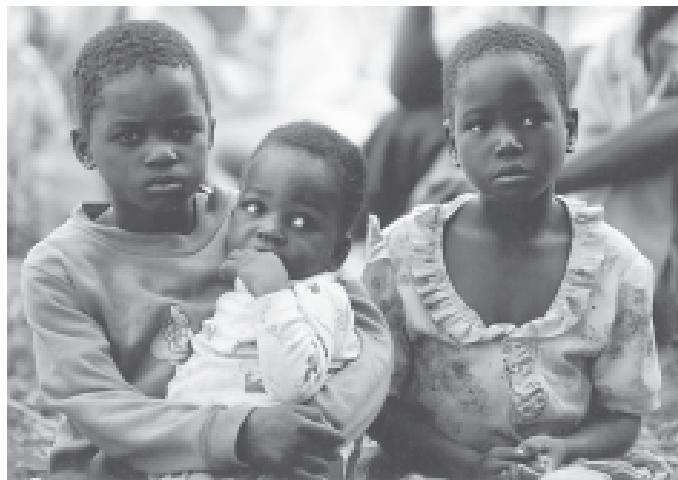# "STARTING FROM STRENGTHS"
COMMUNITY CARE FOR ORPHANED CHILDREN

*A Training Manual
Supporting the Community Care
of Vulnerable Orphans*

Facilitator's Guide

Designed in Cooperation with:

Centre for Social Research, Malawi

Chancellor College, Department of Psychology, Malawi

Government of Malawi, Ministry of Women,
Youth and Community Services

Save the Children Federation (USA) Malawi

Unicef Malawi

World Vision Malawi

University of Victoria, School of Child and Youth Care, Canada

Written by:
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"A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State."

Article 20, UN Convention on the Rights of the Child

- photograph by Philip Cook

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Introduction

"Our biggest challenge is to survive. But even if this is so, most of all we lack our parents' care."

Interview with an orphaned child in Malawi, 1997

Who is this Training For?

This training is designed for Social Welfare Workers, Community Development Workers and other Human Service Professionals working with children, youth, families, and communities, who want to learn how to build on community strengths to better meet the psychosocial needs of orphaned children.

Goals

The Goals of the "Starting from Strengths" Community Care for Orphaned Children Training are to:

- provide participants with a *knowledge* of community mobilization, the UN Convention on the Rights of the Child, and the situation of orphans in Malawi
- provide participants with the *skills* to implement aspects of community mobilization and the UN Convention on the Rights of the Child in their community to address the situation of orphans in Malawi
- increase *self-awareness* regarding children's normal development, their grief process, and how to meet the psychosocial needs of children
- provide persons working in the community with the *tools* to train persons within their community in community mobilization, the UN Convention on the Rights of the Child, and the psychosocial and grieving needs of vulnerable children
- provide participants with the knowledge and skills to enable them to bring forward and support the voices of vulnerable children.

Resources

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Papenbrock, P., & Voss, R. (1990). Loss: How children and teenagers can cope with death and other kinds of loss. Redmond, WA: Medic Publishing.

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MODULE 1

Training Orientation

*"Start with the most vulnerable, for even if you make a
positive change in only one child's life, you are
making a great difference!"*

Guardian's story, Malawi

Introduction

Welcome to the "Starting from Strengths" Community Care for Orphaned Children Training Manual. This manual is designed for Social Welfare Workers, Community Development Workers, and other Human Service Professionals to help them better meet the needs of their community, in particular the needs of their community's vulnerable children. Some of the most vulnerable children are orphans; not only have they lost their parents, but also their financial and emtional security. With the rapid spread of HIV/AIDS, and the consequent long illnesses, the number of these vulnerable orphaned children found in the communities continues to increase. The focus of this training is on helping communities support these vulnerable children using a child rights perspective.

Objectives of Module 1

At the completion of this module you will have the knowledge and skills to:

*   understand the present situation of orphaned children
*   understand the background of "Starting from Strengths"
*   be ready to embark on the journey of the "Starting from Strengths" training to enhance your ability to better the care of vulnerable children.

Recommended Readings

Cook, P., Ali, S., & Munthali, A. (1998). Starting from Strengths; Research report. University of Victoria, Canada: Unpublished Manuscript.

Hunter, S. & Williamson, J. (1997). Children on the brink; Strategies to support children isolated by HIV/AIDS. Washington, D.C.: US Agency for International Development.

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Training Format

This training manual is divided into six modules. Each module addresses a different area related to the care of vulnerable children.

Module 1 is a general introduction to the "Starting from Strengths" Community Care for Orphaned Children project. It outlines the history and philosophy of the project and the training, and gives an overview of the present state of Malawi's orphaned children.

Module 2 gives participants some basic information on HIV/AIDS and the impact of this disease on countries, communities, families, and most importantly, the children. It outlines what is in place at the national level to help with the care of orphans, and the general issues faced by orphaned children living in communities impacted by HIV/AIDS. How orphan care is linked to community development and child rights is discussed and skills to work within these contexts are developed.

Module 3 focuses on children's rights and documents that support children's rights: the UN Convention on the Rights of the Child, the Kadoma declaration, the Charter on the Rights and Welfare of the African Child, and Malawi's constitutional and legal support for its children. It provides information on the needs of vulnerable children in the four areas of survival, protection, development, and participation. Participants gain an understanding of why these rights are important and learn effective

ways to address these issues within the community.

Module 4 provides knowledge and skills to carry out effective and culturally appropriate community development to better the situation of the communities' vulnerable children.

Module 5 examines normal childhood development and grief. How children react and show grief at the different developmental stages within the Malawian cultural context is explored, as are tools to help children work through their grief. How children's grief fits into children's rights and community mobilization is also examined.

Module 6 summarizes the "Starting from Strengths" Community Care for Orphaned Children process. It links the information to the broader context of orphan care and gives the participants the skills to put their new knowledge into action, what may be referred to as taking Right Action. This is done through a community visit to implement some of the participants' new knowledge and skills followed by indepth debriefing and feedback sessions. By the conclusion of this module participants should feel confident that they have the tools to make a difference at all levels.

All of the modules are set up to give participants:

•   knowledge on the subject

•   skills to implement the information

•   increased self-awareness.

This is accomplished through concrete examples from the research, and participatory learning. The experience of all participants is valued and built on by integrating new information and perspectives into the participants' own knowledge, experience, and values. This is done through discussions, small group work, role-plays, and stories. Maximum participation by all participants is encouraged.

History and Philosophy of the "Starting from Strengths" Project

The "Starting from Strengths" Community Care for Orphaned Children project:

1. Ensures the rights of children (meets their needs), including:
   - survival rights
   - developmental rights
   - protection rights
   - participation rights.

2. Attempts to meet all of the children's developmental needs, including:
   - physical needs
   - cognitive needs
   - spiritual needs
   - emotional needs
   - social needs.

3. Respects cultural values and beliefs that support children, for example:
   - religious beliefs
   - initiation ceremonies.

4. Identifies local strengths through a community development perspective that supports:
   - children
   - families
   - communities

"Starting from Strengths" began as a research project in partnership with communities in Malawi. The project examined how the communities were meeting the physical and developmental needs of their vulnerable children, in particular, orphaned children. This was examined from a cultural perspective comparing patrilineal and matrilineal cultures across 12 communities in North, Central, and Southern Malawi. The research involved several partners including children, families, the community, non-governmental organizations (NGO's), universities, research centres, and Ministries within the Malawi government.

The project applied the UN Convention on the Rights of the Child and community development strategies as tools to ensure that all of the children's needs were being met and could be sustained. It acknowledged the crucial role of families, communities, and culture in providing for children and discovered strengths within these structures that could be built on and supported to better meet the identified needs of vulnerable children within the community. While children who had lost their parents to HIV/AIDS were the initial target of the project, all vulnerable children were included to avoid isolation or stigmatization of children orphaned as a result of the HIV/AIDS epidemic. A special emphasis was placed on the psychosocial (emotional, developmental, and social) needs of children as these needs are often overlooked in favour of physical and economic needs.

Community workers carrying out the research demonstrated a strong commitment to the well being of children, a trusting relationship with the community, and a good understanding of protocol and community functioning. They received basic training on participatory research, community development, children's rights, and children's psychosocial and grieving needs.

The information, the strategies, and the process that were used in each community were gathered and analyzed, resulting in this training manual. You will find several case examples from this research throughout the modules. The words of the children, the community members, and the research assistants are found in the sidebars to the main text.

The Present Situation

The World Health Organization (WHO) estimates that by the year 2000 there will be 10-15 million children that have been orphaned as a result of their parents dying from HIV/AIDS. Approximately 90% of these children will be found in Africa (Hunter & Williamson, 1998). The U.S. Census Bureau estimates that this figure will exceed 34.7 million by the year 2000, and grow to 41.6 million by the year 2010 for children who have lost their mother, fa-

"To meet the physical needs, one requires money, but to meet the psychosocial needs, one requires only a good heart."
- Research assistant

ther or both parents. Within Malawi, the National AIDS Control Programme (NACP) projects that the number of children who will be orphaned by AIDS will rise from about 140,000 in 1995 to over 300,000 by the year 2000 (NACP, 1996). This is a very large number of children with out parents to care for their physical, developmental, spiritual, and emotional needs. Typically, these children are cared for by extended family members and their community, but increasingly these supports are being overburdened. Thus, identifying strengths to build on within a child's family and community is critical if these children are to have their needs met. This will allow them to grow up to be healthy productive members of society.

Definitions

The following definitions for 'orphan' and 'psychosocial' are derived from 'Starting from Strengths' community focus group discussions.

What is an Orphan?

An orphan can have many definitions:

> *"Orphans are those children [from birth to the age of 18 or 21 years] whose parent or both parents have passed away ...*

> *Or those above these ages if they are still going to school or do not have any means of looking after themselves...*

> *And those who are staying with very old elders who are unable to support them."*

> *"An Orphan is also one who is below the age of 21 years and is living with a chronically ill parent suffering from asthma, tuberculosis, physical disabilities or AIDS"*

An orphan is considered vulnerable.

The causes of orphanhood include:

- HIV/AIDS
- illness
- accidents
- violence/theft

- mob justice.

The definition of an orphan is complicated by:

- polygamy
- the first born living with the grandparents
- parents leaving their children in the village when they leave.

What are Psychosocial Needs?

The local defintion of psychosocial needs is:

> *"Zofunikira zomwe zimapangista munthu kuti akhale wa bwino pa moyo wake"*

> *"All the necessary needs in life that are essential that makes a good healthy individual"*

Points to Remember when Delivering the Training

When delivering this training and using this material, it is important to be aware of the following:

- Everyone should feel safe and supported as the material can be quite emotional. All information that is shared, personally and from the field, should be respected and held in confidence.
- The utmost care must be given to be both sensitive and supportive, as facilitators and/or participants may be HIV positive. This training may cause a great deal of emotional difficulty for these people.
- Even if facilitators or participants are not HIV positive, it is important that everyone is aware that this training may bring up extreme emotions that are difficult to deal with, especially Module 5. Fellow participants should be supportive and understanding of those who display behaviour which may be considered out of character.
- Because dealing with issues such as grief can have a delayed reaction, both participants and facilitators need to identify someone who will be able to provide emotional support following

the training. Support should also be in place for those who are continuing this work in the community as dealing with everyone's grief on an ongoing basis can be emotionally draining.

•   A "Parking Lot" or "Comment/Question Box" where participants can submit questions, concerns or comments in writing without signing their names should be set up. The "Parking Lot" should be visited frequently to address any comments or concerns. This can be done by the facilitators or as a group at the beginning of each day.

•   Facilitators should be aware of how people learn. Often we think of learning as a group of students sitting in rows, listening to the teacher in front. But is this really the most effective way to learn? Researchers have found that the lecture method, where people sit and listen, is only about 20% effective. People learn best when they hear, see, talk, and participate - when they become actively involved in their own learning.

Figure 1
(from Thinking AIDS Globally, Oxfam)

Activity 1-A

Go once around the circle with each person introducing himself/herself, their agency and/or community and what he or she wishes to get out of the workshop.

Warm-up

Now form three groups: one with the people from the South Region, one for the Central Region and one for the North Region.

Within each group form a line from tallest to shortest.

Then form a line in alphabetical order (a-z) using your first names.

Have everyone rejoin the large group and form a circle. Give a short message to two people standing side by side. One will pass the message along to the right while the other will pass their message to the left. Once the messages have returned to the original two people, have them share the original and the returned messages with the group. Were they the same? If not, why? How might this relate to situations in the community?

Evaluation

Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestions that would assist us in better meeting these objectives?

Summary

It is important to remember that this training is a *tool* to assist people in better meeting the needs of children. It helps put children first, and thus allows workshop participants to use their new skills and knowledge to make a difference in the lives of the children and youth of Malawi, particularly the most vulnerable. It has been found that even children in the most adverse situations can at times overcome great odds. A factor that contributes to this 'resiliency' is at least one stable emotional relationship and the existence of social supports inside and outside the family. Thus, Social Welfare Workers, Community Development Workers, and other Human Service Professionals with the right tools can truly make a difference in a child's life.

Resiliency: the ability to survive adverse situations and become a healthy productive member of society

MODULE 2

The Impact of HIV/AIDS on Malawi's Children, Their Families, and Communities

They noted that things had changed but not in a positive manner. That is, "in the past when a person got ill, they got better. These days when they get ill, they just die even if you take them to the hospital."

Mwawa, Namwera community focus group discussions

Introduction

Children that have been orphaned as a result of the HIV/AIDS epidemic are especially vulnerable. Thus, "Starting from Strengths" Community Care for Orphaned Children focuses on this particular group of children. Because HIV/AIDS primarily affects adults of child bearing age, the parenting abilities of the population responsible for caring for and nurturing the children is greatly affected. Without parents to care for them (during the parent's illness and after their death), children are especially vulnerable in terms of their survival, protection, and development.

Traditionally these children would be taken in by extended family, but with the rapid spread of HIV/AIDS and the growing numbers of orphaned children, these systems are becoming increasingly overburdened. Thus, many children are left to care for themselves and their younger siblings. In many cases, these children are cared for by grandparents who themselves are dependent on the care of their children. In all of these situations there is a dramatic decrease in family income and emotional support available for the children.

To compensate for this loss of income, children often stop going to school in order to work, thus decreasing their longterm prospects of overcoming the burden of poverty. Young girls and boys may even be drawn into dangerous lifestyles in order to provide for themselves and their siblings, especially if they have been unable to find psychosocial support. If these vulnerable children are to become healthy contributing members of society, efforts must be made to identify and build on local support mechanisms.

Objectives of Module 2

At the completion of this module you will have the knowledge and skills to:

*   share basic information on HIV/AIDS
*   understand the impact of HIV/AIDS on children, families, and communities

- gain a basic understanding of Malawi's Governmental, non-governmental organizations and infrastructures that address the issue of HIV/AIDS and the care of orphans and other vulnerable children
- begin to understand how community development and the UN Convention on the Rights of the Child can be used to support vulnerable children.

Recommended Readings

The National Task Force on Orphans in Malawi. (1996). National Orphan Care Programme 1996 – 1998. Lilongwe, Malawi: Ministry of Women and Children Affairs, Community Development and Social Welfare.

OXFAM (1997). Thinking AIDS globally: Nambia version. Oxfam Canada.

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World Health Organization (1993). AIDS in the 1990's. WHO Reports, 52

Information on HIV/AIDS

HIV/AIDS has an enormous impact on children by increasing their vulnerability. Thus, it is important to have a basic understanding of HIV/AIDS and how it affects families and communities.

Activity 2-A

Divide into small groups.

What do you know about HIV/AIDS? Choose a person from your group to write the list of your group's responses on a large piece of paper.

When you are finished, share your list with the larger group.

Within the larger group, look for themes that are repeated from one group's responses to another, and try to arrange the information accordingly.

"The village is educating the youth about AIDS by informing them that AIDS is dangerous, so the boys and girls should abstain from sex in order to avoid contracting AIDS as they are the ones being infected; but due to misunderstanding, this is not working well."
   - Mapereka community focus group discussion

"In the past, we used to think that even if you looked at a person with AIDS, you could get it, but now we know that it is not true. We can avoid it by not using the same razor and not having sex with many partners..."
   - Domasi community focus group discussion

Activity 2-A: Points to Consider

HIV/AIDS

What is HIV/AIDS?
The Human Immuno-Deficiency Virus (HIV) is the name of the virus that causes AIDS.

This virus makes your body weak so that you get other infections like tuberculosis (TB).

AIDS is a syndrome. It is the collection of many conditions like TB and sores, and usually occurs after someone has the HIV virus for a long time.

If you have HIV/AIDS you will die, usually from one or a combination of the many infections.

HIV is contagious and continues to spread in most countries around the world.

Groups of people with less social power (i.e. women and children) are especially vulnerable to contracting HIV/AIDS.

Who can get HIV/AIDS?
*   anyone who gets infected blood or body fluids in their blood stream
*   anyone who is sexually active
*   all ages and genders (men, women, children, and the elderly)

How do you get HIV/AIDS?
*   infected blood getting into your blood stream through sex, open sores, used/dirty needles, used/dirty razor blades or other instruments, or blood transfusions
*   contact with infected menstrual blood (virus is ten times stronger than in any other blood)
*   contact with any other body fluids containing blood (diarrhea, mucus)
*   exchange of sexual fluids during sexual intercourse − especially semen
*   an HIV positive mother to the fetus during pregnancy
*   by having sex just once with someone who is infected, even with one partner

Social and cultural factors that increase the transmission of HIV/AIDS in Malawi:
*   *kulowa chokolo* (wife inheritance)
*   polygamy (many wives)
*   *kulowa kufa* (unprotected sex with widow to cleanse village of dead man's spirit)
*   *chimwanamaye* (the exchange of wives)

- *chifisi* (sexual initiation of young girls and bearing children for impotent males – foecies/hyena)
- circumcision with unsterilized instruments, or an open wound coming in contact with infected blood
- applying traditional medicine with a used razor blade

You do NOT get HIV/AIDS from:
- a curse or magic spell
- mosquitoes or insects
- hugging or kissing
- working with someone who has HIV/AIDS
- caring for someone who has HIV/AIDS if you take the necessary precautions
- sharing food or dishes
- public toilets
- swimming pools or lakes
- tears

How do you know that you are infected with HIV/AIDS?
- Take a reliable blood test.
- Often you do NOT know because you are not sick at the beginning of the disease. However, you are still infected and can pass it on to others.
- Later you get many diseases like tuberculosis (TB), yeast infections, diarrhea, open sores, pneumonia (bad cough), and fevers.

How do you protect yourself from getting HIV/AIDS?
- Do not have sex until you are married.
- Ensure that your partner is not HIV positive before having sex: both parties should know each other's sexual history and should be tested with a reliable blood test.
- Use condoms.
- Both parties have only one partner.
- Assume that everyone is infected even if they do not show symptoms.
- When caring for chronically ill patients, ensure that no open sores or cuts come in contact with any body fluids containing blood (wash hands with soap).

What are some general trends with HIV/AIDS?
- HIV/AIDS is spreading very rapidly.
- HIV/AIDS is especially prevalent in developing countries.
- Persons with poor health living in poverty are more susceptible to HIV infection.
- More and more women and children are being infected.

In general, the communities understand the modes of transmission of HIV/AIDS.

However, it appears that the patrilineal communities understand HIV/AIDS to be contracted through 'sexual promiscuity' and as a result patients and family members are openly stigmatized.

In the matrilineal societies, there remained a belief that HIV/AIDS is the traditional disease "kanyera" and that it can be contracted through witchcraft and hence does not carry the same stigma.

— Community focus group discussions

Why Should You Increase Your Awareness of HIV/AIDS?

It is very important to increase one's awareness of HIV/AIDS to assist in stopping the spread of this terrible disease; not only are people dying of this disease, but the impact that it is having on countries, communities, families, and children is enormous. The fact remains that children who have lost their parents are vulnerable and children who have lost their parents to HIV/AIDS are especially vulnerable. These children must cope with a long period of illness prior to their parents' deaths and the knowledge that if one parent dies from this disease then almost certainly the other parent will be infected and will become ill and die. This incredible loss combined with the stigmatization surrounding the disease HIV/AIDS, the lack of emotional support, and a decrease in family income dramatically increases a child's vulnerability.

The Impact of HIV/AIDS on Countries, Communities, Families, and Children

The cost of chronic diseases like HIV/AIDS is very high physically, emotionally and economically. Persons between the ages of 15 and 45 often have the highest rate of infection. Thus, not only are countries' medical costs increasing but they are losing the most productive part of their work force and the caregivers to the children and the elderly.

This is especially true for Malawi, thus putting an unmanageable strain on extended families and an overwhelming pressure on government and community resources. Considering the best case scenario, the National AIDS Control Programme estimates that there will be over 300,000 children by the year 2000 who are orphaned as a result of their parents dying from HIV/AIDS.

Figure 2
Impact of AIDS/HIV
(Adapted from, Thinking Aids Globally, OXFAM)

A Child's Story

Orphan-headed Household

My name is Ray and I am eighteen years old. I have three sisters and two brothers. My eldest brother does not stay with us. He moves about doing odd jobs and comes every once in a while to give us some money. My eldest sister is married. She is twenty and comes every day to see if we have food. She only got married late last year. Eleanor (sixteen), Ena (fourteen), Leo (twelve), and I live together. All three of them go to school. I left school because I do not have money for school fees. My eldest brother also left school because of the same problem.

My father built this house we are living in, but he died before he could finish it. My father died in 1995 and my mother died the following year. My eldest sister is the one who took care of them during their illness. Our relatives did not want anything but the property. They used to tell us that we would suffer once our parents were dead. My eldest sister was clever. When she saw things were bad, she hid most of the furniture at a neighbor's house so there was nothing for them to take. We still have most of this furniture. When my mother died we went to live with our grandmother but they were so cruel to us. They still wanted the furniture and they wanted this house. My sister argued with them everyday about this. In the end, we decided to go and live on our own in the same house they wanted. In the first few months, things were not easy. My uncle came almost everyday trying to get us to sell the house or give him the house but my sister and brother argued with them. No they do not help us. We are on our own.

We face many problems. We lack food, clothes and school fees. School fees are a real problem. Even when we work hard there is no way we can stay in school because we do not have enough money to pay for school. We have to pay MK100.00 a month. Ena has just written her standard eight exams and is worried. She does not know if she has passed and she does not know how she is going to find a place in a secondary school. She has big dreams. She wants to go to University to get a diploma in tourism. She wants to visit all the countries she has learnt about.

Eleanor does not care what she does. She just wants to get any job that can be found or run her own business. Leo wants to become a pilot but always complains because he does not have tea in the morning anymore. I guess he does not understand that times are hard. This is not the only meal we go without. Sometimes we do not have food at all. When we do eat, it is usually nsima *and boiled vegetables with salt. On days when we can say we have had a good meal then, it is* nsima *and fish. This is rare.*

I have to look after these three. The care I give them cannot match the one my parents gave us. I wish our parents were still alive. Every morning I wake up and try and think of ways of getting a meal. When our clothes are looking worn, I have to think of ways to get us some. I know my sister got married so that she could get away from these problems. At least she tries to share with us, the little she has, but she does not have much. Maybe one day I will be lucky and work in an office, but with the way things are, I don't think I will get to do that.

When we are sick, we look after ourselves. I usually take them to the hospital by bicycle. It is the best I can do. We all have friends but do not have too much time to spend with them because we have work around the house. The girls work around the house while Leo works in a shop in the market during the weekend. I look for work everyday so that we have food. We have closed off one side of the house and let that out so that the rent from there helps us. Most of the people here are nice to us but some of them tell us to get out of their sight because we are orphans. This is hurtful but what can we do? There is nothing we can do because we are orphans after all. We really miss our parents especially when there is nothing to eat. We used to dream of our parents for a long time but nowadays we don't. Sometimes we sit and chat about them and what we used to do with them. I remember that my father suffered a lot during his illness but he wasn't sick for a long time. His relatives were so happy that he was sick it was horrible. Even though they treated him like this, he left a will leaving some money for my grandparents but they still do not treat us nicely. I really wish our parents were alive. At least they would know what to do.

Activity 2-B

Divide into small groups.

Think of a child in your community that has experienced the loss of his/her parents due to HIV/AIDS. What types of problems did they face as a result of their parent's illness and subsequent death? When thinking of problems, refer to the problems faced by the family in Figure 2 on page 2-7 and the story "Orphan-headed Household" on the previous page. Be sure to look at the child's physical, developmental, spiritual, and emotional needs when considering this question.

Have one person in your group record the group's findings.

When all the groups are finished, report your group's findings to the larger group.

Potential Impact of HIV/AIDS on Children

Health Problems

- malnutrition
- loss of health care
- decreased immunization
- increased exposure to HIV infection
- increased deaths of children under age 5
- slowed development
- increased risk of suicide
- premature death

Economic Problems

- increased expenses for care
- decreased schooling
- lack of adequate shelter
- loss of land/inheritance
- decreased access to health care
- increased demand for children to work
- loss of family income
- lack of food
- crime
- forced migration

Psychosocial Problems

- stress
- fear
- loss of self-esteem
- loss of home
- loss of education
- loss of nurturing, love and care
- loss of identity
- increased chances of abuse/neglect
- grief/sadness
- self -blame
- loss of parents
- loss of stability/security
- loss of role models
- loss of family
- stigmatization

What Children Reported During the Research

The following statements are challenges to the children, expressed by the children during the research:

I lost my property.

I no longer have care and love from my parents.

I am mocked by my peers.

No one told me that my parents were sick.

No one told me when my mother died.

Now I don't have enough food and my clothes are all worn out.

No body seems to realizes that I still need love and care.

I didn't know that I had the right to go to school and be well cared for (and responsibilities).

I didn't know that my mother/father has remarried.

My parents are both gone, so now my sister takes care of us.

Activity 2-C

In the large group, discuss the following:

Thinking of the same child from Activity 2-B, what was the impact on the family as a whole? Refer to Figure 2 on page 2-7. Record the group's responses on a large sheet for everyone to see.

Potential Impact of HIV/AIDS on Families

Health Problems
* illness
* chronic illness
* malnutrition
* loss of health care
* reduced ability to care for children and elderly

Economic Problems
* increased expenses for care
* increasing number of dependants
* loss of family income
* loss of income earners
* lack of food
* lack of adequate shelter
* decreased access to health care
* loss of land/inheritance
* forced migration

Psychosocial Problems
* stress
* grief
* loss of family members
* break up of family (fostering/adoption)
* loss of stability/security
* inability to provide nurturing, love, and care
* change in family structure
* stigmatization
* gradual decrease in ability to provide emotional support (burnout)
* feelings of helplessness

A Parent's Story

Hara's Mother's Story

My husband died in hospital early last year so there was no time to go to the traditional healer. He did not have a younger brother and his relatives did not want to support me so my children and I moved back here. I have two daughters and a son. Hara is the oldest and has left school because her uncle cannot support her anymore and we cannot get a transfer. She helps me with household work around the house and early in the morning, she works in the garden.

Life has not been easy since my husband died. Look at my hut, it is falling apart. I will have to find some piecework so that I can buy the poles and grass for the roof. That way the men in the village can repair the house. I do not have a job so when we need clothes, food, and other necessities I go out and work on other people's gardens. Sometimes Hara helps me. The money I get from this I use to buy what we need. When my children are ill I take them to the traditional healer whom sometimes treats them for free. The hospital is too far away. I need transport money to get there and back, so I only take them there when they are seriously ill.

At the moment, things are very difficult so we only have one meal a day, which is nsima *(maize meal) and boiled cassava meal. I usually make sure that we eat late in the afternoon so that my children are full at least when they go to bed. Hara is almost a woman and may get married. If this is her wish to do so I cannot stop her. At least her husband will support her. In the past, we were able to control these things. Girls were allowed to get married at the age of fifteen or sixteen and would attend initiation ceremonies so that they are given advice on our culture. But today these children mature so fast we cannot stop them. They only get initiated after or when they are getting married. It's a shame but with all the troubles, these days parents do not have much say.*

"Projects around the house stop because most of the attention goes to the caring of the sick. As a result the family gets poorer and poorer and sometimes they have to sell off some possessions to get money."
  - Community focus group discussions

Activity 2-D

In the large group discuss the following:

> *Drawing on personal experience, what impact has loss and illness from HIV/AIDS had on your community? What might some of the long-term effects be if things continue as they are?*

Choose a person to write all of the responses down on a large sheet of paper for everyone to see.

"Caregivers tire of looking after the sick because of the lack of improvement on the part of the chronically ill, and the duration of the illness."
  - Community focus group discussions

"Long ago there was love for the sick from the one caring for the sick and their friends. Now there is little love because the person is sick for a very long time, and people cannot cope."
  - Community focus group discussions

**Activity 2-D:
Points to Consider**

Potential Impact of HIV/AIDS on Communities

Health Problems

*   illness
*   chronic illness
*   malnutrition
*   increased mortality
*   spread of HIV/AIDS

Economic Problems

*   increased poverty
*   loss of property/wealth
*   increased number of dependants
*   loss of skilled labour
*   loss of income earners
*   decreased education of members
*   decreased health of members
*   decreased productivity

Psychosocial Problems

*   stress
*   grief/sadness
*   loss of members
*   break down of infrastructure
*   feelings of helplessness
*   gradual decreased ability to provide emotional support (burn out)

Malawi's Official Support System for Orphans

Throughout the world there are organizations that work towards the well being of all children such as the United Nations International Children's Fund (UNICEF), Save the Children, and World Vision.

Within Malawi there are several levels of care that exist to ensure the well being of vulnerable children, especially those orphaned by the HIV/AIDS pandemic. They also strive to strengthen families and communities to better meet the needs of the vulnerable children.

At the National Level there is the Ministry of Women, Youth and Community Services (*MOWYACS*) and within this body there is a multi sectorial *National Task force for Orphans* that is specifically responsible for the well being of orphaned children.

Following the signing of the UN Convention of the Rights of the Child, in 1990, Malawi made a *National Programme of Action* to address the situation of orphans. Then in 1991, following a National consultation, policy guidelines were established and the National Task force was created. This multi sectorial task force then elaborated on the *National Programme of Action*, creating a *National Orphan Care Programme (NOCP)*.

To assist in the implementation of these government policies a complete hierarchical structure has been developed. Within the *NOPC*, there are three Regional Social Welfare Offices (*RSWO's*) that operate within their region and report to the *NOCP*. The *RSWO's* are operated by Social Welfare Officers (*SWO's*).

Each Region is then divided up into 26 Districts. These District Social Welfare Offices are run by District Social Welfare Officers (*DSWO's*) who employ District Social Welfare Assistants (*SWA's*). These *SWO's and SWA's* are usually part of a multi-disciplinary team called the District Aids Co-ordinating Committee *(DACC)*, that works together on orphan care issues. Within the three DACC's/DSWO's there are four sub committees, the Orphan Care Techni-

In Malawi a child is considered an orphan if they have lost one or both of their parents.

cal Sub-Committee *(OTSC)*, a Youth Care Technical Sub-Committee *(YTSC)*, a Home-based Care Technical Sub-Committee *(HBCTSC)*, and a High Risk Care Technical Sub-Committee *(HRTSC)*. These sub-committees report to their appropriate *DACC/DSWO*.

Then at the community level there is the Community Aids Coordinating Committee/Community Technical Sub-committees *(CACC/CTSC* 's)* which operate under the District *OTSC* in each community. These *CACC/CTSC's* are then taken down to the village level. Each village has a Village Aids Co-ordinating Committee *(VACC)* which in turn has an Orphan Care Technical Sub-Committee *(OTSC)*, a Youth Care Technical Sub-Committee *(YTSC)*, a Home-based Care Technical Sub-Committee *(HBCTSC)*, and a High Risk Care Technical Sub-Committee *(HRTSC)*.

National Orphan Care Programme Report, April 1996

Figure 3
Malawi's Official Support System for Orphans

Government Strategies and Policy Guidelines for the Care of Orphans in Malawi

The following government strategies are mainly from the *National Plan of Action and Orphan Care Programme*, 1996.

1. Committee infrastructure coordinated by the Ministry of Women, Youth, and Community Services

2. Supporting training of governmental and non-governmental workers in counseling to help families cope with the burden of orphans

3. Empowering and supporting extended families and communities in caring for their orphans

4. Foster Care and assistance from social workers if orphans are unable to be cared for by extended family

5. Adoption

6. Public assistance program and government donor solicitation – donations to orphans to address physical needs

7. Institutional care if no other support is available – to be temporary with a focus on tracing relatives

8. Registration of Orphans through CACC and the identification of vulnerable children

9. Individual Home Needs Assessment to plan interventions

10. Establishment of a data base

11. Encouragement of Birth and Death registration

12. Hospitals to record names of the next of kin

13. Acknowledgment of decreased psychosocial capacity, especially around dealing with grief

14. Advocating for Children's Rights; "The Day of the African Child" June 16th of each year

15. Ensuring that orphans benefit from their deceased parents' estates

16. All interventions to include all orphans regardless of the cause of parental death or the gender or religion of the child

17. To continue to research, monitor and evaluate the situation and the interventions
18. Creation of seven key principles to identify a vulnerable child

What is Being Done for Vulnerable Children in Malawi?

The Government of Malawi has made a commitment to the well being of their children, by:

* signing the UN Convention on the Rights of the Child,
* drafting policies
* slowly beginning to realize these good intentions.

The reality remains that funds, trained personnel, and transportation are limited. Though communities where there is government involvement have benefited from the DACC/CACC/VACC structures, other communities are without as there has not been adequate staff to fill these positions. Still other communities feel that they require more assistance as their voices are not being heard at the government level, as no one from the district level has ever visited. These communities feel that more government involvement is required to motivate and mobilize their community. Traditions and cultural practices also run deep, sometimes making the realization of some of these policies difficult. Though the government is in principle supportive of orphans benefiting from their deceased parent's estates, land grabbing by relatives is still a major problem.

Thus, the cooperation and collaboration of supportive government policies, governmental and non-governmental workers and funds, and communities themselves is necessary to ensure the well being of Malawi's vulnerable children.

Guardian (Male)

I have three children whom my son left upon his death. He used to work in the mines in Zambia, but no compensation was paid to me after his death. These children are young. One is in standard two, the other in standard five and the other in standard six. These children do not understand that I can only do my best to see that their needs are met. Every day they accuse me that I am favouring. I try and share everything equally among them but they do not understand that each one of them cannot have a full plate. I really do not know what to do. I cannot cope, I do not have money and they feel that I do not do enough. Maybe you can help me. Tell me what to do. I am not young anymore and just feel useless.

Activity 2-E

Divide into small groups Pick a person to read out loud the following article "Strengthening the Care of Orphans through Community Development and the UN Convention on the Rights of the Child." Then discuss the following:

> *When working with a community, what are some key points that would allow you to be accepted into the community and to make a positive difference?*

List all the responses on a large sheet for everyone to see.

The communities did not cite any rights of children, just responsibilities. However, the children sometimes told them about these children's rights. This left parents at a loss, as they did not know or understand children's rights.
  - Community focus group discussions

Strengthening the Care of Orphans through Community Development and the UN Convention on the Rights of the Child

At the village level, the community, the family and extended family are ultimately responsible for their children. It is by supporting these systems that donor agencies, non-governmental and Governmental agencies, and committees can strengthen the possibility of children being well cared for as a child's needs are ideally met within this context. Traditionally family, community, and culture keep children safe and provide children with the support and guidance they need to develop physically, emotionally, spiritually, and socially.

With the number of orphans and the negative impact of HIV/AIDS on children continuing to increase, strengthening this first line of defense (family, community, culture) for children and providing the community with resources is critical. This can be done through community development strategies and drawing on advocacy tools such as the UN Convention on the Rights of the Child. These tools can help communities take responsibility for their orphaned children and become proactive in providing for these children's needs and protecting their basic rights.

As the government of Malawi has made a commitment to ensure children's well being by signing and ratifying the UN Convention on the Rights of the Child, communities can request support to help them better care for their children.

This can take the form of supporting families or if families are no longer intact, then by developing other community care systems.

By focusing on the children, and ensuring their well being through sustainable initiatives, communities often benefit in other areas because the children offer an entry point to other community development strategies.

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

Preamble, UN Convention on the Rights of the Child

Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration.

Preamble, UN Convention on the Rights of the Child

Activity 2-E:
Points to Consider

Principles for Effective Community Development

- Be culturally respectful — know the community, its structure, values, and traditions.
- Involve Traditional Leaders and other influential leaders.
- Build relationships.
- Work in partnerships.
- Communicate with all participants.
- Build on strengths.
- Involve and support children and youth.
- Involve and support families.
- Involve and support communities.
- Ensure community ownership by empowering them to take action.

Activity 2-F

In your groups, discuss the following:

> *With the knowledge that you already have on the UN Convention on the Rights of the Child, how do you think that this document supports children? What might be some of the challenges in realizing these rights in the community?*

List all of the responses on a large sheet for everyone to see.

It is obvious that the Village Headman has the mandate to mobilize the community and electing him as chair would ensure that the project takes off the ground.
   - Community focus group discussions

"We do not know much about Children's Rights, we just hear about it. Maybe, if we are educated on this, we may be able to understand and help the orphans."
   - Clan heads, Mosiya

**Activity 2-F:
Points to Consider**

How the UN Convention on the Rights of the Child Supports Children

- defines children
- puts the well being of a child first (Best Interests)
- ensures that all children are treated equally (Non-discrimination)
- is a holistic framework for all aspects of a child's development
- identifies the importance of families, communities and culture
- creates a system for monitoring children's well being
- creates a system for mobilizing resources for children

a n d ...

Gives children the rights to:

- life
- survival
- protection
- development
- participate in decision making and to share their views.

Summary

The impact of HIV/AIDS is often overwhelming. It therefore becomes even more important to ensure that the community has a basic knowledge about HIV/AIDS and how to prevent its devastating effects. By combining this knowledge with current strategies being used by the government and NGO's working in the community, community development principles, and the UN Convention on the Rights of the Child, action plans supporting children can be created and realized. It is these combined efforts and actions that will better the lives of Malawi's most vulnerable children.

"Parents and teachers must inform their children and school pupils respectively regarding HIV/AIDS prevention."
  - Domasi community focus group discussions

Evaluation

Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestion that would assist us in better meeting these objectives?

MODULE 3

Applying the UN Convention on the Rights of the Child to Caring for Vulnerable Children

"Considering that the child should be fully prepared to live an individual life in society and brought up in the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity"

Preamble, UN Convention on the Rights of the Child

Introduction

When working with communities, it is often the well being of the children that is of primary concern, especially with the increasing number of orphans and vulnerable children and the limited resources to meet their needs. Module 3 looks at ways in which a child rights perspective can support the well being of children and youth within their extended families and communities, and culture. Three primary documents that support the rights of Malawi's children are the:

- UN Convention on the Rights of the Child
- Kadoma Declaration on Effective Participation in Local and Global Child Development
- Charter on the Rights and Welfare of the African Child.

In addition, Malawi has amended its *Constitution and Laws* to better support their children.

The above documents outline children's basic rights to a life of dignity, including life itself, survival, development and protection. They offer special consideration for vulnerable children such as orphans.

This module examines how these documents can be used to support vulnerable children.

Objectives of Module 3

At the completion of this module you will have the knowledge and skills to:

- identify various categories of children's rights
- understand how children's rights strengthen family, community, and culture
- develop strategies to better meet the rights of vulnerable children
- use Malawi's Constitution and Laws, the UN Convention on the Rights of the Child, The Kadoma Declaration on Effective Participation in Local and

Global Child Development, and the Charter on the Rights and Welfare of the African Child as supports and tools in meeting the needs and rights of vulnerable children in the community.

Recommended Readings

Goulet, L., & Rothwell, K. (1995). The UN Convention on the Rights of the Child. University of Victoria, Canada: Unpublished Manuscript.

Himes, J. (1995). Implementing the Convention on the Rights of the Child: Resource mobilization in low-income countries. The Hague: Martinus & Nijhoff Publishers.

Malawi Government, The Constitution of the Republic of Malawi. Zomba, Malawi: Government Printers.

UNICEF (1997). The progress of nations. New York: UNICEF.

The UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child is a legal document that sets minimal acceptable standards for the well being of all children. It has been agreed upon and signed by almost all nations around the world and once ratified by a government becomes legally binding through the United Nations. This means that the government has a legal obligation to ensure the well being of their children within their families, and within their particular social and cultural context.

The UN Convention on the Rights of the Child came into being in 1990 and is one of the only human rights treaties that has been signed and ratified (accepted) by almost every nation in the world (non-ratified states include the United States of America and Somolia).

"Most of the people in the village do not know about Children's Rights, they say that food and the clothes we get are our rights."
   - Orphans, Mosiya, Namwera

The Charter on the Rights and Welfare of the African Child

The Charter on the Rights and Welfare of the African Child is a written statement that grants certain rights and privileges to African children. It was drawn up by the Organization of African Unity (OAU) to compliment the UN Convention on the Rights of the Child by being more specific to the African context. For example, the Charter differs from the UN Convention on the Rights of the Child in a number of areas. It has a cast iron definition of childhood as the period under the age of 18. This prevents children from being recruited into the armed forces between the ages of 15 and 18. The Charter also emphasizes not only children's rights, but also their responsibilities to their family, society, and state. Finally, the Charter also provides for its own enforcement procedures, appointing its own Committee of Experts on the Rights and Welfare of the Child. Under this system, states parties are requested to report every two years compared to every five years for the Committee on the Rights of the Child.

The Kadoma Declaration on Effective Participation in Local and Global Child Development

The Kadoma Declaration on Effective Participation in Local and Global Child Development advises Governments and other parties in sub-Sahara Africa on various issues concerning the African child. It focuses on effective participation in local and global child development. It was drawn up by non-governmental organizations (NGO's), government agencies and UNICEF due to their concern for the deepening crisis of Africa's children.

The main themes include:

• filling the education gap
• addressing the effects of armed conflict on child development
• tackling environmental risks to child development

- developing health and nutrition strategies
- reaching the most vulnerable children
- linking structural adjustment and child development policies.

Constitutional and Legal Support for Malawi's Children

The Constitution of the Republic of Malawi states that all laws and policies in relation to children should encourage and promote conditions conducive to the full development of healthy, productive, and responsible members of society. It also states that the family should be recognized and protected as a fundamental and vital social unit. The Constitution states children's basic rights to:

- be treated equally
- a name and nationality
- know and be raised by their parents
- protection from work that is exploitive, harmful, or interferes with their education
- education
- language and culture
- special consideration with respect to development.

Specific Malawian laws designed to protect the welfare of children include the:

- Adoption Act, Chapter 26:01
- Children and Young Persons Act, Chapter 26.03
- Affiliation Act, Chapter 26.02
- Maintenance of Married Women Act, Chapter 25.05
- Wills and Inheritance Act, Chapter 10.02.

Understanding the UN Convention on the Rights of the Child

The UN Convention on the Rights of the Child contains five main themes:

1. It defines a child as a person between 0 and 18 or age of legal majority (Article 1) and identifies children as vulnerable members of society.

2. It grants children the same rights as every other human being, including:
    *   social rights
    *   economic rights
    *   cultural rights
    *   civil rights
    *   political rights.

3. It has a developmental perspective (changes with the age of the child), thus ensuring that children's physical, cognitive, emotional/psychological and spiritual rights are met in accordance with their developmental stages – *a seven year old may help out in the garden, but to ask a two year old to work for an hour in the garden would not be OK.*

4. It outlines the duties and responsibilities to children, including:
    *   the duties and responsibilities of adults, including families to their children (Article 18)
    *   the duties and responsibilities of Governments/States to support parents and guardians in their child-rearing responsibilities (Article 4, 5, 18)
    *   the duties and responsibilities of Governments/States to develop services for the care of children (Article 18).

5. It sets a minimum standard of care for all children (Article 4, 27).

There are also four guiding principles upon which the Convention on the Rights of the Child is based:

*   All children have the inherent right to life, survival and development (Article 6).

Care given to the children when their parent is sick is mainly done through "giving them food and bathing them, but full responsibility of caring for them is not taken up by the caregiver."
  - Mosiya community focus group discussions

"A lot of orphans are dropping out of school and trying to get employed to try and provide for their needs."
- Community focus group discussions

- All children should be treated equally (*non-discrimination*). Thus vulnerable children such as orphans should have the same opportunities as other children (to be cared for, to go to school...) (Article 2).
- In all policies and decisions regarding children, the well being of the child should be the primary consideration (*best interests*) (Article 3).
- The views of the child should be taken into account in all decisions concerning them with the weight of their opinion varying depending on their age, and maturity-evolving capacity (*participation*) (Article 12).

For the Day of the African Child, the Government of Malawi produced a pamphlet that outlines 32 of the 54 rights described in the UN Convention on the Rights of the Child. It also looks at balancing rights with responsibilities for the Malawian Child. See Figure 4 on the following two pages.

Figure 4

Figure 4 (Continued)

The rights of the child listed in the UN Convention on the Rights of the Child's 54 articles can be loosely grouped into four main categories:

1. **Survival**
2. **Protection**
3. **Development**
4. **Participation**

On the whole, the communities report that nothing is being done to address these needs. However, school can be seen as meeting some of the psycho-social needs as it provides the element of friendship and exposes the child to the wider society.

- Key informant, Mosiya

Activity 3-A

Divide into small groups and discuss the following questions:

> *What might some **survival** rights be?*
>
> *What might some **protection** rights be?*
>
> *What might some **development** rights be?*
>
> *What might some **participation** rights be?*

Record all responses on a large sheet of paper.

In your groups, review the information you have recorded for each of the four main categories: Survival, Protection, Development, and Participation.

Share these with the larger group.

Pull out common themes and stories to illustrate these rights.

"...it was also noted that the orphans needed to be involved."

- Malekano & Kabuthu community focus group discussions

"There should be the formation of youth clubs at the village level to assist in orphan caring and recreation."

- Malekano & Kabuthu community focus group discussions

Activity 3-B

In the larger group, discuss the following:

> *Why do we need to know about these rights?*

Record all responses on a large sheet of paper for everyone to see.

Communities did not cite any rights of children, just responsibilities.

- Community focus group discussions

**Activity 3-A:
Points to Consider**

Four Cateories of Children's Rights

Survival looks at the provision of adequate:

- food
- shelter
- clean water
- primary health care.

Protection looks at protecting children from:

- abuse
- neglect
- exploitation – sexual, labour,
- war.

Development looks at ensuring normal physical, emotional and psychological development through the provision of:

- formal education
- constructive play
- health care
- a caring and nurturing environment.

Participation looks at children and youth being a part of their social environment and having some say and access to information in different aspects of their life:

- civil (a name and identity, non-discrimination and protection)
- economic (to participate in economic activities if desired)
- political (freedom of expression)
- cultural (freedom to participate in cultural activities)
- religious (freedom to choose a religion)

Why We Need to Know about the Rights of Children

- to protect the child
- to support the survival of the child – medical
- to know the roles that children play in the communities
- to be able to understand that children have emotions
- to know what children's emotions are
- to understand the developmental perspective of the child in terms of what a baby needs versus what a 10 year old needs and has the right to
- to understand the social needs of the child
- to help one identify the most vulnerable – the one with the most violation of their rights
- to justify asking for help and putting children as a priority in terms of allocation of resources
- to support workers when soliciting for orphans and vulnerable children

All of these rights are important to know and understand as they safeguard children from harmful situations and ensure that their well being is protected.

Activity 3-C

The following activity is a role play.

Break up into groups with each group representing a family. Within each group, choose two parents, an uncle, and a grandmother with the remainder of the group being the children. Choose a variety of ages.

The oldest child has just come home from school and has heard about her or his rights. Play out a typical scenario and try to come to an understanding with all parties about what children's rights are and how they fit within the family, the community and the culture.

- *Do children's rights take away their parents' rights?*
- *How might rights and responsibilities fit together?*
- *Do the rights change according to the child's age? How about the responsibilities of the child? Look at an infant, a 5 year old, a 10 year old and an older teenager.*

Share five minutes of your role-play and your conclusions with the larger group.

"We do not know much about children's rights, we just hear about it. Maybe, if we are educated on this, we may be able to understand and help the orphans."
  - Clan heads, Mosiya

Responsibilities of the Malawian Child

(The Day of the African Child, 1994)

- To bring love and peace in his family through good behaviour

- To respect and assist his/her parents, elders and other children

- To avoid abusive language

- To refrain from the use of alcohol and intoxicating drugs such as Indian hemp, marijuana, mandrax, cannabis, glue, cocaine, etc.

- To use his/her abilities for the benefit of the community

- To preserve and strengthen cultural values in his/her relations with other members of the society in the spirit of tolerance, dialogue and consultation

- To preserve and strengthen the independence, national unity and integrity of his/her country

"They do not have rights as such until after they are initiated."
  - Community focus group discussion

Child Rights Framework

Children having rights does not take away the rights of families, communities, and culture. The UN Convention on the Rights of the Child stresses that these social structures are a child's first line of defense as a child's well being is ideally met within the context of their family, community, and culture. Only if these structures are not meeting the child's needs or are harmful to the child in some way does the UN Convention on the Rights of the Child advocate for different options for the child. See Figure 5 for an illustration.

> **"Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding."**
>
> *- Preamble, UN Convention on the Rights of the Child*

The UN Convention on the Rights of the Child focuses on children's rights and stresses government's and society's responsibility to their children, in keeping with the typical principles of UN treaties. The Charter on the Rights and Welfare of the African Child; on the other hand, adapts the UN Convention on the Rights of the Child to the African context by outlining the responsibilities that children and youth have to their families, communities, and countries. By meeting children's needs and giving them the guidance, love, and training that they need, they are able to develop into responsible, happy, and productive adults. This is a gradual process. For example, a child aged 2 has less responsibility for their actions and to their family and society than a youth of 15 who is more capable developmentally and has received the necessary training to have more responsibilities.

Figure 5
Child Rights Framework

Activity 3-D

Divide into small groups.

Again, think of the children in your community.

What rights do these children have? Think of rights in each of the following categories:

- *Survival*
- *Protection*
- *Developmental*
- *Participation.*

How are these rights met within the family and community?

Is this different for children who have lost their parents due to HIV/AIDS?

Are these children unlikely to have their rights met?

If so, why is this? What makes these children more vulnerable?

Have one person record the group's responses to report back to the larger group.

Vulnerable Children

The reality remains that orphans are more vulnerable to losing their rights.

Orphans often:

- are discriminated against
- decisions are not made in their best-interest
- they are not allowed to participate
- they usually do not live, survive or develop as well as other children.

The UN Convention on the Rights of the Child outlines special rights for a child who is temporarily or permanently deprived of his or her family environment. These include the rights to:

- special protection and assistance by the state
- continuity in a child's upbringing
- maintain ethnic, religious, cultural, and linguistic background
- remain with their siblings and in their community wherever possible.

Article 20, UN Convention on the Rights of the Child

Rights of Children
Isolated by HIV/AIDS

HIV/AIDS affects all people without distinction; however, women, children and youth are particularly vulnerable to the effects of this illness. As the AIDS epidemic enters into its second generation, the poorest and least powerful increasingly bear the brunt of this disease. Orphaned children are doubly discriminated against: first, through the immediate loss of their parents, and second, to their loss of say and access to resources needed to survive, develop, and participate and become contributing members of society.

All of the rights outlined in the UN Convention on the Rights of the Child are aimed at creating a healthy environment for children and youth so that they are able to develop to their fullest potential. This includes meeting their physical, mental, emotional, developmental, and spiritual needs. It is important to move beyond 'survival' needs and look at children's long term developmental needs, including their need to grieve. This is important as these rights are often forgotten in order to meet the more pressing needs of food, access to clean water, and shelter.

Homework

For homework tonight form small groups and together read 'A Story of an Orphan-headed Household.' Discuss the following questions:

> *What rights do these children have? Are they being met? If not, how might they be?*

> *As a community worker, what might you do to facilitate change to ensure that the rights of these children were being met and protected?*

> *How would you approach and inform the community? Who would you talk to?*

Record your group's findings and discussions as a work plan to share with your organization. Share your work plan with the larger group.

A Child's Story

A Story of an Orphan-headed Household

My name is William. I am a young boy. My parents died three years ago. I live in Dzenje village with my two sisters and brother in this hut. It is the same hut that we used to live in with my parents. It was hard when my parents died. They were both sick for a long time and none of us knew what was going on, so we were afraid. We didn't know what would happen to us when they were gone.

Now my elder brother (16 years) does not live with us anymore. He lives in a nearby town. He is working at a maize mill, but he comes to see us almost every day. He brings some money to help us get by. He has just bought two goats to help us. He also repaired the hut.

My eldest sister (15 years) looks after us. We try and help around the house. In the morning, she makes sure that we have something to eat before we go to school. This is when there is food in the house. Only my younger sister Kary and I go to school. My younger brother Maxwell left school last year because he did not have a good pair of shorts. Even now with the 'new' pair that he has got, he still does not go to school. He wanders around the village trying to find some odd jobs he can do, so that we can have some money to survive on. But this is not easy. After school, Kary cooks food for all of us. She also goes to the river to fetch water and wash the clothes. Sometimes, we boys wash our own clothes. After that, she washes the dishes, and then helps our elder sister with any house hold chores that are needed. If she is not needed, then she does her school work or goes to play with her friends. Early last year, she used to have to look after our baby sister, but she died. My brother and I also help our sister around the house. Usually we sweep the outside yard or work in the small garden we have. When things are bad, we rent our piece of land to people in the village so that we can use the money for other things, but then we don't have enough food.

We have two uncles who live close by, but they do not help us. On rare occasions, they may help us with

When asked about their rights in the research, Malawian orphans asked for:
*   equal care
*   to be told about the death of their parent
*   love, care and compassion during illness, funeral and later while grieving
*   property left to them

some money when we have had no food for some days. If we have any problems usually, they do nothing to help even if we go them. Often, it is our neighbor who helps us. If we are sick, they may give us some medicine, and if they do not have any, they may take us to the traditional healer, or the hospital. Most of the time we go to the traditional healer because the hospital is too far away, and we have no one to go with. If we do go, there is usually no medicine, and we do not have money to buy medicine. There is a Mission hospital, but they charge for treatment, and we do not have the money, so we go to the traditional healer. Sometimes he treats us for free, or our neighbor pays him. If it is not a serious illness we use herbs to get better. Most of the time it is our eldest sister who takes care of us when we are sick. If we get very sick then she and my eldest brother decide what to do.

Life is hard. We do not have parents like the other children, and have to do everything by ourselves. We have to repair the hut when it is falling apart, try and find odd jobs to get money to buy clothes and live, and most of the time we bath without soap. We just go to the river and wash. We go hungry most of the time, especially if we cannot find casual labour for the day. My younger brother Maxwell has left school so that he can find odd jobs around the village. At least that way we are able to eat and buy clothes, but even though he has left school, work is not easy to find. Sometimes he tries to hunt for birds but he usually doesn't catch any.

Our biggest challenge is to survive. But even if this is so, most of all we lack our parents' care. Most of our friends are orphans. This is better because when we are playing with other children, they always have their parents' backing. But we, we have no one. When we have all been playing happily, the other children go home to their parents, but we only have ourselves to go to. When I sit alone, I dream of becoming a teacher or a businessman. Sometimes I wish that I could be a craftsman. I could at least weave mats, or build huts. My brother Maxwell would like to be a bus conductor.

Even though us boys suffer, I think that it is the girls that suffer most. We boys can stand up for ourselves,

Unfulfilled Rights

A starving child becomes ill and fails to develop physically or emotionally. An orphaned child has no parents to care for them. They are shunned and stigmatized in their community, do not have enough food to eat or enough money to continue with their schooling. They is no one to provide them with the nurturing, love and support that they require to develop into healthy adults or to work through their grief.

  - Community focus group discussions

The communities noted that "the property is for the children, the Koran teaches us that, but most of the time the husband's relatives take everything, especially if the deceased was rich."

  - Chiponde, key informant

but the girls cannot. They just have to take what people do to them. Kary has some problems at school because the kids call her an orphan all the time and she has no one to come home to and complain because there is nothing we can do. We are all orphans. So like us, she has friends that are orphans too. She is good at playing 'jingle," and enjoys herself. Sometimes she plays hopscotch, and chicken in the den. We boys like to play football and mess around in the water at the river. But life is not so easy.

In the evenings, especially on the weekends, we sit around and sing songs. Sometimes we sing songs that are on the radio, but most of the time we sing church hymns, more like in a choir. But, we miss having our parents, because they could do all of these hard things for us, but most of all they could tell us stories in the evening. I dream of my mother sometimes. The last time I dreamt of her, she was coming home from town with a basket on her head, and I was running to meet her joyfully, but then I woke up. My brother Maxwell also dreamt of her another time. She was standing in a garden near the house singing hymns, but she did not come to the house. He also woke up. We miss our parents. Now all we can do is dream.

Implementing and Monitoring Children's Rights for Orphans

By signing and ratifying the UN Convention on the Rights of the Child, governments make a commitment to implement and use the UN Convention on the Rights of the Child for the betterment of all the children. Thus they must take extra steps to ensure that:

- •   **vulnerable children's best-interests are considered**

- •   **vulnerable children are not discriminated against**

- •   **vulnerable children are able to survive and develop**

- •   **vulnerable children are allowed to participate in matters concerning them.**

This can prove to be a challenge, both to governments and communities. In principle, most people agree that children are important and should have the right to a life of dignity where they are nurtured, loved and cared for. Unfortunately, there are many practices within our societies that do not respect children and these are often difficult to change.

Activity 3-E

Form small groups. In your group, consider the following:

> *What is in place in Malawi in terms of ensuring the rights and well being of vulnerable children? How does this compare with the rights outlined in the UN Convention on the Rights of the Child?*

> *What might make implementing the UN Convention on the Rights of the Child difficult in Malawi? In general?*

List all of the responses as two lists on a large sheet of paper for everyone to see.

**Activity 3-E:
Points to Consider**

*Factors that Make it Difficult
to Implement the UN Convention
on the Rights of the Child*

- child poverty
- traditional practices that do not respect children
- insufficient support for working parents
- violence against children, particularly corporal punishment and sexual abuse
- insufficient information about and dissemination of the UN Convention on the Rights of the Child
- the lack of youth participation in communities and decision making as this threatens traditional ideas about a child's place: 'to be seen but not heard'
- child exploitation including child labour
- conflict and war
- the lack of information and education about the need to give priority to the needs of children ('first call').

Despite the difficulties discussed in Activity 3-E, many governments are still committed to doing what they can for the betterment of their children. This is enforced by a monitoring process that has been put into place, whereby each country is required to submit regular reports to the UN Committee on the Rights of the Child. The goal of the committee is to:

• promote awareness of children's rights
• mobilize help for countries to allow them to overcome obstacles to ensuring children's protection and well being
• publicize country reports and recommendations as a way to inform people and put pressure on governments to live up to their obligations.

Within these reports, governments must provide a review of their legislation, and the progress that has been made in ensuring the well being of children. The reports are open to public scrutiny and criticism, and offer an opportunity for individuals or organizations to offer a different perspective on the progress and shortcomings made in relation to meeting children's rights. It also creates an opportunity for governments and grass root organizations to engage in dialogue to find ways to help the children.

Non-governmental Organizations (NGO's) have a very specific role in this monitoring process as Article 44 invites "other competent bodies" to provide "expert advise." In some cases NGO's have submitted parallel reports outlining their perspective of the state of the country's children. They can also increase awareness about the UN Convention on the Rights of the Child, assist in the devising and implementing of strategies and continually remind governments of their committment to their children.

Using the UN Convention on the Rights of the Child in the Community

The same issues that make it difficult for governments to implement the UN Convention on the Rights of the Child affect communities. It is often unclear how to apply human rights at the community level to make a difference in the actual lives of

"Children these days are approaching the village headman for help when they see that their fathers' relatives are taking all of the property. This way things are changing, some of the property is going to the children."
  - Mosiya, Namwera, key informants

the children. It can feel like an overwhelming and impossible task and may challenge many traditional viewpoints.

It is important to remember that in most communities, children are seen as a culture's future. By protecting and nurturing these children a society is protecting its future. The UN Convention on the Rights of the Child is a tool to assist all parties concerned to put children first. It allows people to work together to try and make a positive difference in the lives of vulnerable children by letting everyone know what children require to survive, develop, and live a life with dignity.

Homework Report Back

It is time to report back the results of your homework activity. Each small group share some of the strategies that you devised to ensure that the rights of the children in the story of An Orphan-headed Household were met.

Record all responses on a large sheet of paper for everyone to see.

Community Strategies that Promote Children's Rights

- increasing the awareness of the community on the rights and the re- sponsibilities of the child
- allowing children and youth to have a say in their lives
- providing financial support or income generating programmes for spe- cific purposes to the most vulnerable - medical help, medicine, school fees, food, clothing, and basic household items
- training youth and children with marketable skills
- creating gardens and agricultural projects to feed vulnerable children
- raising funds to pay for secondary school fees for those who cannot pay
- creating flexible school hours to allow children to work
- protecting children from harmful working conditions
- monitoring children's well being and identifying the most vulnerable
- keeping homes in repair
- creating cooperative day cares and feeding centres
- educating people about HIV/AIDS to help stop the spread and decrease the stigma
- helping parents prepare wills and plan for their children's future
- ensuring that parents state what they wish to go to their children
- helping to sensitize traditional leaders, district officials, and civil au- thorities to ensure that property is not stolen under the guise of cus- tomary law
- visiting children and families with sick and dying family members to provide moral support and encouragement
- keeping siblings together if possible
- supporting extended families to allow them to continue to take in and care for orphaned children
- ensuring that children have someone to talk to
- developing recreation and youth programmes
- training teachers, community leaders, key organizations and churches, and families on:
    - normal developmental needs of children
    - children's grief
    - how to help children through their grief
    - community mobilization
    - the UN Convention on the Rights of the Child

Evaluation

Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestions that would assist us in better meeting these objectives?

Summary

There are many strategies that promote children's rights. It is important to remember that every little bit counts. Often just one person taking the time to help a child will make the difference in that child's life. There are many social resources that can be provided for children to decrease their vulnerability and enhance their resiliency, including:

* at least one stable caring relationship
* social support in, and outside of, the family
* a supportive school environment
* positive role models
* a balance of responsibilities and success
* positive experiences to allow one to feel sure of oneself.

The UN Convention on the Rights of the Child provides Social Welfare Workers, Community Development Workers, and other Human Service professionals with the backing to put children first and take action that will enhance the lives of children, their families and their communities.

Resiliency: the ability to survive adverse situations and become a healthy productive member of society.

MODULE 4

Helping Communities Care for Vulnerable Children

"There is no sight too high, when there is a common vision and the force of numbers working together."

Mennonite Proverb

Introduction

Module 4 provides participants with the knowledge and skills to carry out effective and culturally appropriate community mobilization to better the situation of vulnerable children. This module draws on experience of the "Starting from Strengths" Community Care for Orphaned Children Project and on input given by the communities themselves to help workshop participants identify their own strengths and those of their communities and organizations.

Objectives of Module 4

At the completion of this module you will have the knowledge and skills to:

*   identify family, community and cultural strengths and resources as well as weaknesses
*   assist children, families and communities identify the most vulnerable to help prioritize resources
*   assist children, families and communities in using their own strengths to help themselves,
*   help communities identify and implement strategies that promote children's well being
*   identify external supports for communities
*   facilitate a sense of responsibility in the community in using these supports to help their children.

Recommended Readings

UNICEF (1994). Towards national capacity building in Africa. Florence, Italy: UNICEF International Child Development Centre.

UNICEF (1993b). Capacity building: A prospectus. Nairobi, Kenya: UNICEF Eastern and Southern Africa Region. Unpublished Manuscript.

Williamson, J. (1995). Children and families affected by HIV/AIDS: Guidelines for action. New York: UNICEF.

The 'Triple A' Approach (*ma 'K' atatu*)

The importance of families, communities, and positive cultural practice to ensure the well being of vulnerable children cannot be over emphasized. Strengthening any one of these resources to assist families in better caring for their children makes an enormous difference in the lives of all of the children, especially the most vulnerable. How one actually mobilizes resources to do this is an important decision. One strategy that may be used by Social Welfare Workers, Community Development Workers, and other Human Service Professionals who work with children in their community, is the Triple A Approach. 'Triple A' stands for:

Assessment (*kukaona*)

Analysis (*kuunikira*)

Action (*kuchitapo*)

Figure 6
Triple A Approach

There should be "a program for caring for orphans by having a village committee to run the program, and the program should be headed by the chief."
- Mtema Political leaders

The Triple A approach is a tool to assess what is happening in the community. Using Triple A, the facilitator can help the community create a plan of

action to address their problems and build on their identified strengths. Positive relationships are very important in this process.

In order to effectively carry out the Triple A approach, several preparatory steps are required:

1. Gain access to the community.

2. Establish trust and respect in the community.

3. Find key members in the community – people who are well respected and offer an overall view of the community and can share information on traditional beliefs and culture.

4. Find key groups within the community to provide information about the state and well being of the community and the community's vulnerable children.

5. Be a good facilitator – ensure that the community is 'in the driver's seat' by allowing them to be in control of the process and to develop their own solutions.

Once this has been done, the Triple A process can begin.

Assessment

In the Assessment phase the person working with the community becomes a facilitator. They talk to key people in the community and bring groups of people in the community together to discuss the situation of vulnerable children and the problems that are faced. Information may be gathered on:

- needs of all children
- rights of children
- the number of orphans in the community
- the needs of orphans – physical, emotional, spiritual and developmental with special attention to the psychosocial needs
- coping strategies that orphans are using
- coping strategies that families are using
- strengths/resources within the community.

Research tools such as key informant interviews and focus group discussions can be used to gather this information. It is very important that people feel safe to be present and to participate. The facilitator must

The committee members noted that now that the community had seen what they have done, they are coming forward to join the committee. In addition, the surrounding villages are also asking if the same program could be set up in their village.

- Kabuthu community focus group discussions

ask the appropriate questions, encourage everyone to participate and be sure not to influence the responses if these assessments are to reveal accurate information.

When examining community structure and values, it is important to look at:

*   awareness of the psychosocial needs of orphaned children

*   differences in who is responsible for the children

*   role of extended families, especially uncles, in caring for and protecting orphaned children

*   role of other community members, children, and youth

*   marriage cohesiveness

*   existence of support structures for orphans

*   legal support for orphans such as wills and standby guardianships

*   definition of orphanhood in the two family systems: matrilineal and patrilineal

*   consistency of care for children especially with polygamy

*   cultural/traditional practices that support or do not support children.

A Researcher's Story

Maxwell's Story

I want to share with you my experience during the first phase of the research. During the second meeting when I was first introducing the research to the community, I had a chance to conduct discussion focus groups. One of the discussions was "contributing factors to orphanhood." Each of the groups came up with a similar list: HIV/AIDS, polygamy, vandalism, traditional mob justice, etc.

Later, the group was asked for their general consensus on what they had learned over the day's discussions and the newly introduced topic on the need for communities to take care of their orphans using the available resources. The group welcomed the approach

of the research and acknowledged the importance of the psychosocial needs of the orphans and the fact that they required no money. However, the village headman concluded the meeting by angrily proclaiming that the whole meeting was targeting and blaming him as he had three wives and therefore might die of HIV/AIDS and contribute to the number of orphans, and his nephew had been involved in some vandalism. He shouted to the top of his anger and banged the door as he went out saying that he would not attend such impudent meetings.

The whole house was quiet for a full five minutes, with every head down thinking of the theme of the meeting: Community-based Orphan Care. Thereafter, heart beats came back to normal and understanding community members soothed the situation as they continued to support the care of orphans and a change of the behaviours that contributed to more orphans. This gave me courage to continue though I wasn't sure what to do.

The following morning as I was leaving for the next village I met this same village headman. He asked where I was headed and I respectfully told him that I was proceeding to the next village, 15 km away to hold the same discussions around Orphan Care with them as they better understand what this means. At this point he apologized and stated that he had been void and narrow yesterday but had thought about it over the night and decided that he might die anytime and then all of these children would be left with no support. He then offered further support by providing the committee with a good portion of garden to plant maize for the orphans.

To win a community's favour, one needs to be tactful, persistent, respectful, and courageous. Remember, it is a slow process. You need to learn from them, be a good listener and never give up. You will see the results coming positive next time!

An orphan is also one below 18 or 21 that is living with a chronically ill parent.

"A village support group should be established to take care of the orphans, and this village support group should be trained in orphan care issues and rights and responsibilities of the child."
  - Traditional leaders, Namwera

"Church groups should materially and spiritually support orphans."
  - Widows, Namwera

Analysis

In the analysis phase the facilitator looks at the information brought forth in their observations and their discussions with individual community members and the different community groups. The facilitator tries to pull out different themes or common issues, for example:

- Which children are considered to be the most vulnerable?
- What are perceived to be the biggest needs of the vulnerable children (orphans)?
- Have the health, education, protection and psychosocial needs been identified? If so what are these? If not, one may wish to share this with the community.
- What community, family, and cultural structures already exist that support vulnerable children?
- What practices are not supporting the children?
- What resources are available (people, organizations − both formal and informal − and monies)?

This information is then brought back to the community. Ideally this should include all of the people and groups of people that were involved in the previous discussions (traditional leaders, professionals working with children, women, men, and children − including youth and orphans). The facilitator first shares this information so that everyone is aware of the whole picture and then helps the community to come up with a plan of action to address the issues. What are possible solutions?

The facilitator does not come up with the solutions. They are there to facilitate and point out information that was expressed by the community − Needs of Orphans, Strengths, Weaknesses, and Resources.

Action

In this Phase, the community decides on their plan of action and they then carry it out. When the action phase has been completed, the community worker goes back to the assessment phase to see if the interventions were successful and to decide on the next steps. In this way, the cycle can be continued and adapted.

Too often communities feel overwhelmed by the magnitude of their problems or get burned out and feel they cannot do anything to solve them. Sometimes they wait for external resources that never come. The Triple A cycle allows communities to build consensus and take positive action. With full participation of all aspects of the community, this process ensures that the responsibility and the power remain with the community members themselves. By helping community members identify not only their problems but also their strengths, extended families and communities, and their children, are supported. They are able to assist communities in identifying their priorities and workable solutions to these problems, which allows communities to take action.

"Ensure that guardians send all orphans to school."
  - Traditional leaders, Namwera

"Orphans should be told of the illness and cause of their parents or relatives death."
  - Widows, Namwera

"Income Generating Activities should be made available to orphan guardians so that they can be economically empowered and in turn assist the orphans."
  - Widows, Namwera

"Orphans should be encouraged to play with their friends during their free time to reduce their grief."
  - Widows, Namwera

"Teachers should tell us orphans what we missed in our absence."
  - Orphans, Namwera

Activity 4-A

Divide into three smaller groups.

Each small group is a community, with each member of the group playing the part of a different aspect of the community (orphans, families, schools, businesses, chiefs, religious groups, women). Choose one member of the group to be a community development worker with an NGO or government organization based in your community and have them run through one loop of the Triple A process. Focus on the situation of the vulnerable children.

The community worker should:

- *assess the situation by talking to the different members of the community to find out what is happening with the vulnerable children (orphans).*
- *analyze the information, identifying themes and reporting these back to the group.*
- *assist the group in coming up with a plan of action for the community to better the situation of orphans.*

Elect one person to take notes and to share your community's plan of action with the large group and how your community came to this conclusion. Be sure to:

- *state the size, location and structure of your community (matrilineal vs. patrilineal)*
- *identify which children are considered vulnerable and why*
- *list the primary needs of the vulnerable children, the strengths and weaknesses of the community and culture, and community and cultural resources that were discovered.*

Building on Strengths

The Triple A approach of mobilizing community resources aims to build on the strengths of the child, the family, the community and the local culture. This technique has been found to be highly successful for it fosters hope and motivation in the community.

Activity 4-B

Within your small group, look at the strategies of each group from the Triple A role play in Activity 4-A. Discuss how these strategies draw on the strengths and attempt to address some of the weaknesses to better meet the needs of vulnerable children. Share your findings with the larger group.

Story

Female Guardian

In 1996, I lost my son. He was shot on duty. He was a watchman. He had two wives. These women have returned to their home village and I am now looking after their children. There are ten in all. His first wife had seven children and the second wife had three children. These children are suffering.

I have nothing to give them. I cannot provide enough food, clothes, or soap. Sometimes we go hungry but there is nothing I can do about that. Almost every night when the children are asleep, I cry trying to think of ways in how I can bring up these children. All the children sleep in the same small hut that is falling apart, no property was left to me. I have asked people for favours to try and get some of the children in school and to buy clothes for them. They have torn clothes but I cannot afford to give them anything more. I am old and have no means of supporting them but these are young children and they need help.

**Activity 4-B:
Points to Consider**

Caring for Vulnerable Children: Family, Community and Cultural Context

Family Strengths:
Love and care
Someone to talk to
Siblings
Extended family

Community Strengths:
Committees (OTSC, DACC)
NGO's
Strong Chief
Roads and businesses
Hospital/traditional healer
School
Church/Mosque
Income Generating Activities
Youth Group Training

Positive Cultural Practices/Strengths:
Traditional systems of orphan care support
Polygamy in paternal culture when taken in by other family
Community gifts to the most vulnerable
Treatment by the traditional healer for free
Providing a role model for initiations
Formation of community orphan care committees
Formation of support structures (church group)
Extended family relationships (*amayi/abambo ang'ono*)

Family Weaknesses:
Illnesses/death of parents
Children caring for children
Loss of finances
Burnout
Mistreatment of adopted orphans

Community Weaknesses:
Loss of parents
Lack of money
No support for Orphans
No support for Village Head
Hospital far away
No trust
In fighting
No awareness of HIV/AIDS
Alcoholism
No playground/recreation

Negative Cultural Practices/Weaknesses:
Children not told of an illness/death or remarriage of parent(s)
Customs discriminating against women – no support from deceased father's family
Property grabbing, especially from women and children
Widow inheritance
Orphans caring for themselves while relatives are around
Unsupported grandparents caring for orphans
Polygamy when orphans are taken in but mistreated
Stigmatization
Lack of wills as do not want to talk about death before hand

- Community focus group discussions

Identifying the Most Vulnerable Children

Building on strengths and allocating resources for the well being of children is very important. However, the reality in most communities is that resources are limited, both in terms of time and money. Thus, it is critical to be able to identify the most vulnerable children as intervention with this group can mean the difference between life and death.

Activity 4-C

Divide the large group into three groups. Have one group be a group of 6 year olds, one a group of 10 year olds, and the other a group of 16 year olds. Within each group choose two participants to represent vulnerable children, with the others being their peers. Act out the interaction that might take place during a typical afternoon.

Consider what it is that makes the two participants vulnerable and how this affects their interactions with their peers.

Have each group act out their role-play to the larger group.

As a large group discuss what makes the children vulnerable. Does this differ depending upon the age of the children?

Write all the responses on a large sheet of paper for everyone to see.

Helen

I am in standard four but I am eleven years old. Both my mother and father are dead. I live with my grandmother but she is so old I have to find small jobs to do so that we can have food. Usually I go to school in the morning and find work in the afternoon. When things are bad, I do not go to school at all, I have to find food for all of us.

Activity 4-C:
Points to Consider

What Makes a Child Vulnerable?

- no parents
- no family
- no home
- no voice
- no education
- no money/poverty
- exploitation
- abuse
- humiliation
- discrimination
- isolation
- withdrawal
- failure to thrive/death
- disability
- age
- sex

With the rapid spread of HIV/AIDS, the number of children affected by the illness and the loss of loved ones continues to increase. This dramatically heightens children's vulnerability as one loss inevitably leads to another loss.

Meeting the Needs of Vulnerable Children

As communities become informed and are able to identify their strengths and their most vulnerable children through tools like the Triple A process and the UN Convention on the Rights of the Child, different solutions may emerge to ensure the care of their vulnerable children. As a child's well being has many dimensions, each affecting the other, these strategies will often be multi-faceted.

The most vulnerable children are the orphans whose parents have both passed away, as well as those staying with very old elders who are unable to support them.
  - Community focus group discussions

Strategies that Decrease Children's Vulnerability and Promote Their Well Being

Economic

*   income generating programmes to help vulnerable children and mothers
*   financial support for specific purposes, to go to the most vulnerable: medicine, school fees, food, clothing, and basic household items
*   training youth and children with marketable skills
*   gardens and agricultural projects to feed vulnerable children
*   fund raising for school fees for those who cannot pay
*   flexibility in school hours to allow children to work
*   ensuring good working conditions for children who have to work
*   cooperative day cares to let women and or older siblings work

Health and Education

*   ensuring that children can go to school
*   providing basic primary health care (inoculations, nutrition, safe drinking water)
*   monitoring children's well being and identifying the most vulnerable children

- keeping homes in repair
- establishing feeding centres
- helping families plan ahead: 'stand by guardianship'
- educating people about HIV/AIDS to help stop the spread and decrease the stigma

Protection

- helping parents prepare wills
- teaching women and children about their legal inheritance rights
- sensitizing traditional leaders, district officials and civil authorities to ensure that property is not stolen under the guise of customary law
- preventing and prohibiting child abuse (physical, sexual, mental and emotional)
- preventing and prohibiting economic and sexual exploitation

Psychosocial (emotional, cognitive and social)

- helping with sick family members
- visiting children and families with sick and dying parents to provide moral support and encouragement
- helping families thrive by supporting existing coping strategies and introducing new ways of coping
- keeping siblings together if possible
- supporting extended families to allow them to continue to take in orphaned children
- ensuring that children have someone to talk to
- talking about the future
- establishing recreation and youth programmes
- keeping children in school
- training school committee members, teachers, community leaders, and members of key organizations and churches and families on the UN Convention on the Rights of the Child, the Triple A process, and on the normal developmental needs of children, children's grief and how to help children through their grief

Accessing External Resources

Once the community has identified the importance of helping the vulnerable children for the children's and the community's well being, and has come up with one or more strategies to ensure the care of their vulnerable children, the next step is to implement these strategies. Often the community will be able to follow through with their plan of action without any assistance, but at other times, they may need a little help. It is at this point that identifying and accessing external resources can give the community just enough to get them over the hump, to allow them to make a positive difference in the lives of their children. These resources may take the form of government committee support, donations from non-governmental organizations or small-scale loans.

Activity 4-D

Within your small groups discuss the following question:

> *As a community facilitator, how could you assist the community in accessing external resources?*

Record and share your findings with the larger group.

Activity 4-D:
Points to Consider

Points to Help Communities
Access External Resources

1. **Become familiar with:**
    *   government policies and documents like the UN Convention on the Rights of the Child that support vulnerable children
    *   existing government structures
    *   non-governmental organizations that support children.

2. **Prepare a plan of action based on your findings from the Triple A process. The plan of action should:**
    *   identify all of the potential strategies and specify the strategies that cost and those that do not
    *   point out what the community is able to do and is doing without assistance as this increases the credibility of the community with potential funders/donors
    *   clearly identify what is needed and the potential results for the children
    *   identify how the UN Convention on the Rights of the Child, the African Charter, and Malawi's laws and consitution support your proposed action.

3. **Bring this plan of action to potential funders/donors.**

Summary

Again, it is important to stress that to help a vulnerable child lead a life with dignity where they are safe from harm, have adequate health care and education, and have a chance to develop and participate in local life, the best strategy is to help families and communities. Each one of the strategies outlined in this Module originated from the Triple A process carried out during the 'Starting from Strengths' project. These strategies help to create stronger families and stronger communities, and promote the rights of the child, which can make a significant difference in the lives of the children. For those children without family, a strong community can become their support. Caring, committed community members are able to identify vulnerable children's needs and find ways to ensure that these needs are met. If they are also aware of children's rights, they can be proactive in ensuring that these rights are not compromised, and assist in the allocation of resources to help the children.

Evaluation

Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestions that would assist us in better meeting these objectives?

MODULE 5

Understanding and Accompanying Children Through Their Grief

"If a person is old enough to love, they are old enough to grieve."

from **Helping Children Cope with Grief**

Special thanks to Cheryl Fertich-Saunders for her contribution towards the writing of Module 5.

Introduction

In order to truly understand how to put children first and implement actions that are in their best interests, as outlined in the UN Convention on the Rights of the Child, one must have an idea of what is considered to be 'normal' development for children. This information allows caregivers to meet the physical, spiritual, cognitive, social, and emotional needs of the children. It recognizes that children grow and develop, increasing their capacity to participate in decisions about their life.

As HIV/AIDS is spreading and parents are dying, this developmental perspective is especially important when considering children's cognitive, social, and emotional (psychosocial) development. Traditionally this psychosocial support, care, and love would be found within their family. When their parents die, many children are left without their traditional support system and must cope with the added stress of grief and loss. This heightened vulnerability of the orphans makes it even more important to ensure that their developmental needs are met, especially their psychosocial needs. One major factor in ensuring an orphan's well being is helping the child cope with their grief.

The way in which a child responds emotionally and cognitively to this loss or grief is shaped by culture and depends greatly on the child's developmental stage. Thus, it is essential to understand 'normal' development and identify what a child needs at the different stages of their life.

Objectives of Module 5

At the completion of this module you will have the knowledge and skills to:

- understand the stages of development that a child goes through from birth to 18

Members of the community noted that the children grieve about their parent(s) death and often withdraw and cry, especially at the funeral. Children also worry about their future, especially the older ones.
  - Community focus group discussions

- identify what grief is
- see the similarities and differences between adult grief and childhood grief
- recognize age-specific signs of grief
- give a child support when they are grieving
- use tools to help a child cope with their grief
- recognize 'warning' signs of when a child is in trouble and is not coping with grief
- help a child who is not coping with their grief
- use the UN Convention on the Rights of the Child and community mobilization to support you in helping children work through their grief
- better understand how culture shapes grief.

Recommended Readings

Fitzgerald, H. (1992). The grieving child; A parent's guide. New York: Fireside.

Goldman, L. (1994). Life and loss; A guide to help grieving children. Bristol, PA: Accelerated Development.

Jareg, E. (1992). Some guidelines to listening and talking to children who are psychologically distressed. Oslo, Sweden: Redd Barna, Unpublished Manuscript.

McCue, K. (1994). How to help children through a parent's serious illness. New York: St. Martin's Griffen.

Myers, R. (1992). The twelve who survive: Strengthening programmes of early childhood development in the Third World. London: Routledge.

Papenbrock, P., & Voss, R. (1988). Children's grief; How to help the child whose parent has died. Redmond, WA: Medic Publishing.

Papenbrock, P., & Voss, R. (1990). Loss: how children and teenagers can cope with death and other kinds of loss. Redmond, WA: Medic Publishing.

Children's Normal Development

"Child development" is a process of change in which a child continues to develop their skills of moving, thinking, feeling, and relating to others.

Characteristics of Child Development

Child development is **multi-dimensional**. It looks at how a child is performing:

•   physically (ability to move and coordinate)
•   emotionally (the ability to feel)
•   cognitively (the ability to think and reason)
•   socially (the ability to relate to others).

'**Psychosocial**' development refers to how a child is developing emotionally, cognitively and socially.

The different areas of child development are **inter-related** and must be considered together.

> *For Example: Emotional development affects physical and cognitive development. An emotionally stressed child who has not learned how to cope with their stress may show difficulties with their physical development and their ability to learn.*

Development is **continuous.** Development starts before birth and continues throughout life. How a child develops when they are young affects them throughout their life both in behaviour and in what they accomplish.

Interacting with people and things allows a child to develop. A child develops as they respond to, learn from, and seek to affect his/her physical and social environments. Stimulating and responding to children is very important.

Development is **predictable but unique**. All children follow a general sequence in terms of their development, but the rate, character and quality changes with each child. These variations are due to whom the child is, their environment (how much stimulation they receive), and their culture.

The main goal of a child's development across all cultures and individual differences is to adapt to, and try to gain some control over, his or her environment.

Environmental Influences on Childhood Development

- the immediate family or household
- the community or close social network and schools
- the larger society (social, political, religious, and economic context)
- the culture (values, rituals and beliefs)

  - From Myers, R. (1992) The twelve who survive

Activity 5-A

Divide into small groups. Within your group, discuss the following questions:

How do children develop in Malawi? Think of your own childhood. What were you learning at different ages? What affected this learning? What did you perceive to be your needs at these different stages?

Newborn to 23 Months

24-59 Months

6 - 12 years

13 - adulthood

What to Expect at Different Ages in a Child's Development

Newborn to 23 Months

When children are born they are physically helpless and totally dependent on others for their physical and emotional safety and well being. They require constant supervision as they have no sense of safety.

In the first two years of their life, they begin to develop skills that they continue to work on throughout their lives.

At first:

• children bond with their caregivers and develop feelings of love and trust if they have someone to care for them and meet their every need

• they start to feel other emotions such as fear and separation anxiety especially when their needs are not met

• they work hard to learn to move their bodies by themselves so they can hold up their head, sit by themselves, feed themselves, walk, and talk

• they learn to use their hands and eyes together to allow them to manipulate objects and throw things

• they develop their sense of vision, hearing, tasting, feeling, and understanding.

Over the course of the first two years they begin to:

• understand that they are separate from the rest of their environment and other people, especially their mother

• understand how objects work, cause and effect, and that things are still there even if they cannot see them

• understand what is being said to them and follow through with simple requests

• understand the consequences or effects of their actions and know right from wrong

• know the names of familiar objects, body parts, and concepts such as in/out or on/off

• become independent as they begin to do things for themselves and to play on their own for longer periods of time.

What to Expect at Different Ages in a Child's Development

24- 59 Months

Children at this age are working hard at 'fine tuning' all the skills that they have learned up to this point.

24-59 month olds:

*   tend to have a very high degree of energy
*   do the most learning around language and understanding and thinking for themselves
*   tend to be very self-focused, often thinking that they have a far greater affect on the world around them then they really do: 'magical thinkers'
*   learn social rules (culture) like the expectations within their families, schools, and communities, and general routines.
*   develop self-care skills (dressing, feeding, and toileting).
*   try to understand what is real and what is fantasy (may use imaginary play or have increased fears and nightmares)
*   think in the 'here and now'
*   find it hard to understand about things happening in the future
*   ask a lot of questions
*   need to experiment with concepts
*   start to understand the consequences/effects of their actions/emotions and to know right from wrong
*   begin school.

6-12 years

At this age, children continue to work on their skills and need a great deal of emotional support and a secure environment in which to do this.

6-12 year olds:

*   are involved in initiation ceremonies
*   begin to understand that another person's point of view may be different from their own
*   gain a greater understanding of emotions and how people are feeling (begin to be able to 'empathize' or put themselves into another person's emotional shoes)
*   begin to think logically about concrete things that they experience in their everyday life

**Activity 5-A:
Points to Consider**

What to Expect at Different Ages in a Child's Development

- have an increased understanding of social roles and norms, (like a man can be a father, a son, and a worker)
- begin to understand how objects relate to each other (a tomato, a cucumber, and an eggplant are all 'vegetables')
- are better able to solve problems as their memory skills greatly improve
- can understand most concepts that are explained to them
- can learn skills such as reading, writing, and mathematics
- have increased responsibility around the house.

13 - Adulthood

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

- are beginning to think about what may possibly happen as well as what is actually happening (thinking about the future)
- think primarily of themselves
- focus most of their attention on social relationships and personality characteristics of a person
- are developing a sense of themselves in relationship to the rest of the world to establish their own sense of identity
- experience a stronger division in the roles of males and females and may undergo a name change
- often begin serious relationships
- begin to think about abstract things like social class and how their behaviours ultimately affect their family or community
- gain an increased understanding of moral issues and what is right or wrong
- experience intense physical changes in the body (puberty)
- have increased emotional needs and insecurities
- see peer group interactions and friendships as critically important; these play a large part in the development of their sense of self and self esteem
- practice being an adult
- may get married (girls around 16-18 and boys around 18-20).

Duties/Activities of Children in Malawi According to Gender

(from Starting from Strengths research)

BOYS

Fishing
Playing football
Tending goats/herds

GIRLS

Pound maize
Go to the maize-mill
Look after the flour till it dries
Wash clothes and dishes
Fetch water
Look after younger siblings
Play house or ball
Do anything an adult would

BOTH

May go to school
Sweep house and compound
Run errands for parents and relatives
Work on the estates/outside of the house

Activity 5-B

In your small groups, think about how you would explain normal development to people in your community. Try to devise a basic chart that might explain the changes a child goes through. Also, think of what a child might need at the different stages/ages to support their development and how this might change as they get older?

Have one person in the group record the findings and report them back to the larger group.

**Activity 5-B:
Points to Consider**

Children Learn and Develop:

- by feeling loved, valued, and wanted by at least one person
- through playing and exploring
- practicing things over and over again
- by asking questions
- by watching role models
- through experience

Therefore Children Need:

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

Activity 5-C

In the larger group, discuss the following:

> *Looking at the needs of children identified in the previous activity, what do you feel the outcome would be if these needs were met? What would be the consequences if they were NOT met?*

Write these responses on a large sheet for everyone to see.

Basic Guidelines for Listening and Talking to Children

Working with children and youth requires certain skills just as does working with communities. It is especially critical that people working with children who are having a difficult time are able to listen and talk to them in a way that is helpful. Elizabeth Jareg has compiled some basic guidelines to help people work more effectively with children. The following points have been extracted from the longer guidelines, which can be found in Appendix A.

- **Start with yourself:** Look at your style of talking and listening, your comfort level and your attitudes.

- **Identify good listening:** Actively take in what is being said so that the child can release their feelings and feel recognized and understood.

- **Good listening and talking involves avoidance** of taking on the parent role, fully accepting what the child is saying, identifying with but not being overwhelmed by the child's story.

- **Points to consider:** planning, time, place, privacy, position, language used, confidentiality, how to understand lies, and how to conclude.

Activity 5-D

In the larger group do the following activity:

> *Given your knowledge on children's development, and what they need to become productive members of society, what would be important points to remember when talking to vulnerable children of different ages?*
>
> > *0-23 months*
> > *24-59 months*
> > *5-10 years*
> > *10 and up*

Write all of the responses on a large sheet of paper for everyone to see.

Activity 5-D: Points to Consider

How to Talk to Children of Different Ages
(from interviews with Starting from Strengths community workers, 1998)

0-23 Months
Use signs/facial expressions
Use touch
Be at the same eye level
Use objects/toys/food
Watch reactions

24-59 Months
Use language they understand
Talk to guardians
Talk to the children in the presence of their guardians so they feel safe

5-10 Years
Respect privacy/confidentiality
Realize they may have different views from their guardians
Use games, music, singing, stories, drama, or football
One-on-one – talk at the same level/volume
Use physical reassurance like touch

10 Years and Up
Ensure mutual respect
Remember that this age is very sensitive to issues
Be polite
Respect privacy
Find a comfortable environment
Use groups and one-on-one
Listen to what they are saying
Ensure confidentiality
Use own examples or a story of a peer

Affects of Grief on Children

Community members noted that "children do grieve but never really forget the death of their parents."

- Community focus group discussions

Activity 5-E

Divide into small groups and discuss the following:

Now that you understand the normal developmental stages and children's needs at these different stages, think of children who have lost their parents.

How would this be perceived in Malawi? How would the loss affect the child? Think of children that you know who fit into the different age categories.

Share your findings with the larger group.

Children's Stories

EDWARD

I am seventeen years old and in standard eight. I am living with my mother. My father died a quite a while ago. I lack many things like soap, clothes, bedding, but most of all the care and love of my father. Things are not the same without him.

SANDRA

I am ten years old and in standard five. Both my mother and father are dead so my grandmother cares for me. Usually we do not have soap, food, and school material. I do not even have a blanket. Living with my grandmother is not the same as living with my parents because she cannot give me the love that I need. We are many of us and she has to share her love with all of us.

Activity 5-E: Points to Consider

How Children Experience Loss of Parents in Malawi

(from interviews with Starting from Strengths community workers, 1998)

0-23 Months
Decreased ability to breast feed

Lost love and care

Isolation

24-59 Months
Lost love and care

Isolation

Environmental changes

Loss of development

Lack of role models

5-10 Years
Lack of parental care

Environmental changes

Lack of choices

Difficult behaviours (theft/drugs)

More school drop outs

Loss of hope for a better future

Lack of trust

Increased discrimination against them

Feel inferior

Decline in hygiene

Increased illness

10 Years and Up
Lack of guidance/role models

Difficult behaviours (rudeness, easily annoyed, drugs/alcohol, theft, promiscuity and suicide)

More school drop outs

Scared/fearful

Premature independence

What is Grief?

There are many, many kinds of losses and we all grieve them differently depending on the meaning they have/had in our life.

Activity 5-F

In the large group, discuss the following:

How would you define grief?

Write everyone's responses on a large sheet of paper for everyone to see.

Using these definitions of grief, what are some things or situations that a person might grieve about? Write all of the responses on a large sheet of paper for everyone to see.

Activity 5-F: Points to Consider

What is Grief?

Grief is our emotional response/feelings to an event that affects you, usually the loss of a person, thing, or an idea.

We can grieve many things:

- the death of a person
- separation from a parent
- loss of friendships
- loss of attention
- loss of an animal
- loss of a special object
- environmental loss (crop, flood damage, fire)
- loss through robbery or property grabbing
- loss of familiarity (moving to a new home/community)
- loss of a physical part of the body (arm, hair)
- loss of self esteem (from sexual/physical abuse, name calling)
- loss of status in the community or at school (stigma due to illness, poverty, failing a grade, not being chosen for a sports team)
- loss of achievement or opportunity
- loss of childhood
- loss of hope

Goldman, L. (1994). Life and Loss

A Child's Story

Hara's Story

My name is Hara. I am thirteen years old. My father died early last year. I live with my mother, younger sister Lilly, and brother in this run down hut. When my father was alive, I used to go to school, and I was in standard five. Upon his death, we had to move away from our father's village because there are no living relatives of his in that village, and we now live in my mother's village in Peter Mwangalawa. I can no longer go to school because we have no money to travel to my father's village to obtain a transfer certificate for my new school. Everything has changed since my father died, and my future is getting to become more and more uncertain. When he was alive, he provided for all our basic needs, and encouraged us to go to school. Now, we do not even have blankets. We have very few clothes, and usually only survive on one meal a day which we eat in the very late afternoon. My mother and I will have to find means of repairing our leaking hut once the rains are over.

Every morning I wake up at five o'clock in the morning and go and work in our garden until about ten o'clock. Then I go back home to wash plates. After this, I go to the river or one of the wells to fetch water. Once this is done, I go out to try and find some relish for our late afternoon meal. This is usually cassava or okra leaves. I then prepare the afternoon meal. After this, I rest a little while then return to the garden. At five o'clock I return to prepare the nsima for our meal. After we have eaten, I pack the plates in a basin and leave them for the next morning. I go to bed about seven or eight o'clock in the evening.

I miss my father very much and often cry when I am alone in the garden. I always feel that if he were still alive, he would make things better.   We would not suffer as we are now. I would still be at school and would help around the house when I got back. My younger sister and brother would have blankets and clothes. Our hut would not be in the state that it is. My mother tries her best, but there is not much she can do.

Whenever we need money, she goes out and finds some casual labour for the day so that she can buy

some food or clothing. Sometimes I go along and help her. Recently we bought a pig from the same money. We will never eat that pig. We are hoping that when things get difficult we can sell it. When we are ill, she takes us to the traditional healer. If he is one of our kinsmen, he treats us for free; if not we have to pay a little something. If mother sees that we are not improving, then she takes us to the district hospital that is some 25 kms away. Usually she will put the younger ones on her back and walk. If not, she will have to find some work on somebody's garden to get some money for transport.

When I sit alone and look at how things are, I wish I could go back to school some day so that I can get a job to support my mother, Lilly, and my brother. Lilly is eight years old is in standard two and wants to become a teacher. But I can't be sure that she will finish school and become a teacher. I feel responsible for everyone. My mother is getting old, and I need to get a job to help my family. But with things the way they are, I don't know if I can get a job or go back to school. Life at the moment is not easy and the future doesn't look so good. If only my father was around.

Activity 5-G

Divide into small groups. Read Hara's Story and discuss the following:

> What kinds of losses has she experienced?
> How have these losses affected her, both physically and emotionally?

Share your findings with the larger group.

Potential Affects of Loss/Grief

insecurity

isolation from peers

poor self confidence

feeling inferior

self blaming

poor sense of identity

lack of understanding social rules

mistrustful

unable to ask questions

loss of developmental skills

premature independence

It is not death itself that causes a child to suffer these affects, but rather their grief and the loss of love and care that they require.

Children who do not have at least one consistent nurturing person to meet their needs, may fail to:

• develop a basic sense of trust and consequently have difficulty with relationships (bonding with and trusting others), and developing self worth (ages 0-23 months)

• learn right from wrong (ages 24-59 months)

• adhere to cultural norms and values (ages 5-12 years)

• understand their role in society and who they are (ages 13-18 years)

Stages of Grief

There are three main 'stages' of grief that everyone goes through. However, a person tends to go back and forth between these stages and will move in/out of them at their own speed. Certain events can trigger feelings of loss and grief even long after a person has gotten over the initial 'stage' of grief. Grief is not 'static' or something that occurs over a specific time frame; grieving is a process with high and low points. Events such as holidays, the anniversary date of when the person died, even things like music, food, or celebrations like Sadaka, can cause a person to begin grieving all over again, though the feelings and reactions are usually not as intense as the initial grief.

Stage 1: Avoidance and Early Response

This is usually characterized by a sense of denial or feeling of disbelief that the person has really died. The person is often in a state of shock, and may feel numb, and experience any number of symptoms.

Stage 2: Acute Grief and Confrontation

During the acute grief stage, a person will experience many physical, behavioral, and emotional responses to their loss. These can include:

- sadness
- depression
- anger
- guilt
- anxiety/worry
- regression
- fear
- physical upset.

Stage 3: Adjustment and Re-establishment

In Stage 3 a person accepts that the death has occurred and is beginning to reorganize their life in their new reality. This is also the time when many of the symptoms that a person may have been experiencing surrounding the loss begin to disappear. The symptoms of grief no longer consume all of the person's thoughts and physical energy. These three stages are outlined in Figure 7.

Figure 7
Three Stages of Grief

Divide into small groups and do the following activity which explores the normal symptoms of grief.

Think of someone who has experienced the loss of something or someone. This may include yourself. How did they/you feel? Did they/you grieve this loss?

What were some of the symptoms of their/your grief? Include symptoms that would not normally be talked about, like nightmares. Did it change depending on how old they/you were?

Write all of the responses on a large sheet of paper for everyone to see. Share these with the larger group.

At this point in the Module, participants are encouraged to take a break to reflect on the material that has been reviewed thus far, and to ask themselves some more questions about their own experiences with death:

- *How did you learn about the death?*

- *Were you protected from the reality of what happened? If so, how did this make you feel?*

- *Were you prepared for what you would see at the funeral?*

- *Were you discouraged from crying or showing emotions?*

- *Were you comforted or left to fend for yourself?*

- *Were there any important factors that helped you through these times? Parents? Someone to talk to? School? Friends? Sports? Church?*

- *What were your childhood superstitions at the time? Have any of them continued on into adulthood?*

- *How did your family's religious beliefs influence your thinking about death?*

   -Fitzgerald, H. (1994). The Grieving Child: A Parent's Guide

Activity 5-11: Points to Consider

Physical Symptoms of Grief

- headaches
- pounding heart
- empty feeling in body
- fatigue/tiredness
- hot or cold flashes
- tightness in chest
- shortness of breath
- heaviness of the body
- muscle weakness
- dry mouth
- sensitive skin
- collapsing/fainting
- tightness in the throat
- dizziness
- increased illness
- stomach aches
- runny nose
- tears

Behavioral Symptoms of Grief

- sleeplessness
- nightmares/dreams
- sighing
- easily annoyed
- loss of appetite
- listlessness
- fighting
- poor grades
- absent mindedness
- extreme quietness
- crying/wailing
- clinging
- bed wetting
- outbursts
- restlessness/pacing
- excessive touching
- dreams of the deceased
- social withdrawal

Thought Patterns of Grief

- inability to concentrate
- always thinking about the deceased, the death, or spirits
- difficulty in making a decision
- confusion
- self destructive thoughts like suicide
- disbelief, especially if the death is sudden (car accident)
- thinking poorly of one's self

Feelings of Grief

- anger
- depression
- fear
- guilt/relief
- loss of hope
- loneliness
- sadness
- anxiety/worry
- changing emotions
- helplessness
- rage/extreme anger
- intense feelings
- feeling unreal/disbelief

Goldman, L, Life and Loss

Activity 5-1

Divide into small groups and discuss the following:

How is a child's grief the same as an adult's grief? How do you think it might be different? Think of children 0-59 months, 5-7 years, 7-10 years and adolescents.

List all of the responses on a large sheet of paper in two columns (Same and Different) for everyone to see.

"My father was sick for a long time and caring for him was hard on me and my family, so when he died I was relieved, but this made me feel bad. I really loved my father. I did not want him to die."
        - Orphan

General Issues Associated with Children's Grief

When a child is first told of a death, they will often pretend that it did not happen so they have more time to begin to figure out how to handle and react to this painful situation. This can last from a few hours to a few weeks, depending on:

•   how sudden the death was

•   if they were prepared for the death prior to it happening

•   how many changes are occurring in their routine and the world around them following the death

•   the age and maturity level of the child.

When a child experiences the death of someone they love, especially a parent, their world becomes shattered and they no longer feel that everything around them is safe and secure. They may become extremely fearful of their own death or of losing someone else close to them, they wonder what will now happen to them, *"Who will do the Mommy/Daddy things for me?"* is a very common reaction from a child of any age.

When children experience this kind of stress and pain, their grief is often displayed by physical signs such as:

•   stomach aches

•   inability to go to sleep by themselves

•   extreme anger at the parent for dying and leaving them alone followed by feelings of guilt

Activity 5-I: Points to Consider

How Children's Grief is Similar to Adult Grief

Regardless of age, people experience four main emotions when dealing with death:

- fear
- anger
- guilt
- sadness

Persons experiencing grief commonly experience:

- shock
- denial
- anxiety
- depression
- physical symptoms
- regression (especially children)

A period of depression is common following a loss. This often results in:

- poor ability to concentrate
- withdrawal from other people
- constant crying and sadness
- trying to hide feelings especially anger
- less interest in personal appearances and in what is happening with others
- a change in eating/sleeping patterns.

These feelings and experiences will vary from person to person in intensity and in the length of time they are present. Generally they are only temporary symptoms and do get better with time.

> *"Children's grief is different from adults: the younger the child the more different the grieving. Young children don't usually maintain a continuous level of sadness. Instead you see happy, happy, happy, DEVASTATED! Young children go through enormous peaks and valleys of grief."*
>
> *McCue, K, (1994). How to help children through a parent's serious illness*

How Children's Grief is Different from Adult Grief

Children tend to grieve for 'shorter bursts' of time than adults do, but a child's grief can last for years with the intensity usually decreasing over time. Their grief often resurfaces at special times throughout their life like their graduation or wedding. One of the main differences in the way children grieve is in regards to the length of time they spend in sadness at any one time. They are more able than adults to put their sadness 'aside' for short periods to play and have fun. It is very difficult for children to deal with the strong emotions that they are feeling. Playing gives them an 'emotional time out.' This does NOT mean that they have stopped hurting inside.

Fitzgerald, H. (1997). The grieving child: A parent's guide

- being angry at survivors for not "stopping the death" (especially with younger children who think that adults are very powerful and able to control life/death)

- regression to earlier stages of development like thumb sucking, bed wetting, or becoming very needy of physical and emotional attention.

The intensity of the emotions they are feeling is often *frightening and confusing* for them. They are often unsure of how to act or what they are suppose to feel and will often need to take breaks by playing. It is important to note that in support of this need for play is the child's right to play, outlined in Article 31 of the UN Convention on the Rights of the Child.

Children also experience some level of *guilt* when someone dies. For younger children, they may actually think that they caused the death to occur by thinking bad thoughts about the person, like *"I hate him!" "I wish he would just go away!"* or by doing something, like lying. *"I lied to mommy so maybe she doesn't like me anymore and went away."* They may feel that if they were present at the time of death that they would have been able to stop the person from dying. This is referred to as 'magical thinking.' As children get older, they often feel guilty about something they did or said to the person that they can no longer take back.

Following a death, children will often:

- fantasize about themselves dying so that they can "be with mommy/daddy"

- throw themselves on the grave of the deceased person

- have dreams of the deceased and think of meeting them in heaven

- start to show symptoms of the person who died (a very bad headache)

- display extreme fears of abandonment and being left alone

- have difficulty forming close relationships with new people and trusting their guardians

John

I am ten years old. My father died last year and my mother left for her home village. I live with my grandmother. My grandfather died this year. There are many of us and most of the time we have no food. I do not have shoes or a blanket and every night I get bitten by insects and mosquitoes. There are also a lot of ticks in our hut but I have no choice but to stay there. After all where will I go?

"I have two young girls under 5 and when I go away I tell them that I am coming back so they do not worry. Also when I had to go to my sister's funeral, I told them that I was going to their aunt's funeral. This made it OK for them to talk about it and ask questions..."
- Research assistant, Kabudula

- have difficulty going back to school as they often have difficulty concentrating and feel that "everyone is looking at them or knows what happened" (especially with teenagers)
- will be reminded of their loss and sadness when special events or memories like sadaka, birthdays and holidays occur (especially in the first year following the death).

If the death was of a sibling, children may:

- look more closely at the reality of their own possible death
- begin to realize that death can happen to anyone of any age.

Three important questions that all children may think about and need answered following a death:

Did I make this happen?

Will I/you die next?

Who will take care of me?

Adapted from McCue, K. (1994). How to help children through a parents serious illness

Ages and Developmental Stages of Childhood Grief

To further understand how children grieve, one needs to look at their developmental ages and how this affects the way they understand death and the impact it will have on them.

Activity 5-J

Divide into small groups and discuss the following:

> *Think of children that you know that have experienced the loss of a parent. How do you think they experience this loss at ages one, four, eight, eleven and fifteen? What might they need to help them cope with the loss?*

Have one person record everyone's responses and report these back to the larger group.

How to Help Children Through Their Grief

In order to work through their grief, all children need:

- safety
- security
- love
- someone to talk to
- to be told what will happen to them now
- to be told that the death was not their fault
- to be reassured about the future
- to have the death explained to them in a language that they can understand
- honesty and respect
- a role model to assist them in learning about the process and emotions of grief
- to be told that their emotions are 'okay'
- to be encouraged to express these emotions
- to be dealt with at their own emotional, cognitive, and developmental level.

If the mother left an infant behind and none of her relatives were in a position to look after this child, the community identified another woman with a baby "who looked like the deceased and asked her to look after the child. This was done so that the child could still breast feed."
- Kabudula community focus group discussion

"At ages 10-12 there are initiations where the children learn about death and what happens at funerals/burials."
- Key informant, Kabudula

Activity 5-J: Points to Consider

Ages and Developmental Stages of Childhood Grief

0-23 Months

Many people think that a child as young as this is unable grieve, but a young baby does experience loss. They experience it as abandonment or separation. To them death means 'all gone.' As children are very sensitive at this age, they also sense the emotional changes that occur with people around them and within their home.

In response to grief the 0-23 month old may:

• become irritable

• show changes in their eating/sleeping patterns

• have bladder or bowel problems like diarrhea

• show emotional withdrawal

• experience a slowing or regression in their normal development.

They need:

• to have their usual schedules be as normal as possible, especially for eating and sleeping

• to receive lots of cuddles

• gentle talking

• play time

• a safe, secure and stable environment with as few new caregivers as possible.

24-59 Months

Children at this age are extremely self centered and therefore experience death as a loss of love, security, safety, and protection. They do not understand the finality of death and often think of it as 'sleeping' or 'someone going on a long trip.' They often expect the dead person to 'come back to life' or 'return' and for life to go back to normal. They may also 'forget' that the person has died, as their concept of time is very limited. They take things that are said very literally. Therefore, in order for them to understand what has happened, people must use correct language at a level children can understand, such as *"The person's body stopped working and they died."*

Statements such as*, "He went to the maize mill," "She went to sleep," "God picked him because he was so good,"* or *"She went on a trip with God"* will only confuse the child and create great fear.

Ages and Developmental Stages of Childhood Grief

Children between the ages of three and five tend to connect the death to what ever happened just before it and they want to tell others all about it. Therefore, if their mother went to the hospital and died, they might say *"Mommy went to the hospital and died. I think that the doctors made her die. I never want to see a doctor."*

In response to grief the 24-59 month old may:

• not show emotions for short periods of time; they have a short attention span and can't handle painful experiences for any length of time, so they tend to 'tune out' and need to play (this does not mean that they are not grieving)

• become fearful of separation and going to sleep

• show signs of being overwhelmed or lonely

• have difficulty with eating or going to the bathroom

• have bodily reactions such as headaches and stomach aches

• appear very confused about what is happening around them and why the person who has died isn't home *"Where did this maize come from? Is it from my mom?"*

• act out in an angry or emotional fashion (temper tantrums)

• have fears that weren't there before (abandonment)

• have more intense fears.

They need:

• simple but honest explanations about the death and what is going to happen to them

• a caring and constant adult who can support them emotionally and answer their questions

• hugs/love

• a gentle voice

• understanding when they are upset or scared (not just given sweets to get them to stop crying)

• quiet times

• usual routines and discipline

• reassurance about the future

• reassurance that they did not do anything to cause the death and that there are still people who love them.

Activity 5-J: Points to Consider

Ages and Developmental Stages of Childhood Grief

Six to Nine Years

Although at this age children are beginning to understand the concept of death, they fluctuate on their understanding of the finality of it and at times still think it is reversible. This is a time of 'magical thinking' where they believe that if they want something bad enough they can make it happen. If they wished that the person would die, they might believe that they made it happen and feel intensely guilty about this. They may also have intense fear about death, for they think of death as 'bad spirits' – something that happens to 'the bad guy.'

They tend to ask a lot of 'why' questions and often link the death with consequences/motives/rules. They are extremely interested in the body so will often ask detailed questions about what happened or what will happen to the body now that it is dead.

In response to grief the **6-9** year old may:

• ask a lot of questions, either in their head or aloud, such as: Why the person died and how? Did they cause the death? What happens to the body when it dies and is buried or burned?

• fear other deaths occurring

• fear things like the dark and bedtime

• want to ensure the happiness and safety of everyone else as they somehow feel responsible for the death (as seen in Hara's Story)

• try to be 'the little man/woman around the house' or 'the good child'

• be angry at others for 'causing the death' (God, traditional healer, uncle, doctor)

• have a hard time expressing their emotions and labeling them

• have diarrhea or stomach aches

• revert back to bedwetting or other earlier developmental stages

• have nightmares or difficulty falling asleep.

They need:

• simple and honest answers to their questions using the proper words for death and dying: "Your father has died"

• to be told that the body stops working and feeling when it is dead (see An Exercise to Use with Children found on page 5-42)

• to be given small amounts of information at a time but as often as the child requests it

• to be told and to feel that it is okay to ask questions about the death and to show emotions

Ages and Developmental Stages of Childhood Grief

- to be told that they did not cause the death to happen and that they aren't bad for having had negative thoughts about the deceased
- to have permission to be or not be involved with rituals such as funerals (give them a choice)
- to have a supportive adult available for them to talk to as much as possible
- to have a model of 'how to grieve' and express their emotions
- to be encouraged to participate in concrete activities and chores like helping to clean the house
- to be allowed to help while not taking on too much responsibility; they should not try to be the man/woman of the household
- to have the opportunity to have fun and play when they want or need to
- to NOT be told "Stop acting like a baby" when they are upset and crying.

Nine to Twelve Years

Children at this age are becoming less self centered and are developing a sense of empathy for the feelings of others. They are also starting to become more aware of what others are thinking of them and how people will react to them, so they may worry that others will think they are babies if they cry. They are still quite curious about death but are beginning to understand that it is a part of life and that it can happen to anyone, including themselves. This new understanding increases their realistic fears about death and whether or not death is painful. They begin to think more about how the death will affect other people around them and are interested in what happens to the body after it dies, and the idea of 'spirits' and 'the afterlife.' Although they now see death as a part of life, they do question the reason for death.

In response to grief the 9-12 year old may:

- try to cover up their emotions and appear 'normal' for they want to be seen as 'grown ups'
- show their grief through poor performance at school or behavioral problems or by wanting to be by themselves
- show increased signs of anxiety and fears about their own and others' deaths
- show great concern for how others are feeling/coping
- express concerns about the future and their own health
- ask numerous questions about the death/illness
- display regressive behaviors such as temper tantrums, bedwetting, and nightmares.

**Activity 5-J:
Points to Consider**

Ages and Developmental Stages of Childhood Grief

They need:

- honest and accurate information about the death
- lots of opportunity to ask questions
- to feel safe to ask questions
- respect for their privacy and wishes to be alone
- reassurance about their future
- a loving and secure adult whom they can talk to and who is comfortable with the variety of emotions grieving brings up
- a role model for how to express their grief
- someone to tell them that whatever emotions they are feeling are okay
- inclusion in rituals relating to the burial, or saying good-bye.

Thirteen to Adulthood

Adolescence is a time of intense thinking about one's self, one's feelings, and about how one is viewed by the rest of the world. When dealing with death, teens understand the finality of death and spend a great deal of time thinking about how death will affect them and others.

They may even 'fantasize' about their own death and who would come to the funeral and what they would say. Younger teens may at times, still think that death won't happen to anyone they love.

Teens want to be like everyone else, but they feel that no one else understands them or has experienced their feelings, especially adults. This makes the process of grief and finding someone to talk to difficult. They relate best to other teens. There is often a fear of death as they understand it and they realize that it is something that they cannot predict or control. They may be afraid of seeing the body of the deceased for fear of what it will look like as they are very concerned with appearances. They may also feel guilty about things they did or did not do when the person was alive.

In response to grief the teenager may:

- show signs of withdrawal and of turning their feelings inwards
- be angry at the 'survivors'
- idealize the person who has died
- only want to be with friends and not family, which can bring up feelings of guilt for not being there for their family

Ages and Developmental Stages of Childhood Grief

- seem unaffected by the death or unable to cry
- act out their feelings by
    - failing at school
    - getting into fights
    - throwing temper tantrums
    - being rude
    - running away from home
    - being dishonest
    - getting in trouble with the law
    - beginning to drink and do drugs
    - becoming sexually promiscuous
    - talking about or showing suicidal tendencies
    - being very quiet/inactive
    - withdrawing.

They need:

- respect and privacy to grieve in their own way
- to have their feelings respected
- involvement in planning and family discussions
- honesty and openness if they ask questions
- to NOT be constantly questioned about how they are feeling
- permission to be around their peer group like being involved in youth committees
- to be given ongoing typical discipline, rules, and responsibilities
- to NOT be allowed to fail or stop attending school
- a caring reassuring person for them to talk to that is outside of the family (confidentiality)
- encouragement to express their grief in other ways like sports, writing, music, drama or art
- reassurance that the deceased person loved them, even if things weren't always great at home
- reassurance about their future.

Activity 5-K

Divide into small groups and discuss the following:

What are children in Malawi currently told when their parents are ill? What are some of the traditional/cultural beliefs around talking to children about illness and death? How are these practices/beliefs helpful? How are they not helpful, especially given the impact of HIV/AIDS in Malawi?

Have one person record the group's responses to share with the large group.

"Often they withdraw because they feel stuck between how they really feel and how they think they should feel."
  - *Community focus group discussions*

"The village head man or his wife will often go to talk to the children to comfort them, especially if there is a problem at school or with them withdrawing too much after the death."
  - *Key informant, Kabudula*

"Before children under 8 were never told about the death or allowed near the graveyard, but now with so many funerals, more children are participating."
  - *Key informant, Kabudula*

"In our village, if a student does not return to school following a death in the family, one of their peers is sent to find out why they are absent and to try and get them to come back."
  - *Key informant, Mulange*

How to Prepare Children for Illness/Death

A child copes much better with the pain of loss if they are prepared for it, so involve the child and be honest with them about the illness of the person they love. This helps them understand why things are changing around them and gives them a chance to 'say goodbye.' If children are not told they come up with their own conclusions which cause a lot more anxiety and worry.

Fitzgerald, H., 1997 The grieving child; A parent's guide

During the Illness: At the Hospital

If a child will be visiting an ill person in the hospital it is very important that they be prepared for what they will see, smell, hear, and feel when they are there.

Prior to going to the hospital, sit down with the child and really talk about what will happen, allowing lots of opportunity for the child to ask questions.

- What will the person look like?
- Will they be able to talk to them or hug them?
- Will there be any medical equipment? If so, what will it look like and why it is important?

- What types of smells and sounds will there be?
- How will the visit make them feel (scared, angry, sad)?

Draw a picture or show the child a photograph of the hospital before going.

At the hospital, ensure that there is an adult specifically there for the child to be able to ask possible questions of and get comfort from.

Have the child take in a poem, a picture that they drew or some other "gift" to give them a reason to be there and help them feel more relaxed.

Keep the visit quite short (10-20 minutes).

Always allow a child to leave if they wish.

After the visit, make sure there is a caring and loving adult for them to discuss their experience with and to ask questions of.

During the Illness: At Home

When a person is ill at home, there are usually more opportunities for the child to be with the person but they still need to be prepared for this.

If the child is being removed from the home, he or she should be told of the parent's illness and why they are being removed. This should be done by an adult that the child is comfortable talking to, like the parent, the village headman or a grandparent.

Include hope that the parent will get better, but be open and honest about the illness and what is happening.

Allow the child to be involved in helping to care for the sick person or to help in other ways around the house if they want.

Never force a child to do the personal care of a very sick person as this may be very frightening.

Acknowledge their contributions.

Try to keep household routines, especially naps, meals and bedtime as normal as possible for the child, as this will help them to feel more secure amidst the confusion.

Adapted from McCue, K. (1994). How to help children through a parent's serious illness

"If someone in the family is dying, the coming death can only be talked about by the parents. Anyone else would be seen to be bewitching the person, even the village headman."
- *Community focus group discussions*

"Children ten years old and above are told of their parent's illness. However, they are not told the exact illness, simply of the seriousness."
- *Community focus group discussions*

Review the example of how a person might talk to a child to prepare them for an upcoming visit to the hospital to see their sick parent, found in Appendix B.

Allowing the Child to Talk About Death

Being able to discuss and talk about a death is very important to a child for it helps them understand what has really happened and why they are feeling the things that they are. One of the most important things you can do for a child is to provide them with a safe, open and honest place to talk and to make talking about death okay. Often it is helpful to do this prior to the child experiencing a death. This can be done through traditional stories like *The Crocodile Boy*, found in Appendix C of this manual and in relationship to an everyday event like finding a dead animal or the changing of seasons (leaves die and fall to the ground).

For a child to talk about the death and how they are feeling, they need to:

• know that it is alright for them to talk about death

• feel that they can trust the person

• be able to ask lots of questions.

When talking to a child about death, they need to:

• have things explained honestly, in age appropriate and correct language

• be asked if there are any words or things that they don't understand or that frighten them

• know that the body stops functioning and it cannot begin to work again

• know that the death was not their fault.

DO NOT say "*God loved him so much that he came to get him*," "*Daddy went for a long sleep/trip*," "*Mommy went to the Maize mill*." These sayings can create intense fears and confusion in the young child.

Special care must also be given when explaining what will happen to the body to children in the 4-10 year age range, as they are often concerned that the person that they loved will be hurt.

The support structures put in place to assist orphans with their grief are seen as a double bind. That is, children are encouraged or told that they can talk to adults (about their parent's death), but at the same time this is being frustrated by the reality that the death of a parent is not talked about.

  - Community focus group discussion

The Role of Funerals and Other Cultural Rituals

Funerals and other rituals are a way for the living to 'say goodbye' to the person who has died. It also makes the death real and is a source of coming together for family and friends to comfort each other.

It is very important, whenever possible, to include children in the planning and actual events of funerals/rituals because they also need a chance to say goodbye, and to feel connected to and comforted by their community. They also need to acknowledge that the death actually happened and that the person is no longer living. However, a child should never be forced to attend if they do not want to.

Prepare the child by:

• talking about what the child will see, hear, and feel at the funeral

• allowing them to ask open and honest questions

• allowing them to send a special gift to be buried along with the person as a reminder of them if they want, like a shell, picture, or stone. This often gives children a sense of peace, especially children who do not attend the funeral

• allowing them to participate in the funeral ceremony by making a wreath or throwing charcoal on the grave

• providing an opportunity for older children who are having difficulty expressing their emotions, to write a private goodbye letter where they are free to say things to the deceased that they didn't get to before the person died.

By allowing children to be a part of these ceremonies, communities are in fact fulfilling the children's right to participate that is outlined in the UN Convention on the Rights of the Child (Article 16).

Check your own understanding of how children deal with grief. Read Appendix D: Children and Grief.

At the graveyard, they stand around the grave and are allowed to throw a fist full of charcoal or sand into the grave. They are also allowed to lay a wreath. They are taken to the graveyard "so they can accept that their parent is dead, to prevent them from hoping that their parent will come back. However, this is a recent practice."

-Community focus group discussions

"The communities must be aware of the UN Convention on the Rights of the Child and children's development and they must take a leading role in involving children without giving them too much responsibility. This will help them know that they are part of the society and help them to accept the death."

Key informant, Kabadula

An Exercise to Use with Children

Have the child pull on a single piece of their hair while it is still attached to their head. Explain that it hurts when it is pulled on because it is living. Then have the child pull out that piece of hair, explain that once the hair is off the body it becomes dead and we no longer feel it, even though we did when it was still attached to us and living. Explain that this is much like a person – when they were alive they could feel pain through their body but, when they died their body stopped working and could no longer feel. You can then have the child dig a hole and bury the hair, asking them if they can feel it. Light a match to the hair and ask the child the same question. This provides a very concrete way for children of this age range to be reassured that the body of the deceased is not hurting in any way no matter what happens to it.

Making it All Right for a Child to Show Emotion

There are many emotions that arise during an illness and after a death. Give names to the emotions that the child or yourself are feeling/expressing. Talk about being sad and how when people are sad they often cry and need a hug.

Be comfortable with your own grief and feel free to express your emotions. This teaches the child that this is alright and that they do not need to fear their own reactions.

Remember that children look to adults to see how they should react to death and loss. If the adults hide their grief or refuse to discuss it, the child may think that his or her own feelings are bad, wrong, and something to fear and hide.

You are the child's role model.

How to Cope with Behaviours and Emotions

Following a death, there will be an increase in intense emotions and behaviour. The most important thing you can do for a child is to:

- **give them a safe opportunity to talk about their emotions/feelings/fears**
- **give the child's feelings a name**
- **tell them it is okay to talk about and feel these emotions.**

When the child is ANGRY:

- **Talk about what anger is, what makes them angry, how do they feel when angry, how does it make their bodies feel, what do they want to do when angry, what makes them feel better when angry?**
- **Try to talk about the anger at a time when the child isn't already feeling this emotion.**

When the child is PANICKING or SCARED:

- **Ask the child what they are afraid of, what they are thinking of, what would make them feel better/safe.**
- **Never belittle a child's fear. If they are expressing it, it is real to them.**

When a child is DENYING the death:

- **Give them the space to play/have fun for awhile; when they are ready they will revisit their grief and continue with the healing.**
- **Ensure that you are emotionally available for the child and support them to talk when they are ready.**
- **Facing the reality that someone they have loved has died is extremely difficult for children. Often when they deny it has happened they are saying they need a break from the pain/sadness.**

When a child is feeling GUILTY:

- **Remind the child that they did nothing to cause the death and that it was not their fault.**
- **Play the 'let's remember all the good things you did for Mommy' memory game. Answer any/all of their questions about the death and what happened as openly and honestly as possible at a level they can understand.**

Think about how people in your community make it all right for children and adults to show emotion.

It can be noted that the adults have not come to terms with the death themselves, and therefore feel uncomfortable when the child brings up the topic, or acts in a manner that evokes memories of the deceased. As a result, the topic is avoided. In turn, children learn to keep most of their feelings to themselves, or discuss these emotions with peers.
- Karonga community focus group discussions,

Behavioural problems were noted in older orphan children in both the matrilineal and patrilineal cultures, with the young children exhibiting the less obvious negative behaviours, such as withdrawal.
- Community focus group discussions

When a child is WITHDRAWING:

- Provide the child with a safe and supportive environment.
- Try to keep usual routines as normal as possible.
- Provide them with as few different caregivers as possible.
- Always allow them the opportunity to talk about their feelings.

Adapted from Goldman, L. (1994). Life and loss;
A guide to helping grieving children

Activity 5-L

Divide up into small groups.

Each group is a community. Choose one person to be the village headman, one to be a community worker and one to be a seven-year-old child who has lost his or her parents and has been crying for weeks. The remaining participants can play the role of other community members, including children. The village headman wants to scare the child to stop him from crying, or use charms to try and get him to forget about his parents. Knowing what you now know about children's grief, children's rights, and the Triple A approach, how would you as a community worker deal with this situation?

Think about whether traditions are supporting the children. If they are not, how would one respectfully challenge these? Would the Triple A approach and/or the UN Convention on the Rights of the Child be helpful tools? Who would you need to include in your discussions/groups?

Share your findings with the larger group.

Tools to Help Children Talk about Grief/ Emotions

Goldman, L. (1994). Life and loss: A guide to help grieving children

These are some tools you can use to help children to talk about their grief and their emotions.

Drawing/Art Work

The child can draw pictures about how they are feeling, as a goodbye gift to the person, as a way of remembering happy times, a picture of the person who died, etc. Talk about the pictures after they are finished. Ask the child to tell you about their picture; don't interpret it for them.

Story Telling

Have the child create a story about the deceased person, their feelings, things they used to do with the person who died ('If I Could...' or 'I Wish...' are good beginning topics). Have the child talk about/ share the story when they are finished.

Writing

Have the child write down their memories, their feelings, the things they wished they had said or never got a chance to say, a goodbye message to the person, or have them make a memory book (holiday, funniest, happiest, saddest memory).

Remembering Games

Get the child to talk by looking at pictures, making up a scrap book of favorite memories, allowing the child to choose one special reminder of the person who has died, playing the 'I remember when' game or creating a special 'memory box.'

Drama and Imagination

Use puppets or act out plays to express emotions. Direct the play of younger children by acting out events like what the funeral will look like.

Music

Let the child express their emotions through listening to or playing different musical instruments, or dancing. They may want to bang a drum hard to get out anger or dance out sadness.

Physical Activity/Sports

Let the child have a physical outlet for their emotions: football, jumping, hitting a ball, pounding on a pillow or balloon, or running. This helps them release emotions that are locked up inside.

Signs of Abnormal Grief

Although everyone grieves in their own way and the emotions, behaviours, and physical symptoms of grieving vary from person to person in intensity and duration, there are 'warning signs' when individuals, especially children are not handling the grieving process well and need extra help and attention.

Normal grieving behaviors become 'Warning Signs of Abnormal Grief' because of their intensity and the length of time the behaviors continue. Children often act out their feelings through play. Things to watch for are:

- signs of fear/anxiety like mutilating toys or destroying things
- fear of separation like things go missing around the house
- newly aggressive play like acting out killing or the death
- concerns expressed during their conversations with other children/toys.

-Adapted from McCue, K. How to Help Children Through a Parent's Serious Illness

Activity 5-M

Divide up into small groups.

Discuss what might be some of the 'Warning Signs' of abnormal grief that a child or youth is not coping with their grief? What are some strategies that could be used to help these children and youth better cope with their situation?

Have one person record the group's responses and report back to the larger group.

Warning Signs of Abnormal Grief

**Warning signs of abnormal grief include intense
and prolonged:**

- **sleep disturbances**
- **eating disturbances or changes**
- **intense fears**
- **developmental and school problems**
- **severe emotional changes**
- **suicide.**

If a child begins to have intense fears of the doctor he or she may need to talk to someone so they better understand their parent's illness, their medical treatment, and subsequent death.

Sleep Disturbances

Many children will experience some sleep problems following a loss; they may have nightmares, be afraid of the dark, want someone to lay with them while they fall asleep, have difficult falling asleep, etc. These behaviours become a concern when they continue for long periods of time.

A child is not coping with the loss and needs extra attention if they:

• have repeated nightmares

• are unable to sleep

• are sleep walking

• get up during the night and wander around

• are waking up screaming or crying but unable to remember their dreams.

If a child is not getting proper sleep, they become at risk for other problems such as getting physically sick and not being able to concentrate in school.

How to Help

• Give the child lots of opportunities to talk out their feelings and fears during the day with an understanding and caring adult.

• Encourage lots of physical activity as this will help to relax them, work out some of their feeling and tire them out so they sleep better.

• Keep bedtime a calm and relaxed time where the child feels safe and secure.

Eating Disturbances/Changes

Again, it is normal for a child to not want to eat much or to comfort themselves by eating more following a loss. However, large changes in a child's regular eating pattern are cause for concern.

A child is not coping with the loss and needs extra attention if:

• the child is not eating at all, even favorite food

• the child is eating constantly, sometimes to the point of making themselves physically ill.

How to Help

• Allow more opportunity to talk about their feelings.

- Give the child chances to participate in fun physical activities and sports as this will help them to get their normal appetite back.

Intense Fears

As we have learned, everyone experiences fear following a death: fear of the changes about to occur, of being alone, of death itself.

A child is not coping with the loss and needs extra attention if:

- the child begins to develop new and intense fears of things that didn't bother them before and these fears last for more than a few weeks.

How to Help
- Be aware of how the child is describing their fears as this will give you a lot of information about what issues regarding the death they are having difficulty dealing with.
- Acknowledge their feeling and fears.
- Openly, respectfully and gently talk about the fears, for what may seem silly to an adult is very real for a child.
- Remember that fear is real!

Developmental and School Problems

When young children experience loss, they may show temporary regression of their developmental skills and show some behaviours more appropriate for a younger child. This is normal for a period of time but becomes a concern if the behaviour continues or more developmental losses are noticed over time. With the older child, going back to school can be a difficult adjustment. It may be difficult for them to concentrate and feel accepted by their peer group for the first few weeks.

A child is not coping with the loss and needs extra attention if:

- grades drop suddenly
- the child is picking fights with other students
- the child is not attending school when he or she is supposed to

If they are extremely afraid of bugs they may be afraid that bugs are eating the body of the deceased in the ground. With this they need someone to go over with them that a body no longer feels anything once it has stopped working. Refer to An Exercise to use with Children on page 5-40.

- the student is being disrespectful to the teachers.

How to Help

- Give the child chances to participate in fun physical activities and sports.

- Encourage both the younger and older child to continue to develop and function with children of their own age.

- Make sure that teachers at the school are aware of what the child is dealing with.

- Ensure that teachers do not accept bad behaviour and 'a lack of trying' but try to help the child get 'back on track.'

- Keep the same rules/expectations as before the death.

- Don't let the child see themselves as a failure and stop trying.

- Give them lots of verbal praise and encouragement.

- Allow the child to succeed and feel good about him or herself.

- Don't tell the child that he or she is acting like a 'baby' if they are crying or upset.

Severe Emotional Changes

All children who experience a death will go through emotional highs and lows. This is normal and to be expected. The time to become concerned is when these emotional changes become severe.

A child is not coping with the loss and needs extra attention if:

- the child does not show any emotion at all regarding the death for an extended period of time

- the child is unwilling to talk about the person who has died

- the child ONLY talks about the deceased, often idolizing them

- there are angry, physically destructive outbursts

- the child shows ongoing blame or guilt.

"During the funeral, some of the children drop themselves onto the grave while others may even go to the extent of committing suicide."
- Orphan, Kabuthu, and community focus group discussions

How to Help

- Help the child deal with his or her guilt and work through the blame with counseling from a knowledgable and respectedn person in the community or a professional.

- Allow the child who has experienced multiple losses, to deal with the past hurts and pain before dealing with the latest death.

Activity 5-N

In the large group discuss the following:

Suicide is often a difficult topic to discuss.

What would be issues that might lead children to consider suicide?

When working with children, what are things that you need to watch for?

Who are the best people to help/talk to children or youth who are considering or who have attempted suicide?

Are there any stories or experiences about this topic that you would like to share with the group?

Write all responses on a large sheet of paper for everyone to see.

Activity 5-N: Points to Consider

Suicide

There are three levels of danger relating to suicide:

talking about suicide

taking excess risks

attempting suicide

Children and youth are very sensitive to other's opinions of themselves, especially those who have experienced loss. It is very important to be extremely careful not to joke about things such as them 'having to leave the home if they do something wrong,' wishing they would 'just go away,' to tell them 'what a burden they are,' or to accuse them of 'being a witch.'

1.   Talking about Suicide

When faced with a loss, especially of someone a child loved, it is not uncommon for him or her to state "I wish I could die." Some children will fantasize about dying so they can once again "be with" their parent or the loved one.

A child is not coping with the loss and needs extra attention if:

•   the child talks about these feelings with great frequency or intensity

•   talking like this does not stop even after the child should be readjusting.

How to Help

•   When a child makes such a statement, never ridicule them or ignore their feelings and never refuse to talk about it.

•   If they are saying it they are thinking it and it must be taken seriously.

•   Acknowledge these statements, as the child is trying to say, "I need to talk," "I need help."

2.   Taking Excess Risks

A child is not coping with the loss and needs extra attention if he or she:

•   does not care if they hurt themselves

•   starts to take risks they normally would not take

•   begin to show signs of addictive behaviours like sex, drugs, alcohol, or stealing that were not present before the loss

•   begin to talk about ways to hurt themselves or take their own life.

These behaviours demonstrate that they do not care about their own lives and whether or not they live or die.

Suicide

How to Help
GET HELP- THIS IS VERY SERIOUS!

- Ask for help/support from grandparents, elders, uncles, village head-men, social welfare officers, the church/mosque, peers and other supportive members of the community.

3. Attempting Suicide

Children who have experienced the pain of losing someone they love are much more at risk of attempting suicide, especially teenagers who think that no one else understands their feelings. They often feel VERY alone with no one to talk to. Teenage boys are particularly at risk as they tend to keep their emotions and bad feelings locked up inside, therefore if a boy makes a suicide threat it needs to be taken VERY SERIOUSLY! As girls tend to be more dramatic and often talk about suicide more openly, intervention is often possible before it gets to this stage.

How to Help
GET HELP – THIS IS CRITICAL!

Ask for help/support from grandparents, elders, uncles, village headmen, social welfare officers, the church/mosque, peers and other supportive members of the community.

*- Adapted from McCue, K. (1994). How to help
children through a parent's serious illness*

IF SOMEONE YOU KNOW AND/OR ARE
WORKING WITH DOES COMMIT SUICIDE,
REMEMBER IT IS NOT YOUR FAULT!

Identifying the Child at Risk

As in any different situation, there are children who are more at risk of not being able to cope. This also applies to children experiencing loss. Some children seem to manage quite well, while others have a great deal of difficulty. There are many factors that contribute to this vulnerability.

Activity 5-0

In the larger group discuss the following:

> *Have you ever met a child who was unable to cope with loss?*

> *What made this child more vulnerable to not being able to cope?*

Write down all of the responses on a large sheet of paper for everyone to see.

The Most Vulnerable Children

Children who have experienced multiple losses of people, especially over a short period of time

Children who have lost their mother

Children under the age of 5

Children who have experienced many kinds of losses (person, environment, property, status)

Children who do not have someone they can trust to talk to openly regarding their feelings and loss

Children who are isolated

The VERY quiet and reserved child

Teenagers, especially males

Any child that begins to engage in risky behaviors and/or talks about suicide

Children with a disability

Activity 5-P

In the larger group, reread Hara's Story on page 5-17.

> *Think about the new information you have learned regarding children's grief, different kinds of loss, different stages, differences between adult and child grief, tools to help children talk about and cope with their grief, and identifying the most vulnerable children. As community workers, how would you incorporate this new information into working with Hara and her community?*

Record all responses on a large sheet of paper for everyone to see.

Evaluation

Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestions that would assist us in better meeting these objectives?

Summary

Grief and loss is a part of everyday life that cannot be denied, especially in areas where HIV/AIDS has become a reality. The psychological impact on the children, compounded by the long-term illnesses and multiple losses that they experience, can be devastating. However with an awareness of 'normal' development, what to expect at the different ages in terms of emotions and behaviours, and of how culture shapes a person's expression of grief, you have the tools to assist these children through their grief. By assisting these children in this way, they become more resilient. With every right that is respected, they become stronger and more able to live their lives with dignity.

"Our children are our tomorrow, invest in them today."

**Activity 5-P:
Points to Consider**

Important Points to Remember

- Following a death, one of the child's first questions, whether spoken or not, will be "who will take care of me now?"

- Maintain usual routines as much as possible both at home and at school.

- Have at least one key person with whom the child is comfortable talking.

- Give the child lots of opportunities to ask questions

- Be honest with the child and use language that he or she can understand.

- You are the role model for the child. If you are okay with the feelings that are brought on through grief, the child will learn that what he or she is feeling is also okay.

- Acknowledge a child's feelings and be respectful.

- Remind the child that nothing he or she did caused the death, especially when talking about the death.

- Children often express what is happening for them through their play/behaviors; watch for large changes in these areas that continue on for a period of time.

- Drawing, writing, music, drama, story telling, imagination games, and physical activities are good ways to help children work through their grief.

- Kids need lots of love and acceptance, especially when dealing with a loss.

- Be aware of a child's developmental age and how this affects his or her grief.

- Children's grief is similar but different from an adult's grief; children need time to 'play', but their grief is still there.

MODULE 6

Taking Action:
Helping Communities Care for Vulnerable Orphans

*"Every little bit and every person makes a difference, so if
we work together on a common goal, just think of the difference
'WE' can make!"*

Introduction

Understanding the situation of orphans in today's communities and the impact of HIV/AIDS is very important, but to make a difference in the lives of these children there must be action. Community workers who are able to mobilize communities by helping them identify needs and strengths with tools like the Triple A are a great asset. They can support families and community members by helping them understand the importance of their children and what children need in order to become healthy productive adults. This includes allocating available resources to meet children's psychosocial needs and to ensure that children's basic rights as outlined in the UN Convention on the Rights of the Child are in fact met by respecting them, keeping them safe, and ensuring their physical, emotional, developmental and spiritual well being.

Objectives of Module 6

At the completion of this module you will have the knowledge and skills to:

* return to your communities and use the Triple A process, the UN Convention on the Rights of the Child and the information on children's normal development and grief, to better the lives of the community's vulnerable children
* return to your organizations and offer basic training to colleagues and field workers in the areas of community mobilization, the UN Convention on the Rights of the Child, and children's normal development and grief.

Recommended Readings

Hunter, S., & Williamson, J. (1997). Children on the brink; Strategies to support children isolated by HIV/AIDS. Washington, D.C.: US Agency for International Development.

Williamson, J. (1995). Children and families
    affected by HIV/AIDS: Guidelines for action.
    New York: UNICEF.

Making a Difference

Once again, it is critical that governments and community organizations recognize the need to ensure children's psychological and social well being as well as their physical well being. With the rapid spread of HIV/AIDS, the number of children affected by the illness and the loss of loved ones continues to increase. This dramatically heightens children's vulnerability.

Loss of parents may lead to:

*   **loss of family**
*   **loss of home**
*   **loss of voice/say**
*   **loss of education**
*   **loss of money**
*   **loss of self respect through exploitation, abuse, humiliation or discrimination**
*   **isolation**
*   **withdrawal**
*   **possibly even death.**

To stop this negative spiral of events, community workers can build on community, family and children's strengths and educate key members about children's grief and how to help them through these losses.

Divide into small groups.

> *Recollect the exercise in Module 2 that identified community, family and cultural strengths and strategies to build on these strengths and the role play in Module 5.*

> *Do you think that sharing the information of children's development and grief would be as asset in better meeting the needs of the communities' vulnerable children? Think of how this could build on the Triple A process and children's rights.*

> *Identify three organizations that could use this knowledge in helping children.*

> *How could this information be shared?*

> *How could it be incorporated into things that are already being done without offending or alienating?*

> *Do the children and youth have a role? What is it?*

Have one person record the group's responses and share them with the larger group.

Community Visit

Arrange for the group to visit one of the communities to attempt to implement the first steps of the Triple A. They should try and address the needs of the vulnerable children by incorporating the information on children's rights and children's grief.

Provide the participants with the particulars and give them time to prepare their strategy, elect key facilitators, etc.

Upon returning debrief with the participants and share the highlights, the difficulties and the lessons learned.

Write all of these on a large sheet of paper for everyone to see.

Activity 6-A: Points to Consider

Using Your New Knowledge

Organizations that could use information about child development and grief:

- Schools
- Religious organizations
- Youth groups
- Families
- Traditional healers
- Community leaders
- Chiefs

How information could be shared:

- community meetings
- workshops
- media
- government campaigns
- through schools
- one-on-one
- through traditional leaders

How could information be incorporated into things that are already being done, without offending or alienating?

- Have the information requested by the chief.

Role of children and youth:

- helping other children
- setting up youth committees to do community service for vulnerable children – visit the ill, help run errands, be a social network
- including all children in games/groups
- educating others on HIV/AIDS to help keep others safe and reduce the stigma

Activity 6-B

In the large group discuss the following:

Now that you have had a chance to test your new information, what are some practical things that would make a difference in the lives of the vulnerable children/orphans?

Write all responses on a large sheet of paper for everyone to see.

The capacity of a community to build on their strengths to better meet the needs of their vulnerable children can be quite impressive. There are times however when additional support is required to make these initiatives more affective.

Activity 6-C

In small groups, do the following activity:

Drawing on your experience with the Triple A from the community visit and the exercises, reflect on some of the potential strategies that might evolve. As a community worker what could you do to assist the community if they required a little financial assistance on top of their own resources to realize their strategies?

Have one person record the group's responses to share with the larger group.

**Activity 6-B:
Points to Consider**

Practical Things that can Make a Difference in the Lives of Orphaned Children

- being informed
- having a say in what will happen when parents die
- parents preparing a will to protect their children and their children's rights to their property
- sensitizing traditional leaders, district officials, and civil authorities to ensure that property is not stolen under the guise of customary law
- educating school teachers, community leaders, traditional healers, families and local authorities about the impact of loss, how to help children through their grief, and children's specific needs at different ages
- providing small scale loans
- ensuring that physical needs are met
- keeping children in school
- recreation
- having someone to talk to
- having a useful role
- having positive role models
- having peer, family, or community support

Financial Assistance

This can often be obtained by informing the government or other funding organizations of:

- the situation of orphans/vulnerable children in the community
- their commitment to children (UN Convention on the Rights of the Child)
- the strategies the community already has in place - a plan of action
- a tangible specific request like money to start gardens

COMMUNICATE   COMMUNICATE   COMMUNICATE

WORK TOGETHER IN PARTNERSHIP FOR THE CHILDREN

Making Children the Priority

Communities have many issues that they are dealing with, such as water, food, and housing. But, children need to become a priority. Everyone needs to work together to make a difference. How do you do this?

Activity 6-D

In the larger group, discuss the following:

> *What are some tools or strategies that could help you as community workers facilitate communities and governments in making vulnerable children their priority?*

Write all of these on a large sheet of paper for everyone to see.

COMMUNICATE

COMMUNICATE

COMMUNICATE

All persons completing this training are resources for Malawi's communities and their vulnerable children, especially the orphans. It is important that information and support can continue to be shared amongst themselves and with others.

WORK TOGETHER IN PARTNERSHIP FOR THE CHILDREN

Activity 6-D: Points to Consider

Making Children the Priority

- Use the UN Convention on the Rights of the Child as a basic framework.

- Educate people about the long term benefits.

- Show others how children's well being is tied to community and family well being (e.g. water sanitation, food production etc.).

- Build a network of resource people.

- Keep in touch with others doing similar work in their community.

- Visit other communities to see what they have achieved and try to build on what is already being done rather than duplicating.

- Set up a newsletter to keep everyone informed.

- Identify one person or organization that all information is channeled through and have them disseminate it.

- Have periodic meetings with all partners/players present.

- Respect all parties and their contributions.

Activity 6-E

Have everyone write their name and contact address on a sheet of paper that can be photocopied and distributed to all of the participants.

Activity 6-F

Summary

Reflect on the knowledge, the skills and the selfawareness that you have gained over the past few days. How can you use this information in your work or in your village?

Each person needs to come up with a commitment statement and strategy. Write your commitment on a paper with a note to yourself. Put this statement into a self-addressed envelope and return it to the facilitator. Now write your commitment on a large sheet of paper or mural for everyone to see.

In a few months, the facilitators will mail the participants their commitment statements as a little reminder along with an update of what is being done as follow up to the training.

Evaluation
Refer to the Objectives of this module. Have these Objectives been met? Do you have any suggestions that would assist us in better meeting these objectives?

Content

1. What parts did you find to be most useful? Least useful?

2. Do any areas need expanding?

3. Should anything be deleted?

Format

1. Did the presentation of the materials make the content easy to read and understand?

2. Did the sections fit together?

3. Other:

Presentation

1. Was the facilitation adequate?

2. Easy to hear? Follow? Understand?

3. Other:

General Comments

APPENDICES

APPENDIX A

Some Guidelines to Listening and Talking with Children Who Are Psychologically Distressed

Elizabeth Jareg

(These guidelines are based on lecture notes by E. Jareg and group work during the course "Children in Wars and Disasters". Institute of Child Health , London, 1989.)

These guidelines are meant to be used as material for use in training project staff/community workers in programmes working with rehabilitation of un-accompanied children/children exposed to traumatic experiences, children living on the streets.

Such 'supporting conversations' are meant primarily to be a tool in building up a trusting 'working relationship' with a child/children and their families, if present. They should be the base from which other rehabilitory actions will develop.

One envisages that a project is working with a certain section of the child population for a certain period of time. In this context, if there are enough trained community workers, it may be possible to follow up individual families, or even children who are alone. The guidelines can of course also be adapted to working with groups of children (small numbers 6-8). Here, of course, one will have to take into account age, and the confidentiality issue will be very important.

LIKE ALL GUIDELINES, THESE ARE OF COURSE NOT COMPLETE! WE ALL NEED TO BECOME MORE EXPERIENCED IN RELATING TO CHILDREN WHO ARE PSYCHOLOGICALLY DISTRESSED, IN ORDER TO HELP THEM DEVELOP POSITIVELY.

THEREFORE, NOTE DOWN YOUR OWN THOUGHTS AND OBSERVATIONS TO ENRICH THESE GUIDELINES:

1.   START WITH YOURSELF
•   Are you a 'good listener'? Do you feel you have enough patience to put yourself in the position of listening. Or do you find that you have a tendency to interrupt people?

- • **Are you able to listen to people/children telling about painful feelings without trying to avoid this?**

- • **Are you able to deal with a child crying in a natural way, without feeling embarrassed or making the child feel embarrassed?**

- • **What about your own attitudes to children: do you accept that they have their own feelings and ideas about things that they have experienced?**

- • **Can you take children seriously? Do you like children, do you feel comfortable talking and being with them?**

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

2.   WHAT IS "GOOD LISTENING"?

'Good listening' to a child who is distressed is: actively taking in what is being said for four main purposes:

a)   **To act as a receiver , a holder of the child's feeling, so that the emotional tension in the child can be released in a constructive way.**

b)   **To increase understanding and knowledge of what children experience - as seen through the child's own eyes.**

This understanding is necessary for planning appropriate interventions for children and families. But it should also enable you to give some help to the child immediately - comfort, relief of guilty feelings, and understanding of why the event happened, and what it meant.

c)   **To give the child the feeling of having been "seen", his/her feelings recognized and understood. Maybe he does not feel so alone anymore.**

d)   **When you are being a good listener, you may act as a model for important people in the child's life, who may not have realized the child's needs for being heard, for being comforted. You are listening with a loving, caring attitude.**

Good listening and talking with children involves:

- • **an understanding of the ways in which children react to loss, distressful events, violence, family disruption.**

- • **a genuine wish to support children and families in such circumstances, without taking over parental roles or creating dependency.**

- • **concentration - make yourself available to the child.**

- • **full acceptance of what the child is expressing.**

- • **to be able to identify with - but not be overwhelmed by the child's expression of his/her feelings. Differentiate between the child's feelings and your own; but let your feelings show to some extent.**

- patience; children who are shy, distressed, small, take time sometimes to find words, to formulate ideas. Give them time to do this without conveying through words or your "body language", that you are impatient.

- "reading" the expressions on the child's face which reflect very often clearly what a child is thinking, and his/her "body language" in general. Is the child about to cry? Feeling embarrassed? Guilty or shamed (difficult to establish eye-contact, hanging head, over-active) is she anxious (twining fingers, sweating, can't relax); afraid of close contact? (will not look at you, or sit near you; stiff body, does not like to be touched).

- Match your conversation with the child, taking into account the child's non-verbal language.

- tolerating pauses, tears, anger. They are valuable and necessary parts of the conversation.

- Prepare yourself for strong emotions from the child; you cannot take away such feelings from the child, or make her/him forget, but you can share these feelings, be a sounding-board, help the child with the meaning of the feeling, help him/her to understand himself/herself. You can help to correct a child's poor self-image, to reexamine guilty feelings with the child and perhaps arrive at a more realistic interpretation.

RESULTS of a "supporting conversation" could be:

- The child gets some relief from acute suffering or chronic build-up of tension.

- The child feels "at last" someone has understood, he/she feels less alone, he/she feels comforted.

- It may give the child a new "base for growth" a new starting point, and help to reestablish trust in adults.

- You may have opened the eyes of others to the child's distress - and brought children and parents closer.

- The child may have shared information with you which points to the need for action at the community level, e.g. discrimination at school of orphans.

3. **SOME POINTS TO CONSIDER WHEN LISTENING AND TALKING TO CHILDREN**

Planning

When Possible: Plan The Following:

- **Introducing yourself:** How are you going to introduce yourself to the child, so that the child understands who you are and why you are talking to him/her? This may be more difficult than you think, so try and plan this beforehand. SIMPLE LANGUAGE IS IMPORTANT.

- • **Time**: Be careful to plan enough time for the conversation so that you can leave behind you a child in control of his/her feelings. Never leave behind a crying child. Until you feel practised in having conversations with children, and can estimate the time more accurately, allow a generous amount of time. If time is short, then avoid eliciting strong emotions in the child. Concentrate instead on giving the child positive support for the efforts he/she is making to overcome traumatic experiences, and the inevitable daily life difficulties which follow. Encourage the child to talk about what is helping in this process.

- • **Privacy**: It is time to think of where the conversation with the child/family will take place, and, if possible, to make it as private as possible. This may be difficult in field work. In many cultures, the concept of personal privacy is not of importance, especially when it comes to children. But there are good reasons why one should attempt to talk to the child with only a few other trusted people present, or even alone, if the occasion demands.

  - • Firstly, it is much easier to achieve the type of concentration necessary to really listen and empathize with the child, if there are not many curious onlookers (often making comments and offering advice).

  - • Many children find it difficult to be the focus of a lot of people's attention, and we do not want to put the child in such a situation.

  - • Some children have good reasons to be afraid of retaliation.

  - • Often, children will cry as they tell about themselves. They may feel shame about this.

  - • The needs of the child might easily come in the background if many adults are present.

- • It is a good idea to prepare people in communities, families, schools before talking to the child or children. It is much better to spend time explaining why you want to have some privacy with the child, than having to ask people to leave, which may be seen as rude.

- • It is also important to have some adult with the child who the child knows and trusts, and who can follow up with the child afterwards. Sometimes this may be one or both parents, relatives, a trusted teacher, or a responsible community member.

- • Ask children who they want to be present, when appropriate.

- • **Sitting? Standing?**: Different cultures have different customs relating to how adults and children should behave when talking together. Sometimes children are expected to stand or to sit at the feet of a sitting adult. It is important whatever you do not to compromise the conversation by making people, and the child, feel embarrassed. Maintain eye-contact, engagement, and responding sensitively, are the important issues. Try to be near the child so you can touch him/her if necessary.

- • **Be sensitive to the child's state**: Children can be exhausted, hungry, ill, frightened, cold and all these states of course will affect your relationship

with the child. Sharpen your sensitivity - and that of others - to the child's state. Sometimes the most effective thing to do in certain circumstances is to hold around the child and talk comfortingly without expecting any answers or responses.

- Never press the child to tell things they do not want to or let anybody else do this. Then, the whole point of the conversation will be lost. The child will not trust you, and feel anxious.

- If there is something you see that is worrying the child, you can say: "I think the question I asked you is difficult for you to talk about right now. That is all right. Maybe you will be able to another time; or maybe you want that thing to be your secret.

- Never leave children with a sense of failure because they have not/cannot answer your questions.

- **Record conversations with children** For various reasons it may be necessary to write down the conversation one is having with a child. It is important that children are given our full attention under such circumstances, that instead of the interviewer writing as the child talks, it is better to have a second person in the background who records the conversation, without actually taking part in it. However, such a person should, of course, be presented to the child, and the reason for writing down what is being said explained to the child. For example, one can say that what the child has to say is so important that it has to be remembered as the child told it. An older child may also be given the understanding that community workers need to know about the children's situation to plan what should be done. Often materials gathered in this way will be related to a tracing programme, which of course should be explained to the child.

- **Clarify - don't interrupt**: Interrupting a child will often bring the child to silence and bring doubt to the child's mind if he/she is saying the right things. Wait until the child has a natural pause, and clarify points you want to understand more clearly; 'is that what you meant?,' 'what happened next?'

- **Simple language**: Keep your language simple, your questions short, your explanations also short and simple.

- **Confidentiality**: The child must know that his/her identity will not be revealed, that secrets will be kept.

- **When children tell lies about themselves**: The basic attitude here is that when children tell lies about their background, they usually have a good reason to do so.

- It is not unusual for unaccompanied children to lie about themselves and their back ground. This is usually done because the child fears being forcibly sent to a situation of relative material advantage to his family who are, he knows, in a very poor situation. It may also be that the family

abandoned or mistreated him, and he then is naturally reluctant to go back, or he may feel uncertain about the reception he will get.

- The child may also have voluntarily left his family to relieve them of the extra mouth to feed.

- In countries where there is war, the child may also fear being sent from an area of relative security to an unsafe area.

- In situations where there is an atmosphere of fear and suspicion, older children may not trust you enough to tell you about their background. They may have been involved with militant groups, and fear exposure.

- It may be possible to detect children telling lies, especially if it is for the first time. If you suspect this, or if you definitely know that they are, let them know that you think they are afraid to tell the truth, that this is understandable, and invite them to discuss what it is that they are afraid of. Never press for the truth, or show anger, or in any way develop a kind of interrogation of the child. Instead, one could repeat in simple language some of the reasons given above as to why children in general are afraid to tell the truth, and say something like "perhaps one or some of these things is making you feel afraid". Let children understand that their wishes will also be taken into consideration when planning their future (as is consistent with the Convention on the Rights of the Child).

4.   EXAMPLE OF A SUPPORTING CONVERSATION

A "supporting conversation" may take place something like this: (Here, some repetitions are made.)

If you are meeting the child for the first time, the first step is of course to make the child feel comfortable and at ease. In the case of the small children, for example 5-7 years, play can be successfully used as a means of establishing contact if this is done in a natural and relaxed way from the side of the inter-viewer. One could for example, after the introductions, ask if the child has any play things, or likes any special games. One can draw figures in the sand together with the child. Older children may be a bit puzzled if a stranger descends on them and invites them to play - an unusual way for adults to behave. Perhaps one has to think of other ways to relax older children; can they show you what they are growing in the backyard garden? Perhaps they would like to show some of the work they are doing at school?

Explain to the child who you are and why you want to talk to him/her, check back to make sure the child understood. This may sound easy, but I have always felt more comfortable preparing this beforehand if possible.

Children often regard adults as authorities who may be going to reprimand them for doing something wrong; or you may be regarded as somebody who is immediately going to produce some material rewards, or talk about religious matters. Include such clarifications in your explanations.

Explanations have to be given in words children understand - better to say some few simple things which may not give a full explanation than many difficult words the child does not understand, but which might be more factual.

Also, explanations have to be given which do not raise false hopes in the child, remembering young children are at a stage in development where they think egocentrically and in concrete terms. The word 'help' they are likely to interpret as 'some concrete object which will be given to them very soon.'

Help them to understand clearly what can be done for them, and what not, and check back that they have understood.

Try to explain to the child that you are a person that they can trust, but at the same time, that they will not be forced in any way to tell things that they don't want to.

In the further development of the conversation, it is natural to ask the child about his or her present situation - relationships, friends, school, food and clothing situation, what he/she does when not at school, work, play, any special problem he or she would like to talk about? Children normally respond well to such questions and gain confidence in doing so.

When you feel that the child has accepted you, then is the time to introduce questions like:

"I know you, like many other children, have been through a very difficult time. I know that you probably have a lot of bad feelings about this time. Do you have anybody to talk to about what happened to you? - or when you feel sad?

This indirect approach, at least in my experience, usually allows the child more easily to talk about his feeling than direct questions like "do you feel sad?"

At this point, but not always, long pent-up tears will flow as the child begins to tell what has happened to him/her. It is really important to listen well now. Give comfort to the child by touching him, or holding his/her hand lightly. Sometimes children are so desperately alone and break down to such an extent that they need to be held. But be sensitive to the child's own 'body language' in this respect. For some children who have undergone much brutality, it is threatening to be touched; then, you could lightly hold a piece of their clothing to make the connection.

In pauses the child takes, one can empathize with her/him by saying things like 'it makes me/us very sorry to hear what you are saying.'

About tears: you will find that the shedding of tears often worries people a lot; they feel they have made the child cry. In fact, the tears have often been there a long time, but in a 'deep-frozen' form. The release of tears in the presence of an empathetic listener and comforter is as essential part of the release of tension for the child, and is not harmful under these circumstances. What is not acceptable is to leave a child in tears, to laugh at tears or ridicule them in some

way. Do not comment on the tears, but one can help the child with brushing them away - another form of giving contact.

During this phase , the child must be allowed to take his time, cry some, talk some, take pauses. After the main bulk of tension has been released, usually the child will regain his/her balance again.

If you feel there is time, and that the child has given you reason to suspect that he or she may feel guilty about some aspect of his/her loss, or about some of his actions, then one can gently explore this. For example, one might say; "It sounds to me that you think a lot about you being saved, and the others not?" Or: "Sometimes you can keep thinking - if only I had done this or that, maybe things would have turned out differently."

This may give the child a chance to get a more realistic perception of his/her guilty feelings; perhaps he/she can be helped to see his/her actions in a different light altogether.

Anger and wishes for revenge may also be expressed. Always accept, never moralise. Sometimes expressions of deep hatred and a wish to kill is the only defense a child is left with. It does not mean that he/she will put this into practice. But if very intense, it might be interfering with his ability to work through his grief.

Sometimes children may look sad and apathetic, but deny feelings whatsoever. To let them know that you are on their side, and help them to try and express what they feel, one can say things like: "I think if these things happened to me, I would be feeling...."

Whenever possible, praise children sincerely for acts of bravery; encourage their efforts at self-healing. Children can often show incredible acts of courage and presence of mind.

When it seems that the most emotionally charged part of the conversation is over, one can begin to help the child see events he/she has experienced in a wider perspective. Always try to find out what the child knows first, and build on this. The child's own knowledge and perceptions can be adjusted, expanded, corrected or confirmed.

The conversation now moves on to the present: what is most important for the child now. The future must also be explored, what thoughts the child has on this - optimistic? pessimistic?

5.   ENDING UP

Try not to end abruptly; prepare the child a bit before by saying something like: "It is soon time for us to leave, but before we go...".

Again, leave the child in control of himself. Try to sum up for the child your conversation, giving praise to the child for his/her participation. Ask the child how he/she has experienced the conversation, how he/she now feels. Tell the child if you will see him again, or if you know some positive thing will happen.

But never give promises which cannot be fulfilled. Try and connect the child closer to the adult who has been listening, by also asking this person what he/she felt about the conversation, the child's needs, and what can be done further to help the child.

It is also important that the child's reactions be interpreted for parents or other caregivers as natural reactions and not 'illnesses.'

The role of activity, play and laughter, contact with other children should be stressed alongside 'listening and talking' in helping children to recover; after all, children are 'doers' more than 'talkers.'

Elizabeth Jareg, Child Psychiatrist, Programme Adviser in Child Mental Health/Development
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APPENDIX B

How to Prepare a Child
for a Hospital Visit

The following is an example of how someone might talk to a child to prepare them for an upcoming visit to the hospital to see their sick parent.

Adult: Maria, you have been asking a lot of questions lately about where your father has gone and if he is okay. I know you knew that he was quite sick before he went away. I think that it's important that we sit down and talk about that; would that be okay with you?

Maria: Yes, it scares me not to know where he is. I worry about him but don't know who to talk to about it.

Adult: Well Maria, your father has been very sick and has had to go into the hospital for care. He has also been worried about you and wondered if you would like to come to the hospital to visit him?

Maria: I would really like to see him but I've never been to a hospital before. It frightens me, is he going to die?

Adult: Maria, your father is very sick and the doctors are doing everything they can to try and help him get better. We all hope/pray that your father will get better and be able to return home but he has been very, very sick and may not be able to come home. He would really like to see you. Even though he is sick and in hospital, he still cares about you very much and misses you.

Maria: I miss him too. Can I go to the hospital to see him? If I do, could I make him sicker?

Adult: Yes Maria, I can go with you to the hospital to see your father. Seeing you would help to lift his spirits. In no way would your being there at the hospital make him sicker. If you do want to go, there are some things we should talk about first. Your father has been very ill for a long time and he may look a little bit different than the last time you saw him here at home. He has gotten thinner and he has some sores on his body from the illness. He may also cough a lot and may not be able to talk clearly all of the time. In the hospital itself, there are many different machines and people around to help out those who are sick. Some of these machines will be attached to your father with a needle in his arm or a special patch on his chest. These machines aren't

hurting him but are there to make him feel more comfortable and to help the doctors/nurses take better care of him. You can't hurt the machines or make them not work properly by holding your fathers hand or talking to him so you don't need to worry about that. Sometimes the machines make funny noises. There are also lots of different smells in the hospital, some of them unpleasant. It's okay for you to feel abit frightened when you're there, it's a place with lots of different sights and sounds that you aren't used to, but remember, nothing there will hurt you and you wouldn't do anything that could hurt anybody else or make them sicker. The important thing is that you will be able to see your father and he will have a chance to see/talk to you. I will be right there during the visit so if you get scared or have a question, we can talk about it. Also, if at any point you feel like you want to leave or go outside for a little while, that's okay too.

Maria: But what if I cry when I see my father or don't know what to say to him?

Adult: It will be okay if you cry Maria. It has been a long time since you have seen your father and he knows you have missed him and that his being sick is hard for you. What is important is that your father knows you love him. He will be very happy to see you again. If you wanted to, you could draw a picture or write a poem to give to your father while your there and then you would have something to talk to him about. It's also okay not to talk, Maria. Just you being there will make your father happy.

Maria: I'm still scared but I do want to go and see my father. I think I will draw him a special picture that he can put on the wall after I go.

Adult: I'm sure that he would like that very much. Remember Maria, I'll be there for you to talk to at any time about all this. We will talk again before you go to see your father but in the mean time, if you have any questions, we can talk about them. Okay?

Maria: Yes, thank you. I'm going to go and start the picture to give to my father.

**** During the hospital visit itself, and afterward, the child may need lots of reassurance and a chance to ask questions about what he/she saw or the emotions that it brought up. Ensure there is a caring person, whom they feel safe with, available for them to talk to.

APPENDIX C

Crocodile and the Boy

On the shores of the lake the fish eagles fly and Crocodile basks in the sun. A long, long time ago a young boy called Halambe sat there at the edge of the sand under a great mango tree and cried bitterly for seven days. His mother was dead. Nothing and no-one could comfort him. Day after day he sat under the tree and mourned the loss of his mother. All the while that Halambe mourned, Crocodile watched him from a short distance at the water's edge. At the end of seven days, Crocodile could bear to watch their boy's suffering no longer.

"How can I eat a boy who is so unhappy?" he asked himself. "He is sure to taste as bitter as his tears and I shall have a stomach ache. There is only one way to cure him of his grief and make him happy. He must swim in the lake and the water will free his heart. When he is cured I shall be able to eat him!" So saying, Crocodile switched his tail from side to side and slithered up to Halambe.

"Halambe," he said. "Your mother said that I should teach you to swim so that you can free your heart from grief. Climb on my back and I will teach you to float and dive and cruise across and under and through the dark waters. It is time for you to be free of pain and sorrow." Crocodile cocked his head to one side and surveyed Halambe with his beady old eye. "Let's go!" he said. "From now on you will live in the water!"

Halambe climbed on Crocodile's back, and they slipped into the water and floated out into the middle of the lake. "Hang on," shouted Crocodile, and he dived down into the deep water so that the boy could see the brightly coloured mbuna flash past them, and watch the plants sway in the current. Then Crocodile cruised across the lake and under and through the dark waters with Halambe on his back.

He played games with the boy. He switched his tail from side to side and splashed him with the cool lake water. He turned himself upside-down so that Halambe had to crawl round to his belly in order not to fall off. He streaked across the lake like a torpedo with Halambe hanging on to his tail for dear life. He made the boy laugh for joy and in time Halambe's heart was free of grief. When Crocodile saw that the boy no longer wept bitter tears, he thought to himself that it was time that Halambe got off his back and swam alone so that he, Crocodile, could catch him and eat him.

Crocodile swam with Halambe to shore. He was a little bit sad at the thought of parting company with the boy, but had to do so if he wished to eat him. Now

that he knew Halambe well, Crocodile felt that he couldn't just turn around and bite him without warning. He would have to give him a fair chase. And also, as he had grown quite fond of Halambe, Crocodile decided to give the boy a water charm for protection from the dangers of the great lake before they parted company.

"It is time for you to swim on your own, Halambe," he said. "But before you do so, I have something to give you that will keep you safe in the water." Then Crocodile scrabbled about in the sand and dug up a beautiful golden headband and placed it on Halambe's head.

"This is a water charm," he said. You must wear it always, to keep you safe from harm." Then Crocodile slithered off into the shallows with Halambe on his back. "Good luck, Halambe," he wished the boy. "Swim away now. The lake is yours!"

Halambe stood up on Crocodile's back and dived into the dark waters. He swam like a fish. He loved the water and he loved to live in it, Crocodile followed Halambe for a short distance and watched over the boy day and night. But, whenever Halambe swam close enough to Crocodile, thoughts of eating the boy would cross his mind. "Now is the time! Now in the time to catch Halambe and eat him!" he would think. But try as he might Crocodile could not work up an appetite for the boy, and so time passed.

One day when unhappy Crocodile was basking in the sun on the shores of the lake, and Halambe was splashing about in the waves in front of his eyes, poor Crocodile thought that he must be ill, because the thought of eating the boy was becoming more and more distasteful. Wood Pigeon was watching crusty old Crocodile carefully from the top of a tree. She flew down and perched on a branch close to him.

"What is wrong with you Crocodile?" she cooed. "Are you unhappy because you do not feel like eating Halambe?"

"Yes, Wood Pigeon. I cannot understand what is wrong with me. I am not ill, yet I have no desire to eat the boy, who would normally have me slavering at the mouth."

"You have looked after Halambe well, Crocodile. He has learned to swim in the water like a fish, and the water has cured him of his grief for his dead mother. And you, Crocodile, have kept him safe from your jaws all the while."

"What nonsense you talk, Wood Pigeon. I taught the miserable Halambe to swim in the lake so that I could eat a happy person. I cannot eat a boy who would taste as bitter as his tears!" and Crocodile flicked his tail and glowered angrily at Wood Pigeon.

"And then you gave Halambe a golden headband, a charm, to keep him safe from harm. And so he is safe from you and your great jaws! You will never wish to eat him. So now you must tell him that it is time for him to go back to

his own kind. Tell him to return to the land where his brothers await him under the mango trees. Then ask him to return the water charm to you, Crocodile."

Crocodile looked up at Wood Pigeon with a doleful eye. He sighed. "You are right! I must free Halambe from the water now, and get back the charm," he said. Then he swam out to the boy who was floating happily on his back under a warm sun.

"Halambe you are cured of grief and must return the golden headband to me, so that I can return you to the land, to live where you belong. Your brothers await you under the mango trees. Come, I will take you to them." So the boy climbed onto Crocodile's back, and at once started to remove the golden headband.

"No! No!" shouted Crocodile. "Do not remove it yet or you will have no protection from harm. Wait until you are back on the shore, then I will watch you bury it safely in the sand. After that you will remember your brothers and return to them. And then you will be afraid of me Halambe, as you should be." With those words Crocodile gave Halambe a crooked smile and streaked silently through the water with the boy on his back, until they got to the shore where the mango trees grow.

Halambe climbed off Crocodile and waded to shore. He took off the golden headband and buried it in the sand. Crocodile was half submerged in the shallow water, watching all the while with his beady eyes. As soon as the charm was buried Halambe remembered his brothers and looked to the mango trees. There they were, waiting for him. Halambe called a greeting to them and they came running across the sands to meet him.

Halambe turned and waved goodbye to Crocodile who switched his tail in answer, and floated off silently across the lake.

Walton, A. (1997). Tales from Malawi and the great lakes of Africa.

APPENDIX D

Children and Grief

Misconceptions

• They don't understand what has happened; they're too young.
• Going to the funeral would just upset them.
• I must protect them from loss and pain.
• They don't feel grief the same as adults.
• When they have grieved once, it should be over.
• I won't say or do the right thing, I must be in control to talk to them.
• They won't want to talk about it.
• I might upset them.
• They need to keep busy.
• Getting rid of reminders helps; encourages only good memories.
• I won't mention it unless they do.
• Once they've been angry/guilty that should be the end of it.
• It is morbid to want to touch or talk about the body.
• Use terms like 'passed away,' or 'gone to heave'.
• If they are not expressing grief, children aren't grieving.
• I should tell them all the facts immediately.

Facts

• Even the very young know when those around them are upset. Most understand more than adults think.
• Not being included in family rituals could be more upsetting. Seeing adults grieve is good modelling.
• All children experience losses but do need help learning ways to deal with them.
• Everyone grieves in their own way; this is usual and healthy. Developmental level affects understanding.
• As they develop, children must re-grieve losses in light of new understanding.
• There are no right answers. Saying something acknowledges their grief, dispels fears and misunderstandings .
• That's often all they want to talk about. Let that be their choice, not yours.
• They're already upset; that is part of grieving.

- Routine activities are important but new activities may confuse them. Not thinking about it delays grief.

- This tells them it's wrong to think of the dead person or to have bad memories.

- This suggests it is not all right to mention the person; that there is something bad about them or their death. They may feel hurt or sense your discomfort.

- Phases are circular and each implication of the loss must be grieved.

- It is healthy and concrete. It is a good way to say good-bye and make the death seem real.

- These confuse and frighten children: 'dead' is better.

- They may not know how to express feelings or think they have permission to grieve. They may delay grief to avoid upsetting others.

- They may not understand all aspects of the death or be able to handle the intensity.

Hospice Victoria, Adapted from When children grieve

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