

Assessing the Effectiveness of Children Safe Spaces (Children's Corners) on the Lives of Orphans and Vulnerable Children: A Case of Chanyungu Children's Corner in Machinga District.

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Abstract

The HIV and AIDS epidemic is exerting the pressure on the immediate and extended family that the traditional care and support system has been stretched to the limit. Despite this, the family and the community are still the best providers of care and support to children. In response to the negative effects that children are facing, Government of Malawi introduced children's corners as a community-based structure that, if properly implemented, can offer community parenting to address some of the children's challenges.

In exploring the effectiveness of these child safe spaces (children's corners) on the psychosocial lives of orphans and vulnerable children, this study will be carried out in Chanyungu Village in Machinga District - Malawi. The researcher has an assumption of that children's corners help to bring change in the lives of children such that if the programs are more targeted on the vulnerable children they can help to reverse the impact of vulnerability.

This research will try to establish that vulnerable children acquire adequate information from children's corners and it is this information that will help them change behaviour because they interact with their peers and share experiences. Previous studies done in other countries has also found that effective interventions such as peer education, resilience building are needed to help the vulnerable children maintain coping skills on challenges of life.

1.0 Introduction.

The study will look at the effects of children safe spaces especially children's corners on the lives of orphans and vulnerable children from the age of 6-18 years at Chanyungu Children's Corner. For a better understanding of the issues at hand, this chapter provides background information to the study which practically explains dimensions of children safe spaces/children's corners as well as child stimulation. Significance and aims of the study will be discussed in this chapter to provide the direction. The chapter also contains a problem statement which provides a basis for conducting this study. Lastly, the operational definitions are also going to be itemized in this chapter to deepen the understanding of some concepts which will be used in this study.

1.1 Background to the study.

Since the emergence of HIV/AIDS in 1990s, the international organizations continue to struggle with effects of orphanhood; a common phenomenon that deprives children of their childhood across the globe. Globally, nearly 60 million children are in the category of orphaned population (UNICEF, 2018). These are children who have lost one or both parents because of death and are under 18 years of age.

Living as orphans can expose children to multiple risks of discrimination, the breakdown of or separation from their family, violence, abuse and exploitation, recruitment into child labour and other violations of their rights (Kastberg, 2011). Not only that, studies have also associated orphanhood with the breakdown of community's social support services; and that it can lead to the overstretching of extended family system and sometimes even the complete loss of most crucial services including education and early childhood

services (Chalamanda, 2006). Though it was hypothesized that orphanhood can disturb the physical and psychosocial development of children, the extent to which the loss had affected to the provision of psychosocial support at Chanyungu children's corner was not known. That aside, it was also not clear on how the breakdown of family, community and social support services like children's safe spaces was affecting the provision of the much needed child stimulation and psychosocial support for optimal child development at Chanyungu Children's corner.

There have been many efforts to improve the situation of child protection in Malawi such as enactment of child focused policies, development of care and support guidelines and coming up with children care, protection and justice act (UNICEF, 2012). Despite these efforts the child protection situation remains terrible. Malawi Government (2015) estimates that in a population of about 17 million, 4.2 million children live within households (61.4% of all households) that fall within the lowest three wealth quintiles. Out of the total, 1.8 million children (53% girls and 47% boys) either do not live with their biological parents, or live in households where no adult has had at least primary school, nor are single or double orphans. About 120,000 children aged between 0 and 14 years old live with HIV, and nearly 160,000 children live with disabilities. According to Malawi Demographic and Health Survey 2015-2016 (2017), 94% of girls aged 6-13 attend primary school compared with 93% of boys. However, the net attendance ratio drops in secondary school due to different challenges this age group encountered: only 18% of girls and 17% of boys age 14-17 attend secondary school.

Children's Corner (CC) is a concept that formalises the care of children where families are unable to provide the required support to children. Children's Corner is a child friendly safe space targeting all children of 6 to 18 years old with specific emphasis on orphans and vulnerable children to provide community parenting and to meet children's holistic needs (Kamwendo, 2014). It is a tradition that the immediate family should be the primary provider of holistic care and support to children. Where the immediate family is over-stretched by the sickness and death of parents and cannot meet certain needs, the extended family is often involved. In Malawi, the AIDS epidemic is causing high death rates such that even the extended family comes under stress, thereby forcing the wider community to fill the gaps which the extended family is unable to cover.

Children's Corner is an important community structure through which children are helped to build resilience and coping mechanisms for the problems they face in their day to day life. The overall goal of children's corner is to improve the psychosocial support of children. The objectives of children's corner are to provide psychosocial support to orphans and vulnerable children; to equip children particularly vulnerable children with knowledge and skills; to build resilience of children; to assert children's rights and take responsibility for their own holistic development; to build the capacity of volunteers, parents, guardians and the community at large (Kamwendo & Kawale, 2012).

As used in this study, the concept of psychosocial support is the concept which underlines the close relationship between psychological and social effects of experiences as well as the continuous influence of the two on each other (Kamwendo, 2014). Psychosocial support programmes can be narrowed down to meet needs that fall within three domains: Emotional well-being, social well-being; and Skills and knowledge. In a nutshell, psychosocial support is an on-going process of providing the social, emotional, mental, physical and spiritual needs of children for their healthy development and survival. It is care and support offered to an individual for positive thinking, feeling, and good social environment and relationships (REPSSI, 2009).

Children's Corners operate outside the school setting although some may be based within the premises of a school, and are just one of Malawi's community-based approaches to orphans and vulnerable children care and support and child friendly safe spaces. They provide an enabling environment where children meet other young people of various ages, are counselled by volunteers or their peers, learn from each other and from volunteers, and play. Various activities are on offer, many of which are designed to help children to cope with the problems of day to day life. The skills they learn are vital for fulfilled and productive later lives (Kamwendo, 2014).

Children's Corners form part of the continuum of community childcare and support mechanisms. Unlike approaches which provide only piecemeal support, Children's Corners are designed deliberately to meet the psychosocial needs of children in general and of vulnerable children in particular. According to the Regional Psychosocial Support Initiative (2012), psychosocial support has many advantages and strengths to both the mind and body. Children develop management skills at an early age, and learn the self-belief necessary to overcome grief and bereavement due to the loss of parents or guardians, anger and depression due to isolation, poverty; hunger; stigma and discrimination.

Chanyungu Children's corner established in the year 2014 is one of community-based initiatives which looks at and takes care of orphans and vulnerable children. It targets all children in the community with specific emphasis on orphans and vulnerable Children. The study is going to assess the effectiveness that Chanyungu children's corner has on the children that are being provided with the psychosocial support to date.-

To date, only a handful of studies have been conducted related to this topic. However, no study had specifically documented the effectiveness of children's safe spaces on the lives of orphans and vulnerable children in particular. The scarcity of information on effects of children safe spaces on the lives of orphans and vulnerable children was unacceptable because this could limit proper provision of psychosocial services to children in the children's corners. Psychosocial support practitioners needed this type of evidence for the provision of relevant services to the children. It was therefore imperative to conduct this study because it will have enormously contributed to the body of knowledge on extent to which children safe spaces affects psychosocial support of orphans and vulnerable children.

1.3 Problem Statement

Literature revealed that the policy interventions and planning for orphans and vulnerable children both at international as well as local level does not really focus on the need of children but rather on the needs of the general population as a whole. For example, the National Plan of Action for orphans and vulnerable children tackles issues of child protection from general perspective and not necessarily the specific need of the children (UNICEF, 2011). The Child Care Protection and Justice Act (2010) in Malawi also focuses on survival needs and not really psychosocial development and care. As if this is not enough, the Malawi national OVC policy (2015) is also silent on children exposed to conflicts and abuses though it has perfectly represented all other cross cutting issues such as HIV/AIDS, special needs and nutrition.

There are a number of legislations in Malawi that recognize, regulate and protect the rights of children. The Constitution of Malawi, which is the supreme law, recognizes a child as anyone under the age of 18. As a matter of principles of national policy, section 13 of the Malawi Constitution provides for the government to encourage and promote children conditions conducive to the full development of healthy, productive and responsible members of society. The Constitution further recognizes the rights of children to equal treatment before the law, family name, parental care, and protection from any form of economic exploitation (section 23).

A Children's Corner (CC) is a concept that formalises the care of children where families, for whatever reason, are unable to provide all the support they need. Children's Corners is a Child Friendly Safe space targeting all children of 6 to 18 years old with specific emphasis on orphans and vulnerable children to provide community parenting and to meet children's holistic needs (Malawi Government / UNICEF, 2017). It is the traditional that the immediate family should be the primary provider of holistic care and support to children. But the immediate family is over-stretched by the sickness and death of parents and cannot meet certain needs, in so doing the extended family is often involved. In Malawi, where the AIDS epidemic is causing such high death rates that even the extended family comes under stress, the wider community is filling the gaps which the extended family is unable to cover.

Despite the concept of children's Corners been implemented for some time in Malawi, the outcomes are not clearly coming out. However, there has been little effort to establish the effects of children's corners on life

of vulnerable children in terms of direct material support, education support, emotional support as well as social skills building.

This research will reveal some of the externalities and positive outcomes of children's corner in the life of children and communities around the children's corner. Mainly the research will assess the effect that the children's corner had on school attendance, child participation and inclusion. It is also going to establish the relationship between the children's corners and positive behaviours of children, school attendance and enrolment. It will clearly indicate what that relationship is.

In a situation where overstretched communities have been successfully supported and are adequately provided for different service providers, one would think that the presence of such assistance would promote psychosocial support in children's corners for orphans and vulnerable children. But what comes out clearly is the fact that where children are orphaned due to death of their parents because of HIV/AIDS and other natural causes, the basic response is to meet their safety and survival needs and not necessarily specific needs of children. Orphaned children because of their situation and vulnerability, often have their needs overlooked due to extended family quest for survival (UNICEF, 2013).

Worse still, most children in such circumstances are left to fend for themselves and their siblings which forces them to forgo their childhood and assume adult responsibilities. These circumstances may deprive children of their opportunity to have an effective childhood stimulation which lays the foundation for the development of social-emotional skills such as cooperation, empathy, the capacity to see other people's perspectives and the ability to relate to others in a peaceful manner. This knowledge will prompt the researcher to inquire if such circumstances have any effect on psychosocial support stimulation considering that the type of support one receives defines what they become in future.

1.4 Research Objectives

1.4.1 General Objectives

The broad objective of this study is to assess the extent to which children safe spaces/children's corner is affecting psychosocial support of orphans and vulnerable children at Chanyungu CC.

1.4.2 Specific Objectives

Specifically, the study meant to:

1. Assess effects of orphans and vulnerable children experiences on provision of psychosocial support at Chanyungu Children's Corner.
2. Evaluate how interactions in the children's corners contribute to the delivery of psychosocial support.
3. Analyze the institutional framework for children safe space and its influence on the provision of psychosocial support at Chanyungu Children's Corner.

1.5 Research Questions

The study therefore seeks to respond to the following questions:

1. What are the effects of orphans and vulnerable children experiences on provision of psychosocial support at Chanyungu Children's Corner?
2. How does the interactions in the children's corners contribute to the delivery of psychosocial support?
3. What is the institutional framework for children safe space and how does it influence the provision of psychosocial support at Chanyungu Children's corner?

1.6 Significance of the study

The Malawi Government (2011) through the Malawi Growth and Development Strategy (MGDS) says that provision of material, emotional, social and psychological support improves resilience and quality of life for the orphans and vulnerable children to move out of poverty and vulnerability.

Several studies have been done on the children's corner outside Malawi. However, few studies on the effectiveness of children's corner services have been done in Malawi and to the researcher's knowledge, no

study focusing on the impact of children's corner on the social, mental and emotional life of vulnerable children has been done in Malawi. Most of the studies have also focused on mapping of number of children's corners in the country including the numbers of children accessing these services and did not highlight how these CC's are helping children in their everyday lives. Most researchers on this subject matter have also concentrated on the barriers to children's participation in children's corner activities and adult involvement in operations of children's corners (Jana, 2016).

This study will have both practical and theoretical significance. The study will contribute towards understanding the reasons children attend children's corner and benefits gained from those children's corners. This will help the researcher and other social workers to come up with strategies to improve children's corner services and get more children and adults participate in the activities conducted at children's corners thereby reducing psychosocial problems in vulnerable children in the area. In theoretical terms this research will add on to the literature and body of knowledge on social and emotional development of children in different difficult situations. On a special note, the study will importantly validated the effectiveness of Children's Corners in the provision of psychosocial support to children. The research will also help to unearth more areas of further research in the country.

1.7. Scope of the Study

This write-up is divided into 6 chapters. The first one is an introductory chapter which gives a general background, objectives and significance of the study in context; exploring the effectiveness of children safe spaces especially children's corners on the lives of orphans and vulnerable at Chanyungu Children's Corner. Literature review and theoretical framework will be presented in chapter two while the third chapter will present research design and methodology that will show the target population, sample size data collection tool and data analysis. Study findings will be presented in chapter four. Chapter five will provide a discussion of the findings. Chapter six, which is the final chapter, will present recommendations and conclusion of the study.

1.8 Limitations / delimitations of the study

- This research focuses only on Chanyungu Children's Corner. The findings and conclusions of this study will not be generalized for the entire nation.
- Covid19 restrictions will definitely affect the normal way of interacting with the participants
- The other limitation that the study will likely face is financial constraints. Being a self-sponsored activity, the exercise will be expensive for a student taking into account travel, printing of materials, photocopying and accommodation costs incurred during the data collection period.
- It is likely that it will be difficult and in some cases not possible to conduct interviews with some people since many will be committed to their economic activities such that that in some instance, meetings are likely to be rearranged or cancelled.

1.9 Operational Definitions.

Child: Any person below the age of 18 years.

Orphan: A child who has lost one or both parents because of death and is under 18 years.

Vulnerable Children: A child who has no able parents or guardians, staying alone or with elderly grandparents or lives in a sibling headed household or has no fixed place of abode and lacks access to health care material and psychosocial, education and has no shelter.

Psychosocial Support: The process of meeting the physical, emotional, social, spiritual and mental needs of a person, all of which are essential elements of meaningful human development.

Service Provider: Refers to individual employed or attached to a government or non-governmental agency providing services for the care and support of OVC. In Malawi, these could be extension workers, teachers, and health workers

Care: Is a process of creating an enabling environment to meet the holistic needs of children that support their psychosocial and cognitive development, health, nutrition, hygiene and sanitation, and protection.

1.10. Chapterizations

Chapter one is an introduction presenting background information which focussing on policies at global, regional and local level on children's safe spaces. The chapter also explains much on problem statement which is why there has been little effort to establish the effects of children's corners on life of vulnerable children in terms of direct material support, education support, emotional support as well as social skills building. The chapter also explains on the objective of the study, the main objective and the specific objectives. The main objective of the study is to assess the extent to which children safe spaces/children's corner is affecting psychosocial support of orphans and vulnerable children at Chanyungu CC. The chapter also explains the significance of the study which is to contribute towards understanding the reasons children attend children's corner and benefits gained from those children's corners

Chapter Two reviews the literature related to the study. This mainly dwells on studies and documentations related to the study topic. It is here where themes/theories and ideas that better help to explain scenarios related to the topic in question will also be discussed.

Chapter Three describes the research design and methodology. This gives an outline of the way the research will be conducted. This includes the location where the research was conducted; the sample size the targeted population, sample selection, data collection and data analysis.

Chapter Four deals with the presentation of findings and discussions. Here all the results of the study from the analyzed data will be presented and discussed based on the findings in connection with the literature reviewed. Theories and concepts included in the literature will also been brought out where necessary to qualify some of the statements that the presentation has brought.

Chapter Five provides a conclusion and recommendations of the study findings. Thus after a thorough discussion of the findings presented in chapter 5, a conclusion will be drawn presenting the researchers stand on the issues discussed. Finally, the researcher has come up with necessary recommendations from her own personal perception and also borrowing from the views of other people.

1.11 Chapter summary.

This write-up has presented introductory part of the paper which gives a general background, objectives, problem statement, research questions and significance of the study in context. It has also shown the scope of the study, limitations and operational definitions.

2.0 Review of Literature

2.1 Introduction.

This chapter provides an overview of all the literature that cuts across more than one substantive area based on two strong thematic organization relating to vulnerability and its implication on access and utilization of children's corner services. The review is in line with the following themes: policy implication on psychosocial support and children's corner, childhood stimulation; emotional expressiveness; quality of play; self-efficacy; relationship with adults and peer, the ability to appreciate diversity and social adaptive behaviours. For a better understanding of these themes in relation to displacement, the study will be discussed under theoretical context of Bronfenbrenner's ecological system theories and Toxic Stress Theory.

2.2. Empirical Literature Review.

2.4.1 Orphanhood and Access to and Utilisation of Child Stimulating Services

Sudan, (2014) contends that orphanhood commonly results in the loss or reduction of children's access to properly functioning children's corner services. The loss does not only exist in infrastructure but also in the development and provision of service In other words, access to psychosocial support and children's corner service is an important element of childhood stimulation. The research therefore considers it is necessary to map out child care services in the communities; as lack or under development of children's corner services limits child stimulation. This hypothesis is based on the understanding that most of play and stimulation for

children happen in an environment where children interacting together like at the children's corner (Good heart, 2012).

Concurring with this assumption, Swim (2016, p. 2) agreed that "play is an important vehicle for children's social, emotional, and cognitive development, as well as reflection of their development". Lack of play areas like children's corners could therefore risk the provision of effective psychosocial support and childhood stimulation of all age groups. Having this in mind, it was imperative to suggest that effective provision of psychosocial support and stimulation could be influenced by physical proximity of children's corners. Living in a community as an orphan and vulnerable child was assumed to be one of the elements that limited children from accessing children's corner services. This reasoning was based on the assumption that community might lack the mobilization capacity for the establishment of a children's corner.

Just as indicated in the previous research, inadequate stimulation by the age of six to eighteen years results into persistent gaps in children's development among children from disadvantaged backgrounds and their more advantaged peers (Early years, 2011a). Knowing that lack of services can result into such devastating scenarios, a research was conducted to provide evidence if indeed a relationship do exist between environment in which the child grows and the level of stimulation the child receives. The research considered this to be useful based on the premise that absence or inadequacy of play and stimulating services can reduce levels of stimulation in children.

2.4.2 Orphanhood and Vulnerability and Community Ability to stimulate their Children

Learning and development is believed to be fostered by parents and caregivers as they help in creating a healthy environment, providing space, materials and opportunities to help children learn through play and exploration, whether in the home or at the children's corner (Evans, Myers and Alfeld, 2014). Knowing that parents and caregivers are important in the nurturing and stimulation of the children, the study was undertaken to assess if children's corner in the communities was linked to the emotional well-being of the child's family and community in which they grow up. This was based on the assumption that the ability to provide psychosocial support is linked to the type of environment children are living.

Notwithstanding that, literature also highlighted that orphanhood and vulnerability could pose serious risks to the family or community's ability to stimulate their children due to its impact on social structures, infrastructure and services. Just as noted by Sudan (2014), children in poor environment settings live in families and the communities that usually do not receive the support that they need. As such these families fail to play the expected roles. The study was done to determine the extent to which orphanhood affected the family's ability to provide psychosocial support services.

The family, because of the circumstances may as well be the scene of abuse and neglect. In cases where there is high incidence of alcoholism for example, the possibility of having in appropriate child care is high. Inevitably, this may impact upon the family's ability to stimulate and offer appropriate care (Sudan, 2014). As if this is not enough, vulnerability related interferences have the capacity to extend to children's corner facilitators, whose lives are subject to the same stress as the rest of the community. Vulnerable caregivers, who are themselves under threat and feel vulnerable and insecure, could not adequately care for their children (Hamber, 2003). The "situation of unaccompanied minors is even more complicated as they are usually left entirely to their own devices. Many children in such circumstance "may be forced to live and fend for themselves or be taken into dubious fostering arrangements where they are used as cheap labour in return for meagre food, shelters and protection" (Raven-Roberts, 2016, p.14). This robs children of their early childhood and right to be cared for by their families. It was therefore interesting to know which family circumstances affected psychosocial support most. It was envisaged that knowledge of the impact could inform the children's corner facilitators to determine which circumstances need urgent attention.

Research by UNICEF (2014) confirmed that indeed the most common feature in orphanhood is the fact that "children risk being separated from their families, especially when parents died or are chronically ill which causes them to be in an alternative care environment or homes". Most often, children find themselves in the care of strangers. Having lost the protection of both caregivers, "they are more likely to experience abuse, exploitation and neglect" (ibid). This might affect children's stimulation outcome. Ecological theory of

child development backs this statement with the fact that differences in the child outcomes emanates from children's social experiences (Neaum 2010, p.5). According to this theory, the social experiences matters as far as the level of child stimulation is concerned (Sameroff, 2009).

Concurring with this theory, a study by Lewing (2015) explained that a large number of orphans carry with them their previous experiences and these affect their adulthood. These experiences compounded with the considerable challenges of adapting to new life can significantly affect family well-being and parenting practices (Lewing, 2015). This was the reason Lewing suggested that planners of child and family welfare service should always be well informed about how best to support orphans using culturally competent family intervention and community development practices. This revelation prompted the researcher to further investigate how well the children's corner is prepared to serve the traumatized children.

2.4.3 Vulnerability and Policy Environment for Early Childhood Stimulation

Much that it is at the heart of all international organization to "ensure that the needs of children receive equal emphasis during all emergency situations" (UNICEF, 2017), literature reveals that the policy interventions and planning for orphans and vulnerable children does not really focus on the need of children but rather on the need of the general population as a whole. For example the Child Care Protection and Justice Act in Malawi (2010) focus on the survival needs of the child ignoring all other aspects of development.

As if this harm is not enough, the OVC policy (2015) which is supposed to be all encompassing is also silent on children exposed to conflicts though it has perfectly presented all other the cross cutting issues like HIV/AIDS, gender and disability. A critical review of the comprehensive intervention by UNICEF also reveals that even UNICEF's focus is on the provision of health and protection needs of refugees (UNICEF, 2014). Again the implementation of the strict encampment policy instils less supportive attitudes towards children among the general public. This policy could also affect relationships which could result into poor stimulation.

Surprisingly, even the proposed comprehensive actions to improve the protection and care of children affected by conflict in its ten priority areas does not emphasize on the needs of young children in the communities (UNICEF, 2015). Yet, children are more often at risk than adults. The "invisibility of young children within theoretical discourse reflects their invisibility at the level of policy and governance level." A study by Connolly and Hayden's (2007) agrees that the provision of quality child care services, environments and safe space for children in poor communities is indeed a challenge though such activities have considerable potential to contribute to psychosocial wellbeing for all. Having examined this oversight, it was necessary that we understand the implications of this invisibility on resourcing and delivery of children's corner interventions. Considering that policies translate into strategies, if an activity is not prioritized at policy level, it might as well miss at the implementation level.

2.4.4 Orphanhood, Vulnerability and Children's Self Efficacy.

Literature has revealed that orphanhood and vulnerability have a long-term aftermath that can persist through generations in children who have suffered trauma (Hamber, 2015). Trauma, most often has a negative effect on the way people perceive situations as well as self-image. Just as noted by Early Years (2011 b), health interaction with others depends on "children's ability to identify, understand and express feelings and emotions in a healthy way." The disruption of self-esteem due to the poor self-image and the feeling of inadequacy, could affect children's interaction as well as rate of interactions. Self-esteem is one of the emotional attribute that is learnt or socialised through parent's involvement. To instill positive self-image in children, it has to start in early and middle childhood; a period when the brain architecture is developing most rapidly. This is a critical time when "habits are formed, differences are recognized and emotional ties are built through social relationships and day-to-day interactions in homes and neighbourhoods" (UNICEF 2015). While interactions in the homes/communities are considered critical for psychosocial support and stimulation, the extent to which self-efficacy is affecting interaction and socialisation in the children's corner/community is not known.

Apart from that, literature indicates that children's emotional development can be greatly affected by past experiences (Murray, 2015). This reflects the toxic stress which elaborates on the ills of adverse past experiences on emotional development. The past experiences such as rape and sexual assault of girls is a common feature in poor communities could also affect children's self-esteem. Worse still, children who are born out of rape could also end up being the victims of prejudice from their own communities. The feeling of being misjudged due to such circumstance could affect the level of interaction with friends and peers. It was therefore important that we know how these past experiences are affecting interactions at Chanyungu CC. This information is particularly important for different service provision in the communities.

2.4.5 Orphanhood, Vulnerability and Relationships with Adults and Peers

Studies have shown that individuals who have been exposed to chronic adverse experiences sometimes do develop a chronic corresponding emotion 'fear'. If this happens, fear robs people of their ability to protect themselves let alone think of protecting others (Becker & Weyermann, 2016). Chronic fear also increases chances of people misperceiving situations and concentrate on reasons to attack or defeat the opponent. Operating under influences of revenge or retribution could affect the way people relate in the communities.

In general, how children relay after loss their parents and others live in dire vulnerable life and poverty seem to vary considerably with some children showing great resilience while others are affected dramatically, showing changes in personality and even their interaction with adults and peers (Boyden, 2013). The common factor is that vulnerability could lead to mistrust or excessive attachment depending on child's reaction to threat. This is the reason toxic stress theory emphasises that "children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before" (Robinson, 2017). Children's previous satisfaction and enjoyment draws a pattern on how they can relate with others. The extent to which previous experiences are affecting the relationship is however not known. The study is therefore going to single out experiences that are affecting relationship in the children's corners.

While previous studies confirms that that many interpersonal relationships indeed have their roots in childhood (Kholowa, 2014), insights on how childhood interpersonal relations predict attitudinal and behavioural transformation in children's corners was needed. Additionally, while some studies have actually noted that psychosocial support programmes can have tremendous influence on children's future, this study was precisely conducted to highlight how the provision of psychosocial support could help caregivers restore children's resilience in the communities through children's corner.

2.4.6 Orphanhood, Vulnerability and children's ability to appreciate diversity.

Children from young age experience and try to make sense of differences within communities. Research shows that "between the ages of four and ten, children are becoming aware of and curious about gender, race, ethnicity and disability" (Kholowa, 2011). This implies that most children in poor communities understand that they are coming from different ethnical background or families. While knowledge of their identity is their right for all, the level to which this was affecting spheres of interaction is vital. Although literature suggests that internalisation of the cultural preferences and attitudes of their respective communities can even start as early as age of three (Fearon & Mearns, 2011), the implication of such actions was still in the dark.

On the contrary, some studies have shown that living in poor and vulnerable communities which most often a multi-religion and multi-cultured society may bring with it many opportunities to experience other cultures and traditions (UNICEF, 2016). The sentiment is basing on the assumption that the kind of socialization and interactions happening in the children's corner predict the outcome on appreciating diversity. Children according to UNICEF (2013) are good observers of what is going on around them, and their experience is the final architect of the brain, not DNA". Showing signs of aggression towards other people of different culture could therefore be an act of childhood experiences and not necessary the in-born character traits. An additional research was therefore needed to clarify on the past findings and evaluate whether negative views on diversity differ from one location to another.

2.4.7 Orphanhood, Vulnerability and Adaptive Social Behaviour

Each child belongs to a community with its own sets of norms and values. Childhood period plays a critical role in indoctrinating the norms and values each community wants to instil in the lives of their children (Mbugua, 2014). Children who experience extreme and adverse stress in their early years are at “greater risk for developing behavioural and emotional difficulties” (UNICEF, 2013). Studies have shown that parents and caregivers who are more stressed and depressed do not usually provide positive and emotionally nurturing environments to their children, let alone install the right values.

On the other hand, homelessness and vulnerability, because of its ability to uproot people from their usual norms and value, is also considered to be one of the negative contributors to poor social adaptive behaviours (McNaughton, 2012). For example, the study by Connolly and Hayden stated that “ 12% of homeless and vulnerable children especially those who live outside their cultural environments show signs of depression and withdraw and 16% have behaviour problems demonstrated by severe aggression and hostility” (Connolly & Hayden 2017). This implied that raising children away from your norms and values could increase the likelihood of having aggressive and hostile children than those brought up in their own culture and homes. In fact, research has revealed that “socio-emotional development and culture have a far more complex and interrelated relation than was previously understood.

A qualitative case study conducted by Yohane (2014) also indicated that challenges experienced by vulnerable children and families in severe poverty contexts engenders the ability to plant good seeds of hope and character in the lives of children. While this research is going to find out association between life experience and behavioural patterns (Boyden, 2003), there is no evidence on how life experiences are affecting children’s behaviour in the children’s corners.

Parental practices according to Mbugua (2014), are key determinants of their social and emotional development. Proximal contexts, “such as the home, family, early learning programmes, and community protection programmes, play a key role in shaping key characteristics of the child’s moral behaviour” (UNICEF 2013). While it is well known that some environmental context shape children’s behaviour, more research is needed to determine which context had significant effects children’s behaviour in the communities.

Not only that, the researcher is also interested to know the influence of culture and child care practices on the way families provided the psychosocial support services to their children in these new environments

Not only that, displacement also known for its tendency to forces families out of their homes. Because of this, some parents may suffer deep anxiety and acute stress which could as well poses a risk to children’s social emotional well- being. Parents who are deeply affected by acute stress might find it difficult to support their children in a meaningful way and “they can pass this on to their children” (Cairns 1996 cited Early Years, 2011 a, p.9). Play being a product of the “environments in which children learn and grow, families, early child care settings, schools, neighbourhoods, and communities are all supposed to provide safe haven for children. Knowing that the capacity of these structures are usually overwhelmed due to death of parents and other primary caregivers, this study theorized that death of parents can contribute to low levels of play and consequently provision of psychosocial support.

2.2.1. Studies done outside Malawi.

Different studies have been conducted worldwide on the effectiveness of children’s corners to the lives of children who are affected by different circumstances.

A study done in Kosovo by Ager et al, (2012), showed that children’s corners were initially established as a response to the necessity for integrated supports for children in emergencies, particularly in contexts where many supports were weakened or absent. They provided an appropriate, community-based mechanism that would be useful on a broad scale. They offered the most coherent operational strategy to meet the core commitments for children in emergencies and their aftermath. Children’s corners were created to give response to the crisis and numerous other organizations such as World Vision International and Plan international pioneered in establishment of children’s corner safe spaces. In Kosovo these initiatives proved

to be an effective means of providing large numbers of vulnerable children and women with basic social services. Subsequently, Children's corner safe spaces were used as a response to the 1999 earthquake in Turkey. They were established in the camps for survivors. There was a growing acceptance of Children's corners in interventions. Children's corner safe spaces then became a more common part of a response to emergencies and were created in Angola, Chad, Colombia, East Timor, El Salvador.

Similarly, a study by Munthali et al, (2015) in Uganda also found out that children's corner has numerous benefits to the orphans and vulnerable children. The study results showed that children who had participated in the CC activities seemed more prepared to return to school and less violent with other children. Children's corner approach was adapted to support young children who are often neglected in emergencies. If a CC is well-designed, it has the potential of complementing other mechanisms needed to protect children in dangerous circumstances.

Furthermore, a study by Alves et al, (2015) in Darfur and Northern Uganda also found that children's corner have been utilized in emergency situations such as conflict zones and HIV/AIDS epicenters. Children's corners have been used to primarily provide psycho-social support to children especially girls and prevent violence against girls. Experience has also shown that for children's corner to be effective, there is need to go beyond engaging the children and the adolescents in the these centers, but also engage the wider community to change norms that have adverse effect on children. Programs such as Berhane Hewan (safe spaces for girls) in Ethiopia and Yaari-Dosti (positive models of masculinity) in India have shown that working directly with adolescents must be complemented by engagement with their communities such as working with men and boys to change harmful gender norms (Browne, 2013).

On the other hand, research conducted by Ager et al, (2017) in Myanmar and North Sudan shows that Children's Corners have a number of positive impacts on the development of children in emergencies. First, the most commonly known impact of children's corner is to improve psychosocial well-being. This benefit has been confirmed by evaluations of Children's corners in North Sudan, Myanmar and Uganda (Gladwell, 2011; Tango International, 2009; Kostelny, 2008). Many parents articulated that after their children started attending CCs, they were no longer afraid of a little wind or rain, and had a better understanding of storm systems because of the Disaster Risk Management (DRM) classes. Before CCs, their children as a result of Typhoon Bopha were afraid of rain and gusts of wind, thinking that these were signs of another impending typhoon. Their fear created so much anxiety that the children did not want to leave their parents, thinking they might be separated if another typhoon struck. This fear affected the daily lives of the children and parents because they could not go about their normal routines.

The study by Foster et al, (2016) shows that, Children's corners also contribute towards positive changes in relationships between children and adults, which is an important factor in reducing withdrawal, anxiety-depression and other social problems among refugees and internally displaced persons. For example, an evaluation of a children's corner program in Belgrade, Serbia showed increased self-respect and improvement in peer relations (Ispovnic-Radojkovic, 2003). Children stated that they viewed CCs as a place where they "feel happy" and are able to "play with their friends." During the community mapping exercise with children ages 13 and older, all the children drew the CC as one of their favourite places to frequent, citing it as a place where they can find happiness and create bonds with other children and with the facilitators. Furthermore, there is evidence of CC's fostering inter-ethnic friendships among the children, as many of them spoke positively about their new friends in the camps who came from different ethnic backgrounds or tribes.

However, a study by Davis et al, (2014) in Uganda found that children's corner can be quite challenging to initiate and operate. One of the main challenges that have been identified is lack of meaningful participation in children's corners. The study shown that meaningful community participation in the planning, design, and operations have been the weakest efforts of the operators of a children's corner. Often under pressure situations in an emergency and the need for quick response, it has been perceived that participation causes delays in service delivery and programming. The general trend is to establish children's corner as rapidly as possible, and to determine children's needs as an afterthought. Basic interventions do not necessarily treat

children and adolescents as active agents who can participate in defining the needs and formulating solutions to address immediate challenges.

The difference in the findings of the above researchers could be due to the settings. For instance, in the study by Alves et al, study was done in conflict zones where much emphasis was just participation of children in children's corner as a response in creating a safe space for children without investigates how the approach is helping children improve their emotional wellbeing.

2.2.2 Studies done in Malawi.

There is limited available literature on the children's corners in Malawi. Some of the few literature and findings have been highlighted below.

Recent findings done by Alufandika et al, (2016), show that CCs has been instrumental in simultaneous enhancement of children psychosocial well-being and school performance. The findings further show that vulnerable children and parents like the CCs because they get help with school work; have chance to socialize and make friends; get support to handle problems; and get the opportunity to play without being discriminated against; and in the process staying away from negative behaviours.

Similar shifts have been recognized in Malawi development strategic plans. The Malawi Growth and Development Strategy II (MGDS II) covering the period 2011 – 2016 recognized child development as a key national development priority. In line with this priority, and building on the findings of the impact evaluation of the previous National Plan of Action (NPA) for OVCs (2005 – 2009 extended to 2011) and the 2013 OVC Situation Analysis, and various stakeholder consultations, Malawi Government developed an NPA for vulnerable children for the period 2015 to 2019. The NPA has strategic objectives aiming at: Improving access to essential services by vulnerable children for their survival, protection and development to be able to realize their full rights and potentials; Building the capacity of families and communities to facilitate vulnerable children in realizing their full rights and potentials; Ensuring that vulnerable children live in a supportive environment (Idele et al as cited in Malawi Government, 2015).

As can be noted from the above proposed strategies, there is a shift towards protection of all vulnerable children in Malawi and not only those affected by HIV. This shift came on the backdrop of strides made in the fight against HIV and AIDS where HIV prevalence has stabilized and HIV treatment has been scaled up resulting in less HIV-related deaths and HIV related orphan hood and vulnerability.

Kamwendo (2015) highlighted that, the HIV and AIDS pandemic has resulted in increased number of orphans, children living with HIV and AIDS, and child-headed households. This put pressure on the immediate and extended family to the extent that the traditional care and support systems for orphans and vulnerable children is over stretched. The Children corner established to provide community parenting and meet children's holistic needs.

A study done in a rural setting in Malawi by Jana (2016) on children's corner services in Malawi found out that Children's corner safe spaces improve children's psychosocial well-being by strengthening and nurturing children's cognitive, emotional, and social development. They also strengthen children's internal and external support systems by offering socializing and structured play activities with peers. Children's corners give children time and space to: restore their normal flow of development through normalizing play activities. It also shows that children's corners enhance the capacity of families to care for children by helping parents or other caregivers understand how to talk to their children about recent experiences, their current fears, and their hopes for the future.

On another hand, Jana (2016) argued that children's corners overlap with other care approaches such as youth clubs. Youth Clubs target youths in the age range of 10 to 35 years as per the definition of "Youth" in the Malawi Youth Policy of 2013. This means that both approaches are targeting an overlapping group of children between the ages of 10 and 18 years. This raises an issue of coordination and harmonization of policies, issues and approaches followed at CCs and Youth Clubs. For example, at community level, one reason that explained children's corners being patronized by younger children was that older children

considered the children's corner as forums for 'kids' and they preferred to patronize Youth Clubs. It is only in communities where Youth Clubs were not active that some older children would patronize CCs.

Most of the above mentioned studies concluded what children's corner can contribute to the life of children and also recognized that CC's can play a role in reducing malfunctioning in children's lives. The literature review has showed that a number of studies on children's corner have been done outside Malawi and a few in Malawi.

2.3 Theoretical Review

This research adopted Toxic stress theory as its theoretical framework.

2.3.1 Toxic Stress Concept

In formulation of theoretical perspective for assessing the effectiveness of children safe spaces (children's corner) on the psychosocial lives of orphans and vulnerable children at Chanyungu, toxic stress theory provides a useful prototype. This concept attempts to explain how adverse experience affects the emotional life of people. The toxic stress was developed by different biologists and social scientists to explain how excessive or prolonged activation of stress in the body derail emotional development (NSCDC, 2010). According to these theorists, toxic stress response can occur "when a child experiences strong, frequent, and/or prolonged adversity - such as physical or emotional abuse, chronic neglect, exposure to violence, and/or the accumulated burdens of family economic hardships" (NSCDC, 2010).

Toxic stress theory seeks to clarify how prolonged stress on young children risks children's emotional health and social problems later in life. It states that the greater the adverse experiences in childhood, the greater the likelihood of developing emotional problems like depression, loneliness, aggression and acute stress syndrome (NSCDC, 2010). In addition, principles of this theory place emphasis on how buffering relations help to prevent long-term negative effects on the child's emotional development (Aldridge & Goldman, 2010). As indicated by Bowlby (1990), "children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before" (cited in Robinson, 2011, p. 54). Their early stressful experiences such as neglect, abuse or violence have a negative influence on the growth of the brain and may result in social and emotional problems. This theory brings to attention the fact that negative stress response can go beyond the present circumstances. Extreme and long-lasting stress can result into lifelong repercussions (NSCDC, 2010).

Explaining the toxic stress theory, Nauert (2014) indicated that several classes of variables could be considered and these include: acute stress, depression, trauma, disappointment, and loneliness. The general impression is that poor emotional development can affect positive emotional mirroring a child needs for their emotional development (Nauert, 2014).

The philosophies of this theory have been widely applied to explain the importance of the quality child adult interactions on children psychosocial development. The emphasis is that the living environments should encourage positive social interactions. Not only that, this theory tells us that "nurturing, warm and supporting relations with close adults create the socio-emotional foundation that is necessary for learning" (NSCDC, 2010). The general expectation is that the availability of a buffering relationship with caregiver will influence the child's emotional security and hence proper child psychosocial development. This theory is therefore based on the assumption that a relationship do exist between adverse experiences and the level of adult-child interaction (Bornstein, 2013).

In the application of toxic stress theory to this study, the variables will be defined in the following manner: a) proper emotional expressiveness is a function of caregivers' availability; b) positive parent- child interaction is a desired action that encourages psychosocial wellbeing; c) the absence of adverse child experiences encourages stimulation.

The above opinions represent the underlying factor for conducting this study. As applied in my study, the theory holds that we should expect orphanhood and vulnerability to influence the emotional state of caregivers in the communities. If the above statement proves to be the truth, then orphanhood and vulnerability is likely to influence (a) ability to interact with adults and peers (b) the quality of play provided to children (c) children's social adaptive behaviour, and (d) children's emotional expressiveness and

The weakness of this theory however is on the fact that adjusting early childhood programmes to neuroscience may undermine the confidence of teachers and parents in their work and interactions with young children (McNaughton, 2003).

2.3.2 The Bronfenbrenner Ecological Theory of Child Development

Another important contribution to understanding of effects of children's corner on the psychosocial lives of OVC comes from Bronfenbrenner's (1989) ecological theory of child development. Bronfenbrenner developed his theory to explain the importance of both biological factors and the social environment in children's development (Oswalt, 2012). In his model, he proposed that a child's biological development unfolds as the child interacts with people, institutions, and the environment around them (Goodheart, 2012). According to Bronfenbrenner, there are hierarchical levels of influence which start with the child, "who comes with his own temperament and conditions, in the middle, or micro system" (Goodheart, 2012). Next to the child is the "nuclear family, or mesosystem, which has the greatest influence on a child's emotional development since, hopefully, his first attachment is to his mother or other primary caregiver" (Ibid; Sameroff, 2009).

Bronfenbrenner emphasizes that many biological factors remained similar across different societies, but the differences in the child outcomes comes from children's social experiences (Neaum, 2010). According to this theory, levels of influence which include the micro system, the mesosystem, the exosystem, and the macro system and the chronosystem are experienced differently in different settings (Sameroff, 2009). These systems have substantial amount of influence on child's psychosocial life.

This theory has also been widely used to explain the importance systems that foster positive relationships with children and their families. The way the systems interact with and support those families affects children's development. This theory has also been used to heighten practitioner's awareness to ensure that they present programs and service that reflect the needs and expectations of the society, culture and community in which children live (Family and Child Welfare, 2014).

The study used these principles to suggest that a relationship do exist between environment in which the child grows and the level of stimulation the child receives. The assumption was that how groups or organizations in the hierarchical levels of influence which include, microsystem, mesosystem, exosystem, macro system and chronosystem interact with the child will have an effect on how the child grows; the more encouraging the environment are, the better the child will be able to develop emotionally and be resilient to the pressures of life (Oswalt, 2013).

This theory was further applied to explain that the ability to provide stimulation is a function of positive environmental factors in which child grows and develops. This suggested that orphanhood and vulnerability could affect the environment in which the child grows, hence affecting the psychosocial wellbeing of the child. The researcher is expecting orphanhood and vulnerability to affect environment in which children live. The assumption was that if this notion is true, then orphanhood and vulnerability is likely to influence (a) policy execution, (b) family and community's ability to provide psychosocial services, and (c) social adaptive behaviour, (d) ability to appreciate diversity, and (e) access and utilization of children's corner services.

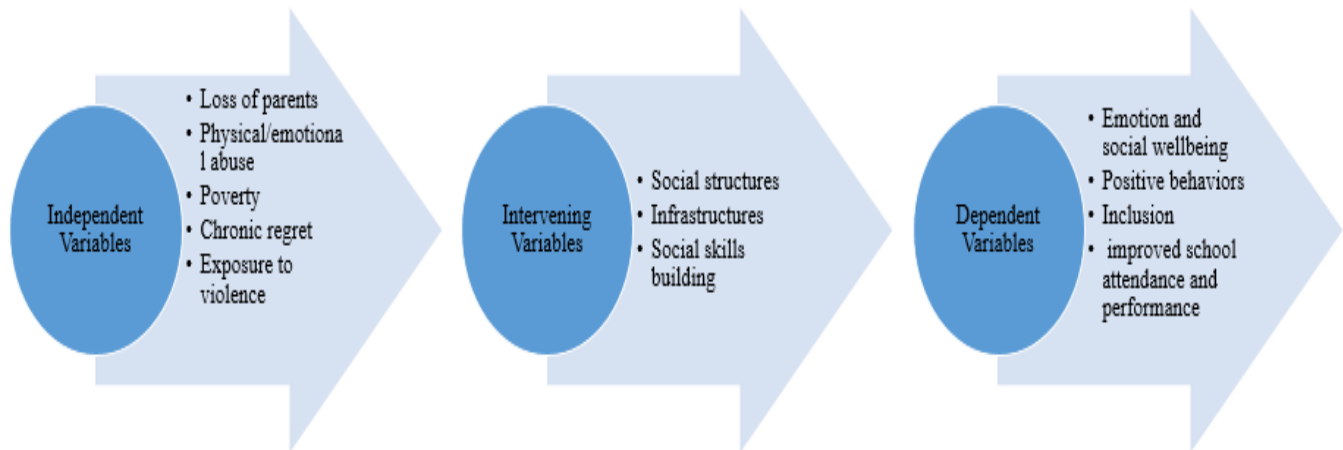
The problem with this theory however is that Bronfenbrenner's "neat concentric circles do not transcribe in a real world context as in the communities where services are often fragmented with gaps that reflect the limited resources and support for children's corner services" (Penn, 2008). However, these theories hoard its

strength from the fact that it is able to move away from the emphasis on biological factors to the interplay of both biology and social experience (Neaum, 2012).

2.4. Conceptual Framework

The conceptual framework explains the main concepts underlying this research. The whole idea of conducting this research is to assess the extent to which children safe spaces/children's corner is affecting psychosocial support of orphans and vulnerable children at Chanyungu CC.

Figure 1 below shows the relationship between the independent, intervening and dependent variables.



1.10.1 Definition of variables

The variable used in this research were defined from Sekaran, (2003) which defined three variables that a research study tries to define.

1.10.2 Independent variables

Sekaran (2003) defined dependent variable as the variable of primary interest to the researcher. In this regard, this study tries to assess the impact of children corners on psychosocial being of orphans and vulnerable children at Chanyungu CC in Machinga District. Factors that affect the psychosocial development include, loss of parents, poverty, chronic neglect, exposure to violence and physical and emotional abuse.

1.10.3 Dependent Variable

This is the variable that influences the dependent variables either in positive or negative way. Children who have been exposed to stress earlier in their childhood, experience lack of social skills, behaviour abnormalities such as anger, aggression and loneliness. They also experience lack of self-efficacy, and low school enrolment. The introduction of Children Corners should have resulted in the improvement in the psychosocial wellbeing which includes, emotional wellbeing, positive behaviours, inclusion and an improvement in school attendance and performance.

1.10.4. Intervening variable

This is the variable that surfaced when the independent variable starts influencing the dependent variable. In this case, Children's Corners were introduced in order to provide children with services to develop their emotion and psychosocial wellbeing. Children corner centres were established and child protection workers were put in place in order to provide psychosocial support in child development.

3.0 Research Methodology

3.1 Introduction.

This chapter describes the methods that this study is going to use to answer the research questions: Does orphanhood and vulnerability influence the provision of psychosocial support for children in children's corners. It further provides justification for the selected method. The research setting, data collection techniques, the instruments which will be used and the validity and reliability of the instrument are described in detail in this chapter. The chapter will further discuss how data will be analyzed and justifications for the data analysis methods. Lastly, the chapter explains measures that were executed in the study to ensure that participants' rights are not infringed on as well as ethical consideration which the researcher is going to apply.

3.2 Research Design and Methodology.

This is generally a descriptive research where a cross-sectional survey will be used to collect data on a sample or "cross-section" of respondents chosen to represent a population of facilitators of children's safe spaces. To find out the influence of orphanhood and vulnerability on provision of psychosocial support to children at children's corner as well as to explore how interactions in the safe spaces/children's corners and policy frameworks contributed to the delivery of psychosocial support, both quantitative and qualitative methods will be used.

The choice of mixed methods stemmed from the fact that results can be triangulated or complemented. Triangulation of results in peace research brings about validity and credibility (Hesse-Biber, 2010). What triangulation entails is that the "findings from one type of study can be checked against the findings deriving from the other type. For example the results of a qualitative investigation might be checked against a quantitative study" (Hughes, 2005). Apart from triangulation of the results, mixed data sets, that is, utilizing both the numerical and narratives data sets will help the researcher to understand the phenomenon in its entirety. Complementing datasets just like triangulation will allow the researcher to cross-validate the data especially when multiple methods produced comparable data (Hesse-Biber, 2010).

3.2.1 Study Area

The study will be conducted at Chanyungu Children's Corner in Machinga district. The Children's Corner is about 55 km away from Machinga Boma; a reasonable distance with moderate cost implications. Chanyungu Children's Corner according to Kamwendo (2014) is one of the community safe spaces established to provide psychosocial support to orphans and vulnerable children in the communities. It is currently hosting about 400 children most of them from the surrounding communities. This place was chosen because it has the largest number of children such that the researcher will not struggle to come up with a reasonable sample size. Chanyungu Children's Corner is about 55 km away from Machinga Boma; a reasonable distance with moderate cost implications.

3.2.2 Target Population

The Children corner has 400 children. However, the target population for the study will be facilitators, parents and children from 6 - 18 years of age. Data will be collected from the children's corner facilitators, parents, children as well as officials from the District Social Welfare Office at Machinga District Council. The officials from the Social Welfare office will be included to provide policy direction on children's corner in the community.

3.2.3 Sampling Technique

Systematic sampling technique will be used to select facilitators, parents and children to be interviewed. This is a technique in which the "sample is chosen by selecting a random starting point and then picking every n^{th} element in succession from the sampling frame" (Waller, 2010). In this case, one facilitator/parent in every n^{th} household will be selected to participate in this study. This will be after a consideration that every parent/facilitator in the corner has a probability of being selected because at least all household had a child belonging to this age group.

3.2.4 Sample size

A total number of 80 participants will then be recruited from these households to participate in this study. Considering that some will be given a room to opt out of this study, an estimation of 100 households will be visited during data collection.

3.3. Data Collection instruments or tools

The data will be collected from both primary and secondary data sources.

3.3.1 Primary Data Collection

Primary data refers to the data that is collected for the specific research problem at hand using procedures that fit the research problem best (Hox & Boeije, 2015). The data collection tools that was used in the collection of primary data was in-depth interviews.

3.3.1.1 Semi-Structured Questionnaire

Using the research instruments already mentioned, a questionnaire will be pre-tested and altered accordingly before data collection. The questionnaire will never mailed to respondents but rather face to face interviews will be conducted to increase respondent rate (Singleton, 2005).

3.3.1.2 In-depth Interviews

For qualitative data, interviews will be done with technical officers from the District Social Welfare Office. The researcher will solicit data from four respondents from the District office including service providers within the children's corner.

3.3.2 Secondary Data Collection

Secondary data is already existing data that was collected by investigating agencies or organisations (Ajayi, 2017). "Secondary data includes official statistics, administrative records, or other accounts kept routinely by organisations" (Hox & Boeije, 2015). The secondary data in this research will be obtained from a review of both local and international literature. This includes both published and unpublished academic articles, internet articles, and various relevant reports.

3.4 Data analysis

For qualitative data, data will be analyzed and organized thematically in accordance with the research objectives. After the interviews, the data will be coded and organized in the following themes: policy environment, meaning and kind of interaction in the corner, and emotional wellbeing. Quantitative data however will be analyzed using SPSS as a statistical computer package for analyzing social science data. The data will be presented in frequency tables, graphs and chi square tables. To come up with relationship between variables, cross tabulations will be used. Affirmative actions will be done using chi square test in cases where researcher wanted to cross check if indeed a relationship did exist. The chi square results will be interpreted at 5% confidence level (Neuman, 2016).

3.5 Validity and Reliability

Reliability, according to Bryman (2017), is the degree to which a given study can be replicated. Golafshani (2016), opts, therefore, to redefine reliability in qualitative studies as dependability. Dependability, according to Golafshani (2016), can be ensured by having clear data collection methods and notes throughout the research which can be read and examined by enquirers or other researchers. In order to ensure reliability in this research, the researcher will make sure that the questions for interview are relatively specific and not vague. Additionally, as the facilitator, the researcher will make sure not to overly control the discussion in order to ensure that there is free flow of thought thus making the results from the research reliable.

Validity in qualitative research is related to the truth value in the research (Noble & Smith 2015). Again validity in qualitative research takes a different form and most researchers opt for terms such as trustworthiness, quality and rigor of the study (Golafshani, 2016). In order to ensure validity in this research, the researcher will make use of thematic analysis as a data analysis tool which among other things warrants thoroughness and quality.

3.6 Ethical Consideration

The study has ensured that clearance is sought before data collection commenced and that subjects are treated according to ethical considerations. Although no sensitive information was collected, the researcher because was working with human subjects, sought clearance from the University Ethical Committee. The researcher also sought an approval to conduct a research in the children's corner from department that coordinates children services in Machinga District Council. A letter of approval to conduct the research in the children's corner was copied to the corner in charge to inform him of our study and the expected time frame. A copy of approval to conduct a study was also sent to the Traditional Authority for security and cultural reasons.

To ensure voluntary participation of the respondents, the researcher will make sure informed consent is sought from participants by ensuring that participants signed a consent form (Babbie, 2008). Through the information sheet and consent forms, participants will be informed that they are under no obligation to participate in the study. Participants will also be informed that there were no negative consequences for their non-participation.

While the researcher understood that that this research per se may not cause any harm, he will not rule out eventualities where the research could cause additional stress to some participants as they may become upset at the feeling that their children are being deprived of appropriate stimulation. To address this, the researcher will make sure that all participants understand that they are participating in research project and not a humanitarian project. It will be the responsibility of the researcher not to provide false hopes by accurately and consistently explaining the purpose of the research to all community members at all stages of research (Polonsky & Waller, 2010). The researcher will also make sure that he works with organisations in the corner to ensure that findings were closely tied to subsequent action of those agencies working at Chanyungu children's corner. Not only that, in order to ensure that the research cause no harm in any way no irrespective of its potential benefits the researcher will network with other service providers for easy referring of cases such as those who needed counselling. Those that wanted to withdraw will be allowed to do so.

The researcher will further clarify that the information will be kept under the protection for about two years after study. It should be note that hardcopies of questionnaires will locked in the cabinet only to be accessed by the researcher. The electronic information will be stored in the personal computer with a personal password. In cases where the computer will to be used by other people rather than the researcher, a guest window will opened with its own password. All questionnaires will anonymously filled to make sure the information is anonymous to all. As regards to reporting, the responses will be presented as summaries of finding in such a way that nobody could be identified with specific responses to avoid emotional harm or embarrassments (Polonsky & Waller, 2010). A copy of results will be presented to the department coordinating children services and the in-charge who will make and present the results available to participants at his discretion.

3.7. Role of the Researcher

Peace research being analogically equated to health is an action research. Its usefulness is strongly glued to the type of data collected (Galtung, 2014). To obtain credible data depends on the position of the researcher. In this study, the researcher will be positioned in a way that he benefited from both insider and outsider dichotomy. Taking an insider's role fast-tracked the process of qualitative data collection. Qualitative research requires the researcher to have a deeper understanding of the participants (Locke & Silverman, 2016). Collecting data from colleagues, in this case, will attesting to this opinion. Knowledge of the setting is of particular importance as it could help researchers to circumvent action that would cause mistrust and tension amongst respondents (Oberg, 2011). Being an outsider however, help the researcher to stay focused and not take stand or moved by sentiments of the respondent in the corner. This role will also help the researcher to ensure that the quantitative results are not learning towards certain conclusions.

3.8 Chapter Summary

Chapter three has presented the methodology of the study by justifying the use of qualitative unlike quantitative in this research. It has also presented what data is needed, location, how to secure, data analysis and interpretation. Again, ethical considerations, target population, sample size and sampling technique have equally been included.

Results

4.0 Introduction

This chapter presents and describes the data gathered from the investigation that was carried out at Chanyungu Children’s Corner on assessing the effectiveness of Children’s Safe Spaces (Children’s Corner) on the Psychosocial Lives of Orphans and Vulnerable Children. Data analysis was carried out using SPSS and Microsoft Excel. The qualitative data was analyzed thematically and in some cases, no alteration was made to words of informants; they were quoted directly as they were recorded. Considering that the data was organized within Toxic Stress and Bronfenbrenner’s theoretic framework, the seven main categories were used to facilitate cross referencing to the literature. The statistical tests that were used to examine the relationships between variables were the chi square tests and cross tabulations. Summary of statistics are presented in form of tables, frequency bar graphs and pie charts.

4.1. Characteristics of Respondents

The first set of analysis presented are the descriptive statistics for some of the variables in the study. Table 1 below illustrates the frequency distribution for gender, period spent in the children’s corner and roles of the respondents. As regards to period of stay in the children’s corner, the results show that the majority (about 83.4 %) of respondents have been in the children’s for more than six years. This entails that the majority had fresh memories of the adverse experiences that led to their situation. This was an important information based on the assumption that past adverse experiences can affect interaction and stimulation of children. The results further tells us that about 64.3% of the respondents were females and 35.7% were males. This shows that, females took a leading role in child care-giving than their male counterparts in the children’s corner. The majority of respondents about 88% came from the very same community.

| Variable | Frequency | Percentage (%) |
|-------------------------------------|-----------|----------------|
| Gender | | |
| Female | 59 | 74.1 |
| Male | 21 | 25.9 |
| Length of time in children’s corner | | |
| Below 10 years | | |
| Over 11 years | 107 | 71.6 |
| | 73 | 28.4 |
| Total | 260 | 100 |

Table1: Characteristics of those who participated in the research.

4.2 Community’s Expectations and Perceptions about Children’s Corner

The table 2 below displays the community expectations and perceptions about children’s corner. The cross-tabulation reveals that there was an interesting pattern that existed between community expectations and perceptions towards children’s corner. For example, 64.5% of children who are patronizing CC reported being exposed to information, reduced in school dropout and delinquent behaviour and engaged in different community self-help activities. It was surprising to note that religious leaders were inspired by the CC concept but were worried that more children only concentrate in entertainment that things which are spiritual in nature. While 40% of the respondents who reported was not welcoming the ideas of CC at the genesis of the Children’s corner has changed in supporting it after seeing the good out comes, only 20% of the respondents are still not satisfied with the outcomes of the corners from their conception up to date. Behaviour change and emotional experience of the children could therefore be ascribed to be one of the factors that is keeping the children’s corner to keep on existing since community members are witnessing a big change.

| Community Perceptions | Community Expectations towards Children's Corner | | | | | |
|--------------------------------------|--|-------------------------|------------------------|----------------------|---------------------------------|------------------|
| | Change in Behaviour | Reduced school drop out | Reduced in Delinquency | Enabling environment | Engaged in self-help activities | Expected nothing |
| I regularly have positive perception | 60 64.5% | 36 41% | 8 16.7% | 0 0% | 9 27.3% | 9 47.9% |
| I sometimes have positive perception | 0 0% | 16 15.4 | 11 8.3% | 12 11.1% | 14 36.4% | 12 28.6% |
| I rarely have positive perception | 17 22.6% | 13 7.7% | 14 33.3% | 17 38.9% | 12 18.2% | 0 0% |
| I do not have positive perception | 14 12.9% | 24 35.9% | 15 41.7% | 19 50.0% | 12 18.2% | 12 28.6% |

Table 2: A cross tabulation of Community Expectations and Perceptions towards Children's Corner.

The study revealed through key informants that the community members in the first place were sceptical and unresponsive when the CC was being introduced. The community was unresponsive because the objectives were communicated to them and they were not happy to hear that their children were to discuss emotional and sexual matters openly. This was so because they believed that those issues were supposed to be discussed at initiation ceremonies. But later they realised that the children's corners were helpful to their orphans and vulnerable children. Later the perceptions changed as some had to say that they expected the children's corner to bring change to lifestyle of children in their villages. They also expect to see children in children's corners being resilience and coping with challenges of life as well as being exemplary to their friends and peers and give them direction. Some also reported that children practice what they learn at children's corners and this have changed their lives. The study also revealed that the parents and some elders in the village are aware of what the children learn at the children's corners and its importance.

“Children corners are still needed because children have rights for discussion on issues affecting them. They have right to education and information. When they have information on issues such as early pregnancies, marriages, defilement, these cases are likely to decrease as they will know how to avoid and prevent...” – Village Headman Chanyungu (individual interview), July 2022.

It has also been found that the community members that were interviewed perceive and acknowledge the change of behaviour of the children especially those who belong to children's corners compared to those who do not belong to any. Twelve key informants reported that children are being exemplary in the community; they do community sensitisation on different issues concerning their village as well as issues of child rights and protection.

However, a religious leader reported a different view on perceived change in behaviour. He said that children in this village are not spiritual, they like entertainment only. This cannot help them change their behaviour but God only. He further pointed out that children are not committed to the activities that can benefit them instead they like watching violent films that cannot help them to be responsible citizens. In this regard the religious leader did not perceive a change in behaviour.

The responses by most key informants showed the perception that there is noticeable change in behaviour among orphans and vulnerable children. With the coming of children's corners vulnerable children are able to cope with the problems of day to day life. This has been shown by the evidence of reduced school dropout and delinquency among vulnerable children which has not been recorded for some time since establishment of children's corner.

“Ma Children Corner atangoti athe, ana osaphunzira achuluka.” (if Children Corners were to end, there would be many uneducated children) – CC Facilitator (individual interview), Chanyungu CC, July 2022.

4.3 How the Children's Corners are being implemented

As regards to how the children's corners are being implemented, the figure 3 below indicates that more child friendly and structured activities are usually carried out at the corner compared to those conducted at any

community place. Very few respondents reported having seen no any different on how those activities are always being conducted at the corner and at the community. While the frequencies indicated a comparative difference between activities being implemented at the corner and those conducted at the community places, the statistical chi square tests ($\chi^2 = 6.064$, $df = 3$, $p = 0.109$) shows that there was a big significant difference in terms of how those activities are always being conducted and 5 % of respondent showed no any significance difference. Facilitators with busy career were found to be equally occupied just like their male counterparts in leading the activities. The quality of play was however determined by the time spent in play since time spent with children in play was strongly linked to quality of play ($\chi^2 = 43,620$, $df = 12$, $p = 0.0005$) at 5 % significance level.

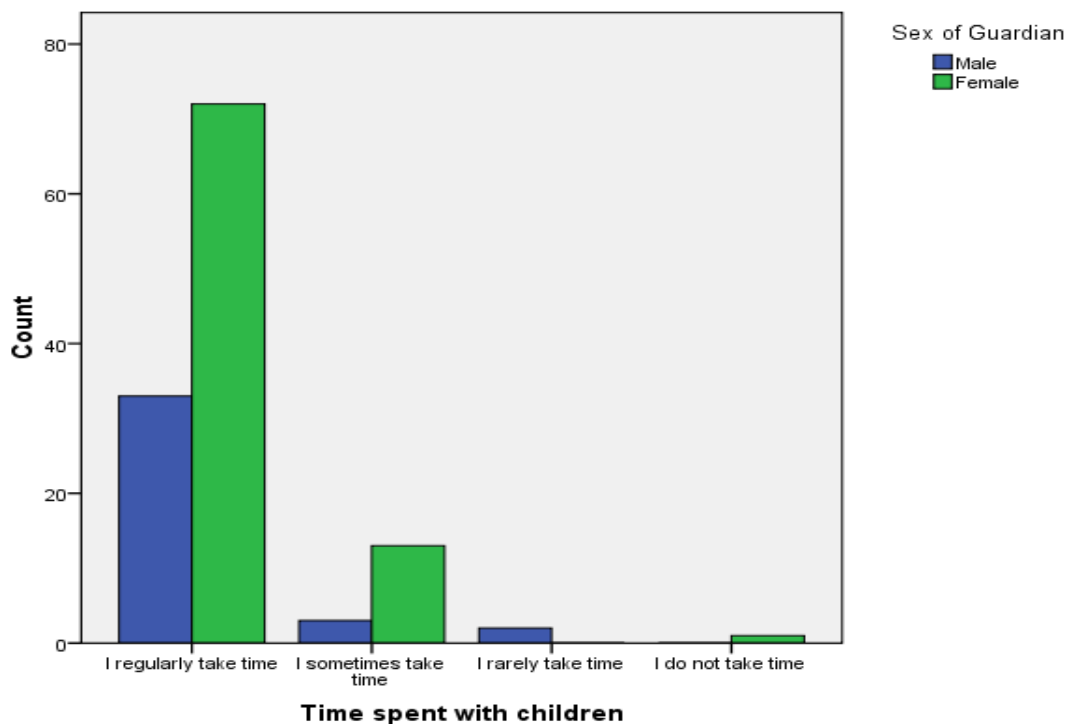


Figure 1: How the Children's Corner are being implemented at the corner.

Table 3: Chi-Square Tests on activities at the Children's corner and those at the community.

| | Value | Df | Asymp. Sig. (2-sided) |
|--------------------|--------------------|----|-----------------------|
| Pearson Chi-Square | 6.064 ^a | 3 | .109 |
| Likelihood Ratio | 6.661 | 3 | .084 |
| N of Valid Cases | 124 | | |

a. 5 cells (62.5%) have expected count less than 5. The minimum expected count is .31.

The findings of the research show that the introduction of children's corner has affected vulnerable children in many ways. Interviewed children were asked to draw and describe their typical day at a CC. From the children's visual expression and concrete descriptions, it was revealed that being involved in numerous positive activities at CCs help children get through difficult times ranging from the burden of household chores, poverty and other vulnerabilities. The activities also help children make links in their community, interact with peers and make new friends. The games played at CCs have physical health benefits. In addition, physical games can give opportunities for learning and developing teamwork, coordination and discipline skills.

“timakonda kupita ku children,s corner chifukwa ndi malo okhawa amene timafatsako ndi azimzathu ndikumapanga zinthu zosiyanasiyana monga kuyimba, magemu komanso kupanga maubale

abwino.” (We like to go to children’s corner because it’s the only place where we interact with other children, play games and relax) – FGD, children of 15-18 years, Chanyungu CC, July, 2022

Apart from the games, children reported being involved in arts and drama at the CCs. Arts and drama are a way for children to express themselves creatively, including their feelings, in a safe environment. Music and dancing let children explore their interests and help them develop a sense of self-worth and enhance their quality of life. Playgroups give children a chance to play and learn together and make it possible for facilitators to share ideas, develop new friendships and a support network in their local community.

Overall, among the interviewed children, CCs seem to offer the necessary psycho-social support and facilitating the development of creative and disciplined children. Stakeholders who were interviewed also indicated that CCs promote children participation, encourage children to attend school, and groom children to become responsible citizens.

The study found that CCs offered a range of opportunities in the promotion of children welfare. The biggest opportunity reported by many stakeholders was that CCs promoted the participation of children in issues affecting their lives. As children participate in discussions on challenges they face such as poverty and domestic abuse, CCs were said to provide the forum for articulation of these issues and forwarding them to relevant authorities.

Linked to the above, the CCs were said to have helped to curb child marriages and exposing and reporting child and gender-based abuses. There were cases of such stakeholders as CC facilitators and local leaders testifying handling cases of child marriages and abuses that were exposed through children discussions at CCs.

Stakeholders and CC conceptualization documents also highlighted the opportunity to teach children life skills for them to survive the psycho-social challenges often face due to their vulnerability. The study showed that the CCs succeeded in offering psycho-social support through activities such as self-awareness and experiential learning. However, there was little evidence to show that children learned skills to help them overcome their economic needs. There was however instances where CCs carried out collective fundraising initiatives to help the most vulnerable children especially by providing them with school materials.

Some said that, CCs used basic home-made materials such as balls and ropes. Many children found these unattractive and preferred modern (factory-made) materials. The provision of such materials in some CCs by UNICEF and other partners was therefore commended and attracted many children to attend CCs.

“timakonda kusewera sewero osiyanasiyana... koma zida zimene timagwilitisa ntchito monga mipila ndiyopanga tokha tikufuna mipira yopopa chifukwa timasewera mpira omanga umene sitikhala nawo nthawi yayitali ndiponso supatsa chikoka kusewera nawo.” (We play different activities but materials we are using such as balls are locally handmade which are not durable and are unattractive) – FGD, Children 10-14 years, Chanyungu CC, July, 2022

This study also consulted children and parents who (or whose children) do not attend CCs. This group showed lack of awareness of the aims and usefulness of CCs, and they presented this as one reason they do not attend CCs. However, many key informants found CCs to be quite relevant in the protection of children and promotion of children’s welfare.

4.4 The needs the children’s corner is attempting to address

As regards to the needs children’s corner is attempting to address, this study hypothesized that interaction at the children’s corner results into meeting various needs of the children. In a bid to respond to this, the results below show that about 66% of the children in the children’s corner are vulnerable and had no means of meeting their needs. This means that most of children lived a miserable life; an indication that their wellbeing were of low quality. The quality of their wellbeing however, is increasingly linked to the quality of interactions and play which usually took place at the corner. Low quality of wellbeing could therefore mean low levels of child stimulation and motivation.

As the regards to what needs children’s corner is attempting to address, the results showed that psychosocial support, life skills, educational, spiritual, play and recreation, counseling belongingness, identity, love, acceptance and protection from abuse and exploitation. These needs could be accessed through other stimulating services like child right clubs, youth clubs and ECD centres as indicated in figure 4b. Caregivers’ accounts however, revealed that most of these needs are provided by community members through contributions, faith based institutions, non-governmental organisations and well-wisher individuals. Figure 4b below affirms that indeed access to programmatically designated services is limited to a few and mostly older children. The needs which the children’s corner is attempting to address was therefore an indication that even the home did not afford to offer basic necessities of children.

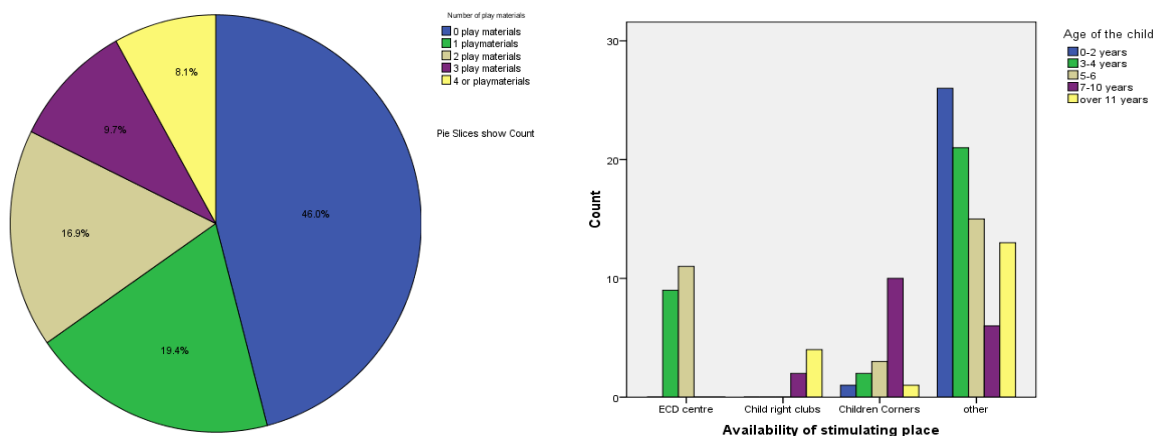


Figure 2a and 2b, Needs of children which the Children’s Corners are attempting to address

The study further found that children’s corner is attempting to address various needs of vulnerable children in many ways. Overall, among the interviewed children, CCs seem to offer the necessary psycho-social support and facilitating the development of creative and disciplined children.

From the perspective of diverse stakeholders such as CC facilitators, parents, community leaders and government officials, CCs were deemed important and relevant based on what the stakeholders observed at the CCs. A cross section of these key informants indicated that CCs are necessary to nurture children and allow them to participate in their welfare as they transition from early childhood to adolescence. The stakeholders indicated that children at CCs discuss how they live in their homes and the problems they encounter. At the same time, the CC facilitators teach the children on how to avoid malpractices such as premarital sex and to report any form of abuse. In this respect, CCs were said to be relevant forums for awareness and children participation – as the quotation below illustrates:

CC facilitators and adult stakeholders felt that CCs are relevant because children learn the importance of education. As a result, CCs were perceived to curb school dropout. Many key informants also highlighted the relevance of CCs in as far as they groom children to become responsible citizens by teaching and supporting children in some areas such as working hard in school, avoiding premarital sex, and reporting abuse. Stakeholders felt that CCs are necessary forums in communities. The extract from a village headman below illustrates this perceived relevance:

“Ma children corner ine ndimawatchula kuti ‘mtsulo’ chifukwa akusula ana kuti akhale odalilika mmudzi muno.” **(I call children’s corners ‘sharpeners’, because they are sharpening children to become reliable in this community)** – Group Village Headman Chanyungu (individual interview), Chanyungu CC, July, 2022

The children themselves, especially those younger than 14 years, indicated that they like CCs largely because they have fun playing games at the CCs. This study established that CCs present many opportunities in the promotion of child welfare in Malawi. Key opportunities are unpacked in the below paragraphs. It should be noted that the reported opportunities below are often based on observed results of CCs. The stakeholders however largely framed them as opportunities considering that the results have a potential to increase the impact of CCs if scaled up.

4.4.1. Promoting Children Participation

In regards to the promoting children participation at children’s corner, the results in table 5 below shows that almost three quarters (78%) of children attending children’s corner believe that children were very well or quite well able to interact with others. In contract, less than 2% of parents whose children do attend children’s corner felt that their children were confident around friends and participate well while among friends. The Chi square results ($\chi^2 = 86.552$, $df= 8$, $p= 0.0005$) also shows that ability to participate and interact with friends was associated with children’s corner attendance. This suggests that there was a connection between CC attendance and children’s participation at Chanyungu Children’s corner.

| Ability to Participate at Children’s Corner | Children’s Corner attendance | | | |
|---|------------------------------|-------------|-----------|-------------|
| | Yes | No | N/A | Total |
| Very well | 33 53.2% | 3 5.5% | 0 0% | 36 30.5% |
| Quite well | 12 19.4% | 0 0% | 1 100% | 13 11% |
| Excellent | 8 12.9% | 9 16.4% | 0 0% | 17 14.4% |
| Not very well | 8 12.9% | 4 7.3 | 0 0% | 12 10.2% |
| Not good at all | 1 1.6% | 39 70.9% | 0 0% | 40 33.9% |

Table 4a.A Cross-tabulation of CC Attendance and the Ability to participate
Table 4b: Chi-Square Tests on CC attendance and ability to participate.

| | Value | Df | Asymp. Sig. (2-sided) |
|--------------------|---------------------|----|-----------------------|
| Pearson Chi-Square | 86.552 ^a | 8 | .000 |
| Likelihood Ratio | 102.740 | 8 | .000 |
| N of Valid Cases | 124 | | |

a. 5 cells (33.3%) have expected count less than 5. The minimum expected count is .10.

Most key informants considered the CCs as a ready and accessible child forum that offers an opportunity for children to participate in issues affecting their lives in their communities. The CCs were considered as nurseries for Children Parliament where children can learn public speaking, issue articulation and debate. As reported in section 4.3, stakeholders reported that children at CCs do participate in discussions about how they live at home and what challenges they face.

4.4.2. Teaching Children Life skills and their confidence in helping needy children/peers

The table 6 below shows a relationship between teaching children life skills and helping needy children. The results show that 98.8 % of children whose facilitators teach them life skills felt confidence in helping other children who are needy and lack a lot of basic necessities. In contrast, 31 % of those whose facilitators felt they were very uncomfortable to support other needy children were children who have not attended life skills training. This indicates that life skills knowledge among children increases children’s confidence to help other children who are very needy.

| Children Life Skills | Children Confident in helping other needy children peers | | | |
|----------------------|--|-------------------|----------------------|--------------------|
| | Very comfortable | Quite comfortable | A little comfortable | Very uncomfortable |
| | | | | |

| | | | | |
|------------------|-------------|-------------|-----------|-------------|
| I regularly help | 30 93.8% | 6 18.8% | 0 .0% | 8 16.0% |
| I sometimes help | 0 .0% | 13 40.6% | 0 .0% | 2 4.0% |
| I rarely help | 0 0% | 10 31% | 4 100% | 9 18% |
| I do not help | 2 6.2% | 3 9.4% | 0 0% | 31 62.0% |

Table 5. A Cross-tabulation of children life skills knowledge and their confidence in helping needy children and peers.

The study showed that parents who send their children to CCs indicated that CCs have the potential to teach their children life skills. By this they meant, among other things, teaching children to be resilient and search for survival mechanisms when faced with problems; appreciating the need for education and working hard at school; and avoiding risky behaviours such as premarital sex. Evidence from interviews with children however emphasized more on the psycho-social support they get through such activities as family trees and fun games as well as encouragement to work hard at school; than on life skills linked to socio-economic survival.

Parents were however optimistic about the CCs' potential in teaching life skills. Some parents actually testified that since their children started attending CCs, their behavior have changed for the better, as the following quotation illustrates:

“tikamatumiza ana ku children corner timafuna kuti aphunzire za mmene angakhalire pa umoyo wawo. Aphunzire za mavuto amene angakumane nawo ndi mmene angathesele mavuto amenewa... ana amene amapita ku children corner amakhala active... pano timawona kuti ana amene amapita ku children corner asintha khalidwe... ndipo zoleka sukulu zikuchepa.” **(By sending our children to children’s corner we want them to learn more about their lives and life skills. They should learn about the challenges in life and how to overcome them. Children who go to children corner are active... now we see that they have changed their behavior... and school dropout has decreased)** – One of the Parents (individual interview), Chanyungu CC, July, 2022

The study also showed that children at CCs sometimes organize themselves to do piece work to raise money for the neediest children at the CCs. The case study below – a self-reported story - further illustrates such CC initiatives:

A Smile on Anganile’s¹ face

Anganile is a 13 year old girl in Chanyungu village in T/A Mposa in Machinga district. She is currently in standard 7 at Puteya Primary School. She is an orphan. She lost her father in 2016 and her mother in 2017 when she was 8 years old. She has been staying with her uncle until 2019 when the uncle abandoned her saying he also has children to feed and support. As a result, she stopped going to school.

In 2020, one of her auntie’s started supporting her and she resumed school in standard 5. The auntie however could not afford all school necessities such as school uniform but the head teacher allowed Anganile to attend school without uniform after the auntie explained the situation.

In the same year, Anganile started attending Children’s Corner at Chanyungu CC where she would meet friends, play games, and discuss issues such as HIV and AIDS, early pregnancies, early marriages, sexual relationships and how orphans and other vulnerable children can get help.

In January, 2022 children at the Children Corner organized themselves with the help of the facilitator and did voluntary community work. In the process, they raised money part of which was used to buy Anganile a school uniform, 10 notebooks, a pair of shoes and two skirts. This brought a smile on Anganile’s face as she knew that she was loved by her friends even though she was an orphan.

Anganile’s ambition is to become a teacher so that she can be a role model to children who are experiencing similar situations.

¹ Not real name for ethical reasons

4.4.3. Curbing Child Marriages and Exposing Children against Violence

The table 7 below shows a relationship curbing child marriages and exposing children against. The results show that 72% of children who were involved in child marriages were rescued and sent back to school. 63% of child abuse cases were revealed at the children’s corner. In contrast, 62 % of children who went back to school showed that they gained their confidence from the children’s corner. This indicates that children’s corner help a lot in curbing and preventing children from child marriages as well as exposing cases of child violence and abuse.

| Children involved in curbing Child Marriages and Violence | Confident of Children to reveal abuses and go back to school. | | | |
|---|---|-------------------|----------------------|--------------------|
| | Very comfortable | Quite comfortable | A little comfortable | Very uncomfortable |
| I regularly involved | 56 72.8% | 11 18.8% | 2 .6% | 6 7.8% |
| I sometimes involved | 0 .0% | 14 35.6% | 0 .0% | 3 5.0% |
| I rarely involved | 0 0% | 13 29% | 19 52% | 9 18% |
| I do not involved | 3 6.2% | 5 9.4% | 0 0% | 36 62.2% |

Table 6. A Cross-tabulation of children involved in curbing child marriages and confidence of children to reveal abuses.

The study has showed CCs and their facilitators have displayed a potential to curb child marriages and bring back to school young girls who have been married and/or were pregnant. This potential was echoed by all stakeholders in the village. It was reported that, in some cases, CC facilitators, with the support of community leaders such as village headmen and CBO members have been involved in bringing back to school young girls who were married and/or pregnant.

“tikawona mtsikana wosakwana zaka 18 atakwatiwa, timakawuza amfumu ndi makolo kuti akamutengeko ku banja; atsikana ena tawalanda mmabanja.” **(When we see a girl younger than 18 in marriage, we consult the village headman and parents to her out of the marriage; we have snatched some young girls from marriages)** – CC Facilitator (individual interview), Chanyungu CC, July, 2022

As children are given chance to share how they are living in their homes, it was common and easy to get stories of child abuse and gender based violence at CC. Much as there was no formalized mechanism of handling such cases, some facilitators indicated that they have reported such cases to the village headman, concerned parents or guardians, or the police. There were however no evidence of the facilitators following up on such cases.

“ana ena akuwulula nkhanza zomwe akuwachitila, kuphatikizilapo kuwagwililira kumene.” **(Some children are revealing the abuse they go through including rape)** - Interview with CC facilitator, Chanyungu CC, July, 2022

“anyamata amatimenya tikawakana chibwenzi” **(boys beat us up when we refuse to date them)** – FGD, 15 – 18 years Girls, Chanyungu CC, July, 2022

Some key informants regarded CCs as an opportunity to facilitate efficient and effective beneficiary targeting of government social support programmes – especially those that target vulnerable children. Considering that the CC facilitators who interact with the children have good knowledge of the status and vulnerability of children in their communities, they were considered better placed to identify the vulnerable children in their areas and also help in the targeting process of safety net programme beneficiaries. There was however no evidence of this happening at the time of the study.

Similarly, the CCs were seen to offer an opportunity for referrals in issues that affect children. Examples mentioned here included referrals to police victim support units in cases of child and gender-based violence, as reported in the section above; and youth clinics in such cases as those concerning sexual and reproductive health.

4.5 Emotional Wellbeing

4.5.1 Relationship between Circumstances leading to Vulnerability and Emotional State of the Children.

Figure 1a below presents the circumstances that led to vulnerability of the children around Chanyungu Children’s Corner Community. The statistics shows that poverty and orphanhood were the major causes of vulnerability; that about 61% of the respondents left their homes due to this single cause. The feeling of stress and anxiety was another cause for the vulnerability and it contributed to about 26.3%. Other reasons including child abuse and exploitation contributed to about 12.7%. On the other hand, figure 1b shows emotions expressed by children. The figure tells us that about 17% of respondents reported feeling depressed, 48 % withdrawn, 38 % disappointed and 59 % happy. The results however, shows that there was no relationship ($\chi^2 = 25,053$, $df = 20$, $p=0.199$) between emotions expressed and circumstances that led to their wellbeing at 5 % significance level. Though the majority (59 %) as displayed in figure 1b reported feeling happy, children’s corner was not a single cause for their happiness. The results extrapolates that the emotions expressed by respondents were not triggered by circumstances leading to their vulnerability. This means there were emotions that were elicited by several other factors other factors that In other words, it implies that the circumstances leading to their vulnerability was independent of the emotional experiences of the children’s corner at Chanyungu Children’s corner.

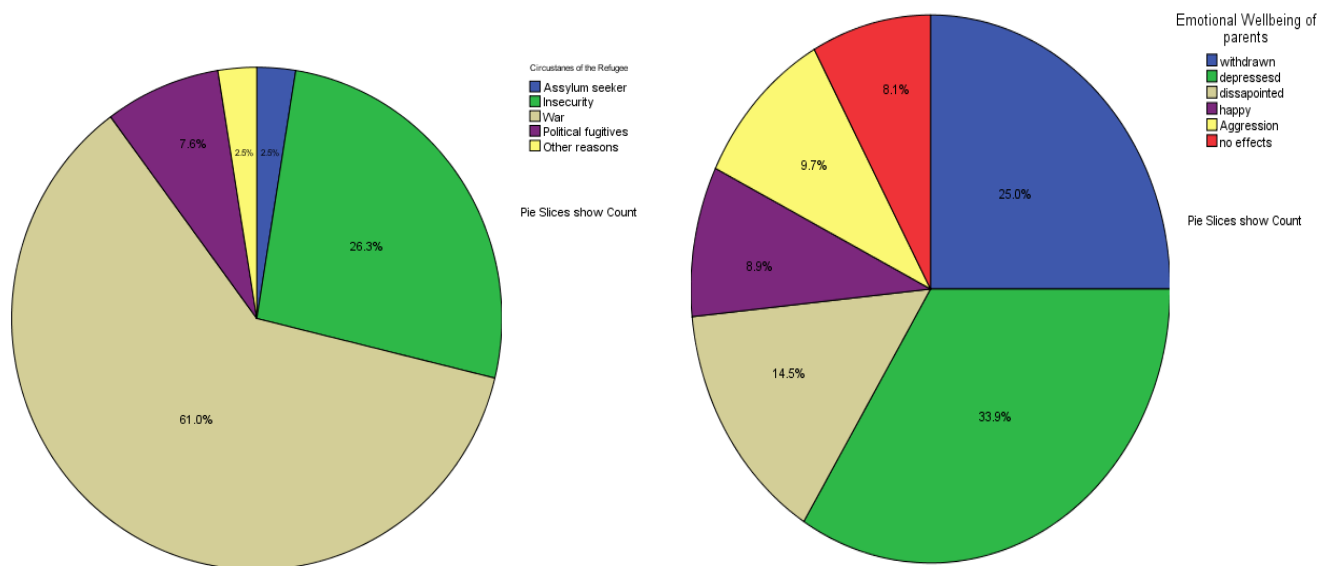


Figure 1a and 1b shows Relationship between Circumstances leading to Vulnerability and Emotional wellbeing of children respectively

Table 7: Chi-Square Tests on circumstances leading to vulnerability and emotions.

| | Value | Df | Asymp. Sig. (2-sided) |
|--------------------|---------------------|----|-----------------------|
| Pearson Chi-Square | 25.053 ^a | 20 | .199 |
| Likelihood Ratio | 24.978 | 20 | .202 |
| No. of Valid Cases | 124 | | |

a. 22 cells (73.3%) have expected count less than 5.
The minimum expected count is .24.

4.5.2 Emotional Wellbeing and Reasons for attending Children’s Corner

Figure 2a below presents emotional pattern of children against the reasons why they patronised the children’s corner. The results show that emotional flux was the major problem in the community such that most of the children felt depressed, withdrawn, aggressive and disappointed. Surprisingly though, very few of those with emotional problems sought for the help of the counsellor or a friendly safe space. No clear

reasons were given for this, despite the fact that the majority expressed the desire to talk to somebody about their feelings.

Affirmative indicators in figure 2b below confirmed that taking a prompt action for their emotions was indeed a problem; with only a handful of respondents attesting to this action. Worse still, even those that visited the counsellor at the children’s corner, very few precisely defined the reasons for their visit. For instance, a good number of those who were reported depressed visited the counsellor for other reasons none than depression. This means that the complexity of their problems resulted into difficulties in labelling or identifying their specific feelings. Several developments were associated with this trend. This includes the assumption that depression was probably induced by other factors such as abuse, vulnerability, being overburdened and orphanhood which were also perceived as predominant concerns. Another assumption could be their general dissatisfaction resulted into emotional influx. As a result of this, it was difficult for them to accurately label their feelings.

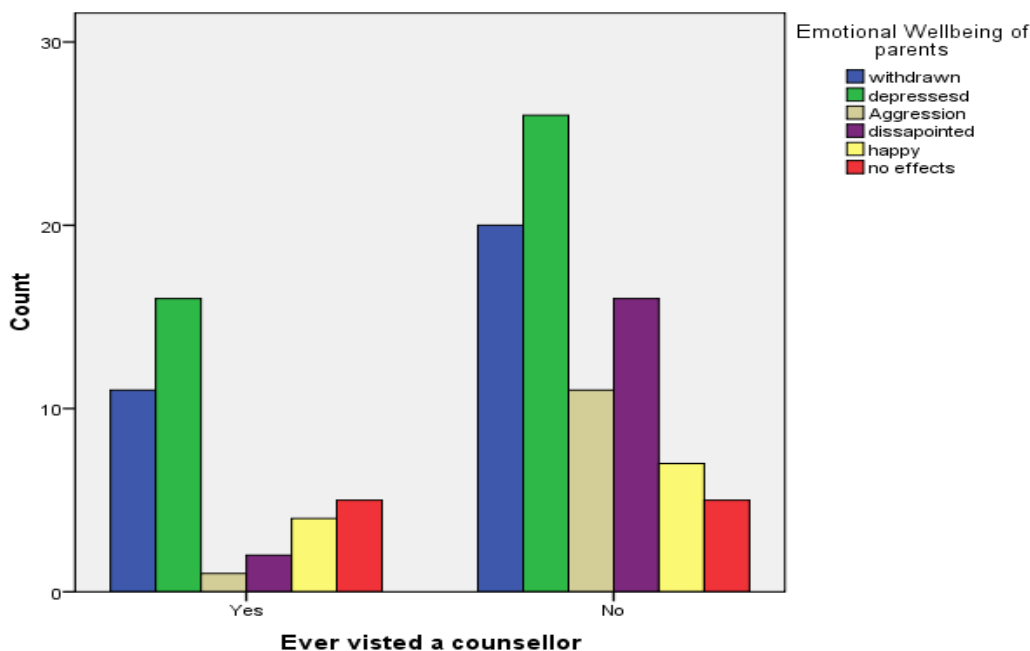


Figure 2a.Relationship Emotional Wellbeing and Reasons for Visiting the Counsellor at CC

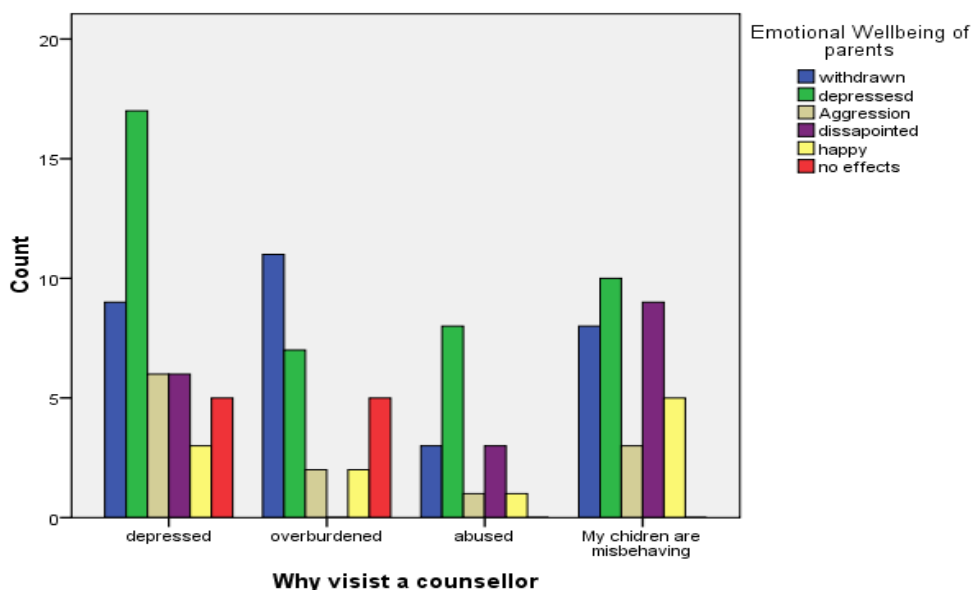


Figure 2b.Relationship between Emotional Wellbeing and Reasons for Visiting the Counsellor at CC

4. 6 Ability to Interact with Friends

4.6.1 Children’s Corner Attendance and the Ability to Interact with Friends

In regards to the ability to interact with friends at school, the results in table 6 below shows that almost three quarters (73%) of those whose children attend CC/school believe that their children were very well or quite well able to interact with others. In contract, less than 2% of those whose children do attend CC/School felt that their children were confident around friends. The Chi square results ($\chi^2 = 86.552$, $df= 8$, $p= 0.0005$) also shows that ability to interact with friends was associated with CC attendance. This suggests that there was a connection between CC attendance and children’s confidence around peers at Chanyungu Children’s Corner.

| Ability to Interact with Others | Children’s Corner/school attendance | | | |
|---------------------------------|-------------------------------------|-------------|-----------|-------------|
| | Yes | No | N/A | Total |
| Very well | 33 53.2% | 3 5.5% | 0 0% | 36 30.5% |
| Quite well | 12 19.4% | 0 0% | 1 100% | 13 11% |
| Excellent | 8 12.9% | 9 16.4% | 0 0% | 17 14.4% |
| Not very well | 8 12.9% | 4 7.3 | 0 0% | 12 10.2% |
| Not good at all | 1 1.6% | 39 70.9% | 0 0% | 40 33.9% |

Table 8a.A Cross-tabulation of CC Attendance and the Ability to Interact with Friends

Table 8b: Chi-Square Tests on CC attendance and ability to interact.

| | Value | Df | Asymp. Sig. (2-sided) |
|--------------------|---------------------|----|-----------------------|
| Pearson Chi-Square | 86.552 ^a | 8 | .000 |
| Likelihood Ratio | 102.740 | 8 | .000 |
| N of Valid Cases | 124 | | |

a. 5 cells (33.3%) have expected count less than 5. The minimum expected count is .10.

4.6.2 Time Spent with children and How Confident Children feel around Peers

The table 8 below shows a relationship between time spent with children in play and their confidence around peers. The results show that 98.8 % of children whose caregivers believed they felt very comfortable with peers were from households where caregivers spend time with their children. In contrast, 62 % of those whose caregivers felt they were very uncomfortable with friends were coming from households where caregivers spent little or no time at all with their children. This indicates that time spent with children increases children’s confidence around their peers.

| Time spent with Children | How Confident Children feel around Peers | | | |
|---------------------------------|--|-------------------|----------------------|--------------------|
| | Very comfortable | Quite comfortable | A little comfortable | Very uncomfortable |
| I regularly take time | 30 93.8% | 6 18.8% | 0 .0% | 8 16.0% |
| I sometimes take time with them | 0 .0% | 13 40.6% | 0 .0% | 2 4.0% |
| I rarely take time | 0 | 10 | 4 | 9 |

| | | | | |
|--------------------|------|------|------|------|
| | 0% | 31% | 100% | 18% |
| I do not take time | 2 | 3 | 0 | 31 |
| | 6.2% | 9.4% | 0% | 62.% |

Table 9. A Cross-tabulation of time spent with children and how comfortable children are with peers.

4.7 Behaviour of Children in the Children’s Corner

4.7.1 Relationship between Behaviour of Children in the Children’s Corner and the Contextual circumstances.

Figure 6a below estimates the magnitude of children’s behavioural problems at the children’s corner. As evidently displayed by this figure, the results shows that children’s behavioural problems were amongst the major contributing factors for frequenting the counsellor at the CC. While respondents expected to have well behaved children, a good proportion of them were disappointed with what they experienced as reported in figure 6b. Though statistics show that most children visited the counsellor because of their own emotional problems, a good proportion of them went in search for solutions to their children’s behaviour problems. These results suggests that a good proportion of children behaved contrary to their caregivers’ customs or expectation. Inquiries revealed that the problem was particularly devastating amongst children who used to go to children’s corner as compared to those who were not patronising the CC. It can therefore be deduced that there is a connection between the contextual challenges and their behavioural exhibition.

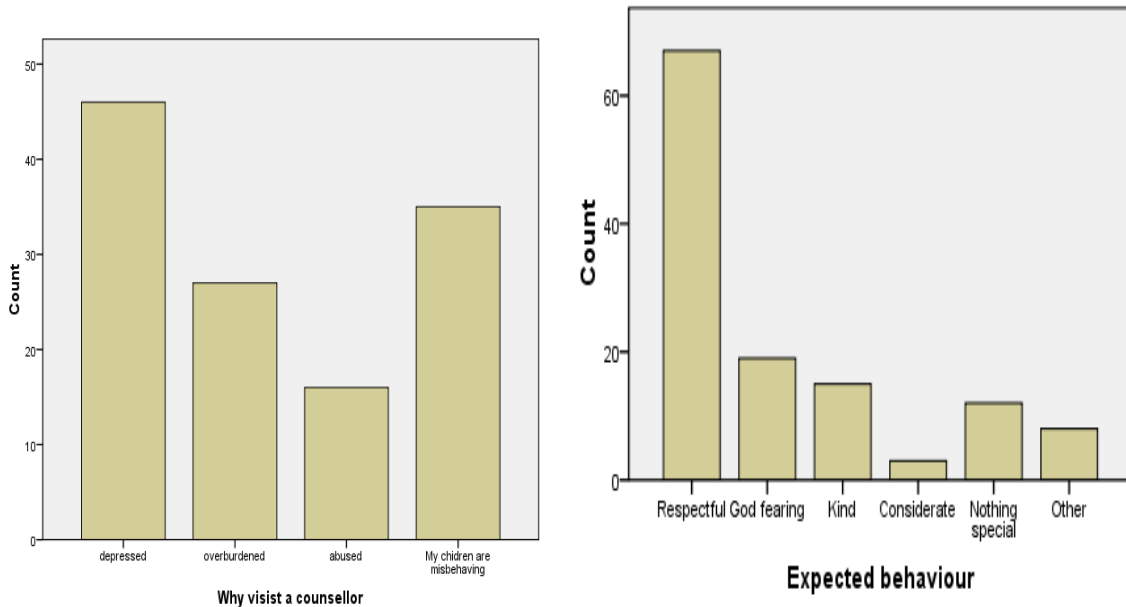


Figure 6a and 6b. Behaviour of Children in the Children’s Corner.

4. 8 Policy and Service Provision in the children’s corner.

Narratives from government officials revealed that there have been no deliberate efforts to establish a Children’s Corner (CC) in the communities. This contradicts with the policy claims on the provision of children’s corner services to all children in Malawi regardless of age or location. The results however show that despite these policy claims, gaps do exist in the children’s policy concerning the establishment of Children’s Corners in the communities. Interestingly, officials agreed that a gap does exist as the provision of Children’s Corner services requires community participation particularly because CCs are largely run by communities. Chanyungu CC being a community centre is challenged because the centre is not falling under any religious grouping where mobilization of resources easily takes place. Though the community has this children’s corner which is run by community members, the centre strictly offers psychosocial initiatives to children from the age of eight; which means it cannot accommodate children below seven years old. This leaves the caregivers with no option but to either enrol their children at the available pre-school or let the children linger around their homes. This indicates that policies affect children’s corner services at Chanyungu to the extent that services are not accessed by many hence low stimulation.

Key Findings, Conclusion And Recommendations

5.1 Introduction

This chapter provides a discussion of the findings of the research that aimed at assessing the effectiveness of Children's Safe Spaces (Children's Corner) on the Psychosocial Lives of Orphans and Vulnerable Children at Chanyungu Children's Corner. The chapter further presents the recommendations and conclusion to the study.

To begin with, orphanhood and vulnerability have been commonly associated with exposure to social-emotional and psychological risks as people often lose their familiar needs and recreational opportunities. Studies have also shown that the experience of bereavement and other emotional difficulties have also been considered to be some of the factors that pose risks to the provision of child development and stimulation services (Kholowa, 2014). The extent to which such circumstances have influenced the type of Psychosocial lives of children at Chanyungu Children's corner was however not known as there was no documentation related to that. It was against this background that the study was carried out to assess the effectiveness of safe spaces mainly children's corners on Psychosocial lives of orphans and vulnerable children at Chanyungu Children's Corner.

5.2 Key findings

5.2.1 Findings specific for objective one

The results showed that emotional experience of the children was one of the major factors influencing the psychosocial wellbeing of orphans and vulnerable children. Just as it was noted in the results above, a large proportion of children suffered from more than one emotional problem. As a result of this, they could not spend time with their fellow children. This means that the majority did not meaningfully participate on activities carried out at the CC and this correlated to level of psychosocial support provided to children. Stressing the importance of participation at the children's corner, it was the finding out that 83.4 % of children who were very comfortable and confidence with peers, are those who patronize, participate and spend time with their fellow children. We could see that participating on the activities at the CC was the major determinant to effective provision of psychosocial support.

Stressing this point, the literature reveals that most children's attitudes towards life mirrors that of their caregivers (Kholowa, 2016). Concurring with the literature, the results of this study showed that most children mirrored their caregivers' emotional expression. For example, children who reported feeling depressed or disappointed came from households that expressed similar feelings. This was a true reflection of previous research which stated that orphans and vulnerable children exhibit what they live. Significantly higher incidences of stress reactions is expected to be noted especially where caregivers had difficulties in coping with the stress of death of loved ones (Alufandika, 2017). As it is clearly stipulated, "children depend heavily on adults to help them name and express their feelings and emotions" (Kholowa, 2016). The unhealthy emotional expression was therefore modelled for them by adults. Knowing that poor emotional expression affects the level of stimulation, it could therefore be concluded that early childhood stimulation was weighed down by poor emotional experiences in the camp.

As regards to children's adaptive behaviours, the results indicated that children who do not come to children's corner had more behaviour concerns than those who usually come to the children's corner. There could be several possible explanations to this. It could mean that children's corner set of childhood stimulation activities play a critical role in indoctrinating the norms and values in the children. Being participating on the activities taking place at the children's corner could mean that children were exposed to varied norms and values and it became almost difficult for them to comprehend and adhere to specific abnormal behaviour. Another explanation could be that those children who were not members of the children's corner experienced more adverse experience than those who are members and participate at the children's corner. Just as toxic stress theory has already alluded to, children who experience extreme and adverse stress in their early years are said to be at a greater risk of developing behavioural and emotional difficulties (UNICEF, 2018). The findings of my study confirmed that parental practices and the environment in which children find themselves are key determinants of their behavioural patterns (Mbugua,

2016). This is why the literature proposes that orphans and vulnerable children need a nurturing environment because it contributes to attitudinal and behavioural transformation (Alufandika, 2017).

Access to children's corner service is therefore an important element in the provision of psychosocial support. Based on this discussion, it could be concluded that absence of support in the homes and surrounding areas was a major obstruction to the provision of psychosocial support. We know that "interventions that promote emotional development among children, particularly in times of stress, make a difference for children and their caregivers, both immediately and over the long-term" (UNICEF, 2016). Lack or inadequacy of children's corner services was therefore a bad reflection on service delivery in the community. Successful children's corner programmes help to restore children's resilience, "diminish the effects of experienced trauma and distress and provide them with a returned sense of normalcy" (Kamwendo, 2017).

Although the overview of this study indicated that vulnerability influences psychosocial support, future research needs to consider using a different methodological approach. Ideally a longitudinal study should be considered but unfortunately this was beyond the scope of this study. A longitudinal study would allow an understanding of how children and caregivers were fairing before they came to the children's corner which would allow us to conclude that the emotional experience was or was not as a result of orphanhood and vulnerability.

5.2.2 Findings specific for objective two

Emphasizing the contribution of children's emotional experience on psychosocial wellbeing, the results associate stress with the inability to interact with other children. The fact that over 81 percent of the children healed from acute stress and deep anxiety is an indication that there was adequate interaction and consequently promoting psychosocial wellbeing of children. According to the literature, children who are deeply affected by stress find it difficult to support their fellow children in a meaningful way (Kamwendo, 2016). Further, the results asserted that children's visit to the counsellor was a result of being overwhelmed by the circumstances. These findings lead to a conclusion that most children are able to cope with life as they are participating and interacting with other children at the corner as well as meeting the counsellor as they usually get the required psychosocial support services. This echoes the toxic stress theory which states that the presence of adverse experiences like stress is a major hindrance to the provision of psychosocial support (NSW, 2010).

Contrary to the expectation though, the results revealed that withdrawal was the only negative emotion that pulled children to their fellow children. Apparently, it could be inferred that the feeling of loneliness motivates children to come closer to their children at the children's corner. This was an interesting finding that despite the challenges, some children could still provide some meaningful support to their fellow children. This somehow makes sense as emotional fixation is expected in situations like these. Surprisingly though, the literature has consistently associated any negative emotional traits with the inability to interact with children in a meaningful manner.

In regards to how the children's corner is being implemented, the results showed that most children who embraced diversity were more confident to mix with friends from other communities and participate fully in activities that took place at the children's corner. For example, children's corner which have several types of activities motivates children to come in large number and this makes children to have many friends and end up making them having confident around peers. This suggests that children who embrace in dynamic activities take place at the CC have fewer challenges in terms of making friends and are therefore more often exposed to diverse stimulating services. This study has revealed that children's corner with multiple activities provided a good stimulating service to children hence help these children challenge prejudice, stereotyping and bias; and develop positive attitudes towards life.

Apart from that, Children's corner attendance was considered to be one of the factors influencing interactions in the camp and consequently impacting on psychosocial wellbeing. The results shows that 79% of caregivers whose children attend Children's corner felt that their children were quite confident around

friends compared to the 13% of those whose children never attended children's corner. This affirms that CC attendance had some influence on how well children related with peers. Excellent relationships at both CC and home can determine the level of psychosocial support. This could be the reason why UNICEF (2016) stated that many interpersonal relationships hinges on the quality of psychosocial provision.

The study intended to investigate the impact of children's corner in the lives of orphans and vulnerable children with reference to Chanyungu children's corner in Machinga district. Coming of children's corner had many negative connotations on the parts of the community members. They considered a taboo for the children to discuss sexual and emotional issues openly. Later after seeing its impact, the members have a positive perception of the children's corner and their activities, such that they encourage children to join and participate in children's corner deeds.

It is well established in this study that change in behaviour and attitude of the children has been achieved with the coming of children's corner. The children's corner has led to behaviour and attitude change of those affiliated to the corner as well as those who are non-members. It is clear from this study that CCs are relevant in Chanyungu area. This comes in the context of the need for multi-faceted and complimentary efforts to curb numerous challenges that children face. Participants to this study emphasized that CCs provide an opportunity for child participation and thereby exposing children issues that need attention. They further elucidated that CCs also pose as potential coordinating forums for many government interventions especially those targeting children. This relevance and potential notwithstanding, this study has shown that CCs are faced with numerous challenges that need urgent attention if the goal and objectives of CCs are to be achieved.

This study found that, apart from the psycho-social skills, life skills and the therapeutic benefits derived from games and play, children in CCs are rarely taught skills that can facilitate their economic development as envisaged in the CC guide. In the context of growing poverty and associated vulnerability, this becomes one of the major weaknesses of how CCs have operationalized the CC theory of change.

5.2.3 Findings specific for objective three

In terms of policy contribution to access and utilization of psychosocial support services, the results indicated every child according to policy has a right to participation at the children's corner. However, lack of collaboration amongst service providers was limiting children to access to CC services let alone play materials. This was worse for the children below 6 years of age as their access to CC services was restricted by their age. It could therefore be concluded that psychosocial support services at the children's corner is not only overlooked at family level, but at all other levels including policy level. Literature tells us that psychosocial support provision is best done in an environment where children play together like in a CC (Kamwendo, 2017).

Notwithstanding that, Chanyungu children's corner is the only corner in TA Mposa. As such, it was difficult to determine the influence of the environment surrounding the participants. As it is stipulated, ecological systems affects the way people interactions. One would want to know if the experiences were not just Chanyungu specific. It could have been helpful if there was chance to compare patterns of two different sites. Apart from that, participants in some communities feel constrained by researching institutions and tend to produce superficial results to the satisfaction of the institutions they are working with (Paluck, 2009).

Despite these challenges, the study has a number of strengths. First of all, the study has contributed to the understanding of the provision of psychosocial support in the children's corners. Very little research has been conducted to addresses psychosocial support in the children's corners, let alone Chanyungu CC. Secondly, this study demonstrated the importance of looking at the contribution of each emotional state to children's psychosocial wellbeing instead of making a general assumption that all negative emotions contribute negatively. For example, the study has unveiled that some negative emotions like withdrawal can contribute to positive child outcomes as it motivates people to come closer. The use of mixed methods, though time consuming, contributed to the in-depth understanding of nature of psychosocial support in the children's corner. For example, the qualitative interview uncovered the fact that the omission of vulnerable

children in the children's policy contributed to insufficient collaboration between the District Council and its stakeholder working in the community.

One way of reviewing if the goal and objectives of CCs are achieved, and map the way forward regarding how CCs should be implemented, the researcher unpacked the CC theory of change and how it has been operationalized in this research. The researcher used the theory of Change to establish the link between the Children's Corner and the provision of psychosocial support. A theory in a broad sense, offers a general account of how ranges of phenomena are systematically interconnected, by placing individual items in a larger context (Laing & Todd, 2015). In this encounter the theory of change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context (Vogel, 2012).

On the other hand theory of change is a systematic and cumulative study of the links between activities, outcomes and context of the initiative (Fullbright, Kubisch, & Connell, 1998). In this particular study the theory of change has helped in this research by helping the researcher to establish the changes that took place in children as a result of their participation in children's corner activities. It has also helped the researcher to come up with one stand and draw conclusions of that CC is very important and effective to the lives of not only vulnerable children but all children at large. Therefore, parents and stakeholders must promote the approach of children's corner so that every child can have an access to it.

Furthermore, this study distilled a theory of change implicit in the existing CC documentation and interviews with children and stakeholders. In the context on HIV and AIDS and resultant child vulnerability, CCs were initially envisaged to provide psycho-social support. This theory of change also targets the minimization of discrimination as one of the barriers to change and encourage participation and inclusion of orphans and vulnerable children. This theory is couched in the Rights-Based Approach (RBA) especially as applied to children where it is recognized that children like any human being have got rights including to participate in all aspects of life that affect them. This is in line with the UN Convention on the Rights of the Child (1989); as well as the African Charter on the Rights and Welfare of the Child. The RBA is a departure from the previous conception of OVC as simply victims, but to view them as agents who have rights to actively participate in every aspect of their lives (Malawi Government, 2006). While additional research may be required to replicate these findings, this study still forms a foundation for the understanding of children's corner amongst the orphaned and vulnerable.

5.3 Conclusion

This study set out to assess the effectiveness of safe space (children's corner) on psychosocial lives of orphans and vulnerable children. In general, the results shows that orphanhood and vulnerability affect the psychosocial lives of children in the communities. Since orphanhood and vulnerability is strongly linked to emotions like depression, acute stress, disappointment, and loneliness, these behaviours were found to be affecting the way children socialised at Chanyungu children's corner.

As for the emotional state of children, the study revealed that children emotional state does affect the time spent with other children and consequently provision of psychosocial support. Just as it was noted in the results above, a large proportion of children who suffered from more than one emotional problem could not spend time with other children properly. This means that the majority did not spend meaningful play and interacting time with other children was correlated to level of stimulation provided to children.

Other factors that affected vulnerability and provision of psychosocial support were, policy environment, play materials, and availability of psychosocial support services in the children's corner. These factors were also considered to have greater influence on the way children's corner services were being provided, hence low levels of psychosocial wellbeing at the children's corner. On availability of services for example, it was found out that there were limited services provided to children especially those below six years as most of the services in the children's corner could not accommodate them. Worse still, the lack of support of basic necessities in the homes derailed effective service delivery. As if that was not enough, inadequate collaboration amongst stakeholders affected the service provision.

Further, Children's Corner attendance was also closely associated with high levels of confidence to interact with peers and friends both at the corner as well as at home.

5.4 Recommendations

- Practitioners need to introduce good community parenting education and Support Programme at Chanyungu Children's Corner. The programme will help parents build buffering relationships that would support proper development of the children in the community.
- National Child participation advocacy should go beyond government of Malawi implementation structures to allow places like Chanyungu access information on the importance of psychosocial support. This will also help to strengthen networking amongst stakeholders.
- Children should be encouraged to express their feelings by seeking counselling services. This will help them reduce building up of toxic stress which has devastating effects on their lives as well as that of their parents and caregivers.
- Children's corner implementation at community level should be revisited to consider provision of support to children below 6 years of age as this is the critical period as far as early childhood development is concerned and it calls for maximum attention. This study therefore recommends that comprehensive action plans for children in the communities should always take into consideration issues of younger children.
- There is a need to strengthen the collaboration between Machinga District Council and its partners in terms of policy direction and Children's Corner implementation in the community.
- There is a need to include an urban setting where urban poverty and vulnerability is rampant will enable a comparison on the effectiveness of children's corner on the lives of children in both rural and urban setting.
- There is a tremendous need for materials and financial support to scale-up Children's Corner and Psychosocial support programming to ensure that all children at Chanyungu Children's Corner have access to quality psychosocial support services for a better, stress and depression free and resilience children.

5.5 Further Research

An attempt should be made to replicate this study in other areas of the region and the country as a whole to come up with the general effectiveness of CCs at national level for further up scaling by different organisations involved in child development and protection. There is a need for more studies to be conducted especially focusing on exploring the positive impact of CC activities on psychosocial wellbeing of vulnerable children. These further studies will also be essential to confirm and elaborate findings of the present study. This study should therefore, be a benchmark that can be used to guide future studies.

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References

1. Adam J, Kamuzora F., (2008). Research Methods for Business and Social Studies. Mzumbe: Morogoro.
2. Aldridge, R. and Goldman, J. (2010) Child Development Theories. Available at: <http://faculty.plts.edu/gpence/html/kohlberg.htm>. (Accessed on 16 March 2022).
3. Alves V, Riggs D, & Brackett, N (2015). Psychosocial Support and Social and Emotional Learning for Children and Youth in Emergency Settings. New York: Inee
4. Ainsworth, M. (2008) Basic Theories and Principles of Child Development. Available at: http://en.wikipedia.org/wiki/Mary_Ainsworth. (Accessed on 16 March 2022).
5. Anger A, Akesson B, Stark, L, Flouri & Boothby, N (2011). The Impact of the School based Psychosocial Structured Activities Program on Conflict Affected Children in Northern Uganda. Journal of Child Psychology and Psychiatry. 52, pp1124-1133
6. Alufandika G, Moyo T, Kastoner AV & McCauley E, (2016). Malawi Children's Corners Situational Assessment Technical Report. Bethesda: University Research Co.
7. Ager, L & Metzler, A (2012). Child Friendly Spaces: A Structured Review of the Current Evidence Base. Mailmail: Columbia University.
8. Ager A, Ager W & Stavron V, (2011). Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies. Mailmail: Columbia University.
9. Baldwin, Wendy (2011), 'Creating "safe spaces" for adolescent girls' in Promoting healthy, safe, and productive transitions to adulthood Series, Brief No. 9, The Population Council
10. Bauman, L & Germann, S (2005). Psychosocial Impact of the HIV/AIDS Epidemic on Children and Youth.
11. Beard, B (2005). Orphan Care in Malawi, Current Practices; Journal of Community Health Nursing 22(2): 105-15
12. Browne & Evie (2013), 'Child-friendly spaces for adolescent girls in emergency settings in GSDRC Help Desk Research Report, 26 April 2013
13. Davis, L & Ilitus S, (2014). A Practical Guide for Developing Child Friendly Spaces. London: Pearlman.
14. Babbie, E. (1998) The Practice of Social Research. Belmont: Wadsworth Publishing Company.
15. Becker, D. and Weyermann, B. (2006) Gender, Conflict Transformation and the Psychosocial Approach. Bern: Swiss Development Cooperation.
16. Boyden, J. (2003) "Children under Fire: Challenging Assumptions about Children's Resilience." Children, Youth and Environments 13(1), pp. 1-18.
17. Creswell, J.W (2012). Education Research: Planning, Conducting and Evaluating Qualitative and Quantitative Research (4th ed). Pearson Education Inc: Boston.
18. Connolly, P. and Hayden, J. (2007) From Conflict to Peace Building: The Power of Early Childhood Initiatives, Lessons from Around the World. Redmond: World Forum Foundation, Publisher.
19. Creswell, J. W. (2013) Research Design: Qualitative, Quantitative and Mixed Methods Approach. 4th ed. Lincoln: Sage.
20. Creswell, J.W. (2009) Research Design: Qualitative, Quantitative and Mixed Method Approaches. 3rd Ed. London: Sage Publication.
21. Foster, G., Levine & Williamson (2005). A Generation at Risk: The Global Impact of HIV/AIDS on Orphans and Vulnerable Children. Cambridge: Cup. PP93-133

22. Gilliam, Melissa (2012), 'From Intervention to Invitation: Reshaping Adolescent Sexual Health through Storytelling' in African Journal of Reproductive Health, 16(2), 2012, 189 – 196
23. International Women's Health Coalition (IWHC) (2016), Creating an enabling Environment for Adolescent Sexual And Reproductive Health: What We Know
24. Jana, M (2016). Study of Children's Corners in Malawi. Mercantile: Lilongwe
25. Kamwendo, A & Kawale R, (2012). Psychosocial Support Source Book for Vulnerable Children in Malawi. Lilongwe: Delta Batch.
26. Kamwendo A, (2008). Children's Corner Operational Guidelines (2008). Mercantile: Lilongwe
- Malawi Government (2013), National Youth Policy
27. Malawi Government (1999). Best Practices on Community Based Care for Orphans. Chancellor College publications: Zomba
28. Malawi Government (2006), Child Protection Training Manual Resource Kit Government print: Lilongwe.
29. Malawi Government Impact Evaluation of the National Plan of Action for Orphans and other Vulnerable Children (2005-2009/ 2010-2011)
30. Malawi Government (2017) Malawi Demographic and Health Survey 2015-16
31. Malawi Government (1995) The Constitution of the Republic of Malawi
32. Malawi Government / UNICEF (2008). Children's Corner Operational Guidelines. Lilongwe, Malawi.
33. Malawi Government/UNICEF (2014). Children`s Corner Facilitators Guide, Ministry of Gender, Children, Disability and Social Welfare, Lilongwe, Malawi
34. Munthali A, Robson E, Abane A, & Poster G (2015). Fostering Orphanhood and Schooling in Sub-Saharan Africa; Journal of Biosocial Science 42(02) pp. 141-164.
35. REPSS (2009). Psychosocial Support for Vulnerable Children. Durban. Pearlman.Soul C, (2004). Training Manual 3: Doing Qualitative Research with Children, Soul City, Johannesburg