Community Care *of* Orphans *and* Vulnerable Children

Working with Adult Groups

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Community Care of Orphans and Vulnerable Children (OVC) Resources and Curricula

The Peace Corps: A History of Making Life Better for Children, Families, and Communities

Since the Peace Corps was founded in 1961, more than 200,000 Volunteers have worked in diverse ways in 130 countries to enhance the development of the communities in which they serve. Many Volunteers are interacting with families, especially children, on a day-to-day basis through the programs and activities they carry out during their service. We have found that the greatest strength of these communities lies within the hearts and minds of its community members, in their own ability to solve community problems. One of the largest challenges communities have faced during the past 20 years is HIV/AIDS. This has been, and continues to be, one of the most devastating epidemics in world history. Over 16 million children worldwide are living without one or both parents due to AIDS. Millions more children are vulnerable because of chronically ill parents and/or the social and economic effects of living in high HIV-prevalence communities.

The resources and curricula presented here were developed to enable Peace Corps Volunteers and community counterparts to build a greater network of support for children affected by the AIDS crisis. Those who use this manual will arm themselves and others with the knowledge, skills, and abilities to bring families and communities together to care for orphans and vulnerable children. Caring for children takes a multi-sector approach. The Peace Corps believes that working through community groups, engaging adults and youth in meaningful activities, and facilitating discussions about the needs of caregivers and children will bring about a positive change for children who have lost a parent or are living in a situation that threatens their health, development, and well-being. In order to improve the lives of children, we must strengthen the systems that permeate their everyday lives, including the economic, psychosocial, health, nutrition, and education systems of a community. The resources and curricula presented here aim to address the needs of children affected by HIV/AIDS and are also generally applicable for children who are vulnerable due to any cause.

1. Who are the Users of this Manual?

Peace Corps Training Staff and Peace Corps Volunteers

The Peace Corps strives to increase the numbers and effectiveness of Peace Corps Volunteers (PCVs) working with and supporting the care and development of orphans and vulnerable children around the world. Peace Corps training staff will use the Community Care of Orphans and Vulnerable Children Training Package with PCVs during pre-service training and in-service training. This manual houses a set of lessons and sessions known as a supportive curricula and is meant to accompany the training package and to be used by the facilitators of the programs.

- **Peace Corps Pre-Service Training:** Usually lasting from 6-8 weeks, this training prepares Peace Corps Volunteers for what they may encounter in the field. It also empowers them with basic knowledge concerning post-chosen program areas. If this program area is selected, Volunteers would receive three initial

training sessions in *Community Care of Orphans and Vulnerable Children*, lasting 2-3 days. This manual that is home to the supportive curricula is referenced throughout those sessions as a way to allow trainers and PCVs to delve deeper into important topics.

- **Peace Corps In-Service Training:** This training provides Volunteers the opportunity to come back together after a few months in the field to focus more closely on selected programs areas. This additional training usually lasts for one to two weeks, or even more in some countries. During in-service training, *Community Care of OVC* covers four sessions and would typically last for three days.

- **Taking it to the field:** This manual is intended to provide added resources for those Volunteers implementing programs for orphans and other vulnerable children.

Community Counterparts and Members

The supportive curricula is not only designed for Peace Corps trainers and PCVs, but is also intended for community members. PCVs will be encouraged to take this manual into the field with them to guide them in carrying out activities as they work directly with beneficiaries and/or to train other community-based volunteers to become leaders in working with vulnerable children, their families, and communities.

2. Program Elements and Design

Children in Vulnerable Situations: How can we help?

Children in vulnerable situations are those who experience parental loss or serious illness, chronic or infectious disease, disability, malnutrition, natural disaster or war, and displacement, as well as those who live outside of family care and those who live in extreme poverty. This also includes children who receive differential care based on gender, ethnicity, or membership in a stigmatized group, as well as children whose health and well-being are put at risk by harmful cultural practices. Other children included are those who experience family violence, sexual abuse, labor abuse, abduction, war, rape, and those forced into combat or prostitution. Of course, a number of these experiences overlap for many children.

Because this inclusive definition of vulnerability is relatively new, global estimates of the number of children who can be classified as vulnerable do not yet exist. However, estimates of the number of children affected by the major causes of vulnerability are available. According to a December 2009 report to U.S. Congress on highly vulnerable children, 73 million children were affected by natural disaster in 2008, 11 million were affected by war/conflict, and 6.7 million were refugees. In 2006, the World Health Organization (WHO) estimated that 200 million children worldwide had disabilities. In 2013, UNICEF and WHO estimate that 17.8 million children under 18 have been orphaned by AIDS and that this will rise to 25 million by 2015. Around 15.1 million, or 85 percent, of these children live in sub-Saharan Africa. In some countries badly affected by the epidemic, a large percentage of all orphaned children — for example 74 percent in Zimbabwe and 63 percent in South Africa — are orphaned due to AIDS. Malnutrition is also an important cause of vulnerability in children. In 2012, WHO estimated that 17 percent, or 97 million, children under 5 years of age in developing countries were underweight (low weight-for-age according to the WHO child growth standards).

Children facing these complex challenges need support of various kinds, including education, health care, nutritional support, psychosocial support, and economic strengthening. While programs for caring for children in highly vulnerable situations may be implemented in a variety of ways, this manual focuses on three key elements:

A. Working through new or existing core groups at the community level.

B. Focusing on selected high impact foundational activities, such as community gardening, village savings and loans, etc.

C. Providing supportive curricula so that PCVs and their partners can introduce and sustain evidence-based practice and interventions in adult and family groups, as well as in youth groups.

3. What is a Core Group?

Throughout history, societies around the world have come together in community groups to solve their most critical problems. This is a natural way for a group of people living together to care for each other and their children and to come up with community solutions. Since children require a high level of support and care, especially those who have been orphaned or made vulnerable by HIV/AIDS, community groups have been mobilized to respond to their needs. The idea of this supportive curricula is to allow the user to empower existing groups and activate new groups in intentional ways, focusing on the strengths and interests of the groups and assisting them to further develop knowledge and skills in Peace Corps service areas so that they may build a more effective network of support for orphaned and vulnerable children.

A core group is a community group (existing or newly formed) that makes a conscious decision to increase its level of effort, skill, knowledge, and ability to better serve the children in its community. Core groups work together on Foundational Activities that support families and children in highly vulnerable situations. Compared to individuals who work alone, community members belonging to core groups develop a stronger commitment to both health and vulnerable children-focused activities, and find more creative solutions to challenges by working as a group.

This manual will focus specifically on Adult Core Groups. Adult participation is critical to providing vulnerable children with the lasting support and resources they need to thrive. This manual aims to give PCVs the tools to mobilize adult networks to respond to the needs of orphans and vulnerable children. A separate manual is provided for working with Youth Core Groups.

Adult Core Groups – A True Community-Based Approach

- **Multiplier effect –** Adult Core Groups enable a relatively small number of community members to reach a large beneficiary population, including their own families, neighbors, and places of work, religious communities, schools, and local government. This approach is truly community-based and does not burden any one organization with paid staff or individual volunteers to conduct the modules. Adult Core Groups create a "multiplier effect" — one facilitator trains multiple group members and those group members go on to potentially train others.

- **Peer support –** Adult Core Group members work toward objectives set for the entire group and community, not just for the individual members. Shared objectives create a sense of identity and solidarity in the core group, encouraging members to assist each other when they encounter problems. Working together in a group means they have many resources — each other — to turn to for help. At Adult Core Group meetings, volunteers benefit from the small group training environment and the opportunity to share and learn from one another. The combined strength of the group also makes it easier to include members of the group with varying levels of education.

- **Peer motivation –** A group striving toward shared objectives works together with greater commitment and support than separate volunteers who are left to work as individuals in their communities. As the Adult Core

Group members review the program statistics together and see the wide-scale impact on the community, each sees that he or she is part of something bigger than himself/herself. Group solidarity and a shared sense of community service grow strong in Adult Core Groups, sustaining the spirit of volunteerism and preventing burnout.

Note: Adult Core Group members might themselves be affected by HIV, poverty-stricken, or also in need of support.

- **Sustainability –** Adult Core Groups do not rely on outside funding sources to function. They promote truly changed communities who value contributions to the support of orphans and vulnerable children. Adult Core Groups belong to the community rather than to any particular organization or project. Sustainability is enhanced as community leadership acts on feedback from Adult Core Groups, using the members to mobilize community responses to vulnerable children's needs.

- **Building (or re-building) social capital –** Adult Core Groups may consist of group members who have been marginalized or stigmatized in their families and communities. Adults often report that just belonging to a group helps with their social integration. It also gives them more peer support, networks, and recognition.

What is a Facilitator? [1]

Facilitate means "to make easy." As a facilitator, your job is to make the meeting easier for the participants of the core group. Your main task is to help the team or group increase its effectiveness by improving its processes. A facilitator manages the method of the meeting, rather than the content. Facilitators are concerned with how decisions are made instead of what decisions are reached. (University of Wisconsin)

Adult Core Groups generally rely on a **facilitator** to initiate foundational activities and reinforce the use of the supportive curricula.

In a community setting, collaboration and consensus are essential ways of working. Creating an environment where groups can be productive and effective in achieving their goals is a facilitator's primary role. When working with Adult Core Groups, your role is to be a facilitator. You should allow the groups to freely set goals and to make decisions on their own.

There should be at least two facilitators or trainers for every session that the Adult Core Group participates in.

This is useful because:

- Facilitating a big group can be challenging and tiring.
- Co-facilitators can give each other support.
- Co-facilitators enhance group dynamics and break up the monotony of having one facilitator.
- One of the facilitators should come from the same community as the majority of the members of the Adult Core Group. If the facilitator is a Peace Corps Volunteer, he or she can work with his/her counterpart.
- Having at least one facilitator with knowledge of the local language enables small-group discussion to be held in the Adult Core Group's first language.

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1   The Office of Quality Improvement at University of Wisconsin-Madison. Rev. June 2013. *Facilitator Tool Kit: A Guide for Helping Groups Get Results.* University of Wisconsin System Board of Regents. http://www.quality.wisc.edu/howtoguides.htm

As a TEAM, facilitators should:

- Discuss and agree on training styles and methods and on how to handle specific issues in the manual
- Discuss their own strengths and weaknesses with each other
- Agree on responsibilities and schedule time for planning ahead and training
- Take turns leading during sessions. One will be the leader and the other will provide support
- Debrief each other after each session to discuss what went well and what did not

Facilitator Responsibilities:

- Intervene if the discussion starts to fragment
- Identify and intervene in dysfunctional behavior
- Prevent dominance and include everyone
- Summarize discussions and conversations
- Bring closure to the meeting with an end result or action

Facilitation Challenges:

- Continually focusing on and attending to the group
- Being comfortable with ambiguity and information overload
- Processing misperceptions and emotional reactions
- Focusing exclusively on process rather than content
- Helping the group develop so it can ultimately work without facilitation

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Facilitation Skills

Facilitators do not need formal education; however, credibility with participants is important.

Facilitators need good communication and listening skills, an understanding of group dynamics, and the ability to encourage mutual respect and understanding among the group.

Facilitators need to be creative in their use of learning styles. An activity that is writing-based may need to be adapted to a visual presentation for a less literate group.

The behavior and language of the facilitator, both in and out of the training sessions, should always be in line with the aims, values, and principles of child care, support, and protection.

Facilitators should assure participants that everything that takes place during the training session will remain confidential.

4. What is a Foundational Activity?

We refer to the common activity that brings a group together as the **foundational activity** of the group. A foundational activity provides the PCV with a concrete activity around which to initiate or inaugurate a group. This activity is usually at the heart of why the group meets. It gives them purpose and a concrete, actionable focus to the group. Some foundational activities might include:

- Gardening
- Sports
- Savings and loan practices
- Music/dance

Identifying a foundational activity that brings a group together allows the user to recognize what motivates the group, the strengths of the group, the group's interests, and the needs of a group. It is important to note that often when a group comes together around a foundational activity over a long period of time, priorities and motivation can change.

5. The Supportive Curricula

The Peace Corps' *Community Care of Orphans and Vulnerable Children* is designed to engage existing and new community groups in a series of practical trainings that will help them strengthen their ability to provide a healthy environment for their children and those in the community at large. **Ideally, this would take place over the course of eight months, based on a series of weekly meetings with practice modules.** The practice modules, rooted in the Peace Corps service areas, are: Education, Nutrition and Health, Psychosocial Support, Child Protection, and Economic Strengthening. There is no one "correct" way to use the supportive curricula since it is a collection of lessons. Users of this manual may find that they work with one community group and take them through all of the sections of the curricula, or a user may work with a variety of groups and take them through different pieces of the supportive curricula that work best with their strengths and interests. It is important to note that child protection does not have a full curriculum outlined in this edition of the manual. The principles of child protection are woven throughout each lesson. Child protection will be further addressed in future editions of the manual.

When Should The Supportive Curricula Be Used?

The supportive curricula was created to be used only **AFTER** a community assessment has taken place and after a core group has been identified. An assessment can take one to three months to complete.

One way in which the curricula can be used to evaluate progress and gain knowledge and skills is to provide participants in both adult and youth-focused groups (and any participants who attend sessions or join the group later) with a master sheet. By listing what they learn, what they have trouble understanding, and what they want to learn more about, they will have a great tool for their own knowledge progress and skill-assessments, while the PCV will see what was well understood and what might necessitate repeating at a future session. These forms, **including the name of the participant**, would be kept by the Volunteer and distributed to participants at the beginning of each session, then collected at the end to ensure it is not lost and/or forgotten. Having participants fill out the forms as often as possible (at the end of short units, or at the end of sessions for longer units) will be a great tool for them to build off of what they already know as they work through sessions and units.

Remember that the four major themes this manual will be covering are: Economic Strengthening (Savings and Loan Associations and Financial Literacy), Psychosocial Support, Health (Immunization, Sexual and Reproductive Health, Nutrition, WASH), and Education.

Participant Knowledge and Skills Progress Chart

Unit/ Session	Things I would like to learn	Things I now understand	Things I still do not understand	Things I know how to use	Things I will start using

Supportive Curricula Session Overview

Part/Unit	Session Topics	Time frame
Part I, Unit A		
Taking Action, Building Adult Core Groups in Your Community	Session 1 – Session 4	*This section should be reviewed by the facilitators before they proceed with Parts II, III, and IV of the manual.*
Part I, Unit B		
Using Foundational Activities for Adults — Savings Group Model — Adult Core Group	Steps to Savings and Loan Associations	*This section should be reviewed by the facilitators before they proceed with Parts II, III, and IV of the manual.*
Part II, Unit A — Adult-Focused Groups		
Economic Strengthening: Providing for a Strong Family	Session 1 – Session 7	**2 months**
Part II, Unit B — Adult-Focused Groups		
Psychosocial Care and Support: Positive Parenting Approach	Session 1 – Session 13	**3 months**
Part II, Unit C — Adult-Focused Groups		
Health and Nutrition: Keeping Your Child Healthy	Session 1 – Session 8	**2 months**
Part II, Unit D — Adult-Focused Groups		
Education: Helping Your Child Succeed in School	Session 1 – Session 6	**1 month**

Part I, Unit A: Taking Action, Building Adult Core Groups in Your Community

Session 1: The Community Assessment as a First Step

Session Learning Objective

Peace Corps Volunteers and community member **participants will:**

1. Re-visit the steps they took during their community assessment and community mapping exercises to ensure they have identified local leadership, key stakeholders, and identified the strengths and needs of OVC.

A first step to any community development project or program is to assess the situation. The purpose of conducting a community assessment, particularly for this program, is to identify the main stakeholders involved in activities that uplift orphans and vulnerable children and their families, or those with the potential to become involved. As a result of your initial community mapping and assessment, you will be able to identify those key players in the community who are interested in being involved in Adult Core Groups to support children and families. You should have also been able to identify what communities are already working on and how you and your counterpart can join them on that path of improved outcomes.

Possible Groups and Individuals Identified During Community Assessment	
Existing Community Groups	Midwives' Groups
Organizations (NGOs)	Business Leaders
Adults	Women's Clubs
Youth Groups	Farmers' Leaders
Faith Leaders	Sports Clubs
Police	Social Workers
Traditional Leaders	Schools
Parent Teacher Associations	Health Professionals
Traditional Healers	Religious Organizations
	Teachers
	Health Centers

Important Note: Identifying the Strengths and Needs of OVC

There are many ways to carry out a community assessment. Some variations have more steps than others but it is important to note that when engaging the community in a program that support orphans and vulnerable children, at minimum, two activities that must take place are:

1) An exercise that identifies the strengths and needs of OVC, mainly by asking communities to think about what they are already working on and how the Volunteer and community leaders can join them on that path of improved outcomes

2) An exercise that allows for an analysis of the current situation for OVC

Following are two steps that you can carry out with community members to ensure that you capture this information during your community assessments.

Step1: Engage local leadership

Before you call any meetings to mobilize the community and before you formally meet with any existing community groups, it is usually a best practice to meet with local leadership. Local authorities not only appreciate you consulting them and informing them of your plans, they will also be very important when you are trying to mobilize the community. Most importantly, leadership will be able to fill in any gaps in your community assessment findings.

Step 2: During the community assessment meetings you host, it is very important that you discuss trends related to HIV/AIDS in the community. After this, you can begin to focus your assessment on the needs of orphans and vulnerable children. In your community assessment meetings, ask participants to brainstorm the various needs that vulnerable children have. List these on a sheet of flip chart paper. Allowing group members to decide on this list themselves brings to light the true perceptions of the community situation. If possible, gathering information from children during or prior to this meeting will help provide a clearer picture of the situation in the community for orphans and vulnerable children. If the following areas were not identified, it would be a good idea to introduce these areas to community members:

- Education and Skills Training
- Psychosocial Support
- Nutrition and Health
- Child Protection
- Economic Strengthening

Note: *This list reflects the Peace Corps' service areas that Adult Core Groups will focus on as they work to support orphans and vulnerable children in their communities.*

Step 3: During the community assessment, divide the participants of your community meetings into smaller groups. Assign one topic from the list developed in the first activity to each group. Each group will discuss the current situation of vulnerable children with respect to the assigned topic or need. For example, questions related to health care may include:

- To what extent do OVC in the community have access to health care?
- What is the general nutrition status of OVC?
- Are births generally registered in the community? Does this differ for OVC?

Allow time for discussion and ask each group to record its responses on a sheet of flip chart paper and present them to the full group of participants.

Most community assessments will include an opportunity to summarize the assessment, as well as an opportunity to create a community response. Throughout the entire assessment process, you have been starting to identify the community groups and individuals that are interested in actively responding to the needs of orphans and vulnerable children. The community response phase is where you may start to facilitate deeper conversations with these community members and introduce the Adult Core Group Model and the supportive curricula.

Session 2: Adult Core Group Approach (A) –Identifying Existing Groups

A Visit to the Mukwano Women's Community Group

The Mukwano Women's Community Group has been coming together to meet under the large mango tree every Friday for the past five years. All of the women in the group are subsistence farmers and many of them lost their husbands and realized they should work together as a way to support themselves and their children. The group's members pool their money from the sales of their crops to help individual members take care of serious problems they and their children may be facing. For example, Monica and her oldest daughter recently became sick with malaria and were both in the hospital for over a week. The group came together to help them with the medical costs and took in Monica's other children for the week, providing them with meals and allowing them to sleep in her home. Today the group is discussing problems faced by Tabitha, another woman in the group. Tabitha's sister recently died after a long struggle with HIV/AIDS. Tabitha is now going to be caring for both her sister's four children and her own four children. In addition to having feelings of loss and grief, Tabitha is resentful that she needs to now financially provide for more children. The group has come together to guide Tabitha on ways she can move forward with her family. Unfortunately, Tabitha's story is one that the women in the group know all too well.

Session Learning Objective

Participants will:

1. Learn how to identify existing community groups.

When you are conducting your community mapping and community assessments you will begin to discover groups that already exist in the community. Some of these groups have been around for a long time and may even be structural, governmental, or connected to nongovernmental organizations (NGOs), while others may be very informal, like the Mukwano Women's Community Group.

Some Foundational Activities
Parent Teacher Association
Gardening
Savings and Loans
Sports
Music/Dance

Being that the group is made up of individuals who have come together for a common cause or a **foundational activity,** there is already motivation and rapport built within the members of a group.

In order for a community group to become an Adult Core Group, the following steps are necessary:

- Community mapping has been conducted
- A needs assessment has been conducted
- The group should identify felt needs
- The facilitator should identify observed needs

When do you know if a community group is ready to engage as an Adult Core Group? There should be a common commitment to improving the care for vulnerable children and a felt or observed need for increased related knowledge or skills. Typically, if the group identifies any of the following as a felt or observed need, it may be ready to become a core group:

As mentioned in the Introduction, a **core group** is a community group that makes a conscious decision to increase its level of effort, skills, knowledge, and abilities to better serve the children in its community. A core group is a group of community members (adult or youth) who regularly meet for peer support and training. Core groups are distinguished by the foundational activity that brought them together and the interest in increasing their ability to support their families and children who have been orphaned or are vulnerable because of HIV/AIDS. Community members belonging to core groups develop stronger commitment to health- and OVC-focused activities and find more creative solutions to challenges by working as a group, in comparison to individuals who are expected to work alone.

So you may be asking yourself, can ANYONE become a core group member? Can the Mukwano Women's Community Group become a core group?

- Need to meet the basic needs of the family
- Need to care for children who have been orphaned
- Need to care for children who are vulnerable
- Need to strengthen child protection in their community
- Need for information about HIV/AIDS
- Need for support from peers
- Need for economic growth or empowerment
- Need for information on life skills
- Need for information on good health and nutrition
- Need to help children attend and succeed in school
- Need to communicate better with children

It is best if core group members have the following qualities:
- A commitment to caring for others
- A willingness to put the benefit of others above one's own

It is not necessary that Adult Core Group members be literate. Most communication will be verbal. Requiring literacy can exclude valuable individuals.

- A strong sense of responsibility and high level of integrity
- A willingness to listen to other people's points of view
- The ability to commit time and energy to the core group

Session 3: Core Group Approach (B) – Creating New Groups

Session Learning Objectives

Participants will:

1. Gain the skills to raise interest and recruit Adult Core Group members.

2. Explore how to facilitate a first meeting for an Adult Core Group.

Not all facilitators of Adult Core Groups are going to find existing community groups ready to be engaged in the care and support of orphans and vulnerable children. You may discover during your community needs assessment that individuals in the community have identified a need for support but that there are no existing groups of any kind to work with. There are a few things you can do to help engage and mobilize the community.

Step 1: Raising interest

Facilitators have the first opportunity to raise the issue of creating a core group during the community assessment phase, which can take place over one to three months.

- Explain the Adult Core Group model to community members
- Give an overview of the OVC supportive curricula
- Explain that the initiative is looking for members from every community
- Highlight that Adult Core Group members will play an important role in improving the health and well-being of young children and families in the community, but be sure to note the members will not be paid.

Step 2: Getting into details

Facilitators should be transparent with interested individuals, setting clear expectations from the beginning.

- Explain time commitments — refer to the amount of time estimated per unit of the curriculum. This can be anywhere from one to eight months, depending on the members of your core group and the sections of the curricula they go through.

- Reiterate clearly that there is no financial compensation for participating in the group.

- Describe the benefits — such as improving the health and well-being of children in the community, improving their own social network and support system, the fun of being part of a group, etc.

- Answer any questions they might have.

> When contacting people to recruit them to the group, make sure to have an action step that they must take next. Asking people to attend a meeting at a certain time and location is ideal, but also asking them to bring to the meeting one friend who they think would be interested in supporting OVC would be excellent!

Step 3: Hold an initial meeting

The first meeting of an Adult Core Group is important. If it's a high-energy, optimistic gathering that gets people excited, you're off to a good start. If it's depressed and negative, or just boring, it's a good bet that a lot of people won't come back. It's up to the facilitator and identified key stakeholders to ensure that the meeting runs well. There are a number of possibilities for the content of the first meeting. The agenda should focus the needs of your community in relation to orphans and vulnerable children and caregivers. Consider the times that groups are most available to meet, which often precludes working hours (many groups like to meet Sunday afternoon, after church). You must be sensitive to child care needs, seasons, and times of day that groups are available, especially those that include women. It is important to schedule things when women and men are both available. Remember, women are often busy with household chores, caring for children, and/or spending much of the day in the fields.

- **Introductions all around.** Everyone present should give a brief statement of who they are and the nature of their interest in the issue.

- *Note: This might include people's personal or family experiences, and they may need encouragement.*

- **Start defining the issue or problem around which the Adult Core Group has come together.** This might dictate that the group come up with an actual statement, or it might entail an initial discussion, followed by a small group being asked to draft a possible definition for the next meeting.

- **Introduce the idea of foundational activities. Lead a discussion of the group to see if the group is interested in initiating a foundational activity in addition to engaging in the supportive curricula. (See Foundational Activity section , Page 18 of this manual, for more details)**

- **Explore supportive curricula and start the process of creating a common vision and agreeing on shared values about the direction of the group.** This is the first step toward developing the vision and mission statements that will define the group and guide its work.

- **Review the things to be done before the next meeting, and who has agreed to do them.** As mentioned above, it's important that people leave the first meeting feeling that something has been accomplished. If there are tasks being worked on, and specific results expected at the next meeting – even if those results are simply statements or preliminary plans to react to – Adult Core Group members will have that feeling.

- **Schedule the next meeting.** It may be possible to develop a regular meeting schedule at this first meeting, or it may make more sense to schedule only the next meeting and wait until the membership stabilizes and some other people join before creating a long-term schedule.

Step 4: After the first one or two meetings, encourage every Adult Core Group to choose a co -facilitator

- Discuss with the entire group the responsibilities of an Adult Core Group facilitator

- Ask the group to suggest any member who may serve as a good facilitator

- Encourage the Adult Core Group to discuss different options

- Affirm the group's mutual decision

- If the group would like multiple co-facilitators, that is great; the group can create and schedule which person facilitates which session

Session 4: Group Dynamics[2]

Session Learning Objective

Participants will:

1. Consider their roles as facilitators of an Adult Core Group:

    A. How should the facilitator understand team behaviors of core group members?

    B. When should a facilitator intervene in a difficult situation between members of a core group?

Tuckman Model
Tuckman, Bruce (1965)
"Developmental sequence in small groups"
Psychological Bulletin, 63, 384-399
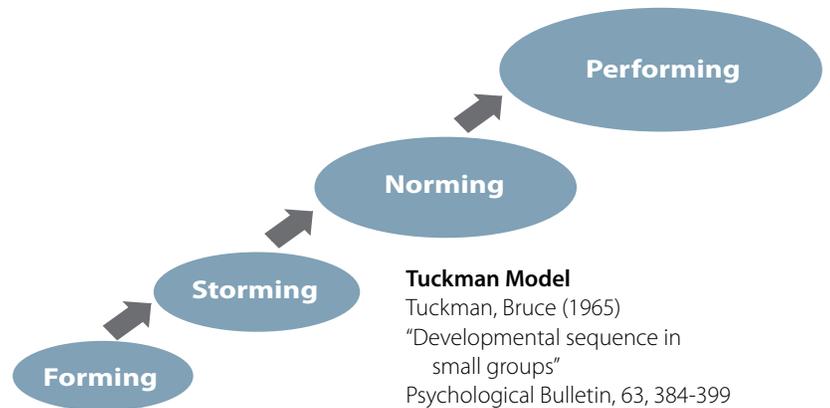
The Tuckman Model diagram depicts the stages that most groups will go through as they work together. A team may experience more than one stage at the same time. Understanding these stages of development will help you as a facilitator of an Adult Core Group.

In the beginning stages of working with an Adult Core Group, you will mainly be "forming" the group. This is a very exciting time when new friends are being made, great ideas are being shared, and members of the group may be very idealistic about what is possible in the community as a result of their efforts. As time goes on and members begin to take more ownership and the passion to reach the goals and objectives of the group, there is a higher risk that the group may have some conflicting opinions among the members. When healthy conflict escalates and ceases to be constructive, it is important to address the conflict.[3]

Understanding Team Behaviors

As the facilitator of an Adult Core Group, understanding the typical behaviors of group members will lead to more productive discussions and a stronger program overall.

Constructive Team Behaviors

Cooperative - interested in the views and perspectives of the other team member and willing to adapt for the good of the team

Clarifying - clearly defines issues for the group by listening, summarizing, and focusing discussion

Inspiring - enlivens the group; encourages participation and progress

Harmonizing - encourages group cohesion and teamwork (e.g., may use humor as a relief, particularly after a difficult discussion)

Risk Taking - willing to risk possible personal loss or embarrassment for the team or for project success

Process Checking - questions the group on process issues, such as agenda, time frames, discussion topics, decision methods, use of information, etc.

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2   The Office of Quality Improvement at University of Wisconsin-Madison. Rev. June 2013. *Facilitator Tool Kit: A Guide for Helping Groups Get Results.* University of Wisconsin System Board of Regents. http://www.quality.wisc.edu/howtoguides.htm
3   Tuckman, Bruce. 1965. *"Developmental sequence in small groups."* Psychological bulletin, 63: 384-399.

Destructive Team Behaviors

Dominating - takes much of the meeting time expressing self-views and opinions; tries to take control by use of power, time, etc.

Rushing - encourages the group to move on before task is complete; gets tired of listening to others and working as a group

Withdrawing - removes self from discussions or decision-making; refuses to participate

Discounting - disregards or minimizes team or individual ideas or suggestions; severe discounting behavior includes insults, which are often in the form of jokes

Digressing - rambles, tells stories, and takes group away from primary purpose

Blocking - impedes group progress by obstructing all ideas and suggestions (e.g., "That will never work because...")

Over time, a group begins to learn how to self-regulate and work out difficult issues. Sometimes it will be necessary for the facilitators to intervene in difficult situations.

How to Intervene in Difficult Situations

Sometimes it will be necessary to intervene with a particular individual or an entire team due to behavior or actions during team meetings. An intervention will include any statement, question, or nonverbal behavior made by a facilitator that is designed to help the group.

An intervention is never an easy task, so it is important to recognize when to intervene and whether to intervene with an individual or the entire team. There is no set time or tried and true method for when or how to intervene, but the following list of questions will help determine whether an intervention may be appropriate:

Questions to Ask Yourself

- Can I identify a pattern?
- If I do not intervene, will another group member do so?
- Will the group have time to process the intervention?
- Does the group have sufficient experience and knowledge to use the intervention to improve effectiveness?
- Is the group too overloaded to process the intervention?
- Is the situation central or important enough to intervene?
- Do I have the skills to intervene?

The approaches and methods listed below will provide the facilitator with some options and alternative types of interventions to use, depending on the situation.

Facilitator Interventions to Address Group Conflict

- Embrace the person's concerns. Listen intently and repeat back what you've heard so accurately that the person feels he or she has been heard. Ask questions that test assumptions, reveal biases, and bring out important data.

- Break into small groups to work on the task that was interrupted.

- Address the problem as a group concern, referring back to ground rules and naming the tension between the differing needs you've heard among the group.

- Remind the group of the task at hand, and that the goal is to work collaboratively to develop a win-win solution.

- Use the occasion as an opportunity to increase the group's capacity for working together effectively by teaching a concept or method from change management or group development theory.

Intervention Approaches

- **Prevention** – Before the first meeting, take time to introduce yourself, understand the needs of each team member, and establish rapport and credibility with each individual. You may also wish to survey members about a particular issue that the team will be addressing. Early during the first meeting, establish ground rules to guide how the group will work together. Ground rules are useful in setting common expectations for behavior and provide a basis for team members to regulate each others' behavior.

- **Non-intervention** – It is important not to overreact, so it may be appropriate to ignore isolated moments of nonproductive behavior. However, if the group's momentum has been broken, it might be a good time to take a break, which will give the person time to cool off.

- **Low-level intervention** – There are several techniques that can be employed at this level to change behavior in a non-threatening way and prevent it from escalating to a serious disruption.

- **Medium-level intervention** – Speak to the individual at a break concerning his or her needs and interest in the process. Remind him/her that the team has been charged with working collaboratively to achieve specific outcomes, and if the team does not make satisfactory progress, someone else will do it for them.

- **High-level intervention** – When a team member's behavior escalates to the point where high-level intervention is necessary, both the success of the team and the standing of the facilitator are at risk.

To work through an impasse that may be causing high levels of frustration for one or more team members, invite individuals to describe how they feel about being stuck. Shift the group's focus temporarily to the process of how to define the problem, establish criteria, make decisions, etc. Restate the issue, break it into smaller questions, look for shared concerns, articulate areas of agreement, and ask the group to confirm. Help the team identify new options, exploring the very positions that are dividing them as potential sources for a solution. If a team member's behavior continues to disrupt and threaten the progress of the team, the facilitator can publicly name the behavior and ask the group how it wishes to handle the situation.

Additional Material:

The Office of Quality Improvement at University of Wisconsin-Madison. *Facilitator Tool Kit: A Guide for Helping Groups Get Results,* retrieved May 8, 2014,

http://oqi.wisc.edu/resourcelibrary/uploads/resources/Facilitator%20Tool%20Kit.pdf

http://www.quality.wisc.edu

Part I, Unit B: Using Foundational Activities for Adults – Savings Group Model

Village Savings and Loan Associations

Unit Learning Objectives

Participants will:

1. Learn about the purpose of foundational activities.

2. Understand Adult Savings and Loan Associations and how to start a savings and loan association.

3. Learn how to identify if a savings and loan association will work for a particular community.

4. Understand that globally, even the very poorest communities and individuals have shown an ability to save small amounts in groups.

A Typical Savings and Loan Association

In the community of Los Esteros, a group of 30 people decide to start a savings and loan association. The association agrees that each member will bring $1 per week as savings, for a total of $4 each per month. The members decide to divide the funds at the end of the year. The association started to make loans to members during the fifth week, repayable after four weeks with a monthly service charge of 5 percent on the total loan amount.

At the end of the bank cycle (week 48), the total value of funds in the association's loan fund is $2,003.10. The members' weekly savings accounts for $1,440. The difference ($563.10) represents the association's profit from service charges on loans, fees, and association income-generating activities. This means that each member receives $66.77, of which he or she contributed only $48 in savings.

Remember, we refer to the common activity that brings a group together as the **foundational activity** of the group. A foundational activity provides the PCV with a concrete activity around which to initiate a group. This activity is usually at the heart of why the group meets. It gives them purpose and a concrete, actionable focus.

Identifying a foundational activity that brings a group together allows the user to recognize what motivates the group, the strengths of the group, the group's interests, and needs of a group. It is important to note that oftentimes when a group comes together around a foundational activity over a long period of time, priorities and motivation can change.

Let's take a closer look at an example of a model of an existing community group carrying out a foundational activity, such as a village savings and loan association (VSLA) or a savings group (SG).

Youth-led Savings and Loan Associations

Young people tend to have a shorter time horizon than adults. Youth may want to share out their savings when they are going back to school, starting a business, or migrating to a new location. Therefore, youth-led savings and loan associations may have shorter banking cycles, such as six months rather than 9-12 months for adult-led banks.

What is a Savings and Loan Association?

A savings and loan association is a self-selected group of 15 to 30 people who meet regularly – every week, every two weeks, or once a month. The purpose is for members to save money and to loan money to members of the association. The association governs itself. It makes its own rules and decisions guided by a constitution the members create. To enforce and implement these rules and decisions, the group elects a management committee composed of a chairperson, secretary, box keeper, and two money counters. The management committees' duties include facilitating meetings and keeping accurate records of association activities. It is important to realize, however, that the committee itself has no formal power. Ultimate authority rests in the general assembly, which is made up of all members, including those on the management committee. Specific decisions or rule changes are decided by popular vote of the general assembly. The association's money that is not being lent is kept locked in a cash box with three locks or kept in a commercial bank account. Three association members, key holders, hold keys to the locks and the box keeper holds the box. This enhances security. After a predetermined amount of time, usually one year, the association divides all its assets (the total accumulated cash) and pays each member dividends (share out) in proportion to his or her savings. The association can choose to begin a new cycle of savings and loan activities after a share out. If the association chooses to begin a new cycle, then it holds fresh elections for the management committee.

The Peace Corps has a guide to savings and loan associations that details all aspects of formation, training, and support (Publication No. M0095). The Peace Corps also has a community economic training guide that shows why how and why community economic development (CED) is used to improve individuals' and families' economic well-being (Publication No. M0069).

How to Work With Graduated Savings and Loan Associations

If you are working in a community with existing savings and loan associations, you may be able to provide technical support with the following:

- End of cycle share-out meeting
- Annual elections of the management committee
- Refresher training
- Conflict resolution
- Finding guest speakers to talk to the association about topics of interest it has expressed, such as maternal and child health, HIV/AIDS, and literacy
- Providing business development support to individual members or for group income-generation activities or businesses
- Offering financial education sessions
- Helping to calculate the association's net worth

Savings and Loan Association Health Checklist

Issue	Notes	Points
• Did at least 80 percent of the members attend the meeting?		
• Did at least three-fourths of the members arrive on time?		
• Did the management committee play its role well?		
• Did the association have a constitution on hand (in the cash box)?		
• Was the constitution followed?		
• Did the members of the association participate in the discussions?		
• Were savings and lending procedures followed correctly?		
• Did at least 80 percent of the members save?		
• Were procedures transparent and understood by the members?		
• Were passbooks up to date and accurate?		
• Did the secretary accurately summarize the financial position of the association at the end of the meeting?		
	Total points:	
Points Key: 1 = bad/no 2 = needs improvement 3 = good/yes	**Condition:** "Good health" = 24 - 33 "Uncertain health" = 14 - 23 "In need of further training" = 0 - 13	

Will a Savings and Loan Association Work in my Community?

The Adult Savings and Loan Association methodology is not a cure for all development problems. For a savings and loan association to be successful, certain conditions need to exist. Things to keep in mind when deciding to start a savings and loan association are:

- *Community work partner*: This is a community member who is well-respected by the community, is committed to helping the community start and manage a savings and loan association, and has the time to dedicate to the effort.

- *Geographic density*: This is important because, for instance, if community members live far apart, it makes it difficult to provide a savings and loan association because participants must travel longer distances to meet regularly.

- *Rural/urban*: This methodology works in both rural and urban areas, but it works particularly well in rural areas.

- *Community trust*: The methodology depends on mutual trust, so making sure that there is community trust to build on is essential for the program to work.

- *Existing savings and lending services*: It is important to find out whether there are existing formal or informal banks and determine the history of savings groups, savings-led services, and microfinance institutions in the community; determine how they are perceived and where the gaps are prior to initiating a savings and loan association. If there are many other options, then it does not make sense to start a savings and loan association.[4] [5]

Decision Tree

The Decision Tree is useful for determining whether or not an Adult Savings and Loan Association would be appropriate for a community group.

Step 1. As a coach, do you have a community contact that is respected by he community, and has the capacity to support the Savings and Loan Association process?

No → A Savings & Loan Association is not feasible

Yes ↓

Step 2. Is the local population large enough for 15–30 to form a group and work on savings activities?

No → A Savings & Loan Association may not be feasible

Yes ↓

Step 3. Are there adequate formal or informal savings and credit mechanisms in the community?

Yes → A Savings & Loan Association may not be feasible

No ↓

Step 4. Consider starting a Savings and Loan Association

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4   Peace Corps/Benin. *Savings and Loan Association – Shortened Overview*.
5   Peace Corps/Ecuador, 2006. Programa de Ahorro Y Credito, Manual de Trabajo, Primera Edicion.

How to Start a Savings and Loan Association

It takes a minimum of about eight months for a savings and loan association to move from formation to graduation. The facilitator's/coach's work is most intense at the beginning but tapers off as the association members build their capacity to manage banking activities. While the association meets once a week, the facilitator/coach does not attend every weekly meeting. The following chart illustrates the four phases of a savings and loan association's development, as well as the facilitator's/coach's tasks and time commitment during each phase.

Four Phases of Savings and Loan Development		
Phase	**Time Commitment**	**Tasks**
Mobilization (First 2-3 weeks)	2-4 meetings	Meet with local leaders and government officials Conduct informational meetings with community members Meet with potential and newly formed groups
Training (Three Months)	Weekly	Determine leadership and elections Create emergency fund, share purchase, and credit policies Develop a constitution First share purchase/savings meeting First loan disbursement meeting First loan repayment
Monitoring (Three Months)	Twice during first month, once a month for last two months	Health check Monitoring
Action Audit and Graduation (Two Months)	Last meeting	Share out/action audit and graduation Self-assessment

Step 1: Mobilization

The mobilization phase has three purposes:

- To obtain permission by local authorities and leaders to work in a particular area and to enlist their support in organizing public meetings[6]

- To describe to a public gathering or a meeting with a particular group or entity how the program works and how people may get more information

- To provide a detailed description of how a savings and loan association works, what people have to do to participate, and what the facilitator/coach promises to do

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6   Results from a survey conducted by Peace Corps/Peru showed that more banks were formed as a result of meetings with existing groups or presentations given during a regular town meeting in lieu of public meetings.

The launch of a savings and loan association begins with informational meetings. Typically, there are two to three informational meetings with local leaders and community members. During mobilization, you and your community work partner introduce yourselves and the concept of a savings and loan association, including how it works and how it benefits the community.

One way to start a savings and loan association is via general recruitment of the public or a community meeting. Another strategy is to hold an informational meeting with existing women's groups, neighborhood groups, artisan groups, small producers groups, fishermen's associations, small farm operators, teachers, or youth groups at churches, mosques, and schools. It is also possible to bike from house to house and talk with community members. Meet local leaders and elders to explain the program and how it works. At this point, your objective is to reach as many people as possible. Existing groups may want to form an association among its members or use their existing group or association as a member base and then invite more people to join.

Groups providing informal financial services, such as burial funds, merry-go-rounds or ROSCAs (Rotating Savings and Credit Associations) often already exist in the community. These groups offer a perfect target for savings and loan associations. Meet with them, learn about their activities, and explain the savings and loan association model and how it might be different from what they are already doing. If they are interested in starting a savings and loan association, establish a time and place to begin training. Community members, especially women, are often busy with a variety of daily tasks, including caring for their children. Sometimes the best meeting opportunities are on weekends or outside normal working hours. Consider times and locations that have worked for the group in the past and that allow the group to meet consistently. The methodology requires regular participation at every meeting. Child-care may also be an issue for participation. Assure the participants that they can bring their children to the meeting, if the rest of the group agrees. Finally, in determining when to start a new savings and loan association, consider the types of expenses that members might be saving for and when to do the share-out. Rural communities may want to save and share-out before planting season to have money to invest in farming, or some groups want to share-out in time to pay school fees at the start of the year. Consider the goals that the group has for savings and work with their timeline.

If you and your community work partner train an existing group, the group should separate its savings and loan association activities from its non-savings and loan association activities. This separation can be as simple as meeting one day of the week for the savings and loan association and another day of the week for the other work. This helps to avoid distraction and confusion, and keeps association meetings focused on banking transactions. Leadership within the existing group does not transfer directly to the savings and loan association. Board members of an existing group should not automatically become the management committee of the association. One reason for this is that the existing board members may not have the skills necessary to manage banking activities on behalf of the group. Every savings and loan association must be an independent entity.

The goal of mobilization is to assemble a **self-selected** group of 15-30 people[7] who:

- understand the basic concepts of the savings and loan association;
- are willing to do financial transactions together in a transparent manner;
- want to form an association; and
- are willing to be trained in the savings and loan association methodology.

Once you have mobilized such a group, you may begin training. [8]

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7   Peace Corps/Peru suggests a target group size of 15-25 members. A smaller or larger group number does not mean a savings and loan association is not feasible or that you shouldn't do one or that there is no need for one. A group with fewer than 15 members has less access to loans because there is less money being contributed due to fewer members. A group with more than 30 members may be handling large sums of money, which makes the risk of theft more serious. Too much money in one spot is more dangerous than having two separate associations that have little money in their safe boxes, because that money is always loaned out. Also, having more than 30 members means that meetings take longer.

8   Peace Corps/Benin. Savings and Loan Association – Shortened Overview.

Step 2: Training

Before potential savings and loan association members begin saving and lending activities, you and your community work partner must train them on the savings and loan association methodology. This training consists of seven sessions that take place over the course of the first banking cycle.[9] All but one training session (action-audit/share out) take place during the first eight weeks of bank formation.[10]

Step 3: Monitoring

The purpose of monitoring is:

- To make certain the savings and loan association conducts meetings efficiently and according to proper procedure
- To pinpoint where associations need capacity development support so that they can become independent
- To determine whether or not a savings and loan association is performing well

With your community work partner, attend the savings and loan association's first six to eight meetings. During these meetings, make sure the association follows procedures and keeps accurate records. As the bank cycle progresses, take a less active role in the meetings. Eventually the entire association will know how to conduct a savings and loan association meeting. Then, your job is to observe and serve as a facilitator/coach where needed. Your attendance at meetings will taper off to once a month during this phase.

There are a couple of tools to help you with your monitoring tasks. One is the Meeting Procedures Checklist that can be found as Appendix C of the manual, which we will continue to reference.[11] It details every step of a bank meeting. The second is a Health Check Tool that can be used periodically when visiting to help you track the association's overall capacity building (see previous Savings and Loan Association Health Checklist).

Accurate monitoring will help you identify weak areas or problems and give you data that will allow you and your community work partner to present your (and the community's) accomplishments. To monitor a savings and loan association, collect data similar to that shown in the table below. This is from a savings and loan association in Benin and amounts are shown in local currency (CFA).

Data Collection Form		
1	Name of association	
2	Date of formation of the association	
3	Association formed by	
4	Number of members at formation	
5	Date of savings started this cycle	
6	Members at start of cycle	
7	Date of most recent visit	

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9   This methodology is time-bound, in which all savings and loan activities are completed within a set period of time determined by the members, such as 9-12 months. At the end of this period, the books are closed. This allows for a kind of audit in which all money is accounted for and disbursed to the members, so the next cycle can start clean. Stuart Rutherford's The Poor and Their Money provides a good explanation of this and other community-managed microfinance methodologies.
10   The training is slightly adapted from the following village savings and loan association methodology: Allen, Hugh and Mark Staehle. November 1, 2007. VSL Programme Guide – Field Operations Manual, 3.1:27-81.
11   All appendixes and additional resources can be found in the Peace Corps manual Savings and Loan Association Guide [M0095].

8	Active members at time of visit	
9	Active men at time of visit	
10	Active women at time of visit	
11	Number of members attending meeting	
12	Dropouts since start of cycle	
13	Net value of savings this cycle	
14	Number of loans outstanding	
15	Value of loans outstanding	
16	Value of loans past due (late repayment)	
17	Loan fund cash on hand and at bank	
18	Cash in emergency fund	
19	Cash remaining in box at end of meeting	
20	Total cash in other funds	
21	Debts the association has incurred	
22	Property at start of cycle	
23	Property now	

Collect this data quarterly and enter it into the Savings and Loan Association Data Collection Form (see chart above, or reference the full Appendix E and F in the manual for more information, instruction, and examples[12]). This data will provide you, your community work partner, and your organization with information to monitor the association's performance. It also provides you with the tools to write an informative and professional report. These are standard statistics gathered by savings and loan association programs around the world. Having hard data about a savings and loan association is better than having a hunch or feeling about the health of each association. Accurate and up-to-date data helps one identify potential problems and areas where more training is needed. Volunteers and counterparts should strive to produce accurate and consistent reports. Reports with incorrect or incomplete data are worthless.[13]

The members of the savings and loan association also need to know how to monitor their own progress and capacity in order to take corrective action if needed. Part of your role as a facilitator/coach is to help association members to understand the importance of monitoring and evaluating their association and how to use the information gathered to strengthen their operations. Make sure that association members know how to use the Health Check Tool if they are interested in monitoring their operations.

Step 4: Share out and action audit

At the end of the cycle, after all members have repaid their loans and the money counters and secretary have verified the total, the association shares out its accumulated assets. This allows members to access their savings and offers an opportunity for the association to resolve its finances and to deal with any past due loans. This is the last training for the savings and loan association—share out and action audit.[14]

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12   The Peace Corps. Savings and Loan Association Guide [M0095]
13   Peace Corps/Benin. Savings and Loan Association – Shortened Overview, p.5
14   Peace Corps/Benin. Savings and Loan Association – Shortened Overview, p.5.

Savings and Loan Association Self-Assessment

Discuss the questions and answer "yes" or "no." Then decide what you can do to improve your savings and loan association's health.

Participation

1. All or nearly all of the members attended the last bank meeting.
2. All or nearly all of the members arrived on time at the last bank meeting.
3. Members discuss and vote on issues important to the association.
4. Members are active in group income-generating activities to raise money for the association.

Rules

1. The constitution is kept in the cash box.
2. Members carefully follow the constitution.

Bookkeeping

1. The management committee members carry out their roles well.
2. All the passbooks are filled out accurately and signed.
3. All the passbooks are up to date.
4. The secretary correctly announced the ending balances at the last meeting.

Savings

1. Each member makes savings deposits every week.
2. All or nearly all of the members deposited savings at the last bank meeting.

Money Handling

1. Savings and lending procedures were carefully followed at the last meeting.
2. The procedures are transparent and understood by the members.
3. No one but the money counters handle the association's money during the bank meeting.
4. No bank transactions are made outside of the meeting except by the management committee.
5. The association has a commercial bank account.
6. The commercial bank passbook and deposit slip are shown to the members after each deposit.
7. The members know how to check the date and the amount of the commercial bank deposit.

Growth

1. The association has plans to increase its membership to at least 30.
2. Members undertake at least two income-generating activities a month to create income for the group.

In addition to sharing out, it is also an opportunity for the assembly to reflect on what it is doing very well and what it could do even better in the next cycle. The assembly can use a simple savings and loan self-assessment to do this. This self-assessment should be completed by the entire general assembly at the end of every cycle. [15]

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[15]   Adapted from "Health Check of our Self-Help Group, Women's Empowerment Program: Road to Wealth," slightly modified, pp. 124-134, Pact Revised Edition 2008 (taken from M0095).

At the share-out meeting, members decide whether or not to continue the association. If the members decide to continue, then they can decide to each contribute a lump sum of more than the usual 1-5 share value in order to increase the size of the loan fund faster. The share-out meeting is also a time for members to leave with no penalties and for new members to join. Some associations start the next cycle immediately after the share out, while they still have their lump sum payments. Others may wait a couple weeks or months to start a new cycle. If the members decide not to continue and to dissolve the bank, then the members determine how to equitably divide any assets owned by the association, such as the emergency fund. In the end, it is up to the members themselves whether to continue or not.

After the share-out meeting, the association has completed all seven training sessions and "graduates." It no longer requires the technical support of the facilitator/coach.

Tips for Establishing a Strong Savings and Loan Association

A. Record Keeping

One of the keys to a successful savings and loan association is simplicity. This methodology is streamlined to provide transparency for both those able to read and those unable to read. It uses individual -stamped passbooks that are kept in the locked cash box between meetings, ending balances for loan and emergency funds, and a strict memorization system (see Appendix H of M0095).

B. Emergency Fund

The emergency fund is a type of insurance against losses due to illness, death, or accidents. It provides grants to association members in need. At the beginning of the banking cycle, the association must agree on a standard contribution to the emergency fund. The association stipulates how the emergency fund will be disbursed and specific payout amounts in the constitution.

C. The Importance of Keeping Time

The discipline of keeping time is the first step in starting a savings and loan association. A group that keeps time is a group that demonstrates its sincerity, commitment, and respect for its members, as well as you and your community work partner.

From the beginning, you and your community work partner should insist on keeping time. The association should start the meeting on time. Likewise, you and your community work partner should set an example by *always arriving at association meetings early*. If you foster a culture of keeping time when you begin working with a group, the group itself will soon realize the benefits and the habit will stick. If you or the association is lax, the culture of arriving late will be difficult to break. Associations can hold themselves accountable by setting fines for being late to meetings.

People who refuse to keep time are not ready to start a savings and loan association. While keeping time may seem impossible or futile, this is not the case. Holding concise meetings that start and end on time is possible, but you and your community work partner have to make sure that members strictly adhere to and enforce this policy. For communities where people do not have access to a watch or clock, use local time keeping systems, such as the school bell or call to prayer, as time cues for meetings.[16]

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16   Peace Corps/Benin. Savings and Loan Association – Shortened Overview, pp. 5-6; and Peace Corps/Burkina Faso, Savings and Credit Clubs: A Peace Corps Burkina Guide, p. 10.

D. Quality vs. Quantity

Starting several savings and loan associations may be tempting, but if you do not give each association the time and commitment necessary for training and monitoring, problems can arise. Similarly, a group that is not fully committed to saving and lending will encounter problems. In order to prosper, each savings and loan association must be strong and independent.

A weak savings and loan association can poison the concept of such organizations in an area, making further work difficult or even impossible. In contrast, a strong savings and loan association is an extremely good advertisement for creating additional associations. News spreads fast in the community. If a savings and loan association is working profitably and efficiently, other people will soon want to form their own associations. Simply put, one strong savings and loan association is much more valuable than any number of weak ones.[17]

Tips from Volunteers who Have Implemented Savings and Loan Associations:

1. Make certain that the savings and loan association meets at a time and place that is both private and convenient for the members.

2. The association should fine late-comers.

3. Make sure the association elects a competent management committee, and that the secretary and money counters are competent.

4. Train two people for each position; if a member of the management committee is sick or cannot attend the meeting, the backup can serve in his or her place.

5. To keep the savings and loan association organized and make it easier to memorize transactions, assign a number to each member (chairperson No. 1, secretary No. 2, box keeper No. 3, etc.) and have them sit in order. The association should maintain this order at every meeting. Appendix I in the M0095 manual makes it easier for members to remember whether the person right before them and right after them, numerically, attended the last meeting, was late, owed fines, owed savings, or owed loan repayments. With record keeping that depends on memorization, assigned seating helps a lot. If it is not possible for people to sit in the same order at each meeting, then reinforce member numbers and the importance of memorizing whether the member before them and after them (by number) attended the meeting, owed fines, or owed savings or loan repayments.

6. The association must conduct each meeting procedure, such as emergency fund contribution or share-purchase, sequentially, starting with member No. 1, proceeding to member No. 2, then member No. 3, and so on until all members complete the procedure.

7. When the association finishes a meeting procedure, it moves on to the next procedure and does not go back for any reason.

8. Drill the members on proper meeting procedures until they know them perfectly. This constant repetition may seem rote or overly strict, but it is what makes the savings and loan association methodology work. Details matter.

   Note: If a savings and loan association is sloppy regarding minor details, it will be sloppy regarding more important matters.

9. When the secretary takes attendance, ask each member to recite a rule from the constitution. Soon, everyone will memorize the rules and regulations.

10. When a member buys shares, he or she can announce out loud how many shares he or she is buying. The money

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17   Peace Corps/Benin. Savings and Loan Association – Shortened Overview, pp. 6-7.

counters announce out loud how many shares the member has bought. The secretary stamps the passbook.

11. After each procedure, such as the emergency fund contributions or savings/share purchase and loan repayment, the secretary must total the balance. This balance must be verified audibly by the money counters. **This principle is vital for transparency**.

12. Do not train more than one association at the same place and time. For example, Savings and Loan Association 1 meets on Mondays; Savings and Loan Association 2 meets on Tuesdays, etc.[18]

13. Savings and loan associations are democratic. Every member's voice should be heard, and everyone should have equal say. It is important that every decision be voted upon. The proper procedure is for members to propose solutions in an orderly manner. The solutions should then be voted upon, and the solution with the majority of votes is the final decision. Each vote has the same weight. This procedure ensures that the most dominant personality of the group is not making all the decisions, but rather the group as a whole is running the association. Maintaining a democracy is a big challenge worth taking. Democratic decision making is often not the norm, and if savings and loan associations can contribute to this positive behavior change, their impact will be felt far beyond access to savings and credit.

14. A strong savings and loan association requires time, commitment, knowledge, and a willingness to work from everyone involved. If you bring excellence to the work that you do and, in turn, demand excellence from the people you work with, the resulting savings and loan association will be independent and profitable, will set a solid example for others, and will continue to function for years after your departure.[19]

The Importance of Safety and Security [20]

Have a security discussion with association members during the early stages. As mentioned earlier, the box keeper should be accompanied at all times, but there is more to safety and security than this important precaution. It should be stressed that what happens in a meeting stays in the meeting. It is acceptable and even encouraged that the members talk about the ideology behind the association, but specifics should remain confidential. No one outside of the bank needs to know how much money is in the box or the status of individual contributions and loans.

The share-out date should be different from regular meeting dates and remain confidential. The share-out meeting should also be held in a different location and at a different time of day than the regular meetings. The reason is to prevent anyone from disturbing the share-out, or possible theft.

Methods used to enhance association security in Peace Corps/Peru have been:

- Holding the meeting in a public place like the municipality, with locked doors

- Having local police or security guards stand outside of the meeting place

- Switching meeting places on a weekly, biweekly, or monthly basis—this can be confusing, but depending on the group, it has worked for some

- Holding the share-out meeting on a different date, at a different time, in a different place

> **Additional Material:**
>
> The Peace Corps, October 2012. *Savings and Loan Association Guide* [M0095].

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18   Peace Corps/Benin. Savings and Loan Association – Shortened Overview, p. 7.
19   Ibid.
20   Peace Corps/Peru

Part II: Adult-Focused Groups
Unit A: Economic Strengthening—Providing for a Strong Family

What Does Economic Strengthening Mean for Caregivers of OVC?

HIV affects the economic stability of families and the children in their care by interrupting income streams, depleting assets, and introducing labor constraints. Approaches to strengthening the economic and food security of families affected by AIDS need to be a part of the continuum of response to pre-empt a descent into more extreme vulnerability, improve household welfare, and prevent future risk exposure.

Household economic strengthening (HES) comprises a portfolio of interventions to reduce the economic vulnerability of families and empower them to provide for the essential needs of those children in their care. Economic strengthening is measured by a family's ability to invest in the education, nutrition, and health of its children.

It is critical to integrate HES approaches with other complementary interventions, such as parenting skills, to maximize scale and OVC-related outcomes.

The Financial Literacy for Adults Training Package promotes positive attitudes toward saving, as well as more prudent spending and borrowing for sound reasons. The training follows a participatory adult-learning approach. This means participants will take part in group discussions, share their positive and negative experiences, and explore learning together through role-plays and case studies. Objectives of the Financial Literacy Training for Adults are:

- To support the target group to make better spending, savings, and investment decisions;
- To enable the target group to reach its financial goals without the need to rely on child labor; and
- To promote women's economic decision-making capacity within the household.

As discussed in the Peace Corps Community Care of Orphans and Vulnerable Children Training Package, HIV/AIDS and poverty affects families in various ways. When you think about how to best intervene and support families who are living in poverty, you must first recognize the actual financial situation for the family or the family typology. Once you know a bit about the financial situation for a household, you are able to begin to identify the right programs for them. There are different degrees of poverty that demand different responses on the part of the Peace Corps Volunteer. It is important to know that not all people living in poverty are the same. See the chart for an overview of the types of family economics and the proper evidence-based approach to take with those families.

FAMILY SITUATIONS AND IMPLICATIONS FOR PROGRAMMING

FAMILIES IN DESTITUTION

Characteristics	Resilience outcomes
• Trouble providing/paying for basic necessities (like food) • No discernible or predictable source of income but potentially a lot of debt they cannot pay • Very few liquid assets (e.g., cash savings, livestock, food/crop stores, and personal belongings that could be sold or traded for money) • Probably classified as extremely food insecure	• Recover assets and stabilize household consumption • Purchasing power outcomes • (Re)build short-term capacity to pay for basic necessities • Evidence-based response • Link to support • Budgeting skills training

FAMILIES STRUGGLING TO MAKE ENDS MEET

Characteristics	Resilience outcomes
• Usually paying for basic needs (like food) but not regularly paying for other needs (like school fees), especially if they require lump-sum payments • One or more predictable sources of income • Some liquid assets (as described above), which may fluctuate throughout the year as they are accumulated and liquidated • Seasonal fluctuations in income/expenses, especially due to agricultural calendar (i.e., they do well for one part of the year but poorly for another part of the year) • Probably classified as moderately food-insecure	• Build self-insurance mechanisms and protect key assets • Expand income and consumption • Purchasing power outcomes • Strengthen family capacity to match income with expenses • Evidence-based strategies • Link to support, if necessary • Budgeting skills training • Savings groups

FAMILIES PREPARED TO GROW

Characteristics	Resilience outcomes
• Usually paying for both basic needs (like food) and other needs (like schooling and basic health care) on a regular basis; possibly struggling, but usually managing, to make lump-sum payments • Some liquid assets that fluctuate less throughout the year than for struggling families • Seasonal fluctuations in income/expenses, but probably not as dramatic as for struggling families • Probably classified as mildly food-insecure	• Smooth income and promote asset growth • Smooth consumption and manage cash flow • Purchasing power outcomes • Grow family income to enable more/larger investments • Evidence-based strategies • Link to support, if necessary • Budgeting skills training • Savings groups • Income-generating activities

The Peace Corps has a full manual on youth financial literacy that can also be referenced when working with youth groups of any kind (*Youth Livelihoods: Financial Literacy* [M0092]). The Peace Corps' CED training guide [M0069] also shows how and why CED is used to improve individuals' and families' economic well-being.

Session 1: Financial Literacy for Adults, Group Member Introductions[21]

Session Learning Objectives

Participants will:

1. Explain the objectives and setup of the training.

2. Understand what is expected from them.

Step 1: (20 minutes)

Welcome the participants and the resource persons. Let the participants introduce each other as follows:

- Ask participants to briefly interview the person sitting next to them, asking about his or her name, residence, training experience on self-help group or other topics, as well as his or her expectations for the workshop.

- The "neighbors" then present each other to the group in plenary (provide 1 minute per presentation).

Step 2: (10 minutes)

Establish ground rules as follows:

- Propose some rules for the group (e.g., timeliness, respect for each other, listen when others speak, refer to previous section on "Group Dynamics" for help). Ask the group to add do's and don'ts. If members of the group are literate, request two participants to list them on sheets of flip chart paper and stick them on the wall each time the group meets for training. Participants may even suggest penalties for not following the group rules during trainings (such as fines that involve dancing or singing). Clarify logistics with the group, such as meeting times and frequency of meetings.

Step 3: (10 minutes)

Explain the program and its objectives. Stress the importance of active participation and mutual learning. Provide the opportunity for participants to ask questions and discuss what they want to accomplish during the training.

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21   All sessions on financial literacy have been adapted from International Labour Organization, Cambodia. 2008. Financial Education Trainer's Manual, http://www.ilo.org/wcmsp5/groups/public/-
       --asia/---ro-bangkok/documents/publication/wcms_108269.pdf

Session 2: Setting Financial Goals[22]

Session Learning Objectives

Participants will:

1. Explore the causes of household financial pressure.

2. Set financial goals and explain how to reach them.

3. Describe what a financial plan is and how it can help achieve financial well-being.

Step 1: (30 minutes)

Set financial goals and prioritize them. Ask the participants to find a partner.

- **What are your goals for a happy future?**

  - After 5-10 minutes, ask each pair to share with the whole group. They will likely include goals such as sending children to school, home improvements, more income, less debt, larger business, no sickness in the family, etc.

  - The participants may have a lot of goals for which they need the necessary financial resources.

  - Ask if they can achieve all of their objectives at the same time. They will say "no." Therefore, ask them to prioritize which ones they want to achieve first and which ones they want to achieve later.

- **Do women have different goals than men? If yes, how is this dealt with within the family?**

Step 2: (40 minutes)

Ask participants to close their eyes for three minutes and dream about their ideal future scenario (if they are not comfortable with this exercise they can also just focus by staring at a fixed object).

- **What does it look like if your goals are achieved**?

  - Ask them to open their eyes and draw a picture of their dream in two minutes. They can use symbols to represent their thoughts. When finished, ask them to describe their pictures. Write down key words (for example, no debt, no illness, children going to school, etc.) on a flip chart paper. Stick their drawings on the wall.

- **What can you do to make sure you have the financial resources to make your dream come true**?

Summarize the answers of the participants. Make sure the following points are made:

In order to achieve your goals for the future, you need to:

Figure out the amount of money you earn and spend on basic family needs

- Determine the costs of your goals

- Make decisions about how much to save, how to pay off debt and how much to invest in your business

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22   Ibid.

- Decide on the timing for doing these things
- This is called **financial planning.**
- Ask the participants to keep their goals in their notebook, since they will be used later in the training course.

Step 3: (20 minutes)

Ask participants to discuss the importance of financial planning in pairs. Summarize their ideas and make sure to include the following:

Financial planning:

- Helps you decide your spending priorities for the future
- Gives you discipline for spending and saving
- Helps avoid unexpected money shortages
- Helps you feel less financial stress

Step 4: (20 minutes)

Explain that beliefs about money are based on what we have seen, heard, and experienced in the past. We build our behaviors based on those beliefs. However, some common beliefs about money are not accurate and they hold us back unnecessarily. For example, many of us believe that we cannot manage money well because we are not good at math.

Ask the participants if they agree with the following statements, and discuss them one by one. What other ideas about money are common in their village?

True or False?

- Managing money is complicated
- A person needs to be good at math to be good with money
- My friends would leave me if I earned more money than they did
- It takes a lot of money to invest
- My debt is too big to do anything about it
- I trust my husband to make good choices for me
- Poor people cannot save money
- You can only make money if you are corrupt

Step 5: (5 minutes)

Ask participants what they learned and what they plan to put into practice. Key points in this module are:

- Setting financial goals
- Prioritizing financial goals
- How to achieve their goals
- The importance of financial planning

Session 3: Making a Budget for the Family[23]

Session Learning Objectives

Participants will:

1. Identify the importance of a budget.

2. Describe the steps to create a budget.

3. Give advice to each other concerning how to adhere to the budget.

4. Identify ways to improve their own money management through budgeting.

Step 1: (15 minutes)

Explain what a budget is. A budget is a plan that lays out what you will do with your money. A good budget helps you to pay for what you need and save up for what you want in life.

Ask: Have you ever prepared a budget? If yes, invite them to share with the other participants what their budget looks like. Invite one or two participants to draw on the flip chart paper or describe it. Make sure that a budget consists of different expenses and sources of income.

Step 2: (35 minutes)

Ask participants to imagine that their daughter is getting ready to go to boarding school next month, so they need to develop a budget for that now.

Divide the participants into three or four groups.

- What information do you need to develop this budget?

Trainers can give some support as needed.

Give each group five minutes to develop this budget and two minutes to present it.

Step 3: (25 minutes)

Ask participants to look at their budget. Ask the following questions:

- What steps did you take to prepare this budget?
- Which budget included all sources of income? (e.g., assistance from relatives, family members, friends, etc.)
- Which group estimated a realistic amount of income?
- Which budget identified all expenses and made a realistic estimate of all expenses?
- Which budget has a good balance between income and expenses?
- If you were asked to do this again, what would you do differently?

Review Your Financial Goals

↓

Estimate Amount of Income by Source

↓

List All Expenses and Amounts Needed

↓

Make Sure Your Expenses are Not More than Your Income

↓

Decide How Much You Will Save

↓

Review and Adjust as Needed

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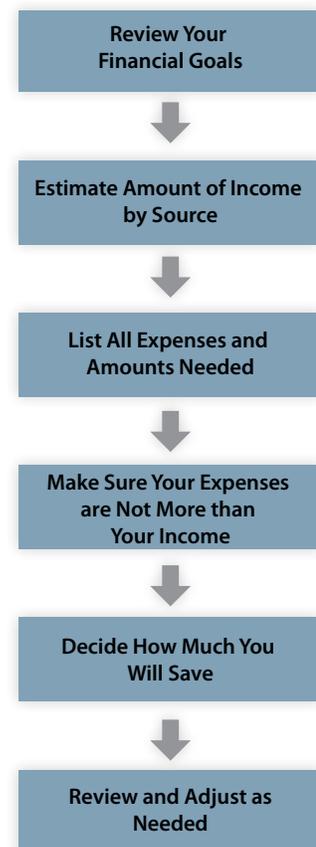
23   Ibid.

Step 4: (50 minutes)

Now you will practice to develop a budget for your family. Ask participants to work in pairs, developing a six-month budget for their families.

Distribute Training Materials A and B and explain how to use them:

Income

On the budget worksheet, define your family sources of income and write them in the first column under "income." Some of these sources may provide income every month, day, or week and some may provide income only during certain periods of the year.

Estimate the expected income by month from each source and write it in the appropriate box on the worksheet. Some of your income may come infrequently in larger sums. To figure out what this irregular income is on a monthly basis, determine how much you receive annually and divide this by 12 (see Training Material B). Transfer the monthly amount you calculate for infrequent income to the budget worksheet.

Expenses

Write an amount for each category of expenses: debt payment, necessities, optional expenditures, emergencies, and so on.

Estimate your expenses for each category for each month. You may pay some expenses only once a year or once every quarter. If you have an infrequent expense like this, it is useful to spread it across months in your budget. To figure out how much your irregular expenses would be on a monthly basis, calculate the total expense per year and divide by 12 (see Training Material B).

Step 5: (25 minutes)

When finished, ask a few pairs to share the results with the whole group and encourage feedback from the other participants. Make sure that participants include all sources of income and that there is good balance between income and expenditure and some savings.

Ask the following questions:

- How did you estimate income?
- How did you estimate expenses?
- How did you feel when preparing this budget?
- What are the advantages of preparing a budget?

Step 6: (10 minutes)

Mention the benefits of making a budget:

- Eases decision-making about spending and saving
- Encourages cautious spending
- Encourages disciplined saving
- If followed, helps you to meet financial goals
- Helps you to take control of your money

Review what we have discussed and explored during this session:

- What have you learned in this session?
- What do you find interesting and useful for your financial management?
- What are you going to put into practice?

Summarize the key points:

- Steps to prepare a budget
- Budget formulation
- How to estimate income and expenditures
- The importance of budgeting

Training Material A: My Family's Budget

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
INCOME						
Salary						
Business						
Selling vegetables and fruit						
Selling animals						
Other income:						
Total Income:						
EXPENSES						
Necessary Household Spending:						
food						
education						
health						
house						
clothes						
Business Spending:						
Emergencies						
Other Expenses:						
Total Expenses:						
SAVINGS						

Training Material B: Infrequent Income & Expenses Worksheet: Making Monthly Estimates

Infrequent Income (for example, money sent by a relative or share-out from a savings group)

Income	No. of Times Received	Amount	Annual Amount	Monthly Income (divide annual amount by 12)

Infrequent Expenses (for example, school uniforms/books or farm inputs for planting season)

Expense	No. of Times Paid	Cost per Time Paid	Annual Cost	Monthly Cost (divide annual cost by 12)

Session 4: Managing Your Money[24]

Session Learning Objectives

Participants will:

1. List and group common household expenses.

2. Identify and group household income sources.

3. Explain how to cope with irregular income and expenses.

Step 1: (30 minutes)

What do you need money for?

Give participants color cards to write down their ideas if they can write (one idea per card). If they cannot write, ask them to draw symbols to represent their ideas. When they have finished, ask them to share their ideas and stick their cards on a flip chart.

If they did not include emergencies, get them to write down emergencies. What kind of emergencies could your family face?

Explain that it is important to make a distinction between the money you need for your business (loan repayments, buying equipment, materials) and your family (school fees, emergencies, food, etc.). Then invite one or two participants to separate their cards into business expenses and family expenses, for example:

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24   Ibid.

My family	My business
• Necessary expenses	• Debt payment
• Expected events	• Business supplies
• School fees	• Rent
• Emergencies	

Step 2: (20 minutes)

Looking at these expenses again, what are expenses you pay once in a while as opposed to every day or every week? Place a checkmark or star next to the expenses that participants identify as infrequent or irregular.

In pairs, discuss how you plan for expenses that occur only once in a while, including emergencies?

Summarize participants' answers and say:

It is important for good money management to plan for expenses that do not occur regularly. You have mentioned many ways this can be done, including saving and postponing purchases until the money is available.

Step 3: (30 minutes)

What sorts of difficulties do you face when trying to save? List all the difficulties participants experience.

Divide the participants into small groups of three, ask each group to select one difficulty/constraint and look for solutions to overcome it. Give each group two minutes for presentation.

Summarize the ideas and add the following points:

- Decide how much you can contribute to your emergency fund each day, or each month, and stick to your plan.
- Keep money in a secure location, preferably out of the house so it is not accessible.
- Devise a schedule to pay the most expensive debts first.

Step 4: (25 minutes)

Ask the following:

- Where does your money come from?
- Who earns more, you or your husband/wife? Why?
- Which of these sources of income are infrequent or irregular? Why?
- When you get income in large amounts every once in a while, how do you plan to use it to pay for expenses throughout the year?

Summarize participants' responses by saying to the group:

It is nice to get a large amount of income at one time. It is important to think about how to use this money wisely to pay off debts, make sure you can meet basic necessities, and save to meet expenses that will occur in the future.

Step 5: (15 minutes)

Ask participants: **How do you keep track of cash coming in and going out?** Try to obtain a range of experiences. Who, women or men, are better able to control cash in and out? Why?

Discuss advantages and problems of keeping track of the cash coming in and going out, and identify ways to tackle constraints participants encounter.

Step 6: (10 minutes)

Ask the participants:

- What have you learned in this session?
- What do you find interesting and useful for your financial management?
- What are you going to put into practice?

Session 5: Staying Within Your Budget[25]

Session Learning Objectives

Participants will:

1. Identify ways to address difficulties of staying within a budget.

2. Practice identifying ways to cut spending by prioritizing expenses.

Step 1: (30 minutes)

Ask participants to list their typical daily expenses. Give them two minutes to do this. When finished, ask one participant whose list is rather long to share with the group and also have another person whose list is quite short share that information.

- **What are some of the reasons why these two lists are very different in length?**
- If you need to stay within your budget, **what can you do with your daily expenses?**
- Ask them to prioritize their expenses - identifying the three or four most important financial priorities.

Ask the following questions:

- What are the day-to-day pressures that make sticking with recommended spending priorities difficult? (e.g., The income only covers the most basic necessities and there is nothing left to pay off debt or save; husband's or wife's pressure leads to unplanned spending.)

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25 Ibid.

- What makes it hard to stay within a budget?

Step 2: (35 minutes)

Divide the participants into small groups of four, each group selects one or two pressures/ difficulties (results from Step 2) and identifies possible and applicable solutions to overcome them.

Give each group two minutes to present its ideas. Make sure that there are no overlapping ideas mentioned and discuss any unrealistic solutions. Keep a list of ways to stay within a budget.

Step 3: (30 minutes)

Ask participants to listen to the two stories of Neary and Chantha (see below). If appropriate, you can invite two participants to read the stories.

Neary's Story

Neary planned a budget with her family. She was at the market a week or so later and a close friend wanted to sell her some beautiful clothes she had recently purchased in the city. Neary was tempted but remembered that there was no money for expensive clothes in her budget. She was also glad she had put her savings in her account with the Village Bank so it was not readily available. Later that week, her children broke her cooking pot. She was able to buy a new pot with some money she had set aside for unexpected expenses.

Chantha's Story

Chantha had many expenses during Khmer New Year. She planned for this in her budget. During the season, she purchased gifts for family and friends and special foods. From time to time, she added up her expenses to find out how much was left in her budget. She realized that she spent more on gifts than expected, so she looked carefully at her budget. She had put an amount in to buy a new dress. She decided to spend less on the dress to make up for overspending on gifts and food.

At the end of each story, ask how Neary or Chantha managed to stay within her budget.

- **What did Neary do to stay within her budget?** (Remembered what was planned in her budget and stayed with the plan; put savings out of reach so it was not easy to spend; set aside some money for unexpected expenses.)
- **What did Chantha do to stay within her budget?** (She kept track of her spending so she did not spend more than budgeted; when she overspent on some things, she cut costs on others.)

Add more ideas to the list developed in Step 3.

Step 4: (20 minutes)

Ask the following questions:

- How did Neary and Chantha control their temptation to spend more?
- Have you ever tried similar ways to stay within your budget? Did they work? Why?
- Why not?
- Who, men or women, are more committed to stay within their budget? Why?

Step 5: (10 minutes)

Ask participants to turn to the next person and answer the following:

- What is one thing you learned today about staying within your budget that you can apply at home?

> **Tips for trainers:**
>
> How to stay within your budget:
>
> - Remind yourself often what you planned to spend.
> - Put in the budget something for unexpected spending needs.
> - Keep savings out of reach so you do not spend them.
> - Keep track of what you spend.
> - Make sure you do not spend more than is budgeted.
> - If you spend more for one item, spend less for something else.
> - Make a list of ways to cut planned expenses.
> - Get the family to participate in developing and sticking with the budget.
> - When investing money in business, consider what to do if the investment fails.

Session 6: Making a Savings Plan[26]

Session Learning Objectives:

Participants will:

1. Practice making a savings plan.

2. Complete an action plan for increasing their own savings.

Step 1: (15 minutes)

Ask the following questions:

- Have you got a complete savings plan? What do we need to do next to complete the savings plan for your family?
- What is still missing? (lump sum needed for each goal, when needed, amount of savings required per month/ week)

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26   Ibid.

Step 2: (35 minutes)

Ask individual participants or pairs of two to develop a complete savings plan based on the example below.

Savings Goals	Lump Sum Needed	When Needed?	Amount of Savings Required per Month	Ranking of Importance
Short Term				
Education Fees				
Emergencies Fund				
Farming Inputs				
Long Term				
House renovation				
Total Savings Required				

When finished, ask participants the following:

- Look at your lump sums needed. Do you think that you will be able to save the lump sums needed for each goal at the specified time?
- What do you think about the possibility of your family achieving these goals?

Step 3: (20 minutes)

Ask the participants to compare their budget with their savings plan. Ask them to check their monthly expenses and income, if it is positive or negative.

- What do they need to adjust? Spend less on nonessentials, work harder to earn more money?
- And in that case, who can work harder, the husband, the wife, or other family members? Give them some time to develop a plan.
- When finished, invite one or two participants to present their saving plan. Encourage everyone else to observe and offer opinions or ask questions if time is available.

Session 7: Equity and Debt[27]

Session Learning Objectives

Participants will:

1. Identify the principal reasons to borrow money.

2. Identify ways to expand a business effectively.

3. Identify pros and cons of equity and debt.

4. Distinguish good loans from bad ones.

Step 1: (25 minutes)

Brainstorm **why people borrow.** When finished, ask the participants to look at their answers.

- **What are similar categories for these thoughts and responses?**
- Invite participants to help classify their ideas into different categories, as suggested by the participants.
- Which loans can generate income? Why?

> ### Tips for trainers:
>
> Three reasons people borrow:
>
> 1. To invest (in business: purchasing materials, equipment, land, etc.)
>
> 2. To respond to an unexpected event or emergency (invitation to a wedding or to other traditional and social ceremonies, sickness, theft, or loss)
>
> 3. To meet basic family needs, to purchase an item for which they presently do not have enough money
>
> * Remember that we have discussed in the previous session that if you have enough savings, you do not need loans for consumption and emergencies.

- **What are financial resources that businesspeople can utilize when they want to expand their business?**
- List all financial resources participants mention.
- **Are there any similar categories to group them** (Equity and Debt)?

> ### Tips for trainers:
>
> - Loans for productive investment earn income for the borrower.
> - Loans for crises and family needs do not bring in new revenue and must be paid back from other sources of revenue. Try to avoid borrowing for these purposes.

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27   Ibid.

Ask one or two participants to classify their responses into Equity and Debt, for example:

Equity:	**Debt:**
Own savings	Loan from microfinance institutions
Income from business	Loans from friends and relatives
Income from selling assets	Loans from moneylenders

Mention that selling assets can be a good or a bad strategy, depending on the type of asset being sold. Selling jewelry, for example, will not affect the future income of the family. Selling land or livestock, however, can seriously affect the family's livelihood.

Step 2: (35 minutes)

Ask two participants to conduct a role-play. The role-play is about two business women, who are sisters, having the same business (making and selling soybean juice in different villages). During the role-play, each sister curiously asks how her sibling finances her business.

After the role-play, ask the participants:

- How have Neary and Chantha expanded their businesses?
- Which of these businesswomen is most likely to be successful? Why?
- Which woman takes more risks?
- What sorts of advice would you like to give to both women?
- If you were Neary or Chantha, what would you do differently?

Person 1: You are Neary and you run a soybean juice business. Today you are going to visit your sister, Chantha, who also sells soybean juice. In your meeting with her, you ask your sister a lot of questions about how she finances her business. Your sister also wants to know how you finance your business. Here is the way you have run and expanded your business. You started your soybean juice business with 20,000 Riels from your savings and 1,000 Riels your husband gave you. Although the business is very small, you have a plan for expanding it, one step at a time. Every week, you try to set aside 5,000 Riels in your Village Bank especially for your business. That way, every three or four months, you have enough money saved to buy something you need to grow your business. You began buying larger quantities and a greater variety of beans and sugar; then you purchased plastic bottles so you can sell larger quantities to those who want to take soybean juice home. As your income increases, you can save more and plan bigger investments in your business.

Person 2: You are Chantha and you have a soybean juice business. Your sister Neary also sells soybean juice. Today she is going to visit you. You are eager to find out how your sister finances her business. Therefore, you need to ask your sister a lot of questions about how she expands her business. Your sister also wants to know how you finance your business. Here is the way you have run and expanded your business. You started your soybean juice business with 10,000 Riels of your own money and a Village Bank loan of 20,000 Riels. With the loan, you had enough money to purchase a small refrigerator that enables you to store juice longer and sell it cold. You pay your weekly expenses, including your loan payment, on time every week, but can only save a maximum of 2,000 Riels per week. When a kiosk in the market became available for lease, you saw a good business opportunity. You calculated that your sales would double. Because you needed to lease the kiosk right away or lose it, you borrowed 400,000 Riels from your brother-in-law.

> **Tips for trainers:**
> - In the short term, Chantha's business will grow faster because she has more money to invest in it. Neary invests small amounts one step at a time and her business grows in small increments.
> - Over time, Neary's business is likely to be more stable and secure because she is not paying off expensive loans and can save for both emergencies and future investment. Chantha takes more risks. She has two loans at the same time, with little savings for protection.

Step 3: (40 minutes)

Tell the participants they will discuss the advantages and disadvantages of taking a loan and using your own money. Divide participants into two groups. One group discusses the advantages of using your own money and the disadvantages of taking a loan. The other group discusses the advantages of taking a loan and the disadvantages of using your own money. They will enter a debate, one group trying to convince the other that taking a loan is better than using your own money. The other group tries to argue that using your own money is a lot better than taking a loan.

Give the groups some time to prepare prior to debating.

Summarize the debate by saying that both equity and debt have advantages and disadvantages:

	Taking A Loan	**Using Your Own Money**
Advantages	You gain access to more money than you have in savings. You get money quickly when you need it for emergencies.	You avoid the costs of borrowing. You are free to use your money as you wish. You face less risk when you finance your business growth in smaller increments based on what you can afford to invest. You avoid the obligation of future loan repayments.
Disadvantages	You bear the cost of borrowing (with interest, fees, and time to apply). You are responsible for repaying your loan on time, and face penalties for late payment. You must meet the requirements of group membership (attend meetings on time, etc.) if the loan is through a group.	You have limited access to needed capital. Your business grows more slowly. You have limited ability to respond to opportunities.

Step 4: (15 minutes)

Are all loans good? Why may they be bad for borrowers? Why may they be good for borrowers? Ask the participants to explain and raise real-life experience regarding good and bad loans.

Summarize that there are good and bad loans. Therefore, what do you need to know before borrowing?

Use of the Debt	Good Debt	Bad Debt
Purchasing an asset for business	The asset outlasts the time it takes to pay off the lender. The income earned from the asset exceeds the cost of the loan.	Debt is still owed after the asset is outdated or broken or the income earned from the asset is less than the cost of the loan.
Working capital—the ongoing running of your business	The loan makes it possible to pursue a business opportunity that is profitable enough to repay the loan and have something left. The loan helps you save money on inputs or inventory and thus increase your earnings from the final product.	You cannot earn enough to repay the loan. You have other less-costly sources of financing. You cannot get the loan in time to take full advantage of a specific opportunity.
Basic Family Needs		Debt is still owed after the loan has been used. The loan didn't generate any income to pay back.
Emergency Loan	The loan helps you solve an immediate problem without undue hardship.	The loan terms are too costly, or cannot be adjusted to your ability to repay.

Tips for trainers:

We have seen how borrowing money can be a very positive experience. Good loans can help you start or expand a business; it can help you respond to an emergency for your family; it can help you improve your living conditions sooner rather than later. But taking a loan always carries a risk — the risk of not being able to repay. If it ends up costing you money or forcing you to go deeper into debt or non-repayment (loan default), it is a bad loan.

What to know prior to borrowing:

- The amount of your loan repayment, including principal, interest, and fees
- The sources of income and/or savings you have to make those repayments
- That the asset you are buying with the loan will outlive the loan, and continue earning income for you
- That the price you can charge for your goods financed with the loan money is high enough to both repay the loan and make a profit

Step 5: (5 minutes)

Review what we have discussed and explored during this session.

- What have you learned in this session?
- What do you find interesting and useful for your financial management?
- What are you going to put into practice?

Summarize the key points:

- Principal reasons why people borrow
- Financial resources to expand your business
- Equity vs. debt financing
- Good and bad loans

All sessions on financial literacy have been adapted from the Financial Education Trainer's Manual: http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_108269.pdf

Additional Materials:

The Peace Corps has a full manual on youth financial literacy which can also be referenced when working with youth groups of any kind (*Youth Livelihoods: Financial Literacy* [M0092]). The Peace Corps also has a guide that shows why how and why community economic development (CED) is used to improve individuals' and families' economic well-being (*A Community Economic Development (CED) Training Guide for Peace Corps Volunteers* [M0069]).

Unit B: Psychosocial Care and Support: Positive Parenting Approach

This training promotes positive attitudes toward children, especially children affected by HIV/AIDS. The training follows a participatory adult-learning approach. This means that participants will take part in group discussions, share their positive and negative experiences, and explore learning together through role-plays and case studies. The objectives of the Psychosocial Care and Support for Adult Caregivers are:

> **Note that there are three different focus areas in this unit:**
>
> 1. Helping caregivers understand the PSS needs of children
>
> 2. Helping caregivers understand their own PSS needs
>
> 3. Helping caregivers understand the PSS needs of older caregivers in the family and community

- To raise awareness around the issues that children who are affected by HIV/AIDS are facing;

- To enable parents/caregivers to offer positive support and build resilience in themselves and their children; and

- To offer practical techniques for self-care and care of the child when dealing with trauma and loss.

Focus Area 1, Child Focus: Understanding Your Child's PSS Needs

Explain that another term that is often used when talking about OVC is "psychosocial support" or PSS. This is a very technical term which can be broken down to various components:

- Psycho…about feelings, thoughts, and emotions

- Social…about the environment in which the child lives. It includes family, friends, community, school, etc.

- Support… the way that children are helped to cope with problems and traumas and to build resilience

Simply put, PSS means "caring" and describes the way families, friends, and communities provide care for OVC.

Session 1: Behavior and Needs at Different Developmental Stages[28]

Session Learning Objectives

Participants will:

1. Discuss the concept and importance of psychosocial support for caregivers.

2. Discuss the concept and importance of psychosocial support for children affected by HIV/AIDS.

Step 1: (15 minutes)

Children have different needs at different stages. Children are still "people" and have common needs too! No matter what their age, children learn and develop

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28   The information for the stages chart: ANCHOR. 2006. Introduction to Working with Children and Psychosocial Support, Participant's Manual.

- by feeling loved, valued, and wanted
- through playing and exploring
- by making mistakes
- by practicing things over and over again
- by asking questions
- by watching role models
- through experience

It is good to remember that not all children are the same, and some will develop slower or faster than others. Nevertheless, all children have the same basic needs, and there are benchmarks that are useful to use to determine where a child should be at developmentally at each stage.

What do we believe all children need? Some possible answers are:

- a secure and safe environment in which to develop
- food, clothing, shelter, education, and safety
- at least one constant person in their lives to meet their emotional needs (nurturing/love/cuddles)
- lots of opportunities to explore their environment and their new skills and emotions in a safe manner
- a great deal of patience and understanding from the adults in their world
- acceptance from their peers
- to feel that they are recognized and valued for who they are
- to know that they have a role in their family, community, and peer group
- to be allowed and encouraged to participate
- to be talked to and listened to

Step 2: (20 minutes)

Age 0–2 years

During this stage, children:
- Are physically helpless and totally dependent on others for their physical and emotional safety and well-being.
- Require constant supervision as they have no sense of safety.

Psychosocially – Emotionally, socially, mentally
- Children bond with their caregivers and develop feelings of love and trust if they have someone to care for them and meet their every need consistently
- Children start to feel other emotions, such as fear and separation anxiety, especially when their needs are not met, and may show a mistrust of strangers
- Children develop a sense of understanding

Ask participants to share one way they have seen a baby at this stage express himself or herself in some of these ways.

Physically

- They work hard to learn to move their bodies by themselves so they can hold up their heads, sit by themselves, feed themselves, walk, and talk
- They learn to use their hands and eyes together to allow them to manipulate objects and throw things
- They develop their sense of vision, hearing, tasting, smelling, and feeling

Ask participants to share one way they have seen a baby at this stage express himself or herself in some of these ways.

Psychosocially

- Understand that they are separate from the rest of their environment and other people, especially their mother
- Understand how objects work, cause and effect (e.g., if I push a ball across the floor, the ball will roll)
- Understand that things are still there even if they cannot see them (e.g., the peek-a-boo game)
- Understand what is being said to them and follow through with simple requests
- Know the names of familiar objects, body parts, and concepts, such as in/out or on/off
- Become independent as they begin to do things for themselves and to play on their own for longer periods of time

Ask participants to share one way they have seen a baby at this stage express himself or herself in some of these ways.

Concerns and red flags

- Failure to meet the child's basic needs consistently may lead to the child not having trust and faith in others as he or she becomes an adult
- When a child does not get the needed support and encouragement or is blamed, the child will experience shame and doubt his or her abilities (e.g., use of abusive language when the child wets the bed is very shaming)

Ask if they have ever witnessed this and what has been their response when their child is not meeting milestones.

Role of the caregiver

- Be reliable and consistent about feeding times, bathing, and changing. Attending to the child's basic needs on time and responding appropriately helps to develop the child's trust
- Be friendly and accepting, encourage the child to achieve these tasks

Age 3–4

During this stage, children:

Psychosocially

- Do most of their learning around language and understanding and thinking for themselves
- Tend to be very self-focused, often thinking that they have a far greater affect on the world around them than they really do: "magical thinkers"
- Learn social rules (culture) like the expectations within their family, schools, communities, and general routines

- Try to understand what is real and what fantasy is (may use imaginary play or have increased fears and nightmares)

- Think in the "here and now" and find it hard to understand about things happening in the future

- Ask a lot of questions

- Start understanding the consequences/effects of their action/emotions and to know right from wrong

- May begin attending pre-school/crèche/day care and learn new skills like counting

- May begin developing new relationships outside the home (teachers, peers)

Ask participants to share one way they have seen a child at this stage express himself or herself in some of these ways. What games have you seen him/her play? What did he/she enjoy doing?

Physically

- Develop self-care skills (dressing, feeding, and toileting)

- Tend to have a very high degree of energy

Ask participants: What changes are you starting to see in your child at this stage?

Concerns/red flags

- Failure to learn these tasks (such as dressing, feeding, making friends) may lead to one feeling guilty or afraid to try new tasks

- May tend to depend on adults and others too much

- One may have problems relating to others later in life

- One may end up being unable to deal with life issues or concerns; not able to make decisions

Ask if they have ever witnessed this and what has been their response when their child is not meeting milestones.

Role of a caregiver

- Allow the child to experiment and at the same time set limits

- Give honest responses to questions raised

- Give praise when the child achieves

- Do not shout at the child when he or she fails at certain tasks, rather help him/her learn how he/she could have done something better or differently

- Encourage creativity

- Encourage talking about feelings (e.g., share your own feelings, observe the child and try to interpret his or her feelings)

Age 5–9 years

During this stage, children:

Psychosocially

- Continue to work on their skills
- Begin to understand that another person's point of view may be different from their own
- Gain a greater understanding of emotions and how people are feeling (begin to be able to "empathize" or put themselves into another person's emotional shoes)
- Begin to think logically about concrete things that they experience in their everyday lives (e.g., I have to go to school so that I can learn how to read and write)
- Have an increased understanding of social roles and norms (like a man can be a father, a son, teacher, and a friend)
- Begin to understand how objects relate to each other (a tomato, a cucumber, and an eggplant are all "vegetables")
- Are better able to solve problems as their memory skills greatly improve
- Can understand most concepts (ideas/theories) that are explained to them
- Can learn skills such as reading, writing, and mathematics
- Can have increased responsibility around the house

Ask participants to share one way they have seen a child at this stage express himself or herself in some of these ways.

Physically

- Growing in height and weight
- Able to do more with their hands and the rest of the body as they have more control of it

Ask participants: What changes are you starting to see in your children at this stage and what new tasks or activities are they getting involved with around the home?

Concerns/red flags

- Where the child does not accomplish the tasks, he may give up hope for the future
- The child might feel inferior (less than his/her peers)
- The child may feel inadequate (not knowing, not being able)

Ask if they have ever witnessed this and what has been their response when their child is having challenges at home or in school at this stage?

Role of caregiver

- Praise the child's efforts
- Encourage the child to see himself/herself as equal to peers

- Encourage a sense of being able to achieve even against all odds

- Teach them how to handle failure and solve problems

- Caregiver must give appropriate support

Age 10–14 years

During this stage:

Psychosocially

- Think primarily of themselves

- Focus most of their attention on social relationships and are preoccupied with appearances, beliefs, and values

- Are developing a sense of themselves in relationship to the rest of the world to establish their own sense of identity, but at the same time are desperate to fit-in and belong to a group

- Often they do not want to do what they are told to do

- Want to be independent but are still dependent

- Experience a stronger division in the roles of males and females

- Gain an increased understanding of moral issues and what is right or wrong

- Have increased emotional needs and insecurities

Ask participants to share one way they have seen a child at this stage express himself or herself in some of these ways.

Physically

- Experience intense physical changes in the body (puberty)

Ask participants: What changes are you starting to see in your children at this stage and what new tasks or activities are they getting involved with around the home?

Concerns

- If a child does not successfully achieve this stage, there is confusion regarding identity, religion, sexuality, etc.

Ask if they have ever witnessed this, what has been their response when their child is facing challenges at this stage?

Role of the caregiver

- Keep open communication channels

- Encourage the child to speak his/her mind or express his/her opinions

- Provide advice and guidance

- Set boundaries with the child

- Give the child the opportunity to express his/her anger and other difficult feelings

Age 15–17 years

During this stage, teens:

Children or adolescents in this age range are becoming young adults.

Psychosocially

- Think primarily of themselves
- Are beginning to think about the future
- Are developing a sense of themselves in relationship to the rest of the world to establish their own sense of identity, but at the same time are desperate to fit-in and belong to a group
- Often they do not want to do what they are told to do
- Want to be independent but are still dependent
- Experience a stronger division in the roles of males and females
- Often begin serious relationships (romantic, familial and friendly)
- Begin to think about abstract things like social class and how their behaviors ultimately affects their family or community
- Gain an increased understanding of moral issues and what is right or wrong
- Have increased emotional needs and insecurities
- Practice being an adult
- Ask participants to share one way they have seen a child at this stage express himself or herself in some of these ways.

Physically

- Experience intense physical changes in the body (puberty)
- Ask participants: What changes are you starting to see in your children at this stage and what new tasks or activities are they getting involved with around the home?

Concerns

- If a child does not successfully achieve this stage, there is confusion regarding identity, religion, sexuality, etc.
- Ask if they have ever witnessed this, what has been their response when their child is facing challenges at this stage?

Role of the Caregiver

- Keep open communication channels
- Encourage the child to speak their mind or express their opinions
- Provide advice and guidance
- Set boundaries with child
- Give the child the opportunity to express his/her anger and other difficult feelings

Session 2: Child Development, Play, and Communication[29]

Session Learning Objectives

Participants will:

1. Understand the definition of child development.

2. Understand the purpose of "Play" in child development and identify ways that children play.

3. Engage in a communication activity to help understand the role of communication in child development and the barriers to holistic communication with children.

Step 1: (10 minutes)

Rather than thinking of children as little people who are in the process of becoming fully grown adults, many global child development experts suggest that we think of them as full human beings in their own right. We need to fully recognize children, in each stage of their development, as having unique needs and skills, as well as personal voices that deserve to be listened to with respect and empathy.

From the time that we are born to the time that we die we are growing – physically, emotionally, mentally, spiritually, etc. But it is in our childhood that growth happens most quickly and dramatically – in a few short years we go from being a fully-dependent baby, to an exploring toddler, to a questioning child, to a self-conscious teen, to a self-confident young adult!

By definition, child development is the process of physical, mental, and emotional growth that takes place from birth up to 18 years for children.

Successful completion of each stage helps the child to develop into a mature, responsible member of the society who can contribute to that society positively. It is important in working and connecting with children you are caring for to understand basic child development because:

- Children have different needs at different stages

- We talk to and interact differently with children of different ages

- If something hurts a child at a particular stage (such as abuse or the death of one's parents) it may negatively affect his or her development

Step 2: (15 minutes) Play and Healing

The Role of "Play" in Child Development[30]

Ask participants: Why is play important? *Possible Answers: Learning, Healing, Fun*

Play is significant in the development of children and contributes to children's social, emotional, physical, and mental development.

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29   Ibid.
30   Ibid.

> ### The Purpose of Play
>
> Many children around the world are growing up with very limited opportunities to play. The day-to-day demands of life on children have meant a very significant reduction in play time.
>
> This is particularly true in the context of HIV/AIDS ,whereby children have to assume roles that were once seen as adult roles (e.g., nursing ill parents, taking care of siblings, providing income to sustain the daily needs of families, and the general management of households).
>
> Play is the *work* of childhood and is a cornerstone of healthy psychosocial development.

It is one of the child's ways of finding out what effects he or she can have on his/her environment and what effects it is likely to have on him/her. It is an active learning method that provides manipulation and facilitates mastery, self-worth, and the development of basic competencies – including social competencies.

Children are curious, and play provides a safe way to explore and learn about the environment. Individual and cooperative play facilitates neurological growth; fosters the development of physical strength and coordination; provides relaxation; encourages planning; facilitates processing symbols; allows practice of life skills; unites body, mind, and spirit; and allows a child to enjoy learning.

Healing

Apart from its role in the development of a child, play has an equally powerful healing value for children coping with traumatic life experiences. Some psychologists say that to "play it out" is the most natural and self-healing process in childhood. Play allows emotions to be expressed and allows for compensation in fantasy for loss, hurts and failures, and self-discovery.

Playing is also a way of building trust and friendly contact with a child since it is an activity that is interesting, enjoyable, and natural to children. It is these and other characteristics of play that have made it a particularly critical tool or technique to address the psychosocial trauma that many children are experiencing or have experienced due to war and other social crisis, such as HIV/AIDS.

Step 3: (20 minutes) Group activity: Favorite songs and games[31]

Divide participants into three groups. Each group should prepare one childhood favorite game and song for presentation in plenary.

After the plenary, ask participants to share the importance of games and songs while communicating with children.

Games and songs help identify children with psychosocial problems (e.g., depressed child, isolated child). Games and songs help build self-esteem, acceptance, free-sharing, and friendship.

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31   USAID, rev. 2009. Psychosocial Care and Counseling for HIV-Infected Children and Adolescents: A Training Curriculum, http://www.crsprogramquality.org/storage/pubs/hivaids/iacpubs/care/psychosocial_care_low_res.pdf

Step 4: (20 minutes) Different kinds of play

There are different kinds of play as children grow up. Remember the different stages of development that you looked at earlier and notice the following different levels of play (the names of the type of play are not important; rather, focus on what the child is learning during that type of play).

Age of The Child	Type of Play	Characteristics
0-2 years	Sensorimotor (using their abilities to control their bodies combined in a way that triggers their senses)	Begins when the infant starts to explore his/her body: It involves all the five senses It continues as the child grows and in middle childhood it is seen when children start to play different games
2 years and above	Pretend or Symbolic (using their imaginations) Construction (It is part of symbolic play)	Imitating: Make believe with objects (e.g., using a brick as a car) Assuming roles (e.g., playing house) Interaction Begins when the child starts to retain images or think representational and continues throughout development This is goal-oriented, work-like play. The child wants to achieve something at the end of the play activity (e.g., block building, puzzles, Snakes and Ladders, Monopoly)
3-4 years and above	Games with rules	Begin in the preschool years: This is when a child begins to play social games of competition These games are repetitive in nature and lack symbolism (sports – soccer, cricket, netball)

Step 5: (20 minutes) Communication activity[32]

Part 1: Ask participants to share what they know about the uniqueness of communication with children.

- Ask for personal experiences.
- Use the content of the slide to emphasize the need to appreciate the unique needs of children (that are different from adults).
- Children are unique… they are not small adults
- They have physical, psychosocial, and spiritual needs that are different and our responses need to be different than those we would give to adults.
- Effective care requires us to understand these differences

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32 Ibid.

Scenario 1

For the past couple weeks, your son has been feeling sick. He has no symptom of any disease, nor does he have any fever, but he insists that he must stay home and be with you and not go to school. Your son used to love to go to school, has many friends, and excels in math and reading. During the day, he helps out, but anytime you seem to walk away from him to fetch something or check on the animals in the yard or the baby in the bedroom, he follows you or, when you come back, tells you he was worried something had happened to you. A couple months ago, your daughter fell very sick and your son was extremely worried. But now your daughter is healthy again. When your daughter and **husband/wife** come back from school and work, your daughter leaves to fetch some water while your **husband/wife** takes care of the baby while you milk the animals. Your son usually asks to accompany his sister, although you only have one barrel to carry the water and his help is needed more at home. You realize that your son gets very worried or anxious about little things, like going somewhere on his own, or being separated from you or his sister, even for a couple of minutes, especially if someone is on his or her own.

Scenario 2

For the past couple weeks, you have noticed that your daughter has been more withdrawn. She comes back from school and looks sad or disappointed. You try to greet her and ask her how her day went, but she usually just goes into the yard and sit down by herself. A couple evenings last week, you thought you heard her crying after she went to bed. You have also not seen her do her homework, but it is difficult to ask because she never talks. She used to be very lively and joyful, and now she barely talks to you or your partner, and does not really play with the baby like she used to. She often looks tired and doesn't really smile as much. After school, instead of walking home with a group of friends like she used to, she is often on her own. When you ask her if anything is wrong, she usually doesn't answer and just shakes her head. She used to love beading and soap-making, but she has stopped doing that for a while now. One of her friends is very sick and at the clinic so she cannot see her or talk to her like she used to. Her grandmother passed away three months ago, although you thought that she was dealing with the grief well enough last month. You are worried and want her to feel better, but you are not sure what is wrong or what to do about it.

Ask participants to pair up, sitting back to back. We suggest that you tell participants to form same-sex pairs. Give them the following instructions:

- After having chosen a partner and sitting back to back (this can be two chairs back to back), ask that partner to discuss in turn each of the scenarios, with each individual starting off the discussion for the different situations:

- Once the pairs have both had a turn at discussing how they would approach the situation, tell them that this practice has allowed them to start thinking about ways to approach talking and helping a child through difficult times.

- Ask the group how many of them found themselves hesitating or not giving clear enough information or reassurance? How many of them felt that they could improve their communication skills. Ask for participants to share their pair interaction.

- Distribute the blue shape to one member in each group (pairs are now back to back again after the discussion) but ask that they not show anyone else. Give the other individual in each pair the pink shape.

- Ask the participants in the different pairs to describe the shape on their piece of paper to their partner,

without turning around and only using words (no gestures). The partner must draw what he or she is described on a piece of paper. He or she must not show the rendition to his/her partner and must go on until the partner is done describing what to draw.

Once the first member of each pair has finished describing to his/her partner how to draw the shape that only he or she is seeing, the roles inverse. The second partner should do the same with the orange shape.
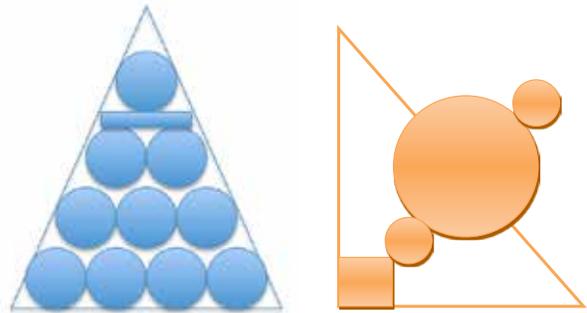
Once the second partner is done describing his or her shape to the partner (same conditions as above), pairs should exchange drawings to see how accurate their depiction matched the description they were given.

After the exercise, ask participants to share their feelings while communicating in that position.

- How well were you able to understand how to draw the shape your partner had on his or her piece of paper?
- How accurate is your drawing? Why is it so accurate or inaccurate?
- What can you learn about efficient communication from this exercise? What are important take-away points?

Summarize the responses and emphasize the need for effective communication while maintaining culturally appropriate eye contact and paying attention.

Use the photos below to emphasize the need to pay attention while communicating with children, listening to what is said, and taking note of body language and the feelings expressed. Listen with your:

Eyes   **Ears**   **Heart**

Part 2: Divide participants into five groups (A, B, C, D, E). Each group should prepare a role-play according to instructions. Allow 10 minutes for group discussion on the role-play and 10 minutes for each group presentation of the role-play and discussion. Allow time for the participants to prepare, present role-plays, and receive feedback.

SCENARIO A

You are taking care of your 3-year-old child; he/she is misbehaving and throwing a tantrum. **How do you communicate with the child?**

SCENARIO B

You find your three children quarreling. One is very unhappy, almost in tears. **How would you intervene?**

SCENARIO C

You are hanging your clothes to dry in front of your house and you notice that a group of children are taunting another child and name calling. You know the child is HIV positive and this is the reason for the problem. **How would you deal with the situation?**

SCENARIO D

Your three children, ages 3, 5, and 7, are playing a hide-and-seek game. The 3-year-old asks you, "Momma, can you play with us?" You are very busy and tired after a long day at work. **What do you do?**

SCENARIO E

Your child comes home from school looking very scared and suspicious. **How do you communicate with the child?**

Step 6: (20 minutes) The UNICEF Model

Principle 1: COMMUNICATION FOR CHILDREN SHOULD BE AGE-APPROPRIATE AND CHILD-FRIENDLY[33]

This guideline can be translated into communication in many ways, including:

- For children from birth through 6 years, using simple language with descriptive and sensory words, repetition, rhythm and song, as well as animal and human characters

- For children from birth through 6 years, using rhymes, riddles, tongue twisters, and simple jokes to make content as appealing as possible

- For children 7 through 10 years, using stories about friendships, new skills or talents, daily occurrences that are opportunities for growth, as well as testing one's values and critical thinking skills

- For adolescents 11 through 14 years, using positive role models with high moral standards, stories about balancing the influence of family/friends/media, nonpedagogical formats, and guidance in helping channel the need for experimentation and independence into healthy life choices

- For all groups, producing communication that invites children to see, imagine, hear, and create things that they would not have thought about previously

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33 Kolucki, Barbara and Dafna Lemish, November 2011. Communicating with Children Principles and Practices to Nurture, Inspire, Excite, Educate and Heal. United Nations Children's Fund (UNICEF). http://www.unicef.org/cwc/files/CwC_Web(2).pdf

Encourage and Model Interaction:

This guideline can be translated into communication in many ways, including the following:

- Having the host or a character discuss things directly with viewers/listeners, asking children questions, and giving them sufficient time to answer

- Inviting singing, exercise, movement, dancing, and other mimicking behaviors

- Building questions into text and including interactive activities (write, draw, post a photo, etc.) at the end of communication for children

- Including invited spontaneous comments from the audience that encourage many answers, not just one

- Practicing the principle of *"each one teach one"* where children are encouraged to *"go and teach someone else what you have learned so well"*

Principle 2: COMMUNICATION FOR CHILDREN SHOULD ADDRESS THE CHILD HOLISTICALLY

This guideline can be translated into communication in many ways, including modeling different ways of coping with a single issue. For example, in communication about:

- Immunization – include ways children can calm themselves (think happy thoughts, choose the arm to be injected, squeeze a toy, sing a song) to integrate health, self-esteem, choices, and emotional resilience

- Hand washing – use a song that lasts the length of "happy birthday" sung twice over; count words for each finger (using relational words like front/back, up/down; use interesting words like cuticle and epidermis; and use congratulatory phrases (such as *"great job"* and *"every germ washed away"*) to integrate health, hygiene, school-preparedness, and self-confidence)

- Nutrition – use a phrase such as *"eating a rainbow of foods to make us strong and clever"* to integrate health, nutrition, school-preparedness, and self-confidence

- Gender-progressive attitudes and practices – model older men and women encouraging and praising adolescent girls and boys when they protect rather than bully and when they band together against negative peers, to integrate gender equity, child protection, self-confidence, and life skills

Step 7: (10 minutes) Barriers to communication:

Ask participants to define barriers to effective communication with children. What are the consequences of these barriers?

Some examples of barriers	Reasons behind barriers
Language	Reasons behind barriers
Culture	Miscommunication
Skills	Misinformation
Knowledge	Mistrust
Age	Anger and frustration
	Isolation
	Blame
	Denial

Step 8: (45 minutes) Communication with adolescents

(from the SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS):

- When working with participants who are caring for adolescents, it is important to take some time to focus on this ever evolving parent/child relationship. Start your conversation with them by asking the following questions:

  1. What are your goals for your teenager when he/she is an adult?
  2. What do you want to get out of the program for you and your teenager?
  3. How will things be different for you and your teenager as a result of this program?

Remember, the focus of parent goals is on the future and not the past.

It is important that we look at **where we are going** instead of what we want to get away from:

- Focus on teen's behavior, relationship with teen, relationship with partner, home situation, or school readiness.
- Frame goals in terms of **positive behavior.** Facilitators can help participants transform negative behavior into positive outcomes.
- Goals should be **S.M.A.R.T. (specific, measurable, achievable, relevant, time bound).**
- **Listen** to the challenges that the participants are facing.
- Facilitators should **manage** responses, e.g, it is OK to interrupt a parent to clarify what they are talking about and to guide them toward a more constructive conversation.

All the goals should be recorded on a sheet of flip chart paper and then reviewed after the group sharing.

Questions following Strange Animal:

- How did Lonwabo feel when his aunt asked him to do chores?
- How did the aunt feel when Lonwabo did not want to do his chores?
- What made the aunt change her mind about Lonwabo's drumming?
- What made Lonwabo do his chores without being asked?
- How does this story reflect your own relationship with your teen?
- What do we gain when we support our teen in developing his or her own talents?
- What can we do when our ideas for our teens and their own differ?

Story: Strange Animal

(A traditional Southern African story retold by Jamie McLaren Lachman and SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS)

Once upon a time…

In a village not far from here, there lived an auntie who cared for her sister's three children: an older girl, a young baby girl, and a teenage boy named Lonwabo. Life was very hard and stressful for this auntie. Every day, she worked long hours to earn the little money she could in order to feed and clothe her sister's children. And sometimes, there was no work to be had.

And the children were difficult to care for, especially Lonwabo, who never listened. Lonwabo had a special drum his father had given him. All he wanted to do was play his drum. Bum-ba-bum. Bum-ba-bum.

But the auntie wanted him to help out around the house with chores. Whenever the auntie asked him to do something, Lonwabo would just bang on that drum. She'd raise her voice, "Lonwabo! Make a fire!" With a groan, he'd stop his drumming, fetch the wood, and then return to his drum. Bum-ba-bum. She'd yell at him, "Lonwabo! Chop the wood!" He'd chop the wood and then return to his drum. Bum-ba-bum. Bum-ba-bum. She'd shout at him again, threatening with a wooden spoon, "Lonwabo! Build the fire!" He'd make the fire and then go back to his drum. Bum-ba-bum. Bum-ba-bum.

The auntie had so much stress caring for the children. And Lonwabo didn't help. All she wanted was some peace and quiet after a long, hard day of looking for work. The noise pounded in her brain. Bum-ba-bum. Bum-ba-bum.

One day, the auntie said to Lonwabo, "Go to the high mountain. On the top, near the cave, you will find a tree with fruits. Fill this basket with the fruits and come back here at once. Now!" After much complaining, Lonwabo did as he was told, taking the drum with him. When he got to the top of the mountain, he saw a great big cave. And next to the cave, an enormous tree with drooping branches filled with the most beautiful and delicious looking fruit, just as his auntie had said.

Just as soon as Lonwabo started to pick the fruit, he heard the sound of a Strange Animal coming out of a nearby cave. It was bigger than an elephant, with hairy arms and legs, and great big rolling yellow eyes, and an enormous mouth. As it came nearer and nearer, Lonwabo did not know what to do.

Without thinking, he dropped the basket, picked up the drum, and began to play. Bum-ba-bum. Bum-ba-bum. Amazingly, the Strange Animal started to dance! Lonwabo played and he played and he played. And the Strange Animal danced and it danced and it danced until it was done dancing. Tired, it lay down at the mouth of the cave and fell fast asleep.

Lonwabo ran straight away back down the mountain, not stopping until he arrived home. When his auntie saw him returning with his drum but not the fruit, she was furious. "But auntie!" he gasped, "There was a strange animal that wanted to eat me!" "You good for nothing boy!" she replied, "I am sick of your laziness. And now you lie to me!" SMACK!

That night, Lonwabo's older sister came home from school and found Lonwabo crying in the corner. When he told her what had happened, she said that he must try to do as the auntie says. "She works hard for us. And things are not easy. She doesn't mean to be so angry."

The next morning, no matter what Lonwabo said, the auntie insisted that the entire family go together to fetch the fruit: the auntie, the big sister, Lonwabo, and the baby sister. As they left, Lonwabo quickly tucked his drum underneath his clothes just in case he might need it. They walked and they walked and they walked until they had climbed the high mountain to where the tree stood, its branches swaying heavy with beautiful fruit. Just as they arrived, the auntie saw Lonwabo's drum. "You and your drum!" she scolded him, taking it away and hanging it high in one of the tree's branches – out of Lonwabo's reach.

While the auntie and big sister began picking fruit, Lonwabo looked round fearfully for the Strange Animal. Sure enough, as soon as the fruit was being picked, out of a nearby cave came the Strange Animal, snarling and growling. It came nearer and nearer. Lonwabo tried to reach his drum but it was too high. The auntie jumped in front of the children to protect them but the Strange Animal just opened his big mouth and "Harrumpf," swallowed her whole. Then it came up to the big sister, and "Harrumpf," swallowed her too. Lonwabo stretched his arms as far as possible. His fingers barely touched the drum. "Harrumpf!" The Strange Animal ate up his baby sister. It came nearer to Lonwabo. He could feel the hot breath on his heels. With one last desperate jump, he reached his drum and began to play.

Bum-ba-bum. Bum-ba-bum. Just like the other day, the Strange Animal started to dance! Lonwabo played and he played. And as the Strange Animal danced, he began to feel sick because he had just eaten an enormous dinner and his stomach was full. He couldn't stop dancing but felt sicker and sicker until "Bollup!" he threw up the baby sister! Lonwabo kept playing as the Strange Animal danced until "Bollup!" he threw up Lonwabo's big sister. Then, Lonwabo stopped playing with the auntie still inside!

"Haibo! Lonwabo!" said the big sister, "We can't live without our auntie. I know she can sometimes be cross, but we need her. She takes care of us. Please, play your drum!" With a sigh, Lonwabo began to play his drum again. The Strange Animal gave one last, "Bollup!" and out came the auntie. She had been at the bottom of the Strange Animal's belly and was covered in disgusting, sticky goo. But she was alive. The Strange Animal didn't want to dance anymore. Exhausted, it lay down by the tree holding its poor stomach while the family ran back down the mountain to their homestead.

The next morning, the auntie awoke to the sound of Lonwabo's drum: Bum-ba-bum. Bum-ba-bum. Her first thought was, "That awful noise again in my head!"

But then she remembered what had happened with the Strange Animal and listened again as if she had new ears. For the first time, she realized that Lonwabo was quite a good drummer. And his rhythm, it was catchy!

She got out of bed and started to dance, picking up the baby sister. Pretty soon, the whole family was dancing around the homestead together, laughing and playing. When they were done dancing, Lonwabo put down his drum. And without being asked, collected wood and made a fire to start the day.

The End.

Session 3: What is Loss and Grief for Children?[34]

Session Learning Objectives

Participants will:

1. Learn the definition of loss, grief, and mourning in youth.

2. Understand how loss, grief, and mourning affect youth.

Step 1: (10 minutes) Feelings

When death happens in a family it has a lasting impact on the remaining members. This is because of attachments that exist between family members and when there is a break in these ties it results in anger, depression, and anxiety.

- What are some of your experiences with loss (your own, family, friends, or children in your care)?
- Please think about those experiences in terms of emotions, thoughts, physical feelings, and behaviors.

Feelings/Emotional	Mental/Thoughts	Physical Sensations	Behaviors
Sadness	Disbelief	Discomfort in the stomach	Social withdrawal
Guilt and self blame	Pre-occupation	Tightness in the chest	Treasuring objects that belonged to the deceased
Loneliness	Feel as if the dead person is present	Lump in the throat	
Helplessness		Over-sensitivity to noise	Avoiding reminders of the deceased
Yearning	Confusion	A sense of not being yourself	Searching and calling out
Relief	Hallucination		
Anger	Dream of the deceased	Breathlessness	Restlessness and over-sensitivity
Anxiety	Absent-mindedness	Weakness of the body	
Fatigue		Very tired	Crying
Shock		Dryness of mouth	Visiting places or carrying objects that remind the survivor of the deceased
Emancipation		Sleep disturbances	
Numbness		Appetite disturbances	

Step 2: (15 minutes): What is grief?

What is Grief?

Possible Answer: Deep or intense sorrow, especially at the loss of someone. 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 and time.

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[34] ANCHOR. 2006. Introduction to Working with Children and Psychosocial Support, Participant's Manual.

The five stages of grief

There are different stages of grief and everyone's experience of grief is individual and these stages are to be seen as pointers only to where the individual may be in their grieving process.

Stage 1 - Denial

"This can't be happening to me," looking for the former spouse in familiar places, or if it is death, setting the table for the person or acting as if he or she is still living there. No crying. Not accepting or even acknowledging the loss. With children, they might constantly ask about the deceased ("When is mom coming back?"). They may also continue with life as usual, as if nothing has happened.

Stage 2 - Anger

Asking the question, "Why me?" A person might experience feelings of wanting to fight back or get even with a spouse after divorce. For death, the individual might feel anger toward the deceased and blame them for leaving. A child might be short-tempered, cry easily, or become aggressive.

Stage 3 - Bargaining

Bargaining often takes place before the loss. Attempting to make deals with the spouse who is leaving, or attempting to make deals with God to stop or change the loss. Begging, wishing, or praying for them to come back. This might be driven by guilt in children, especially from the ages of 3 to 5 years. This is because they think that the world revolves around them and may blame them for the death of the loved one. This might show itself through physical reactions like having stomachaches, headaches, or being tearful.

Stage 4 - Depression

Overwhelming feelings of hopelessness, frustration, bitterness, and self-pity characterize this stage. The individual might be mourning the loss of a person, as well as the hopes, dreams, and plans they might have had for the future. Some people feel a lack of control and others feel numb. Other people may feel suicidal. In children, this might show itself through regression, refusal to eat, go to school, play, or engage in normal day-to-day activities, even long after the death.

Stage 5 - Acceptance

There is a difference between resignation and acceptance. One has to accept the loss, not just try to bear it quietly. It is important to realize that the person is gone (in death), that it is not their fault; and he or she didn't leave on purpose. (Even in cases of suicide, often the deceased person was not in his or her right frame of mind). Some people try to find the good that can come out of the pain of loss, finding comfort and healing.

One's goals turn toward personal growth and choosing to stay with fond memories of the deceased person. Eventually the person left living begins to find hope and heal from the grief of the loss. Children also experience acceptance. They may be able to talk about the deceased person without feeling angry or crying. They are able to build relationships with other caring adults and continue to function normally on a day-to-day basis.

Step 3: (10 minutes): Other things to know about grief

Grief can start before the person has died. The patient, child, and family can begin the grieving process for the life that will be lost upon hearing the news that the person is sick and will die.

Grief can be delayed – which may happen when the person has to "hold it all together and be strong for the whole family" (e.g., taking on household responsibilities, taking care of funeral arrangements, etc.).

Grief can be blocked – which happens if the person is in denial that their loved one is sick or has died; or if, for example, the father is pretending to the children that mom is not sick. This can be a problem as it is a barrier to the normal and healing grieving process.

Grief can also be "abnormal" and may mean that the person needs specialized help – such complicated grief is characterized by depression, violence, aggressive behavior, social withdrawal, or harming oneself.

Sometimes adults can unintentionally cause a complicated grieving process in a child when they are actually trying to help (e.g., when they lie to the child about the parent's death – saying that they are sleeping, or have moved away, or not discussing it at all). The children then become confused and wonder why their parents don't want them anymore and worry that they perhaps have done something wrong.

Step 4: (10 minutes): What is mourning?

What is mourning?

Possible Answer: Mourning is the social expression of grief or actions and manner of expressing grief, which often reflect the mourning practices of one's culture. It includes funeral rights, culturally prescribed rituals or styles, wearing of black, visits to the grave site.

Why do you think we grieve and mourn those we have lost? (i.e., the purpose of it)

Possible Answers:

- To accept reality of the loss
- To experience the pain or emotional aspects of the loss
- To adjust to an environment in which the deceased is missing
- To emotionally relocate the deceased and move on with life

What are the different ways that people mourn in your culture?

Are children included in these mourning rituals? Why?

Possible Answers:

- Normally children are left out during the funeral occasions even if it involves their close relatives or significant other. Culturally, this is said to be done to protect the child, but experience shows that this affects the children's grieving process
- Children should be involved in the whole procession (e.g., grieving speeches, body viewing, and burial); children should not be chased away
- The caregiver should answer honestly all the questions the children may ask
- Children should be consulted on decision making (e.g., adoption)
- Children should be allowed to cry

Session 4: Helping Children Cope, Deal with Stress, and Build Resilience[35]

Session Learning Objectives

Participants will:

1. Understand what stress is and distinguish between primary and secondary stressors.

2. Identify signs and symptoms of stress in children.

3. Use rubber band activity to understand resilience in children.

Step 1: (10 minutes): Stress

The topics that we have just discussed (abuse, HIV/AIDS, and loss) do cause a lot of stress for both adults and children. We are going to discuss and learn about coping and resilience, but first we will talk about stress to help us understand coping and resilience better.

Stress is a feeling from inside that occurs when a person is faced with a situation or problem that the person perceives as having no means or resources to solve. In other words, there is a gap between the stressful event and resources available to the person to deal with the stressful event.

Stress has a practical element and an emotional element. For example, someone who has lost a job may be concerned about what to eat, how to pay the rent (practical), and at the same time they might feel angry or depressed (emotional).

Primary stressor

It is the initial disturbing experience or event (e.g., death of a parent, being sexually abused).

Secondary stressors

They are experienced as a result of the primary stress (e.g., dropping out of school after the death of a parent). Each of these elements has both a practical and emotional concern.

Another example may be a case of sexual abuse, where the rape itself is the primary stressor but secondary stressors may include related injuries, harassment by police, shame, loss of virginity, potential pregnancy, fear and depression.

Step 2: (15 minutes): Signs and symptoms of stress

How can the signs and symptoms of stress be divided into emotional, physical, and behavioral categories? (Use a flip chart to brainstorm title and ask to draw pictures to show each.)

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35   Ibid.

EMOTIONAL	• Sadness	• Betrayal
	• Helplessness	• Uncertainty
	• Guilt	• Anxiety
	• Loneliness	• Irritability
	• Anger	
PHYSICAL	• Headache	• Sleep disturbances (too little or too much, nightmares)
	• Fatigue	
	• Problems with digestion	• Sweating palms/shaking hands
	• Inability to focus/lack of concentration	• Palpitations (increased heartbeat)
BEHAVIORAL	• Eating too much or not eating enough	
	• Bullying/fighting with other children	
	• Harsh treatment of others, aggression	
	• Use of abusive language	
	• Isolation/withdrawal/not playing with others	
	• Difficulty in communication	
	• Excessive thumb-sucking/twiddling of fingers	
	• Restlessness (cannot sit in one place for long)	
	• Day-dreaming	
	• Increased whining and crying behavior in a spoiled manner	
	• Regression to earlier behavior patterns (e.g., bed wetting)	
	• Tendency to cry easily	
	• These signs and symptoms:	
	• Differ depending on the age of the child (e.g., a 6-year old child might regress (bed-wetting) and withdraw from people around him/her after the loss of a parent; a 16-year-old child might become aggressive)	
	• Differ depending on the environment that the child is in	
	• Might last a short while if these children have supportive adults around them, but if there is no support the symptoms might carry on for a long time or get worse	
	• Remember that children may not have the verbal skills to express how they feel so they might display more of the physical and behavioral signs and symptoms	

Step 3: (5 minutes): Coping (translate into local language)

What is coping?

Possible Answer:

Coping is the ability to successfully deal with a problem, task, or difficult situation.

Coping is being able to manage stress. It can also be defined as the ability to live positively with a situation that one is not able to change.

Failure to cope or manage stress can lead to the following changes in children:

- Loss of control and self-confidence and a feeling of helplessness
- Physical illness that may affect the overall development of a child

While it is very important to teach and help children to cope with stress, it is also very important to help children build resilience. Resilience is the **emotional/inner strength** that one possesses and enables one to cope with difficult circumstances. Children can also have resilience.

Step 4: (5 minutes): Resilience

What do you think of when you hear the word "Orphan"?

Possible Answers: anxious, criminality, suffering, anger, grief, rebellion, shy, misery, discrimination, aggression, despair, loneliness, frustration, delinquency, prostitution, stigma, stress, abandoned, poverty, isolation, marginalization, sadness

Why aren't there words such as "strong, talented, creative, problem solving"?

Possible Answers: We see children as dependant and don't always give them credit for being able to think for themselves and solve problems. We want to protect them. We often focus on the tragedy of orphanhood and not the strengths that it can develop in children.

Step 5: (10 minutes): Learning about resilience

Take a rubber band and stretch it as far as possible.

What happens when you stretch the rubber band?

Possible Answers: It can change its shape and adapts to being stretched.

What happens when you let it go?

Possible Answers: It snaps back. It may also change in terms of color and elasticity, depending on how far it was stretched.

What happens if you stretch it too far?

Possible Answers: It snaps.

How does this relate to resilience?

Possible Answers:

The dictionary defines resilience as:

- The power to return to the original form after being bent or stretched
- The ability to recover readily from illness, depression, adversity

When we use the term resilience in psychology, it means:

The ability to recover quickly from severe events, especially if there is a supportive environment

- This does not mean that after being "stretched" by an adverse event, there are no effects. The individual experiences all the reactions to stress that we spoke about but he or she is able to quickly adapt and solve the problem or adapt to the new situation.
- Just as the elastic band snaps when it is stretched too far, it's important to remember that nobody is infinitely resilient. Without proper support and with exposure for too long to adverse situations, even the most resilient person can "snap."
- The good news about resilience is that it can be built and cultivated in almost anybody.

Step 5: (10 minutes): Upile's story

Upile comes from a family of four children: three girls and one boy. Her parents, Mr. and Mrs. Dumi, died when she was 13 years old. Being the youngest child, Upile used to spend a lot of time with her mother, who taught her a lot about life. Her mother always spoke about how she believed in her heart that Upile would grow up to be a success and always encouraged her to have a relationship with God, who would always be there for her. Upile treasured her relationship with her mother dearly and told herself that she would live to be the success that her mother wished for.

When Mr. and Mrs. Dumi died, they left behind three houses, two of which had always been rented out. However, soon after their death, relatives came and took two of the houses away from them. Upile and her siblings were left with one very small house to live in and no money for food and other basic necessities. Life for Upile, who was the youngest of the four children, was very tough. Her eldest sister soon married and left home; her other sister looked toward boyfriends for affection and soon had a child of her own to care for. It was decided that Upile and her brother should go and stay with an uncle in another town.

The uncle mistreated them and her brother soon left to go and live on the street. Upile explained her situation to one of the church elders who encouraged her to join the church's youth club. This provided her with the opportunity to share her problems with other children, many of whom had had similar difficult life experiences. Through the youth club, she befriended a girl, Mavis, who told Upile's story to her parents. Her parents, who were both moved and troubled by Upile's situation, decided to offer Upile a new home. Their offer came at a very good time as Upile's uncle had now thrown her out of his home. Mavis' parents gave Upile a caring and supportive home and also provided Upile with the opportunity to attend school. Upile partakes in all aspects of their family life and aims to study social science at a university so that she may become a social worker and reach out to children and families facing difficulties in life.

Questions:
- What made Upile respond differently to her siblings?
- What actions did Upile take that demonstrate her resilient qualities?
- What role did the community play in encouraging or enhancing Upile's resilience?
- Do you have similar stories from your families and communities about children who show the ability to stand, survive, and fight on despite difficulties such as Upile?

Possible Answers:

1. Upile responded differently than her siblings because of her close relationship with her mother, as well as her relationship with God.

2. Upile's actions that show her resiliency include when she talked about her problem, she joined a youth group, she built new relationships, she got involved with her new family, and she maintained her focus.

3. The community played a role in ensuring that her schooling continued, she had a family to adopt her, a church youth club, and had someone to talk to.

Session 5: The Impact of Stigma on Your Child[36]

Session Learning Objectives

Participants will:

1. Understand the effect of stigma on children, families, and communities.

2. Understand what can be done at each level to address the impact of HIV stigma.

Step 1: (20 minutes) The different levels and their characteristics

1. Child level (e.g., a child whose mother is sick with AIDS)

2. Family level (e.g., a family who has a member with AIDS)

3. Community level (e.g., a community where many people have AIDS and others are at risk)

   - Consider the impact of these attitudes on multiple levels – physical, emotional, social – and tell us why stigma is so powerful and debilitating.

   - How might someone victim of stigma feel about disclosing feelings of fear, confusion, and isolation?

Child level

- Child may be mourning the loss of his or her mother, may have a lack of support during this process, may not be allowed to attend the funeral, and performance at school may be affected

- When death occurs, the distribution of belongings of the dead parent may leave the children without basic property, hence they suffer from double loss

- May be uncared for, with a loss of parents and parental guidance, accommodation, school fees, food supplies, clothing and health care support, etc.

- May drop out of school, engage in premature sexual activities and substance abuse, child labor, or become a street child

- May have to look after siblings and adopt early responsibility

- Stigma may lead to other children and community members teasing and abusing the child

- Child may be rejected by others who may be scared of catching HIV from the child

- Others may assume the child is positive too and treat him or her badly

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36   Ibid.

Family Level:

- Others may assume that the mother has been unfaithful/promiscuous, etc. and blame her and shun the family
- Husband may leave or not go for a test
- Mother may be kicked out of home, family may be kicked out of village
- Mother's illness may be a burden on the family (e.g., if bed-ridden and in need of constant care)
- Economic: Family members may be ostracized, lose employment, others may not buy vegetables from them
- Situation may not be discussed and no succession plan done
- Children and other family members (such as granny) may be expected to take up new roles
- Role confusion (i.e., the children will not know where they belong or where to get help and support, they may look to uncles and aunts or other relatives for help/support)

Community Level:

- People stay at risk if HIV cannot be discussed openly
- HIV will take leaders, teachers, nurses, workers, etc. that will leave the community without resources and more at risk
- HIV testing and ARV access will become difficult if there is general denial and/or stigma in the community and health facilities
- HIV will leave more orphans and vulnerable children
- Fewer children will receive education as they are busy taking care of sick parents, heading households, etc., leaving the community with more unskilled workers

Step 2: (20 minutes) Attitudes for progress

What can be done to address the impact of HIV/AIDS at each level (child, family, and community) and also what could be done to address the different attitudes (stigma), which are barriers?

Child Level:

- Help the mother/family disclose and talk about it
- Succession planning, protecting property, and securing future caregivers
- Help the child mourn
- Educate on HIV and build life skills
- Help with resources (e.g., shelter, food, uniforms, clothes, grant access, etc.)
- Build up coping skills and resilience (to resist stigma and abuse)
- Help child go for an HIV test

> **Factors that contribute to resiliency in children:**
> - Trusting relationships
> - Role models
> - Meaningful friendships
> - Positive self-esteem
> - Safety
> - Communication skills
> - Problem-solving skills
> - Empathy
> - Self-control
> - Responsibility
>
> **http://ovcsupport.net/s/index.php?c=26**

Family Level:

- Educate and counsel on HIV, encourage disclosure and testing

- Encourage clients/couples to seek help/treatment

- Encourage couple communication on sexuality, disease, helping and supporting each other, condom usage

- Build resilience of a family to withstand stigma and discrimination

- Help with physical resources

- Link family to community support networks and home-based care

- Start memory work (memory boxes, etc.) even before the mom gets sick

Community level:

- Educate on HIV and on prevention (abstinence, faithfulness, use of condoms)

- Work on stigma and discrimination by helping people disclose

- Encourage testing

- Encourage children to stay in school

Session 6: What Makes a Child Resilient?

Session Learning Objectives

Participants will:

1. Understand what makes a child resilient.

2. Participate in "I Am, I Have, I Can" resiliency building activity.

Step 1: (20 minutes) Introduction to resilience

Every day, children face startling challenges. Children affected by HIV/AIDS have often lived through intense struggle, grief, loss, and often abuse or neglect. Resilience refers to the ability to cope with these types of adversities. Resilience is not something that children simply have or do not have. Everyone is affected by adversity in some way or form. However, resilience remains something that can be cultivated; adults can encourage or prevent resilience from developing in children. Caregivers must encourage children to overcome and even be strengthened by the adversity they face.

In children, resilience comes from internal and external resources that relate to the child's feelings, support, and mechanisms. They develop resilience in many different environments, including in homes and in schools. Providing children with access to safe and nurturing environments, health and nutrition, education and experiential learning, and social welfare services can bolster their resiliency. Moreover, listening, playing, reading, encouraging, praying, and trusting are essential for children to develop the tools that teach them to cope. Adults can also impede the development of resilience in children. Often, this is not done on purpose, but is the result of adults not having resilience themselves. Promoting resilience in children can also help adults to gain resiliencies.

Step 2: (15 minutes) I Have, I Am, I Can[37]

This is one way to describe the sources children draw resilience from. It divides resilience into three spheres:

I HAVE

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who want me to learn to do things on my own
- People who help me when I am sick, in danger, or need to learn

I AM

- A person people can like and love
- Glad to do nice things for others and show my concern
- Respectful of myself and others
- Willing to be responsible for what I do
- Sure things will be all right

I CAN

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

A child can have one of these spheres, but miss others. For instance, a child might have a loving caregiver (I Have), but not have self-control (I Can). It is important to build up all three spheres in children.

Step 3: (30 minutes) Activity

You have probably been thinking about your own experiences in promoting resilience in the children you have or work with.

Can you remember a situation you experienced with a child that had the potential for promoting resilience in the child? (Put your responses in the left hand column of a sheet of paper.)

- What was the situation?
- What did you do?
- How did you feel?
- What did the child do when you took that action?
- How did the child feel?
- What was the outcome or how did it end?

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37 Edith H. Grotberg, Ph.D., August 1995. *A Guide to Promoting Resilience in Children: Strengthening the Human Spirit*, from the Early Childhood Development: Practice and Reflections series. Bernard Van Leer Foundation. The International Resilience Project. http://resilnet.uiuc.edu/library/grotb95b.html#appendix1

After you have done this, look at the ways parents and caregivers can promote resilience in infants and toddlers and see if you would change your behavior in any way.

- Did you provide the I HAVE features and help the child with the I AM and I CAN features of resilience?

- What dynamics did you use?

- What would you change if the situation occurred again? (Put your responses in the right hand column.)

Try to repeat this exercise for different ages of infants, toddlers, and older children, and with different situations from your experience.[38]

Session 7: What Can I, as an Adult, do to Support Children Affected by HIV/AIDS?[39]

Session Learning Objectives

Participants will:

1. Understand what a supportive adult can do to help children affected by HIV/AIDS.

2. Understand adult needs when caring for orphans and vulnerable children.

As a surviving parent/caregiver there are several things which can be done to support the grieving child:

- Explain the death in a clear and direct manner. If the remaining parent cannot do this, then the child should be informed by another adult who is close to the child.

- The child should be told the dead person will never return and that the body will be buried in the ground or burned to ashes.

- The remaining parent should not deny the child an opportunity to share in the expression of pain.

- Adults should avoid using their children as confidants for their own comfort and understanding.

- The single most important message to relay to the child is, "You are not alone; I am with you."

- Touching and holding a child can do more than any words to relay a parent's/adult's message.

- Children should be allowed to attend the funeral, if it is their wish.

- Prior to the funeral, someone should explain to children what is likely to take place, who will be there, and how people are likely to react.

- The choice of whether to view or touch the deceased should be left up to the child (should be age-appropriate).

- It is important to establish continuity in the daily routines of children.

- Changing to a new school or moving to a new neighborhood should be postponed.

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38   Ibid.
39   ANCHOR. 2006. *Introduction to Working with Children and Psychosocial Support, Participant's Manual*.

- If it is determined that a child is experiencing pathological grief, rather than normal grief reactions, counseling may be necessary in order to help facilitate the grieving process.

Focus Area 2, Caregiver Focus: Understanding your own needs

Caregivers will find strength in being part of a core group. Sitting down and talking through the challenges of being a parent will foster an open exchange of ideas, support, information, and resources. These kinds of groups serve those parenting children of all ages and families of all types. Within the core group, the following sessions can be used to help caregivers cope with parental stress, control their emotions when they are under stress, and display positive discipline when dealing with challenging parenting situations.

Session 8: Coping with Parental Stress

Session Learning Objective

Participants will:

1. Share ideas about what they do to cope with the challenges of parenting they face on a daily basis.

Step 1: (15 minutes)

Begin the session by asking the participants to brainstorm the positive experiences they have had being a parent. Some suggested conversation starters are:

- Why do you like being a parent?
- What is your favorite thing to do with your children?
- When do you feel like you are being a successful parent?

Step 2: (20 minutes)

Being a parent brings out a range of powerful emotions, from exhilaration to despair. Your feelings of love, happiness, and pride may quickly turn to anger, hate, or guilt, depending on the situation and the degree of support available to you. These feelings are completely normal. Most parents experience negative emotions from time to time.

It is important to manage feelings like anger and frustration so you can enjoy parenting and maintain a safe, happy home for your child. It may be helpful to talk to other parents – you'll soon discover that everyone is experiencing the same rollercoaster of feelings and experiences.

Ask participants to share some of the most challenging aspects of being a parent that they have experienced. Some suggested conversation starters are:

- What do you find the most challenging about raising your children?
- When do you feel like you are not being a good parent?
- When your children make you angry or frustrated, what do you usually do?

Step 3: (30 minutes)

Parents can feel tired, ill, stressed, and angry and so can children. Children often cannot tell us how they are feeling but instead "act out" their feelings through their behaviors. When parents are under pressure themselves, it is more difficult to take the time to work out what the child is trying to communicate. Parents may often just react to the behavior. When working through conflict or challenging times with your children, some short-term suggestions could include:

- Put your child in a safe place and leave the room.
- Walk around the house or the compound and/or go outside.
- Inhale deeply and exhale slowly and steadily.
- Count your breaths to focus your concentration.
- Be aware of your body language and try to change it so that you are more relaxed.
- Recognize how to reduce your frustration and anger.
- Play your favorite music.
- Make yourself a comforting warm drink, such as tea.
- Call a friend or relative and ask for help.

Listening - Ask participants how often they sit and listen to their children? What is that experience like?

It's often helpful for kids to be able to express their feelings and concerns, ask questions about what to expect, and just feel that they're not facing things alone. Sitting down and having a heart-to-heart with a focus on listening can help kids practice processing their emotions, a healthy coping skill they can use again and again.

Shared Activities - Ask participants for suggestions of shared activities they do with their children.

Some children aren't as comfortable just opening up about their thoughts and feelings, and can be encouraged to talk things out by getting involved in a shared activity. Even if it doesn't involve a personal talk about feelings, spending time with a child and doing comforting activities can be great for stress relief for both the child and the parent. Knowing how to engage in calming activities when stressed is another great coping skill to have.

Session 9: Managing Emotions

Session Learning Objective

Participants will:

1. Recognize and manage negative feelings so they can enjoy parenting and maintain a safe, happy home for themselves and their children.

Step 1: (15 minutes)

Naming feelings, being aware of emotions and learning to talk about them is an important step to help children, teenagers, and adults manage anger, disappointment, and frustration – emotions connected to difficult behavior.

Naming feelings also brings awareness to the positive emotions, such as a sense of peace, happiness, or calmness. Learning to identify those and being grateful for them will enhance the feeling of well-being that we gain from them.

It is important to emphasize that naming feelings for oneself is as equally important as naming feelings for one's children. (Taken from SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS)**.**

Ask participants why it is important to speak about your emotions and the emotions of your child.

Some responses might be:

- It helps us control our reactions to these emotions (e.g., if we are frustrated and we acknowledge this and speak about it we are less likely to shout in anger at other people).
- It increases the joy we get from the positive emotions.
- By sharing about our emotions we strengthen our relationships. It helps us understand each other better and we can learn how to support each other.
- Letting feelings "out" in a controlled way helps us stay healthy and reduces the risk of heart disease, high blood pressure, etc. (Taken from SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS).

Step 2: (15 minutes) Discuss with participant the scenarios in this session.

(All scenarios taken from SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS.)

Ignoring and Acknowledging Our Emotions (negative and positive)

Scenario 1a

Zanele and Father watching TV.

Zanele: "Dad, all my friends have a nice cellphone. I feel really stupid being the only one left out."

Father: (Looking at the TV) "Rubbish, I know that's not true, there are many kids your age without fancy cellphones."

Zanele: "But Sphindile and Mbali have them and they always tease me."

Father: "Don't be such a foolish girl, listening to what these rich kids say. You think money grows on trees?"

Zanele is crying.

Discussion about Scenario 1a:

Reflect on Scenario 1a and discuss and try out possible solutions. Here are some questions:

- What is Zanele's concern?
- How does Zanele feel when the father disregards her concern?
- How will that affect her behavior in the future?
- How could her father have responded better?

> **CORE PRINCIPLES**
>
> **Listen** to what your teenager says and focus only on him/her.
>
> **Acknowledge** and try to understand feelings your teenager is having, even if you don't agree with them.
>
> **Assure** your teenager that it is alright to have those feelings and that you love them as they are.

SCENARIO 1b

Scenario 1b is one possible positive version of Scenario 1a. If the participants come up with their own solutions and try them out there is no need to act out Scenario 1b.

> ### Scenario 1b
>
> **Zanele and Father watching TV.**
>
> **Zanele:** "Dad, all my friends have a nice cellphone. I feel really stupid being the only one left out."
>
> **Father:** (Looking at Zanele) "I'm sorry that you feel stupid, I know you are very smart."
>
> **Zanele:** "Sphindile and Mbali always tease me about it."
>
> **Father:** (Putting an arm around Zanele) "I know this is not easy, my dear. We don't have the money for a phone like this, but that doesn't mean we love you any less than other parents. And if your friends don't see what a special person you are with or without this phone, then maybe you should look for other friends?"
>
> **Zanele puts her head on her father's shoulder.**
>
> **Father:** "Did I ever tell you this story, how I wanted this one bicycle so badly when I was your age..."

SCENARIOS 2 a & b: Talking About Difficult Things (negative and positive)

> ### Scenario 2a
>
> **Gogo and Nombuso are sitting outside, cleaning beans.**
>
> **Nombuso:** "Why did Mama not go to the clinic before she died?"
>
> **Gogo:** (Looking stressed) "What use is this question now? It's over!"
>
> **Nosipho:** (Agitated) "But didn't she know they could help her there? Didn't she love me enough to see me grow up?"
>
> **Gogo:** (Angry) "How can you talk about your mother like that! You should be ashamed, get out of my sight!"

Discussion about Scenario 2a:

Reflect on Scenario 2a and discuss and try out possible solutions. Here are some questions to get you started:

- Why does Gogo respond in the way she does?
- How does Nombuso feel when Gogo disregards her concern?

- How will that affect her behavior in the future?
- How could Gogo have responded better?

SCENARIO 2b

Scenario 2b is one possible positive version of Scenario 2a. If the participants come up with their own solutions and try them out there is no need to act out Scenario 2b.

Scenario 2b

It's evening, Nombuso is doing the dishes. Gogo is knitting.

Gogo: "Nombuso, please come sit with me, I want to talk with you."

Nombuso sits down, Gogo holds her hand.

Gogo: "Sorry for snapping at you earlier. It is OK to want to know what happened" (Taking a deep breath) "Mama was very scared of the clinic. Back then, people talked a lot about the people going there. And most people didn't believe the nurses there could do anything to help." (Hugging Nombuso) "It is OK to feel sad that she's gone and you must know that she loved you more than anything in the world! She used to call you 'My little one.'"

SCENARIO 3: Chores (negative)

Scenario 3

Zanele doing dishes, Mother sweeping.

Zanele: "Mama can I go over to Phumi later? Our teacher asked us to prepare a special presentation and we wanted to go to the library. You know, only the best students got this special project; the others have to redo their homework. We have to present on Monday. I'm so excited and I want to…"

Mother: (Tired) "Stop right there. There's no way you get to go out later. You still haven't done the laundry and I need your help cooking."

Zanele: (Upset) "But it's a special project! Phumi's gonna be upset if I don't come."

Mother: (Annoyed) "Do you want me to do all the work by myself? Selfish girl…"

Zanele: (Angry) "But Sabelo gets to go play soccer every day."

Mother: (Angry) "Well, he's a boy, you are a girl. You need to stay and help me. End of discussion."

Discussion about Scenario 3:

Reflect on Scenario 3 and discuss and try out possible solutions. Here are some questions to get you started:

- How does Zanele feel when her mother reacts the way she does?
- How will that affect Zanele's behavior in the future?
- How could her mother have responded better?

> **CORE PRINCIPLES**
>
> **Listen** to what your teenager says and focus only on him/her.
>
> **Acknowledge** your own emotions at that moment.
>
> **Check** how your action is influenced by your own emotions (e.g., feeling tired and upset) rather than what your teenager is saying.

SCENARIO 4: Ignoring our Own Emotions (negative)

> **Scenario 4**
>
> **Boss and Mother sit at desk.**
>
> **Boss:** "I'm sorry Mrs Ndlovu, we'll have to let you go."
>
> **Mother comes home, Khwezi and Thuli are listening to the radio.**
>
> **Mother:** (Shouts) "I've told you I don't like this kind of loud music in my house! Why do you never listen to me?"
>
> **Khwezi sulks, Thuli cries.**

Discussion about Scenario 4:

Reflect on Scenario 4 and discuss and try out possible solutions. Here are some questions to get you started:

- Why did the mother shout when she got home?
- How do her children feel when she shouts at them?
- How will that affect their behavior in the future?
- What could the mother have done better?

> **CORE PRINCIPLES**
>
> **Acknowledge** your own emotions. It is OK to feel them.
>
> **Check** how much your action is influenced by your own emotions (e.g., feeling tired and upset) rather than what your teenager is saying or doing.
>
> When you feel a bit calmer, try **talking** about your emotions. This will also be a good example for your children.

SCENARIO 5: Acknowledging our Own Emotions (positive)

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Scenario 5

Mother sits on the bed and cries. Khwezi looks in.

Mother: "It is alright, you can come in. Come sit with me."

Khwezi: (Hugs mother) "What is wrong, Mama?"

Mother: "Sometimes I miss your father so much, it hurts a lot."

Khwezi: "I know, I miss him too."

Mother: (Smiles at Khwezi) "But I feel so blessed to have you and your sister here with me. Together we can help each other. Come, let's go cook together."

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Discussion about Scenario 5:

Reflect on Scenario 5 and focus on the core principles. Here are some questions to get you started:

- Why does the mother cry?
- How does she respond to Khwezi's question?
- How does this affect Khwezi's future behavior?
- How does the mother feel at the end?
- How does Khwezi feel at the end?

> **CORE PRINCIPLES**
>
> **Acknowledge** your own emotions. It is OK to have them.
>
> When you feel a bit calmer, try **talking** about your emotions. This will also be a good example for your children.
>
> Showing that grown-ups also have difficult emotions helps teenagers learn to be **supportive.**

Session 10: Positive Discipline

Session Learning Objective

Participants will:

1. Discuss their own approaches to disciplining their children and identify the key principles of positive discipline.

Step 1: (15 minutes)

Although it is often easier to use a system of rewards and punishments with children, the use of positive discipline is more far-reaching and beneficial for the development of the child. It is a partnership for learning that occurs between the parent and the child. It teaches children how to make decisions based on their own experiences and to utilize an internal system of reinforcement to weigh the values of the decisions that they have made. This manner of discipline is equally as important for parents, as it reduces stress associated with assuming responsibility for a child's behavior or misbehavior and stress associated with negative discipline techniques, such as spanking, yelling, or other types of punishment.

- Ask participants what discipline is. What does it mean to you to discipline your child?

- Ask participants what punishment is. What does it mean to you to punish your child?

- Do you see discipline and punishment as the same thing?

After some discussion, you may suggest the following:

Discipline is a strong effective way to teach...

- Positive behaviors

- Positive ways to express feelings

- Positive ways to play

- Family values

- Safety for the child, other people, and things

Discipline is not punishment. Punishment may:

- Make young children feel unloved

- Make them feel they are bad

- Focus on what is wrong without teaching what is right

Step 2: (30 minutes) Positive discipline and your toddler[40]

It is important to remember that:

- Your toddler is beginning to find out that she is her own person. She may say, "No!" and "Me do it!"

- Your toddler has a memory, but it is very short. He needs to repeat something over and over before it stays in his memory. He is not trying to be bad when he plays with the toy after you've told him to stop. He just doesn't remember the rule yet.

- Toddlers act without thinking. If they see something to climb, they'll climb it... without thinking how to get down.

- Toddlers can't plan ahead. They can't wait. They want things NOW! This doesn't mean your toddler is greedy, selfish, or bad, it is just a normal part of growing up.

Have a discussion with participants about the following points to foster good practice sharing among the group:

- How can you make your house more safe for your toddler?
  Suggestion: She is curious and will taste and touch everything she sees. Move things out of reach if they are dangerous or can be broken. That way you won't have to fuss or say, "No!"

- How do you distract your child from something you don't want him to do.
  Suggestion: For example, if he starts to chew on a dirty object, give him a toy or biscuit instead.

- How do you praise your toddler again and again for doing something right?
  Suggestion: You could say something like, "You are growing up well. You are so good at brushing your own teeth now!"

- Do you use DO rules so your toddler can learn what to do instead of what not to do?
  Suggestion: For example, "Please use your quiet voice" instead of "Don't yell in the house."

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40   Janet Ray, M.Ed. www.circleofparents.org

- How do you go about set routines for meals, bedtime, and bath time?
Suggestion: Toddlers behave better when they know what to expect.

- How do you make sure your correction fits the situation when disciplining your child?
Suggestion: If your child draws on the wall, take away her crayons for a while – and help her clean up the wall.

Step 3: (30 minutes)

Positive discipline and your adolescent child (From Alabama's Parenting Assistance Line, housed at Child Development Resources at the University of Alabama).

Raging hormones, the drive toward independence, restrictions, misunderstandings, and raised voices are common during the teenage years. Successful discipline can be achieved by concentrating less on punishment and more on leading our teens in the right direction.

How do you provide discipline for your teen without destroying your relationship?

Have a discussion with participants about the following points to foster good practice sharing among the group:

- **Consistency:** One of the most important parenting principles is consistency. All teens need to know the rules and what the consequences are for breaking them each and every time. It is very frustrating when a behavior is acceptable one day and is not acceptable the next. Teens depend on you to keep your word by consistently enforcing house rules. This helps them feel secure and trusting.

  - Follow-up question: Can you share an example of a time when you were not consistent with your teenager? What was the outcome?

- **Keep anger out of discipline:** Every parent has felt angry at times. It is fine to let your teen know that you are angry with him or her, but always stop and think before acting. NEVER discipline your child when you are angry. Remember to address the behavior rather than attacking your teen personally.

  - Follow-up question: When your teenager makes you very angry, what can you do to let go of the anger and implement positive discipline?

- **Listen to your teen:** Your child will feel valued and respected when you take the time to listen to his or her viewpoints and ideas. Allow your teen to express his/her frustrations and feelings appropriately. Model the correct way to disagree respectfully. If you want to be heard, learn to listen.

  - Follow-up question: Can you tell us about a time when you took time to listen to your teenager when he or she was expressing frustration with you?

- **Use logical and reasonable consequences:** To best help adolescents grow into responsible adults they must learn the connection between their actions and the consequences for them. If your teen stays out past curfew, it is logical that he or she should be restricted from further outings for a specified time. If he or she brings home unacceptable grades, it is reasonable that there would be no leisure time with friends until homework is completed.

  - Follow-up question: How do you go about setting boundaries and outline appropriate consequences for your teenager?

- **Allow for mistakes:** Adolescents need their parents' guidance. However, it is not beneficial to their maturation if you micromanage their every move. Although you may want to protect your child from making a mistake, allowing him or her to fail and living with the consequences can teach valuable life skills.

- Follow-up question: Why do you think it is so difficult for us to let our children fail and live with the consequences?

- **Spend time with your teen:** If you are to have a positive influence on your adolescent you must spend quality time together. Engage in activities he or she enjoys and use the opportunity to get to know your teen as the emerging adult he/she is becoming.

  - Follow-up question: What kind of activities do you do with your teenager to spend quality time with him/her?

Focus Area 3, Caregiver: Understanding the Needs of Older Caregivers in the Family and Community

Older caregivers have different needs and psychosocial well-being includes physical, mental, economic, social, and emotional needs. Our overall well-being depends on many other things – like the need for food, shelter, and clothing. Psychosocial well-being is about holistic well-being and a sense of feeling complete or satisfied about one's life. It includes physical, mental, economic, social, emotional, and spiritual parts of our lives – which contribute to total well-being. If psychosocial well-being is to be achieved in the lives of the older caregivers and those under their care, it is important to ensure that their various challenges and needs are met holistically.[41]

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41 HelpAge International and REPSSI. 2011. Psychosocial Care and Support for older caregivers of orphaned and vulnerable children: Programming Guidelines.

Session 11: Community Support for Older Caregivers [42]

Session Learning Objective

Participants will:

Understand the various needs of caregivers and the importance of social support for older caregivers.

Step 1: (15 minutes):

Types of Needs and Examples	Why this can be a concern for older caregivers
Physical needs Food, clothes, shelter. This can also relate to a person's physical health.	Many older caregivers do not know where the next meal will come from. They live in broken-down houses and struggle to access health services. They struggle to provide clothing, school uniforms, books, and pay school fees for children in their care.
Economic needs Source of income, employment, and a sustainable livelihood.	Older people make up a significant proportion of the poor in our society. Poverty limits older caregivers' ability to access food, clothing, water, shelter, health services, etc. This causes a lot of psychological stress for older caregivers as they struggle to care for children and PLHIV. Older caregivers may feel inadequate and may have a sense that they have failed their sick adult children and grandchildren.
Social needs To be part of a family or community. It relates to the relationships that one has with others in the family and community. Good relationships allow for relaxation, enjoyment, and fun in the company of others. It includes people's need to be listened to, understood, and treated with respect. All these relationships are shaped and influenced by culture.	Older people's households that are affected by HIV may experience isolation and discrimination as a result of the stigma associated with the AIDS pandemic.
Spiritual needs May be met by connecting through religion, poetry, music, meditation, or quiet reflection.	Stress and hardships may lead older caregivers to feel disconnected from God. Many older caregivers say that they struggle to find time to be part of church groups because of their child care responsibilities.
Emotional needs To be loved and cared for by others and to offer love and affection in return. To be acknowledged and appreciated, and to be supported to cope with difficulties in the family and community.	Limited social networks result in isolation and thus a lack of caring people to provide older caregivers with emotional support. Male older caregivers are especially vulnerable as they have limited social networks.
Cognitive (mental)needs Opportunities for learning and challenges.	Older caregivers have been largely excluded and deprived of important information (and skills), including information about HIV and AIDS, palliative care, and parenting.

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42   Ibid.

Step 2: (10 minutes): Social support

One of the most important ways of providing psychosocial support is by strengthening the connections between older caregivers and their families and communities. This is called social support. In pairs, discuss the following question and fill out the table.

How is the social support of older caregivers in my community?

- Using the chart below, rate the social support in your community from 1 (limited support in this area) to 5 (if there is extensive support for older caregivers).

Social support outcomes	Scale of 1 to 5
1. Older caregivers are visited often by their families.	
2. Older caregivers are included in family functions as valued and honored members.	
3. Older caregivers have regular opportunities to socialize and network with one another in our community.	
4. Older caregivers are included in community functions as valued and honored members.	
5. Older caregivers are able to attend and participate in church or cultural practices in our community.	
6. Older caregivers receive spiritual support and home visits from our local religious or cultural leaders.	
7. Older caregivers are treated with respect by children, youth, and adults in our community.	
8. Older caregivers are supported by neighbors and family members if there is a need for urgent assistance.	

Step 3: (20 minutes): Social support networking map – Practical exercise & questions

Instructions:

- Explain to the caregiver and his or her family that you would like to assist them to identify and to enrich their social support network by identifying the different types of relationships that they have with members of their families and communities.

- Tell them that they may come up with different symbols to represent the different relationships (e.g., things found in the natural surroundings, like different parts of a tree, objects like stones/rocks, or different shapes)

- Using paper and a pen/pencil, draw a picture of the older caregiver and his/her family in the middle of the page. Put a circle around them.

- Let them choose a type of object (e.g., a leaf) to represent the emotionally supportive relationships that the caregiver and his/her family have with important others. These are relationships that make them feel loved, cared for, encouraged, valued, and supported during difficult times.

- They should think about the people who provide such support to them and the caring actions that these people perform. Position these people represented by objects from the center and draw a straight line from the center to link to the objects.

- Identify relationships that provide cognitive support (such as information, knowledge, and skills).

- Continue to map out relationships that provide material and finally spiritual support, following the same process. We need to consider physical support. These families have health and nutritional needs.

- Once the map is complete, discuss the following with the caregiver and his/her family:

  - Where are the strongest relationships?

  - Where do relationships need to be strengthened?

  - What makes the strong relationships strong and the weak relationships weak?

  - What can be done to improve or increase supportive relationships for the older caregiver and the family?

- Come up with some points of action for the family with regards to strengthening their social support networks.

Club of Life

The club of life metaphor introduces the idea that our identities are formed through our relationships with other people. Our lives have membership and this membership influences our experience of ourselves. How others see us, how we experience ourselves with others, and how we participate with others all influence who we are becoming as people. The members to our "club of life" have particular parts to play in how we have come to know and experience ourselves. These members of our "club of life" have status and ranks within the "club." We pay more attention and give more credibility to what one person thinks about us than another. The person or persons whose views matter most to us, who influence who we are most significantly, can be seen to have highly regarded and respected membership status within our "club of life."

Take a few minutes to think about the different members of your club of life. These could be family members, friends, work colleagues, or members of a social club or religious group that you are a part of; these people should be people who you regard as important to your life.

- Which club of your life have you decided to talk about today?

- What makes your club of life special to you?

- Tell me a small story about some of the members of your club of life which illustrates what makes them special to you?

- What values does your club of life live by?

- What is the history of these values; in other words, where do these values come from?

- Tell me about someone or something that has been most influential to your club of life that you often talk about or refer to in your club.

- What contributions has this person or thing made to your lives?

- How do you feel about the contributions made?

- How has this touched your life personally?

- How do you hope to take these contributions forward in your life?

- What contributions are you making to members of your club of life?

- If the members of your club of life were sitting here with you, what do you imagine they would say they appreciate about you?

- What do the contributions that you are making to your club members say about the values, hopes, and dreams that you have for the members of your club of life?

- Where do these values and hopes and dreams for your family come from?

- Considering the fact that you have these values and hopes and dreams for your club members, what kind of person are you? Who knows that you are that kind of a person? How do they know this?

- Who else knows about these hopes and dreams that you have for your club of life members? How do they know this?

- What plans do you have to pursue or carry forward these values, hopes, and dreams for your club of life members?

- What has responding to these questions gotten you thinking about yourself and the members of your club of life?

Step 4: (15 minutes): Support groups: Peer to peer PSS for older caregivers

Support groups for older caregivers can help them to cope with the isolation that they often experience when tackling their responsibilities.

- Older caregivers' groups often have up to 50 members.

- They can meet once or twice a month or every two months, depending on the needs of the group.

- The number of people at any meeting depends on people's health, personal circumstances, etc.

Support groups enable group members to share experiences, offer one another advice, and provide emotional and practical support to each other. For example, the members of the support group may support one another when they are sick by:

- Visiting
  - bringing food
  - taking the person to the hospital
  - taking money from joint savings to pay for medicine or hospital bills

There are a few helpful points to consider when starting a support group for older people. With a partner, go through these points and discuss what some options would be for yourself in your current situation, what you would like to improve, or how you can use your available resources to be a supportive community member:

- Identify older people with common interests, such as those who are caregivers of orphaned children or people living with HIV.

- Identify a venue that is accessible to the caregivers and does not require transportation to and from group meetings.

- Agree with group members on logistics, such as when to meet, how often, the length of meetings, etc.

- Agree on group rules and norms, such as:
  - keeping confidentiality
  - treating one another with respect
  - showing acceptance toward all members, facilitating equal participation

- Consult group members on the topics and issues that they would like to discuss during the support group meetings. Make sure everyone's opinion is taken seriously.

- Encourage older caregivers to facilitate or lead some of the discussions.

- Prepare a clear program and arrange for facilitators for the meetings/sessions well in advance.

- Experienced community caregivers should be responsible for setting up and guiding the groups.

To come back to an idea that was developed in Part 1 of this manual, Adult Core Groups are an efficient way to get support from community members. Adult Core Groups are great to refer to in need of help (medical, economic, emotional, psychological, or professional) but also a great way for you to give back and help other community members out. Adult Core Groups can meet regularly to discuss issues that are personal or relevant to a group, in order to increase economic success and emotional well-being.

Step 5: (10 minutes): Drop-in centers for older caregivers

Community caregivers can play an instrumental role to encourage organizations and government departments to set up drop-in centers for the older caregiver. Drop-in centers are an extension of support groups. They are community-based facilities that open their doors to the older caregiver to drop in and be involved in a wide range of activities. They are usually open for several days a week and may include some of the following activities:

- Nutritional support programs
- Training and skills development, educational talks, etc.
- Practical assistance (such as accessing identity documents or social grants)
- Counseling, emotional and spiritual support
- HIV testing and treatment assistance
- Child care
- OVC psychosocial support

Ask each participant to pair up with another participant and discuss answers to the following questions (Clarify that older caregivers can be parents, aunts, uncles, grandparents, or any other senior member of the community):

- What are ways in which you already support older caregivers in your community?
- Who are some people who you think helped you when you were a child growing up, or when you needed help as an adult?

- For those who are still alive, what more do you think you could do for them?

- If these people have died, what are things they appreciated that *you* did for *them*? What are things you wish you had done better?

- What are things that you can do in your community right now to continue or improve your support of older caregivers?

Gather again as a full group and ask some pairs to share their answers.

Session 12: Supporting older caregivers through the grieving process

Session Learning Objectives

Participants will:

1. Understand complicated grief.

2. Complete practical exercise to understand healthy and unhealthy responses to grief.

Step 1: (15 minutes): Complicated grief

The sadness of losing someone special may never disappear completely but it should not be so central to a person's life that it becomes disabling for them. Grief should not stop people from moving on with their lives. If this is the case, it may mean that such an individual is suffering from what is called complicated grief.

Signs of complicated grief in older caregivers could include the following (However, it is important to note that these signs might be from other causes):

- Depression (intense prolonged sadness)

- Poor appetite for long periods of time

- Hopelessness

- Neglect toward children and self

- Not wanting to interact with others

- Overwhelming thoughts or images of the deceased much of the time

- Denial or a continued sense of disbelief about the death of the loved one

- Avoiding all things that remind the older caregiver of the loved one

- Intense anger and bitterness

- Feeling that life is empty or meaningless, to a point of even wanting to end one's life

- Intense yearning or physically searching for the deceased loved one

- Inability to perform normal everyday activities

- Lack of trust in others

- Emotional numbness or detachment from others

Many of these signs are normal grief responses for several months after the loss of a loved one.

However, if they continue longer than six months after the loss, or become gradually worse over time, this may be cause for concern. Community caregivers should then refer older caregivers for specialized counseling services that can be provided by social workers, psychologists, and lay and professional counselors. However, even if older caregivers are referred for specialized counseling services, ongoing encouragement and emotional support from the community caregiver are still very necessary. Support groups where older caregivers assist one another through complicated grief may also be helpful.

There is a common saying, "No one should have to outlive their children." It captures the intense grief and shock of losing one's own children. It is especially difficult for the older caregiver if he or she has lost several children in a very short space of time. The experiences of grief and the worries about the future make it difficult for the older caregivers to cope with caring for children left in their care.

Apart from the intense loss of one's loved ones, when older caregivers are faced with the death of their adult children they may experience loss in several areas of their lives:

- Loss of love and care
- Loss of social support
- Loss of economic security
- Loss of hope for the future
- Loss of freedom and autonomy (especially when you have to care for young children or people who are ill)
- Loss of property (many older caregivers sell their land and other properties to get money to buy medication to treat their sick children and later to bury them and take care of the children that remain behind)

Grief is the normal and necessary emotional reaction to the death of a loved one. It is the emotional suffering that people feel when someone or something that they love is taken away. As a response to loss, people may feel anger, sadness, shock, and guilt. While these feelings can be frightening and sometimes overwhelming, they are normal reactions to loss. Such reactions may last a long time (sometimes many years), and it is important not to rush the grief process.

There is no right or wrong way to grieve, but there are helpful ways to cope, like talking to others about your thoughts and feelings. It is important to note that grief is a unique personal experience and thus individuals' grief experiences should not be compared.

When someone we care about deeply passes away, it takes time to heal. Talking about our memories of the deceased and finding ways of honoring these memories may be helpful to those who are grieving.

Summarize by saying how debilitating complicated grief can be, how "stuck in sadness" individuals can feel, and how support and comfort is essential in order to get past it.

Step 2: (15 minutes): Practical exercise: Helpful and unhelpful responses to grief

This exercise may be done with other people in your organization, with community caregivers as an exercise, or with older caregivers to facilitate bereavement. It is an intense exercise which tends to evoke strong emotional responses of grief in participants. Thus, it should only be undertaken by experienced facilitators. Enough time should be allowed to give each participant the space to say what he or she wants to say (preferably a full day). Participants should be warned well in advance that the exercise will be on loss and will involve thinking about their own losses.

Participants should attend voluntarily. Never trick anyone into becoming emotional when they were not expecting this.

Ask the participants to remember a time when someone they knew passed away. If participants prefer, they can choose to remember someone who was not very close to them. Or if they prefer, they can think about someone else's loss and what they observed.

Ask the following questions, allowing time for people to think about what happened:

- How were you given the news that this person passed away?

- What did people say to you or do?

- What did you find unhelpful about what they said?

- What did you find helpful about what they said?

- What did you do that helped you to cope with the loss?

- What did you do to honor the memory of the deceased?

You may wish to comment that loss is an issue that affects us all, and the sadness that we feel when we remember our loss is a way of honoring the importance of that relationship to us.

When participants are ready, ask them to share their answers in small groups. Encourage each group to give each person enough time to talk about his or her experience. Explain that participation is voluntary.

Take time afterwards to reflect on the discussions in the plenary. Draw out the themes of what is helpful for people when they experience loss. Discuss if the group would like to do anything to honor the memory of the deceased, like saying a prayer together, lighting candles, or writing their names on a large piece of paper on the wall, with a message to that person.

At the end of the session, facilitate a go-around where you ask each person how he or she is feeling after sharing his/her experiences. Follow up individually with those who need extra support. Especially listen for anyone who lost someone under traumatic circumstances.

Session 13: Helping the Caregiver Address Stress, Burnout, and Compassion Fatigue

Session Learning Objectives

Participants will:

1. Understand the definitions of stress, burnout, and compassion fatigue.

2. Complete a practical exercise to determine levels of stress, stressors, and possible ways to support caregivers in dealing with stressors.

3. Discuss how burnout and compassion fatigue relate to stress.

Step 1: (10 minutes): Definitions

Stress

Stress is normal. It is our bodies' reaction to challenging situations. However, if stress lasts too long, the body's resources will be exhausted and the person will develop harmful or negative forms of stress reactions.

Burnout

Burnout happens when there is too much stress over a long time. The body and mind become exhausted from coping with so much stress. Signs of burnout include: loss of interest in the world, caring less about the suffering of others, irritability or temper outbursts, substance abuse, loss of meaning in work, absenteeism, and sudden resignation.

Compassion fatigue

Compassion fatigue is when we have used up a lot of our care and compassion for others while working with the suffering of others. We become emotionally exhausted and find it difficult to be kind to others. We may become hardened and seem uncaring to others.

Step 2: (15 minutes): Practical exercise: How stressed are you?

- Have you ever experienced any of the signs and symptoms described above?
- How does it affect your work and family life when you experience these signs and symptoms?
- How do you cope and get better after going through these experiences?
- Who are the people who support you when you go through these experiences?
- Draw a picture of your personal social support network.

Stressors	Possible Ways to Support Older Caregivers to Deal with Stressors
Bereavement overload	Encourage older caregivers to talk about their pain and fears and help them to identify self-comforting measures (e.g., prayer, singing, taking walks, or talking to a friend).
Stigmatization	Encourage the caregivers to get into the habit of thinking positively about themselves and practicing self encouragement. They should not focus on the negative things that are said about them in the family or community.
	Challenge community stigma by raising awareness and improving the knowledge of the community about specific aspects relating to stigma and discrimination.
Lack of support from family and community members	Help older caregivers to understand that they have the capacity to form or develop relationships. Support them and those in their care to form or develop new connections with people who share similar experiences.
	Encourage the involvement of family and community members.
Lack of training and skills to care for PLHIV and OVC, and fear of infection of HIV	Offer training and knowledge about HIV, parenting skills, etc.
	Encourage older caregivers and the children under their care to go for HIV testing.
Lack of property Ownership	Encourage families and support organizations to assist older caregivers to legally own their properties and organize inheritance rights to chosen family members.
Illiteracy	Literacy support programs may assist older caregivers. Sensitization about this issue may help community members find ways of assisting illiterate caregivers.

It is important to be able to notice signs of stress, burnout, or compassion fatigue in older caregivers. This will help them to seek the necessary counseling and support.

Cognitive	• Lowered concentration • Decreased self-esteem • Apathy • Rigidity • Thoughts of self-harm or harming others	• Disorientation • Perfectionism • Minimization • Preoccupation with trauma
Emotional	• Powerlessness • Anxiety • Guilt • Anger/rage • Numbness • Fear • Helplessness	• Sadness • Depression • Emotional roller • coaster • Depleted • Overly sensitive
Behavioral	• Impatient • Irritable • Withdrawn • Moody • Regression • Sleep disturbance	• Nightmares • Appetite changes • Hyper vigilance • Elevated startle response • Accident proneness • Losing things
Spiritual	• Questioning the meaning of life • Loss of purpose • Lack of self-satisfaction • Hopelessness • Anger toward God	• Questioning prior religious beliefs • Loss of faith in higher power • Greater skepticism about religion
Interpersonal	• Withdrawal • Decreased interest in intimacy or sex • Mistrust • Isolation from others • Overprotection as a parent	• Projection of anger or blame • Intolerance • Loneliness • Increased interpersonal conflicts
Physical	• Shock • Sweating • Rapid heartbeat • Breathing difficulties • Aches and pains	• Dizziness • Increased number and intensity of medical maladies • Impaired immune system • Other somatic complaints
Professional	• Low morale • Low motivation • Avoiding tasks • Obsession about detail • Apathy • Negativity • Lack of appreciation	• Detachment • Poor communication • Staff conflict • Absenteeism • Exhaustion • Withdrawal from colleagues

Step 3: (15 minutes): Discussion

Burnout and compassion fatigue are becoming increasingly common and there is a lot of writing being done about the importance of caregivers taking better care of themselves. Here are some ideas about self care:

- Help caregivers to be aware of their limitations or weaknesses and be honest with others when they cannot give certain types of help. It is alright to say, "Sorry I cannot attend to this right now" or "Sorry I am not available on that day."

- Caregivers may be assisted to structure their day.

- Help them to decide on the hours of the day when they will work and when they will rest.

- Encourage them to have at least one day of rest each week, if possible.

- Encourage caregivers to take time out to enjoy leisure or fun activities and spend quality time with family and friends. If they are rested they may be more caring to the children and sick people in their care. They will also enjoy a healthier life.

- Encourage caregivers to ask for help from trusted friends and family members. It is important to invest in relationships with others who can become an ongoing source of strength and support.

- When there are problems in the family or in the community, encourage caregivers to try to sit down and talk them through immediately so that they are not carrying them around.

- Religious faith is a powerful source of comfort to many people. Many older caregivers say that talking to God, praying, or reading spiritual books is helpful to them.

- Older people may neglect to care for themselves because their focus is more about ensuring the well-being of those under their care. Self care is particularly important for older caregivers as they may be frail, weak, and advanced in age, making them very vulnerable to ill health and stress. The following points could assist you to impart self-care skills to older caregivers:

- Explain to older caregivers about stress, burnout, physical and emotional exhaustion, and how they are vulnerable to these conditions if they do not practice self care.

- Discuss some of the signs and symptoms of stress and burnout as outlined in the above table and emphasize the importance for caregivers to be able to recognize those signs in themselves.

- Discuss helpful self-care practices that could be useful to older caregivers (e.g., using their social support systems to share and discuss the problems that they are facing).

- Emphasize the importance of taking "time out" — that is, for caregivers to have time to relax, have fun, and forget about their problems at home.

- Encourage older caregivers to work together with friends to arrange cost-effective special outings or holidays or family visits that they can look forward to.

- Encourage older caregivers and their families to celebrate life by finding special but cost-effective ways of

celebrating special occasions like birthdays, special holidays, anniversaries, or achievements in the family (e.g., when children have been awarded prizes at school, the family can celebrate together).

- Encourage older caregivers to attend support groups and drop-in centers where possible.

- Assist caregivers with reminders for clinic visits and taking treatment appropriately if they are required to do so. Treatment partners are helpful for older caregivers and children under their care who receive antiretroviral treatment (ART).

- Healthy eating is an important part of self care. Older caregivers can be supported on how to plan and cook healthy meals using locally available and cost-effective food.

- Regular exercise in the form of walks in and around the community and engaging in work that they enjoy around their yard, such as gardening, can provide good exercise for older caregivers.

- Utilize their own knowledge about self care and healthy living.

- Identify enabling factors that can be used to promote self care.

Additional Materials:

SINOVUYO CARING FAMILIES PROGRAMME FOR PARENTS AND TEENS. Manual in DRAFT form.
http://www.circleofparents.org/parent_resources/index.html

Positive Discipline for Teenagers: Alabama's Parenting Assistance Line, housed at Child Development Resources at the University of Alabama.

HelpAge International and REPSSI, 2011. Psychosocial care and support for older caregivers of orphaned and vulnerable children: Program Guidelines.

Unit C: Health and Nutrition: Keeping Your Child Healthy

How do we keep our children healthy?

This unit will present an overview of contributors to health, including nutrition, hygiene, and environmental factors. The topics discussed below and the information provided is important to apply both to your own life and to the lives of the children you are responsible for. Sharing these skills and knowledge with the community will also contribute to improving your quality of life.

Allow for about 5 minutes of discussion. Participants need not discuss all of the questions; these are just examples to get them engaged.

- Do you see issues of malnutrition in your community? (either over nutrition or under nutrition)
- Do you think there are nutrition issues in your community that you are unable to see? What might those be, or who might they be affecting?
- What factors do you think are causing these issues?
- How sanitary do you believe your household and community practices to be (especially when it comes to drinking, handling food, and disposing of feces)?
- What improvements do you think could be made to improve certain practices?
- What are some actions you feel you or your community could take to contribute to the health of your child and his or her peers?

Tips for Trainers:

No suggested answers are provided here as the activity is intended to spur discussion, and therefore no validation of the discussion is required. The session will seek to address any inaccuracies that could arise from the discussion.

Session 1: Immunizations

Session Learning Objectives

Participants will:

1. Understand the importance of vaccines and identify important vaccines for children.

2. Learn the risks and side effects of vaccinations.

3. Understand why deworming is important for children.

Step 1: (10 minutes): Why Vaccinate?

- Some diseases are becoming less common due to vaccinations. The more people get vaccinated, the less the disease has chances to survive and attack the next generation.

- Vaccination is important until the disease is completely dead, otherwise the population is still at risk, especially if vaccinations cease to be implemented.

- If we stopped vaccinating, diseases that are almost unknown would stage a comeback. Before long we would see epidemics of diseases that are nearly under control today and more children would get sick and more would die.

Trivia: Japan reduced pertussis vaccinations and an epidemic occurred.

In 1974, Japan had a successful pertussis (whooping cough) vaccination program, with nearly 80 percent of Japanese children vaccinated. That year, only 393 cases of pertussis were reported in the entire country, and there were no deaths from pertussis. But then rumors began to spread that pertussis vaccination was no longer needed and that the vaccine was not safe, and by 1976 only 10 percent of infants were getting vaccinated. In 1979, Japan suffered a major pertussis epidemic, with more than 13,000 cases of whooping cough and 41 deaths. In 1981, the government began vaccinating with acellular pertussis vaccine and the number of pertussis cases dropped again.

Vaccine Tracker, these vaccines are recommended for all children.

Vaccine	Birth	1 month	2 month	4 month	6 month	12 month	15 month	18 month	24 month	4-6 yrs
HepatitisB		One dose			One dose					
Rotavirus			One dose	One dose	One dose					
Diptheria, tetanus, pertussis			One dose	One dose	One dose		One dose			One dose
Haemophilus influenzae type B			One dose	One dose	One dose	One dose				
Pneumococcal			One dose	One dose	One dose	One dose				
Inactivated Polio Virus			One dose	One dose	One dose	One dose				
Influenza					One dose	One dose			One dose	Once a year
Measles, Mumps, Rubella						One dose				One dose
Varicella						One dose				One dose
Hepatitis A						Two doses				

Step 2: (10 minutes): We vaccinate to protect our future.

We don't vaccinate just to protect our children. We also vaccinate to protect our grandchildren and their grandchildren. For example, the smallpox disease was eradicated. Our children don't have to get smallpox shots anymore because the disease no longer exists. If we keep vaccinating now, parents in the future may be able to trust that diseases like polio and meningitis won't infect, cripple, or kill children. Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

Step 3: (20 minutes): What are the diseases we vaccinate against?

Diphtheria - affects the throat and nose, making it hard to breathe. Severe cases can cause nerve problems, inflammation of the heart muscle, and even death.

Haemophilus influenzae type B (Hib) - causes brain swelling that can result in permanent damage or death. It can cause infections of the blood, joints, throat, or heart.

Hepatitis A - is a liver disease. It can cause fever, loss of appetite, nausea, abdominal pain, and yellowing of the skin and eyes.

Hepatitis B (HBV) - may lead to serious infection and disease of the liver, including cancer.
> **Perinatal Hepatitis B**

Influenza - There are three types of influenza viruses: A, B, and C. Of these, types A and B cause epidemics, while type A is more severe in terms of illness and associated deaths. Vaccination is the only universal cost-effective method of preventing infection from co-circulating type A and B strains.

Measles - causes a rash and high fever. It can also cause deafness, brain damage, or death.

Mumps - can cause swelling of the neck glands, nerve damage, and deafness.

Pertussis (Whooping Cough) - causes dangerous coughing spells that make it very hard to breathe. It can cause pneumonia, convulsions, or brain swelling.

Polio - causes paralysis of the muscles. Most people never completely recover.

Pneumococcal - is one of the leading causes of ear infections, meningitis, pneumonia, sinus, and blood infections among children. Severe cases can lead to death.

Rubella - is usually a mild illness for children; however, a pregnant woman who gets it may lose her baby, or her baby may be born deaf or with other problems.

Tetanus (Lockjaw) - causes painful muscle spasms. It kills almost half of its victims.

Varicella (Chickenpox) - is usually a mild disease in healthy children. In severe cases it can cause infection leading to death. Varicella disease can cause more complications and severe infection as children enter adolescence and adulthood

Now that we know this, what should we do?

It is recommended that your child receive these immunizations by 2 years of age to protect him/her from these diseases. A typical visit schedule includes doctor's visits at age 2 months, 4 months, six months, 12 months, between 15 and 18 months, and at 24 months — so 6 visits by 2 years of age (see chart below).

Step 4: (20 minutes): Are there risks or side effects to vaccinations?

Most babies don't have side effects from vaccines. If they do, they usually aren't serious. Some vaccines may cause low fever, a rash, or soreness at the spot where the shot was given. Although your baby may seem like he or she is getting sick after a vaccination, these reactions are good signs that his/her immune system is working and learning to fight off infections.

In rare cases, a baby may have a serious allergic reaction to a vaccine. Signs of a serious allergic reaction include:

- Breathing problems and wheezing
- Swelling of the throat
- Hoarseness
- Weakness
- Dizziness
- Fast heartbeat
- Hives
- Paleness

Call your baby's health care provider right away if he or she has any of these reactions. If you have any questions about the risks of vaccinations, ask your baby's health care provider for more information.

Why does your baby get the same vaccine more than once?

All childhood vaccines are given in two or more doses. Your baby needs more than one dose because each one builds up his or her immunity. Immunity is his/her body's protection from disease. A second or third dose is needed to fully protect him/her. These doses work best if they're spread out over time.

Can getting more than one shot at a time harm your baby?

During a visit when a baby is healthy, your baby may get more than one shot at a time. You may worry that too many shots at once may be too much for your baby. Your baby is stronger than you think! Your baby, even as a newborn, can handle many shots at once.

> ### Important:
>
> You should take your child's shot record EVERY time you visit your medical provider. This will allow you and your doctor to keep track of what shots were given and which ones remain to be administered. Your child will be getting shots until early teenage years and, especially if you have multiple children, it will be difficult to keep track of all their immunizations.

Step 5: (20 minutes): Why is deworming important for my child?[43]
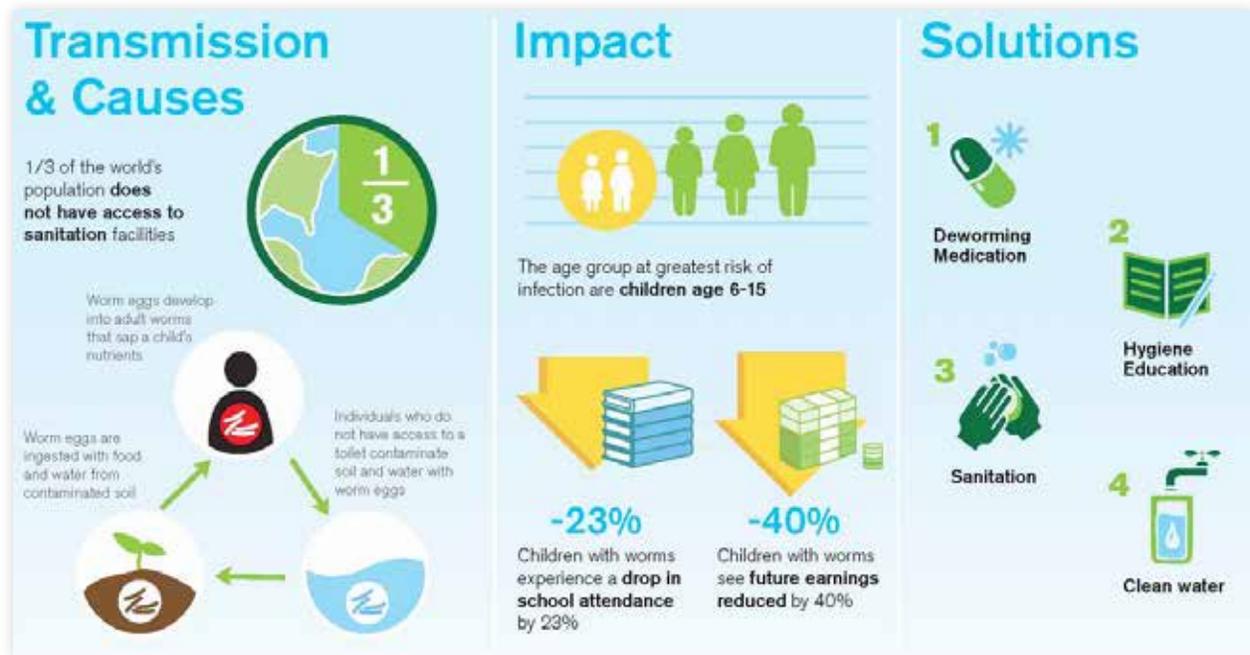
Soil-transmitted helminthes are among the most common infections in developing countries. They impair the nutritional status of the people they infect in multiple ways, including:

- Feeding on host (the infected person) tissues, including blood, which leads to a loss of iron and protein
- Increasing malabsorption of nutrients

Some soil-transmitted helminthes also cause loss of appetite and therefore a reduction of nutrition intake and physical fitness.[44]

The nutritional impairment caused by soil-transmitted helminthes is recognized to have a significant impact on growth and physical development. To reduce the worm burden, it is recommended to undergo periodic drug treatment (deworming) of all children living in endemic areas. Health and hygiene education are also recommended, in addition to access to adequate sanitation facilities.

"One of the most cost-effective ways to increase school attendance is to deworm students. Intestinal worms affect children's physical and intellectual growth. Worms kill 130,000 every year through anemia or intestinal obstruction, and the anemia particularly affects menstruating girls." Deworming makes students more alert and studious.[45]

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43   World Health Organization (WHO), 2014. "Deworming to combat the health and nutritional impact of helminth infections." Last modified May 23, 2014. http://www.who.int/elena/titles/deworming/en/
44   Picture: http://oneinsevenpeople.tomhosking.co.uk/wp-content/uploads/2011/11/life-cycle-of-a-worm.jpg?w=300
45   Kirstof, Nicholas D. and Sheryl WuDunn, 2009. *Half the Sky*, p.173. New York: Alfred A. Knof, a division of Random House Inc.

Session 2: WASH (Water, Sanitation, and Hygiene)

Session Learning Objectives

Participants will:

1. Identify in groups the critical times and reasons for hand washing.

2. Practice good hand-washing techniques.

3. Complete safe food preparation mural activity.

Introduce the session as covering water, sanitation, and hygiene. Start off by presenting the three key practices of WASH (use flip chart or easel board), which are:

- Correct washing of hands with soap at critical times

- Proper disposal of feces

- Safe drinking water, i.e., treating, storing, and retrieving water so it's potable (safe to drink)

Step 1: (20 minutes)

Ask the participants to get into small groups and do the following:

- Come up with at least three critical times for hand washing.

- Come up with an explanation as to why those are critical times for hand washing.

Ask for 2-3 volunteers to share their answers. As a full group, discuss ALL of the following critical times:

- Before eating or feeding → as to not infect yourself by touching food you are about to eat or putting your hands in your mouth if they have touched un-clean things during the day (feces, blood (from menstruation, wound, nose-bleed, etc.), animals, a sick person, dirty or dusty objects, dirt, or any hand-staining materials)

- Before preparing food as to not infect the food you are preparing for yourself or others with un-clean things you might have touched during the day (feces, blood (from menstruation, wound, nose-bleed, etc.), animals, a sick person, dirty or dusty objects, dirt, or any hand-staining materials)

- After defecation → in order not to touch people, objects, and food with hands that were in contact with microbes in or on the feces

- After cleaning a child's bottom and/or handling a diaper or otherwise contacting feces→ in order not to touch people, objects, and food with hands that were in contact with microbes in or on the feces

- After handling animals in order not to touch people, objects, and food with hands that were in contact with microbes or insects that were on the animal: it might have dried feces on itself, or been in contact with unhealthy objects or places

- After returning from the field OR before breast-feeding

Step 2: (20 minutes)

Give participants five minutes to look over Appendix 1A and Appendix 1B on their own and then split into small groups of 4-6 people **of their choice**. *Keep these small groups throughout the session to discuss the various topics.*

In small groups, ask them to:

- Look over Appendix 1A and circle the activity that most of them adopt in the different situations
- Discuss the merits of the different scenarios based on the degree of happiness of the smiley face
- Brainstorm 2-3 strategies to improve their performance of any of the activities
- Find two reasons or explanations why they might not be performing the most ideal option
- Ask them to study Appendix 1B and take that into account in their explanations
- Ask for 2-3 volunteers to share their answers. As a large group, discuss why the full smiley face is the ideal solution.
- **Hand washing**: Using water to wash hands takes away dirt, dust, or any residue left on the hands. The advantage of using running water, or pouring water, is that the water has not stayed exposed to air and has not been still (still water exposed to the air has a better chance of collecting germs, insects, and other bacteria). Running water also allows for other people to use the water after you without being contaminated by what you have just washed off your hands. The flow of running water allows for you to be less likely to contaminate the water, or use contaminated water. This is why, ideally, you would want to use clean, running water. Running water will allow you to rub your hands under it and let the dirty water pour away. Rubbing hands and fingers is critical during hand washing. Using soap will kill bacteria and germs and can remove stains or sticky materials from your hands. This is the ideal solution. Detergent or laundry soap works fine but is not preferred because, if used frequently, it can dry out or irritate skin. Ashes or salt can also be used as cleansing agents where soap is not available. Sand can be used in the field when soap, ash, and salt are not available.
- **Have participants take a look at Appendix 1B and demonstrate hand-washing techniques to the group (remember, even though the pictures show soap, faucet and towel, none of that is necessary. For example, you might use ash or salt, wash hands in a basin and air dry your hands).**
- **Water treatment:** The ideal solution to clean water (especially for cooking use – for drinking, cleaning fruits, vegetables, or for boiling food) is to boil the water to kill all bacteria. If the water is clear, it is ready to be boiled. If the water is not clear, it should first be filtered. Water boils at 100 degrees Celsius (212 Fahrenheit), at which temperature bacteria and other contaminants do not survive. Water that has been at boiling point (big bubbles at the top of the container appear) for a couple minutes is therefore clean and good for drinking and cooking use. Chlorinating water is also an effective way to kill bacteria. This is an option if you possess liquid chlorine. This option is quicker but less ideal, as too much chlorine can also cause health complications.
- **Feces disposal:** The ideal way to dispose of feces is by using a closed latrine. This way, feces are not in contact with hands, are in a closed, removed area underground, and are not able to contaminate foods or young children. Hand washing after using the latrines is crucial. Open defecation is extremely dangerous and prone to many infections. Burying feces reduces the risk of infections linked to open defecation, but leads to more hand-feces contact than using a latrine.
- **Menstrual rag for re-use:** Menstrual rags contain contaminants and must be washed in water with soap. The ideal situation is to use jik (bleach) and dry them in the sun in open air (keeps them from becoming humid and attracting bacteria).

Handwashing Saves Lives

after using the toilet • after sneezing or coughing
before eating • before preparing food

● Use Soap

● Wash...
● Between Fingers
● Wrists
● Under fingernails
● Backs of Hands

When to use potable water:				
• Formula	• Cooking water	• Drinking water	• Cleaning open wounds	• Brushing teeth

(Source: WHO)

Step 3: (40 minutes)

To take a break from the lecturing and scenarios (at this point in the workshop or later within the same unit), take the group outside for a mural activity, to create a reproduction of the poster pictured here Let participants paint on the wall, using colors. They can also add symbols or illustrations of situations they think accompanies or replaces the text well .[46]

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46   Source for mural image: http://publichealth.yale.edu/Images/gallery202_134919Fiji01.JPG. Photo by Rebecca Distler.

This poster can be seen in many languages at this website:
http://www.who.int/foodsafety/publications/consumer/5keys/en/

Step 4: (20 minutes)

True or False? Read the left column and ask participants to respond. Some of these answers may be hard to formulate or know. Wait two minutes for each and give participants the answer and a thorough explanation. After each true or false, ask a participant to repeat what you said in his or her own words.

Statement	True or False?
In Ghana, fear of being possessed by demons or losing your magical powers is the leading cause of open defecation across many areas. ***(Please adapt to your local context!)***	TRUE: Nearly half of the respondents in Tamale believed that public toilets are surrounded by evil spirits and therefore should be avoided, with a significant group of respondents in the East district believing that latrine use will strip the user of his or her magical powers. Do not assume that lack of information about disease transmission is the principle barrier to latrine use.
Correct washing of hands with soap at critical times, proper disposal of feces, and safe drinking water have a great potential for preventing diarrhea.	TRUE: The goal of a key practice is to reduce the incidence and consequences of diarrhea and other illnesses. Achieving all the key practices can have a tremendous impact on reducing diarrhea. Taking small steps (promoting small doable actions) toward achieving the key practices can also have a positive impact.
Studies show that if done as recommended, hand washing with soap prevents almost half of the cases of diarrhea and almost one-third of the cases of pneumonia in children. These two conditions are among the top causes of children's illnesses and deaths.	TRUE: Hand washing with soap can also prevent many cases of influenza and other respiratory diseases.
As long as the water used for hand washing is running water, it does not have to be treated first.	TRUE: Note that "running" could be from a tippy tap or bucket.
When soap is not available, ashes or sand can do almost as good a job to wash hands when used well.	TRUE: Often ashes are more available than soap and are the best recommended material to use for hand washing.
Once washed, hands should ALWAYS be dried on a clean cloth.	FALSE: Once washed, hands should be air dried or dried on a clean cloth – not on a dirty cloth or clothes. In many settings in developing countries, it is extremely unlikely that a clean cloth will be available, so the best advice in general is to dry hands by shaking them, then waving them in the air.
Water should be stored in wide open containers with a cover and retrieved with a cup that sits on top of the cover.	FALSE: For storing water, it is best to use a narrow-neck, covered container with a spigot. That way nothing can touch the water (dipper, cup, or hand). Water should be retrieved or served by pouring it from the container or from a spigot.
Urine contains no bacteria and is safe to use as a fertilizer.	TRUE: Urine is normally sterile, which means that it contains no bacteria. Urine contains large quantities of nitrogen, as well as significant quantities of dissolved phosphates and potassium, the main macronutrients required by plants. Undiluted, it can chemically burn the roots of some plants. When diluted with water (at a 1:5 ratio for container-grown annual crops with fresh growing medium each season, or a 1:8 ratio for more general use), it can be applied directly to soil as a fertilizer.

ASSESSMENT TOOL

**HAND WASHING** How do you wash your hands?
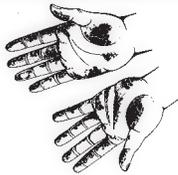
Do not wash hands.

Use water only and "dip" hands.

Use pouring water and ash.
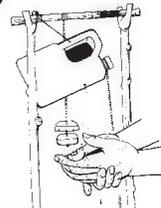
Use pouring water and soap.

WATER TREATMENT How do you treat your water?

Do not treat.

Settling/ decanting
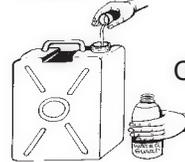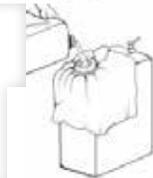
Filtering through cloth

Chlorinate
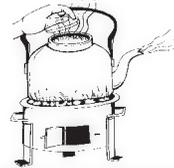
Boil

FAECES DISPOSAL How do you get rid of faeces?

Open defecation

Bury faeces

Use latrine

MENSTRUAL RAG CLEANING FOR RE-USE How do you clean menstrual rags for re-use?
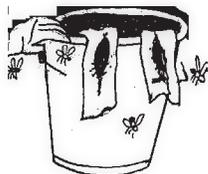
Do not wash. Dry and reuse.

Rinse in water and dry.
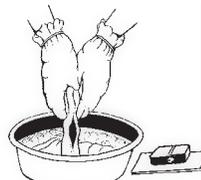
Wash with soap and water and dry.

Soak 20 minutes in Jik and water. Wash with soap and water. Dry in sun.

USAID | HIP HYGIENE IMPROVEMENT PROJECT

Plan Be a part of it.

Appendix 1B: Hand-washing instructions

Correct Hand-washing Technique

1. Wet your hands with safe running water.
   - ➤ This could be poured with a cup or come from a spout.
   - ➤ Do not dip your hands into a basin of water.

2. Apply soap and rub hands for 20 seconds, including tops of hands and under finger nails.

3. Rinse hands with clean running water.
   - ➤ Again, do not dip hands into a basin of water.

4. Dry hands with a clean towel or allow them to air dry.
   - ➤ It is better to allow hands to air dry than to use a shared or dirty towel for drying.

Session 3: Talking to Your Children About Sexual and Reproductive Health

Session Learning Objectives

Participants will:

1. Address difficulties, outcomes, and consequences of talking to children about love, intimacy, and sex.

2. Learn tips for caregivers wanting to discuss these issues with children and adolescents.

Sexual Decision Making and Talking to Your Children About Sex

(The following is adapted from the American Academy of Child & Adolescent Psychiatry Facts for Families, Page 62. http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/Talking_To_Your_Kids_About_Sex_62.aspx)

Step 1: (10 minutes): Introduction

For adults, parents, and caregivers of OVC, speaking about sexual and reproductive health can be difficult and overwhelming. There are many reasons why such a conversation might be difficult to start, or uncomfortable to have, so we want to provide parents and caregivers with the proper tools and strategies they can use to talk to their children about love, intimacy, and sex.

Talking to your children about love, intimacy, and sex is a part of parenting. Caregivers can be very helpful by creating a comfortable atmosphere in which to talk to their children about these issues. However, many parents avoid or postpone the discussion. Children and adolescents need input and guidance from parents to help them make healthy and appropriate decisions regarding their sexual behavior since they can be confused and overstimulated by what they see and hear. Information about sex obtained by their peers can oftentimes be inaccurate, exaggerated, or understated.

Talking about sex may be uncomfortable for both parents and children. Parents should respond to the needs and curiosity level of their individual child, offering no more or less information than their child is asking for and is able to understand. Getting advice from a clergyman, pediatrician, family physician, or other health professional may be helpful. Books that use illustrations or diagrams may aid communication and understanding.

Step 2: (5 minutes): Discussing intimacy: different ages, interests, and experiences

Children have different levels of curiosity and understanding depending upon their age and level of maturity. As children grow older, they will often ask for more details about sex. Many children have their own words for body parts. It is important to find out words they know and are comfortable with to make talking with them easier. A 5-year-old may be happy with the simple answer that babies come from a seed that grows in a special place inside the mother. Dad helps when his seed combines with mom's seed, which causes the baby to start to grow. An 8-year-old may want to know how dad's seed gets to mom's seed. Parents may want to talk about dad's seed (or sperm) coming from his penis and combining with mom's seed (or egg) in her uterus. Then the baby grows in the safety of mom's uterus for nine months until it is strong enough to be born. An 11-year-old may want to know even more and parents can help by talking about how a man and woman fall in love and then may decide to have sex.

Step 3: (10 minutes): Outcomes and consequences

Most young people will start to have loving or sexual feelings as they grow older. Some develop these feelings sooner than others. However, thinking about being touched or touching others is not unusual. It is important for caregivers to talk to children because people often have these feelings before they are mature enough to think of the consequences of sex. No one should be forced to have sex until he or she is ready.

It is important to talk about the responsibilities and consequences that come from being sexually active. Pregnancy, sexually transmitted diseases, and feelings about sex are important issues to be discussed. Talking to your children can help them make the decisions that are best for them without feeling pressured to do something before they are ready. Helping children understand that these are decisions that require maturity and responsibility will increase the chance that they make good choices.

> **Tips for Trainers:**
>
> Remember that Peace Corps will also be releasing the OVC *Youth Group Manual*, with a Sexual and Reproductive Health section included. There will be thorough explanations and exercises relating to **HIV/AIDS, STIs, and Contraception Methods.** These materials could be relevant to Adult Groups as well and could be used to further their ability and understanding in being able to talk about sex with their children, while also increasing their own skills and knowledge.

Adolescents are able to talk about lovemaking, intimacy, and sex in terms of dating and relationships. They may need help dealing with the intensity of their own sexual feelings, confusion regarding their sexual identity, and sexual behavior in a relationship. Concerns regarding menstruation, contraception, pregnancy, and sexually transmitted diseases are common. Some adolescents also struggle with conflicts around family, religious, or cultural values. Open communication and accurate information from parents increases the chance that teens will postpone sex and will use appropriate methods of birth control once they begin.

Remember that talking about sex includes a wide variety of topics: love, intimacy, puberty, sexual intercourse, break-ups, pregnancy.

Step 4: (10 minutes): Tips and sample questions

In talking with your child or adolescent (at any age and point in time), it is helpful to:

- Encourage your child to talk and ask questions.
- Maintain a calm and non-critical atmosphere for discussions.
- Use words that are understandable and comfortable.
- Try to determine your child's level of knowledge and understanding.
- Keep your sense of humor and don't be afraid to talk about your own discomfort.
- Relate sex to love, intimacy, caring, and respect for oneself and one's partner.
- Be open in sharing your values and concerns.
- Discuss the importance of responsibility for choices and decisions.
- Help your child to consider the pros and cons of choices.

Other parameters that might be useful to take into consideration as you prepare to have that conversation:

- Try to be alone with your child, so that he or she can feel a level of trust and intimacy and for him or her to feel comfortable asking questions and receiving advice.

- Keep the content of the conversation you had with your child private: do not talk about your conversation to others in front of your child under any circumstances – this might decrease the level of trust the child has in you and he or she might not want to come back to you in the future.
- If the atmosphere is tense, change the subject, make a joke: show your care, concern, and support in a way that is constructive to good exchanges.

Talking about sex can happen at every age. Here is a sample of broad (at a young age) to more specific (later in adolescence) questions. In a group, formulate a 2-4 sentence answer to the following questions.

- Where do babies come from?
- Why do babies grow in the mom's tummy? Why not in the dad's?
- Am I going to be a dad/mom? When I will be a dad/mom? Who will be my dad and mom?
- What happens when the baby is born? Does it hurt?
- How many babies can a mom have? Why do some moms not have babies? Can you have babies forever?
- How many babies can a woman have at one time? Why?
- Why do only women and not men get pregnant?
- Can women get pregnant on their own?
- Are there other ways of getting a baby other than having sex?

Answers to these questions could be worded in a smaller or larger amount of detail, depending on the age, experience, and interest of the child or youth asking.

By developing open, honest, and ongoing communication about responsibility, sex, and choice, parents can help their youngsters learn about sex in a healthy and positive manner.

What do children and youth need to know to develop healthy relationships and boundaries?

- Proper names of body parts (penis, testicles, anus, scrotum, vulva, labia, vagina, clitoris, uterus, ovaries) – this is a critical step to respecting the body, normalizing sexual health, and building self-care skills.
- Where babies come from – a man's sperm joins woman's ovum/egg through sexual intercourse.
- A baby grows in the uterus and is born through the vagina.
- Practical knowledge – "where are your private parts?" Explain as soon as possible – this is a protective factor.
- Personal boundaries – My body is mine and my body is private. I do not ask to look at others' private parts and I do not show mine to others.
- Family and cultural beliefs and values about sexuality (e.g., what age to start dating and the rationale for this).
- Basics about menstrual periods, erections, and wet dreams (nocturnal emissions) as normal and healthy processes.
- Continued support building and maintaining personal boundaries, such as when to share information.
- Introduction of how their bodies develop and change during puberty.
- How peers, media, and culture impacts self-image and sexuality.
- Information about birth control and sexually transmitted infections (STI) and how to access sexual health services.
- How to recognize dating relationship problems and end unhealthy relationships safely.

Step 5: (10 minutes): Benefits of birth spacing

Women can die from problems relating to pregnancy, childbirth, and unsafe abortion. When women are able to decide if, when, and how many children they want to have, they are able to prevent many of these complications. Some health problems that birth spacing prevents include:

- *Babies born too soon:* Children (girls under the age of 18) are more likely to die in childbirth because their bodies are not fully grown, and their babies are more likely to die in their first year of life.

- *Babies are born too late:* Older women face more danger in childbearing, especially women who have had many children or have health problems.

- *Babies born too close together:* Women's bodies need time to recover between pregnancies.

- *Having too many babies:* A woman who has had more than four children has a greater risk of death after childbirth from bleeding and other causes.

Health is just one important benefit to birth spacing. Other possible benefits include:

- Women and girls have more time to complete their education.

- Fewer children is less expensive for families and can mean more food.

- Fewer children allows parents to spend more quality time with each child.[47]

Step 6: (10 minutes): Harmful beliefs about women and sexuality

Sexual behavior and how people feel about their own bodies is affected by beliefs about sexuality in a particular community. A few harmful beliefs will be described below. These harmful effects of gender roles, or expectations about how a man or woman should behave, can prevent women from having control over their sexual lives and put them at greater risk for sexual health problems.

1. Harmful belief: Women's bodies are shameful.

Mothers and fathers begin to teach their children about their bodies as soon as they are born. Parents do not do this directly, but a baby learns it by the way the parents hold her and the tone of their voices.

As a little girl grows, she becomes curious about her body. She wants to know what the different parts are called and why her genitals are different from a boy's. But she is often scolded for being curious, and is told that "nice girls" do not ask such things. If she touches her genitals, she is taught that it is dirty or shameful—and that she should keep her sexual parts hidden.

Her parents' reactions teach a little girl that her body is shameful. As a result, she will find it difficult to ask questions about changes in her body as she enters puberty, and about her monthly bleeding, or about sex. She may be too embarrassed to talk to a health worker, because she does not know what parts of her body are called or what questions to ask. When she starts having sex, she is less likely to understand how her body feels sexual pleasure, or to know how to protect herself from unwanted pregnancy or sexually transmitted infections.

2. Harmful belief: A woman cannot be happy without a man.

Some women do not wish to marry or have sexual relationships with men. Other women prefer to have sexual relationships with other women. Although they often face discrimination, many of these women live full, happy lives.

47   Burns, A. August, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro. 1997. Where Women Have No Doctor. Berkeley, California: Hesperian Health Guides, Berkeley, California. http://en.hesperian.org/hhg/Where_Women_Have_No_Doctor:Benefits_of_Family_Planning

The idea that a woman can only be happy if she is with a man is often used as an excuse to control women's lives and has even been used to justify rape. It implies that a woman's ability to have sex is the most important thing about her and her only way to be fulfilled. This belief is frustrating for many women and can keep them from developing in other ways.

3. Harmful belief: Women's bodies belong to men.

In many communities, a woman is treated like the property of her father or husband. As a child, she belongs to her father and he can arrange to have her marry or do whatever work he chooses. Her future husband wants his property to be "pure" and unspoiled by other men, so he expects her to be a virgin. After marriage, he feels he has the right to use her body for his pleasure whenever he wants. He may have sex with other women, but she is to be his alone.

These beliefs can cause great harm. A girl learns that other people make the important decisions about her life—it does not matter what she wants or what skills she could contribute to the community. Because virginity is valued so highly, she may marry at a young age. Or she may try to remain "virgin" by using unsafe sexual practices. For example, she may have sex in the anus (so that her hymen will not be torn), which puts her at great risk for HIV infection. When she starts having sex, she may not be able to use family planning methods with her partner or protect herself from sexually transmitted infections.

But men do not own women's bodies! A woman's body is hers and she should be able to decide how, when, and with whom to share it.

4. Harmful belief: Women feel less sexual desire.

A woman is often taught that it is part of her duty as a wife to meet her husband's sexual demands. But if she is a "good" woman, she will endure sex, not want it.

Again, these beliefs harm a woman's sexual health. First, a woman who believes she should not think about sex will be unprepared to have sex safely. She is less likely to learn about family planning or about how to get and use condoms. Even if she has the information, it will be difficult for her to discuss these things with her partner beforehand. If she can discuss sex, her partner may think she is sexually experienced, and therefore "bad."

Once she is in a sexual relationship, she is likely to let her partner control the kind of relationship they have. This includes when and how they have sex, whether they try to prevent pregnancy or sexually transmitted infections, and whether he has sex with other women. This puts her at great risk for getting infected. Sexual desire is a natural part of life, and a woman can feel as much sexual desire and pleasure as a man.

Conclusion

Caregivers may have grown up in a time or culture where it was not appropriate for girls to have an education, make decisions about their lives, or decide the birth spacing of their children. This can be different for the next generation of children. By listening to children's concerns and sharing useful information, caregivers can help children make good decisions. Caregivers can help girls see the good things about becoming women and help boys learn to value and respect women.

Step 7: (10 minutes): Gender: Sex and Family planning is both partners' responsibility

Sex is about **CHOICE**. Both men and women have the right to **CHOOSE** to:

- Have sex or not, whether or not they have had previous sexual activity (with this partner or another partner)
- Set personal boundaries and limits
- Make sexual decisions without the influence of drugs or alcohol
- Talk to a partner about limits and safety
- Protect each other with a condom and safer sex practices
- Take part in other intimate activities without having sex

When discussing sex with your adolescent and young adult children you can start the conversation off with the following questions:

- Do you believe men and women have different expectations when it comes to sex and relationships? From whom? Why?
- Do you believe that men and women suffer from different types of pressures when it comes to sex and relationships? What kind of pressures? From whom? Why?
- What does it mean for you to have sex? What does it mean for you not to have sex?

Step 8: (10 minutes):

Questions and Uncertainty: Your adolescent and young adult children may come to you to talk about their uncertainty around when to have sex. This can be a very difficult conversation. Remain open to the discussion and approach the topic by sharing some questions that they should be asking themselves before they consider having sex with someone:

Emotional/personal

- Am I feeling pressured by my partner? Someone else? Myself?
- Am I trying to fix a strained relationship?
- Am I trying to feel attractive? Powerful? Loved?
- How would this activity fit in with my personal, religious, or family values?
- Would I feel guilty the next day? Will I feel joyful and fulfilled?
- Do I know my limits and boundaries? Will they be respected?

Physical

- Am I feeling physically aroused?
- Have we talked about and accessed STI protection and contraception if that is a concern?
- Am I physically, emotionally, and socially safe to proceed?
- Am I sober?

Relational/social

- Do I care for this person? Does that matter?
- Have we communicated our limits, values, safer sex plan?

- Do I trust this person?

- Do we want the same thing from sex?

- Will this bring us closer together emotionally as well as physically?

- Will this affect my other relationships?

Note: *Of course, there is no right or wrong answer to these questions. Youth may have other questions that are important for them to consider before choosing to engage in a sexual activity.*

Session 4: Why is Nutrition Important?

Introduction for the trainer

A healthy, productive life requires adequate nutrition. However, two billion people in the world, including nearly 200 million children under 5 years, suffer from under nutrition and its permanent consequences on health, well-being, and economic capacity and growth. Under nutrition in the first 1,000 days of a child's life can cause irreversible stunting and mental impairment. Poor communities in developing countries bear a disproportionate amount of this burden.

- 52 million children are too thin and require special treatment

- 43 million children are overweight (oftentimes as a result of poverty)

- 2 billion people are deficient in key vitamins and minerals

- One in four of the world's children are stunted; and one in three in the developing world, meaning that their bodies and brains have failed to develop properly because of malnutrition

- 80 percent of stunted children live in only 20 countries

- 48 percent of Indian children are stunted

- 2.6 million children die each year as a result of malnutrition

Source: Feed the Future. http://feedthefuture.gov/approach/Improved--Nutrition

Step 1: (10 minutes):

Activity for self-identification — Tell participants to get into small groups and discuss the following questions:

- What are the causes for my child's malnutrition?

- How can I improve that for my family and my community?

Step 2: (15 minutes)

Take time to share with everyone the answers that the small groups came up with in their discussions. Some of the ideas that might have come out of the conversations could include:

Causes of malnutrition:

- Insufficient access to affordable, nutritious **food** throughout the year

- Lack of good **care** for mothers and children and support for mothers on appropriate child-feeding practices

WHY NUTRITION?

Because when...

Communities and nations are productive and stable

Girls and women are well-nourished and have healthy newborn babies

Children receive proper nutrition and develop strong bodies and minds

...the world is a safer, more resilient, and stronger place.

Adolescents learn better and achieve higher grades in school

Families and communities emerge out of poverty

Young adults are better able to obtain work and earn more

Source: Sun[1]

- Inadequate access to **health** sanitation and clean water services
- All rooted in:
  - Political and cultural environment
  - Poverty
  - Disempowerment of women
  - Geographical location and barriers to access

Step 3: (15 minutes): Lead a large group discussion by asking participants:

What are the benefits of eliminating under nutrition in young children at the family level, community level, and the national level?

Family Level:

- Increases overall health and well-being of infants and young children
- Reduces stress and anxiety in the home and family

Community Level:

- Improve school attainment
- Empower women

National Level:

- Boost GNP
- Increase wages
- Reduce poverty

Session 5: Identifying Good Nutrition and Nutritious Foods

Session Learning Objectives

Participants will:

1. Understand the importance of good nutrition.
2. Learn to identify nutritious foods and name their food groups.

Step 1: (10 minutes): What is good nutrition? (from choosemyplate.org)

Eat balanced and healthy meals

Find out how many calories YOU need for a day. Be sure to eat varied types of foods, including different nutrients to fortify and develop different parts of your body. Being physically active also helps you balance calories.

Don't eat too fast and take time to get to know your habits

Take the time to fully enjoy your food as you eat it. Eating too fast or when your attention is elsewhere may lead to bad reactions to food intake (being disgusted, getting sick, having your stomach act up). Pay attention to hunger and fullness cues before, during, and after meals. This will also let you know how many times a day you should eat and will help you determine the best ingredients to eat at each meal (splitting up big meal into two smaller ones).

Foods to eat more often

Eat more vegetables, fruits, whole grains, milk, and dairy products. These foods have the nutrients you need for health—including potassium, calcium, vitamin D, and fiber. Make them the basis for meals.

Make half your plate fruits and vegetables

Make your plate look like a rainbow of colors. Add fruit to meals as part of main or side dishes to make sure you eat all the nutrients you need for the day.

Make half your grains whole grains

To eat more whole grains, substitute a whole-grain product for a refined product—such as eating whole wheat bread instead of white bread or millet instead of white rice.

Drink clean water often

Step 2: (15 minutes): Energy-giving foods: Carbohydrates

The roles of carbohydrate in the body includes providing energy for working muscles, providing fuel for the central nervous system, enabling fat metabolism, and preventing protein from being used as energy. Carbohydrate is the preferred source of energy or fuel for muscle contraction and biologic work. (Iowa State University)

Staples or starches

Staples or starches make up the biggest part of a meal and contribute to providing one with the energy they need to work, stay focused and attentive, and be productive on a given day. Starches include maize, matooke, potatoes, cassava, sorghum, millet, yams, rice, pasta, and bread. Although starches will provide you with energy, they must be combined with other foods (especially fruits and vegetables) to provide enough nutrients to the body.

Sugars, fats, and oils

Sugars are great sources of short-term energy, but are not very nutritious. Sugars should be consumed in moderation, as they contribute to teeth decay and conditions like obesity and diabetes. Lactose sugar can also be found in dairy products, such as milk, although lactose is healthier than sucrose (found in candy and sodas).

Fats and oils are also to be consumed in small quantities. Oil can come from both vegetative sources (corn, simsim, sunflower, cottonseed, shea butter, peanut, palm oil, margarine) and animals (lard, cheese, fatty meat and fish, fish oil).

Instructions: Fill out the third column of the Nutrition Food Chart on Page 124 with answers to the following questions for each carbohydrate category (first two rows):

A. In Square 1) for starches, write what the most common starches found in your community are (write a minimum of three).

B. From the starches you listed in Square 1), circle the ones that are the most accessible (grown nearer to you, cheaper to buy, easier to preserve, etc.).

C. In Square 2), write down three ways in which you can go about accessing these starches.

D. In Square 3), write down three strategies you will use to accommodate these starches into your diet (e.g., altering the crops your community grows, the way you prepare food, or the food you purchase in order to fulfill your family's nutrition needs, etc.).

E. In Square 1) for sugars, fats, and oils, write what the most common ones found in your community are (write a minimum of three).

F. From the sugars, oils, and fats you listed in Square 1), circle the ones that are the most accessible.

G. In Square 2), write down three strategies you will use to limit the consumption of these sugars, fats, and oils, or ways in which you will consume them wisely (e.g., limiting children's consumption of sugary drinks to once or twice a week, replacing sugar snacks with fruits, etc.).

Step 3: (15 minutes): Body-building foods: Proteins

Every cell in the human body contains protein. It is a major part of the skin, muscles, organs, and glands. You need protein in your diet to help your body repair cells and make new ones. Protein is also important for growth and development during childhood, adolescence, and pregnancy. Proteins are essential for cell growth and also support the functioning and formation of the general structure of all tissues, including muscles, bones, teeth, skin, and nails. There are two main types of proteins:

Animal proteins

Protein is found in meats, milk, fish, and eggs, and other milk-derived or dairy products, such as cheese and yogurt.

Plant proteins, which come from beans and peas

Protein is found in plant sources, such as soy, beans, legumes, nut butters, and some grains (such as wheat germ). You do not need to eat animal products to get all the protein you need in your diet. Vegetarians are able to get enough essential amino by eating a variety of plant proteins.

Other good sources of protein include:

- Pinto beans, black beans, kidney beans, lentils, split peas, or garbanzo beans
- Nuts and seeds, including almonds, hazelnuts, mixed nuts, peanuts, peanut butter, sunflower seeds, or walnuts (just watch how much you eat, because nuts are high in fat)

Tofu, tempeh, and other soy protein products ***Instructions: Fill out the third column of the Nutrition Food Chart on Page 124***

with answers to the following questions for each protein category:

H. In Square 1) for animal proteins, write what the most common animal proteins found in your community are (write a minimum of three – it can be different types of meats, fish, etc.).

I. From the animal proteins you listed in Square 1), circle the ones that are the most accessible (animals reared nearer to you, cheaper to buy, easier to preserve, etc.).

J. In Square 2), write down three ways in which you can go about accessing these animal proteins.

K. In Square 3), write down three strategies you will use to accommodate these animal proteins into your diet (e.g., altering the crops your community grows, animals they rear, the way you prepare food, or the food you purchase in order to fulfill your family's nutrition needs, etc.).

L. Repeat steps H-K for the section on plant proteins.

Step 4: (15 minutes): Protective foods: Fruits and vegetables from choosemyplate.org

Vegetables are rich in minerals, vitamins, and many other important nutrients that strengthen the immune system. You may escape a lot of diseases by consuming vegetables. Vegetables like garlic, carrot, leeks, onions, bell peppers, asparagus, tomatoes, potatoes, sweet potatoes, squash, and all the green and leafy vegetables are healthy for your heart.

There is a very wide variety of fruits and vegetables, and those are to be consumed as often as possible, as part of meals, snacks, or deserts. Both fruits and vegetables are important for a person's body throughout his or her life, and not only during childhood. Fruits and vegetables bring many nutrients necessary to one's health and well-being.

The primary role of fruits and vegetables in the diet is to provide vitamins A, C, and K, as well as folic acid and the mineral potassium. Further, fruits and vegetables provide fiber, carbohydrates, and some trace minerals. Vegetables also provide small amounts of protein.

In addition to nutrients, fruits and vegetables help in the prevention of chronic diseases such as heart disease, cancer, and diabetes.

Instructions: Fill out the third column of the Nutrition Food Chart below with answers to the following questions for each carbohydrate category (first two rows):

M. In Square 1) for vegetables, write what the most common vegetables found in your community are (write a minimum of three).

N. From the vegetables you listed in Square 1), circle the ones that are the most accessible (grown nearer to you, cheaper to buy, easier to preserve, etc.).

O. In Square 2), write down three ways in which you can go about accessing these veggies.

P. In Square 3), write down three strategies you will use to accommodate these veggies into your diet (e.g., altering the crops your community grows, the way you prepare food, or the food you purchase in order to fulfill your family's nutrition needs, etc.).

Q. Repeat steps M-P for the section on fruits.

Nutrition Food Chart

Starches	*Note to trainer: Draw examples of local starchy foods here like rice and bread*	1.
		2.
		3.
Sugars, Fats, and Oils	*Note to trainer: Draw examples of local foods like sugar, fats and oils here*	1.
		2.
Animal proteins	*Note to trainer: Draw examples of proteins found in the local area here*	1.
		2.
		3.

Plant proteins	*Note to trainer: Draw examples of beans and legumes found in the local area here*	1.
		2.
		3.
Vegetables	*Note to trainer: Draw examples of vegetables found in the local area here*	1.
		2.
		3.
Fruits	*Note to trainer:Draw examples of fruits found in the local area here*	1.
		2.
		3.

Step 4: (20 minutes)

Taking good nutrition into account and building off personal tastes

Now that we have explored the different food groups and their attributes, let's come back to the earlier presentation on good nutrition. Individually at first, think about all the questions below and any others that you might think of related to your diet, and come up with **three strategies** to have your meals, as closely as possible, resemble the healthy diet we discussed previously.

- What are some of your favorite foods? Why do you think you like them so much?

- What are some of the foods you eat the most of? How often do you have them every week?

- What are some foods available to you that you choose not to consume? Why?

- When you have written down your three strategies, form a group of 3-4 people and compare your ideas. Then, come up with at least three points to answer the following questions:

- How much of a difference are you hoping to make to your diet, and how much will your habits change as a result?

- How much insight do you think you learned from today's session, and how do you hope to implement the advice and materials you learned to help your family, friends, and community eat healthier?

Have groups choose a spokesperson to present the five best individual strategies from the group, and present the groups' answers to the group conversation. Give other groups or individuals the chance to react or respond after each group spokesperson's presentation.

Conclude by asking the group which they thought were the three safest, most effective, or less costly strategies and community outreach techniques and why.

> **Tips for Trainers:**
>
> In order to facilitate discussion and take note of the community member's ideas, a good idea would be for the counterpart to lead the discussion and encourage participation, and have the PCV act as a note-taker.

Step 5: (20 minutes): Micronutrients

Key micronutrients include:[48]

Common Micronutrient Deficiencies

VITAMIN	WHERE TO FIND IT	CONSEQUENCES OF DEFICIENCY
Vitamin A	Animal source foods, carrots, orange vegetables (such as sweet potatoes or pumpkins), peppers, dark leafy greens (spinach, kale, collards, turnip greens, beet greens), winter or butternut squash, cantaloupe, apricots, lettuce; or fortified sugar or oil, supplements for pregnant mothers and young children	Retarded growth and development (particularly sexual development in males), impaired immune system
Zinc	Animal source foods (red meat and sea food like shrimp, oysters, and crabs especially), dairy, nuts, beans, whole grains, seeds (roasted pumpkin and squash seeds, dried watermelon seeds, sesame seeds), oats, cereals, chocolate; or oral rehydration solutions, zinc supplementation	Retarded growth and development (particularly sexual development in males), impaired immune system
Iron	Animal source foods (especially red meat), fortified staple foods, beans, egg yolks, dark leafy greens (spinach, collards), dried fruit, mollusks, artichokes	Impaired immune function, retarded cognitive development and metabolism, iron deficiency anemia (IDA)
Iodine	Dairy and eggs, seafood (fish, shrimp), coastal plants (e.g., seaweed), iodized salt, baked potatoes, cooked beans, canned tuna	Impaired nervous system development, reduced mental function, mental retardation, increase risk of miscarriage, swollen thyroid gland

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48   Source of images in illustration reference list at the end of the manual.

Other Micronutrients (for mothers and young children)

VITAMIN	WHERE TO FIND IT	CONSEQUENCES OF DEFICIENCY
Folic Acid	Dark leafy greens, asparagus, broccoli, citrus fruits (papaya, oranges, grapefruit, berries), beans, peas, lentils, avocado, okra, Brussels sprouts, seeds, nuts, cauliflower, beets, corn, celery, carrots, squash, sprouts, wheat	Loss of appetite, weight loss, weakness, sore tongue, headaches, heart palpitations, irritability, anemia. For pregnant women: low birth weight, premature infants, neural tube defects
Calcium	Dark leafy greens, cheese, milk, yogurt, soy products (e.g., tofu), cabbage, okra, broccoli, beans, nuts, canned fish, seeds, cereal	Osteoporosis: decrease of bone calcium content, hypertension, arteriosclerosis, diabetes mellitus, neurodegenerative diseases, malignancy, and degenerative joint disease

Other Less Common Micronutrient Deficiencies

VITAMIN	WHERE TO FIND IT	CONSEQUENCES OF DEFICIENCY
Vitamin C	Peppers, guavas, herbs, dark leafy greens, kiwi, papayas, tangerines (oranges, clementines), strawberries, kale, broccoli, cauliflower, Brussels sprouts, sweet potatoes, cantaloupe	Scurvy, low energy and fatigue, increased bruising and tenderness in the mouth, swollen and bleeding gums
Thiamin or Vitamin B1	Yeast extract spread (marmite), sesame butter, seeds, herbs and spices, nuts (pine, pistachio, pecans, macadamia), peas, beans	Beriberi: anorexia, tingling in lower legs, rapid pulse, difficulty walking, loss of feeling in feet
Riboflavin or Vitamin B2	Yeast extract spread (marmite), dried herbs, spices, and peppers, nuts, soybeans, cheese, wheat, seeds, fish, sun-dried tomatoes, spinach, tempeh, cow and goat milk, yogurt, eggs	Ariboflavinosis: changes to the tissues around the mouth, including the tongue, inflammation of the tongue, cracking and lesions to the lip
Niacin or Vitamin B3	Yeast extract spread (marmite), fish, rice, wheat, paprika, animal source foods, sun-dried tomatoes, nuts, milk, cereal, carrot leaves, turnips, celery leaves, seeds, yeast	Pellagra: inflammation of the skin, diarrhea, dementia and complications to the nervous system (tremors, insomnia, anxiety)
Vitamin D	Cod liver oil, fish and shellfish (oysters), soy products, pork (salami, ham, sausages), dairy products, eggs, mushrooms	Rickets: Mostly affecting young children with swelling of the wrists and ankles, decreased muscle tone and deformations of the spine, bowing of the legs, twitching, and convulsions

Looking at the list above and in groups, list all of the micronutrients you gain from eating the following:

- Eggs
- Animal products (meat)
- Leafy greens (spinach, kale, etc.)
- Beans
- Peas
- Seeds
- Nuts

Answers:

- **Eggs:** Iron, Iodine, Vitamin D
- **Animal products:** Zinc, Iron, Niacin or Vitamin B3
- **Leafy greens:** Vitamin A, Iron, Folic Acid, Calcium, Vitamin C, Riboflavin or Vitamin B2
- **Beans:** Zinc, Iron, Iodine, Folic Acid, Calcium, Thiamin or Vitamin B1, Riboflavin or Vitamin B2
- **Peas:** Folic Acid, Thiamin or Vitamin B1
- **Seeds:** Zinc, Folic Acid, Calcium, Thiamin or Vitamin B1, Riboflavin or Vitamin B2
- **Nuts:** Calcium, Folic Acid, Zinc, Thiamin or Vitamin B1, Riboflavin or Vitamin B2

From the table above, identify the most common types of food found in your area and discuss how to prepare the most balanced meals for your family in regards to micronutrients.

Session 6: Importance of Nutrition for OVC and Caregivers Affected by HIV/AIDS

Session Learning Objectives

Participants will:

1. Understand the challenge of nutrition for caregivers affected by HIV/AIDs.

2. Learn the importance of Prevention of Mother to Child Transmission of HIV.

Step 1: (5 minutes): United Nations Info and Facts

The U.N. estimates that:[49]

- Of the 34 million people living with HIV worldwide in 2010, children under 15 accounted for an estimated 3.4 million, or 10 percent.
- Of the estimated 2.7 million newly HIV-infected people in 2010, 390,000 were children under 15.
- An estimated 1.5 million pregnant women were living with HIV in low and middle income countries in 2010.

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49   UNAIDS World AIDS Day Report, 2011. "How to get to zero: Faster. Smarter. Better." Joint United Nations Programme on HIV/AIDS (UNAIDS). Accessed June 16, 2014. http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/jc2216_worldaidsday_report_2011_en.pdf

- Sub-Saharan Africa bears the biggest burden of HIV, with 68 percent of the 34 million people living with HIV worldwide residing in this region. Sub-Saharan Africa is also home to 91 percent of all children living with HIV, and women represent nearly 60 percent of HIV infections.

- In 2010, an estimated 1.8 million people died of AIDS-related causes. Approximately 250,000 of these were children under 15 years of age.

- Fifteen million children under the age of 18 have lost one or both parents due to AIDS-related causes, including nearly 12 million in sub-Saharan Africa.

Step 2: (5 minutes): Prevention of Mother to Child Transmission (PMTCT) of HIV and infant feeding[50]

Every day about 1,000 children under the age of 15 years are infected with HIV. Although this rate is declining, more than 90 percent of these new infections occur through mother-to-child transmission of the virus. In the absence of any preventative interventions, an infant born to and breastfed by an HIV-infected woman who is not taking antiretrovirals has roughly a one-in-three chance of acquiring infection. This can happen during pregnancy, during labor and delivery, or after delivery through breast-feeding. Timely administration of antiretroviral drugs significantly reduces the risk of HIV transmission. In 2010, an estimated 48 percent of pregnant women living with HIV in low and middle income countries received antiretroviral regimens to prevent transmission of the virus to their infants.

Breast milk contains all the necessary nutrients for newborns and young infants and provides protection from childhood diseases such as diarrhea and pneumonia. However, breast milk also contains the virus and potentially infects the breastfed infant if the HIV-positive mother is not taking medication. HIV-infected mothers used to face an agonizing choice when deciding how to feed their infants. If a mother does not breast-feed, her infant will be six times as likely to die from childhood disease in the first two months of life, but if she chooses to breast-feed, her infant may acquire the virus. Now, recent scientific evidence has shown that antiretroviral drugs reduce the risk of transmission and that mothers living with HIV can now safely breast-feed their infants.

Step 3: (15 minutes): Activities: Role-Play

Materials needed:

- Doll(s) or other item to represent a young child

- Mealtime props (could be table, mat, stools, or anything else that is a typical setting for meals in-country)

- Plates, cups, utensils, as appropriate

This activity serves to underline the unique obstacles and considerations in nutrition for OVC and their caregivers.

Ask volunteers to perform one or more role-play(s) that models behaviors around young child feeding practices that participants may observe in their communities. The instructions below are only intended to guide the role-plays, while the activity can be enhanced based upon local context. PCVs are *strongly encouraged* to use locally appropriate food items, sayings, behaviors, communication styles, and other context-specific factors to adapt the role-plays, even if they completely change it altogether. In the end, the role-plays should demonstrate feeding behaviors.

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50   UNICEF. June 21, 2012. "HIV and Infant Feeding" Last accessed June 16, 2014. http://www.unicef.org/nutrition/index_24827.html

Post Adaptation: The role-play should be adapted for the local context. PCVs are encouraged to strongly consider involvement of the language training staff to perform as actors in the role-play and to do so in the local language, if deemed appropriate.

Participants will be asked to discuss what they have seen in the role-play(s). Responsive or active feeding will be stressed.

Role-Play No. 1 Nutrition and feeding considerations for orphans and vulnerable children:

Maya is a young girl (age 15) and Hassan is a young boy (age 13). Hassan's parents have died of AIDS recently, and Maya's mother has taken him in. Maya and her mom are having dinner. Maya's dad is away visiting a sick brother and Maya's baby sister is already asleep. As Rokia, Maya's mom, starts serving stew into bowls, Hassan comes into the house. Because it is nightfall, his outdoor work for the day is over.

Maya: Hassan! You look sick, are you alright?

Hassan: Hi Maya, it's OK, I'm just tired. It's been a long day.

Maya: Mom has made some stew, would you like some?

Hassan: I would love…

Rokia (interrupting Hassan): Maya! I am the mother. I am the one who decides who eats the food I make, how much they eat of it, and at what time they eat it. Sit down, now! Hassan, take this barrel and go fetch some fresh water.

Maya: But can he eat before he goes? He's been working all day?

Rokia: Maya, I will not say it again. Sit down and eat your stew. Hassan – go, now.

[Hassan looks at Maya with a sad but grateful look and leaves the house with the barrel]

Maya: Mom, I'm sorry I spoke up rudely, I did not mean to offend you, but I do not understand why you treat Hassan that way. He's a growing boy and needs food, too, not just whatever is left after the three of us eat it all.

Rokia: Maya, I understand your concern, but Hassan is not my son. I have two daughters and my responsibility is first and foremost to feed them. If there is extra food I can spare, I will, but I cannot make Hassan my priority.

Maya: Thank you for telling me your reasons. I know that it is not Hassan's fault that his parents contracted and died of AIDS, but because we accepted to take him in, and as a service to your good friend who was Hassan's mom, I think it is only fair that you treat him like one of us.

Rokia: What kind of sacrifice does that mean for us?

Maya: It doesn't have to be a sacrifice! It can be everyone working a little longer in the evening so Hassan is not left with all the workload. It means taking turns cooking or fetching the water. It means also letting Hassan go to school so he can bring income into this household when he is older. But most of all, it is treating him like you would treat me.

Rokia: What do you mean, Maya?

Maya: I mean that if Hassan resents you all his life for always treating him badly, he will have no gratitude for you. In this situation, he has no one else to turn to, and I think we should embrace him as a new member of our family, and that way when you grow older, he will be taking care of you with me. I think that's a good financial reason, but I feel that other things are important as well, where there is no gain on our part, but where we are providing him with experiences he will never have otherwise.

Rokia: I'm listening, tell me more.

Maya: In addition to letting Hassan to go to school like me, I think it is important that we include Hassan at dinner. He should eat what we eat and when we eat it. He's a growing boy; he needs food to keep him strong and healthy. Also, because he is an orphan now, he needs a more stable family structure and needs to feel that people love and care about him.

Rokia: Maya dear, why are you telling me all this? Where does it come from?

Maya: Mom, what if it was me in Hassan's situation – what if something happened to you and dad and I was taken in by Hassan's parents? Would you want me to be left isolated and hungry?

Rokia: You are right, I wouldn't. What a smart girl you are. Put down your bowl and let's wait for Hassan to come home so we can all eat together. Tomorrow morning, before school you will go with him to fetch the water, and then you will go on your own in the afternoon. We will split things that way and I will talk to the schoolteacher to see what class Hassan can join.

Discussion questions:

Why did Rokia not want to feed Hassan?

What was keeping her from treating Hassan like another member of the family?

How do community members view orphans and vulnerable children?

Why did Maya think that Hassan needed to be cared for in the same way as the other children in the family?

Why was Hassan unable to speak up about his feelings?

Why is it important to be discussing the details of how children are fed?

What are some positive and negative behaviors you have observed in your communities concerning responsive or active caregiving practices for orphaned and vulnerable children?

Role-Play No. 2 Feeding considerations for HIV positive mothers:

Abeena (age 26) is HIV-positive. She knows she is pregnant and wants to see her doctor to know how to safely give birth to her baby. The doctor is standing outside the clinic and sees her approach:

Doctor: Good morning, Abeena! It's so nice to see you, how is everything?

Abeena: Good morning Doctor, it is great to see you. I am coming in for a checkup! Salif is going to have a little brother or sister. Unfortunately, Salif was born HIV positive, but I have heard from a friend that it is now possible to give birth to an HIV-negative baby even if the mother is infected, with the only constraints being taking ARV and breast-feeding!

Doctor: Abeena, you are right, and you have come to the right place! Let me explain to you why it works that way: breast milk contains all the necessary nutrients for newborns and young infants and provides protection from childhood diseases such as diarrhea and pneumonia. However, breast milk also contains the HIV virus and potentially infects the breastfed infant if the HIV-positive mother is not taking medication. HIV-infected mothers used to face an agonizing choice when deciding how to feed their infants. If a mother does not breast-feed, her infant will face a six times greater chance of dying from childhood disease in his or her first two months of life, but if she chooses to breast-feed, her infant may acquire the virus. Now, recent scientific evidence has shown that antiretroviral drugs reduce the risk of transmission and that mothers living with HIV can now safely breast-feed their infants.

Discussion questions:

What were some of the words that you heard from the doctor?

Were there some words that demonstrated patience/impatience?

How did the mother/caregiver deal with frustrations?

Did the way that he or she used words demonstrate confidence?

Were there specific words of encouragement or discouragement that you identified?

Why is it important to be discussing the details of how children are fed?

What are some positive and negative behaviors you have observed in your communities concerning responsive or active feeding practices for young children, particularly those affected by HIV?

Session 7: Nutrition for Pregnant and Breast-feeding Mothers

Session Learning Objective

Participants will:

Learn about nutrition recommendations for pregnant, breast-feeding, and postpartum mothers and infants, including supplementation.

Step 1: Recommendations for pregnant women[51]

In pregnant women, under nutrition increases the chances of dying due to pregnancy complications and of delivering an underweight baby. Children who are born underweight are at risk of suffering from acute infectious diseases, as well as chronic diseases and physical and cognitive impairments. The result is a vicious cycle in which succeeding generations of poor people are vulnerable to death, disease, cognitive impairment, reduced productivity due to under nutrition, and continuing poverty.[52]

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51   The Mother and Child Health and Education Trust. January 2014. "Essential Nutrition Actions (ENA): Key Messages and Actions. Messages to Improve the Nutrition of Women & Young Children: Key Messages During the Lifecycle of Children and Women." Accessed June 16, 2014. http://motherchildnutrition.org/nutrition-protection-promotion/essential-nutrition-actions/ena-key-messages-actions.html#Women's Nutrition: Diet and Micronutrients.
52   Bill & Melinda Gates Foundation. 2014. http://www.gatesfoundation.org/What-We-Do/Global-Development/Nutrition. Last accessed June 16, 2014.

Eat Well: A pregnant woman should gain 10-12 kilograms (22-26.7 pounds) during the course of pregnancy for the delivery of a well-nourished and full-term baby. Increased energy consumption (food intake) and decreased energy expenditure (physical activity) will help you achieve this. Eat a variety of foods, including animal products (meat, fish, milk, eggs), fruits, and vegetables.

Iron: Pregnant women have increased needs for iron because of the additional needs of the unborn baby and for replacing blood lost during child birth. Inadequate iron intake will lead to anemia, which will make pregnant women unwell and tired. It also increases the risk of premature birth, low birth weight baby, and maternal death. The usual diet cannot meet the iron requirement of a pregnant woman. Take iron/folic acid tablets throughout pregnancy and continue until six weeks after delivery. Take pills with food to reduce common side effects, such as nausea, abdominal pains, and constipation. Do not take them with tea as tea makes the iron unavailable for absorption. Take iron tablets with foods that contain vitamin C, such as oranges, passion fruit, mango, or pineapple to assist absorption of iron. Foods rich in iron include red meat, liver, fish, poultry, millet, beans, groundnuts, and green leafy vegetables. Dark stools are normal when taking iron tablets.

Malaria: Malaria causes anemia, which will make pregnant women unwell and tired. It can also cause babies to be born dead or weak. Malaria can be unseen but still affect the unborn child. Do not keep the medicine until you feel sick, but swallow it to prevent malaria.

Worms: Intestinal worms can cause anemia, which leads to tiredness and poor health. Deworming tablets can be taken twice, after the first trimester.

Vitamin A: Breast milk is the main source of vitamin A for a child's first two years of life. Giving a vitamin A capsule to breast-feeding mothers improves the quality of breast milk, giving extra protection to the baby. Vitamin A helps the body resist and fight diseases. Improving vitamin A status reduces the severity of childhood illnesses and increases chances for survival. Also eat foods naturally rich in vitamin A: green leafy vegetables such as dodo, nakati and sukumawiki, carrots, pumpkin, mango, pawpaw, eggs, liver, and ghee.

Iodine: Iodine deficiency is the world's single most common cause of preventable mental retardation and brain damage. Iodine-deficient populations have their intelligence reduced by 13.5 IQ points. Iodine cannot be stored well in the body. Humans need little quantities every day. Iodized salt is the best way to ensure we do get the iodine the body needs for optimal functioning.

Step 3: Recommendations for infants

Breast milk: Breast milk is the best food for the healthy growth and development of infants. Infants should be *exclusively breastfed* for the first six months of life to achieve optimal growth, development, and health. After six months, they should be fed adequate and safe complementary foods while continuing breast-feeding for up to 2 years of age or beyond.

Complimentary Foods: Complementary foods should be rich in nutrients and given in adequate amounts. At 6 months, caregivers should introduce foods in small amounts and gradually increase the quantity as the child gets older. Young children should receive a variety of foods, including meat, poultry, fish, or eggs as often as possible. Infants can eat pureed, mashed, and semi-solid foods beginning at 6 months, from 8 months, most infants can eat "finger" foods, and from 12 months, most children can eat the same types of foods as consumed by the rest of the family. The consistency of foods should be appropriate for the child's age. Complementary foods should be given 2–3 times a day between 6–8 months, increasing to 3–4 times a day between 9–11 months. Between 12–23 months of age, 3–4 meals should be given. Also, depending on the child's appetite, 1–2 nutritious snacks can be offered between meals.

Responsive Feeding: In addition to providing an adequate variety, amount, and frequency of foods, it is important that caregivers practice responsive feeding. That is, they should feed infants directly and assist older children when they feed themselves; feed slowly and patiently and encourage children to eat, but not force them; and when children refuse to eat, experiment with different combinations of foods. Feeding times are periods of learning and love — they are a time for caregivers to talk to the child, making eye-to-eye contact.

Principles of Responsive Feeding

- Assisting children to eat, but permitting them to begin feeding themselves when appropriate
- Paying attention to cues or signals (of willingness to eat, pleasure/displeasure, signs of fullness, having eaten enough)
- Patience, feed slowly with encouragement, not force
- Talk to children and provide eye-to-eye contact during feeding

Intermittent Iron: Intermittent use of iron supplements for preschool and school-age children improves iron status and reduces the risk of childhood iron deficiency anemia.

Multiple micronutrient powders: Fortifying foods are to be consumed by infants and children 6–23 months of age.

Vitamin A supplementation: The control of vitamin A deficiency includes breast-feeding, vitamin A supplementation for children 6-59 months of age and post-partum women, dietary diversification, and promotion of the consumption of fortified foods.

Nutrition plays a crucial role in the early months and years of life, while appropriate feeding practices is vital to achieving optimal health. Lack of appropriate feeding in early childhood is a major risk factor for ill health throughout the course of life. The lifelong impact may include poor school performance, reduced productivity, impaired intellectual and social development, or chronic diseases.

Diets that are deficient in key micronutrients can affect brain and cognitive development, stunt growth, and lead to death among women and children. In sub-Saharan Africa and Asia, many children suffer from severe infections, chronic medical problems, and permanent neurodevelopmental impairments due to lack of vitamin A, iron, folic acid, iodine, zinc, and other essential nutrients.[53]

One of the most effective ways to improve the health of infants is for mothers to breast-feed exclusively from birth to age 6 months and to continue breast-feeding through age 2, supplementing with other appropriate (complementary) foods.[54]

Most women in developing countries breast-feed their infants, but few do so optimally due to work commitments, cultural beliefs, lack of social support, or other barriers. More than 500,000 child deaths each year are attributable to inadequate breast-feeding.

Techniques for postpartum mothers: how to address difficulties and challenges:

- Promote increase in physical activity
- Promote breast-feeding
    - developing social support resources for breast-feeding women,
    - training health care professionals to promote breast-feeding among their patients,
    - establishing maternity care practices and policies that promote breast-feeding, and
    - establishing workplace programs and policies that promote breast-feeding.
- Increase fruit and vegetable consumption

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53   Ibid.
54   Ibid.

Session 8: Identifying Existing Community Services to Work With

Session Learning Objectives

Participants will:

1. Review key definitions.

2. Complete solutions activity.

3. Complete group discussion activity that explores how to talk with caregivers about nutrition.

Step 1: (5 minutes): The health care obstacle course – an overview[55]

Hunger, sickness, infections, and accidents affect everyone in a community. Participants should be aware of the obstacles to health care access and good levels of care, nutrition, and sanitation that many people face every day. Encouraging participants to find solutions to these problems heightens their awareness of the issues and enables them to realize that members of a community can help each other in concrete ways. This activity engages participants in creative problem solving though a time-limited process of generating solutions to different health-related problems. Small groups circulate around the room and write down solutions to each of the health care obstacles.

Step 2: (10 minutes): Remind participants of a few definitions:

Food Insecurity = the inability to gain access to food on a regular basis.

Under nutrition = poor nutritional status due to inadequate food intake; can take two forms:

- **Chronic malnutrition** = results from regular nutritional deficits affecting growth and development. It impedes a number of biological processes that disrupt functionality in the body, resulting in reduced growth and development, or stunting (see definition).

- **Acute malnutrition** = immediate and severe nutritional deficit, which can be life-threatening. Manifests itself with wasting or bilateral edema (when the ankle or foot swells) and closely linked to child mortality.

Remember: low weight for age and height

Wasting = Over a relatively short period of deprivation, the body depletes fat stores and starts losing weight. **Remember: low weight for height**

Stunting = An impaired linear growth is called stunting. Reduction in physical and cognitive development are often linked to lower educational attainment, decreased lifetime earnings, and a number of chronic health issues. **Remember as: low height for age**

Over nutrition = poor nutritional status due to eating the wrong types of foods, or by eating too much food. This can result in overweight or obese nutritional statuses. Abundance of calories and weight gain are both risk factors for a number of chronic diseases, including diabetes, hypertension, heart disease, and stroke. **Remember: high weight for age and/or height**

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55   World Food Programme. 2014. "Classroom Activities - The Hunger Obstacle Course." http://www.ceesa.org/phocadownload/servicelearning/part_3_organizations_resources/15_
      WorldFoodProgramme/11_wfp_hungerobstacle.pdf. Accessed June 16, 2014.

Micronutrients malnutrition or "hidden hunger" = occurs when an individual does not get an adequate amount of micronutrients (such as zinc and iodine). Although small, micronutrients are essential for good health, and micronutrient deficiencies can cause serious health problems.

Step 3: (10 minutes): In pairs answer the following questions:

Which of these types of malnutrition is breast-feeding protective against? Particularly exclusive breast-feeding?

Which of these types of malnutrition is likely to be positively impacted by increased consumption of fortified foods?

In a setting where there is an abundant amount of food, but limited variety, what type of malnutrition might be expected?

In a setting where food is accessed primarily through the market and highly processed foods are often the least expensive, which types of malnutrition might be expected?

Which type of malnutrition is likely the most reversible?

Step 4: (20 minutes): [56]

Instructions

- Place flip chart sheets of paper or poster boards around the room. Tape one obstacle to the top of each board.
- Divide the participants into five groups and give each group a different color marker.
- Assign each group a starting obstacle and decide which way the groups should rotate.
- Tell the groups they will have two minutes at each station to think of as many solutions as they can for dealing with the obstacle. They are to write their solutions, beginning immediately below the obstacle card.
- Use a whistle or bell to start and stop every two minutes.
- Make sure the group members know they cannot repeat any solution already listed.
- Repeat the process until all groups have had a chance to respond to each obstacle.
- Once finished, look at each obstacle individually and discuss some of the best solutions. Also have them consider what would happen if two or more of the solutions were combined.
- You can also use the ideas for solutions to help figure out additional solutions and see how some solutions could help solve multiple obstacles.
- Ask for any participants to share solutions or any questions, comments, or concerns they may have.

Sample obstacles (for adults):

1. **HIV PREVENTION:** As you tell an HIV-positive friend about what you have learned in your lesson about breast-feeding, she tells you that she does not want to be told how to raise her child by a stranger, and tells you she will be breast-feeding her child and giving him water. What do you tell her? Why and how?

2. **IMMUNIZATIONS:** Your sister lost her 2-year-child. The community members have spread rumors that the child died because of a vaccination they received at the health center. Your sister does not want to get her newest born vaccinated. What do you tell her?

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56   Ibid.

3. **WASH:** You know it is important for your children to wash their hands after using the toilet but you do not have enough money to always have soap available for them. What do you do?

4. **STIs and CONTRACEPTION:** You know your teenage son is becoming more interested in girls and sexual relationships. You heard that if you talk to your son about using condoms, it will just encourage him to use them. How do you deal with this?

5. **NUTRITION:** Your friends have been talking about the new shops and supermarkets opening in town. They have a belief that the foods that are there are more expensive and therefore more nutritious than what you can find in your local community or grow in your garden. How will you discuss accessible nutritious foods with them?

CONCLUDING ACTIVITY — NUTRITION

For this activity, participants should arrange themselves/be arranged into four groups. The PCV or counterpart should facilitate discussion by asking the question out loud and leaving groups to brainstorm for five minutes before bringing it back to the larger group and going over the possible correct responses.

A. What questions should one ask a mother who has a baby who will soon be 6 months old?

- Do you know why it is important to wait until six months before feeding your child anything besides breast milk?
- How will you continue to breast-feed?
- How often will you need to feed your 6- to 8-month-old?
- What should you feed your child?
- What consistency should the food be?
- What amount should you feed your 6- to 8-month-old child?
- Do you know where to get vitamin A supplements when your child is 6 months old?
- When will you come back for the next vitamin A supplement after the first six months?

B. How can participants and their work partners help mothers, caregivers, and parents make sure their children are properly fed?

- Discuss feeding recommendations in accordance with the child's age with the mother, father, grandmother, and entire family (if possible).
- Congratulate and encourage the mothers/caregivers to continue breast-feeding through 2 years of age.
- Encourage parents to give many different types of food, including foods rich in vitamin A and iron, to their children.
- Encourage parents to bring their children to the health center in case of malnutrition, weight loss, or edema.
- Encourage parents to have a garden with different green leafy vegetables and orange/yellow vegetables and fruits.
- Raise awareness among the population to use only iodized salt.
- Encourage parents to call on support groups if difficulties occur.
- Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for vitamin A at 6 months, and deworming beginning at 2 years of age.
- Encourage sleeping under a long-lasting insecticide-treated bed net every night to protect against malaria (in malaria-endemic regions).

C. Why should vitamin A be administered to children every six months from the age of 6 months to 5 years?

- Vitamin A supplementation ensures the child's growth.

- Reinforces the child's health.

- Protects the child from severe forms of infections, such as diarrhea and respiratory diseases, thus reducing the risk of death.

- Improves the child's sight and prevents night blindness, which can lead to childhood blindness.

D. Which foods are rich in vitamin A in your community?

- Colostrum and breast milk are important sources of vitamin A.

- Ripe orange/yellow fruits (papaya, mangos).

- **Post Adaptation:** Post should identify locally available fruits to highlight here.

- Orange/yellow vegetables (carrots, pumpkins)

- **Post Adaptation:** Post should identify locally available vegetables to highlight here.

- Liver and green leafy vegetables.

E. How can participants and their work partners help mothers, caregivers, and parents make sure their children are properly fed?

- Discuss feeding recommendations in accordance with the child's age with the mother, father, grandmother, and the entire family (if possible).

- Congratulate and encourage the mothers/caregivers to continue breast-feeding through 2 years of age.

- Encourage parents to give many different types of food, including foods rich in vitamin A and iron, to their children.

- Encourage parents to bring their children to the health center in case of malnutrition, weight loss, or edema.

- Encourage parents to have a garden with different green leafy vegetables and orange/yellow vegetables and fruits.

- Raise awareness among the population to use only iodized salt.

- Encourage parents to call on support groups if difficulties occur.

- Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for vitamin A at 6 months, and deworming beginning at 1-2 years of age.[1]

- Encourage sleeping under a long-lasting insecticide-treated bed net every night to protect against malaria (in malaria-endemic regions).

F. Why should a baby eat foods rich in iron?

- To gain more strength.

- To reinforce a child's health and physical and intellectual development.

G. Which foods are rich in iron?

- Breast milk (not overly rich, but iron highly bioavailable), meat, fish, lentils, green leafy vegetables, and iron-fortified cereals/grains.

H. Why should children be dewormed every six months, starting at 2 years?

- Some worms feed exclusively on blood and if the child has them, he or she can become thin and weak.

I. How can participants and their work partners help mothers, caregivers, and parents make sure their children are properly fed?

- Discuss the feeding recommendations in accordance with the child's age with the mother, father, grandmother, and the entire family (if possible).

- Congratulate and encourage the mothers/caregivers to continue breast-feeding through 2 years of age.

- Encourage parents to give many different types of food, including foods rich in vitamin A and iron, to their children.

- Encourage parents to bring their children to the health center in case of malnutrition, weight loss, or edema.

- Encourage parents to have a garden with different green leafy vegetables and orange/yellow vegetables and fruits.

- Raise awareness among the population to use only iodized salt.

- Encourage parents to call on support groups if difficulties occur.

- Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for vitamin A at 6 months, and deworming beginning at 2 years of age.

- Encourage sleeping under a long-lasting insecticide-treated bed net every night to protect against malaria (in malaria-endemic regions).

J. Why encourage mothers, caregivers, and parents to use iodized salt for the whole family, even for children who start complementary feeding?

- To ensure the child's and the whole family's physical and intellectual development.

- To prevent goiters and their complications.

- To prevent poor work performance in adults.

- For pregnant women, to prevent miscarriage, stillbirth, low birth weight, and mental retardation in the baby.

K. How can participants and their work partners help mothers, caregivers, and parents make sure their children are properly fed?

- Discuss feeding recommendations in accordance with the child's age with the mother, father, grandmother, and the entire family (if possible).

- Congratulate and encourage the mothers/caregivers to continue breast-feeding through 2 years of age.

- Encourage parents to give many different types of food, including foods rich in vitamin A and iron, to their children.

- Encourage parents to bring their children to the health center in case of malnutrition, weight loss, or edema.

- Encourage parents to have a garden with different green leafy vegetables and orange/yellow vegetables and fruits.

- Raise awareness among the population to use only iodized salt.

- Encourage parents to call on support groups if difficulties occur.

- Encourage parents to go to the health centers or community outreach for immunization (measles at 9 months), for vitamin A at 6 months, and deworming beginning at 2 years of age.

- Encourage sleeping under a long-lasting insecticide-treated bed net every night to protect against malaria (in malaria-endemic regions).

Unit D: Education: Helping Your Child Succeed in School

Session 1: Why is Education Important for OVC?

Session Learning Objective

Participants will:

 Learn how education is beneficial to children and communities.

Step 1: (5 minutes): Introduction

Research on children and AIDS demonstrates that education can leverage significant improvements in the lives of orphans and other vulnerable children. Education benefits both individual children and the communities they are living and participating in.

Education is particularly important for OVC because they are the targets of the most restrictions and limitations when it comes to education. Indeed, OVC is the population group that least attends school and thus has the poorest chance to succeed. It is extremely important to understand the merits of education and of keeping kids in school and supporting them throughout the process, which is what this unit explores.

At the conclusion of this unit, the goal is to provide better futures for OVC through education and the other topics we have previously discussed. The three main objectives of empowering OVC through education are:[57]

- Improved Psychosocial health for OVC
- OVC's decision-making founded and thought-through thanks to new knowledge and skills
- OVC's employment opportunities enhanced

Step 2: (15 minutes): Questions and Discussion[58]

How is education beneficial to individual children?

How is the community linked to education, and how are the two beneficial to one another?

How is education beneficial to individual children?

Ask for a couple of answers and then go over some reasons as a full group:

- Provides children with a safe, structured environment
- Provides children with emotional support from peers and teachers

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57   Catholic Relief Services, June 26, 2008. "Improving Opportunities through Educational and Vocational Training in Uganda: The case of Villa Maria Hospital OVC Programme." Washington, DC. http://crs.org/hiv-aids/downloads/conesta-opportunities.pdf. Accessed June 16, 2014.
58   PEPFAR, July 2006. Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners. Office of the U.S. Global AIDS Coordinator. http://www.pepfar.gov/documents/organization/83298.pdf. Accessed June 16, 2014.

- Provides children with supervision from adults (learning about conduct, rules, behaviors) but also teaches them how to be autonomous and follow a project through to completion

- Provides children with opportunities to find adult mentors and advisers

- Provides children with opportunities for intellectual growth and development (from fine motor skills to intellectual problem-solving)

- Provides children with opportunities for both individual and team work, for leadership, and for team spirit and solidarity

- Provides children with exposure to different lifestyles, personalities, and activities that they will not necessarily find in their homes or families

- Provides children with opportunities for socialization, creating friendships, and meeting and interacting with peers to create social networks and join community social life

- Provides children with better chances at financial and professional success in life: an education is the key to employability and develops a child's skills, knowledge, and competence

- Provide children with anti-stigma education, particularly aimed at reducing the stigma faced by HIV/AIDS orphans

How is the community linked to education and how are the two beneficial to one another?

Ask for a couple of answers and then go over some reasons as a full group:

Education provides opportunities to the community to leverage additional resources at national and local levels

Education can provide communities with sponsored programs from external donors or governments

Education can mobilize the community to develop solidarity in helping OVC and at-risk youth stay in school or provide them with educational alternatives

- Establishing fee reductions or waivers, providing support to school, and offering services such as mid-day meals, tutoring, and psychosocial support, etc.

- Education provides a community with anti-stigma values, particularly aimed at reducing the stigma faced by HIV/AIDS orphans

- Training and skills development for the new generation contributes to community prosperity and economic growth (labor force, intellectual abilities, connections, particular skills, etc.)

- Community provides advocacy and technical support for school-based counseling, flexible hours to accommodate children's schedules, and school curricula, including life skills, business and household management, and agriculture training

- Community provides devoted teachers to help address issues that often plague OVC and helps them in overcoming them, while providing counseling for future situations

Session 2: Early Childhood Development (ECD), Primary and Secondary School

Session Learning Objectives

Participants will:

1. Learn about early childhood development and brainstorm how to implement it into a community.

2. Discuss primary and secondary school and complete discussion activity.

Step 1: (15 minutes): ECD

Early childhood is the most rapid period of development in a human life. Although individual children develop at their own pace, all children progress through an identifiable sequence of physical, cognitive, and emotional growth and change. The Early Child Development (ECD) approach is based on the proven fact that young children respond best when caregivers use specific techniques designed to encourage and stimulate progress to the next level of development.[59] ECD programs should be considered a high priority in all areas where OVC programming is taking place, especially those with high HIV prevalence. Such programs should be linked to child survival, including PMTCT programs in all

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59 The World Bank. "What is Early Child Development?" 2011. http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTCY/
EXTECD/0,,contentMDK:20260280~menuPK:524346~pagePK:148956~piPK:216618~theSitePK:344939,00.html. Accessed June 16, 2014.

areas, regardless of HIV prevalence. Although there is no "one size fits all" approach to supporting ECD interventions, programs may begin by working with communities to establish context-specific priorities. Core principles of child development should guide program development.[60]

What are your context-specific priorities for ECD?

Ask for a couple answers, then go over some reasons as a full group:

- Autonomy of children (cleaning, eating, moving)
- Development of language and communication skills

What do you think would be good early childhood stimulation activities for parents to do with their babies?

Ask for a couple answers, then go over some reasons as a full group:[61]

- Stretching and body awareness: arms, legs, playing, and dancing with the whole body and naming body parts
- Massages, to advance motor development
- Practicing to first sit in vertical position (between an adult's legs, or against a hard surface or pillow)
- Practicing to move on stomach and crawl
- Learning how to walk (standing up straight with adult holding hands)
- Practice naming people, objects, places, activities, demands, characteristics (colors, shapes)
- Giving children who can walk tasks to do (fetching objects, cleaning after themselves, eating their food on their own)
- Developing self-care

Some examples of stimulation activities: love, play, and communicate[62]

Play is the main component of early childhood stimulation and central to good mother-child interaction. **Play is an opportunity for all the significant activities that enhance good development to take place.** Babies, infants, and children learn through play. Play strengthens the bonds between parents and children.

From birth, **play** provides an opportunity to receive and show **love**, through paying warm attention, smiling, and talking; to **communicate** through touch, expression, listening, and trying out new words; to explore and understand the world through touching, looking, and building; and to develop new physical and sensory skills while doing so. Play demands attention and concentration. It develops problem solving, decision making, and learning skills. Play enhances relationships, both with

> **Tips for Trainers:**
>
> The Adult-Focused Unit on Psychosocial Support touches on the theme of play for early childhood development and techniques to channel or express emotions like anger, grief, or anxiety. Please refer back to those sessions for further information.

parents and other children. Children learn how to take turns and cooperate, learn rules, negotiate, and resolve conflicts. In play, parents and caregivers can model the best approaches to all the above and allow children to experiment and explore safely on their own. Play also provides a space to try out multiple identities.

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60   PEPFAR, July 2006. Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners. http://www.pepfar.gov/documents/organization/83298.pdf. Accessed June 16, 2014.

61   Nsamenang, Bame A. and Therese M.S. Tchombe. 2011. Handbook of African Educational Theories and Practices A Generative Teacher Education Curriculum. Presses universitaires d' Africa. http://siteresources.worldbank.org/EXTAFRREGTOPEDUCATION/Resources/444707-1291071725351/Handbook.pdf

62   UNICEF; World Health Organization. "Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How" http://www.who.int/mental_health/emergencies/ecd_note.pdf. Accessed June 16, 2014.

Through fantasy and role-playing, children can master fears, process upsetting events, explore difficult feelings, and develop the resilience needed to cope with stress and loss. Play is a chance for parents and caregivers to provide undivided attention to a child and to see the world from the child's perspective. The resources listed in Appendix I provide details of materials and manuals on how to use age appropriate play and communication to enhance development. A summary card from Care for Development is also attached (Appendix II), suggesting some simple activities for babies, infants, and young children.

What makes for the most effective early childhood development programs?

There are some KEY LESSONS from the research. Early childhood development programs should:

- be integrated with existing family support, health, nutrition, or educational systems

- be targeted toward younger and disadvantaged children

- be high quality (whether formal or informal)

- include direct contact with children beginning in early in life

- provide direct learning experiences to children and families, with opportunities for children to initiate their own learning and exploration of their surroundings with age-appropriate activities

- blend traditional child-rearing practices and cultural beliefs with evidence-based approaches

- provide parents and child care workers with education and support; including systematic curricula and training opportunities that use active strategies to show and promote care-giving behaviors—e.g., practice, role-play, or coaching to improve parent–child interactions

More about Early Childhood Development (ECD) [63]

From birth, children need care and support that promotes their intellectual and emotional development. During the first three years of life, 700 new connections for every second in the young brain (Center on the Developing Child, Harvard). These connections set the foundation for all later cognitive development and skills. In early childhood, parents, caregivers, and ECD programs are key partners in helping children develop social, verbal, and motor skills that prepare them for life and learning. Programs can build awareness of the importance of early childhood development and support parents and caregivers with training through home-based care programs, community crèches, and integrated programs such as mother and child health services.

Children learn and develop extremely rapidly during early childhood. Their development depends on a number of key factors, including health, education, stimulation, and interaction. Early education and development programs are particularly important for improving school readiness and socioeconomic growth, especially for girls. Interventions at this stage have great benefits, including:

- Higher Intelligence scores

- Higher and timelier school enrollment

- Less frequent grade repetition and lower dropout rates

- Higher school completion rates

- Improved nutrition and health status

- Improved social and emotional behavior

- Increased parent-child relationships

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63   OVCsupport.net. 2008. "Educational Support and Vocational Training." http://www.ovcsupport.net/s/index.php?c=8. Accessed June 16, 2014.

Socio-cultural Factors (e.g., position of women)	Psychosocial Risk Factors (e.g., low stimulation and responsiveness)	Child Psychology Development Domain
Caregiver health and well-being (AIDS, depression)	Brain Development and Function	Sensori-motor / Cognition Language / Cognition Language
Poverty (e.g., food security)	Biological Risk Factors (e.g., stunting and low birth weight)	
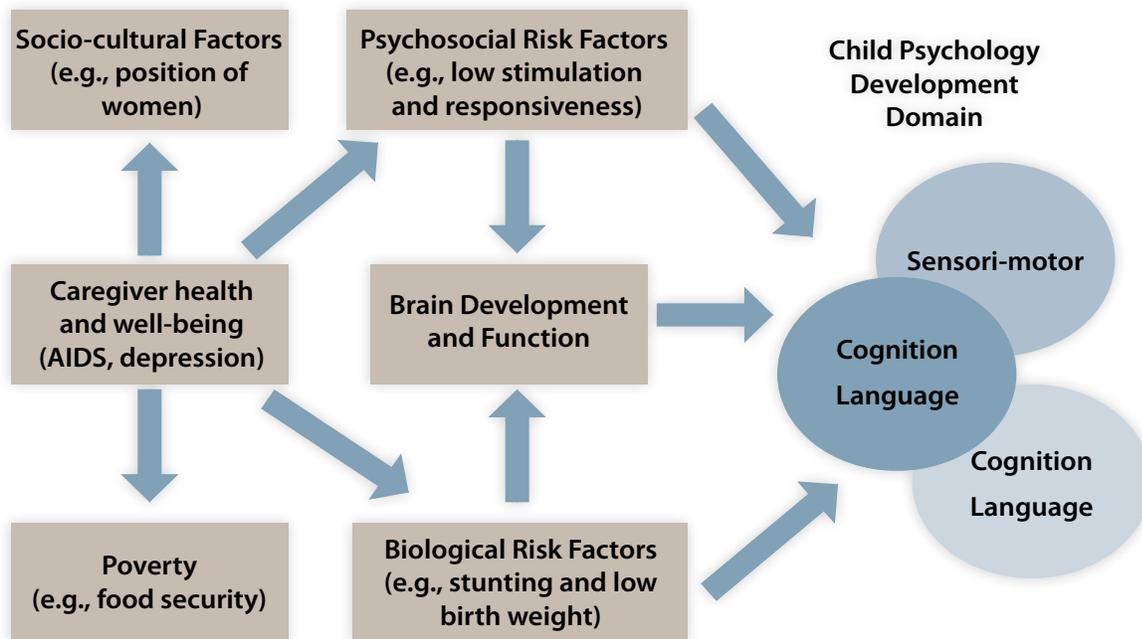
A conceptual model of how risk factors affect early childhood psychological development

Adapted from Walker, S.P., Wachs, T.D., Meeks Gardner, J., Lozoff, B., Wasserman, G.A., Pollitt, E. et al. 2007. "Child development: risk factors for adverse outcomes in developing countries." The Lancet, 369, 145-157.

- Increased earning potential and economic self-sufficiency as an adult
- Increased female labor force participation

Early childhood development programs may be particularly important for HIV-infected children. Research indicates that HIV infection is associated with cognitive impairment in children, as a result of direct and indirect effects of the virus on the developing brain. HIV-affected and -infected children face developmental delays, in addition to central nervous system damage. These programs should be linked to child survival and PMTCT programs in all areas and should be a major priority in areas with a high prevalence of HIV.

Step 2: (5 minutes): Primary and secondary school overview

Completing primary school is the highest educational priority for children made vulnerable by HIV/AIDS. Given the immediate economic hardships these children and their families face, interventions that provide financial support such as block grants or access to cash transfer programs with multiple eligibility criteria are highly recommended. Newer evidence supports the use of block grants and/or scholarships as ways to bypass nominal or "incidental" user fees for OVC.[64]

Children should have access to safe and child-friendly schools that provide them with a structured environment, social and emotional support, and the supervision of adults.

The relationship between HIV and education is complex. Education has the potential to reduce the devastating effects of the HIV pandemic, and HIV/AIDS affects access to and quality of education at both a micro and macro level.[65]

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64   PEPFAR. July 2006. *Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners.* Accessed July 16, 2014. http://www.pepfar.gov/documents/organization/83298.pdf

65   OVCsupport.net. 2008. "Educational Support and Vocational Training." Accessed June 16, 2014. http://www.ovcsupport.net/s/index.php?c=8.

Step 3: (15 minutes): Questions and Discussion[66]

- Why is it important to know how to read and write? Make a list of activities that are possible or facilitated with the ability to read and write.

- Why is it important to have education and training in mathematics? Make a list of activities that are possible or facilitated with the ability to count and do math.

- Why is it important to learn about health science and sanitation practices?

- Overall, what are the merits and advantages of keeping a child in school?

- What are ways in which you, as a parent, can support a child to stay in school?

Situations/Themes	How can literacy help?	How can numeracy help?	How can other knowledge and skills learned in school help?
Nutrition			
Sexual and Reproductive Health			
PSS			
Education			
Economic prosperity/Trade/Finance			

Session 3: Vocational Training

Session Learning Objective

Participants will:

Learn about the advantages of vocational training.

What advantages does vocational training allow?

- Provides skill acquisitions on relevant and evolving needs that are vital for a community and country's economy to compete and grow

- Governments increasingly view skills development as an important factor in the drive to enhance productivity, stimulate economic competitiveness, and raise people out of poverty [67]

- Provides an opportunity for great life preparation in both training and skill development

- Provides individuals with opportunities to learn a trade, meet professionals, and enter vocational networks

- Provides more security for youths' long-term economic prospects

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66 PEPFAR. July 2006. Orphans and Other Vulnerable Children Programming Guidance for United States Government In-Country Staff and Implementing Partners. Accessed July 16, 2014. http://www.pepfar.gov/documents/organization/83298.pdf

67 The World Bank. 2013. "Labor Markets: Vocational Skills Development in Sub-Saharan Africa." Accessed July 16, 2014. http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTLM/0,,contentMDK:20223878~pagePK:210058~piPK:210062~theSitePK:390615,00.html

- Provides a general education to prepare for occupational fields and effective participation in the world of work[68]
- Provides lifelong learning and preparation for responsible citizenship (for environmentally sustainable practices, to raise communities out of poverty, etc.)

Different trades:

- Animal husbandry
- Apiculture (honey-making)
- Bakers
- Barbers
- Butchers
- Construction workers
- Dyers
- Electricians
- Estheticians
- Furniture makers/carpenters
- Hair dressers
- Horticulturists
- Mechanics (car or other electronic/mechanic machine repair)
- Plumbers
- Poultry farmers
- Tailors

Programs should ensure that older vulnerable children and youth receive life skills, including technical and vocational training. Vocational training should be based on a market assessment and focus on competencies and skills that will position youth for entry into the labor market. Vocational education does not typically provide individuals with skills to start their own business. Additional training is needed for small business endeavors.[69]

Session 4: Identifying Barriers in Accessing Education

Session Learning Objectives

Participants will:

1. Discuss barriers to accessing education and how to overcome them.
2. Discuss how educational support should be delivered.

What are some barriers to accessing education?

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68   Bello, M.I, I.M. Danjuma, and A.Y. Adumo. "A Survey of Vocational Training Needs of 15 – 25 Years Old Out-of-School Youths in Bauchi Metropolis." Virginia Tech University website. Fall 2007. http://scholar.lib.vt.edu/ejournals/JCTE/v23n1/bello.html (link for the next bullet as well). Accessed June 16, 2014.

69   OVCsupport.net. 2008. "Educational Support and Vocational Training." http://www.ovcsupport.net/s/index.php?c=8. Accessed June 16, 2014.

- Requirements that a father register a child

- Mandatory payments for uniforms

- Tuition fee

- Fee for books and supplies

- Not having enough revenue to be able to let the kids go to school instead of contributing to the family business or money-making activities

- Transportation or danger in going to school

- Being a girl

    - This is more specific to women, who are more vulnerable. Indeed, there is a disproportionately low level of girls in schools who, more often than boys, face the situation of having to leave school at an early age due to duties awaiting them at home, or due to early pregnancies. Schools must also be made as safe spaces for young girls.

What are some applicable strategies to get rid of those barriers?

- Passing down school clothing to younger/smaller children in the family, or donating them to other children in the community (to decrease costs of buying new clothing)

- Sharing school books (especially if two or more children living together or very near to one another are in the same class, buying one book for a group will be less expensive than one book per student)

- Having parents, older siblings, or other adults take turns walking the kids to school, so all the kids from a village can safely go there (no kids are excluded) and it is not always the same parent or adult taking time off work to do so

- If kids are staying home to take care of elders or babies, a system of day care could be put in place for a couple older women to take care of the babies, for example – even though they could be taking that time to work themselves, distributing work that way (it could be a scheduling cycle) will allow other men and women to focus more on their work and be more productive (not having to watch and carry a kid, or change or feed them), and could alleviate the children's responsibility and allow them to get an education

How should educational support be delivered?[70]

Educational support needs to address barriers to access for vulnerable children by:

- **Supporting systemic interventions, such as school block grants.** Programs suggest that block grants are likely to benefit more students in high-prevalence contexts, are slightly more sustainable, and may be more cost-effective than scholarships (Center for Global Development, 2011)

- **Supporting reduction of school-related costs** through elimination of school fees and other expenses

- **Changing the way education is provided** to reach children who are not in school-based education, including through community schools, informal education projects, interactive radio education, and vocational training centers. This may include flexible schedules that allow for competing family responsibilities

- **Indirectly increasing access to education** by strengthening the economic position of families through social protection measures and income-generation activities, and by ensuring that children have birth registration so they are eligible for enrollment

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70   Ibid.

- **Improving educational quality** by adapting curricula to make it more relevant to children, and by training teachers to meet children's psychosocial needs

- **Creating child-friendly schools** that provide a safe and healthy environment for children and staff, offer positive role models, address negative gender stereotypes, have HIV workplace policies in place, and adopt zero tolerance policies for gender-based violence

- **Establishing vital linkages between schools and communities** with the integration of community-based programs (ECD) and school programs to strengthen family and community support to children

Mainstreaming HIV/AIDS education across the entire educational sector

From the caregiver's point of view:

- What are some reasons why children in your community might be deprived of an education? What are some strategies we could implement to help remedy their absences?

Session 5: Community Involvement to Overcome Barriers to Education

Session Learning Objective

Participants will:

Engage in activities to help families and communities overcome barriers to education.

Overcoming Barriers to Education in Your Own Home and Family:

A weekly Family Chores chart can help plan family members' time so that children are sure to attend school rather than stay home to tend to the house and family. A couple objectives to keep in mind as you design your sample weekly duties chart:

- Try to put the kids' tasks outside of school hours: The goal of this exercise is to see when and how to accommodate daytime tasks performed by kids in a way that does not prevent them from attending school every day.

  - Distribute tasks evenly (taking into account age, health, strength, skill) among children.

  - Give tasks to all family members for everyone to feel involved (for young children, this task can be to spend some time playing with objects and animals, or doing easy tasks).

  - In terms of task distribution, two strategies can be adopted:

- Having a child responsible for one same task every day (e.g., cleaning dishes, putting baby to bed, taking out trash, feeding animals, etc.) for them to get into a habit to both reduce the chances of having them forget to do it and to become better and more efficient at it (essentially, have it become a part of their routine)

Alternatively, having children do different tasks on different days of the week demands more attention and supervision, but it allows both boys and girls to experience different chores in the household and become more autonomous and versatile in the way they can help and contribute to the household (e.g., if one child gets sick, another knows how to take over his or her task that he/she can no longer perform.

PART 1

Chore (e.g., harvesting the field; cooking; going to the market; cleaning house; buying new clothes)	DD = Couple times a day D = Daily WW = Couple times a week W =Weekly MM = Couple times a month M = monthly AA = Couple times a year A = Annually	Person doing the chore	Time the chore takes to be completed	Specific circumstance(s) needed for chore to be completed (season, time of day, weather, day of the week, etc.)

PART 2

Sample: FAMILY OF SIX

Parents, other adults living in the household, and children older than age 18:

• Mother   • Father

Children they care for (both biological and adopted):

• Son 1 (adopted OVC – age 14)   • Daughter 2 (adopted OVC—age 8)

• Daughter 1 (biological—age 12)   • Son 2 (biological – age 2)

In this situation, we are imagining that school only takes place five days a week, Monday through Friday. None of the children, whether biological or adopted, are missing school, even though they are still able to help out in the house.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Task 1 (Duty, Name, Time)	Going to school All children School hours	Going to school All children School hours	Going to school All children School hours	Going to school All children School hours	Going to school All children School hours	Homework All children The time it takes to do the first half of their work	Homework All children The time it takes to do the second half of their work
Task 2 (Duty, Name, Time)	Cooking dinner Mother Before kids come back from school, one hour	Cooking dinner Mother Before kids come back from school, one hour	Cooking dinner Mother Before kids come back from school, one hour	Cooking dinner Mother Before kids come back from school, one hour	Cooking dinner Mother Before kids come back from school, one hour		
Task 3 (Duty, Name, Time)	Supervising kids' homework Father When comes back from work, one hour total	Supervising kids' homework Father When comes back from work, one hour total	Supervising kids' homework Father When comes back from work, one hour total	Supervising kids' homework Father When comes back from work, one hour total		Going to market Daughter 1 Morning (two hours)	Supervising kids' homework Father When comes back from work, one hour total

	MON	TUES	WED	THUR	FRI	SAT	SUN
Task 4 (Duty, Name, Time)	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school	Milking cow or goat Daughter 2 30 minutes after school
Task 5 (Duty, Name, Time)	Cleaning Kitchen Daughter 1 After school, 30 minutes				Cleaning Kitchen Son 2 After school, 30 minutes	Gather crops, work in the field Father, Mother, Daughter 1, 2, Son 1 Morning and afternoon	Gather crops, work in the field Father, Mother, Daughter 1, 2, Son 1 Morning and afternoon
Task 6 (Duty, Name, Time)						Taking care of baby (bathing, changing, feeding) Mother A couple times a day	Taking care of baby (bathing, changing, feeding) Mother A couple times a day
Task 7 (Duty, Name, Time)	Fetching water Daughters 1 and 2 Before school	Fetching water Daughters 1 and 2 Before school	Fetching water Daughters 1 and 2 Before school	Fetching water Daughters 1 and 2 Before school	Fetching water Daughters 1 and 2 Before school	Fetching water Son 1 and Daughter 2 Morning	Fetching water Daughters 1 and 2 Morning
Task 8 (Duty, Name, Time)	Fetching water Son 1 After school	Fetching water Son 1 After school	Fetching water Son 1 After school	Fetching water Son 1 After school	Fetching water Son 1 After school	Fetching water Son 1 Afternoon	Fetching water Son 1 Afternoon

	MON	TUES	WED	THUR	FRI	SAT	SUN
Father							
Mother							
Son 1	Going to school	Going to school	Going to school	Going to school	Going to school		
Daughter 1	Going to school	Going to school	Going to school	Going to school	Going to school		
Daughter 2	Going to school	Going to school	Going to school	Going to school	Going to school		

MAKING YOUR OWN: FAMILY OF _____ (number of people in your family)

Parents, other adults living in the household, and children older than age 18:

_____   _____

_____   _____

Children who you care for (both biological and adopted: that you nourish, host, are responsible for) and their ages:

_____   _____

_____   _____

_____   _____

_____   _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Task 1 (Duty, Name, Time)							
Task 2 (Duty, Name, Time)							
Task 3 (Duty, Name, Time)							
Task 4 (Duty, Name, Time)							
Task 5 (Duty, Name, Time)							
Task 6 (Duty, Name, Time)							
Task 7 (Duty, Name, Time)							
Task 8 (Duty, Name, Time)							

	MON	TUES	WED	THUR	FRI	SAT	SUN

Session 6: Key Education Support Activities and HIV/AIDS Issues

Session Learning Objective

Participants will:

1. Learn how academic coaches can provide key education support activities and messages for children.

2. Learn and discuss how education and HIV are related and how schools can help to prevent HIV.

Key Education Support Activities and Messages[71]

- **Address barriers to education** for children affected by HIV/AIDS and other vulnerable children.

- **Ensure that children have a safe learning environment that is child-friendly and HIV/AIDS- and gender-sensitive.**

- **Promote early childhood development programs** that address vulnerable children's needs at different ages, from birth through adolescence.

- **Strengthen community-school linkages** by creating school-based programs that integrate health information centers, food and nutritional support, and other services that meet family and community needs.

- **Support School Block Grants and Cash Transfers** to improve vulnerable children's access to education.

- **Ensure that children, particularly girls, have access to education at the highest level.** Multiple country studies have linked higher education levels for girls with increased AIDS awareness, increased contraception

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71   OVCsupport.net. 2008. "Educational Support and Vocational Training." http://www.ovcsupport.net/s/index.php?c=8 **. Accessed June 16, 2014.**

use, and greater HIV prevention communication with partners. (UNAIDS/UNFPA/UNIFEM, 2004).

- **Develop AIDS-sensitive rather than AIDS-focused education programs** and target all vulnerable children, including those who cannot attend school. Schools need to develop complementary non-school-based programs and to offer flexible programming that respects children's responsibilities outside the classroom.

Key Education and HIV/AIDS issues[72]

- Evidence suggests that education often serves as a protective factor against HIV infection, leading to greater understanding of AIDS-related health issues and adoption of safer sexual practices.

- Keeping girls in school is a strong protective factor against HIV, often reducing risk behaviors. Some evidence suggests that educated women are more able and likely to negotiate safer sex, discuss family planning, and feel a sense of control in their relationships.

- Children affected by AIDS and other vulnerable children, particularly girls, are more likely than their peers to miss out on educational opportunities due to poverty. Families affected by HIV/AIDS often have lower monthly incomes, as a result of parental illness or death, and may be unable to afford school fees, uniforms, transportation, and school equipment. While many countries have theoretically done away with school fees, some schools may demand unofficial fees from poor families in order to remain functional.

- Girls may miss school to serve as caregivers for sick parents or siblings.

- Both HIV-affected and infected children may experience stigma and discrimination, contributing to psychosocial problems, such as depression, or to poor school performance.

- Enrollment in primary school has significantly increased due to global efforts to reach the Millenium Development Goal (MDG) for Universal Primary Education (UPE) by 2015. While some high HIV/AIDS-prevalence countries have improved primary school enrollment rates, access to quality education remains a challenge.

- In many sub-Saharan African countries, the teaching profession has been heavily affected by HIV/AIDS. Many teachers and administrators are ill or have died, reducing the number of educators available and the quality of education.

- Educational attainment (i.e., years of schooling completed) for orphans and vulnerable children remains low despite overall progress in improving primary school enrollment rates in several high HIV-prevalence countries.

- Secondary school enrollment still remains low in sub-Saharan Africa, where fewer than one in four eligible youth are attending. Across many countries, girls are less likely than their male peers to be enrolled in secondary school.

Many children and youth affected by, or infected with, HIV lack access to a complete and safe education. Education is vital for physical, intellectual, emotional, and social development. It helps children gain the knowledge, skills, and attitudes needed to achieve their potential and secure their future. Schools can provide children with a safe, structured environment, adult supervision and emotional support, and opportunities to interact with other children and develop social networks. Research on children and AIDS demonstrates that quality education can significantly improve the well-being of orphans and vulnerable children and families.

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[72] **Ibid.**

Education plays an essential role in protecting vulnerable children from HIV infection by providing students with opportunities to develop age-appropriate, gender-sensitive life skills and to learn about sexual education, including HIV prevention strategies. Special outreach is needed for children who do not receive educational support, such as children of ill parents, children cared for by other adults or older children, children in institutions, and children living on the streets or working.

"One of the clearest lessons of the past three decades is that illiteracy and poverty fuel the spread of HIV and that education can slow it. Education — not just sex education but literacy, numeracy, critical-thinking and global citizenship — is the social equivalent of a vaccine and it's already available for clinical use"[73]

Tips for Trainers:

The *Youth Psychosocial Support Manual*, in collaboration with these resources, may be very helpful for some topics brought up in the Adult-Focused section, which might not have been detailed enough, depending on the groups. The *Youth PSS Manual* also features group activities for bonding and sharing more personal information through art.

Because the two PSS manuals are not identical, this adult unit is also a great resource for older youth interested in topics not raised in the other unit.

Conclusion

Children who have lost a parent or are living in a situation that threatens their health, development, or well-being have a right to feel loved, supported, and cared for, like all children. The Peace Corps believes that working through community groups, engaging adults and youth in meaningful activities, and facilitating discussions about the needs of caregivers and children will bring about a positive change for these children. Strengthening the economic, psychosocial, health, nutrition, and education systems of a community will allow for strong families and strong futures for each individual child. Through the work that Peace Corps Volunteers do with families and children, an environment may exist for people infected and affected by HIV/AIDS to access services more readily. The greatest hope is that through deep conversation and community group interactions, stigma will be reduced and discrimination will be eliminated around the subject of HIV/AIDS in communities all over the world.

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73   Sidibé, M. "Putting Education First." Huffington Post, The Blog. September 2012. http://www.huffingtonpost.com/michel-sidib/aids-education_b_1915767.html