
36.	Therisanyo	Communication
37.	Tlotlo	Respect

I. Liberia, Monrovia Community Assessment

In Monrovia, eighteen people who volunteered and participated in the community self-assessment included teachers, youth, community workers, police, social worker, staff children's home and community members.

I.1. The Strengths of the Monrovia Community

The strengths of the Monrovia Community (Table 15) include peaceful co-existence, political stability, law abiding, value of social interactions, belief in development, acceptance of strangers, religious tolerance, discipline, self-value, love of culture, loyal, and value sex. Additional strengths are value business, value self-employment, encourage agriculture activities, and are involved in sanitation. Education is of key importance, for the help un-lettered (uneducated people), children are willing to learn, and parents value school, sports, and extra-curricular activities.

Table 15: Strengths of Monrovia Community

Children willing to learn	12. Religious tolerance
Parents value school	13. People accept strangers
Peaceful co-existence	14. Self-value
Parents values sports	15. Belief in development
Political stability	16. Belief in discipline
Parents value extra-curriculum activities	17. People are law abiding
Encourage agriculture activities	18. They help un-letter (uneducated) people
People involved in sanitation	19. Love culture
People value self-employment	20. They are loyal
People value business	21. Value sex
People value social interactions	

I.2. The Challenges of the Monrovia Community

The challenges (Table 16) of the Monrovia community includes violence, drug abuse, stealing profane language neglect, child abuse, child labor, discrimination against adopted children, no child rights, sexual abuse and teen pregnancy. While the family challenges include no opportunity for school, payment of school fees, hunger and hardship. The societal challenges include lack of medical centers, poor sanitation, lack of social services, bad roads, telecommunications, and under-development.

Table 16: Monrovia Community Challenges

Monrovia Challenges	
22. Drug abuse	33. Medical Center
23 Stealing	34. Poor Sanitation
24. Violence	35. Lack Of Basic Social Services
25. Profane language	36. Bad Roads
26. No opportunity for school	37. Teen Pregnancy
27. Payment of school fees	38. Sexual Abuse
28. Hunger and hardship	39. Telecommunication
29. Child labor	40. Discrimination Against Adopted Children
30. Neglect	41. Lack Of Social Security
31. Child abuse	42. Under Development
32. No child rights	

I.3. The Threats for the Children of the Monrovia Community

The Threats (Table 17) in the Monrovia community includes proper care, poor shelter, poor nutrition, no food at home, poor health, no safe drinking water. The other challenges include no child rights, child trafficking, rape, forced marriage, abortion, violence against each other, no opportunity for school, poor learning environment, no playground, harsh words from parents, no encouragement and lack of motivation.

Table 17: The Threats for Children in the Monrovia Community

Monrovia Challenges	Threats for children
22. Drug Abuse	33. Medical Center
23. Sealing	34. Poor Sanitation
24. Violence	35. Lack Of Basic Social Services
25. Profane Language	36. Bad Roads
26. No Opportunity For School	37. Teen Pregnancy
27. Payment Of School Fees	38. Sexual Abuse
28. Hunger & Hardship	39. Telecommunications
29. Child Labour	40. Discrimination Against Adopted Children
30. Neglect	41. Lack Of Social Security
31. Child Abuse	42. Under Development
32. No Child Rights	

I.4. The Values for the Monrovia Community

The values (Table 18) that the community assessment participants developed for the Monrovia community include respect for culture and norm, respect for women, man respect women, men make the final decision, respect for leaders, respect for elders, respect for rules/law, respect for authority, religious, belief in the extended family, unity, social, forgiveness and reconciliation.

The five most important values based on votes are respect for leaders, unity, reconciliation, respect for law and religious.

These 5 values were used as the foundation for the camps.

Table 18: The Values for the Monrovia Community

Values (Votes)	Monrovia Community
Respect for culture / norms (9)	Respect for Authority (5)
Respect for women (4)	Unity (12)
Religious (12)	Social (6)
Respect leaders (13)	Reconciliation (vote 12)
Respect elders (10)	Forgiveness (vote 6)
Respect for rules/ law (12)	Husband makes final decision (1)
Belief in extended family (4)	Men respect women (vote 9)

I.5. Values to Address Threats and Challenged in Monrovia

The values (Table 19) that can start to address the treats and the challenges for the onrovia community were determine to be respect for rules/ law can meet the challenges of no children’s rights, no oppportunity for school, no food at home, no encouragement, forced marriage, child trafficking and rape.

The values of unity and reconciliation can address violence against one another. Religious can address proper care, harsh words from parents, abortion, and forced marriage.

Table 19: Values to Address Threats and Challenged in Monrovia

Challenges in Liberia	Values in Liberia	Votes
Rape	Respect for rules/ law (66)	12
Child trafficking	Respect for rules/ law (66)	12
Proper care	Religious (63)	12
Harsh words from parents	Religious (63)	12
Violence against each other	Unity (71) Reconciliation (69)	12/12
Abortion	Religious (63)	12
Forced marriage (66)	Respect for rules/ law (66) Religious (63)	12
“Child feed the home” No food at home for child	Respect for rules/ law (66)	12
No encouragement (66)	Respect for rules/ law (vote	12
No Child Rights (66)	Respect for rules/ law	12
No opportunity for school (66)	Respect for rules/ law	12

J. Marrakesh, Morocco Community Assessment (SWOT)

The community self- assessment before the camps were carried out by over 20 youth who were high school and college students over 18 years old with the except three students 16 -17 years who were advanced in their school). All the youth were recruited by a staff of “Atfalouna”, a community based or organisation. The volunteers were recruited by their high school teacher who was also the Director of “Atfalouna”. In addition to the student volunteers, there were several volunteers from another community-based organization.

J.1. Challenges for children in the Marrakesh Community

The Challenges (Table 20) that hinder a happy childhood in Marrakesh are poverty, Contempt, violence, repression, exploitation, riots, contempt, bad education, lack of spaces and not being are of responsibility.

Table 20: Marrakech Challenges - Negative emotions that hinder a happy childhood

(الشعاعر السلبية التي تعوق الطفولة السعيدة في مراكش)

Challenges	Challenges
فقر	Poverty
الشرع	Riots
التربية السيئة	Bad Education
الاستغلال	Exploitation
لقمع	Repression
عدم الوعي بالمشكلة	Not aware of responsibility
نقص المساحات	Lack of spaces
التعدي	Contempt
الاعتداء - العنف	Alaktdad – Violence

J.2. Marrakesh community Strengths (Positive emotions)

Positive emotions (Strengths) in Marrakech are respect, good manners, communication, cooperation, teamwork, dreams, companionship, friendship, smiles, simplicity, cleanliness, citizenship love, love of community, love of knowledge, automatic faith, and innocence.

Table 21: Marrakesh Strengths-Positive emotions

الشعاعر الإيجابية الموجودة في المجتمع المغربي

أخلاق جيدة	Good manners	9.	حب للمعرفة	Love Of Knowledge
الاحترام	Respect	10.	نظافة	Cleanliness

التواصل	Communication	11.	التعاون	Cooperation
الخيال	the dream	12.	العمل الجماعي	Teamwork
الرفقة	Companionship	13.	التقوية التبادلية	Automatic – Faith
الابتسامة	Smile	14.	حب المجتمع	Love Of Community
البساطة	Simplicity	15.	الصداقة	Friendship
حب للمواطنة	Citizenship love	16.	البراءة	Innocence

J.3. Marrakesh Values for Children

The values for children in Marrakesh (Table 22) include self-love, altruism, to help, acceptance of opinions of other, differences, tolerance, solidarity, humility, differences, tolerance, honest, truth, credibility, transparency and expression. The top 5 values as a foundation for the camp was solidarity, humility, respect for others, honesty and tolerance.

Table 22: Values for Children in Marrakesh (القيم)

No.	Values	Values	Votes
1.	احترام للغير (19)	Respect for others	19
2.	التسامح (16)	Honesty	16
3.	تقبل رأي للغير (7)	Accept the opinion of others	7
4.	التحقة (10)	Truth	10
5.	المصداقية (10)	Credibility	10
6.	حب الذات (11)	Self-love	11
7.	التعبير (12)	Expression	12
8.	التضامن (22)	Solidarity	22
9.	التسامح (16)	Tolerance	16
10.	المساعدة (15)	Help	15
11.	التواضع (21)	Humility	21
12.	الاختلاف (4)	Difference	4
13.	المصدق (16)	Honesty	16
14.	البيثار (12)	Altruism (12)	12
15.	التلفظية	Transparency	4

J.4. Marrakesh Most Important Five Values by Vote

The top five values by vote that were used as a foundation for the camp was solidarity (22), humility (21), respect for others (19), tolerance and honesty (16).

Table 23: Marrakesh Most important 5 Values

No.	Value	Marrakesh	Votes
1.	التضامن (22)	Solidarity	(22)
2.	التواضع (21)	Humility	(21)

3.	احترام للغير (19)	Respect for others	(19)
4.	التسامح (16)	Honesty	(16)
5.	التسامح (16)	Tolerance	(16)

*

**

The community self-assessments in the five communities in Botswana (Mookane and Mmaphashalala), Liberia (Monrovia), and Morocco (Marrakesh) were carried out by community members who volunteered to development, and implement the camps.

The community assessments were carried out in their native language, in the pace that the groups set, in familiar venues, that allowed for the self-assessments to be quite candid, reflective and honest. After the groups evaluated, the strengths, the challenges, the opportunities, and the values of the community, their newly found knowledge about themselves and their children, and especially their values that were used as the foundation for the camp.

CHAPTER VI:

INTERVENTION:

CHILDREN’S COMMUNITY CAMPS

The concept of using camps for children to learn new skills and for their physical, emotional and psychological development has been used in North America for over a century. Specialty children’s camps can be religious, health, sports, performing arts, psychological, and academic. The concept of camps allows for children with the same interests or issues to be together, learn from one another and then find a way to improve their lives in a specific area.

For children who have experienced severe trauma (severe poverty, death of parent or caretaker, life-threatening illness, natural disasters, displacement, armed conflict), a community camp in an environment that they know is an intervention that can be fun, supportive, empowering, and transformative. In the activities of the camp, the confusion, isolation, secretive or frightening part of the trauma and be brought out to light with others who understand, talked about, expressed in art, performance or healing circles to be understood and put into the children’s life perspective.

*

**

A. “Children’s Camps” concept

A.1. Children’s Summer Camps, a North American Middle-class tradition

In North America, fee-supported children’s summer camps are generally attended by middle class children. They are the norm at least once in childhood for many children in North America and now in many parts of the world. Usually children go to the summer camp (day or sleep over) because it is a place for children to learn through experiential activities in sports, arts, water activities, etc. The camp orientation and values are driven by the business considerations of the camp.

Today, there are similar camps for children in some African countries. There are also camps that invite a very limited number of children from Africa to North America or Europe to experience the wonders of being at such a camp. Children's camps are often set up in one or more locations and the children go to the location to experience the camp. The camps in North America Europe and, Africa are generally very expensive, and do not necessarily reflect the culture, talent, strengths, knowledge, and valued of the community that they serve.

A.2. Specialty – Camps for Grieving Children – Camp Zone Comfort

Specialty camps for special interests in sports, arts, religious, gender or health are not unusual. One unique specialty camp that is believed to be the first is a “bereavement camp”. It became the genesis for the children's camps that is the subject of this research. Bereavement camps focuses on children who have a close loved one who has died (parent, sibling, primary care-giver etc.). Its objective is to address the child's grief, the processing of that grief, and child's resilience. The bereavement camp provides a comfort zone. The camp is a not for profit agency that serves campers from all 50 US states, Canada and the United Kingdom. The camp is free for all children for 7 to 17 years old. The researcher along with eight Ariel Foundation International volunteers attended a one-day volunteer training session to gain an understanding of the camp's theory, methods, reasons and then adapt it for children who experience loss or trauma in developing countries.

A.3. Children's Camps in their Neighborhood or Village

Seeking to develop a model for a sustainable alternative to the traditional camp, the researcher developed, designed a camp that could be carried out by the same community that serves its children.

Before the camp was taken to the communities, initial training and development of theories and proposals for possible implementation of children and youth camps in communities had to be done. The original theory was that the activities, values and implementation of the camps would be developed by the researcher and a team of people who volunteer for the Ariel Foundation International (AFI).

However, it was soon realized that this theoretical model would not be practical, useful or meet the goal for the children in the field. Thus, a new direction was developed that allowed community volunteers to assess their own communities and their children, their values and then use the assessment as a basis for the camp that they would implement themselves and run all the activities of the camp on a day to day basis.

A.4. The Children's Camp were developed, designed, staffed and administrated by local Community

A.4.1. The Selection of Country and Locations

The selection of the camps was based on prior positive relationships and experiences with community-based organizations with the Ariel Foundation International in some of the other programs of leadership and community service. In all three countries, Botswana, Liberia, and Morocco a visit was arranged prior to the second in-country visit for the community camps. Although, the researcher has in-country experiences in many African countries, the three countries of Botswana, Liberia, and Morocco were chosen because of the level of commitment from the Government, local community based organizations and the community volunteers who had to carry out the first of its kind, "children's community camps."

A.4.2. Community Ownership of the Children's Camps: from Concept to Reality

The innovative concept of bringing the camp and the development of the camp within the community by the community is an experiential research project in action. Although the basic theories and framework were developed in advance, we all learned how to implement theories into practice in real time with the development and design of the local children's community camp that would be staffed and its programs administered by community volunteers. The community was asked to work together to get both donations of food and/or funds for food, cooking wood or fuel, for their community children. With the donation of food, staffing, organization, and organization of the camp based on the community's values, the volunteers and the community understood that the camp was theirs, its success (or failure) belongs to them. The community camps could only be developed and carried out with their shared community, human and financial resources.

B. The Community Assessment Using SWOT Analysis Framework

The community assessment was carried out by the volunteers in their own language (spoken and written) and guided by one of the volunteer. The researcher only gave basic information about how to do each step just before it was carried out. For the assessment, the group chooses both the facilitator and rapporteur.

The SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis well known in the business area was used to guide the process. The volunteers assessed their views and were written down by another volunteer. The issues discussed and recorded for the community were: 1) community strengths (Strength), 2) community challenges (Weakness & Threats), 3) community values (Opportunities).

For Botswana, both Mookane and Mmaphashalala communities learned how to use the mac book computer to input their results during or after the community assessment. All were successful in finding one person to carry out the task. The SWOT analysis for each camp and the assessment used in the camp, along with the “method” of carrying out the camps, are explored together for each children community camp.

C. The Reality of the Community Children’s Camps

The Children’s community camps were held in three countries in 4 different communities for 2 to 4 days, with one overnight camp and all others only during the day (Table 6.1). All camps were divided into technology camp or fun action camp depending on age, teens or still in school (13-20) and children (4 to 12). The technology camp was for teenagers, while the fun action camp format was for children 12 and under. The camps were held in the local language with local values, challenges and strengths of the community.

6.1 Table – Nine Camps place, Languages and Durations

Country, City	Organization	Language	Camps	Comment
Botswana, Mookane	Thandi Khumalo Foundation	Setswana	2 overnight 1 day camp	All orphaned children, Rural, 3 camps, 3 days
Botswana, Mmaphashalala	Local Elementary School	Setswana	2 camps	All orphaned children, Rural, 2 camps in 3 days
Morocco, Marrakesh	Atfoluna Community organization	Arabic	2 camps	Poverty, social issues, city, 2 camps in 2 days Centre city,
Liberia, Monrovia	Children’s Home and School	English	2 camps	War, violence, poverty, 2 camps
3 Countries	4 Venues	3 Languages	9 Camps	Various traumas

All the community camps were distinct and unique within various community settings. They were unique in the types of children who attended the camp, types of volunteers, number of camp days, and camp activities.

In all the children community camps the community leaders, elders, and volunteers learned how to conduct their camp by doing. The learning experience presented to them a challenge that was also rewarding. Each of the communities can now do another camp in their community and/or transfer their knowledge to other communities who want to carry out their own children’s community camp. All four camps were, with some exceptions, uniform in the basic Community assessment structure, how the foundation of values and purpose of the camp were adopted, and how the “How I feel” survey was administered before and after the camps.

Table 6.2 – Nine community children’s camps in Botswana, Liberia, and Morocco

A. Botswana, Mookane (Community Based Organization), 3 Camps
B. Botswana, Mmaphashalala (Local Elementary School), 2 Camps
C. Liberia, Monrovia (Local Children’s Home, and School), 2 Camps
D. Marrakesh, Morocco (Inner-city Community organization), 2 Camps

The nine community children’s camps (technology and action) were developed and implemented in Mookane, Botswana; Mmaphashalala, Botswana, Monrovia Liberia, and Marrakesh, Morocco. In each community, the local volunteers were required to:

- recruit the children to participate in the camps;
- carry out the community assessment with some guidance;
- actively organize and participate in the camps;
- provide logistics: venue, overall structure and food during the camps.

Table 6.3 – Camp Distribution of Nine Camps in Four Towns in Three Countries

CAMPS TYPES	Mookane Botswana I-III	Mmaphashalala, Botswana IV-V	Monrovia Liberia VI-VII	Marrakesh Morocco VIII-IX
<i>Overnight</i>	X	-	-	-
<i>Technology - Teens</i>	X	X	X	X
<i>Life Skills, HIV</i>	X	X	X	
<i>Children Human Rights</i>	A	T/A	T/A	T/A
<i>Theatre/ Music</i>	-	T	X	X
<i>Group Games/ Sports</i>	X	X	X	X
<i>AGE Separations</i>				
<i>Under 13</i>	-	X	X	X
<i>Over 13</i>	-	X	X	X
<i>Age 14-18</i>	X			
<i>Age 13-9</i>	X			
<i>Age 8 -4</i>	X			

Note: T= Technology camps and A = Action camps.

D. Specific Children's Camps in Four communities and Three Countries

Three countries, four communities and nine camps were held within 4 years in Mookane, Botswana (I-III), Mmaphashalala, Botswana (IV-V), Monrovia, Liberia (VI-VII) and Marrakesh, Morocco (VIII-IX). Each camp will be looked at separately as each are quite different from one another in logistics, programmes, type of participants, including both volunteers and children, location, and even the manner in which the surveys were completed by the children before and after the camps.

All nine Community Children's Camps had a fundamental basic structure: Pre-visit, Community Assessment, Development and Implementation of Camp, How I Feel Survey, Community Celebration of achievement with presentations, certificate, food, music and celebration. Yet, all the 9 camps were unique in their recruitment of volunteers, children and teens, locations, structure of the day, and the productive create outcomes of the camp. In all the camps youth were encouraged to use the digital camera to show what they experienced during the camps. Thus, all camps have hundreds of photos that were taken by the Teen camp participants. In order to show the uniqueness of each camp, the photos from the teens from each camp will be used in this thesis and especially in this chapter. All nine camps had their unique features, thus, we will attempt to limit the number of photos per camp to no more than 10 photos out of the hundreds taken by youth per camp.

D.1. Camp I: Mookane, Botswana Community Children's Camp

The first of nine *Community Children's Camps* was in Mookane, in the Central District of Botswana. It has a population of about 3000 people. It is a small village in cattle country, about 150km north of the capital city of Botswana, Gaborone. It has a primary and secondary school and a health clinic. Mookane is surrounded by the villages of Mmaphashalala (camps IV and V), Dibete, and Phala.

This village was the first contact AFI had as a result of an introduction to Ms. Thandi Khumalo, a former international diplomatic professional who went back to her family village. A total of three trips (pre-trip and camps) were made to this area within a little over two years.

D.1.1. Logistics before the Mookane Community Children's Camp

The researcher travelled to Mookane, Botswana before the camps to speak with the founder and president of the Thandi Khumalo Foundation (TKF), the community based organization (CBO) about the camp, its foundation of volunteerism, and how we could take steps to make the camp a reality. I met with local leaders, the chief, counsels, teachers, principal of elementary and secondary school and local business leaders.

After my first visit our TKF Community based organisation contact sought consensus for the camp and approval from the various community, local and governmental organizations including the community Chief, the local community planning committee, Local HIV/AIDS Committee, the elementary school and the Mookane High School, Ministry of Social work, Ministry of Health, and other stakeholders. All the necessary permissions and approvals were done by the local Community Based Organization.

The working base of almost all the activities was in the local language of Setswana. The Community self - assessment was attended by 12 local volunteers. Before the camp the 52 children were given the survey and then after the camp 74 children took the survey for a total of 127 completed surveys.

Photo 6. 1: Children at Morning Assembly Mookane Elementary School Pre-Visit



The camp was organized and held by AFI in partnership with the Thandi Khumalo Foundation (TKF), a Community-Based Organization (CBO) based in Mookane, Botswana. The camp had a total of 12 volunteers of which 10 were community volunteers and 2 were from AFI. The children who participated in the camp were a part of the population served by TKF.

Photos 6.2 & 6.3: Children with King and Khumalo, at Mookane Elementary School



All the children from the Mookane elementary school were orphaned (mother orphaned, father orphaned or double orphaned). Yet the children live with extended relatives or community member. All the children (photos 6.2 and photo 6.3) were in the local elementary school and are in the TKF programme for Orphaned and Vulnerable children. (OVC). These children were the participants in the community camps. The children were separated into group three groups by age: under 8 years, 9-13 years and 14+ years old. During the visit to the elementary school photos 6.4 and 6.5 show the children raising their hands when asked their age group. The groups were then brought together and given a short introduction to the information about their participation in the community children's camps.

Photos 6.4 & 6.5: Children for Camp Division by Age



D.1.2. Structure of the Mookane Community Children's Camps

The Mookane, Botswana had three separate camps that were divided within 5 days. The Mookane, Community children's camps were held at the campus Mookane Secondary School with the aid of AFI, TKF and local volunteers (photos 6.6 and 6.7).

The camps were divided by age. The teen camp (14 -18 years) was 3 days and 2 nights 3, “Tweens” (9-12) camp was two days and 1 night and the camp for 4-8 year olds was for one day. On the last day all the campers, family members, volunteers, and community members came together to celebrate with an official ceremony, certificates, a show of traditional dancing and music, and a meal together.

Photos 6.6 & 6.7: Mookane School for Camp with King and Volunteer



The sleepover camp was attended by campers ranging in age from 10 to 19 years old (sleep over camp). For the 9 year olds and younger group there was a day camp the camps for over 9 years of age were sleepover camps.

The children were divided into three age groups, 19 through 13 years, 12 through 10, and 9 and under. Each group had their own camp sessions and all participated in the camp ceremony and celebration at the end of all three camps. The first 3 days of camps were for the 13 and older campers, while the next two days were for the 10 through 12 year olds, and the last one-day day camp was for those 9 years and under. On the last day, all the campers and community had a celebration and certificate ceremony, that included community leaders, their families, and all volunteers.

The camp activities include life skill chores: menu preparation, food preparation, cooking, setting the table, cleaning up after cooking and meals, etc. The children were provided with breakfast, lunch, dinner and snack each camp day. The community volunteers shopped for the food locally and all volunteers helped or supervised the meal and snack preparations with the campers. During the camp, we divided the gym and use other classrooms, and the outside areas were used for the various camp activity stations.

The older campers, who attended the sleepover camps, were asked to bring with them a blanket and a change of clothes. Most campers brought blankets with them, but some campers did not have a change of clothes. The campers were segregated by gender along with volunteers of the same gender (males with males and females with females). The campers and volunteers slept in the classrooms on the floor together. Although it was at times uncomfortable, it proved to be a very important bonding experience that promoted trust between the youth and the volunteers.

D.2. Camp II: Mookane Teen camps 13+ years

The 13+ years old teens (photos 6.8 and 6.9) participated in Teen Technology camp for three days and two nights. The overnight camp for teens ages thirteen and older included activities that engaged their love of technology, music, and creativity. Their activities camp included, Human Rights Education (United Nation Convention on the Rights of the Child), popular music and dancing, traditional Setswana music and dance, technology: including using Apple computers, digital photograph and videotaping, gymnastics, group games, sports (football and hula-hoop), and local games. Missing in this camp was the separate station of children's human rights component.

Photos 6.8: Teens Boys at Tech Camp



Photo 6.9: Teen Girl Volunteer at Camp



D.2.1. Mookane Teen Camp - Daily Life

The camps were held at a local high school in Mookane. The teens participated in a three day and two-night camp. The teens were asked to bring their blankets and a pillow to sleep in the classrooms on the floor. It was originally thought that the school dorms would be open for the use of the campers. Instead, we all slept in separate classrooms by gender, girls in one room with research and the boys in another room with another volunteer.

Some of the children in the camp were HIV+ positive, and had a strict Anti-Retrial Viral (ARV) medication schedule to adhere to during the camp. With volunteers with both nursing and medical experience, we were able to meet the needs of all the children, even with special medical needs.

D.2.2. Camp Activity Stations

The camps were set up into stations of activities between, active, artistic, imaginative, children's rights, psycho-social support, dance and free play. The stations had allow for free physical activity and exploration was very important for these teens. The school gym was a very important gathering place for open play. Some for the first time used real "gymnastic" equipment, and were able to make their own games (photo 6.10).

Photo 6.10: Campers playing in School Gym



The groups moved between all the stations by age categories to complete the day. All campers came together for meals and snacks (photos 6.11 and 6.12). The boys and girls were not separated during meals of breakfast lunch, dinner and snack time.

Photos 6.11 & 6.12: Teen Campers at Breakfast



During meal times the volunteers used the time before and after to talk about important hygiene, life-skills, and life issues and to give information about the upcoming camp day events. The meal times were used as a way of communication between the campers and the volunteers in order to change or adjust some of the positive and challenging issues around implementing the camp. The campers cooked, served meals and cleaned (photos 6.13 and 6.14). All volunteer and campers ate meals together.

Photos 6.13 & 6.14: Teens cleaning dishes from dinner



At the end of the camp day the teens help to cook the dinner for all and to clean up after the dinner. Each person volunteered for various tasks. Afterwards the teens went to the classrooms where we would have our evening “sleep over” and our evening talks about life for the teens.

“The Reality of Life” talks and workshops were held during the two evenings of the overnights. The teen campers from thirteen were separated into groups by gender. They were encouraged to be open with each other about their lives and to talk about “dating”, “violence”, “rape” and “sexual abuse”, “HIV/AIDS”, and “Safe Sex”. Both the older boys and girls were given short questions and answers workshops on responsibility and how sexual protection, including the reasons and use of condoms.

Photos 6.14 & 6.15: Teenage girls dancing and sleep in classroom



D.2.3. Summary of Mookane Teen Camp (13+ years)

The Mookane Overnight for 2.5 days for Teens 13+ years was the first in-field implementation of the the childrens community camp. The initial registration, first night of cooking and first overnight were a challenge as all of the community assessment volunteers did not take part in the camp and late afternoon volunteers would leave and thus we had only one male an one female volunteer overnight.

The camp gave us experience for valuable lessons that were applied to the second camp at the for tweens (9-12 years) in the same venue with two days and one overnight.

D.3. Camp II: Mookane Camp for Children (Tweens), 9-12 years old

The Mookane Camp for Tweens from ages 9 -12 was on a separate day from the older teenage children. The “tweens”, ages 9-12 participated in the one night and day camp. The activities for this age group were based on their need to be part of the group and to fit into the group. Thus, for many activities, the females specifically asked to be separated from the males.

The camp activities were divided into stations that groups of children moved between each hour. The stations included Technology: learning how to use new technology, including digital cameras, digital video cameras, I-pod, apple computer, and electronic readers with hundreds of books. The other stations were group games, creative drawing and poetry, performing arts (theatre, music, singing and traditional dancing), gymnastics, and children human rights education (United Nation Convention on the Rights of the Child), at the end of the day the tweens had a dance party with their favorite songs in the school gym.

D.3.1. Children’s Camp Stations

The camp day for the teens was divided into three parts, Morning, Afternoon and Evening. The teens had very little free time. Both the morning and afternoons were activities that were active or stationary for example active activity stations were group sport games, outside games, music and dance party, gymnastics. While the stationary stations were healing circle, “facts of life” talks, creative station for drawing and poetry, and Technology stations. The children were separated into both age groups and by gender, as asked by the girls. They then rotated between stations ever hour before and after lunch until, we had whole group times for dinner and music and dancing.

Photos 6.19 & 6.20: Children giving their opinion on children's rights UNCRC



In the children's human rights station, the children would be read one the various children's human rights from the official UNCRC, but translated into Setswana. The children would then show a yellow happy face if they agreed with the children's right or a red frown face if they did not agree with the specific human rights. After the children show their preferences the volunteers would speak about that specific right, ask the children why they answered positive or negative and started conversations with the children.

This technique allowed children to speak about their rights in their daily lives. Also, this human rights technique allowed for abused children to speak up about the abuse and then for protection measures to be initiated for the child.

The children's human rights station was a favorite for the children because they were asked their opinions and learned for the very first time that their human rights by law are more than for food, a place to live and education, but included the right to play, be heard and participate in life around them in their communities.

Photo 6.21: Children at creative station



Photo 6.22: Children at Outdoor Play



D.3.2. Meal Times at Overnight Camp

Meal times were very important for the children because many of them lived in homes that did not have enough resources (money, gardens, animals) to feed all the children in the house several times a day. Usually one meal a day, without meat is the norm.

Many of the children in the camp were orphaned by parents who have died of Acquired Immune Deficiency Syndrome (AIDS). There were no children' homes or institutions. Thus, children live in their same community with relatives; grandparents, grandmother, aunts or other relatives.

Photo 6.23: Tweens (Ages 9-12) at dinner with Dr. King



During meals, the children help to set up, clean up, cook and serve the mail. Also during meal times, the teens would speak about various topics that are on the teens mind that can range from travel to dating to sex. They were quite open in their communications with me and the other volunteer from AFI.

D.3.3. Mookane Tween Overnight Camps

The overnight activities were also segregated by gender as requested by the girls in the camp. The night activities were based around an evening of a “sleep over party” where the children were free to play, talk, dance, tell stories. The evening events were arranged for campers to have time to talk about and learn about life issues that were important for their age. The 9-12 year olds were encouraged to do “girl talk” or “guy talk” with their young volunteer leaders, dance, play, tell stories and just be together. The girls had 3 adult volunteers who participated in activities and slept with them, while the boys had only one male volunteer, the AFI intern from the USA to do activities and sleep over.

Photos 6.24 & 6.25: Tween Girls Get Ready for Sleep over in Classroom



D.3.4. Summary of Mookane Tween Camp (9-12 years)

Overall, during the camp, the children in this age group (9-12) were a lot more engaged and cooperative with activities, including switching stations and activities, than the teens.

Several of the teens were asked to be Junior camp helpers for the tween camp. This was well accepted and enjoyed by the tweens. The tweens separated into two gender groups, as

requested by the girls, generally played well together, were cooperative with group play, helped and taught each other with the various technology apparatus, camp chores and work. For many of children it was their first time to sleep away from their families with other children and adults.

D.4. Camp III: Mookane Camp Children 9 years and Under

The camp for children of 9 years old and younger was held the last of 5 days at the Mookane School from 7:00 to 16:00. The children's family brought their children to the camp in the morning and then came back in the afternoon for the Community Children's Camp Ceremony and Party. Many of the children are the siblings of other campers in the other two camps. Thus, when they arrived many were excited and adapted quickly to the camp day (photos 6.26).

Photo 6.26: Young Children at the Camp



The children who were at least 5 years old were given the *How I Feel Survey* when they arrived and then again at the end of the day. The questions were read to the children along with the number of the question. They were asked to color the face that answers the question. Most of the children were able to complete the task of 5 questions. The staff when needed helped the children with the 5 identifying questions of gender, age, siblings, parents' death, etc.

D.4.1. Camp Volunteers and Young Children Camp

The camp for young children had more volunteers than the other two camps. The children were divided into groups of about 8-10 children in the same age range and each group had one or two dedicated volunteers. Some of the volunteer were young people over 16 years old who were in the teen technology camps. The six to eight “Junior” camp counselors helped the main adult camp guide with the groups going from one station to another, helped at the activity stations and also took the photos and videos of the camp.

The difference for the young children’s camp was that the amount of time in a station that has a sedentary (sit down) activity (Arts, Healing Circle, Your Human Rights, Your Hygiene, where they must sit was shortened by about a quarter of time in the station and the extra time was given to the more active stations and activities (Free play, group games, music and dancing, gymnastics). The stations and activities were organized so that the children would go to a sedentary activity and then an active activity in sequence.

D.4.2. The Camp Stations

The camps were divided into entire group time, groups by age time at each station that would allow for all types of activities to stimulate the learning and fun for all. The stations for the young children’s camp had activities that included “imagination Station” with puppets, pop up play structures of house, store, post office etc., “Arts and Crafts”, “Healing Circle”, “Group Games”, “Clowning Around”, “Your Human Rights”, “Music and Dancing” and Fee Play. Specific camp activity stations will be described and looked at briefly.

D.4.3. Station for Music, Dance and Free Play

The station for music, dance and free play allowed the children to be together while enjoying one of their favorite activities, music, dancing and finding activities in the gym that allowed them to be active, running, gymnastics, and all types of ball and groups games (photos 6.27 and 6.28).

Photos 6.27 & 6.28: Children Dance to DJ Music in the School Gym



D.4.4. Imagination Station and Free Play

Imagination station for the children allowed them to use their creative abilities to express themselves. Structured imagination play was encouraged with animal puppets. The leader would tell stories with one of the animal puppets speaking with its voice and telling about its like. Then the other children would talk turns in the circle to tell the story of their animal (photo 6.29 and 6.30).

Photos 6.29: Free Play



Photo 6.30: Imagination Play with Puppets



D.4.5. Hygiene Station and Lunch

The young children were given packages for hygiene that included a wash-cloth, soap, tooth brush and tooth paste. The children were gathered to show one another how they do their hygiene in the morning and evening. The children were then shown a possible way of cleaning with the documented hygiene package (photos 6.31 and 6.32).

Photo 6.31: “Your Hygiene” Station



Photo 6.32: Children Waiting for Lunch



D.4.6. Arts Station

The arts station allowed the children to express themselves creatively through drawings that were related to several subjects: My Life, My Home and My Human Rights and their chosen subjects. Some of the art made by the children will be featured and explained in Chapter Seven, Qualitative Data. The campers sat together at the Art Station while Thandi Khumalo organized and led the children through the artistic process (Photo 6.33)

Photo 6.33: Children in Arts Station



D.4.7. Camps I, II & III Ceremony and Celebration Day

All the volunteers, the children who participated in the camps, their extended families and/or care-givers, community members, and leaders were invited to a ceremony to celebrate the children's participation in the camp. This day fell on World AIDS Day (1 December). The Chief of Mookane, the most important leader of the community, the honored all campers and families, and volunteers by attending the community celebration and giving a speech about the importance of the camp and community involvement (photo 6.34).

Photo 6.34: The Camp Ceremony with Mookane Community Chief on World AIDS Day



After the Chief opened the celebration, and campers told and showed what they accomplished.

The celebration included Traditional foods, traditional Basotho dance, music and free dancing to the local youth DJs music (photo 6.33 and photo 6.34)

All camp children received personalized certificates (in Annex) of participation signed by the Chairman of the AFI Board, Ambassador Joseph Huggins (former Ambassador from the USA to Botswana) and the AFI President, A.R. King.

Photos 6.33 & 6.34: The Closing Ceremony and Children Dancing in Celebration



D.4.8. Summary of Mookane Young Children Camp (up to 9 years)

Overall, the one day camp for the children in this age group (4-9 years) was fast paced. The children were very active and needed continuous stimulation and change of activities to stay interested in the activities. The stations that were added or different for the younger group was the “My Hygiene” station to show the correct way to brush teeth and the importance of daily hygiene routine. The younger group were led in the activities at the stations with not only talking about what to do but also the volunteers, including campers from the teen technology camps, did all the activities with the children. After the last camp for 4-9 years old children, the community celebration started.

D.5. Camps IV & V: Mmaphashalala, Botswana Community Children’s Camps

Mmaphashalala is a village that is close physically and in cooperation with the village of Mookane, with a population under 1200 people. There is one elementary school with about 300 students. The Children’s Community Camps were held at the elementary school. The criteria for the students to be included in the camp was to have been orphaned. The camp had about 100 primary school students (photo 6.35). More than 35% of the entire school population were orphaned; most with both mother and father. The Human Immunodeficiency Virus (HIV) that

resulted in Acquired Immune Deficiency Syndrome (AIDS). All of the children in Mmaphashalala whose parents have died lived within families in the village with other family members, mostly female family members (grandmother, aunts, older sisters and others).

Photo 6.35: The Campers at Mmaphashalala Elementary School



D.5.1. Logistics before Mmaphashalala Camps (IV and V)

A teacher at the elementary school who is also the community point “social worker” and the TKF President together were able to get the permissions needed from the local government, elders, community council, the school, the teachers, and the children’s family and care givers for the camp. The successful Mookane camps, some miles away, helped to secure the permission and logistics needed for the Mmaphashalala camp. The community assessment for Mmaphashalala and its children was carried out by volunteers who worked at the elementary school as teachers, administrators and social workers (photo 6.36 and photo 6.37). The six volunteers that carried out the community assessment also volunteered for both the children’s action camp and the teen technology camp.

Photos 6.36 & Photo 6.37: Volunteers during Community Assessment



D.5.2. Logistics and Structure at Mmaphashalala Camps

The Mmaphashalala, Botswana Children's Community Camp (IV and V) was held in March 2011. The children's community camp was a school-based day camp. After the experience of the Mookane overnight camps, it was decided that the more cost-effective model is to have the children return each day to the camps.

The school volunteers decided that orphaned children would participate (many double orphans) in the 2.5 days camp (Friday to Sunday). The camps were separated by age in two groups, children under 12 years old for the action camp, and children 12+ and older for the technology camp.

The under 12-year old group had an action camp with various activities that included imagination stations, arts and crafts, healing circle, groups games, open play. The camp for the second group of campers, 12 years and older, was organized around technology to include the use of digital camera, digital video camera, e-book, Mac-book computer, electronic book, I-pod, etc. These items important to youth would be used as the basis for learning and expression. The camp started on Friday after school with group registration, completion of the "How to I Feel" survey, and then group games with all the children of all ages and all the volunteers together.

D.5.3. Mmaphashalala Camps Uniqueness

During the first day of camp, Friday after school all the campers (5-18 years) met at the local elementary school campus. The campers registered, completed the "How I Feel" Survey and participate in group games that included children, teens and adults (photo 6.37 and photo 6.38). For all of the children and adults it was the first time that they participated in play together.

Photos 6.37 & 6.38: Group Games with Children and Adults



The group games were based on circle cooperation, rather than competitive games. Follow the leader circle games allowed for all that to be able to participate equally. During the group games, I started the games and after a very short time various children naturally took the lead during the games. After various circles games the children were asked to come back on Saturday. While the teens for the technology camp stayed to start the process of getting hands on experience with the various technologies (Apple Computer, e-reader, i-pod, digital cameras, and digital video cameras).

D.6. Camp IV: Mmaphashalala Children's Camp Ages 5-13

The Camp in Mmaphashalala the children were between the ages of 5-11 years old. The children were separated into four subgroups that rotated between four stations. Each of the four groups would spend about one hour at each of the stations. The four stations were three inside of classrooms and one outside. The rotation was set up to go between activities that were active and loud to more sedentary and quiet. The young children were very happy to be at camp (photo 6.39) shown by a photo taken by one of the teens in the technology camp.

Photo 6.39: Group Outdoor Games



Over thirty percent of the children in the entire elementary school were orphaned. Thus, all the children in the camp were orphaned as a result of HIV/AIDS. Many were orphaned by both parents. Thus, it was not unusual for the campers to be with other family members in the camp. Most children, after their parent(s) died, usually go to live with their female family members: grandmother, aunt with or without male guardians in the home.

D.6.1. The Children's Camp Four Camp "Stations"

The Mmaphashalala children's camp was set up with activity stations in the various class rooms in various building that were spread over the elementary school campus. The space between the activity stations was a very good set up for the large groups of children in the camp. The four camp stations include "Imagination", Healing Circle, Arts, and Group Games.

D.6.2. Station 1: Imagination station

The imagination play was done with pop ups structures (supermarket, a teepee), chairs in line for a make-believe bus, musical chairs, and a puppet theatre.

D.6.2.1. The structures of the Supermarket and Post office

The structures of the supermarket (front) and Post office (photo 6.40) was very popular. The children easily related to and were able to easily pretend that they were really on selling and buying groceries from the market, or sending letters through the post office. The Tee Pee Structure (photo 6.41) was never seen before, yet they played in it. The play structures were very popular that only two campers (4 children) could use each structure at one time. They took turns and then rotated to other imaginative stations.

Photos 6.40 & Photo 6.41: Imagination Games with Pop up Play Structures



D.6.2.2. Bus Driver and Passengers

For imaginary play of driver and passengers in the bus, the Children set chairs with one in the front for the driver and then two chairs together with 5 rows for the passengers (photo 6.42) . During the imaginary play on the bus, the children were quite verbal about where they were going, who was getting on the bus, where they needed to get off, traffic, bad roads. This researcher was a passenger and was able to experience this imaginary play that was quite fun.

D.6.2.3. Musical Chairs

The imagination station of musical chairs (photo 6.43) was introduced to the children. The musical chairs game is that there is one chair less (5 chairs) than the number of children (6 children). The volunteer starts to sing a song and when she stops, the children need to quickly find a chair and sit in it. The child who does not find a chair in out of the game. This happens until there is one chair and one child sitting in it who is the winner of the game. Although it was

the first time that the children played this game of musical chairs, they enjoyed it because of the excitement, it allows them to move, be active, be competitive, and had some suspense.

Photos 6.42 & 6.43: Imagination Games with Puppets and show



D.6.2.4. Animal Puppet play and Audience

The imagination Station of the animal puppet show was set up with animal puppets, a table as a stage for the children to stand behind and chair for the audience. The children were able to choose their favorite animal puppet (leopard, sheep, lion, elephant, panda, and other animals). The children easily were able to speak and interact as their animals and enjoyed using the puppets to express their views, feelings and reality of their lives.

Photos 6.44 & 6.45: Imagination Games with Animal Puppet show and Audience



D.6.3. Station 2: Arts Station

The Art Station allowed for children to draw to express their thoughts and feelings, views about various themes including their family, their home and life, their village, their human rights, and other topics important to them. The children enjoyed this activity that allowed for them to use

their artistic expression (photo 6.46). The examples of the results of this station for Arts will be seen in Chapter Seven, Qualitative Results of the camps.

Photo 6.46: Children Drawing – Art Station



D.6.4. Station 3: Healing Circle

The Healing Circle is one of the most important for direct psychological support which was led by one of our volunteers who is the elementary school social worker. Four groups of children (up to 25 per group) went to this station once a day during the two camps days.

Photos 6.47 & 6.48: Healing Circle for Psychosocial Support with social worker



The leader of the circle knew all the children in the camp and led them in expression games and techniques that encourages the children to participate in supporting one another in

their lives as orphaned and having a family member infected or affected by HIV and/or AIDS. The Healing Circle technique used was the person who holds the ball speaks, while everyone else listens. The groups were as large as 14 children, yet the one hour for this station was usually enough time for all the children to not only speak, but to hear and listen to other children to know that they were not alone in their challenges being orphaned and that they can remember, feel, talk about it, grieve and then go out to play. A teen filmed the healing circles.

Photo 6.49: Healing Circle with children orphaned (HIV/AIDS) and social worker



D.6.5. Station 4: Outside Games

The station 4 with outside games, group and individual was very important for the children to run off the stress of the day, especially after the sedentary stations of healing circle and arts where they were required to sit, pay attention and participate. The outdoor games included hula-hoop, football, game of freeze tag, jump rope, and local game played with rocks (photo 6.50 and photo 6.50). All of the photos of the station were taken by the teens from the Technology camp.

Photos 6.49 & 6.50: Outside Groups games and individual play



D.6.6. Summary of Camp IV

The Mmaphashalala Camp for children under twelve years old was quite special for both the children and the volunteers as all the children under 12 in this camp were orphaned (mother) or double orphaned (both parents). The children were able to be and could identify with children like themselves who have experienced the same type of trauma. As more than 35% of the entire elementary school population in Mmaphashalala being at this camp together allowed for shared positive experiences for the children.

The four stations were all developed to encourage play, expression of their thought, feelings, life and their love for active participation and having fun.

D.7. Camp V: Mmaphashalala, Botswana Youth with Technology Arts

The Camp V as Camp IV had its community assessment by volunteers was done at the same time during a half day assessment before the first camp day for all the children.

Camp V, the Mmaphashalala teen technology camp was for children 12 years and older. Teens love of technology was used as the motivation factor for the teens to attend the camp. Technology was the base for teens to learn to use new and unknown electronics to express themselves, their lives, and their values.

D.7.1. Technology Camp

The technology included the use of digital camera, digital video camera, Apple MacBook computer, electronic book, I-pod, speakers, etc. These items, which are important to today's youth, were used as the basis for learning and expression. The Youth divided up into four groups. The four groups of teens gave themselves group names and were told that they would be working together for their electronic creative projects. All the electronic items were introduced at various "technology stations." The tech-stations included 1) digital camera, 2) digital video, 3) MacBook Computer, 4) I-pod, and electronic-books.

All the photos and videos are by the young people from the technology camps (photo 6.51 and photo 6.52). The teens learned very quickly how to use most of the technology and

even taught me about applications and games I did not know about after many years of using the technology.

Photos 6.51 & 6.52: Teens Learning How to Use Digital Photos and Video



The groups rotated between each station for about one hour so that all the participants could experience hands-on learning by doing with each item. On the first day, the groups were asked to use these technologies to develop, documents and record a story about the lives of teens. They would then use their skills to record and then download onto the computer for all campers to watch.

Photos 6.53 & 6.54: Teens learning how to use digital camera



D.7.2. Structure of Camp

Although the main focus of the camp was technology, there were also physical activities with outdoor games and the mix of arts and children's human rights together. The Teen Campers after forming their groups with a unique identity talked about their ideas about what they wanted to say about what they see around them and in their lives. The four groups called themselves

the Springbok, The Zebra, The Lion and The Tiger. All groups decided to perform a theatre production to be seen during the children community camp closing ceremony and party. The theatre productions had themes of Crime; Sexually active teens, Teen pregnancy and HIV; Stealing and Jail; School Dropout. The theatre productions included acting, music, singing, costumes, etc. The groups organized the entire performances themselves. The result of their learning-by-doing work with the digital camera and video, and the computer was extraordinary. All the photos (except of Community Assessment) and most of the videos were taken by the teens in the technology camps. The theatre productions were videotaped and then downloaded onto the computer. The Teens and volunteers watched the productions (photo 6.55)

Photo 6.55: Teens and Volunteers watch their movie creations



D.7.3. Camps IV & V Mmaphashalala Community Celebration

The closing ceremony for all the camp participants, their families, the community was held on the second half of the third day of camp. Chairs were set up in the elementary school court yard for the dignitaries of the community, “mothers”, and the youth who were going to perform their

theatre productions. The children from the children’s camp sat on the ground in a group (photo 6.56)

The ceremony was opened up by one of the volunteers who was also a teacher at the school. The idea and all of the activities of the camp was explained along with the performances that the guests would see from the teens from the technology camp. The four groups of teens performed their short plays in the same courtyard in front of the audience, while other teens videotaped it. All the photos were taken by youth from the camp.

Photos 6.56 & 6.57: All Gathered for the Camp Closing Ceremony



After all the theatre performances, all of the camp participants and volunteers received an AFI “Certificate of Achievement” (Example in Addendum) with their names printed in it with the signatures from both the President and the Chair of the Board of Directors. Each participant was called individually (photos 6.58, 6.59 and 6.60) by name to be congratulated by both the researcher, the school social worker and the President of the TKF Community based organization. Along with each certificate the children were given school supplies and were able to choose one gift from a table filled with various types of gifts. After the camp ceremony, all the community participated in a food fest and Bar-B-Q with food for all.

Photos 6.58, 6.59 & 6.60: Proud Grandmother of Camper Shows Her Pride & Joy



D.8. Camps VI & VII. Monrovia, Liberia Community Children's Camp

Liberia, and its' capital Monrovia upon entering the town from the airport, the effects of years of war and poverty can be easily seen on each street along with a drive for economic resiliency evidenced by corner shops made from plastic that was thrown away. The young generation remember the war, the exodus from Liberia to surrounding areas, and the effects of war and trauma are evident not only in those who experienced it directly, but also the children of those who have experienced the trauma of war and its effect on generations. The focus of the Monrovia camps are the children who are traumatized by violence (war, personal violence).

Photo 6.61: Community Volunteers of Children’s Camp Including Political Figures



D.8.1. The Logistics before the Monrovia Camps

The researcher had visited the area in Monrovia to meet with community based organisations one year prior to the Liberia Children Community Camp. During this visit, while staying within the local community at a home of a CBO contact. One evening I heard singing from a building. I went to see where the singing was coming from and found only meters away a children’s home with an associated school. The next day I visited the school, its pupils and the directors of the school. I asked if they would be interested in having a camp for their children that was organized and carried out by their volunteers. The Gboneh family founded the Children’s Rehabilitation and Orphanage Home (CROH) and the private school.

The Director Gboneh, the father had died in the year before we started the camp, thus the Wife, and the three sons worked in the school full time as the Director, teachers for the school and the Director and counselors for the children’s home. Prince Gboneh was the main point person in the community to liaise with the school leaders, the children’s home director, community leaders, the department of education, and also to inform the community guardians and parents of the children.

D.8.2. Logistics and Structure at Monrovia Camp

The camp was organized and held at the private Children’s Rehabilitation and Orphanage Home. It is a Community-Based Elementary School (CBO) in Monrovia. The camp was held in November 2011 with a total of 18 volunteers, including from AFI.

Photos 6.62 & 6.63: Liberia Community Volunteer Team (Youth and Adults)



The Community Assessment (SWOT) was carried out in one day with 18 volunteers who were teachers, community police, clergy, children’s home staff and community members. The Community Assessment’s was carried out in one afternoon session for several hours. The values were determined to be Religious, Respect for leaders, Respect for rules/law, Unity, and Reconciliation. The results of the assessment formed the foundation of the Monrovia Children’s Community Camp. All the children arrived on Friday, Day 1 to register and given information about the camps on the weekend (Saturday and Sunday). The children were separated into four age groups (2-5 years, 6-9 years, 10-12 years, and 13-19 years).

D.9. Camp VI: Monrovia, Liberia Children’s Camp (from 4-12 years)

Before the camp officially started on Friday, the children, who were 8 years and older, were given the survey. The “*How I Feel*” Survey was given to about 20 children at a time, starting with those who were the oldest ages groups to the youngest about 8 years old. The Camp Director, Prince Gboneh along with the research, explained, administered, read, and collected all the “How I Feel” surveys before and after the camp.

Only the children who were between 6 years to 18+ were given the “*How I Feel*” survey before the camp started on Friday afternoon. The surveys were copied by the school administration. The survey numbers were limited by the number of surveys that were copied because this service is limited in the area of Monrovia where the camp was held.

Photo 6.64: Over 100 Children (3-12) Camp Participants and Researcher King



The children who came to the camp were more than we had originally expected. The children in the first day most came from the school and also from the family members of the school's pupils and staff. By Saturday the information about the free camp had spread throughout the community and children came to participate as registration started by being there. The camps started with activities on Saturday and Sunday. The largest group was the children between 3 to 12 years old. We had over 100 campers in this group. While the teen group was about half that number of children's camp.

D.9.1. Logistics at Children's Camp

The children from 3 to 12 years old were met by camp volunteers. Only the children, from age 5 years were given the survey, with all campers and volunteers participating together in-group games. All the campers, in both the children's camp and the technology camp attended simultaneously the two separate camps on both Saturday and Sunday from 7:00 to 16:00. Almost all of the children came from impoverished families, so the food, snacks and meals were extremely important part of the camp experience. The children were given breakfast when they arrived in the morning. During the early morning and mid-afternoon, they were given snacks and during the middle of the day they were all given lunch. Thus, the camp provided food and drinks 4 times each camp day.

D.9.2. Liberia Children’s Camp Stations

The camps at The School were set up inside and in the courtyard of the school into six stations: Outdoor Play; Arts and Crafts Room; Human Rights Room (United Nations Convention on the Rights of the Child); Performance room (Dance, Music, Rap); and Healing Circle Games. All the age groups moved through each of the stations. Each age group of campers rotated through the five stations for over an hour and also had about one to one half hours for eating and time for assembly before and after the camp day. The only exceptions were for the children between 2-5 year olds, had dedicated volunteers that engaged them in games and art stations.

D.9.3. Outdoor Play Station

The Outdoor Play Station was used by the children groups from 3 to 12 years old. They enjoyed various guided games with ropes, jumping sacks, plastic shapes, etc. The children rotated from one outdoor activity to another.

D.9.4. Rope Games

The rope games included jumping rope as demonstrated by two camp volunteers (photo 6.65) and then copied by one of the campers (photo 6.66 and 6.68). The children and adults do not generally play together. For both groups, this is one of the first time that both children and adults play together.

Photos 6.65 & 6.66: Camp Volunteers Showing the Children The Jump Rope Game



The second use of the rope was the known go under the rope without touching it game, also known as limba (photo 6.67). The rope starts highest and all children go under with each

time the rope gets lower. The object of the game is to go under the rope without touching it. The winners are those who get under the rope at its lowest level. These rope games were popular because all children could participate and depend on their own physical motivation to not only participate, but also to do well in the game.

Photos 6.67 & 6.68: The Children Participating in Rope Limba Game



D.9.5. Sac Races Station

The Sac Races station allowed children to either compete against one another on a team. Children would get into the sac and hop across the yard and give it to the next child on the team (photos 6.69 and 6.70). All children were given the opportunity to participate even when they were too small that they fit into the entire sac. Thus, they participated with help of volunteers.

Photos 6.69 & 6.70: The children waiting their turn for jump rope game



D.9.6. Arts Station

The arts station was very popular, especially for the young children under 9 years of age. We used an art form called “All About Me,” (photo 6.71) that allowed them to fill in their information about themselves and then color it as a very big poster they can hang up. Also, the children enjoyed free form artistic expression of drawing and coloring “about my life” (photo 6.72). The art station allowed children the rare chance to express themselves with paper and many colors that are not part of an average day a school or home. The older campers from 10 years old did not want to partake in the artistic expression of drawing, but instead chose performance arts of singing, rapping, dancing, etc.

Photo 6.71: “All about Me” & photo 6.72: “About my life” Arts Station



D.10. Camp VII: Monrovia Teen Performance Camp

The Camp VII for the Teens in Liberia was a performance camp, instead of a technology driven camp as they decided that with so many teens they preferred activities that they could all participate in together. Thus, the teens used the technology (computer, Ipod, digital video and digital camera) in order to develop and perform their music and songs. The teens decided to set up their own four stations that included rap music, dance, circle games, and human rights. The teens did not allow for their activities to be set up for them but insisted on setting them up for themselves and running it themselves.

The teens in the picture lived in the children’s home (photo 6.73) helped to set up all of the areas for the camps. The teens in the camp have experienced several types of trauma including violence (physical and sexual) poverty, abandonment, and discrimination as a result of being without family.

Photo 6.73: Teens in Camp from Children’s Orphanage and Rehabilitation Home



D.10.1 The Teen Camp Stations

The camp stations are rap music, drama, circle games, and human rights. The stations were set up inside in several rooms in the school. The teens developed and changed the various stations to adapt to their preferences.

D.10.2 Human Rights Station

The teen groups went to the Human Rights station and made up their own games. They decided to make the questions their own question and answer game about children human rights. The list of 54 Human Rights was taken and used as a game with teams and points. The games helped the teens to learn about human rights in a fun and team competitive manner.

D.10.3. Healing Circle Games Station

The teens lead by an older teen volunteer participated in group circle games where they spelled out their names, their desired professions, and their hopes for the future. Interestingly, the group games were based on the “healing circle” concept (photo 6.74). But once again the teens made it their own, with their own interpretation and use of the healing circle concept.

Photo 6.74: Teens Expressing Themselves with Circle Games



D.10.4. Rap Music Station

The Rap Music station was another innovation by the teens. They gathered together in groups to formulate their own rap songs about the subjects that we spoke about during the teen camp including violence, children’s rights, motivation for the future, etc. The teens in groups wrote their own rap songs and then performed them during the camp closing ceremony.

D.10.5. Camps VI & VII Camp Closing Ceremony

The closing camp ceremony occurred on the last day, Sunday, and was attended by over 250 people that included the camp children, their family members, community members, etc. The youth group (14-18 years) performed their original rap songs, theatre production and sang chorus songs that were developed during the camp. All children, relatives and community workers gathered to recognize their achievement completing a community assessment, organizing the camp for over 300 children in the community in three days, attending a staff training workshops. The children received personalized “Certificates of Achievement” (photo 6.75) as the children who lived in the CROH home. Each child was also able to receive school supplies and choose one special gift.

Photo 6.77: Camp Closing Ceremony for Children, Families, Volunteer and Staff



The volunteers also received certificates of appreciation, while those staff of the school and children's home (photo 6.76) who attended the extra training sessions on issues of children's rights, received an additional certificate of training.

Photo 6.75: Children from Home with Certificates



Photo 6.76: Volunteer and Staff Certificates



D.10.6. Summary of Camps VI and VII

The Monrovia, Liberia camps were attended by children who were traumatised by violence and/or poverty. The camp VI for children under 13 and VII for children 13 and over were over 300

children, 18 volunteers and staff, in 3 days. The camps overall allowed the children to participate together with adults in activities that were fun, yet also allowed for expression, competition, learning, and emotional development and connection to others like themselves.

Overall the camps were positively received by the entire community including politicians. The camp has a short video that can be viewed online to show the camps in action.

D.11. Camps VIII-X: Marrakesh, Morocco Children's Community Camps

The Community Children Camps of XIII and IX in Marrakesh Morocco were co-sponsored by the community based organization Atfouluna, an association for the protection of children in difficult circumstances in Marrakesh. The first meeting was held in Marrakesh several months before the actual camp which was during the Spring school holidays. The processes and camps were the most organized and fit to the culture than any of the other camps. The Director of Atfouluna was very active in shaping the type of processes, including the community assessment, and the camps themselves. The sports camp or action camp was attended by a large number of children (about 80) and held in a usually locked public park. While both the community assessment and the Teen technology camp was held in the main location of Atfalouna.

Both XIII and IX children's camps were overall successful. The one main difference in the collection of How I feel survey data is that the Director did not plan for the time needed for the children to complete and after survey. Considering that that camp was the shortest one of all the camps, about 4-5 hours. An after survey in such a short time would not allow for an accurate difference between the before camp and after camp.

D.11.1. Logistics before the Marrakesh Camp

After initial referral and contact to community based organization called "Atfalouna" in Marrakesh, Morocco. An initial visit to Marrakesh was set up to speak with the staff and to meet some of the children. We visited the girls alternative educational programme (photos 6.77

and 6.78) After two days of formal and informal meetings, observing the activities, and at time playing or participating with the children, we agreed to work together on a project.

Photos 6.77 & 6.78: Teens Girls with Dr. King at Atfoulona Girls Alternative School



We agreed on the community camp for the children. They would speak with the community to seek out volunteers and children for the camps. The Director of the Atfalouna Organization in Marrakesh decided the final dates of the camp. Three months later I returned to help to carry out the camps.

The camps were divided into Teens Technology Camp, 14 years and older and the technology groups were divided into gender (girls and boys). The children sports camp was for campers 13 years and younger. The technology camp was two and a half days, while the Children's sports camp would take place during one day in a very special park in Marrakesh.

D.11.2. The Camp Volunteers and the Community Assessment

The Director at Atfalouna was also a High School and College teacher. He recruited youth who were 17 to 19 years old, who were his students to volunteer for the camps. These young people both carried out the community assessment (SWOT) in Arabic and they staffed and carried out both the technology camps and action camps (photo 6.79 and photo 6.80).

Photos 6.79 & 6.80: Director of Atfalouna Leads Volunteers in Community Assessment



During the community assessment process that took about 2 hours working collectively, the youth decided that the most important issues for children in their area of Marrakesh were the challenges of poverty, riots, bad education, exploitation, repression, not aware or responsibility, lack of spaces, contempt and violence. While their strengths were assessed to be the love of knowledge, cleanliness, cooperation, Teamwork, faith, love of community, friendship and innocence. The four values for the camps foundation were Humanity, Solidarity, Respect for others, Honesty and Tolerance.

D.11.3. Logistics and Structure at Marrakesh Camp

The Marrakesh, Morocco Children’s Community Camp (XIII and IX) was held in April 2014. The children’s community camp was organized with a community based organization day camp. The Camps were separated by age in two groups, children under 14 and children 14 years old and over. The campers over 13 years old had a two-day technology camp and those under 12 years old had a day camp with various outdoor activities included a special trip to a very big and private entrance park with group games and contests and open play.

The Marrakesh camps were very different in that the youth (photos 6.80 and 6.81) who carried out the community assessment also decided how and what they would teach in the technology camp, including how to film, upload and edit a video, creative photography and videography, and using the I-pad and other electronic devices. They also decided the locations of the three major which stations: Technology, Art and Human rights. The youth camp did not have an outdoor activity component as public spaces are rare and difficult to secure.

Photos 6.80 & 6.81: Group work to plan the Technology and Sports Camps



The same young people organized the entire Sports day camp for the children 13 and under that took place in a public park with special permit. They organized the donated materials, the supervision of walking to the park about 35 to 40 minute walks and organized the children into groups with both one female and one male counselor for each group.

D.11.4. Morocco Technology Camp 14+ years

The Technology camp XIII for over 14 years and older campers was organized around stations:

1. “Do you know your human rights?”
2. Artistic group mural
3. Video production and
4. Technology hands on with the use of I-pads, I-pod, digital cameras, digital video cameras, Apple Mac-book computer, and portable speakers. These items are important for youth who love technology and to be connected to the world and were used as the basis for exploration and expression. The youth separated into six groups, two groups rotated between the various stations and the tables with various technology items. Each group and table had a youth volunteer to help with learning the technology and encouraging all to experience all of the technologies introduced.

Photo 6.82: Group Photo of Teens from Technology Camp



The youth divided up into six groups. They gave themselves names as a group and were told that they would be together during the various stations and activities. Each group had a young male and female volunteers, while the groups themselves were segregated into male groups and female groups. The technology camp was two days long.

D.11.5. Station 1: Technologies

The technology stations were set up at various round tables that could accommodate about 8-9 campers. The technology stations included laptop computer; Apple Tablet, digital video taping, and digital camera, and the use of blue tooth speakers, and I-books reader.

Photos 6.83 & 6.84: Groups of Girls and Boys with Computer at Technology Camp



Most of the boys and girls naturally separated from each other. This was helpful in that the girls had more time to actually touch and use technology as they were not pushed or felt intimidated by the boys. The girls took turns and also worked cooperatively (Photo 6.83). They taught one another and gave each other the time to experience the technology. For gender balance, both the girl and boy groups had both a male and female youth leader in insure interaction (Photo 6.84).

Photos 6.85 & 6.86: Groups of Girls and Boys with I-Pad at Technology Camp



The groups of girls and boys are seen (photo 6.85 and photo 6.86) learned and used the I-pad with great enthusiasm. The first photo shows how the group members support and learn from one another even when one person had the turn to put learn the technology by doing (photo 6.85) hands on learning. The second photo shows one group was so happy with their accomplishment that they can be seen congratulating one another and other witnessing their success. Several groups also made the photos shown and videos of culture games and acting out their dreams for the future career of “doctor”, “computer specialist” and “restaurant owner.”

D.11.6. Stations 2: “Your Human Rights”

The Human Rights station was set up downstairs in a small room. One of the youth leaders known to be one of the most intellectually gifted and studying the Koran, accepted the task of reading the United Nations Convention on the Rights of the Child list of fifty-five tenants from English and translating it into Arabic. He would read the human right and ask if the campers agreed or not. The campers used the paper with a smile on one side for “Yes, I agree” and a Smiley face frown on the other side, for “No, I do not agree.” Then they would talk about what they think and the reason for their opinion. A group of girls is shown in Photo 6.87 and photo

6.88 with a male-female youth team leaders and the Youth running the station. The discussions were sometimes quite animated. All of the six groups went through this “know your human rights” station.

Photos 6.87 & 6.88: Various Groups at “Your Human Rights” Station



D.11.7. Station 3: Artistic Expression – Group Mural

The Artistic Expression station was to create a group mural about their lives. The teams worked together to decide what the mural would be on paper and then they would go to the room with the mural on the table in order to put their group idea onto the large group mural (photos 6.89 and photo 6.90).

The materials used for this mural were a large white sheet and permanent cloth markers. The room allowed for more than one group to work at a time adding their murals to the collective mural. The campers were quite creative and enjoyed this activity. They were especially adapted to group activities with positive results for the entire group. The group mural result (photo 6.91).

Photos 6.89 & 6.90: Groups Working on Mural



Photo 6.91: Final Mural



D.11.8. Summary of Camp XII

The Marrakesh Technology Camp was distinct from all the other camps in that it was based in a well-established community based organization that was known in the community in the middle of the city for several generations. The population served were poor and vulnerable children from families, especially single mothers who needed support. Also, the second way in which this camp was unusual in that the volunteers were very close to age as the technology campers themselves. The volunteers were from 16 to 21 and the technology campers were from about 13 to 18 years old. Thus, the volunteers and the campers had a very good practical and emotional connection to one another. The third way that the camp was distinguished from the other camp is that the assessment for the camps was carried out by a respected known teacher, mentor and director with the young people.

The technology camp was considered a success by the volunteers and the campers. The campers received their certificates that were especially made in Arabic and English and signed also by the Director of the Atfalouna. The teens from the technology camp group photo is shown in 6.92. An example of the certificate is in the Addendum.

Photo 6.92: Group Photos of Technology Camp Participants at Atfaouna



D.12. Camp IX: Marrakesh Sports Camp

The IX Camp at Marrakesh was a sports camps for children of 13 years old and younger. The preparation for the camp included the volunteers collectively learning about the sports and activity equipment donated by AFI to be used for and after the camp (Photo 6.91).

Photo 6.91: Preparation for Children’s Sports Camp



The sports camp was for ages 13 and under. Some of the 14 year olds also went to the camp to help with participation of the sports camp the children arrived at the Atfalouna Centre for lunch, a briefing and to complete the “How I feel ...” Survey before camp.

The sports camp originally was planned to have other activities as the other camps including arts, human rights, and to complete the “How I feel” Survey at the end of the day. The constraints of the time and the place for the camp necessitated that the camp adapted to the circumstances. Thus, the campers came to Atfalouna and had an introduction to what they would be doing along with lunch together. Afterwards all the children walked about 45 minutes through the city with the volunteers to the local public park, for which a permit was granted for the sports day camp. Within the park the sports camp, celebration and awarding of certificates were all accomplished in one.

D.12.1. Sports Camp at Local Park

The sports camp participants had to walk from the city centre from Atfalouna offices. The youth said in the assessment that the lack of public space for playing and recreation was a challenge thus to use this park was not only special and important but allowed them to positively answer one of the challenges for the children for whom the camp was held. The children are seen walking with volunteers into the park to areas that would be used for the sports camp.

Photos 6.92 & 6.93: Volunteers and Children walk to Park for Sports Camp



All the group leaders inspired their group by asking them chose a name, walked with them for 45 minutes through the city, encouraged them to try new physical activities, and stayed with them through the entire day and help to give certificates and prizes at the end of the day.

The volunteers were outstanding in their participation and initiative. From all the nine camps the Marrakesh volunteers were exceptional.

The six stations included Rings, Jump Rope, Potato Sack, Bowling, Hoping balls and other Ball Games. The children's groups rotated between stations every 20-30 minutes. All groups completed going to and participating at all stations (photos 9.4 to 9.7).

Photos 6.94 & 6.95: Volunteers and Children Play at Ring Station



Photos 6.96 & 6.97: Volunteers and Children Play at Potato Sack Race Station



Photos 6.96 & 6.97: Volunteers and Children Play at Potato Sack Race Station



D.12.2. Camp IX Summary

The day of sports children's camp in the park was enjoyed by all. It was considered quite a successful programme. All of the planned activities including arts and human rights, and the after camp, "how I feel" were not carried out as originally planned. Yet the camp by all accounts, comments from the director, volunteers and children, it was a successful experience.

After the group games, all of the participants were given a hot sandwich and ice cream after all the activities. All the participants, volunteers and children received their certificates of achievement for the camps in both Arabic and English with signatures from Atfalouna and the Ariel Foundation International organisations. After the sports camp a group photo (6.98) was taken of all the participants of the sports camp.

Photo 6.98: All the Participants of the Children's Sports Camp



*

**

The nine camps in three countries for over 500 children were all successful according to the volunteers and the children and teens. The camps were all in different types of locations with various types of volunteers, but with a common structure: volunteers do a community assessment, collectively decision on the values of their community, use their resources with some from AFI to plan, and carry out a camp for their children and teens. Most of the children

who participated in the camps completed the “How I Feel.” Survey before and after the camp, except for the children’s sports camp in Morocco completed only the before survey, as the camp was only one day and the Atfouluna Director decided that the children from the sports camp would not take the survey at the end of the day. Yet, the data collected is consistent and robust, even without the “after-camp” survey from the children (13 and younger).

During the nine camps the various activities were separated into stations and campers rotate between on station to another. Almost all camps as a sports or outdoor play, except the Morocco teen camp because there was no area to play outdoors. Also, all had a children’s human rights station, except the teens in the Technology camp in Liberia, and Mmaphashalala decided to use their time to make music and drama about human rights.

At the end of the camp there is a celebration for the campers, their families and the community, with food, presentations, and certificates for volunteers and the children. The camps were generally seen as a great success by the communities that organized and implemented them. For future camps, the volunteers now have the skills to develop, plan and implement a camp in any setting and also the skills to teach others how to do the same.

During the camps, the children and teens produced photos that are throughout the thesis. The children also created many works of art, drawings, theatre plays, and videos. For several of the camps examples of the creative output is chosen to give a small sample of all that was created by the children. The exception is the videos as it is difficult to include them in this written thesis medium. The “Qualitative Results” of the camps will be presented briefly and succinct in Chapter Seven.

PART THREE:
CREATIVE AND QUALITATIVE RESULTS
OF THE STUDY

CHAPTER VII: CREATIVE RESULTS FROM CHILDREN’S COMMUNITY CAMPS

Creating is a very basic psychological need for children who learn about themselves and the world around them through play. Creating is a part of play. Creative sessions for the children were extremely important for many of them who rarely have the time and place to be “children” who play and create.

With the exception of one of the nine camps, all the children, including teens participated in creating and artistic expression. The only camp that did not engage in creative output was the Marrakesh children’s camp IX because of the constraints of the sports camp venue and the logistics to getting there and the times for the permit to use the city park space.

During the Children’s Camps I-XIII, the children created many artistic and creative results that including digital video, digital photography, theatre production, choreography of dance, wrote and sang rap music, drew pictures, and colored posters. The creative results from the camps are so extensive including most of the photos in this thesis and hundreds more photos, hours of videos with many of themes (employment, dreams of future, teen pregnancy, good morals, importance of education, the Liberia camp and more), hundreds of art pictures from campers, theatre plays that include music and videotaped, and games that were created during the camp). The qualitative materials are so vast that only a very small portion can be highlighted in this thesis.

The creative output from the children allowed them to speak about, explore, and communicate their thoughts and feelings about their lives, their losses and their view of themselves within the society. Many of the creative results were done by individual campers. Some of the projects were completed as a group, like Mmaphashalala, Botswana, where the teens wrote, acted and videotaped 3 theatre productions about teen life issues. Another example

of group work is the teen technology camp in Marrakesh, Morocco where the teens as a team decided on an artistic theme and they put it permanently on a large canvas to make a giant mural that was shown in photos in Chapter Six of Camps. We are going to look at a small portion of the artistic and creative results.

*

**

A. Specific Creative Results

In all the chapters and specifically in chapter six on the specific information and outcomes of each camp showed many photos of the camps. All except very few of these photos were taken by the teens in the technology camp. Thus, the creative results photos have been seen in the previous chapters.

The specific creative results that we will show a small portion are individual drawings of their lives, their human rights, their view of their future.

Once again, the results presented here are not meant to be exhaustive, but representative of the work the children created that can be seen in a written report.

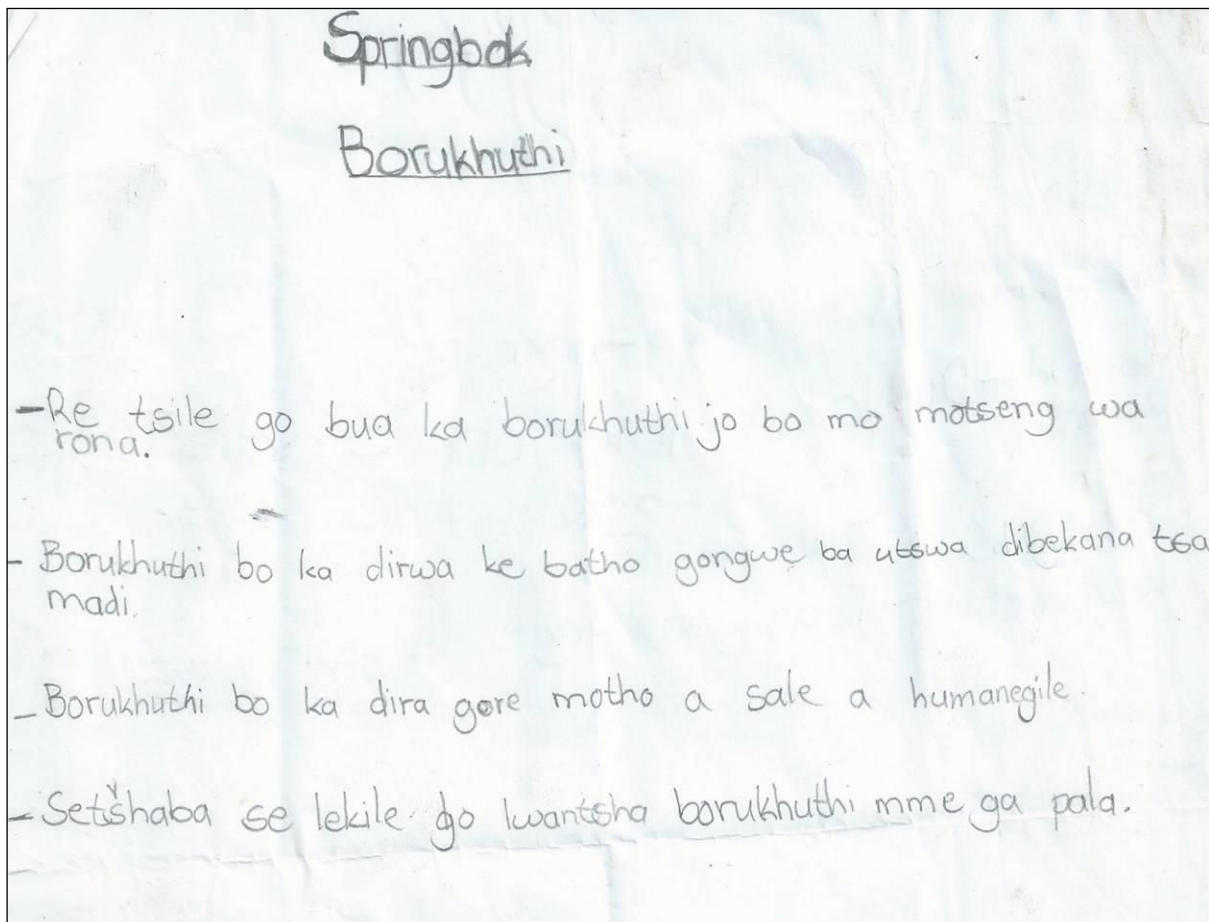
B. Theatre Productions on Various Teen Life Issues

The Mmaphashalala, Botswana Teen Technology camp creative results is four groups who had sketched out, acted, produced and filmed their own play on themes they choose. The Four Mmaphashalala Tech- Groups are 1. Springboks, 2. Zebras, 3. Lions, and 4. Tigers. The teens wrote plays on issues of teen pregnancy and HIV, Crime, and Good Morals. The theatre productions included music, costumes, set props, choreography, and were all videotaped.

B.1. Springbok Group - Borukhuthi (Crime)

The Springbok members were 1. Nomsa 14, Mmamandela 14, Nkemisang 13, Pinki 13, Ronald 15, Dihno 15, Nice one 15, Olebogeng 16, Sadi 16, Keatletse 15, and Tabanyana 15.

- Re tsile go bua ka borukhuthi jo bo mo motseng wa rona.
- **We have come to talk about the crime rash in our village.**
- Borukhuthi bo ka dirwa ke batho gongwe ba utswa dibekana tsa madi.
- **This crime can be done by people snatching other people's handbags.**
- Borukhuthi bo ka dira gore motho a sale a humanegile.
- **Crime can make the person, who was stolen from poor.**
- Setshaba se lekile go lwantsha borukhuthi mme ga pala
- **The nation has tried to fight crime, but to no avail.**



B.2. Zebra Group - Baimana jwa bana (Teenage Pregnancy/ HIV)

The members of the Zebra Group were Thabang Dihale 15, Botlhe Kenosi 14, Mmashadi Dube 13, Mokgweetsi Mompoti 13, Sandra Christopher 13, Dipuo Mpotsang 16, and Tumelo Nkalolan 14

Part 1

*Boimana jwa bana aba ba thakanelang dikobo ba sale bammye.

Teenagers who are sexually active

- Fa ngwana a saretse molao wa batsadi o tla boma dithlannorago ja aka boimana, le bollsetwetse jwa HIV de AIDS.
- **When children don't listen to their parents and want to do things their own way, they will fall pregnant and eventually get infected with the HIV/AIDS virus.**

Part 2

*Fa a tsenwa ke bolwete go tlabo go serma you o tlabo a mothlo komela

When he/she gets infected, there I will be no one who would look after them.

- Fa a mma motsetse o tlabo a sa itse gore nregwe mgwana ke mang?
- **When she gives birth, she would not know the child's father.**

Part 3

*Gape fa o le mo mmeleng o kgona go palelwa ka gore marap a bo a ilsi a nonafe

When pregnant, one might not make it because her body will not be ready

Part 4

*La bbofelo ngwana o kgona go felela a thokafetse.

Lastly, the child might end up dead.

Group Zebras

Boimana jwa bana

Part 1

* Boimana jwa bana ba ba thakanelang ditlaba ba sale bamnye.

* Fa ngwana a saretse molao wa batsadi o tla bona ditlamorago jaaka boimana, o le labolwetse jwa ngwana wa HIV le AIDS.

Part 2

* Fa a tsenwa ke bolwetse go tlabo go sena yo o tlabo wa motlhokomela

* Fa anamma motsetse o tlabo a sa itse gore e mragwe le ngwana ke mang?

Part 3

* Gape fa o imile o kgona go palelwa ke go tshola go a isi a nane a ba
* Mmragwe ngwana o sale a lelele, a lcale mela ngwana a are! Ngwana yo o sa utwang molao wa batsadi o utwa wa manong.

Part 4

* La bofelo ngwana o kgona go felela a tlhokafetse.

The four theatre productions were watched by all volunteers, campers, family members and all village participants. Photos 7.1 and 7.2 show both the teens in the play and also theatre production carried out on the outside school grounds.

Photo 7.1: Mmaphaslalala teens in the theatre productions wait to perform



Photo 7.2: Mmaphashalala Teen Camp Theatre production



B.3. Lion Members Boruxtina (Boruktina) – Good Morals

The Lion members were: Barulaganye Thebe 15, Mathwenyego Magowe 17, Busanyo Malatsi 15, Kefemang Sesoma 15, Kefilwe Mpotsang 14, and Tlhegiso Megowe 15.

- Thobalano – ke sele se se sa saimang mo baneng.

Sexual Intercourse is not good for children / teenagers.

- Go utswa – gelela de mo legolegelong.

When you steal, you end up in jail.

- Bothubestso – Le gone o felela o tsene mokgolegelong le gone o kgone go tsenya batho bolwets jallke bolsetse jwa HIV.

When you rape you, end up in jail and also infect those you rape with HIV.

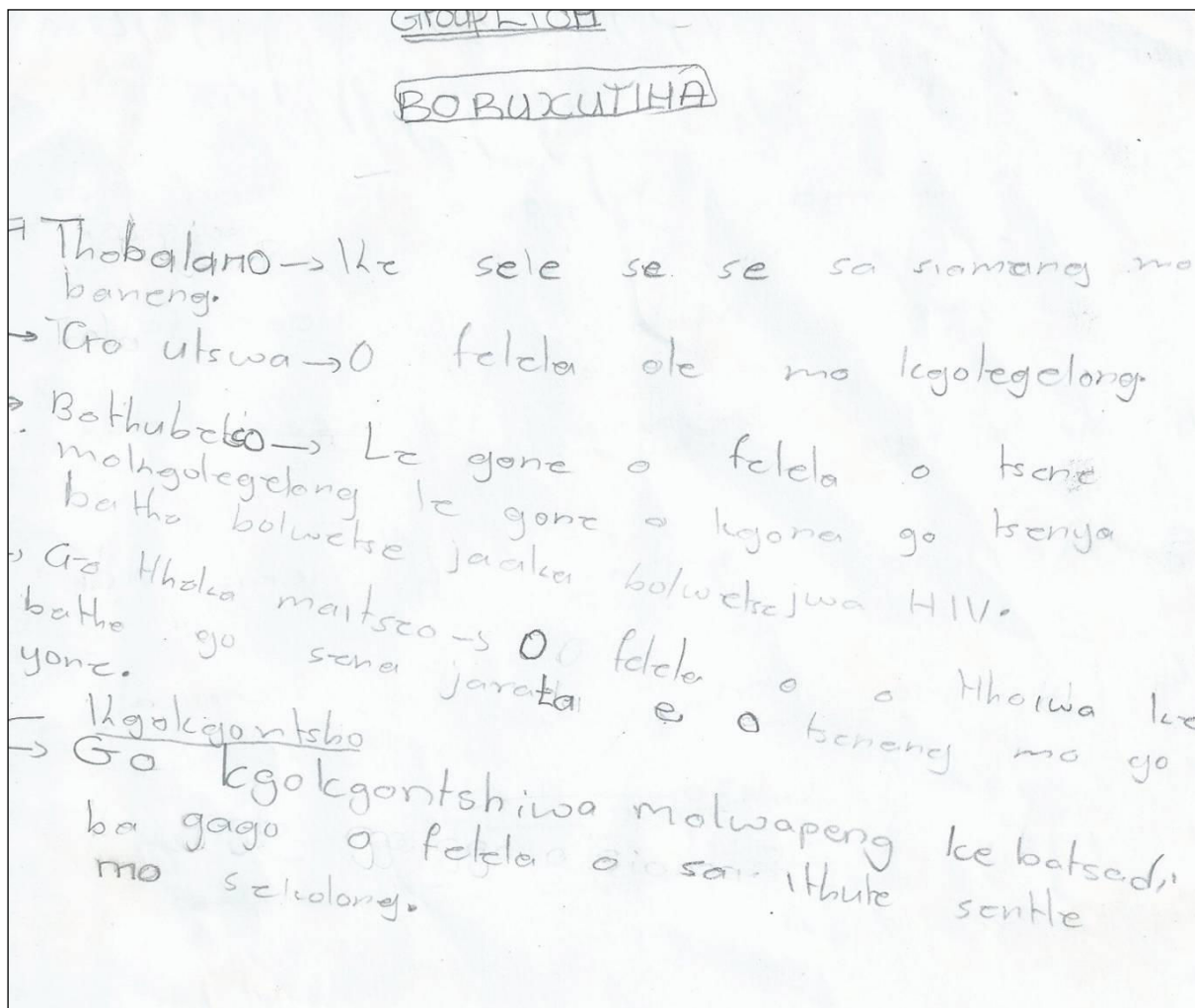
- Gro Hhoka mentseo – o felele o o Hhoiea ke bathe go sena jarat e o teneneg ke batho go sena jarata e o tsenenej mo go yone.

- Kgokgontsho

Child abuse

- Go kgokgontshiwa molwapeng ke batsadi bag ago o felela o sa ithute sentle mo sekolong.

When abused by your parents, you end up not doing well at school.



B.4. Tiger – Go Ima Ole Mannye (Teen Pregnancy)

Tiger members were Itseng 15, Lereng 16, Ookeditse 13, Olerato 15, Magdeline 15, Temo 15, and Thato 15.

- fa o ima o le money o ka nna le mathata a go tsena sekolo, ka fore o toile go tswa mo sekolong.

When you fall pregnant at a tender age, you end up dropping out of school.

- Copae fa o imele o le monnye o ka nna le mathata a go tshola ka gore morapo a ba a isi a noufe.

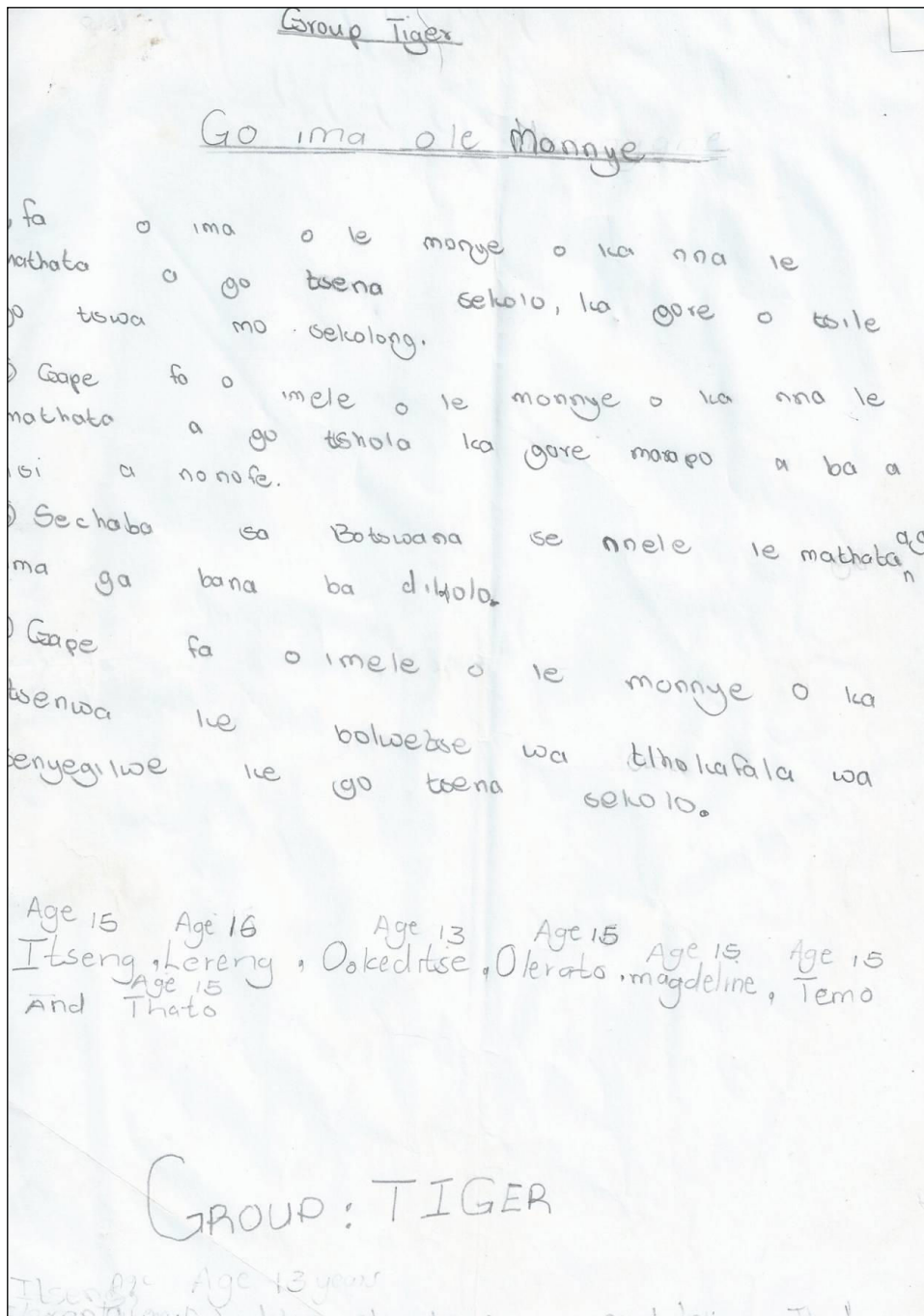
When giving birth, teenagers can have problems because her body will not be ready or strong enough to give birth.

- Sechaba sa Botswana se nnele le mathata a go im ga ban aba dikolo.

The nation of Botswana has a problem of teenage pregnancy.

- Gape fa o imele o le monnye o ka tsenwa ke bolwetse wa thholafala wa senyegilwe ke go toena seholo.

Teenage pregnancy can result in deaths, thus missing school.



C. Drawing

The creative drawings about my life were done by children from Mookane, Botswana. Many of the children's drawings included their homes, themselves, their family, possessions, animals, their dreams for the future.

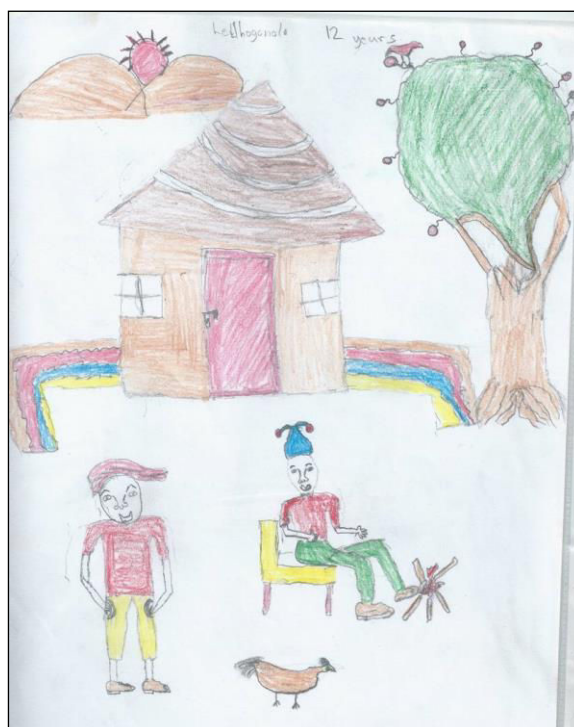
I have chosen drawings that from the three camps (I-III) for all that shows different themes and abilities. Some of the children drew for the first time that they had the time, place and materials to express themselves artistically.

The three main themes are: A. My Life and family, B. my human rights, and C. open choice. A group of pictures will be seen from these three categories.

Picture of "my home and family" includes six pictures. All of the pictures show an actual home, and home, tree (s) and or flowers, the sky with clouds or sun, animals and people.

Now I will go through the individual pictures to briefly explain them and their significance.

Picture 7.1: My Life and Family, 12-year old boy



The picture shows a home stead with a small wall, round hut home with windows and door a typical African straw roof. There is a sky with both the sun and clouds. The large tress is full of leaves and berries and has an inhabitant of a bird. The two people are outside one is a boy standing up and a man with a traditional hat sitting down with one foot on the first. There is a chicken in the yard. This picture is full of active life showing the animals the boy and even the clouds in motion and going through their daily life.

Picture 7.2: My Life and Family, 9-year old girl



The picture 7.2 shows life in family communal living with two different ground two area markers. The first home is very big, square and looks like typical European homes with

very small windows and a very small door. In the very same area is a large water tank and also a small hut with no doors or windows. The 2 houses and water tank is surrounded by a barrier. The second homestead shows two small huts and an animal corral all within a fences area. Outside is a paved road and a car and the written “children crossing the road”. Between the two homesteads people cooking, putting water in a pot, other children. Around the picture are flowers and stars that were place later to frame the picture.

Picture 7.3: My Life and Family, 9-year old girl



The picture 7.3 shows a female and home the center of the page. She is dressed in fashion with high hell shoes, earrings standing between a flower and a small tree. She also stands between two clouds on either side of her. and the sun sinning on her and the tree. Below her are other flowers, a round house with big windows and door and next to it a big chair.

Picture 7.4: My Life and Family, 12-year old Boy



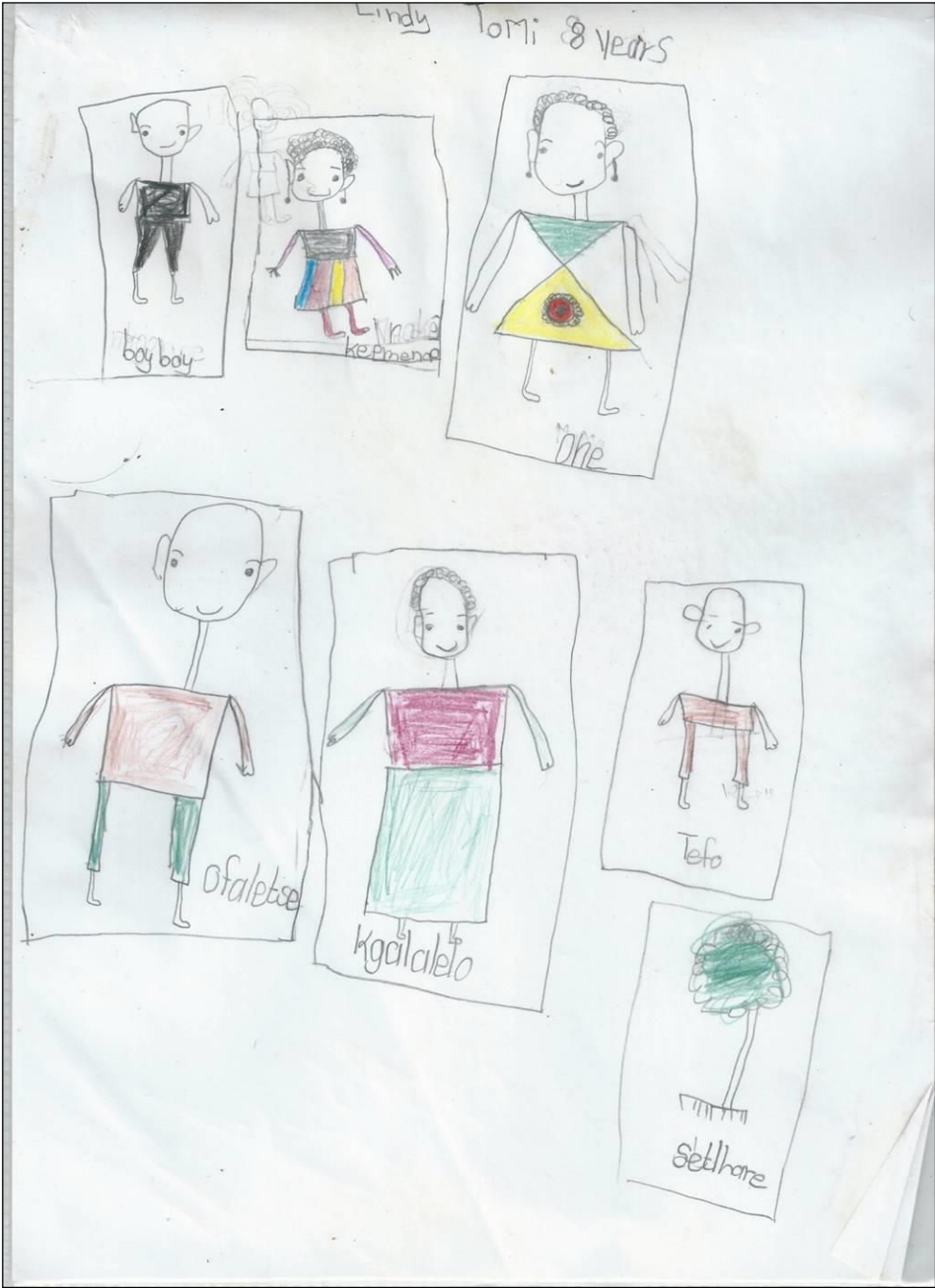
The picture in 7.4 shows two very big and different homes. One a modern Western and the other a traditional home at the top quadrant with the sun shining on them. The middle half of the page has trees, ground, plants, people, and a large animal. The bottom half of the page has, an animal a person riding on an animal and a car. The child said that his uncle fell from the tree and drew it here. The picture depicts a lot of life.

Picture 7.5: My Life and Family, 9-year old boy



The picture in 7.5 shows two houses, at the top and bottom of the picture. One house has windows and a door, while the other with only a door. Both house have a barrier. One house has a person sitting outside on a chair. The other house has nothing inside the barrier. There is a tree with an animal near it. Two happy children are playing with toy cars and also an area to get fresh water from a pump.

Picture 7.6: My Life and Family, 8-year old girl



The picture in 7.6 shows six family members and a tree all in picture frame boxes. The family is together but in their own boxes. The family includes three children and three adults. At the top of the picture is three people, a boy, girl and woman. Both the girl and woman have earrings, the same hair, and look alike. The small boy has no hair. The bottom of the picture has a man and a woman, and a boy. All the boxes have the names of the people. The bottom has a box with a tree that shows roots.

Picture 7.7: My Life and Family, 6-year old girl



The picture in 7.7 is a small girl with no shoes has a rainbow over her head at the bottom of the page surrounded by a modern home, a traditional home with a door and corral, a tree with fruit and roots, a water faucet with water coming out of it and a bus or minivan. The entire picture stars, flowers, and hearts all throughout the entire picture. The girl looks happy as she has one hand behind her back and the other waving.

Picture 7.9: My Life and Family, 13-year old boy



The Picture 7.9 in the top shows a Botswanan flag, a car with people in it on the road and a bench. The middle section shows a colorful tree and goad with a full utter on the side of the road. The bottom section of the picture shows a small stool and two men with their names written. All the pictures have names written by them.

Picture 7.10: My Life and Family, 12-year old girl



The picture in 7.10 has three houses at top, a large modern house, then a small traditional house and a small modern house. All houses have windows and a door. In the middle section is a small child next to a small tree, a woman with hips, and a girl and an animal. The bottom section has a car and a very big modern house with windows a door is green. The grass in front of it with plant growth in the garden, colored in pencil gray. The entire picture is surrounded by a frame.

D. Drawing: Open Creativity

The children were encouraged to draw and express their thoughts and feelings with drawing expression that were open. The drawings that were open were very interesting as they usually were animals in nature, or intricate designs. The three pictures will show the wide range of creativity from the children in from pictures numbers 7.11 to 7.13.

Picture 7.11: Open and Creative, 15-year old girl



Picture 7.11 shows the creativity of sophisticated designs, shapes, flowers, and bears with one very large flower and one “Teddy bear” toy. Showing the young girl between childhood and emerging into womanhood.

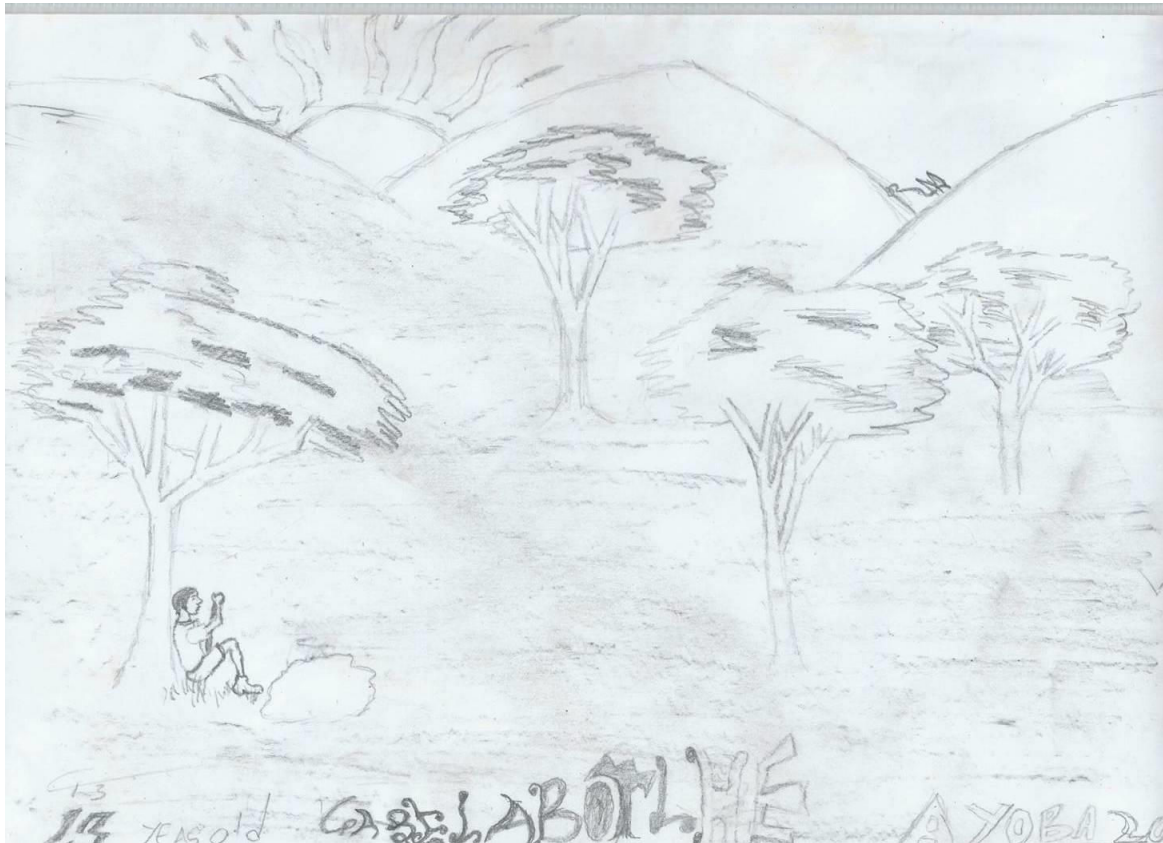
Picture 7.12: Open and Creative, 12-year old boy



The picture in 7.12 is a very good example of the creativity, expression and talent of children no matter where they live.

The picture's main focus is a Kudu or deer with antlers in blue. Behind the Kudu is a mountain that is textured in brown and yellow. A tree with vast umbrella leaves is on one side and on the other is a traditional home. The sun is above. The creativity of the child is apparent not only in the colors but by the techniques of texture. For this child nature speaks as being very important in his life.

Picture 7.13: Open and Creative, 13-year old boy

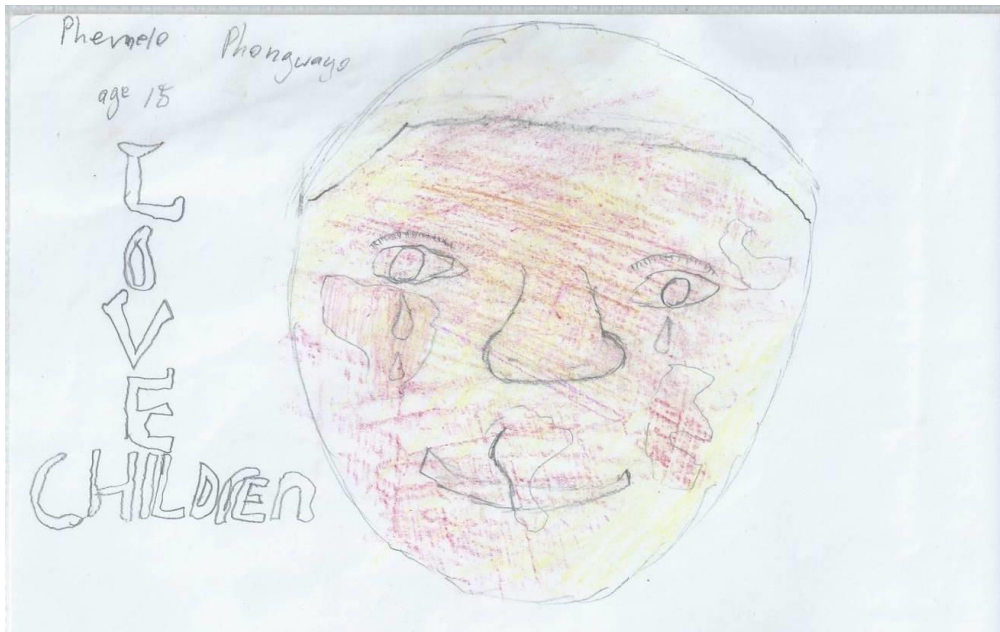


The picture 7.13 is of nature and one boy sitting in in vast nature in front and above him. The picture shows full trees, mountains, and the sun rising in the East. The trees are detailed with branches, full leaves, and texture of the trees. The boy sits comfortably under the protection of a tree and can see the vast countryside in front of him. The entire picture was drawn with pencil.

E. Drawings – My Human Rights

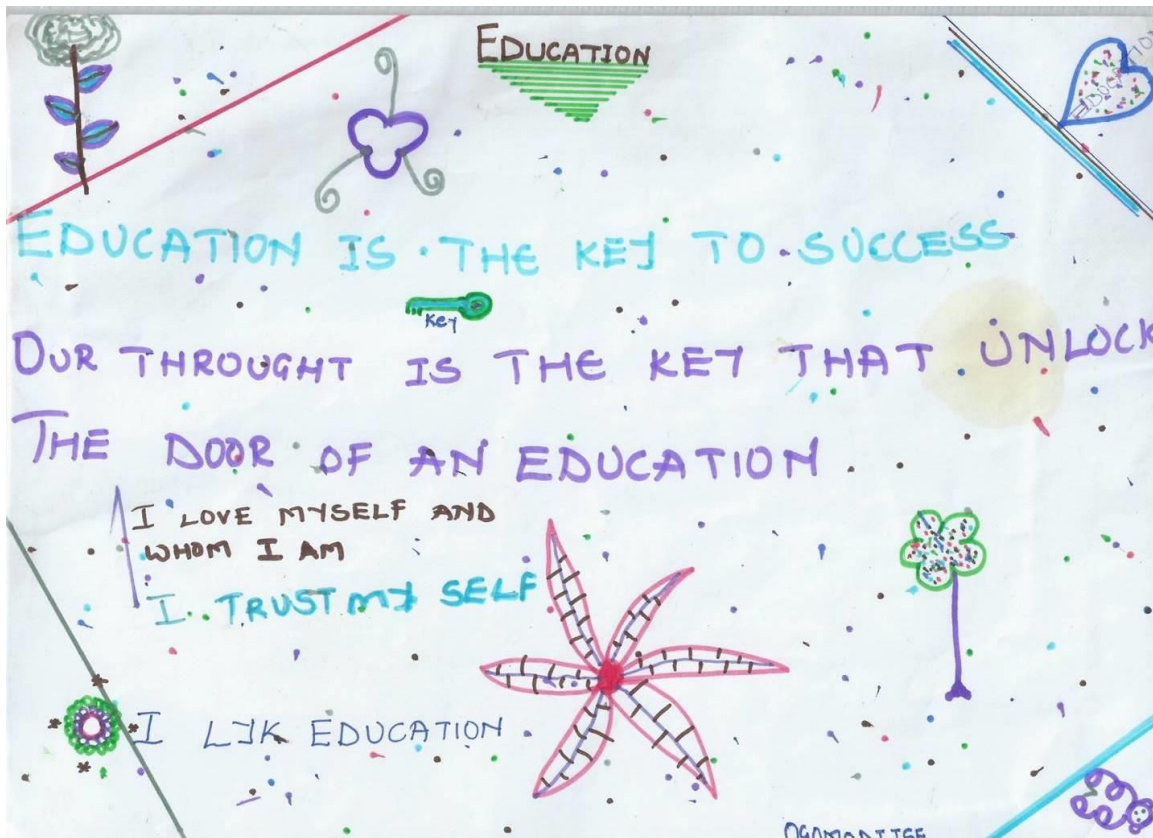
The pictures (7.14 to 7.17) where drawn during the “My human Rights” station at the Camps. The four sample pictures show various ideas of children about their human rights.

7.14: My Human Rights, 15-year old boy



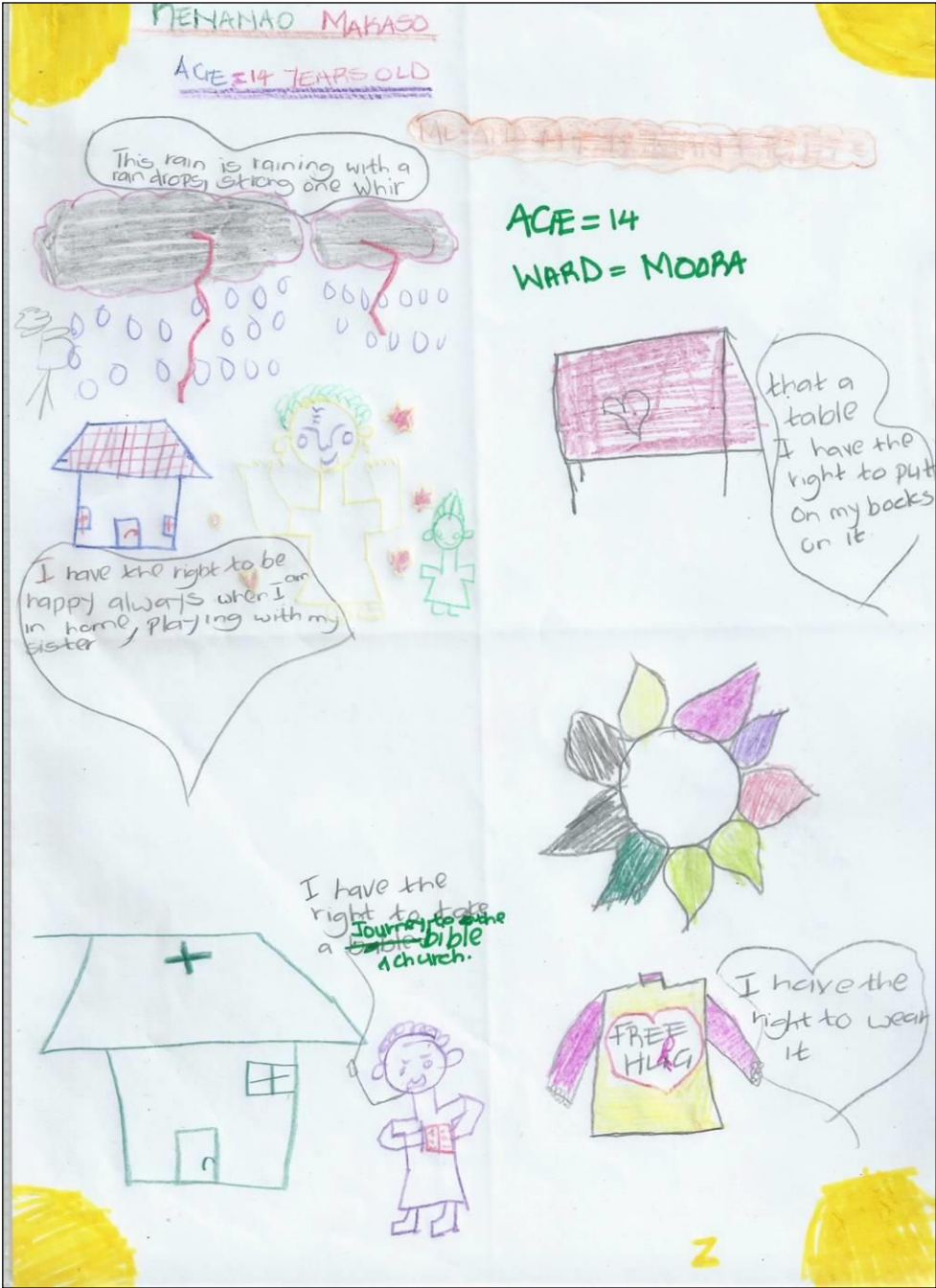
The picture 7.14 is simple a boys' face with tears and a smile with a line through the smile. The face has colors of red and yellow. The caption is simple, "Love Children"

7.15: My Human Rights, Teen girl



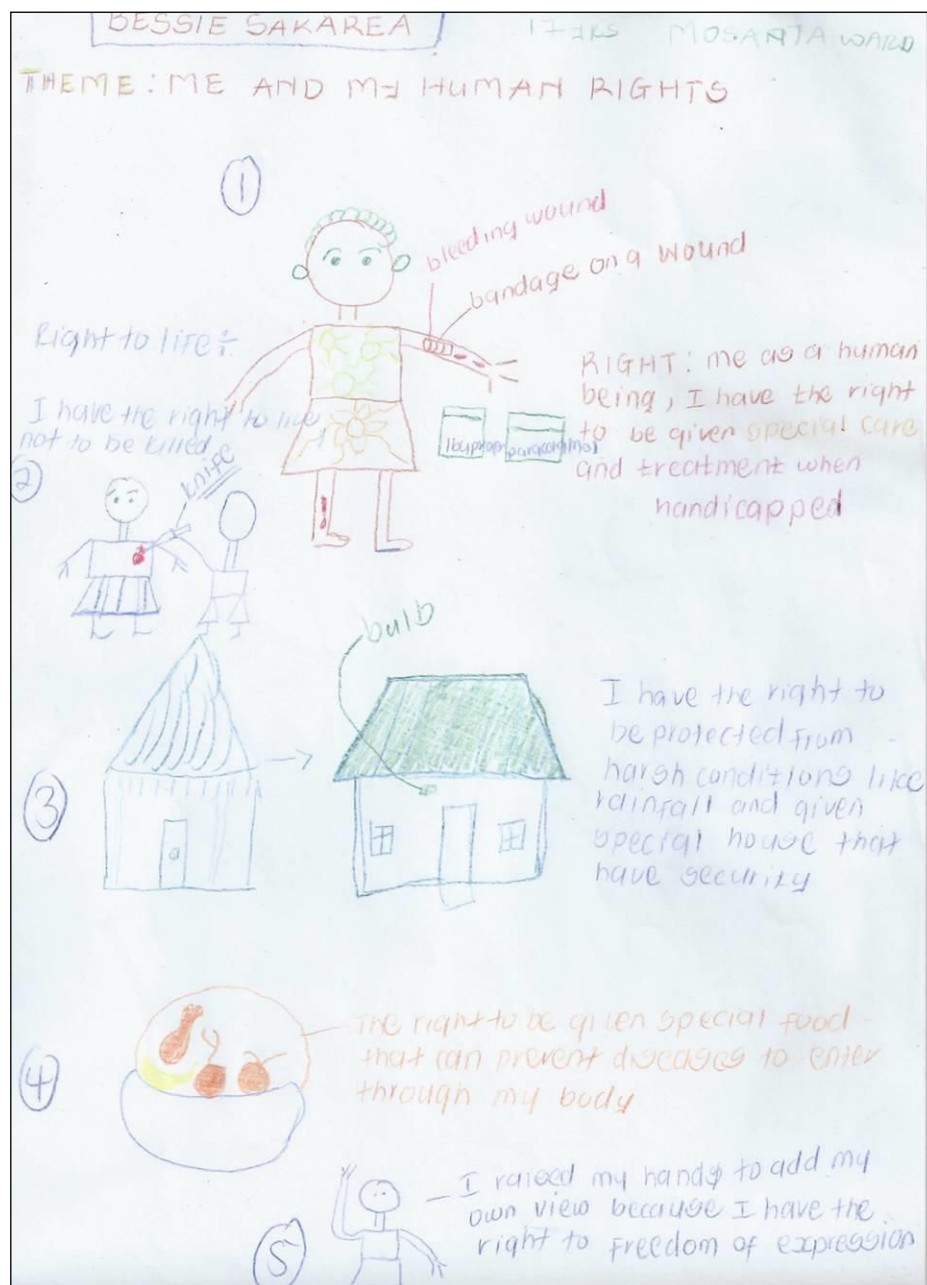
The picture 7.15 is about “Education”. The picture has words written across it on top EDUCATION, then “Education is the Key to Success” and “Our Thought is The Key That Unlock the Door of an Education” and “I love myself and whom I am”; and “I Trust My Self” and “I Like Education”. The picture is a frame with flowers, heard and teddy bear in all four corners. The interior of the picture has flowers and a picture of a Key.

7.16: My Human Rights, 14-year old boy



The picture of 7.16 is in four quadrants. The 4 areas; quadrant one has one house with rain, clouds and words. “This rain is raining with a rain drops strong on whirl” and “I have the right to be happy always when I am in home, playing with my sister”. Quadrant two has a table and the words, “That a table, I have the right to put on my books on it.”. The third quadrant right has a church with a girl, the words she said is “I have the right to journey to church and read the bible.” Quadrant four, has a sun and a t-shirt worn by camp counselors, “I have the right to war it” (Shirt with Free Hugs and red AIDS Ribbon).

7.17: My Human Rights, 12-year old girl



Theme: Me and My Human Rights

1. A picture of a girl with a “bleeding wound” and a “bandage on the wound” the writing, “Right: Me as a human being. I have a right to be given special care and treatment when handicapped.” 2 “I have a right to live.” “I have a right to live, not to be killed knife” 3. A picture of a traditional house and a modern house, “I have a right to be protected from harsh conditions like rainfall and given a special home that has security.” 4.”The right to have a special food to prevent disease to enter into my body” 5. “I raise my hands to add my own views because I have the right to Freedom of expression”

F. Summary of the Drawings

The children drawing samples are three themes, first, ”me and my family”, second, ”Open creativity” and third, ‘My Human Rights’. The seventeen pictures were very diverse. The pictures were produced by children from six years old to 15 years old. The pictures were looked at and explained as a group and individually.

G. The Group Mural from Marrakesh

The Teens from the Marrakesh technology camp for their artistic group decided to create as smaller groups and then make one big mural with the contributions of the individuals through the groups. The production for the group mural photos is below from 7.3 to 7.9.

Photo 7.3: One of the girls in the black hijab drawing part of their group mural



Photo 7.4: One group adds their agreed contribution to the mural



Photo 7.5: One group is intensely focused on the mural



Photo 7.6: A different view of the same group adding their artistic contribution



Photo 7.7: A group of mostly girls add their contribution to the mural



Photo 7.8: One of the murals of children to “stick together”



Photo 7.9: Mural contributions



Photo 7.10: Mural contributions



Photo 7.11: The Final Mural held by some of the artists



*

**

As stated in the introduction of chapter seven of qualitative data, creating is a basic psychological and emotional need for children. All children in the camps participated in artistic expression with the exception of the Morocco sports camp as the time and venues did not allow.

The children creations were diverse and included all the photos in the thesis, digital video movies, theatre productions, dance choreography, rap music, and drawing. The qualitative materials are so vast that only a very small portion can be highlighted in this thesis. Thus, three creative processes were highlighted: the theatre production on teen issues, the drawings of children on three topics of my life, my human rights and open; and the production of a group mural to be hung in their youth centre.

The creative parts of the camps allowed children to explore, and communicate their thoughts and feelings about their lives and their human rights.

Chapter eight will look at the Qualitative data of the “How I feel...” survey before and after the nine camps.

CHAPTER VIII:

QUALITATIVE RESULTS:

“HOW I FEEL” SURVEY

The “*How do I feel about...*” survey was created from an adaption of the pain scale often used in medical settings. Fewer than six faces with various states of mood or feelings was an even number from 0 to 10. Its simplicity made it unnecessary for the child to be able to read or be literate, with a volunteer person easily able to read the question to a group of children and ask them to choose a face. The children who participated in the survey were in school and ranged from 5 years to 18 years with the exception of Liberian two children who were 20 and 21 but still in middle school. The surveys were in the main local language for each country: Liberia was English, Morocco was Arabic (French) and Botswana was Setswana.

*

**

A. The “*How I feel*” Survey Administration

The “*How do I feel....*” survey was developed in Setswana for Botswana and in English for Liberia. Each survey form was given a unique number. Thus, we were able to track that all surveys that were given out were collected. The collected surveys were stored in a file box and only the primary researcher continued to have access. The surveys given to the children were collected by the researcher and one other person in the country. The surveys were not give to any other authority, or volunteers.

The survey was given to the children before the camp started, and then again after the camp was completed, but before the certificate ceremony and celebration. Copies of the surveys in Setswana, English, Arabic /French can be found in the previous pages and are also in the Annexes.

When the campers arrived, their names were checked against a list. For the before camp survey, the volunteer(s) would sit with all the children who were taking the survey to explain

and answer questions in the native language (e.g., Setswana, Arabic, French, and English). The children were given a survey form and were able to choose their favorite colored pencil or marker. Most children were able to fill out the survey after they received a verbal explanation and were provided help to fill out the biographical data if needed. For example, in the Botswana Mookane camp the children who were not literate were able to fill out the form with individual help.

The children were given an explanation and guided through each question (in their native language). Overall the children were able to learn quickly what was expected and to color the picture that reflected how they felt for each question. Most of the very young campers (5- 6 years) were not given the survey forms to do themselves. The researcher along with one or two trained local volunteers gave the survey to those children. They explained the survey. Then each question/ sentence is spoken in the local language so that literacy or the ability to read was not a main deterrence to completing the “How I feel about ...” survey.

B. Analysis of the Data: “*How I feel*” survey

A preliminary analysis of the data was done with the basic information from the surveys using Microsoft Excel¹⁵².

A second more advanced analysis was done using a sophisticated statistical software package for the Mac called Wizard¹⁵³ by publisher Evan Miller. Wizard was used to evaluate both the statistical characteristics of the data, and the statistical significance of the results.

C. The “*How I Feel About...*” survey preliminary analysis

The total score for each completed individual survey with its 6 psychosocial questions ranged from a low 0 to a high of 60. The total is gotten by adding together the points assigned for each possible answer. A smiling face received zero (0) points; while a crying

¹⁵² Excel for Macintosh By Microsoft.

¹⁵³ Wizard for Macintosh, by publisher Evan Miller, <http://www.wizardmac.com>.

face received ten (10) points. Therefore, a survey form marked with six crying faces would have a total score of sixty (60).

Each of the four sets of before and after “How I feel...” surveys for the four camp (Mookane and Mmaphashalala Botswana; Monrovia, Liberia; and Marrakesh, Morocco) allows for possible comparison of the before and after surveys for each camp; across the entire population of all camps; age; gender; and orphan status.

The general characteristics of the surveys and the analysis of the data were as follows:

C.1. MOOKANE, BOTSWANA CAMP (BOT1)

Survey designated Numbers (100s)

Before Camp Survey: 1 to 52

After Camp Survey: 53 to 127

Total: Mookane Surveys: 127

1. Biographical information (number and percent), gender, age, mother died, father died, siblings
2. Before Camp - “psycho-social pain” (PSP) total score for each (0-60)
3. After Camp - “psycho-social pain” (PSP) total score for each (0-60)
4. Compare Before to After – Are there any significant linkages

Secondary Analysis – Statistically significant linkages

5. Statistically significant Linkages between answers in questions
6. Statistically significant Linkages (gender, age, mom death, dad death)
7. Statistically significant results (between camps and/or countries)

C.2. Mmaphashalala, Botswana Camp (BOT2)

Survey designated numbers (200s-300s)

Before Camp Survey: 201 to 278

After Camp Survey: 279 to 358

Total Mmaphashalala surveys: 156

1. Biographical information (number and percent), gender, age, mother died, father died, siblings
2. Before Camp -“psycho-social pain” (PSP) total score for each (0-60)
3. After Camp - -“psycho-social pain” (PSP) total score for each (0-60)
4. Compare Before to After – Are there any significant linkages

Secondary Analysis – Statistically significant linkages

5. Statistically significant Linkages between answers in questions
6. Statistically significant Linkages (gender, age, mom death, dad death)
7. Statistically significant results (between camps and/or countries)

C.3. Monrovia, Liberia Camp (LIB)

Survey designated numbers (400s- 500s)

Before Camp Survey: 401 to 497

After Camp Survey: 498 to 555

Total Surveys Monrovia: 153

1. Biographical information (number and percent), gender, age, mother died, father died, siblings
2. Before Camp -“psycho-social pain” (PSP) total score for each (0-60)
3. After Camp - -“psycho-social pain” (PSP) total score for each (0-60)
4. Compare Before to After – Are there any significant linkages

C.4. Marrakech, Morocco Camp (MOR)

Survey designated numbers (500s- 600s)

14 to 18 years

Before Camp Survey: 556 to 585

After Camp Survey: 586 to 615 (29)

13 years and younger

Before: 616 to 661 (45)

Total Surveys Marrakech: 103

1. Biographical information (number and percent), gender, age, mother died, father died, siblings
2. Before Camp -“psycho-social pain” (PSP) total score for each (0-60)
3. After Camp - “psycho-social pain” (PSP) total score for each (0-60)
4. Compare Before to After – Are there any significant linkages

Secondary Analysis – Statistically significant linkages

5. Statistically significant Linkages between answers in questions
6. Statistically significant Linkages (gender, age, mom death, dad death)
7. Statistically significant results (between camps and/or countries)

D. Analysis of the “*How Do I Feel*” Survey

Total Surveys: 546 (B1, 127+B2, 156+L, 153+ M, 103)

D.1. All Camps Surveys Together

1. All Before surveys total: 309 (53+78+97+76)
Mookane, Botswana before surveys 1-52
Mmaphashalala, Botswana before surveys 201-278
Monrovia, Liberia before surveys 401-497
Marrakech, Morocco before surveys, 556 to 585 and 616 to 661
2. All After surveys total: 239 (74+79+57+29)
Mookane after surveys 53-127
Mmaphashalala after surveys 279-358
Monrovia after surveys 498-555
Marrakech, Morocco after surveys 616 to 661
3. For gender (females and males)

4. Age groups (6-9, 10-12, 13-18)
5. Mother and/or father died (mother died, father died, both died)
6. Other significant results further explored

D.2. Secondary Analysis – Statistically significant linkages

All of the survey data was put into one database table with each survey form's data represented by a record with a unique number. Each record was categorized as either "B" for Before the camp and "A" for After the camp.

The table was imported into the statistical package Wizard. Wizard is a sophisticated data analysis program for the Mac computer that offers the user a full set of tools for professional research. It allows the user to build sophisticated multivariable statistical models using its graphical modeling interface.

After import, the records can be filtered within the program to allow various "*slicing and dicing*" views of the data. Columns of data (i.e., elements of the records) were designated as either numeric or categories (e.g., "yes" or "no", "before" or "after"). Initial analysis was performed via real time production of pivot tables to develop a sense for the dependency characteristics of the columns in the dataset. Means, standard deviations, variances and medians were computed in real time for selected columns of data and subsets of data. Multivariable filters were applied to develop characteristics of subsets of the dataset (e.g., by camp, by gender, etc.). Summary statistical distributions were produced using histograms of the dataset and defined subsets of the data.

Wizard provides that capability for covariate analysis for any variables computing correlations, R^2 , co-variances, and p-values. Analysis of the Variance (ANOVA) is provided to test for meaningful differences between groups (e.g., subsets of the data) means and their variations. Wizard also allows for the Kolmogorov–Smirnov tests for goodness of fit.

Wizard also provides the ability to construct a multivariable model, test it, and use it for making predictions. The models include linear model, log-linear model, poisson distribution, and negative binomial models. Along with the estimated coefficients, Wizard can provide the

p-values and Beta values for each estimated coefficient of the chosen model. For each of the explanatory variables (independent variables), a coefficient, t-statistics, p-value and significance is produced. Although, not necessary for this research, the developed model can then be used to produce estimated dependent variable values.

Wizard can compute regression estimates in real time and common statistical tests and models, including Univariate Tests, Shapiro-Wilk test of normality, 1-sample Kolmogorov-Smirnov (normality and uniformity). Pearson's goodness-of-fit (equal proportions), Bivariate Tests, Pearson's goodness-of-fit (chi-square), t-test and ANOVA+ Correlation (Pearson product-moment) and R², Mann-Whitney and Kruskal-Wallis, 2-sample and N-sample Kolmogorov-Smirnov Multivariate Models, Linear regression (OLS), Weighted linear regression (WLS), Poisson and geometric regression Logistic regression (Logit) and Probit Multinomial Logit and Ordered Probit, Negative Binomial (NegBin-2), Cox Proportional Hazards Regression Features, Fixed effects, Robust standard errors, Clustered standard errors, Joint significance tests, Odds ratios, Residual analysis, Sensitivity/specificity analysis, and Interactive prediction assistant.

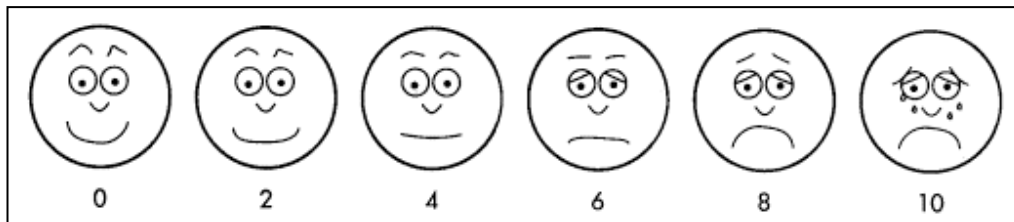
Wizard supports a variety of file formats for inputs and output including Excel (.xls/.xlsx), Numbers ('09 and '13), R workspace files (.RData), SQLite, MS-Access (.mdb/.accdb), Plain text (Comma-, tab-, and custom-delimited values) or from database servers, including MySQL and PostgreSQL.

The data that was analyzed were consisted of 10 elements, four were responses to the background biographical data questions (1. gender, 2. age, 3. siblings, 4. mother and/or father died?) and 6 were responses to “*How I feel about...*” questions. Those questions were psycho-social questions numbers 5 to 10:

- | | |
|-----|-------------------------------|
| 5. | How I feel about myself |
| 6. | How I feel about my future |
| 7. | How I feel about my friends |
| 8. | How I feel about my family |
| 9. | How I feel about my community |
| 10. | How I feel about my life |

The “*How do I feel?*” questions portion of the survey is composed of round circles with a face (eyes, eyebrows, nose and mouth) that depict various emotions from happy (0) to the extremely sad (10). The survey total scores can range is from 0 to 60.

Figure 8.1: Faces and Point Values on Survey “*How do I Feel?*” Questions 5-10 (Q1 through Q6)



The total scores of all of the surveys were divided into four groupings (0 to 12; 14 to 26; 28-36 and 48 to 60).

The Survey was given to the children with the help of a volunteer before the camps and after the camp. The one exception was for the sports/play camp in Marrakesh as the community volunteers decided to have a 6-hour day camp. Thus the Marrakesh children under 13 completed the Before camp survey, but not the After camp survey. Nonetheless, the data and the entire results remain are of great value because it allows us to see how the children under 13 feel about their lives. In addition, since the Marrakesh partner community organization chose to have an abbreviated 6 hours camp, any surveys given after the camp would not necessarily have reflected the effectiveness of a full-length camp because of the highly shortened time between the initial survey and after was too short. The number of surveys for each camp varied. Botswana1 (Mookane) has 127 surveys; Botswana2 (Mmaphashalala) has 158 surveys; Liberia (Monrovia) has 155 surveys, while Morocco (Marrakesh) has 106 surveys for a total of 661 surveys.

This chapter reviews some of the raw data from those surveys.

D.2.1. Review of Raw Biographical Data

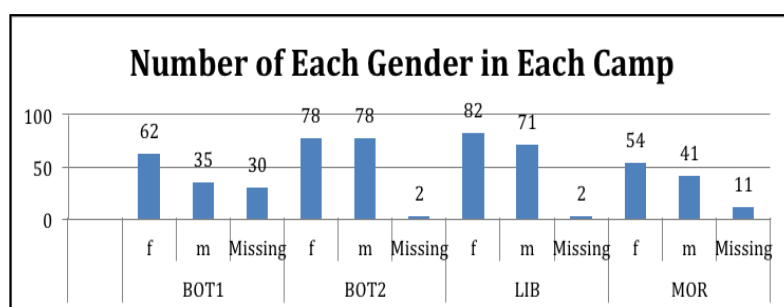
The four biographical data questions on each survey were: 1. Gender; 2. Age; 3. Siblings; and 4. Mother and/or father died.

D.2.1.1. Gender of children by specific Camps

The gender of the camp participants was the first question on the survey.

Overall the distribution of genders that participated in the camp and the survey were relatively equal for each camp. *See Graph and Table 8.1.*

Graph 8.1: Gender of Children in Each Camp



The Botswana 2 (Mmaphashalala) camp surveys were completed by 78 females and 78 males, while 2 of the completed surveys did not specify gender.

The Liberia (Monrovia) camp surveys were completed by 82 females and 71 males, while 2 of the completed surveys did not specify gender.

The Morocco (Marrakesh) camp surveys were completed by 54 females and 42 males, while 11 surveys did not specify gender.

The Botswana 1 (Mookane) was the only camp that had significantly more females specified than males, with 62 females and 35 males, while 30 of the surveys did not specify gender.

Table 8.1: Gender of Children by Camp

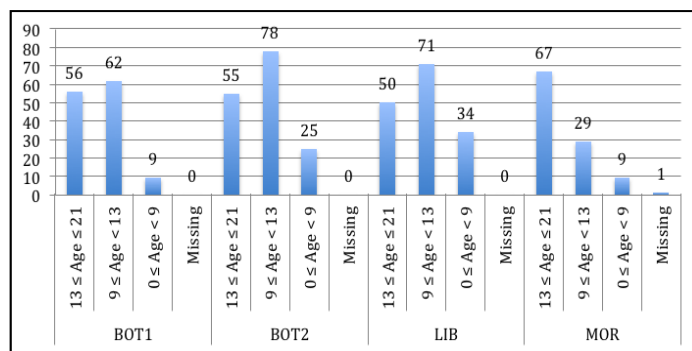
CAMP	BOT 1	BOT 2	LIB	MOR
Total 546	127	158	155	106
Female	62	78	82	54
Male	35	78	71	41
Missing	30	2	2	11

D.2.1.2. Age of Children by Specific Camps

The distribution of ages distribution on the surveys from the camps varies widely. The socio-economic states of the society and psycho-social issues is reflected in the age distribution of the children.

Graph 8.1 is a graph of the ages for all camps. It shows that the Botswana 1 (Mookane) camp and the Morocco camp each had relatively few children under the age of nine. In contrast, children under nine years old formed a significantly larger portion of the population of the other camps. The Botswana 2 (Mmaphashalala) camp had 25 in the same age group and Liberia had the largest number (34) children under the age of nine years.

Graph 8.1: Age of Children by Camp



The number and percent of children survey responses indicating ages from 9 to 13 was the highest in Botswana 2 (Mmaphashalala) at 78 and in Liberia at 71, and Botswana 1 (Mookane) had 62. Morocco had the smallest number (29) of children between 9 to 13, with only one survey where the age not specified.

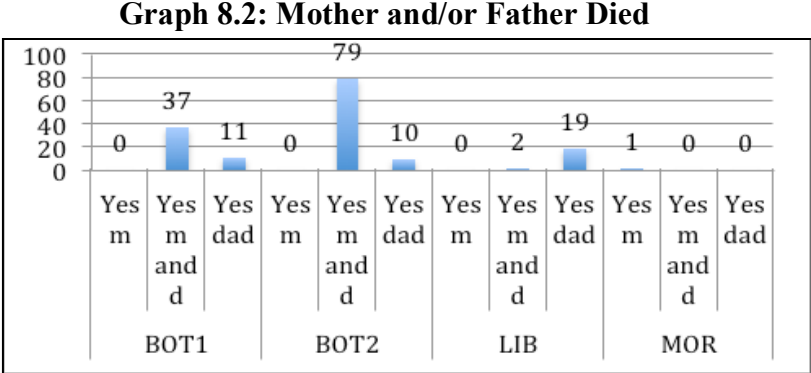
The number and percentage of surveyed teens 13 years and older were the highest in Morocco at 67, and were about equal in all the other camps at 56 for Botswana 1, 55 for Botswana 2 and 50 for Liberia.

D.2.1.3. Siblings

The question about siblings proved not significant, and thus was left out of the final analysis. This was because almost all of the children, with very few exceptions have siblings. For the

purposes of demographic background over 95% of the children had siblings (biological or cultural).

D.2.1.4. Loss of Mother and/or father (died)



The death of a mother or father for a child is one of the most traumatic experiences that a child can experience. Of all the children in the camps, 158 reported on the survey the death of a parent. See, Graph 8.2 and Table 8.2.

A majority of children surveyed (117) said that they lost both their mother and father, while 40 lost their father and one child said their mother died.

The camp with the highest percentage of children who said they lost both parents was in Botswana 2- Mmaphashalala which had a total of 79 of 89 saying they lost both mother and father. Because the camp was specifically for children who were orphaned, all 89 had lost at least one parent. No child in the Botswana 2 camp self-identified as having lost only their mother, while ten had lost only their father. It is likely that these numbers are understated because the primary criteria for being in this camp is being orphaned.

Table 8.2: Number Who Lost Mothers and Fathers

Mom/Dad died	Total	BOT1	BOT 2	LIB	MOR
Total	158	48	89	21	1
Mom & Dad	117	37	79	2	0
Mom	1	0	0	0	1
Dad	40	11	10	19	0

The second highest number for survey respondents with parental loss was Botswana 1 - Mookane with a total of 48 parents died, 37 lost both their mother and father, and 11 lost their father, and none identified as having lost only their mother.

Liberian children had a different result with most reporting only the loss of a father (19) and only two reporting the loss of both mother and father.

The Morocco camp only one child reported the death of a mother.

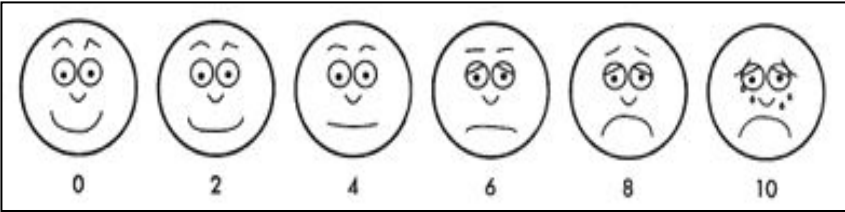
Total Survey Scores can be analyzed as below.

The remaining series of survey questions used the six universal smiley/sad faces to allow the respondents to specify how they feel in response to the six “*How Do You Feel...*” questions.

Figure 8.2 If a respondent specified the saddest face for each of the six questions, they would have a total score of 60 (6x10).

If the child chose the happiest face for each of the six questions they would have a total score of 0 (6x0).

Figure 8.2: Faces and Point Values on Survey “*How do I Feel*”



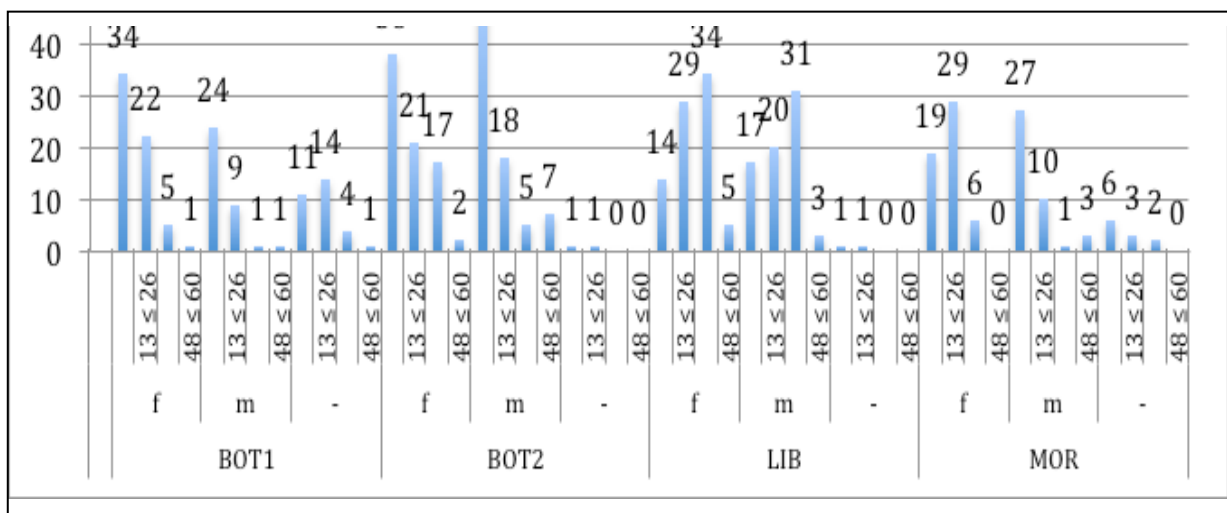
D.2.1.5. Total Score and Gender

The total scores (0 to 60) by gender, taken both before and after the camp, reveals significant differences in the 546 total surveys between not only by gender but by camps.

Table 8.3: Total Survey Scores for Each Camp and by Gender

Score Range	Gender	Total	BOT 1	BOT 2	LIB	MOR
		546	127	158	155	106
0 ≤ 12	F	105	34	38	14	19
	M	116	24	48	17	27
	U	19	11	1	1	6
14 ≤ 26	F	102	22	21	29	29
	M	57	9	18	20	10
	U	19	14	1	1	3
28 ≤ 46	F	62	5	17	34	6
	M	38	1	5	31	1
	U	6	4	0	0	2
48 ≤ 60	F	8	1	2	5	0
	M	14	1	7	3	3
	U	1	1	0	0	0

Graph 8.3: Total Score Distributions by Gender and Camp



Graph 8.3 shows that 105 females, 116 males and 19 unknown scored relatively happy with total scores of 01-12, (two happy faces). Most unhappy were Liberia females (14) and males (19) who had the lowest psycho-social pain or most “happy” total scores across all camps. While a significant number of Morocco females (19), males (27), and 6 of unknown gender, tended towards the “happy” end of the total scores. Botswana 1 had a score of 0-12 for 34 for females and 24 for males. Botswana 2 had the highest absolute number of children with scores

of 0-12 with 38 females and 48 males. Graph 8.3 also shows that a total of 102 females and 57 males and 19 unknown surveys total scored 14-26 (two not happy faces).

This total score is the highest for females across all the camps. The highest in absolute numbers was Liberia and Morocco with 29 females, Botswana 1 female, and Botswana 2 with 22 and 21 respectively. The males for the same camps and number of scores are much lower with the exception of Liberia with 20 and Botswana 2 with 18 surveys scored in this range. Unknown for Botswana 1 is high with 14, while morocco has 3 and both Botswana 2 and Liberia have only one each. Table 8.3 also shows 62 females, 38 males, and 6 unspecified scored in the range 28-26 across all camps. Liberia had the highest number in this of “unhappy” range of total scores, of which 34 are female and 31 are male. Next was the Botswana 2 camp with 17 females and only 7 males. For the other camps, relatively few scored in this upper range.

Finally, Table 8.3 and Graph 8.3 show that those who scored at the very highest end of the scale [48-60 (last two faces with anguish and crying)], the total number of males is the highest (14), while females highest number 8. Most of the males in this range were from the Botswana 2 (7), while most of the females were from Liberia (5). Morocco has no females with this score and 3 males. Botswana 1 has one female, one male and one unknown with this score.

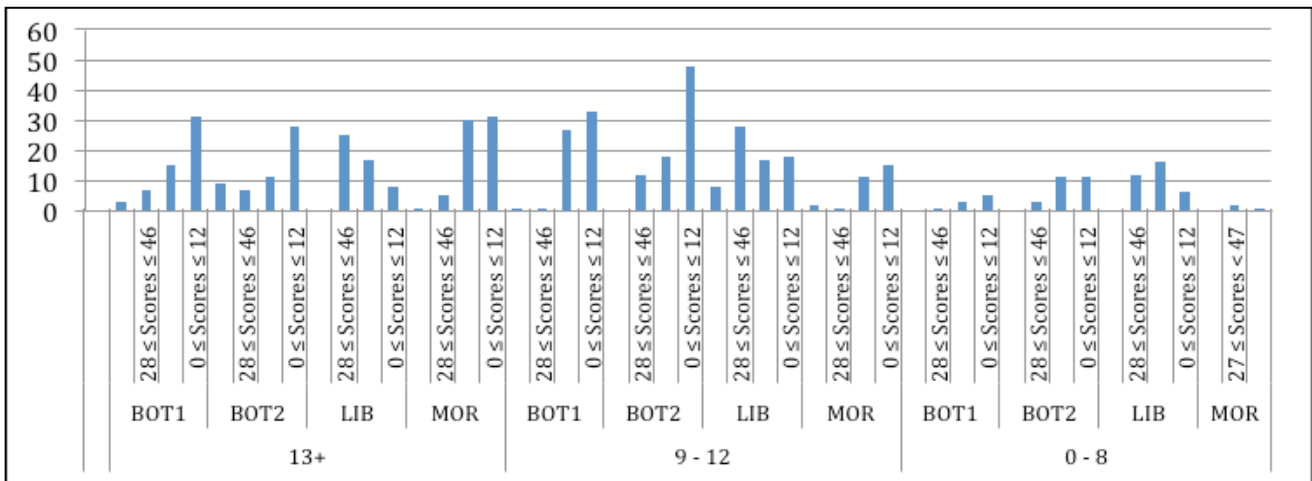
D.2.1.6 Total Score and Age

Table 8.3 and Graph 8.4 show how overall age and score show a pattern of the younger children having lower survey total scores, and thus indicating that they are generally “happier” than the older children.

Table 8.3: Age and Total Scores of “How Do I Feel” Survey

Score Range	Age	Total	BOT 1	BOT 2	LIB	MOR
		546	127	158	155	106
0 ≤ 12	5-8	28	5	11	6	6
	9-12	114	33	48	18	15
	13+	86	31	28	8	31
14 ≤ 26	5-8	31	3	11	16	1
	9-12	73	27	18	17	11
	13+	73	15	11	17	30
28 ≤ 46	5-8	18	1	3	12	2
	9-12	32	1	12	28	1
	13+	44	7	7	25	5
48 ≤ 60	5-8	0	0	0	0	0
	9-12	11	1	0	8	2
	13+	13	3	9	0	1

Graph 8.4: Total Score of “How Do I Feel” by Age and Camp



The overall pattern within a group by age show that 117 children aged 5-8 years had a score of 0 to 12, while 31 had a score of 14-26; 18 children had a score of 28-46 and no child from 5-8 years had a score between 48 and 60.

Children in the age range of 9 to 12 scored 114 surveys with total scores of 0-12, 73 surveys had a total score of 14-26, 32 surveys had total scores of 28-46, and 11 surveys had the highest total scores of 48-60. Children 13 years and older generally had surveys with higher scores, with 86 having total scores of 0-12 scored, 73 with total scores of 14-26, 44 with total scores of 28-46, and finally 13 with total scores of 48 to 60.

The patterns of age and scores for individual camps show some interesting results. Liberia had a cluster of comparably high scores (28-46) for all ages groups 5-8 (12), 9-12 years (28 surveys) and 13+ (25 surveys). For the 9-12 year olds Liberia had the highest number of surveys, with 8 in that age group. Botswana 2 (Mmaphashalala) had the highest number of high scores between 48-60 (9) for 5-8 year olds. In the high scores, the other camps did not score significantly in that range. Morocco and Botswana 1 total score survey's clustered towards the low end for all age groups.

D.2.1.7 Total Score and Siblings

Almost all the children without exception had siblings, from one to six. Thus it was decided that for the total score the number of siblings would not be considered as a standalone factor.

D.2.1.8 Total Score and Loss of Mother and/or Father

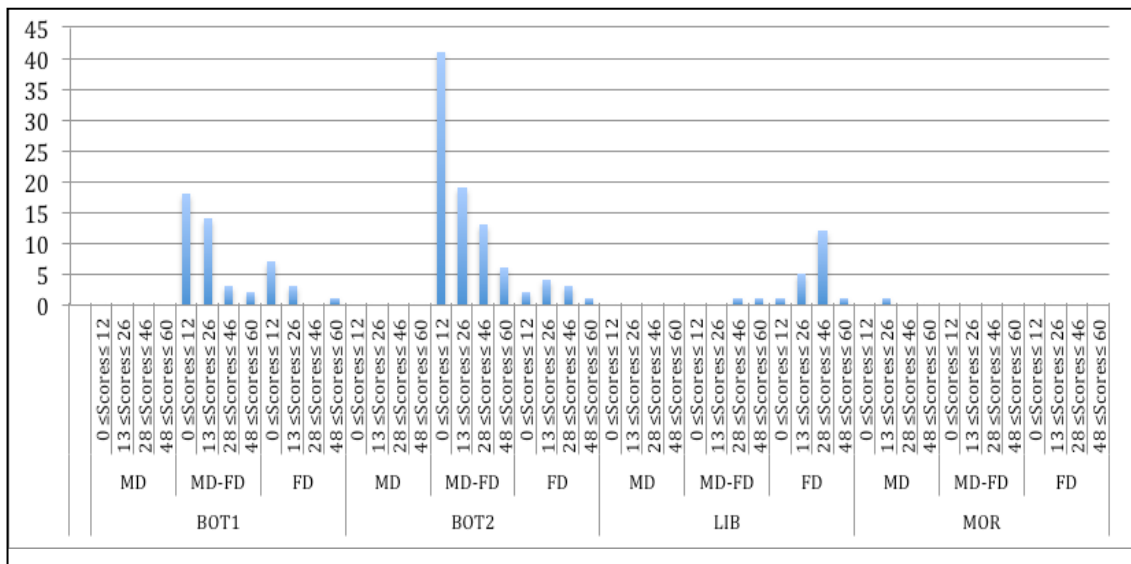
Graph 8.5 and Table 8.4. show the total score for surveys showing the effects of whether the child's mother and/or father died. Most surveys either did not indicate that their mother and/or father had died even though many more were known to be orphans. This accounts for the difference between the total number of surveys and those in the numbers show in the rows below each of the totals. It may be cultural that the children did not want to acknowledge that their mother and/or father had died, or possibly they did not know if they had a living father.

Of those that did answer, most were towards the "happy" (low end) of the scale for total scores. The largest number of surveys show that both Mother and Father died is a total of 59 for those who scored 0 to 12. Of those, the highest number of 41 came from the Botswana 2 camp, more than double that from the Botswana 1 camp. Morocco and Liberia show very few with loss of either mother or father. Again, this is likely due to cultural reasons.

Table 8.4: Total Scores by Camp and By Mother/Father Died

Score	M/F Died	Total	BOT 1	BOT 2	LIB	MOR
$0 \leq 12$	<i>M&F</i>	546	127	158	155	106
	F	59	18	41	0	0
	M	10	7	2	1	0
$14 \leq 26$	<i>M&F</i>	33	14	19	0	0
	F	12	3	4	5	0
	M	1	0	0	0	1
$28 \leq 46$	<i>M&F</i>	17	3	13	1	0
	F	15	0	3	12	0
	M	0	0	0	0	0
$48 \leq 60$	<i>M&F</i>	7	2	6	1	0
	F	3	1	1	1	0
	M	0	0	0	0	0

Graph 8.5: Total Scores by Camp and Mother/Father Died



Absent confidence that mother and/or father died was accurately in so many cases, general conclusions about the relationship between loss of parents and survey scores are difficult to reliably draw from the data.

E. Analysis of Individual Survey Questions For All Camps

The statistical analysis of the survey looks at factors and scores for each individual camp to see if there are differences between the camps before and after the children’s camps.

E.1. How I feel about Myself?

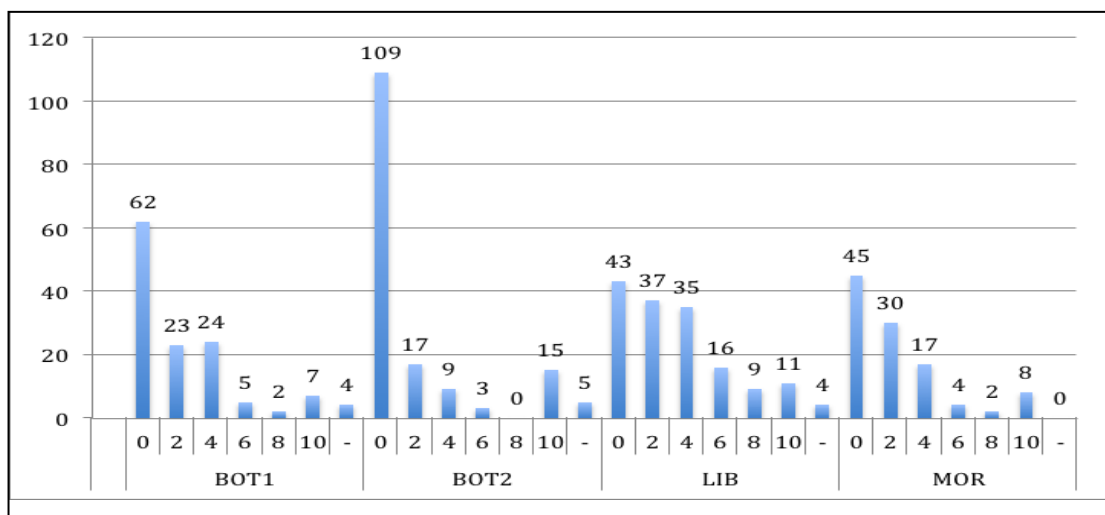
Table 8.5 and Graph 8.6. show that overall for all camps with the exception of Liberia, there is a significant cluster of range of happy (0 smiling face) for Botswana 2 (109 surveys, or 68.7%), Botswana 1 (62 surveys or 48.8%), Morocco (45 surveys or 42.4%). In contrast in Liberia only 27.7% felt good about themselves (0 smiling fact).

Relatively speaking, Liberia has the most surveys clustered in the non-smiling faces region (4-10) of responses. However, Botswana 2 has the highest number of surveys, 15 where the highest number of the most sad and crying face (10) while it has relatively in the middle 4-8 region.

Table 8.5: How do I Feel About Myself - By Camp

Q5 Self	Total	BOT 1	BOT 2	LIB	MOR
face	546	127	158	155	106
0	259	62	109	43	45
2	107	23	17	37	30
4	85	24	9	35	17
6	28	5	3	16	4
8	13	2	0	9	2
10	41	7	15	11	8
NA	13	4	5	4	0

Graph 8.6: How Do I Feel About Myself - By Camp



E.2. How I Feel About My Future?

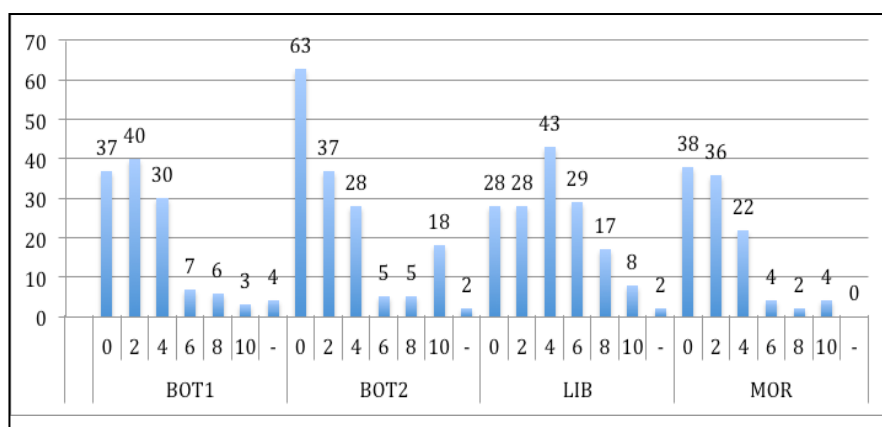
Looking towards the future, Table 8.6 and GRAPH 8.7 show how the children feel about their futures. Generally the overall responses showed an optimistic outlook. The Botswana 2 surveys had the highest combined number of those surveys with 2 or less smiling faces (0-12 score) (100 out of 158). Yet, once again it is also with the largest number 18 out of 158 at the opposite pessimistic extreme with the crying face represented by a score of 10.

For Morocco, virtually all of its responses tended towards optimistic with 2 or less smiling faces (0-12) with only 6 having the highest scores in the 8-10 range.

Table 8.6: How do I Feel About My Future - By Camp

Q6 Future	Total	BOT 1	BOT 2	LIB	MOR
face	546	127	158	155	106
0	166	37	63	28	38
2	141	40	37	28	36
4	123	30	28	43	22
6	45	7	5	29	4
8	29	6	4	17	2
10	33	3	18	8	4
NA	8	4	2	2	0

Graph 8.7: How do I Feel About My Future - by Camp



Liberia results are significant on the question, “How I feel About my Future” in that it has the highest relative number (34% of total number of Liberia Campers) of relatively non-happy responses (i.e., smiling/sad face with a score 4) compared to the other camps.

E.3. How I feel About My Friends?

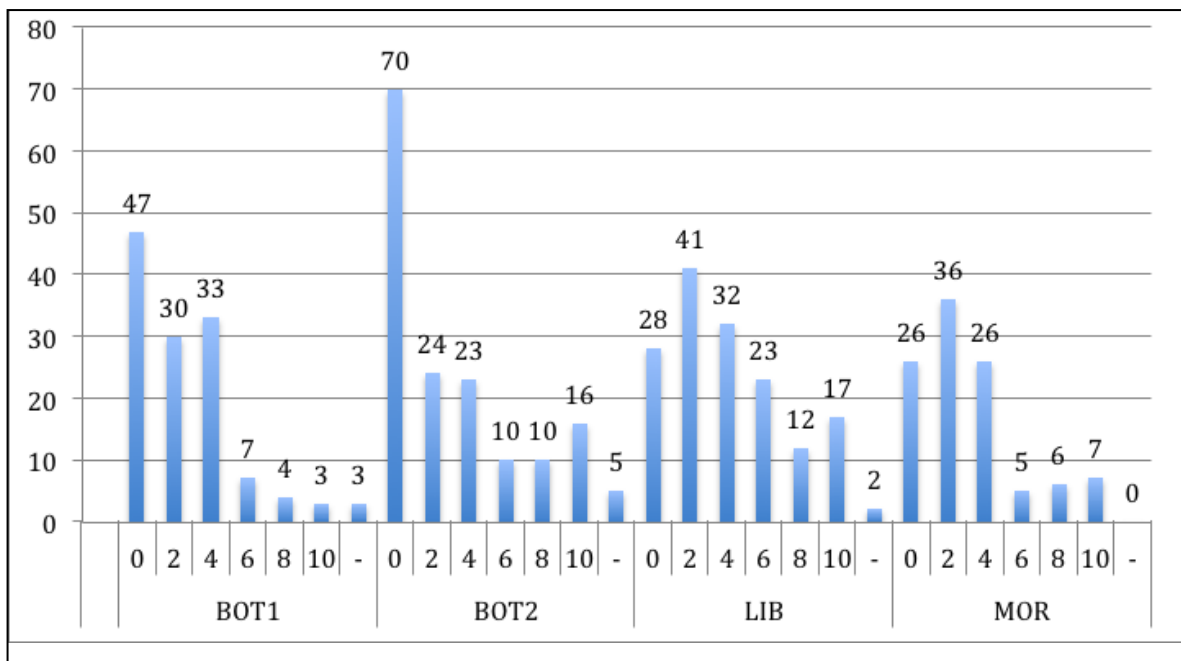
The question: “How do I feel about my friends” shows the same patterns as the previous questions.

All generally clustered towards the “like” their friends end of the spectrum. Botswana 2 had both the highest number of surveys with the smiling faces (0) with 70, and also one the highest number of those who are at the opposite extreme (with 16 picking the saddest face). Liberia has a similar number (and percentage) at this saddest extreme, i.e., 17, but unlike Botswana 2, relatively even distribution across all other faces.

Table 8.9: How Do I Feel About My Friends - by Camp

Q7 Friends Face	Total	BOT 1	BOT 2	LIB	MOR
0	171	47	70	28	26
2	131	30	24	41	36
4	114	33	23	32	26
6	74	7	10	23	5
8	32	4	10	12	6
10	43	3	16	17	7
NA	10	3	5	2	0

Graph 8.10: How do I Feel About My Friends - By Camp



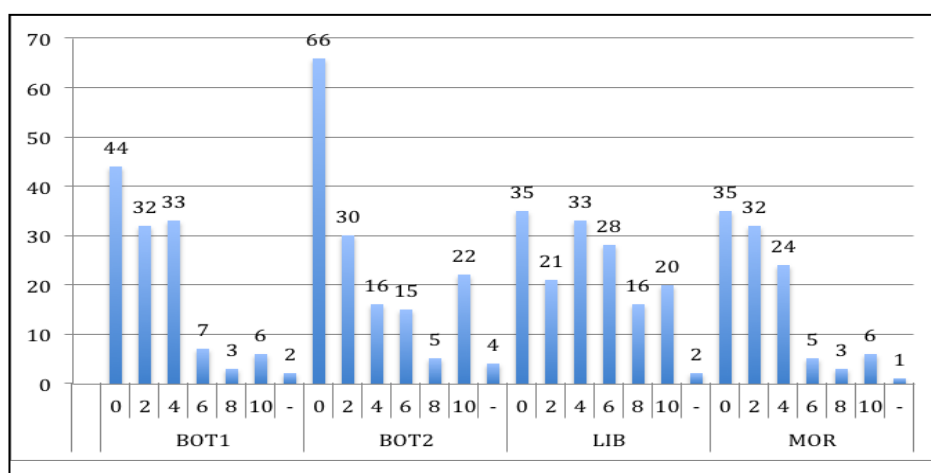
E.4. How I Feel About My Family?

As shown in Table 8.10 and Graph 8.11, the children generally felt good about their families. Botswana 2 had the highest relative number of survey response at the two extremes (66 with 0, and 22 with 10). Liberia had the most uniform distribution of other responses (0-10). Botswana 1 and Morocco responses are clustered at the “happy” end of the scales.

Table 8.10: How do I Feel About My Family - By Camp

Family	Total	BOT 1	BOT 2	LIB	MOR
Face	546	127	158	155	106
0	180	44	66	35	35
2	115	32	30	21	32
4	107	33	16	33	24
6	55	7	15	28	5
8	27	3	5	16	3
10	54	6	22	20	6
NA	9	2	4	2	1

Graph 8.11: How do I Feel About My Family - By Camp



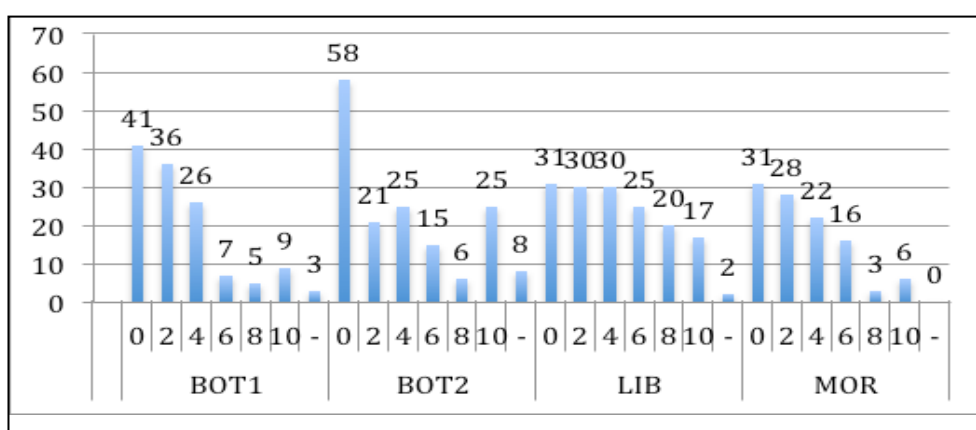
E.5. How I Feel About My Community?

Graph 8.12 and Table 8.11 show how the children felt about the question, “*How I feel about my community*”. The highest percentage of the most smiling face (0) was once again found in Botswana 2, with 58 out of 158 surveys. Again, it has the relatively highest number of surveys, 25 out of 158 with a 10 (the saddest rating). Also of note Liberia has the highest relative number of scores across all of the non-smiling faces (4-10). Relatively speaking, Botswana 1 and Morocco had the largest clusters are the happiest end of the scale (score 0-4).

Table 8.11: How do I Feel About My Community - By Camp

Q9 Community	Total	BOT 1	BOT 2	LIB	MOR
Face	546	127	158	155	106
0	99	41	58	31	31
2	115	36	21	30	28
4	104	26	25	30	22
6	63	7	15	25	16
8	34	5	6	20	3
10	57	9	25	17	6
NA	13	3	8	2	0

Graph 8.12: How do I Feel About My Community - By Camp



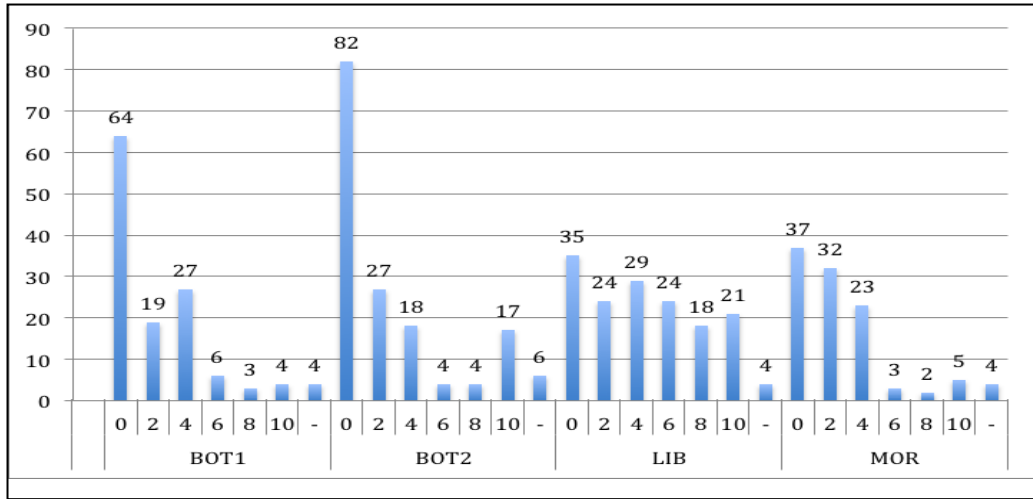
E.6. How I feel about my Life?

Graph 8.13 and TABLE 8.12 set forth the summary of the responses to the question “*How I feel about my life?*” Botswana 2 once again came in with responses anchored at both extremes (happiest and saddest). Liberia had the relatively highest number of surveys overall that showed that the children did not feel very good about their lives.

Table 8.12: How Do I Feel About My Life - by Camp

Life	Total	BOT 1	BOT 2	LIB	MOR
Face	546	127	158	155	106
0	219	64	82	35	37
2	102	19	27	24	32
4	97	27	18	29	23
6	37	6	4	24	3
8	27	3	4	18	2
10	85	4	17	21	5
NA	18	4	6	4	4

Graph 8.13: How Do I Feel About My Life - by Camp



F. Total Score Distributions Entire Population - General “Happiness”

The total scores (0 to 60) from the survey are computed by adding up the scores from all the chosen faces (0 to 10).

Table 8.13 shows both the gender and numbers of total surveys from all camps with scores from < 12 is 240 (43.9%) of the total of 546 surveys. Thus about 56% of children (306) are not happy (total scores > 12) with some aspects of their lives. Table 8.14.

Table 8.13: Surveys with Total Scores < 12 (Very Happy)

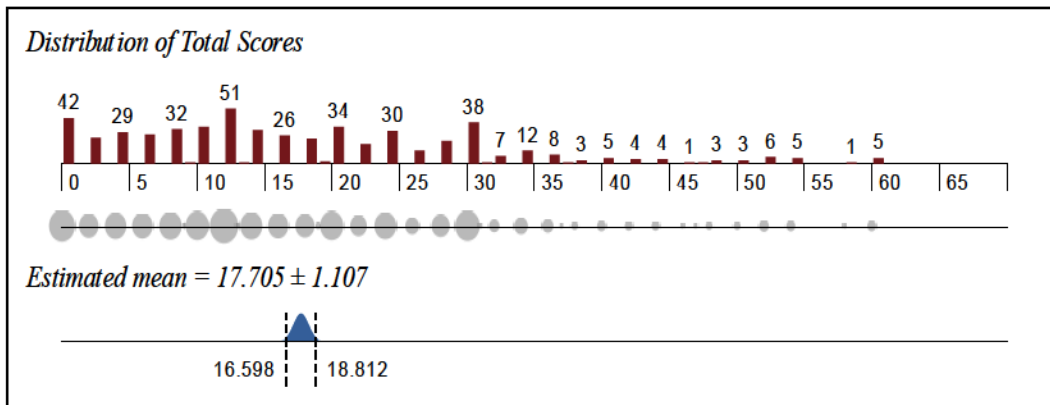
Score Range	Gender	Total	BOT 1	BOT 2	LIB	MOR
		546	127	158	155	106
$0 \leq 12$	F	105	34	38	14	19
	M	116	24	48	17	27
	U	19	11	1	1	6
		240				

Table 8.14: Surveys with Total Scores > 12 (Not Very Happy)

Score Range	All	$14 \leq 26$	$28 \leq 46$	$48 \leq 60$
Total	306	177	106	23

Graph 8.8 shows the distribution and mean for the total scores for all camps. The estimated mean for all survey total scores is 17.7 ± 1.107 .

Graph 8.8: Distribution of the Total Scores (and Its Estimated Mean)



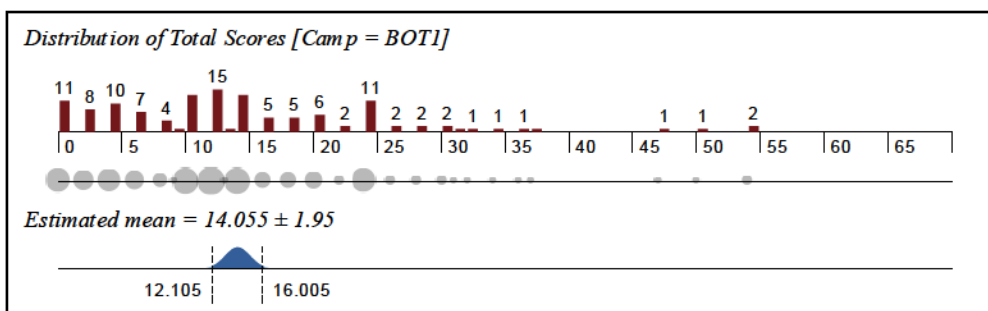
G. Individual Camp Scores Distribution

Not surprisingly, the statistical distributions of total scores by camp vary. The distribution of total scores and their means are shown in the following graphs.

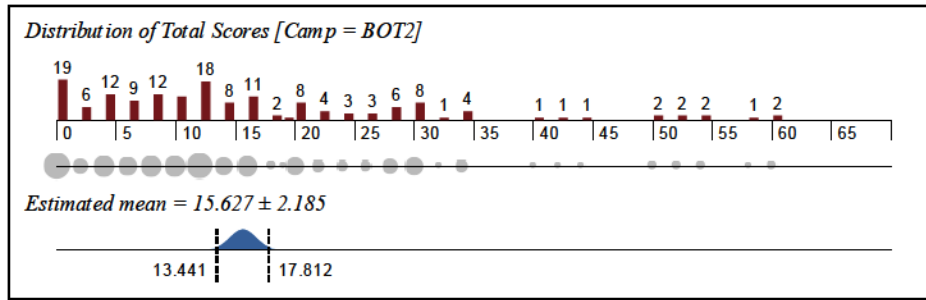
G.1. Total Scores for Camps

Total scores for Botswana 1 had the lowest mean scored of 14.05 ± 1.95 , (Graph 8.10). Morocco had the next highest mean total score of 15.56 ± 2.24 (Graph 8.13) and Botswana 2 (Graph 8.11) comes next with a mean of 15.62 ± 2.1 . Liberia (Graph 8.12) had the most significantly different mean for the total score of 24.27 ± 2.01 , showing an overall tendency, on average, to be sadder and more pessimistic than the other camps.

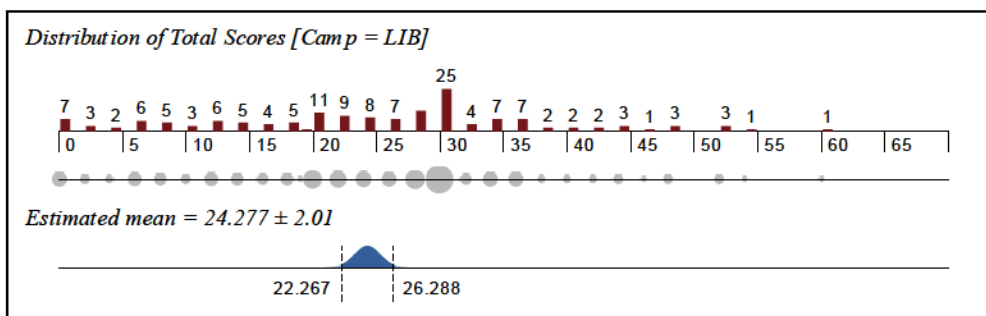
Graph 8.10: Total Scores - Botswana 1(Mookane)



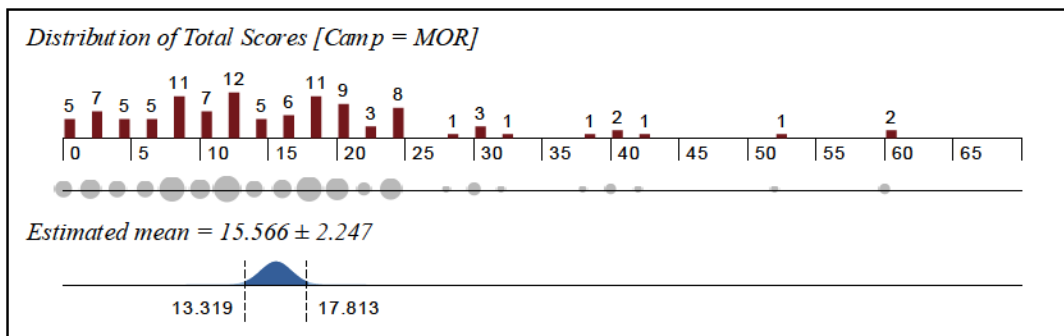
Graph 8.11: Total Scores - Botswana 2 (Mmaphashalala)



Graph 8.12: Total Scores Liberia



Graph 8.13: Total Scores Morocco



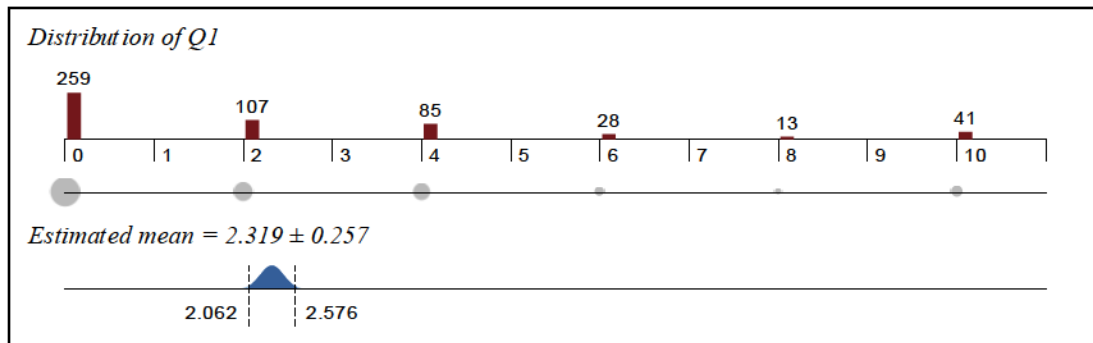
G.2. Individual How Do You Feel Question Distributions by Camp

As will be shown in the following sections, distributions of responses to individual “How to you feel” vary by camp.

G.2.1. How do I feel about myself?

The first distribution graph shows all survey responses to “How do I feel about myself” from all the camps combined.

Graph 8.14: How Do I Feel About Myself - All Camps Combined

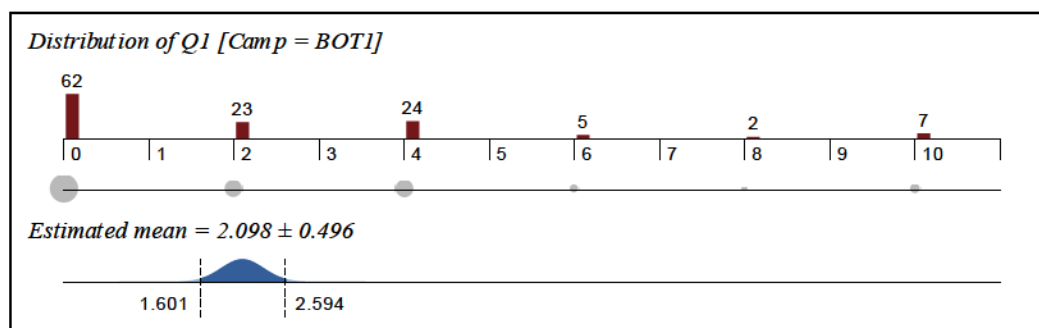


Graph 8.14 shows the distribution of all survey responses for “*How do I feel about myself*”. The majority of answers are between 0 and 4. The estimated mean is 2.319 ± 0.257 . This confirms the previous observation that, except for a few respondents, the children felt “ok” about themselves.

For the individual camps, the differences in distributions of the responses become more apparent. The results for individual camps for “How do I feel about myself,” are shown in graphs Graph 8.15 through Graph 8.18).

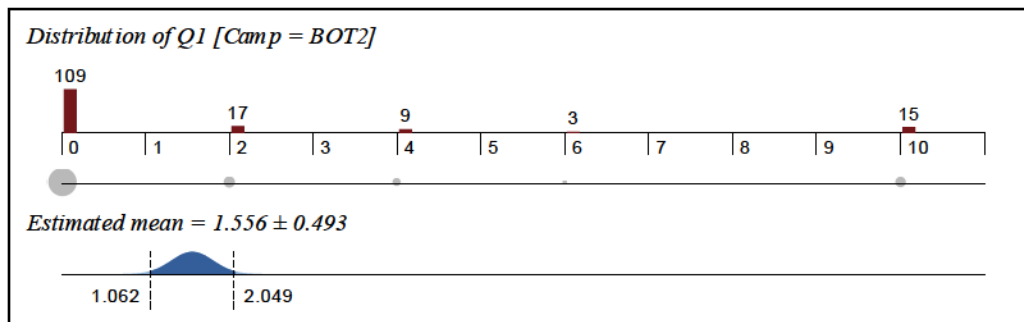
For the Botswana 1 camp (Graph 8.15), the estimated mean for the responses is 2.098 ± 0.496

Graph 8.15: Botswana 1 Distribution - Myself



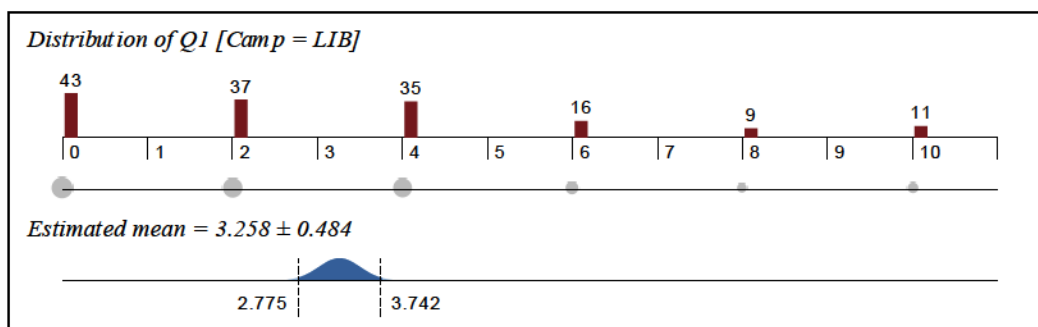
Botswana 2 (Graph 8.16) had the largest number and largest percentage of surveys with very happy (0-2), with an estimated mean of 1.556 ± 0.493 .

Graph 8.16: Botswana 2 Distribution - Myself



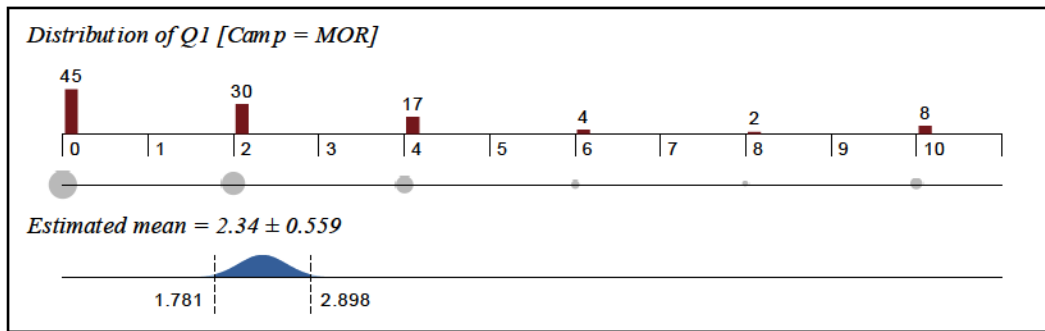
Liberia (Graph 8.17) showed survey responses leaning more toward less content or less happy about themselves, with an estimated mean of 3.258 ± 0.484 which is significantly different from the two Botswana camps. The Liberia mean is twice that for the Botswana camps and well outside the confidence ranges for their mean estimates.

Graph 8.17: Liberia Distribution - Myself



Morocco (Graph 8.18) shows an estimated mean in a range 2.34 ± 0.559 , which lies between the two Botswana camps, and Liberia.

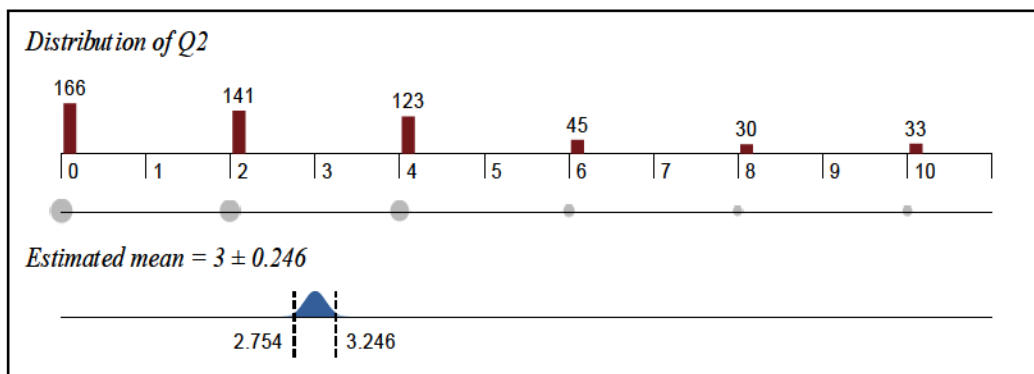
Graph 8.18: Morocco Distribution - Myself



G.2.2. How do I feel about my Future?

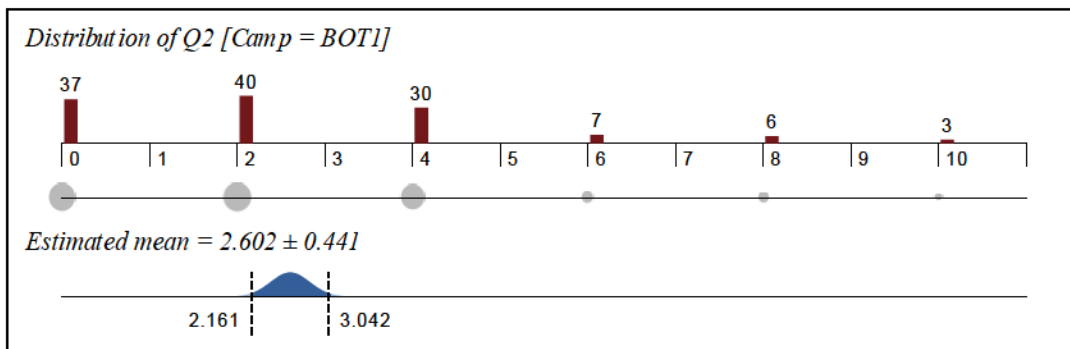
Graph 8.19 shows the distribution of response scores for the question “How do I feel about my future.” Again, the majority of answers were between 0 and 4, with an estimated mean of 3.0 ± 0.246 .

Graph 8.19: All Camp Distribution - My Future



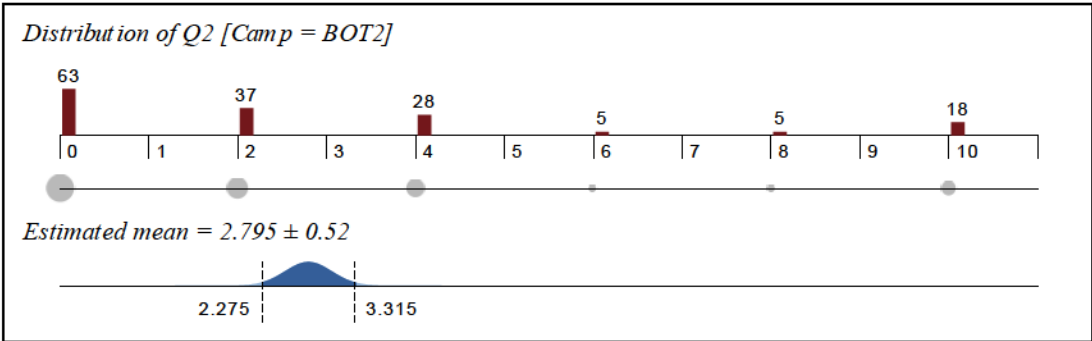
Graph 8.20 shows Botswana 1 with an estimated mean of 2.602 ± 0.441 .

Graph 8.20: Botswana 1 Distribution - My Future



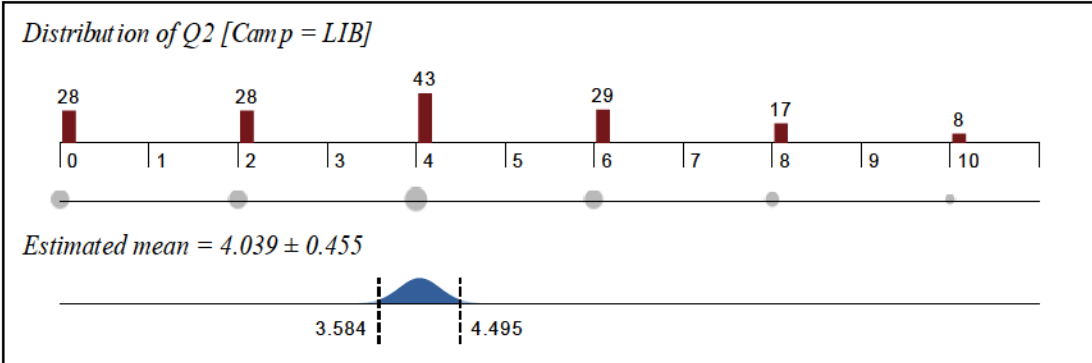
Graph 8.21 shows Botswana 2 with a similar estimated mean of 2.795 ± 0.52

Graph 8.21: Botswana 2 - My Future



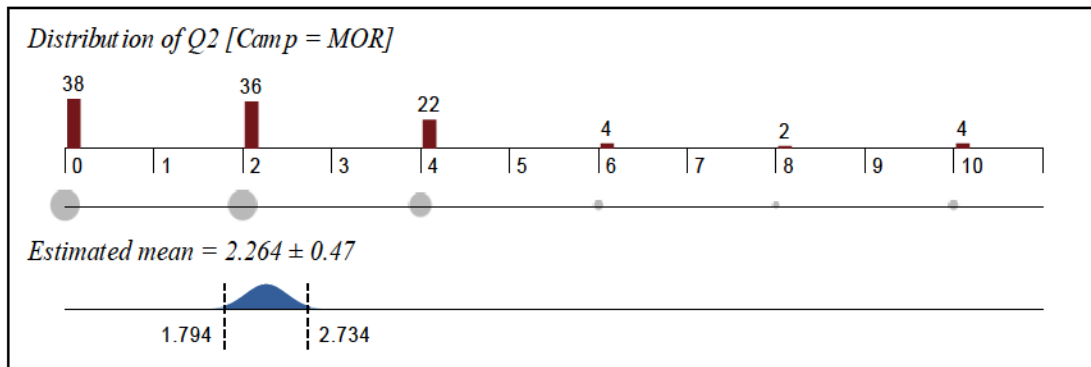
Graph 8.22 shows Liberia having a significantly higher estimated mean for how I feel about my future, 4.039 ± 0.455 , which is more than 50% higher than either Botswana camp.

Graph 8.22: Liberia Distribution - My Future



Graph 8.23 shows Morocco with an estimated mean in the range of the Botswana camps at 2.264 ± 0.47 .

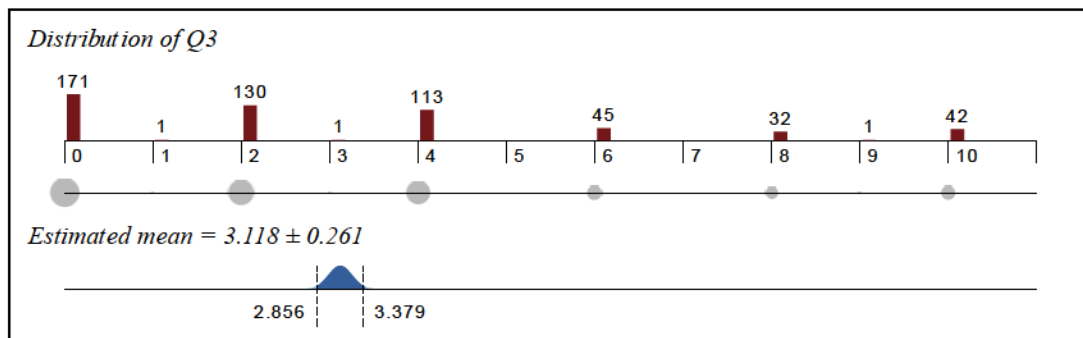
Graph 8.23: Morocco Distribution - My Future



G.2.3. How do I feel about My Friends?

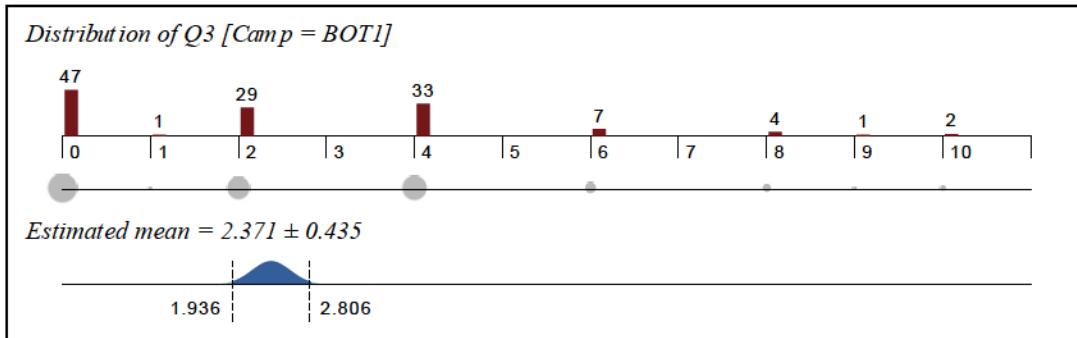
Graph 8.24 shows the distribution of scores for the survey question how do I feel about my friends for all camps. Most of the responses are between 0 and 4. The estimated mean of 3.118 ± 0.261 is slightly higher than the mean estimate for the first two questions (feel about myself, and my future), however, the difference in these means was not significant given that they are well within the confidence intervals of each other.

Graph 8.24: All Camps - How Do I Feel About My Friends



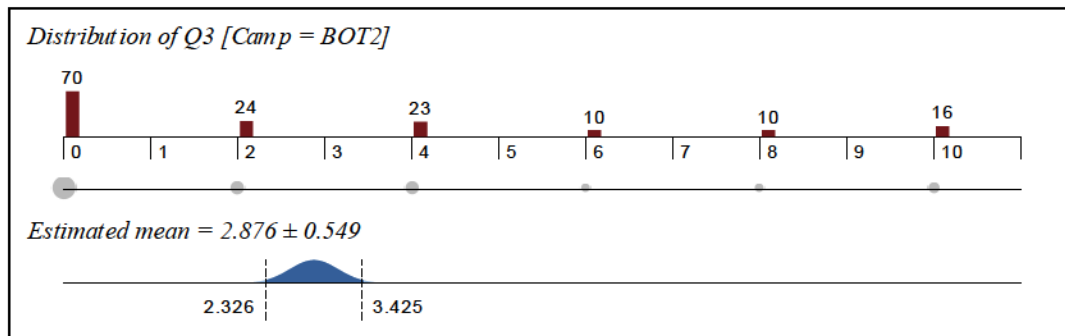
The individual camp score distributions for the question “How I feel about my friends” varied. For Botswana 1 (Graph 8.25), the estimated mean for the survey responses to this question was 2.371 ± 0.435 .

Graph 8.25: Botswana 1 Distribution - My Friends



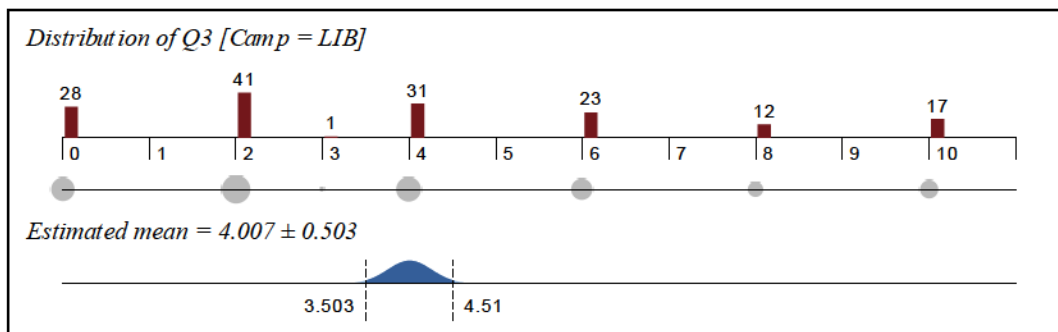
Botswana 2 camp (Graph 8.26) had a comparable estimated mean of 2.876 ± 0.549

Graph 8.26: Botswana 2 Distribution - My Friends



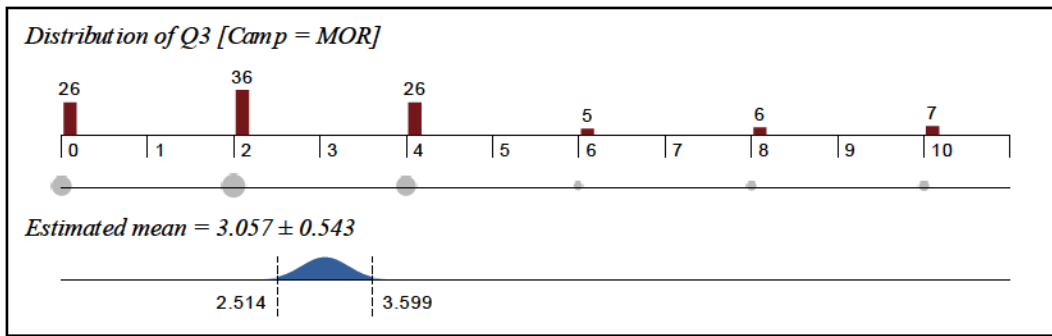
Once again Liberia camp's estimated mean (Graph 8.27) is significantly higher at 4.007 ± 0.503 .

Graph 8.27: Liberia Distribution - My Friends



The Morocco camp (Graph 8.28) estimated mean is 3.057 ± 0.543 , again comparable to both Botswana 1 and Botswana 2.

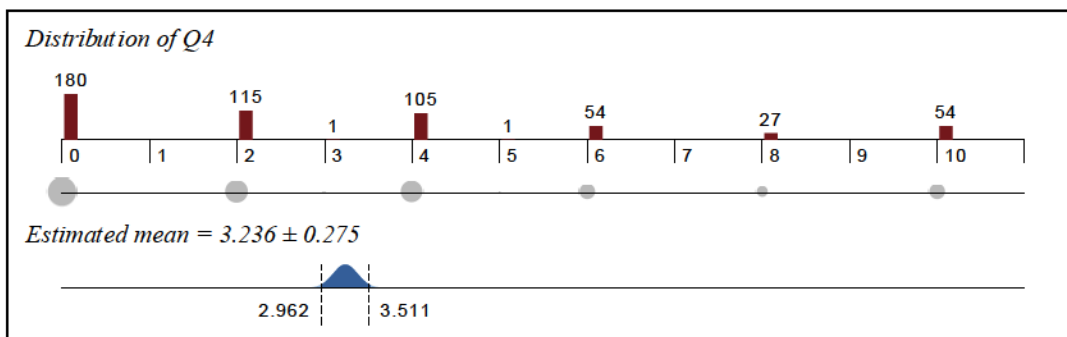
Graph 8.28: Morocco Distribution - My Friends



G.2.4. How do I feel about my Family?

Graph 8.29 shows the distribution of scores for all camps for the question “How do I feel about my family?” The estimated mean for the distribution of responses is 3.236 ± 0.275 .

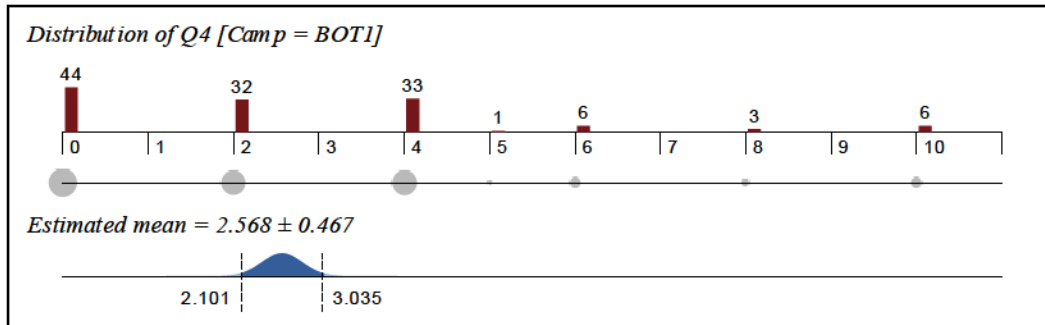
Graph 8.29: All Camp Distribution - My Family



The individual camps score distributions are shown in Graphs 8.30-8.34 for the question “How I feel about my family”.

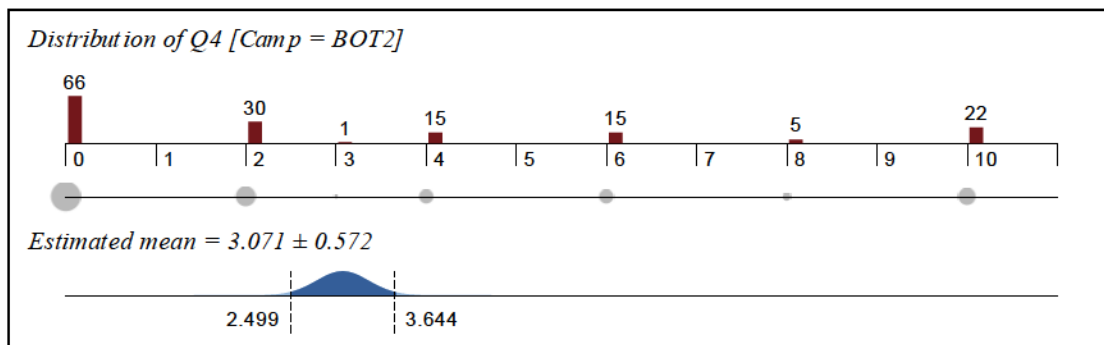
Botswana 1 (Graph 8.30) has an estimated mean of 2.568 ± 0.467 .

Graph 8.30: Botswana 1 Distribution - My Family



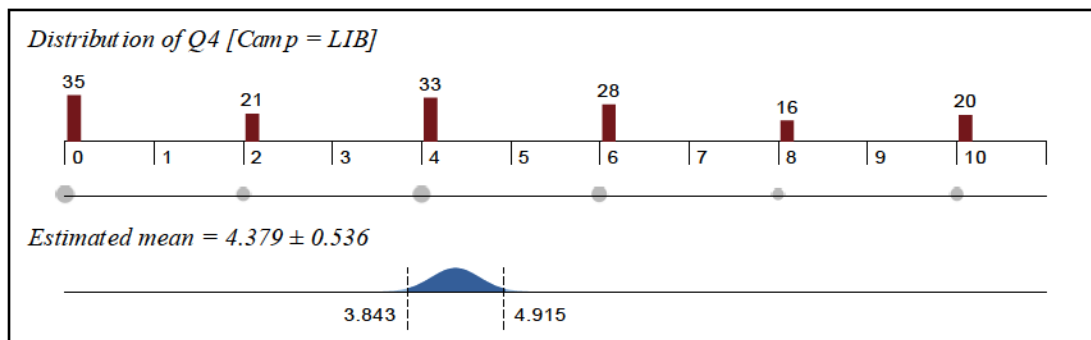
Botswana 2 (Graph 8.31) has a somewhat higher (but not significantly higher) estimated mean of 3.071 ± 0.572 .

Graph 8.31: Botswana 2 Distribution - My Family



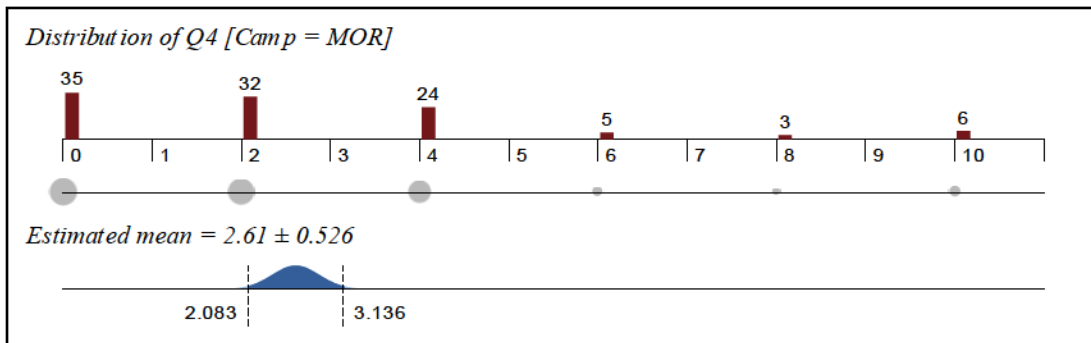
Again, Liberia (Graph 8.32) has a significantly higher estimated mean of 4.379 ± 0.536 .

Graph 8.32: Liberia Distribution - My Family



Morocco (Graph 8.33) has a close to the lowest estimated mean of 2.62 ± 0.524 .

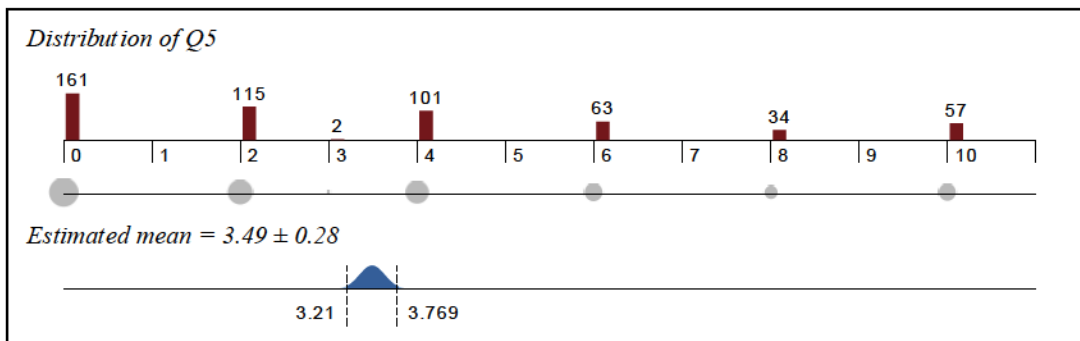
Graph 8.33: Morocco Distribution -- My Family



G.2.5. How do I feel about my community?

The collective camps score (Graph 8.34) average for the question “How I feel about my community” is estimated to be 3.49 ± 0.28 .

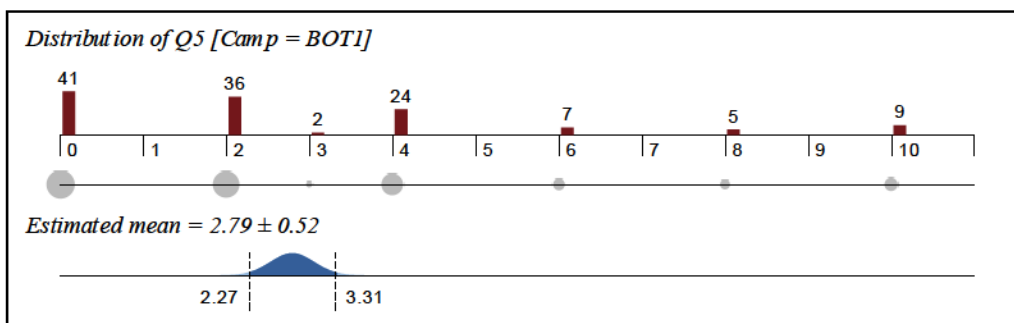
Graph 8.34: All Camps Distribution - My Community



The individual camps score distribution are shown in Graph 8.35 to Graph 8.38 for the question “how I feel about my community”.

Botswana 1 (Graph 8.35) has an estimated mean of 2.79 ± 0.52 .

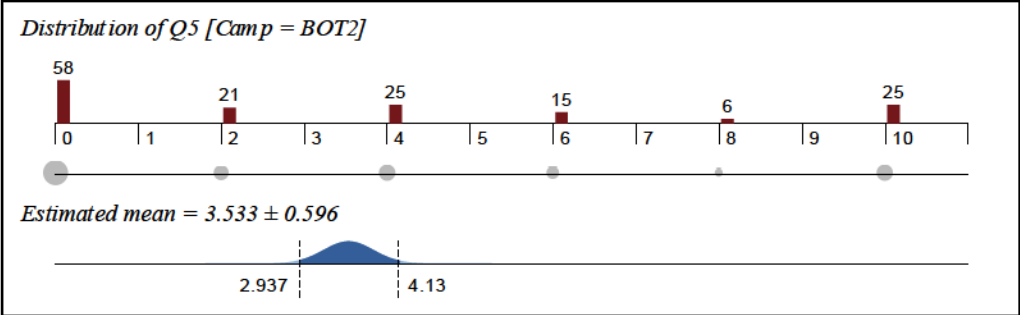
Graph 8.35: Botswana 1 Distribution - My Community



Botswana 2 (Graph 8.36) has a significantly higher estimated mean of 3.533 ± 0.596 . From the estimated distribution means, Botswana 2 children appear to have a more negative

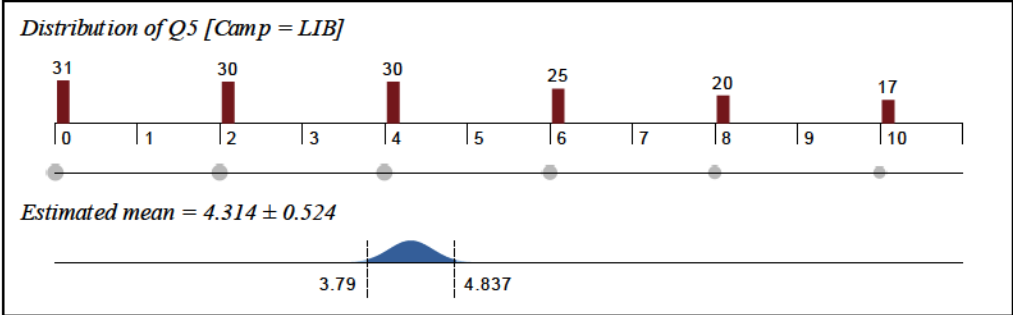
feeling of their communities, as compared to themselves, their futures, their friends, and their families.

Graph 8.36: Botswana 2 Distribution - My Community



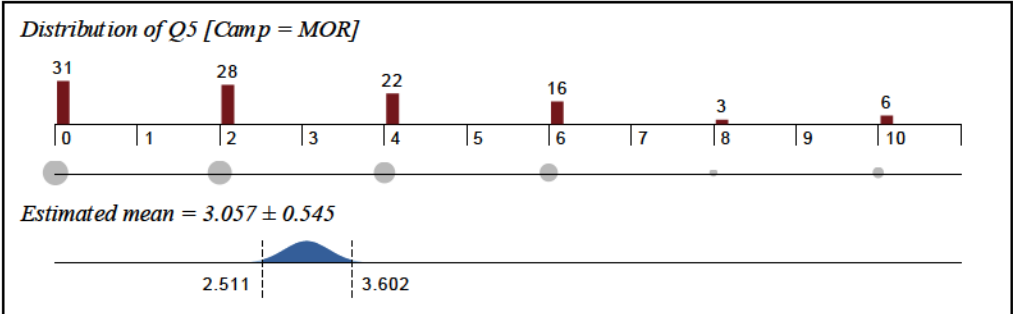
Liberia (Graph 8.37) has an even more significantly higher estimated mean of 4.314 ± 0.524 .

Graph 8.37: Liberia Distribution - My Community



Lastly, Morocco (Graph 8.38) has an estimated mean of 3.057 ± 0.545 , which is comparable to the lowest estimated mean of Botswana 1, but not as low.

Graph 8.37: Morocco Distribution - My Community

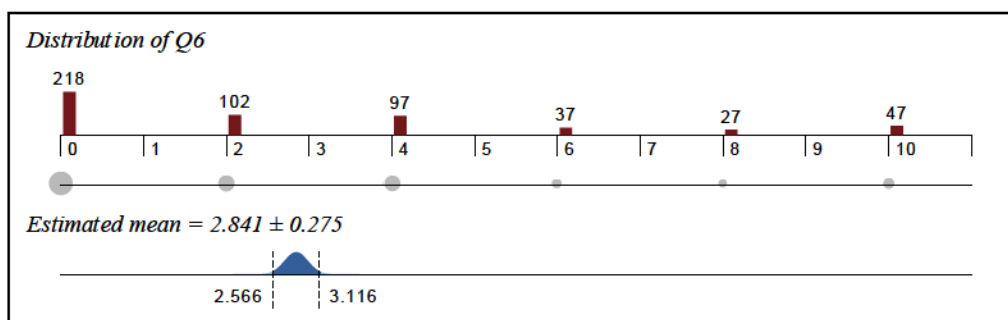


G.2.6. How I do I feel about my Life?

Graph 8.38 shows the distribution of scores for all camps to the question “How do I feel about

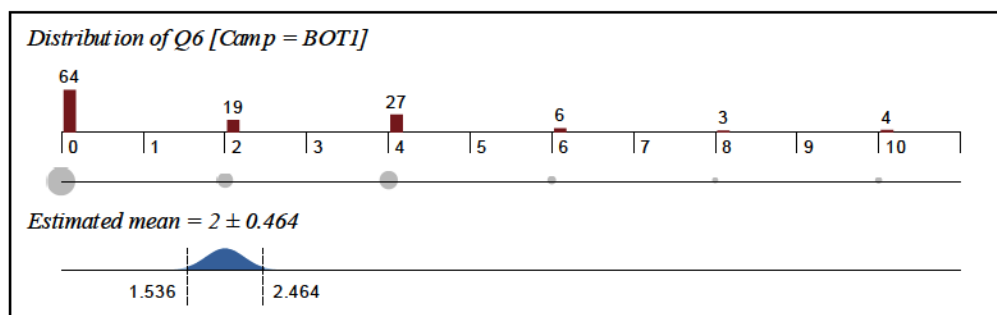
my life". The estimated mean for the total populations was only 2.841 ± 0.275 , showing that, as a whole, the children were quite content about their lives.

Graph 8.38: All Camps Distribution - How Do I Feel About My Life



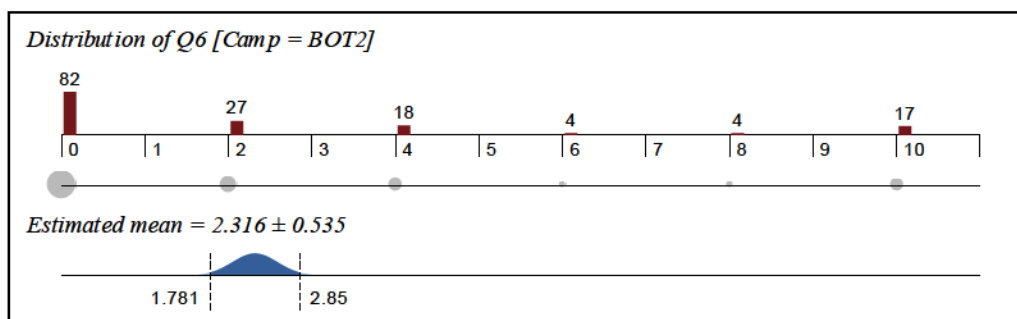
The individual camps score distribution shown in Graph 8.39 through Graph 8.42 for the question “*How do I feel about my life*”. Botswana 1 (Graph 8.39) has an estimated mean of 2.0 ± 0.464 .

Graph 8.39: Botswana 1 Distribution - My Life



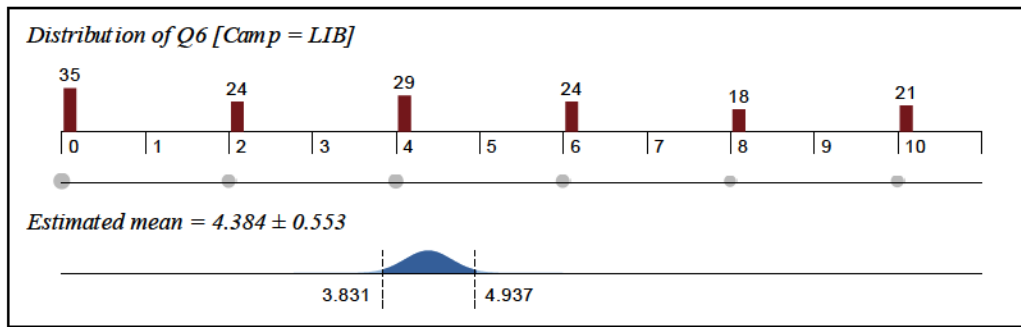
Botswana 2 (Graph 8.40) shows a comparable estimated mean of 2.316 ± 0.535

Graph 8.40: Botswana 2 Distribution - My Life



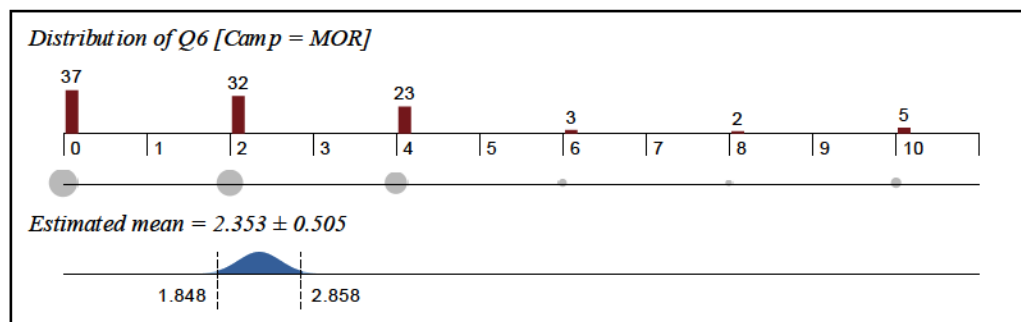
Liberia (Graph 8.41) had an extremely high estimated mean estimate of 4.384 ± 0.553 , strongly indicating that the children have significant dissatisfaction with their lives, particularly when compared with the other camps.

Graph 8.41: Liberia Distribution - My Life



Morocco (Graph 8.42) has an estimated mean of 2.353 ± 0.505 , which is comparable to both Botswana camps.

Graph 8.42: Morocco Distribution - My Life



G.2.7. “BEFORE CAMP” VERSUS “AFTER CAMP” EFFECT BY CAMP - STATISTICAL DIFFERENCES

The data was analyzed for whether the camps had any effect on the children’s responses to the surveys. In the next section the methodology for determining the effect of the camps is described, and, following that, the results from that analysis are set forth.

H. Methodology for Determining Statistical Differences

To determine the effect of the camp on the children, a comparison was made of the distributions of “before camp” versus “after camp” for each camp of a) total scores and b) responses to individual questions.

The statistical analysis was done with the statistical package Wizard. In real time, Wizard computed means, their confidence intervals, and graphed them for comparison, for each set of “before camp” and “after camp” responses.

The “null hypothesis” was that the camps had no significant effect on the mean children’s survey responses. The null hypothesis was rejected if the estimated means for the “*after camp*” distributions showed a statistically significantly changed from the corresponding “*before camp*” distribution.

Wizard allowed calculation and comparison estimates of means (and their confidence intervals) of each “before camp” *versus* “after camp” response distribution -- for each camp for a) total scores and b) each *How do I feel* question. The significance of the change in the distributions of “*Before*” versus “*After*” was measured by the Wizard-calculated p-statistic for that hypothesis test.

H.1. Analysis of Distribution of Total Scores – Before and After

Table 8.14 and Table 8.15 show the distribution of the “*before camp*” total scores and the “*after camp*” total scores. They provide the basis to measure the overall effects, if any, that the camps had on the children.

Table 8.14: Distribution of Total Scores - Before and After Each Camp

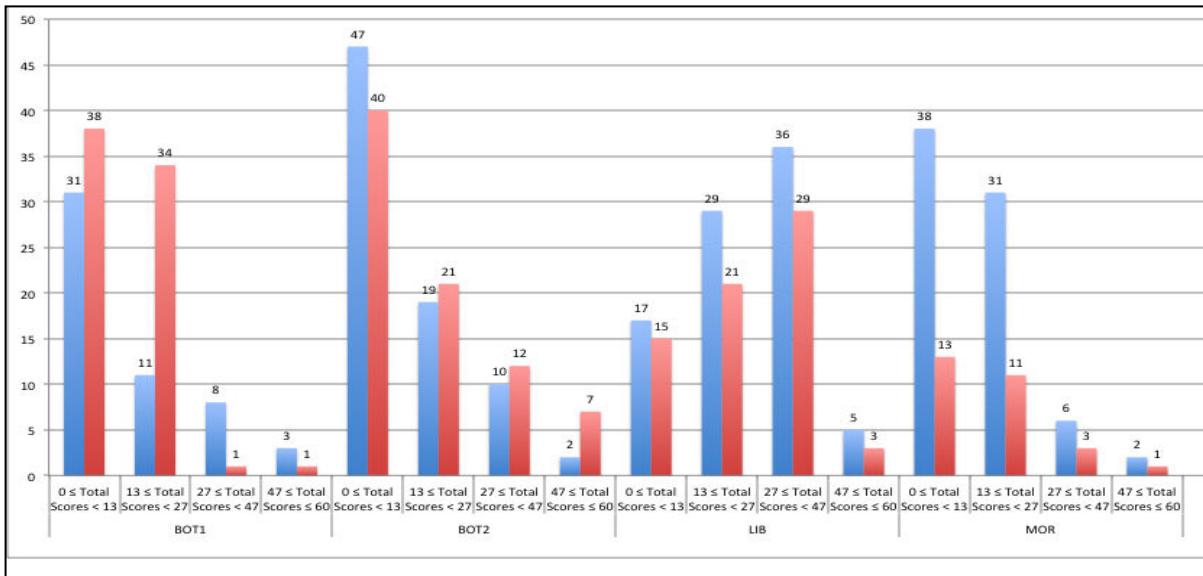
Total Score	Bot I		Bot 2		LIB		MOR	
	Before	After	Before	After	Before	After	Before	After
0-12	31	38	47	40	17	15	38	13
13-26	11	34	19	21	29	21	31	11
27-46	8	1	10	12	36	29	6	3
47-60	3	1	2	7	5	3	2	1

Table 8.15: Distribution of Total Scores (by Percentage) - Before and After Each Camp

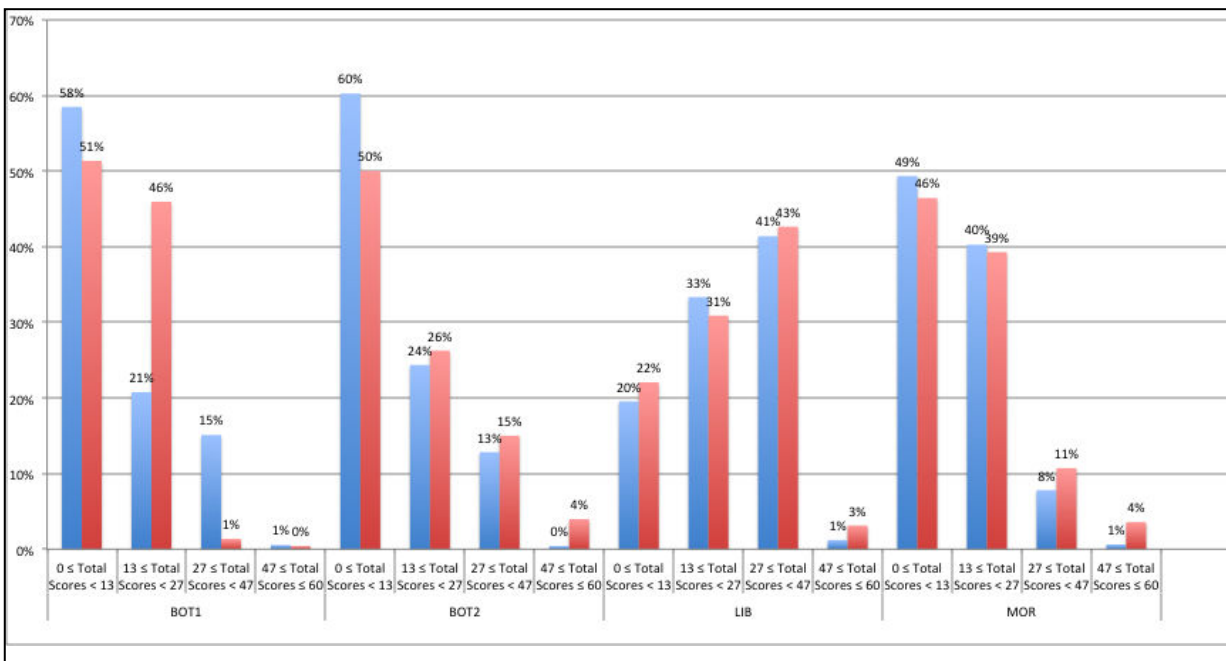
Total Score	Bot I		Bot 2		LIB		MOR	
	Before	After	Before	After	Before	After	Before	After
0-12	58%	51%	60%	50%	20%	22%	49%	46%
13-26	21%	46%	24%	26%	33%	31%	40%	39%
27-46	15%	1%	13%	15%	41%	43%	8%	11%
47-60	1%	0%	0%	4%	6%	4%	1%	4%

Graphs 8.43 and 8.44 show the side-by-side distributions of total scores for each camp, “*before*” (in blue) compared with “*after*” (in red), in absolute values and percentages.

Graph 8.43: Distribution of Total Scores - Before and After Each Camp

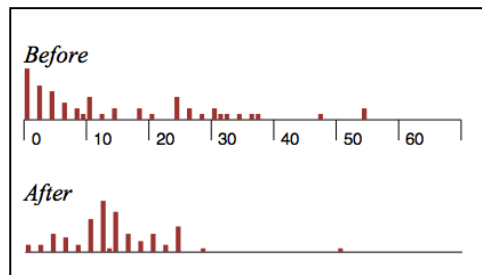


Graph 8.4: Distribution (by Percentage) of Total Scores - Before and After Each Camp



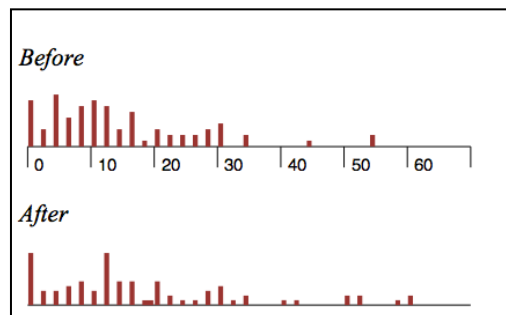
For the Botswana 1 (Graph 8.45) Mookane Camps a significant number of children were at the higher end of the total scoring range (>27) before the camps. As a result of the camps, they showed significant improvement in their overall outlook, going from 11% of the children in the higher range to only 2% falling in that higher range.

Graph 8.45: Total Scores - Before vs After Botswana 1



For the Botswana 2 (Graph 8.46), Mmaphashalala Camps the children showed almost no change in distribution of total scores from before the camp to after the camp.

Graph 8.46: Total Score - Before vs After Botswana 2



Similarly, children in Liberia (LIB) and Morocco (MOR) showed a minimal change in the distribution of total scores from before and after camp. (Graph 8.44)

H.2. Before and After Analysis of Individual “How Do I Feel” Questions

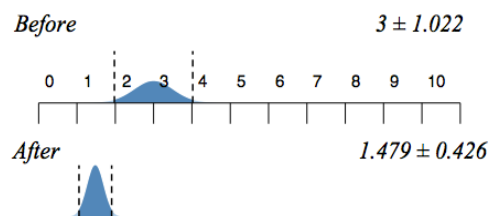
The effect of the camp on the scores in response to individual questions will be examined in this section. Using Wizard’s real-time analysis of means, confidence intervals, means, distributions, and p statistics, each distribution of “before” and “after” camp responses to “*How do I feel...*” questions were analyzed. Those which were shown to have significant statistical differences between the “*before*” and “*after*” are discussed below.

H.3. How I feel About Myself – Before vs After Camps

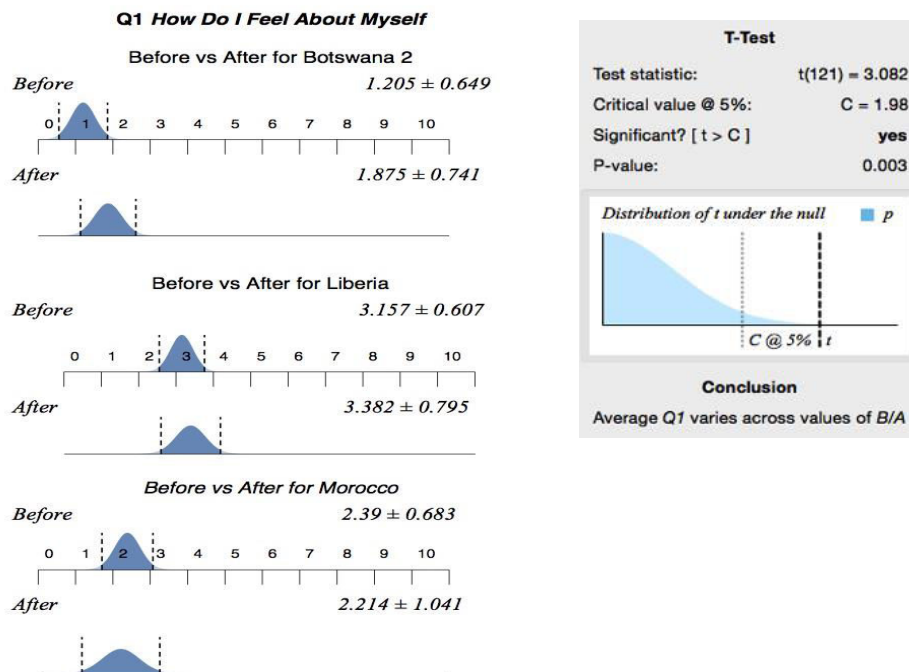
The comparison of estimated averages for before and after to the *How do I Feel About Myself* question for Botswana 1 are shown graphically in Graph 8.9. Before the Botswana 1 camp, the responses to *How I feel about myself* had an estimated mean value of 3.0 ± 1.022 . After the

camp, the estimated mean for responses to *How I feel about myself* significantly decreased (halved) to 1.479 ± 0.426 . The change is significant because the estimated means for “before” and “after” are well outside the confidence intervals for each other. These results support the conclusion that the children overall felt better about themselves after the Botswana 1 camp compared to before the camp. This conclusion is confirmed by the t-test of statistics with a p-value of .003.

Graph 8.9: Before vs After Botswana Average How Do I Feel



Graph 8.10: Before vs After How Do I Feel About Myself - Botswana 2, Liberia, and Morocco Camps

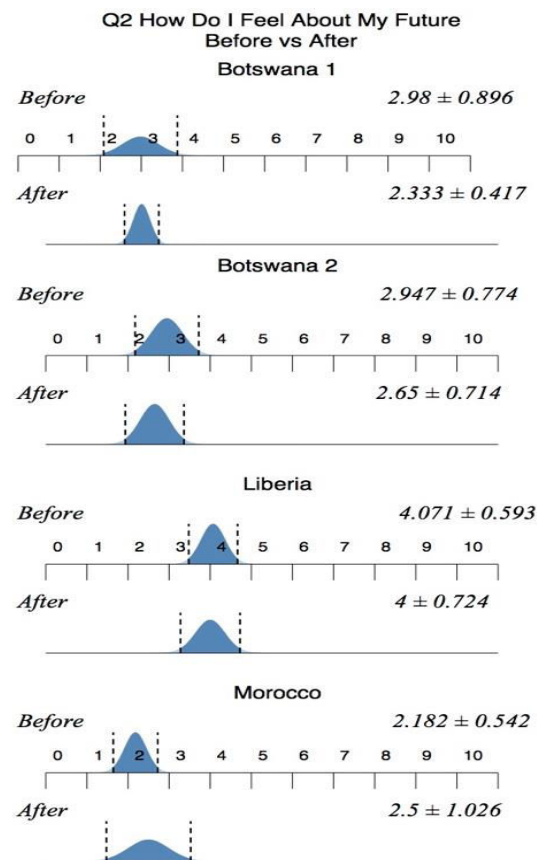


No significant change is found in the the estimated means for “before” versus “after” for the “*How Do I Feel about Myself*” question for the Botswana 2, Liberia, and Morocco. Thus, it would appear that those camps had little or no effect on how the children responded to this question of how they felt themselves.

H.4. How Do I Feel About my Future?

None of the camps appeared to have any significant effect on the distribution of responses to the question “How do I Feel About My Future”. Graph 8.11. The estimated change in means for the “before” camp versus “after” camp responses to the “How do I Feel About my Future,” was relatively small.

Graph 8.11: How Do I Feel About My Future - All Camps

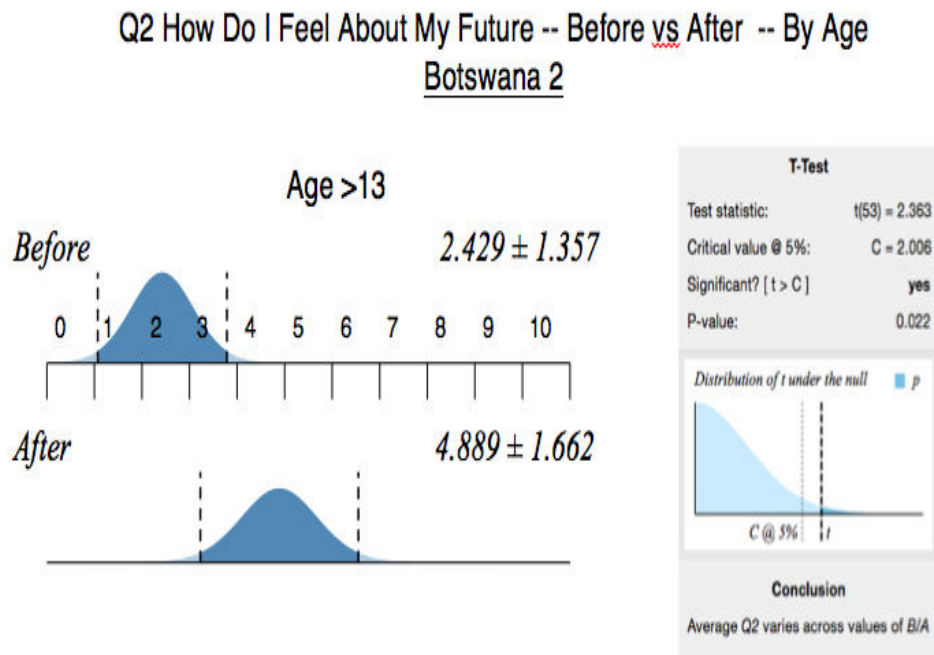


This was surprising and unexpected given the enthusiasm the campers showed at the camps, particularly the technology camps. Thus, a closer examination was done of all the camps, but this time the analysis was done separately for each age group.

For the Botswana 2 camp, the analysis revealed that the camp did have some, but differing, measurable effects on the how the children of each age group responded on their outlook for the future.

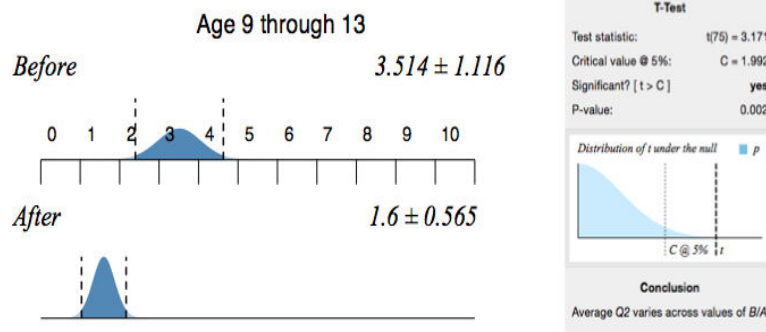
In the Botswana 2 camp, the older children (>13) had a less positive view of their future after the camp was over. (Graph 8.12) The estimated mean for the older children went from 2.429 ± 1.357 to 4.889 ± 1.662 . This was determined to be a significant change by the t-statistic analysis.

Graph 8.12: Botswana 2 - Age > 13 - How Do I Feel About My Future



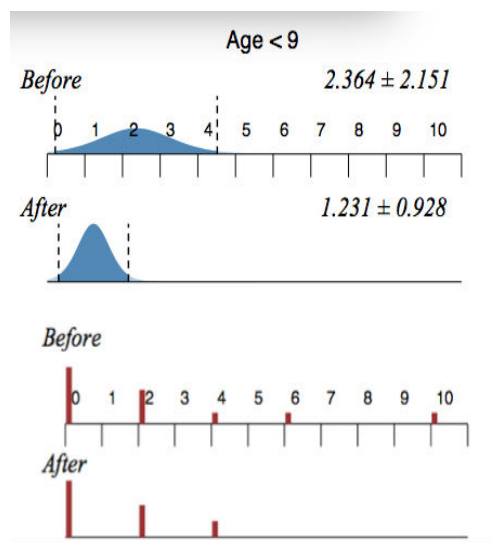
Looking at the age group 9 through 13 for Botswana 2, the camp appears to have had the opposite effect. (Graph 8.13) In that age group, the estimated mean for the “before” versus “after” camp responses to “How do I feel About My Future” decreased from 3.514 ± 1.116 to 1.6 ± 1.565 . Thus, the children in the 9 through 13 felt better about their future after having gone through the Botswana 2 camp experience. This too was shown to be a statistically significant change by the t-statistic analysis.

Graph 8.13: Botswana 2 - Age 9 to 13 - How Do I Feel



The final age group for Botswana 2, children younger than 9 years old, showed no significant change in the *means* of their responses for “before” versus “after” the camp. (Graph 8.14) However, there was a noticeable tightening of the *spread* of the responses. The outlier’s at the higher end of the scale before the camp (i.e., those more pessimistic about their future before the camp) seem to have developed a more positive outlook for their future. It may be a mathematical anomaly that the means did not have a statistically meaningful shift to the more positive end of the scale due to the large number of responses already at the low end of the scale to begin with. This suggests that asking an additional question inquiring as to how the child feels relative to prior to the camp might be helpful in the future.

Graph 8.14: Botswana 2 - Age < 9 - How Do I Feel About My Future

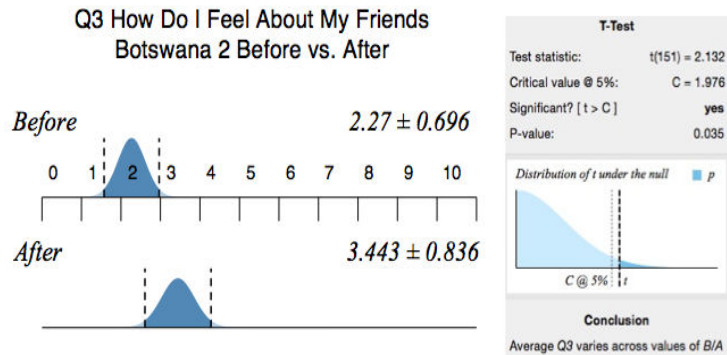


H.5. How Do I Feel About my Friends?

The only camp that showed a statistically significant shift in the estimated mean of “before”

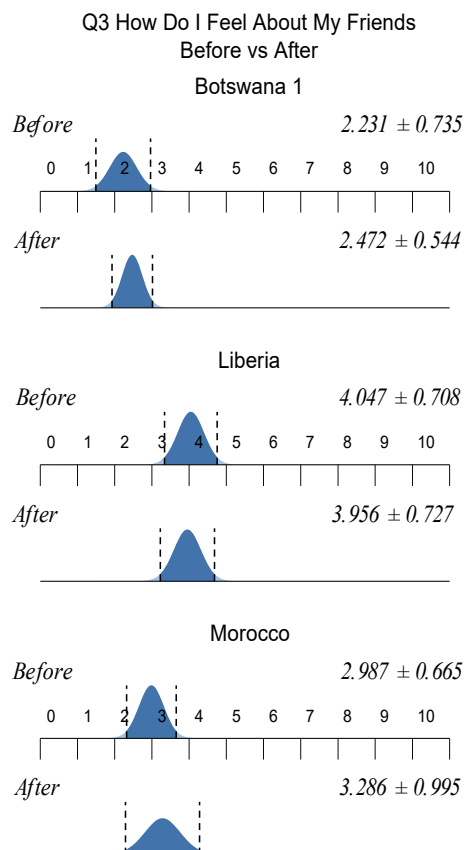
camp versus “*after*” camp responses to the “*How Do I Feel About My Friends*” was Botswana 2. (Graph 8.15) The estimated mean “*before*” Botswana 2 camp was 2.27 ± 0.696 , while “*after*” the camp, the estimated mean jumped to 3.442 ± 0.836 – showing a somewhat negative shift in how the children viewed their friends.

Graph 8.15: Botswana 2 - Before vs After - How Do I Feel About My Friends



In comparison, none of the other camps showed a similar shift in how the children viewed their friends “before” compared to “after” the camp.

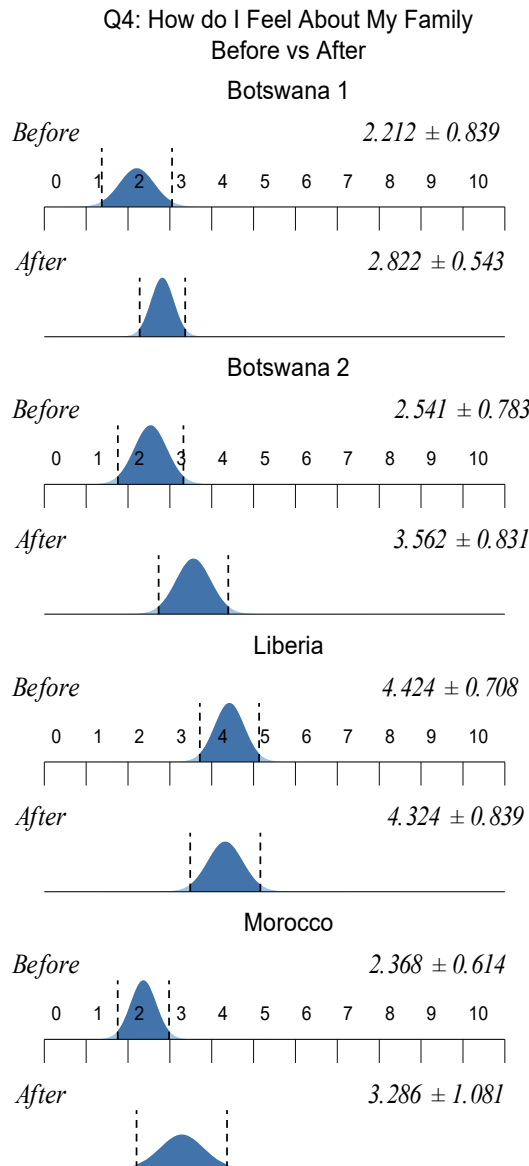
Graph 8.16: How Do I Feel About My Friends - Before and After - Botswana 1, Morocco and Liberia



H.6. How Do I Feel About my Family?

Graph 8.17 shows comparisons of the means of distributions to the before camp and after camp to the question How do I Feel About My Family. It shows relatively little or no change before and after all of the camps for the children’s view of their family.

Graph 8.17: How Do I Feel About My Family - Before vs After - All Camps

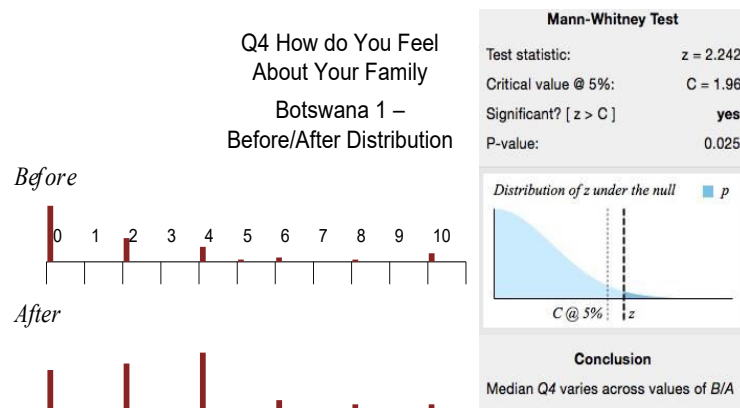


Notably responses for the “How do I feel about my family” for children before the Botswana 2 (Mmaphashalala) camp had an average score of 2.541 ± 0.783 . For that same question, the responses after the Botswana 2 camp increased to an estimated average of 3.562

± 0.831 . The difference between the estimated means did not qualify as statistically significant, but the “*after camp*” mean fell at the very extreme of the confidence interval of the estimate of the “*before*” mean. The p-statistic for this comparison was 0.078, just slightly above the 0.05 qualifying value.

Graph 8.52 illustrates a notable effect of the Botswana 1 camp on the estimated *medians* for the “before” and “after” camp response to the question “*How do you Feel About Your Family*”. It appears from the distribution that the responses at the two extremes of the distribution moved inward towards the mean of the distribution. According to the Mann-Whitney test, the change in the median was significant, with a p value of 0.025. Thus, even if though the means are relatively unchanged, the distribution of the medians may be significant.

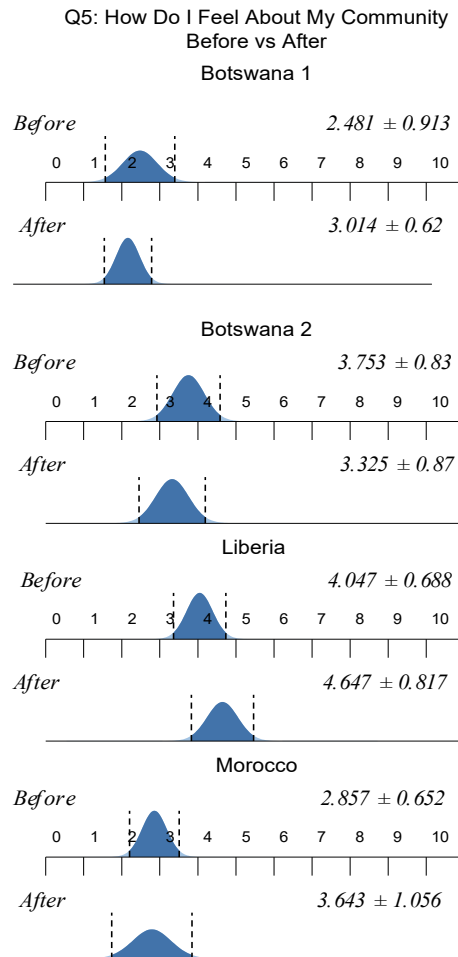
Graph 8.52: How Do I Feel About My family - Botswana 1 Median Analysis



H.7. How Do I Feel About My Community

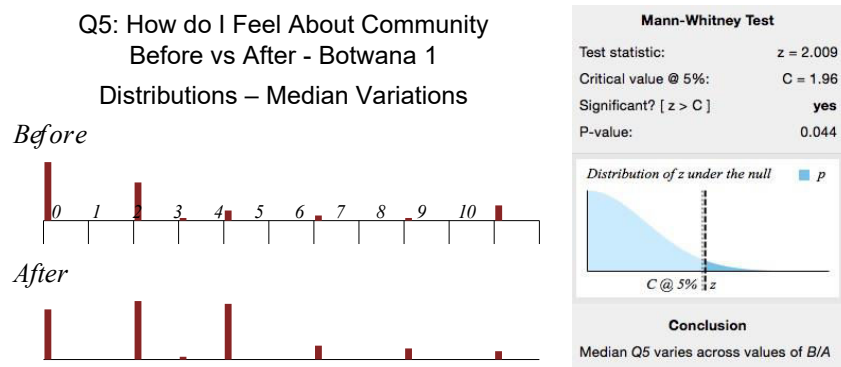
The psycho-social question analyzed was the change in responses to “How do You Feel About Your Community”. None of the estimated means for any of the camps deviated a statistically significant amount from before the camp to after the respective camp. Graph 8.53.

Graph 8.53: How Do I Feel About My Family - Before vs After - All Camps



Notably, in the case of Botswana 1, there was a statistically significant variation of the before vs after distribution medians as demonstrated by the Mann-Whitney test, with a p-value of 0.044. Graph 8. This occurred because the distribution “tightened up,” with the very negative and very positive responses from before the camp giving way to more moderate responses after the camp.

Graph 8.54: How Do I Feel About My Community - Botswana 1 Median



H.8. How Do I Feel About my Life

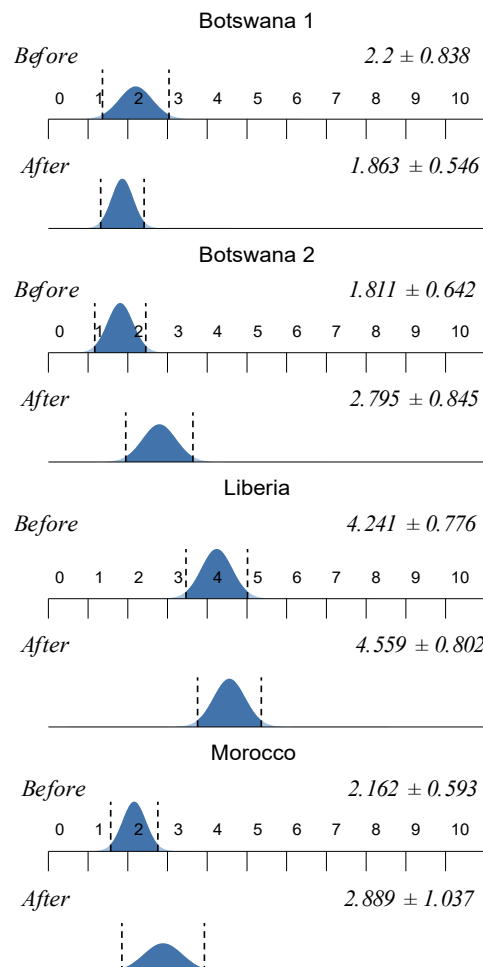
The last psycho-social question presented to the children was “*How do I Feel About My Life*”. The estimated means of the before and after distributions for all four camps are set out in Graph 8.55.

As can be seen, none of the estimated means for the “*after*” camp responses was significantly different from the estimated means of the responses “*before*” the camp. Statistical tests on all of the distributions confirmed this observation.

Analysis of the medians and general distributions also showed no significant changes.

Graph 8.55: How Do I Feel About My Life - Comparisons

Q6: How Do I Feel About My Life
Before vs After



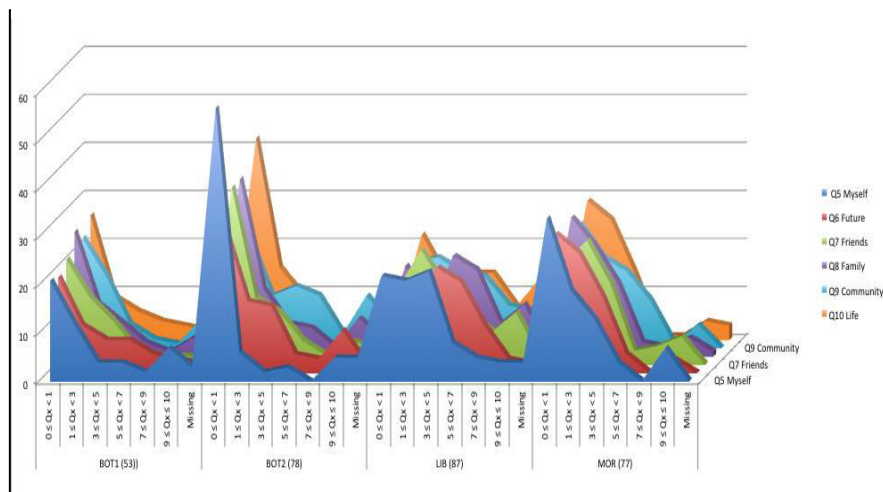
H.9. How Do I Feel Questions – A Side By Side Comparison of the Distributions

Graph 8.56 shows the “before” camps distributions and Graph 8.57 shows the “after” camps scores distribution (i.e., how many of each answer for each question) in single consolidated line graphs. Each color represents the scores for a different question (Blue Q5- myself, Red Q6- Future, Green Q7- Friends, Purple Q8 – Family, Blue Q9 – Community and Orange Q10- Life). The same information is displayed on a percentage basis in Graph 8.58 and 8.59.

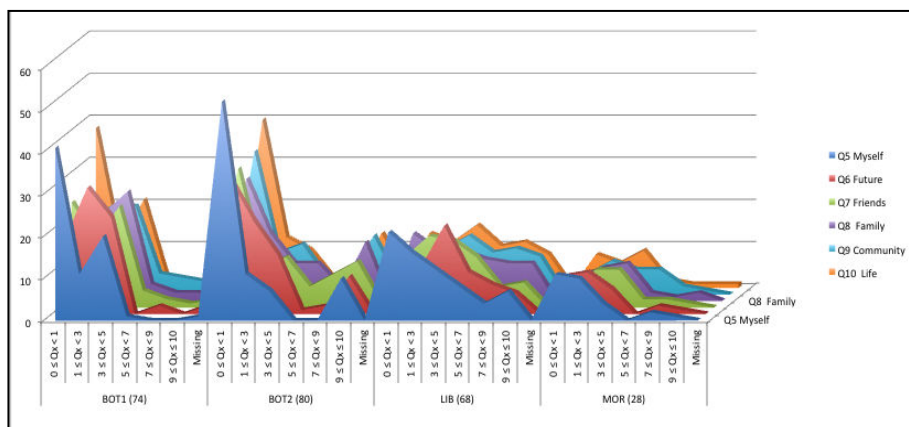
One observation that can be made from these graphs is that the absolute number of responses for the Liberia and Morocco camps were much lower for the “after” camp survey and compared to the “before” camp survey.

Also, the general shapes of the distributions appear to be somewhat consistent for each camp across all of the questions.

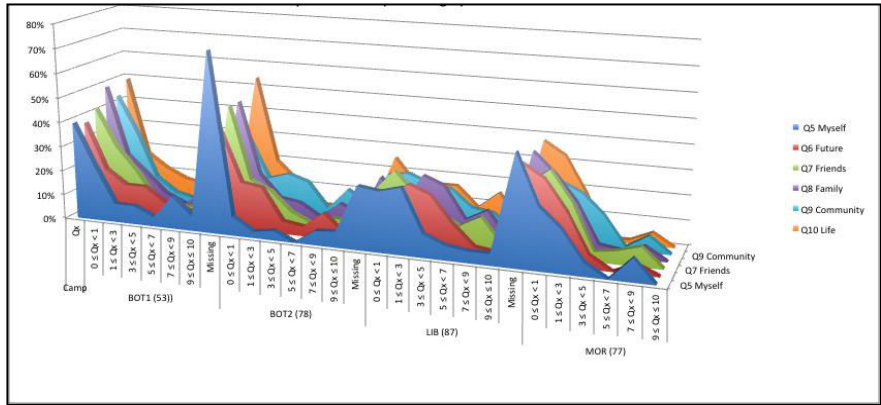
Graph 8.56: Before Camp Distribution of Responses to All Questions for All Camps



Graph 8.57: After Camp Distribution of Response to Each



Graph 8.58: Before camp distribution of response to each question



*

**

In chapter eight, the qualitative study examined in detail the analysis of the *How I Feel Survey*. The survey was given to the children before the camp started, and then again after the camp was completed, but before the certificate ceremony and celebration. Copies of the surveys in Setswana, English, Arabic /French can be found in the previous pages and are also in the Annexes.

All of the camps in the three countries were unique in the communities, the volunteers, the children who attended the camp and even the physical space of the camps. The results by numbers and percentages do not show significant results between the surveys before and after camps. Yet, the statistical analysis shows that there were significant results to show that there was a difference for some children in some camps.

The survey was completed in all nine camps before the camp and for only eight camps after the camp. The ninth camp, the Action sports camp for children under 13 years old in Marrakesh participants did not complete the survey after the day camp.

A preliminary analysis of the data was done with the basic information from the surveys using Microsoft Excel. A second more advanced analysis was done using a sophisticated statistical software package for the Mac called Wizard by publisher Evan Miller. Wizard was used to evaluate both the statistical characteristics of the data, and the statistical significance of the results.

The results of the secondary analysis were significant in several areas that will be looked at more closely in the Discussions Chapter Nine.

CHAPTER IX:

DISCUSSION

Chapter nine will look at the research questions asked and various factors that make this research unique, and can be applied to various settings for children who have experienced or are experiencing trauma and their psycho-social response within a community that also knows, understands and in some way experienced the effects of the trauma with their children. The two main research questions were:

1. What tools can be developed for communities to access and address the psychosocial challenges and needs of their traumatized children?
2. How can children be asked directly how they feel about themselves, their world and their lives, regardless of literacy?

This chapter will be discussed in five sections. First section is an introduction, second, a look at the Community, whom know their children, values, challenges and solutions. Third, we discuss children, their competencies, what they know and express in the challenges of their lives that includes trauma. Forth section is discussion of the methodologies and results and what they mean for these communities and children. Fifth section is a summary of the chapter.

The community is the key or focal point for evaluating, understanding and implementing effective responses to trauma. The community of various types of people of various experiences, education levels, motivations can all be effective as a resource for their traumatized children. Who better than them can know the day to day effects of trauma not only on the children, but on the community as a whole. The community has their own resources that can be used to address issues of their community and children. The community only needs tools to aid in their focus, and then evaluation and set forth action. Yet, the community is able to respond to their challenges of their traumatized children without the aid of professional social workers, psychologists, therapists, etc. that is quite common in wealthy western countries. Thus, the answers and psycho-social help for the children of the community are directly within the community.

Most research explored in the Literature review on surveys about children were indirect, proxy reporting focused on secondary sources, in other words others as parents, guardians, teachers, were asked to give information about what the children do and think. Second hand information cannot be as accurate as direct information to the query from the children. Moreover, this research has shown that children as young as 5 years old can be accurate reporters about how they feel with the methodology we adopted that is not dependent on language or reading. Thus, this research asked questions about children and sought the answers directly from the children. Thus, direct participation as framed in the United Nations Convention on the Rights of the Child is directly applied. The literature and research on Children's direct participation is limited. Thus, this research gives more information and methodologies to the areas of children participation in research, children process of trauma, children's adaptation to community involvement and intervention, and children's use of "camps" as a place to express, process, and health from trauma with other children and their community members within their community. Now we will take the three main areas of community, the children and methodology to discuss both the methods and the results.

*

**

A. Communities Partnerships and Communities are Invaluable

Communities members have the ability to envision, develop and carry out community camps for their children. Community based organizations are invaluable for partners for the development and implementation of community organized and inspired programmes. Community based organizations are direct partners aid in finding the volunteers, securing public resources (venues) and also contributing to the resources needed for programmes (especially food, locations various types of permission). Finally, Community based organizations in our nine camps in three countries have been invaluable in carrying out the community assessments, and the "*How Do I Feel*" surveys. All three-community based organization partners were all very different, yet all had a positive effect on the outcome of the entire programme. The Thandi Khumalo Foundation was introduced to the researcher by the Ambassador from Botswana to the USA. Ms. Khumalo worked for the foreign service and returned and started the TKF to aid and assist children in the community. Ms. Khumalo was known and highly respected in both her local community and the international realm where she

retired. The legitimacy, familiarity and respect of the community leaders, and members. The TKF reputation and connections were imperative for securing facilities for the camps and especially the overnight camps. The community based organization, “Atfouluna” in Morocco, is a well know NGO in Marrakesh had a committed Director who personally knew not only the children but their families. The intimate knowledge of the children served and what type of services and intervention are positive for them is a very big advantage to giving appropriate services to their children. In addition, the Director of Atfalouna was a teacher in the local high school for many years. Thus, he had continued and direct contact with both children and youth. The youth community from ages 16 to 22 that were outstanding volunteer community for the two camps. This group was the youngest and the closest to the age of the children served in the camps. Thus, the youth community assessment was not only of the children in the community, but of themselves and their challenges. The last community assessments carried out in Liberia was successful as a result of Mr. Gboneh, a youth in his twenties that was a teacher at the school and also the director of the children’ home (CROH) that was supported by the private school. He was an extremely important person in gathering both the community volunteers and the hundreds of children. In short, the Community leaders were invaluable to the entire process.

Community members without regard to profession are valuable resources to the children in their community. Communities’ most important resources for traumatized children is their community with its individual and collective members. Communities know their children, their values, their challenges and solutions. The idea that people who do not know the culture, language and life in the community, and are not from the particular community, can provide effective solutions for the community is naive. Understanding communities requires intimate direct experience and knowledge. The communities themselves can provide evaluation, understanding their values, and develop solutions for their community with their direct participation and evaluation of the intervention.

The community members have the best ability to assess themselves, their community and their children through the SWOT analysis techniques. When community members from our study were given the opportunity to volunteer their time and their views to the process of assessing their community and using the assessment to develop a camp for their traumatized children, they were able to adapt and learn quickly how to assess themselves using the adapted business model of SWOT analysis (Strengths, Weaknesses, Opportunities, Threats).

The community has the legitimate ability to assess themselves, their children, and most adequate response to both collective and individual trauma. The community volunteers in the four cities and nine camps were indispensable in the evaluation of the community and the children within the community strengths, challenges, opportunities and values. The results of the evaluations were used as the foundation of the development of the children camps.

Children are able to “trust” the community volunteers and learn that their feelings, and their thoughts and their future is important for many adults in the entire community. In short, they have value not only for themselves and their family, but also for the community.

Community volunteers in all nine camps in three countries positively shows that the grief camp concept can be adapted to a volunteer organized and implemented community children’s camp that can address the specific strengths and challenges of a particular community and their children. Thus, community volunteers can be turned to for the psychosocial support of their children, not only in times of professional psychosocial staff shortages can the community take up the mantle of being a positive resource for their children who have experienced trauma. The research has shown that all communities have the ability to address the trauma of their children through structured interventions, as our children community camps. A grief camp concept can be adapted to a volunteer inspired, organized and implemented community children camp that can address the specific strengths and challenges of a particular community and their children.

Even more novel is that the community can help to assess how their children feel about themselves, their lives and community by using the “How I Feel?” survey before an intervention and then after the intervention to help to measure if the children’s responses are different and if that difference can be understood and used as a feedback mechanism to help them to continue to respond to children and their trauma.

B. Children Community camps as vehicle to respond to trauma

Children community camps, especially those that specialist in the type of children and the focus of the camp can be an extremely empowering experience for the children who often feel isolated when experiencing a trauma. The camps that are set up by, volunteered, and around the values of the community is seen by the children as important because it was done for them by people they know from their community. The camps allow for the entire community to participate in

addressing the trauma, the challenges, the values, and the future of children. The camp also allows for a time to meet other children like themselves, play, learn and experience the times to just be a child again without the burden of the trauma.

Children who have experienced trauma have the ability to express their thoughts and feeling about it creatively when given the opportunity. The children from the various camps produced all types of creative expression of their lives, the possible challenges, their hopes for the future through photography, videography, theatre, music and dance and drawing. Creative expression was extremely important for the children to show what and how they feel.

Children given the opportunity, grieve, play, create, remember and allow themselves to look at, understand in their own way and then accept, and then adapt their lives to the trauma. Children have a life-force to “grow towards the light” or to choose actions and experiences that allow them to heal the trauma with other children who have experienced the same types of trauma.

In short, children know and understand their life stories and events. They are accurate reporters of how they feel and what they think. Children positively react to community members who actively develop specific community inspired value laden interventions that are new, fun and give them a feeling of being a part of the group, while respecting their individual talents and choices. Children adapt quickly and easily with other children to the environment of a children’s community camp and learn quickly and integrate the camp’s five values that were decided by the community volunteers.

C. Children are Accurate Reporters and Participants in their Lives

Children know and can express the challenges of their lives. In addition, children are accurate reporters and participants in their lives. Children can be direct resources in answering questions about themselves and their lives for the development of interventions, programmes, and research about them.

Children can participate in survey through a redesign of the “pain scale” can be used to ask children from the age of five how they feel about themselves, their friends, community, family and their future.

The literature on children's direct participation in research reported that the most accurate and best resource for children is third party reporting, or the person who takes care of the child or educates the child, usually an adult is asked questions about the child and their lives. Also, the literature believed that children under teenagers cannot be asked directly how they feel or what they think. Almost all of the literature on research about children have used the third person reporting. The rare studies that have asked children directly had done so with teenagers, rather than with children of all ages. Our research design originally looked at finding a survey that was used in the literature to measure the impact of the camps before and after. Yet, there were no research tools made for children who were literate or not, and more importantly that asked them directly questions about their lives, their thoughts, and their future. Thus, we developed a new survey that with many adaptations and versions finally decided on a round faces of the Wong-Baker FACES "pain scale" and uses that as a basis for the "How I Feel" survey to assess the psychosocial pain that has only ten questions, five informational or biographical and five about their thoughts of their lives. Within this chapter we will look at the significant results of the survey from various countries, ages, etc. to understand children who have experienced trauma across-boarders, ages and types of trauma to see the patterns that can inform us about how to best approach for children in their development and response to trauma.

Our research shows that children not only have the ability to be accurate reporters of their lives when asked, but also appreciate to being asked about what they think and feel about their lives and their community. Our research shows that the idea that children are not accurate reporters is not accurate. Rather, the manner in which the children are asked about their lives makes all of the difference. The survey or questionnaire that can be in pictures with emotion and does not rely on the ability to read or understand complex idea, as our "How *I feel*" Survey. In short children in our nine camps in three countries have shown that they can be direct resources in answering questions about themselves and their lives for research.

In short, children directly participate in a survey through a redesigned Wong-Baker FACES pain scale, that can be used to ask children from the age of five how they feel about themselves, their friends, community, family and their future. Our research used this scale specifically to evaluate the psycho-social pain of the children before and after the camps.

C.1. How I Feel Survey Qualitative Results

The “*How I Feel*” survey was written in the language of the country or camps (Botswana in Setswana, Liberia in English and in Morocco in Arabic). The survey was carried out before the camps and after the camps, with the exception of Camp IX the children’s sports camp in Marrakesh because the camp was held in both the NGO offices and then in a public park where the camp celebration and certificates ended the camp. Each survey form was given a unique number to track both the number of surveys given and to be collected. The surveys were collected only by the researcher and one other designated volunteer alongside the researcher. The surveys were administered by volunteers who explained it and also read each statement to the children and asked them to color the face that they wanted with the statement.

The survey was given to children as young as 5 years old. The survey has 4 biographical questions and six psychosocial questions. Each face has a score from 0 to 10, the lowest score is zero and the highest is 60. The total number of surveys from all children evaluated is 546, with 309 surveys before the camps and 239 surveys after the camps. As stated before two camps had logistical difficulties with completing the after survey. The first Liberia did not make enough copies and they more copies could not be easily obtained. The second camp Marrakesh sports camp, the children’s camp was in the park, ended in the park and the logistic of doing the survey outside after a full day in the sun was not possible. The number of surveys after camps that could have been administered is about 70. Even with this missing data the results of the survey showed very interesting and significant results. The lower the score the lower the psychosocial pain (PSP), the higher the score the higher the psychosocial pain. Scores between 0 and 12 is extremely happy or little psychosocial pain, the cores of 14 to 26 is average happy or average normal range psychosocial pain, while the cores of 28 to 46 is unhappy with moderate psychosocial pain and scores of 48 to 60 is extreme unhappiness and severe psychosocial pain.

The analysis of the quantitative data was carried out in two parts, first the primary analysis of various basic factors, and then the secondary analysis.

C.2 Biographic information

A general look at the biographic information was used to determine if it can reveal important information about their scores and single factors. In addition, statistically significant linkages (gender, age, mom death, dad death, siblings) were also determined.

Gender - Total survey scores by gender showed the overall highest scores, thus the highest psycho-social pain (PSP) for females across all the camps. The highest absolute number for scored of 28 to 46, moderately unhappy for the total. This high survey score (28-46) by 62 females, 34 Liberia females, is about 55 percent of this total. The males in the same score category with a total 38 males, the Liberia males were 31 males or 91 percent of all male participants with this score. Also, significant, is the (BOT 2) Mmaphashalala, Botswana with 17 females out of a total 62 or 27 percent who scored in this category. Of those severely unhappy or severe psychosocial pain with survey scores of 48 to 60, are the males in the same camp were 7 or 50% of the total males (14) for all the camps.

Age - Overall the pre-teen children were happier than teens in all camps. The most significant exception is Liberia with children from ages 9 to 12 showing significant psychosocial pain scores 28 of 32 participants or 87.5 percent of the total score. Participants who were 13+ years with a survey score between 28 and 46, were 44 in total, of those 24 or 56.8 percent came from Liberia. Also, significantly the highest score of 48 to 60 from the total of 11 children ages 9 to 12 years, 8 or 73% came from Liberia. The only other country with the highest score to age is (BOTS 2) Mmaphashalala, Botswana for 13+ years is 9 children of the 13 children total or 69%.

Mother and/or Father Died - The trend of scores by camp for mother and/or father died has some general trends that cannot be used in the primary analysis as all of the campers in Botswana 2, Mmaphashalala are 98% orphaned, most by both mother and father as a result of the HIV/AIDS infection and its high rate. Yet, the numbers of children that marked this does not match the known data. Yet, the highest psychosocial pain scores (48 to 60) come from the BOTS2, Mmaphashalala children (86%) and a little lower score (28 to 46) 76% have lost both mother and father. Also, for scores of 28 to 46 Liberian children who lost their fathers, 80% scored high on the PSP scale.

Siblings - All children without exception had one to six plus siblings. Thus, it was decided that siblings would not be considered as a factor.

C.3. How I feel about myself, future, family, friends, community and life

The analysis of individual questions can show some interesting results or trends. The first question, How I feel about myself, the trend was a majority of children were very happy about themselves. The exceptions were Botswana, Mmaphashalala children with 15 of them selecting the most PSP pain face of 10, while Liberia had the overall most for both face scores of 8 and 10 with 20 children choosing sad and crying faces. How I Feel about the Future, for almost all the children from all the camps were very optimistic. Interestingly, in Mmaphashalala it was 75% percent of the children, yet, they also had the largest, 55% who felt extremely pessimistic about the future. Liberia also had a 59% who were sad (8) about their future. There are children who are in severe psychosocial pain who do not feel good about their friends. For, How I feel about my Friends, both Mmaphashalala (35%) and Liberia (39%) had the highest number of 8-10, while Morocco (17%) has less than third of the other two. For How I Feel about My Family, once again for both Mmsphashalala (33%) and Liberia (44%) have the highest numbers (8-10) psychosocial pain. This is expected since the Mmaphashalala children are orphaned by both mother and father, and most live with grandmothers or other relatives. Yet, in Liberia the loss of parent is usually the Father that brings both economic and social stability to the Liberian family. Again, 34% of Mmaphasalala children choose and 41% of the children in Liberia choose 8-10 pain facies in “how I feel about my community.” Consistent with all the other survey results, the most psychosocial pain for How I feel about my Life, is once again high for children in Mmaphashalala is 19% and for Liberia is 35% of those who chose highest pain faces (8-10).

In summary, the children in Mmaphashalala and Liberia are the two camps with children who report not feeling good about most of the areas of their lives including themselves, their friends, community, future, family, and life. The two camps children stand out in the intensity of their psychosocial pain. Both Mmaphashalala, Botswana and Monrovia, Liberia children have an absence or death of either both parents or fathers. Being orphaned could be a very important factor in the children’s psychosocial pain scale. About 56% of the children are not overall happy with some aspect of their lives. Yet, 43.9% children report being generally happy.

C.4. Total Score Distributions for Specific Questions for All Campers

The estimated mean is 17.7 and the range between 16.5 and 18.8 for all surveys total scores point (0-60). Botswana Mookane and Mmaphashalala and Morocco total scores and mean are in the same range between 14-15 scores. Liberia stands out with a mean of 24 score. Moreover, the estimated mean of 4.039 and a range of 3.58 to 4.49 for Liberia towards how they feel about their “Future” is 50% higher than all the other camps. Liberian children are more pessimistic and the Mmaphashalala are the most optimistic about their future. For the question of “Friends” Liberia stands out from the other three camps mean is 3.057, as it is significantly higher with a mean of 4.007. For “Family”, children in Liberia estimated mean of 4.379 stands out as almost double as the other three camps. For “Community” for all the camps together the mean is 3.49. Yet, for Liberia, it is the highest of all the camps with a significance estimated mean of 4.314. The last question about how they feel about my “Life” from all children at camps was 2.841 while the mean once again as in all the questions stands out for Liberia with 4.384 as an estimated mean.

C.5. Significance in the Before and After Surveys for Psycho-Social Pain

Next the statistical significant linkages are determined between questions and the score through the secondary analysis. The scores were put through a statistical determination to see if the scores before the camp were consistent with after the camp for the total scores and the score responses to the individual questions on the survey. The statistical analysis has a null hypothesis’ that the camps had no significant effect on children’s survey responses after the camp. We looked at the “before” versus “after” and measured its significance or not.

The initial look at the distribution of scores before and after the camp showed significance. The individual “*how I feel*” questions of the survey are evaluated for significance.

Myself: For Mookane, Botswana with a change of very high scores from 11% of the children to 2%. Children in this camp felt better about themselves after the camp as compared to before the camp. This conclusion was confirmed by the t-test with a p value of 0.003 statistical significance. The other three camps show a minimal difference, or no significant difference with how I feel about myself, in the overall scores.

Future: There was no significance change for any of the camps. Yet, when looking at the camps along with age distribution, Mmaphashalala camp both children under 9 years and under 13 years felt better about their future with a statistical significance determined by the t-statistical analysis. Yet, opposite, the 13+ had a less positive view of their future after the camp. The change was significant by the t-statistical analysis. This change could be that the children felt comfortable and secure to express how they really feel about their lives or the life issues brought up by them could have had an effect of the way they feel about their lives and their hope for their future.

Friends: Children in the Mmaphashala camp showed a negative shift in how they viewed their friends after the camp. The shift was slight, yet there was a significant change. There was not a difference for any of the other camps.

Family: All of the camps children showed no change in how they felt about their family. Yet when separating out the camps, Mmaphashalala, Botswana showed a shift towards higher scores, although it missed being statistically significant by a small amount. For Mookane, Botswana the median change in score along with the p-value was significance. Once again, the more negative scores can be from the children feeling more safe and secure to express their feelings for the way they feel about family. Almost all of the children in Mmaphashalala had lost both parents.

Community: All of the children in the camps showed no statistically significant change. Yet, notably Mookane, Botswana there is a variation in the before with very positive or very negative response, to after more moderate responses, thus a change in the median after the camp. Perhaps the realism of what the community in their lives changed with the camp being held and staffed by community members. Thus, they see them as more realistic after the camp.

Life: There was no statistical significant difference for any of the children in any of the camps for how they feel about their lives before and after the camp.

In summary, the survey showed that the two most camps that showed the most affected by psycho-social pain (PSP) was Mmaphashalala, Botswana with all the children in the camp who parents died, most were in elementary school and also the children in the camps in Liberia where trauma from violence is common. Although, some specific areas improved in the PSP score after compared to before the camp, the reason for the change is not clear.

D. Creativity and Qualitative Results

The children's participation in most of the camps in creating through videos, photos, theatre, puppetry, drawings, music and dance allowed for expression of the most important parts of their lives. These creative expressions were essential for the children to feel a sense of mastery and also to allow themselves to be seen and know through their creative expression. Almost all of the photos (98%) were taken by the children. Many of them were used in this research thesis. Also, the videos produced were well thought out stories of theatre productions, or stories of their hopes for their future, or stories acted out in the moment. These creative expressions were liberating and had a positive emotional effect on the children. Also, the volunteers were also positively affected by the creativity of the children. For some, it was the first time that the children were seen as creative, problem solvers, competent, and resilient. A small fraction of the total of creative results is presented in this thesis. Some of the most creative and interesting results that were many hours of recorded on videos, and the performances of the campers cannot be presented in the fora. Yet, their existence allows for possibly more interpretation and research in the future.

E. Physical Activities

The children's camps, sports, action, imagination and technology all had components of group games, sports, creative use of various types of dance, play, gymnastic and sports equipment and a schedule that actively encouraged activities that allowed the children to run, play, scream, laugh, in between sedentary activities. The physical activities were an extremely important part of the entire camp experience. The settings in densely packed cities as Monrovia and Marrakesh there were obstacles of free safe space for children in our camps to run, and play. Yet, both camps volunteers were able to find special spaces for the children to experience the joys of movement, and sports. Also, the activities were always separated into stations, so that they children would need to move, run, jump and go to from one space to the other with usually five to six stations. Physical activity allowed the children to move from their critical thinking brain to their action and positive adrenalin that allowed them to feel good about themselves.

F. Healing Circles

The healing circles were originally planned to be in all the camps in the one manner that was learned in the USA grief camp comfort zone, with children sitting in a circle and somehow

being guided to look at their “loss” or their “trauma.” Both culture and also the reality of the camp, the children and its atmosphere and flow meant that the “healing circles” were adapted by both the volunteers and the children to fit their specific camps. The Mmaphashalala camp had a circle that was led by the school social worker, who knew the children and their families before the camps. The Mookane camps and also the Liberia technology camps, the healing circles were done through circle music and dance participation that included some talking about their futures, their desires, etc. The camps in Morocco choose to not incorporate the “healing circle.” Yet, the children in these camps were part of a client base for the CBO, who receive interventions on a regular basis along with their families. Thus, psychosocial interventions are given as a part of their services to the children and families. The options for the camps to be tailored by the community volunteers for their children allowed for the various types of healing circles to be integrated into the full camp experience. For some camps, the camp itself was a psychosocial healing experience for the children. Most important is that each camp volunteer determined how to incorporate the concepts and the possible camp stations in the camps that they develop, organize and carry out.

G. Community recognition and Celebration

The most important part of the children’s community camps is the end celebration which was open to the entire community, the leaders and the neighbors, the family and anyone without the need of formal invitation. Each end of camps celebration incorporated presentations, formal recognition and certificates for the children and the volunteers alike, local foods, and celebration of their collective achievement. Each camps celebration was a different as the camps and the cultures. Yet, the most important part of the celebration is the recognition of achievement for the community, the volunteers and also the children. The celebration was one of the most important parts of the entire process of the children community camps.

H. What we have learned from the research on children community camps

The first factors that were learned from the infield research in Botswana, Liberia and Morocco with communities and their children who have experienced trauma is that the two original questions were on target. The questions were the right questions. The two research questions were first, “What tools can be developed for communities to access and address the

psychosocial challenges and needs of their traumatized children?” The second question was, “How can children be asked directly how they feel about themselves, their world and their lives, regardless of literacy?”

In this research, the two main research questions, in short about tool development for communities and direct research with and for children, we have learned that tools that encourage direct participation by the entire community allow for successful ownership, implementation, and positive outcomes. Specifically, we learned that success is possible with:

1. Community base organization recruitment and partnerships
2. Volunteer led and driven community assessments of their community and their children
3. Community volunteers learning by doing of setting up an entire camp for their children
4. Development of a survey given directly to children to measure psycho-social pain
5. Use of direct research for children with children as the reporters of their lives
6. The use of community children’s camps to address children’s trauma and resulting psycho-social pain
7. The possible use of the survey to assess children’s Psycho-social pain in various cultures
8. The duplication of community camps and the implication for responding to children’s trauma

*

**

The research foci were on two main questions with many sub area. The two main research questions were:

1. What tools can be developed for communities to access and address the psychosocial challenges and needs of their traumatized children?
2. How can children be asked directly how they feel about themselves, their world and their lives, regardless of literacy?

In the quest to answer these questions, I found that the community is the foundation of any response for children who have experienced trauma. The community includes all actors, especially those who are not professionals, the dynamic person who has very good contacts through the community within or working with community based organizations or schools. The

community members evaluate themselves and their children. They promote, recruit, analyze, set up, and carry out, the “Children Community Camps” as vehicle to respond to various types of trauma of their children.

The use of the “*How I feel*” survey as a tool for assessing children psychosocial pain and then evaluating the trauma response action or mitigation intervention, like the community children’s camp, can help entire communities to lesson costly social behaviors (substance abuse, early debut of risky sexual behavior, severe depression and hopelessness) develop as a result of unrecognized and unaddressed trauma.

The community children’s camp allowed us to learn many important facts about both the community, and its children and their ability to build resiliency for themselves and to actively learn how to look at, express, creatively represent their trauma and to know its real, can be addressed, yet it is not all engrossing, but just a part of their bigger life in the present and also in the future.

The three tools of “community assessment”, “How I Feel” Survey, and the Community children’s camp can be duplicated with their communities’ culture, language, values, and the focus on the type of camp that the community will set up depending on their resources (volunteers, time, and materials) and their goals for addressing trauma of their children.

GENERAL CONCLUSION

The conclusion of the study is multifaceted in that not only were the main questions answered, but also, new unexpected information was also learned about communities and children who have trauma.

The resulting answer to the main thesis question: “Can a local community assess themselves, and their children to develop tools, and then use them to address their children’s psychosocial challenges and traumas (Health – HIV/AIDS, armed conflict, extreme poverty, orphan, severe abuse, displacement, etc.)?” More precisely:

1. Known tool used in a creative manner and applied can be adopted for local community to use to evaluate and understand their community that includes, themselves, their children and the context in which they live. The examples in this study are first, the *SWOT analysis*; second, the *Pain Scale* and third, the use of *community camps* to deliver psychosocial support.
2. Community led, and community implemented interventions like the “Community children’s camp”, can be adopted to effectively respond to children’s trauma in a relevant, culturally relevant manner.
3. Research tools, like the physical pain scale can be modified and developed to allow for direct participation of children when attempting to assess what they think and /or how they feel in a manner that children’s psychosocial pain can be measured and assessed.
4. Research tools, to determine the psychosocial pain of children like the survey, “How Do I Feel” can be used to evaluate how the children report to feel before and after the community intervention. This can be used as a tool to determine if the intervention had some affect within the time period of the camps.
5. Adaptive and innovative tools can be developed and adopted to address the real day-to-day concerns of communities to deliver psychosocial support for their children.

The conclusion will briefly look at four areas that were addressed in the infield study.

*

**

A. The Community and their members are invaluable resources

The Community members as effective actors to address their children's psychosocial needs. Communities for centuries have organized themselves to address the various needs of the community members. Community members are under-utilised resources for the challenges of their community. They know who know who they are; their collective values; their challenges for themselves and for their community members, including their children.

Community members have a clear interest in the psychosocial well-being of the children in their community, especially those who have had severe trauma. As these children will either be overall contributors to their community or extensive resource users.

Community members are indispensable from giving competent support to their traumatized children. Community involvement needs to be a norm for interventions. They are competent to set up and deliver creative interventions for their traumatized children.

Community members and their resources are the best answer for delivering language and cultural relevant psychosocial support services for their children within their communities. Community members have the ability to learn how to administer research tools along with researchers in order to measure the intervention. Community Based Organisations (CBOs), National based organization in specific communities and Schools, are well placed to partners with Non-Governmental Organisations to provide training and support for community led interventions, as was done in this in-field research intervention and project.

B. Children Are Competent Direct Research Informants

Children are competent direct informants for research about them. In contrast to much of the current literature on research, our research has found that with the right tools that are not

dependent on literacy, but on asking the child to directly access what they think or feel in picture format, research with children as young as 5-6 can be carried out effectively.

Children are accurate direct informants of various issues and questions about their lives and can be asked to directly participate in research that specifically asks their opinion. The UNCRC is based on a respect for the child with the basis of not only protection but also participation.

Children are competent reporters of their own lives and feelings. Moreover, research with children as direct informants is not only possible, but preferable in order to have an accurate account of the result of the questions being answered.

C. Children are Receptive to Psychosocial Interventions

Children regardless of the culture, language, and economic status are receptive to community based psychosocial group interventions. Specifically, the children benefit from psychosocial group interventions that have a focus on fun and learning (technology, sports, arts, creative play, music, dance and theatre) while also giving them psychosocial support (healing circles). Teens are especially receptive to learning new hands on technology to express themselves, their thoughts and their daily realities. They use technology as a way to interface with the most difficult questions and situations in their lives as seen by the results of this study.

Children are able to express themselves (creatively, verbally, through play) and are not only willing, but eager to participate in organized activities and interventions especially when it is being organized, implemented and based on community volunteers and the communities' collective values.

D. The *How I Feel* Survey Results and Its Meaning for Future Research

The number of surveys for each camp varied. Mookane, Botswana had 127 surveys; Mmaphashalala, Botswana had 158 surveys; Monrovia, Liberia had 155 surveys, and Marrakesh, Morocco had 106 surveys for a total of 661 surveys.

D.1. Botswana: Mookane and Mmaphashalala

In the Mookane camp, a significant number of children were at the higher end of the total scoring range (>27/60) before the camps. The after-camp surveys showed significant improvement in their overall outlook, going from a total of 11% of the children in the higher range to only 2% falling in that higher range. Mookane children had the second highest number of children whose parents died. A total of 48 parents died, 37 lost both their mother and father, and 11 lost their father.

A majority of children at the Mmaphashalala camp surveyed (117) said that they lost both their mother and father, while 40 lost their father and one child said their mother died. The camp with the highest percentage of children who said they lost both parents was in Mmaphashalala, which had a total of 79 of 89 saying they lost both mother and father and the other 10 their father died. Thus, 100% of the children lost either both or one parent. Logically, the Mmaphashalala children surveyed revealed the highest number of high scores between 48-60 (9) for 5-8 year olds overall score for psychosocial pain. Thus, the children were experiencing very intense psychosocial pain as a result of their parent or parents dying; many from Acquired Immune Deficiency Syndrome. (AIDS). In Mmaphashalala, the largest number of children with were orphaned was in the smallest village. All of these children were cared for by relatives within the same village that their parents died.

D.2. Liberia, Monrovia

The children in the camps in Liberia were the least overall happy out of all children from all the camps. The Liberian children had the largest number scoring high for being overall unhappy. In addition, they reported to have more fathers die than any other camps. The total score for females was the highest from all the camps. Only a quarter of the children felt good about themselves and most did not feel good about their lives.

The total score of psychosocial pain for Liberia camp children had the most significant in that on average they showed an overall tendency to be dissatisfied with their lives, sadder and more pessimistic than the other children in the other camps. The children's high level

psychosocial pain was evident in the areas of feelings about themselves, family, friends, community, and their future.

D.3. Morocco, Marrakesh

Morocco, only one child had a mother die and none reported a father died. It is the lowest for all the camps. The smallest number of children under 13 and the highest over 13 of all the camps. Almost half of the children felt good about themselves. The children were the most optimistic of all the camps.

The total psychosocial pain scale was the highest for females of all the camps. Morocco showed a minimal difference between the before and after scores. Although the under 13 were not included the after-camp. Overall, especially the males were happier and the females had the least happy scores of all camps.

E. Limitations of Research

The limitations of the infield research have three main areas. First, the time between the administration of the surveys, before and after. Second, the limitations of the community resources (printing, space). Third, the follow up to determine the long-term impact of participation in the community children's camps.

First, for the shortest camp, one day is was not possible or insightful to have the children take the survey twice in one day, when there was not time for them to process their time at the camp. Thus, for the Morocco Sports camp for children was held outside in a park, only the survey before the camp was given. The day did not allow for the after survey to be taken as It was important for the children to have an end of the day certificate ceremony and celebration. Also, the camp day was about 4 hours. The longest camp was three days and two nights, while the average camp was two and half days with no overnight stay. The results could have been affected by the place and timing of the after-camp survey.

Second, the limitation of the research was the limitation of community resources. One example is that in Liberia, we had more children than after-camp surveys because not enough

surveys were printed out before hand and it was not possible to find a place to print the surveys quickly for their administration. Other limitations included the space to hold the camps and the number of community volunteers for the overnight camps.

Third, the limitation of the research was the inability to follow up after the camps to assess the long-term impact that the camps had for the community and also the children who participated in them. A follow up with the community volunteers would allow us to know if they incorporated the community analysis, psychosocial support or community camps. Also, a follow up with the children would have allowed us to know if the community, the camps, or being asked directly how they feel had an overall positive impact on their lives.

F. Future Research

The “How I feel” survey with its non-cultural smiling face can be applied to various societies with widely different challenges, cultures and languages. In addition, the “How I feel” survey and its’ application for various interventions to address the trauma of children can be wide reaching to include manmade and nature induced trauma events for children.

The future research that this researcher would like to carry out with these techniques and the lessons learned is to apply the entire research protocol with adaptations to children who experience trauma from internal displacement, children on the move, unaccompanied minors, and children who have experienced loss of a family member and children who have experienced severe violence. In all of these instances, children experience a difficult trauma that leads to long term negative outcomes. In applying the information that we have now learned to other children in various resource limited settings with severe trauma to meet their need to address, process and acknowledge their trauma.

THEMATIC BIBLIOGRAPHY

Botswana

AFRICAW (2013), *Major Problems Facing Botswana Today*, Africa and the World.

AVERT (2017), *HIV and AIDS in Botswana*, <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/botswana>.

BOTSWANA GOVERNMENT (2007), *Distribution Of Population By Sex By Villages And Their Associated Localities: 2001 Population And Housing Census*, Central Statistics Office, Republic of Botswana.

EU BUSINESS SCHOOL (2017), *Education in Botswana Study Country Guide*.

FERANIL Imelda, HERSTAD Britt, JALLOW Wame, and MBUYA-BROWN Rebecca (2010), *Assessing Implementation of Botswana's Program for Orphans and Vulnerable Children*, USAID, Health Policy Initiative.

MALINGA Tumani and NTSHWARANG Poloko (2011), "Alternative Care for Children in Botswana: A Reality or Idealism?", *Social Work and Society. International Online Journal*, vol. 9, n° 2.

SEGWA Kabo Benhard (2009), *The Impact of HIV/AIDS, Poverty and Orphanage in Botswana*, New Hope Foundation, Botswana.

SOS Childrens Village Canada (2018), *Sponsor A Child In Botswana*.

THE NATIONAL AIDS COORDINATING AGENCY (2009), *The Second Botswana National Strategic Framework for HIV and AIDS 2010-2016*, Ministry of State President, Government of Botswana.

UNGASS (2012), *National AIDS Coordinating Agency Botswana 2012 Global AIDS Response Report: Progress Report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS 2010-2011*. Ministry of State President, Government of Botswana.

UNGASS (2012), *United Nations General Assembly Special Session Global AIDS Response Progress Report 2012*, Republic of Botswana Government.

UNICEF (2003), *Real lives, Botswana: Discrimination and Multiplication: the AIDS Burden*.

UNICEF (2005), *Botswana Child Monitor: A Bulletin of Recent Events, Statistics, Acquisitions about Children*.

UNICEF (2016), *Assessment of the Orphan Care Programme 1999-2015, Botswana*, Department of Social Protection, Ministry of Local Government and Rural Development.

UNICEF (2018), *Statistics Botswana Economy*, Information on Countries, Botswana.

Camps

HAZARD Carol (2008), *Comfort Zone Seeks Camp for Grieving Kids – Goal Is 100 To 200 Acres That Would Be A Haven For Children Who've Lost Parents*, Richmond, Times-Dispatch.

Child Development

BORGES Natacha, de LEEUW Edith, and JOOP Hox (2000), “Children Respondents in Survey Research: Cognitive Development and Response Quality”, *Bulletin de Méthodologie sociologique*, April, n° 66, pp. 60-75.

Child Research

De LEEUW Edith (2011), *Improving Data Quality when Surveying Children and Adolescents: Cognitive and Social Development and its Role in Questionnaire Construction and Pretesting*, Academy of Finland, Research Programs Public Health Challenges and Health and Welfare of Children and Young People.

LIVINGSTONE Sonia (2004), *UK children go online: surveying the experiences of young people and their parents*, End of Award Report, <http://eprints.lse.ac.uk/395/>.

LIVINGSTONE Sonia and BOBER Magdalena (2004), *UK Children go online: Surveying the Experiences of Young People and Their Parents*, London, LSE Research and Political Science.

LOURENÇO Orlando (2016), “Developmental States, Piagetian Stages in Particular: A Critical Review”, *New Ideas in Psychology*, vol. 40, January, pp. 123-137.

MADOERIM K. and CLACHERTY Glynis (2009), “Are We Making Difference? Participatory Evaluation Tools for Monitoring and Measuring the Impact of Psychosocial Support Programmes for Children Aged 6 To 18”, *A Manuel for practitioners*, REPSSI.

MCLEOD Saul (2015), “Jean Piaget’s Theory of Cognitive Development”, *Simply Psychology*,

PAPARELLA Dominico and RINOLFI Vilma (2001), *Child Labour in Italy*.

PAPARELLA Dominico and RINOLFI Vilma (2002), “Survey Examines Child Labour”, *European Industrial Relations Observatory On-Line (eiroline)*.

PIAGET Jean (1936), “Stages of Cognitive Development”, *Psychology Charts*.

REID Susan (2011), *General Health and Mental Wellbeing*, The Scottish Government, vol. 2.

SARRIOT Eric (2002), *The Child Survival Sustainability Assessment (CSSA) for Shared Sustainability Evaluation Methodology in Child Survival Interventions*, Child Survival Collaborations and Resources Group (CORE).

SCOTT Jacqueline (2012), “Children as Respondents: Methods for improving data quality”, in *Survey Measurement and Process Quality*, editors LYBERG Lars, BIEMER Paul, LEEUW Edith, DIPPO Catheryn, SCHWARZ Norbert, and TREWIN Dennis, New York, Wiley and Sons, pp. 331-350.

SENEFELD Shannon (2008), *Measuring OVC Wellbeing, Results from a 5-country evaluation, Orphan and Vulnerable Children Forum*, Catholic Relief Services.

Children’s Rights

ACKERMAN Lissane, FEENY Thomas, HART Jason and NEWMAN Jesse (2003), *Understanding and Evaluating Children’s Participation: A review of Contemporary Literature*, Plan International.

ACKERMAN Lisanne, FEENY Thomas, HART Jason, NEWMAN Jesse (2018), *Understanding & Evaluating Children's Participation*, Plan International.

ACKERMAN Lisanne, HART Jason and NEWMAN Jesse (2003), *Evaluating Children's Participation: A Draft Discussion Document Based on Field Research in India, Kenya and Ecuador*, Plan International.

CAVAYE Jim (2013), *Understanding Community Development*, Cavaye Community Development.

COUNCIL OF EUROPE (2010), *Child Participation and Access to the United Nations Convention on the Rights of the Child*.

EUROPE UNION (2010), *Ensuring Justice and Protection for all Children*, Speech Yanghee Lee, Fundamental Rights Conference.

FABELLA Raul and SAKAI Hideyoshi (1994), *Resources Mobilization and Resource Use in the Philippines*, Institute of Developing Economies, Japan External Trade Organization.

FINKELOR David, DZUIBA-LEATHERMAN Jennifer (1994), "Children as Victims of Violence: A National Survey", *Pediatrics*, vol. 94, n°1, pp. 413-420.

FRA EUROFOUND PAPARELLA (2002), *Child Labour in Italy*, www.eurofound.europa.eu/observatories/eurwork/articles/survey-examines-child-labour.

GRAY Laurence (2003), *Children at Risk: Practical Approaches to Addressing Child Protection Issues in Cambodia, Indonesia, The Philippines, Sri Lanka And Vietnam*, Youth Participation Guide: Assessment, Planning, and Implementation, World Vision International.

HEALTH SERVICES RESEARCH COUNCIL (HSRC) (2002), *Our Children Our Future from Vision to Innovation Impact Community Responses to Orphans and Vulnerable Children*, The W.K Kellogg Foundations Orphans and Vulnerable Children Project, Interventions in Botswana, South Africa and Zambia. Human Science Research Council, Nelson Mandela Children's Fund, F.A.C.T, W.K Kellogg Foundation and Masiela Trust Fund.

KING Gillian, LAW Marion, KING Susanne, HURLEY Patricia, HANNA Steven, KERTOY Marilyn, ROSENBAUM Peter, YOUNG Nancy (2004), *Children's Assessment of Participation and Enjoyment (CAPE) and Preferences for Activities of Children (PAC)*, San Antonio, Harcourt.

LANSDOWN Gerison (2001), *Promoting Children's Participation in Democratic Decision Making*, Florence, UNICEF Innocenti Research Centre.

LANSDOWN Gerison (2005), *The Evolving Capacities of the Child*, Florence, UNICEF Innocenti Research Centre.

NATIONAL RESEARCH COUNCIL (2009), *Growing up Global: The Changing Transitions to Adulthood*, National Academies Press.

PRASAD B. M., MURALEEDHARAN V. R. (2007), *Community Health Workers: A Review of Concepts, Practice and Policy Concerns*, London, CREHS.

REYNEAETT Dider, BOURERNE-DE-BIE Maria, VANDEVELDE Stijn (2009), "A Review of Children's Rights Literature Since the Adoption of the United Nations Convention on the Rights of the Child", *Childhood*, vol. 16, p. 518.

SAVE THE CHILDREN (2003), *Promoting Children's Meaningful and Ethical Participation in The UN Global Study on Violence Against Children: A Short Guide For Members Of The NGO Advisory Panel And Others*.

SHEPHARD Carol (2002), *Participation – Spice it up! Practical tools for engaging children and young people in planning and consultation*, London, Save the Children.

THE ECONOMIST GROUP LIMITED (2013), "Why won't America Ratify the UN Convention on Children's Rights?", *The Economist*, October.

TSHEKO Nunu, BAINAME Kenebeysho, ODIRILE Lucky and SEGWABE Mosarwa (2007), *Our Children Our Future from Vision To Innovation Impact Community Responses To Orphans And Vulnerable Children, A Baseline Study on Psychological Support of Orphans And Vulnerable Children In Two Villages In Botswana*, Human Science Research Council (HSRC) and Masiela Trust Fund.

UNICEF (2007), *Implementation Handbook for the Convention on the Rights of the Child*, UNICEF Handbook.

UNICEF (2010), *Children as Advocates: Strengthening Child and Young People's Participation in Advocacy Flora*, UNICEF Handbook.

UNICEF (2011), *The State of the World Children 2011: Adolescence an Age of Opportunity*, New York, UNICEF Division of Communication.

UNICEF (No date), *Fact sheet on children's rights to participation*.

UNICEF INNOCENTI RESEARCH CENTRE (2009), *Centre Handbook on the Optional Protocol on the Sale of Prostitution, Child Prostitution and Child Pornography*, UNICEF Handbook.

UPADHYAY Junita (2006), *Child Participation and Resource Guide*, UNICEF East Asia And Pacific Regional Office.

Grief (Bereavement)

HELEN FITZGERALD (1992), *The Grieving Child: A Parent's Guide*, Simon and Schuster.

ICAN-GRIEF SYMPOSIUM (2007), *Childhood Grief and Trauma Restoring Joy to Children and Their Families*, Interagency Council on Child Abuse and Neglect (ICAN), Third Annual Conference.

PARENTS (2001), "A Healing Place: At A Bereavement Camp in Virginia, Grieving Children Find Out They're Not Crazy – And They're Not Alone", *Parent of the Month*.

SILVERMAN Paula (2006), "I Found a Safe Place to Grieve", *Fresh Voices Parade*, May 7.

STANDARD Marion (1999), *An Exploratory Study on the Effect and Use of Puppets in Children's Grief Groups: An Exploratory Study*, University of Wisconsin

Health

WOOTEN Richard, JEBAMINI Laurel and DOW Shannon (2005), “E-health and the Universitas 21 organization 2. Telemedicine and underserved populations”, *Journal of Telemedicine and Telecare*, n° 11, pp. 221-224.

WORLD VISION (2009), *Together We Can End Preventable Deaths*, Child Health Now.

HIV/AIDS

BLACK Maggie, PAIN Dennis (2012), *The Situation of Children and Women in Liberia From Conflict to Peace*, United Nations Children’s Fund (UNICEF), Liberia.

CBC (2014), *Ebola Outbreak: Liberia's President Restricts Movements*, CBC News, Canada, Associated Press, July 29.

DE WAAL Alex, MAMDANI Masuma (2008), *The Joint Learning Initiative on Children and HIV/AIDS Learning Group 4, Social and Economic Policies*, Compiled by The Joint Learning Initiative on Children and HIV Learning Groups.

ECONOMIC AND SOCIAL RESEARCH (POLAND) AND THE AFRICA GROUP, LLC (2011), *USA Investment Climate in Africa Program, Four Country Impact Assessment, Liberia Country Report*, Economisti Associati srl (Italy) Associated, March 25.

FOSTER Geoff, DESHMUKH Madhu and ALYANE Adam (2008), *Inside Out – Strengthening Community Responses to Children Affected by HIV/AIDS*, The Joint Learning Initiative on Children and HIV/AIDS Learning Group.

FOX Susan (2001), *Investing in Our Future, Psychosocial Support Affected by HIV/AIDS. A Case Study in Zimbabwe and the United Republic of Tanzania*, UNAIDS Best Practices Collection.

IRIN NEWS (2003), *Liberia: Plus de 15,000 Enfants Soldats au Libéria*, September 24.

IRWIN Alec, ADAMS Alayne and WINTER Anne (2009), *The Facts on Children, AIDS, and Poverty*, Final Report of the Joint Learning Initiatives on Children and HIV/AIDS, Joint Learning Initiative on Children and HIV AIDS (JLICA).

IRWIN Alec, ADAMS Alayne and WINTER Anne (2009), *Home Truths: Facing HIV/AIDS and Human Rights, Young People in Action, A Kit of Ideas for Youth Organizations*, UNESCO and UNAIDS.

KIM Jim Young (2008), *Expanding Access to Services and Protecting Human Rights*, The Joint Learning Initiative on Children and HIV/AIDS (JLICA), Learning Group 3.

Liberia

LIBERIA INSTITUTE OF STATISTICS AND GEO-INFORMATION SERVICES (2013), *Liberia Demographic and Health Survey: Preliminary Results*, Liberia Institute of Statistics and Geo Information Services.

MORGAN Jonathan, ed. (2010), *Mainstreaming Psychosocial Care and Support Through Child Participation*, The Psychosocial Wellbeing Series, REPSSI (Psychosocial Wellbeing for All Children).

NATIONAL GEOGRAPHIC (2015), *Liberia Travel Guide*, National Geographic Travel.

NATIONAL PUBLIC RADIO (2017), *Liberia's President Apologizes to the Aunt of a Slain Teenager*.

NOBEL PRIZE (2017), *Ellen Johnson Sirleaf* – Facts Nobel Prize, Official Site of Nobel Prize.

NOLAN Ann, TEMIN Miriam (2011) *Taking Evidence to Impact Making a Difference for Vulnerable Children Living in a World with HIV and AIDS*, UNICEF.

OSMAN Lucy, ed. (2011), *Positively Youth: Making a Difference in HIV*, London.

OTENG Sam (2006), *Youth Employment and Reintegration Liberia, UNHCR Adolescent Project, Vocation Training Programme for Liberian Refugees/Returnees Adult and Youth*, ILO/ UNHCR.

PAN Esther (2017), *Liberia: Child Soldiers*, Council on Foreign Relations, Washington, DC.

PUBLIC BROADCASTING SYSTEM (2017), *The Lone Star: History of Liberia*, Global Connections, PSB, USA.

REPUBLIC OF LIBERIA, MINISTRY OF PLANNING AND ECONOMIC AFFAIRS and UNITED NATIONS DEVELOPMENT PROGRAMME LIBERIA (2006), *Liberia National Human Development Report*.

RICHTER Linda, ed. (2012), “Community Action to End Paediatric HIV Infections”, *Journal of the International AIDS Society*, vol. 5, n° 2, July.

RICHTER Linda, SHERR Lorraine, DESMOND Chris (2008), *Strengthening Families*, The Joint Learning Initiative on Children and HIV/AIDS Learning Group 1.

ROSS David, BRUCE Dick and FERGUSON Jane (2006), *Preventing HIV/AIDS in Young People: A Systematic Review of the Evidence from Developing Countries*, UNAIDS Inter-Agency Task Team on Young People, World Health Organization, WHO Technical Report Series 938.

SOLOMAN Jane, MORGAN Johnathan (2008), “*Living with X*”: *A Body Mapping Journey in the Time of HIV and AIDS*, A Facilitators Guide REPSSI, Psychosocial Wellbeing Series.

UNAIDS (2001), *Investing in Our Future Psychosocial Support for Children Affected by HIV/AIDS*, UNAIDS Best Practices Collection.

UNAIDS (2010), *Getting to Zero, 2011-2015 Strategy*, Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS (2010), *We Can Empower Young People to Protect Themselves*, Joint Action for Results UNAIDS Outcome Frameworks: Business Case 2009-2011.

UNGASS (2010), *Progress Report of the National Response to the 2001 Declaration of Commitments on HIV and AIDS*, Botswana Country Report 2010, Reporting Period 2008-2009, Government of Botswana.

UNGASS (2012), *Progress Report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS 2010-2011*, Botswana 2012 Global Response Report Progress.

UNICEF (2017), *Country Information – Liberia*.

UNICEF (2017), *Statistics at a Glance: Liberia*, Humanitarian situation reports.

UNICEF LIBERIA (2014), *As The Continent Celebrates Day of the African Child, Liberia Looks Inward At High Out-Of-School Population*, UNICEF Media Center.

UNITED STATES DEPARTMENT OF JUSTICE (2009), *Office of Juvenile Justice and Delinquency Prevention*, Annual Report.

USAID (2017), *Country Development Cooperation Strategy Liberia 2013-2017*, USAID/Liberia CDCS.

WIKIPEDIA CONTRIBUTORS (2018), *History of Liberia*. In *Wikipedia*, The Free Encyclopedia.

WORLD ECONOMIC FORUM (2015), *Initiatives in Africa and Competitiveness Report*.

WORLD FACT BOOK (2015) *Liberia Economy 2015*, ITA (Information Technology Associates).

WORLD HEALTH ORGANIZATION (2004), *National Guide to Monitoring and Evaluation Programmes for the Prevention of HIV in Infants and Young Children*, WHO Library Cataloguing-in-Publication Data.

WORLD HEALTH ORGANIZATION AND UNICEF (2008), *More Positive Living, Strengthening the Health Sector Response to Young People Living with HIV*, WHO Library Cataloguing-in-Publication Data.

WORLD POPULATION PROSPECTS (2017), *Review Morocco Population*, United Nations Population Estimates and Projections.

Morocco

CENTRAL INTELLIGENCE AGENCY (2017), *Africa: Morocco*, CIA World Factbook.

EQUALITY NOW (2013), *Morocco: Enact Legal Reforms To Strengthen Punishments For Sexual Violence & Prevent Child Marriage*.

FINKELHOR David and DZIUBA-LEATHERMAN Jenifer (1994), “Children as victims of violence: A national survey”, *Pediatrics*, vol. 94, n° 4, pp. 413-420.

GABRIELLE Pickard (2010), *Poverty in Morocco*, UN Post, <http://unpost.net/poverty-in-morocco/>.

HANNIN Said (2014), *Child Labour in Morocco, 86,000 Children Between 7-15 Employed*, Morocco World News.

HUMAN RIGHTS WATCH (2012), *Morocco: Abuse of Child Domestic Workers: Beatings, Little Pay or Rest, Weak Enforcement of Child Labor Laws*, November 15.

HUMAN RIGHTS WATCH (2012), *Watch Lonely Servitude Child Domestic Labor in Morocco Report*.

IFAD (2016), *Investing in rural people in the Kingdom of Morocco: Rural Poverty in Kingdom of Morocco*, www.ifad.org/documents/10180/28787e52-f6f1-4719-a471-73f2d9e2cd68.

INTERNATIONAL MONETARY FUND (2018), *Praises Morocco's Economic Performance and Reforms, Continued Growth Anticipated*, Cision PR Newswire.

MOROCCO WORLD NEWS (2013), *Child Abuse in Morocco: Alarming Figures*,

MOROCCO WORLD NEWS (2014), *Labour in Morocco: 86,000 Children between 7-15 are Employed*, News.

NATIONAL GEOGRAPHIC (2015), *Moroccan Facts*.

OUR AFRICA (2014) *Morocco: History and Politics*, <http://www.our-africa.org/morocco/history-politics>.

RURAL POVERTY PORTAL (2015), *Rural Poverty in the Kingdom of Morocco*.

THE ECONOMIST (2014), *Child Labour in Morocco: A Work in Progress*.

THE IRISH TIMES (2011), *Moroccan King In Referendums Win*, www.irishtimes.com/news/moroccan-king-in-referendum-win-1.879350.

THE WORLD BANK GROUP (2014), *Morocco Socioeconomic Influence of Rural Roads: Fourth Highway Project*.

UNICEF (2015), *Statistics at a Glance for Morocco*, http://www.unicef.org/infobycountry/morocco_statistics.html. www.moroccoworldnews.com/2013/06/95018/child-abuse-in-morocco-alarming-figures/.

Orphans and Orphan and Vulnerable Children (OVC)

CLACHERTY Glynis, DONALD David (2005), *Impact Evaluation of the VSI (Vijana Simama Imara)*, Organisation and the Rafiki Mdogo group of the HUMULIZA Orphaned Project. Nshamba, Tanzania.

KILLIAN Bev and DURRHEIM Kevin (2008), "Psychological Distress in Orphan, Vulnerable Children and Non-Vulnerable Children in High Prevalence HIV/AIDS Communities", *Journal of Psychology in Africa*, vol. 18, n° 3, pp. 421-429.

SHENEFELD Shannon (2008), *Measuring OVC Wellbeing, Result from 5 Country Evaluation. Presentation*", Orphan and Vulnerable Children Forum, Catholic Relief Services, 25-26 June.

TADESSE Sebsibe, DEREJE Fekadu and BELAY Molalign (2014), "Psychosocial wellbeing of orphan and vulnerable children at orphanages in Gondar Town", *North West Ethiopia*, vol. 6, n° 10, October, pp. 293-301.

UNICEF (2005), *Guide to Monitoring and Evaluation on the National Response for Orphaned and made Vulnerable by HIV*, United Nations Children Fund, February 2005.

UNICEF (2006) *Africa's Orphaned and Vulnerable Generations, Children Affected By AIDS*, August 2006.

Pain

FRANCK Linda, GREENBERG Cindy and STEVENS Bonnie (2000), "Pain Assessment in infants and children", *Paediatric Clinic North America*, vol. 47, n° 3, June, pp. 487-512.

MCGRATH Patrick, UNRUH Anita and FINLEY Allen (1995), "Pain Measurements in Children", *PAIN, Clinical Updates: International Association for the Study of Pain*, vol. 3, n° 3, July.

MOSBY INC. (2001), *Wong-Baker FACES Pain Rating Scale*.

PAIN RESEARCH AND MANAGEMENT (2006), "Faces Pain Scale", *Pain Research Management*, vol. 11, n° 3, Autumn, pp. 157-162.

WONG Donna, HACKENBERRY-EATON Marilyn, WILSON David, WINDKELSTIEN Marilyn and SCHWARTZ Patricia (2001), *Wongs Essential Pediatric Nursing*, London, St. Louis, ed. 6.

Psychosocial Support

BARON Nancy, MANGEN Patick (2010), *Facilitating Community Support Structures, Lessons Learned in Uganda about Community-Based Psychosocial and Mental Health Intervention*, Psychosocial Wellbeing Series, REPSSI and TPO Uganda.

BEATY Andliek, EBBY Jonas, CHIPALANJIRA James, MASEGO PHIRI Memory, NKNOS Sumbi and SIHLE Oupa (2008), *Hero Book Anthology- A Collection of Hero Stories from South Africa*, REPSSI, Psychological Wellbeing for All Children.

BRAKARSH Johnathan (2005), *The Journey of Life, Community Workshops to Support Children*, Randburg, REPSSI.

BRANDT R. (2009) *Evaluation of Hero Book Intervention: Report On Qualitative Data*.

COULSON Nancy, PILLAY Nirvana (2009), *Mainstreaming Psychosocial Care and Support into Economic Strengthening Programmes*, REPSSI.

IASC (2007), *IASC Guidelines on Mental Health And Psychosocial Support In Emergency Settings*, Impact Assessments, IASC, February.

MADOERIN Kurt (2008), *Mobilising Children and Youth into Their Own Child- and Youth-Led Organisations*, REPSSI.

MADOERIN Kurt (2011), *Mobilising Children & Youth into Their Own Child & Youth Led Organizations*, Psychosocial Wellbeing Series, REPSSI.

MADOERIN Kurt and CLATCHERTY Glenis (2010), *Are We Making a Difference. Participatory Evaluation Tools for Monitoring and Measuring the Impact of Psychosocial Support Programmes for Children Age 6-18, A Manuel for Practitioner*, Psychosocial Wellbeing Series, REPSSI.

MAINSTREAMING PSYCHOSOCIAL CARE AND SUPPORT (2010), *Trainers Guide for Training Health Workers in Emergency Setting*, REPSSI Psychosocial Wellbeing Series, ed. 1

MEINTJES Berenice (2008), *Psychosocial Care and Support Mainstreaming Guidelines*, REPSSI.

MORGAN Johnathan, (2009), *Making a Hero (Active Citizen) Book – A Guide for Facilitators*, Psychosocial Wellbeing Series, ed. 2.

MORGAN Johnathan, ed. (2008), *Psychosocial Support Advocacy Tool*, Psychosocial Wellbeing Series, REPSSI Psychosocial Support Series.

MORGAN Johnathan, ed. (2009), *Mainstreaming Psychosocial Care and Support Through Child Participation*, REPSSI Psychosocial Support Series.

MORGAN Jonathan, ed. (2009), *Mainstreaming Psychosocial Support into Economic Strengthening Programmes*, Psychosocial Wellbeing Series, REPSSI Psychosocial Support Series.

MUDEKUNYE Lynette, TIGERE Alex (2017), *Journey of Life, Community Workshop to Support Children*, Community Implementation Guide, (REPSSI) Psychosocial Wellbeing for All Children and (CRS) Catholic Relief Services, ed. 2.

NOBLE B. (2006), *Hero Books from The Perspective of Young People Using The Intervention*, REPSSI.

REPSSI (2006), *Investigating the Impact of the Hero Book Intervention, Phase 1: Useful Indicators for Planning Future Research, and Noting Impressions and Concerns of 45, 4th year University of Western Cape Social Work Students*, REPSSI, University of the Western Cape, Oxford University and Cape Town Child Welfare: Research Collaboration, unpublished report.

REPSSI (2007), *Investigating the Impact of the Hero Book Intervention, Phase 2*, REPSSI, University of the Western Cape, Oxford University and Cape Town Child Welfare: Research Collaboration, Lucie Cluver.

REPSSI (2007), *Mainstreaming Psychosocial Care and Support within Pediatric HIV and AIDS Treatment for Healthcare workers working with children and families affected by HIV and AIDS*, Psychosocial Wellbeing Series.

REPSSI (2007), *Psychosocial Care and Support for Young Children and Infants in the Time of HIV and AIDS: A Resource for Programming*, Psychosocial Wellbeing Series.

REPSSI (2010), *Mainstreaming Psychosocial Support Through Child Protection: For Programmes Working with Children and Families Affected by HIV and AIDS*, REPSSI, Poverty and Conflict.

RICHTER Linda, FOSTER Geoff and SHERR Lorraine (2006), *Home is Where the Heart is, Meeting the Psychosocial Needs of Young Children in the Context of HIV/AIDS*, Bernard Van Leer Foundation.

ROBERTSON Brian (2008), *The Mental Health Needs of Vulnerable Children and Their Caregivers in Low Income Area – A Training Guide*, Psychosocial Wellbeing Series.

TSOTETSI Bulelwa, KASEKE Sipelile (2009), *Facilitating Care and Support Through Kids Clubs*, A Training Guide Psychosocial Wellbeing Series.

WILLIAMSON John, ROBINSON Malla (2005), “Psychosocial Interventions, or Integrated Programming for Well-Being?”, *Intervention*, vol. 4, n° 1, p. 4-25.

WU Liyun and LI Xiaoming (2013), “Community-Based HIV/AIDS Interventions to Promote Psychosocial Well-Being Among People Living With HIV/AIDS. A Literature Review”, *Health Psychology and Behavioral Medicine*, vol. 1, n° 1, January, pp. 31-46.

Sociology

CHI Peilan and LI Xiaoming (2012), “Impact of Parental HIV/AIDS on Children’s Psychological Well-Being: A Systematic Review of Global Literature”, *AIDS and Behavior*, vol. 17, n°7, September, pp. 2554-2574.

FERRÉOL Gilles (ed.) (2011), *Souffrance et Maltraitance*, Louvain-la-Neuve, EME.

SWOT Analysis

DE LEEUW Edith (2011), *Improving Data Quality when Surveying Children and Adolescents: Cognitive and Social Development and its Role in Questionnaire Construction and Pretesting*. Report prepared for the Annual Meeting of the Academy of Finland: Research Programs Public Health Challenges and Health and Welfare of Children and Young People.

FERREOL Gilles (éd.) ((2012), *Risque et vulnérabilité*, Louvain-la-Neuve, EME.

GUTIERREZ Elleen, LAMOUREUX Kristin, MATUS Seieni and SEBUNYA Kaddu (2006), *Linking Tourism, Communities and Conversation: A Tourism Assessment Process*.

NORTHERN TERRITORY ABORIGINAL HEALTH AND COMMUNITY SERVICES (2012), *SWOT Analysis and Risk Mitigation Strategies, Workforce Planning and Development Strategy*.

RENAULT Val, SHULTZ Jerry (2013), *SWOT Analysis: Strengths, Weakness, Opportunities and Threats. Assessing community Needs and Resources*, Chapter 3, Section 14: “SWOT Analysis”, University of Kansas, USA.

RENAULT Val., SHULTZ Jerry (2013), *The Community Toolbox, Promoting Community Health and Development by Connecting People, Ideas and Resources – SWOT Analysis, Strengths, Weakness, Opportunities and Threats*, University of Kansas, USA.

SCHULTZ Jerry *et al.* (2013), *Developing a Plan for Identifying Local Needs and Resources. Tools and Checklists*, Chapter 3: “Assessing Community Needs and Resources, Community Toolbox”, University of Kansas.

SUH Jungho and EMTAGE Nick (2005), “Identification of Strengths, Weaknesses, Opportunities and Threats in the Community-based Forest Management Program”, *Tropical Research, Annals of Tropical Research*, vol. 27, n° 1, pp. 55-66.

UNIVERSITY OF NEW MEXICO (2008), *Institution Wide Environmental Assessment and SWOT Analysis*, March.

Trauma

BABBEL Susanne (2010), *The Connection Between Emotional Stress, Trauma and Physical Pain, Chronic Pain Can Be Caused by Trauma and Stress*.

CENTER FOR DISEASE CONTROL AND PREVENTION (2006). *The Adverse Childhood Experiences (ACE) Study: Major findings*, US Department of Health and Human Services.

DENT Ann (2005), *Supporting the Bereaved: Theory and Practice*, Counseling at work, Autumn.

HENDERSON Sara (2007), *Grief Curriculum: Helping Children Grieving the Loss of a Parent or Loved One*, Baylor University, School of Social Work.

INTER-AGENCY COUNCIL ON ABUSE AND NEGLECT – ICAN (2007), *Grief Symposium, Third Annual Conference, Childhood Grief and Traumatic Loss – Restoring Joy to Children and their Families*.

MARSHALL-BERENZ Erin, VUJANOVIC Anka, BONN-MILLER Marcel, BERNSTEIN Amit and ZVOLENSKY Michael (2010), “Multimethod Study of Distress Tolerance and PTSD Symptom Severity in a Trauma- Exposed Community Sample”, *Journal of Trauma and Stress*, vol. 23, n° 5, October, pp. 623–630.

MOUNTAIN RAINBOW PUBLICATIONS (1991), *Growing Through Grief: A K-12 Curriculum To Help Young People Through All Kinds Of Loss*, Burnville, NC.

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS (2011), *Identifying Severely Traumatized Children: Tips for Parents*.

PERRY Bruce (2002), *Helping Traumatized Children. A Brief Overview for Caregivers*, The Child Trauma Academy.

PERRY Bruce (2014), *Helping Traumatized Children: A Brief Overview for Caregivers*, The Child Trauma Academy.

TAYLOR Leslie *et. al.* (2009), “Loss and the Experience of Emotional Distress in Childhood”, *Journal of Loss and Trauma*, vol. 4, n° 1, p. 16.

Violence

CENTER FOR DISEASE CONTROL AND PREVENTION (2006), *The Adverse Childhood Experiences (ACE) Study: Major findings*, Atlanta, Georgia, US Department of Health and Human Services, Center for Disease control and Prevention.

EDELSON Jeffrey (2006), *Emerging Responses to Children Exposed to Domestic Violence*, National Resource Center on Domestic Violence.

FINKELHOR David and DZIUBA-LEATHERMAN Jenifer (1994), “Children as Victims of Violence: A National Survey”, *Pediatrics*, vol. 94, n° 4, October, pp. 413-420.

FINKELHOR David, TURNER Heather, ORMROD Richard, HAMBY Sherry and KRACKE Kristen (2009), *Children’s Exposure to Violence: A Comprehensive National Survey, National Survey of Children Exposed to Violence*, Office of Juvenile Justice and Delinquency Prevention (OJJDP) and Center for Disease Control (CDC).

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
BAIS	Botswana AIDS Impact Survey
BBCA	Botswana Business Coalition for HIV and AIDS
BCIC	Behavioural Change Intervention Communication
BHRIMS	Botswana HIV/AIDS Response Information Management System
BONASO	Botswana Network of AIDS Service Organizations
BONELA	Botswana Network on Ethics, Law and AIDS
BWP	Botswana Pula
CBO	Community Based Organizations
EU	European Union
HIV	Human Immunodeficiency Virus
M&E	Monitoring and Evaluation
MLG	Ministry of Local Government
MOH	Ministry of Health
NACA	National AIDS Coordinating Agency
NGO	Non-Governmental Organization
NSF	National Strategic Framework
OVC	Orphans and Vulnerable Children
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern African Development Community
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	2
SUMMARY	4
GENERAL INTRODUCTION	5
A. Children worldwide experience trauma	5
B. The community members are invaluable for traumatised children	6
C. The community assess themselves and their children	7
D. The community children's camps	7
E. Children's direct participation in research	9
PART ONE: DETERMINATION OF THE STUDY OBJECTIVES	12
CHAPTER I: SCOPE	13
A. Summary and PhD research	13
B. Rationale for research topic	14
C. Background of community children's camp	15
C.1 The community children's camp – an African context	16
C.2 The general goals of the children's community camp	17
D. Countries chosen for infield research	17
CHAPTER II: COUNTRY BACKGROUNDS	19
A. The Republic of Botswana	20
A.1 Botswana fast facts	21
A.2 Geography	21
A.3 Botswana socio-political history	22
A.4 Socio-economic history	23
A.5 Children's education in Botswana	24
A.6 Challenges for Botswana children	24
A.6.1 Poverty, nutrition, and hunger	25
A.6.2 Human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS)	25

A.6.3 Orphaned children	27
A.7 Future for Botswana’s children	28
A.7.1 Botswana spending by programmatic area	29
B. The Republic of Liberia	31
B.1 Fast facts	31
B.2 Geography	32
B.3 Socio-political history	32
B.3.1 Coups d’État and civil wars	33
B.3.2 Peaceful elections	34
B.4 Liberia’s socio-economic history	34
B.5 The children of Liberia	35
B.5.1 Education for children in Liberia	36
B.5.2 Special challenges for Liberian children: poverty, violence and exploitation	37
B.5.2.1 Poverty	37
B.5.2.2 Violence and exploitation	38
B.6 The future for Liberia’s children	39
C. The Kingdom of Morocco	40
C.1 Fast facts	41
C.2 Geography of Morocco	42
C.3 Morocco’s social – political history	43
C.4 Socio-economic history	45
C.5 The children of Morocco	46
C.5.1 Education in Morocco	46
C.5.2 Challenges for Moroccan children	47
C.5.2.1 Poverty	47
C.5.2.2 Clean drinking water and sanitation	48
C.5.2.3 Child labor in Morocco	49
C.5.2.4 Violence against children	50
C.6 The future for Moroccan children	51
 CHAPTER III: LITERATURE REVIEW	 53
A. Childhood introduction	53
B. Children’s human rights	56
C. Child participation	58

D. Children as direct participants in research	60
E. Research measurements of children’s participation	62
F. Childhood trauma	67
F.1 Trauma – general	67
F.2 Trauma for children	67
F.3 Children’s response to trauma and threats	68
F.4 Common types of trauma in childhood	69
F.4.1 National (USA) survey on children as the victims of violence	70
F.4.2 Second national (USA) survey on children’s exposure to violence	71
F.4.3 Survey on the adverse childhood experiences (ACE)	72
F.5 Helping traumatized children	72
G. Children’s grief and bereavement	73
G.1 Children’s tasks for trauma, grief and bereavement	74
G.2 Helping traumatized children – the role of their community	75
G.3 Psychosocial support and child participation	76
PART TWO: METHODOLOGY AND RESULTS OF THE STUDY	80
CHAPTER IV: METHODOLOGY	81
A. Methodology topics	83
A.1 The methods and techniques	83
A.2 The Development of “ <i>How I feel about... Survey</i> ”	83
A.2.1 Children and their direct assessment of their physical pain	84
A.2.2 Adaptation of and choice of physical pain assessment scale	85
A.2.3 Adaptation of the FACES pain scale to assess “emotional” pain	85
B. The “ <i>How do I feel</i> ” survey	86
C. Qualitative data: creative output from children during camps	89
D. The community self-assessment with SWOT analysis	90
CHAPTER V: RESULTS OF COMMUNITY SELF-ASSESSMENT ANALYSIS	91
A. SWOT analysis: a method for community self-assessment	91
A.1 Method of introduction and facilitation of community assessment	91
A.2 Rationale for community self-assessment – SWOT analysis: Strength, Weakness, Opportunities and Threats	92

A.3 SWOT analysis method of community assessment	93
A.4 Strengths, weaknesses, opportunities and threats: SWOT results	94
B. Mookane, Botswana community assessment (SWOT Analysis)	94
B.1 The strengths of the Mookane Community	95
B.2 Mookane community challenges (SWOT: “Weaknesses”)	96
C. Mookane community strengths of the children	97
D. The threats of the Mookane community for children	98
E. Mookane opportunities or values to address challenges	99
F. Values to meet the challenges in mookane	100
G. Values of the Mookane community	100
H. Mmaphashalala, Botswana community self-assessment (SWOT)	101
H.1 The strengths of the Mmaphashalala community	102
H.2 Challenges for children in Mmaphashalala community assessment	103
H.3 Strengths and opportunities to answer challenges	104
H.4 Mmaphashalala community values	105
I. Liberia, Monrovia community assessment	105
I.1 The strengths of the Monrovia community	106
I.2 The challenges of the Monrovia community	106
I.3 The threats for the children of the Monrovia community	107
I.4 The values for the Monrovia community	107
I.5 Values to address threats and challenged in Monrovia	108
J. Marrakesh, Morocco community assessment (SWOT)	109
J.1 Challenges for children in the Marrakesh community	109
J.2 Marrakesh community strengths (positive emotions)	109
J.3 Marrakesh values for children	110
J.4 Marrakesh most important five values by vote	110
CHAPTER VI: INTERVENTION: CHILDREN’S COMMUNITY CAMPS	112
A. “Children’s Camps” concept	112
A.1 Children’s summer camps, a North American middle-class tradition	112
A.2 Specialty – Camps for grieving children – Camp Zone Comfort	113
A.3 Children’s Camps in their neighborhood or village	113
A.4 The Children’s Camp were developed, designed, staffed and administrated by local community	114

A.4.1 The selection of country and locations	114
A.4.2 Community ownership of the Children’s Camps: from concept to reality	114
B. The community assessment using SWOT analysis framework	115
C. The reality of the Community Children’s Camps	115
D. Specific Children’s Camps in four communities and three countries	118
D.1 Camp I: Mookane, Botswana Community Children’s Camp	118
D.1.1 Logistics before the Mookane Community Children’s Camp	119
D.1.2 Structure of the Mookane Community Children’s Camps	120
D.2 Camp II: Mookane Teen camps 13+ years	122
D.2.1 Mookane Teen Camp - Daily Life	123
D.2.2 Camp activity stations	123
D.2.3 Summary of Mookane Teen Camp (13+ years)	125
D.3 Camp II: Mookane Camp for Children (Tweens), 9-12 years old	126
D.3.1 Children’s Camp Stations	126
D.3.2 Meal times at Overnight Camp	128
D.3.3 Mookane Tween Overnight Camps	129
D.3.4 Summary of Mookane Tween Camp (9-12 years)	129
D.4 Camp III: Mookane Camp Children 9 years and Under	130
D.4.1 Camp Volunteers and Young Children Camp	131
D.4.2 The Camp Stations	131
D.4.3 Station for music, dance and free play	131
D.4.4 Imagination station and free pay	132
D.4.5 Hygiene Station and lunch	133
D.4.6 Arts Station	133
D.4.7 Camps I, II & III Ceremony and Celebration Day	134
D.4.8 Summary of Mookane Young Children Camp (up to 9 years)	135
D.5 Camps IV & V: Mmaphashalala, Botswana Community Children’s Camps	135
D.5.1 Logistics before Mmaphashalala Camps (IV and V)	136
D.5.2 Logistics and Structure at Mmaphashalala Camps	137
D.5.3 Mmaphashalsala Camps uniqueness	137
D.6 Camp IV: Mmaphashalsala Children’s Camp Ages 5-13	138
D.6.1 The Children’s Camp Four Camp “Stations”	139
D.6.2 Station 1: Imagination Station	139
D.6.2.1 The structure of the Supermarket and Post office	140

D.6.2.2 Bus driver and passengers	140
D.6.2.3 Musical chairs	140
D.6.2.4 Animal puppet play and audience	141
D.6.3 Station 2: Arts Station	141
D.6.4 Station 3: Healing Circle	142
D.6.5 Station 4: Outside Games	143
D.6.6 Summary of Camp IV	144
D.7 Camp V: Mmaphashalala, Botswana Youth with Technology Arts	144
D.7.1 Technology Camp	144
D.7.2 Structure of Camp	145
D.7.3 Camps IV & V Mmaphashalala Community Celebration	146
D.8 Camps VI & VII. Monrovia, Liberia Community Children's Camp	148
D.8.1 The Logistics before the Monrovia Camps	149
D.8.2 Logistics and structure at Monrovia Camp	149
D.9 Camp VI: Monrovia, Liberia Children's Camp (from 4-12 years)	150
D.9.1 Logistics at Children's Camp	151
D.9.2 Liberia Children's Camp Stations	152
D.9.3 Outdoor Play Station	152
D.9.4 Rope Games	152
D.9.5 Sac Races Station	153
D.9.6 Arts Station	154
D.10 Camp VII: Monrovia Teen Performance Camp	154
D.10.1 The Teen Camp Stations	155
D.10.2 Human Rights Station	155
D.10.3 Healing Circle Games Station	155
D.10.4 Rap Music Station	156
D.10.5 Camps VI & VII Camp Closing Ceremony	156
D.10.6 Summary of Camps VI and VII	157
D.11 Camps VIII-X: Marrakesh, Morocco Children's Community Camps	158
D.11.1 Logistics before the Marrakesh Camp	158
D.11.2 The Camp Volunteers and the Community Assessment	159
D.11.3 Logistics and Structure at Marrakesh Camp	160
D.11.4 Morocco Technology Camp 14+ years	161
D.11.5 Station 1: Technologies	162

D.11.6 Stations 2: “Your Human Rights”	163
D.11.7 Station 3: Artistic Expression – Group Mural	164
D.11.8 Summary of Camp XII	165
D.12 Camp IX: Marrakesh Sports Camp	166
D.12.1 Sports Camp at Local Park	167
D.12.2 Camp IX Summary	169
PART THREE: CREATIVE AND QUALITATIVE RESULTS OF THE STUDY	171
CHAPTER VII: CREATIVE RESULTS FROM CHILDREN’S COMMUNITY CAMPS	172
A. Specific creative results	173
B. Theatre Productions on various Teen Life Issues	173
B.1 Springbok Group - Borukhuthi (Crime)	173
B.2 Zebra Group - Baimana jwa bana (Teenage Pregnancy/ HIV)	175
B.3 Lion Members Boruxtina (Boruktina) – Good Morals	178
B.4 Tiger – Go Ima Ole Mannye (Teen Pregnancy)	179
C. Drawing	181
D. Drawing: Open Creativity	190
E. Drawings – My Human Rights	192
F. Summary of the Drawings	196
G. The Group Mural from Marrakesh	196
CHAPTER VIII: QUALITATIVE RESULTS: “HOW I FEEL” SURVEY	202
A. The “ <i>How I feel</i> ” Survey Administration	202
B. Analysis of the Data: “ <i>How I feel</i> ” survey	203
C. The “ <i>How I Feel About...</i> ” survey preliminary analysis	203
C.1 Mookane, Botswana Camp (BOT1)	204
C.2 Mmaphashalala, Botswana Camp (BOT2)	204
C.3 Monrovia, Liberia Camp (LIB)	205
C.4 Marrakech, Morocco Camp (MOR)	205
D. Analysis of the “ <i>How Do I Feel</i> ” Survey	206
D.1 All Camps Surveys Together	206
D.2 Secondary Analysis – Statistically significant linkages	207
D.2.1 Review of raw biographical data	209

D.2.1.1 Gender of children by specific camps	210
D.2.1.2 Age of children by specific camps	211
D.2.1.3 Siblings	211
D.2.1.4 Loss of mother and/or father (died)	212
D.2.1.5 Total score and gender	214
D.2.1.6 Total score and age	215
D.2.1.7 Total score and siblings	217
D.2.1.8 Total score and loss of mother and/or father	217
E. Analysis of individual survey questions for all camps	218
E.1 How I feel about myself?	219
E.2 How I Feel about my Future?	220
E.3 How I feel about my Friends?	221
E.4 How I Feel about my Family?	222
E.5 How I Feel about my Community?	222
E.6 How I feel about my Life?	223
F. Total Score Distributions Entire Population - General “Happiness”	224
G. Individual Camp Scores Distribution	225
G.1 Total Scores for Camps	225
G.2 Individual How Do You Feel Question Distributions by Camp	226
G.2.1 How do I feel about myself?	226
G.2.2 How do I feel about my Future?	229
G.2.3 How do I feel about my Friends?	231
G.2.4 How do I feel about my Family?	233
G.2.5 How do I feel about my community?	235
G.2.6 How I do I feel about my Life	236
G.2.7 “Before camp” <i>versus</i> “after camp” effect by camp – statistical differences	238
H. Methodology for Determining Statistical Differences	238
H.1 Analysis of distribution of total scores – Before and after	239
H.2 Before and after analysis of individual “ <i>How Do I Feel</i> ” questions	241
H.3 How I feel About Myself – Before vs After Camps	241
H.4 How Do I Feel about my Future?	243
H.5 How Do I Feel about my Friends?	245
H.6 How Do I Feel about my Family?	247
H.7 How Do I Feel about my Community?	248

H.8 How Do I Feel about my life?	250
H.9 How Do I Feel Questions – A Side by Side Comparison of the Distributions	251
CHAPTER IX: DISCUSSION	253
A. Communities partnerships and communities are invaluable	254
B. Children Community camps as vehicle to respond to trauma	256
C. Children are accurate reporters and participants in their lives	257
C.1 How I Feel Survey qualitative results	259
C.2 Biographic information	260
C.3 How I feel about myself, future, family, friends, community and life	261
C.4 Total Score Distributions for specific questions for all campers	262
C.5 Significance in the Before and After Surveys for psycho-social pain	262
D. Creativity and qualitative results	264
E. Physical activities	264
F. Healing circles	264
G. Community recognition and celebration	265
H. What we have learned from the research on children community camps	265
GENERAL CONCLUSION	268
A. The Community and their members are invaluable resources	269
B. Children Are Competent Direct Research Informants	269
C. Children are Receptive to Psychosocial Interventions	270
D. The <i>How I Feel Survey</i> Results and Its Meaning for Future Research	270
D.1 Botswana: Mookane and Mmaphashalala	271
D.2 Liberia, Monrovia	271
D.3 Morocco, Marrakesh	272
E. Limitations of Research	272
F. Future Research	273
THEMATIC BIBLIOGRAPHY	274
LIST OF ACRONYMS	286

ABSTRACT

This contribution, which is part of a research-action carried out on different fields of investigation, proposes, in a comparative perspective, to examine the characteristics and the contribution of devices or programs of support and self-help implemented by African local communities to care for children who are victims of severe trauma, including orphaned, abuse and poverty, who are left to their own capabilities or who are vulnerable to maltreatment.

Three countries, developing or emerging, serve as support for this argument: Botswana, facing deaths from AIDS and famine and drought; Liberia, bruised by civil war and its continued violence; Morocco, finally, with - in the background - the problem of precarity and the evolution of the status of women.

Our approach, both quantitative and qualitative, is at the crossroads of social psychology and the sociology of representations and identities. The chosen methodology is based on a classical analysis in terms of strengths and weaknesses, opportunities and blockages. Partnership relationships are also honored, as is the resource mobilization process, and resilience mechanisms.

KEYWORDS

Community Camps, Support and Self-help Devices, Wong-Baker Scale, Childhood, Resilience, Suffering, Trauma, Vulnerability.

RÉSUMÉ

Cette contribution, qui s'inscrit dans le cadre d'une recherche-action menée sur différents terrains d'enquête, se propose, dans une perspective comparative, d'examiner les caractéristiques et l'apport de dispositifs ou de programmes de soutien et d'entraide mis en œuvre par des communautés locales africaines afin de prendre en charge de jeunes enfants victimes de sévices graves, livrés à eux-mêmes et en proie à la vulnérabilité ou à la maltraitance.

Trois pays, en développement ou émergents, servent ici de support à l'argumentation : le Botswana, confronté au sida, à la famine et à la sécheresse ; le Liberia, meurtri par la guerre civile et son cortège de violences ; le Maroc, enfin, avec – en arrière-plan – la problématique de la pauvreté et l'évolution du statut de la femme.

L'approche privilégiée, de type quantitatif et qualitatif, se situe au carrefour de la psychologie sociale et de la sociologie des représentations et des identités, la méthodologie retenue reposant sur une analyse classique en termes de forces et de faiblesses, d'opportunités et de blocages. Les relations de partenariat sont également à l'honneur, ainsi que le processus de mobilisation des ressources et les mécanismes de résilience.

MOTS CLÉS

Camps communautaires, Dispositifs de soutien et d'entraide, Échelle de Wong-Baker, Enfance, Résilience, Souffrance, Traumatismes, Vulnérabilité.