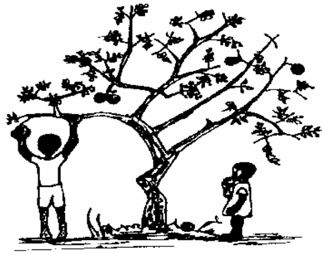

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Farm Orphan Support Trust

of Zimbabwe

Psychosocial Support Training Manual

Produced by FOST
with support from REPSSI and JSI(UK)

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Acknowledgements

The manual is a product of several years of experience by FOST in the provision of community-based, sustainable support for children affected by HIV and AIDS. The materials contained in the manual are inspired by the members of staff and many community volunteers who have contributed to the FOST programme over many years and incorporates the ideas and experience of other practitioners in the field of PSS.

In particular FOST would like to acknowledge the contribution and support of the following:

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WHY SHOULD WE HAVE A TRAINING MANUAL FOR PSYCHOSOCIAL SUPPORT?

FOST was one of the first organisations in the region to recognise that the emotional, social and cultural needs of children are as important as their material needs. As a result, since the inception of FOST we have advocated care of orphaned children in their community rather than institutionalized care arrangements.

Over time we began to realise that, although this policy was being advocated and promoted in principle, the main focus and concern for community members, volunteers and many programme staff has been material needs. This is only natural and has become more pressing as the economic and material situation of communities has deteriorated. We have also noted that these communities are feeling totally overwhelmed with their situation and feeling powerless to support the many children affected by HIV and AIDS in their villages. Many volunteers report feeling embarrassed to turn up at the households of vulnerable children "empty-handed" and sometimes do not visit these children because they feel they have nothing to offer.

Feedback from the children and young people in the farm communities, especially from the very young children[1], however, served to remind us and re-emphasise the fact that, even in times of real material hardship, the "invisible" psychosocial support offered to children by their neighbours makes a real difference to them and that this is valued as much, if not more, than the material support being offered. Communities often do not recognise the impact that gestures of care and love make on children.

It is necessary, therefore, to provide a framework in which we could ensure that psychosocial aspects of our work are given the value and emphasis they deserve and to demonstrate to community members that much of the support that orphaned and vulnerable children need does not cost anything and uses the resources that communities in Zimbabwe have in abundance.

We also recognise that many vulnerable children, because of their experiences, are not easy to live with and to support. The behaviour that they exhibit, as a result of their grief and trauma, can make children unresponsive and apparently ungrateful for the enormous efforts community members make to support and protect them.

This manual, therefore, aims to help trainers, OVC programme staff and volunteers refocus on the non-material support they offer to children and to demonstrate how this can be offered in a structured way. It also offers guidance on how caregivers and other adults who interact with OVC can help children overcome the fears and distress they are experiencing and regain their childhood joy and zest for life.

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[1] FOST Study on very young children and HIV and AIDS 2004.

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OBJECTIVES OF THE MANUAL

This manual has the following objectives:

- To develop an understanding of what psychosocial support is
- To develop an understanding of how bereavement and loss can affect girls and boys of all ages
- To build the PSS training skills of OVC programme officers and other trainers
- To improve the capacity of the community to deal with the impact of HIV and AIDS
- To enhance the capacity of children to cope with the effects of HIV and AIDS
- To identify and mobilize community potential to help children affected by HIV and AIDS

WHO WILL USE THIS TRAINING MANUAL?

It is intended that this manual will be a tool for use by al those who deal directly with the PSS needs of OVC or who are in a position to build the capacity of communities to offer PSS to vulnerable children.

The purpose of the manual is to provide a guide for the running of workshops with programme staff, community partners and other stakeholders. The sessions in the manual can be used as a progression in a training situation specifically focussing on PSS. Many of the topics can, however, be used as a "stand-alone" activity in a situation where there is little time or the training activity is not specifically focussing on PSS.

It will be necessary to look at the target audience when selecting training topics. Some of the sessions contained in this manual are "technical" in nature and presuppose a certain level of education, training or experience. Others are more simple or general and can be used with anyone in the community.

The manual contains handouts which can be copied and distributed to participants and community members. These give background information and practical hints on how to support children and protect them from the impact of HIV and AIDS.

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USING THIS MANUAL

Each of the chapters in the training section of this manual follows the same format and structure:

Session title

This introduces the session and gives some background to the content. It will also give guidance to the audience of the session.

This tells you what the participants should learn or what skills they should develop during the session

The materials you will need and the approximate amount of time needed to complete the session are explained

Suggested activities and training methods are indicated with approximate timings.

The main points that need to be brought out will be given in the session or may be included on a **handout**

In some sessions there will be additional notes for the facilitator. These may highlight a particular issue or give advice on certain aspects of the session

Please note that the timings for each session and the sections of each topic are only guides. The actual time taken will depend on the size of the group, the number of small groups and the nature of the participants, their level of experience and background. It may be necessary to adapt the content of topics to meet the precise requirements of the particular group you are working with.

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THE TRAINING ACTIVITIES

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Insights into our own experiences of loss and grief

This session aims to build an appropriate atmosphere in which to discuss the difficult topics of death, grief and loss. The session should focus the participants' attention on the real heart of PSS, which is *"feelings" and "emotions"*. It also serves as an opportunity for participants to bring their own feelings of loss to the surface and to acknowledge that most of the participants will have lost loved-ones recently and are also affected by HIV and AIDS.

OBJECTIVES OF THE SESSION

By the end of the session the participants will be able to:

- get in touch with their own feelings and experiences of loss and grief
- identify the effects of the loss of a loved person
- understand the feelings of children who have lost a caregiver

This session will take approximately 40 minutes. Materials needed are a flip chart and marker pens. Handout 1 accompanies this session and can be distributed after the session.

METHODS/ ACTIVITIES

1. Introduction: 5 minutes

Greet the participants and use a participatory way for introductions. The facilitators should briefly introduce themselves and give a very brief overview of the training process.

2. Directed Reflection: 10 – 15 minutes

For this part of the session the atmosphere needs to be calm and relaxed.
During this part of the session the facilitator will ask a question and then give the participants one or two minutes to think carefully before the next question. It is not intended that the reflection (thoughts) of the participants be reported back to the whole group although some participants may wish to share their thoughts with the group.

The facilitator asks the participants to

- think of a person who they loved, were very close to or thought very highly of, who has died. What in particular did you love, value and/or esteem about that person? Why was this person so important to you?
- remember the time before the person died. Was s/he sick? For a long time? What feelings did you have during this period?
- remember the time when this person died. How did you learn about the death?
- what feelings did you have immediately after you heard that the person had died? Give names to those feelings.
- do you still have those feelings? Have your feelings changed in any way? Have other feelings appeared? Give names to these new feelings.

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The participants may wish to write down some notes during this activity, but these will be confidential. They will not be asked to share them.

3. Sharing/ feedback: 20 - 25 minutes

Invite any one in the group to share anything from their reflection. In particular the feelings and reactions they experienced. It may be necessary for the facilitator to initiate this process with some of their own experiences.

The facilitator should group these feelings on a board or flip chart:

Common feelings:

English Term	Shona Term	Ndebele Term	English Term	Shona Term	Ndebele Term
• yearning / longing	• kushuva	• ukufisa	• anger/rage	• kutsamwa/ kushatirwa	• Ukuthukuthela
• sadness, grief	• kusuwa/ kushungurudzika	• Ukudabuka emoyeni	• guilt	• kuzvipa mhosva	• Ukuzisola
• helplessness	• kusabetserekan a	• Ukungayenelisi ukuzinceda	• pain	• kurwadziwa	• Ubuhlungu

Reactions of:

- Fatigue, withdrawal, loss of energy, sleepiness
- Sleeplessness, inability to settle, restlessness
- Eating disorder, drinking, smoking
- Crying, rocking, shaking
- Lack of concentration
- Anger

Usually our feelings and reactions become less intense over time. There can, however, be a delayed reaction. Some people find that initially they are numb and find the loss difficult to believe. Later, reality sets in and the true feelings of grief surface.

Children also can have these feelings and reactions at the loss of a loved one. Their feelings and reactions are affected by their age-related concept of death. Often children's feelings are intense and difficult to deal with. This training workshop aims to equip teachers/ community to understand children's reactions to grief and bereavement and to help them to support children through this difficult process.

FACILITATOR'S NOTES

This topic touches on very sensitive and painful experiences for the participants. Handle the session with care and respect the feelings of the participants. Do not force anyone to share their experiences. Create a calm and respectful atmosphere.

Be prepared for the reactions of the participants to these activities. The participants may feel sad and distressed or they may laugh and joke. You need to understand that dealing with feelings of grief can be very difficult and people's reactions vary. Laughter is often a "defence mechanism" and should be allowed. If anyone becomes upset, it may be helpful to let them leave the room and sit independently for a while if they need to.

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Handout 1

Insights into loss and grief

When we experience the loss of someone that we loved and who was important in our lives we go through a period of grief and mourning. During that period of bereavement we experience a range of feelings and reactions.

FEELINGS

Loss of a loved one brings strong feelings of loss and grief. Although no two people react in the same way, the following feelings are common:

English Word	Shona Word	Ndebele Word	English Word	Shona Word	Ndebele Word
• yearning / longing	• kushuva	• ukufisa	• anger/rage	• kutsamwa/ kushatirwa	• Ukuthukuthela
• sadness, grief	• kusuwa/ kushungurudzika	• Ukudabuka emoyeni	• guilt	• kuzvipa mhosva	• Ukuzisola
• helplessness	• kusabetserekan a	• Ukungayenelisi ukuzinceda	• pain	• kurwadziwa	• Ubuhlungu

REACTIONS

These feelings are often difficult to cope with and they affect the way that we react and behave. We all react in different ways, including:

- Crying, shaking, rocking
- Fatigue, withdrawal, loss of energy, sleepiness,
- Sleeplessness, inability to settle, restlessness
- Lack of concentration
- Eating disorder/drinking/smoking etc
- Anger

Usually our feeling and reactions become less intense over time. There can, however, be a delayed reaction. Initially we may feel numb and find the loss difficult to believe. Later reality sets in and our true feelings of grief surface.

Children can also have all of these feelings and reactions but often they are made worse by the feeling that they are in some way to blame for the death or that they could have prevented it. Children, therefore, often have extreme feelings of guilt and fear. The nature of their reaction and the intensity will depend on their age-related concept of death and on the kind of support and care they get during their bereavement. It is very important for adults to acknowledge that children, even as young as 2 or 3 years old, can experience grief. Children who lose a parent or

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caregiver need a sensitive and understanding environment both at school and at home.

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What do we mean by psychosocial support for orphaned and vulnerable children?

The purpose of this topic is to ensure that all of the participants have a consistent and clear understanding of what PSS is, to clarify some of the main terms used in the training process and to make sure that there is no confusion which might affect later discussions.

OBJECTIVES OF THE SESSION

By the end of the session the participants will be able to:

- define what is meant by "a child"
- define what is meant by "an orphan"
- define what is meant by "a vulnerable child"
- understand the difference between an orphan and other vulnerable children
- define what is meant by "psychosocial support"
- justify the need for psychosocial support for OVC

This session will take approximately 50 minutes. Materials needed are a flip chart and marker pens.

METHODS/ ACTIVITIES

1. Introduction: Explaining often used words or terms 15 minutes

Write out the following words on a flip chart or board and ask the participants to explain what they think they mean.

- Child
- Orphan
- Vulnerable

This can be done in a plenary session or in small groups. It may also be useful to ask the participants to give a suitable Shona or Ndebele word or term for each term. The following is a guide for explaining these terms but the participants may come up with other local words and explanations.

English word	Shona Word	Ndebele Word	Explanation
Child	Mwana	Umntwana	Anyone under the age of 18 years. A child is generally dependent on adults for physical and emotional needs, although the dependency reduces as the child gets older.
Orphan	Nherera	Intandane	A child who has lost one or both parents, no matter how. Even if one parent is still alive and culturally the child is not considered an "orphan" s/he will likely have special needs that need to be recognized and met.
Vulnerable	Ari panjodzi	Ose ngozini	When someone, an adult or child, is living in difficult circumstances which may pose a threat to their physical, mental, emotional or social welfare.

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Do not spend too long on this activity but it is important that these "definitions" are understood because they form the core of the National Plan of Action for OVC (NPA).

2. Activity: How do HIV and AIDS make children vulnerable? 25 mins

In groups, ask the participants to list all the different ways that children can be "vulnerable" in general (5 mins). Responses should include:

When the children are not loved - no-one cares for them or demonstrates this love freely (eg hugging them, soothing them when they are hurt or upset, telling them that they are special etc).
When they have no food – malnutrition, hunger
When they do not attend school – illiterate, lack of self esteem and feel they have no future
When they are not properly clothed – eg no warm clothes in winter
When they do not have a birth certificate- cannot proceed to secondary school, will have problems getting state support, feel they have no identity or future etc
When they are exploited – forced to work in risky conditions (eg gold panning), work for low or no wages, given inappropriate work (eg too heavy, too much etc). This can happen when there is no-one to *protect* the children or they are unable to protect themselves.
When they are abused – sexual abuse (eg forced into early marriage), physical abuse (eg excessive beatings), emotional abuse (eg verbal insults, being threatened, being blamed etc).
When they are discriminated against – treated differently because of their gender, age, race, disability, health status etc
When they are sick or have a disability – a child that is HIV positive, has other illnesses, deaf, blind, etc
When they lose their property – have to sell it to pay school fees, medical bills, food etc
When they live in a household that is poverty-stricken – no household resources means that children may drop out of school, have to work etc.

After the groups have given their feedback, highlight the ways that are related to HIV and AIDS. Make sure it is clear that we are looking at the ways children are made vulnerable "*BY*" HIV and AIDS and not "*TO*" HIV and AIDS.

Discuss with the whole group how HIV and AIDS undermine many cultural and community mechanisms for supporting children and that even children who have both parents alive can be made vulnerable by HIV and AIDS.

Point out how orphaned children, especially girls, are often more vulnerable to these things but that all children, even those with both parents may be made vulnerable by HIV and AIDS. For example:

- Children with a sick caregiver
- Children who are HIV positive or who had AIDS
- Children living in households that have taken in other children (means that household resources are spread more thinly etc)

This is why we often use the term "Orphaned and Vulnerable Children" (OVC)

3. Activity: What do we mean by psychosocial support? 10 minutes

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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 (*see glossary for meaning of this word*).

Simply put, PSS means "caring" *(hanya in Shona/ ukunakekela in Ndebele*) and describes the way that families, friends and communities provide care for OVC.

FACILITATOR'S NOTES

When discussing vulnerability, remember that the focus of the activity is PSS, so make sure that the session does not only focus on material issues.

Also make sure that the participants realise that the impact of HIV and AIDS is felt across the community and that everyone is affected in one way or another. This will hopefully help to reduce levels of sigma and discrimination.

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Child Development and Children's Basic Needs

The purpose of this topic is to explore how we can provide support for vulnerable children in the community by understanding their basic needs. These needs will be influenced by the age and level of development of the child.

OBJECTIVES OF THE SESSION

By the end of the session the participants will:
- Understand the basic needs of children
- Understand the different stages of development of children
- Know how the age and stage of development of a child will affect their needs
- Identify who provides for, or potentially could provide for, these basic needs

This session will take approximately 60 minutes. Materials needed are a flip chart and marker pens and Handout 2 and Handout 2a.

METHODS/ ACTIVITIES

1. Introduction: Stages in child development 15 minutes

This activity will mainly involve a presentation by the facilitator, although it can be made more participatory by asking for the reactions of the participants.

Children grow and change as they get older. There are four main ways in which they change or develop:

Physical - Their ability to move and coordinate
Emotional - Their feelings and sentiments
Mental - Their ability to think, reason and rationalize
Social - The way we relate to other people

Generally the four stages of child development are characterized as follows:

Stage	Characteristics
0 - 2 years	Very young children are dependent on adults for all their needs and need close physical contact and emotional attachment to a caring person to learn how to trust and form relationships.
2 – 5 years	Still dependent on adults for their needs. Children of this age develop a memory and the ability to speak and express their needs. They will be increasingly able to express their feeling in words, drawings and through play.

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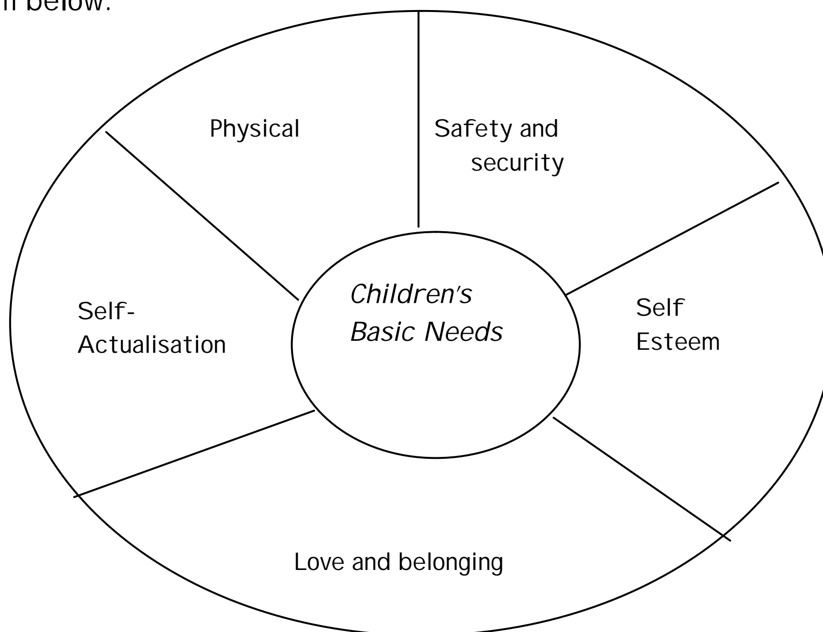
5 – 12 years	Children in this stage develop the ability to think logically, which is why they are considered old enough to go to school. They are curious and want to discover, influence and control their environment. They feel (often inaccurately) that they can effectively influence events. They also acquire the ability to recall events in a logical way and understand the reasons and consequences of what has happened to them.
12- 16 years	Children at this age become conscious of their peers and become influenced by them. They develop a sense of their role in society and how these relate to their gender. They are independent in terms of most needs and can begin to question authority. They do still need to feel loved and need emotional and social guidance.

It has been found that children who do not have one consistent, caring person may fail to develop in one of the four areas. (Eg having a number of different caregivers over a period of time may mean that a child finds it difficult to trust adults and form strong relationships).

2. Group Activity: Basic Needs of Children: 20 minutes

The basic needs of children can be categorized under five main headings. These are shown in the diagram below.



Briefly explain each type of need and then, in groups, ask the participants to complete the table by giving other examples and indicating who provides each need.

Need	Example	Other examples	Who provides these?
Physical	Food		
Safety and security	Protection from disease		
Love and belonging	Hugged when upset		
Self respect and esteem	Congratulated when do well at school		
Self actualization	Knowing what you are good at		

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For time consciousness, each group can feedback on one need and then others can add anything they feel has been forgotten. Distribute to the participants Handout 3 which summarises the ideas in this exercise.

3. Group activity: When a parent is not there 25 minutes

In groups, ask the participants to indicate who, in normal circumstances (eg both parents alive and healthy) would provide the following care:

- Giving comfort when the child falls over and hurts themselves (Mother/ Father?)
- Reassuring the child when s/he is frightened (Mother/father)
- Nursing the child when s/he is sick (Mother)
- Telling the child about what is right and wrong (Mother/Father)
- Protecting the child from danger (Father/ Mother)
- Asking the child about what they did at school (Mother and Father)
- Telling the child about their family history (Father/ Mother)
- Teaching the child to grow vegetables (Mother/ Father)
- Making sure the child is clean and tidy (Mother)
- Playing with the child (Mother and Father)
- Teaching the child their gender role (Mother or Father dependent on gender of the child)

(To avoid the participants spending a long time copying the list out, provide this list as a handout.)

Then ask the group to indicate who could provide care in each case if the parent is not around. This should illustrate that everyone in a community can offer care to children and that many of these roles do not require material resources.

FACILITATOR'S NOTES

Many people talk of Maslow's hierarchy of needs and state that until physical needs are satisfied other needs cannot be met. Interaction with children, especially very young children has found, however, that this is not necessarily true. Children have told us that the need for love and caring is more important than many physical needs. We have, therefore, used a circle to illustrate these needs and to indicate that all needs are of importance to children and that the relative priority of each need will depend on the circumstances of the child.

Do not allow activity 3 to degenerate into a male vs female discussion. There are no right or wrong answers. These are generalisations and, in reality, the answers will vary from community to community and family to family. The important issue is that these are examples of PSS/ caring which in "normal" circumstances are given by parents. The aim of the activity is to get the participants to think about who else can offer PSS to children.

It is also important to note that each culture and each generation satisfies these needs in its own way and that each culture and generation prioritises these needs in its own way. There is no global uniformity regarding the satisfaction of these needs.

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HANDOUT 2
Basic Needs of Children

Children grow and change as they get older. There are four main ways in which children change or develop with age:

Physical - Their ability to move and coordinate
Emotional - Their feelings and sentiments
Mental - Their ability to think, reason and rationalize
Social - The way we relate to other people

Generally the **four stages of child development** are characterized in the table below. The ages given are general, but each child is an individual and will enter each stage in their own time:

Stage	Characteristics
0 - 2 years	Very young children are dependent on adults for all their needs and need close physical contact and emotional attachment to caring person to learn how to trust and form relationships.
2 – 5 years	Still dependent on adults for their needs. Children of this age develop a memory and the ability to speak and express their needs. They will be increasingly able to express their feeling in words, drawings and through play.
5 – 12 years	Children in this stage develop the ability to think logically, which is why they are considered old enough to go to school. They are curious and want to discover, influence and control their environment. They feel (often inaccurately) that they can effectively influence events. They also acquire the ability to recall events in a logical way and understand the reasons and consequences of what has happened to them.
12- 16 years	Children at this age become conscious of their peers and become influenced by them. They develop a sense of their role in society and how these relate to their gender. They are independent in terms of most needs and can begin to question authority. They do still need to feel loved and need emotional and social guidance.

It has been found that children who do not have one consistent, caring person may fail to develop in one of the four areas. Eg having a number of different caregivers over a period of time may mean that a child finds it difficult to trust adults and form strong relationships.

Children develop by coming into contact with people in their community and by going through various challenges and experiences. The main influences on the child are, in order of priority:

1. The family or household in which they live.
2. Their community, school, friends, traditional, cultural and spiritual practices
3. The wider society, which they will interact with either directly or through the media.

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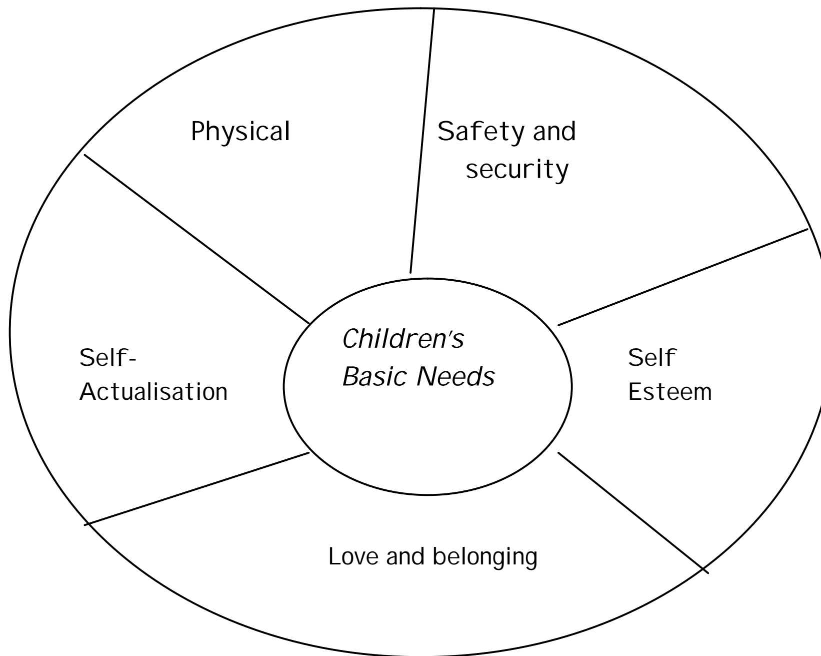
Children's Basic Needs

The basic needs of children can be categorized under five main headings. The diagram and table overleaf shows examples of each type of need.



Need	Examples
Physical	Food, shelter, water, air, clothing
Safety and security	Protection from disease, danger and abuse. Routines where children know what is going to happen and which make them feel safe and secure.
Love and belonging	Being hugged, cuddles, close friendships, traditional rituals
Self respect and esteem	Praise, congratulations when they do well at something, being thanked when they help in the home, thanks from neighbours when they help.
Self actualization	Knowing what you are good at, able to use talents and skills.

Many people talk of Maslow's hierarchy of needs and state that until physical needs are satisfied other needs cannot be met. Interaction with orphaned and vulnerable children, especially very young children, has found, however, that this is not necessarily true. Children have told us that the need for love and caring is more important than many physical needs. We have, therefore, used a circle to illustrate these needs and to indicate that all needs are of importance to children and that the actually priority of each need will depend on the circumstances of the child.

It is also important to note that each culture and generation prioritises these needs in its own way and that each culture and each generation has its own way of satisfying these needs.

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HANDOUT 2a
Who Provides for the Basic Needs of Children?

This handout is designed to be used in group work.

1. In your group discuss who, in normal circumstances (eg both parents alive and healthy), would provide the following care:

   - Giving comfort when the child falls over and hurts themself
   - Reassuring the child when s/he is frightened
   - Nursing the child when s/he is sick
   - Telling the child about what is right and wrong
   - Protecting the child from danger
   - Asking the child about what they did at school
   - Telling the child about their family history
   - Teaching the child to grow vegetables
   - Making sure the child is clean and tidy
   - Playing with the child
   - Teaching the child their gender roles

Please note:
Do not allow this activity to become a male vs female discussion! There are no right or wrong answers. The answers will vary from community to community and family to family. The thing to note is that these are examples of PSS/ caring which in "normal" circumstances are given by parents.

2. After the group has done the first activity, think about who else can offer these types of PSS/ caring to children who do not have one or both of the parents?

   Think about people within the extended family and in the wider community. In some cases there will be many people who can become, and perhaps already are, an alternative to the parent

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Understanding loss and grief in children

This topic is a link with the first topic where participants explored their own feelings of loss and grief and the next topic on children and bereavement. The purpose is to make sure that the participants understand what grief is and how it can affect children. It may not be necessary to do this session if you feel that the participants have a clear understanding of these concepts.

OBJECTIVES OF THE SESSION

By the end of the session the participants will:
- Understand what grief is and what its effects are
- Understand how children are affected by grief

This session will take approximately 40 minutes. Materials needed are a flip chart and marker pens.

METHODS/ ACTIVITIES

1. What is grief? 15 minutes

Ask the participants to brainstorm what they think of when they hear the word "grief". Use their ideas to build up a definition of grief: a state of *strong* emotional, mental or physical pain one experiences in response to a loss. (The Shona word is kushungurudzika and the Ndebele term is ukudabuka emoyeni.)

This should not be confused with "bereavement" (kurasikirwa/ ukufelwa) which is being deprived of a person through death. It does not necessarily involve feelings of loss if the person who died is not close to you or important to you.

Ask the participants to list some of the things a child may grieve over. These may include:

- ☹ The death of a person
- ☹ Separation from a parent
- ☹ Loss of a friendship
- ☹ Loss of a special object
- ☹ Loss through robbery or theft
- ☹ Loss of school (having to leave school or move to a new school)
- ☹ Loss of a pet or animal
- ☹ Loss of a body part or function - after an accident or illness (eg eye-sight, hearing, limb etc)

Point out that some children can actually feel grief *before* the loss. For example, when a parent is terminally ill, they will have strong feelings of pain before the death of the parent which is the same as grief.

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2. Signs or symptoms of grief 25 minutes

Explain to the participants that "grief" can be manifested in many ways. These will vary according to the individual. The main types of reaction are:

- Feelings = the emotions of the person
- Mental = is the state of mind, what is happening in the person's mind
- Physical symptoms = the physical state of the body
- Behaviour = the way the person is acting or behaving

Ask the participants to briefly brainstorm examples of each of these. Examples are:

Feelings	Mental	Physical symptoms	Behaviour
• Anger • Depression • Fear • Sadness • Loss of hope • Guilt • Rage • Helplessness Etc	• Inability to concentrate • Indecisiveness • Suicidal thoughts • Confusion • Disbelief/ denial • Thoughts about death • Hallucinations Etc	• Tiredness • Shortness of breath • Tight chest • Dry mouth • Muscle weakness • Stomach ache • Dizziness Etc	• Nightmares • Aggression • Poor grades at school • Withdrawn • Bedwetting • Outbursts • Loss of appetite • Easily annoyed • Restlessness • Sleeplessness/ sleepiness Etc

Children also experience grief and will have some or all of the responses listed in the table. The next unit will look at how children's responses to grief and bereavement are linked to their age and development.

Point out that children, in particular, are prone to strong feelings of guilt at the death of a loved one.

FACILITATOR'S NOTES

Some participants may find it difficult to differentiate between the different types of reaction because they are interlinked to a certain extent. For example guilt (feelings) may mean that the child is not able to concentrate (mental) which leads to poor grades at school (behaviour).

Also, remember that grief is a STRONG emotion. We may feel distress at other types of loss, but the emotion can only be described as "grief" if the feelings are strong and overwhelming.

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Grief and Children

When children are bereaved (ie lose a parent or caregiver through death) they will experience grief and become more vulnerable in other ways as well. This session aims to give an overview of how children of various age groups; 2-6 years (pre-school age), 6-12 years (primary school age and 12-16 years secondary school age) may react to such grief and loss. It can be used with teachers or with community members. It may be necessary to remove the more technical aspects of the topic or translate many of the terms into Shona for the community.

OBJECTIVES OF THE SESSION

By the end of the session the participants will:

- Be able to better understand the child's age-linked concept of death
- Have developed an awareness of the ways children of various ages react to the loss of a parent or caregiver
- Have developed skills for supporting grieving children

This session will take approximately 2 hours. Materials needed are a flip chart, marker pens, stikistuff and Handout 3a, b or c.

METHODS/ ACTIVITIES

1. Myths that adults have about children 15 minutes

Put labels saying "agree", "disagree" and "unsure" on three walls of the room. Ask the participants to stand next to the label that best describes their feelings about the following statements (choose appropriate statements for the age group being focused on):

- Young children do not notice the loss of a caregiver
- Childhood is a time of happiness and death is soon forgotten
- Children aged 2 –6 years know about HIV and AIDS
- You should not talk about loss and death to very young children
- Children aged 6 -12 years do not feel grief
- Children aged 6- 12 years know about HIV and AIDS
- Children aged 12 – 16 years do not need special attention after the death of a parent, they soon get over it.

Then ask the people who "agree" or "disagree" with the statement to try to persuade the "unsure" people justifying or giving their reasons for their opinion. The "unsure" group then have to choose which group to join.

Explain that these statements illustrate some of the "myths" or inaccurate perceptions that adults have about children. Even very young children do feel grief and bereavement and notice the loss of a loved caregiver. They will remember the death and will, if not able to speak of their experiences and fears, secretly dwell on the death. Children are also very good observers and listeners who know about issues such as death and HIV and AIDS. They may not, however, understand and interpret everything they see and hear accurately.

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If adults do not talk to them about these topics the children may develop damaging misconceptions.

2. Children who have lost a parent through death 15 minutes

Ask the participants to form groups of 6 – 8 and give them the following instructions:

a. Each member of the group should report their experience of one child in the age group being discussed that they have observed who has lost a parent or has a parent who is terminally ill.

b. Record your experiences on a flip chart using the following format:
   - The GENDER of the child
   - The AGE of the child
   - WHICH parent has passed away
   - Key words describing the BEHAVIOUR of the child before the loss
   - Key words describing the BEHAVIOUR of the child after the loss

EG:

Gender	Age	Who lost	Before	After
Male	3 yrs	Father	Playful, fun loving	Aggressive with toys, temper tantrums
Female	6 yrs	Mother	Happy, noisy, curious	Withdrawn, sad face, refuses to play

4. Feedback 30 minutes

Ask each small group to report back to the whole group the examples they have collected. Pick out the main trends and patterns that appear regarding age, gender, which person lost.

5. The concept of death in children 25 minutes

Briefly explain that there is a link between a child's age and their concept of death. Use the handouts (3a, 3b or 3c) to outline the concept of death for children of this age group. Give the participants the first page of the handout and ask them to go into their groups. Give them the following instructions:

i. Read through the handout and discuss anything in the handout that is not clear.
ii. Give each group one of the reactions identified on the handout. Has the group observed this reaction? Is it common in their experience?
iii. What does the group think a caring adult can do to deal with this reaction?

6. Feedback and discussion 20 minutes

Ask each group to give their feedback. The facilitator can then distribute the second page of the handout, which has suggestions for teachers and community members. Briefly go through the handout and pick out the advice the group identified and elaborate on new advice. Emphasise to the participants that a friendly face, a few words of encouragement and interest in a child can have a huge effect on their psychosocial health. These take very little time and cost nothing.

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FACILITATOR'S NOTES

The information on the handout is based on experiences from many different countries and cultures. Be sensitive about what is locally appropriate. What are the local cultural resources and patterns to cope with bereavement in children?

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HANDOUT 3a
Grief and children aged 2 – 6 years

"Bereavement" is where we are deprived of a person through death. It does not necessarily involve feelings of loss if the person who died is not close to you or important to you. Grief is a state of strong emotional, mental or physical pain one experiences in response to a loss, perhaps a death. The Shona word is shungurudzika and the Ndebele term is ukudabuka emoyeni.

Age affects the way a child understands and reacts to the death of a loved one. When confronted with a loss, children adapt according to the abilities and capacities they have developed. These capacities are dependent on the child's age and the social relationships they have around them. The following are general observations on how bereaved children in the age group 2 – 6 years might react.

Behaviour

Very young children (and babies) are still dependent on adults for their protection and safety. They feel helpless when confronted with a severe, life-threatening situation. Although children of this age are beginning to develop a memory that helps them deal with loss and separation, some children will tend to appear numb after such an event. Others will act as if nothing has happened, although this does not mean that they are not affected by the event.

As the child begins to develop speech, around three years old, their memory will also improve and they will be increasingly able to describe either in words, drawings or play how they feel.

Concept of death

Children of this age understand and react to the death of a parent or other close person in the same way that they understand and react to separation and will often think that the person will return one day. At the time of death they may appear unaffected, but over time will keep asking when the dead person will come back. They will not be able to grasp the finality of the event. They may sometimes think that the disappearance has something to do with their own behaviour, that something they did or said caused the person they love to leave them. This situation can cause profound feelings of guilt.

Reactions

Children of this age can react to a loss in any of the following ways:

i. **Anxiety**: They may cling to someone they are close to and become fearful if they are separated from them. They may follow adults around like a shadow and constantly want attention from them. They may be afraid to go to sleep and have temper tantrums if left alone.

ii. **Regression**: The child may regress to earlier stages of development by:
   - returning to former objects of comfort eg thumb sucking, having a security blanket etc
   - going back to "baby talk" after having started to talking full sentences
   - wanting to be breast fed like a baby instead of feeding themselves
   - loss of recently acquired development skills eg bed wetting, loss of bowel control

iii. **Nightmares and night terrors**: These can be common occurrences, especially if the child sleeps alone.

iv. **Loss of identification**: At this age girls and boys begin to develop their understanding of gender roles and behaviours. The loss of a mother for a girl and a father for a boy can therefore affect their social development.

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What can be done?

For the family and/or pre-school leader of the child, the following can help the child through the difficult time of bereavement:

- Reassure the child. In the early stages, allow the child to cling to you or another loved person. Constantly reassure the child that you will not leave them.
- Prepare the child for separation. If you know that you will have to leave the child for some time, prepare them for it in advance. Tell them that you will be going away, where to, for how long and who will look after them whilst you are away. When you leave, it is likely that the child will be very distressed and may have a tantrum, do not punish this. Always leave the child with someone they know well.
- If the child is afraid to sleep alone allow them to sleep with another person initially and gradually adapt them to sleeping alone. Reassure them that everyone will be there in the morning.
- Dreams and nightmares. Ask the child to share their nightmares with you. Take them seriously and reassure them that their fears are imaginary.
- Night terrors. Unlike a nightmare, the child is not fully awake and will go fully back to sleep afterwards. Do not wake the child up but stay nearby in case the child does wake up on his/her own.
- Answering questions. Children are sensitive to the worries and concerns of adults. If you give them vague or unclear answers you will prolong their period of anxiety. Give clear, simple answers to questions. Be prepared to answer the same questions over and over again.
- Talk to the child. Give them attention through talking to them in a calm and controlled way. Punishment and shouting at them will prolong the period of anxiety.
- Minimise stress. The child may find situations out of their control stressful and difficult to deal with (moving to new school, being separated from siblings, leaving the family etc.) Try to minimise these by not uprooting them from the community they know. Make any changes in a gradual way.
- Gender identification. Try to enable the child to have close contact with an adult of the same gender so that they can develop some gender identification through that person and learn the genderised roles of their culture.

In addition, **the pre-school leader** can:

- Allow the parent/caregiver of the child into the classroom for an initial period of time. Gradually reduce the amount of time you allow the person to stay.
- If they wish to, allow the child to bring an object with them that represents the lost person.
- A stressed child will find it difficult to cope with changes or new situations in the classroom (eg a new leader, a change of routine etc.) In these cases the child might become inactive and/or cry. It is very important that you remain patient and calm and do not punish the child.
- Play can help the child to come to terms with the situation. Re-enacting painful aspects of the situation is a common way of children coping. Encourage this and even create opportunities for it. Encourage play that gives the child an opportunity to express the feelings they may have: fear, guilt, etc
- The child may be afraid of going out to play and become isolated. Help the child through this by talking to them about their fears and working out what is imagination and what is real.

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HANDOUT 3b
Grief and children aged 6 - 12 years

"Bereavement" is where we are deprived of a person through death. It does not necessarily involve feelings of loss if the person who died is not close to you or important to you. Grief is a state of strong emotional, mental or physical pain one experiences in response to a loss, perhaps a death. (The Shona word is shungurudzika and the Ndebele term is ukudabuka emoyeni).

Age affects the way a child understands and reacts to the death of a loved one. When they experience a loss, children adapt according to the abilities and capacities they have developed. These capacities are dependant on the child's age and the social relationships they have around them. The following are general observations on how bereaved children in the age group 6 – 12 years might react:

Cognitive development

Children of this age begin to understand the reasons behind an event and start to develop "logical thinking". This is why they are considered old enough to go to school. They are curious and want to discover and explore their environment. At this age, children also begin to try to control their environment and feel (often inaccurately) that they can effectively influence it. They also acquire the ability to recall events in a logical way and understand the meaning and consequences of what has happened to them.

Children of this age have an active imagination, which will play an important role in coping with stressful events. (eg fantasising that father is not really sick or that they have discovered a new medicine that will cure them.) This is a way that children counteract their feelings of helplessness. At this age, children are also prone to feelings of guilt and self-reproach. This is due to the child's imagination because they imagine ways in which they could have saved their loved one, and hence blame themselves for not having done enough.

Concept of death

Children of this age understand the concept of death. They know that death is final and irreversible and that the dead person will not return. They need to know details about the death, such as who was with the person when they died, where the body is now etc. For this reason it is advisable for the child to be encouraged to attend and participate in the funeral. These rituals are important in helping the child to adjust to their loss.

Reactions

Children of this age can react to a loss in any of the following ways:

- Depression: This is more common in older children in this age group. The child may show this through sadness, apathy, withdrawal, feelings of hopelessness, feeling constantly tired etc. It is important that adults are aware of these possible reactions and look out for them. Girls, in particular, may appear quiet and well behaved, but in fact have lost the ability to express their feelings. This is because children at this age understand the full finality of death and the consequences that a parent's death may have for them.

- Denial of feelings: The child may appear "frozen" inside. When you talk to them they may deny feeling sad but you do not see them smiling or playing. They do not want to talk about themselves or to be noticed. They have learned to keep their feelings under strict control. Girls of this age

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are often burdened with extra responsibilities if the mother dies and do not have the "luxury" of being sad, crying, etc

- Feelings of guilt: The child may feel that they are in some way responsible for the death or that they could have prevented it. These feeling usually have no foundation in reality but the child misrepresents their own behaviour and believes that something they did caused the death. Some children will submerge themselves in household activities or in caring for their siblings to compensate for their guilty feelings.

- Restlessness and learning disorders: Children may experience difficulties in concentration during the illness of a parent or after the loss of the parent. This decreased ability to concentrate is often caused by flashbacks to painful memories or feelings. They become distracted, restless and unable to focus which adversely affects their performance at school.

- Anxious behaviour: This may be characterised by nervousness, rocking, stuttering, or by over dependency, sleep disturbances, and eating problems. Also the child may become afraid that another close relative, caregiver or even themselves may also die. This may cause them to become unnaturally concerned about their own health and be very concerned when they or others develop non-life threatening illness such as flu, etc.

- Regression: The child may regress to an earlier developmental stage and lose recently acquired developmental skills. Eg bed wetting, thumb sucking, using babyish language, copying younger siblings etc.

- Dramatic behaviour change: Children of this age often exhibit dramatic changes in their behaviour. The child may become aggressive, demanding, very loud, rough, defiant, and rude. They can develop negative coping mechanisms which are expressed as antisocial behaviour such as stealing, attacking other children and refusing to accept authority at school or at home. Behind this aggressive behaviour is great despair and confusion, which can go unrecognised.

- The child may also start to behave like the deceased parent - this may be an attempt to keep the person alive. At times this behaviour can reach extremes where the child will complain of the symptoms that the parent had before they passed away. These are possibly psychosomatic symptoms, but it is important to get the child checked medically.

- Asking inappropriate questions: Some children become fascinated by what happens to the body after death and may keep asking questions that are culturally difficult to deal with. These questions are often due to fear and confusion. Also, children need to know where the deceased parent has gone so that they can make sense of the world again. Although these questions are difficult to answer, it is better to answer them openly and honestly and be prepared to answer them frequently.

- Visualising the parent: Children may develop a special place or object which they associate with the deceased parent. They may visit this regularly and talk to the parent.

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How you can help the child

Adults may notice changes in the child's behaviour. They may re-enact scenes of death and dying during play, draw pictures of the deceased parent, become hyperactive or withdrawn. Generally, it is important to give the child the chance to express their feelings in ways other than in aggression, withdrawal or regression etc. If the child is able to confront their feelings in a more direct way it is likely that these symptoms will disappear. For the family and/or teacher of the child, the following can help the child through the difficult time of bereavement:

- School daily routine: provides important reassurance and structure in the child's life. It helps them to feel that they have control over some part of their life. Maintaining a calm, structured, peaceful, controlled classroom environment is a vital element in helping a child cope with bereavement. If the child is not at school, develop a routine in the home so that the child feels secure.

- Give the child a chance to express their feelings: This can be done through writing, talking, drawing pictures and play. Be prepared to answer questions that the child may be afraid to ask at home. Give clear, honest answers. This will help the child understand and cope with the changes in their life.

- Play: This can be used as a way to help the child relieve unbearable feelings. Games and role play can allow the child to act out feelings of anger, revenge, fear, etc (Eg the children have pieces of clay that they roll in to balls. Each ball is given a feeling and then the children are asked to choose which feelings they would like to keep and which they would like to destroy. OR they formulate wishes which they assign to each ball. They can then destroy the balls they are not happy with and keep the ones they like etc)

- Boost the child's self esteem and confidence: This can be done by acknowledging the child's abilities and strengths. Encourage them to use these by participating eg in sport teams, playing games etc. This will help them to release tension and feel part of a group and of belonging.

- Rituals and ceremonies: These are generally consoling and healing for adults and can also be for children. If possible, try to include the child in religious or traditional ceremonies and rituals. Prepare the child first for what they will see so that the experience does not increase the child's confusion and fear. Being accompanied by a supportive adult who can give explanations can help the child to understand what is happening.

- If the child is aggressive: Do NOT become aggressive yourself. Children frequently imitate aggressive role models, such as teachers or adult caregivers. Try not to shout or use physical punishment. Resolve conflicts through negotiation rather than beating. Remain calm and polite, *but firm*. Establish rules and politely insist that the child keeps them. Reward desired behaviour rather than punishing aggressive behaviour. Offer the child "time out" when they are having difficulty controlling their behaviour. Allow them to sit in a quiet place for a short period, where you can supervise them. Allow the child to come back when they are ready. Discuss with them the reason why they became so angry/aggressive and how else they could have dealt with the situation.

- Problems at school: Do not blame the child for poor performance, they are not doing it deliberately. Reward small improvements. Set the child many small objectives rather than one big one. Allow the child the opportunity to take breaks from the work (eg do a job for the teacher or run a message) to help with concentration. Be consistent in your approach and behavioural reinforcement methods.

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HANDOUT 3c
Grief and children aged 12 - 16 years

"Bereavement" is where we are deprived of a person through death. It does not necessarily involve feelings of loss if the person who died is not close to you or important to you. Grief is a state of strong emotional, mental or physical pain one experiences in response to a loss, perhaps a death. (The Shona word is shungurudzika and the Ndebele term is ukudabuka emoyeni).

Age affects the way a child understands and reacts to the death of a loved one. When confronted with a loss, children adapt according to the abilities and capacities they have developed. These capacities are dependant on the child's age and the quality of social relationships they have around them. The following are general observations on how bereaved children in the age group 12 - 16 years might react.

Cognitive development

Children of this age are often called "adolescents". They are undergoing many physical and emotional changes and are going through a process of developing independence from the security of their families and establishing their own relationship with the wider world. At this stage young people develop a sense of their own identity and begin to develop a self-concept. Children of this age also have enough maturity to understand the far-reaching consequences of the death of a parent and, hence, adolescents can be more vulnerable to stress than younger children.

Concept of death

Adolescents understand fully the finality and the consequences of death. When a parent dies they may be forced to assume a prematurely adult role. It is important, therefore, to allow them time to feel sad, cry and grieve before they assume family responsibilities.

Reactions

The importance of cultural expectations of male and female behaviour means that girls and boys may show different reactions:

- Revenge: The wish for revenge etc can sometimes be seen in boys of this age and can include aggressive feelings. If it is not culturally acceptable that a boy shows grief and anxiety, this could exhibit itself in exaggerated aggressive behaviour.
- Self-denial: A way to respond to the shock and pain of losing a loved one is to strive to do good and lessen the pain of other loved ones. Girls frequently react in this way. This often means that the grieving process is delayed.
- Self-destructive behaviour: This can take the form of rebellion against authority figures, engaging in risky behaviour, refusal to go school, self-abuse, drug-taking, prostitution, criminal activities, suicide etc. Adolescents frequently experience suicidal thoughts and may express them to someone who they trust.
- Psychosomatic Symptoms: These are symptoms that are physical in nature but stem from mental stress. They disappear when the psychological stress is relieved. The child may complain of pains in the head, stomach, limbs and may faint without actually being ill. The child is not usually conscious of this behaviour and is not doing it deliberately. They do, however, get attention which satisfies their need for comfort and care.
- Learning difficulties: During the illness of a parent or after their death adolescents may have difficulty in concentrating at school. They may appear distracted, sad, restless, unable to focus on work and, consequently, school performance declines.
- Loss of hope for the future: Some adolescents may express a loss of hope and become cynical about their future. This could be part of a more general depression or it may, in fact, be realism.

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What can be done?

It is very important for adults who assist young people through these difficult times to be aware of the wide range of emotional responses to grief and to allow feelings to be expressed in words without belittling or judging them. After some time, when they have expressed these feelings, it is possible to re-examine the situation and help the child see the way out of their "dark hole". This may be a very difficult process and the helper may sometimes feel helpless and powerless.

Adolescents can seek out other groups to help them replace the emotional security they have lost. These may be peer groups or other adults. For adolescents, peers are very important and they will often discuss things with their peers that they would not with an adult. Teachers or community leaders can, therefore, encourage the young person to form ties with peers who offer positive, non self-destructive support. They may also become a parent figure themselves.

Risk taking: Adolescents need to know that someone is in control of their lives (despite the fact that they often appear to reject advice). They like to know that someone is interested in them. Therefore, a structured home and school environment with clear rules of conduct is important to young people of this age. It is important to be firm about risk taking and unacceptable behaviour. Try to find a new authority figure and role model for them; someone who cares about them, feels responsible for them and will build a relationship of mutual trust.

Risk of abuse: Be aware that young people of this age, especially girls, are at risk of abuse and exploitation by an adult. They are likely to believe an older person who expresses love or caring. By offering a loving, caring relationship within the family or household, the child is less likely to look for affection elsewhere.

Problems at school: The following advice might help teachers and parents better cope with the problems an adolescent might have at school:

- Do not punish or blame the young person for poor school performance. Reward small improvements.
- Teachers should keep in close contact with the family/caregiver and discuss progress. This will help establish a consistent framework for re-enforcement of positive behaviour.
- Try to give one-to-one attention for a short period each day (10-15 mins) to build the child's feeling of being valued and worthy of attention.
- Allow the adolescent to take short breaks from mental (school) work through giving them other tasks. This will help to build-up their concentration span.

In general, use the young person's own resources. Every child has special capacities, and capabilities, every child knows something, has something s/he likes to do. Find out what these are and pay special attention to them. This way you will help to build self-esteem, self-respect and confidence.

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Dealing with aggressive behaviour

Many caregivers and teachers of OVC report that they find it particularly difficult to deal with aggressive behaviour from children. We have noted in an earlier topic that aggression is one of the ways that bereaved children can react to the grief. This session aims to give advice about how adults can respond to aggressive behaviour in a caring and supportive way.

OBJECTIVES OF THE SESSION

By the end of the session the participants will:

- Understand what causes aggressive behaviour in bereaved children
- Learn constructive and caring ways to deal with aggressive behaviour

This session will take approximately 45 minutes. Materials needed are a flip chart and marker pens. Handout 4 accompanies this session and can be distributed after the session.

METHODS/ ACTIVITIES

1. Introduction 2 minutes

Read the following case study to the group or give them the case study on a handout.

> Tendai is an eight-year old boy. He lives with his grandmother. His mother died two years ago and his father died when he was three years old. The grandmother sometimes does casual work in the farm. Tendai's aunt and her four children also live with Tendai's grandmother.
>
> Tendai's grandmother is worried about him because he will not obey rules at home. He sometimes comes home from school very late in the evening and she has seen him hanging around with older boys at the bar. She says that when she gets back from the fields she is too tired to chase after him.
>
> One day his aunt observed Tendai and his cousin playing violent games. They were throwing stones at the girls next door and deliberately hurting a neighbour's goat.
>
> Tendai's class teacher reported that Tendai does not really have any friends at school and has been seen to hit smaller children. She feels that the other children are afraid of him and she often sees Tendai on his own looking lonely.

2. Group Activity 18 minutes

In groups of approximately 8 people, ask the participants to:

1. List the aggressive aspects of Tendai's behaviour.
2. Discuss the possible reasons for this behaviour.

Ask each group to briefly report back from their discussions and summarise the main points on a flip chart. Add any of the points below that have been missed out:

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Aggressive behaviour	Possible reasons
Throwing stones at other children	*Trying to attract their attention. He may want to play with them but doesn't know how to approach them.*
Hurting neighbour's goat	*Feeling frustrated and afraid. Taking out his frustrations on something else.*
Hitting smaller children	*Feels insecure with older children and this may make him feel in control and powerful*

3. How to deal with aggressive behaviour 20 minutes

Explain to the participants that aggression often stems from feelings of insecurity, frustration and lack of self worth. It is important to boost the child's self-confidence.

At the same time the child needs to learn that aggressive behaviour does not always bring the desired results. They need to learn how to express their feelings in appropriate ways and to have self control.

Allocate one aspect of aggressive behaviour or one reason for aggressive behaviour to each group and ask them to discuss constructive and caring ways to deal with this behaviour. It might be useful to go through one example with the participants first:

EG:

Type of behaviour/ reason	Way to deal with the behaviour
The child lives in a household where aggression is common	Be a good role model. Do not be aggressive but be firm, authoritative and in control. Always stay calm and self assured.
The child has seen violence used to solve problems	Do not shout or use physical violence (beating). This teaches the child that violence is acceptable.
The child does not have social skills to deal with problems	Use role plays to act out solutions to problems and alternative ways to deal with situations.
The child feels insecure	Have clear, simple rules. The child needs to know what is expected of them. Give clear instructions.
The child is feeling frustrated	Use positive ways to use aggressive energy and express emotions. Eg games, physical exercise etc (see handout).
The child has damaged something or upset someone	Make the child apologise to that person. It may be good to get the child to do something to help the person who has been affected.

Ask the groups to report back and ask the other participants to respond to the suggestions.

Explain to the group that dealing with aggressive children can be difficult because it takes a long time for the children to "unlearn" their aggressive behaviour. It will take time and perseverance from the caregiver and teachers.

FACILITATOR'S NOTES

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It may be necessary to explain to the participants what "aggression" is, eg it involves physical or verbal violence and hostility. It is possible to punish a child without involving violence or hostility.

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Handout 4

Dealing with aggressive behaviour

Aggression is not an emotion or a feeling. It is a reaction to feelings like anger, rage, fear, disappointment or sadness.

Aggression is a state of increased energy resulting from underlying feelings. This energy is then used in a destructive way to harm or hurt someone or something – even oneself. When teachers complain of aggression, they usually mean this destructive behaviour.

Aggression may have many causes. A child may act aggressively for a number of reasons:

- Perhaps s/he grew up in an aggressive environment, OR
- S/he may have been exposed to aggressive behaviour and has learnt that aggression is an acceptable way to achieve his goals. OR
- S/he may have been exposed to violent attacks and learnt that aggression is a way to survive. OR
- Their role models may use aggressive behaviour

If a child observes aggressive or violent behaviour and sees this behaviour being rewarded (eg by achieving its ends) they will copy this behaviour.

Other reasons why children are aggressive are:

- because they do not have the necessary social skills to make friends eg communicating, sharing, having a good sense of humour.
- they do not have the respect of others. They use aggression to gain status and respect.
- They feel insecure and inadequate. Aggression is a way to get recognition. Hanging around with older boys and adults also serves this purpose.

How to deal with aggressive children

Because aggression often stems from feelings of insecurity, frustration and lack of self worth it is important to boost the child's self-confidence. At the same time the child needs to learn that aggressive behaviour does not always bring the desired results. They need to learn how to express their feelings in appropriate ways and to have self control.

Dealing with aggressive children can be difficult because it takes a long time for the children to "unlearn" their aggressive behaviour. It will take time and perseverance from the caregiver and teachers.

The following things will help caregivers or teacher to deal with aggressive behaviour in the classroom:

- Be a good role model. Do not be aggressive. Be firm, authoritative and in control but stay calm and self assured.

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- Do not shout or use physical violence (beating). This teaches the child that violence is acceptable.
- Have clear, simple rules. Children need to know what is expected of them. Give clear instructions.
- Use fair, appropriate punishments that do not involve violence or aggression. Ideally, a punishment makes the child think about what went wrong and how they could solve their problems. (Eg not allowing them to play with friends, doing a chore, repairing damaged objects etc).
- Make the child apologise to a person who has been hurt or if property has been damaged. It may be good to get the child to do something to help the person who has been affected.
- Always carry out a punishment if it has been threatened.
- Use positive ways to use aggressive energy and express emotions. Eg games, physical exercise etc.
- Use role plays to act out solutions to problems and alternative ways to deal with situations.

Below are some ideas of games that can be used to help children express aggressive feelings and release pent up emotions.

The screaming game

This game is very noisy. Take the children onto the sports field a long way away from the rest of the school.

Divide the class into two groups. Each group has to choose a word or sentence. They must write it on a piece of paper and hand it to the teacher.
Get the groups to line up with the teacher standing in between. When the teacher gives the signal, the first group must shout their word or sentence at the other group. When someone in the other group thinks they know what the word or sentence is, they must put up their hand and then tell the teacher. If they get it right, they get one point. If they get it wrong, the other side gets a point. Each side takes it in turns until one side reaches five points.

Fruit salad

The class stand or sit in a circle. Ask the children to name four types of fruit (eg banana, orange, apple, grenadilla). Each child should choose *one* of the named fruit. When the teacher calls out the fruit they have chosen they must change places with another child who has the same fruit. (Eg all the "apples" change places, then the "bananas" etc) When the teacher calls "fruit salad" everyone has to change places.
If you have chairs the pupils can do this seated. The teacher can then gradually remove chairs from the circle. If a child changes places and does not get a seat, they are "out".

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Overcoming Stigma and Discrimination

This session aims to raise awareness of the meaning of stigma and discrimination and the ways in which OVC are perceived. The topic needs to be handled with care because it can bring out strong feelings and prejudices from the participants.

OBJECTIVES OF THE SESSION

By the end of the session the participants will:

- Understand what is meant by stigma and discrimination
- Identify ways in which OVC face stigma and discrimination
- Identify how to prevent and combat stigma.

This session will take approximately 1 hour 10 minutes. Materials needed are a flip chart, marker pens and picture codes.

METHODS/ ACTIVITIES

1. Introduction: 5 minutes

Briefly ask the participants to define what they think "stigma" and "discrimination" are. Ask them to give Shona words for these two concepts.

English word	Shona phrase	Ndebele phrase	Meaning
Stigma	*Kuonera/ Kutarisira munhu pasi*	*Ukukgangelela umuntu phansi*	When a person or group is thought of and treated in a negative or judgmental way because of a particular attribute. This mainly refers to the way we *think about* a person or group.
Discrimination	*Kutsaurwa kunoratidza kushoorwa*	*Ubandlululo*	When a person or group is treated unfairly or unjustly because of a particular attribute. This refers to *the way we act towards or treat* a person or group.

2. Group work 20 minutes

Divide the participants into groups of 8 –10 and give each group ONE of the picture codes showing a scene of stigma and discrimination. Ask the groups to discuss the drawing using the following questions:

- What does the picture show? Identify the people in the picture and describe what they are doing?
- What do you think each person in the picture is thinking?
- How do you think each person in the picture is feeling?

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- Do you think anyone in the picture is feeling stigmatised or discriminated against?

3. Plenary 20 minutes

Ask the groups to give a very brief feedback and then ask the whole group to brainstorm other kinds of stigmatisation and discrimination OVC face. List these on a flip chart. Discuss who is involved in these discriminatory acts.

Points that should emerge from the discussion are that:

- OVC face stigma because we are afraid of HIV and AIDS. This is because it involves death and dying and because of the embarrassment we feel in talking about sex.
- It is not only adults that can stigmatise. Other children can be cruel and make OVC feel stigmatised and discriminated against.
- Sometimes we make OVC feel stigmatised without intending to or being aware we are doing it, for example when they are made to feel conspicuous.
- Sometimes children are blamed for a situation that they have no control over (eg having dirty or tatty clothes, not having school uniform, sleeping in class because they are hungry.)

4. Group work 25 minutes

Ask the groups to identify ways to combat stigma and discrimination in their community by identifying what they can do as individuals and as a community.

Ask each group to report back on their ideas to the whole group.

Examples could include:

As an individual:

- ☺ Not publicly disciplining the child because they sleep in class
- ☺ Not drawing attention to the child when visitors from supporting organisation come
- ☺ Encouraging our children to play with OVC in the community
- ☺ Inviting OVC to our homes sometimes
- ☺ Taking an interest in OVC. Ask them about their day? How things are at home? etc
- ☺ Discussing peoples fears with them and challenging assumptions

As communities:

- ☺ Not chasing the child away from school for not paying school fees
- ☺ Finding ways to help OVC attend school
- ☺ Dealing with cases of abuse and neglect

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Avoiding Stigma and Discrimination

Picture Code 1

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Avoiding Stigma and Discrimination

Picture Code 2

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What Makes Children Happy or Sad?

This session is designed for use with groups that do not have a great deal of technical background in supporting children or are not highly literate. It could also be used with children themselves as a way to foster peer support. This may also be a useful unit if you have to give a "one-off" training session with community members and want to raise general awareness of how to promote the well being of children.

It is advisable not to use the term "psychosocial support" in this session if it is a one-off. Talk about creating a caring and supportive environment. Try to elicit Shona words such as "*hanya*" or Ndebele words such as "*ukunakekela*" to describe the concept of caring or nurturing.

OBJECTIVES OF THE SESSION

By the end of the session the participants will have:

- Understood what factors influence the well-being of children
- Identified how vulnerable children can be supported by members of the community
- Become aware of other stakeholders in the community who can be mobilised to support OVC

This session will take approximately 1¼ hours. Materials needed are a flip chart and marker pens.

METHODS/ ACTIVITIES

1. Introduction 5 minutes

Do a short ice-breaker activity (this could be an activity that creates the groups for later in the session). Explain that the session will consist of discussion in small groups, reporting back to the whole group and action planning.

2. Small group discussion 15 minutes

Divide the participants into two groups (or four if it is a large group). Give each group a piece of flip chart paper and marker pen. Ask them to brainstorm the following questions:

Group 1: What makes children happy?
Group 2: What makes children sad?

Ask the groups to record their responses on the flip chart and select a person to report back to the whole group.

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This activity may need a lot of prompting from the facilitator. The groups will inevitably focus on material things and it may be necessary to help them broaden the discussion.

Also, encourage groups to give specific responses. Vague, general answers such as "being stigmatized" will make it more difficult to do activity 4. Probe what the participants mean by "being stigmatized" (being called names etc) and get them to list these.

Responses may include:

What makes children happy?	• Playing sport • Being cuddled or hugged • Being with friends • Eating • Being loved • Being praised • Fishing • Having nice clothes • Passing exams	• Going to school • Eating • Singing • Visiting relatives • Travelling on a bus • Reading a book • Listening to stories • Having a Birth Certificate Etc
What makes children sad?	• Having a sick parent • Dropping out of school • Being beaten • Being shouted at • Being sick • Not having a Birth Certificate	• Having to work too hard • Not being able to play with friends • Being hungry • Having tatty clothes Etc

3. Report back 15 minutes

Ask each group to briefly report back on their responses to their question (5 minutes each). At the end of each presentation ask the other group if they would like to add anything.

Briefly discuss if there are any contentious or controversial items in either presentation. Identify those that are particularly relevant to children affected by HIV and AIDS.

4. Action planning 20 minutes

As a whole group, discuss what has come out of the two groups. We have now identified things that are making children unhappy in our communities and what makes them happy. From the list it will be clear that some things are material in nature, but many of the things that make children happy do not need material resources and are about "caring." Some activities that make children happy are simply fun. Often children affected by HIV and AIDS, especially those that are grieving or are traumatized, stop playing and withdraw. Simply helping the child to have fun and be an ordinary child again can do an enormous amount to help them cope with bereavement and feel hopeful.

Ask the groups to discuss what **they** (as teachers, young people, community members etc) can do to reduce the number of things that make children unhappy and increase the number of things that make them happy. Also ask them to identify who else in their community could help.

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One way to structure this is to ask the participants to complete a table like this:

What can we do?	How can we do it?	Who else can help?
Encourage children to play more	Form a volley ball team	School teachers
Tell children stories	Have a children's story time	Old people in the village,
Get my child a Birth Certificate	Approach RGs office	Head Teacher, Ward Councillor
Make children feel loved	Hug them and tell them when they do something good	All community members
Make sure children go to school	BEAM, raise money for school fees, approach NGOs,	SDC, Ward Councillor, Church, local CBO or NGO.

5. Feedback 10 minutes

Ask each small group to briefly report back to the whole group. Discuss the possibilities they raise and explore how they as individuals and a group can support children in their community. Emphasise that many of the things that we can do to make children happy do not involve material resources and are realistic for any community.

6. Action Planning 10 mins

Then ask the participants to identify those that can be done immediately and those which might take more time to organize.

Then ask the participants to draw up an action plan using the template below. This can either be done in plenary or as group work.

	What will you do?	Who is responsible?
In the next WEEK		
In the next MONTH		
In the next YEAR		

FACILITATOR'S NOTES

One aspect it is important to raise is the role that community members can play as role models and mentors to younger children. Is there anything that they can do to "formalize" this? For example, by identifying particular children who need more mentoring/ parenting, developing a rota to visit households with vulnerable children, sharing practical skills with children etc.

Also, how can they help children to express their feelings and talk about their situation?

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Memory Projects

This topic aims to initiate memory (or children's heritage) activities in households, schools and communities. Issues of talking to children about death and preparation for death are fraught with cultural taboos which prevent parents and families from preparing children for loss. There is a lot of evidence from many different cultures, however, that if children are properly prepared for the loss of a loved caregiver they cope better and recover quicker. Many sick parents also report that when they have talked to their children and made preparations for their death they feel more at peace. (For more information on this, read the research done by the Humuliza Project in Tanzania).

This session does not aim to end up with a memory book or box, but to discuss the rationale for them and prompt parents, teachers and communities to implement the idea in a way that suits their situation.

OBJECTIVES OF THE SESSION

By the end of the session the participants will have:

- Thought about the reasons why parents are reluctant to talk to their children about illness and death
- Looked at the reasons why it is important for parents to talk to their children about sickness and death
- An awareness of how memory boxes or books can help to facilitate dialogue with children

This session will take approximately 1 hour 30 minutes. Materials needed are a flip chart, marker pens and the case study.

METHODS/ACTIVITIES

1. Introduction: 2 minutes

Firstly explain to the participants that they may find some of the ideas in this topic challenging. Explain that the aim is to get them to think about the issues and decide for themselves. Tell them that they should feel free to voice their concerns and ask difficult questions if they need to.

2. Setting the scene 10 minutes

Set the scene by reading the story on the next page to the group. It is a situation that is familiar to most people in the community. Everyone has had a relative, neighbour or close friend who is terminally ill. If time allows you might wish to choose some volunteers to prepare the story as a short drama.

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Mrs Ncube's husband died two years ago and she has been ill for a long time. Recently her health has become much worse and secretly her sister, Sarah, fears that there is less and less hope that she will survive.

Sarah is caring for Mrs Ncube and her two children, Mary and Kuda. She has noticed that Mrs Ncube finds it hard to sleep and is often very restless. She often says she wants some peace and is very worried about her children and where they would go if anything happened to her. Sarah just laughs and asks "what will happen to you?"

Sarah is aware that people around are whispering and making secret observations. All the time, however, the family, friends and neighbours behave as if nothing is going on. They pretend that nothing in the situation is unusual and it is "business as usual".

Mary is 12 and has been very helpful in caring for her mother. Sarah has noticed that Mary often looks very unhappy and refuses to go and play with other children. Kuda, who is 7, has also begun to look very worried at times and is always asking Sarah if his mother will be better soon.

Last week Mrs Ncube started to talk to Sarah about her hopes for her children. Just at that moment Kuda came into the room and so she stopped. Kuda kept asking his mother what she had been saying, but she made a joke of it. Sarah has been afraid to reintroduce the subject since that time.

Sarah wants to do what is best for her sister and her children and thinks that the best thing she can do is pretend that her sister will get better. She feels that it is better for the children to hear about their mother's illness after she has died. She will look after the children and do her best for them.

Mary has noticed a lot about what is happening in the household and knows that her mother is very ill. She hears people whispering when she goes to the shop and one of her classmates told her that her mother is going to die soon. Her aunt will not talk about it and says that everything is alright. She gets angry if Mary asks questions. Kuda often comes into her bed at night and cries and asks her what will happen if mummy dies. She does not know what to say and is worried that her aunt will send them away. She is also afraid that she, Mary, will get sick and then there will be no-one to care for Kuda.

Group Activity 20 minutes

Put the participants into groups of 6 –8. Ask them to briefly discuss the following questions:

- What is Mrs Ncube worried about?
- What is Sarah worried about?
- What are the children worried about?
- How realistic is the story?
- What advice would you give Mrs Ncube? Sarah?

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Have a short plenary session to get feedback from the groups. Do not dwell too much on the different interpretations of the story. The main point to pick up is that every character in the story is aware of the situation but none are acknowledging it to the others.

3. Group activity 30 minutes

Ask the participants to go back into their groups and list the possible reasons why parents are reluctant to share information about illness and death with their children.
After 15 minutes ask each group to feedback their ideas to the whole group. The facilitator should record the reasons on a board or flip chart, summarising them under main headings.

Some of these reasons may be:

- they are struggling to cope with the situation themselves
- they feel overwhelmed by strong emotions of fear, sadness, guilt, despair, etc.
- they have doubts about their ability to cope with their children's reactions and grief
- they fear that the children will blame them
- they think the children are too young to understand
- they think the children are happier not knowing
- they worry about telling the children in a way that may make the situation worse
- they don't know how to start talking to their children about such sensitive issues
- they fear that if they admit to the situation their relatives will compete for the possessions and disinherit the children or, even, that the children will try to take the property before they die.
- they fear that the children will tell neighbours about the situation
- they think that there are traditional taboos around talking to children about death

Take some time to explore these and ascertain the extent to which these fears are true or are myths. For example, many parents think their children do not know what is happening, but in reality children are very good observers and know that something is happening in the household. The children may, however, not understand what they observe which can lead to more fear and anxiety.

Research in Tanzania in the late 1990s by Humuliza found that there are many reasons why it is a good idea to break the silence around death for children. Some of the main reasons are:

- Concerns about the future, security etc. The child needs the assurance that life will go on even when the beloved person dies.
- To rectify fantasies that children sometimes have about the cause of death. They often feel that they were responsible in some way for the death and have terrible guilt feelings.
- To maintain the confidence of the child in the remaining adults and to reassure the child that there will be someone to care for them.

4. Memory books or boxes 30 minutes

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One way to approach this issue in a sensitive way is to start a memory project in the household, community or school. This involves the children collecting stories, documents, letters, ideas and plans about their family. This facilitates a discussion between the children and parents about their family heritage and the parent's hopes for the child in the future.

The Young People: We Care Manual (pages 40-41 and 72-75) have more detail about this topic.

Ask the groups to read the information in the YPWC Manual and then give feedback:

- How will memory books or boxes help children and parents?
- Is this an activity we could do with all children?
- Do you have any reservations about using these ideas?
- How could you initiate the activity in a sensitive way?
- What are the pitfalls to avoid?

Ask the groups to report back and discuss any issues that emerge.

FACILITATOR'S NOTES

It is important to allow a lot of discussion on the points that come up in the session because this is a sensitive and emotive topic and will invoke strong reactions in some participants. It is important to be aware of the kind of reservations participants will have about the ideas and to do some background preparation. A good way to address contentious comments is to invite other participants to respond first before you address the issue. Ultimately, it is important to tell the participants that whether they adopt the memory idea or not is their own choice.

Be aware what the composition of your group is for this topic. You may want to adapt the questions you ask to suit the audience. It you are working with caregivers or parents you may have a different approach from that of volunteers and teachers, who cannot talk to children about the more sensitive issues but who can begin to help the children collect family stories and gain an idea of their own culture and heritage. This is a valid activity with all children.

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Community Support for Vulnerable Children

This session aims to map the various resources and services in a community to support and protect OVC. This session gives an opportunity for communities to compare the perspective of different "interest groups" and provides an ideal opportunity for children to have a voice in the community planning process.

The activities make the assumption that the participants already have an understanding of how children are affected by bereavement and what PSS is. If this is not the case, some preliminary discussion may be needed before going on to the activities in the session.

The community mapping exercise will only work if you have a group of participants from the same community. If you do not, you can miss out activity 2a and do activity 2b as an alternative.

OBJECTIVES OF THE SESSION

By the end of the session the participants will have:
- identified resources and services for OVC in their community
- identified gaps in the resources and services and how to fill them.

This session will take approximately 1½ hours. Materials needed are a flip chart, squares of paper, sticky stuff and marker pens.

METHODS/ ACTIVITIES

1. Introduction 15 minutes

Explain to the participants that most communities have resources and services that enable orphaned children to deal with the stress and trauma of losing a parent. There are also services and resources that protect vulnerable children from abuse and other risks.

Brain-storm with the participants some of these and make a list on a flip chart. It may help to give headings such as:

- **Buildings and services** based in them: Eg Clinic, School, Church, pre-school, Recreational Hall etc
- **Human resources**: Caregivers, Teachers, Pastors, Ward Councillor, Health worker, Child Protection Committee, Youth Leader, Community Liaison Officer, HBC volunteer, other children, other volunteers, etc
- **Other resources**: Kids Club, Soccer Club, sewing group, women's group, vegetable garden, burial society, memory boxes, savings club, etc

This may need a lot of prompting because often communities do not recognise some resources as being supportive for OVC. For example, many participants may not see that playing soccer can offer PSS to a child.

2a. Group Activity 45 minutes

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This session only works if the group comprises members from the same community.
Divide the participants into groups. It is a good idea to group the members according to their particular perspective (eg children/women/men/young people/ etc)

i. Ask each group to draw a map of their community **focusing on resources for OVC**.

ii. Then ask each group to show their map to the rest of the participants and explain it. Discuss with the participants the similarities and differences between the maps and the possible reasons for this. Remember, there are no right or wrong answers here, the maps show the people's perceptions of their environment and any differences are likely to reflect the varying experiences and perception of the different groups.

iii. After the discussion ask the groups to go back to their map and add any resources they had omitted.

2b. ALTERNATIVE Group Activity 45 minutes

This session works best if the working groups are comprised of members from the same community but if that is not possible, it can be done with the use of a story (eg Tendai's story from page 32) as an example to work with.

i. In groups of 8 – 10 ask the participants to draw a picture for each of the resources and services identified in the first activity. These can be cartoons or simple line drawings or symbols.

Explain that very often resources and services in a community that could offer support to OVC are not being used by vulnerable children. Sometimes this is because we do not recognise their value to OVC or because the children are being excluded in some way.

ii. Give each group a piece of flip chart and ask them to divide it into three sections like this:

Resources and services in the community	
Used by children at the moment	*Not used by children at the moment*
New Resources and services needed in the community	

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iii. Ask the group to place the drawing of the resources and services they have identified in one of the top two columns. Resources that are currently "used" by OVC and those that are there but not utilised by OVC.

iv. Then ask the group to discuss if there are any gaps, any resources or services not in their community that they feel need to be there. They can draw these on to squares of paper and add them to the bottom section of the diagram.

a. Action Planning 15 minutes

Ask the participants to draw up an action plan of what they will do when they return to their community to fill the gaps. It can be structured like this:

Needed in community	Who to involve	How to involve them	When?
Kids Club	Older children School Village Head	Hold a meeting and invite a partner organisation to attend	Next month
Counselling	School teacher Church Pastor	Talk to each individual Find out where training can be obtained	Next church meeting
Vegetable garden	Farmer Community members	Hold a community meeting and identify volunteers	At next village meeting

This activity can be done either individually or in groups if the participants all come from the same community.

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TIPS FOR GROUP WORK

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Using small groups

Many of the activities in the manual require the participants to work in small groups. This is because small group work gives the opportunity to share experiences and ideas and is a more comfortable forum for many participants to talk. It also means that there is more likelihood of different perspectives emerging and, hence, debate will be stimulated once the groups return to the plenary session.

Group work can, however, be mundane and boring if used for the sake of it. It is important that the tasks given to the groups are interesting and varied and offer a genuine opportunity to discuss and debate. Tasks or questions with closed or fixed answers do not suit group work and group tasks are not necessarily suitable where there are "right or wrong" answers, although this is debatable.

Choosing the size of the group

For small group work to be most productive it is necessary to ensure that the size and composition of the group is suitable to the task. In the training activities in this manual, the instructions will sometimes indicate the size of the group, in other cases you may need to decide on the size of the group. The following guidelines will help you do this:

- The number of participants at the workshop will be a factor to consider. If you have more than 4 or 5 small groups, feedback can be monotonous.
- Consider the furniture and size of the workshop room. If there are tables that can be used for group work, the number of people that can comfortably seated around the table will guide the group size.
- If there is the option of using other rooms or working outside, this will also guide the number and size of groups. It is worth planning this in advance so that you do not end up with a group with nowhere comfortable to work or with several groups crowded together.
- Sometimes you will want to determine the composition of the groups. For example you may want women's groups and groups of men. Or, you may want to separate the young people and children from adults.
- In other cases, you may wish to ensure that there is a mixture of ages and gender in each group. The section that follows will give you ideas of how to do that.
- Generally, it is a good idea to change the members of the groups during the course of a workshop. This encourages more interaction and avoids dominance by one or two group members. It also prevents group members getting bored with each other.
- Ideally groups of 8 - 10 people tend to work best. Any group over 10 is not a "small" group!

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Ways of dividing participants into small groups

When you need the participants to divide into small groups, there are a number of methods that you can use. Many of these are also great fun and can serve as an "icebreaker". Here are a few ideas that you can use:

i. Fire on the mountain

This is great fun and will cause a lot of laughter. You will need a large room or go outside for this.

The facilitators shouts *" Fire on the mountain, fire on the mountain run, run, run."* and the participants have to run around the room. The facilitator claps his/her hands and calls out a number. The participants then have to get into groups of that number.

Do this two or three times with different numbers before you call out the number of the size of group you want them to work in. It is good to start with a small number (2 or 3) the first time and then increase the number.

A variation is to pretend you are on the Titanic and dancing to the band. When the ship hits an iceberg, call out "*Go to the lifeboats*" and then give the number of people in each lifeboat.

This method gives the participants the chance to choose the group members and you will, therefore , tend to get friends together and groups predominately of one gender. So, use this method when you do not specifically want mixed sex groups.

ii. Animals

Before the session decide how many groups you want and of what size. Choose an animal name for each group (eg lion, bird, elephant, baboon etc). Write the name of the animals on small squares of paper. One square for each participant. If you want 5 lions, 5 birds, 5 elephants etc. do 5 squares for each animal. Fold the papers and place them in a container.

Go around the participants and tell each person to pick one square of paper from the container. Instruct the participants that they must not show what is written on the paper to anyone else.

The participants must then find all the other people in the room with the same animal by acting out the behaviour of the animal. They must not speak or make any noises. They have to recognise the other members of their group through their acting/ miming. Once the participants have found the other people of the same animal type, they have found their group.

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This will give you random groups and you are more likely to end up with mixed groups that do not contain friendship groups. You need to choose the names of animals that are easy to mime and that the participants will know.

iii. Birthdays or Totems

Tell the participants to find everyone else in the room born in the same birth month, or day, or with the same totem as them. Participants move around to get this information. Then join together the months or totems to form the number and size of groups you wish to work with.

This will tend to give you random, mixed groups and will split up friendship groups.

iv. Lines

This involves getting the full participant group to line up in order, according to various criteria. Do this more than once to get the group mixing and talking to each other. Then get the line to number off to form the size and number of groups required.

Criteria used for the line can be:

- Oldest to youngest
- Tallest to shortest
- Shoe size
- Alphabetical order (difficult!)
- Most experience to least experience (eg number of years in teaching)
- Distance from their home to the training venue (can take a long time to agree!)

This will also tend to give you random, mixed groups and split up friendship groups.

v. Specific interest groups

Remember that sometimes you will want groups with something in common eg

- single sex groups
- groups formed on the basis of age (children, youth, elderly people etc)
- group members from the same school/club/cluster
- group members that all have the same opinion on an issue
- group members have similar background or experience (eg HBC volunteers, youth volunteers, FHWs)

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Handling feedback and plenary sessions

When you use small groups, it is important to find interesting and varied ways to make the plenary or feedback session interesting. Often, dynamic group discussions are completely ruined by boring and repetitive feedback.

You will often find that participants expect to be asked to report back in full and will initially resist other ways of managing feedback sessions. It may be necessary to highlight that the purpose of the report back activity is not to give individuals a chance to demonstrate their vocabulary and how articulate they are, but to efficiently share ideas and debate issues.

Here are some ideas of ways to manage the feedback/ report back session:

i. Where each group is likely to have similar responses, ask each group to report back on one question or issue and then ask the other groups to say if they agree or have any other comments.

ii. Display all of the responses and then ask the plenary to find similarities and differences.

iii. Display all of the responses either on a wall or on a floor and then give the participants time to look at the work of each group. Then hold a discussion on what they have observed, eg similarities, differences, main trends etc

iv. Where there are right or wrong answers, get groups to exchange their work and get the participants to mark each other's work. Then facilitate a discussion on what they have learnt, where the main areas of disagreement are etc.

v. Get each group to display their work and then give the participants an activity which requires them to analyse the responses eg a checklist or set of questions to answer.

vi. Where you have groups representing a particular interest (eg women, men, youth, children, teachers, volunteers etc) get each group to give their response to each question in turn and then compare them. Change the order so that each group has a chance to go first or last.

vii. Invite one group to report back in full and then instruct the other groups to report back only on ideas or issues that have not been covered previously. You will need to be strict about this, because often the rapporteur wants to hold the floor!

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APPENDICES

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What do we mean by "Children affected by AIDS"?
Background Information

Children affected by AIDS (CABA) is a term used to describe children, under the age of 18 years, whose life has been affected by the disease AIDS in some way. The ways that AIDS can affect children are:

- One or both of their parents may have died from the disease. These children are called "orphans"
- One or both parents may be sick and in need of care. Children may be faced with the prospect of watching their loved ones dying and nursing them through their final days.
- They may be HIV positive or living with AIDS.
- They may live in a household that has taken in orphaned children or sick relatives.
- They may have lost other relatives or friends and neighbours

Many children may experience multiple effects of AIDS, where they first nurse a sick parent, then lose that parent. Then the surviving parent becomes sick and perhaps dies. Also, perhaps, they lose a brother or sister and other relatives or caregivers. They may also be sick themselves.

It has generally been observed that when a child loses their parent(s), especially due to HIV and AIDS, they are more likely to:

- ☹ Do badly at school and/or drop out of school
- ☹ Have poor educational and vocational opportunities
- ☹ Begin working early
- ☹ Have poor health and nutrition
- ☹ Lose their rights to property
- ☹ Lack love, care and attention
- ☹ Experience stigma and discrimination
- ☹ Experience exploitation and abuse
- ☹ Lack emotional support to deal with grief and trauma
- ☹ Experience long term psychological problems
- ☹ Take drugs and other substances
- ☹ Become involved in crime

(HIV/AIDS Alliance)

In order to cope with multiple stresses and bereavements children need to become "*resilient*". Resilient children develop the ability to cope with the many problems they have to face such as dealing with the illness and death of their parents and having to be responsible for their own lives and the lives of their brothers and sisters. *Vulnerable* children are children who are easily hurt or harmed or who are at risk of harm.

How can a child become resilient?

Orphans and other CABA need to become resilient in order to overcome the many problems they face and to ensure that they are not overwhelmed by the feelings of grief, loneliness, guilt and the stigma they often face.

Children who cope best with this adversity are children who have:

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- A safe, nurturing environment where their needs are met. This includes education, health care, security, and a feeling of belonging. Children need to stay together with their brothers and sisters and feel part of a family environment.
- Someone who will listen to them and show an interest in them. Someone who will answer their questions honestly and encourage them.
- A value and belief system where they have developed a sense of moral order and justice and understand the difference between right and wrong and what is appropriate behaviour.
- A sense of identity and belonging. This includes knowing about their family, its stories and "history" and having memories of the deceased parents. Having a Birth Certificate, some mementos of their parents and good role models helps to build resilience.

The importance of the family

The family is the first environment in which the child experiences love and affection and a sense of belonging. Families have common roots and traditions and have a family "history" full of common memories, stories and anecdotes.

A strong, healthy family environment can help a child develop resilience. Parents and families can help to prepare children for loss and bereavement by talking to them about the future, their hopes and dreams for the child, and by discussing with the children what should happen if the parents are no longer around. Many families help children develop a memory box or book where they can store stories, information and memories.

The importance of school

After the family, the school is the most important factor in a child's life. As the child gets older they spend more and more time in school and in the company of their school friends.

Schools, like families, focus on the cognitive (skills and knowledge) and social (emotions and behaviour) development of the child. In homes where the parent is sick or there is a teenage or elderly caregiver, not enough emphasis is placed on these aspects and the school and classroom become the main places where resilience can develop. For many children, the classroom is an oasis of normality in a chaotic and harsh world.

Sadly for some children school is where they are stigmatized and taunted by other children. Often they are made to feel inferior and of less worth than others. Schools can prevent this by creating a nurturing environment where children are taught to value and care for each other. Teachers need to set children realistic goals and help them achieve them. If they make learning fun and creative, children will also enjoy school and want to attend no matter what.

Children growing up without parents or who are sick need extra things from their teachers. They look for someone who:

- is interested in them and their lives,
- will help them develop confidence and self esteem
- they can turn to in time of crisis,
- is trustworthy and reliable,

Psycho-social support teachers can offer these things and help their colleagues to offer these things to all children affected by AIDS. They can also help colleagues create an enabling environment where all children can thrive and develop to their full potential.

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GLOSSARY OF WORDS AND TERMS OFTEN USED IN PSS

TERM	EXPLANATION
ADOLESCENCE	A stage of development between childhood and adulthood. When young people develop adult body features.
BEREAVEMENT	The loss of a person, usually someone to whom you are emotionally attached, through death.
CHILD	Any human being who is below 18 years of age.
COPING	This is one's ability to withstand a stressful event or experience.
DISCRIMINATION	When a person is treated unfairly or unjustly because they have a particular attribute.
GRIEF	Emotional, mental and physical pain experienced about someone's death.
INFANT	A child who is at the earliest stage of development, aged 0 to 5 years.
LIFE SKILLS	Skills that help an individual to live a productive life as a member of a social group or community. Eg communication skills, negotiation skills, literacy, numeracy.
LOSS	Deprivation of something or someone we used to have.
MOURNING	A way of expressing grief and loss.
NEEDS	Things that an individual wants or requires.
ORPHAN	A child, under the age of 18 years, who has lost one or both parents.
PSYCHOSOCIAL SUPPORT (PSS)	An ongoing process of meeting the emotional social, mental, spiritual and physical needs of a child. This is done through ongoing care and contact with the child.
RESILIENCE	The ability to cope with a stressful event or crisis.
SELF AWARENESS	A knowledge and understanding of oneself and one's strengths and weaknesses.
SIBLING	Blood brother or sister.
STIGMA	When a person is thought of or treated in a negative or judgmental way because of a particular attribute.
STRESS	Mental strain.
TRAUMA	A long lasting emotional shock.
VULNERABLE CHILD	A child who is living in circumstances which may pose a threat to their physical, social, emotional, mental or spiritual well-being.
WITHDRAWAL	An unwillingness to build relationships, talk, play or socialize with others. An unwillingness to show emotions or feelings.

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