SCOPE-OVC

TRAINING PROGRAMME
PSYCHO-SOCIAL SUPPORT FOR
ORPHANS AND VULNERABLE CHILDREN

FACILITATOR'S MANUAL

March 2004
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<td>African Charter for the Rights and Welfare of the Child</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immune-deficiency Syndrome</td>
</tr>
<tr>
<td>CMO</td>
<td>Community Mobilization Officer</td>
</tr>
<tr>
<td>COVCC</td>
<td>Community Orphans and Vulnerable Children Committee</td>
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<tr>
<td>DOVCC</td>
<td>District Orphans and Vulnerable Children Committee</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-deficiency Virus</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PSS</td>
<td>Psycho-Social Support</td>
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<td>Strengthening Community Participation for the Empowerment of Orphans and Vulnerable Children</td>
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<td>UN</td>
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<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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FOREWORD

As part of the SCOPE OVC project, FHI and SCOPE carried out psycho-social studies of orphans and vulnerable children and their guardians in Zambia. These studies demonstrated a clear linkage between emotional health and material well-being. However, there were few concrete responses in Zambia to address the psycho-social needs of OVC and their guardians. Building upon the psycho-social training to prepare data collectors for the quantitative data collection developed by FHI, SCOPE OVC contracted Zambian psycho-social expertise to develop a training program to assist adults to better cope with the emotional developmental needs of OVC.

This Facilitator’s Manual provides guidance to prepare adults, guardians, traditional leader’s skills and other community leaders with knowledge to improve emotional care and support to orphans and vulnerable children (OVC). It is intended for use by all those who are involved in training caregivers in the area of providing psychosocial support to OVC.

Gratitude goes to the members of the working group who spearheaded the development of this Facilitator’s Manual, namely:

- Petronella Mayeya, Psychologist, Chainama Hills College Hospital
- Eugenia Zulu, Project Officer, Catholic Relief Services
- Friday Nsalamo, Counselor, Chainama Hills College Hospital
- Batuke Walusiku, Technical Officer, FHI Zambia
- Karen Doll Manda, Country Director, FHI Zambia
- Tizione Mwale, Counselor, Community Youth Concern
- Tenazio Mwanza, Director, M-Field Production
- Caroline Chanda, Program officer, International HIV/AIDS Alliance

In particular, we extend our gratitude to Petronella Mayeya, Friday Nsalamo and Batuke Walusiku, who undertook the development and writing of this manual.

Special gratitude also goes to the members of the consensus workshop that endorsed the key messages, which were used to develop this Facilitator’s Manual, and to conduct the pilot sensitization, and training workshops.

The manual would not have been without the vision and foresight of Karen Doll Manda, Country Director, Family Health International, Zambia. Special gratitude for her input; time to review the document and guidance which has made this manual a reality.

SCOPE-OVC wishes to thank all the Community Mobilization Officers (CMOs), the District Orphans and Vulnerable Children Committees (DOVCCs), the Community Orphans and Vulnerable Children Committees (COVCCs). Special thanks goes to the traditional leaders who participated in the pilot sensitization and training programs.

SCOPE-OVC is indebted to CARE International Zambia, Family Health International (FHI) and United States Agency for International Development (USAID) for the valuable financial, material and moral support they rendered towards the production of this Facilitator’s Manual.

Mary Simasiku
Project Manager
SCOPE-OVC

The materials presented within this manual do not necessarily reflect those of USAID, FHI, CARE International or SCOPE OVC.
INTRODUCTION AND COURSE DESCRIPTION

This Facilitator’s Manual has been developed for the training of community leaders and members, faith based leaders and other adults who are custodians of culture and tradition, and who are therefore essential in influencing the behavior of people within their areas.

The manual is divided into seven chapters. Some chapters are broken down into several sections according to the objectives set for the particular chapter. The sections are divided into units, which include activities and discussion questions to help in understanding the lecture material. The discussion questions are intended to aid the participants to evaluate the knowledge gained. The facilitator has the option to use other methods to evaluate and assess the knowledge, skills and attitudes of the participants.

This manual is based upon 14 messages (Appendix 1) that represent the various situations and circumstances of orphans and vulnerable children (OVC). The messages are translated into the local language in the particular area during the initial Sensitization Workshop, that is to be held in preparation for the training of traditional and other community leaders (See Chapter 1 on the Sensitization Workshop) for use in the community and for better understanding of the messages by the leaders.

Although the procedures for the psycho-social support (PSS) have been detailed and activities well defined, an experienced trainer/facilitator should lead the team of trainers. This manual is a guide and the users should adapt other appropriate facilitation and training techniques and strategies to achieve the given objectives.

The manual includes a Training Program schedule and the Pre- and Post-Test Questions.

In accordance with the Input Application of Learning, the manual intends that the participatory approaches be used, and promotes the use of visual aids. Thus the facilitator should remember that:

1. We remember 20% of information when we only hear it.
2. We remember 30% when we only see it.
3. We remember 50% when we hear and see it.
4. We remember 70% when we hear, see and talk it.
5. We remember 90% when we hear, see, talk and do it.

The facilitator should also remember that Effective Adult Learning takes place when:

1. we see the knowledge as valuable
2. the goals are clear
3. we can make mistakes and together look at them and see why our own experience is valued and used
4. we add new facts to what we already know
5. we get direct, frequent feedback
6. we can share and discuss our learning with others
7. we feel respected and listened to
8. we have input into how the teaching and learning happens

This manual presents a combination of the following techniques and aids:
- Teaching Methodology
  - Brainstorming sessions
  - Lecture
  - Group work
  - Discussions
  - Case studies
  - Demonstration

- Learning Activities
  - Role-plays
  - Exercises
  - Demonstration

The following teaching materials are needed to implement the training course:
  - Flip charts
  - Flip Chart Stand
  - Markers
  - Handouts
  - Pens
  - Paper
  - Poster papers/VIPP cards

The course manual is in two parts:
Part A: Sensitization of District and Community Leaders

This part of the process is expected to internalize the fourteen key messages for psychosocial support of OVC in the people that are already working with OVC in the district or community. The sensitization workshop is designed to take place shortly before the training workshop. The purpose of this workshop is to:

- Explain the background to the 14 key messages that were used to base the topics in the training sessions
- To gain consensus from the people on the ground to the key messages and for the messages to get internalized by the community OVC stakeholders for them to be able to monitor impact of the training

This process is important to ensure that community and district leaders support the promotion of psycho-social issues amongst children in the community and provide support to those trained to initiate activities

It is advised that participants for this sensitization workshop are the leadership base of OVC stakeholders already involved in OVC activity at district and community level. It is envisioned that these people will be sensitized in psychosocial support and will provide local support mechanisms to the participants of the training in psychosocial support to be conducted after the sensitization. These people will also be able to monitor the community activities to be implemented by the trained participants in psychosocial support. At the end of the sensitization workshop, time should be spent selecting participants for the training workshop to be invited by a representative of the sensitized group at district or community level.

*The sensitization workshop is generally 1.5 days*

**Tentative Sensitization program for Community Leaders**

**DAY 1**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
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<tbody>
<tr>
<td>08:30</td>
<td>Opening remarks</td>
</tr>
<tr>
<td>09:00</td>
<td>Introductions</td>
</tr>
<tr>
<td>09:30</td>
<td>Group rules</td>
</tr>
<tr>
<td>09:45</td>
<td>Expectations</td>
</tr>
<tr>
<td>10:15</td>
<td>Objectives</td>
</tr>
<tr>
<td>10:30</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00</td>
<td>Background to the Sensitization</td>
</tr>
<tr>
<td>11:15</td>
<td>Presentation of Key Messages</td>
</tr>
<tr>
<td>11:45</td>
<td>General Discussion of Key Messages</td>
</tr>
<tr>
<td>12:30</td>
<td>LUNCH</td>
</tr>
<tr>
<td>14:00</td>
<td>Group work</td>
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</table>

**DAY TWO**

<table>
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<tr>
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</tr>
<tr>
<td>10:30</td>
<td>TEA</td>
</tr>
<tr>
<td>11:00</td>
<td>Group presentations</td>
</tr>
<tr>
<td>12:30</td>
<td>The Way Forward</td>
</tr>
<tr>
<td>12:45</td>
<td>Closing Remarks / LUNCH</td>
</tr>
</tbody>
</table>
Part B: Psychosocial Support Training for Community and Traditional Leaders

This part consists of modules that focus on the basic topics of psychosocial support linked to the fourteen key messages.

The purpose of this workshop is to;
- To increase knowledge about the emotional, psychological and social aspects of child development
- To help participants understand the consequences of child abuse in the context of child development.
- To explore aspects of child development from a gender perspective.
- To increase understanding of the loss and grief process in children, as well as the different reactions of children to loss and grief.
- To explore the advantages and disadvantages of traditional and modern aspects of grieving.
- To impart knowledge and skills on how to disclose sensitive information to children.
- To explore different ways in which children can be helped to cope with the death and loss of a loved.
- To increase understanding of HIV/AIDS, its transmission and prevention.

The participants for the training workshop should include influential members of the community including traditional leaders.

List of Modules
The Facilitator’s Manual is divided into seven (7) Modules, namely:
- Module A1 – Sensitization of District and Community Leaders
- Module B1 - Introduction to Psychosocial Support
- Module B2 – The Family Concept
- Module B3 – Understanding Children
- Module B4 – Loss and grief reactions
- Module B5 – Helping Children to cope with stress
- Module B6 – Disclosure

The training program is organized in sessions with an introductory section including timeframes for each session. The content is designed in a way such that each session compliments the other sessions. It is best that participants are able to at least understand English as it is the medium of understanding that has been utilized. A number of terms in the subject would be difficult to translate into local language but efforts should be made in the case that participants do not understand so that that course is fruitful. These participants are a mechanism to support the children in the community.

The course is designed to be participatory and is effective with a group of 15 to 25 participants. Small groups should include at least 8 - 10 persons each.

Timeframes are estimates depending on levels of understanding, and it is strongly recommended that two breaks with a lunch period be included for each day of the course.
As OVC are in need of psychosocial support all the time this course can be conducted at any time of the year with the appropriate participants. Local situations should be taken into account when setting the time frame for maximum participation. For example, farming communities may not be able to participate for an entire week during field preparation and planting.

*Part B is approximately a five day training course*

**Tentative Training program for community leaders**

<table>
<thead>
<tr>
<th>Day</th>
<th>08:30 - 10:30</th>
<th>11:00 – 12.30</th>
<th>14:00 -15:30</th>
<th>16:00 - 17:00</th>
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<tr>
<td>1</td>
<td>Introduction and Expectations - Objectives - Pre Test</td>
<td>B Introduction to Psychosocial Support</td>
<td>L The Family</td>
<td>B Gender</td>
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<tr>
<td>2</td>
<td>The Child</td>
<td>R Communicating with Children</td>
<td>U Parenting Children: Discipline vs Child Abuse</td>
<td>R</td>
</tr>
<tr>
<td>3</td>
<td>Loss and Grief Reactions</td>
<td>E Traditional Practices During Time of Grief</td>
<td>N Stress and Trauma</td>
<td>E</td>
</tr>
<tr>
<td>4</td>
<td>Helping Children to Cope</td>
<td>A Will Writing</td>
<td>C HIV/AIDS</td>
<td>A HIV/AIDS</td>
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<td>6</td>
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<td>DEPARTURES</td>
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PART A: SENSITIZATION OF COMMUNITY LEADERS

Module A1: Psychosocial Support for Orphans and Vulnerable Children

Sensitization Workshop Duration: One and half days

Session 1: Introductions and Group Dynamics

Session Duration: 2 hours

Session Objective
• To introduce participants and establish an environment of comfort and trust
• To introduce the workshop
• To establish ground rules

Session Materials
Materials needed for the session include:
• Flip charts
• Markers
• Plain paper for the participants to take notes during the workshop
• Pens
• Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
• Stiki stuff

Session Preparation
• Write workshop objectives on flip chart paper
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
• Ensure adequate copies of handouts are available for all participants
• Ensure adequate copies of handouts of 14 Key Messages

Number of activities in the session: Four (4) activities

Activity 1: Participant Introduction
Method: Group Discussion
Time: 50 minutes
Material:
• Paper and pen for the participants
Preparation:
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure:
1. Welcome participants to the workshop and introduce the facilitation team,
2. In the first session of the training the facilitator asks the participants and facilitators to introduce themselves to each other and to the facilitators.

**Note for the facilitator**

*Spending significant time on introductions ensures that participants know each other and also facilitates an environment of trust and openness amongst each other. This is known as an ice breaker.*

**Icebreaker**

There are numerous ice breakers to choose from. The facilitators are welcome to choose an ice breaker appropriate to the group. You may wish to consider the following, which can later be used during the actual workshop:

- Break participants into pairs and ask them to introduce each other. They should find out the following: name, community and earliest childhood memory and the feeling the memory brings.
- You may need to provide an example such as ‘I remember my grandmother telling me stories. I would listen with excitement as she told stories of chasing the elephants from the maize fields.’
- Each participant introduces the person next to them.

**Activity 2: Group rules**

**Method:** Group Discussion

**Time:** 10 minutes

**Material:**
- Flip chart paper
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

**Procedure**
1. Ask the group to determine some basic rules to guide their interaction during the course of the training.
2. List the rules on a flip chart and explain each one for all participants to understand.
3. Then put them up on the wall for all to see. Usually some groups will decide that a small fee be the penalty requested from anyone who breaks the rules.

**Note for the facilitator**

Examples of ground rules are:

- **Confidentiality:** Whatever is spoken about in the workshop stays in the workshop.
- **Respect for each other:** Have respect for each other’s opinion and do not judge or criticize what another person says.
- **Punctuality:** Be on time for the start of sessions on each day.
- **Commitment:** Stay and participate until the end of the workshop.
- **Speak only in turn**
Activity 3: Expectations
Method: Group Discussion
Time: 40 minutes
Material:
- VIPP cards
- Markers
- Stiki stuff

Preparation
- Read and understand session materials and activities to be conducted during sessions

Procedure
1. Ask participants to write down, on poster paper or VIPP cards, one or two things that they are expecting to learn from the workshop.
2. Paste the expectations on the wall for all to see.

Note for the facilitator
Compare the expectations with the training objectives and check whether they are compatible.

Exploring participants’ expectations of the training will help you with your planning. What the participants tell you in this session may lead you to make some necessary changes. You may well find that the group members’ perceptions of what the training is all about or what they can learn from it are very different from your own and you will need to discuss this and ensure that there is mutual understanding and those that cannot be met by the objectives of the workshop are explained as not being achievable e.g. the expectation that loans will be provided to the participants at the end of the workshop. An acceptable expectation on the other hand is that of learning or sharing ideas as this expectation would be achieved by the achievement of the objectives.

Activity 4: Workshop Objectives
Method: Lecture
Time: 20 minutes
Material:
- Flip chart paper
- Markers

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write workshop objectives on flip chart paper prior to the activity

Procedure
1. Highlight and discuss the objectives of the workshop with the participants, as listed below:
   1. To sensitize the community leaders on psycho-social issues of OVC care and support.
   2. To familiarize the community leaders with key messages developed to improve care and support of OVC
   3. To receive feedback from the community leaders on the suitability and practicality of these key messages.
Note to the facilitator
You should be prepared during this session to address some of the differences found between the expectations and workshop objectives.

Session 2: Introduction to the Sensitization Workshop

Session Duration: 1 hour 30 minutes

Session Objective
To sensitize the community leaders on psycho-social issues, care and support of OVC

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write key messages on flip chart paper. The 14 key messages should be written out on flip charts, preferably one message per flip chart paper. This makes it easy to put emphasis on each particular message during presentation.
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Number of activities in the session: Three (3) activities

Fourteen (14) Key Messages

1. Traditionally, children belong to the extended family. This practice needs to be supported and encouraged so that children who lose their real parents are still able to maintain a relationship with siblings and caring members of the extended family.

2. Children should be raised knowing who their other relatives are. Encourage spontaneous visits to and from extended family members, as well as participating in family gatherings and events. This will lessen the feeling of absolute loss when a parent dies.

3. Children need more than material support – clothing, food, shelter, education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, and to feel a sense of belonging.
4. Children who know about their parent’s illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child’s recovery from the loss.

5. Children want to be useful and to express their love and respect through contributing to the care of sick parents. Involvement in patient care and decision-making can help children feel more in control of their situation, and to cope more easily with the eventual death.

6. When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.

7. Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.

8. Children need to know where they will live and who will care for them when a parent is dying. Assets of the household must be secured to protect the child’s future. Failure to plan can leave children homeless and destitute. Writing of wills is an essential aspect of responsible parenting.

9. Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child’s memory or love for his/her parents.

10. Children of all ages need the help of extended families and elders to consolidate memories of their parents. Happy and loving memories can be reinforced, giving children a sense of history, belonging and identity.

11. Children experiencing loss and transition often find comfort in prayer and spiritual guidance.

12. Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

13. Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

14. We should learn to listen to children; they may be able to make us understand the situation they and other siblings are going through.

**Activity 1: Workshop Introduction**

**Method:** Lecture

**Time:** 10 minutes

**Material:**
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure

It is not clear to me why this is separated from the workshop objectives in a different session. Consider moving the workshop objectives to a latter point in session two.

To provide an introduction to the next activity which is the ‘Background to the sensitization’
1. Introduce the title of the workshop to the participants.

Note to the facilitator
The following are critical elements to cover in the introduction
- the workshop has been organized specifically for participants to become familiar with the emotional development and needs of OVC
- The workshop will cover age specific information
- As representatives in their respective communities they are well place to influence social and traditional norms which both support children but also to change those social and traditional norms which harm children’s emotional and physical development.
- Past experiences with this workshop indicate that it is a tremendous learning and sharing opportunity for participants and facilitators and results improved care for OVC.

This would be an opportune time to solicit for feedback and contributions from the participants to ensure that there is understanding.

Activity 2: Background to the Sensitization
Method: Lecture and Group Discussion
Time: 20 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Write the process and background to the sensitization in brief notes on flip chart paper
- Review and familiarize with the background information and material

Procedure
1. Give the participants the background as to the process that led to the initiation of the sensitization workshop.

Note for the facilitator
Take note of the following information as part of the preparation for the activity. The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background information
The following is the process that took place in the development of the sensitization program:
Child experts developed the messages that would depict the appropriate situations that would facilitate the appropriate way of caring for and looking after children in our various communities.

The development of the 14 key messages through the participation of Zambian experts, because these were better able to understand psychosocial support issues that are most common in the community and take into consideration cultural aspects in their formulation. It was hoped that these messages would be controversial enough to cause discussion and a change in attitude and behaviour towards children and their psychosocial needs.

Presentation of the key messages to a consensus group of other child experts for a critique and to seek approval.

After the endorsement of the messages, the decision to make people in the field aware of the messages so that they refer to them and begin to use them and share them with other adults, parents and caregivers in their communities.

The whole process up to the point of gaining consensus from a larger group of people that work with children especially the OVC from various sectors took approximately three months. Sensitization and training of leaders was then piloted in three provinces over a period of four months.

**Activity 3: Presentation of Key Messages**

**Method:** Lecture

**Time:** 60 minutes

**Material:**
- Flip chart paper
- Markers
- Stiki stuff

**Preparation:**
- Write Key Messages on flip chart paper
- Familiarize with the key messages and other session material

**Procedure**
1. Present each message one at a time.

**Note to the facilitator**

*Time should be taken to explain the Key Messages using the notes provided below. During the time that you are presenting the messages do not allow for general discussions by the participants. Inform the participants that time will be provided for general comments and discussions after all the 14 messages have been presented.*

**Background information**

1. Traditionally, children belong to the extended family. This practice needs to be supported and encouraged so that children who lose their real parents are still able to maintain a relationship with siblings and caring members of the extended family.

2. Children should be raised knowing who their other relatives are. Encourage spontaneous visits to and from extended family members, as well as participating in family gatherings and events. This will lessen the feeling of absolute loss when a parent dies.
3. Children need more than material support – clothing, food, shelter, education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, and to feel a sense of belonging.

4. Children who know about their parent’s illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child’s recovery from the loss.

5. Children want to be useful and to express their love and respect through contributing to the care of sick parents. Involvement in patient care and decision-making can help children feel more in control of their situation, and to cope more easily with the eventual death.

6. When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.

7. Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.

8. Children need to know where they will live and who will care for them when a parent is dying. Assets of the household must be secured to protect the child’s future. Failure to plan can leave children homeless and destitute. Writing of wills is an essential aspect of responsible parenting.

9. Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child’s memory or love for his/her parents.

10. Children of all ages need the help of extended families and elders to consolidate memories of their parents. Happy and loving memories can be reinforced, giving children a sense of history, belonging and identity.

11. Children experiencing loss and transition often find comfort in prayer and spiritual guidance.

12. Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

13. Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

14. We should learn to listen to children; they may be able to make us understand the situation they and other siblings are going through.
Session 3: Participant Understanding of the Key Messages

Session Objective
To familiarize the community leaders with key messages developed to improve care and support of OVC

Session Duration: 4 hours

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Copies of the 14 Key Messages

Number of activities in the session: One (1) activity

Activity 1: Analysis and interpretation of Key Messages
Method: Group Work
Time: 4 hours
Material:
- Flip charts
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Copies of key messages

Procedure
1. Assign three groups to undertake the following tasks:
   (a) Read through all the messages and carry out group discussions in order to better understand the messages.
   (b) Analyze the negative and positive implications as well as the appropriateness of the messages in the communities they live also considering the controversies in the messages for each message.
   (c) Make appropriate comments, and suggestions for possible improvement of the messages.
2. The fourth group is asked to translate the key messages into the local language(s) of the area where the participants live in.
3. The groups should record their discussions on flip charts for presentation to the rest of the group.
Note to the facilitator

Participants should be allowed to analyze the messages thoroughly. Even if the messages have been previously translated into the same local language the process of translating all the messages should be repeated. This process contributes to the messages being well understood through the discussion that follows.

The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all 14 messages thoroughly.

Session 4: Plenary Discussion of Key Messages

Session Duration: 2 hours

Session Objective
To familiarize the community leaders with key messages developed to improve care and support of OVC

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Review and familiarize with the session materials and activities to be conducted during sessions

Number of activities in the session: One (1) activity

Activity 1: Plenary session of group work presentations of Analysis of Key Messages
Method: Plenary discussion
Time: 2 hours
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Ask the groups to present their analyses.

Note to the facilitator
Rather than each group presenting their entire discussion on all 14 messages, which will be repetitive and will lose the attention of the participants, ask the first group presenting to discuss the findings from the first 5 messages. When they have finished ask for input from other groups for additional discussion. The second group presents messages 6-10 and the final group 11-14. Time should be spent on the presentation of the translations as well.

Allow for time for general discussions through plenary to get reactions, both positive and negative, from the participants. The presentation of the 14 key messages will lead to different types of reactions from the participants. This is to be expected since most of the messages touch on issues that are considered not only sensitive and controversial, but also taboo.

Where need arises take time to explain the particular message providing typical situations in which the message would be most beneficial to OVC to help participants become more comfortable with the message and discard their initial immediate negative reaction to the message.

Session 5: The way forward

Session Objective
To receive feedback from the community leaders on the suitability and practicality of these key messages

Session Materials

Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the activity plan on flip chart paper

Number of activities in the session: Three (3) activities
Activity 1: The Community Plan
Method: Group Discussion
Time: 40 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Write the Activity Plan on flip chart paper
- Familiarize with the session material and steps to be followed in the activity
Procedure
1. Ask the participants to indicate how they hope to see the messages spread to the different types of adults in the community.
2. List the recommendations on flip chart paper and stick the flip chart paper on the wall.
3. Write down the planned activities on flip chart.

Note to the facilitator
Highlight to the participants the plan and process that the organization or community group has had in order to provide information concerning the plight of OVC to all stakeholders.

The recommendations suggested by the participants are usually in line with the Activity Plan. If this is not the case then the facilitator is advised to encourage and solicit for the desired recommendations

Background information
The Activity Plan is according to the list of activities below:
- The development of the key messages depicting interventions to improve the circumstances of OVC.
- The development of IEC materials in the form of posters using five prioritized key messages.
- Using the key messages to develop a 13-week Radio Program to be aired on community radio stations.
- Sensitization of district and community committees and other community leaders to the key messages.
- Using the key messages to develop a Facilitator’s Manual for the Training of Traditional Leaders.
- The training of selected traditional leaders based on the key messages.
- The Training of Trainers to continue with the training of traditional leaders using the developed Trainer’s Manual.

Activity 2: Preparation for the Training of Community Leaders
Method: Group Discussion
Time: 40 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Inform the participants that training of community and traditional leaders is one of the activities on the plan and they are expected to assist with the process by identifying the traditional and community leaders to take part in the planned training, deciding on a date and identify a venue
2. Allow for discussion according to the following points and questions:
   1. Which traditional and community leaders should be invited? (Experience with village headmen indicates a closer proximity to the people within their areas. Pick those that are relatively literate and who have influence in their areas. In the case of urban settings influential community leaders could most likely be more accessible than traditional leaders)
   2. Thirty participants is a manageable group
   3. How will they travel?
   4. What is the best date to hold the training?
   5. Which is the most ideal venue for the training? (Central place, that is easily reached, but with adequate facilities)

Activity 3: Closing Remarks
Method: Lecture
Time: 10 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Provide a summary of the workshop, highlighting the importance of internalizing the 14 Key Messages and disseminating them in any way possible even just as individuals
PART B: TRAINING OF COMMUNITY LEADERS

Module B1: Community Leaders Training Workshop: Psycho-Social Support of OVC

Training Workshop Duration: Five days

The remainder of the manual contains facilitation information for the 5 days psycho-social support training for community leaders.
Module B1: Introduction to Psychosocial Support

Session 1: Introductions, Group Dynamics and Pre-test questionnaire

Session Duration: 2 hours

Workshop Training Objectives
The objectives of this training are:
1. To increase knowledge about the emotional, psychological and social aspects of child care.
2. To help traditional leaders gain insight into consequences of child abuse in the context of child care.
3. To explore aspects of child development from a gender perspective.
4. To increase understanding of the loss and grief process in children, as well as the different reactions of children to loss.
5. To explore the advantages and disadvantages of traditional and modern aspects of grieving.
6. To impart knowledge and skills on how to disclose sensitive information to children.
7. To explore different ways in which children can be helped to cope with the death and loss of a loved.
8. To increase understanding of HIV/AIDS, its transmission and prevention.

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff
- Prepare adequate handouts for the session for each participant

Session Preparation
- Write workshop objectives on flip chart paper
- Read and understand session materials and activities to be conducted during sessions
- Ensure adequate number of handouts and pre-test questionnaires are available and placed in order for eased distribution
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Distribute papers and pens to the participants for them to take notes whenever need arises
Number of activities in the session: Five (5) activities

Activity 1: Participant Introductions

Method: Group Discussion

Time: 45 minutes

Material:
- Paper
- Pen
- Flip chart
- Markers
- Stiki stuff

Preparation:
- Write the introduction exercise questions on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask the participants and facilitators to introduce each other using the provided Ice Breaker below.

Note for the facilitator

In the first session of the training the facilitator needs to allow the participants and facilitators to introduce each other. Spending significant time on introductions will ensure that participants get to know each other and it also facilitates an environment of trust and openness amongst each other. This is known as an ice breaker. The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion.

Ice Breaker

The following is an exercise to conduct introductions in a participatory manner.

Ask participants and facilitators to pair up and ask each other the following questions:
- What is your name?
- Are you married?
- Do you have any children?
- How many children do you have?
- What is the earliest memory you have of when you were a child?
- How old were you when you made the first decision about your life?
- What decision did you make?
- What do you like or enjoy doing in your free time?

Facilitators should pair up with participants so that there is camaraderie with the facilitators as well as it is learning and sharing workshop for adults and so fear should be eliminated and participation enhanced. Give 10 minutes for this activity. The first 5 minutes should be for one of the pair to tell the other the answers to the above questions and the second 5 minutes should be for the other partner in the pair to get the same information from the partner.

After the 10 minutes is up, each participant should then spend about 2 minutes each to introduce his or her partner to the rest of the participants. This should go on until everybody has been introduced by his or her respective partner.
The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion.

**Note to the Facilitator:**

*Asking the participants to answer questions about their childhood experiences will give participants a chance to remember and reflect on how it is like to be a child, and to therefore help the participants to begin to understand and appreciate issues affecting children in particular.*

*As a facilitator, you will want to pay some careful attention to what people reveal during this session. It may help you later to make an important point of the kind of experiences that children remember for the rest of their lives.*

**Activity 2: Participant Expectations**

**Method:** Group Discussion  
**Time:** 15 minutes  
**Material:**  
- VIPP cards  
- Markers  
- Stiki stuff  

**Preparation:**  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**

1. Give the participants two VIPP cards  
2. Ask participants to write down, on each of the VIPP cards, one thing that they are expecting from the workshop.  
3. Paste the expectations on the wall for all to see, classifying them according to the various clusters, e.g. those under ‘learning’ should be placed together, those that describe issues of psychosocial support, those describing increased awareness or sensitization, should be placed in the same groups.

**Note to the facilitator**

*It will be noted that these clusters should be compatible with and would generally be addressed by the fulfillment of the objectives of the workshop.*

Exploring participants’ expectations of the training will help you with your planning. What the participants tell you in this session may lead you to make some necessary changes. You may well find that the group members’ perceptions of what the training is all about or what they can learn from it are very different from your own and you will need to discuss this and ensure that there is mutual understanding and those that cannot be met by the objectives of the workshop are explained as not being achievable, e.g. more funding for community activities.*
Activity 3: Explanation of training objectives
Method: Group Discussion/Lecture
Time: 10 minutes
Material:
- Flip charts
- Markers
- Stiki stuff

Preparation:
- Write training objectives on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Display training objectives that should already be written on flip chart paper prior to the workshop and at this time
2. Explain training objectives
3. Compare with the clusters of expectations already provided by the participants to make sure that the achievement of the workshop objectives will fulfill the expectations of the participants.

Note for the facilitator
Allow some time for the participants to ask questions and seek clarifications on the training objectives. The following training objectives are to be written on flip chart paper.

Background information
Workshop Training Objectives
The objectives of this training are:
1. To increase knowledge about the emotional, psychological and social aspects of child care.
2. To help traditional leaders gain insight into consequences of child abuse in the context of child care.
3. To explore aspects of child development from a gender perspective.
4. To increase understanding of the loss and grief process in children, as well as the different reactions of children to loss.
5. To explore the advantages and disadvantages of traditional and modern aspects of grieving.
6. To impart knowledge and skills on how to disclose sensitive information to children.
7. To explore different ways in which children can be helped to cope with the death and loss of a loved.
8. To increase understanding of HIV/AIDS, its transmission and prevention.

Activity 4: Ground rules
Method: Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

Procedure
1. Ask the group to determine some basic rules to guide their interaction during the course of the training.
2. List the rules on a flip chart and explain each one for all participants to understand.
3. Then put them up on the wall for all to see.

Note to the facilitator
Usually some groups will decide that a fee be requested from anyone who breaks any of the ground rules.

Background information
Examples of ground rules are:
- Confidentiality: Whatever is spoken about in the workshop stays in the workshop.
- Respect for each other: Have respect for each other’s opinion and do not judge or criticize what another person says.
- Punctuality: Be on time for the start of sessions on each day.
- Commitment: Stay and participate until the end of the workshop.
- Speak only in turn

Activity 5: Pre-Test
Method: Individual test
Time: 40 minutes
Material:
- Pre-test questionnaire
- Pens for the participants

Preparation:
- Review and familiarize with the pre-test questionnaire and the answer guide

Procedure
1. Give the participants the pre-test questionnaire and ask them to answer the questions as best they can.

Note for the facilitator
The purpose is to find out how much knowledge the participants have about the topics to be covered during the training. The pre-test is marked and the results are kept aside to be given to the participants at the end of the training.

The results of the pre-test can be used as an evaluation of what topics should or should not be emphasized during the course of the training. (Examples of the pre and post test are found in Appendix 4)
Session 2: Introduction to Psychosocial Support (PSS)

Session Duration: 1 hour 30 minutes

Session Objective:
To explore the different types of support for taking care of the needs of orphans and vulnerable children

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Place all definitions of flip charts
- Place appropriate key message on flip chart (see session summary)
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Four (4) activities

Activity 1: Types of support that children require to develop fully
Method: Brainstorming
Time: 40 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the various definitions of support on flip chart paper

Procedure
1. Ask participants to state what types of support they think children need
2. Write down the responses on a flip chart
3. Ask the participants to identify the category of support each element characterizes using the types of support below:
   - social support
   - psychological support
   - psycho-social support
4. Write these down also on to a flip chart and display on the wall as reference will be made during the duration of the course
5. Give the definition of the various types of support that children need

**Note for the facilitator**
Understanding and knowing the special needs of children is fundamental for one to fully appreciate the meaning and value of psychosocial support. The participants should not be told these elements before the activity has taken place. The below are a guide as to what support children need in order to develop well into responsible adults.

**Background information**
Some of these needs include:

<table>
<thead>
<tr>
<th>Social Support</th>
<th>Psychological Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Guidance/counseling</td>
</tr>
<tr>
<td>Shelter</td>
<td>Love</td>
</tr>
<tr>
<td>Education</td>
<td>Care</td>
</tr>
<tr>
<td>Clothing</td>
<td>Identity</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>Spiritual support</td>
</tr>
<tr>
<td>Protection</td>
<td>Encouragement and motivation</td>
</tr>
<tr>
<td>Security</td>
<td>Play and recreation</td>
</tr>
</tbody>
</table>

Definitions of **social, psychological and psycho-social support** are as follows:

- **Social support**: Provision of physical or material support in the form of food, shelter and money as well as providing knowledge on how to process the said materials.
- **Psychological support**: deals with issues of love, security, guidance, provision of identity, care, listening etc. This essentially refers to the provision of both emotional and spiritual care.
- **Psychosocial support**: can therefore be defined as support that goes beyond catering for the physical and material needs of an individual. PSS emphasizes on the emotional and spiritual well-being of the person which have a bearing on one’s psychological health.

**Activity 2: The relevance of psychosocial support for children and their communities**

**Method**: Brainstorming
**Time**: 45 minutes

**Material**:
- Flip chart paper
- Markers
- Stiki stuff

**Preparation**:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Ask the participants to provide reasons why children need psychosocial support
2. Write the responses on flip chart paper
Note for the facilitator

The following is information that should be highlighted in the discussion to establish the relevance of psychosocial support for orphans and other vulnerable children

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background Information
Factors contributing to the relevance of psychosocial support for orphans and other vulnerable children

- The problems of HIV and AIDS are leading to more and more orphans.
- Poverty due to the poor economic climate as well as the large numbers of children being left to after themselves following the death of their parents.
- An increase in the number of sick children due to HIV and AIDS.
- An increase in the number of street children due to poverty, toxic family environments, orphan-hood, a break down of the extended family, etc.
- Many children have become victims of rape as myths about virginity as a cure for AIDS are continuously being promoted.

Meeting Children’s Needs

For the psycho-social needs of children to be met, various players will need to come in. Children on their own may not be able to satisfy or meet their own needs largely due to maturational factors which include lack of social skills, lack of information and knowledge, lack of physical strength, lack of economic power, which all, play a crucial role in influencing one’s ability to access resources within his or her environment.

Adults are extremely important to facilitate the emotional development of children. Cutting across the various cultures and traditions of all people living within the Zambian context, the parents, immediate family, the extended family, community and the nation/government are responsible for ensuring that the needs of children are met.

Needs can be met even without money

It is appreciated that for some of the needs to be met, money or the financial status of the provider at whatever level is important. However, the majority of needs and probably the most crucial needs of a person that influence an individuals emotional intelligence (which is the drive behind any positive human action or involvement and validates the reason or purpose of ones existence), can be met, even in the absence of parents, through community involvement. These include: guidance and counseling, care love, security, play and recreation, education, spiritual, support, and identity.

The issue of orphans and vulnerable children has become a major concern to most people in Zambia at present. Many initiatives have been set up to try to support the less fortunate children who most of the time are victims of circumstances beyond their control. The challenge for most people who have realized that children in difficult circumstances need support and care has been on how and what help to give. How does one help an orphaned child, a street child or multiple handicapped children, become confident members of society? How does one still see joy in a
child who is HIV positive and is sick all the time? These are some of the questions care-givers ask themselves everyday.

**Psychosocial Support (PSS)**

Psychosocial support is support that is fundamentally concerned with issues of motivation and social energy.

- It is recognized that providing physical or material support in the form of clothes, food, shelter, and money is not enough if the emotional and psychological well being as well as the social setting in which one lives in is unhealthy.
- Mere provision of material and knowledge on processing the material is inadequate and will not yield required results unless the motivation and emotional intelligence aspects are considered.
- Provision of Psychosocial support may require input of money, but money does not play the central role but rather people or community involvement is paramount. By referring to “Community” we recognize every individual that constitutes that community, i.e. from the high ranking, rich and well to do individuals right down to the poor and unemployed members of society. In other wards, every member of a community has the ability to offer psychosocial support to the needy. When dealing with issues of love, security, guidance, provision of identity, care, listening, etc, there is no expert or level of competency required. Rather, if you have “the eyes to see, the ears to listen to a child’s problems, the mouth to speak words of the comfort and wisdom, the heart to feel and understand the plight of children and the time to visit and share,” then you are the expert needed to provide psychosocial support.

Psychosocial support can therefore be defined as, support that goes beyond catering for the physical or material needs of an individual but emphasizes on the emotional and social well being of the person which have a bearing on one’s psychological health.

**Activity 3: Session Summary**

**Method:** Lecture

**Time:** 5 minutes

**Material:** None

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**

1. Sum up by highlighting the definition of Psychosocial Support and emphasizing the importance of psychosocial support
2. Emphasize the key message to the participants as part of the summary of the session.
3. Distribute the handout for the session, Appendix 5.

**Key Message:**

*Children need more than material support – food, shelter, education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued and to feel a sense of belonging.*
MODULE B2: THE FAMILY CONCEPT

Session 1: The Family

Session Duration: 1 hour 30 minutes

Session Objective:
To explore and understand the different types of family systems in Zambia

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Place family definitions on flip chart
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Session Preparation
- Write elements of the definition of a family on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Activity 1: Introduction Brain storming exercise
Method: Brainstorming
Time: 15 minutes
Material:
- Flip charts
- Markers
- Stiki stuff

Preparation:
- Write elements of the definition of a family on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. The facilitator asks the participants the following questions:
   1. What is a family?
   2. What do you understand by a family?
2. Write down the responses on a flip chart and put up on the wall and compare with the actual definition as follows, making reference to the responses from the participants:
3. Provide the following definition to the participants

Note to the facilitator
It will be good to put elements of the definition of flip chart paper before the session to be used to define a family. Remember adults remember better when they see and hear. The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background information
Family: is a social group characterized by common residence, economic cooperation and reproduction.

Elements of a family
- Social group
- Common residence
- Economic cooperation
- Reproduction

Activity 2: Types of Families and their roles
Method: Group Work
Time: 25 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure:
1. Divide the participants into 4 groups
2. Ask each group to discuss the different types of families and their roles
3. The discussion should be written on flip charts

Note to the facilitator
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all 14 messages thoroughly.
Activity 3: Plenary Discussion on Types and roles of the Family
Method: Plenary Discussion
Time: 35 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

Procedure
1. Each group is asked to present their discussion to the rest of the participants for general discussion (5 minutes per group presentation) and then a plenary session is held (20 minutes)

Note to the facilitator
The following background information will help the facilitator guide the discussion.
If individual groups define elements below the facilitator should be sure to highlight them.
If these elements do not arise from group work, then the facilitator will want to ask questions to uncover them at the end and state them clearly.

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background Information
Types of Families
- The first and most basic family, called the **nuclear family**, consists typically of a married man and woman with their offspring, although in individual cases one or more additional persons may reside with them.
- A **polygamous family** consists of two or more nuclear families affiliated by plural marriages, i.e., by having one married parent in common. Under polygamy, for instance, one man plays the role of husband and father in several nuclear families and thereby unites them into a larger familial group.
- An **extended family** consists of two or more nuclear families affiliated through an extension of the parent-child relationship rather than of the husband-wife relationship, i.e., by joining the nuclear family of a married adult to that of his parents. The nuclear family unit rarely exists in isolation, for there are brothers and sisters (siblings) who become aunts, uncles and cousins. When this wider group of people forms a close-knit unit for religious, social and economic purposes, we call this an extended family.
- The **budded family** consists of individuals that have a common interest and have committed towards each other. The HIV disease has challenged the traditional view that the family is solely determined by blood relationships. Other authors have described the family as, a social system comprising individuals who by birth, adoption, marriage or declared commitment share deep, personal connections and are mutually entitled to receive - and provide support - especially in times of need. In Africa, the disruption of the traditional family relationships as a result of HIV/AIDS related illnesses may require new affiliations outside the traditional
family structure. Relationships between friends have sometimes been stronger than those between relatives.

**Role / Functions of the Family**
- Helpfulness to other members of the family
- Treat each other as though they were actually related even when they are just friends
- Strengthening of each other and individuals that are especially in need of assistance and support
- Provide basic needs of other family members especially by the head of the family

**Activity 4: Family and Community-Based Models of Care**

**Method:** Lecture  
**Time:** 10 minutes  
**Material:**  
- Flip chart paper  
- Markers  
- Stiki stuff  

**Preparation:**  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**  
1. Give a lecture of family care, community care and institutional care.

**Note to the facilitator**

_The following information is provided to the participants in lecture form, while ensuring that they participate as much as possible in the discussion. Remember that adults learn better when they see. Some of this information can be placed in flip chart format for participants to follow along—this will also help retain their attention._

**Background information**

Families and communities are encouraged to provide social and psychological support to affected children, as they need someone’s care after a parent dies. Where grandparents are too old, poor or overwhelmed, a new ‘family’ may need to be created for them. Hence there is need in this decade for a renewed interest in the African family structure. However, it is important to avoid separating children with HIV or those affected from other children in order to avoid stigma and discrimination. It is important to identify children with psychological and emotional needs before they develop problems. However, a holistic approach that targets all children is recommended as all children have been affected by HIV/AIDS.

**1. Family Care**

Experience shows that children develop better socially, mentally, and emotionally in a family environment in familiar surroundings. As far as possible, children should stay together with their siblings in their own community, where they can relate to adults and other children who share a similar background, culture and traditions.  
Traditionally children were absorbed by the extended family network as a resource, being fostered by grandparents or other members of the family; over time though financial resources have become severely strained. In some cases children are left to look after each other with the oldest taking up the role of heading the household. All the same it is important that children feel
that they are part of the community. Relatives, neighbors, teachers and other community members all have a role to play in providing children with a caring environment and in providing support to caregivers.

2. Community Care
Safety nets and alternative models are required when the extended family cannot cope or refuses to care for children. In some settings, fostering and adoption may be feasible options when the extended family cannot care for children. However, care is needed to assess potential foster and adoptive families, to prevent exploitation and abuse, and systems must be in place for regular follow up. This approach is best undertaken in collaboration with agencies that have expertise and experience with fostering and adoption.

3. Institutional Care
Institutional care is the least appropriate model of care, and can lead to longer-term developmental problems. Children in orphanages and residential homes, for example:

- Lose contact with their extended families and communities
- Miss out on opportunities to develop meaningful relationships with adults. This leads to poor learning of social and practical skills.
- Develop a poor sense of identity and culture
- Have poor social support networks beyond the institution

In any case, institutional care has proved to be much more expensive than other types of care. Institutional care should only be a last resort when there are no other alternatives or a temporary measure while fostering, adoption or other arrangements are being made or while attempts are being made to locate relatives.

Activity 5: Session Summary:
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting the different types of families and emphasizing the key messages
2. Distribute the handout for the session, Appendix 6.

There are four distinct types of families: the nuclear family, polygamous family, extended family and the budded family

Key Messages:
Traditionally, children belong to the extended family. This practice needs to be supported and encouraged so that children who lose their real parents are still able to maintain a relationship with siblings and caring members of the extended family.

Children should be raised knowing who their other relatives are. Encourage spontaneous visits to and from extended family members, as well as participating in family gatherings and events. This will lessen the feeling of absolute loss when a parent dies.
Session 2: Gender

Session Duration: 1 hour

Session Objective:
To explore aspects of child development from a gender perspective

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write the definition of gender on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write gender concepts on flip chart paper
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Activity 1: Session Introduction and definition of gender
Method: Brainstorming/Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the definition of gender on flip chart paper

Procedure
1. Ask the participants what they understand by gender and write down the responses on a flip chart and put up on the wall.
2. Give the definitions of Gender

Note to the facilitator
The background information should be used to define the terms making reference to responses from the participants
The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion.

**Background information**

**Gender**: is a set of *cultural roles* that identify the social differences between men and women. The roles are learned, changeable over time and have a wide variation within and between cultures.

**Gender** is the *cultural definition* of behavior defined as appropriate to the sexes at a given time in a society.

**Gender** identifies the *social differences* between men and women that are learned, are changeable over time, and have a variation within and between cultures.

**Activity 2: Participant Discussions of Gender**

**Method**: Brainstorming/Group Discussion

**Time**: 15 minutes

**Material**:
- Flip chart paper
- Markers
- Stiki stuff

**Preparation**:
- Write gender concepts on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**

1. Ask the participants what they understand by the following gender concepts
   a. Sex
   b. Sex roles
   c. Sex role stereotypes
   d. Gender roles
   e. Gender identity
   f. Gender concerns
   g. Gender sensitization
   h. Gender blindness
   i. Gender planning
2. Provide definitions of gender concepts

**Note for the facilitator**

The following concepts should then be discussed to determine the participants understanding of the terms. Most of the time the answers given by the participants are right or almost right and therefore clarity to ensure understanding of the concepts and the differences between them should be made.

The following information is available in handout (Appendix XX). It should be handed out to participants after the discussion since some of these concepts are new to participants.

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should
Background information

Gender Concepts

1. Sex: Identifies the biological differences between the sexes that are universal and unchangeable, e.g.
   - a woman has a vagina
   - a man has a penis

2. Sex Roles: a role that a man or woman performs by virtue of their biological makeup
   A sex role can be performed by only one of the sexes, e.g.
   Female               Male
   - Child bearing      - Insemination
   - Lactation         - Production of sperm
   - Menstruation

3. Sex Role Stereotypes
   A rigidly held, stereotyped and oversimplified belief that men and women, by virtue of their sex, possess distinct psychological traits and characteristics, e.g.
   - Men are independent, women are dependent; or
   - Men are not emotional, women are emotional

4. Gender Roles
   Are learned behavior in a given society. Gender roles, conditions, activities, tasks and responsibilities, which are considered feminine and masculine
   Women               Men
   - washing plates    - building houses
   - gathering the branches - cutting of trees, e.g. chitemene into a heap - system
   - looking after children - protecting the family

5. Gender Identity
   Refers to the subjective feeling of ‘maleness’ or ‘femaleness’ irrespective of one’s sex. It is therefore possible to be of one sex, but feel and behave like the other sex.

6. Gender Concerns
   Denote those needs which arise from the gender division of roles and gender division of labor. They become gender concerns if they affect one sex negatively. Therefore, there are women gender concerns and men gender concerns.

7. Gender Sensitization
   The systematic effort aimed at promoting the awareness of gender differences and the implications that these differences have on development

8. Gender Blindness
   Is the inability to perceive that there are different gender roles and responsibilities in society. It can lead to failure to realize that different policies, programs and projects can
have different effects on women and men, e.g. men would like to have a well near to where animals feed.

9. Gender Planning
Recognizes the fact that because men and women perform different roles in society and they very often have different needs which should be reflected in the planning process.

Activity 3: Girl Child versus Boy Child
Method: Brainstorming
Time: 20 minutes
Materials:
- Flip Chart
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Draw the following chart on flip chart paper

<table>
<thead>
<tr>
<th>AGE</th>
<th>BOY</th>
<th>GIRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 – 10 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 – 15 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 – 18 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Procedure:
1. Ask participants to state according to their experiences the activities that boys and girls engage in for each age group.
2. Write the participants’ responses on the chart and put it up on the wall.

Note to Facilitator
Indications and experiences normally show that girls are expected at a younger age than boys to have less playtime and take up more adult roles, like cooking, looking after the house, marriage and even child-bearing. In some cases boys are given preference in the case that a family can only afford to send one child to school, while in other cases, girls are married off as a source of income through the bride price. It is explained that these are the issues that are causing gender concerns.

A discussion is held to determine what issues in society are considered by the participants as Gender issues. The definition of gender issues is then provided and a discussion ensures on ‘Recognizing a gender issue’. The facilitator should take note of the contributions from the participants on flip chart to aid the participants in following the session.
Activity 4: Gender Issues  
Method: Group Discussion  
Time: 10 minutes  
Material: None  
Preparation:  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure  
1. Give the definition of a gender issue which is an issue that arises when a sense of grievance is felt by one sex as a result of unmet gender needs and concerns.  
2. Ask participants to identify gender issues in the table from the last activity for boys and girls.  
3. Mention to the participants that generally there are more women gender issues than men gender issues.

Note for the facilitator  
The following is information that can be used during the above activity  
This information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion.

Background information  
Recognizing a Gender Issue  
Discussion points:  
- Is it the same as a woman’s issue?  
- Is it the concern of women only?  
- Should men and women be equally concerned?  
- How does a gender issue differ from other gender concepts, i.e.  
  - women’s general needs  
  - women’s special needs  
  - Gender concerns

Focus is on women’s rather then men’s needs because in practice it is women’s needs which tend to be overlooked in a male-dominated society like ours. This means that men can also have gender issues e.g. a society in which more women than men are educated would mean that education is a men’s issue in this society.

Activity 5: Session Summary:  
Method: Lecture  
Time: 5 minutes  
Material: None  
Preparation:  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure  
1. Sum up by highlighting the definition of Gender and gender concepts putting emphasis the messages. It should also be emphasized that gender is not only about women but concerns both men and women, girls and boys.  
2. Distribute the handout for the session, Appendix 7.
Key Message:
Both girls and boys should be raised as equals by giving both equal opportunity for work, play and school. Both girls and boys are children and should be provided with the same care and support.
Session 1: The Child

Session Duration: 1 hour 30 minutes

Session Objective:
To increase understanding of physical, emotional, social and developmental aspects of a child

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Five (5) activities

Activity 1: Introduction to module
Method: Brainstorming/Group Discussion
Time: 15 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

Procedure
1. Ask the participants the following question:
   - Who is a child?
2. Write the participants’ responses on a flip chart.
3. Provide the information below to the participants, explaining that in Zambia different types of legislature define a child differently and then give the general definition of a ‘Child’ as follows:
**Child:** According to the United Nations Convention on the Rights of the Child (UNCRC) a Child is any person between the ages of 0 to 18 years.

The same definition is has also been adopted by the African Charter for Rights and Welfare of Children (ACRWC) and this is the one generally used in Zambia.

**Note to the facilitator**

The following information explains the different legislature that exists in Zambia to be used to inform the participants

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

**Background information**

In the Zambian context, different pieces of legislation define a child differently. For instance:

- National Child Policy – Any person aged between 0 and 14 years
- Education Act – Anyone who has not attained the age of 18 years
- Marriage Act – Any person below the age of 21 years is not allowed to get married without the consent of parents.
- Employment Act – A person under the age of 14 years
- Juveniles Act – Anyone who has not attained the age of 16 years

In addition, there are also other conflicting ages limits. For instance, the age for obtaining a National Registration Card is 16 years, while voting age is 18 years.

**Activity 2: Stages of Human Development**

**Method:** Lecture

**Time:** 30 minutes

**Material:**
- Flip charts
- Markers
- Stiki stuff

**Preparation:**
- Write the stages of development of the child on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**

1. Give a lecture of the stages of development of the child

**Note to the facilitator**

The following should be provided in a lecture format. It is good to put items on flip chart for participants to follow. Remember adults learn better when they see and hear. In order to keep attention, you may wish to ask some questions and solicit input from participants as you go along. You can guide the discussion and provide direction through deliberate questions and statements using the background information provided.
Background information

In order to understand who a child is, it is important to have an idea of the different stages of Human Development, amongst whom is a child.

Human development is divided into several stages:
- Infancy: Birth to 18 months
- Childhood: 18 months to 12 + or – 2 years
- Adolescence: 13 years to 18 years
- Adulthood: 18 years to 65 years
- Old Age: 65 years and above

The Child

For our purposes you can see that a child covers the period of Infancy, Childhood and Adolescence. In addition, there is need to realize that growth takes place more actively at certain times than at others. And that children develop at different rates compared to each other, and even compared with their previous rates.

- **Infancy**: During this time the child is totally dependent on the parents/caregivers for its experience of the external world. It is mostly involved with eating, sleeping, crying and learning to walk.
- **Childhood**: the child is becoming increasingly independent, having learned to walk, can now explore the world alone, though with guidance. During this period, the child begins school, learns to make friends, and is generally very carefree.
- **Adolescence**: begins with puberty. Although biologically the child is said to be ready for procreation, psychologically and emotionally he/she is still a child and requires to be given a chance to slowly understand the physiologically changes as they relate to other aspects. This is a difficult period. Not only is the person half-child, half-adult, he/she begins to be prepared to take on adult responsibilities by the time he/she reaches 18 years.

It is therefore not by accident that even the education system follows the above age demarcation in the progression of children – 6/7 years to 17/18years. Life after grade 12 is intended for the preparation of the person for adult responsibilities, career development and eventually being gainfully employed.

Activity 3: Challenging Behavior in Children

**Method**: Brainstorming

**Time**: 40 minutes

**Materials**:
- Flip chart paper
- Markers
- Stiki stuff

**Preparation**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Ask the participants what they understand by challenging behaviors of children and adolescents
2. Ask them to give examples of challenging behavior
3. Write down their responses on flip chart

**Note for the facilitator**
The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. *You should not read the information aloud to the participants, but understand the information to facilitate discussion*

**Background Information for the Facilitator**
**Challenging Issues in Child Care**
When children are growing up, there are a lot of issues that arise which make it rather challenging to raise and care for them. Some of these **challenging behaviors** include:
- Stealing
- Lying
- Running away from home
- Crying unnecessarily
- Insulting
- Prostitution
- Streetism
- Temper tantrums
- Disobedience

The challenging behavior which will be portrayed will depend upon the age and vulnerability of the child, meaning the children with react differently to situations even when they are the same age, and parents need to treat each child differently according to the particular child's special emotional requirements.

**Activity 4: Session Summary**
**Method:** Lecture
**Time:** 5 minutes
**Material:** None
**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

**Procedure**
1. Sum up by highlighting the definition of the child, state what challenging behaviors are and emphasize the key messages
2. Distribute the handout for the session, Appendix 8.

A Child is any person between the ages of 0 to 18 years.
Explain that challenging behavior is usually signs of underlying difficult experiences during their upbringing.
Key Messages:
Children need more than material support – clothing, food, shelter, education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, and to feel a sense of belonging.

Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

Session 2: Communicating with Children

Session Duration: 1 hour 30 minutes

Session Objective:
To increase participants’ skills and abilities to enable them to effectively communicate with children

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Five (5) activities

Activity 1: Session Introduction
Method: Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask the participants what they understand by the term ‘communication’.
2. Write the responses on flip chart.
3. Conduct the ice breaker provided below

Ice Breaker
Without providing the definition of communication, do this ice breaker. Whisper the following message to one participant: “Look after street kids and orphans well. They can make good future leaders especially if they are empowered by you, this is a recording”.

The participant who you have whispered to, then whispers the message to the next participant and this process goes on until the message has reached the last participant. The last participant then compares the message he/she has received with the original message from the facilitator and everybody has a good laugh about the discrepancy. In addition, you can reiterate the point about communication and miscommunication and refer back to this exercise.

Activity 2: Definition of Communication
Method: Lecture / Brainstorming
Time: 25 minutes
Material:
- Flip chart
- Markers
- Stiki stuff

Preparation:
- Write the definition of communication on flip chart
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Give the definition of communication which is written on a flip chart.
2. Ask the participants the following questions
   a. What types of communication do they know of?
   b. Why do people communicate?
   c. How do children communicate?
3. Provide the factors that affect effective communication with children through a lecture format

Note for facilitator
The following is information that will assist the facilitator to lead the discussions on communication according to the questions. Any information that could be in the background information but not mentioned in the activity by the participants could be provided by the facilitator.

The facilitator should not read the information aloud to the participants, but understand the information to facilitate discussion
The following can be provided in a lecture format. It is good to put items on flip chart for participants to follow. Remember adults learn better when they see and hear. In order to keep attention, you may wish to ask some questions and solicit input from participants as you go along.

**Background information**

**Communication:** is a two way process of exchanging information from the sender to the receiver and to receive feedback. It is the sending and receiving of messages through interaction which is verbal or non-verbal. It is also a process of sharing information and ideas.

**Types of communication**

One way communication: Mere transfer of a message from one person to the other.

Two way communication: Transfer of a message from one person to the other and receiving feedback.

**Why communicate?**

To inform others (one way)
To get ideas from others (two way)
To share a message with others (two way)
To satisfy the need to interact with others (two way)
To avoid misunderstandings (two way)
To treat boredom and loneliness (two way)

**How do children communicate?**

Children can express their ideas through talking (verbal communication) or by just actions (non-verbal communication)

**Factors that affect effective communication with children (20 minutes)**

**Age:** It is very difficult to understand a child’s behavior especially a very young child who uses signs to send messages to adults. However, it is still the responsibility of adults to learn the meanings of these signs so that they do not miss out what the child is trying to communicate to them. On the other hand children older than 2 years may verbally express their needs more clearly

**Sex:** At different stages of their development, male or female children tend to do things that may not be approved of by parents or guardians. For instance at the age of 2-3, a boy becomes too fond of his father and even resents the mother for some time. By the time he reaches 3-4 the same boy will gradually become resentful of his once favorite father and shift his attention to the mother to the point of even showing jealousy whenever his father comes near her. This happens to girls as well. It is important to recognize these changes in a child’s attachment behaviors because it will help us to understand why children may not talk openly with certain adults during these important stages of their development.

On the other hand, a child who has suffered abuse at the hands of a male parent may not open up easily to other male parents as well.

**Attitude/mood:** Children are very good listeners and observers. They are capable of reading an adult’s mood and attitude no matter how one tries to pretend.

**Biases:** It is very easy to injure a child’s feelings. Children whose feelings have been injured often form their own conclusions about people and situations.

**Dressing:** A child’s imagination is usually influenced by the adult’s ways of doing things including their dressing. An adult’s casual dress usually makes a child to feel relaxed. On the
other hand, any immaculately dressed adult creates an impression of authority and may make the child to feel intimidated.

**Language/vocabulary:** Children express their needs using simple concepts. These concepts are so special to a child who is still fascinated with issues of life. They may communicate with others through play activities, using toys, songs and through gestures. Understanding a child’s language has got so many benefits to both the child and adults alike. Occasional use of this language to communicate with the child makes him/her to feel understood.

**Beliefs:** Children have also got their own beliefs about life. These beliefs must be explored in order to understand how these influence their character and perceptions about life.

**Maturity:** The mental age of a child determines how well the child can communicate his/her concerns to others. It is important to note that some children mature earlier than others.

**Confidentiality:** If a child realizes that some of his/her concerns may not be kept confidential, he/she may not likely to discuss them with others. Confidentiality applies to children as well as adults.

Perceptions about the adult: A child who regards an adult highly will most likely feel delighted to discuss his/her concerns with that person. But as long as a child regards the adult negatively, he/she may not take the adult seriously.

**Activity 3: Adult to Child Communication**

**Method:** Role Play

**Time:** 25 minutes

**Materials:**
- Flip chart
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**

1. Ask for volunteers from the participants to take part in a role play. The role play should show the participants practicing the use of the following skills on a child who is having problems attending school and needs to communicate the reasons why to the parents/guardians. They should be encouraged to be as imaginative and creative as possible:
   - Attending skills
   - Listening skills
   - Communicating skills

2. At the end of each role-play participants discuss their observations and you write them on flip chart.

**Note to the facilitator**

*The main discussion point is:* What did the exercise reveal to you?

**Activity 4: Positive communicating with children**

**Method:** Lecture

**Time:** 25 minutes

**Material:**
- Flip charts
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Give a lecture on good or positive listening skills, and why we need to listen to children

Note for the facilitator
The following session should be conducted in lecture form while soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know but tend to forget once they become adults.

The information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background information
In order to communicate with children effectively, the adult should do the following: (40 minutes)

- Have a POSITIVE ATTITUDE towards the child in the first place.
- Give the child TIME and ATTENTION. This makes the child to feel important and such he/she will wanted and open up easily.
- LISTEN to the child’s story while at the same time observing his/her gestures or important signals.
- UNDERSTAND the child’s innermost feeling and what the child is trying to communicate to you.
- Let the child know that you have UNDERSTOOD what he is saying.
- PROBE to find out how the problem is affecting the child.
- Encourage the child to ask questions
- Give the child SIMPLE, CLEAR & GENUINE EXPLANATIONS

Ask yourself these questions first:
- Are you a good listener?
- Do you like children? Do you feel comfortable talking and being with them?
- Do you take children seriously?
- Do you often interrupt children when they are talking to you?
- Do you easily listen to children’s painful stories without trying to change the subject?
- Are you able to deal with a child crying in a natural way, without feeling embarrassed or making the child feel embarrassed?
- What about your own attitudes to children: do you accept that they have their own feelings and ideas about things that they have experienced?

It is a good idea to think through the above issues, or discuss them with a group of people, to make you more aware of your own capabilities and limitations in child care issues.

Why do we need to listen to children?
“Good listening” to a child who is distressed is: actively taking in what is being said for four main purposes:
- To act as a receiver, a holder of the child’s feeling, so that the emotional tension in the child can be released in a constructive way.
• To increase understanding and knowledge of what children experience— as seen through the child’s own eyes. This understanding is necessary for planning appropriate interventions for children and families. But it should also enable you to give some help to the child immediately— comfort, relief of guilty feelings, and understanding of why the event happened, and what it meant.
• To give the child the feeling of having been “seen”, his/her feelings recognized and understood. Maybe he does not feel so alone anymore.
• When you are being a good listener, you may act as a model for important people in the child’s life, who may have not realized the child’s needs for being heard, for being comforted. You are listening with a loving, caring attitude.

Results of good listening
• The child gets some relief from built up of tension.
• The child feels “at last” someone has understood
• It may give the child a new “base for growth”, a new starting point, and help to re-establish trust in adults.
• You may have opened the eyes of others to the child’s distress- and brought children and parents closer.
• The child may have shared information with you which points to the need for action at the community level e.g. discrimination at school of orphans.

Activity 5: Session Summary
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting what communication is, the importance of communicating with children
2. Emphasize the key messages
3. Distribute the handout for the session, Appendix 9.

Communication: is a two way process of exchanging information from the sender to the receiver and to receive feedback. Effective communication with children requires the use of good listening and attending skills.

Key messages
Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.
Session 3: Parenting Children: Discipline versus Child Abuse

Duration: 1 hour 30 minutes

Session Objective:
To raise awareness about the differences between disciplining children and abusing children.

Session Materials

Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Prepare adequate handouts for the session for each participant.

Number of activities in the session: Seven (7) activities

Activity 1: Session Introduction
Method: Lecture/Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the ‘Points to remember’ in raising children on flip chart paper.

Procedure
1. Mention to the participants that as they probably know, parents/guardians have one great job to do, which they cannot run away from. This is parenting their Children. That is why there is need for all to have information, knowledge and skills on how best this job could be done.
2. Ask the participants what they feel needs to be done to be a good parent.
3. Ask the participants what they feel are the challenges of parenting.
4. List the points given and refer to them through the discussion.
Note for the facilitator
The following information should be used as background information to guide the discussion on parenting.

Background information
Points to remember in raising children
The following are some points to remember as you go about the job of raising children:
1. A child who lives with criticism, learns to condemn
2. A child who lives with hostility, learns to fight
3. A child who lives with ridicule, learns to be shy and to ridicule others
4. A child who lives with shame, learns to feel guilty
5. A child who lives with tolerance, learns to be patient
6. A child who lives with encouragement, learns to be confident
7. A child who lives with praise, learns to appreciate
8. A child who lives with fairness, learns justice
9. A child who lives with security, learns to have faith
10. A child who lives with approval, learns to like himself and to be confident
11. A child who lives with acceptance and friendship, learns to find love

A CHALLENGE TO PARENTS AND THOSE PARENTING
- What would we like our children to live with?
- Which way would we like them to follow?
- Will we help her/him to prepare for a better life ahead?

Activity 2: Definition of Discipline and Abuse
Method: Brainstorming/Group Discussion
Time: 30 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Ask the participants the following questions:
   1. What do you understand by discipline?
   2. What do you understand by abuse?
   3. What are the common practices of discipline?
   4. What are the common practices of abuse?
   5. What is the difference between discipline and abuse?
2. Write down the responses on flip chart and put on the wall.
3. Give the actual definition of discipline and abuse
4. Spend time defining the different types of child abuse.

Discipline: Act of control exercised over a child; mental or moral training to be orderly; act of punishing.
**Child Abuse:** Act of omission or commission that endangers or impairs a child’s physical or emotional health and development. This is a maltreatment of children, physically, emotionally or sexually.

**Physical abuse:** Actual physical injury to a child or failure to prevent injury or suffering to a child.

**Emotional abuse:** Actual or likely severe adverse effect on the emotional and behavioral development of a child, caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment.

**Sexual abuse:** Actual sexual exploitation of a child. This may be through fondling, penetration, exposing the child to sexual material and/or information that is sexually improper.

**Neglect:** The failure to protect a child from exposure to danger, including starvation or cold, or the failure to carry out aspects of care, resulting in significant damage to the child’s health or development.

**Note for the facilitator**
The following session should be conducted in lecture form while soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know but tend to forget once they become adults. The information is available in handout (Appendix 10).

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. The facilitator should not read the information aloud to the participants, but understand the information to facilitate discussion.

**Background Information for Facilitator**

**Discipline**
These are acts intended for purposes of:
- Teaching a child
- Putting a child in the right channel for the child to grow up responsibly
- Controlling the behavior of the child
- Instilling good behavior and conduct
- Correcting mistakes

Examples of discipline, which are forms of punishment include:
- beating,
- denial of food,
- isolation (disallow the child from being with other children),
- ignoring the child,
- warning the child by talking about possible consequences of whatever the child has done if the action is repeated,
- harshness,
- shouting,
- using abusive language,
- giving too much work to do,
- locking the children outside at night
- confining them to the home.
Child Abuse
This problem is as old as humanity and occurs in all races, religions, cultures and economic groups. Although it is an old problem, it is only relatively recent that societies have come to recognize it as a serious problem with far reaching consequences.

Activity 3: Types of abuse
Method: Lecture
Time: 10 minutes
Material:
- Flip charts
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask participants what types of abuse they are aware of
2. Find out from participants if it is possible for punishment to become abuse and when they feel this occurs

Note for the facilitator
The above activity should be conducted in lecture form while soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know but tend to forget once they become adults. The information is available in handout (Appendix 10).

The following are background notes for you to include in your discussion and presentation.

Background information
Physical Abuse
This is when children are hurt or injured by caregivers or other people causing cuts, bruises and fractures. Physical abuse can also include giving a child substances such as alcohol or medicines (overdose) to make child sleepy so that they are no trouble at night.

Signs and effects of Physical abuse
Clear-cuts and bruises can be seen on the child. In serious cases, a child could be handicapped i.e. losing an eye, losing a finger etc. Also children, who are physical abused become withdrawn, lose confidence in themselves and lack social skills. Such children could also become abusive themselves i.e. always involved in fights at school and at play, and when they become parents, they could abuse their own children.

Emotional Abuse
This includes constant criticism belittling and trashing of a child or ignoring and withholding praise and affection. This is failure to provide the psychological nurturing necessary for a child’s physical and emotional growth, and development. Verbal abuse is whereby children are constantly being shouted at and humiliated or frightened. This is largely about the relationship between a caregiver and a child. It is about the parents or caregivers’ ability or inability to express
affection and to understand what it is to be a child. Unlike other abuse, emotional abuse does not leave physical injuries or scars and is often not easily recognized.

**Signs and effects of Emotional abuse**

Emotional Abuse leads to emotional disturbances e.g.
* Lack of confidence and self esteem
* Withdrawal
* Insecurities that could lead to violence
* Lack of social skills
* Bed-wetting and thumb sucking in younger children
* Poor performance at school etc

**Neglect**

This is continued failure to provide a child with basic necessities of life and adequate supervision needed for a child’s optimal growth, and development, and failure to use for available resources to meet these needs e.g. not taking a child for medical treatment when the clinic is free and close by, failure to provide food, shelter safety, care and attention which results in physical, intellectual and emotional retarded growth.

Unlike other forms of abuse, neglect is about what caregiver does not do rather what he or she does. If reflects the overall level of functioning of a family response to situation and their failure to meet the child’s abuse. Child neglect could be a result of a number of factors such as, Lack of personal competency, lack of parenting skills, inability to plan, low self esteem, social isolation, lack of a support networks, history of abuse in the family and excessive consumption of alcohol or drugs, etc.

**Signs and effects of Neglect**

Neglected children could
- Be malnourished
- Become street children
- Be sickly
- Be untidy
- Sad and generally withdrawn
- Lack self esteem
- Be performing quite badly at school

Such children are very vulnerable to all forms of abuse because they lack parental guidance and protection.

**Discipline versus Abuse**

In conclusion, the very thin line between discipline and abuse is dependent on the kind of person that is instilling the discipline and what the person is feeling (the motive for punishing), when, where, how the punishment is being done and what it is done with. Therefore discipline is differentiated from abuse by using the following criteria:

- **Why** is to deter the child from bad behavior
- **How** is to improve the behavior
- **When** is just after and is related to the bad action
- **Where** is in an appropriate place
- **Who** is a person concerned about the child
• **What** is used is not harmful
Discipline is separated from abuse when the action / punishment is given without love and most of the time children can feel that the person does not love them.

**Activity 4: Sexual Abuse**
**Method:** Group Discussion
**Time:** 20 minutes
**Material:**
- Flip chart paper
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Ask the participants what they understand by ‘Sexual Abuse’
2. Write the responses on flip chart paper
3. Provide the definition
4. Ask the participants who they feel is the usual abuser and provide the answer according to the background information provided below
5. Discuss forms of sexual abuse with participants and their long and short term effects

**Note to facilitator:**
*This section is often the most difficult for participants. It is important to spend time on this issue.*

The above activity should be conducted in brainstorming and lecture form while soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know but tend to forget once they become adults. The information is available in the handout.

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

**Background information**
**Sexual Abuse**
Of all the forms child abuse, perhaps the most difficult one for people to face is sexual abuse. Whether or not the child consents, sexual activity between an adult and a child is always abusive.

**Sexual Abuse** is the exploitation of a child by an adult or older person for the sexual stimulation or gratification of that person. Misuse of power and distortion of adult child relationship are the main factors.

**Forms of Sexual abuse**
Sexual abuse can be:
1. Sexual intercourse or rape of a child.
2. Incest- father with daughter - mother with son – sister with brother, uncle, or niece, etc.
3. Touching of private parts.
4. Child prostitution – where children are paid to have sex with someone.
5. Pornography – either a child is shown pictures r forced to pose in picture, forced masturbation.
6. Forced early marriages
7. Sodomy

**Short Term Effects of Child Sexual Abuse**
- Sexually Transmitted infections and HIV infections
- Unwanted pregnancies
- Depression
- Social withdrawal/ Isolation
- Fear of the opposite sex
- Sexual interest
- Poor school performance

**Long-term effects**
- Poor sexual relations in adulthood
- Mistrust of the opposite sex
- Could be perpetrators of sexual violence themselves
- Poor social relations
- Depression

**The Abuser**
Sadly all sorts of people from all works of life and from a variety of professions and callings are capable of abusing children sexually. It could be a family member a close relative, a family friend, a leader or even a priest.

**Activity 5: Challenges of being a Parent**
**Method:** Group discussion
**Time:** 15 minutes

**Materials:**
- Flip chart
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Discuss the characteristics of an abusive parent
2. Write the main points of the discussion on flip charts

**Note for the facilitator**
The facilitator should solicit for responses from the participants seeking their understanding of what an abusive parent is like and what types of discipline are appropriate for children.

Crises such as the loss of a job, divorce, illness, or stress on the job are factors which will result in the parent suddenly losing control and abuse the child. The parent over-reacts to stress which
have become too complex to cope with. The abuse is the result of anxiety and frustration felt by the parent.

Background information
The Abusive Parent
Abusive parents may have some of the following characteristics:

They:
- Have unrealistic expectations of the child’s behavior.
- Appear not to trust anyone
- May be over critical of the child and do not discuss the child in a positive manner
- Believe in harsh punishment and do not hug or touch the child. They appear to lack the normal understanding of the child’s emotional or physical needs.
- React with impatience or completely ignore the child altogether
- May be isolated from support groups such as family, friends or social groups
- May be reluctant to give any information concerning the child’s condition or, when giving reasons, the responses are unreasonable
- Appears hostile or over react when questioned about the child or show no concern and are more occupied with their own problems.
- Fail to take the child to proper medical care or chooses to go to a different hospital/doctor each time. They refuse to consent to any diagnostic studies for the child’s behavior
- Are difficult to locate, fail to keep appointments, have little social contact and do not participate in any school activities
- Their general behavior is irrational, may appear cruel, lacks control, and generally is not conducive to child rearing
- Are probably misusing drugs or alcohol.

Activity 6: Session Summary
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting the main difference between discipline and child abuse, the different types of abuse, physical, emotional and sexual
2. Emphasize on the key messages
3. Distribute the handout for the session, Appendix 10.

Note to the facilitator
In summing up the session also mention to the participants that there is a very thin line between discipline and abuse depending on the kind of person that is instilling the discipline. It is the responsibility of adults to protect children, and abusive adults must take full responsibility for seeking to engage in sexual activities with children.

Key messages
Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older
children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

We should learn to listen to children; they may be able to make us understand the situation they and other siblings are going through.
Session 1: Loss and Grief

Session Duration: 1 hour 30 minutes

Session Objective: To understand the loss and grief process in children as well as the children's different reactions to loss.

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write workshop objectives on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Activity 1: Session Introduction
Method: Brainstorming/Lecture
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Write the definition of loss, grief and mourning on flip chart paper

Procedure
1. Ask the participants what they understand by the following terms:
   - Loss
   - Grief
   - Mourning
2. Write down the responses on flip chart and put up on the wall
3. Give the actual definitions of loss, grief and mourning according to the background information provided.

**Note for the facilitator**
The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion valued in ones life.

The above activity should be conducted in brainstorming and lecture form while soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know but tend to forget once they become adults.

The information is available in handout (Appendix 11).

**Background information**

**Loss**: is the result of being deprived of something significant and valued in ones life. It is often used to refer to the severing of an attachment that offered love and security, such as the relationship with a family member, friend, beloved pet or object.

**Grief**: is the individual’s personal experience of thought and feelings associated with death or other types of loss.

**Mourning**: refers to the active process of adapting to a loss. It is a process of healing, which encompasses a whole spectrum of grief reactions but also includes the process of moving past these reactions. It is also characterized by shedding of tears.

**Loss, Grief and Mourning**

**Loss**
In general sense, loss can be defined as the result of being deprived of something significant.

It is often used to refer to the severing of an attachment that offered love and security, such as a relationship with a family member, friend or beloved pet. However, there are many other types of losses. Some examples are:

- Loss of hearing or eyesight
- Loss of a dream (e.g. someone who always wanted to be a doctor but failed to be accepted to the university)
- Loss of a home (due to war, floods, etc)
- Loss of a partner (due to break-up or divorce)
- Loss of a job
- Loss of a person as you knew them (e.g. somebody who becomes ill with Alzheimer’s disease)

**Grief**
Grief may be defined as the individual’s personal experience of thought and feelings associated with death or other types of loss.

Grieving over the death of a loved one is a natural and necessary process that most people are able to cope with and emerge from in a healthy manner if given adequate support. However, although feelings of grief are natural, they may be ignored or misunderstood by others and suppressed by the bereaved themselves (particularly common with children)
Mourning
Mourning refers to the process of adapting to a significant loss. It encompasses the whole spectrum of grief reactions, but also includes the process of moving past these reactions, adapting to the new situation and taking up the threads of one’s life again. The process of mourning is thus a process of healing. As with other types of healing, full function, or almost full function, can be regained but there are also incidents of impaired function and inadequate healing.

Activity 2: The Grief Process
Method: Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the summary notes of the grief process on flip chart paper

Procedure
1. Ask the participants how or what they feel when they loose a loved one
2. Ask the participants how they feel when they think they are about to loose a loved one
3. Lead a discussion on the grief process using the provided background information below
4. Provide the definition on anticipatory grief

Note for the facilitator
The following are background notes to include in your presentation and discussion

The above activity should be conducted in brainstorming and leading the discussion, soliciting responses from the participants and writing them on flip chart. Participants can be reminded that most of this information the participants already know. The information is available in handout (Appendix 11).

Background information
The Grief process
The grief process refers to the stages one experiences after suffering loss. The following is the general sequence of the grief process:
1. Shock after receiving the bad news often characterized by physical and emotional numbness.
2. Confusion and disorganization which may be characterized by restlessness and panic behaviors.
3. Intense emotional release characterized by anger, self pity, depression including denial. This is usually expressed through crying.
4. Guilt feelings: blaming oneself for the loss
5. Loneliness: A feeling of being alone and may be characterized by withdrawal from social interactions.
6. Relief: Coming to terms with the reality of loss, finally letting go of the lost person or object.
7. Re-establishment: Finally picking up the broken pieces of life and beginning to ‘walk’ again.

**Anticipatory grief** is the grief that everyone may experience while the patient is still in hospital. It is an empathic feeling that makes relatives to wish their suffering patient quick death so that he/she can rest. The dying patients may also experience a deep sense of sorrow when they consider their unaccomplished tasks.

**Activity 3: Children Undergo Grief**

**Method:** Group Work  
**Time:** 30 minutes

**Material:**
- Flip chart paper  
- Markers  
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. To introduce the topic of the activity, lead a short discussion to determine whether or not children also feel grief and go through the grief process.
2. In brief confirm that children also feel grief and go through the grief process. Provide more information during the plenary session according to the background information provided below.
3. Divide the participants into 5 groups.
4. Each group discusses the grief reactions experienced by children of each of the following age groups, including what behavior is portrayed by the child during the different stages of growth:
   - Infant  
   - Preschool – 2 to 5 years  
   - Lower Grades – 5 to 9 years  
   - Upper Grades – 9 to 12 years  
   - Secondary School – 12 to 16 years
5. The groups write their discussion on flip chart paper.

**Note to the facilitator**

The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.

The first part (Steps 1 and 2) of the above activity should be conducted with the facilitator leading the discussion, soliciting responses from the participants and writing them on flip chart.

The following are background notes to include in your presentation and discussion which is available in the handout.
Background information

Grief in Children
When a child’s parent dies, in addition to losing the presence of the person, the child also loses all the roles and functions which the parents performed in the child’s life. The death of parent occurs long before the child is already to live without him/her. Loss of parents makes a child different from others of his/her age; it makes it difficult to do things, which are normal for that age, and interferes at every level with the business of being young and growing up. The consequences are more than doubled when both parents die.

Do Children Grieve?
Most professionals agree that the ability to grieve is acquired in the childhood. Although they are debates about the actual age at which children acquire the capacity to grieve, suggested ages vary from 6 months to adolescence. However, children much younger that this, while they may not have the capacity to understand what death is all about, they still display strong emotional and behavioral reactions to the loss of a loved one especially a parent.

Activity 4: Plenary session of group work
Method: Plenary Discussion
Time: 35 minutes
Material:
  • Flip chart paper
  • Markers
  • Stiki stuff
Preparation:
  • Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask the participants to present their discussions from the group work one group at a time to the rest of the participants by one of the group participants from each group.
2. Lead a discussion to determine whether or not the presentations are true using the background information provided below
3. Lead a discussion with the participants about what helps to ease the grief in children with reference to the background information provided below

Note for the facilitator
The notes below will assist the facilitator respond to the presentations and so it is advised that the information below is taken note of. If during plenary some of the points in the notes were not covered then at the end of plenary these are then highlighted to make sure that the session is complete and well understood. The following notes are available in handout (Appendix II).

Background information

Grief Reactions at Different Ages
Infancy
The child has no understanding of death but reacts to:
  • Fear of separation – mostly disturbed by a loss of physical/loving presence of parents.
  • Parents’ emotions – infants are very in tune with parents and are sensitive to their anxiety level.
Behaviors:
  • Crankiness
- Crying
- Slight skin rash
- Clinging

**Pre-school: 2 - 5 years**

Children's understanding:
1. Death is not seen as permanent. (Bang, bang you’re dead means people get up and play another day).
2. Death may be confused with sleeping.
3. Death may be confused with punishment for some wrongdoing.
4. Death may be seen as violent and caused by them (egocentricity) this is particularly difficult if they have angry and had a death with for the parent.
5. The child may think he/she can catch the same thing, e.g. cancer.
6. The child may think that dead people live underground.

Behaviors
1. Bed wetting
2. Thumb sucking
3. Baby talk
4. Fear of dark
5. Separation anxiety at bed time or attending pre-school

**5 – 9 Years**

The child considers death as possible only for others.
1. Death is irreversible: when you are dead, you are dead.
2. Death is unavoidable and universal.

Behaviors
1. Unwillingness to express their feelings.
2. Keep thoughts about the death to themselves.
3. Suppress their feelings, particularly boys; “big boys don’t cry”
4. Become occupied with the justice and injustice of event, “bad things happen to good people.”

**9 – 11 Years**

1. Death can now include them.
2. Irreversibility of death.
3. Death is real, final, universal, inevitable
5. Interest in biological aspect of death and details of funeral.

Behaviors
1. Crying,
2. Anxiety,
3. Headache, abdominal pain,
4. Separation of anxiety, (going to school)
5. Denial,
6. Hostility toward to deceased,
7. Guilt – blaming others,
8. Drop in academic performance,
9. Day dreaming
10. Lack of attention,
11. Loss of manual skills,
12. Withdrawal,
13. Fear of friendship bonds – might loss a friend,
14. May fear they will die at the same age,
15. Display similar symptoms to the deceased.

**12 – 16 Years**

This child begins to think more like an adult.
1. Abstract though – death’s implications.
2. May view suicide as getting back at someone (reversible, some survive, re – occur – because some try more than once.)
3. Acknowledge of fragility of life.

**Behaviors**
1. Want to assume adult role
2. Anger.
3. Preoccupation with death
4. Aggression
5. Talking on mannerism of deceased
7. Practical denial – risk taking
8. Critical of parents handling of e.g. funeral arrangements, finance, etc.

**What helps to ease grief in children**

**Infancy**

The focus is on creating an environment, which minimizes his/her distress.
- Encourage remaining caregiver to talk about feelings with his/her available supports – professional/personal.
- Let social supports assist with household.
- Provide much loving, patting, holding to the infant.
- Keep the infant’s routine consistent.

**Pre-School age; 2-5 years**

- Prepare them for change in routine, i.e. funeral arrangement, parents/family grieving, how thinks might look/how they will happen.
- Encourage everyone in contact with the child to use term dead/death.
- Respond to security needs, “who will take care of me?” Reassure regarding routines, activities, and schedules.

**Do not** use mixed messages or ones that are difficult for the child to understand, as these usually bring about a response from the child which is difficult to respond to, i.e.
- Passed away
- Sleeping – ‘Wake him/her up’
- Taken from us - ‘get him/her back’
- Resting
- Taken and lost to us – ‘why don’t we find him/her?’
- ‘X’ is sleeping in the arms of Gods – a sure way of increasing sleep disturbances
- ‘X’ has gone to heaven – ‘Can I phone him/her?’
- ‘Ben’ was so good, God wanted him/her to go and live with him – (being bad is a good way to stay alive).
Do:
- Keep explanations short, simple, truthful
- Be prepared to repeat often, e.g.
  - Ben was very ill,
  - Doctors could not make him better although they tried everything they knew,
  - Ben’s body doesn’t work any more,
  - Being died does hurt.

5-9 years
All of the above for pre-school plus
- Provide detailed information about the different aspects of the event.
- Encourage the expression of feelings – enlist modeling from male family members as well as fameless.

9-11 years
All of the above plus,
- Explanation of grieving difference, i.e. timing
- Permission to be themselves, i.e. to cry/or not
- Honest explanation of person’s death
- Encourage attendance at funeral – find ways to say goodbye
- Be a good listener
- Convey that feelings are important.

12-16 years
As for earlier years plus,
- Encourage communication in:
  - Family
  - Trusted friend/counselor
- Important – physical touch and “I love you” often
- Discussion of possible role change in family and their implications

Activity 5: Session Summary:
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by asking participants to state what the grief process is.
   - The grief process refers to the different stages of sorrow that people experiences after suffering loss
2. End by emphasizing the key messages.
3. Distribute the handout for the session, Appendix 11.
Key messages
Children who know about their parent’s illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child’s recovery from the loss.

Children experiencing loss and transition often find comfort in prayer and spiritual guidance.

Session 2: Traditional Practices during the time of Grief

Session Duration: 1 hour 30 minutes

Session Objective: To explore the traditional methods of grieving.

Session Materials

Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write workshop objectives on flip chart paper
- Read and understand session materials and activities to be conducted during sessions
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Four (4) activities

Activity 1: Session Introduction
Method: Discussion
Time: 8 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Say the following statement to the participants

‘Many cultures do not permit children to participate in the rituals and customs that are practiced during the funeral of a parent or loved one. They are also not involved in the preparation and burial arrangements.’

2. Ask the participants if the statement is true or not
Note to the facilitator
Very minimal discussion should be held at this point as more discussion on the issue will be held during plenary after the group work presentations.

Activity 2: Traditional Rituals and Customs during Illness and Death
Method: Group Work
Time: 40 minutes
Materials:
- Flip chart
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Divide the participants into 2 groups
2. One of each group discusses one of the following
   - Traditional rituals and customs during the illness of a loved one and how children are involved
   - Traditional rituals and customs at the death of a loved one and how children are involved
3. The groups write down their discussions on flip chart

Note to facilitator
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.

Activity 3: Traditional Rituals and Customs during Illness and Death
Method: Plenary Discussion
Time: 40 minutes
Material:
- Flip chart
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Ask the group representatives to make the presentations of their group discussions to the rest of the participants group

Note to facilitator:
A plenary discussion is held to determine whether or not the presentations are true.

The notes below will assist the facilitator respond to the presentations and so it is advised that the information below is taken note of. During plenary some of the points in the notes were not covered then at the end of plenary these are then highlighted. Attention should be given along the discussion to the involvement of children in these rituals if any at all. Responses vary from place to place because of the differences in customs and rituals that are performed during illness and
during death. Generally, it should be noted that children are not given an opportunity to get involved in the decision making during these periods. The level of children’s involvement is the basis of this discussion and at the end of the session, the facilitator will explain the benefits of involving children during illness and death of their loved ones (appropriate to their age).

The information is available in handout (Appendix 12).

Background information

Traditional Practices during times of Grief

During Illness

Practices/rituals

1. Children separated from sick parents and also other family members are not allowed to see a sick patient.

Involvement of children

An elderly person either aunt or grand mother used to explain to the children about it.

Reason for separation

- To shield the children from painful experiences.
- To avoid spreading false rumours over the illness
- To protect children from infected incase of infectious diseases

2. Chief or headman must be notified of the illness.

Reason

- As a leader he has the right to know
- Incase a medicine man is seen in the village the chief or headman is aware that there is a sick person.

3. Taking patients to traditional medicine men either for treatment or finding out the cause of illness.

Involvement of children

Children not consulted

4. Very sick patients giving oral will to trusted relatives in the presence of the wife and or elder children

Reason

- To ensure that the oral will said is respected and carried out when sharing property of the deceased

After death

Mostly after death children especially very young ones (e.g. 10 years) are not involved in the preparation and burial arrangements

Practice/Rituals

1. Children are not allowed to see dead body or going for to the graveyard.

Reason

- Because of the belief that some children get nightmares after looking at the dead body or after going to the graveyard.
2. Young people and women with small children or babies were not allowed to bath a dead body or going to the grave yard for burial

**Reason**
- It was believed that children are easily infected by diseases
- Respect for the dead person

3. The day after burial, very early in the morning some elderly members of the family visit the graveside.

**Reason**
- To check that the grave has not been tampered with (belief in witch craft) during the night.

4. Shaving of hair of widow or widower, family members, older children and putting in grieving attire

**Reason**
- To show the community that the people concern are going through the grieving process and people need to understand their action, behavior, attitude during that time.
- It is also used to make the widow or widower identified and given assistance in case of need

5. Sharing of deceased clothes/ properties

**Involvement of Children**
In older days children were asked to take what they wish from the properties and also given what the deceased said in her or his oral will

**Reason**
To encourage children to remember good memories of their parents or guardian

6. Cleansing of the widow or widower after the period of time (length of time determined by the deceased family).

**Reason**
- To the widow or widower accept the death of the deceased and star a life afresh.
- To remove the deceased spirit from the widow or widower.

**Activity 4: Session Summary**

**Method:** Lecture

**Time:** 2 minutes

**Material:** None

**Preparation:**

**Procedure**
1. Sum up by stating the traditional practices during the sickness, death and burial of a loved one
2. Emphasize on the key message
3. Distribute the handout for the session, Appendix 12.

**Key message**

*Traditional practices from the time of a parent's sickness and death up to the time of his/her burial are usually performed without the children's involvement.*

*When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed*
and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.
MODULE B5: HELPING CHILDREN TO COPE WITH STRESS

Session 1: Stress and Trauma

Session Duration: 1 hour 30 minutes

Session Objective: To gain insight into the psychological consequences of stressful situations that children go through.

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write workshop objectives on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Activity 1: Session Introduction
Method: Group Discussion
Time: 15 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask the participants what they understand by:
   1. Stress
   2. Trauma.
2. Write down the responses on flip chart.
3. Give the definitions both stress and trauma.
**Note for the facilitator**
The following is information to assist the facilitator through the discussions and is available as a handout (Appendix 13)

**Background information**

**Trauma:** the negative effect of a stressful or otherwise disturbing experience, either short term or long term.

**Stress:** is that disturbing feeling that one experiences when he/she is going through a harsh event or experiencing a threatening encounter. It is a process that makes one to feel anxious, fearful, insecure, hopeless, sad, neglected and helpless.

**Activity 2: Effects of stress and trauma**

**Method:** Brainstorming

**Time:** 20 minutes

**Material:**
- Flip chart paper
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Ask participants to mention situations that expose children to stress and cause trauma using the background information provided below
2. Write down the responses on flip chart.

**Notes for the facilitator:**

Using the notes below the facilitator leads the discussion on the Situations that expose Children to Stress and which can result in trauma and the effects of trauma, soliciting for input from the participants so that they relate with the session based on their experiences or those of other community members.

The following information is available as a handout (Appendix 13)

**Background information**

**Situations that expose Children to Stress and which can result in trauma**

1. Loss of parents/guardians/loved members of the family
2. Death of parents
3. Physical, Emotional and Sexual Abuse
4. Rape
5. Neglect
6. Streetism
7. Child Labor
8. Moving from a middle or upper class urban home to a poor rural relatives home where their needs may not be adequately met
9. Separation from siblings without consulting the children concerned
10. Drop out of school due to lack of money
11. Losing property to relatives
12. Lack of guidance, support and security

Such problems call for extra demands on the children affected and many a time, children would not have been prepared for such problems. All this may lead to negative physical and psychological well being of the children

**Effects of Stress on Children**

Stress and distress may result in:

- Loss of control and self-confidence, i.e. external locus of control. The external locus of control assumes that a persons life is controlled by external factors e.g. luck, nature and fate. Externally oriented individuals do not see themselves as in control of what happens in their lives but merely accept what happens. They are helpless and at the mercy of the environment
- Competing constantly and excessively against everyone and everywhere
- Feelings of illness and general lack of emotional, psychological and physical equilibrium.
- Flash backs and disturbing dreams of the traumatic event
- Avoidance of situations that can re-awaken painful memories
- Development of depression, anxiety and/or other chronic conditions
- Temper tantrums
- Violent Behavior
- Stealing
- Misbehavior at school
- Suicidal Behavior
- Drug abuse
- Running away from home
- Prostitution

**Activity 3: Role play of a child suffering from trauma**

**Method:** Role Play according to case study provided

**Time:** 25 minutes

**Materials:** None

**Preparation:**

- Provision of case study to actors in the role play
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

**Procedure**

1. Present a case study of a child who has suffered trauma.

**Case Study:** Mr. Lundazi is a 43 years old man, married with 2 children. His wife and children do not have a good relationship with him, because Mr. Lundazi spends most of his time at the tavern. The few times that he is found at home, he is sleeping in a drunken stupor, or he is shouting at, or insulting, them. He often fights with his wife, even in the presence of his children. One child has since run away to live with an uncle, while the older one, aged 15 is at home. This child is not interested in school, has been caught stealing many times, and is often found on the street.
Activity 4: Discussion of role play
Method: Group Discussion
Time: 25 minutes
Material:
- Flip chart
- Markers
- Stiki stuff
Preparation:
- Familiarize with information on situations that expose Children to Stress and which can result in trauma and effects of trauma from Activity 2
Procedure
1. Ask the participants and discuss the following questions;
   1. Which of the children has been affected by the home situation?
   2. What is it that has affected them?
   3. What can be done to help the children?
2. Write the responses on a flip chart and put it up on the wall.

Note to the facilitator
The information provided in Activity 2 should be used during this activity as background information as this activity is an actual representation of the last activity. The discussion should just be limited to the situations that expose children to stress and which can result in trauma and effects of trauma as coping and what should be done will be discussed in the next session on coping.

Activity 5: Session Summary
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Sum up by highlighting the following
   - Situations that cause stress in children
   - Effects of trauma on children
2. End by emphasizing on key messages.
3. Distribute the handout for the session, Appendix 13.

Key messages
Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.

Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child’s memory or love for his/her parents.

Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.
Session 2: Children Coping with Stress

Session Duration: 1 hour 30 minutes

Session Objective: To gain insight into various activities that help children to cope with impending loss/death or the actual loss/death.

Session Materials

Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Activity 1: Session Introduction
Method: Brainstorming/Group Discussion
Time: 10 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.

Procedure
1. Ask the participants to tell you what they understand by coping
2. Write their responses down on flip chart.
3. Give the definition of coping
4. Lead a discussion on how children can be assisted to cope with stressful situations and reduce the effects of trauma
5. Lead a discussion on what interventions reduce the effects of trauma

Coping: Strategies that an individual uses in order to avoid stress are known as coping mechanisms. Coping with stress means ‘overcoming the stresses.'
Note to the facilitator

Different individuals use different strategies to deal with stress. Some of the coping mechanisms may be overeating, anger, alcohol and drugs, overworking, avoiding others, cheating etc.

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. The facilitator should not read the information aloud to the participants, but understand the information to facilitate discussion.

Coping in children

A profile of a child “coping well” shows that children who cope well:

- Had a good feeling about themselves
- Looked positively at themselves and their work
- Had healthy interpersonal relations
- Had realistic evaluations about life
- Were able to integrate more or less their thinking feeling and acting
- Were able to translate ideas into action
- Were effective communicators
- Were able to tolerate frustrations
- Were able to delay satisfactions
- Asked for help when they needed it
- Used self comforting devices

How children can be assisted to cope with stressful situations and reduce the effects of trauma

- By listening to them and showing that one understands their problems
- By helping them to gain some control over their difficult situation
- By keeping them in touch with what is happening so that they also feel important
- If the guardian is unable to communicate with the child, consult a counselor, psychologist or any person qualified to deal with children issues for professional advice
- Give encouragement to a child who is experiencing a stressful situation
- Encourage the child to talk about GOD or help him/to explore his/her spiritual needs

Research has also pointed out that for children to be able to ‘cope well’, they need a lot of meaningful support. They need people and an environment sensitive to their needs. In the studies done, families and communities that create good coping facilities had the following profile.

- Children feel accepted and beloved
- A safe and facilitating environment
- The environments allows children to be active or inactive to let off steam and to discharge tension
- The environment supports children in their efforts to draw upon inner resources, to reach self generated conclusions and to take care of themselves
- The environment is sensitive and receptive of the children’s feelings and experiences
- The environment supports children to be self reliant
- The environment is gender sensitive
Other interventions
Children require both psychological and social care, not one at the expense of the other. The interventions should be provided as early possible after the stressful event. When provided, both these will go a long way in assisting to change the children’s behavior. Possible rehabilitation programs include:

i. Counseling
ii. Guidance
iii. Spiritual care
iv. Skills Training
v. Education
vi. Health care
vii. Nutrition
viii. Recreation
ix. Placement, either back to the original home, or to a foster/adoptive home

As individuals who are concerned about cushioning orphaned children against trauma (long lasting negative feelings and behavior) and ensuring that they go back to normal, it is necessary to equip ourselves with observation and assessment techniques so that we know which children are less likely to cope well as a result of internal (concerning self) and external (concerning the environment) factors. We can therefore give meaningful intervention when it is required.

Activity 2: Involving children
Method: Group work
Time: 35 minutes
Materials:
- Flip chart
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Divide the participants into 2 groups
2. Give the following instructions to the groups
   a. One group discusses the involvement of children in caring for a sick parent
   b. The other group discusses the involvement of children when the parent dies (funeral rites, body viewing, after burial etc)
3. Ask the groups write their deliberations and findings on flip chart paper

Note to the facilitator
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.
Activity 3: Involving children

Method: Plenary/Group Discussion
Time: 40 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Representatives present to the other group
2. Lead a discussion based on the following questions
   a. What kind of support are the children given by adults from the family?
   b. Are children allowed to ask questions?
   c. How are these questions answered?
   d. Are the adults honest with the children?
   e. Are the children are given the correct answers?
   f. Are children encouraged to pray?
3. Ask the participants what they feel is the role of spiritual guidance and prayer in assisting children to cope with stress and trauma

Note to the facilitator
The facilitator is advised to lead the discussion using the background information from the Activity on coping and how and what interventions can be used to assist children to cope with stressful situations and reduce the effects of trauma. The combination of the information and the experiences of the will determine the discussion as the participants will probably have various responses to the questions.

Ultimately it should be recognized that children’s involvement in the rituals reduces the negative effects of stress and trauma.

Activity 4: Session Summary

Method: Lecture
Time: 5 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting the importance of assisting children to cope with stress by involving them in illness and funeral rites, as well as providing spiritual guidance.
2. End the section by emphasizing the key messages
3. Distribute the handout for the session, Appendix 14.

Key messages
Children want to be useful and to express their love and respect through contributing to the care of sick parents. Involvement in patient care and decision-making can help children feel more in control of their situation, and to cope more easily with the eventual death.

When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed
and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.

Children experiencing loss and transition often find comfort in prayer and spiritual guidance.

Session 3: Will Writing

Session Duration: 1 hour 30 minutes

Session Objective:
To explore different ways in which children's future can be secured following the death of their parent(s)

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Six (6) activities

Activity 1: Session Introduction
Method: Group Discussion
Time: 8 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with all the Session Background Information.
- Write the definition of a will on flip chart paper

Procedure
1. Ask the participants what they understand by a ‘WILL’
2. Write down their responses on flip chart
3. Give the definition of a ‘will’:
Note to the facilitator

The following information should be used to provide the definition of a will.

Background information

What is a will?
A will is a legal document stating how you wish your property to be shared upon your death. In Zambia, this is governed by the Wills and Administration of Testate Estates No. 6 of 1989.

Activity 2: Introduction of Wills

Method: Lecture
Time: 20 minutes
Material:
• Flip chart paper
• Markers
• Stiki stuff

Preparation:
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Give a lecture on why wills are important, who and how one can make a will

Note to the facilitator

The following are background information to assist you with your presentation, beginning by soliciting for responses from the participants regarding to what they think before the information is provided.

The following information is available in handout (Appendix 15).

The information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion

Background information

Why are wills important?
In the Zambian situation today it is usual for property grabbing by relatives to the person that has died. Hence the need for people to write wills to ensure that the people that should have the property are secured despite your death. In a will instructions can also be left on how you would like to be buried and who should be the guardian of your children who will still be minors at your death. This prevents a situation where people merely fight for custody of your children in order to get hold of your property.

Who can make a will?
Any adult person who is of sound mind can make a will. This includes blind persons, illiterate persons and very sick persons of sound mind.

How do I make a will?
You can write your own will if you are versed on the guidelines of writing a will or you can seek assistance from a lawyer. If you are illiterate or very ill, you can ask someone to write for you but the person who writes your will must not be someone who will inherit the property.
If the person making a will is illiterate or blind, another person other than the one who wrote the will for the bind or illiterate person must carefully read over and explain the contents of the will to the blind or illiterate person before the owner of the will signs it. The person reading and explaining the contents of the will must then declare in writing upon the same will that he had read and explained the contents of the will to the testator (owner of the will) and that the testator appeared to understand it before it was signed (executed).

**Activity 3: Drafting a ‘will’**

**Method:** Group work  
**Time:** 30 minutes  
**Materials:**  
- Flip chart  
- Markers  
- Stiki stuff

**Preparation:**  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.  
- Write the ‘Contents of a will’ on flip chart paper  
- Display flip chart with ‘Contents of a will’ on the flip chart stand for the participants to view as they undertake the assignment in the group work

**Procedure**
1. Divide participants into 4 groups  
2. Give the following instructions to the groups  
   a. Each group should draft the ‘will’ of one of the participants on a flip chart paper using the information provided on the flip chart that has been displayed

**Note to the facilitator**  
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.

The following background information should be used in the activity and be written on flip chart paper for presentation to the group before the group work commences

**Background information**  
**Contents of a will**

When writing a will you remember the following:

(i) A will must be written in ink and not pencil because pencil can be easily erased. By ink we mean that it could be written with a pen or it be typed.

(ii) State your name and address

(iii) State that you have cancelled all previous wills and testimonies

(iv) Name the persons/or instructions, for instance a church, law firm, company, Bank who shall be called an executor or executors of your will as they are the ones who will ensure that your wishes according to your will that your debts are settled.

(v) List your assets (property and money).

(vi) List the people (family, friends, and organizations) and the property you would like each one to have.
(vii) Name the person or persons whom you would like to be the guardian of your children and list what directives or conditions you would want to be done after your death.
(viii) Note the day, date and place where the will was drawn up.
(ix) Sign the will or affix your thumbprint onto the will in the presence of two witnesses who should also sign in your presence and in the presence of each other.

Activity 4: Drafting a ‘will’
Method: Plenary/Group Discussion
Time: 30 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. The representative of each group presents their ‘will’ to the rest of the group for analysis and discussion.
2. Lead a discussion on the following:
   a. What makes a will valid
   b. Whether one can change one’s will
   c. Where a will should be kept
   d. What could happen if one does not make a will?
      - Intestate Succession Act

Note for the facilitator:
The group discussions are shared among the rest of the participants and assessed as to whether or not they consist of all the elements of a will.

Through a plenary session the following are discussed making reference to the notes. Points that are not mentioned by the participants in the plenary are made by the facilitator while those that are incorrect are clarified using the following notes as well as those from previous related activities.

Background information
What makes a will valid?
(i) The will be written in ink or typed
    The will must be signed in presence of both witnesses who should also sign in your presence and in the presence of each other
(ii) If the will is written in more than one page the testator must at the foot or end of each in the presence of both witnesses present at the same time who should also sign at the foot or the end of the will in the presence of each other and in the presence of the testator.
(iii) Although the current Act is silent on the age of the witness, it is advisable to have witnesses who are above the age of 18 years.
Can I change my will?
You can change your will but the new will must express that you have revoked the earlier will and the new will must be signed (attested) by two witnesses in your presence and in the presence of each other. It is important to change the will when you divorce or remarry or when you have children whom you did not include in your earlier will or when you want to remove a beneficiary. The will may be revoked by burning, tearing or otherwise destroying it. A testator who has intention of revoking the will may direct someone else to destroy it in his presence.

Where should I keep the will?
You may keep the will in the safe place or with your lawyers, banker or employers. You can tell a reliable person where to find the 'will' should you dies.

Important points to take note of:
(i) A beneficiary must not be a witness, as he/she will lose his/her gift after witnessing the will.
(ii) The witness need not know the content of the will.

What will happen if I don’t make a Will?
The Intestate Succession Act
In our society if one does not leave a will, it leaves room for property grabbing, and in order to secure the property for the children and other dependents of the dead person the government decided to put in place the Intestate Succession Act. When a person dies without writing a will, the property will be shared in accordance with the In-testate Succession Act.
Beneficiaries under the In-testate Succession Act are:
- Children (50%)
- Surviving Spouse (20%)
- Parents (20%)
- Dependents who are minors (10%).

Activity 5: Session Summary
Method: Lecture
Time: 2 minutes
Material: None
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting the following points
A will is a legal document stating how you wish your property to be shared upon your death.
Any adult person who is of sound mind can make a will. This includes blind persons, illiterate persons and very sick persons of sound mind.
Wills prevent a situation where people merely fight for custody of your children in order to get hold of your property.
2. End by emphasizing the key message.
3. Distribute the handout for the session, Appendix 15.
Key message
Children need to know where they will live and who will care for them when a parent is dying. Assets of the household must be secured to protect the child’s future. Failure to plan can leave children homeless and destitute. Writing of wills is an essential aspect of responsible parenting.
Session 1: HIV/AIDS

Session Duration: 2 hours

Session Objective: To raise awareness on issues of concern surrounding HIV/AIDS.

Session Materials

Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Seven (7) activities

Activity 1: Session Introduction
Method: Lecture/Group Discussion
Time: 20 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
- Write the definition of HIV/AIS on flip chart paper

Procedure
1. Give a brief background to HIV/AIDS in Zambia
2. What is HIV
3. What is AIDS
4. Give the definition of HIV and AIDS.
Note for the facilitator
The following are background information to assist you with your presentation, beginning by soliciting for responses from the participants regarding to what they think before the information is provided. The following information is available in handout (Appendix 16).

Background information
The AIDS virus (HIV) was discovered in 1983 by scientists in the state of California in America. However, the first case of AIDS in Zambia was documented at the University Teaching Hospital two years later in 1985.

HIV – Human Immuno-deficiency Virus
AIDS – The Acquired Immune-Deficiency Syndrome

HIV: stands for Human Immuno-deficiency Virus. HIV is the name given to the small germ that damages the immune cells (special white blood cells) of the body. These special white blood cells are also known as T4 cells and they defend the body from infections.
AIDS: is a clinical state that is characterized by the body’s inability to fight off infections. This happens when HIV has reduced the T4 cell population in the body. The infections that take advantage of the body’s weakened ability to fight off diseases are also known as opportunistic infections.

Activity 2: HIV and AIDS
Method: Group Discussion
Time: 25 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Write the natural history of HIV on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask participants how they think HIV is transmitted
2. Ask the participants how they can tell if someone has developed AIDS
3. Ask the participants what opportunistic infections are and what illnesses are examples of these opportunistic infections
4. Provide information on the common signs and symptoms of AIDS
5. Ask the participants whether all opportunistic infections are a sign of AIDS

Note to the facilitator
The following is background information to assist you with the discussion ensuring that all points are covered through the discussion and if not then provide additional information and reduce incorrect myths and beliefs using the following information which is available in handout (Appendix 16). As adults learn better when they see, jot down notes on flip chart paper as the discussion ensures according to the procedure.

The facilitator should not read the information aloud to the participants, but understand the information to facilitate discussion
Background information

Modes of HIV transmission
- Mainly transmitted through unprotected sex with an infected partner
- From infected mother to child
- Through contact with contaminated blood products
- Through use of contaminated surgical instruments such as blades and needles.

Natural history of HIV

Acute phase: is the first 2-3 weeks after one has acquired HIV. The person may experience a ‘flu-like illness, which usually lasts about 1 – 2 weeks. The acute phase is characterized by fever, headache and general body malaise. During this phase, there is increased viral replication in one’s body.

Window period: Is the time it takes the body to react to the presence of HIV. Antibody production is a normal reaction of the body and it takes one’s body about 3 months to produce antibodies that fight HIV. This time is also known as the window period. Any HIV antibody test done when a person is in the window period will most likely indicate negative because of the non-presence of antibodies in the blood at that time.

Incubation period: The time it may take an infected individual before he/she can begin to show symptoms of the disease. However, with all the information that is known about HIV today, many individuals have learned how to live positive lives despite being infected with the AIDS virus. It takes an average individual between 3 and 10 years before they can begin to show symptoms of AIDS.

Common Opportunistic infections
- Skin rashes
- Recurrent diarrhoea
- Tuberculosis
- Herpes zoster
- Thrush
- Cryptococcal (fungal) meningitis
- Pneumocystic carinii pneumonia

What are the common symptoms of AIDS?
- Recurrent opportunistic infections such as Persistent diarrhoea for over a month,
- Persistent skin rashes such as fungal skin lesions, TB,
- Herpes zoster,
- Fungal meningitis,
- Karposis sarcoma,
- Unexplained weight loss of more than 10kg of the total body weight
- Recurrent episodes of herpes genitalis

Activity 3: Traditional rituals/customs that promote the spread of HIV/AIDS

Method: Group work

Time: 30 minutes

Materials:
- Flip chart
- Markers
- Stiki stuff
Preparation:
- Write the topic for the group work on flip chart paper
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Divide the participants into two (2) groups
2. Ask each group to discuss the traditional practices that promote the spread of HIV/AIDS
3. Ask the participants to write their discussions on flip chart paper

Note to the facilitator
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.

Activity 4: Traditional rituals/customs that promote the spread of HIV/AIDS
Method: Plenary/Group Discussion
Time: 40 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Presentations are made of the discussions from the group work by a member of each group
2. Lead a discussion on the factors that contribute to the spread of HIV/AIDS in Zambia and available interventions in the fight against HIV/AIDS

Note for the facilitator;
The group discussions are shared among the rest of the participants and assessed as to whether or not the points from group work are correct. Through a brainstorming session the following are discussed making reference to the notes. Points that are not mentioned by the participants in the plenary are made by the facilitator while those that are incorrect are clarified.

The following information will guide the facilitator to generate discussion amongst the participants and assist participants to improve their understanding. You should not read the information aloud to the participants, but understand the information to facilitate discussion.

Background information
Factors that have contributed to the spread of HIV/AIDS in Zambia
- Multiple sexual relationships
- Cultural practices such as sexual cleansing, polygamy etc.
- Poverty and poor health status of much of the population
- Low social and economic status of women
- Traditionally low use of condoms
- Low levels of male circumcision
- Mobility and high urbanization
- High prevalence of other sexually transmitted diseases
- Early onset of sexual activity
- Illiteracy /Ignorance
- Poor health facilities

**Available interventions in the fight against HIV/AIDS**

- Voluntary Counseling and Testing services (VCT) are available in all districts in the country. It is usually offered freely in government institutions. VCT is an entry point to care and support involving the following:
  - Early treatment of opportunistic infections
  - Use of ARVs
- Prevention of mother to child transmission of HIV (PMTCT) using Nevirapine
- Condom use promotion
- Home Based Care programs
- Behavior change programs
- Counseling training programs
- Advocacy on human rights

**Activity 5: Session Summary**

**Method:** Lecture  
**Time:** 5 minutes  
**Material:** None  

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. Sum up by reminding the participants that;
2. Distribute the handout for the session, Appendix 16.

**HIV:** stands for Human Immuno-deficiency Virus. HIV is the name given to the small germ that damages the immune cells (special white blood cells) of the body. These special white blood cells are also known as T4 cells and they defend the body from infections.

**AIDS:** is a clinical state that is characterized by the body’s inability to fight off infections. This happens when HIV has reduced the T4 cell population in the body. The infections that take advantage of the body’s weakened ability to fight off diseases are also known as *opportunistic infections*

There are current interventions in the fight against HIV/AIDS but everyone is infected or affected and therefore everyone has to join in the fight to reduce or eliminate it

**Key Message**

*Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child’s memory or love for his/her parents.*
Session 2: Disclosing to Children

Session Duration: 1 hour 30 minutes

Session Objective:
To highlight sensitive situations that children need to be informed about.

Session Materials
Materials needed for the session include:
- Flip charts
- Markers
- Plain paper for the participants to take notes during the workshop
- Pens
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
- Stiki stuff

Session Preparation
- Write workshop objectives on flip chart paper
- Read and understand session materials and activities to be conducted during sessions
- Prepare adequate handouts for the session for each participant

Number of activities in the session: Seven (7) activities

Activity 1: Session Introduction
Method: Group Discussion
Time: 20 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff

Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Ask the participants if children are informed about the type of illness that a sick parent is suffering from
2. Ask the participants if children are told whether the illness can lead to death
3. Ask the participants if children are informed about the death of a parent when it happens
   If not, ask why they are not informed about the illness and/or death of a parent or loved one
4. Write down the participants responses on flip chart
5. Ask the participants what the definition of ‘disclosure’ is
6. Give the participants the following definition of ‘disclosure’.

Disclosure: is the revealing or sharing of confidential information.
Note to the facilitator

It is not an easy task to do and perhaps is not very common for most people to discuss issues of illness and death with young children. Parents want to do the best for their children and very often they think that the best thing to do is to keep the sad truth about their illness away from the children. It has however, been found that children know much more than we think. A long illness or death in a family causes a lot of changes and children quickly sense when something serious is taking place within the family. They pick up the emotions around them, notice changes in the routine, read body language and overhear conversations.

The following is background information to assist you to guide the discussion and definition.

Background information
Some of the reasons why parents fail to communicate with their children

- They may be struggling to maintain some control over the situation during uncertain times
- They could be overwhelmed by their feelings and confused emotions e.g. guilt, despair, sadness etc
- They may not be sure of their ability to cope with the children’s grief and reactions
- They may not be sure of the children’s level of understanding and may tend to underestimate their understanding
- They may realize the need to communicate with the children but may not be sure what to say and how to say it
- For fear of hurting their feelings
- For fear that the news will disturb them mentally
- That "they are too young to bear the message".
- That they will be told the truth when they have become grown ups

Activity 2: Disclosure
Method: Group work
Time: 20 minutes
Materials:
- Flip charts
- Markers
- Stiki stuff

Preparation:
- Write questions for the group work on flip chart paper prior to the activity for the three groups during group work
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Divide participants into 3 groups
2. Ask each of the groups to discuss the questions related to disclosure to children of one of the following:
   - Parentage
     - Should this information be disclosed?
     - When is the right time to disclose?
     - Who should disclose?
- How should the child be told?
- Effects of being told
- Reactions to being told (depends on age and situation)
- How to deal with these reactions/effects

• **Nature of Parent’s Illness**
  - Should this information be disclosed?
  - When is the right time to disclose?
  - Who should disclose?
  - How should the child be told?
  - Effects of being told
  - Reactions to being told (depends on age and situation)
  - How to deal with these reactions/effects.

• **Death of a Parent**
  - Should this information be disclosed?
  - When is the right time to disclose?
  - Who should disclose?
  - How should the child be told?
  - Effects of being told
  - Reactions to being told (depends on age and situation)
  - How to deal with these reactions/effects.

**Note to the facilitator**
The facilitator will need to move around the various groups to listen to the debate and dialogue and to help further the process. You will also want to keep time to ensure that the groups discuss all issues thoroughly.

**Activity 3: Plenary session**
**Method:** Plenary/Group Discussion
**Time:** 45 minutes
**Material:**
- Flip chart paper
- Markers
- Stiki stuff

**Preparation:**
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

**Procedure**
1. At the end the group representatives present the responses to the rest of the group for discussion and comments.
2. Lead a discussion on some of the reasons why we should talk to children about death as well as some of the ways which have been found to be useful in communicating messages about ‘Dying.’

**Note to the facilitator:**
The following is presented through a lecture session after the presentations from the group work, while soliciting input from participants, including their experiences and those of other members of the community. These notes should be used to provide information that was not covered in the group work plenary session and is available in handout (Appendix XX).
Background information
Some of the reasons why we should talk to children about death
Experience from other countries gives evidence that children want to know what is happening. One study investigating the communication between terminally sick parents and their children revealed that many orphans who were interviewed expressed their concern that the parents did not communicate with them.

“I would have wished and appreciated very much if my father and my mother would have talked to me. I would recall this always”.
“I would have wished my father and my mother to have said something to me about their illness and death and about my future”

Most of the widows interviewed in this study also expressed that they wished their late husbands had talked to their older children, their condition and their children’s future.

“I would have appreciated it very much if my late husband had said something to our children about their future. I too, would have wished my late husband to have communicated with me about issues concerning his children and the family property”.

It was thus found that widows felt that communication between the sick and rest of the family was crucial in order to make better preparations for the future.

It is not always the case that children and surviving parents want to know the truth. But the truth – even if it is hard to be accepted – serves as a mental security. To know is better than to be ignored or to be cheated as doing so reduces the insecurity and the feeling of being “completely helpless”.

It is important to understand the reasons why children would like to break the silence around the illness and death of their parents. It was found that not all the reasons given by the children for wanting to know have the same importance for all children. The motivation and the desire of the children to ‘know’ changes and is found to be affected by various circumstances. Some of the reasons given by the children in the study include:

- Concerns about the future, security etc. The child needs assurance that life will go on even when the loved one dies.
- To get an explanation and clarification about the concerns that the children may have e.g. the child could be experiencing feelings of guilt concerning the parent’s illness and the family situation.
- A parent’s communication was also viewed as crucial to the children as it could direct and leave the children to other potential caregivers both within and without the family structure.
- Children viewed it as crucial for parents to make the first step towards helping the family to accept the sad reality (and so to start the anticipatory grief, i.e. mourning, coping, planning and psychosocial re-organization as a reaction on the pending death of a beloved person).
- To allow the child express his/her feelings of grief, concern, and even anger – and to give the child the feeling that she/he is accepted with all these feelings.

Some of the ways which have been found to be useful in communicating messages about ‘Dying.’

- Writing a ‘Will’
- Organizing the future of the children
• Asking the children to stay around the bed
• Making specific statements in the presence of the whole family
• Inviting the grown children to perform mock grieving (playing out the funeral)
• Asking for care for the remaining family members: Giving advices to the children for the future

Activity 4: Session Summary
Method: Lecture
Time: 5 minutes
Material: None
Preparation:
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. Sum up by highlighting what is disclosure and why it is important to inform children about the parentage as well as the illness and death of parents.

Disclosure: is the revealing or sharing of confidential information. Disclosure is important in children as it reduces the time it takes for the children to heal during illness or after the death of a loved one

2. End by emphasizing the key messages
3. Distribute the handout for the session, Appendix 17.

Key messages
Children who know about their parent’s illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child’s recovery from the loss.

Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.

Session 3: Post-Test, key messages and way forward

Session Duration: 1 hour 30 minutes

Session Materials
Materials needed for the session include:
• Flip charts
• Markers
• Plain paper for the participants to take notes during the workshop
• Pens
• Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)
• Stiki stuff
• Copies of post test questionnaires
• Copies of 14 key messages

Session Preparation
• Write 14 key messages on flip chart paper
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
• Prepare adequate handouts for the session for each participant

Number of activities in the session: Three (3) activities

Activity 1: Post test
Method: Individual test
Time: 40 minutes
Material:
• Copies of post test questionnaire
• Pens
Preparation:
• Have adequate number of copies of post test questionnaires
• Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.

Procedure
1. At the end of the training, give the participants to answer the post test questionnaire which has the same set of questions as the pre test questionnaire.
2. The post-test is also marked and the results of both the pre- and post-test are recorded in order to make a comparison and determine whether there has been a change and therefore whether learning has taken place or not.
3. Give both test questionnaires back to the participants for their own record.

Note to the facilitator
The two results can also be taken to be part of the evaluation of the training. (Examples of the pre and post test are found in Appendix 4)

Activity 2: Key messages
Method: Group Discussion
Time: 20 minutes
Material:
• Copies of the 14 key messages
Preparation:
• Familiarize with the 14 key messages
• Have adequate copies of the 14 key messages

Procedure
1. Read out all the fourteen key messages to the participants one at a time providing a brief explanation for each message

Note to the facilitator
The explanation of the fourteen key messages should be based on the topics that have been covered in the training and so reference should be made as the messages are presented
Activity 3: Way forward  
**Method:** Group Discussion  
**Time:** 30 minutes  
**Material:**  
- Flip chart paper  
- Markers  
- Stiki stuff  

**Preparation:**  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.  

**Procedure**  
1. Ask the participants what they will now do with the training that has been provided to them.

*Note to the facilitator*
It should be expected that the responses will be that they will go back to their communities and conduct activities for psychosocial support of orphans and other vulnerable children, they will live by the key messages and share them with other members of the community. The participants should therefore be guided to give these answers, which also promotes ownership of the activities to be conducted as well as the process as a whole.

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Session 4: Action Plan and workshop evaluation

**Session Duration:** 1 hour 30 minutes

**Session Materials**  
Materials needed for the session include:  
- Flip charts  
- Markers  
- Plain paper for the participants to take notes during the workshop  
- Pens  
- Poster paper cut into small papers that can hold four to five words or VIPP cards of different colors (e.g. blue, yellow, green)  
- Stiki stuff

**Session Preparation**  
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.  
- Draw the Evaluation table on flip chart paper  
- Prepare adequate handouts for the session for each participant

**Number of activities in the session:** Two (2) activities
Activity 1: Action plan
Method: Individual Planning
Time: 1 hour
Material:
- Flip chart paper
- Markers
- Stiki stuff
- Plain paper for each participant
- Pens
Preparation:
- Take note of the information for the facilitator and review and familiarize yourself with the all the Session Background Information.
Procedure
1. Ask the participants to write down how they plan to put into practice what they have learned when they go back to their respective areas
2. Record each participant’s action plan for future monitoring of follow up activities

Note to the facilitator
Following the way forward that has already been discussed, as part of concluding the training, each participant is requested to write down how they plan to put into practice what they have learned when they go back to their respective areas.

This is also one way of ensuring continued participation in the process of improving psycho-social support for OVC.

Then each participant’s plan should be recorded in order to allow for easy follow-up and support by the community leaders in charge of the area from which the participant comes from.

Activity 2: Training Evaluation
Method: Group Discussion
Time: 30 minutes
Material:
- Flip chart paper
- Markers
- Stiki stuff
Preparation:
- Familiarize with the material and the expectations of the evaluation exercise
Procedure
1. Ask the participants to indicate, in the form of a secret ballot, their assessment of various aspects of the training process. The participants should tick in boxes provided whether excellent, good, fair, or bad for the list in the table below.

Note to the facilitator
At the end of the training, and after the Pre- and Post-test results have been given back to participants, it is useful to conduct an End-of-Training Evaluation. This evaluation is intended to determine the overall performance of the training, and includes asking participants to comment on different aspects of the training. Comments from participants will help you improve future training.
## Background information

### Evaluation Table

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Share the results of the evaluation with the participants for comments and general overview. This process is useful in that it can be used to make improvements when planning and preparing for similar future training.
GLOSSARY

- **Abuse**: Any activity that has a negative physical, emotional and psychological impact on a person.

- **AIDS**: The Acquired Immune-deficiency Syndrome happens when the number of immune cells in the blood diminishes and the body opens up to a number of infections.

- **Bereavement**: is similar to loss but refers specifically to the loss of a loved one (person rather than an object)

- **Child**: Any person between the ages of 0 to 18 years. (According to the United Nations Convention on the Rights of the Child (UNCRC), also adopted by the African Charter on the Rights and Welfare of the Child (ACRWC))

- **Communication**: is a two way process of exchanging information from the sender to the receiver and to receive feedback.


- **Coping**: the cognitive and behavioral efforts to master specific demands that are noted as exceeding the usual capabilities or resources of a person

- **Child Abuse**: Act of omission or commission that endangers or impairs a child’s physical or emotional health and development. This is a maltreatment of children, physically, emotionally or sexually.

- **Discipline**: Act of control exercised over a child; mental or moral training to be orderly; act of punishing.

- **Disclosure**: is the revealing/sharing of confidential information.

- **Emotional abuse**: Actual or likely severe adverse effect on the emotional and behavioral development of a child, caused by persistent or severe emotional ill treatment or rejection. All abuse involves some emotional ill treatment.

- **Family**: is a social group characterized by common residence, economic cooperation and reproduction.

- **Gender**: is a set of cultural roles that identify the social differences between men and women. The roles are learned, changeable over time and have a wide variation within and between cultures.

- **Grief**: is the individual’s personal experience of thought and feelings associated with death or other types of loss.

- **HIV**: The Human Immuno-deficiency Virus is a small germ, which cannot be seen using an ordinary microscope. It damages the immune cells (white blood cells) of the blood particularly the T4 lymphocytes.

- **Loss**: is the result of being deprived of something significant and valued in ones life. It is often used to refer to the severing of an attachment that offered love and security, such as the relationship with a family member, friend, beloved pet or object.

- **Mourning**: refers to the active process of adapting to a loss. It is a process of healing, which encompasses a whole spectrum of grief reactions but also includes the process of moving past these reactions. It is also characterized by shedding of tears.

- **Neglect**: The failure to protect a child from exposure to danger, including starvation or cold, or the failure to carry out aspects of care, resulting in significant damage to the child’s health or development.

- **Orphan**: A child who has lost either one or both parents through death.

- **Physical Abuse**: Actual physical injury to a child or failure to prevent injury or suffering to a child.

- **Psychological support**: deals with issues of love, security, guidance, provision of identity, care, listening etc. This essentially refers to the provision of both emotional and spiritual care.

- **Psychosocial support**: can therefore be defined as support that goes beyond catering for the physical and material needs of an individual. PSS emphasizes on the emotional and spiritual well-being of the person which have a bearing on one’s psychological health.

- **Sexual abuse**: Actual sexual exploitation of a child. This may be through fondling, penetration, exposing the child to sexual material and/or information that is sexually improper.
- **Social support**: Provision of physical or material support in the form of food, shelter and money as well as providing knowledge on how to process the said materials.

- **Stress** is the loss of a former existing balance, which has been disturbed by a harsh event of experience. It is a process that involves pain, insecurity and mostly negative feelings, e.g. anger, guilt, loneliness, hopelessness, illness, sadness, helplessness and betrayal, etc.

- **Trauma**: the negative effect of a stressful or otherwise disturbing experience, either short term or long term.

- **Will**: is a legal document stating how you wish your property to be shared upon your death.
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APPENDICES

APPENDIX 1: KEY MESSAGES

1. Traditionally, children belong to the extended family. This practice needs to be supported and encouraged so that children who lose their real parents are still able to maintain a relationship with siblings and caring members of the extended family.

2. Children should be raised knowing who their other relatives are. Encourage spontaneous visits to and from extended family members, as well as participating in family gatherings and events. This will lessen the feeling of absolute loss when a parent dies.

3. Children need more than material support – clothing, food, shelter, education – for their growth and development. They need to love and be loved, to care and be cared for, to feel accepted and valued as individuals, and to feel a sense of belonging.

4. Children who know about their parent’s illness and approaching death can begin to prepare themselves. This preparation is part of the grieving process, and having time to adjust helps quicken a child’s recovery from the loss.

5. Children want to be useful and to express their love and respect through contributing to the care of sick parents. Involvement in patient care and decision-making can help children feel more in control of their situation, and to cope more easily with the eventual death.

6. When a loved one dies, many children benefit from being involved in the rituals and customs of the funeral and burial. Children who want to participate in these activities should be allowed and assisted to do so. A trusted adult can help support the child through this process and explain events as they happen.

7. Children who go and live with extended families are sometimes not told the truth about their parents. Failure to disclose the truth about real parents can cause real trauma to children who find out accidentally. Children have a right to know the truth.

8. Children need to know where they will live and who will care for them when a parent is dying. Assets of the household must be secured to protect the child’s future. Failure to plan can leave children homeless and destitute. Writing of wills is an essential aspect of responsible parenting.

9. Anyone can contract HIV. The shame surrounding AIDS must not be allowed to taint a child’s memory or love for his/her parents.

10. Children of all ages need the help of extended families and elders to consolidate memories of their parents. Happy and loving memories can be reinforced, giving children a sense of history, belonging and identity.

11. Children experiencing loss and transition often find comfort in prayer and spiritual guidance.
12. Children don’t articulate their emotions as clearly as adults do, and may exhibit a range of challenging behaviors when they are afraid or grieving. Nevertheless, children need to express their emotions, and should be encouraged to do so in safe, healthy ways.

13. Raising children is challenging. Parents and guardians often struggle to understand a child’s behavior, especially when he/she has experienced the loss of a loved one. Adults and older children can be assisted to cope with challenging children by sharing their experiences with others – it is helpful to know that you are not alone.

14. We should learn to listen to children; they may be able to make us understand the situation they and other siblings are going through.
APPENDIX 2: SENSITIZATION PROGRAMME FOR COMMUNITY LEADERS

**DAY 1**
08:30 - 09:00  Opening remarks
09:00 - 09:30  Introductions
09:30 - 09:45  Group rules
09:45 - 10:15  Expectations
10:15 - 10:30  Objectives
10:30 - 11:00  TEA
11:00 - 11:15  Background to the Sensitization
11:15 - 11:45  Presentation of Key Messages
11:45 - 12:30  General Discussion of Key Messages
12:30 - 14:00  LUNCH
14:00 - 17:00  Group work

**DAY TWO**
08:30 - 10:30  Group work
10:30 - 11:30  TEA
11:00 - 12:30  Group presentations
12:30 - 12:45  The Way Forward
12:45 - 13:00  Closing Remarks / LUNCH
### APPENDIX 3: TRAINING PROGRAMME FOR COMMUNITY LEADERS

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Arrivals</th>
<th>Day</th>
<th>Time</th>
<th>Content</th>
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</thead>
</table>
| 0     | 08:30 - 10:30 | ARRIVALS                          | 1                 | 11:00 – 12:30 | - Introduction and Expectations  
|       |               |                                   |                   |               | - Objectives  
|       |               |                                   |                   |               | - Pre Test  
| 1     | 14:00 - 15:30 | B Introduction to Psychosocial Support | 2                 | 16:00 - 17:00 | B Gender  
|       |               | L The Family                       |                   |               |  
| 2     | 08:30 - 10:30 | R The Child                        | 3                 | 11:00 – 12:30 | R Communicating with Children  
|       |               |                                   |                   |               |  
| 3     | 14:00 - 15:30 | U Parenting Children: Discipline vs Child Abuse | 4                 | 16:00 - 17:00 | U Parenting Children: Discipline vs Child Abuse  
|       |               |                                   |                   |               |  
| 4     | 08:30 - 10:30 | E Parenting Children: Discipline vs Child Abuse  
|       |               |                                   |                   |               |  
| 5     | 14:00 - 15:30 | K Disclosing to Children           | 6                 | 16:00 - 17:00 | K - Post Test  
|       |               |                                   |                   |               | - Key Messages  
|       |               |                                   |                   |               | - Way forward  
| 6     | 08:30 - 10:30 | H Action Plan  
|       |               |                                   |                   |               | - Evaluation  
|       |               |                                   |                   |               | - End of Training  
|       |               | D E P A R T U R E S                 |                   |               |  
|       |               |                                   |                   |               |  

### Day 0: Arrival Day
- **ARRIVALS**
- Introduction and Expectations
- Objectives
- Pre Test

### Day 1: Introduction to Psychosocial Support
- **Introduction to Psychosocial Support**
- The Family
- Gender

### Day 2: The Child
- **Communicating with Children**
- Parenting Children: Discipline vs Child Abuse

### Day 3: Loss and Grief Reactions
- Traditional Practices During Time of Grief
- Stress and Trauma

### Day 4: Helping Children to Cope
- Will Writing
- HIV/AIDS

### Day 5: Disclosing to Children
- Post Test
- Key Messages
- Way forward
- Action Plan
- Evaluation
- End of Training

### Day 6: Departure Day
- HIV/AIDS
APPENDIX 4: PRE-TEST/ POST-TEST QUESTIONS

1. How many types of families do you know? Please name at least two.

2. What are the main roles of the family? Give at least two examples.

3. What do you understand by gender?

4. Give two examples of gender roles?

5. What do you understand by challenging behaviors? Give 2 examples of some challenging behaviors that children may engage in.

6. Give the definition of a child.

7. How do adults usually communicate with children?

8. Give different ways in which children communicate their needs?

9. What do you understand by Psycho-Social Support (PSS)?

10. What is child abuse?
11. What do you understand by loss?

12. What is grief?

13. Do children experience loss and grief?

14. Why are adults selective about the information that they share with children?

15. Are children informed about the illness or death of a parent/guardian? Is so give two example of the sort of information which is usually given to children concerning the sickness or death of a parent/guardian?
16. What can be done to help children **cope** with the loss and death of a parent or guardian?

17. What is a **will**?

18. Traditionally, did people write **wills**?
INTRODUCTION TO PSYCHOSOCIAL SUPPORT FOR ORPHANS AND VULNERABLE CHILDREN

It has become very clear that the biggest problem Zambians face is the problem of HIV and AIDS and its devastating effects. According to the UNAIDS (2001) Zambia has the highest infection rate in the whole world. The state of children is of concern as they are the heritage of our nation.

Understanding and knowing the special needs of children is fundamental for one to fully appreciate the meaning and value of psychosocial support. Some of these needs include:

- Food
- Shelter
- Education
- Clothing
- Health Facilities
- Protection
- Security
- Guidance/counseling
- Love
- Care
- Identity
- Spiritual support
- Encouragement and motivation
- Play and recreation

For the above needs to be met, various players will need to come in. Children on their own may not be able to satisfy or meet their own needs largely due to maturational factors which include lack of social skills, lack of information and knowledge, lack of physical strength, lack of economic power, which all, play a crucial role in influencing one’s ability to access resources within his or her environment.

Cutting across the various cultures and traditions of all people living within the Zambian context, the parents, immediate family, the extended family, community and the nation/government are responsible for ensuring that the needs of children are met.

**Figure 1**

Government------Community-----Extended Family-----Family
(Child Needs {Emotional, Cognitive, Physical and Social})

It is appreciated that for some of the above needs to be met, money or the financial status of the provider at whatever level is important.
However, the majority of needs ad probably the most crucial needs of a person that influence an individuals emotional intelligence (which is the drive behind any positive human action or involvement and validates the reason or purpose of ones existence), can be met, even in the absence of parents, through community involvement. These include: guidance and counseling, care love, security, play and recreation, education, spiritual, support, and identity.

The issue of orphans and vulnerable children has become a major concern to most people in Zambia at present. Many initiatives have been set up to try to support the less fortunate children who most of the time are victims of circumstances beyond their control. The challenge for most people who have realized that children in difficult circumstances need support and care has been on how and what help to give. How does one help an orphaned child, a street child or multiple handicapped children, become confident members of society? How does one still joy in a child who is HIV positive and is sick all the time? These are some of the questions care - givers ask themselves everyday.

To develop a person, a community, or country one has to be psychologically fit. At least three components have to play a role for successful economic and social development of a society as a whole.

1. The material base- this involves raw materials, instruments and goods e.g. maize and beans.

2. The knowledge and skill- e.g. if one does not know how to cook the maize and the beans there will be no food, if one does not know how to ride the bicycle, it will be useless, unless it is used for transport.

3. There is a third component e.g. if one has maize and beans and knows how to process it, but is not motivated to cook because one is very depressed and feels that nothing makes sense. In such situation, there will be no result i.e. no food. If one has a bicycle and knows how to ride it, but is ashamed to do it in the community and lacks confidence to expose oneself to the public, the bicycle will be useless. This third component is given different names: Social energy or Emotional intelligence and is evident through an individual’s ability to say, “I will, I can, I feel component to, I feel socially allowed to, and I am not inhibited,” etc.

Psychosocial support is support that is fundamentally concerned with issues of motivation and social energy.

- It is recognized that providing physical or material support in the form of clothes, food, shelter, and money is not enough if the emotional and psychological well being as well as the social setting in which one lives in is unhealthy.
- Mere provision of material and knowledge on processing the material is inadequate and will not yield required results unless the motivation and emotional intelligence aspects are considered.
- Provision of Psychosocial support may require input of money, but money does not play the central role but rather people or community involvement is paramount. By referring to the “Community” we recognize every individual that constitutes the community, i.e. from the high ranking, rich and well to do individuals right down to the poor and unemployed members of society. In other wards, every member of a community has the ability to offer psychosocial support to the needy. When dealing with issues of love, security, guidance, provision of
identity, care, listening, etc, there is no expert or level of competency required. Rather, if you have “the eyes to see, the ears to listen to a child’s problems, the mouth to speak words of the comfort and wisdom, the heart to feel and understand the plight of children and the time to visit and share,” then you are the expert needed to provide psychosocial support.

Any support that lacks this component is not holistic support and is unlikely to yield desired results, which are to reach out to the child in difficult circumstances helping him or to deal with negative feelings of anger, self-pity, hopelessness, suicide, etc, and help him/her to acquire the DRIVE to move on with life and become a productive member of society.

Psychosocial support can therefore be defined as, support that goes beyond catering for the physical or material needs of an individual but emphasizes on the emotional and social well being of the person which have a bearing on one's psychological health.

The Relevance of Psychosocial support for children and their communities

- The problems of HIV and AIDS are leading to more and more orphans.
- Poverty due to the poor economic climate as well as the large numbers of children being left to after themselves following the death of their parents.
- An increase in the number of sick children due to HIV and AIDS.
- An increase in the number of street children due to poverty, toxic family environments, orphan-hood, a break down of the extended family, etc.
- Many children have become victims of rape as myths about virginity as a cure for AIDS are continuously being promoted.
APPENDIX 6: THE FAMILY

The family is a social group characterized by common residence, economic cooperation, and reproduction. There are three distinct types of family organization:

- The first and most basic, called the nuclear family, consists typically of a married man and woman with their offspring, although in individual cases one or more additional persons may reside with them.

- A polygamous family consists of two or more nuclear families affiliated by plural marriages, i.e., by having one married parent in common. Under polygamy, for instance, one man plays the role of husband and father in several nuclear families and thereby unites them into a larger familial group.

- An extended family consists of two or more nuclear families affiliated through an extension of the parent-child relationship rather than of the husband-wife relationship, i.e., by joining the nuclear family of a married adult to that of his parents. The nuclear family unit rarely exists in isolation, for there are brothers and sisters (siblings) who become aunts, uncles and cousins. When this wider group of people forms a close-knit unit for religious, social and economic purposes, we call this an extended family.

- The budded family consists of individuals that have a common interest and have committed towards each other.

The HIV disease has challenged the traditional view that the family is solely determined by blood relationships. Other authors have described the family as, a social system comprising individuals who by birth, adoption, marriage or declared commitment share deep, personal connections and are mutually entitled to receive …and provide support…..especially in times of need. In Africa, the disruption of the traditional family relationships as a result of HIV/AIDS related illnesses may require new affiliations outside the traditional family structure. Relationships between friends have sometimes been stronger than those between relatives.

Functions of the family
- Helpfulness to other members of the family
- Treat each other as though they were actually related even when they are just friends
- Strengthening of each other and individuals that are especially in need of assistance and support
- Provide basic needs of other family members especially by the head of the family

Families and communities are encouraged to provide social and psychological support to affected children, as they need someone’s’ care after a parents dies. Where grandparents are too old, poor or overwhelmed, a new ‘family’ may need to be created for them. Hence there is need in this decade for a renewed interest in the African family structure. However, it is important to avoid separating children with HIV or those affected from other children in order to avoid stigma and discrimination. It is important to identify children with psychological and emotional needs before they develop problems. However, a holistic approach that targets all children is recommended as all children have been affected by HIV/AIDS.
Promote family and community-based models of care

Approaches to provision of care for children without parents must be socially and culturally acceptable as well as appropriate for the needs of children themselves. Models of care vary (see Box).

Approaches to orphan care

- Extended family – for example, living with grandparents, aunts or uncles.
- Informal fostering – for example, living with neighbors or other families.
- Communal fostering – for example, orphan family groups living in a community or communal setting with foster mother or house parents.
- Formal fostering and adoption – for example, fostering or adoption by families that is arranged through social and welfare services.
- Institutional care – for example, orphanages and children’s homes.

Experience shows that children develop better socially, mentally, and emotionally in a family environment in familiar surroundings. As far as possible, children should stay together with their siblings in their own community, where they can relate to adults and other children who share a similar background, culture and traditions.

Safety nets and alternative models are required when the extended family cannot cope or refuses to care for children. In some settings, fostering and adoption may be feasible options when the extended family cannot care for children. However, care is needed to assess potential foster and adoptive families, to prevent exploitation and abuse, and systems must be in place for regular follow up. This approach is best undertaken in collaboration with agencies that have expertise and experience with fostering and adoption.

Institutional care is the least appropriate model of care, and can lead to longer-term developmental problems. Children in orphanages and residential homes, for example.

- Lose contact with their extended families and communities
- Miss out on opportunities to develop meaningful relationships with adults. This leads to poor learning of social and practical skills.
- Develop a poor sense of identity and culture
- Have poor social support networks beyond the institution

In any case, institutional care has proved to be much more expensive than other types of care.

Institutional care should only be a last resort when there are no other alternatives or a temporary measure while fostering, adoption or other arrangements are being made or while attempts are being made to locate relatives.

Traditionally children were absorbed by the extended family network as a resource, being fostered by grandparents or other members of the family; over time though financial resources are severely strained. In some cases children are left to look after each other with he oldest taking up the role of heading the household. All the same it is important that children feel that they are part
of the community. Relatives, neighbors, teachers and other community members all have a role to play in providing children with a caring environment and in providing support to caregivers.

Community support must be community led, relevant, use available human resources, and be sustainable. Strategies that support communities to plan for and monitor the care of children – in collaboration with local authorities, social and health services, schools, and private and religious organizations – should therefore be encouraged.
APPENDIX 7: GENDER

Definition of gender:
A set of cultural roles that identify the social differences between men and women. The roles are learned, changeable overtime and have a wide variation within and between cultures. Gender is the cultural definition of behavior defined as appropriate to the sexes at a given time in a society. Gender identifies the social differences between men and women that are learned, and changeable overtime, and has a variation within and between cultures, e.g. men cannot

Gender Concepts
10. Sex: Identifies the biological differences between the sexes that are universal and unchangeable, e.g.
   - a woman has a vagina
   - a man has a penis

11. Sex Roles: a role that a man or woman performs by virtue of their biological makeup
    A sex role can be performed by only one of the sexes, e.g.
    Female               Male
    - Child bearing      - Insemination
    - Lactation         - Production of sperms
    - Menstruation

12. Sex Role Stereotypes
    A rigidly held, stereotyped and oversimplified belief that men and women, by virtue of their sex, possess distinct psychological traits and characteristics, e.g.
    - Men are independent, women are dependent; or
    - Men are not emotional, women are emotional

13. Gender Roles
    Is learned behavior in a given society. Gender roles, conditions, activities, tasks and responsibilities, which are considered feminine and masculine
    Women               Men
    - washing plates    building houses
    - gathering the branches cutting of trees, e.g. chitemene
      into a heap        system
    - looking after children protecting the family

NB: Gender roles are interchangeable

14. Gender Identity
    Refers to the subjective feeling of ‘maleness’ or ‘femaleness’ irrespective of one’s sex. It is therefore possible to be of one sex, but feel and behave like the other sex.

15. Gender Concerns
Denote those needs which arise from the gender division of roles and gender division of labor. They become gender concerns if they affect one sex negatively. Therefore, there are women gender concerns and men gender concerns.

16. Gender Sensitization
The systematic effort aimed at promoting the awareness of gender differences and the implications that these differences have on development.

17. Gender Blindness
Is the inability to perceive that there are different gender roles and responsibilities in a society. It can lead to failure to realize that different policies, programs and projects can have different effects on women and men, e.g. men would like to have a well near to where animals feed.

18. Gender Planning
Recognizes the fact that because men and women perform different roles in society, they very often have different needs which should be reflected in the planning process.

GENDER ISSUES
A gender issue arises when a sense of grievance is felt by one sex as a result of unmet gender needs and concerns. Generally there are more women gender issues than men gender issues.

2. Recognizing a Gender Issue
• Is it the same as a woman’s issue?
• Is it the concern of women only?
• Should men and women be equally concerned?
• How does a gender issue differ from other gender concepts, i.e.
  - women’s general needs
  - women’s special needs
  - Gender concerns
• Focus is on women’s rather then men’s needs because in practice it is women’s needs which tend to be overlooked in a male-dominated society like ours.
APPENDIX 8:

THE CHILD

1. Definition
According to the United Nations Convention on the Rights of the Child (UNCRC) a Child is any person between the ages of 0 to 18 years. The same definition is also used in the African Charter for Rights and Welfare of Children.

However, in the Zambian context, different pieces of legislation define a child differently. For instance:
• National Child Policy – Any person aged between 0 and 14 years
• Education Act – Anyone who has not attained the age of 18 years
• Marriage Act – Any person below the age of 21 years is not allowed to get married without the consent of parents.
• Employment Act – A person under the age of 14 years
• Juvenile Act – Anyone who has not attained the age of 16 years

In addition, there are also other conflicting age limits. For instance, the age for obtaining a National Registration Card is 16 years, while voting age is 18 years.

The government is currently being lobbied to harmonize the various pieces of legislation, and follow the international standard definition of a child set by the UNCRC and the African Charter.

2. Stages of Human Development
In order to understand who a child is, it is important to have an idea of the different stages of Human Development, amongst who is a child.

Human development is divided into several stages:
- Infancy: Birth to 18 months
- Childhood: 18 months to 12 + or – 2 years
- Adolescence: 13 years to 18 years
- Adulthood: 18 years to 65 years
- Old Age: 65 years and above

3. The Child
For our purposes you can see that a child covers the period of Infancy, Childhood and Adolescence. In addition, there is need to realize that growth takes place more actively at certain times than at others. And that children develop at different rates compared to each other, and even compared with their previous rates.

Infancy: during this time the child is totally dependent on the parents/caregivers for its experience of the external world. It is mostly involved with eating, sleeping, crying and learning to walk.

Childhood: the child is becoming increasingly independent, having learned to walk, can now explore the world alone, though with guidance. During this period, the child begins school, learns to make friends, and is generally very carefree.
Adolescence: begins with puberty. Although biologically the child is said to be ready for procreation, psychologically and emotionally he/she is still a child and requires to be given a chance to slowly understand the physiologically changes as they relate to other aspects. This is a difficult period. Not only is the person half-child, half-adult, he/she begins to be prepared to take on adult responsibilities by the time he/she reaches 18 years.

It is therefore not by accident that even the education system follows the above age demarcation in the progression of children – 6/7 years to 17/18 years. Life after grade 12 is intended for the preparation of the person for adult responsibilities, career development and eventually being gainfully employment.

4. Challenging issues in Child care

With above scenario, a lot is going during the period between birth and adulthood. During this time there are a lot of issues that arise which make it rather challenging to raise and care for children. Some of these challenging behaviors include:

- Stealing
- Lying
- Running away from home
- Crying unnecessarily
- Insulting
- Prostitution
- Streetism
- Temper tantrums

The challenging behavior which will be portrayed will depend upon the age and vulnerability of the child, meaning children with react differently to situations even when they are the same age and parents need to treat each child differently according to the particular child’s special emotional requirements.
APPENDIX 9:

COMMUNICATING WITH CHILDREN

What is communication?
It is the sending and receiving of messages or information through interaction (verbal or non-verbal) between the sender and the receiver. It is also a process of sharing information and ideas.

Types of communication
One way communication: Mere transfer of a message from one person to the other.
Two way communication: Transfer of a message from one person to the other and receiving feedback.

Why do children communicate?
To inform others (one way)
To get ideas from others (two way)
To share a message with others (two way)
To satisfy the need to interact with others
To avoid misunderstandings
To treat boredom and loneliness

How do children communicate?
Children can express their ideas through talking (verbal communication) or by just actions (non-verbal communication)

Factors that affect effective communication with children
Age: It is very difficult to understand a child’s behavior especially a very young child who uses signs to send messages to adults. However, it is still the responsibility of adults to learn the meanings of these signs so that they do not miss out what the child is trying to communicate to them. On the other hand children older than 2 years may verbally express their needs more clearly
Sex: At different stages of their development, male or female children tend to do things that may not be approved of by parents or guardians. For instance at the age of a boy becomes too fond of his father and even resents the mother for some time. By the time he reaches 3-4 the same boy will gradually become resentful of his once favorite father and shift his attention to the mother to the point of even showing jealousy whenever his father comes near her. This happens to girls as well. It is important to recognize these changes in a child’s attachment behaviors because it will help us to understand why children may not talk openly with certain adults during these important stages of their development.
On the other hand, a child who has suffered abuse at the hands of a male parent may not open up easily to other male parents as well.
Attitude/mood: Children are very good listeners and observers. They are capable of reading an adult’s mood and attitude no matter how one tries to pretend.
Biases: It is very easy to injure a child’s feelings. Children whose feelings have been injured often form their draw their own conclusions about people and situations.
**Dressing**: A child’s imagination is usually influenced by the adult’s ways of doing things including their dressing. An adult’s casual dress usually makes a child to feel relaxed. On the other hand, any immaculately dressed adult creates an impression of authority and may make the child to feel intimidated.

**Language/vocabulary**: Children express their needs using simple concepts. These concepts are so special to a child who is still fascinated with issues of life. They may communicate with others through play activities, using toys, songs and through gestures. Understanding a child’s language has got so many benefits to both the child and adults alike. Occasional use of this language to communicate with the child makes him/her to feel understood.

**Beliefs**: Children have also got their own beliefs about life. These beliefs must be explored in order to understand how these influence their character and perceptions about life.

**Maturity**: The mental age of a child determines how well the child can communicate his/her concerns to others. It is important to note that some children mature earlier than others.

**Confidentiality**: If a child realizes that some of his/her concerns may not be kept confidential, he/she may not likely to discuss them with others. Confidentiality applies to children as well as adults.

Perceptions about the adult: A child who regards an adult highly will most likely feel delighted to share his/her concerns with that person. But as long as a child regards the adult negatively, he/she may not take the adult seriously.

**In order to communicate with children effectively, the adult should do the following:**
- Have a POSITIVE ATTITUDE towards the child in the first place.
- Give the child TIME and ATTENTION. This makes the child to feel important and such he/she will want and open up easily.
- LISTEN to the child’s story while at the same time observing his/her gestures or important signals.
- UNDERSTAND the child’s innermost feeling and what the child is trying to communicate to you.
- Let the child know that you have UNDERSTOOD what he is saying.
- PROBE to find out how the problem is affecting the child.
- Encourage the child to ask questions
- Give the child SIMPLE, CLEAR & GENUINE EXPLANATIONS

**Ask yourself these questions first:**
- Are you a good listener?
- Do you like children; do you feel comfortable talking and being with them?
- Do you take children seriously?
- Do you often interrupt children when they are talking to you?
- Do you easily listen to children’s’ painful stories without trying to change the subject?
- Are you able to deal with a child crying in a natural way, without feeling embarrassed or making the child feel embarrassed?
- What about your own attitudes to children: do you accept that they have their own feelings and ideas about things that they have experienced?

It is a good idea to think through the above issues, or discuss them with a group of people, to make you more aware of your own capabilities and limitations in child care issues.
Why listen to children?
“Good listening” to a child who is distressed is: actively taking in what is being said for four main purposes:

- To act as a receiver, a holder of the child’s feeling, so that the emotional tension in the child can be released in a constructive way.
- To increase understanding and knowledge of what children experience- as seen through the child’s own eyes. This understanding is necessary for planning appropriate interventions for children and families. But it should also enable you to give some help to the child immediately- comfort, relief of guilty feelings, and understanding of why the event happened, and what it meant.
- To give the child the feeling of having been “seen”, his/her feelings recognized and understood. Maybe he does not feel so alone anymore.
- When you are being a good listener, you may act as a model for important people in the child’s life, who may have not realized the child’s needs for being heard, for being comforted. You are listening with a loving, caring attitude.

Results of good listening

- The child gets some relief from built up of tension.
- The child feels “at last” someone has understood
- It may give the child a new “base for growth”, a new starting point, and help to re-establish trust in adults.
- You may have opened the eyes of others to the child’s distress- and brought children and parents closer.
- The child may have shared information with you which points to the need for action at the community level e.g. discrimination at school of orphans.

Important points to consider when communicating with children

Introducing yourself: Always introduce yourself in a very simple and straightforward manner using your first name. If possible avoid such titles as Mr., Dr, Fr, Sr., Mrs. etc.

Time: Be careful to plan enough time for the conversation so that you can leave behind you a child in control of his/her feelings. Never leave behind a crying child. Encourage the child to talk about some of his/her experiences in the process.

Privacy: It is time to think of where the conversation with the child/family will take place, and if possible to make it as private as possible. This may be difficult in fieldwork. In many cultures, the concept of personal privacy is not of importance, especially when it comes to children. But there are good reasons why one should attempt to talk to the child with only a few other trusted people present.

Confidentiality: The child must know that his/her identity will not be revealed to anyone and that all discussions will be kept confidential.

- It is a good idea to prepare people in communities, families, and schools before talking to the child or children. It is much better to spend time explaining why you want to have some privacy with the child, than having to ask people to leave, which may be seen as rude. Ask children who they want to be present, when appropriate.
- It is also important to have some adult with the child who the child knows and trusts, and who can follow up with the child afterwards. Sometimes this may be one or both parents, relatives, a trusted teacher, or a responsible community member.

Sitting? Standing? Different cultures have different customs relating to how adults and children should behave when talking together. It is important to let the child suggest what he/she prefers. Sometimes children are expected to stand or to sit at the feet of a sitting adult. It is important
whatever you do, not to compromise the conversation by making people, and the child feel embarrassed.

Be Sensitive to the child’s state: Children can be exhausted, hungry, ill, frightened, and cold and all these states will affect your relationship with the child. Never press the child to tell things they do not want to or let anybody do this. Because the whole point of the conversation will be lost. The child will not trust you and will feel anxious.

- If there is something you see that is worrying the child, you can say: “I think the question I asked you is difficult for you to talk about right now.” That is all right. Maybe you will be able to another time; or maybe you want that thing to be your secret.
- Never leave children with a sense of failure because they have not/cannot answer your questions.

Record conversations with children: For various reasons it may be necessary to write down the conversation one is having with the child. However a child must be informed that you will be writing down some important points as you discuss.

Clarify-don’t interrupt: Interrupting a child will often bring the child to silence and bring doubt to the child’s mind if he/she is saying the right things. Wait until the child has a natural pause, and clarify points you want to understand more clearly; ‘is that what you meant?’, ‘What happened next?’

Simple language: Keep your language simple, your questions short, and your explanations also short and simple.

When children tell lies about themselves: The basic attitude here is that when children tell lies about their background, they usually have a good reason to do so. It is not unusual for unaccompanied children to lie about themselves and their background. This is usually done because the child fears being forcibly sent to a situation or the child is trying to protect himself/herself from a perceived fear.

About tears: you will find that the shedding of tears often worries people a lot; they feel they have made the child cry. In fact, the tears have often been there a long time, but in a ‘deep frozen’ form. The release of tears in the presence of an empathetic listener and comforter is an essential part of the release of tension for the child, and is not harmful under these circumstances. What is not acceptable is to leave a child in tears, to laugh at tears or ridicule them in some way. Do not comment on the tears, but one can help the child with brushing them away - another form of giving contact.

Praises: Somewhere in the conversation, praise the child sincerely for acts of bravery and encourage their efforts at self-healing. Children can often show incredible acts of courage when their concerns have been explored and dealt with to their satisfaction.

Ending up

- Try not to end abruptly; prepare the child a bit before by saying something like: “It is soon time for us to leave, but before we go…”
- Again, leave the child in control of himself.
- Try to sum up for the child your conversation, giving praise to the child for his/her participation.
- Ask the child how he/she has experienced the conversation, how he/she now feels.
- Tell the child if you would love to discuss with him again.
APPENDIX 10:

PARENTING CHILDREN: CHILD ABUSE vs DISCIPLINE

Parents/guardians have one great job to do, which they cannot run away from. This is parenting Their Children. That is why there is need for all to have information, knowledge and skills on how best this job could be done. The following are just a few points to remember as you go about in your great job which nature has given you.

CHILDREN LEARN THROUGH
- Hearing
- Seeing

Here we go, just read the points below

12. A child who lives with criticism, learns to condemn
13. A child who lives with hostility, learns to fight
14. A child who lives with ridicule, learns to be shy
15. A child who lives with shame, learns to feel guilty
16. A child who lives with tolerance, learns to be patient
17. A child who lives with encouragement, learns to be confident
18. A child who lives with praise, learns to appreciate
19. A child who lives with fairness, learns to justice
20. A child who lives with security, learns to have faith
21. A child who lives with approval, learns to like himself
22. A child who lives with acceptance and friendship, learns to find love

A CHALLENGE TO PARENTS AND THOSE PARENTING
- What would we like our children to live with?
- Which way would we like them to follow?
- Will we help her/him to prepare for a better life ahead?

DISCIPLINE.

Are acts intended purposes of:
- Teaching a child
- Putting a child in the right channel for the child to grow up responsibly
- Controlling the behavior of the child
- Instilling good behavior and conduct
- Correcting mistakes

Definition: Discipline is the act of exercising mental or moral training by castigating, chastising, penalizing, punishing, rebuking, reprimanding or reproving.

Examples of discipline, which are forms of punishment include:
- beating,
- denial of food,
- isolation (disallow the child from being with other children),
- ignoring the child,
- warning the child by talking about possible consequences of whatever the child has done if the action is repeated,
- harshness,
- shouting,
- using abusive language,
- giving too much work to do,
- locking the children outside at night
- confining them to the home.

From the above list we can see the thin line that divides the two concepts, ‘Discipline’ and ‘Child abuse’. In order to make the distinction clear between discipline and child abuse, it is important that we first go into a discussion of child abuse and the different types of child abuse.

**CHILD ABUSE**

**Definition:** Child abuse is an act of omission or commission that endangers or impairs a child’s physical or emotional health and development. This is the maltreatment of children physically and/or emotionally.

This problem is as old as humanity and occurs in all races, religions, cultures and economic groups. Although it is an old problem, it is only relatively recent that societies have come to recognize it as a serious problem with far reaching consequences.

**Types of abuse**

**- Physical Abuse**

This is when children are hurt or injured by caregivers or other people causing cuts, bruises and fractures. Physical abuse can also include giving child substances such as alcohol or medicines (overdose) to make child sleepy so that they are no trouble at night, e.g. a young couple going out with friends.

**Signs and effects of Physical abuse**

Clear-cuts and bruises can be seen on the child. In serious cases, a child could be handicapped i.e. losing an eye, losing a finger etc. Also children, who are physical abused become withdrawn, lose confidence in themselves and lack social skills. Such children could also become abusive themselves i.e. always involved in fights at school and at play, and when they become parents, they could abuse their own children.

**- Emotional Abuse**

This includes constant criticism belittling and trashing of a child or ignoring and withholding praise and affection. This is failure to provide the psychological nurturing necessary for a child’s physical and emotional growth, and development. Verbal abuse is whereby children are constantly being shouted at and humiliated or frightened. This is largely about the relationship between a caregiver and a child. It is about the parents or caregivers’ ability or inability to express affection and to understand what it is to be a child. Unlike other abuse, emotional abuse does not leave physical injuries or scars and is often not easily recognized.

**Signs and effects of Emotional abuse**

Emotional Abuse leads to emotional disturbances e.g.

*Lack of confidence and self esteem*
*Withdrawal
*Insecurities that could lead to violence
*Lack of social skills
*Bed-wetting and thumb sucking in younger children
*Poor performance at school etc

- **Neglect**

This is continued failure to provide a child with basic necessities of life and adequate supervision needed for a child’s optimal growth, and development, and failure to use for available resources to meet these needs e.g. not taking a child for medical treatment when the clinic is free and close by, failure to provide food, shelter safety, care and attention which results in physical, intellectual and emotional retarded growth.

Unlike other forms of abuse, neglect is about what caregiver does not do rather what he or she does. If reflects the overall level of functioning of a family response to situation and their failure to meet the child’s abuse. Child neglect could be a result of a number of factors such as, Lack of personal competency, lack of parenting skills, inability to plan, low self esteem, social isolation, lack of a support networks, history of abuse in the family and excessive consumption of alcohol or drugs, etc.

**Signs and effects of Neglect**

Neglected children could
- Be malnourished
- Become street children
- Be sickly
- Be untidy
- Sad and generally withdrawn
- Lack self esteem
- Be performing quite badly at school

Such children are very vulnerable to all forms of abuse because they lack parental guidance and protection.

- **Bullying**

This is physical and emotional abuse which includes: name calling, being pushed around, teased, rumors spread about you and having possessions taken from you. You feel afraid and anxious as well as worthless. A bullied child loses confidence and self-esteem, which may have long lasting effects on their development and could affect their lives as adults. Orphans particularly are vulnerable to being bullied by peers. It may take sometime for them to re-adjust into the school environment after the death of parents. Some children even prefer to be transferred to another school.

**But why do people bully others?**

Bullies have problems of their own
- They may have been bullied themselves
- They may be scared of being picked on so they do it first
- They may not like themselves so they take it out on others
- Friends may put them up to it.
- Sexual Abuse

Of all the forms child abuse, perhaps the most difficult one for people to face is sexual abuse. This is exploitation of a child by an adult or older person for the sexual stimulation or gratification of that person. Misuse of power and distortion of adult child relationship are the main factors. Sadly all sorts of people from all works of life and from a variety of professions and callings are capable of abusing children sexually. It could be a family member a close relative, a family friend, a leader or even a priest.

Forms of Sexual abuse

Sexual abuse can be:
8. Sexual intercourse or Rape of a child.
9. Incest- father with daughter - mother with son – sister with brother, uncle, or niece, etc.
10. Touching of private parts.
11. Child prostitution – where children are paid to have sex with someone.
12. Pornography – either a child is shown pictures r forced to pose in picture, forced masturbation.
13. Forced early marriages
14. Sodomy

Short Term Effects of Child Sexual Abuse

- Sexually Transmitted infections and HIV infections
- Unwanted pregnancies
- Depression
- Social withdrawal/ Isolation
- Fear of the opposite sex
- Sexual interest
- Poor school performance

Long-term effects

- Poor sexual relations in adulthood
- Mistrust of the opposite sex
- Could be perpetrators of sexual violence themselves
- Poor social relations
- Depression

Whether or not the child consents, sexual activity between an adult and a child is always abusive. It is the responsibility of adults to protect children, and abusive adults must take full responsibility for seeking to engage in sexual activities with children.

As we are aware it takes more than just an act or policy to make humans realize the importance of looking after and safeguarding the development of our children, we need to inform and equip people on issues pertaining to child sexual abuse. Many people are still blinded by cultural beliefs and half-truths about sexual abuse.
THE ABUSIVE PARENT

Crises such as the loss of a job, divorce, illness, or stress on the job are factors which will result in the parent suddenly losing control and abuse the child. The parent over reacts to stress which has become too complex to cope with. The abuse is the result of anxiety and frustration felt by the parent. Abusive parents may have some of the following characteristics:

They:

- Have unrealistic expectations of the child’s behavior.
- Appear not to trust anyone
- May be over critical of the child and do not discuss the child in a positive manner
- Believe in harsh punishment and do not hug or touch the child. They appear to lack the normal understanding of the child’s emotional or physical needs.
- React with impatience or completely ignore the child altogether
- May be isolated from support groups such as family, friends or social groups
- May be reluctant to give any information concerning the child’s condition or, when giving reasons, the responses are unreasonable
- Appears hostile or over react when questioned about the child or show no concern and are more occupied with their own problems.
- Fail to take the child to proper medical care or chooses to go to a different hospital/doctor each time. They refuse to consent to any diagnostic studies for the child’s behavior
- Are difficult to locate, fail to keep appointments, have little social contact and do not participate in any school activities
- Their general behavior is irrational, may appear cruel, lacks control, and generally is not conducive to child rearing
- Are probably misusing drugs or alcohol.

In conclusion, the very thin line between discipline and abuse is dependent on the kind of person that is instilling the discipline and what the person is feeling (the motive for punishing), when, where, how the punishment is being done and what it is done with. Therefore discipline is differentiated from abuse by using the following criteria:

- **Why** is to deter the child from bad behavior
- **How** is to improve the behavior
- **When** is just after and is related to the bad action
- **Where** is in an appropriate place
- **Who** is a person concerned about the child
- **What** is used is not harmful

Discipline is separated from abuse when the action / punishment is given without love and most of the time children can feel that the person does not love them.
LOSS
In general sense, loss can be defined as the result of being deprived of something significant and valued in one's life. It is often used to refer to the severing of an attachment that offered love and security, such as a relationship with a family member, friend or beloved pet. However, there are many other types of losses. Some examples are:
- Loss of hearing or eyesight
- Loss of a dream (e.g. someone who always wanted to be a doctor but failed to be accepted to the university)
- Loss of a home (due to war, floods, etc)
- Loss of a partner (due to break-up or divorce)
- Loss of a job
- Loss of a person as you knew them (e.g. somebody who becomes ill with Alzheimer’s disease)

The term bereavement
- Is similar in meaning to ‘loss’, but is usually used to refer specifically to the loss of a significant other.

GRIEF
Grief may be defined as the individual’s personal experience of thought and feelings associated with death or other types of loss. Grieving over the death of a loved one is a natural and necessary process that most people are able to cope with and emerge from in a healthy manner if given adequate support. However, although feelings of grief are natural, they may be ignored or misunderstood by others and suppressed by the bereaved themselves (particularly common with children)

MOURNING
Mourning refers to the process of adapting to a significant loss. It encompasses the whole spectrum of grief reactions, but also includes the process of moving past these reactions, adapting to the new situation and taking up the threads of one’s life again. The process of mourning is thus a process of healing. As with other types of healing, full function, or almost full function, can be regained but there are also incidents of impaired function and inadequate healing. Viewed in this way, it is clear that mourning is a necessary process.

NORMAL/UNCOMPLICATED GRIEF REACTIONS
The term ‘normal’ grief, sometimes referred to as ‘uncomplicated’ grief, encompasses a broad range of feelings and behaviors that are common after a loss:
Manifestations of normal grief

3. FEELINGS:
   - Sadness
   - Guilt and self reproach
   - Loneliness
   - Helplessness
   - Yearning
   - Relief
   - Anger
   - Anxiety
   - Fatigue
   - Shock
   - Emancipation
   - Numbness

4. PHYSICAL SENSATIONS:
   - Hollowness in the stomach
   - Tightness in the chest
   - Tightness in the throat
   - Oversensitivity to noise
   - A sense of de-personalization
   - Breathlessness
   - Weakness in the muscles
   - Lack of energy
   - Dry mouth

5. COGNITIONS:
   - Disbelief
   - Preoccupation
   - Sense of presence
   - Confusion
   - Hallucinations

6. BEHAVIOURS:
   - Sleep disturbances
   - Appetite disturbances
   - Absent-minded behavior
   - Social withdrawal
   - Dreams of the deceased
   - Treasuring objects that belonged to the deceased
   - Avoiding reminders of the deceased
   - Searching and calling out
   - Sighing
   - Restless/ over activity
   - Crying
   - Visiting places or carrying objects that remind the survivor of the deceased

Phases of the grieving process

Everyone’s experience of grief is individual and these stages are to be seen as pointers only to where an individual may be in their grieving process, they are neither grieving nor necessarily sequential – there are individual differences.

Phase A: Early grief

Features:
1. Shock and numbing: may be seen in children as withdrawing or panic/acute distress. (Internal screening process is likely to delay strong reactions)
2. Alarm: heightened vulnerability, a child previously well adjusted may become reluctant or anxious to go to school, to feel depressed, and to feel severe separation anxiety
3. Denial and disbelief: The child may simply not accept that the loss has happened or forgets that it has happened. Some children may have hyperactivity as denial and find difficulty in being alone.
Phase B: Acute Grief

Features:
1. Yearning and piping: the conflict between the need to relinquish what has been lost and the wish to hold onto it
2. Searching: Preoccupation with the deceased, a sense of writing for something to happen, restlessness.
3. Strong Feelings: Sadness, Anger, guilt, and shame – it would be difficult to overestimate the long duration of grief with its intense distress and disablement or to overstate the damage that results from trying to shorten to process.
4. Disorganization: Often last well past the first anniversary of the loss, may be seen in school as falling behind in the child’s work, inability to settle, on another planet.
5. Despair: The child may be hopeless and bleak; food may become important as if the child wants to fill up the emptiness the feel inside themselves.
6. Reorganization: The child will be able to reinvest in a new life, which takes account of the loss but is not pre-occupied with it.

Phase C:
Integration of loss and Grief

For the fortunate child, the experience of loss and grief is mastered efficiently; there is a return to physical and psychological well-being. The reality of loss will be accepted and the tears will be less frequent or profuse. The child’s self-esteem will be restored along with the ability to enjoy life and other people. The focus is on the future instead of the past.

mourning in children

When a parents child’s dies, in addition to losing the presence of the person, the child also loses all the roles and functions which the parents performed in the child’s life. The death of parent occurs long before the child is already to live without him/her. Loss of parents makes a child different from others of his/her age; it makes it difficult to do things, which are normal for that age, and interferes at every level with the business of being young and growing up. The consequences are more than doubled when both parents die.

Can Children Mourn?

Most professionals agree that the ability to grieve is acquired in the childhood. Although they are debates about the actual age at which children acquire the capacity to grieve, suggested ages vary from 6 months to adolescence. However, children much younger that this, while they may not have the capacity to understand what death is all about, they still display strong emotional and behavioral reactions to the loss of a loved one especially a parent.

Grief Reactions at Different Ages

Infancy

The child has no understanding of death but reacts to:
1) Fear of separation – mostly disturbed by a loss of physical/loving presence of parents.
2) Parents’ emotions – infants are very in tune with parents and are sensitive to their anxiety level.
Behaviors:
1) Crankiness
2) Crying
3) Slight skin rash
4) Clinging

What helps?
(The focus is on creating an environment, which minimizes his/her distress).
- Encourage remaining caregiver to talk about feelings with his/her available supports – professional/personal.
- Let social supports assist with household.
- Provide much loving, patting, holding to the infant.
- Keep the infant’s routine consistent.

Pre-school: 2½ - 5 years
Children’s understanding:
7. Death is not seen as permanent. (Bang, bang you’re dead means people get up and play another day).
8. Death may be confused with sleeping.
9. Death may be confused with punishment for some wrongdoing.
10. Death may be seen as violent and caused by themselves (egocentricticy) this is particularly difficult if they have angry and had a death with for the parent.
11. The child may think he/she can catch the same thing, e.g. cancer.
12. The child may think that dead people live underground.

Behaviors
6. Bed wetting
7. Thumb sucking
8. Baby talk
9. Fear of dark
10. Separation anxiety at bed time or attending pre-school

What helps?
- Prepare them for change in routine, i.e. funeral arrangement, parents/family grieving, how thinks might look/how they will happen.
- Encourage everyone in contact with the child to use term dead/death.
- Respond to security needs, “who will take care of me?” Reassure regarding routines, activities, and schedules.
- Do not use mixed messages, i.e.
  - Passed away
  - Sleeping – ‘Wake him/her up’
  - Taken from us - ‘get him/her back’
  - Resting
  - Taken and lost to us – ‘why don’t we find him/her?’
  - ‘X’ is sleeping in the arms of Gods – a sure way of increasing sleep disturbances
  - ‘X’ has gone to heaven – ‘Can I phone him/her?’
  - ‘Ben’ was so good, God wanted him/her to go and live with him – (being bad is a good way to stay alive).
Do:
- Keep explanations short, simple, truthful
- Be prepared to repeat often, e.g.
  - Ben was very ill,
  - Doctors could not make him better although they tried everything they knew,
  - Ben’s body doesn’t work any more,
  - Being died does hurt.

5 – 9 Years
The child considers death as possible only for others.
  9. Death is irreversible: when you are dead, you are dead.
  10. Death is unavoidable and universal.

Behaviors
  5. Unwillingness to express their feelings.
  6. Keep thoughts about the death to themselves.
  7. Suppress their feelings, particularly boys; “big boys don’t cry”
  8. Become occupied with the justice and injustice of event, “bad things happen to good people.”

What Helps
All of the above for pre-school plus
- Provide detailed information about the different aspects of the event.
- Encourage the expression of feelings – enlist modeling from male family members as well as female.

9 – 11 Years
Death can now include them.
  1. Irreversibility of death.
  2. Death is real, final, universal, inevitable
  4. Interest in biological aspect of death and details of funeral.

Behaviors
  1. Crying,
  2. Anxiety,
  3. Headache, abdominal pain,
  4. Separation of anxiety, (going to school)
  5. Denial,
  6. Hostility toward to deceased,
  7. Guilt – blaming others,
  8. Drop in academic performance,
  9. Day dreaming
  10. Lack of attention,
  11. Loss of manual skills,
  12. Withdrawal,
  13. Fear of friendship bonds – might loss a friend,
  14. May fear they will die at the same age,
  15. Display similar symptoms to the deceased.
What helps?
All of the above plus,
- Explanation of grieving difference, i.e. timing
- Permission to be themselves, i.e. to cry/or not
- Honest explanation of person’s death
- Encourage attendance at funeral – find ways to say goodbye
- Be a good listener
- Convey that feelings are important.

12 – 16 Years
Thinks more like adult.
5. May view suicide as getting back at someone (reversible, some survive, re-occur – because some try more than once.)
6. Acknowledge of fragility of life.

Behaviors
2. Want to assume adult role
2. Anger.
11. Preoccupation with death
12. Aggression
13. Talking on mannerism of deceased
15. Practical denial – risk taking
16. Critical of parents handling of e.g. funeral arrangements, finance, etc.

What helps?
As for earlier years plus,
- Encourage communication in:
  - family
  - Trusted friend/counselor
- Important – physical touch and “I love you” often
- Discussion of possible role change in family and their implications
APPENDIX 12:

TRADITIONAL PRACTICES DURING THE TIME OF GRIEF

DURING ILLNESS

Practices/rituals

1. Children separated from sick parents and also other family members are not allowed to see a sick patient.

Involvement of children

An elderly person either aunt or grand mother used to explain to the children about it.

Reason for separation

- To shield the children from painful experiences.
- To avoid spreading false rumors over the illness
- To protect children from infected incase of infectious diseases

2. Chief or headman must be notified of the illness.

Reason

- As a leader he has the right to know
- Incase a medicine man is seen in the village the chief or headman is aware that there is a sick person.

3. Taking patients to traditional medicine men either for treatment or finding out the cause of illness.

Involvement of children

Children not consulted

4. Very sick patients giving oral will to trusted relatives in the presence of the wife and or elder children

Reason

- To ensure that the oral will said is respected and carried out when sharing property of the deceased

DURING AND AFTER DEATH

Mostly during death children especially very young ones (e.g. 10 years) are not involved in the preparation and burial arrangements

Practice/Rituals

1. Children are not allowed to see dead body or going for to the graveyard.

Reason

- Because of the belief that some children get nightmares after looking at the dead body or after going to the graveyard.
2. Young people and women with small children or babies were not allowed to bath a dead body or going to the grave yard for burial
   
   **Reason**
   - It was believed that children are easily infected by diseases
   - Respect for the dead person

3. The day after burial, very early in the morning some elderly members of the family visit the graveside.
   
   **Reason**
   - To check that the grave has not been tampered with (belief in witchcraft) during the night.

4. Shaving of hair of widow or widower, family members, older children and putting in grieving attire
   
   **Reason**
   - To show the community that the people concern are going through the grieving process and people need to understand their action, behavior, attitude during that time.
   - It is also used to make the widow or widower identified and given assistance in case of need

5. Sharing of deceased clothes/ properties

   **IN Volvement Of CHILDREN**
   In older days children were asked to take what they wish from the properties and also given what the deceased said in her or his oral will
   
   **Reason**
   - To encourage children to remember good memories of their parents or guardian

6. Cleansing of the widow or widower after the period of time (length of time determined by the deceased family).
   
   **Reason**
   - To the widow or widower accept the death of the deceased and start a life afresh.
   - To remove the deceased spirit from the widow or widower.

   **HoW CHILDREN EXPRESS THEIR SORROW**
   Acceptable grieving behaviors.
   - Wailing, crying
   - Dancing-special mourning/ grieving dance
   - Removal of upper clothes
   - Wearing clothes inside out
   - Clinging
APPENDIX 13:

TRAUMA IN CHILDREN

Definition: Trauma is the negative effects of a catastrophic or otherwise disturbing experience, either short-term or long term.

Post Traumatic Stress Disorder (PTSD): A psychological disorder associated with a traumatic event resulting in the person reliving the event through nightmares, at night, and disturbing recollections during the day.

PTSD occurs after a catastrophic or other severely disturbing experience, and persists long after the event, and can interfere with day-to-day functioning

Possible causes of Trauma:
These include
13. Loss of parents/guardians/loved members of the family
14. Death of parents
15. Physical, Emotional and Sexual Abuse
16. Rape
17. Neglect
18. Other forms of maltreatment
19. Streetism
20. Child Labor

Signs and Symptoms of Trauma
- Flash backs and disturbing dreams of the traumatic event
- Avoidance of situations that can re-awaken painful memories
- Development of depression, anxiety and/or other chronic conditions
- Temper tantrums
- Violent Behavior
- Stealing
- Misbehavior at school
- Suicidal Behavior
- Drug abuse
- Running away from home
- Prostitution

Intervention
In order to help resolve the resulting problems of trauma, children require both psychological and social care, not one at the expense of the other. The interventions should be provided as early possible after the traumatic event. When provided, both these will go a long way in assisting to change the children’s behavior. Possible rehabilitation programs include:

x. Counseling
xi. Guidance
xii. Spiritual care
xiii. Skills Training
xiv. Education
xv. Health care
xvi. Nutrition
xvii. Recreation
xviii. Placement, either back to the original home, or to a foster/adoptive home
APPENDIX 14:  

STRESS AND COPING

STRESS: the loss of a former existing balance, which has been disturbed by a harsh event or a harsh experience. It is a process that involves pain, insecurity and mostly negative feelings, e.g. anger, guilt, loneliness, hopelessness, illness, sadness, helplessness, betrayal, etc.

The above definition goes a long way in explaining the feelings and challenges experienced by children after the death of parents. Some of the changes after the death of parents involve:

- Moving from a middle or upper class urban home to a poor rural relatives home where their needs may not be adequately met
- Separation from siblings without consulting the children concerned
- Drop out of school due to lack of money
- Losing property to relatives
- Lack of guidance, support and security

Such problems call for extra demands on the children affected and many a time, children would not have been prepared for such problems. All this may lead to negative physical and psychological well being of the children

Stress and distress may result in:

- Loss of control and self-confidence, i.e. external locus of control. The external locus of control assumes that a persons life is controlled by external factors e.g. luck, nature and fate. Externally oriented individuals do not see themselves as in control of what happens in their lives but merely accept what happens. They are helpless and at the mercy of the environment
- Competing constantly and excessively against everyone and everywhere
- Feelings of illness and general lack of emotional, psychological and physical equilibrium as a result of stress is termed “stress induced illness”.
- Stress is however not always negative. Some children respond to stress:
  - By maintaining a confident control over the environment, i.e. they have an internal locus of control. “Internals” feel they have the control over lives and behaviors. They have the ability to predict environmental events and respond appropriately. They are hopeful even in distressing situations
- This process is coded “stress induced resilience”. This positive outcome of stress situations is also called coping.

COPING: is defined as cognitive and behavioral efforts to master specific demands that are noted as exceeding the usual capabilities or resources of a person.

A profile of a child “coping well” taken from some studies shows that children who cope well:

- Had a good feeling about themselves
- Looked positively at themselves and their work
- Had healthy interpersonal relations
- Had realistic evaluations about life
- Were able to integrate more or less their thinking feeling and acting
- Were able to translate ideas into action
Were effective communicators
Were able to tolerate frustrations
Were able to delay satisfactions
Asked for help when they needed it
Used self comforting devices

Research has pointed out that for children to be able to ‘cope well’; they need a lot of meaningful support. They need people and an environment sensitive to their needs. In the studies done, families and communities that create good coping facilities had the following profile.

✓ Children feel accepted and beloved
✓ A safe and facilitating environment
✓ The environments allows children to be active or inactive to let off steam and to discharge tension
✓ The environment supports children in their efforts to draw upon inner resources, to reach self generated conclusions and to take care of themselves
✓ The environment is sensitive and receptive of the children’s feelings and experiences
✓ The environment supports children to be self reliant
✓ The environment is gender sensitive

As individuals who are concerned about cushioning orphaned children against trauma (long lasting negative feelings and behavior) and ensuring that they go back to normal, it is necessary to equip ourselves with observation and assessment techniques so that we know which children are less likely to cope well as a result of internal (concerning self) and external (concerning the environment) factors. We can therefore give meaningful intervention when it is required.
APPENDIX 15:

WILL WRITING

What is a will?
A will is a legal document stating how you wish your property to be shared upon your death. In Zambia, this is governed by the Wills and Administration of Testate Estates No. 6 of 1989.

Why are wills important?
In the Zambian situation today it is usual for property grabbing by relatives to the person that has died. Hence the need for people to write wills to ensure that the people that should have the property are secured despite your death. In a will instructions can also be left on how you would like to be buried and who should be the guardian of your children who will still be minors at your death. This prevents a situation where people merely fight for custody of your children in order to get hold of your property.

Who can make a will?
Any adult person who is of sound mind can make a will. This includes blind persons, illiterate persons and very sick persons of sound mind.

How do I make a will?
You can write your own will if you are versed on the guidelines of writing a will or you can seek assistance from a lawyer. If you are illiterate or very ill, you can ask someone to write for you but the person who writes your will must not be someone who will inherit the property.

If the person making a will is illiterate or blind, another person other than the one who wrote the will for the blind or illiterate person must carefully read over and explain the contents of the will to the blind or illiterate person before the owner of the will signs it. The person reading and explaining the contents of the will must then declare in writing upon the same will that he had read and explained the contents of the will to the testator (owner of the will) and that the testator appeared to understand it before it was signed (executed).

Contents of a will
When writing a will you remember the following:

(x) A will must be written in ink and not pencil because pencil can be easily erased. By ink we mean that it could be written with a pen or it be typed.
(xi) State your name and address
(xii) State that you have cancelled all previous wills and testimonies
(xiii) Name the persons/or instructions, for instance a church, law firm, company, Bank who shall be called an executor or executors of your will as they are the ones who will ensure that your wishes according to your will that your debts are settled.
(xiv) List your assets (property and money).
(xv) List the people (family, friends, and organizations) and the property you would like each one to have.
(xvi) Name the person/s that you like to be the guardian of your children and list what directives or conditions you would want to be done after your death.
(xvii) Note the day, date and place where the will was drawn up.
(xviii) Sign the will or affix your thumbprint onto the will in the presence of two witnesses who should also sign in your presence and in the presence of each other.
What makes a will valid?

(iv) The will be written in ink or typed
    The will must be signed in presence of both witnesses who should also sign in your presence
    and in the presence of each other

(v) If the will is written in more than one page the testator must at the foot or end of each in the
    presence of both witnesses present at the same time who should also sign at the foot or the end
    of the will in the presence of each other and in the presence of the testator.

(vi) Although the current Act is silent on the age of the witness, it is advisable to have witnesses
    who are above the age of Eighteen years.

Can I change my will?

You can change your will but the new will must express that you have revoked the earlier will and the new
will must be signed (attested) by two witnesses in your presence and in the presence of each other. It is
important to change the will when you divorce or remarry or when you have children whom you did not
include in your earlier will or when you want to remove a beneficiary. The will may be revoked by
burning, tearing or otherwise destroying it. A testator who has intention of revoking the will may direct
someone else to destroy it in his presence.

Where should I keep the will?

You may keep the will in the safe place or with your lawyers, banker or employers. You can tell a reliable
person where to find the will should you die.

IMPORTANT POINTS TO TAKE NOTE OF:

(iii) A beneficiary must not be a witness, as he/she will lose his/her gift after witnessing the will.
(iv) The witness need not know the content of the will.

What will happen if I don’t make a Will?

When a person died without writing a will, the property will be shared in accordance with the In-testate
Succession Act. In our society if one does not leave a will, it leaves room for property grabbing, and in
order to secure the property for the children and other dependents of the dead person the government
decided to put in place the Act. Beneficiaries under the In-testate Succession Act are Children (50%),
Surviving Spouse (20%), Parents (20%) and Dependents who minors (10%).
APPENDIX 16:

HIV/AIDS: Trends and Developments

Introduction
The AIDS virus (HIV) was discovered in 1984 by scientists in the state of California in America. However, the first case of AIDS in Zambia was documented at the University Teaching Hospital a year later in 1985

Definitions
HIV stands for Human Immuno-deficiency Virus. HIV is the name given to the small germ that damages the immune cells (special white blood cells) of the body. These special white blood cells are also known as T4 cells and they defend the body from infections.
AIDS is a clinical state that is characterized by the body’s inability to fight off infections. This happens when HIV has reduced the T4 cell population in the body. The infections that take advantage of the body’s weakened ability to fight off diseases are also known as Opportunistic infections.

Common Opportunistic infections
- Skin rashes
- Recurrent diarrhoea
- Tuberculosis
- Herpes zoster
- Thrush
- Cryptococcal (fungal) meningitis
- Pneumocystic carinii pneumonia

Modes of HIV transmission
- Mainly transmitted through unprotected sex with an infected partner
- From infected mother to child
- Through contact with contaminated blood products
- Through use of contaminated surgical instruments such as blades and needles.

Natural history of HIV
Acute phase: is the first 2-3 weeks after one has acquired HIV. The person may experience flu like illness, which usually lasts about 1 – 2 weeks. The acute phase is characterized by fever, headache and general body malaise. During this phase, there is increased viral replication in one’s body.
Window period: Is the time it takes the body to react to the presence of HIV. Antibody production is a normal reaction of the body and it takes one’s body about 3 months to produce antibodies that fight HIV. This time is also known as the window period. Any HIV antibody test done when a person is in the window period will most likely indicate negative because of the non-presence of antibodies in the blood at that time.
Incubation period: The time it may take an infected individual before he/she can begin to show symptoms of the disease. However, with all the information that is known about HIV today, many individuals have learned how to live positive lives despite being infected with the AIDS virus. It takes an average individual between 3 and 10 years before they can begin to show symptoms of AIDS.
Current statistics
Close to 40 million people worldwide are currently infected with the AIDS virus. Out of these, about 28 million are found in sub-Saharan Africa. 20% (2 million) of Zambians aged between 15 – 49 are estimated to be infected with the AIDS virus. The table below gives comparative HIV prevalence rates according to provinces for 1998 and 2003.

<table>
<thead>
<tr>
<th>Province</th>
<th>1998</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lusaka</td>
<td>27.3%</td>
<td>22%</td>
</tr>
<tr>
<td>Central</td>
<td>18.7%</td>
<td>15%</td>
</tr>
<tr>
<td>Southern</td>
<td>15.7%</td>
<td>18%</td>
</tr>
<tr>
<td>Eastern</td>
<td>16.5%</td>
<td>?</td>
</tr>
<tr>
<td>Western</td>
<td>18.9%</td>
<td>16%</td>
</tr>
<tr>
<td>Northern</td>
<td>13.5%</td>
<td>8%</td>
</tr>
<tr>
<td>Luapula</td>
<td>16.2%</td>
<td>?</td>
</tr>
<tr>
<td>Copperbelt</td>
<td>26.3%</td>
<td>20%</td>
</tr>
<tr>
<td>North-Western</td>
<td>11.7%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Factors that have contributed to the spread of HIV/AIDS in Zambia
- Multiple sexual relationships
- Cultural practices such as sexual cleansing, polygamy etc.
- Poverty and poor health status of much of the population
- Low social and economic status of women
- Traditionally low use of condoms
- Low levels of male circumcision
- Mobility and high urbanization
- High prevalence of other sexually transmitted diseases
- Early onset of sexual activity

Available interventions in the fight against HIV/AIDS
- Voluntary Counseling and Testing services (VCT) are available in all districts in the country. It is usually offered freely in government institutions. VCT is an entry point to care and support involving the following:
  - Early treatment of opportunistic infections
  - Use of ARVs
- Prevention of mother to child transmission of HIV (PMTCT) using Nevirapine
- Condom promotion
- Home Based Care programs
- Behavior change programs
- Counseling training programs
- Advocacy on human rights
APPENDIX 17:

HOW TO ENCOURAGE SICK PARENTS TO TALK TO THEIR CHILDREN: Issues of Disclosure

It is not an easy task to do and perhaps is not very common for most people to discuss issues of illness and death with young children. Parents want to do the best for their children and very often they think that the best thing to do is to keep the sad truth about their illness away from the children. It has however, been found that children know much more than we think. A long illness or death in a family causes a lot of changes and children quickly sense when something serious is taking place within the family. They pick up the emotions around them, notice changes in the routine, read body language and overhear conversations.

Some of the reasons why parents fail to communicate with their children

- They may be struggling to maintain some control over the situation during uncertain times
- They could be overwhelmed by their feelings and confused emotions e.g. guilt, despair, sadness etc
- They may not be sure of their ability to cope with the children’s grief and reactions
- They may not be sure of the children’s level of understanding and may tend to underestimate their understanding
- They may realize the need to communicate with the children but may not be sure what to say and how to say it

Some of the reasons why we should talk to children about death (the Tanzanian experience)

Experience from Tanzania and from other countries gives evidence that children want to know what is happening. William Rugaimukami did a study investigating the communication between terminally sick parents and their children in Muleba district in Kagera (Tanzania).

Many orphans who were interviewed expressed their concern that the parents did not communicate with them.

“I would have wished and appreciated very much if my father and my mother would have talked to me. I would recall this always”.

“I would have wished my father and my mother to have said something to me about their illness and death and about my future”

Most of the widows interviewed in this study also expressed that they wished their late husbands had talked to their older children, their condition and their children’s future. “I would have appreciated it very much if my late husband had said something to our children about their future. I too, would have wished my late husband to have communicated with me about issues concerning his children and the family property”. It was thus found that widows felt that communication between the sick and rest of the family was crucial in order to make better preparations for the future.

It is not always the case that children and surviving parents want to know the truth. But the truth – even if it is hard to be accepted – serves as a mental security. To know is better than to be ignored or to be cheated as doing so reduces the insecurity and the feeling of being “completely helpless”.

It is important to understand the reasons why children would like to break the silence around the illness and death of their parents. It was found that not all the reasons given by the children for wanting to know have the same importance for all children. The motivation and the desire of the children to ‘know’ changes
and is found to be affected by various circumstances. Some of the reasons given by the children in the study include:

- Concerns about the future, security etc. The child needs assurance that life will go on even when the loved one dies.
- To get an explanation and clarification about the concerns that the children may have e.g. the child could be experiencing feelings of guilt concerning the parent’s illness and the family situation.
- A parent’s communication was also viewed as crucial to the children as it could direct and leave the children to other potential caregivers both within and without the family structure.
- Children viewed it as crucial for parents to make the first step towards helping the family to accept the sad reality (and so to start the anticipatory grief, i.e. mourning, coping, planning and psychosocial re-organization as a reaction on the pending death of a beloved person).
- To allow the child express his/her feelings of grief, concern, and even anger – and to give the child the feeling that she/he is accepted with all these feelings.

**Anafrida’s Story**

Anafrida - felt sick for quite a long time and she had to interrupt her work frequently. She had to go to the hospital repeatedly, for checks – ups and treatment, sometime for one week, sometimes for two or more weeks. She had two children of her own, girls aged 11 and 14, and she was also looking after two girls, aged 4 and 13 who were her sister’s children. Her sister died three years ago. The doctors could not help her. A cancer spread violently in her stomach so that Anafrida kept losing weight and strength. She had to give up her job. She could hardly eat and she was bed ridden. At the same time she still had hope to recover.

Only one week before her death she said to the counselor who came to see her: “If only I could ride to the hospital on the back of my motorcycle I would surely recover”. This was at the time she was not even able to get up on her own.

Everybody knew that she was not going to live for much longer. But did Anafrida realize it herself? The counselor was not sure, because she mentioned nothing about her possible death or about her future of her children. The counselor often thought about Anafrida’s children, she felt that it would be the best if somebody could be found in the village to take care of them and keep them together. She wondered what Anafrida would think about it? Had she prepared a will? Should she talk to her about it? But how could this be done and at what occasion? She hesitated. Another counselor friend encouraged her to try it. So she decided to go and see Anafrida on a Friday evening. She was very thin and bony. She asked her how she felt. Then she carefully directed the conversation towards the near future: “Anafrida we do not have life in our hands. Things may happen that we do not wish and we think about those we love and those who need us. I presume that you have thought about what will happen to your children in case something happened to you. Maybe, you would like to talk to me about it?”

The counselor did not know how Anafrida would respond. Would she turn away and keep silent? Would she start crying? Or would she even get furious and reproach her for interfering with her life. However none of her fears were confirmed. Instead Anafrida looked at her for a long time. Then she hesitantly started to speak. The counselor could tell that it came deep with her. Anafrida confirmed that she had had sleepless and painful nights during which she thought about the future and remembered the sorrowful expressions on her children face. She confirmed that she had become very weak and was expecting that she could die. She said that she had written a will. Her house and land were to belong to her children. She also wished that with the help of someone in the village the children could remain together in the house. When Anafrida had stopped talking, she showed a sign of relief on her face. She smiled. The counselor
congratulated her for her confidence and promised her to commit herself to what she wished for her children, in case anything happened to her. Two days later Anafrida died.

Some of the ways, which were found to communicate messages about ‘Dying in the Tanzanian Community.’

- Writing a ‘Will’
- Organizing the future of the children
- Asking the children to stay around the bed
- Making specific statements in the presence of the whole family
- Inviting the ground children to perform mock grieving (playing out the funeral)
- Asking for care for the remaining family members: Giving advices to the children for the future

Lessons from the above story:
1. To talk and clarify any situation (not only of death etc) makes sense. In this special situation the children will remember the words they got from their dying parents, they will use hem as guidelines in their future life, and these words will become part of their own thinking and acting.
2. What is difficult is not so much to talk together – children and their parents talk about separation – death.