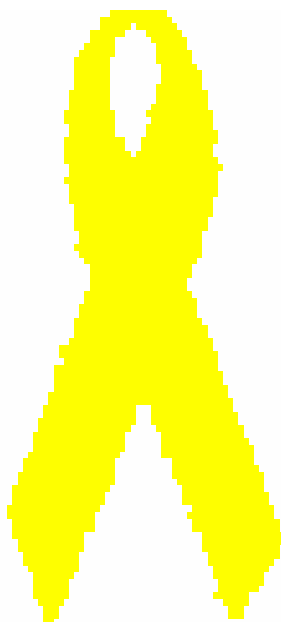




THE REPUBLIC OF UGANDA

# **Integrated Care for Orphans and other Vulnerable Children**

## **A Training Manual for Community Service Providers**



**Hope Never Runs Dry**

**Ministry of Gender, Labour and Social Development  
June 2005**

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*in collaboration with World Education, Inc.*

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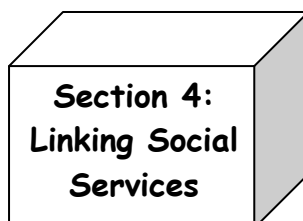
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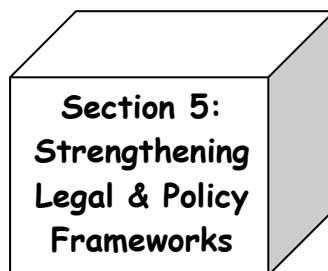
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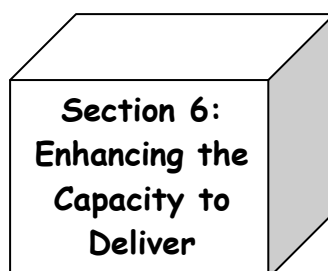
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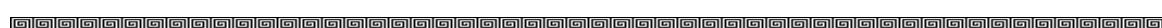


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## Foreword

The Orphans and Other Vulnerable Children (OVC) Training Manual for Community Service Providers is supportive of the National OVC Policy (NOP). The idea of developing a training manual arose out of a needs assessment conducted by Uganda Women's Efforts to Save Orphans (UWESO) early in 2004 to determine the knowledge levels of Civil Society Organisations (CSOs) and community volunteers in dealing with OVC. The findings revealed that while CSOs and individuals at various levels continue to benefit from training programmes focusing on OVC, the knowledge acquired is not always translated into action; and there has not been a systematic way to carry on further training at grassroot level. As a result, OVC and their households receive inadequate services. The joint effort of stakeholders to design an integrated trainer's manual for OVC service providers was seen as a way of addressing this gap and also operationalising the National OVC Policy.

The OVC Integrated trainer's manual development process involved consultative workshops and meetings with prime stakeholders at national, district and lower levels. This was in order to identify existing gaps in available OVC support materials, and to gain stakeholders' support in the manual development process. The need for a package of information that could be used by service providers to implement comprehensive/integrated OVC training was confirmed. The critical areas to be addressed included knowledge and skills in delivering services in line with the National OVC Policy and National Strategic Programme Plan of Interventions (NSPPI).

The primary users of this manual are Community Development Workers in the Local Government based at district, county and sub county level as well as NGOs, CBOs and FBOs working with OVC. It is hoped that these frontline staff will use the manual to train and equip individuals with skills to effectively deliver services to OVC and their households. The Ministry of Gender, Labour and Social Development hopes that all stakeholders in OVC will make use of this Manual to improve the well-being of OVC and their households.

My Ministry acknowledges contributions from various stakeholders to the development of the manual. There is need to mention technical input from Ministry of Health, Ministry of Education and Sports; Uganda AIDS Commission; international and local NGOs like World Vision, World Learning, World Education, UWESO, NACWOLA, Mildmay International Centre; and District Probation Officers from selected districts. Finally, I acknowledge the technical and financial support by the AIDS Integrated Model District Programme (AIM) implemented by John Snow International (JSI) with funding from USAID.



Hon. Felix Okot Ogong

**MINISTER OF STATE FOR YOUTH AND CHILDREN AFFAIRS**  
**Holding Fort of the Minister**



## **Acknowledgements**

The Integrated OVC Training Manual was produced through concerted efforts from a wide range of stakeholders. Our thanks go to UWESO and AIM Programme staff who initiated and followed up the idea after identifying overwhelming training needs among various OVC implementers. We thank the various stakeholders who enthusiastically embraced the idea and participated in different workshops and consultation meetings during the process of putting together the draft manual and subsequently to refine the content, and to pre-test it. The role of District Probation Officers and selected CSOs from a number of districts of Uganda was crucial in bringing on board community-based experiences which enriched the content of this manual. Below are various teams who participated in the development of the manual:

### **The Technical review team**

Benjamin Binagwa, Michelle Elle and Olive D'Mello of the AIM Programme; James Kaboggoza, MGLSD; Joyce Kadowe, Uganda AIDS Commission; Flavia Munaaba, Public Defender Association of Uganda; Mary Butamanya, Mildmay International Centre; Catherine Barasa, Ministry of Education and Sports; Susan Kajura and William Mbonigaba of UWESO; and Samalie Bananuka, Ministry of Health.

### **Illustrations and artwork**

Simon Banga

### **Consultants**

Aggrey Mukasa - (Research, compilation, drafting and editing); Beth Miller Pittman, World Education, (revision, integration of training skills and formatting and editing of the manual). The first Draft was prepared by Annie Mpiima, TASO.

---

## **Participants in various workshops and consultation meetings:**

Alamai Susan; Assistant Probation and Social Welfare Officer, Tororo; Alule Michael MGLSD, Kampala; Aggrey Mukasa, OVC Manual Consultant; Alex Okirigi Oworia, Probation and Social Welfare Officer, Kumi; Annet Biryetega, NACWOLA; Annette Kobusingye, Save the Children in Uganda; Annie Mpiima, Consultant; Bamboola Gladys, NACWOLA; Benjamin Binagwa, AIM; Benson Muhanguzi, PWO Rukungiri; Brad Favor, World Education; Candia Edward, Asst. Probation and Social Welfare Officer, Arua; Caesar Olweyo, Probation and Social Welfare Officer, Soroti; Charles Draecabo, HACT; Carol Namagembe, MGLSD; Catherine Barasa, Ministry of Education; Dan Mujjukizi PWO, Kampala; Dorothy Otim, UWESO, Pallisa; Emily Katamujuna, AIM Mubende; Emily Katarikawe, AIM; Esther Kituyi, Probation and Social Welfare Officer, Soroti; Esther Sempira, MGLSD; Flavia Munaaba, Public Defender Association of Uganda; Fred Wandera, Social Development Officer, UWESO, Soroti, Grace Amongi Social Development Worker, UWESO, Lira; Grace Hirya Negesa, Probation and Social Welfare Officer, Pallisa; Haji S.S. Etegu, TIDO, Soroti; Hamala Herbert, UORDP, Tororo; Irene Akena, Christian Children's Fund; James Kaboggoza, MGLSD; Julius Adome, UWESO, Kumi; Joyce Kadowe, Uganda AIDS Commission; Leo Agum, Probation and Social Welfare Officer, Apac; Kintu Mugagga, Kolping, Mubende; Mary Butamanya, Mildmay International Centre; Michael Oloit, Probation and Social Welfare Officer, Katakwi, Michelle Ell, AIM; Ngabirano Fred, Probation and Social Welfare Officer, Bushenyi; Ngondwe P.K., PWO, Kibaale; Olive D'Mello AIM; Ondoga Karim, Needy Kids, Yumbe; Onen Negris, MOES; Peter Edonga, Probation and Social Welfare Officer, Lira; Peter Okiria, Probation and Social Welfare Officer, Nebbi; Robinah Nabwire, UWESO Social Development Officer, Tororo; Rhoda Nyakato, AIM; Samalie Bananuka, MOH; Rufina Otago, MGLSD; Susan Kajura, AIM OVC/PHA Manager; Tom Fenn, Core Initiatives/CARE; William Mbonigaba, UWESO.

## **Funding**

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## List of Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIM	The AIDS/HIV Integrated Model District Programme
ABEK	Alternative Basic Education for Karamoja
CAO	Chief Administrative Officer
CDO	Community Development Officer
CBO	Community Based Organisation
COPE	Complementary Primary Education
CSO	Civil Society Organisation
CWD	Children with Disabilities
HIV	Human Immunodeficiency Virus
IGA	Income Generating Activity
MOH	Ministry of Health
MGLSD	Ministry of Gender Labour and Social Development
NACWOLA	National Community of Women Living with AIDS
NGO	Non-Government Organisation
NSPPI	National Strategic Programme Plan of Interventions
NOP	National Orphans and Other Vulnerable Children's Policy
NOSC	National OVC Steering Committee
OVC	Orphans and other Vulnerable Children
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSWO	Probation and Social Welfare Officer
PWAs	People with AIDS
SDO	Social Development Officer
STDs	Sexually Transmitted Diseases
TASO	The AIDS Support Organisation
TOT	Training of Trainers
TRC	Technical Resource Committee
UPE	Universal Primary Education
UWESO	Uganda Women's Effort to Save Orphans
VCT	Voluntary Counselling and Testing

# Section One

## Introduction

- ⇒ Introduction to the Manual
  - Aim and Objectives
  - Manual Development Process
  - Structure of the Manual
  - How to Use the Manual
- ⇒ Starting the Workshop
  - Getting to Know One Another
  - Expectations & Goals/Objectives
  - Workshop Schedule
  - Workshop Norms & Logistics

## **Introduction**

In 2003/04, the Government of Uganda, together with various stakeholders began the process of designing and putting in place the National Orphans and Other Vulnerable Children (OVC) Policy (NOP) and the National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children (NSPPI). This was in response to concerns and needs of OVC, which had been clearly articulated by stakeholders at various levels (Ministry of Gender, Labour and Social Development. *The Situation Analysis of Orphans in Uganda*, 2002). The NOP was developed in recognition of gaps in the existing laws, policies and programmes, which did not cater for significant numbers of children who were orphaned or vulnerable (such as those who suffer from gender-based discrimination, displacement, armed conflict situations, abuse, extreme poverty, HIV/AIDS - either themselves or their caregivers).

There are approximately 2 million orphans in Uganda, with 25 percent of all Ugandan households taking care of at least one - two orphans (NSPPI). Realising that special attention needed to be given to OVC, the NOP was enacted to guide the development of appropriate interventions and to provide a framework for coordinated actions intended to benefit orphans and vulnerable children. The NSPPI was developed to provide a framework that could be adopted by OVC service providers for implementation of key interventions identified in the NOP. It provides a comprehensive approach to programming, implementation, and monitoring and evaluation of interventions aimed at mitigating the situation of OVC.

## **Aim and Objectives of the OVC Training Manual**

The aim of the OVC Training manual is to contribute to the process of making the NOP and the NSPPI operational, by building skills of Community Service Providers at the district, sub-county and community levels, to enable them to implement integrated care for orphans and other vulnerable children. The specific objectives of the manual are to:

- Provide training for OVC service providers in all key areas of focus for OVC, as outlined in the NOP and NSPPI
  - Enable OVC community service providers to strengthen linkages between various OVC interventions
  - Enhance collaboration and partnerships between various stakeholders involved in implementing OVC work
-

|||||

The target users of this manual are mainly people working at the district and sub-county level e.g. in the Community Development Office (Community Development Officers, Probations and Social Welfare Officers), health workers, agricultural extension workers, and NGOs and CBOs who support or implement OVC programmes.

## **The Manual Development Process**

The Manual Development Process included the following activities:

- In July 2004 the initial workshop was held in Jinja. This workshop was aimed at generating a conceptual framework and possible topics for inclusion into the manual. The outputs derived from this workshop were compiled into the first draft manual.
- Technical review workshops were held in September and November 2004 to receive further input for incorporation into the draft manual.
- Further review of the draft manual by district-based stakeholders was carried out in November and December 2004.
- In February 2005, another stakeholders' workshop was held in Kampala to review the manual which was still in draft form.
- Arising from this workshop, it was recommended that further revisions be made to strengthen the content, to enhance the training process (e.g. vary methods of training; specify detailed steps for the trainers) and to align the whole manual to the NSPPI. This was carried out in March/April 2005.
- In May 2005, the final product was pre-tested in a one week workshop conducted in Jinja.

## **Structure of the Manual**

This manual is organised according to the Building Blocks and core programming areas articulated in the NOP and NSPPI. The Building Blocks are the sections of the manual (Section 3-6), and within each section there are modules (Module 3-12) which are the core programming areas of the NSPPI. Section One, which includes Module 1, provides an overview and introduction to the manual. Section Two: Understanding OVC Work, which includes Module 2, provides a foundation in OVC work (NOP, definition of OVC, needs of OVC, networking, attitudes towards OVC and principles of working with OVC).

## How to Use the Manual

Each module in the training manual is set up in the same way. The beginning of each module contains the following headings and symbols:


### Module number and title in a box

 **Background:** Provides general information on the theme to be covered

✓ **Session Objectives:** What participants will achieve by the end of the session

 **Duration:** Recommended time to conduct the activity (should be adjusted as needed)

**E Methodology:** To maintain participant interest and appeal to different learning styles, a variety of methods are used throughout the training. These range from working in pairs and small groups to role plays and games. The trainer should be flexible enough to choose or adopt any of these methods according to the situation.

 **Materials:** Includes suggested materials the trainers will need to conduct the sessions in the module. The trainer should also be flexible in choosing which materials to use for a particular session.

☒ **Work for trainer to do in advance:** Includes preparations the trainer needs to make before facilitating the module, e.g. arranging for guest speakers, writing case studies on flipchart.

Following this information, each module is divided into **sessions**. The sessions are shaded and are indicated by a number and title, methodology to be used and time required for the session. For example, Module 3: Food Security and Nutrition, has the following session, e.g.

### Session 3.4 Nutrition Guidelines: Discussion, Small Group Work (1 hr.)

After the session table are numbered **steps** that the trainer can follow to facilitate the session. At the end of the steps, content can be found that

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provides information on the topic. It is indicated by a symbol and is numbered according to session:

## **Session 3.4 Information**

### **Food Groups**

Also, there are **notes to the trainer** located throughout the manual. They are located in text boxes and give helpful hints or alternative activities to the trainer:

#### **★ Note to Trainer ★**

It is important to emphasise...  
Keep in mind that...  
Another way to do this activity is to...  
Be aware that participants may...

N.B. This manual can be used in different ways according to the needs of the participants and availability of resources and time. It could be used in its entirety to provide knowledge and skills in OVC programming to those who need a more comprehensive background (e.g. CBOs who have never worked with OVC but are beginning to set up OVC programmes). The trainer(s) could also select the modules that are most relevant to the needs of the participants and just focus on those.

### **Final Notes to the Trainer:**

Here are some things to keep in mind as you get ready to use the manual:

- **Team approach:** Organising a number of trainers with a variety of backgrounds to help facilitate the workshop will help to enrich the programme. Planning ahead of time, identifying who is going to facilitate which sessions, having regular meetings at the end of each day to make necessary programme adjustments, etc. are all important aspects of team work.
- **Flexibility:** This training manual should serve as a guide, whereby the trainers adopt approaches and methodologies that best suit the needs of the participants. It is advisable to identify any other locally available

materials such as videos (where applicable), games, or to think of activities that would be more effective with the participants. Using locally available resources or building upon what already exists in the community will help to strengthen response in caring for OVC.

- **Caring for OVC, especially those affected by HIV/AIDS, is an emotional topic:** As a trainer, it is important to be aware and sensitive to emotional reactions of participants and trainers. Participants and trainers may be HIV positive themselves or caring for loved ones who are HIV positive/dying from AIDS. Caring for children who are or will be left behind by parents infected with HIV can be a very emotional topic. Being aware of the emotional responses and adjusting activities as necessary will help people to handle various topics.

## Module 1

### Starting the Workshop


#### Introduction:

Creating a training environment of openness, trust and mutual respect should take place right from the beginning of the workshop. Introducing one another, expressing expectations, and setting the norms of the workshop are a few introductory activities that can create a comfortable, safe environment and encourage full participation by all.

#### ✓ Session Objectives:

By the end of the sessions in this module, participants will be able to:

- Introduce themselves and become acquainted with one another
- Identify their expectations and compare these to the workshop objectives
- Review the daily schedule and logistical issues
- Generate a list of norms for the workshop

 **Duration:** 1 hour 30 minutes

**E Methodology:** Pairs, small group work, discussion, brainstorming, trainer presentation

 **Materials:** Flipchart paper, markers, masking tape, index/rectangular cards

#### ☒ Work for trainer to do in advance:

- ☐ Enlarge and photocopy animal pictures for introductory exercise and cut each picture in half.
- ☐ Write workshop goals, objectives & schedule on flipchart or transparency if available.

### Session 1.1 Getting to Know Each Other: Picture Game, Pair Work, Discussion (30 min.)

**Step 1** Divide participants into pairs and ask them to introduce themselves (names, workplace, family,...) and share a positive experience they have had while working with OVC or in an OVC programme.



Step 2 Have participants introduce one another to the group.

**★ Note to Trainer ★**

There are many ways to do introductions. For instance:

- Cut pictures or words in half, distribute a "half" picture to everyone and have them find their "other half" (\* see pictures & instructions at end of session).
- If participants know each other already, everybody's name could be put into a box or hat and randomly picked by each participant. They would then say one or two things they know about the person they have selected.



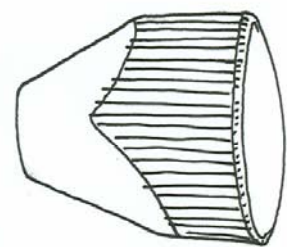
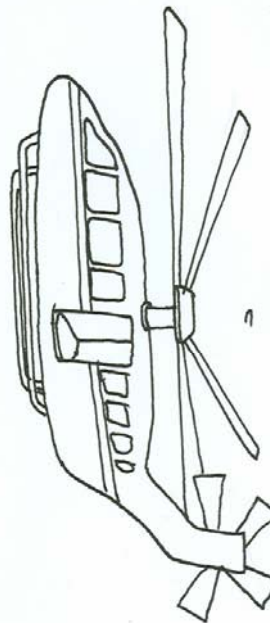
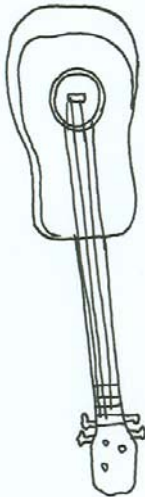
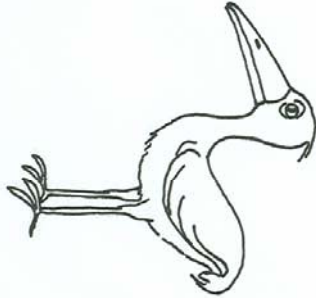
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## **Session 1.1 Information**

### **☞ Finding Your Other Half ☞**

These pictures can be enlarged and separated. Cut each picture in half, mix up, distribute a half of a picture to each participant, and instruct participants to find their other half. There should be no talking but participants can make the sound of the animal or object they have. Once they find their partner they can introduce one another and then share their expectations of the workshop. (Depending on the number of participants, you may need to draw additional pictures.)





## **Session 1.2 Participants' Expectations and Workshop Aim & Objectives: Group Work, Discussion, Trainer Presentation (30 min.)**

- Step 1 Divide participants into groups of 3 or 4 people, depending on the size of the group. Ask them to write their expectations of the workshop on index cards and post them on the wall.
- Step 2 Review the expectations during the plenary, lumping together all the expectations that are the same.
- Step 3 Display the Workshop Aim & Objectives (see Session 1.2 Information below) on flipchart or transparency and review *briefly*.
- Step 4 Compare the list of expectations to the objectives of the workshop to determine if all the expectations of the workshop will be met. If there are expectations that are not covered in the workshop objectives, discuss how these expectations can be met if appropriate, or explain that the particular expectation cannot be met during this workshop.
- Step 5 Display the Workshop Schedule (see Session 1.2 Information below) on flipchart or transparency and review, adding in changes where necessary.



### **Session 1.2 Information**

#### **Aim and Objectives of the OVC Training Manual**

The aim of the OVC training manual is to contribute to the process of making the NOP and the NSPPI operational, by building skills of Community Service Providers at the district, sub-county and community levels, to enable them to implement integrated care for orphans and other vulnerable children. The specific objectives of the manual are to:

- Provide training for OVC service providers in all key areas of focus for OVC, as outlined in the NOP and NSPPI
  - Enable OVC community service providers to strengthen linkages between various OVC interventions
  - Enhance collaboration and partnerships between various stakeholders involved in implementing OVC work
-

## Sample Workshop Schedule

Time	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
8:30-10:30	Module 1: Overview & Introduction (1 h 30 m)  Module 2: Understanding OVC (4 h 35 m)	Day 1 Reflections  Module 3 cont'd	Day 2 Reflections  Module 4 cont'd  Module 5: Care & Support (45 m)	Day 3 Reflections  Module 8: Health (2 h 10 m)	Day 4 Reflections  Module 10: Child Protection (3 h 30 m)	Day 5 Reflections  Module 11 cont'd
10:30-10:45	Break	Break	Break	Break	Break	Break
10:45-1:00	Module 2 cont'd	Module 3 cont'd  Module 4: Socio- Economic Security (4 h)	Module 6: Mitig. of the Impact of Confl. (2 h 15 m)	Module 8 cont'd  Module 9: Psychosocial Support (4 h 30 m)	Module 10 cont'd  Module 11: Guidelines for OVC Programming (4 h 55 m)	Module 12: The Training Process: Building Training Skills (4 h 40 m)
1:00-2:00	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
2:00-3:30	Module 2 cont'd  Module 3: Food Security & Nutr. (4 h 40 m)	Module 4 cont'd	Module 7: Education (2 h 30 m)	Module 9 cont'd	Module 11 cont'd	Module 12 cont'd
3:30-3:45	Break	Break	Break	Break	Break	
3:45-5:30	Module 2 cont'd  Module 3: Food Security & Nutr. (4 h 40 m)  Daily Evaluation	Module 4 cont'd  Daily Evaluation	Module 7 cont'd  Daily Evaluation	Module 9 cont'd  Daily Evaluation	Module 11 cont'd  Daily Evaluation	Module 12 cont'd  Workshop Evaluation

### **Session 1.3 Norms of the Workshop & Logistical Issues: Group Work, Discussion, Trainer Presentation (30 min.)**

- Step 1 Acknowledge the emotional difficulties associated with talking about OVC, particularly related to HIV/AIDS, and emphasise that it is crucial that people should be able to freely express themselves during the workshop.
- Step 2 Ask participants to generate a list of norms for the workshop. (For example, one person will speak at a time, people will be punctual, confidentiality will be respected, and everybody will participate,).
- Step 3 Explain to participants that every day 3 volunteers will be needed to make up a Host team.

**The tasks of the Host team are:**

- Check that the room or hall is arranged every morning prior to the start of the day's session
- Time keepers: get people started at the beginning of the day, make sure people come back from breaks & lunch on time
- Conduct energizers
- Be the ears and eyes of the workshop: get feedback informally from participants on how it is going and help facilitate an evaluation exercise at the end of each day
- Each morning the Host team reviews the previous day's activities
- One or two Host members give feedback to the facilitators on behalf of the participants and help note areas of difficulty and need for adjustments

#### **Steering Committee**

A Steering committee is composed of facilitators, observers and representatives of the daily Host team. They meet at the end of each day to discuss how it went. It is an opportunity for participants (1 or 2 host team members) to provide their feedback and concerns about the workshop. Facilitators also check in with each other on a number of things including the content and methodologies used, observations about the participants and areas that need to be changed. Decisions are made jointly and this is communicated to the participants the following day by host team members before handing over to the in-coming host team.



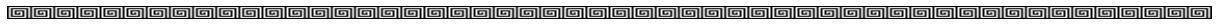
The tasks of the Steering Committee are to:

- Meet every evening after the daily sessions are complete
- Discuss and assess what facilitators and participants liked about the day's sessions and what they need to change for upcoming sessions
- Share comments and observations on the sessions covered and identify ways to improve the manual and training process for the future

Step 4 Discuss logistical issues such as lodging, transport, per diem, etc.



*Integrated Care for OVC*



# Section Two

## Understanding OVC Work

- ⇒ National Policies and Definition of OVC
- ⇒ Attitudes Towards OVC
- ⇒ Meeting the Needs of OVC: Who does what?
- ⇒ Principles of Working with OVC

## Module 2

## Understanding OVC Work

### Introduction

This module provides a foundation to working with OVC. It includes:


- An introduction to the National OVC Policy (NOP)
- Definitions and categories of orphans and vulnerable children
- Changing our attitudes towards OVC
- Needs of OVC and the roles of different groups in helping OVC to meet their needs
- Principles of working with OVC

Community volunteers, CBOs, FBOs, NGOs and government workers at all levels will be better able to support OVC with this information.


### ✓ Session Objectives:

By the end of the sessions in this module, participants will be able to:

- Define different types of orphans and vulnerable children
- Recognise negative attitudes towards OVC and how to change them
- Identify the basic needs of OVC
- Identify the groups involved in working with OVC and their roles
- Explain guiding principles of working with OVC

 **Duration:** 4 hours 35 minutes

**E Methodology:** Trainer presentation, brainstorming, discussion, small group work, drawing, presentations

 **Materials:** Flipchart paper, markers, masking tape, basket or box, index/rectangular cards

### ☑ Work for trainer to do in advance:

- ☐ Write definitions of orphans and vulnerable children on flipchart.
- ☐ Photocopy (or write on flipchart) the table of proverbs about OVC.
- ☐ Write guiding principles in working with OVC on separate slips of paper.
- ☐ Write definitions of HIV AND aids on flip chart for session 2.4
- ☐ Make a ball out of flipchart paper and tape for the final session.

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## **Session 2.1 Introduction to the National OVC Policy (NOP) & Definition of OVC: Trainer Presentation, Brainstorming, Discussion (30 min.)**

- Step 1 Introduce the NOP using session 2.1, Information below. It is important for the trainer to encourage discussions to ensure that participants internalise and agree on the terms used as well as the context of these statements (Mission, Vision, Values, etc).
- Step 2 Ask participants to state what they understand by the terms:
- a) An orphan
  - b) A vulnerable child
- Step 3 Use the Definitions of OVC given below to clarify responses.
- Step 4 Ask participants to give examples of different categories of OVC (e.g. children in armed conflict zones) and write their responses on flipchart.
- Step 5 Use Categories of OVC given below, to fill in any gaps.



### **Session 2.1 Information**

#### **☞ National OVC Policy (NOP) ☞**

In 2004, the Ministry of Gender, Labour and Social Development (MGLSD) enacted the National OVC Policy (NOP) for the Government of Uganda. The NOP was aimed at contributing to the improvement in the quality of life for poor and vulnerable children such as orphans, street children, abused children, children under situations of armed conflict.

#### ***Vision of the NOP***

A society where all children live to their full potential, where their rights and responsibilities are fulfilled.

#### ***Mission***

To provide a framework for the enjoyment of rights and fulfilment of responsibilities of orphans and other vulnerable children.

### **Values**

The core values of the Policy are love, care and compassion.

### **Goals**

Full development and realisation of rights of OVC.

### **Policy Objectives**

To ensure:

- The legal, policy and institutional framework for child protection is developed and strengthened at all levels
- OVC and their families access basic essential services package
- Resources for interventions to benefit OVC are mobilised and efficiently utilised
- The capacity of duty-bearers for OVC to provide essential services is enhanced

### **Core Programme Areas**

#### **Building Block A: Sustaining Livelihoods**

1. Socio-economic security
2. Food and nutrition security
3. Care and support
4. Mitigating the impact of conflict

#### **Building Block B: Linking Essential Social Sectors**

5. Education
6. Psychosocial support
7. Health

#### **Building Block C: Strengthening Legal & Policy Frameworks**

8. Child protection
9. Legal support

#### **Building Block D: Enhancing the Capacity to Deliver**

10. Strengthening capacity and resource mobilisation

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### **☞ Definition of OVC ☞**

1. An **orphan** in Uganda is a child below 18 years of age who has lost one or both parents. A child who has lost a mother is a *maternal orphan*, while a child who has lost a father is a *paternal orphan*. A child who has lost both parents is *double orphan*.

2. A **vulnerable child** is defined as one who faces the risk of physical, emotional or mental harm and whose survival, well-being and development is threatened. The most vulnerable children include those living on their own, those in conflict with the law or in abused situations; and orphans. Households may include female-headed households, households with orphans, households headed by an elderly person, households with a very ill parent or caretaker, and households that cannot meet the basic needs of the members.

N.B. The trainer should be aware that orphans can also be considered as a category of vulnerable children. However not all orphans are vulnerable; in some cases there could be children who are not orphaned but are living in very difficult situations which make them to be more vulnerable than orphans.

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### 👉 **Categories of OVC** 👈

#### **1. Children affected by armed conflict**

- Child soldiers
- Abducted children
- Refugee children
- Internally displaced children including 'Commuter Children'
- Children maimed or disabled by war e.g. deformed, paralysed
- Children who have lost parent(s) in armed conflict or other conflict

#### **2. Children who are abused or neglected**

- Children who work or are exploited
- Children subjected to harmful cultural and religious practices
- Sexually exploited and sexually abused children
- Children who are physically abused and neglected (including deserted children)
- Child parents and child mothers
- Children of alcoholics and drug addicts

#### **3. Children in need of legal protection**

- Children in conflict with the law
- Institutionalised children (in remand homes, babies' homes, rehabilitation centres)



- Children who have to testify in courts of law

**4. Children affected by HIV and other chronic illnesses**

- Children living with HIV/AIDS and other chronic illnesses
- Children living with people with HIV/AIDS and other chronic illnesses
- Children living in households with recent death of a working age adult
- Children in poor households that care for OVC

**5. Children in alternative family care**

- Children in child headed households
- Unaccompanied and homeless children
- Children in institutional care

**6. Disability related vulnerability**

- Children with disabilities
- Children whose parent(s) has a disability

**7. Children in hard-to-reach areas**

- Children in military barracks
- Children of transient communities such as fishing and nomadic communities
- Children in prison with their mothers
- Children whose parent(s) are in prison
- Children belonging to marginalised and ethnic minority groups

Even among children categorised as vulnerable, some may be considered more vulnerable than others. This depends on their situation, history and ability to cope.



## **Session 2.2 Attitudes Towards OVC: Small Group Work, Discussion (30 min.)**

- Step 1 Ask participants to brainstorm a list of local proverbs (in any language) about OVC.
- Step 2 Give participants the list of proverbs about OVC (see Session 2.2 Information below) to add to their list. If no photocopier is available, write a few selected proverbs on flipchart or read them aloud.
- Step 3 Ask participants:
- What they think about these proverbs?
  - Whether they positive or negative?
  - What type of messages do these proverbs send to people about OVC?
  - How an orphan or vulnerable child would feel on hearing these proverbs?
  - To suggest how can we work towards changing some of these negative attitudes about OVC?
- Step 4 Divide participants into small groups, according to language.
- Step 5 Ask each group to brainstorm a list of proverbs in their language that promotes positive images such as support, love, caring for others and working together (e.g. Southern Uganda: Aggali awamu gegamenya eggumba - Together, we can achieve more.)
- Step 6 Ask each group to present their proverbs and discuss.
- Step 7 Ask participants to identify proverbs that can be used when advocating for OVC and how?
- Step 8 Sum up the session by emphasising the importance of respecting OVC and having a caring and loving attitude towards them. It is the responsibility of everyone (e.g. community volunteers, CBOs, FBOs, NGOs and government workers) to be positive and caring towards OVC and to help others get rid of negative attitudes towards OVC.

## Session 2.2 Information

### ☞ Attitudes Towards OVC ☞

Many orphans and vulnerable children face stigma and discrimination in their communities. One of the first steps in helping to improve the situation of OVC is to work towards eliminating the negative attitudes that some people have. The following proverbs are examples showing negative attitudes towards OVC:

Language/ region	Proverb/Saying	Translation
Western	Owokwenda okurya ebyenfuzi nagyehisya omumaguru	If one needs to benefit from orphan's property, he brings it closer (between his legs)
Western	Enfuuzi ebyaama omwidiro	An orphan sleeps near the family eating place (so that he does not miss any meals)
Western	Mukasho tabanyoko	Your step mother can never be your real mother; no close touch from the bottom of the heart
Western	Noriza rimwe nkenfuuzi	An orphan sheds tears from one eye because he has no one to look after him
Western	Enfuuzi enia omuzindi gumwe	An orphan passes out one stool (because he is never given enough food)
Western	Rwanyokoromi tekuteka aha mugongo	Your uncle cannot carry you on his back (you can't be proud of your uncle's property)
Western	Otarinyoko takureba ahanda	She who is not your mother cannot look at your stomach (she who is not your mother cannot mind about your hunger)
Western	Okworora omwanawabandi noburo oyorora ente yafa ogirya	You would rather bring up a cow which you can eat when it dies instead of another person's child
Lugbara	Mi mva emvua took	You, a mere orphan i.e. a child who goes without recognition!
Lugbara	Kaa! Ma eco dri cii emvua le adusi yaa!	Hey! Why am I suffering like an orphan

### Integrated Care for OVC

Samia	Osanda ngo mu fwirwe	You are suffering like an orphan!
Samia	Ye hulula nga mulema	You are crawling like a lame person
Lunyole	Nnghinokera erya masegeno, erya mano oba olibona?	Breastfeeding from your aunt implies that your mother is not there (an orphan should not expect anything)
Teso	Abwobwot oreria bala ikokiok	Loitering around other people's homes like an orphan
Teso	Aibwokit akanin bala ikoki	Carrying your hands on your head like an orphan
Teso	Asanyakak bala ikoki	Shabby like an orphan
Teso	Inyobo itasionor ijo bala ikoki	Why are you miserable like an orphan
Teso	Akwangikit bala ikoki	Being pale like an orphan
Teso	Aitan aarak	Feeding killers
Luo	Ipito aweno ipito gwenu	Feed your relatives' kids but do not forget yours
Luo	Atin a can pe kuun	A child of a poor person does not refuse
Luo	Acan akwo kwo ilwete	A poor person survives by sweat
Luo	Atek wic camo owara	A big headed person eats nothing
Luo	Atinga ber itoti	Better cry to your mother
Luo	Ikwor bala atin kic	You are as pale as an orphan

### Changing of attitudes towards OVC

The proverbs in Session 2.2 Information above show that communities in Uganda have a generally negative attitude towards orphans; while there are very few proverbs that portray them in a positive way. The trainer should work with participants to generate examples of proverbs from the communities aimed at promoting positive attitudes (that could also be incorporated into the manual during sessions to revise the manual in the future). In addition, the trainer should solicit success stories of OVC in the community to be used as case studies during the training. Examples of **positive proverbs** include:

- Aggali awamu gegamenya eggumba - Together, we can achieve more (Southern Uganda)
- Emiti emitto gyegiggumiza ekibira - It is the young trees that strengthen the forest (Southern Uganda)
- Kabunu mpa amaguru, nagangye nteireho - When one asks for support, one should also put in effort to help oneself (Western Uganda)

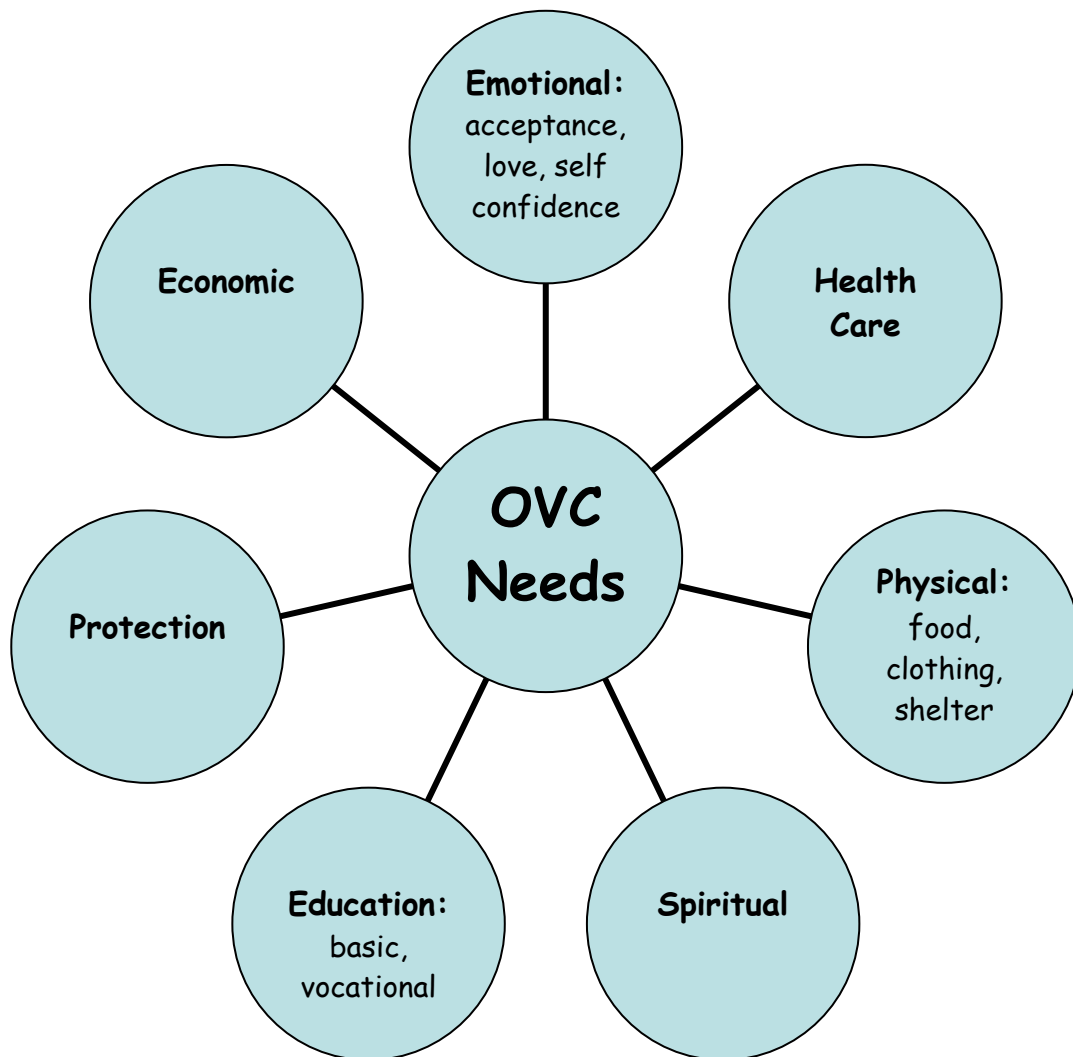
- Ente zitarimu encwamutwe nezitariho - Cows with no calves have no future (Western Uganda)
- Orume kurukura rwoonka abaana - When a rabbit grows older, it feeds on the young ones (Western Uganda).

### **Session 2.3 Needs of OVC: Discussion (20 min.)**

- Step 1 Draw a circle on the flipchart and write OVC needs in the centre.
- Step 2 Ask participants to identify the main needs of OVC. As they mention a need, draw a line from the circle and write the need (as in Session 2.3 Information below).
- Step 3 Discuss the needs of OVC, filling in missing information from the diagram below. Explain that it is important to consider these needs throughout the workshop and to identify ways they can be met.



## Session 2.3 Information



## Session 2.4 OVC and HIV/AIDS: Trainer Presentation, Discussion (15 min.)

- Step 1 Explain to participants that one of the major challenges contributing to rising numbers of OVC in Uganda is HIV/AIDS. This session will provide basic information about HIV/AIDS and the effects it has on OVC, their families and communities.
- Step 2 Ask participants to define HIV and AIDS and discuss the difference between the two.
- Step 3 Present the definitions on flipchart (write beforehand), using 8.4 Information, and discuss.



### Session 2.4 Information

#### ☞ Definition of HIV and AIDS ☞

H - Human  
I - Immune Deficiency  
V - Virus

#### **HIV = Human Immunodeficiency Virus**

**HIV** is a virus. A virus is an extremely small organism. The virus is found in semen, blood and vaginal secretions. In order for the virus to survive, it attacks white blood cells in the body, which are responsible for defending an individual against various infections (immune system). Once infected by HIV, it takes 6-12 weeks for the body to produce antibodies against the virus. The period between the infection and the appearance of antibodies in the blood is called the "window period". If tested during the window period, the results will be negative. It is therefore important to go for a second test 3 months later.

HIV attacks the body's immune system. Over time the immune system is weakened and an HIV-infected person may become affected with various illnesses. The HIV-positive person is then diagnosed with AIDS.

A - Acquired ('Obtained but not born with')  
I - Immuno (The body's defence system)  
D - Deficiency (Lack of)

S - Syndrome (Collection of signs and symptoms)

### **AIDS = Acquired Immunodeficiency Syndrome**

The HIV virus causes AIDS and AIDS represents the second stage of the disease, with corresponding symptoms. AIDS is the advanced stage of the disease caused by HIV. The body becomes vulnerable to many possible infections and eventually the PHA dies from them because his/her body cannot fight them off.

## **Session 2.5 Effects of HIV/AIDS on OVC, their Households and Communities: Small Group Work, Discussion (30 min.)**

- Step 1 Ask participants to reflect on how HIV/AIDS has affected children, families and communities.
- Step 2 Divide participants into 3 groups: OVC, families and communities.
- Step 3 Ask each group to discuss the socio-economic and psychosocial effects of HIV/AIDS on their category of people. Have them write responses on flipchart.
- Step 4 Ask each group to present their results to the large group. Ask for additional comments from the large group and fill in gaps using 8.5 Information below.



### **Session 2.5 Information**

#### **☞ The Socio-economic and Psychological Impact of HIV/AIDS on Children, Families and Communities ☞**

##### **Children**

- Loss of immediate members of the family and possible loss of identity
- Psychological stress
- Self-rejection
- Reduced food intake and increased malnutrition
- Loss of health care, including reduced access to immunisation
- Increased workload for OVC
- Loss of shelter and clothing
- Low self-esteem and confidence

- Loss of opportunities for schooling/high drop out rates
- Loss of family inheritance

### **OVC households**

- Loss of family members (death, fostering, adoption)
- Changes in household and family structure
- Unemployment due to ill health, esp. for parents who do manual jobs
- Increased sales of household property/assets to meet medical costs
- Stigma and discrimination experienced by family, especially by women and children who tend to be the most vulnerable
- Property grabbing after death of adult family members
- Self-blame by individuals infected with HIV/AIDS
- Turning to witchcraft for remedies of ill health due to HIV/AIDS
- Family splits up
- Loss of family income
- Impoverishment
- Reduced labour force
- Forced migration
- Grief/stress
- Reduced ability to care for children or elderly household members

### **Communities**

- The labour pool especially for agriculture and unskilled labour is greatly reduced
- Increased poverty levels
- Deterioration of community infrastructure e.g. roads, schools
- Reduced access to health care and education services
- High mortality rates
- Communities have less capacity to assist one another in times of need
- Communities suffer general loss of resilience
- Reduced productivity and increased poverty levels due to time spent in seeking health services and caring for chronically ill patients of the community or family

## **Session 2.6 Network of Support for OVC: Discussion (30 min.)**

- Step 1     Ask participants: Who is involved in helping OVC meet their needs?  
              Write their responses on flipchart.

- Step 2    Categorise the responses: community; OVC; family; NGOs, FBOs, CBOs; government.
- Step 3    Draw a circle with OVC in the centre, with the categories in circles around it. Draw arrows inward from the circles to the OVC circle in the centre.
- Step 4    Ask participants what they see in the diagram (different groups supporting OVC). Ask them if the groups should work together or alone. Ask participants what can be done to improve collaboration between the groups.
- Step 5    Draw a dotted line between all of the groups to show they need to create a network of support. Emphasise the importance of working together in order to best meet the needs of OVC.

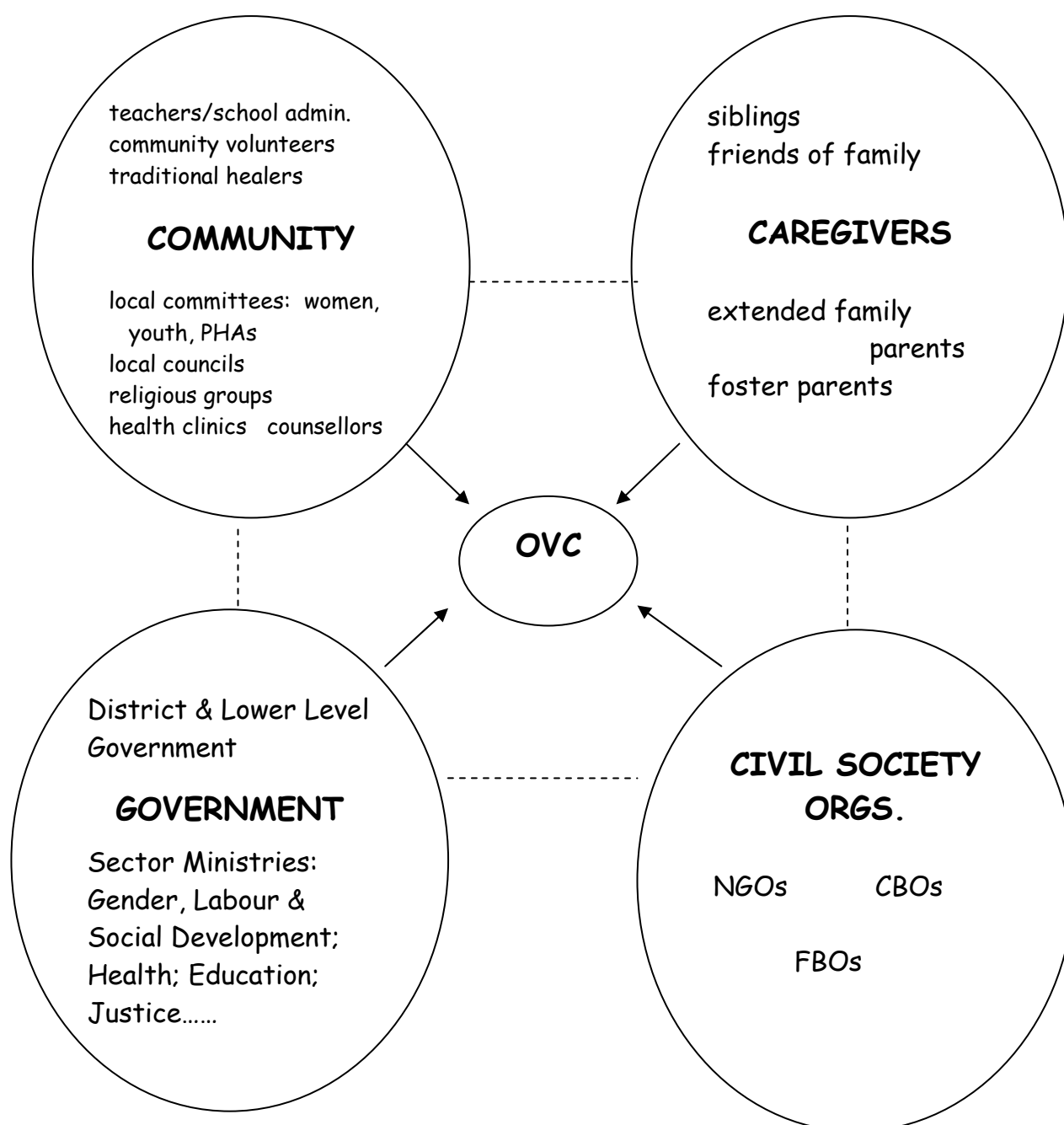
**★ Note to Trainer ★**

It important to emphasize that, while all groups identified in the session above support OVC, the latter play a big role in meeting their own needs. Some of their responsibilities include taking initiative, being part of decision-making and being involved in their own development. This will hopefully increase their self-esteem and self-confidence and have positive, long-lasting effects.



## Session 2.6 Information

### ☞ Support Network for OVC ☞



Source: Adapted from AIM Uganda, *Home-Based Care for People Living with HIV/AIDS: A Trainer's Manual*. Kampala, AIM. 2005.

## **Session 2.7 Roles in Supporting OVC: Small Group Work, Discussion (45 min.)**

- Step 1 Divide participants into 5 groups: government, civil society organisations, family, community and OVC. Give each group several index cards to write on.
- Step 2 Ask each group to brainstorm a list of roles for their assigned group. Have them write one role per group.
- Step 3 Draw the circles of each group with the OVC in the centre on the ground or on flipchart. Ask each group to place (or tape) their index cards into the appropriate circle.
- Step 4 Have each group present their list of roles to the large group and discuss. Ask what the main similarities and differences are between the groups. Fill in gaps using Session 2.5 Information below.
- Step 5 Ask participants if there are any lessons we can draw from the activity (e.g. the different groups need to communicate well and work together).



### **Session 2.7 Information**

#### **☞ Roles in Supporting OVC ☞**

##### **Central and Local Government**

- Develop policy guidelines across all sectors - e.g. in education, health,...
- Implement laws to protect OVC - e.g. defilement, early marriages, property snatching
- Mobilise resources and allocate resources e.g. in the budgeting process
- Train and build capacity for implementation of OVC interventions
- Coordinate, monitor & evaluate OVC interventions - in government institutions, CSOs, private sector
- Provide technical support
- Integrate OVC into development plans

##### **Community Service Organisations (CSOs): CBOs, FBOs, NGOs**

- Provide support in income generating activities - e.g. beekeeping

### *Integrated Care for OVC*

- Provide skills development - e.g. artisan training, vocational training
- Provide cash grants and seed capital through micro finance
- Give material support - e.g. in form of clothing and food
- Give education support - e.g. fundraising for school fees, scholastic materials
- Give nutritional support - e.g. through training on basic nutrition, provision of food supplements
- Capacity building for OVC caregivers
- Support/complement government programmes - e.g. water and sanitation
- Promote legal protection by legal services providers
- Advocate for OVC
- Mobilise resources
- Monitoring, supervision and evaluation of OVC activities
- Build partnerships and network with other service providers, including government, that can support OVC

### **Community**

- Identify OVC in the community
- Help to identify needs of OVC and strategies to meet needs
- Provide love, guidance, counselling, attention and care
- Mobilise resources to support OVC
- Protect property rights of OVC/succession planning
- Support child headed households
- Give income generating activity support to OVC
- Give food support
- Provide security (protection)
- Provide environment for early childhood development and sense of belonging for OVC
- Provide socio-cultural development (name, norms, attitude, beliefs, language)
- Identify and change (or report) cultural and religious practices that harm OVC
- Link OVC to external service providers

### **Caregivers**

- Provide basic needs to OVC e.g. shelter, food, medical care
- Provide love, care, guidance and support
- Provide psychosocial counselling
- Plan for welfare of all children in household

### *Integrated Care for OVC*

- Ensure birth registration
- Ensure property rights for OVC through will-making
- Identify sources of support within the community or external linkages and referral networks for OVC

### **Orphans & Vulnerable Children**

- Identify needs and possible strategies to meet own needs
- Participate in planning and carrying out efforts to help OVC
- Participate in decision-making regarding future foster-care
- Assist other OVC (form support groups, be peer counsellors)
- Participate in activities such as drama, music and peer counselling to promote change of attitudes towards OVC in the community

Sources: Ministry of Gender, Labour and Social Development. *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children*. Kampala, Ministry of Gender, Labour and Social Development. November 2004.

UNAIDS, UNICEF, USAID. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. Available at [www.unaids.org](http://www.unaids.org), [www.unicef.org](http://www.unicef.org), [www.usaid.gov](http://www.usaid.gov).

## **Session 2.8 Guiding Principles in Working with OVC: Discussion, Small Group Work, Drawing, Presentations (1 hr.)**

- Step 1 Explain to participants that it is necessary to have some principles or standards that guide us in our work with OVC.
- Step 2 Ask participants if they can think of examples of guiding principles (e.g. treat OVC with respect).
- Step 3 Divide participants into small groups of 4-5 people. Explain that you have a number of guiding principles from the NOP on slips of paper in a basket (or box or hat).
- Step 4 Ask each group to pick 2-3 slips of paper from the basket. Ask each group to:
- Discuss the principles
  - Depict the principles in drawings or posters on flipchart (very simple pictures)
- Step 5 Ask each group to hang their posters on the wall. Allow other participants to walk around and view the pictures.
- Step 6 In the large group, ask participants to guess what principle is in each poster. The group who drew the picture should share their principle.
- Step 7 Provide additional information about each principle using Session 2.8 Information below.

## Session 2.8 Information

### Guiding Principles in Working with OVC

#### ◆ Protect and promote human rights

The UN Convention on the Rights of the Child include:

- ◆ *Survival Rights*: right to life, health and health care, social security, family life, nationality and refugee
- ◆ *Protection Rights*: right to protection from/against mass media, abuse & neglect, degrading punishment, child labour, sexual exploitation and abuse, harmful substances and situations of conflict
- ◆ *Development Rights*: right to education and recreation
- ◆ *Rights of Disabled Children*
- ◆ *Participation Rights*: right to make decisions

#### ◆ Strengthen care-giving capacity of family and community

- ◆ The family is the basic unit for growth and development of all children.
- ◆ In the absence of family, OVC should be cared for by the community. This keeps them in a familiar and stable environment and enables them to feel part of their communities.
- ◆ Efforts already exist within communities. These need to be recognised and built upon.
- ◆ Families and communities may need capacity building and guidance to identify resources available to them for the care and support of OVC.
- ◆ Institutional care should be considered as a last resort. In general it is expensive, cannot meet the psychological and emotional needs of OVC, and alienates OVC from their communities and traditional support networks.

#### ◆ Focus on the most vulnerable children and communities

- ◆ Need to identify communities, families and children that are most vulnerable due to poverty, HIV/AIDS, lack of access to social services such as education and health, etc.
- ◆ Children could include those living on their own, those in conflict or abuse situations, orphans.



## *Integrated Care for OVC*

- ♦ Households could include female-headed households, households with orphans, households headed by an elderly person, households with a very ill parent, households that cannot meet the basic needs of the members.

### ◆ **Reducing vulnerability**

- ♦ Build capacity of children, households and communities to cope: poverty alleviation, keeping children in school, getting healthcare & psychosocial support, HIV/AIDS prevention; provide life skills for OVC.



### ◆ **Facilitating community participation and empowerment**

- ♦ Build on existing community initiatives that support OVC.
- ♦ Communities are best able to identify OVC and vulnerable households.
- ♦ Communities can identify strategies and existing resources to help OVC.
- ♦ Community participation and ownership of OVC programmes will lead to long-lasting efforts to support OVC.



### ◆ **Promote gender equity**

- ♦ Boys, girls, women and men need to be involved in decision making processes together when planning and implementing OVC programmes.
- ♦ Girls and women are often more vulnerable than boys and men: girls taken out of school first when households don't have money, girls and women take on more household



responsibilities, girls and women more vulnerable to sexual abuse (hence HIV/AIDS, sexually transmitted diseases, early pregnancy), girls and women are caregivers when family members sick...

- ♦ In situations of armed conflict, boys and girls are vulnerable: Boys abducted to become soldiers; girls are vulnerable to sexual violence.
- ♦ Inheritance laws do not allow girls and women to inherit property so property is often snatched.

◆ **Treating OVC beneficiaries with respect**

- ♦ OVC are not helpless victims but are individuals who, like everyone else, have a right to express their views.
- ♦ OVC have the right to be involved in making the decisions that affect them.



◆ **Reduce stigma & discrimination**

- ♦ All children should be able to enjoy the Rights of the Child as stated in the UN Convention.
- ♦ Due to misunderstandings and myths, many people have negative attitudes towards OVC, particularly those affected by HIV/AIDS.
- ♦ Efforts need to be made at all levels, especially the community, to help people understand HIV/AIDS and the situation of OVC.

◆ **Social inclusion of marginalised groups (groups that suffer from stigma & discrimination)**

- ♦ OVC should be included in the same activities as other children (e.g. education, social activities).
- ♦ OVC and caregivers of OVC who might be marginalised might need extra encouragement to participate in the activities of the community, including programmes that help OVC.

◆ **Ensuring participation of vulnerable children and families**

- ♦ OVC and their caregivers are best suited to identify their own problems, needs and possible strategies to meet their needs.

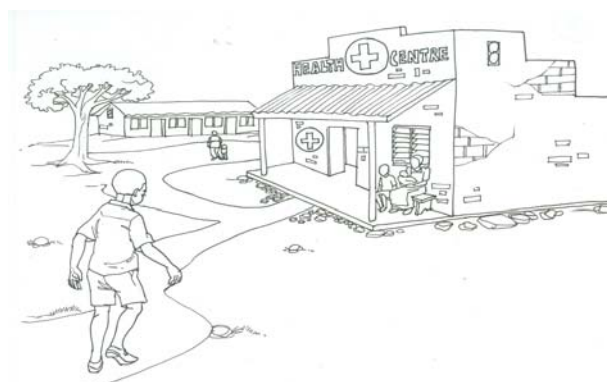
◆ **Strengthening partnerships**

- ◆ Networking between OVC, households, communities, CSOs, government, etc. will help strengthen existing efforts at supporting OVC.
- ◆ Share information, ideas, strategies and lessons learned between organisations.
- ◆ Coordinate efforts between organisations to better meet the needs of OVC.



◆ **Delivering integrated and holistic services**

- ◆ Programmes should link basic services to meet the mental, physical, emotional, developmental and spiritual needs of OVC.
- ◆ Basic services include care and support (basic needs such as food, clothing and shelter), child protection, education, health, food security and nutrition, psychosocial support, socio-economic security and conflict resolution.



◆ **Decentralisation of program & service delivery**

- ◆ Through working at the level of the community and district, programmes can become more sustainable and less costly.

◆ **Designing age-sensitive programmes**

- ◆ Programmes should be designed to take into account the different ages of targets: children, adults and the elderly.
- ◆ OVC include children from the ages of 0 - 18. There is the infancy, early childhood, middle childhood and adolescence stages. The developmental stages and needs of these different groups of children are different. Programmes need to take account of these differences.

## *Integrated Care for OVC*

Sources: Family Health International. *Care for Orphans, Children Affected by HIV/AIDS and Other Vulnerable Children*. Arlington, FHI. 2001.

Ministry of Gender, Labour and Social Development. *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children*. Kampala, Ministry of Gender, Labour and Social Development. November 2004.

UNAIDS, UNICEF, USAID. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. Available at [www.unaids.org](http://www.unaids.org), [www.unicef.org](http://www.unicef.org), [www.usaid.gov](http://www.usaid.gov).

## **Session 2.9 Module 2 Summary & Evaluation: Reflection, Game - Toss the Ball, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main themes covered in this module, including the NOP & definition of orphans and vulnerable children, attitudes towards OVC, needs of OVC, network of support & roles in supporting OVC - who does what?, and principles in working with OVC. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Toss a ball (made of flipchart paper and tape) to a participant and ask them to share one idea and toss the ball to someone else.
- Step 3 Continue with the process until the main themes are covered by the participants. Fill in gaps as necessary.



# Section Three



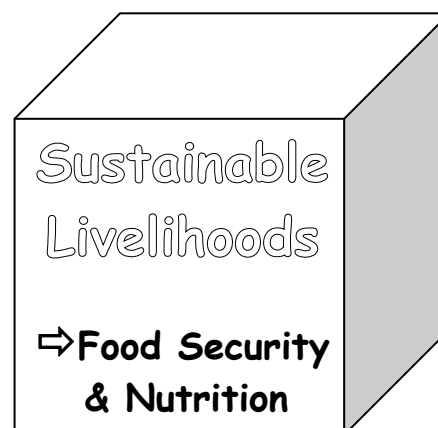
## **Sustainable Livelihoods**

- ⇒ Food Security & Nutrition
- ⇒ Socio-Economic Security
- ⇒ Care and Support
- ⇒ Mitigation of the Impact of Conflict

## Module 3

### 🎗️ Introduction:

In order to live an active and healthy life, OVC need to have access to adequate and appropriate foods to meet their bodies' nutritional needs. Many local foods provide the nutrition that OVC need. One of the greatest challenges facing households who care for OVC is to ensure that **all** children receive adequate food and proper nutrition on a regular basis.



When adults in a household suffer prolonged illness, especially due to HIV/AIDS, they are not able to tend to their crops on the farm, prepare proper meals, or generate income to purchase food. Such households frequently find themselves with insufficient food reserves to meet the needs of family members. With only limited or declining resources, people often view OVC as extra mouths to feed.

The National OVC Policy suggests some key interventions to address food security and nutrition. Many take place at the community level, while some require external assistance. This manual focuses on efforts that can be made at the community level. Involving the community from the beginning and building on existing initiatives will create a sense of ownership and responsibility.


### ✓ Session Objectives:

By the end of the module, participants will be expected to:

- Understand issues related to food security and nutrition of OVC
- Be aware of threats related to food security faced by OVC
- Identify ways in which the food insecurity affects nutrition requirements of OVC
- Discuss possible community initiatives to enhance OVC food security

🕒 **Duration:** 4 hours 40 minutes

**E Methodology:** Discussion, small group work, brainstorming, skits, reflection, snowball, game, basket or box

 **Materials:** Flip charts, markers, masking tape, index/rectangular cards

☒ **Work for trainer to do in advance:**

- ☐ If possible, make a large copy of the picture of the three food groups found in Session 3.4 Information.
- ☐ Make a ball out of flipchart paper and tape for the final session.

---

### Session 3.1 Understanding Food Security: Discussion (15 min.)

Step 1 Request participants to suggest what they understand by the term 'food security' and write the responses on a flipchart. Jointly discuss the responses to get a working statement. For example:

*"Food security refers to a given individual or community's access to adequate food to meet nutritional needs at all times in order to lead an active and healthy life."*

### Session 3.2 Causes of Food Insecurity: Small Group Work, Brainstorming, Discussion (35 min.)

Step 1 Introduce the subject by stating that food insecurity occurs when people don't have access to sufficient food of the right quality and quantity. Mention that availability of food is affected by many factors.

Step 2 Write production, distribution and consumption on 3 separate flipcharts.

Step 3 Divide participants into 3 groups, each group representing production, distribution or consumption. Give each group small cards to write on.

Step 4 Ask each group to brainstorm major causes of food insecurity in their communities for their category. They should write one idea per card.

- Step 5 Have each group tape their responses to the appropriate flipchart.
- Step 6 Discuss responses and add information from Session 3.2 Information below as needed.

**★ Note to Trainer ★**

Note that some causes of food insecurity are temporary and some are chronic. For example, at the end of a dry season and beginning of the rainy season there might not be enough food because the food stores are depleted and the gardens are not yet ready for harvest. This is a temporary situation. Chronic food insecurity exists in communities experiencing high poverty levels and it is always difficult to get enough food.

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 **Session 3.2 Information**

**☞ Causes of Food Insecurity ☞**

Food security is influenced by a variety of factors, which can be identified at the production; distribution; and consumption stages of the food chain.

**Production:**

- Weather patterns (e.g. adequate/inadequate rains)
- Natural calamities (drought, floods, pests and diseases e.g. locusts etc.)
- Access, control and ownership of land
- Poor methods of farming/low production/Lack of extension services
- Lack of inputs (seeds and tools)/Expensive inputs/Lack of cash to purchase inputs
- Negligence or laziness e.g. farmer does not weed on a regular basis
- Monetary needs (sell produce for money, concentrate on cash crop rather than on food crop production)
- Lack of labour (ill health or death of care-giver, migration to urban areas, female-headed households, child-headed households)
- Political environment/areas of conflict (insecurity, displacement)

**Distribution:**

- High transport costs
- Lack of storage facilities (granaries)
- Low prices for agricultural produce
- Difficulties in implementing government policies to ensure food accessibility and availability
- Insecurity/unfavourable political environment/armed conflict/displacement

**Consumption:**

- Lack of storage facilities (granaries) and poor post-harvest handling e.g. using food to brew alcohol
- Lack of cash to purchase food
- Lack of wood fuel for cooking
- Wastage of food especially during the harvest period/extravagance
- Monetary needs (i.e. selling off food for money)
- Difficulties in implementing government policies to ensure food accessibility and availability)
- Political environment/areas of conflict (insecurity, displacement)
- Inequitable manner of giving food within the home (e.g. orphans may be the last to be considered for food at mealtimes)
- Poor timing and frequency of meals

### **Session 3.3 Effects of Food Insecurity on OVC: Brainstorming and Discussion (15 min.)**

Step 1 Request participants to identify possible effects of food insecurity on orphans and vulnerable children in their community.

Step 2 Write participants' responses on a flipchart and discuss.



### **Session 3.3 Information**

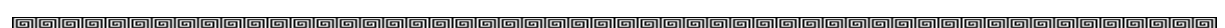
#### **☞ Effects of Food Insecurity on OVC ☞**

- Quality/quantity of food intake decreases (e.g. 1 meal per day)
  - Malnutrition (stunted growth, low intelligence, body deficiencies)
  - Poor health and low resistance to disease
  - Poor school attendance/reduced education opportunities for OVC
-

### *Integrated Care for OVC*



- Lack of concentration and energy in school or work
- Money is spent on food and not other essential services (healthcare)
- OVC and vulnerable households can become exploited e.g. engage in sex for cash
- Girls may be forced into early marriage; or may become street children
- OVC sent out to work to get food (child labour)

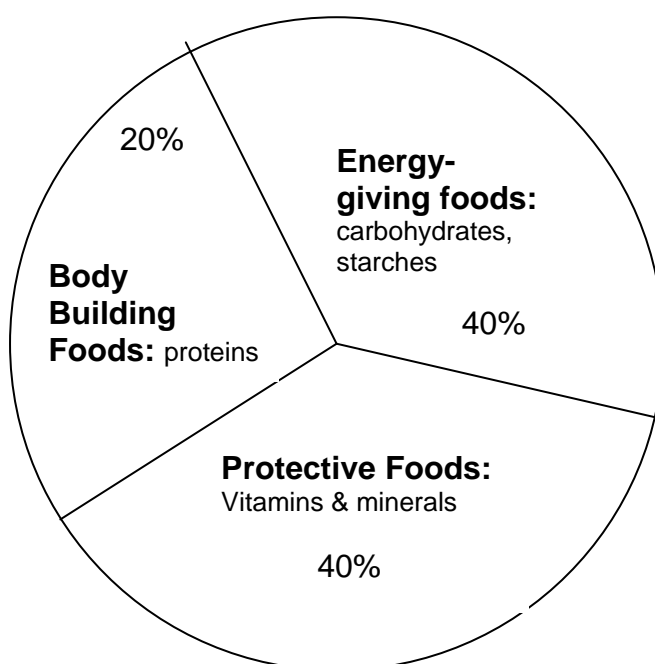


## Session 3.4 Nutrition Guidelines: Discussion, Small Group Work (1 hr.)

- Step 1 Explain to participants that this session will take a closer look at nutrition.
- Step 2 Ask participants to suggest what they understand by nutrition and why food is important to our bodies. Write their responses on flipchart.
- Step 3 Use the following definition of nutrition to supplement their responses if necessary:

*Nutrition can be defined as the use of food by our bodies for growth, energy, reproduction and protection. Insufficient or unbalanced intake of food substances generally results in malnutrition.*

- Step 4 Explain to participants that we are going to take a closer look at good nutrition. Draw a circle (or plate) and divide it into 3 parts, 2 that are equal in size and 1 that is smaller. Ask participants to identify the three main food groups that belong to the plate.





- Step 5 Discuss each food group, using Session 3.4 Information below as a guide (15 min.).
- Step 6 Divide participants into 3 groups and assign each of them a food group. Ask each group to write a list of local foods for their category (15 min.).
- Step 7 Ask each group to share their lists with the large group and add items as necessary (15 min.).



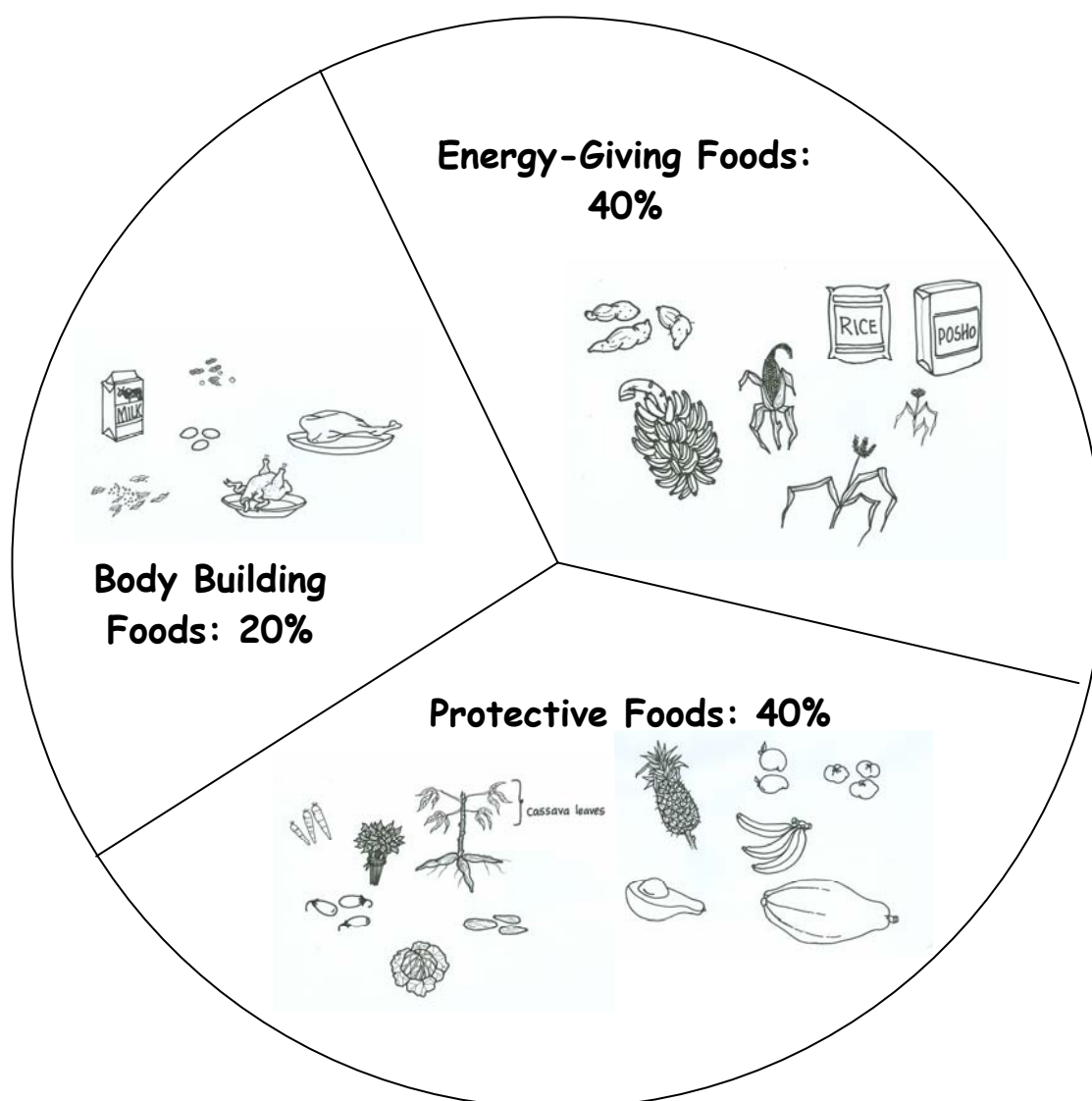
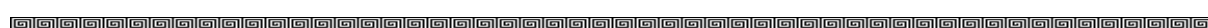
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### **Session 3.4 Information**

#### **☞ Food Groups ☞**

Food can be divided into 3 groups below, and it is recommended that an average meal consumed by an individual should contain nutrients from each of these groups.

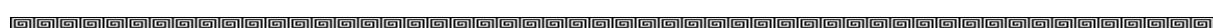
- Energy giving foods (carbohydrates & fats)
- Protective foods (vitamins & minerals): vegetables and fruits; vital for fighting infections and strengthening the immune system
- Body building foods (proteins): "building blocks" for the development of muscles, cells, teeth and bones



Source: AIM Uganda. Home-Based Care for People Living with HIV/AIDS: A Handbook for PHA, Caregivers and Community Volunteers. Kampala, AIM. 2005.

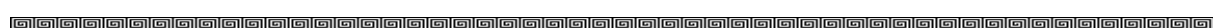
**Note:**

Many foods contain more than one category. For example, bananas give energy but they are also good source of potassium, an important mineral. Milk is a good source of protein and also has calcium, another important mineral. The foods that serve multiple purposes are hence recommended for achieving a balanced diet.



FOOD GROUPS			
Body Building Foods (Proteins)	Protective Foods (Vitamins & Minerals)		Energy-Giving Foods (Carbohydrates / Starches)
<ul style="list-style-type: none"> <li>• Beef, goat meat, lamb, chicken, pork</li> <li>• Fish</li> <li>• Eggs</li> <li>• Grasshoppers (ensenene)</li> <li>• White ants (enswa)</li> <li>• Groundnuts</li> <li>• Milk</li> <li>• Beans</li> <li>• Peas (cow, garden &amp; pigeon peas)</li> <li>• Sim-sim (sesame)</li> </ul>	<u>Vegetables</u> <ul style="list-style-type: none"> <li>• Cabbage</li> <li>• Dodo/omubwiga</li> <li>• Carrots</li> <li>• Enswiiga</li> <li>• Obugorra/ Nakati</li> <li>• Tomatoes</li> <li>• Cassava leaves</li> <li>• Pumpkin leaves</li> <li>• Bbuga</li> <li>• Eggplant (Biringanya)</li> <li>• Bitter tomatoes (entula/enjagi)</li> <li>• Bamboo shoots</li> <li>• Cauliflower</li> <li>• Cucumber</li> <li>• Sour vegetables (malakwanga)</li> <li>• Sukuma wiki</li> </ul>	<u>Fruits</u> <ul style="list-style-type: none"> <li>• Pineapples</li> <li>• Mangoes</li> <li>• Oranges</li> <li>• Pawpaws (papaya)</li> <li>• Ripe bananas</li> <li>• Lemons</li> <li>• Jack fruit (fene)</li> <li>• Passion fruit</li> <li>• Watermelons</li> <li>• Empafu</li> <li>• Gooseberries</li> <li>• Guavas</li> <li>• avocados</li> </ul>	<ul style="list-style-type: none"> <li>• Matooke</li> <li>• Maize meal (posho)</li> <li>• Cassava</li> <li>• Rice</li> <li>• Bread</li> <li>• Potatoes</li> <li>• Sorghum</li> <li>• Chapatti</li> <li>• Millet</li> <li>• Yams</li> <li>• Plantain</li> <li>• Pasta (spaghetti, noodles)</li> </ul>

Source: TASO, *A Community Home-Based Care Curriculum for AIM Grantees*. Kampala, Uganda. February 2004.



### Session 3.5 Meal Planning: Small Group Work, Discussion (30 min.)

- Step 1 Divide participants into small groups of 4 people and ask each group to plan a day's meals, taking into consideration the distribution of the food groups and locally available foods (20 min.).

*Participants should be reminded to consider factors such as how nutritious the meal is, the cost of the food, and the time it takes to prepare the meal.*

- Step 2 Ask groups to write their meals and snacks on newsprint and tape them to the wall.
- Step 3 Ask all participants to move around the room at their leisure, reading each other's meal plans.
- Step 4 Ask for final remarks and questions and clarify information as needed (10 min.).

#### ★ Note to Trainer ★

OVC who are HIV positive should eat more than the daily requirements of people not infected by HIV. Extra protein such as meat, carbohydrates/starches such as rice and cassava and minerals and vitamins found in vegetables and fruits should be increased to help the PHA to maintain and gain weight. Rather than eating 3 large meals per day, meals/snacks should be given frequently throughout the day.

If time and resources permits under Session 3.5 above, let participants practically prepare the food. This would provide opportunity for them to ask questions on issues regarding nutrition they did not know or were not sure of. Seek help from a local nutritionist or health worker involved in home-based care.

## **Session 3.6 Factors Leading to Malnutrition for OVC: Discussion, Skits (45 min.)**

- Step 1 Explain to participants that this session is going to address factors that lead to malnutrition for OVC.
- Step 2 Start by asking them to suggest some examples of factors that lead to malnutrition in OVC (e.g. insufficient food due to poor harvest, infrequent meals...)
- Step 3 Divide participants into small groups of 4-5 people and explain that you have some factors leading to malnutrition written on slips of paper that you are going to distribute (approximately 2 per group depending on the number of participants).
- Step 4 Have each group pick two factors leading to malnutrition from a basket (box or hat) and ask them to:
- Discuss the factor.
  - Develop and practice a 2 minute skit depicting the factor.
- Step 5 Allow 15 minutes and then ask for volunteers to demonstrate their skit in front of the large group. Participants should guess what factor is being presented. Fill in information as needed.



### **Session 3.6 Information**

#### **☞ Factors Leading to Malnutrition in OVC ☞**

- Insufficient food because of poor harvest, lack of money, famine, neglect
- Inadequate and infrequent meals
- Unbalanced diets (too much of one type of food; lack of proteins, fruits or vegetables)
- Lack of knowledge on part of care givers and OVC of a balanced diet and nutritional value of local foods (e.g. cassava leaves are high in iron but many people do not eat them)
- Ill health of caregiver and/or child
- Lack of guidance by an adult who understands good nutrition
- Cultural practices (e.g. children eating last and not getting meat)
- Lack of energy (wood fuel; kerosene, etc.)

## Session 3.7 Signs, Symptoms and Impact of Malnutrition: Discussion (20 min.)

- Step 1 Ask participants to brainstorm a list of signs and symptoms of malnutrition in children.
- Step 2 Write their responses on flipchart and fill in any gaps using the information below.
- Step 3 Ask participants what they think are the effects of malnutrition on OVC. Use the information below to supplement responses if necessary.

### Session 3.7 Information

#### ☞ Signs & Symptoms of Malnutrition and Effects on OVC ☞

##### Signs and symptoms of malnutrition:

- Stunted growth/failure of the child to grow and gain weight
- Appearance e.g. big bellies, thin arms and legs, pale skin
- Common illnesses that last longer, are more severe and more often cause death
- Lack of energy, the child is sad and does not play/gloomy or miserable
- Swelling feet, face and hands often with sores or marks on the skin
- Thinning, straightening or loss of hair or loss of colour and shine
- Poor vision at night, dryness of eyes, blindness

##### Mild malnutrition

During the first stages of malnutrition, referred to as *mild malnutrition*, the child does not grow or gain weight as fast as a well-nourished child. While he may not appear sick, he/she is small or of low weight, lacks strength and does not readily resist infections.

##### Severe malnutrition

This may be in 3 forms -

1. *Dry malnutrition* or *marasmus*. Under situations of marasmus, the child does not get enough of any kind of food, hence is starved. The body is small, thin, wasted - i.e. is just skin and bones. The child's face resembles that of an old man and he/she has a pot belly.

2. *Wet malnutrition* or *Kwashiokor*. This occurs when a child does not eat enough proteins. The symptoms include swollen feet, hands and legs; sores and peeling skin; colour loss in hair and skin; and wasted muscles.
3. *Marasmic-kwash*. This is an extreme situation which is a combination of wet and dry malnutrition resulting from acute lack of protein and energy-rich foodstuffs. It is important for community workers to advise care-givers to transfer such an OVC to the nearest health unit, since this condition cannot be managed at the community level.

#### **Common illnesses resulting from malnutrition**

- Night blindness in children who do not get enough vitamin A
- Rickets, due to lack of vitamin D
- Skin problems, sores on the lips and mouth or bleeding gums from lack of fruits, vegetables and certain vitamins especially vitamin C
- Anaemia, caused by shortage of iron in the diet
- Goitre, due to lack of iodine

#### **Effects of Malnutrition on OVC**

- Poor health and low resistance to disease
- Poor school attendance/reduced education opportunities for OVC
- Lack of concentration and energy in school, work or play
- OVC and vulnerable households can become exploited: sexual and labour exploitation

Source: Werner, D. *Where there is no Doctor: A Village Health Care Handbook for Africa*. Revised Edition. Berkeley, The Hesperian Foundation. 1988.

### **Session 3.8 Strategies to Address Food Insecurity and Poor Nutrition among OVC: Reflection, Snowball, Discussion (45 min.)**

- Step 1 Ask participants to reflect back on the issues identified regarding food security and nutrition. Ask them to suggest strategies they think can be used at the community level to help overcome these issues.
- Step 2 Divide participants into groups of three people to discuss the strategies. Have them write their responses on flipchart.
- Step 3 After 10 minutes ask each group of three people, to join another group of three to make a group of 6 people. Ask them to merge their lists and discuss.
- Step 4 After 10 minutes have each group of 6 join another group of 6 and repeat the process. Repeat the process until the whole group is back together with one list of strategies.
- Step 5 Review the list of strategies and add ideas from the list below if necessary. (The group will probably come up with strategies that are not listed below. You should add those to the list below!).

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#### **Session 3.8 Information**

##### **Community-Based Strategies to Address Food Insecurity and Poor Nutrition**

- Educate OVC and their caregivers about proper nutrition and provide practical advice about improving nutrition and importance of balanced diets
- Train community volunteers to enable them provide information and advice on recommended nutrition practices; as well as how to identify signs and symptoms of nutrition-related diseases
- Help families with OVC start vegetable gardens (individually



## Integrated Care for OVC

or communally) and grow varieties of crops to provide balanced diets

- School-based gardening programmes for older children



- Train OVC and their caregivers in improved farming practices, food storage and food preservation skills
- Support OVC caregivers to acquire seeds and tools to cultivate nutrient-rich foods; advocate for subsidised agricultural inputs
- Involve agricultural extension workers in reaching out to chronically ill, elderly, disabled persons and other persons in need
- Assist OVC to start income generating activities that can raise money for food
- Enable OVC to access treatment for worms and other illnesses that arise out of poor nutrition practices
- Raise community awareness about good nutrition and advocate against cultural beliefs and practices that promote poor nutrition
- Help OVC access food rations (Food rations can be mobilised within the community or OVC can be linked with NGOs that provide food aid)



Some interventions require support from outside of the community:

- Integration of OVC issues into community planning processes
- Support for less-labour intensive farming technologies e.g. ox ploughs for caregivers
- Provision of agricultural tools and equipment for vulnerable households
- Short-term food assistance to vulnerable households and communities

- Promote innovative food security and nutrition campaigns e.g. village competitions in food production in which prizes are given out
- Advocate for improved infrastructure e.g. roads

### **Session 3.9 Module 3 Summary & Evaluation: Reflection, Game - Toss the Ball, Discussion (15 min.)**

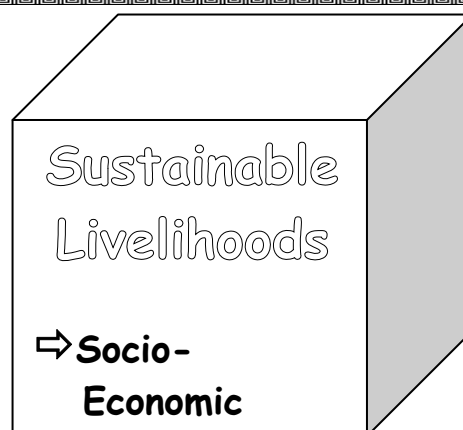
- Step 1 Ask participants to reflect on the main points covered in this module. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Toss a ball (made of flipchart paper and tape) to a participant and ask them to share one idea and toss the ball to someone else.
- Step 3 Continue with the process until the main themes are covered by the participants. Fill in gaps as necessary.

## Module 4

### 🎗 Introduction:

Socio-economic security of OVC refers to the capacity of OVC, their caregivers and communities to provide for OVC's safety, care and basic needs. Problems such as HIV/AIDS, armed conflict, and environmental issues (e.g. drought) can drive households further into poverty.

Poverty can lead to poor nutrition and poor access to education and health services. Promoting strategies that help households increase their economic security will help OVC meet their basic needs of food, clothing, housing, education and medical care.



According to the Convention on the Rights of the Child:

- Children should enjoy adequate standards of living.
- Children should have access to social benefits, including social security and social insurance.

A variety of economic strengthening interventions could be used to help OVC, their households and communities improve their economic situation and meet their basic needs. This module will focus on microfinance, including saving and credit, and income-generating activities.

### ✓ Session Objectives:

By the end of the module, participants will be expected to:

- Define economic security
- Identify factors contributing to economic insecurity of OVC households
- Identify strategies to address economic insecurity
- Discuss the importance of savings; identify the risks of savings and the challenges of OVC families to save
- Identify types, challenges and strategies of credit for OVC
- Describe the advantages and challenges of income generating activities for OVC households
- Make suggestions that organisations can use to promote income generating activities

 **Duration:** 4 hours

**E Methodology:** Pair work, discussion, case study, small group work, reflection, guest speakers, review

 **Materials:** Flipchart, markers, masking tape

☒ **Work for trainer to do in advance:**

- ☐ Photocopy the case study in Session 4.2 or write it on flipchart beforehand
- ☐ Arrange for guest speakers for session 4.5 (someone from a community-based savings and credit association and an OVC household who has received credit to start an income-generating activity).

---

## Session 4.1 Understanding Economic Security: Pair Work, Discussion (15 min.)

- Step 1 Ask participants to turn to the person next to them and discuss what they think is the meaning of economic security. If one has economic security, what would one see? What are the elements of economic security?
- Step 2 Ask participants to share their responses and write their responses on flipchart.

---

### Session 4.1 Information

#### Elements of Economic Security

- Capacity of an individual or community to meet their basic needs, including food, clothing, housing, education and medical care
- Access to social services such as education and health
- Access and control of resources
- Ability to allocate resources

Socio-economic security of OVC refers to the capacity of OVC, their caregivers and communities to provide for OVC safety, care and basic needs.

## **Session 4.2 Factors Contributing to Economic Insecurity in OVC Households: Case Study, Small Group Work, Discussion (30 min.)**

- Step 1 Distribute the following case study to participants and ask for a volunteer to read it aloud. (If no photocopy is available, write the case study on flipchart beforehand).

### **Case Study:**

Daudi aged 17 years, is an orphan who lives in Soroti Town. His parents were killed by armed rebels during a raid on their village three years ago. Together with his younger siblings they managed to escape from the raid and sought refuge at his uncle's home 3 km. out of Soroti Town. During their stay, they discovered that their uncle was already taking care of 2 other families who had also escaped from the armed conflict. It was hence difficult to get enough food for all the people living in this household.

Daudi, however, had all along been interested in developing skills to generate his own income and hence had taught himself how to bake a variety of snacks such as samosas, cassava and potato chips as well as chapattis. His main problems however included how to obtain funds to purchase the necessary inputs and use these to produce snacks that he would sell to make a profit. In addition he did not know how to best market his products since he had never had a chance to seriously put his skills into practice.

He was however optimistic that he could make it on his own, hence left his uncle's home to live on his own in Soroti Town...

- Step 2 Divide participants into small groups of 4 - 5 people and ask them to discuss the case study using the following questions as a guide:
1. Identify the challenges faced by David in the case above.
  2. What can David do to overcome the challenges?
  3. What opportunities could be available for David to improve his well-being?
- Step 3 After 15 minutes, ask each group to share their responses.

- Step 4 Based on their experiences, ask participants to identify factors that cause economic insecurity for OVC. Discuss and add points from Session 4.2 Information if necessary.
- 



## **Session 4.2 Information**

### **☞ Some factors that contribute to Economic Insecurity for OVC ☞**

- Political environment (e.g. armed conflict or insecurity, displacement)
- High prevalence of HIV/AIDS which leads to ill health or death of a major bread winner
- Mismanagement of assets by relatives of the deceased e.g. property and land grabbing by relatives after death of father or both parents
- Ignorance of the law on property rights/lack of will-making
- Sale of family assets to cope with food needs, school fees, medical dues, inherited family debts, etc.
- Weakened/overwhelmed extended family system
- Low productivity of land (lack of improved technologies, lack of knowledge leading to poor farming practices)
- Low incomes and limited access to financial services hence lack of capital for investment
- Distorted markets due to unpredictable prices for agricultural products, poor infrastructure and poor quality of agricultural produce
- Lack of entrepreneurial skills (including managerial and marketing skills)
- Negative or self-defeating attitudes of OVC due to lack of support
- Exclusion of OVC in making decisions that affect them
- Lack of access to land
- Low levels of education
- Unfavourable weather (e.g. drought)

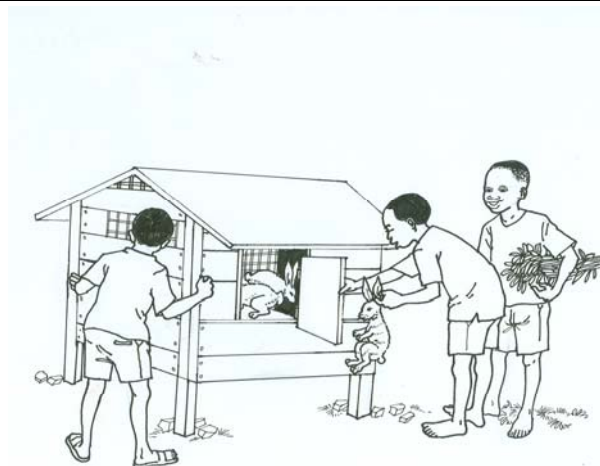
### Session 4.3 Interventions to Improve Economic Security: Case Study, Small Group Work, Discussion (30 min.)

- Step 1 Explain to participants that now they have identified factors that contribute to economic insecurity, it is time to look at possible interventions to improve economic security.
- Step 2 Divide participants into small groups of 4-5 people again and ask them to re-read the case study from Session 4.2. Ask each group to brainstorm possible endings to the story. The ending should indicate some sort of intervention that helps improve Daudi's (and his siblings') economic security.
- Sample scenario: He obtained a loan from a group of friends who had jointly started a weekly savings scheme. He started his small enterprise in order to raise funds to maintain himself and his siblings and to enable them continue with their schooling.*
- Step 3 After 15 minutes, ask each group to tell their end of the story. Write the main intervention from each story on flipchart.
- Step 4 Ask participants to add to the list of interventions based on what they have seen in their communities. Make additions from 4.3 Information as needed.

#### Session 4.3 Information

##### Possible interventions to improve Economic Security

- Provide opportunities for risk-free saving for OVC households
- Provide microfinance and credit services, grants and other financial services for OVC households
- Develop entrepreneurial skills, including marketing skills, of OVC and household members



*"Building skills for children to participate in simple income generation activities"*

- Provide training in micro-enterprise and/or small business development & management for caregivers and older OVC
- Provide income support (ideally from community) for older caregivers of OVC
- Promote labour sharing and communal gardening
- Promote use of labour-saving systems or tools
- Encourage and provide skills in peace building and conflict resolution
- Involve children and spouses in planning and asset management



#### **Session 4.4 Introduction to Savings: Reflection, Discussion (30 min.)**

- Step 1 Introduce the topic by mentioning that building savings is crucial for OVC and OVC caregivers, particularly if the caregivers are living with HIV/AIDS. Savings means putting aside part of available resources for future use.

- Step 2 Ask participants to reflect on their own experiences with saving. They should consider the following questions:
- What is the importance of saving?
  - How do you save?
  - Where do you save?
  - What saving risks does each opportunity pose?
- Step 3 After 10 minutes ask for volunteers to share their responses with the group. Add points from 4.4 Information below if needed.
- Step 4 Ask participants to now think about OVC and their caregivers. What difficulties do OVC families face in saving or accessing institutions to save their money? Discuss, adding information from 4.4 Information where necessary.



## Session 4.4 Information

### ☞ Basic information regarding Savings ☞

**Definition of Saving:** Putting aside part of the available resources for future use or foregoing present use of resource for future use

#### Why people save

People save for various reasons, which include:

- To steadily accumulate money for future investment or to meet a target objective
- Prepare for unexpected eventualities (i.e. saving for a rainy day).

#### Where to save

- Saving at household level: This can be by hiding cash in places deemed secure e.g. in the pocket, in pots, granaries, or under mattresses. It can also be through purchase of assets such as livestock (goats, cows), property, land, crops, seeds, farm implements, etc.
- Formal savings cooperatives or associations such as ASCAs (Accumulating Savings and Credit Associations) consist of groups of people known to each other, who periodically get together to pool money which is then borrowed with interest, by a few individuals. At the end of each cycle, the members receive their money back and also share out the extra income raised from interest earnings.

- Informal savings groups or Rotating Savings and Credit Schemes: RoSCAs are informal structures by which a group of community members (especially women) mobilise and pool savings. They exist in many forms in different communities. In general, members save equal amounts of cash which is rotated equally to each person.
- Commercial banks or micro-finance institutions.

**Possible risks to savings:**

- Banks may close due to mismanagement
- Savings may be lost through theft; or exposed to accidental fires or pests e.g. rats, cockroaches and termites
- Savings institutions may collapse e.g. weak commercial or village banks or associations
- Savings could lose value through inflation

**In order to lessen savings risks:**

- Do not save money (cash) with an institution/individual where there is no sufficient record of your savings/deposits.
- Ensure that your next of kin, children and some trusted friends know about your savings.
- Make good arrangements for inheritance, just in case you die.

**Challenges faced by OVC households in saving**

- High cost of living
- Poverty
- Lack of regular income
- Need to spend money on basic needs
- High number of dependants

**Session 4.5 Credit Services for OVC Families: Reflection, Discussion, Guest Speakers (1 hr. 15 min.)**

- Step 1 Ask participants to reflect on their own experiences with getting credit. They should consider the following questions:
- What is credit?
  - Why would an individual want to access credit?
  - Where can credit be obtained from in their communities?
  - What are the risks involved in accessing credit?

- 
- What difficulties do OVC families face in getting credit or accessing institutions that offer credit?

Step 2 Ask participants to share their experiences about credit.

Step 3 Invite guest speakers (arranged beforehand) to add to the above discussion by sharing their experiences regarding:

- giving credit (e.g. someone from a community-based savings and credit association)
- receiving credit (an OVC household who has received credit to start an income-generating activity)

Step 4 Summarise the discussion, adding points from 4.5 Information as needed.



## **Session 4.5 Information**

### **☞ Credit Services ☞**

**Definition of credit:** Borrowed money, resources or in-kind items from individuals or groups that will be paid back at a profit to the lender according to a specific terms of agreement

#### **Why people require access to credit services:**

- Because it considered as part of a popular trend or new thinking in a community
- Due to presence of a lending organisation 'which has landed in the village with lots of money'
- The neighbour has borrowed so I should also borrow!
- I have an on-going business and need some capital.
- I have a good business idea but have been lacking capital.
- To generate income by using external sources or assistance
- To buy assets like land, television, etc.
- Consumption, e.g. school fees
- To meet emergency burial costs or wedding costs

#### **Possible sources of credit for OVC Households**

- Community/village associations, local arrangements like cash rounds
- Friends and relatives

- Money lenders
- Workplace, e.g. staff advances and staff loans
- Business places like supermarkets and shops
- Social institutions like schools and hospitals where services are accessed and payment is made at a future date
- Banks and Micro-finance institutions are formal institutions that provide financial services to poor clients either as individuals or as peer groups. The financial services may start with credit services financed by the external agent/or may start with savings and offer credit later financed from member savings.

### **Challenges that OVC Households face in accessing credit**

- Requirements that are difficult to meet e.g. certain organisations need one to have 40% of savings before receiving credit
- Unfavourable repayment terms and high interest rates
- Failure to understand terms and conditions for credit
- Associated costs, e.g. membership, bank charges, loan application fees
- They mostly have little to offer as security/collateral
- May already have debts hence do not qualify to borrow more funds to avoid defaulting
- Lack of information about the existence of credit providers and what they can offer
- Loan institutions are far away hence inaccessible
- Many institutions do not consider giving loans to vulnerable households
- Orphaned children may be denied their deceased parents' shares in the savings scheme
- Credit for consumption (e.g. school fees), asset acquisition (e.g. land) and social use (e.g. wedding costs) may be difficult to repay

### **Considerations in making credit relevant for OVC households**

- Design savings and credit schemes in which children can receive or take over their parents' shares
- Provide for situations when clients fall sick or die e.g. insurance on the loans
- Adopt new forms of client groups e.g. adolescent-headed households, people living with AIDS, etc.

- Establish community savings funds targeting OVC as beneficiaries e.g. to enable them pay for OVC education; attend apprenticeships or vocational training
- Savings and loans schemes for OVC to start their own business enterprises
- Promote income-generating activities that carry few risks but earn modest yet steady income streams
- Ask for token interest which is easily payable by OVC
- Consider assistance in managing of the business through training and follow up supervision for OVC
- Consider loans which are provided in kind and are paid off in kind, e.g. livestock revolving scheme

#### **Session 4.6 Income Generating Activities for OVC and OVC Caregivers: Pair Work, Discussion (45 min.)**

- Step 1 Ask participants to turn to the person next to them and discuss:
- the ways people generate income in their communities
  - the types of income generating activities in which OVC and their caregivers have taken part in their communities
  - What are the issues to consider in designing IGAs for OVC?
- Step 2 After 10 minutes, ask participants to share their responses with the group and write the list of income generating activities on flipchart.
- Step 3 Ask participants why people should engage in income generating incomes. What are the benefits? Write their responses on flipchart and fill in gaps using 4.6 Information below.
- Step 4 Based on the case study in Session 4.2 and stories they have heard throughout this module, ask participants what are the risks and difficulties faced by OVC and their caregivers when they are involved in income generation activities. Again, use 4.6 Information to add points if needed.
- Step 5 Given the challenges, as well as what people have seen that has worked, ask participants to brainstorm a list of tips organisations should keep in mind when promoting income generating activities. See 4.6 Information below.

## Session 4.6 Information

### Income Generating Activities for OVC and Their Caregivers

Income generating activities (IGAs) are aimed at strengthening economic security and reducing vulnerability to poverty and the impact of HIV/AIDS and conflict situations. It is an activity or a set of small-scale activities in which resources (limited) have been invested with an expectation of return in the future.

#### **Advantages of engaging in income generating activities**

- IGAs can help older OVC and OVC caretakers provide for the basic needs (food, clothing, housing, education, health) of OVC in the household/community.
- Reduce vulnerability affecting OVC and their households
- Provide steady income to OVC and their households
- Increase self-employment for OVC households
- Provide opportunities to establish savings for hard times
- Reduce tendencies to break up of households



#### **Some examples of small scale enterprises for OVC and their households**

- Grocery
- Tailoring
- Baking/food service
- Hair salon
- Animal husbandry: free-range poultry, piggery
- Brick-making
- Crop



**Possible challenges for OVC families involved in income generating activities**

- Identifying an income generating activity that they can manage
- Inability (due to ill health or lack of training) to continue with the project after it has started
- Child labour: there could be a tendency to rely heavily on child labour, resulting in pulling them out of school, etc.
- IGA might not meet basic care needs of OVC household (especially in situations of illness such as HIV/AIDS, large number of dependants) so there could be pressure to sell assets
- Physical exertion of chronically ill caregivers resulting in increased deterioration in health status
- Market uncertainties
- Natural hazards
- Political instability
- High cost of capital
- Lack of management skills

**Some considerations in planning IGAs for OVC and their caretakers**

1. Target the whole community
2. Start with simple IGAs which consider the capacity of people to manage, i.e. should not too demanding in terms of labour, resources and investments
3. It should be relevant, realistic and sustainable at community or household level. You may have to consider IGAs with capital provided in kind
4. OVC and their households may need to be guided in IGA identification
5. The turn over period should be short
6. Train OVC and their households in managing IGAs on the job
7. Help OVC and their households to calculate the cash flow of the identified IGA
8. Plan carefully and involve households and children in identifying potential projects
9. Have clear objectives
10. Avoid too narrow a focus (e.g. focus on producing goods that are used on a regular basis by the community)
11. Ensure that the IGA can be managed and maintained by the community



"Some income generating activities are easier to take on for OVC since they do not require high capital costs".

Sources:

Dempsey, J. *Economic Strengthening at Household Levels to Benefit Vulnerable Children: Proposed Guidelines for Planning and Implementation (Draft)*. Washington, D.C., Displaced Children and Orphans Fund. 2003.

International HIV/AIDS Alliance. *Building Blocks Africa-wide Briefing Notes: Economic Strengthening, Resources for Communities working with Orphans and other Vulnerable Children*. International HIV/AIDS Alliance. 2003.

Ministry of Gender, Labour and Social Development, Habitat. *Handbook on Generation of Income and Assets*. Kampala, Uganda. 1998.

USAID, *Economic Strengthening of Household and Community Safety Nets to Mitigate the Impacts of AIDS*, Document 1 - Main Report, Washington, D.C., USAID. 2000.

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## **Session 4.7 Module 4 Summary & Evaluation: Reflection, Review, Discussion (15 min.)**

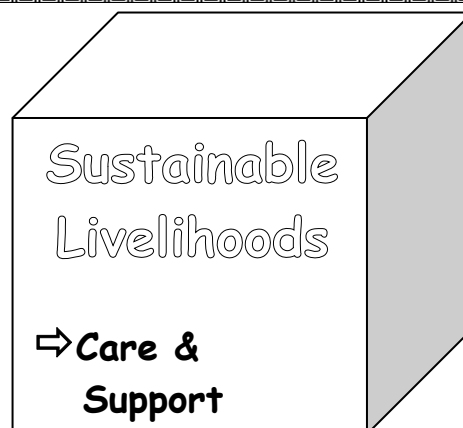
- Step 1 Ask participants to reflect on the main points covered on socio-economic security, including, savings, credit and income generating activities. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...
- Step 2 Go around in a circle, asking each participant to share one or two ideas.
- Step 3 Continue with the process until the person at the beginning of the circle is reached. Fill in gaps as necessary.

## Module 5

### 🎗️ Introduction

Care and Support is the provision of basic commodities, such as food, clothing, bedding and/or shelter to an orphan, other vulnerable child, household or institution, taking care of OVC.

Strategies to promote care and support for OVC are designed in recognition of the extremely difficult circumstances in which OVC live. Many OVC are without an immediate caregiver; are disabled; lack basic necessities such as food, clothing, and shelter; and suffer stress and depression.



Care and support is integrated into all of the building blocks and core programme areas of the NSPPI. It is also integrated into all modules in this manual. This module will provide some basic information on care and support but then both trainers and participants should refer to the other parts of the manual for specific information in areas such as food security and nutrition, socio-economic security, education, health, psychosocial support, child protection and working with OVC from conflict areas.

### ✓ Session Objectives:

By the end of the module, participants will be expected to:

- Define care and support
- Identify strategies to promote care and support of OVC

🕒 **Duration:** 45 minutes

**E Methodology:** Trainer presentation, brainstorming, discussion

✍️ **Materials:** flipchart paper, markers, masking tape

### ☑️ Work for trainer to do in advance:

- ☐ Be prepared to present information on care and support found in the NSPPI.

## **Session 5.1 Understanding Care & Support: Trainer Presentation, Brainstorming, Discussion (45 min.)**

- Step 1 Explain to participants that Care and Support is an area within the NOP that refers to provision of **immediate basic needs** of OVC as well as developing strategies to meet these needs in the long run.
- Step 2 Ask participants to brainstorm a list of basic needs (e.g. food, clothing, shelter, healthcare, education). Ask participants to give examples of programmes that they have seen or have been a part of that help to provide for the basic needs of OVC.
- Step 3 Based on the examples given, explain that there are immediate and long term responses to care and support OVC. Use Session 5.1 Information below to discuss Care and Support and some of the strategies being used to address it.
- Step 4 Explain that Care and Support of OVC is central to the manual, and its elements can be found throughout each module. Participants should refer to the appropriate modules when dealing with specific aspects of Care and Support. For example, they should go to Module 2 when addressing issues related to food security and nutrition.



### **Session 5.1 Information**

#### **☞ Strategies for Care and Support for OVC ☞**

In addition to providing immediate (short term) assistance to OVC and their households, some of the strategies that are recommended in the provision of care and support for OVC include:

- Strengthening capacity of OVC families to provide basic needs of OVC by prolonging lives of parents and providing economic, psychosocial and other support
- Mobilising and supporting community-based responses to provide both immediate and long-term support to vulnerable households

- Ensuring access for OVC to essential services, including education & health care

The main interventions that are addressed under Care and Support are generally addressed in all of the Building Blocks of the NOP and NSPPI. Below are examples:

1. Under **sustaining livelihoods**, Care and Support interventions include:
  - **Socio-economic security**  
This is meant to ensure that OVC and their households get access to regular income to meet basic needs, hence need to offer access to means of production such as basic tools, seeds etc.
  - **Food security**  
In the short term this includes providing food assistance to OVC; while ensuring that they can sustain food production in the long-term.
  - **Mitigating impact of armed conflict**  
In the short term this also includes providing food assistance to OVC, psychosocial support, and resettlement of conflict affected children.
2. **Essential social services**
  - **Education**  
Some highly vulnerable children require short term assistance in form of books and other scholastic materials and school fees support; psychosocial support for children affected by HIV/AIDS who frequently undergo stigmatisation; and provision on non-formal education for selected OVC such as street children.
  - **Psychosocial support**  
This is generally to address the emotional concerns of various categories of OVC, e.g., those living in households with chronically ill patients, those who have lived in areas of conflict, whose parents have died from HIV/AIDS... Psychosocial support can take different forms, including counselling, offering recreational activities for children, forming peer support groups, etc.
  - **Health**  
In the short term this includes providing preventive and curative services for vulnerable children and to households with chronically ill patients. Ensuring better food supplies and a clean source of water also contribute to better health in the long run.
3. **Child protection and legal support**

Activities under Care and Support in child protection include immediate removal of OVC from situations that are deemed harmful to alternative care facilities, and the provision of legal aid for orphans and widows in claiming for property rights.

#### **4. Enhancing capacity to deliver services for OVC**

- Developing programmes for OVC is covered in Module 10: Guidelines for OVC Programming of Section 5 of the manual. The following need to be highlighted:
  1. Working with communities to identify most vulnerable OVC in their community
  2. Assessment of the most immediate needs
  3. Mobilise resources to supply/provide basic needs for selected OVC
  4. Sensitisation and training for OVC caregivers and communities to continue providing support to OVC

The approach outlined above provides a basis for collaboration of different key players including individuals and groups, communities and community-based organisations, government and donors. At the household level families need assistance in provision of basic needs to OVC, including food, clothing, water and shelter. Communities can be involved in the mobilisation of resources and fundraising, organising community gardens, visiting OVC, networking with NGOs and government officials in order to access resources or technical support deal with difficult cases.

#### **Sources:**

Ministry of Gender, Labour and Social Development. *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children*. Kampala, Ministry of Gender, Labour and Social Development. November 2004.

UNAIDS, UNICEF, USAID. *Children on the Brink 2004: A Joint Report of New Orphan Estimates and a Framework for Action*. Available at [www.unaids.org](http://www.unaids.org), [www.unicef.org](http://www.unicef.org), [www.usaid.gov](http://www.usaid.gov).

## Module 6

### **🎗 Introduction**

Uganda has historically experienced a relatively high level of internal strife and political turmoil, including civil wars and armed conflict in parts of Western and Northern Uganda. These resulted in the displacement of people into Internally Displaced People's (IDP) camps and the fleeing of people to neighbouring countries. There they faced food and water shortages, poor sanitation, and poor physical and mental health. Others were killed, suffered abduction, or become separated from their families.



The majority of people affected by armed conflict in Uganda are children. Many children lose their lives, are maimed or disabled through loss of limbs, are sexually abused, and are deprived of basic necessities. More drastically, they are often forcefully recruited into armed combat as child soldiers or sex slaves.

Children hence suffer severe abuse of their rights which include:

- The right to protection from sexual exploitation and abuse
- The right to protection from being abducted, sold or trafficked
- The right if below 15 years of age not to be recruited into armed forces or engage in direct hostilities

This module refers to the process by which individuals, households and communities, in collaboration with civil society, government and the private sector, work to secure an environment in which essential social services can reach vulnerable populations affected by armed conflict.


### **✓ Session Objectives**

By the end of the module, participants will be expected to:

- Increase awareness of laws against child recruitment and the negative impact of armed conflict
- Identify the effects of armed conflict on children



- Identify ways to provide care and support to conflict-affected OVC and protect them from abuse and neglect
- Be aware of the need for improved delivery and access for OVC to essential social services

 **Duration:** 2 hours 15 minutes

**E Methodology:** Case study, discussion, small group work, reflection, review

 **Materials:** flipchart paper, markers, masking tape, photocopies of case study from Session 6.1

☒ **Work for trainer to do in advance:**

- ☐ Photocopy case study in Session 6.1 or write it on flipchart.

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## **Session 6.1 Understanding the Impact of Armed Conflict: Case Study, Discussion (1 hr.)**

**Step 1** Distribute the case study below to participants and ask a volunteer to read it aloud (If a photocopier is not available, write it on flipchart).

### **Case study**

Acheng aged 16 is a formerly abducted girl soldier who was rescued from rebel captivity by government security forces after 6 years of captivity. During her stay in the bush, her life had undergone severe transformation from an innocent primary school girl into a trained combatant, a wife to several top rebel commanders, a mother of 3 children and a disabled woman, having lost her left foot due to a landmine. She had also developed severe health complications. On returning from the bush, she was informed that her village had been destroyed and all residents had moved to various IDP camps.

**Step 2** Using the case study as well as their own knowledge and experience about armed conflict, ask the participants the following questions:

- a. Identify Acheng's rights that were violated.
- b. Share other related armed conflict scenarios you have heard of or experienced.



- c. Why are children targeted for recruitment into armed rebellion?
- d. List categories of children who have been affected by armed conflict or who become very vulnerable during times of armed conflict.
- e. What effects did armed conflict have on Acheng? On children in general?
- f. What do you think Acheng's main concerns will be as she starts a new life?



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## Session 6.1 Information

### ☞ Children's Rights and Armed Conflict ☞

Nearly all of children's rights are violated during times of armed conflict, especially if they are abducted. The rights that are directly related to armed conflict in the Convention on the Rights of the Child include:

- The right to protection from sexual exploitation and abuse.
- The right to protection from being abducted, sold or trafficked.
- The right, if below 15 years of age, not to be recruited into armed forces or engage in direct hostilities.
- The right to protection from economic exploitation and work that is hazardous, interferes with his or her education or harm his or her health and physical, mental, spiritual, moral and social development.
- The right, if the victim of armed conflict, torture, neglect, maltreatment or exploitation, to receive appropriate treatment for his/her physical and psychological recovery and reintegration into society.
- The right to special protection if she/he is temporarily or permanently deprived of her/his family environment, due regard being paid to her/his cultural background.

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### ☞ Categories of Children Affected by Conflict ☞

- Orphans
- Displaced children
- Unaccompanied children
- Street children
- Sex slaves/child prostitutes
- Abducted children (child soldiers, sex slaves)

## ☞ **Why Children are Targeted for Recruitment into Armed Conflict** ☞

- Easily deployed in battles
- Shortage of adult soldiers
- Easily manipulated
- Are adventurous
- Quick to learn fighting skills
- Do not pose competition for the leadership role
- Are less costly to maintain
- Pose a moral challenge for enemies, i.e. the question of whether or not they should be killed during combat

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## ☞ **Effects of Armed Conflict on Children** ☞

- Large numbers of children are killed due to violence, or hunger and disease. Suffer gender-based violence including sexual abuse, rape, unwanted pregnancies and sexually transmitted diseases including HIV/AIDS etc
- High incidences of diseases such as measles, diarrhoea, cholera, acute respiratory infections such as pneumonia, TB in addition to bodily harm and wounds from bombs, bullets or landmines
- There is breakdown of preventive (e.g. immunisation) and curative health services in addition to severe lack of health workers and infrastructure.
- Suffer from malnutrition and illnesses from drinking unsafe water, which lowers resistance to other diseases
- Children are deprived of their material and emotional needs e.g. lose out on educational opportunities or love and care from caregivers
- Rights of children are violated
- Massive destruction of physical assets, moral and cultural systems
- Suffer from grief, sense of loss and psychological abuse
- Are forced into the conflict as child soldiers, messengers, sex slaves etc
- Take up alcoholism and drug abuse in seeking for outlets of frustrations
- Adopt violence as a way of solving their social problems and become insensitive to suffering
- Displacement into camps with consequent separation from families i.e. unaccompanied children (in some cases suffer multiple displacements due to continuous incursions of rebel



## **Session 6.2 Strategies to address the effects of Armed Conflict: Discussion, Small Group work (1 hr.)**

- Step 1 Ask participants to brainstorm a list of people/institutions who can help OVC affected by conflict (e.g. government, CSOs, community members, counsellors, OVC themselves). Refer participants to the information in Session 2.5 for general roles of each group in supporting OVC. Specific strategies for helping children in armed conflict are addressed in the next step.
- Step 2 Divide participants into small groups of 4-5 people. Ask each group to identify possible strategies to address the effects of armed conflict. They should consider strategies within education, health, food security and nutrition, and psychosocial support. Have each group consider all of the categories but assign each group one of the categories to present to the large group.
- Step 3 After 20 minutes, ask each group to present their category. The other groups should make additions as needed. Use the 6.2 Information below to fill in any gaps.
- Step 4 Explain to participants that the strategies outlined in this session may not be sufficient to address the effects of armed conflict on children. They should refer to the other sections of the manual for additional information in specific programme areas such as education, health, food security and nutrition, psychosocial support, etc. They should also find out which organisations are working in areas of armed conflict and get information directly from them (e.g. World Vision, International Rescue Committee, Oxfam...)



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### **Session 6.2 Information**

#### **☞ Strategies to Address Needs of OVC Affected by Conflict ☞**

The interventions in this section should be addressed as part of wider actions discussed in the related modules of this manual, e.g. Education for OVC. Hence,

before tackling specific interventions for OVC affected by armed conflict, the facilitator needs to acquire a general background by referring to the relevant modules.

#### **a. Health**

An important strategy addressing health needs of OVC under situations of conflict should be based on Primary Health Care (PHC) which includes provision of clean water; adequate sanitation; shelter; and proper nutrition. These services are severely disrupted in conflict areas. Other strategies include:

- Advocate for re-establishing immunisation services
- Address disability among OVC through provision of rehabilitative care and support devices such as crutches or artificial limbs
- Promote use of mobile clinics and outreach to provide treatment to people who cannot travel through insecure areas
- Equip volunteers to handle basic health care in absence of trained health workers
- Advocate for increased motivation of health service providers working in insecure areas
- Advocate for regular supply of drugs and equipment especially to handle emergencies

#### **b. Food security and nutrition**

To address food security in conflict situations, short term measures include food relief and supplementary feeding programmes for vulnerable children. In the long run, attention should be towards improvement of self-reliance in household food security by rehabilitation of agriculture, livestock and fishery enterprises for local populations. Some strategies include:

- Encourage post-harvest handling and food storage for difficult times
- Working in groups for security and protection
- Advocate for increased supply of relief food by government/NGOs, as well as tools and improved seeds
- Need to create awareness of better farming methods for households affected by conflict
- Support for IGAs to increase capacity to purchase food

#### **c. Education**

While education services are greatly affected during conflict, there is need for immediate re-establishment or continuity of education as



a priority. This not only provides a sense of security, stability, and social (or peer) support for children, but also provides opportunities for constant supervision by teachers. OVC can also develop new skills and survival techniques such as land mine awareness and HIV/AIDS information, etc. Since provision of education services poses several serious challenges, it requires specific strategies such as:

- Providing alternative sites for classrooms and regular changing of venues (in order to avoid targeted attacks)
- Use of flexible distance learning systems e.g. home or study groups to cater for security of children (especially girls) on the way to distant schools or to fulfil labour needs at home
- Emergency schooling facilities tailored to specific groups of children including adolescents
- Orientation of teachers with skills to deal with stressed children and provision of vital survival skills such as landmine awareness
- Introducing policy of food-for-education in camps
- Advocating for increased extra motivation for teachers in camps
- Having special exams for children in areas of conflict
- Creating leadership in camps to mobilise for education in camps

N.B. These innovative initiatives should be designed in such a way that they are easily integrated into the formal education system during the transition to a post-conflict phase.

**d. Psychosocial support for conflict-affected children**

This is meant to address the heavy sense of loss, grief, fear and emotional disturbances that children face resulting from extreme situations of violence which may include death of immediate family members, with some children having witnessed these murders.

**Some symptoms of stress in children**

Children who suffer from stress may display some of the following symptoms:

- Anxiety
- Sleep disturbances and nightmares
- Lack of appetite
- Withdrawn behaviour
- Depression and lack of interest in play
- Learning difficulties
- Aggressive behaviour

Some of the **strategies** to address psychosocial challenges for OVC affected by conflict include:

1. Working towards a more secure and supportive environment for children
2. Training and raising awareness for different stakeholders such as immediate care-givers, teachers, community leaders, health workers, etc. to enhance ability to provide for affected children by the wider community and ensure sustainability



3. Taking into consideration their development needs by age, level of exposure to violence, common cultural beliefs and approaches (e.g. cleansing rites of former rebels or sexually abused children)
4. Physical integration of former child soldiers into the community (as opposed to marginalisation) including tracing and resettlement into their families
5. Establish normal routines for OVC, e.g. allow them to engage in household chores, schooling, fetching water, etc.



6. Establish stable trusting relationships with adults through listening to them, communicating and keeping promises made to them



7. Enhancing ability of families and communities to rebuild their social networks and ability to help themselves
  8. Involvement of OVC themselves at all stages of planning and implementation
  9. Provision of start up kits for OVC
  10. Establish referral and linkages for OVC to other service providers
  11. Set up peace and reconciliation mechanisms e.g. committees in schools and communities; FBOs; CBOs involvement
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### **☞ General Strategies to Support Child Soldiers ☞**

- Support child soldier demobilisation process through provision of psychosocial support, increasing access to education opportunities, vocational and life skills, access to land and other property rights and protection from further abuse and neglect
- Identify and document unaccompanied children; and trace and where possible reunify with their families. If this is not possible, seek for alternative care such as fostering as a last resort.
- Prevention of future recruitment - e.g. through formation of parent or caregiver pressure groups; continuous sensitisation of all stakeholders on national and international laws in child involvement in armed conflict (e.g. provisions in the Convention on the rights of the Child, exposure of child involvement at meetings, radio and other media).



Sources:

Machel, G. Promotion and Protection of the Rights of the Child: *Impact of Armed Conflict on Children*, A report prepared for the United Nations General Assembly, Fifty-First. 26<sup>th</sup> August, 1996.

UNHCR and Save the Children. *Action for Rights on Children (ARC): Child Soldiers*. Geneva, UNHCR. 2001.

### **Session 6.3 Module 6 Summary & Evaluation: Reflection, Review, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main points covered on the mitigation of the impact of conflict, including children's rights, effects of armed conflict on children and strategies to assist OVC affected by conflict. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...
- Step 2 Go around in a circle, asking each participant to share one or two ideas.
- Step 3 Continue with the process until the person at the beginning of the circle is reached. Fill in gaps as necessary.



# Section Four

## Linking Social Services

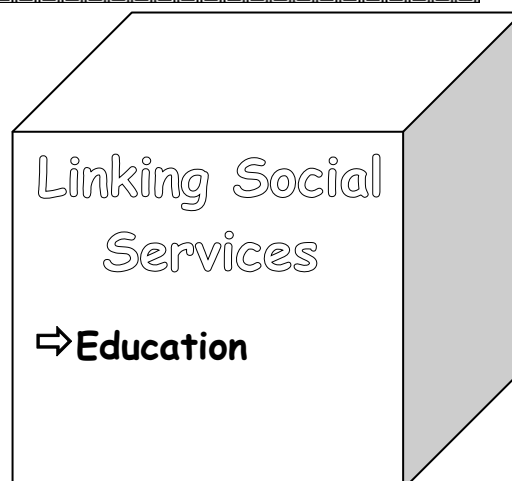
- ⇒ Education
- ⇒ Health
- ⇒ Psychosocial Support

## Module 7

### 🎗 Introduction

Education is a key strategy among OVC interventions. Access to basic education is meant to allow OVC to live a healthier and more productive life. An educated child should have wider choices and opportunities in the future to improve his/her socio-economic status; and to be in position to take on new social responsibilities in the community.

Educating girls in particular contributes to improved family health and nutrition, lower death rates for mothers and children, and lower birth rates.



Psychosocial development, emotional support and adult supervision are all benefits an OVC can receive from going to school. OVC will also be able to interact with other children and develop social networks.

Education is a basic right for every child. According to the Convention on the Rights of the Child, children have the right:

- To education, which prepares him/her for an active, responsible life as an adult in a free society which respects others and environment (Article 29).
- To special care education and training (if disabled) in order to help her/him enjoy a full life in conditions which ensure dignity, promote self-reliance and a full and active life in society (Article 23).
- To education, including free primary education. Discipline to be consistent with a child's human dignity (Article 28).

Despite the government's policy of Universal Primary Education (UPE), there are many children (the majority of whom are orphans and vulnerable children) not in school. A number of obstacles to schooling have been identified, including those related to:

- poverty
- cultural practices and beliefs regarding gender

- poor health and nutrition
- effects of the HIV/AIDS epidemic
- costs of school fees and supplies

The NSPPI highlights these challenges faced by OVC and their caregivers and suggests possible strategies to increase access to education for OVC. Many of these strategies take place at the community and school levels, ranging from helping OVC get school supplies to training teachers in counselling OVC.

This module takes a closer look at the importance of education, obstacles OVC face and strategies to overcome them. OVC, particularly those affected by HIV/AIDS, face tremendous challenges and it is through working with the OVC, teachers, community members and fellow classmates that these challenges can be overcome.

### ✓ **Session Objectives:**

By the end of the module, participants will be expected to:

- Identify the benefits of education
- List obstacles to education faced by OVC
- Suggest possible strategies to address challenges in education faced by OVC

🕒 **Duration:** 2 hours 30 minutes

**E Methodology:** Pair work, discussion, case study, reflection, storytelling, small group work

✍️ **Materials:** Flipchart, markers, tape, index cards,

### ☑️ **Work for trainer to do in advance:**

- ☐ Write case study in Session 7.2 on flipchart or make photocopies for participants.

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## **Session 7.1 Importance of Education for OVC: Pair Work, Discussion (30 min.)**

**Step 1** Explain to participants that education is one of the core essential services for OVC, along with health and psychosocial support. It is

important for OVC service providers to try and link these services (e.g. health messages and psychosocial support can be promoted at school).

- Step 2 Ask participants to turn to the person next to them and discuss what type of education is available to OVC in their communities.
- Step 3 After 10 minutes, ask the pairs to share their responses with the group (They should not repeat what has already been said but add something new). Write the different types of education for OVC on flipchart. Fill in any gaps from Session 7.1 Information below.
- Step 4 Ask participants why they think education is important for OVC. What are the benefits of education? List their responses on flipchart. Fill in any gaps from Session 7.1 Information below.



## **Session 7.1 Information**

### **☞ Types of Education for OVC ☞**

#### **Formal Education:**

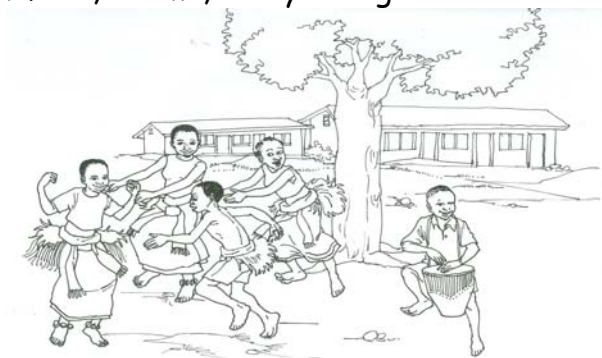
- Primary school
- Secondary school
- Vocational training school
- Tertiary education
- Schools catering for children in difficult circumstances e.g. ABEK; COPE



#### **Informal Education:**

- Guidance from parents and elders

- Music, drama, storytelling



- Workshops
- On the job training or apprenticeship
- Functional adult literacy

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### ☞ Benefits of Education for OVC ☞

- OVC acquire skills and knowledge
- Assists in behaviour change and attitude
- Healthier and more productive life
- Increased choices and opportunities in the future e.g. for employment
- Improved socio-economic status in the future
- Increased ability to take on new social responsibilities and leadership roles in the community
- Psychosocial development
- Receive emotional support and adult supervision
- Learn how to interact with other children and develop social networks
- Improved family health and nutrition, especially when girls educated

## Session 7.2 Obstacles to Education for OVC: Case Study, Reflection, Discussion (45 min.)

- Step 1 Read and distribute (or write on a flipchart beforehand) the following case study to participants:

Christine is a thirteen year old girl who was born with HIV/AIDS. Both of her parents died of AIDS and she is now being taken care of by her auntie. Her aunt, who sells vegetables in the market, also supports her grown son who is sick. Without a lot of help on the farm, the aunt is finding it difficult to produce the vegetables she needs to

sell. She cannot afford the transport to take Christine to the nearest health clinic when she falls sick; neither can she pay for the medicines recommend by the health workers.

Christine was always at the top in her class until Primary Five. She then began to frequently fall sick; and she could not find the money for school uniform or supplies. Moreover, her classmates began to tease her about her frequent illnesses and the death of her parents; and often excluded her from their activities. She eventually dropped out school and now just stays at home.

- Step 2 Based on the case study, ask participants to identify some of the obstacles to education that Christine faces. Write their responses on flipchart.
- Step 3 Ask participants to think about some of the orphans and vulnerable children they know and obstacles to education they have faced. Have them share some of the stories and add these obstacles to the list.
- Step 4 Summarise the challenges presented, adding from the list below in Session 7.2 Information as necessary.



## **Session 7.2 Information**

### **☞ Obstacles to Education for OVC ☞**

#### **a. Poverty**

- Lack of basic needs (food, clothing, shelter)
- Need to work to earn a living
- Reliance for children on household help (watching after younger siblings, preparing meals, fetching water, doing wash, going to farm)
- Inability to pay school fees for secondary school or vocational training
- Inability to pay for school supplies such as books, exercise books, pens
- Child abductions (for areas affected by conflict)
- Caregivers or OVC themselves might not see value of education
- Child prostitution
- Child trafficking

**b. Effects of HIV/AIDS**

- Loss of family income
- Increased domestic responsibilities for OVC
- Breakdown of the basic family unit
- Psychological stress
- Stigma and discrimination which makes OVC fear going to school
- Lack of adult support
- Ill-health and malnutrition

**c. Cultural practices and beliefs/attitudes**

- Gender discrimination (preferential treatment for boys over girls)
- Preferential treatment for biological children over orphans
- Prevalence of early marriages
- Belief that children with disabilities do not deserve attending school

**d. Poor health and malnutrition**

- Reduced agricultural production
- Lack of parental care
- Poor diet
- Low access to health services
- Chronic illnesses and infections

**e. School environment**

- Lack of supportive environment for OVC at school
- OVC might face stigma and discrimination by other pupils and teachers
- School building and latrine might not be accessible for children with disabilities
- CWD might not be able to walk the distance to the school

**Session 7.3 Strategies to Promote OVC Education: Storytelling, Small Group Work, Discussion (1 hr.)**

- Step 1** Ask participants to imagine that Christine and her aunt were supported by:
1. teachers and fellow classmates
  2. community members

3. CBO or NGO working in the area

- Step 2 Divide participants into 3 groups according to the above categories and ask them to re-tell the story, reflecting the support given by their assigned group (e.g. group 1 will tell a story about how Christine is supported by her teachers at school).
- Step 3 Ask each group to choose someone to tell their story to the large group. At the end of each story, ask participants to identify strategies that can be used to help OVC get an education.
- Step 4 After all the stories have been told and strategies listed, ask participants if they know of any other strategies, especially those that relate to girls, children with disabilities, or any other group of particularly vulnerable children. List the strategies on flipchart, adding more from Session 7.3 Information below.
- Step 5 Ask participants to think about OVC. What can they do on their own to improve their education?



### **Session 7.3 Information**

#### **☞ Strategies that Promote Education for OVC ☞**

##### **At the School (teachers and children):**

###### **Classmates**

- Provide love and care for OVC, especially affected by HIV/AIDS
- Play together
- Immediately report conditions of ill health to teachers/clinics
- Provide psychosocial support

###### **Teachers**

- Train teachers in providing psychosocial care and support to OVC who are at school, at risk of dropping out of school, or have dropped out.
- Train teachers in life skills education, sexual & reproductive health and HIV/AIDS.

## Integrated Care for OVC



- Educate children on topics such as HIV/AIDS and disabilities to help increase understanding and decrease stigma and discrimination.
- Establish peer groups to help support OVC and increase general awareness of children and other people at school and community members on issues such as HIV/AIDS.
- Promote attendance of OVC at school and get them involved in school activities
- Advocate for easier access to schools for OVC.
- Teachers should communicate regularly with OVC caregivers: update caregivers on child's progress, encourage caregivers to continue (or start) sending their children to school.

*Source: IFRC. Orphans & Other Children Made Vulnerable by HIV/AIDS: Principles and Operational Guidelines for Programming. 2002.*

### **At the Community:**

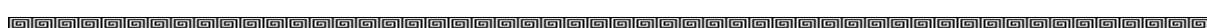
- Community members visit caregivers who keep OVC out of school to encourage them to send these children to school.
- Community members volunteer to help OVC with household tasks so that the OVC can be freed to attend school.
- Community members advocate for designing of a school curriculum that is more relevant to OVC needs; for example, psychosocial support skills, life skills, business training, agricultural training and training in home-based care for ill parents.
- Communities could set up support systems to be used to solicit contributions to school fees and uniform for OVC.



- Negotiate with schools to waive or subsidise school fees (at secondary level and vocational schools) for OVC.
- In conjunction with school authorities, implement HIV/AIDS awareness programmes aimed at reducing stigma and discrimination. This could be through formation of school social support committees and training in counselling skills.
- Community members mentor and give apprenticeship training to OVC.
- Advocate for creation of alternative school time for working children e.g. those involved in fishing, or pastoralism (the Alternative Basic Education for Karamoja (ABEK).
- Community members can start day care programmes for young children so the older children (particularly girl OVC) who care for them are freed up to go to school.



- Establish linkages and referrals to other service-providers and also follow up and monitor OVC progress.



Source: World Vision. *Guide to Mobilising and Strengthening Community-Led Care for OVC. Models of Learning Programme.* Kampala, World Vision. 2003.

### **CBOs/NGOs:**

- Awareness creation on the rights and responsibilities of children.
- Economic empowerment of families through Income Generating Activities.
- Skills development for OVC.
- Counselling and guidance for OVC.
- Support the community to enact bylaws to ensure all children go to school.
- Creation of linkages between OVC and other institutions offering additional support, e.g. provision of school fees; medical care etc.
- Mobilise communities (including OVC) to draw up action plans for OVC education.
- Improve functional adult literacy and numeracy for caregivers.
- Advocate for vocational training opportunities, particularly for older children. These may need skills to support themselves e.g. in agriculture or income generating activities.



### **Orphans and Vulnerable Children:**

- Start or become involved in school clubs (drama, music, sports).
- Start or become involved in peer education groups to help other children understand HIV/AIDS, disabilities, etc.
- Form OVC support groups.
- Ask to work for school fees and supplies (e.g. school maintenance, school gardening).
- Try to stay positive and do well at school.

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## **☞ Strategies that Promote Girl's Education ☞**

Education is a basic right for *all* children, including girls. Girls face more challenges than boys, especially in the rural areas. There are many actions that can be taken to improve girls' education, many of which benefit boys as well.

### **a) Programmes for early childhood years**

Efforts can be made at the community level to initiate early childhood care for young children. A few people could volunteer or be paid by the community to look after the young children in the community while parents go to work or siblings go to school. Often girls are taken out of school so they can watch their younger siblings and do other household work. Having a community-based childcare programme would free up these girls to go to school. Another advantage of this type of programme is that children get into the routine of going to "school" at an early age.

**b) Health and nutrition**

Proper health and nutrition are important for healthy minds and bodies to learn. Ways to improve health through the school include school meals, routine health checks, growth monitoring, worm eradication and education in nutrition, hygiene and safe water & sanitation. Linking up with health services would be essential to carry out these types of programmes.

**c) Water, environment and sanitation (WES)**

Presence of WES facilities are critical factors in promoting the dignity of children, privacy and their general well-being. Schools should hence have separate facilities for boys and girls. Schools should also have a safe source of drinking water. Educating children on safe hygiene can happen at school, and children can pass the information on to their families and communities.

**d) Child protection**

Violence or sexual abuse in schools can prevent children, especially girls, from enrolling in school or can contribute to absenteeism and poor performance. Where schools offer a safe and secure learning environment, children can learn skills that protect them from violence, abuse and exploitation.

**e) Community involvement**

- Awareness raising on the importance of girls' education
- Strengthen village committees, school management committees, parent-teacher associations that get community members involved in the school
- Back to school campaigns in post-conflict areas

**f) School level improvements**

- Flexible school timetables, especially in difficult areas (e.g. internally displaced persons (IDP) camps, refugees)
- Training for teachers: gender-awareness, psychosocial support (for children affected by HIV/AIDS, children from conflict areas...), topics that are more relevant to girls
- Infrastructure improvements: girls and boys latrines (that are also accessible for children with disabilities)

Sources: UNICEF. *Barriers to Girls' Education: Strategies and Interventions*. New York, UNICEF. 2002. [www.unicef.org/teachers/girls\\_ed/barriers\\_02.htm](http://www.unicef.org/teachers/girls_ed/barriers_02.htm).

UNICEF. *Accelerating Progress in Girls' Education for Every Child: Health, Education, Quality, Protection and Advancement of Humanity*. New York, UNICEF. 2003.

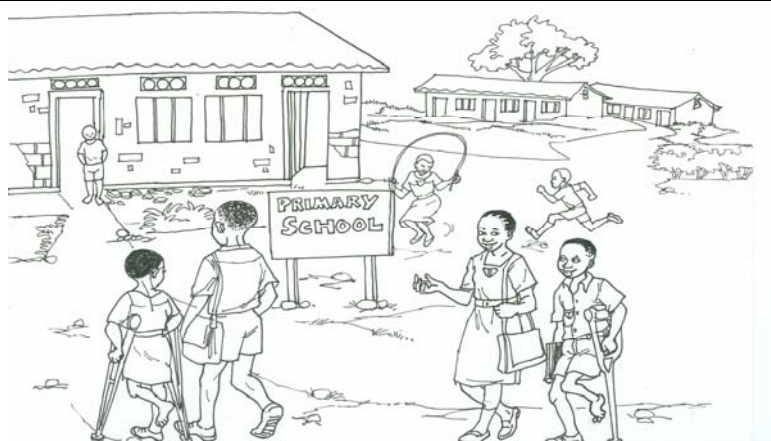
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## ☞ **Strategies that Promote Education for Children with Disabilities (CWD)** ☞

CWD face many **challenges** to accessing and receiving an education.

- CWD are often viewed as a burden to their households and are often ignored when heads of households are making decisions regarding whom to send to school.
- At school they face anti-social behaviour such as name calling, bullying or physical abuse.
- Transport to school is often a barrier for the blind or lame children who need support and guidance or equipment such as wheel chairs.
- General difficulty in raising school requirements e.g. uniforms, pens, books etc.
- Specialised resources and materials (e.g. Braille Machines, hearing aids) are not readily available, are expensive and out of reach for most households. There is also a shortage of trained special needs education teachers.
- Physical school environment and infrastructure (lack of toilet facilities) are often inappropriate for CWD; hence frequently drop out of school.

**Possible Interventions by communities to assist CWD**



- Advocate for special programmes for children with disabilities.
- Empowerment of education committees to monitor and implement UPE Programmes including involvement of disabled children.



- Include special representatives of parents of CWDs on School Management Committees (SMCs) and Parents Teachers Associations (to address concerns of CWDs).
- Mobilise resources to make infrastructure and facilities for CWD more appropriate, e.g., latrines, ramps and wider classrooms order to increase physical accessibility for CWDs.
- Advocate for increase in numbers of special needs teachers, equipment, libraries, instructional materials, etc.
- Advocate for post-primary level opportunities e.g. vocational training.

Source: Uganda Society for the Disabled. *Accessibility and Relevance of Education for Children with Disabilities in Uganda*. Kampala, Uganda Society for the Disabled. 2003.

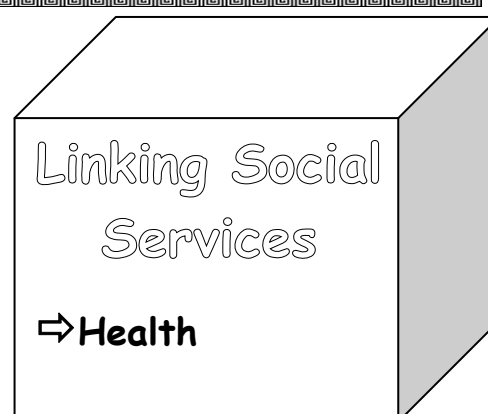
## **Session 7.4 Module 7 Summary & Evaluation: Reflection, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main points covered in this module on education (benefits, obstacles and strategies). Ask what information and ideas would they like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Give participants a few index cards and ask them to write one idea per card.
- Step 3 Ask participants to read their card if they have listed a benefit of education. Ask participants to then read their cards if they have written an obstacle. Continue with the same process for the strategies. Fill in information as needed.

## Module 8

### Introduction

Health can be defined as the state of physical and emotional well being that provides an opportunity for individuals to achieve their greatest potential. Children need access to preventive health services such as immunisation and growth monitoring, as well as access to treatment for a wide range of ailments, injuries and infections they might experience.



OVC, especially those affected by HIV/AIDS, are frequently victims of stigmatisation which could prevent them accessing proper health care. They hence experience reduced attention when sick and miss out on immunisations, making them even more vulnerable to other diseases and infections, as well as higher child mortality. Children affected by armed conflict also face great challenges accessing health care, especially when there are no or limited health services available. Children in extreme poverty may not have access to health care because their caregivers cannot pay for services; or may not even know where to obtain services.

Access to health services is a right; and many of the articles listed in the Convention on the Rights of the Child promote the health of OVC:

**Article 6:** The right to life.

**Article 24:** The rights to the highest standard of health and medical care attainable. Other articles, including those related to protection from economic and sexual exploitation also support OVC health.


This module addresses some of the issues related to OVC health care and strategies that can be used to improve the health of OVC. It covers different types of interventions that could be used to improve the health and access to healthcare for OVC. These include, for example, community-based support to OVC, outreach services to marginalised OVC, home-based care programmes for

PHA and HIV/AIDS awareness programmes and improving water and sanitation etc.


### ✓ **Session Objectives:**

By the end of the module, participants will be expected to:

- Describe health needs of OVC and their households
- List barriers of OVC access to health care services
- Identify the effects of poor access to health services for OVC
- Discuss possible community based initiatives for improved access to health care services by OVC

 **Duration:** 2 hours 10 minutes

**E Methodology:** Small group work, drawing, discussion, trainer presentation, snowball, demonstration

 **Materials:** flipchart paper, markers, masking tape, large index (rectangular) cards, basket or box

### ☒ **Work for trainer to do in advance:**

- ☐ Write the main themes from the module on slips of paper and put them in a basket or box for session 8.8.

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## **Session 8.1 Preventive and Curative Healthcare for OVC: Small Group Work, Drawing, Discussion, Trainer Presentation (45 min.)**

- Step 1** Explain to participants that healthcare is one of the main social services essential for the well-being of OVC. It includes *preventive care* which involves actions aimed at preventing or avoiding illness; and *curative care* which is centred on actions that are taken once a person falls ill or is injured to reduce or completely remove pain.
- Step 2** Divide participants into groups of 4-5 people, give them large index cards, and ask them to brainstorm a list of OVC healthcare needs. Ask them to draw a simple picture to represent each need they identify.

- Step 3 While the groups are working, write "Preventive Care" on one flipchart and "Curative Care" on another.
- Step 4 After 20 minutes ask each group to tape their pictures to the appropriate flipchart paper (if another group has already taped a similar picture, put it on top of it to avoid repetition).
- Step 5 Review the pictures with the group, asking for clarification from the small groups as necessary. Fill in gaps with 8.1 Information below.
- Step 6 Explain to participants that the 6 killer diseases can be prevented through immunisations. Malaria, another disease that causes high mortality amongst children, can also be prevented by taking precautions. Use 8.1 Information below to provide participants information about these illnesses.



## Session 8.1 Information

### ☞ Preventive Health Care ☞

Preventive healthcare needs include some of the following actions:

- Education of parents/caregivers on the importance of and methods of preventive healthcare (common childhood illnesses, immunisations, proper hygiene, de-worming, preventing malaria...)
- Immunisations to prevent the 6 killer diseases (tuberculosis, whooping cough, diphtheria, polio, tetanus and measles)
- Access to well-baby and well-child check-ups to ensure that children do not have forthcoming health problems
- A clean environment for children
- Increased access to safe water and sanitation
- Improved nutrition and balanced diet to prevent illnesses arising out malnutrition
- Access to bed nets and other accessories for prevention of common diseases such as malaria



- Information about adolescent reproductive health needs, including HIV/AIDS awareness and prevention, especially when OVC is caring for a sick adult

**Curative healthcare needs for OVC include:**

- Educating parents/guardians on when they should seek medical help to treat illnesses that affect OVC under their care i.e. timely access to health workers, health centres
- Access to health care facilities: transport, medical fees, medicine/drugs



- Ensuring that OVC take prescribed doses of medication at right time if on medication (antibiotics, anti-malaria drugs, ARVs, etc.)
- Seeking appropriate herbal treatment through traditional healers

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**☞ Common Childhood Preventable Diseases ☞**

1. **Tuberculosis (TB)** is an infection usually attacking lungs, bones and brain which is contagious, especially for children living in the same house with a person suffering from it. Common symptoms include chronic cough, at times with blood, fever, chest pain, and loss of weight. While TB can be cured, the treatment lasts up to 8 months. It is therefore important to take preventive measures. For children, early TB vaccination of B.C.G. injection is recommended.
2. **Whooping Cough (Pertussis)** is a disease transmitted from an infected person and is especially dangerous for children under 1 year. It involves serious attacks of coughing which may end in vomiting, together with a whooping noise during breathing. Early vaccination (3 doses of DPT) is recommended for prevention of whooping cough.

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3. **Diphtheria** begins with a cold, fever headache or sore throat. A bluish/white coating may form in the back of the throat and sometimes in the nose and lips. Symptoms include a swollen neck, obstructed breathing, bad breath, and difficulties in swallowing. Diphtheria can be prevented with DPT injections (3 doses in the first year).
  4. **Polio** - Children below 2 years of age may be susceptible to polio, whereby a certain part of the body (mostly one or both legs) becomes weak or paralysed. Vaccination against polio is commonly by oral drops (OPV), and is the best protection parents/caregivers can provide to their children.
  5. **Tetanus (or Lock Jaw)** is spread by bacteria found in the soil or animal and human faeces and enters the body through dirty wounds. Wounds which are most likely to cause tetanus include injuries caused by barbed wire, nails, thorns or knives; dog bites; or through the umbilical cord of a new born baby. Vaccination is the surest way of avoiding tetanus. Others include keeping wounds clean or seeking medical care.
  6. **Measles** is a severe virus infection which is highly infectious (i.e. can easily be transmitted by getting into contact with an infected person). Children who are malnourished are especially vulnerable to catching the disease. Children with measles are also less resistant to other diseases such as pneumonia, dysentery, sores in the mouth, in the eye, etc. To protect children from measles, they should be vaccinated when 9 months old.

Sources:

Government of Uganda, UNICEF. *Models for Care, Support and Protection of Orphans and Vulnerable Children in Selected Districts of Uganda, 2003 - 2004*. Kampala, Government of Uganda. 2004.

Government of Uganda, WHO . *Immunise Now: Time for Action for District Leaders*. Kampala, Ministry of Health. 2001.

Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health. *Immunisation Essentials, A Practical Field Guide*. Washington, D.C., USAID. 2003.

Werner, D. *Where there is no Doctor: A Village Health Care Handbook for Africa*. Revised Edition. Berkeley, The Hesperian Foundation. 1988.

## ☞ Malaria ☞

### **Malaria**

Malaria is an infection of the blood caused by a parasite called Plasmodium which is spread by mosquitoes. This mosquito sucks the parasites in the blood of an infected person and injects them into other people it bites. It is a disease which can be treated in 48 hours, yet if there is delay in treatment, it can be fatal. It is hence regarded as one of the major killer diseases in Uganda and other tropical countries.

### **Symptoms of malaria**

Typical symptoms of malaria consist of 3 stages:

- a) Cold stage - here the patient experiences chills (shivers or shakes)
- b) Hot stage - whereby the temperature goes over 40°. The person at this stage becomes weak and delirious (not in his right mind)
- c) Sweating stage - here the person begins to sweat and the temperature goes down

Other symptoms include:

- Headache
- Body ache, back ache and joint pains
- Dizziness accompanied by vomiting, diarrhoea
- Weakness
- Abdominal pains

For children, malaria is particularly dangerous since it quickly results into anaemia (lack of red blood cells) within a day or two; and if it affects the brain it results into fits which could be followed by periods of unconsciousness.

### **Prevention and treatment of malaria**

There are several ways that are recommended in the prevention of malaria. These include:

- a) Sleeping under a mosquito net (preferably insecticide treated net)
- b) Destroying mosquito breeding places such as stagnant water, old pits, broken bottles, etc.
- c) Communal spraying (this is normally done by health workers)
- d) Taking malaria drugs on a regular basis

Treatment of malaria is best done at the health centre, where a blood test can be given to confirm the presence of the parasites. Traditionally, *Chloroquine* was the most effective drug against malaria but malaria parasites developed resistance to the drug. Other drugs used to treat malaria include *Fansidar*, *Quinine*, and most recently, *Artemum*. It is important to seek advice from your nearest health centre.

Source: Werner, D. *Where there is no Doctor: A Village Health Care Handbook for Africa*. Revised Edition. Berkeley, The Hesperian Foundation. 1988.

## Session 8.2 Barriers to Healthcare for OVC: Brainstorming, Discussion (20 min.)

- Step 1 Ask participants to brainstorm a list of barriers that limit access to healthcare for OVC and their households. Write their responses on flipchart.
- Step 2 Discuss the responses, adding points from 8.2 Information as necessary.



### Session 8.2 Information

#### ☞ Possible Barriers to Healthcare for OVC and their Households ☞

- Limited or complete lack of transport facilities to health units for OVC
- Lack of money to pay for health services
- Limited knowledge about free or subsidised medical services available within the community
- Limited support from guardians or caregivers in ensuring that preventive measures, such as immunisations are taken
- Shortage of medical workers, drugs and health facilities in the community
- Lack of cash to purchase insecticide-treated bed nets
- Limited access to HIV/AIDS awareness messages targeting children and youth
- Myths and misconceptions that keep people from seeking health care services (e.g. some people think immunisations will prevent their children from giving birth or will make their children fall sick).

## Session 8.3 Strategies to Address OVC Access to Healthcare: Snowball, Discussion (45 min.)

- Step 1 Divide participants into groups of 4 people. Ask them to reflect on the needs of and barriers to healthcare for OVC; and brainstorm a list of strategies that could take place at the community level to address OVC access to healthcare. Have them write their list on flipchart.
- Step 2 After 15 minutes, ask one group of four to join another group of four to discuss and combine their lists.
- Step 3 After 10 minutes, ask one group of 8 to join another group of 8 and combine lists. Continue with this process until all groups have joined to form one large group.
- Step 4 Tape the list of strategies to the wall and discuss. Fill in gaps using 8.3 Information below.



### Session 8.3 Information

#### ☞ Community Initiatives to Promote OVC Access to Healthcare ☞

- Ensure that parents, guardians and home visitors/community volunteers for OVC are informed about ways of preventing illnesses including HIV/AIDS.
- Ensure that OVC caretakers are aware of medical services available in the community and assist them to access these services.
- Assist OVC or their caregivers to transport ill family members to health units.
- Fundraise to pay for medical services and drugs for OVC.
- Help OVC access immunisation and medical services for under-five year-olds available within the community.
- Advocate for establishment of school-based health education.
- Advocate for more health workers, health centres and health services to be made available for the community.



- Advocate for community-based Health Teams or Community Resource Persons, who are trained in basic skills such as first aid, legal skills etc, to assist communities address some common health challenges for OVC and other patients.

## **Session 8.4 Summary & Evaluation: Reflection, Game, Discussion (20 min.)**

- Step 1 Ask participants to reflect on the main points covered in this module on health (healthcare needs, barriers, strategies. Ask them about the information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Write the names of the topics covered (listed in step 1) on slips of paper and put them in a basket or box (prepare beforehand).
- Step 3 Ask for volunteers to pick a slip from the basket and have them share a few points they think would be important to bring back to the community. Ask for more ideas on the same topic from the other participants if there is more they want to add.
- Step 4 Continue the process until all the slips of paper are gone and the main topics have been covered.

## Module 9

### 🎗 Introduction

Psychosocial support is meant to assist OVC and their caregivers in coping with mental and emotional challenges that they face resulting from traumatic experiences they have gone/are going through. OVC live through situations that have considerable effects on their emotional and mental status. For instance, many OVC have parents who are ill or who have died from HIV/AIDS, and there are children who live in areas of armed conflict or who are in internally displaced persons / refugee camps. There are children living in extreme poverty while others are victims of violence and abuse. There are some children who experience all of these situations.



Children can experience great loss, deprivation and trauma when they live in such situations, all of which affect their psychological well-being. Normal activities such as going to school, playing and going about daily routines within the family are interrupted or cease, and children no longer have a sense of stability or safety.

Children find themselves involved in roles they are ill-prepared for, such as caring for chronically ill parents, seeing them die and then having to take on their responsibilities of caring for younger siblings or seek for work to earn money to meet basic needs. Some OVC lack the love, care and support they need to develop emotionally, physically and socially.

The effect of such difficult situations on children varies according to their age, their personal characteristics and the support they receive from people around them. Their needs will also vary according to these factors. When providing psychosocial support it is important to take into consideration the child's background, age, cultural practices, existing resources in the community, etc. Being able to communicate with children is an essential skill in helping them to meet their needs.

Children have specific **rights** that relate to psychosocial support:

**Article 20:** The right to special protection if she/he is temporarily or permanently deprived of her/his family environment, due regard being paid to her/his cultural background.

**Article 27:** The right to a standard of living adequate for his/her physical, mental, spiritual, moral and social development.

**Article 39:** The right, if the victim of armed conflict, torture, neglect, maltreatment or exploitation, to receive appropriate treatment for his/her physical and psychological recovery and reintegration into society.

### ✓ **Session Objectives:**

By the end of the module, participants will be expected to:

- Understand the meaning of psychosocial support
- Identify the psychosocial support needs for OVC of different ages
- Identify children's perceptions of death at different ages, signs of distress and ways to help
- Acquire skills of communicating with OVC including how to disclose HIV status
- Identify community-based strategies and interventions to providing psychosocial support to OVC

🕒 **Duration:** 4 hours 30 minutes

**E Methodology:** Discussion, pair work, small group work, reflection, roleplays, game

✎ **Materials:** flipchart, markers, masking tape

### ☑ **Work for trainer to do in advance:**

- ☐ Write roleplay scenarios in session 9.3 on flipchart or make copies for participants if a photocopier is available.
- ☐ Make a ball out of flipchart paper and masking tape.

## Session 9.1 Understanding Psychosocial Support: Discussion, Pair Work (45 min.)

- Step 1 Ask participants what they know about the term “psychosocial support”. Write their responses on flipchart and with participants, develop a definition of psychosocial support.

**Possible Definition:** *Psychosocial support is support given to a person/people to help them:*

- *understand and make sense of their experiences*
- *accept and process the feelings associated with them*
- *move forward with their lives in a way that helps them to develop fully and be a part of their community*

- Step 2 Ask participants: Who needs psychosocial support? Why do OVC need psychosocial support? Write their responses on flipchart.

- Step 3 Ask participants to form pairs and share some of the stories they know or have experienced regarding OVC. This could include a child(ren) whose parents have died of HIV/AIDS, a child who was living in area of armed conflict, a child who has been abused,... Ask participants to:

- Describe the situation of the child.
- Discuss the effects of the situation on the child.
- Discuss how they coped (or didn't cope). What was the child's support system?

- Step 4 Ask a few participants to share their stories with the group - each story should have a child of a different age (e.g. 0-2, 3-6, 7-9, 10-12, 13-18 year olds). Based on the stories, ask participants to identify:
- psychosocial problems faced by OVC
  - types of psychosocial support
  - who can provide psychosocial support to OVC

## Session 9.2 Coping with Death and Trauma: Small Group Work, Discussion (45 min.)

- Step 1** Explain that one of the biggest psychosocial challenges for OVC is in coping with the death of a parent or caregiver and other loved ones. Children of different ages and different cultures perceive and handle death and loss in different ways. Interventions should build on cultural norms and take the age of the child into consideration.
- Step 2** Divide participants into 5 groups, each group representing an age category. Give each group a piece of flipchart paper and have them divide it into 4 columns: age group, perceptions of death, how child shows distress or grief and ways to help. Ask each group to fill in the table for their assigned age category. (20 min.)



Age Group	Perceptions of Death	How Child Shows Distress or Grief	Ways to Help
0 – 2			
3 – 6			
7 – 9			
10 – 12			
13 - adolescence			







- Step 3** Ask each group to present their results to the large group. Use 9.2 Information below to fill in any missing information that arises from the discussion. (20 min.)





### Session 9.2 Information

#### ☞ Children's Perception of Death and Signs of Distress ☞

Age Group	Perceptions of Death	How Child Shows Distress or Grief	Ways to Help
 0 – 2	<ul style="list-style-type: none"> <li>• no understanding of death</li> <li>• no concept of time/permanence of death</li> <li>• frightening to lose physical contact, security &amp; comfort of primary caregiver</li> </ul>	<ul style="list-style-type: none"> <li>• change in eating &amp; sleeping habits</li> <li>• crying &amp; irritability</li> </ul>  <ul style="list-style-type: none"> <li>• outbursts of anger</li> <li>• clingy</li> </ul>	<ul style="list-style-type: none"> <li>• satisfy basic needs (provide food such as milk)</li> <li>• keep daily routine</li> <li>• provide health care (immunisations)</li> <li>• give extra attention, love &amp; affection</li> <li>• explain death when older</li> </ul>

Age Group	Perceptions of Death	How Child Shows Distress or Grief	Ways to Help
 <p>3 – 6</p>	<ul style="list-style-type: none"> <li>• does not understand permanence of death – will keep asking when dead person will return</li> <li>• may fantasize that dead person will return</li> <li>• may feel that they were the cause of the death</li> </ul>	<ul style="list-style-type: none"> <li>• anger, confusion, sadness</li> <li>• feels that their misbehaviour caused death</li> <li>• clingy to caregiver</li> <li>• plays games with death or frightening scenes in them</li> <li>• may regress to earlier behaviours – thumb sucking, wetting bed, talking like a baby</li> </ul>  <ul style="list-style-type: none"> <li>• fears going to sleep</li> </ul>	<ul style="list-style-type: none"> <li>• explain what death means in a simple yet clear way.</li> <li>• reassure child about who is going to care for them</li> <li>• give extra love, attention, affection</li> <li>• give encouragement</li> <li>• allow child to cry</li> </ul>
 <p>7 - 9</p>	<ul style="list-style-type: none"> <li>• begins to understand permanence of death but thinks only old people die (cannot happen to themselves)</li> <li>• has questions about cause of death and what happens after death</li> <li>• has concerns about how the death will affect their lives</li> </ul>	<ul style="list-style-type: none"> <li>• worry if friends will treat them differently</li> <li>• may have problems in school</li> <li>• may become sad or depressed</li> </ul>  <ul style="list-style-type: none"> <li>• may feel guilty</li> <li>• may act out or withdraw</li> <li>• may deny death</li> <li>• may regress to earlier behaviours</li> <li>• poor concentration</li> </ul>	<ul style="list-style-type: none"> <li>• give a straightforward explanation of death and its causes and allow child to ask questions</li> <li>• help them verbalise thoughts &amp; fears</li> <li>• reassure them that death was not their fault</li> <li>• show encouragement</li> <li>• allow them to be sad (cry) and encourage them to share their feelings with other children who have gone through a similar experience</li> </ul>
 <p>10 – 12</p>	<ul style="list-style-type: none"> <li>• understand death is permanent &amp; can happen to anyone</li> <li>• will be curious about death &amp; what happens afterwards</li> <li>• may fear death and feel it is sudden &amp; unpredictable</li> <li>• may have fear of a painful death</li> </ul>	<ul style="list-style-type: none"> <li>• may want to spend time alone, perhaps with belongings of deceased</li> </ul>  <ul style="list-style-type: none"> <li>• child may worry, feel</li> </ul>	<ul style="list-style-type: none"> <li>• provide simple &amp; direct explanation of death</li> <li>• be honest about how the death will change their lives</li> <li>• allow the child to play instead of overloading them with additional responsibilities</li> <li>• teach safe sex practices</li> <li>• provide spiritual advice of life after death</li> <li>• be empathetic</li> </ul>

Age Group	Perceptions of Death	How Child Shows Distress or Grief	Ways to Help
		gloomy, unhappy & isolated <ul style="list-style-type: none"> <li>• may be fearful of death</li> <li>• may feel anxious about future</li> <li>• may be curious about what happens after a person has died</li> <li>• poor concentration</li> <li>• may suppress feelings due to burden of responsibility</li> </ul>	
 <p>13 - adolescence</p>	<ul style="list-style-type: none"> <li>• have full understanding of death, similar to adults</li> <li>• find it difficult to believe anything bad could happen to themselves</li> <li>• can view death philosophically</li> </ul>	<ul style="list-style-type: none"> <li>• focus on the meaning of the death for their own lives (may have self-pity or take on caregiver role)</li> <li>• feel deserted, angry &amp; lonely</li> <li>• may suppress emotions &amp; withdraw</li> <li>• may idealise the deceased</li> <li>• hate, aggression &amp; revenge (mainly boys)</li> <li>• self-destructive behaviour: alcohol, drugs, suicidal thoughts, abuse of body</li> </ul>  <ul style="list-style-type: none"> <li>• psychosomatic complaints – stomachache, headache, etc.</li> <li>• learning difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• include adolescent in planning of funeral</li> <li>• allow them to feel sad &amp; express feelings</li> <li>• encourage spending time with peers (support group)</li> <li>• speak to them as adults</li> <li>• be firm about risk-taking behaviours &amp; help them understand the risks</li> <li>• establish clear rules of conduct (they need to know someone is in control of their lives).</li> <li>• teach safe sex practices</li> <li>• provide counselling</li> </ul>

\* The information provided in this table is general. Children may react differently than what is presented here. Also, a child may lose a parent when they are a certain age, e.g. at 8 years old, but then not show signs of grief or difficulties handling it until they are 10 or 11 years old.

Adapted from: Killian, Beverley, *A Sensitisation Programme for Volunteers Offering Psychosocial Support to Vulnerable Children Affected by HIV/AIDS, Violence & Poverty, Participant's Manual*. University of Natal, South Africa, 2003 and Asby, Aisha, *Providing Psychosocial Support for Orphans & Vulnerable Children (Draft)*. Howard University/AIM Uganda, July 2004.

Input from AIM workshop participants, Community Home-Based Care: Psychosocial Needs of PHA, Kampala, Uganda, 26-30 July 2004.

## **Session 9.3 Communicating with Children: Reflection, Discussion, Roleplays (1 hr. 30 min.)**

- Step 1 Explain to participants that communication is a key factor in being able to help OVC cope with their situation. Refer participants back to the beginning of the session when they shared their stories about OVC affected by HIV/AIDS or other traumatic events. Ask them to reflect upon communication: How did the child communicate? What facilitated communication with the child? What hindered it? What factors affect communication with children?
- Step 2 Ask participants to share some of their thoughts with the group.
- Step 3 Distribute and discuss 9.3 Information about communicating with children, integrating participants' experiences into the information (15 min.).
- Step 4 Divide participants into three groups and give them the following child communication scenarios.
1. Moses, a 7 year old boy, recently lost his father to AIDS and his mother is HIV positive. He misbehaves at home and at school and always seems angry. He likes to draw and play football. How might you begin a conversation with Moses to help him work through his grief?
  2. Sheeba is a 16 year old girl who has been taking care of her 3 siblings since her parents died in the conflict area up north one year ago. You saw her in town recently moving with a group of boys who drink alcohol and smoke cigarettes. You stop by her house for a visit...
  3. Margaret is a 1 year old baby whose mother recently died of AIDS. The baby refuses to eat and cries a lot. During your last home visit you noticed that a lot of people were coming and going, and not much attention was being given to the baby. How would you advise Margaret's sister, who is now her guardian?
- Step 5 Ask each group to act out as many as they can, switching roles so everybody gets a chance to be the caregiver. (30 min.)

Step 6 Ask each group to act out a different roleplay in the large group. When observing a role play, ask participants to consider the following questions (30 min.):

- How did the child communicate in the roleplay?
- What helped facilitate communication with the child?
- What hindered communication with the child?
- What key points should we remember when communicating with children?



## Session 9.3 Information

### ☞ Attitude & Approach to Communicating Effectively with Children ☞

1. Introductions are important
2. Confidentiality should be respected
3. Simple language
4. A friendly, informal and relaxed approach
5. Adequate time
6. Allow for children's limited concentration span
7. Non-judgemental attitude
8. Seek the child's permission before taking notes
9. Ending the interview or conversation appropriately
10. Follow-up support should be available to the child

Source: UNHCR & Save the Children. *Action for the Rights of the Child*. Geneva, UNHCR, 2001.

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### ☞ Communicating with Distressed Children ☞

1. Allow the child to set the pace.
2. Give adequate time to the child.
3. Provide emotional support and encouragement to the child.
4. Accept the child's emotions such as guilt and anger.
5. Never give false reassurance.
6. Talking about difficult situations may enable children to work out their own solutions.
7. Sometimes it is necessary to allow regression.

Source: UNHCR & Save the Children. *Action for the Rights of the Child*. Geneva, UNHCR, 2001.

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### ☞ How Children Communicate ☞

- Verbally and non-verbally (more verbal with age usually)
- Ill children have delayed physical and mental development
- Play, touch, drawings, colour, storytelling, & music
- Children cannot always tell between imagination (fantasy) and reality.
- Children may need to escape into an imaginary world at times to cope with what is happening to them
- Children who have been abused or neglected may be afraid of touch - be aware of the child's response and do no force too much physical contact until the child is ready for this (try games that involve different experiences of touch).
- The basic communication skills used with adults applies to communicating with children as well.



## **BASIC COMMUNICATION SKILLS**

**BEING PRESENT:** physically and psychologically → open communication and trust.

- ▶ Be aware of body language
- ▶ Be natural and relaxed

**LISTENING:** Actively listening → help you identify and understand child's needs and make child feel respected and loved.

- ▶ Listen to verbal and non-verbal messages
- ▶ Listen with empathy
- ▶ Avoid distractions and stay focused while listening
- ▶ Avoid being judgmental
- ▶ Be aware of your attitude
- ▶ Avoid giving instructions

**EMPATHY:** Having empathy → better understanding of child's needs, trust and open communication between child & caregiver

**PROBING/ QUESTIONING:** Asking questions → identify issues and concerns of the child.

- ▶ Ask open-ended questions that do not have a yes or no answer. Begin questions with who, where, why or how (e.g. "How are you feeling this morning?" rather than "Do you feel well this morning?")
- ▶ Avoid asking too many questions.

Sources: van Dyk, Alta. *HIV/AIDS Care & Counselling: A Multidisciplinary Approach.*

## ☞ Aids to promote Communication with Children ☞

- Toys that they feel comfortable with; handmade toys out of old tins, pieces of cloth, etc.
- Finger, sock, glove/cloth puppets that they can “safely” talk to.
- Paper and coloured crayons. Both what they draw and the colours they choose may tell you what they are feeling (if no crayons available use ball pens or pencil).
- Balls can be thrown back and forth to develop an unthreatening bond of communication for children afraid of direct touch. Balls can be made from scraps of material and old cloth or stockings for fillings.
- Blowing bubbles together (made from soap and a wire loop) forms a bond and relaxes children.
- Simple musical instruments - can be played in a group to enable them to feel safe within a group and part of it; or to express their emotions.
- Dancing together with others also allows them to feel safe within a group and helps them to develop the confidence to be part of a larger social group.
- Storytelling - listen to the stories that children tell, often over and over - they are often telling you of their emotions in a story. Looking at pictures together may help them develop “their” story.
- If they feel safe with you - touch and being held lovingly.
- Continuity - one person that they can identify with and in whose presence they feel safe and accepted.
- Patience and perseverance - children may need a lot of time to relate to an adult.
- Work with children in a place where they feel comfortable (in a room, corner of a compound,...)



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## 👉 Factors Affecting Communication with Children 👈

- Lack of love and respect for the child on the part of the caregiver.
- Failure to listen to the child or observing the non-verbal communication.
- The age or level of development of the child will determine the means of communication.
- Lack of honesty - answer questions gently but truthfully.
- The relationship between the caregiver and the child.
- The caregiver being identified with another adult that the child has feelings about - either loving feelings or fear when the child has been abused.
- The child's health and/or nutritional state.
- The child's perception of death and afterlife.
- The child's feeling of security or insecurity after the death of a parent or guardian.
- The caregiver being consistent in visiting the child and showing patience in communication.
- Not forcing the child into any activity they feel uncomfortable with.
- Language barriers - with babies and small children this is often not a barrier as they respond to affection and play.
- Communicate at their physical level - get down onto the floor or lift them to your level. Standing over them may make them afraid.
- Not smiling - children respond to smiles with smiles.

Source: Taken from Department of Health, South Africa

### **Session 9.4 Strategies in Providing Psychosocial Support to OVC: Discussion (30 min.)**

**Step 1** Based on the previous activities and discussions in this module, ask participants to brainstorm a list of strategies and interventions that can be used in providing psychosocial support to OVC, particularly at the community level. Write their responses on flipchart.

**Step 2** Discuss responses and review 9.4 Information below.

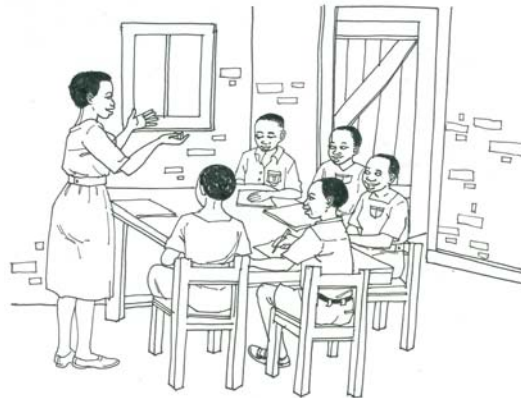


## **Session 9.4 Information**

### 👉 Strategies in Providing Psychosocial Support to OVC 👈

1. Identify and strengthen existing coping mechanisms, do not impose alien ones.

2. A broad community development approach is often the most effective strategy for facilitating psychosocial recovery.
3. Supporting parental/caregiver capacity should be seen as a key strategy.
4. Children who have experienced loss and disruption to their lives benefit greatly from a sense of structure in their lives, a sense of purpose and the rewards of achievement.
5. **Schools** can play an important role.
  - Teachers can assess the needs of children and monitor their situation and well-being.
  - Schools provide a daily structure, purpose and meaning for children.
  - Education facilitates the development of children's understanding of events.
  - Teachers can provide avenues for the expression of feelings and opportunities for more personal support.
  - Schools can adopt a broader role of education of children and others in the community (e.g. HIV/AIDS prevention).
  - The school can be an important resource for promoting reconciliation in conflict areas.
6. Care needs to be taken to avoid inappropriate responses which may serve to distress an already vulnerable child.



### **Other Specific Interventions**

1. For people living with HIV/AIDS write a memory book for each child (see below).
2. Identify & mobilise resources/people in the community who can help provide community-based psychosocial support to OVC and their caregivers.
3. Start recreational programmes for youth.
4. Encourage youth to start youth groups, mentoring and other peer groups.

## Session 9.5 Disclosure of HIV/AIDS Status to Children: Trainer Presentation, Small Group Discussion (45 min.)

*If a person suffers from HIV/AIDS or any other serious illness, it is important for this person to disclose this information to his/her children. Parents often fear or avoid explain to children about their HIV/AIDS status. It is however important for parents to disclose their HIV/AIDS status to children early enough in order to prepare them for the eventual death of the parents.*

- Step 1 Ask participants what they understand by "disclosure?" List the participants' responses on flip chart and try to obtain a working definition.
- Step 2 Divide participants into 3 groups to discuss:
- the importance of disclosure of HIV/AIDS status of parents to children
  - the advantages and disadvantages of disclosing to children
  - the individual and cultural barriers to disclosure
- Step 3 Ask participants to present their findings for discussion during the plenary.



### Session 9.5 Information

#### 👉 Disclosure of HIV/AIDS status to Children 👈

##### Importance of disclosure

It is important for parents to disclose their health conditions to their children because it:

- Protects children from being infected through caring for their parents and other HIV/AIDS positive siblings
- Reduces levels of anxiety or unanswered questions of children; or possibility of long-term emotional problems.
- Older children who often become caretakers of their sick parents are not left to draw their own conclusions.
- Gives children the opportunity to bid farewell to their parents and begin the process of healing. It also gives parents satisfaction that their children will be prepared to live without them.
- It increases openness and respect between parents and children.

- It gives parents a chance to give the child important information about him/herself and the family (e.g. through the Memory Book - *see below for more details on the Memory Book*).
- Disclosure will help them begin to plan their lives after the death of their parents i.e. helps them prepare for the future.

### **Barriers to disclosure**

Discussing HIV/AIDS with children seems the best option for parents. However, parents must overcome many barriers to achieve this such as the following:

- Insecurity of parent's about their HIV status
- Age and maturity of children
- Fear that disclosure would make the child fail to cope with the knowledge
- Disclosure may make the parents more affected by grief or sadness
- Fear of stigma and discrimination to be faced by children
- A general belief that children are resilient and can quickly cope even if they are not told.

### **Times and situations for the disclosure of difficult information:**

- When you are alone
- When you are feeling healthy
- In a quiet place e.g. in the bedroom or sitting room after a meal.

### **The process of disclosure:**

- Plan what you would like to disclose and how you would like to disclose it.
- Seek advice and support from others who have disclosed their status to their children.
- When the time comes to disclose, move slowly and cautiously, watching the reactions of the child. If you realise that the news may cause severe upsets, at that moment, postpone the process.
- Express interest, care and love for the child as you make your disclosure.
- Speak simply, clearly and tell the truth.

The following information should be revealed to children:

- Categories of people they can fall back to;
- Relatives that could be of help to them;
- The property that would be at their disposal after the death of parents.

### **Possible reactions to expect by children**

- The child may feel sad.
- The child may be fearful.
- The child may ask upsetting questions.
- The child may doubt what you are saying.
- The child may be upset if you have told others but not him/her about your HIV status.

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## **☞ Memory Book ☞**

### **What is a memory book?**

A memory book contains information that a PHA would like to leave behind for his/her children. It could include a number of things such as family history, family stories, photographs, drawings, etc. One could also leave behind a memory basket that contains special items you want your children to have.

### **Why is a memory book important?**

- It provides a child with a sense of identity and family knowledge
- It can help to disclose the parent's HIV status
- It helps the PHA and his/her family to accept their situation

### **Who writes a memory book?**

- The mother, father or guardian of the child who wants to record the life of their family
- Children can participate in contributing to the memory book by making drawings or including stories about their life or their family's life that they want to include.
- Anybody who wants to record their life or the life of others!



N.B. A Memory Book should be written for each child in the household.

### **What information is included in a memory book?**

Information about the *child*:

- Family tree: parents, grandparents, other relatives
- Birth of the child: when, where, by whom
- Information on developmental milestones: first smile, first steps, etc.
- Health history: immunisations, major illnesses...
- Child's education: schools attended and when
- Likes and dislikes
- Memorable things about child's life
- Parent or caretaker's hopes and expectations for the child
- Important people in the child's life
- Child's recent achievements and experiences
- Any other information that you want to include about the child!

Information about the *mother and father*:

- Names of parents
- Family tree (parents, grandparents, etc.)
- Where and how the mother/father grew up
- Childhood memories
- Likes and dislikes
- Education
- Talents
- Religious background and beliefs
- Job/work
- Hobbies
- Health history
- Other important information
- Sickness
- Friends and important people in mother's/father's life
- Mother's/father's special message for the child
- Any other information that you want to include!

Adapted from The Memory Project, The National Community of Women Living with AIDS (NACWOLA).

**Session 9.6 Module 9 Summary & Evaluation: Reflection, Game – Toss the Ball, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main points covered in this module. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Toss a ball (made of flipchart paper and tape) to a participant and ask them to share one idea and toss the ball to someone else.
- Step 3 Continue with the process until the main themes are covered by the participants. Fill in gaps as necessary.

# Section Five



## **Strengthening Legal & Policy Frameworks**

⇒ **Child Protection**

⇒ **Legal Support**

## Module 10

### Introduction

Child protection refers to actions that are aimed at providing an immediate response to circumstances in which rights of children are violated, subjecting them to serious risks and hazards. These situations involve various categories of OVC such as orphans, child-headed households, street children, OVC affected by armed conflict, child-labourers, children living with abusive families or caregivers; and child sex workers. Violation of the rights of OVC takes various forms such as child abuse, battering and other forms of domestic violence; defilement, which could lead to HIV/AIDS infection and early pregnancies; or even the death of children. A common case of violation of rights of children occurs after the death of adults who leave behind property to be inherited by their off-springs. Orphans who are often too young to enforce their rights of inheritance end up having their property being grabbed by close relatives.



In order to address legal challenges that OVC frequently face, it is important for community service providers such as CBOs, community workers, local leaders, etc. to be aware of child protection and other legal procedures that can be followed to redress cases of property grabbing, domestic violence targeting OVC, child-fostering and adoption procedures etc. According to the Convention on the Rights of the Child, all children have the right to:

- protection from maltreatment by parents or others responsible for his/her care (article 19)
- if placed by the state for purposes of care, protection, or treatment, to have all respects of that placement regularly evaluated (article 25)
- protection from economic exploitation and work that is hazardous, interferes with his or her education or harm his or her health and physical, mental, spiritual, moral and social development (article 32)
- protection from sexual exploitation and abuse (article 34)
- protection from being abducted, sold or trafficked (article 35)

- protection from all other forms of exploitation (article 36)
- not be subjected to torture or degrading treatment (article 37)
- if the victim of armed conflict, torture, neglect, maltreatment or exploitation, to receive appropriate treatment for his/her physical and psychological recovery and reintegration into society (article 39)


Several possible interventions are suggested by the NOP and NSPPI include:

- The provision of temporary alternative care facilities for OVC in difficult circumstances
- Making arrangements for fostering, adoption, and guardianship of OVC
- Implementing legal aid and redress for OVC or widows regarding issues such as pension and property rights
- Creating awareness and taking action on domestic violence, abuse, child labour or neglect
- Training on child rights and responsibilities
- Reduction of stigma and discrimination towards OVC and other households or persons affected by HIV/AIDS

### ✓ **Session Objectives:**

By the end of the module, participants will be expected to:

- Explain the rights and responsibilities of children
- Identify situations of child abuse, neglect and exploitation
- Describe strategies to prevent child abuse and neglect
- Identify legal avenues and key players and their roles in the protection of OVC

 **Duration:** 3 hours 30 minutes

**E Methodology:** Case study, small group work, discussion, guest speakers, reflection, games

 **Materials:** flipchart paper, markers, masking tape

### ☒ **Work for trainer to do in advance:**

- ☐ Photocopy the case study in Session 10.1 or write it on flipchart.

- ☐ Arrange for guest speakers for Session 10.3 (LC1/LC2 Secretary for Children's Affairs, Probation and Social Welfare Officer, Community Development Officer).
- ☐ Arrange for a legal resource person for Session 10.4 on will making.
- ☐ Make a ball out of masking tape and paper for Session 10.5.

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### **Session 10.1 Child's Rights and Responsibilities: Case Study, Small Group Work, Discussion (45 min.)**

- Step 1 Start off the session by distributing the case below to participants; or if not possible, write it out on a flip chart.

#### **Case study**

Christopher is a young man aged 16 whose parents died one year ago, leaving him with four younger sisters whom he had to look after. The property left by his parents, which should have been in his possession, included household items and livestock. Contrary to the law, his close relatives had picked out the most valuable items and sold them off, leaving the orphans with no means of survival. Christopher was advised to report the matter to the Police and the Local Council committee which he hoped could intervene on his behalf. When the Local Council Chairman summoned the relatives, they instead turned the case round and blamed Christopher for selling off the property and abandoning his sisters. Since Christopher could not properly defend himself, he lost the case. He was hence requested to close the case and never to raise any more complaints against his relatives. As a last resort Christopher approached the Community Worker for assistance.

- Step 2 Divide participants into groups to discuss the questions below. Have them write responses on flipchart.

- a) Identify and list the challenges faced by Christopher in the case.
- b) What is the general community attitude towards property ownership by children?
- c) Do you think Christopher's rights are violated in the case?
- d) List children's rights that you are aware of.

- Step 3 Ask each group to share their findings with the large group (ask groups not to repeat what has already been said but to just add new points). Fill in gaps using Session 10.1 Information below.
- Step 4 Explain to participants that children's rights are derived from the basic human rights. A lot of emphasis is placed on children's rights because this group requires special care and protection, and they are highly vulnerable to external forces to which they cannot always protect themselves from.



## Session 10.1 Information

### ☞ Children's Rights in Uganda ☞

1. A child in Uganda should have the same rights irrespective of sex, religion, custom, rural or urban background, nationality, tribe, race, and marital status of the parents or opinion.
2. The right to grow in a peaceful, caring and secure environment, and to have the basic necessities of life, including food, healthcare, clothing and shelter.
3. The right to a name and a nationality.
4. The right to know his/her parents and to enjoy family life with them and /or their extended family. Where a child has no family or is unable to live with them, he/she should have a right to be given the best substitute care available.
5. The right to have his or her best interest given priority in any decisions made concerning the child.
6. The right to express an opinion and to be listened to, and to be consulted in accordance with his or her understanding in decisions which affect his or her well being.
7. The right to have his or her health protected through immunisation and appropriate healthcare and to be taught how to defend himself/herself against illness. When ill, a child should have the right to receive proper medical care.
8. A child with disability should have the right to be treated with the same dignity as the other children and to be given special care,

- education and training where necessary so as to develop his or her potential and self reliance.
9. The right to refuse to be subjected to harmful initiation rites and other harmful social or customary practices, which are prejudicial to a child's health.
  10. The right to be treated fairly and humanely within the legal system.
  11. The right to be protected from all forms of abuse and exploitation.
  12. The right to basic education.
  13. The right to leisure which is not morally harmful, to play and to participate in sports and positive cultural and artistic activities.
  14. The right not to be employed or engaged in activities that harm his or her health, education, mental, physical or moral development.
  15. A child, if a victim of armed conflict, a refugee, or in a situation of danger or extreme vulnerability, should have the right to be among the first to receive help and protection.

Rights normally go hand in hand with responsibilities. The following are *responsibilities of children in Uganda*:

- A child in Uganda shall first of all have responsibilities towards his or her family, society, country and then the international community.

A child shall according to his or her age, ability and rights, has the duty:

- To work for the cohesion of the family, to respect his or her parents, elders and others; and to assist them.
- To use his or her abilities for the benefit of the community.
- To preserve and strengthen cultural values in his or her relations with other members of society in the spirit of tolerance, dialogue and consultation, and to contribute to the moral well being of the society.
- To preserve and strengthen the independence, national unity and the integrity of his or her country.

Source: The Republic of Uganda. *The Children Statute 1996*. Kampala, The Republic of Uganda. 1997.

## Session 10.2 Child Abuse and Neglect: Small Group Work, Discussion (1 hr.)

- Step 1 Explain that Christopher's rights (in the above case) to inherit property were violated. This will serve as one of the examples in actions we shall categorise under Child abuse and Child neglect.
- Step 2 Ask the participants to suggest other examples of child abuse and child neglect that commonly occur in their community. Write their responses on flipchart and discuss briefly.

### ★ Note to Trainer ★

Definitions for physical abuse may vary between cultures. In some societies, hitting a child as a way of promoting obedience, discipline or respect is not only acceptable but is also encouraged. In other societies it is strictly prohibited.

- Step 3 Divide participants into groups of 4-5 people and ask them to discuss the following points:
- a) Categories of people who normally violate the rights of children.
  - b) Common practices (including cultural norms) that may promote child abuse and neglect.
  - c) Possible effects of child abuse and neglect on OVC.

### ★ Note to Trainer ★

It is important that participants recognise that any member of the community, ranging from parents, guardians, domestic servants, relatives, teachers, friends, strangers, local authorities/administrators or even fellow children, can potentially commit actions of child abuse and neglect.

- Step 4 Each group should present its findings to the group (avoiding repetition from group to group) during the discussions. Fill in the gaps with Session 10.2 Information below.
- Step 5 Ask the group to brainstorm a list of signs and symptoms of child abuse and neglect (How do you know or suspect a child is being abused or neglected?). Use Session 10.2 Information below to add to the list.



## Session 10.2 Information

### ☞ Definitions of Child Abuse & Child Neglect ☞

#### 1. Child abuse

Child abuse can be defined as intentionally causing or permitting any harmful or offensive contact on a child's body; and, any communication or transaction of any kind that humiliates or shames or frightens a child. It also includes acts of exploitation e.g. child labour, child trafficking etc. Examples of child abuse include:

##### a) Physical Abuse

This involves inflicting physical injury upon a child through actions such as burning, kicking and beating to harm a child. Physical abuse often arises from the harsh disciplining of children.

##### b) Psychosocial Abuse/Emotional Abuse:

This involves actions that cause serious behavioural, emotional, or mental disorders. This could be through application of extreme forms of punishment, such as confinement for long periods without food, use of threatening language, belittling or abusive language and blame-calling; lack of any form of emotional support and love, etc.

##### c) Sexual abuse

This is inappropriate sexual behaviour such as fondling genitals, intercourse, rape, sodomy and sexual exploitation of children by persons responsible for their care e.g. babysitter, a parent, or close relative. They may be in form of defilement, indecent assault, sex trafficking, pornography or forced marriages.



**d) Exploitation of children**

This refers to use of the child in activities which benefit others. These include but are not limited to, child labour and child prostitution. These activities are detrimental to the child's physical or mental health, spiritual, moral or social-emotional development.

**2. Child neglect**

This may be physical, educational and psychological neglect. Physical neglect includes deliberate failure to provide adequate food or clothing, appropriate medical care, supervision. It may include abandonment of the child resulting in child-headed households or street children. Educational neglect is related to the failure to provide appropriate schooling or special educational needs.



*'Is this supposed to be correcting a wrong doing or violation of their rights?'*



## ☞ Examples of Child Abuse and Neglect ☞

At household level	At school	At community level
<p><b>Stepmothers/fathers</b></p> <ul style="list-style-type: none"> <li>• Denial of food</li> <li>• Child labour</li> <li>• Corporal punishment/child battery</li> <li>• Separation from family members</li> </ul> <p><b>Parents</b></p> <ul style="list-style-type: none"> <li>• Failure to provide basic needs</li> <li>• Child battering</li> <li>• Discrimination</li> <li>• Incest</li> </ul> <p><b>Relatives</b></p> <ul style="list-style-type: none"> <li>• Incest</li> <li>• Child neglect</li> <li>• Property grabbing</li> </ul>	<p><b>Teachers</b></p> <ul style="list-style-type: none"> <li>• Sexual harassment</li> <li>• Discrimination against children with disability</li> <li>• Emotional / psychological torture</li> </ul>	<p><b>Strangers traditional healers</b></p> <ul style="list-style-type: none"> <li>• Defilement</li> <li>• Abductions</li> <li>• Sacrifice</li> </ul> <p><b>Traditional Healers</b></p> <ul style="list-style-type: none"> <li>• Defilement</li> <li>• Abductions</li> <li>• Sacrifice</li> </ul> <p><b>Local Leaders</b></p> <ul style="list-style-type: none"> <li>• Denial/delayed justice</li> <li>• Negligence</li> <li>• Mishandling assets of orphans</li> </ul> <p><b>Police</b></p> <ul style="list-style-type: none"> <li>• Torture</li> <li>• Mixing young offenders with adults</li> <li>• Discrimination in the criminal justice system</li> <li>• Negligence</li> </ul> <p><b>Army/Rebels</b></p> <ul style="list-style-type: none"> <li>• Abduction</li> <li>• Recruitment into the army</li> </ul> <p><b>Prison Staff</b></p> <ul style="list-style-type: none"> <li>• Torture</li> <li>• Hard labour for juveniles</li> <li>• Denial of justice</li> </ul> <p><b>Judiciary</b></p> <ul style="list-style-type: none"> <li>• Denial/delayed justice</li> <li>• Defilement</li> <li>• Assault</li> </ul>





*'I brought you to this home to work for me. It is not my fault that your parents passed away!'*

### ☞ **Common Practices Regarded as Child Abuse and Neglect** ☞

- Forced early marriages, especially for girls
- Child labour within the home e.g. looking after cattle (mainly assigned to boys) or girls bearing the burden of caring for sick family members at the expense of attending school
- Denial of food as form of punishment
- Child battering (considered as a way of disciplining children who misbehave)
- Misinterpretation/misapplication of child rights by the different parties e.g. children, caregivers, policy-makers
- Negative perceptions of children's rights by adults
- Information gaps on child rights and responsibilities between children, caregivers and other stakeholders
- Laws that do not accommodate children's views on issues that directly concern them e.g. the succession or inheritance process

## ☞ Signs & Symptoms of Child Abuse and Neglect ☞

Below are possible signs and symptoms that may be observed in children who have undergone situations of abuse or neglect:

- The child directly talks about feelings of distress or unhappiness
- May have signs of physical abuse such as bruises, malnourishment or general ill health
- May have a sexually transmitted disease and early pregnancies
- Night terrors or other sleep disturbances
- Trembles or appears frightened
- May cry or scream without justification
- Eats abnormally or loses appetite
- Unusually physically aggressive or rough during play
- Unusually withdrawn and quiet and never expresses feelings or desires
- Restless and unable to complete any task
- Unable to concentrate, and has difficulties in learning
- Irritable towards others and unable to work with others or form relationships
- Suicidal thoughts and ideas
- Alienate themselves from others
- May possibly practice child abuse themselves when they are adults
- Juvenile delinquency (anti-social behaviour)
- Retardation of learning

### **Session 10.3 Strategies to Promote Child Protection: Small Group Work, Discussion, Guest Speakers (45 min.)**

- Step 1 Explain to participants that this session focuses on possible ways in which OVC, who find themselves in situations of difficult circumstances including abuse and neglect, can be assisted. Participants will try to highlight the various stakeholders as well as institutions in place that may be used to address these challenges. Guest speakers (organised beforehand and who may even be participants of the workshop) representing the different actors will help explain who does what in protecting children. The guest speakers could include an LC1/LC2 Secretary

of Children's Affairs, Probation and Social Welfare Officer,  
Community Development Officer...

- Step 2 Divide participants into 2 groups. Using Christopher from the case study above (an orphan who has been dispossessed of his/her property rights), ask one group to identify individuals and institutions at the community level (i.e. village or parish level) that could play a role in addressing Christopher's rights to family property. The other group should identify individuals and institutions outside the village i.e. at the sub-county or district level.
- Step 3 Ask participants to list the possible roles these institutions/individuals can play in assisting the OVC in question.
- Step 4 Ask each group to present their findings to the group. Guest speakers, along with the facilitator, should fill in the gaps using Session 10.3 Information below.

**★ Note to Trainer ★**

In addition to seeking legal redress to regain the property, another strategy involves sensitisation of parents to prepare their wills early enough during their lifetime, so as to protect the interests of their children. Information and a sample will can be found in the next session.

- Step 5 Explain to participants that the processes described in this session (aimed at assisting abused or neglected children) are categorised as Child Protection. Child protection also includes all other categories of children who are not necessarily abused e.g. children living HIV/AIDS, children in poor households, living on the streets, etc.

By definition, child protection refers to actions that prevent all forms of exploitation, cruelty, arbitrary separation from family and abuse of rights of children. It is meant to ensure that basic needs as well as their physical and social needs are fulfilled.

## Session 10.3 Information

### 👉 Individuals/Institutions Involved in Child Protection 👉



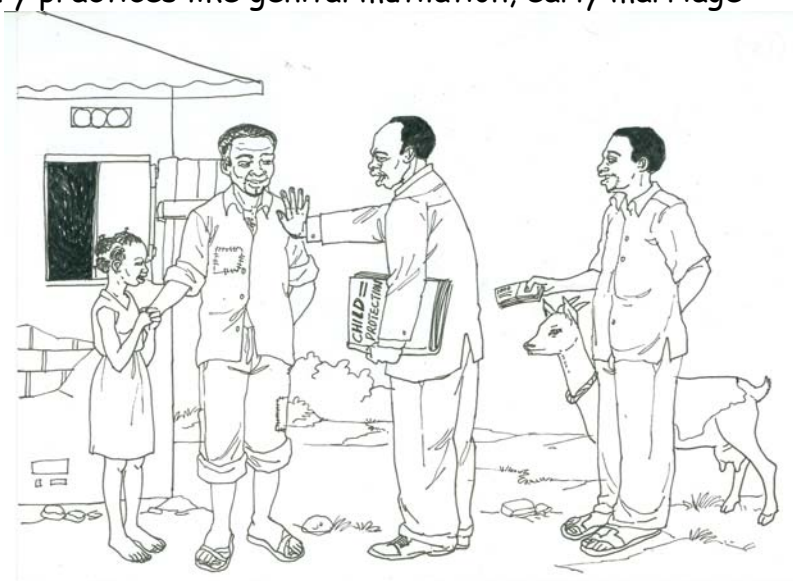
*'Different actors who play a role in addressing legal issues facing OVC'*

At Village Level	At Sub-County Level	At District Level
<ul style="list-style-type: none"> <li>• Clan elders</li> <li>• Family members</li> <li>• Parents</li> <li>• Guardians</li> <li>• Opinion leaders</li> <li>• Church leaders</li> <li>• LC1 and LC2 courts</li> <li>• LC1 and LC2 Secretary on children's affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Police</li> <li>• NGOs/CBOs/FBOs</li> <li>• Health centres</li> <li>• Administrators of schools and tertiary institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Probation and Social Welfare Office</li> <li>• Police</li> <li>• Administrator General/CAO's Office</li> <li>• Family and Children's courts</li> <li>• Hospitals</li> </ul>

### **The role of the Secretary for Children's Affairs (SCA)**

Every LC has a member as the Secretary for Children Affairs (SCA) chosen from the members of the council who is responsible for all children matters in the area of jurisdiction. There should also be a Child Welfare Committee (CWC) to handle child affairs, headed by the SCA. The SCA and CWC are supposed to ensure that the children are protected and cared for by those responsible for them.

- Protection of interest and property of orphans
- Ensure that children are taken to school
- Get access to medical treatment, immunisation
- Proper nutrition
- Basic necessities e.g. clothing
- Ensure that children are not subjected to harmful or dangerous customary practices like genital mutilation, early marriage



- Ensure that no child is employed in dangerous activities or activities that would interfere with their education, health or development
- Register all disabled children in the area
- Help and find shelter for children in need of help or orphans who are homeless
- Help unite lost children with their parents or guardians
- Check and investigate any form of child abuse and report to the LC court in the village
- Seek for remand homes for children (as a last resort)
- Ability to remove a child from a home if suspected to be in danger of suffering significant harm

The SCA refers matters s/he cannot handle to the Village Committee Court; and where this fails, the matter is passed on to the Parish Committee Court (LC II); and then to the Sub county Committee Court (LC III); and subsequently to the Family and Children Court which is presided over by a Magistrate Grade II.

### **The Family and Children's Court (FCC)**

The Children Statute 1996 established the family and children court to handle all civil and criminal cases relating to children. FCCs exist in every district and are presided over by Magistrates of grade II.

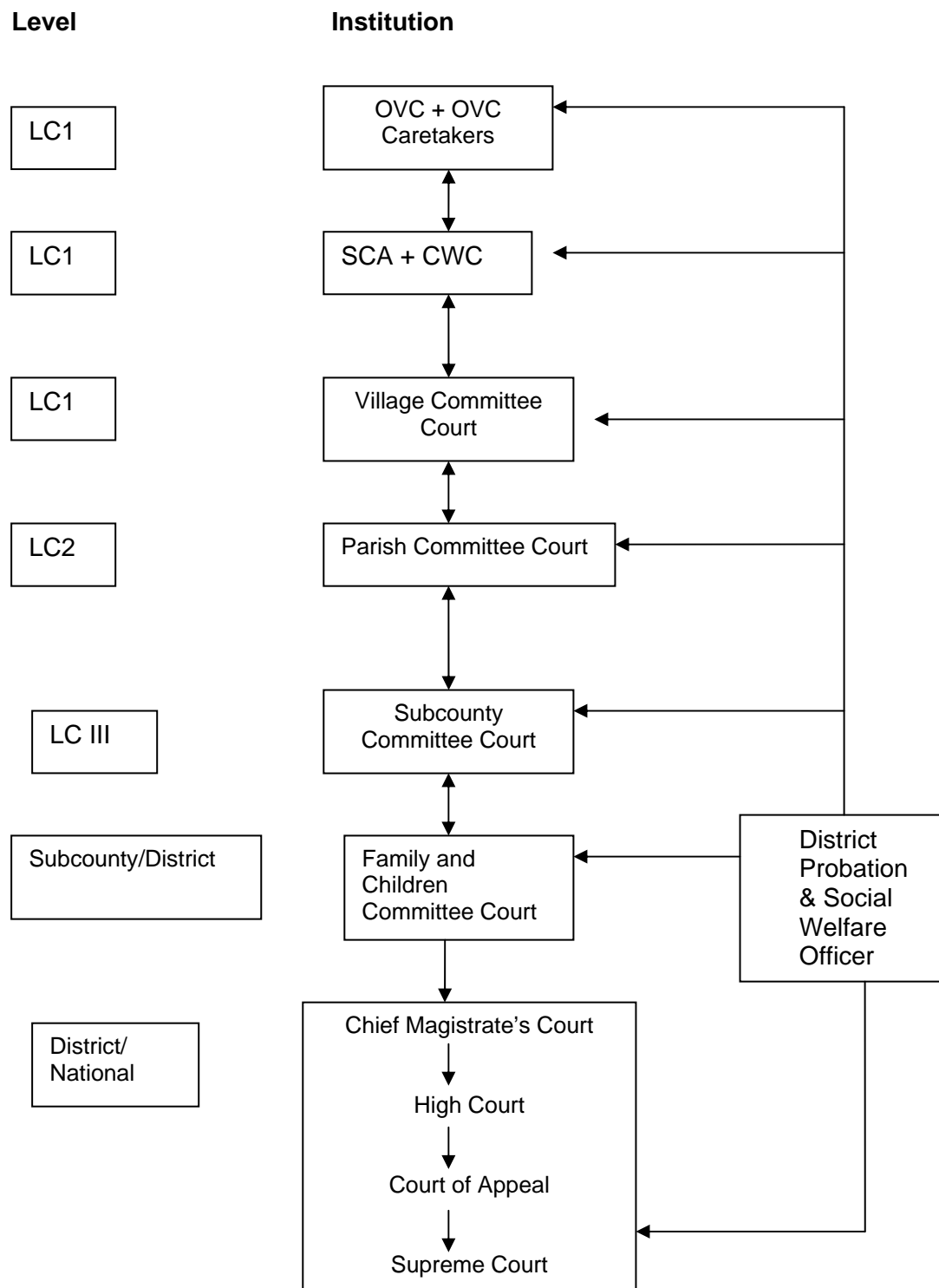
### **The Probation and Social Welfare Officer**

The Probation and Social Welfare Officer (PWSO) is, according to the Children's Statute, the focal person for all matters related to children in any district. The PWSOs directly relate to the community through extension staff based at the sub-county known as Community Development Assistants (CDAs), Local Council Leaders, traditional and religious leaders and volunteers in the community. They also work closely with relatives of the children in distress as well as other key players e.g. the Police, the Judiciary (Magistrates), Health workers and teachers. This is because the problems concerning OVC normally revolve around legal rights, education or health, etc.

Source: The Republic of Uganda. *The Children Statute 1996*. Kampala, The Republic of Uganda. 1997.



### The Legal support structure for OVC



Some of the cases which they are (jointly or singly) mandated to address include:

- A PWSO, SCA or Police Officer can apply to the FCC which has powers to issue Supervision Orders; Care Orders, Search and Production Orders; for vulnerable children
- Guardianship
- Foster care placements
- Adoption procedures
- Placement in Approved Homes
- Handling children in conflict with the law

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### **☞ Strategies to Prevent/Handle Situations of Child Abuse and Neglect ☞**

In order to prevent child abuse and neglect, all stakeholders should have a general understanding and knowledge of issues of child abuse and neglect, as well as the relevant laws and the policies in place. They should:

- Be able to recognise situations of child abuse within the surroundings.
- Be knowledgeable on existing structures handling child abuse which include LC court, Family and children's courts, offices and their contacts, Secretary for children's affairs, Probation and Social Welfare, community development workers, health centres, NGOs, CBOs, key personalities, religious institutions, etc.

### **Role of Community Workers**

- Be aware of the rights and responsibilities of children and the penalty against abuse of children's rights
- They should be aware of the laws that govern the protection of children and their responsibilities in protecting children
- Educate families and community about the rights and responsibilities of children
- Educate families and community about the forms and consequences of child abuse and neglect
- Provide psychosocial support and sensitisation for families and communities about the dangers of alcohol and drug abuse
- Educate families on alternative forms disciplining children

- Educate individuals, families and community about positive ways of coping with their life stresses
- Involve vulnerable families to participate in socio-economic programs in order to improve the standard of living
- Institutional support by removing children from abused situations
- Provide sensitisation to the communities (leaders, children, parents, guardians, religious leaders, teachers, clan leaders etc)
- Help organise legal aid for the victims of child abuse
- Help organise counselling for both the propagators of child abuse and their victims

### **Role of Caregivers**

OVC caregivers need to respond immediately to any cases involving child abuse and neglect by treating them as an emergency. If there is severe child abuse, the caregiver should involve the nearest Probation Officers for guidance in handling the case according to the law. If physical injury exists, medical treatment should immediately be provided, in addition to psychosocial support. There is hence need to ensure caregivers/community workers have skills in providing psychosocial support. They can also participate in the formation of parent-child communication clubs for behaviour change, communication and dialogue with children.

### **Role of Children**

Children also play a significant role in prevention of child abuse of their fellow children. This is because many of the cases of child abuse are committed during absence of the parents or caregivers. Hence children need to:

- Be sensitised into recognition of cases of child abuse, as well as the need to report such cases
- Be involved in the formation and strengthening of Child Rights clubs for in- and out-of-school children
- Create children parliaments (to promote own advocacy)

### **Role of Civil Society Organisations**

- Capacity building for stakeholders and actors i.e. police, law enforcement personnel
- Development of Information, Education & Communication (IEC) materials

- Sensitisation of the communities (leaders, children, parents, guardians, religious leaders, teachers, clan leaders etc)
- Legal aid for the victims of child abuse
- Counselling for both the propagators of child abuse and their victims
- Improving household income through IGAs (creating capacity to provide for children's needs)
- Strengthening/establishing referral systems and institutional linkages
- Training of CORPs - Community Resource Persons; Child-rights monitors/advocates

### **Role of Local Government**

- Passing bylaws and ordinances
- Actual enforcement of the laws, through hands-on legal support and appropriate responses by institutions
- Commemoration of the Day of the African Child.
- Improving household income (creating capacity to provide for children's needs)

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### **☞ Skills to Handle Abused & Neglected Children ☞**

In order to properly manage situations of child abuse and neglect, there is need to offer compassion and emotional support to the affected child while solving problems between the child and the persons propagating abuse e.g. parents or caretakers.

The following skills can be used by the care-giver, community worker or any person involved with handling abused or neglected children:

In order to effectively support the child the counsellor needs to:

- Begin by building a trusting relationship
- Ensure child confidentiality in case there is risk of exposure for the child
- Be gentle, kind and encouraging
- Encourage expression of feelings
- Listen carefully with interest
- Do not lecture or teach, be a helper
- If a child is dishonest, listen and try to understand why
- Encourage the child to express feelings through drawing or stories
- Do not avoid or change topic quickly, listen

- Involve children in play activities to help those express feelings and deal with their distress
- Educate children about normal and abnormal responses
- Help children to solve problems on their own.

#### **Involvement of parents/adult care giver**

Whatever the problem of the child, there is a need to involve parents or caretakers in finding long-term solutions to the problem and also as a way of helping parents understand the child's problem. It is important to maintain the child's confidentiality even when you talk to the parents. You can encourage the parents' involvement without revealing all the child has told you.

Encourage communication, mediation and problem solving between parents and the child. One needs to be careful not to aggravate a situation and antagonise a parent so that after you leave the child is further abused and feels unable to speak with you again. It is usually wise to refer difficult cases to a counsellor and/or a community leader for assistance.

## **Session 10.4 Will Making: Small Group Work, Discussion, Guest Speaker (45 min.)**

- Step 1 Ask participants if any of them had ever prepared a will. For those who have, ask them for reasons why they made them; and for those who do not have, ask why not.

### **★ Note to Trainer ★**

Many people fear that if they write a will they could die shortly thereafter. Such fears should be addressed right at the beginning so to ensure it ceases to be a major hindrance during ensuing discussions.

- Step 2 Divide participants into 3 groups and ask them to discuss and produce:
- A list of what they think should be some of the components of a will
  - Possible reasons why writing a will is important
  - Potential consequences of not writing a will.
- Step 3 Request each group to present their findings, with discussions to contribute to each other's list.
- Step 4 Ask participants to share any stories they have about problems associated with either writing a will or not writing one.
- Step 5 Based on these stories, ask participants to identify common mistakes in will writing. Possible examples include:
- Writing a will when of unsound mind
  - Being coerced by relatives
  - Keeping one's will all to oneself without letting anyone know it is there
  - Beneficiary being made a trustee, etc.
- Step 6 Where possible, invite a legal resource person to help with this discussion (make arrangements beforehand).
-

## ☞ Will Writing Information ☞

### Prerequisites in Writing a Will

- a. The law allows you to make your Will as you wish in any language of your choice.
- b. Persons who are entitled in law to a share in your property after your death and who you should not leave out when you are distributing your property are:
  - All your children
  - Your spouse - wife/husband
  - Your parents and close relatives who are dependant on you.
- c. You should sign your Will on the last page as well as at the bottom of each and every page, in the presence of at least two witnesses who are not beneficiaries, i.e. *should not* have been given any property in the Will.
- d. Witnesses should sign your Will in each other's presence.
- e. The Will should be made in two or more copies which can be kept separately with your Bank Manager, your Reverend or Priest, your lawyers, trusted friends or any other place of your choice.

### Components of a valid Will

A Will indicates what a person wishes to happen after his/her death. Because of regional variations in the legal system, one should consult with a local legal advisor when making a Will, but these general guidelines and terms should apply in most areas.

### Valid Wills

- Typed or written in permanent ink and sealed in an envelope
- Kept in a secure location (registrar of the court, bank, or with a friend or advocate)
- Written voluntarily by someone with a sound mind

### Contents of a Will

- Name, address, place of birth, date
- Clear instructions that specify who should receive any item previously owned by the deceased
- Names and addresses of people receiving property
- Instructions about who will receive property that the deceased has forgotten to mention
- Any conditions imposed on those receiving property
- Specified guardians of children
- Information about the deceased's debts and the creditor owed
- Funeral and burial wishes
- Signature of the deceased and his/her initials on each page
- Signatures of at least three witnesses (should not be strangers - they may be called to testify in court - or stand to benefit from any bequeathed property).

#### **Definition of stakeholders in a Will**

- Testator: i.e. owner of the Will
- Beneficiary: the person to whom the testator leaves his/her property
- Guardian: the person assigned custody/legal responsibility of testator's children
- Executor: the person designated to make sure testator's stipulations are met
- Dependant: the person who depends on testator for financial/other support.

#### **What happens if one does not leave a Will?**

If a person dies without leaving behind a Will, or if the court declares one's Will invalid, then decisions of how his/her property is to be distributed will be subjected to decisions made by relatives. For example, they would choose the sort of funeral he gets and will endeavour to distribute property according to prevailing customs. When this causes disagreements among relatives then the courts of law have jurisdiction or a say in determining who should divide the property and how it is to be divided.

In case a person dies without a Will, the people can share this property receive a percentage determined by the courts of law. This is called **intestate succession**. It could take form of any of the following scenarios:

- a. If one is survived by a wife or wives/husband, children dependant relatives and a customary heir, the court will divide the property according to these percentages:
  - Husband/wife (wives) takes 15%. If the testator has more than one legally recognised wife, then they all share the said percentage.
  - All the children share 75%. It does not matter what their age or sex is.
  - The customary heir takes 1% and any share he might get as a child (i.e. if he is one of the children of the deceased).
  - The dependent relative(s) take 9%.
- b. If a man dies and leaves no wife and no dependent relatives, his property is divided among his children in equal shares.
- c. If a person dies and leaves a spouse and has dependant relatives but no children, the court will divide the property according to these percentages:
  - Spouse(s) takes 50%.
  - Dependant relatives 49%.
  - Customary heir 1%.

Sources: AIM Uganda. *Home-Based Care for People Living with HIV/AIDS: A Trainer's Manual*. Kampala, AIM. 2005.

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## ☞ A Sample Will Form ☞

The sample Will format below was prepared by the Uganda Association of Women Lawyers (FIDA-U), **Will Writing Project**. It was prepared to assist people in making their wills through simply filling relevant information in the gaps provided.

- 1) I, ..... of .....  
hereby today the ..... day of ..... 20\_ \_ ..... make this  
last Will and revoke all former Wills made by me. I have made this Will voluntarily without any  
pressure while I am in perfect sound mind.
- (i) Father's Name: .....  
(ii) Mother's name: .....  
(iii) Grandfather's Name: .....  
(iv) Grandmother's name: .....  
(v) My clan and clan symbol/totem is: .....  
(vi) My tribe is: .....  
(vii) My religion: .....
- 2) I was born on ..... (date) ..... (month) ..... at  
Village ..... Sub-County ..... District .....
- 3) (a) The names of my wife or wives/name of my husband:  
(i) .....  
(ii) .....  
(iii) .....
- (b) We got married on the ..... day of ..... 20 .....  
at ..... (name the Church, Mosque or place where the  
customary marriage took place).
- (c) I am unmarried/divorced/separated from my wife/husband named .....  
(Here cross out what does not apply to you.)
- 4) These are my children

Names	Age	Names of the mother
1.		
2.		
3.		
4.		
5.		
6.		



*Integrated Care for OVC*



5) I have chosen.....(my son/daughter/grandchild) to be my heir.

6) I appoint these persons to be the Executors of my Will.

Full names	Address
1.	
2.	
3.	

7) I appoint the following people to be the guardian(s) of my young children.

Full names	Address
1.	
2.	
3.	

(Signature) .....

8) I have during my lifetime obtained the following property.

- (a) .....
- (b) .....
- (c) .....
- (d) .....
- (e) .....
- (f) .....

9) I have distributed my property to the people below:

Full names	Relationship	Particulars of property given

10) I would like this property to be distributed by my Executors in the following manner:

.....  
 .....  
 .....  
 .....

(Signature) .....



.....

.....

.....

My rank is..... and my present monthly salary inclusive of other benefits is Shs..... (Indicate the total here.).

Name of business	% of shareholding or nature of interest

.....

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*Integrated Care for OVC*



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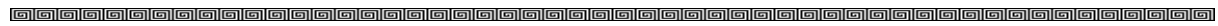
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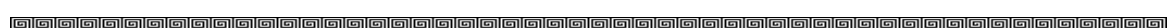
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## **Session 10.5 Module 10 Summary & Evaluation: Reflection, Game - Toss the Ball, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main points covered in this module. Ask them to suggest information and ideas they would like to bring back to the community level - to community volunteers, OVC, caregivers, ...?
- Step 2 Toss a ball (made of flipchart paper and tape) to a participant and ask them to share one idea and toss the ball to someone else.
- Step 3 Continue with the process until the main themes are covered by the participants. Fill in gaps as necessary.





# Section Six

## Enhancing the Capacity to Deliver

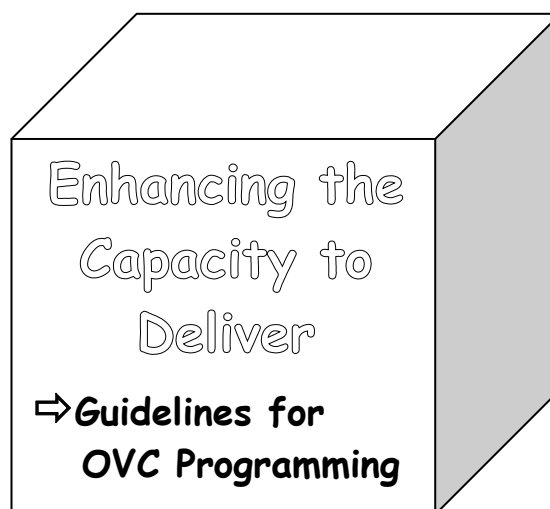
- ⇒ Guidelines for OVC Programming
- ⇒ The Training Process: Building Training Skills



## Module 11

### 🎗 Introduction

This module focuses on elements one needs to consider in the planning and implementation of OVC programmes. Up to this point the manual has focused on providing information regarding key programme areas to consider when supporting OVC, including nutrition and food security, socio-economic security, mitigating the impact of conflict, care & support, education, health, psychosocial support and child protection & legal support. This module will address the processes one can use at institutional and community level to plan and implement OVC programmes. The topics include guiding principles in OVC programme, initiating an OVC programme, working with the community, the Triple "A" process of assessment, analysis and action, developing a work plan and monitoring and evaluation.




### ✓ Session Objectives

By the end of the module, participants will be expected to:

- State principles that should guide OVC programming
- Describe the process one should use to initiate an OVC programme in the district, sub-county, parish and village levels.
- Identify the characteristics of a good facilitator at the community level
- Describe the Triple "A" process of assessment, analysis and action, and its importance at the community level
- Develop a work plan
- Identify ways to monitor and evaluate activities that support OVC

🕒 **Duration:** 4 hours 55 minutes

**E Methodology:** Picture review, discussion, skit, brainstorming, trainer presentation, small group work

 **Materials:** flipchart paper, markers, masking tape, pictures drawn during Session 1.6

☒ **Work for trainer to do in advance:**

- ☐ Hang up pictures of guiding principles drawn in Session 1.6 on the walls of the room.
- ☐ Prepare a short skit with a few volunteers depicting poor attitudes and disrespect towards community members for session 11.3.
- ☐ Make a ball out of flipchart paper and masking tape.

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**Session 11.1 Review of Guiding Principles in OVC Programmes:  
Picture Review, Discussion (20 min.)**

- Step 1 Explain to participants that this module is going to provide some general guidelines for OVC programming.
- Step 2 Display the pictures drawn during Session 1.6 around the room and ask participants to identify the guiding principle each picture represents.
- Step 3 Explain that these principles should always be taken into consideration when planning and implementing OVC work in the community.
-



## Session 11.1 Information

### ☞ Guiding Principles in OVC Programmes ☞

OVC programmes should:

- ◆ Protect and promote human rights
- ◆ Strengthen care-giving capacity of family and community
- ◆ Focus on the most vulnerable children and communities
- ◆ Reduce vulnerability
- ◆ Facilitate community participation and empowerment
- ◆ Promote gender equity
- ◆ Treat OVC beneficiaries with respect
- ◆ Reduce stigma & discrimination
- ◆ Promote social inclusion of marginalised groups (groups that suffer from stigma & discrimination)
- ◆ Ensure participation of vulnerable children and families
- ◆ Strengthen partnerships
- ◆ Deliver integrated and holistic services
- ◆ Encourage decentralisation of program & service delivery
- ◆ Designing age-sensitive programmes

## Session 11.2 Initiating an OVC Programme: Discussion (30 min.)

- Step 1 Ask participants to turn to the person next to them and share their experiences in the start-up of a community-based programme. Ask them to consider:
- The process, or steps, involved
  - The challenges involved
  - The people involved
  - The involvement of the community
- Step 2 After 10 minutes, ask a few volunteers to share their experiences with the large group.

Step 3 Discuss the steps involved in starting up an OVC programme, using Session 11.2 Information below.

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## **Session 11.2 Information**

### **Initiating an OVC Programme**

When initiating an OVC programme, it is very important to begin by:

- Being very clear about the objectives and scope of your work.
- Obtaining an understanding of the general situation of OVC in the district and sub-counties in which you are/hope to work.
- Using the proper protocol by going through the appropriate government and leadership structures at the district, sub-county, parish and village levels.

**District level** - meet with the Community Development Officer and PWSO to make sure the programme is in line with the district development plan and national policies.

**Sub-county level** - meet with the Local Council 3 (LC3) Chairperson and Sub-county Chief to ensure that needs of community are to be addressed by the proposed programme. Obtain a letter of authority to introduce you to the parishes/villages in which you are going to work (area of operation).

**Parish level** - meet with LC2 Chairperson and parish chief to discuss possible OVC programme and the general and unique needs of the OVC in the parish.

**Village level** - meet with LC2 chairperson and community members to discuss the possible OVC programme and to find out more about OVC in their community.

Meeting officials and leaders at all these levels provides opportunity to obtain general information about the area in which you will be working. You can find about:

- Existing programmes in OVC in the district/sub-counties: Who is working where and doing what?
- Existing resources
- Initiatives at the different levels to support OVC

- Attitudes towards OVC
- Numbers of OVC and how OVC are defined
- Priority problems of OVC

### **Session 11.3 Working with the Community and OVC: Skit, Discussion, Brainstorming (35 min.)**

- Step 1 Put on a skit with a few volunteers depicting a person/people from a CBO being disrespectful towards community members (prepare beforehand with a few volunteers). The person doesn't listen well, thinks he/she has all the answers to the community's problems...
- Step 2 Ask participants what they saw happening in the skit.
- Step 3 Ask participants to identify the characteristics of a good OVC program facilitator working in the community. Write their responses on flipchart, filling in gaps from Session 11.3 Information below.
- Step 4 Ask for a few volunteers to re-do the skit in a way that takes into account the approach and attitudes one should have when they are working in the community.
- 



#### **Session 11.3 Information**

##### **☞ Approach and Attitude in the Community ☞**

When working at the community level, many of the guiding principles of OVC programming also apply to how you as a facilitator should be in the community. Developing rapport and trust with community members, including OVC and their caregivers, is essential to establishing an OVC programme. The following points can help guide you as you work in the community. Embracing these principles will help to increase participation and create a sense of ownership at the local level, paving the way for a sustainable effort to enhance the lives of OVC.

- ✓ Keep a focus on the child in all activities
- ✓ Be gender sensitive, promoting girls when possible
- ✓ OVC work is a process, not just input-oriented

- ✓ Facilitate, don't dictate!
- ✓ Be sensitive and respect all who you work with, regardless of education level
- ✓ Build on the strengths of existing institutions within the community and create networks within and outside of the community
- ✓ Encourage local and district level initiative
- ✓ Establish rapport and build confidence, especially of OVC, caregivers and community members
- ✓ Ensure active participation, especially of OVC and those commonly not heard such as women
- ✓ Learn, learn, learn: Learning is on-going by facilitators and participants alike
- ✓ Incorporate Triple A approach in all activities - assessment, analysis and action (see Session 11.4 below)
- ✓ Be flexible and willing to change your approach as the need arises

### **Session 11.4 The Triple "A" Approach: Trainer Presentation, Discussion, Small Group Work (1 hr.)**

- Step 1 Explain to participants that the involvement of the community, including OVC and their families, is key to building a successful OVC programme that will be owned and sustained by the community. One way to do this is through the Triple "A" Approach.
- Step 2 Provide an overview of the Triple "A" approach, using Session 11.4 Information below.
- Step 3 Describe the various stages, beginning with assessment. Ask participants to share their experiences in gathering information in the community - who was involved, how it was collected, how it was recorded.
- Step 4 Divide participants into small groups of 4-5 people. Assign each group or ask them to choose a specific OVC program area such as education, health, food security and nutrition, and economic security. Ask each group to brainstorm key areas of information they think would be useful to collect with the community.

- Step 5 Ask each group to present their lists to the group and discuss.
- Step 6 Describe the analysis and action stages, again, drawing from the experience of the participants.
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## Session 11.4 Information

### ☞ Triple “A” Approach ☞

#### Introduction to the Triple “A” Approach

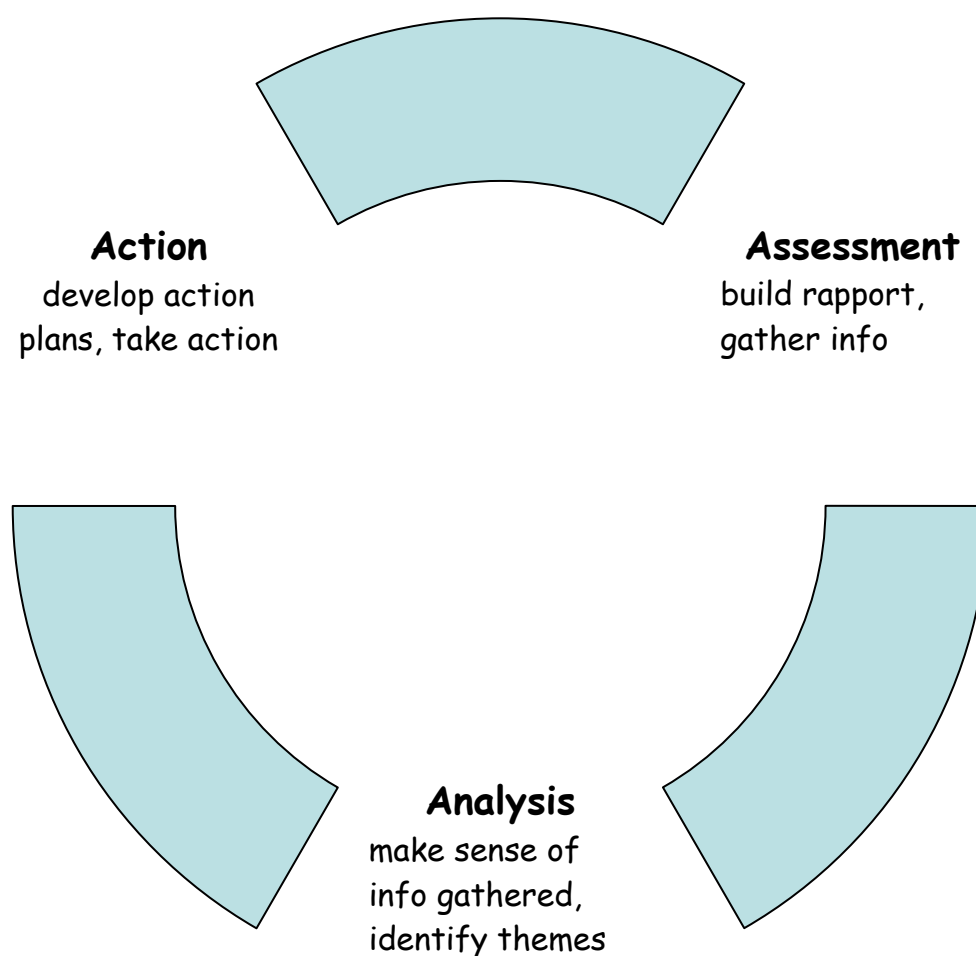
Central to the process of developing an OVC programme should be the participation of community members, caregivers and OVC themselves. Involving them from the beginning will promote ownership and long-term sustainability of the programme. It is your job to *guide* them through a process of:

- identifying strengths and weaknesses of OVC care and support;
- analysing their situation; and
- developing action plans to address OVC needs

The Triple “A” approach of assessment, analysis and action is a participatory research and action tool that can help community members identify OVC, their needs, mobilise resources and develop action plans to address the problems facing OVC and their households.

The process does not end once the community or your organisations, have gone through assessing, analysing and taking action. It then serves as a monitoring and evaluation tool where you assess the action that was taken, analyse the information and take another action to improve upon what has been done.

The Triple “A” approach is continuous and can be done in different settings - within the community and within your own organisation.



### **Assessment**

The assessment phase is a time of information gathering done by you and community members. This is done by talking with people in the community and bringing groups within the community together to discuss issues around caring and supporting OVC. In the beginning, you might collect information on topics such as:

- how community members define who is an orphan or vulnerable child
- number of OVC
- needs of OVC (physical, social, economic, spiritual, psychosocial...)
- identification of children who lack support (i.e. the most needy)



- rights of children
- coping strategies used by OVC and their families
- characteristics of the community
- attitudes of community toward OVC
- resources existing in the community

Then, later on, depending on the needs identified by the community, you can collect more detailed information for specific areas - e.g. education, economic security, nutrition, health, ... The assessment phase helps you look at problems, issues and existing sources of support for OVC.

**Ways to Collect Information (*This is a useful format to follow in formulating Selection Criteria for the most needy OVC*)**

- Mapping: This involves community members drawing a map of their community. It not only provides essential information about OVC, but also helps in "breaking the ice" and letting community members take the lead. Different types of information can be collected from mapping - households with OVC, numbers of OVC, characteristics of the most vulnerable children, existing resources in the community, places OVC frequent...
- Semi-structured interviewing: Select key community members to interview to begin to understand the situation of OVC in the community. Choose a variety of people, including key leaders, OVC, OVC caregivers, teachers, etc. Identify some key topics/questions and let the interview flow like a conversation.
- Focus group discussions: Have discussions with specific groups such as adolescent OVC, caregivers of OVC, teachers,...to obtain their perspective on particular issues.
- Observation: Spending time in the community and watching and listening can provide you with a lot of insight about OVC and the communities in which they live.
- Other participatory techniques: seasonal diagrams, pie (chapatti) charts,...An example of a pie chart : Draw a circle on the ground and tell community members that it represents the needs of OVC. Ask them first to identify a list of needs of OVC. Then ask them to divide the circle (or chapatti) into pieces that represent those needs (the bigger the piece the bigger the need). A lot of interesting discussion should then take place so listen and observe. In the end you could review the results with the participants and asked what they learned from doing the activity.

It is always good to cross-check information. For example, a community map could be used to identify the neediest OVC, but then semi-structured interviews could help give more information regarding OVC and the situations in which they are living. **This is a useful consideration during selection of OVC beneficiaries for a particular intervention.**

### **Tips During Data Collection**

- Observe and listen (it is often the discussion that goes on around an activity that may yield interesting information, not just the results of the activity).
- Create an environment that is comfortable and does not threaten participants.
- Record information but always remain sensitive about how you do this. Try not to be intrusive.
- Create a team of people to participate in the assessment: Having multiple perspectives will enrich the data and can help begin the networking process. For instance, include the community development officer and LC members as team members.

### **Analysis**

During the analysis phase the team tries to make meaning of the information that has been collected. What are some of the common themes arising? For example, topics that may come out of the analysis could include:

- Critical needs of OVC: health, education, protection, psychosocial, economic...
- Selecting the most vulnerable/most needy OVC to benefit from the proposed activities
- Practices that do not support OVC
- existing resources in the community that can support OVC
- gaps in resources
- ways for children to participate

These findings are discussed, clarified and agreed upon with community members. Solutions to the identified problems can then be explored and prioritised by the community.



## Action

After the analysis phase, community members are ready to develop an action plan. After they have identified and prioritised possible solutions to problems identified, they then decide what action will be taken, how (steps), by whom, with what resources and when. In addition, to be able to monitor and evaluate progress made, you can identify indicators that will help you determine how things are going. A simple table could help:

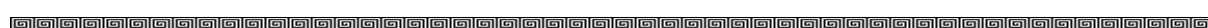
Action to be taken (what)	How? (steps)	Who is responsible?	Resources	Dates (when)	Indicator (What information can you look at to measure progress?)

After actions are taken by the community, the Triple "A" process can begin again, with an assessment of the action that was taken. What was done? How did it work? What were the strengths? Weaknesses? What actions can be taken to improve the process and better serve the OVC in our community?

### Sources:

Cook, M. *Starting from Strengths: Community Care for Orphaned Children, A Training Manual Supporting the Community Care of Vulnerable Orphans*. British Columbia, University of Victoria, Unit for Research and Education on the Convention on the Rights of the Child, School of Child and Youth Care, and Chancellor College, Department of Psychology. 1998.

Cook, M. *Filling the Gaps, Using a Rights-Based Approach to Address HIV/AIDS and its Affects on South African Children, Youth, and Families, Care and Support Guidelines for Child-Centred*



*and Community-Based Organisations*. British Columbia, The Institute for child Rights and Development. Ottawa, The Interagency Coalition on AIDS and Development. 2001.

## **Session 11.5 Developing a Work Plan: Brainstorming, Discussion, Trainer Presentation, Small Group Work (1 hr. 15 min.)**

- Step 1 Explain to participants that once they have gone through the Triple "A" process with communities, and the communities have developed plans of action, it is time for the organisation to develop a work plan. This will help the organisation to be able to sequence the activities and coordinate activities, mobilise resources and support the communities in which they are working to meet their goals.
- Step 2 Ask participants to brainstorm the elements of a work plan. What goes into a work plan? What does it look like? Fill in gaps using Session 11.5 Information below.
- Step 3 Divide participants according to organisation/department and ask them to develop a sample work plan for possible use when they go back to their communities. How are they going to bring the information learned in this workshop back to their organisations and communities in which they are working?
- Step 4 Ask participants to write their work plans on flipchart and present them to the large group. Provide feedback.
- 

### **Session 11.5 Information**

#### **Developing a Work Plan**

- Based on Triple "A" process used with communities, identify your goals, objectives and activities.
- Determine what resources you have (people, money)
- Develop a timeline: How long will it take to plan and carry out activities? (Given that you will be working with communities, you need as much as possible to go at the pace of the community).
- Network with other organisations and governmental offices who are involved in the communities and coordinate efforts.

- Share your work plan with officials and leaders at the district, sub-county, parish and village levels.
- Periodically assess progress being made and adjust your work plan as necessary.

### Sample Work Plan

	Quarter 1			Quarter 2		
	Jan	Feb	Mar	Apr	May	Jun
1. Identify OVC						
2. Identify volunteers for home visits						
3. Train volunteers for home visits						
4. Hold community meetings to discuss OVC needs & priorities						
5. Follow-up meetings with volunteers						

Sources:

AIM Uganda. *Draft OVC ToolKit*. Kampala, AIM. 2005.

AIM Uganda. *Draft VCT Toolkit: Planning for VCT*. Kampala, AIM. 2005.

## Session 11.6 Monitoring & Evaluation: Trainer Presentation, Discussion, Brainstorming, Small Group Work (1 hr.)

- Step 1 Explain to participants that once work plans are developed and actions are being taken at the community level to support OVC, it is important to keep track of information that will help to assess the impact of efforts being made.
- Step 2 Ask participants to brainstorm the meanings of monitoring and evaluation. Ask them to share experiences in which they have been involved in monitoring and evaluating. Bring in the definitions provided in Session 11.6 Information.

- Step 3 Based on the experiences shared, ask participants to identify the steps involved in monitoring and evaluation. Write their responses on flipchart, filling in gaps from Session 11.6 Information below.
- Step 4 Ask participants to brainstorm the type of data that should be collected. Write their responses on flipchart and discuss the NSPPI indicators discussed in Session 11.6 Information.
- Step 5 Discuss with participants how data can be collected, the importance of involving the community, and the importance of documentation. Link monitoring and evaluation to the Triple "A" approach. Use Session 11.6 Information as needed.
- Step 6 Divide participants into groups of 4-5 people, depending on their area of interest in working with OVC (education, health, psychosocial support, etc.). Ask each group to develop both quantitative indicators and qualitative indicators that they might use in their communities. Also ask them to identify the method of data collection and the means of documenting the information.
- Step 7 Ask each group to present their results and discuss.
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## Session 11.6 Information

### Monitoring & Evaluation

**Monitoring:** systematic process of regularly collecting and analysing data to ensure the project is on track.

**Evaluation:** collection and analysis of data at a particular point (e.g. midway or at end of project) in time to assess if the project is meeting its goals and objectives.

#### How do you monitor and evaluate?

1. Identify the data you need to collect.
2. Make a monitoring and evaluation plan.

3. Collect data.
4. Organise and summarise data.
5. Compare the data to see what it means (over time and among groups of clients)
6. Decide what action to take based on the data.

### What type of data should be collected?

The Ministry of Gender, Labour & Social Development does not have a set of required indicators (measurements of success) to collect but makes suggestion in the NSPPI according to building blocks. To get a general sense of the number of OVC you are reaching and in what areas, you could collect data on the following:

Total number of OVC served (new only)	Male	Female	Total
<i>Number of OVC supported by your org. in the following services:</i>			
School-based interventions			
Life skills education initiative			
Counselling/Psychosocial support			
Institutionalised OVC care			
IGA/Economic support			
Vocational skills training			
Health care support			
Legal support			

Examples of indicators that can help you assess how well efforts being made in education of OVC could include the following:

- number of vulnerable children assisted with primary and secondary school related expenses
- number of teachers, pupils, local authorities sensitised about issues related to vulnerable children
- number of trainings, workshop, community events related to promotion of education among vulnerable children
- number of OVC enrolled in pre-primary, primary and secondary school

- number of OVC in enrolled in complementary, vocational or other informal schools

The data to be collected depends on the services that you are supporting in the community. Refer to the NSPPI for indicators in each of the building block areas.

### **How should data be collected?**

There are various records that an organisation should maintain in order to keep track of progress being made with OVC. For example:

- ✓ CBO staff and community volunteers (CV) **maintain records of visits to OVC households.** (They can use client cards and packets, registration cards, and intervention summaries.)
- ✓ CBO staff and CV maintain records of referrals
- ✓ CBO staff and CV accurately complete monitoring and evaluation forms provided by funders or services
- ✓ CBO promotes active information sharing through formal and informal contact. (They can hold monthly meetings between the CBO and all CV, or at least quarterly meeting with OVC committee and community development services, and document and sharing successful practices to strengthen future programmes.)

It is also very important to consider how community members can monitor progress of actions that they have taken. As mentioned under the description of the Triple "A" approach, the process does not end with the action. Once an action is taken, it is necessary to assess and analyse that action and make revisions to improve what is being done to support OVC.

Using participatory methods, such as those listed under the description of the assessment stage of the Triple "A" process, community members, OVC and their caregivers can become actively involved in monitoring and evaluating actions taken at the community level to help OVC meet their needs.

Quantitative data (numbers, percentages) can provide part of the picture of how effective actions are, but qualitative data can help you obtain a deeper understanding of the reasons why, challenges, issues, successes, etc. Collecting both types of data, involving the community members in the process and systematically documenting information will help to assess and improve the efforts being made to assist OVC, their households and communities.

Sources:

AIM Uganda. *The AIDS/HIV Integrated Model District Programme: Grantee Quarterly Reporting Format*. Kampala, AIM. August 2004.

AIM Uganda. *Orphans and Vulnerable Children: Implementation Guidelines*. Kampala, AIM. August 2004.

Ministry of Gender, Labour and Social Development. *National Strategic Programme Plan of Interventions for Orphans and Other Vulnerable Children*. Kampala, MGLSD, Republic of Uganda. 2004.

The Republic of Uganda. *The National Monitoring and Evaluation Framework for HIV/AIDS in Uganda*. Kampala, June 2004.

### **Session 11.7 Module 11 Summary & Evaluation: Reflection, Game – Toss the Ball, Discussion (15 min.)**

- Step 1 Ask participants to reflect on the main points covered in this module. Ask them to suggest information and ideas they would like to bring back to their organisations and to the community level – to community volunteers, OVC, caregivers, ...?
- Step 2 Toss a ball (made of flipchart paper and tape) to a participant and ask them to share one idea and toss the ball to someone else.
- Step 3 Continue with the process until the main themes are covered by the participants. Fill in gaps as necessary.

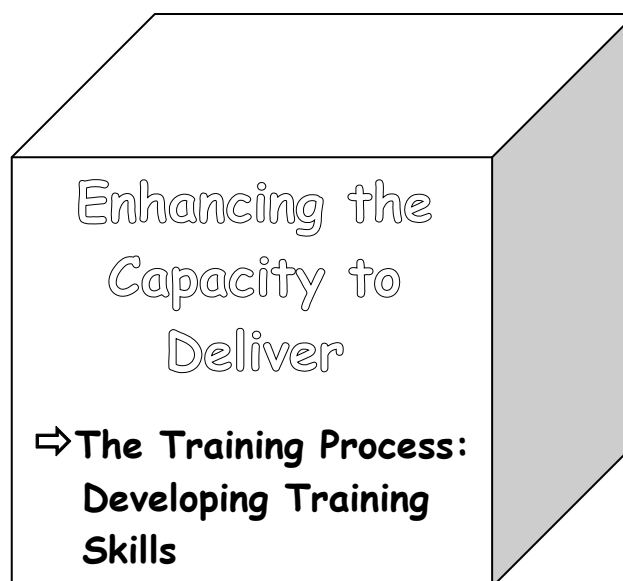
## Module 12

### **🎗 Introduction**

This module focuses on building the capacity of participants to be able to conduct trainings on OVC support and programming.

Whether the participant will be training community volunteers, CBOs, FBOs, Community Development/Probation Officers, the information provided here should give him/her the background necessary to develop and implement a training

programme. It provides basic training information and an opportunity to apply the knowledge gained from the previous modules to training.




This module should be adapted to the level of training experience of the participants as well as to the context in which they are working. For example, if participants are experienced trainers, they might not need to spend as much time on how to design and facilitate a training programme. They might need time, however, to reflect on how they can adapt the information and training methods found in the modules to the level of people they will be training in their communities.

### **✓ Session Objectives**

By the end of the module, participants will be expected to:

- Explain how to create a training environment that is conducive to adult learning
- Identify the main elements of the training process
- Identify and apply the steps of workshop planning (necessary logistics and training programme design)
- Describe the qualities of an effective facilitator
- Develop workshop training sessions on OVC programming areas
- Identify ways to assess a workshop, both during and at the end

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 **Duration:** 4 hours 40 minutes

**E Methodology:** Reflection, discussion, brainstorming, small group work, trainer presentation, practice

 **Materials:** flipchart, markers, masking tape, evaluation forms

☒ **Work for trainer to do in advance:**

- ☐ Make a copy of the training process on flipchart for Session 12.2.
- ☐ Write the steps of a typical training session on flipchart for Session 12.5.
- ☐ Photocopy evaluation forms for Session 12.7.

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## Session 12.1 Creating a Training Environment: Reflection, Discussion (15 min.)

- Step 1 Ask participants to reflect on workshops they have attended (including this one). They should think about ones they liked, and ones they disliked. What were the differences between them?
- Step 2 Ask participants to generate a list of elements that makes a workshop good. Write their responses on flipchart.
- Step 3 Drawing from their list, discuss how adults learn and how to create a training environment conducive to learning, using Session 12.1 Information below.

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### Session 12.1 Information

#### Adults learn best when...

- ◆ A training is based on their existing knowledge, skills and experience
- ◆ The content of the training addresses their needs and problems
- ◆ The training environment is relaxed and people feel comfortable to participate.

☞ **Create a training environment that is conducive to learning by ensuring...** ☞

- ◆ Good physical conditions
- ◆ Respect, acceptance & trust
- ◆ Openness
- ◆ It is alright to make mistakes
- ◆ Encouragement
- ◆ Differences in opinions are okay
- ◆ Flexibility: change activities based on participants' needs
- ◆ Use of participatory techniques

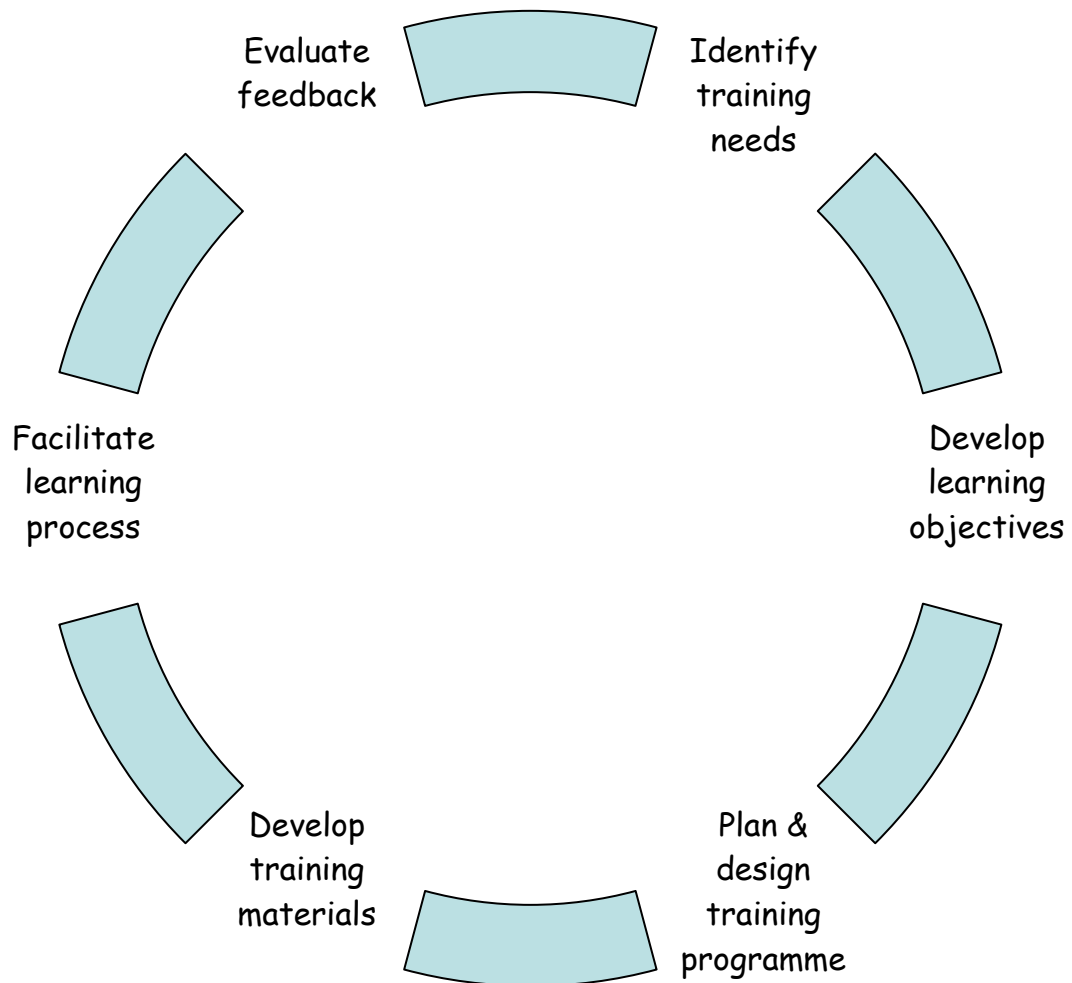
**Session 12.2 Introduction to the Training Process:  
Brainstorming, Discussion (15 min.)**

- Step 1    Ask participants to brainstorm a list of the main elements of the training process. How does it start and where does it end? Write their responses on flipchart.
- Step 2    Once they have generated the process, show them the diagram of the training process in Session 12.2 Information below, and quickly review.
-



## Session 12.2 Information

### 👉 The Training Process 👉



## Session 12.3 Workshop Planning: Reflection, Small Group Work, Discussion (1 hr. 30 min.)

- Step 1 Ask participants to reflect on the workshop and think about the planning that had to go into it. Refer the participants to the training process diagram, explaining that the first four sections are part of planning.
- Step 2 Divide participants into 4 small groups. Ask 2 groups to list the logistics that need to be taken care of during planning. Ask the other 2 groups to list the steps of developing a training programme.
- Step 3 Have the groups present their work and discuss. Fill in information using 12.3 Information below (steps and tips). Write the steps of the workshop planning stage on flipchart.
- Step 4 Ask participants to now think about their own work environment. When they return to their communities, they will train others in the topics found in the OVC manual. Ask them to think about who they are going to train. What are their training needs? (e.g. information and skills in psychosocial support).
- Step 5 Ask participants to begin the planning process. Have them go through the 9 steps of the workshop planning stage listed below and on the flipchart. People can pair up or work in small groups, especially if they are from the same organisation or office.
- Step 6 Ask for a few volunteers to present their plans to the group. Discuss issues that come up and make clarifications.



### Session 12.3 Information

#### Workshop Planning Stage

1. **Identifying training needs:** Who are the participants? What are their needs? What existing skills, knowledge and experience do they have?

- 
2. **Develop learning objectives:** Why are you going to do the training? What will you try to communicate? By the end of the workshop/session, participants will be able to...
  3. **Break down learning objectives into smaller, objectives (i.e. the session objectives)**
  4. **Identify content and learning sequence:** Once you know the training needs and have set objectives, you can identify the content areas (if you are using this manual, for example, you might conduct training in one or two of the modules, depending on needs). Sequence the content so that one activity builds off the one before it, always starting with what the participants know already.
  5. **Decide on learning methods:** Vary your methods and use a lot of participatory techniques that encourage participation by all. Methods could include small group activities, roleplays, case studies, presentations, demonstrations, group discussions, brainstorming, personal reflections, drawing, etc.
  6. **Develop activities:** This is the actual process you will take participants through during the workshop. Activities can be decided upon when you have the objectives, content and appropriate learning methods identified. Then you need to decide how to present content in an interesting way (activity) so it will engage participants.
  7. **Prepare training materials:** For each session planned, what materials do you need to carry out activities? Equipment? Resource persons?
  8. **Produce plan/programme:** detailed training programme of the activities, days and times they will take place
  9. **Take care of logistical issues:** finding trainers, training venue, budget, letters of invitation to the participants, etc. (see tips below).

Source: UNHCR & Save the Children. *Action for the Rights of the Child*. Geneva, UNHCR, 2001.



## Workshop Planning Tips

### *Programme Development*

- ✓ Identify trainers & resource persons well in advance so all can participate in planning
- ✓ Clearly identify the roles of trainers & resource persons beforehand
- ✓ Base workshop on participants' existing skills, knowledge & experiences
- ✓ Set realistic objectives
- ✓ Determine main activities & methods to be used to reach objectives
- ✓ Plan to use a variety of methods that ensures active participation
- ✓ Prepare a timetable, allotting enough time to complete activities
- ✓ Prepare necessary materials ahead of time: write information such as objectives of the workshop on flipchart, prepare handouts, etc.
- ✓ Make sure materials are culturally and technically appropriate
- ✓ Allow time for participants to develop action plans that will be implemented after the workshop

### *Logistics*

- ✓ Prepare & submit (if necessary) workshop budget in advance (including feeding, lodging, transportation of participants and resource persons, resource person fees, material such as flipchart paper, markers, masking tape, folders, stationery, etc.)
- ✓ Procure necessary materials in advance
- ✓ Make accommodation (if necessary) and feeding arrangements
- ✓ Determine venue & confirm availability
- ✓ Determine dates and confirm that it does not conflict with other activities that might be taking place
- ✓ Design way to record daily attendance

## **Session 12.4 Qualities of a Good Facilitator: Reflection, Discussion (20 min.)**

- Step 1 Ask participants to again reflect on the current workshop and others they have attended. Based on their observations and experiences, what are the qualities of a good facilitator? Write their responses on flipchart. Fill in gaps with Session 12.4 Information below.
- Step 2 Explain to participants that facilitation is an art. It takes time and practice to become a good facilitator.

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### **Session 12.4 Information**

#### **Qualities of a Good Facilitator**

Central to the implementation stage is the art of facilitation. Facilitation is the act of guiding a learning process in which the participants rather than the facilitators dominate. The facilitator is one who generates or sparks interest, prompts discussion, encourages all participants to actively take part, listens and observes, asks questions, periodically sums up main points and keeps a discussion or activity "on track". Fulfilling this role is very challenging as there are so many things you have to do or think about at any given point in time.

## A GOOD FACILITATOR...

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- ✓ is friendly, happy & smiles
- ✓ has fun
- ✓ shows an active interest in the participants
- ✓ puts him or herself at the same level as the participants
- ✓ does not talk down to or at the participants
- ✓ is respectful
- ✓ listens & observes
- ✓ is humble
- ✓ is eager to learn
- ✓ is open & approachable
- ✓ is patient
- ✓ uses icebreakers to make people feel relaxed
- ✓ speaks clearly
- ✓ uses proper protocol
- ✓ uses local proverbs, stories & songs
- ✓ builds confidence of participants
- ✓ encourages participation from all, focusing on women & children who traditionally do not speak up
- ✓ reacts positively to all contributions to encourage more participation
- ✓ throws participants' comments or questions back to the other participants to encourage discussion
- ✓ builds on participants' contributions, knowledge & experience
- ✓ maintains good eye contact with the participants
- ✓ is aware of participants' reactions & energy/interest level
- ✓ is aware of different personalities
- ✓ is flexible & adjusts approach when necessary
- ✓ does not judge others but tries to understand their perspective
- ✓ is honest - i.e. if you do not understand or lack knowledge to answer a question, say so
- ✓ does not lose sight of objectives & stays on task
- ✓ periodically repeats/sums up important points made

Adapted from Miller (Pittman), E. & Pittman, M. *The Childscope Approach: A Handbook for Improving Primary Education Through Local Initiative*. Ghana, UNICEF. 1997.

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## **Session 12.5 Workshop Implementation Stage: Trainer Presentation, Discussion, Practice (1 hr. 30 min.)**

- Step 1 Explain to participants that implementation is when you are actually conducting the training. Present the typical training session in 12.5 Information below. Ask participants to refer back to the workshop and identify particular sessions when a process like this was followed.
- Step 2 Emphasise the importance of strong facilitation skills and review the implementation tips found below.
- Step 3 Ask participants to further develop their training programmes that they began in Session 12.3, focusing on the flow of a typical session.
- Step 4 Divide participants into small groups and ask them to practice facilitating the sessions they have developed. The participants who are observing should provide feedback on the flow of the session, facilitation skills, training methods used, etc.
- Step 5 Ask participants to share their observations and experiences of the practicum in the large group. Clarify anything as needed.



### **Session 12.5 Information**

#### **Workshop Implementation Stage**

**When facilitating a workshop, a typical session might include:**

- a) An introductory exercise which draws out participants' own ideas/understanding relating to the topic (e.g. brainstorm, a ranking exercise, personal experiences).
- b) A relevant participatory activity (e.g. simulation, case study, role play, discussion topic) for the participants to experience together and which would form the main body of the training session.

- c) General reflection and discussion on the exercise (this could be a group work exercise, discussion in pairs, question and answer).
- d) Assessing the principles/concepts which were highlighted during the session.
- e) Practicing (either during or after the workshop) of the new concepts or skills developed within the training session.
- f) Review, feedback and evaluation.

Source: UNHCR & Save the Children. *Action for the Rights of the Child*. Geneva, UNHCR, 2001.

### Workshop Implementation Tips

- ✓ Use icebreakers in the beginning to make participants more relaxed
- ✓ Clearly state objectives & provide overview of the workshop in the beginning
- ✓ Ask participants to identify their expectations & adapt workshop as necessary
- ✓ Speak clearly & maintain good eye contact
- ✓ Be aware of group dynamics, encouraging those who are quiet to speak out
- ✓ Vary your methods of facilitation: discussions, group activities, etc
- ✓ Keep lecturing to a minimum - lecture only to provide specific information requested
- ✓ Be aware of the energy level & do "silly" activities (*or* energisers) to revive the group when energy is low
- ✓ Adhere to the timetable
- ✓ Write instructions on newsprint when doing group activities

## Session 12.6 Workshop Assessment & Follow-Up: Reflection, Trainer Presentation, Discussion (30 min.)

- Step 1 Explain to participants that there are many ways to monitor and evaluate throughout a training program. Ask participants to identify ways they had participated in evaluating different parts of the

workshop (through activities at the end of each module such as the ball toss, at the end of each day,...)

- Step 2 Share ways in which trainers and participants participate in evaluating workshops using the tips in Session 12.6 Information below. Also emphasise the importance of providing follow-up support to participants once they are back at work.



## Session 12.6 Information

### Workshop Assessment & Follow-Up

#### Workshop Assessment & Follow-Up Tips

- ✓ Trainers/resource people should meet at the end of each day to assess the strengths & limitations of each session
- ✓ Provide participants with the opportunity to evaluate the workshop on a daily basis, half way through the workshop and at the end
- ✓ Evaluations should be done in a way that enable & encourage participants to express themselves freely
- ✓ A workshop report should be written within a few weeks of the workshop
- ✓ Follow-up visits need to be made on a regular basis to provide the support participants need in incorporating what they have learned into their responsibilities

## Session 12.7 Workshop Evaluation: Reflection, Trainer Presentation, Discussion (20 min.)

- Step 1 Explain to participants that different methods can be used to evaluate a workshop. It could be written like the evaluation below or you could create a less formal activity such as post flipcharts around the room with different topics (facilitation, content, logistical



arrangements, etc. and have participants move around the room and write something on each flipchart. You could also ask people to rate on a scale of 1-10 how they felt about different areas). There are many ways to do an evaluation. Be creative!

Step 2 Ask participants to fill out the basic evaluation form below.



## Session 12.7 Information

### 👉 Workshop Evaluation 👉

#### Workshop Evaluation Tool

1. What were your expectations from this workshop?

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2. How did the workshop meet your expectations?

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3. What new things have you learnt from this workshop?

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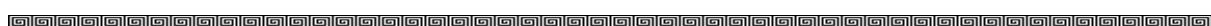
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4. Please evaluate the following aspects of the training program by ticking in the appropriate column and making any comments.

Evaluation aspects	Very good	Good	Fair	Poor
Relevance of the content				
Effectiveness of training method				





Usefulness of users manual				
Organization of the workshop				
Effectiveness of facilitators				

Comments:

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5. What is your role as a trainee for this workshop?

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6. The duration of the program/training was:

Too long

Too short

Just right

7. Are there any OVC topics in which you feel you need more information or further training? Which ones?

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8. Name 3 things you liked about the workshop:

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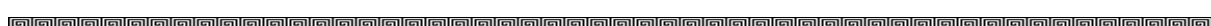
9. Name 3 things you think could be done better in future OVC workshops:

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## *Integrated Care for OVC*

