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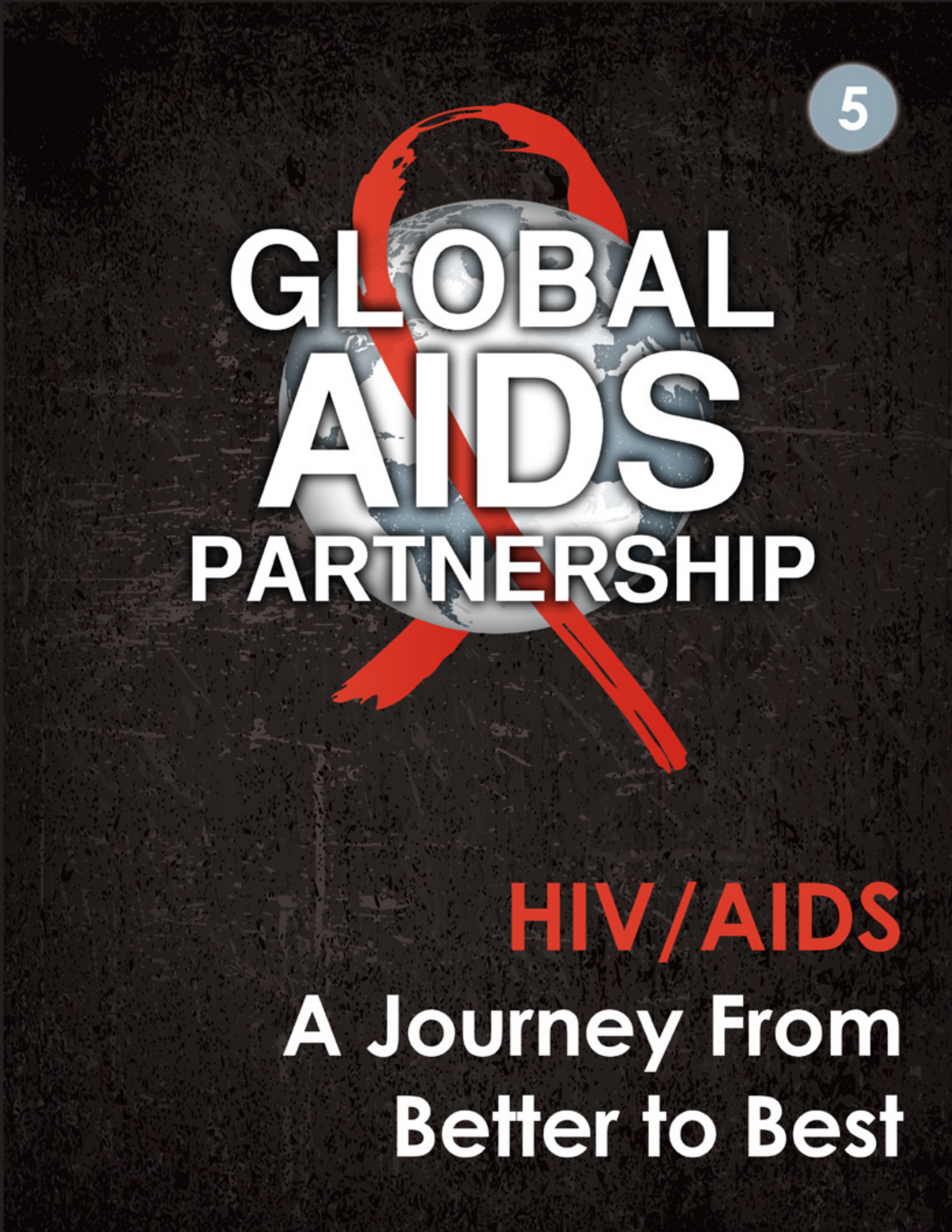


# HIV/AIDS
# A Journey From Better to Best

**A Journey from Better to Best—A Field Manual for Care of Orphaned and Vulnerable Children Affected by HIV/AIDS**

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# PURPOSE OF THIS MANUAL



Many who are involved in child care are already doing a good job at meeting the needs of the children in their circle of influence. However, as research, information, and experience are accumulating, it is thought that some practices might transition from what is now good practice to what could be considered better or best practice—thus the title, *A Journey from Better to Best*.

The authors of this manual, all field practitioners working with the HIV/AIDS epidemic in one form or another, and all members of the Global AIDS Partnership Team are in a constant state of monitoring what others are doing to best meet the needs of vulnerable children. There is no claim to have looked at all the literature or evaluated every outreach, but a valiant effort has been made to determine what the global community is considering best practice and ultimately what is best for the individual child.

It is hoped that the information within this manual will be considered a beneficial guide. A guide which hopefully can be adapted, contextualized, and modified in a way that will make it most appropriate for the setting and culture in which it is used.

This manual is presented as a guide to those who are involved in the care of and ministry to children who are affected by the HIV/AIDS crisis. It is not meant to provide all of the facts about the HIV/AIDS crisis itself but rather to make available information about dealing with the impact of the epidemic on children.

It is hoped that the information contained in this manual will act as a guide to the most appropriate care by the community, church, and partners involved in outreaches to children. The best interest of the child should always be at the forefront of decisions concerning his/her care.

Since the onset of the HIV/AIDS epidemic, various strategies/practices have been implemented in an effort to deal with the increasing difficulties encountered by children facing this crisis. Some of these strategies/practices have resulted in encouraging outcomes, while others have failed to produce positive results. Meanwhile, strategies and information continue to evolve as more and more communities and organizations offer services and interventions. Therefore, the authors of this field manual have recommended principles that are considered by field practitioners to be the best practice known to date for dealing with the complicated and profound effects of the HIV/AIDS epidemic on children.

# CHAPTER 1

## INTRODUCTION

### *Key Points*

- **Communities and churches must take the lead role in planning and implementing outreaches/projects for children affected by HIV/AIDS.**
- **The church has a responsibility to respond to this crisis with love and compassion.**
- **Outreaches/projects for the care of orphaned and vulnerable children must be established on foundational principles.**

### *HIV/AIDS—Implications for the Church and the Community*

The HIV/AIDS epidemic has vastly increased the number of orphans and vulnerable children with the majority being in sub-Saharan Africa. While orphans are usually defined as those who have lost one or both parents, children with living parents may also be extremely vulnerable due to the enormous economic and social impact of HIV/AIDS. Therefore, the foundational principles and recommendations found in this field manual will focus upon orphans and vulnerable children but are not limited to those who are in that situation due to the HIV/AIDS crisis.

> ***"Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress."***
>
> ***—James 1:27, NIV***

### *Impact of HIV/AIDS on Communities*

Communities are groups of people who live and work together in geographic proximity and have commonalities that tie them together. They often share some responsibility for each other. The local church is most often a part of the basic framework of the community.

In many parts of the world, community life is interdependent and people work together to survive and thrive. In countries affected by HIV/AIDS, many people between the ages of 19 and 35 have died or are sick and needing care. The absence of these wage earners and caregivers has greatly weakened, though not destroyed, the ability of many communities to cope in traditional ways.

Communities all over Africa and other parts of the world are rising to the crisis and finding new and innovative coping skills to confront the challenges brought by HIV/AIDS. However, many also find themselves depleted of corporate energy, struggling to find ways to sustain themselves economically, and reeling with the loss of productive ability.

Socially, the HIV/AIDS crisis is devastating: breaking down multitudes of families worldwide through the illness and death of at least one generation. The traditional methods of dealing with orphaned children and the elderly have been challenged. Thus, many elderly are assuming care for young children who have lost parents, leaving no one to care for the elderly.

An HIV/AIDS diagnosis also carries with it a depressing stigma, causing individuals and families to feel ashamed and isolated. Even entire communities can socially experience this same shame and isolation when labeled a "high prevalence community."

***An HIV/AIDS diagnosis also carries with it a depressing stigma, causing individuals and families to feel ashamed and isolated.***

## *Impact of the HIV/AIDS Crisis on Children*

Children in the developing world are often vulnerable due to wars, famines, disasters, and diseases. Children in HIV/AIDS epidemic areas often face compounded vulnerability risk due to circumstances from all of these factors in addition to the HIV/AIDS crisis. Many of these children find themselves forced to care for ill family members, provide finances for the family and procure food. They frequently suffer from inadequate nutrition, psychosocial trauma and stigma, lack of health care, limited educational opportunities, possible discrimination, abuse, and exploitation.

## *Foundational Principles in Developing Strategies for Care of Orphaned and Vulnerable Children*

It is the belief of the authors of this manual that the following five principles are foundational in the development of any outreach or intervention targeting orphaned and vulnerable children.

**Principle 1**—The Christian response requires active involvement in the care of those in need, especially children.

In the face of injustice, God's Word calls each Christian to act justly and to speak for the widowed, the orphaned, the foreigner, and the oppressed (Deut. 10:18; 24:19; Ps. 82:3; Isa. 1:17; Jer. 22:3).

Compassion shaped the life of Jesus. Through his compassionate acts of caring and love, He prepared hearts to receive Him as Savior. Each time the Scripture records Jesus being moved with compassion, it resulted in the meeting of human need. Jesus responded to the sea of hurt and need that surrounded Him—the sick, the blind, the beggars, the widows, and the lepers. He experienced their pain in His heart. His life was compassion in action (Kilbourn 2002).

***Compassion shaped the life of Jesus. Through His compassionate acts of caring and love, He prepared hearts to receive Him as Savior.***

After portraying a model of love and compassion, Jesus sent out His followers to "do likewise" (Mark 16:15–19). The early church shared their resources with the needy and cared for the widows and orphans (Acts 4:34–35).

**Principle 2**—All aspects of any outreach should involve and be owned by the church and/or community.

Every community has its own strengths, resilience, and resources. It would not have survived if this were not true. Community-based activities, in this case the care of orphans and vulnerable children, are not only located in the community of the affected children, but are actually owned by the community. This means that an external agency does not own and manage a project, but rather provides assistance, capacity-building and training for the community.

A sense of ownership by the community is enhanced as community members are mobilized in their awareness of issues, assess their own needs and resources, and plan their response to the identified problem(s). When there is a good result from an effort which is owned and managed by the community itself, there is also a sense of dignity, accomplishment, and pride in the result.

The term *community* can be used to refer to the entire geographical community or to a specific church. The local church, an integral part of the community, is often the very best mechanism through which outreach and ministry to children can flow. The church, following the biblical mandate of "caring for orphans and widows," represents Jesus to the larger community. The outflow of grace often results in an inflow of non-churched persons drawn by compassion and love.

The church provides an excellent platform for outreach to orphaned and vulnerable children because:

- The church meets regularly and frequently with its members, which gives opportunity for consistent and repetitive counsel and instruction regarding AIDS and care of children.

- The church is an instrument of compassion within the community. Believers should be compelled to action because of the compassion and love of Christ in their hearts. Compassion should be the greatest motivator for the church's involvement—not additional members, not only evangelism opportunities, *but because the church cares*.
- The church is empowered to meet spiritual needs. The AIDS crisis presents multiple opportunities for touching people's lives for eternity. This is incredibly important since many are dying daily as a result of AIDS.
- The church is usually respected within its community. This can bring credibility to messages being presented about HIV/AIDS and to outreaches that assist in the crisis.

**Principle 3**—Every child has basic human rights.

According to the *Convention on the Rights of the Child* (United Nations 1989), children everywhere have the rights: to survival; to develop to the fullest; to protection from harmful influences, abuse, and exploitation; and to participate fully in family, cultural, and social life. The four core principles of the convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child (see Appendix A).

Recognizing the absolute importance of family and parenthood, children should have the opportunity to actively participate in initiatives and decisions that affect their lives, whenever it is culturally appropriate.

In addition to the rights presented in the convention, the authors of this manual add an additional right: each child should have spiritual guidance and the opportunity to know Jesus.

**Principle 4**—Effective projects incorporate sustainability planning from the very beginning.

*Sustainability* refers to a project's ability to continue indefinitely without dependency on outside resources. This requires assessment of local resources, careful planning, and emphasis on interventions that are simple, cost-effective, and replicable.

The community and/or local church should have the ultimate responsibility in maintaining the viability of human and financial resources of whatever project or outreach is undertaken. When available, the gifts and involvement of outside donors should be appreciated and incorporated into the community's outreach. However, these resources should not be relied upon for long-term project success.

Sustainability will be discussed in more detail in Chapter 9.

**Principle 5**—Effective projects incorporate assessment and evaluation from the very beginning.

Responsible project planning begins with a thorough community assessment of assets/resources as well as needs/deficits that will impact the project. Equally important is planning for a way to evaluate the overall effectiveness of the project. Both *assessment* and *evaluation* will be discussed in detail in Chapter 7.

As steps to interventions are discussed in the following pages, it is hoped that the reader and user of this manual will constantly refer back to the foundational principles presented in this chapter.

By adhering to and applying the above principles, the church, God's instrument of love and care to the community, can become the model in the community of appropriate, effective, and compassionate care for its children in need.

Through prayer, careful planning, and thoughtful intervention, it is hoped that the lives of many children of the world will be touched, changed, and ultimately transformed by a personal encounter with Jesus Christ.

# CHAPTER 2

## The Impact of HIV/AIDS on Children

### *Key Points*

- **To develop normally, children need to feel loved, nurtured, protected, and secure, as well as having adequate nutrition, shelter, health care, and education.**
- **Adverse circumstances such as HIV/AIDS, often derail normal growth and development as the above essential elements are missing or diminished.**

*A small grandmother and nine-year-old child were interviewed in Zimbabwe. The mother and father had died when the child was seven. The little girl had been raped when she was 8 years old and was now HIV positive. The resources for maintaining normal life were much diminished as the grandmother's health wasn't good and she could only work a few days a week. There was no possibility of getting medications for the little girl to help keep her healthy and fight off infections. This kind of story is repeated many times in Africa.*

Children are made vulnerable by an incredible number of circumstances in this twenty-first century world. Wars, famines, natural and man-made disasters, poverty, and disease can change the world of a child from a happy, innocent existence with normal growth and development to one which brings fear, insecurity, poor health and lack of development (see Appendix B, *Stages of Normal Development*).

The HIV/AIDS crisis has impacted families and children worldwide, but particularly in Africa where it is estimated that almost one in eight of all children in Africa are orphaned.

Infants and children in an ideal world should be raised feeling loved, nurtured, and protected, having adequate nutrition, shelter, health care, and education. These factors contribute to the normal growth and development of a child.

### *How 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.

## What Children Need to Learn and Develop

- 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.

## The Effect of Adverse Circumstances on Children

In circumstances of crisis and poverty, children are often made vulnerable when deprived of the love and care that would contribute to their normal physical and emotional development. Even if one or both parents are still heading the household to which these children belong, poverty, ill health, or other circumstances may exist that deprive the children of their basic needs. Therefore, when children are referred to in this manual, they will be termed *orphans and vulnerable children* (OVC) so as to include those whose parents are affected by adverse circumstances.

***In circumstances of crisis and poverty, children are often made vulnerable when deprived of the love and care that would contribute to their normal physical and emotional development.***

### The Impact of Poverty

Families with both parents present often struggle to keep the family intact and functioning when trapped in situations of poverty. When one or both parents are missing due to AIDS, the impact on children heightens dramatically. These families struggle with the following:

- **Decreased income**. The head of the household may be too ill to work, and any income that may have been present may be cut off. This results in lack of funds to pay for food, school fees, medical care, etc. In farming communities, children may be too young or inexperienced to continue growing the crops that would normally provide food or income for the family.
- **Increased medical expenses**. Most families try to seek medical care for those who are suffering from AIDS, often without knowing or acknowl-

edging that AIDS is the medical condition. Whenever meager funds are obtained, they are quickly spent on doctors, hospitals, or medicines.

- **Funeral expenses**. The cost of burying family members is often high, and many families feel shame and remorse by being unable to afford traditional funerals which can involve several days of feeding guests, burial fees, coffins, etc. Many will incur debt trying to provide a proper burial.

### The Impact of HIV/AIDS

With so many millions of individuals, families, and communities affected by the HIV/AIDS crisis, the impact on children has been enormous. The crisis threatens their very survival, health, growth and development, education, play, and protection from abuse and neglect.

***With so many millions of individuals, families. and communities affected by the HIV/AIDS crisis, the impact on children has been enormous.***

Compared to other children, OVC affected by HIV/AIDS are more likely to:

- **Lack education**. Children infected or affected by HIV/AIDS often are needed at home to help care for sick family members or to work to get income for the family. They may also lack fees to attend school or may face discrimination due to having AIDS in the family. They may also do poorly in school due to worry about their disintegrating family or grief over losing a loved one. Nutritional deprivation may make it difficult to remember or focus on learning.
- **Work to provide income for the family**. Even at young ages, children may need to try to find some type of work to bring income to the family. Rather than attending school, they may be at the marketplace selling papers, cleaning car windows, or begging to try to get food for the family.
- **Have poor health and nutrition**. Children in families with AIDS are often not properly nourished, cannot afford health care, and often do not experience normal growth and development. They are also less likely to have preventive care such as immunizations, deworming, and dental care.
- **Lose their right to land/property**. Without adequate planning and legal documentation prior to the death of the parents, children may lose land, property, and possessions to extended family members or others. This can leave them completely destitute and unable to continue life in their community.

- **Lack love, care, and attention**. As stated earlier, all children need to feel loved, protected, cared for, and have a sense of belonging. When a loved one is dying or has died, children lose their sense of security. The smaller children are often not held or nurtured. Normalcy of infancy and childhood often ceases to exist. This can have a lifelong effect on the child's ability to adjust and live a normal life.

- **Experience stigma and discrimination**. Although HIV/AIDS in some parts of the world has affected entire communities, there is still a great deal of stigma and discrimination associated with it. In many places, the diagnosis of AIDS is often not spoken of by the medical community or the family, but many actually know from the symptoms what is really happening. Children from AIDS-affected families may be ridiculed, ignored, rejected, or treated with discrimination when others know of their family situation. This can cause great emotional trauma and shame for children, which complicates the grief process.

- **Suffer sexual abuse, including child prostitution and trafficking**. When children lose parents due to AIDS or are out on the streets trying to procure food or money, they are more vulnerable to sexual predators. Girls are particularly vulnerable. The myth that having sex with a young child or virgin will cure AIDS is present in many parts of the world. Many men, fearing they have been HIV-infected, seek young girls for forced or paid sex. Young children on the streets are often kidnapped and forced into the sex trade.

- **Become HIV infected**. Children who live in communities or families affected by HIV/AIDS are more likely to become HIV positive themselves. Infants born to HIV-positive mothers may contract the virus during birth or through breast-feeding.

- **Lack emotional support to deal with grief and trauma**. Grief issues and the trauma of dealing with sick and dying parents, siblings, or other relatives are enormous for children affected by HIV/AIDS. Often, children have to deal with the grief and trauma alone, receiving little or no support. Adults may be preoccupied with the sick or dying one, may simply be absent, or may ignore the child's need for grief support. Children who have been questioned about the grief process of losing one or both parents often say that they were talked to but never listened to.

- **Experience long-term emotional/psychological problems**. Children often become emotionally scarred from the negative factors related to HIV/AIDS. Their emotional development may not progress even though they may progress physically. Without help to work through their trauma, children may have difficulty adjusting in relationships as they grow older.

- **Use drugs and other abusive or addictive substances**. Children and especially adolescents may turn to drugs and alcohol to numb their hurt and the pain of loss, grief, shame, and fear. Children may also sniff glue or other substances to dull the hunger pangs due to lack of food.

- **Become involved in crime**. Feelings of hostility may be one reason why children become involved in crime. Shame and anger can result in aggressive behavior toward others. Often thievery is a result of the practical need for food and money to maintain their lives or that of their families. Older siblings will at times try to provide for younger ones and find that stealing is the easiest and quickest way to get their hands on the needed resources.

While not a comprehensive list, the above issues present opportunities for the church and community to bring relief to families and especially to children carrying the enormous weight of the HIV/AIDS crisis.

There are many different affordable and vitally important ways in which children can be ministered to and helped. With patience, persistence, and creativity, the quality of children's lives can be greatly enhanced.

As always, in any outreach, the greatest and longest-lasting help will be given when it is carefully planned. The very people affected by the crisis, including the children, must have the main voices in identifying the problems and the solutions. Outside assistance may be beneficial in strengthening an outreach, but ultimately, the community must be in control.

# CHAPTER 3

## Meeting the Psychosocial Needs of Children Affected by HIV/AIDS

### *Key Points*

- **Children affected by HIV/AIDS will be dealing with grief, loss, and trauma and need help to process these emotions in order to adjust to life.**
- **Children will require someone to make sure that they are safe and secure. This is the responsibility of the community which surrounds the children if their families are unable to provide for these needs.**
- **Children affected by HIV/AIDS are more likely to miss out on educational opportunities. Communities working together with the children can creatively find ways to provide for basic educational needs and also provide vocational/life skills training that will help the children be better prepared to take care of themselves and others in the future.**
- **Finding ways to help children process stressful times of grief and trauma, as well as making sure that they have adequate safety and nutrition, can collectively contribute to the coping skills that they will possess in the future and greatly enhance their overall adjustment to life as an adult.**

This chapter will present strategies to help children with the psychological, social, and grief issues that they certainly have or will face when confronted with the realities of HIV/AIDS in their families and/or communities. Most children experiencing these adverse circumstances are traumatized to some degree. While dealing with grief and loss, their health and nutritional status may also be compromised. A key tool utilized in identifying children in need of possible intervention is the initial assessment. Some forms of intervention will be discussed. Regardless of what intervention is decided upon, the needs of the individual child must be carefully and prayerfully considered.

### *Identifying and Dealing with Grief and Loss Issues*

Grief is a natural, healthy, human response and a necessary reaction to a significant change or loss in one's life.

Loss is a part of everyone's life. It is not the event—the type of loss—that determines one's response to it. Each person reacts to loss in his or her own way. How a person responds to a particular loss is determined by a combination of factors:

- The nature of the loss.
- The innate individual personality.

- The experiences, including what has been learned about loss from others in his/her environment.
- The local cultural traditions and circumstances.
- The support the person has in helping to cope with loss.

## *The Stages of Grief*

There are many theories about the grief process, but one that is most commonly accepted is from the book *On Death and Dying* by Elisabeth Kubler-Ross, a medical doctor who worked with cancer patients. In this book, she described the five stages of grief most commonly experienced by people when they are facing their own diagnosis of a terminal illness. Later, this list was expanded and applied to other circumstances: the loss of a loved one, grieving after a suicide, the loss of a pet, and the loss of a job, the loss of a love relationship. Children, regardless of their ability or inability to express themselves, go through the same grief stages as adults.

The expanded version of the stages is:

- **Numbness/shock**

  The body's natural defense system insulates us in the initial stages of a threatening situation. The child may run on "autopilot" and later not even remember what happened when he/she first encountered the bad news of the loss.

- **Denial**

  The child may experience disbelief: "That is not possible … there must be a mistake… you must have the wrong person … that can't be true."

- **Pain and Anguish**

  As the truth sinks in and the numbness fades, the child may have stomach cramps or difficulty breathing or feel deep pain, heartbreak, a raw knot in the center of his/her being, or a sense that he/she may die or never be whole again.

- **Anger**

  The child may get angry at the messenger who delivers the news or at the doctor, the person who caused his/her pain (even if that person is now deceased), at anyone he/she can hold responsible for the grief, even God.

- **Bargaining**

  The child may try to negotiate the situation, either with another person involved or with God: "Please, give me one more chance and I promise things will be better … I will change … If you will reverse this, then I will do this in return …"

- **Depression**

  When the child realizes the loss is real and unchanging, he/she may sink into a deep sorrow. He/she may feel guilt, remorse, or regret. Whether or not he/she has a terminal illness, he/she may feel life is over. Some may consider or attempt ending his/her life.

- **Acceptance**

  If the child comes to terms with the reality of the situation, recognizes it as a now fact of his/her life, and gradually lets go of the struggle against the tide, he/she can move beyond the suffering and find some peace, even within the new circumstances.

- **Hope for the Future**

  Acceptance of the reality of current circumstances can lead to a renewed hope for the future, even though different from the one he/she used to imagine. (www.helpguide.org)

## *Children's Understanding of Death*

It is important to understand a child's development level in order to talk about death in a way they will understand. Children need information, but giving them more than they can understand is not helpful. The following is a general guide to children's developmental stages and reactions to death:

### Under 2 years, a child …

- Doesn't yet understand what death is.
- Can sense feelings of adults.
- May change eating, sleeping, and toilet habits.
- Depends on nonverbal communications; needs physical care, affection, and reassurance.
- Won't remember the deceased person.

### From three to five years, a child …

- Views death as temporary.
- Questions the cause of death.
- May feel the loss of someone loved is a punishment.
- Has difficulty handling abstractions such as heaven.
- Feels sadness, but this emotion may be short-lived.
- Regresses.
- Increases aggression.
- Gives up attachment to loved ones and attaches to substitute people (teacher, neighbor, etc.).
- Escapes into play at times to relieve the reality of the loss; seems not to be reacting to loss.

- May not remember the deceased.
- Needs reassurance, love, care, honesty, daily routine, and structure to life.

### From five to ten years, a child …

- Begins to conceive of the finality of death.
- Has a fear of death and of others dying.
- Feels anger and guilt (blames self for death).
- Has difficulty expressing feelings in words.
- Expresses feelings through behavior (exhibits compulsive caregiving and good behavior or demonstrates aggressiveness as a defense mechanism against feeling helpless).
- Asks concrete questions.
- Identifies with deceased person as a means of hanging on to that person.
- Still has difficulty comprehending abstract concepts such as heaven.

### From ten to eighteen years, a child …

- Recognizes the irreversible nature of death.
- May be troubled about his or her own death.
- Has denial—tries not to think about it or doesn't want to talk about it.
- Has fear of the future.
- Hides feelings.
- May feel anger, depression, or repress sadness.
- May have somatic symptoms.
- Questions religious beliefs.

## *Common Feelings, Thoughts, and Behaviors of the Grieving Child*

- Child retells events of the deceased's death and funeral.
- Child dreams of the deceased.
- Child feels the deceased is with him or her in some way.
- Child rejects old friends and seeks new friends who have experienced a similar loss.
- Child may have problems at school: difficulty concentrating, emotional outbursts, and behavior problems.
- Child seeks medical information on death of the deceased.
- Child worries excessively about his/her own health and may have complaints of stomachaches and headaches.
- Child sometimes appears to be unfeeling about the loss.
- Child becomes a "clown" to get attention.
- Child is overly concerned with caretaking needs.

## Danger Signals to Watch For in the Grieving Child

- An extended period of depression in which the child loses interest in daily activities and events.
- Inability to sleep or a loss of appetite.
- Acting much younger for an extended period.
- Excessively imitating the dead person.
- Repeated statements of wanting to join the dead person.
- Sharp drop in school performance or refusal to go to school.

These danger signals indicate that professional assistance may be needed to help the child through the mourning process.

## Answers That Will Not Help

Often when a loved one dies, people think they are protecting children by offering simple but evasive answers to their questions. Remember that children tend to take things literally.

Some of the explanations that cause confusion are:

- "He/she has gone on a long trip." The child expects the person to return, and when he/she doesn't, a feeling of abandonment or guilt occurs.
- "He/she is sleeping peacefully." The child then may fear sleep.
- "It was God's will." The child may be confused because he/she still needs the person and cannot understand why God would take him/her.
- "He/she was so good, God took him/her home." The child may decide to be bad so he won't die too.

In talking about death with a child, honesty, compassion, and love are essential. Don't be afraid to admit that you do not have all the answers.

### Who can help?

The activities listed below may be carried out by a small group of concerned individuals from a local church or community. The church may decide to form a child support group and get children together every Saturday to discuss their situations. Children are not always predisposed to discussion so they may need props such as paper to draw on. Sometimes the most effective way to get children to express their feelings is to use drawing. Below are suggested methods that the church or interested persons can use to try to help children process through grief and loss. It would be ideal if professional counselors were available to work with the children, but this is just not possible in most areas where HIV/AIDS is prevalent.

## Helping Children Understand Their Grief

These guidelines, taken from the book *How to Talk to a Child about Death* will help in the discussion of death and grief with children regardless of age.

1. Do not avoid discussion of death if the child brings it up.
2. Be willing to share feelings of grief with the child. Some adults try to hide feelings for the benefit of the child.
3. Be honest in answering any questions the child may have. Keep explanations simple.
4. Prepare children for the funeral/ceremony by telling them what to expect. Let them know there will be crying and sadness.
5. Share your feelings about spirituality and the circle of life with the child.
6. Allow them to talk about their feelings. Children often respond to the loss of a loved one with feelings of guilt.
7. Allow the child to be silent. The moment may not be right for them to open up.
8. Be patient and loving. Children may express their grief in tantrums, dependency, or regression to an earlier age.
9. Give the child a chance to express his/her grief creatively.
10. Be prepared. A child may ask more questions about death as they grow older.
11. Remember that sometimes all a child needs is a touch or hug.
12. Consider researching grief support groups in the area.
13. Seek medical assistance if the child becomes depressed, withdrawn for an extended period of time, or makes any type of suicidal statements.
14. Avoid trite phrases like "Grandpa went to sleep" or "Daddy went away."
15. In general, children should be allowed to attend funerals/ceremonies. If they are reluctant, don't push.
16. Do not be surprised if a child repeats the same questions.

Remembering and talking about good times experienced with the deceased person will help everyone share their grief. Sharing smiles and tears mends an aching heart and creates a strong relationship.

## *Characteristics of Healthy Grieving*

**Realizing**… that everyone experiences loss.

**Recognizing**… that grief is a natural human response to loss.

**Remembering**… our losses and how they affect our lives in healthy and unhealthy ways.

**Redefining**… the way we view loss and its consequences in our lives and in others.

**Redeeming**… loss through positive acts of love and service instead of self-defeating reactions.

## *Creative Interventions*

As has been discussed, grief is a personal journey regardless of the person's age. In many situations in the world today, especially with AIDS and major disasters,

there are no therapists available for the many children that are grieving the loss of one or more loved ones. Death becomes an almost daily encounter, making the child unable to express his/her grief. There are creative activities that can help a child through this grief journey. The activity should be chosen after discussing with the child what his/her interests and abilities are. Spiritual teachings can and should be included with the chosen activity as appropriate.

The activities described below may or may not be appropriate or possible in certain cultural/geographical settings.

**Draw pictures**. Children usually do not have words to articulate their feelings and perception about death. Drawings and other art activities are a natural language through which to express their trauma and grief. The creative expression of children can provide a way to open up discussion about their fears, coping skills, and beliefs about death and dying. Allow the child to be the expert about the artwork.

**Create with clay**. Clay or similar substance is a great medium for young children to express their emotions. Let them be creative and then discuss the object. This activity is nonthreatening and a great way to talk, laugh, have fun, and share time while focusing on feelings.

### Do-It-Yourself Clay

1 cup flour
½ cup salt
1 cup water
2 tsp. cream of tartar (dried powder from baobab tree fruit)
1 tsp. salad oil
Food coloring

Mix all ingredients together and cook for 3 minutes over low heat. Stir well. Add food coloring. Store in a tightly sealed container.

### Modeling Clay

1 cup white school glue
¾ cup liquid starch

Pour the glue into a container and add the starch. Stir the ingredients and knead the mixture by hand. If it sticks to your hands, wipe a little starch on them. If ingredients don't mix well, heat over a low flame until mixed. Allow mixture to set for a while and store in a tightly sealed container in a refrigerator or cool place.

**Read a book about grief**. There are many children's books that tell a story about a significant loss. These stories help to elicit a discussion about the child's own feelings, which may be similar to those in the book. Check on the Internet for a list of these books.

**Make a collage**. A piece of cardboard is covered with pictures cut from magazines, newspapers, and/or photos that reminds the child of the deceased person. The child can put this in a place where it can be seen anytime. This can help the child remember good times and discuss them with other family members.

**Decorate a shirt or scarf**. The child is given a T-shirt, scarf, or a piece of material and allowed to decorate it with words or pictures that remind him/her of the loved one. Dyes or permanent markers in colors that are chosen by the child to represent a good memory should be available. Allow the child time to explain why he/she chose the color and design.

**Create a memory box**. A small box can be used as a symbolic container for memorabilia. The child can decide what is put in the box. These could be objects made of clay that represent people or events, objects that represent a good time with the deceased, photos, drawings of favorite shared activities, etc.

**Create a safe box**. A child that has had a traumatic loss needs to find ways to feel safe. A "safe box" can be made from a small box and decorated with pictures that the child enjoys looking at and finds comfort in them. Special objects such as toys, mementos, and personal photos can be placed in the box. The child is encouraged to use the box to reduce worry and fear and help himself or herself feel at peace and calm during difficult moments.

**Share music**. Music can be very soothing in times of stress and grief. Some songs will elicit memories of the deceased and can be a way to open a discussion of feelings. Sometimes writing a simple song in memory of the deceased is a very healing activity.

**Create a dance**. Children love to dance and the activity brings about happy feelings. Encourage the child to express feelings by creating a dance. The child can then explain the dance and explain why he/she chose the movements. Be prepared to share in this dance if the child asks.

**Start a journal**. A journal can be from as simple as drawings of a young child to an in-depth recording of a teen's emotional journey through the grief process. A prayer journal can be a visible tool of comfort as prayers are recorded and then the answer comes. As the healing process evolves, the journal becomes a concrete symbol of the progress that has been made.

**Write a letter**. A letter may be helpful to clarify the child's thoughts about his/her loved one. The letter is to be written to the person who died, expressing thoughts and feelings about the following issues:

- A special memory I have about you: _____.
- What I miss most about you and our relationship: _____.
- What I wish I'd said or hadn't said: _____.

- What I would like to ask you: _____.
- What I wish we would have done: _____.
- What I have had the hardest time dealing with: _____.
- Ways in which you will continue to live on in me: _____.
- Special ways I have for keeping my memories of you alive: _____.

**Plant a tree or flower**. A tree or flower that is planted in memory of the deceased becomes a living tribute to his/her life. As it grows, so does the child's ability to recall good memories and the willingness to share them.

**Release a balloon**. Give the child a helium balloon and a small piece of paper. Have the child write a message or an unspoken feeling on the paper. Fold and place the paper into the balloon. After a brief prayer, the child can release the balloon as a way to finally be able to say those words that were left unspoken.

**Puppet skits**. Children may respond to puppets at times when they cannot speak to adults. Puppets can express emotions that are often unspoken. Use puppets in a skit that addresses a loss or simply as a friend to talk to. A book of puppet skits for grieving children is available at www.risingsuncenter.com.

**Create a grief game**. Be creative with games the child already knows. Adapt the game to help him/her express emotions and/or to create a nonthreatening atmosphere for sharing. An example would be taking an inflatable beach ball, writing grief questions on it with a permanent marker, inflating the ball, and beginning a game of catch. Whoever catches the ball has to answer the question under his/her right hand.

**Start a collection**. This activity is great for establishing a new beginning. Explore the special interests of the child and discuss what special item he/she would like to start collecting. It may or may not have to do with the deceased loved one. You can also help the child to find a special place to keep the collection.

**Perform an act of kindness**. Help the child perform random acts of kindness, usually anonymously, in the community. Leave a card ("This Random Act of Kindness was done in memory of _____") so that the person who benefits knows that someone's life and death continues to matter.

## *Group Interventions*

### Bereavement Support Group

Expressing feelings in a safe place are part of the healing process. A person who has training and experience in dealing with grief issues, if one is available, should direct the bereavement support group. Many times children feel isolated from others because of the emotions they are having. He/she can find it helpful

to know that someone else shares similar feelings. A bereavement support group should be designed to help the child to:

- Gain understanding of his/her grief reaction.
- Promote movement through the grief process by bringing grief into the open and sharing his/her feelings of grief.
- Explore ways in which he/she can learn to cope effectively with the loss of a loved one.
- Experience a "reinvestment in life."
- Establish new support systems in the family and community.

***Expressing feelings in a safe place are part of the healing process.***

The composition of the group will depend on the needs and ages of the individual participants, but the size of the group should be small enough to allow for good interaction and relationship building. It is recommended that the ages of the participants (3–5, 6–8, 9–12, 13–15, 16–18) be similar to facilitate the interaction. The group can meet one time a week or less frequently, depending on the goals and purpose of the group. There should be a definite time set so the participants know what to expect at each meeting. Participation in activities should be voluntary and nonthreatening for each child.

### Grief Retreat

A one- to two-day retreat for children who have experienced the death of a loved one within the past two years can be very helpful. Grieving children often feel very lonely, especially when other family members are also dealing with their own grief. At the grief retreat they will meet others who have also lost a loved one. It is a safe place to express their grief. The program should be designed to mirror how children grieve—with tears, smiles, and memories scattered among active playtime.

The grief retreat should be held for children 7–12 years old and teens 13–17 years old. This will allow for age-appropriate interactions by children with similar grief issues. A person trained and experienced in grief counseling and supported by willing and trained volunteers should direct the retreat. The more direct one-on-one attention each child can have, the better the experience. The retreat schedule will depend on the facility and the available staff. The activities can be planned using the creative interventions listed above along with active play, such as competitive games, swimming, hikes, and campfires.

The retreat can also be a great time to share spiritual thoughts and concerns. God must be the center of all the activities. Each staff person should be prepared to address difficult questions about spiritual issues that arise with the loss of a

loved one. It is always acceptable to not have all the answers to difficult questions. Many times the child just needs to know that someone is listening and willing to pray.

Be sure to give the retreat a special name that will be used for repeat retreats so the children and parents can refer to it by name as they share about the activities and lessons learned. (See Appendix C, Sample Retreat Information).

## *Stigma and Discrimination*

HIV/AIDS is a disease that is associated with many subjects that were taboo in many societies. Speaking of sex in public or private is culturally inappropriate in many areas of the world. Sexual issues such as commercial sex or homosexuality and sexually transmitted diseases would not be openly discussed. Due to this reluctance, fear, ignorance, denial, and confusion have surrounded the HIV/AIDS pandemic, bringing with it discrimination and stigmatization.

***HIV/AIDS is a disease that is associated with many subjects that were taboo in many societies.***

Death is also a taboo subject in many parts of the world, and death due to HIV/AIDS can bring with it a sense of shame and a desire to hide the real reason for death from the community.

Children are particularly sensitive to peer criticism, and can be damaged psychologically when stigma and discrimination are prevalent. According to the HIV/AIDS Alliance, "stigmatization and discrimination can create and reinforce the social isolation of those affected by the epidemic, including children. They engender rejection, hostility, isolation and human rights violations; for example, reduced access to health care, education and employment."

***Christians and the church have a vital role to play in combating stigma and discrimination.***

One of the larger problems associated with stigma is that people fear to disclose their HIV status and therefore will not seek out services and support that may be available for them—services which could extend their lives, such as antiretroviral drugs.

The following can result when stigma and discrimination affect children:

- Withdrawal and depression.
- Shortened life span or increased illnesses because of neglect by caregivers.
- Rejection of orphans by extended families.

- Rejection by immediate family, leading to exclusion from family gatherings and other social activities.
- Property grabbing by relatives when parents of vulnerable children die.
- Irregular school attendance.
- Verbal abuse and physical or sexual abuse.

*In Thailand, a child with a skin rash was verbally berated by children and taken out of the sports activity of the day. The teacher said she probably had AIDS and shouldn't be in school infecting other people. "Since my parents died, I have been treated like a slave. I wake up to do the household chores while my aunt's children are sleeping. I do not have time to study."* (UNAIDS 2001)

### Combating Stigma and Discrimination

The Bible says, "Do not take advantage of orphans and widows.… If you do… my wrath will be aroused." Clearly, Christians and the church have a vital role to play in combating stigma and discrimination.

When the Christians and the church become involved with families and children affected by HIV/AIDS, reaching out in love and support, it sends a clear message to the neighborhoods and communities that there is no difference in people, regardless of their circumstance.

To reduce stigma, the church should be a loud voice from the pulpit and throughout the congregation so that persons with HIV/AIDS are welcomed, cared for, and supported by the church. Discrimination of any kind cannot exist in the same place that the love of Jesus is proclaimed.

*"When I went to my home village and told the church leaders of my HIV-positive status, I was told that I could attend church, but only if I sat on the outside. I was so crushed and bitter at their response that I could no longer attend church and stopped praying. Thankfully, in time I renewed my relationship with the Lord, but I still don't understand their rejection."*

***Discrimination of any kind cannot exist in the same place that the love of Jesus is proclaimed.***

The following are ways in which stigma and discrimination can be reduced:

- Education of church and community members about the facts of HIV/AIDS. Information often reduces fear and increases acceptance. The church is a great platform for this type of information.
- Outreaches carried out by the local church to families and children affected by HIV.
- Providing support groups within the church for families and children affected by HIV/AIDS.

- Forming children's clubs and ministries which incorporate all children—including those with HIV or with HIV/AIDS in the family.
- Becoming advocates for the rights of children with or without HIV/AIDS.
- Making it known that all are welcome in the church family.
- Introducing children and families to Jesus and allowing His power to transform and empower.

All children have psychosocial needs. However, children affected by HIV/AIDS have much greater psychosocial problems that need to be identified and addressed. Sadly, these needs are often overlooked or ignored due to the overwhelming burdens that families face just trying to survive. The church must play an active role in being an advocate for these children, providing compassion and emotional support. All of us can be involved. As the old saying goes, "*Anything is better than nothing!*"

# CHAPTER 4

## Health and Nutrition Issues

### *Key Points*

- **Children affected by HIV/AIDS have multiple health concerns that impact their daily lives.**
- **Basic health and environmental indicators can be used to make a generalized assessment of children's overall health.**
- **The local church and/or community can become involved in meeting the health and nutritional needs of children.**

### *Children Affected by HIV/AIDS Face Multiple Health Concerns*

- Nutrition is often a major problem. The primary providers of food and/or resources to purchase food are usually the ones incapacitated or lost to HIV/AIDS.
- The children are frequently cared for by grandparents or other elderly individuals who have little or no means to provide adequate nutrition or medical care.
- Children may be forced to work in order to meet the family's daily needs. Their work may be hazardous and put them at risk for health problems or injury.
- The sex trade often attracts vulnerable children for its financial benefits. This puts them at very high risk for HIV or other sexually transmitted infections (STIs) as well as abuse.
- Children from vulnerable families often do not receive childhood immunizations, making them more susceptible to vaccine-preventable diseases such as measles or whooping cough.
- Children may be living with persons with tuberculosis (TB). TB is easily transmitted to others in the household, especially if there is little circulation and fresh air in the house.
- In malaria-prone areas, children may be more susceptible to contracting malaria due to lack of funds for mosquito nets and screens. These children are also less likely to receive medical treatment when they are infected with malaria.

- Lacking adult supervision may increase unhygienic conditions in the home. Infections may be spread, particularly diarrhea disease and intestinal parasites, due to poor sanitation. For example, if latrines are present but full, there may be no means for a new one to be dug or the old one to be kept clean and disinfected.

Health and nutritional needs must be considered in the planning and the development of any program for vulnerable children. Ideally, a medical person, perhaps in the church, could volunteer to give the children physical exams. In the event that a medical person is not available, some simple observation techniques can be used to assess the health and nutritional status of the children.

## *Basic Health Indicators*

- **Weight**. An underweight condition usually shows up in the deterioration of muscles. Measurement of the child's upper arm is a good indicator. According to the World Health Organization (WHO), the criterion used to identify undernourished children is a mid-upper arm circumference (MUAC) less than 13.5 cm. A measurement less than 11 cm could indicate moderate-to-severe malnutrition.

- **Hair**. If normally curly hair seems straight and has a reddish tint, the child is probably malnourished and needs iron and protein in their diet. These are nutrients that can be found in meat, poultry, fish, dark green vegetables, soy, beans, and eggs. Additionally, a loss or thinning of hair may be observed.

- **Eyes**. An undernourished child's eyes may seem to lack brightness and appear dull and lifeless. Also, pulling down the lower part of the eyelid and looking into the lining of the lower eyelid may help identify anemia (low levels of hemoglobin in the blood). If the lining of the eyelid appears red, the iron level (hemoglobin) may be normal. If the area looks very white or light red, the child may be lacking iron. This can be a very serious condition if it is not taken care of by adding foods containing iron, such as dark vegetables, organ meats, the yellow part of eggs and/or vitamin tablets containing iron.

- **Skin**. Observe the skin for open sores, rashes, and dry/cracking skin.

- **Energy level**. If the child sits and stares, seems to display little emotion, and isn't running or playing, this may indicate extreme emotional trauma. It may also indicate that the child isn't receiving the proper nutrients to keep his body functioning well. Proper food for a couple of weeks will change the energy level if the problem is purely physical. Often both factors, the psychological and physical, are occurring at the same time.

- **Bowel movements**. Though this may be difficult to observe, the child or caregiver can be asked if they are noticing any worms or blood in the

child's bowel movements. Intestinal worms are common in many places and contribute to poor appetite and nutritional status. If possible, have the child's stool examined at a clinic to determine if worms are present and if a worm treatment is needed. A simple check of the child's blood will indicate if they are anemic due to a hookworm infestation.

- **Cough**. A chronic, persistent cough should be further evaluated by a health professional.
- **Fever**. Elevated body temperature always indicates infection or illness and must be closely monitored. Small children can dehydrate and become critical very rapidly.

## *Environmental Health Indicators*

- **Home sanitation**. If possible, observe if there are adequate and clean sanitation facilities for the child's use.
- **Water**. Determine if there is a clean, accessible, and adequate water source. How is the water being stored in the home?
- **Food storage**. Are facilities present to store food and avoid spoilage and infestation?
- **Clean environment**. Animals should be kept outside the house in pens and away from water sources. Is there a refuse pit? Tall grass should be cut back near the house. The interior of the home should be clear of refuse. The cooking area should be outside the house, or properly ventilated if located inside. The area should be free of stagnant water.
- **Safe environment**. Uncovered wells and open cooking areas are two of the more common risks to child safety. Other regionally relevant safety hazards for children should be identified.

## *Interventions for Improving Health and Nutrition*

The local church or community can become involved in responding to observed health and nutritional needs. Listed below are some suggested interventions that could be considered.

- Have a volunteer health professional from the church or community set up a small check-up area or center for the children. A simple physical exam can be done and suggestions for further exam or treatment made. If there is suspicion that the child has been involved in the sex trade, an HIV test and further testing for sexually transmitted infections may be indicated.
- Research the community or area for free or discounted health services for vulnerable children. Helping families access these services is extremely beneficial.

- Research and locate clinics for medical exams and treatment.
- In a malaria-prone area, sometimes local agencies provide mosquito nets and anti-malarial/preventative pills to vulnerable households.
- If TB is suspected, take the child for diagnosis and get him or her enrolled in a free TB drug program.
- Try to obtain an immunization history for the child(ren). If immunizations are needed, take the child to a free immunization clinic.
- The church can take up an offering to buy vitamins or deworming medicine for the children. Sometimes there are local companies or organizations that will donate these items for OVC.
- Women from the church could organize a meals outreach at the church. Vulnerable children needing immediate nutritional intervention could be targeted to receive meals from this outreach. (See Appendix D, "Position Paper on Feeding Programs").
- Arrange for meals to be delivered to the homes of families in need. Make sure that children receive a portion of the food and that younger children are given adequate amounts. Supervision of the serving of the meal may be helpful.
- Women or youth could volunteer to clean houses of affected families. Open the windows to improve ventilation, or suggest moving the sick person to a ventilated area. Washing clothes or instructing children of the home in washing the clothes may be very helpful if the mother is sick or caring for a sick one and can't take the time to do these normal household functions.
- If an outdoor latrine needs to be repaired or a new hole dug, organize a group from the church to undertake this project. (See *Appropriate Technology* on the resource CD).
- If food is prepared over an open fire, organize a group to donate or collect the appropriate fuel.
- Volunteers can assist the family in making their home environment safer by covering open wells and/or constructing protected cooking stoves/areas.
- Have volunteers work with the children/family to prepare a garden in which nutritional foods are planted. Teach the children how to help maintain the garden and harvest the food.
- Teach basic hygiene and nutrition lessons to individual families or in special classes for children. (See the resource CD for health education

materials on hygiene and nutrition.) Include lessons on the importance of hand washing and see if soap is available in the home. A collection of soap from the church may be useful for distribution to families.

- Teach basic first aid to caregivers and children. (See *Facts for Life* on the resource CD.)
- Talk to children about the Lord and invite children to memorize Scriptures. Have prayer with the children and encourage them to pray for the things that are on their hearts. Always assure the children that the love, care, and protection of Jesus are with them day and night.

# CHAPTER 5

## Educational Issues

### *Key Points*

- **Education is a vital part of the growth and development of children and critical for their future as well as their communities and nations.**
- **HIV/AIDS often disrupts a family's ability to insure the education of their children.**
- **The community, churches, parents, and children must work together to meet the children's educational needs in creative ways.**
- **Children's educational programs should include vocational and life skills training.**

*A study in Tanzania found that some children did not attend school for several weeks because they did not have soap to wash their clothes and were afraid of being laughed at by other children.*

### *Adverse Circumstances Which Can Affect Education Are:*

- Discrimination and stigma associated with HIV/AIDS in the family.
- Lack of funds to provide uniforms or school fees, which are required for admission to school.
- Children having to work to provide funds for the daily needs of the family.
- Children, especially female children, needing to stay at home to care for the sick or the younger siblings.
- Elderly caregivers who are not convinced of education's relevance may keep children home to assist with household work.
- Growing fear that the school setting increases the vulnerability of the children, especially girls.
- Lack of desire to attend or inability to concentrate due to stress, trauma, grief, and anxiety of what is happening in the family.
- Ill-health or malnutrition of the children themselves.
- Lack of adequate education available due to the lack of qualified teachers.

All of these reasons and more may keep children from being adequately educated. Since many of the above reasons are valid, it will take creative thinking on the part of the community to come up with solutions. It is vital that both the community and the affected children are part of forming the solutions.

## *Successful Interventions*

- Training of teachers in anti-discriminatory acceptance of children who may lack proper uniforms and clothes. Similar training done in school assemblies to encourage wide acceptance of those less fortunate.
- Develop creative ways of raising funds for school fees and/or uniforms. Communities have dedicated a plot of land for a community garden and sold the produce to provide funds for the children's school fees. These children are chosen by a community committee to receive the funds, with special attention given to female children who might normally be overlooked for education.
- Outgrown school uniforms and shoes can be recycled and distributed to children in need of uniforms.
- Churches may decide to take special offerings or designate Sunday School offerings for school fees.
- Communities have provided alternative educational opportunities. Vocational/life skills training are offered outside the classroom for children who simply can't participate in a normal school routine for various reasons.
- Teachers have volunteered to teach basic subjects in community areas outside of the classroom where no fees or uniforms are required.
- Churches have provided free child care for younger siblings so older ones can attend school for at least half a day.
- Communities have identified adult volunteer mentors who come into homes and help children learn basic lessons, or help with homework for those who do go to school.
- Communities, churches, parents, and children must commit to working together to develop creative educational opportunities for children affected by HIV/AIDS. Though the obstacles may be great, many communities in Africa have shown that it can be done.
- In Zimbabwe village volunteers assist orphans by helping raise money to pay school fees. Each household in the community is asked to make a small donation.
- In Zambia an interactive radio educational program is broadcast daily. Literate community members are trained as mentors to children participating in the radio program, which features English and math lessons.
- In Kenya special schools with shorter hours have been established to enable street children to work and to go to school.

- In Zambia community schools have condensed the seven-year primary school curriculum into a four-year program. Community schools do not require fees for admission, uniforms, or books. Children who have dropped out of school due to their family's financial hardship can attend.

## *Life Skills Training*

Life skills are the basic skills required to live successfully in a community. In addition to basic literacy and math skills, life skills entail the ability to build healthy relationships, act responsibly and safely, survive under a variety of conditions, and solve problems. With many parents ill or deceased, children may not receive the normal life skills training that they would otherwise receive. If these skills are not taught and cultivated, children are unable to function in a culturally appropriate way as they grow into adulthood.

Clearly, the church can play a major role in life-skill training. This can be accomplished in structured group settings or through casual, informal mentoring relationships. Children affected by HIV/AIDS need to know that they are loved and valued before they will be receptive to learning about life skills. Many of these children have been forced into adult roles before having the opportunity to develop the appropriate skills and maturity. It can be very challenging to assist these "child adults" in obtaining the training that is needed for succeeding in the adult world, since they are already functioning in an adult role. Sincere respect for their present roles and abilities must be demonstrated while offering them opportunities to develop additional skills that can lead to greater success.

## *Vocational Skills Training*

If young people are not equipped with the necessary vocational skills, the rate of unemployed young people will definitely increase. The lack of training for the current generation of children directly affects their immediate existence as well as the next generation, resulting in a continual decline in the standard of living in the community.

### Objectives for Vocational Training Include:

1. To equip orphaned and vulnerable children with practical skills that will enable them to earn income to meet their daily needs.
2. To reduce hunger and poverty among the children's families through training in sustainable agricultural practices.
3. To reduce the rate of young people involved in harmful practices like prostitution, theft, drug/alcohol addiction, begging, and living on the streets.

## *Agricultural Vocational Training*

Many communities affected by HIV/AIDS are heavily dependent on agriculture for both personal consumption and income generation. In these communities,

children are normally taught farming skills at an early age. However, due to HIV/AIDS and other hardship circumstances, these skills are often not taught, leaving children even more vulnerable. Training in these skills can be provided either in a school environment or through an apprenticeship with local farmers.

The World Food Programme (WFP) and other UN agencies, non-governmental organizations, and local institutions, have founded the Junior Farmer Field and Life Schools for children and young people in response to the growing numbers of AIDS orphans. Their program is very comprehensive, but can be adapted to smaller initiatives.

The schools share agricultural knowledge, business skills, and life skills with OVC between 12 and 18 years of age. The knowledge and skills acquired by the girls and boys should help them to develop positive values regarding gender equality and human rights as well as business skills.

The schools teach both traditional and modern agriculture. Children learn about field preparation, sowing and transplanting, weeding, irrigation, pest control, utilization and conservation of available resources, utilization and processing of food crops, harvesting, storage, and marketing skills.

The field schools also help to recover or sustain traditional knowledge about indigenous crops, medicinal plants, and biodiversity.

In addition, the schools address such issues as HIV/AIDS awareness and prevention, gender sensitivity, child protection and sexual health, while offering psychological and social support, nutritional education, and business skills.

The schools provide a safe social space for the students to develop their self-esteem and confidence.

The objective of the schools is to empower the orphans through knowledge and self-esteem while giving them essential skills for their long-term food security. These training courses are seen as an important starting point to get AIDS orphans out of hunger and poverty.

Though the above example has ongoing outside funding, communities can pool their resources together to accomplish similar goals.

There are groups who are available to help communities adapt their agricultural methods to the reduced availability of people to do the work, while increasing their food productivity and protecting food security. Some examples of these farming strategies are:

- Communal planting and harvesting.
- Crop diversification.
- Changing to high-yielding, improved varieties of crops and animal breeds and crops that require less intensive input.

- Changing from traditional hand hoeing to ox plowing with joint community ownership of animals and plows.
- Encourage community members to support households headed by grandparents, widows, and children by helping with planting and harvesting, lending of equipment and tools, sharing knowledge, skills, and experience and helping with processing, transporting, and marketing of produce.

*Mozambique is the focus of the project with a total of 28 Junior Farmer Field and Life Schools now up and running in the central provinces. So far, around 120 orphans have successfully completed their training, and 840 more students are currently learning how to work the land with hands-on lessons in farming techniques, nutrition, and medicinal plants.*

## Non-Agricultural Vocational Training

Access to non-agricultural vocational training for children affected by HIV/AIDS is extremely important especially in urban settings. This includes marketable skills, such as:

- Carpentry and woodwork.
- Sewing and tailoring.
- Bricklaying and masonry work.
- Knitting, weaving, and crotchet.
- Handcraft training.
- Computer training.
- Baking and cookery training.
- Bookkeeping and business management training.
- Early childhood caregiver training.

Employability skills also need to be taught including:

- Problem solving.
- Leadership development.
- Self-esteem.
- Self-presentation.
- Interviewing.
- Business planning and budgeting.
- Accounting.
- Self-employment requirements.

Every child has unique needs, interests and skills that must be considered when planning a vocational program. Before beginning any initiative involving vocational education, an assessment of the community must be made to determine the existing vocational opportunities and the vocational needs. A successful vocational project should be developed utilizing the results of the assessment and the identified interests/skills of the targeted students.

A good resource for developing educational programs can be found on pages 42–49 in *Building Blocks in Practice* on the resource CD.

# CHAPTER 6

## Protecting Our Future

### *Key Points*

- **Christian organizations and ministries exist to bring care to children, to provide a safe place for them, and to see them become all God intended them to be.**
- **Children have the right to be protected, loved, and treated with dignity and respect at all times.**
- **Organizations and ministries that provide children's care/services risk creating places where children can be physically, emotionally, and sexually abused.**
- **A child protection policy can help to safeguard the children in the organization's care from abuse, protect the staff from false accusations of abuse, and maintain the organization's or ministry's reputation as a safe childcare provider.**

> ***"Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked."***
> ***—Psalm 82:3–4***

### *Three Examples of Abuse*

*In Ethiopia, one organization realized too late that pedophiles were targeting NGOs.[1] A man with good references and no criminal record had been hired to work in their street boys' program. While he was away on a trip, some boys reported that he had sexually abused them. By the time a warrant could be issued for the man's arrest, he had left Ethiopia and started working with another NGO in southern Africa.[2]*

*Two years ago, a child died in a Christian orphanage in South India. The orphanage investigated the incident and found the child had been punished with a beating. Out of anger and fatigue, the staff worker did not stop the beating, and the child died from internal injuries. When a childcare worker was asked to visit the orphanage to help them through the situation, he found a facility with no policy about disciplining children, not enough staff to maintain quality care for the children and adequate rest for the staff, and management who wanted to keep the whole situation quiet, so it would not harm their reputation.[3]*

*In one boys' home in Asia, reports began circulating that the much-loved and respected founder and director had been sexually and emotionally abusing boys for years. Early reports were dismissed due to the man's reputation and power in the area. When the reports increased, the officials in his organization were reluctant to deal with them because they did not want to face the potential political and financial consequences. Finally, the story leaked to the media, forcing the officials to sever their relationship with the man. Unfortunately, he continues to operate the home under his own organization.*

[1] Bernadette McMenamin and Paula Fitzgerald. 2001. *Choose with Care: A Handbook to Build Safer Organizations for Children*. South Melbourne, Australia: ECPAT.

[2] Testimony recounted by Terre des Hommes in a workshop at the 2nd World World Congress against Commercial Sexual Exploitation of Children. December 2001. Yokohama, Japan.

[3] Personal conversation on child protection issues with Ian De Villiers in Bangalore, India. March 2001.

## A Growing Global Response

Child abuse statistics show that most abuse occurs in the family or extended family environment. Increasingly, though, some abusers, especially child sex abusers, are targeting children's organizations for access to children. One study in Australia found that over 43 percent of child sex offenders investigated gained access to children through children's organizations.

Most children's organizations do not abuse the children in their care. Most staff workers are caring and compassionate people who want children to be safe. Unfortunately, examples like the three previous ones have raised the concerns of countries and governments around the world. To combat child abuse, many countries are beginning to legislate for child protection and to hold child care providers accountable for the abuse which occurs in their facilities. Some countries now arrest individuals who know about a child abuse situation, but do not report it. Other countries are beginning to sue child care facilities for their "negligence in screening and training workers, in event planning, in taking action, in supervision, and in communication." Christian child care providers must do everything possible to provide for the safety of children.

A child protection policy and its related components define and direct the organization's practices related to child safety and care. This leads to the prevention of overly zealous discipline, intentional or unintentional abuse, and sexual molestation.

## What Makes a Child-Safe Organization?

Jesus said, "Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these" (Matthew 19:14 NIV). He modeled how we should respond and interact with children—with respect and dignity. The organization's activities should create an atmosphere where children meet

Jesus and know His love and care. Treating children with respect and dignity shows them how much Jesus loves them and wants them safe.

Authors Fitzgerald and McMenamin (2001) identify the following steps for developing a child protection plan:

1. Understand child abuse.
2. Develop and maintain an open and aware culture.
3. Identify and manage the risks and dangers to children in your programs and activities.
4. Develop a Child Protection Policy.
5. Create clear boundaries.
6. Adopt best practice in recruitment and selection.
7. Screen all staff and volunteers.
8. Support and supervise staff and volunteers.
9. Ensure there is a clear complaints procedure for reporting concerns.
10. Know your legal responsibilities.
11. Empower children and encourage participation in your programs.
12. Provide education and training to all participants.

In the following pages, attention will be given to the following topics:

- Preparing for a child protection plan.
- Writing a child protection policy.
- Implementing the child protection plan.

## *Preparing for a Child Protection Plan*

### 1. Promote awareness of child abuse

#### Define it:

**Physical abuse**. Any non-accidental injury to a child. This includes hitting, kicking, slapping, shaking, burning, pinching, hair-pulling, biting, choking, throwing, shoving, and whipping.

**Sexual abuse**. Any sexual act between an adult and child. This includes fondling, penetration, intercourse, exploitation, pornography, exhibitionism, child prostitution, group sex, oral sex, or forced observation of sexual acts.

**Neglect**. Failure to provide for a child's physical needs. This includes lack of supervision, inappropriate housing or shelter, inadequate provision of food, inappropriate clothing for season or weather, abandonment, denial of medical care, and inadequate hygiene.

**Emotional abuse**. Any attitude or behavior which interferes with a child's mental health or social development. This includes yelling, screaming, name-calling, shaming, negative comparisons to others, or telling them they are "bad, no good, worthless." It also includes the failure to provide the af-

fection and support necessary for the development of a child's emotional, social, physical, and intellectual well-being. This includes ignoring, lack of appropriate physical affection (hugs), not saying "I love you," withdrawal of attention, lack of praise, and lack of positive reinforcement. See www.childhelpusa.org/resources/learning-center. and www.childhelp.org/what-is-child-abuse.

#### Recognize it:

Child abuse can and does occur in any situation and any environment. Often times, abuse takes place and goes completely unrecognized by those closest to the situation. Christians are often inclined to trust people and many are even naïve that abuse can and does occur in Christian settings. It can happen—learn to recognize it. (See Appendix E, Recognizing Signs of Abuse.)

#### Talk about it:

Break the silence and face any taboos about addressing child abuse publicly. This can be done through awareness-raising and training among the staff, the children, and the community. Be intentional about providing opportunities to talk with staff, volunteers, and partners about child abuse and neglect.

### 2. Identify the risks and dangers to children in your programs and activities

Based on your organization's particular activities/outreaches, consider carefully the potential problem areas—and be proactive! A commitment to minimizing the opportunities where and when it can occur must be a part of every organization/ministry's plan. Therefore, the design of the facility should be open, with good visibility of all activity areas. All adults involved in the child's care must be trained in what constitutes child abuse. A strong commitment to consistent and careful observation will minimize the opportunities for child abuse.

### 3. Know your legal responsibilities

Research the specific legal requirements relevant to the type of work that will be undertaken. This could involve contacting offices such as the Ministry of Social Work, the Ministry of Youth Development, etc.

## *Writing a Child Protection Policy (CPP)*

### 1. Understanding the CPP

#### What is a CPP?

A CPP is a series of documents which defines:

- Appropriate behavior for staff and visitors towards children.

- Procedures for staff and volunteer recruitment.
- Procedures for staff training.
- Procedures for alleged and confirmed misconduct.
- Communication procedures of the organization.

The CPP should be developed as a comprehensive reference document that can be utilized in any abuse situation. Larger organizations should consider including samples of their application procedures, reporting forms, press statements, etc.

### How does a CPP help the organization?

- Protects children from sexual predators and inappropriate adult behavior.
- Safeguards their dignity.
- Protects the organization's reputation in the community.
- Helps identify and retain quality staff.

### Who should be involved in developing the CPP?

When developing an effective CPP, the organization should involve its entire staff as well as the children in its care. The staff and the children (with their families) need to know what is in the CPP. Involving them from the beginning will help raise their awareness about child abuse and will hopefully increase children's willingness to report possible abuse.

## 2. The content of the CPP

## A. Introduction/Purpose of the CPP

- Statement of commitment to protect children and treat them with respect and dignity.
- Summary of why a CPP is needed in the organization/ ministry.
- Definition of each kind of abuse—physical, emotional, neglect, organizational, and sexual (as previously defined).
- Summary of the major child protection issues and pertinent legal and cultural standards of care.

## B. Behavioral protocols:

General behavioral guidelines for all people coming in contact with children:

- Determine what kind of interaction is acceptable, especially the kind of physical touch that is culturally appropriate (adults towards children, children towards adults, and children towards children).

(See Appendix F, Appropriate and Inappropriate Physical Touch.)

- Consider maintaining a "two-adult rule." In general, no adult should be alone with a child at any time. If an adult must be alone with a child, the door should be kept open (if appropriate), and a supervisor should be

informed. It may be advisable to have a written record outlining why the adult was alone with the child and why it was appropriate to the situation.
- Develop a document of respect to be signed by all staff, volunteers, and visitors.
- Create and communicate a policy concerning confidentiality.

### Specific staff protocols:

- Breaking a protocol is grounds for discipline, including dismissal.
- Refrain from hiring minors (especially children under the legal work age).
- Define what kinds of discipline will and will not be allowed, and under what circumstances.

### Specific visitor protocols:

- Inform visitors about the CPP and its importance on their first visit.
- Provide visitors with a copy (or shortened version) of the CPP.
- Define visitation policies for parents, guardians, relatives, and sponsors—who, how often, for how long, supervised or unsupervised, etc.
- Have visitors sign a written agreement to comply with the CPP.
- Have a staff person accompany all visitors.
- If the organization has a sponsorship program, define policies concerning visitation, the review of all incoming and outgoing correspondence with sponsors, receiving gifts, etc.

(See Appendix G, Child Protective Policy Sample.)

## C. Staff screening and recruitment procedures

Clear screening and recruitment procedures will help an organization to secure and retain quality staff. These procedures will emphasize the high expectations the organization holds for its staff and will help to discourage sexual predators who may be targeting the organization. Most child sex abusers who target Christian organizations do so because they have found the screening procedures to be minimal and the trust level to be naïve.

### Guidelines for recruitment:

- Seek potential personnel from reputable Christian churches/ministries/organizations.
- Present the vision and expectations of the organization.
- Emphasize the importance of prior experience/training in working with children.
- Have clearly defined job descriptions for all positions.

### Guidelines for screening potential employees:

In addition to a completed application, consider including:

- Proof of identity.
- Character and work references.
- Following up references with a meeting or telephone call, even if the call is long distance. Ask pertinent questions about the applicant.
- Background and police checks (if possible). In some places, this is not possible, but as much information as possible about a person should be gathered. Background checks are much easier to conduct on applicants from Western nations. Check with a local embassy or consulate for the specific procedures.
- An oral interview with the applicant.
- Local laws about hiring and dismissal.
- Signed statements to abide by the CPP.

### D. Staff training and orientation requirements

Define what will be included in new staff orientation/training; for example:

a. Staff and visitor behavioral protocols.
b. How to recognize signs of abuse.
c. Procedures for responding to and reporting abuse allegations.
d. Communication protocols.

### E. Procedures for reporting and responding to abuse allegations

Clearly define the process for dealing with possible child abuse:

- What behaviors should be reported?
- To whom should these reports be directed?
- How will the allegations be investigated?
- Identify appropriate actions that will be taken against misconduct.

Follow local and international laws concerning abuse allegations. Also, consider the nature of criminal investigations in your locale. Are they conducted in a timely manner? Are they child-friendly? Are they often subject to bribery? These considerations may determine how far your organization can proceed with the local law.

If the allegation is against a foreigner, please inform the local embassy or consulate. Many countries now have laws concerning the prosecution of its nationals for engaging in sex with a minor in another country, even if the act was not premeditated.

In all situations, the organization must comply with the maximum requirements of local law, so it cannot be perceived as obstructing justice, aiding and abetting a criminal, or enabling organizational abuse to occur.

### F. Communication protocols

Define how the organization will protect the children in their care from exploitation via the media.

A children's organization should consider the protection of the children in its care beyond its own activities. In recent years, organizations and NGOs have noted a growing trend among pedophiles of using the photographs published in promotional materials and on websites to locate specific children for abuse and to create virtual pornography. Children already at risk of sexual exploitation seem to be particularly vulnerable to exploitation by pedophiles and pornography. Therefore, more sensitive considerations may be warranted.

- Respect the portrayal of children in photographs and videos. Can they be clearly identified through facial recognition, project location, or as a member of a high-risk community? Has their dignity been protected?
- Secure signed release forms for children in published photographs. The release form could be signed by the child and his/her parent or guardian. Professional photographers and journalists maintain signed release forms for the individuals in their published photographs. In some countries, this is a legal and ethical requirement, a matter of professional courtesy.
- Retain the right of last edit for all articles, newsletters, or publications which present your organization or project.
- Determine how and when visitors are allowed to photograph children's activities. Ask visitors to sign a commitment form which outlines how they can use photographs from your organization. You may even ask for reprints of the photographs/video and/or a copy of the finished publication. The children will enjoy seeing themselves in the publication or video.
- Maintain open lines of communication with the media and community.

## *Implementing a Child Protection Plan*

Perhaps the most challenging and time-consuming aspect of developing a child protection plan is determining and writing the CPP. The most crucial part of the plan, however, is *implementation!* There must be a wholehearted commitment to applying the standards that have been established. Once this policy is in place, it should be thoroughly presented to the staff, volunteers, children and their families, and anyone else that may be involved in the organization/ministry.

### 1. Communicate the CPP.

The CPP should be presented thoroughly and regularly to staff, volunteers, children, and their families.

It is important that partners share the organization's commitment to the safety and protection of children.

- Provide a copy of the CPP for all partners. (Again, this could be a shortened version that the organization uses for promotional and publicity purposes.)
- Help partners to understand why you have a CPP.
- Write policies and procedures concerning partners. This will help them know what you expect of a partner, raise their awareness about child abuse, and encourage them that you want to safeguard their reputation too.

### 2. Follow through with staff policies defined in CPP.

Failure to comply with the standards set in the CPP communicates to others a clear lack of commitment on the part of the organization. Organizational leadership should follow through with set protocols for the recruitment, selection, and screening of potential employees, volunteers, and management positions. No one should be exempt from the screening and recruitment procedures. Likewise, orientation and training of staff and volunteers should be in accordance with the CPP.

### 3. Respond to allegations of abuse.

Allegations of abuse should be handled seriously and professionally. It is easier to educate concerning a misunderstood allegation than to bring healing to an actual allegation that has been covered up or dismissed. When a child reports an abusive situation or occurrence, she/he should be believed and the allegation should be investigated.

Investigative procedures should be conducted according to local laws. In some countries, children's workers are required by law to report all allegations. If reporting is not required by law, consult with local officials as to the best course of action.

- Report all suspicious behavior to a supervisor or a child protection officer. A person in the organization may be appointed or designated as the child protection officer. The child protection officer would handle all abuse allegations and communication with involved parties and the public (especially the media). Also, she/he would maintain the CPP and educate the staff, children, and community about child protection issues.
- Ask staff, volunteers, and visitors to watch for potential abusive situations.
- Believe the child and act on his/her report. Assure the child of the organization's support. Make it easy for children to report adult misconduct. If a

child has misunderstood an adult's behavior, you can use the situation as an opportunity to teach about appropriate adult and child behavior.

- Treat the victim and the alleged perpetrator with respect and dignity during the investigation.
- Maintain confidentiality.
- Keep a file of the facts and the procedures followed in investigating an allegation.
- Follow local and international laws concerning abuse allegations. If the allegation is against a foreigner, inform the local embassy or consulate. Many countries now have laws concerning the prosecution of its nationals for engaging in sex with a minor in another country, even if the act was not premeditated.
- Consider the nature of criminal investigations in your locale. Are they conducted in a timely manner? Are they child-friendly? Are they often subject to bribery? These considerations may determine how far your organization can proceed with the local law. In all situations, the organization must comply with the maximum requirements of local law, so it cannot be perceived as obstructing justice, aiding and abetting a criminal, or enabling organizational abuse to occur.
- Designate a point person for the media—a supervisor or the child protection officer.
- Have a disclosure statement for dismissals.
- Always consider the best interests of the child.

### 4. Maintain confidentiality.

When a child makes an allegation of abuse, do not tell the child the information will be kept a secret. Explain to him/her that the allegation must be investigated. Encourage the child that sharing the information with people who can investigate the allegation will help to stop future abuse.

- Designate a child protection team to handle abuse allegations. This may be a supervisor or child protection officer in cooperation with another children's organization, a legal advisor, a personnel or management member, and/or a communication officer.
- Share the incident information with the child protection team. In general, share the information with others only on a "need to know" basis.
- Keep all information secure, especially any information posted on the Internet.

## 5. Provide adequate staff training and supervision.

### Training

Orientation and training increase the chances for staff to succeed in their ministry to children. When staff workers are well equipped for their specific responsibilities, they can minister more effectively and appropriately to children.

- Include a section on child abuse and the CPP in the orientation your organization gives to all incoming staff and volunteers.
- Provide opportunities for ongoing training through on-site training sessions, conferences, workshops, books (videos and tapes), and distance learning courses.
- Encourage staff to pursue certificates, diplomas, or degrees in their area of ministry and/or specialization.
- Develop an orientation manual that includes the CPP as well as other pertinent job-related information.

### Supervision

Every organization/ministry should have a plan in place for supervision of staff as well as volunteers. This should be clearly defined in writing, communicated to the staff/volunteers, and implemented. A good supervision plan will make it more difficult for abuse to occur. It can also help protect staff/volunteers from false accusations.

## 6. Evaluate and assess the Child Protection Policy.

The CPP can only be effective if it is periodically reviewed. Local laws and expectations about child protection may change. Components of the CPP may be too strict or too lax. Reviewing and adapting the CPP will make it easier to enforce.

- Conduct a periodic review of all components of the CPP—possibly each year.
- Include staff reviews as part of the CPP review.
- Modify documents as needed.
- Keep informed about changes in local laws regarding child protection.
- Treat the CPP as non-negotiable, but adaptable. Policies and procedures will change, but not the philosophy of protecting children from abuse.

Unfortunately, child abuse is a tragic reality in every culture and nation. Boys and girls bear the scars of physical abuse, emotional distress, and sexual molestation. Many of them learn to hide the scars as children, but as adults the long-

term effects become evident. A child protection policy helps to prevent abuse and thus gives children the opportunity to become well adjusted adults. When we protect the children today, we protect the future.

# CHAPTER 7

## Steps in Beginning an Outreach to Children Affected by HIV/AIDS

### *Key Points*

- **The Bible instructs the Church to care for orphans.**
- **Caring includes hearing the voice of the children and allowing for their participation in decisions that affect their lives.**
- **` Careful planning and taking time to seek out information will result in long-term and more effective benefits to the children and will avoid duplication and wasted resources.**
- **Start small—find out what works—and build by increments on what is deemed successful by all participants.**

*Eleven-year-old Alvin was terrified as he and his seven-year-old brother returned from the graveside where they had buried their mother that morning. He had tried to do what was needed around the house in the weeks when his mom was so ill. The neighbors brought food sometimes, and some ladies from the church helped care for his mom. He tried to stay out of the way when they were there and just ran and got things they needed. He could tell that his little brother, John, was doing the same. Sometimes they would huddle together at night, crying but not saying anything. He heard one of the ladies say that two families in the church were taking them—two families? Did that mean he and John couldn't stay together? Who were these people? Why did they have to leave their house? He'd been taking care of John and could keep doing it. What if he never got to come back to his house again? What if he never saw John again? Why did this have to happen to them?*

At all times, the good of the child must be the most important consideration in any outreach or assistance given. Sometimes shortcuts are taken because of impatience or simply feeling overwhelmed by the magnitude of the need. If the outreach and/or assistance efforts are not well planned, including input from the targeted children and involved adults, the result will not be successful in meeting long-term needs. Thus, the following are recommended as positive steps in the formation of a successful program/outreach.

### *Step 1—Prayer*

Individual and corporate prayer is the first step in developing a HIV/AIDS outreach.

Pray for:

- Direction from the Lord.
- Passion and burden to help.
- Children in need.
- Anointing on whatever is undertaken.
- Provision of energy and resources to effectively reach out.
- Unity of vision and a team spirit among all involved individuals.

## *Step 2—Hearing the Voice of the Affected*

Children are often not brought into the process of finding solutions for meeting their needs. Instead of being askd, they are told how their needs will be met. Their fate and future are decided without their input. The same can happen to communities whose children are affected. Outside entities, missionaries, and churches presume to know how to meet the needs of a community without involving the community.

Before any attempt is made by an individual, group, or outside agency to assist children affected by HIV/AIDS, it is essential to hear their concerns and desires. The immediate community (family or a broader group of people) also has the right to interject their concerns, observations, and desires. Everyone who is directly involved should participate in open dialogue during the process of forming solutions.

For example, a church is aware of three families in their community who are dealing with terminally ill persons in the home. Each household has children of different ages and genders. The church would very much like to help but isn't sure how to begin or what the families' needs are. A small committee from the church is formed and their assignment is to visit the three homes. Each person will take a home so there won't be a large group going into a home in crisis. They will talk to all involved, including the children, other family members, and the person who is ill, if possible.

The following are questions that might be asked. They should be asked in a casual and informal way so the family members will not feel intimidated or interrogated.

How is the family as a whole dealing with the situation?

- How are the family dynamics/relationships?
- How is the family coping with the stress of this situation?
- What are their spiritual concerns/needs? Do they presently have a spiritual support system?
- What are their financial concerns/needs? Does the family have enough food?
- Has there been discussion with the ill person concerning property distribution and funeral plans?

How are the children dealing with the situation? (Ask the children directly, if possible and appropriate.)

- Are they attending school? (If not, why?)
- Are they aware that their mom or dad is very ill?
- How are they responding emotionally?
- Are they showing signs of being afraid? If so, what?
- Have plans been made in the event that someone else would need to care for the children? If so, what has been discussed?
- Are they feeling hungry very often?
- What would make them feel good?

How is the ill person dealing with the situation? (Ask them directly if possible and appropriate.)

- Is he/she receiving adequate medical care?
- Are there any physical needs in the home that are not being met?
- What are his/her concerns about the children?
- Have plans been made for caregivers for the children?
- Does he/she have any spiritual concerns/needs? Is anyone presently addressing those needs?

Some of these questions may not be appropriate if the person does not know the visitor well. Not all of the questions should be asked or answered on the first visit. It is imperative that the information obtained from the family be kept confidential and shared only on a need-to-know basis. The purpose of the questioning is to try to find out what the real issues of the family are and how they think they could best be met. This kind of information will be of great assistance in helping the church find the best and most effective ways to help. Continual feedback should be sought as plans develop.

When children, people, and communities participate in identifying their own needs and in helping to formulate solutions, ownership takes place. This often results in the most appropriate response being owned and managed by the affected individuals. In the case of children, although someone else will manage the process, they should be brought into all phases of the effort.

## *Step 3—Participatory Needs/Assets Assessment*

In order to help the group dialogue continue, a needs/assets assessment can be done. Many assessment forms exist. (See the *Assessment of Community* form on the resource CD.)

**Needs**. The purpose of a needs assessment is to determine the community's greatest perceived needs. The personal conversations with the affected families are part of the information/input gathering. This type of dialogue can be carried to a larger segment of the community by the church. Key individuals can speak to

the concerns and help to formulate solutions. This may be the community which is near to the church, a small village community, or a specific area of a city.

**Assets**. Another part of the assessment is to determine the strengths or assets of the involved church and community. This part of the assessment focuses on resources, strengths, abilities, capacities, and talents that already exist both in the church and the community. It is very helpful to compare the needs with the assets to determine if the planned outreach is likely to succeed. The identification of strengths and assets often gives the needed enthusiasm to initiate the project with the certainty that it can be done.

Part of the assessment will include gathering information about what other groups, churches, communities, NGOs, and government agencies are doing locally. There may be programs and projects already established that offer some type of assistance for OVC. The role of the church may be to facilitate access to existing services. This type of networking can reserve resources that can be channeled in a different direction to provide services that are not already being provided.

For example, if there are many homeless or street children in a locality, the assumption may be made that no one is reaching out to these children. An assessment may show that there are, in fact, already three church groups providing food, clothing, counseling, and a shelter ready for these children when they are ready to enter.

### Important preliminary questions before initiating an asset/needs assessment:

- Who will do the assessment?
- How will it be done?
- When will it be done?
- How will the information be used to guide the process?

## *Step 4—Mapping or Diagramming the Results*

Once an assessment has been done, it may be helpful to make a drawing or diagram of the area that has been surveyed and place the most important findings on it. This may also be a word diagram, which outlines the responses obtained through interviews and prioritizes the needs. Then determine what community resources/services already exist in the community to meet the identified needs.

## *Step 5—Deciding on a Plan of Action*

After compiling the information, the group can then work together to decide what part the church will play in responding to the identified needs. Hopefully, the assessment and the mapping will help demonstrate the priority needs in the community as well as services that are not being offered by other agencies. The wishes of the children, the families, and the affected communities need to be incorporated into the plan of action.

Writing a purpose statement and measurable objectives of the outreach is necessary to clearly define the outreach and its desired outcomes. It is important to incorporate a spiritual component into the objectives so that the church will see that a "whole person" ministry is being planned.

One way of writing an objective that is measurable is by following the *SMART* method making the objective:

**S** – Specific
**M** – Meaningful
**A** – Appropriate
**R** – Realistic
**T** – Time specific

(See Appendix H, "Evaluation Strategies.")

## *Step 6—Budget Planning*

Once there is a proposed plan, the next step is developing a budget. If possible, involve someone with budget-planning experience to assist with this process. An experienced person can help identify hidden costs that may otherwise become an issue as the outreach develops. A budget should be projected for the assumed length of the project. For most AIDS initiatives, a budget should project financial needs for up to five years. (See *Building Blocks In Practice* on the resource CD.)

## *Step 7—Sustainability Decisions*

This may be the most difficult part of the planning process, but also the most important.

The above plan of action will need to include ways in which the outreach can be funded and sustained through resources that have been identified in the asset assessment. In some cases outside organizations may be able to provide some funding, but the most sustainable projects are those which have a firm plan to generate funds. Outside funding may only be available for a limited time or may be decreased or stopped by the lending organization.

The group will need to think through ways of generating income—offerings, micro-business, grants, or partnering with local organizations that offer various types of assistance. More will be said on income generation in Chapter 9.

Sustainability does not only apply to funds, but also to human resources. If the program is dependent on volunteerism, a plan must be developed for maintaining an adequate number of volunteers for the length of the outreach. Many programs begin well but later struggle when volunteers cannot maintain the expected workload or become sick themselves. Even with volunteers, a clearly defined job description must be developed. The amount of time commitment

should be reasonable and divided among all volunteers. This must be agreed upon by the volunteer prior to his or her acceptance of the position. A backup plan for utilization of the human resources should be developed in case the volunteer number changes.

Due to the weakened infrastructure of some communities, it may be necessary to seek outside funding. These funds should be used for start-up costs and/or to make one-time purchases. Funding to maintain and operate a project/program should be found or generated by the community or church responsible for the outreach. The main goal is for the entire outreach to become locally managed and financed as soon as possible.

## *Step 8—Evaluation Strategies*

An evaluation determines what is being done and if the project/outreach is accomplishing what it set out to do. In other words, six months after the project begins, can the group look back to the objectives and evaluate whether they are being accomplished? The ways in which the evaluation will be carried out should be clearly stated. (See Appendix H, "Evaluation Strategies.") In large projects that involve outside funds, a formal evaluation is usually required by the donors. When possible, persons who specialize in evaluation strategies can consult with the church in the early stages of the program design.

Planning for evaluation is often not done, and consequently, limited resources are not used in the best possible way to benefit the children.

### Important preliminary questions for evaluation process

#### 1. How will the effectiveness of this project be determined?

Effectiveness is based on the stated purpose and the measurable objectives and indicators. Indicators are ways of measuring or indicating the progress that is being achieved according to the objectives that were set.

**Example**:

***Purpose:***

To set up a neighborhood watch for the child-headed households of Green Briar Community.

***Objectives:***

- To provide a safety net around the children living in child-headed households so that they will not be exploited or robbed.
- To teach children in child-headed households ways to keep themselves and their homes safe from intruders.
- To monitor the ability of the head of household to provide adequate and nutritious food for the children under his or her care.

***Indicators:***

- Children in the household express a feeling of safety.
- Children are at the house by dark each night.
- Children do not open the door for strangers.
- Number of child-headed households that have not been robbed or broken into in the last 3 months is increasing.
- Children are maintaining adequate nutrition: Height and weight are normal for age, etc.

### 2. Who will do the evaluation?

Given the principle of community ownership, it is best if the evaluation method is developed and carried out by people within the community. External evaluators may assist but should not take over the process.

### 3. When will it be done?

Evaluations are usually done in a formal way, not haphazardly, because of the importance of the process and outcomes. They are done at specific times, as determined in the plan of action. There are different levels of evaluation. For example, some aspects of the program should be continuously evaluated for effectiveness. Staff evaluations are generally done on an annual basis. A formal, comprehensive program evaluation should be conducted at least every two years.

### 4. What will be done with the information received by the evaluation, and who will receive it?

Evaluators look at the impact of the project and try to determine what lessons have been learned. The evaluation process provides the information to determine whether to continue with the same plan of action, to modify the plan of action, or cancel the project. The evaluation also identifies weaknesses that should be addressed and strengths that can be built upon.

Oftentimes, churches and communities are involved in a project, but never hear what the outcomes are. It is important that all of the stakeholders (those most involved and interested) have access to the evaluation results. More helpful information on evaluations can be found in *Looking Back, Looking Forward*, published by Heifer International in Little Rock, Arkansas.

If a church, a missionary, or any group is thinking of outreach to children, a great principle is to *begin small*. Consider focusing on one family or one small group of children as the starting point. Trial and error are often the best teachers. First discover what works and then build on it.

The process for developing an effective OVC program/ministry will be challenging. However, all of these steps will help insure that whatever is done will give

maximum benefit to the children. Learn from the process and always strive for improved results.

> ***"If anyone gives even a cup of cold water to one of these little ones because he is my disciple, I tell you the truth, he will certainly not lose his reward."***
>
> **—Matthew 10:42, NIV**

# CHAPTER 8

## Interventions for Meeting the Needs of Children Affected by HIV/AIDS

### *Key Points*

- **Families affected by HIV/AIDS often need assistance to maintain the family structure.**
- **Having children in a family setting as similar to their own as possible is the preferred way of helping orphans and vulnerable children.**
- **Sometimes children prefer to remain in a household headed by one of the older siblings.**
- **Foster care in the community is a viable option if support can be given to the foster families.**
- **Group homes which house six to eight children may be an option in some communities when families are too overwhelmed to take in more children.**
- **Orphanages are no longer considered an appropriate way of dealing with orphans and vulnerable children.**
- **Health and nutritional issues of children affected by HIV/AIDS need to be considered in any intervention, especially in large group settings.**

The HIV/AIDS pandemic is continuing to increase in many countries of the world. Thus, the number of OVC is also increasing. Christians, churches, communities, outside interested persons, and organizations realize that something must be done to reach out to the children affected by this enormous crisis.

Since the needs of OVC are so great and the resources limited, it is imperative that any plan to meet these identified needs is carefully developed utilizing information from successful programs worldwide. Most persons who undertake the large responsibility of reaching out to OVC do so with the best of intentions and a compassionate spirit. However, they may not do what is considered to be best practice regarding the interest of the children.

The following information has been developed based on what is considered to be priority and best practice when caring for children affected by HIV/AIDS. Always remember that any outreach/program must be developed in conjunction with the persons involved, including the children themselves. The final objective should be to have a program that is community owned and community managed.

## *Strengthening and Support for Families*

Even when families are intact, having at least one parent in the home, they may have no resources with which to care for the children (their own and possibly others). Often, the surviving parent may also be sick and dying from AIDS. The church/community involvement should focus on the immediate needs of the family so that they can remain together. This approach should not foster dependency, but rather help the family find some means of income generation.

### Issues Involved with Strengthening and Support for Families

- In some communities, so many families are in need of assistance it is difficult to determine the neediest.
- The identification of truly needy families should be done by a group from the church or community to insure community involvement.
- The development of an assistance program must not create animosity among the families in the community.
- Though the church may want to care for its own members first, the program should be focused on the neediest families, no matter who they are.
- A church-based program should go beyond its own walls and touch the lives of unbelievers with the message of Christ.

### Steps to Implement Support and Strengthen the Family

1. A church should establish a committee to initiate and oversee the identified project.
2. The committee will be responsible for developing and implementing the project (described in Chapter 7).
3. An important step is creating the criteria that will be used to identify families in need. This should be done prior to selecting any families. Suggested criteria might include:
    - Illness in the family.
    - Families dealing with HIV/AIDS.
    - One or both parents have died or are not in the home.
    - Family has more than eight children.

The activities listed below have been implemented in areas where HIV/AIDS is prevalent. This list does not include everthing that could be done to strengthen families.

- Form a cooperative in the church where foods are donated and needy families can purchase food for less than market-value prices.
- Form a group of people who are willing to donate a part of their garden space to families in need.
- Organize groups of volunteers to go into the homes of families in need to help with child care, housework, and cooking.

- Establish a small loan fund specifically for families in need to begin a microenterprise or garden project to improve their financial situations.
- Find business people in the church who can provide employment for those capable of working.

The donation of funds to families in need has not been effective. This is a temporary solution that does not result in a positive long-term effect or the strengthening of the families.

## *Strengthening and Support for Child-Headed Households*

When both parents die, often older and younger children want to try to stay together in their home. Prior to a parent's death, it is important to have a written statement (a will) that states that the house, land, and goods go directly to their children. Otherwise, the children may be left with nothing, making it impossible for them to continue living as a family unit.

Children may choose to continue as a family unit in their own household because:

- Siblings can stay together, a situation that may not be possible if they go to a foster home or are sent to be with relatives.
- They fear they will lose their house/property if they leave it.
- They may fear exploitation or abuse by relatives who they know are abusive and/or dysfunctional.
- They desire to stay in familiar surroundings in a community where they are known.

### Issues with Child-Headed Households

- Children may be too young to have developed survival skills. They may not have enough ability or training to generate income for basic needs.
- Children without adult caregivers may be exploited and abused.
- Children may neglect going to school because they do not see the value in education, cannot pay the school fees, or do not have the required school uniforms.
- Children may become involved in crime, drugs, or sexual activities to support themselves.
- Children will grow up lacking the normal view of mother and father roles.
- Children may lose their cultural traditions that are normally taught and modeled by parents.

### Successful Interventions for Child-Headed Households

The church and community can work together to meet the needs of children in child-headed households. The children must be a part of the process as they are most aware of their own needs.

Several groups in Africa have successfully carried out interventions to child-headed households. Partnerships of church/community/government and outside organizations can provide the support the children need to live successfully.

- The **FOCUS Program** in Zimbabwe has had great success in mobilizing the community in the care of OVC—especially child-headed households, elderly caregivers, and vulnerable families caring for affected children.

  FOCUS volunteers are primarily women (many widows) from local churches. The church provides a natural base for the implementation of programs. The Christian churches have a working relationship as well as credibility with local traditional leaders and community members. The volunteers receive basic training in order to identify and register the children, prioritize the neediest, and carry out regular homes visits. They provide some material assistance in the form of food, clothing, blankets, and primary school fees.

  They have also started income-generating activities to encourage self-reliance. In 1996 they had 88 volunteers that visited 3192 orphans and 798 families (approximately 1.5 visits per month). The volunteers averaged 18.2 visits per month (Drew, Makufa, and Foster 1998). The volunteer retention within the FOCUS program has been extremely high. Only one case is recorded where a volunteer dropped out (a few have died). The success of the program is due to: (1) careful selection of volunteers with a proven commitment to OVC, (2) visiting and care, (3) support from the communities/local churches, and (4) careful use of small material incentives. The research by Drew, Makufa, and Foster suggests that the main reward for volunteers is the bond they form with the children and families and the recognition and respect they receive from the community. The FOCUS model has been replicated in Kenya, Malawi, and Zambia (Lee, Foster, Makufa and Hinton 2002; Jackson 2002).

- The **Bethany Project** in Zimbabwe has similar patterns in their approach, with good success. Concerned women took the initiative of meeting with traditional and church leaders and completed a local community needs assessment. They educated the community about the issues of OVC through group meetings and established a local group of leaders that were elected by the community. A training program in community-based orphan care was held. The trained volunteers provided regular home visits to provide emotional, practical, and spiritual care as well as teaching health lessons. The program has over 8200 OVC receiving visits and assistance (Derbyshire 2002).

- Finally, **Zoe**, also in Zimbabwe, is successful in its similar approach. Zoe has also utilized the local church, community, and government leaders in gaining support, building relationships and encouraging awareness in the community. They have established committees and provided training

to local volunteers to carry out visitation to homes of affected families. Zoe also encouraged local group-home settings instead of institutional care. "Even in cases where children have no family to care for them, the community is encouraged to build a homestead like the other local homes, appointing a widow to provide a home for just a few children, in their natural surroundings" (Derbyshire 2002, p.12).

## *Reunification Programs*

Many children who are on the streets are not actually orphaned but for many reasons have chosen to leave home. Some of the children have been separated from their families due to wars or natural disasters. The reunification process involves locating the families of the displaced children. If the family is intact but the child has left, an evaluation of the home situation must be made to determine the feasibility of reunification. Some of the children will refuse to leave the streets because of the freedom they have found and the addictions they have acquired.

If the immediate family cannot be located, then extended family members are often the next choice. Assistance programs can be developed to help make arrangements for the children to be placed into these families. This is a difficult undertaking and, though important, requires diligence and many hours of concentrated effort to even locate separated families.

### Issues of Reunification

There are definite issues that need to be considered in the reunification process.

- The extended family has long cared for other vulnerable children and has limited resources.
- The relatives may not be prepared to handle a child that has lived on the streets. A child who has lived on the streets generally has complex emotional and physical needs.
- Children may be taken into the home because of family responsibility, which could put them in a position of being abused or neglected.

*The World Bank estimates that 40 percent of orphaned children in South Africa and Uganda live with grandparents, and in Zimbabwe the figure climbs to over 50 percent. Elderly caregivers—men and women—should be encouraged in their care of orphans and vulnerable children. As prime-age caregivers are dying, turning to the elderly in the community is a natural reaction. However, they, too, are overwhelmed by the crisis. Communities and families should be strengthened to support the older people in the community caring for the children. The elderly are coping with increased expenses and are often forced to sell off their land, property, cattle, and other assets. Providing income support, accessible health care, schooling for the children are all ways to assist elderly caregivers. (Help Age International and International HIV/AIDS Alliance 2003).*

### Steps to Implementing a Reunification Program

1. Form a group of people interested in participating in a reunification program for OVC.

2. Identify the children that will be assisted in this program.

   - Use word of mouth, records, and reports of the children themselves to try to locate relatives.
   - Find out if surviving relatives are near the community where the child is.
   - Determine if relatives are able and willing to take in the child.

3. Investigate the roots of the children. This is best accomplished by making home visits to the known relatives. The visit itself will give answers as to the desirability of placing children in the relatives' home. There may be signs of dysfunction and a weakened family structure.

4. Determine if the placement of the child in the relatives' home would be desirable and safe. If not, foster care may be considered.

5. If relatives exist, but are not willing to take the child/children, determine if it is a question of lack of resource and finance.

6. If strengthening resources would provide what is needed to make the home acceptable for the children and the family is willing, an income-generating measure may be put into place to assist the family (see Chapter 9).

7. The family may be too overwhelmed to accept another child even with assistance. Accept the decision and consider foster care.

8. After the placement, a plan should be made for follow-up and ongoing evaluation of resources to assure a positive, nurturing environment for the child.

9. Encourage the family to send the child to school. Address issues of school fees at the community level—working with community leaders, school officials, and families to develop ways for school fees to be covered for all children in the community. This may include a reduction of fees, community and/or family income-generation activities, and a partnership between organizations (church and/or community groups and other NGOs) and community families in covering the cost of fees. This should be done carefully so as not to create dependency. This should not be done as a sponsorship program by external agencies. Remember—community ownership is vital for success!

## *Foster Care*

Many times children are orphaned and have no known family members. Foster care then becomes the next best choice. Foster care involves finding good Christian families who are willing to add one or more children to their family.

### Issues Involved in Foster Care

The first priority for orphaned or vulnerable children is to place them in a safe, permanent family setting that will provide them with care, love, and attention.

Issues that may need to be considered:

- The traditional family and community safety nets are being saturated and overwhelmed with the vast numbers of children left orphaned or vulnerable.
- Even though families are being overwhelmed, literature still confirms that the family setting is the most appropriate (culturally, traditionally, and for the development of the child) and cost-effective in responding to the OVC in crisis.
- Encouraging families to take responsibility for the children in their community is important so as not to undermine the traditional safety net.
- There are cultural and legal issues that may need to be addressed in certain countries or contexts.

Fostering in the community will be a more sustainable and appropriate option if the cultural taboos against fostering can be overcome and if families or single women are supported to undertake this role.

- Some countries face legal barriers regarding formal fostering and/or adoption. It is important to review the full legal issues and ramifications prior to placing children in foster homes.
- Sometimes those who are childless fear that if they adopt children they will anger their ancestors—address this issue sensitively and appropriately.

### Steps in Implementing Foster Care

1. A community/church meeting should be held to discuss the needs of the orphaned or vulnerable children within the community.
2. Identify interested participants for this project.
3. Develop a plan of action that identifies the persons responsible for each activity.
4. Develop a plan for screening perspective families that complies with government regulations.
5. Locate and screen volunteer Christian families who are willing to take in one or more children. The screening process should be determined by

the group who is seeking to help the children, but should always include checking for any history of abuse of children, any criminal background, etc.

6. Identify the children that are going to be assisted in the program.
7. Address cultural taboos about fostering and/or adoption in the community prior to implementing a foster care intervention.
8. Provide counseling and training for potential foster family in stigma and discrimination (especially against a child), psychosocial support, health, HIV/AIDS education, income generating activities, etc.
9. Establish family caregiver support groups that provide opportunities for families to discuss successes and/or problems, learn new information, share ideas, and participate in group activities.
10. Encourage the family to send the child to school. Address issues of school fees at the community level—working with community leaders, school officials, and families to develop ways for school fees to be covered for all children in the community. This may include a reduction of fees, community and/or family income-generation activities, and a partnership between organizations (church and/or community groups and other NGOs) and community families in covering the cost of fees. This should be done carefully so as not to create dependency. This should not be done as a sponsorship program by external agencies. Remember—community ownership is vital for success!

## *Group Homes*

Many countries and communities will be able to reach out to their children by helping them join extended families and/or live in child-headed households. However, sometimes despite the best efforts of communities and churches, there are too many children to be absorbed. Some communities have found that they can accommodate some of the orphaned children by setting up family-like group home situations.

Communities and churches may decide to locate parents or a parent who is willing to take over the care of six to eight children other than their own. This might include a childless couple, a couple whose children are raised, or a single woman or man who has a heart for children. The persons chosen for this role must be carefully screened by the church or group who is initiating the group home. Christian values are keys as these will be passed on to the children.

### Issues Involved in Setting up Group Homes

- There is a tendency for outsiders to want to construct a building for this type of group home that is not appropriate to the culture.

- If children are placed in a house that is unusual or better than the average housing, they may be stigmatized or labeled as "orphans."
- The house may be one that already exists or may be constructed, but it should fit in with the local type of housing. If outdoor kitchens or bathrooms are what most people have in that particular community, then that is what the group home should have.
- Some children who come into these homes may have been severely traumatized by the circumstances that preceded their need for a group home.
- The house parents need special training in dealing with the psychosocial needs of the children and the ability to help them process what they have experienced.
- Having boy and girl adolescents together may require more than the usual monitoring and may not be appropriate, thereby taking away from the "normal" family configuration.
- Children may come to the home in poor health and/or malnourished and require special nutritional and medical care.
- If children have been on the streets or on their own, they may be addicted to some type of substance which will require special attention.
- Children may wish to run away and return to the streets in order to be free to pursue their previous lifestyle. Careful monitoring of these children may tax the house parents.
- Street children have unique needs and behaviors that require a group home that is focused on meeting those needs.
- People may want to be house parents thinking that there will be a financial benefit. The guidelines and expectations for the house parents must be established and clearly presented prior to the placement of any house parent.
- Most house parent positions are voluntary, but the group must make this determination in the planning process.
- If house parents have their own children, competition and sibling rivalry may occur between the biological and foster children.

### Steps in Implementing a Group Home

1. The group initiating the group home should realize that the responsibility for taking in children is ongoing. A long-term commitment to the well-being of the children is essential.

2. Careful planning and the development of policies/procedures are essential for the success of the project.

3. A financial plan that covers the feeding, care, and education of the children as well as the building and maintenance of the home must be carefully developed.

4. The church usually assists in choosing a Christian couple who may or may not have children of their own to be house parents to about eight orphaned or vulnerable children.

5. House parents should be fully apprised of their responsibilities and understand some of the challenges they will face in raising children who have probably been traumatized.

6. A specialist in child psychology should do assessments on the children and train the house parents in topics such as grief issues, post traumatic stress disorder, addictions, behavior modification, and appropriate discipline.

7. Children should have physical exams before being brought into the home. The exams should include an HIV and TB test. Any child who is HIV positive must receive special medical care. Children who are found to have TB must be put on regular TB medication and isolated from other children until released by the doctor for group living.

*G. Foster spoke of the work of Watoto Child Care Ministries in Uganda. The group has established single-family dwellings that house eight children and a housemother. Food, shelter, medical care, education, family life, and family values are all provided. A female member from the church makes weekly visits to deliver food and encouragement to the mothers and provide special attention to the children. In addition, dedicated men visit the homes to provide a father figure. They visit, pray with the children, and lead family devotions. They also arrange for special outings and sporting activities. They have identified that direct involvement of church members is very important. In addition, other vulnerable children from the surrounding community can also receive support, participate in group activities, etc. (personal communication, November 7, 2003).*

### Important Aspects of a Group Home Program

- Christian values and teachings should be a major focus of the daily program. Christian principles become the foundation for bringing up children who love the Lord. The house parents must be role models for appropriate Christian family interaction. The children then have principles to follow the rest of their lives.
- An income generation project must be developed that is appropriate for the setting; i.e., rural or city. In an agricultural setting, this may be a farm project which receives startup funds to get produce and livestock growing so that the group home can become self-supporting.
- Ideally whatever income-generating project is started should also be one which would teach the children life skills. Though care is taken not to exploit the children in terms of work, it is usually culturally appropriate and acceptable that children should work along with the parents and learn ways in which to support themselves as well (see Chapter 9).

*Some larger churches in Zambia, for example, have a group home for boys and one for girls, averaging about eight children per home. A bakery is part of the microenterprise which helps to support the homes, and the older children learn the skill of bread making with the hope that they will have a way to support themselves when they leave the home.*

## Orphanages

In the past, the first thing thought of when children were orphaned was to gather them together in orphanages. Many outside organizations and even government programs would attempt to establish orphanages to meet the needs of a growing number of orphans.

In the last ten years or so, organizations and governments, including the United Nations and missions agencies, have been looking at the effects of institutional care on the children, as well as the expense involved in orphanage care. Save the Children (UNICEF 2004) has concluded that institutional care is not in the best interest of the child because:

- The role model of family simply cannot be replicated in this type of setting.
- The child suffers emotional deprivation and trauma.
- Children are at a greater risk of contracting communicable diseases.
- The child loses identity with what constitutes "family" and often loses his/her cultural heritage.
- The child often is left without adequate coping skills for the hard life that may be present in the culture into which they will go as an adult.
- The child is often stigmatized by his or her orphaned status being known.
- Institutional care of children has been found in several studies to cost six to fourteen times more than support of a child in a family setting.

Since orphanages are not considered to be the most effective way of dealing with orphaned and vulnerable children, no further information will be presented. (See Appendix I, "Assemblies of God World Missions Position Paper on Orphanages").

## Health Standards for Children's Residential Programs

### Standard 1: Health Consultant

The program shall retain a trained health consultant responsible for the overall health of the children. This health consultant shall maintain an individual medical chart on each child and have available appropriate resources to care for the children.

### Standard 2: Admission Health Screening

Every child newly admitted to a program shall receive a medical history and physical examination, laboratory health screening, immunizations, assessment of growth and development including a nutritional evaluation, treatment for

communicable diseases and parasites, and an assessment of dental, vision, and hearing needs.

### Standard 3: Health Maintenance Program

Every child shall be a part of an ongoing health maintenance program to prevent disease which includes periodic physical examination, periodic laboratory health screening, timely provision of immunizations, monitoring of growth and development, periodic treatment for parasites, dental hygiene, and periodic assessment of vision and hearing needs.

### Standard 4: Sick Care

Every sick child shall have access to a health provider who may prescribe treatment. Other children and staff shall be protected from contagious disease.

### Standard 5: Hygiene and Sanitation

Hygiene and sanitation shall be maintained such that each child shall drink only potable water, practice good hand washing, have access to clean toilets or latrines, adequate water for bathing, and individually assigned personal items such as clothing and towels that are washed as appropriate.

### Standard 6: Relationship with Caregivers

Each child shall develop and maintain a trusting, caring relationship with a limited number of caregivers according to optimal child/staff ratios for the age of the child.

### Standard 7: Food and Nutrition

Nutrition shall be adequate for growth and balanced to provide nutrients. Food shall be safely prepared, handled, and stored.

### Standard 8: Healthy and Safe Environment

A healthy and safe environment shall be maintained for the child, including adequate space and ventilation, safe bedding, proper disposal of garbage, safe play areas, protection from injury, toxic substances, fire and smoke, animals and vectors. The program will have emergency evacuation plans in place.

### Standard 9: Staff Training

Staff shall receive training to care for the children's health needs, including first aid and emergency measures, sick and preventive care, and childhood development.

### Standard 10: Health Education

Children shall receive formal health teaching as well as informal education through staff modeling of health behaviors.

# CHAPTER 9

## Sustainability and Income Generation

### *Key Points*

- ***Sustainable*** **means any project or program that is able to continue without dependency on outside resources.**
- **Plans for sustainability should be incorporated into the beginning stages of any project or program.**
- **The solution to finding and maintaining human and financial resources should be found within the community and should be "owned" by that community.**
- **Development activities must be done "with," not "for" the participants.**
- **When income generation projects teach vocational life skills to children and young adults, there are great benefits for both the children and the community.**

As HIV/AIDS, war, hunger, disease, and unemployment ravage many parts of the developing world, it is evident that gains in economic development have started to decline. Household incomes have dropped dramatically, especially in AIDS-affected areas. HIV/AIDS has contributed to the decline of the economic coping capacity of families by:

- Parents and breadwinners infected by HIV/AIDS produce decreasing incomes and deplete any available resources until their eventual death.
- Families become stressed as orphans move in with relatives who may already be living in difficult circumstances.
- Increased expenditures for medication and funerals.
- Inheritance and assets are reduced or sold in order to generate income or obtain credit.
- Children's basic needs are not met, and the vicious cycle of poverty negatively impacts many of their life opportunities.

Most families affected by HIV/AIDS in developing countries identify finances as one of their foremost felt needs, which has to be addressed in practical and sustainable ways.

### *Definition of Sustainability*

The concepts of *community-basing* and *community ownership* (previously discussed) go hand in hand with *sustainability*. A program that is genuinely and entirely community-based is therefore sustainable—it is able to continue without dependency on outside resources. The word *sustain* means to keep in existence, carry on, or maintain. *Sustainability* means a project has it within itself to keep

going indefinitely. It is not in any way dependent on outside resources for its motivation, finances, materials, management, personnel, etc.

Earlier in this manual we emphasized that an outreach to children should be desired, proposed, and planned from within the community (community-based). Likewise, the solution to finding and maintaining human and financial resources should also arise from the community. This is referred to as *sustainability*.

Relief efforts are often the way in which people with resources deal with poverty. Outsiders come into a community with their perceived solutions and establish institutions or programs that are totally dependent on outside funding. Once the outside resources are depleted, interest in the project decreases, or the program is found to be ineffective, the institution/program can no longer exist. The long-term goal of the institution/program will never be accomplished.

If solid principles of capacity building and development are implemented, the likelihood of building dependency is lessened. These principles would lead to locally generated solutions and long-term effects.

Development can be described as a dynamic process that empowers people to identify root causes of problems and solve those permanently using local resources and long-term strategic planning. Development activities should be done "with," not "for," the participants. Thus, the project should be concerned with means that are the simplest, most cost-effective, and replicable. A key element of development is capacity building. Capacity building understands that people already have ability and a level of capacity to formulate solutions for their own needs and with encouragement and assistance can be participants in their own solutions. Capacity building involves helping individuals and groups develop skills in planning, conflict resolution, management, organization, networking, report writing, accounting, teaching/training, accessing information and other resources, etc.

Sustainability is very important. When dealing with the lives of children, it is imperative that a long-term, sustainable plan be in place to assure that the program will be able to continue as long as needed.

## *Outside Funding*

Due to the weakened infrastructure of some communities, it may be necessary to seek outside funding for startup expenses. Often there are agencies, donors, and individuals who are eager to donate to the cause of children. However, it is essential to use these investments in ways that will not create dependency. Outside funds are best used for one-time needs such as construction or purchase of equipment, or for startup funds for microenterprise. They should not be used for the ongoing expenses of the program. As discussed earlier, funds to maintain and operate a program should be found or generated by the community or church sponsoring the outreach. In cases where outside funding is used

for operational expenses, transitional steps should be in place for everything to become locally run as soon as possible.

Though we have been speaking primarily of finances in reference to sustainability, it is important to remember that funds are not the only issue in keeping a project going. Most projects or outreaches are dependent upon people volunteering to do the work. Volunteer labor can be difficult to sustain over time. Plans for retaining volunteers should be developed in the initial stages of project.

## Income Generation Projects

Programs should aim to strengthen the economic capacity of households. This is more effective than providing direct economic support to orphans themselves.

A household's capacity to generate income can be strengthened by improving their access to microenterprise projects. This can help the family maintain a small but steady income. Ideally, this type of intervention should be put in place before the time of crisis.

Discovering how to generate finances for micro-enterprise projects is not an easy task. There are financial organizations that assist families in need by providing microloans for starting a microenterprise project. There are many good resources on the Internet; for example, thesustainablevillage.com or changemakers.net.

## Issues in Income-Generating Projects

- Often, families who are struggling are not identified until they are already in crisis. Even if they receive funds to begin a small business, there may not be enough "person power" available in the family to carry out a successful venture.
- If some families are given assistance and others are not, resentment may develop against the family who received the help. Problems develop if the group has deemed one family more worthy of financial help than another. This is an important reason for affected persons and the community members to be involved in the process of finding solutions.
- Many groups and organizations have attempted to begin small business loans and/or microbanking and have failed. Often this has been due to poor planning and a "get rich quick" mentality.
- Some unscrupulous individuals will take advantage and scam or rob other people's funds.
- Some people will charge high interest rates and actually put people into worse economic situations due to their inability to pay back the interest.

## Steps in Implementing Income-Generating Projects

If a community decides that they desire to initiate an income-generating project, it would be well to consult with organizations that have experience in setting

up such a system. Before beginning an income generating project, consider the following:

- When possible, target the entire community rather than individuals. If the community is strengthened, all people will benefit. This also decreases the incidence of resentment from those who are not helped.
- An assessment or feasibility study of some sort should be done to determine what type of product or project would be most successful in the local markets. For example, what would the general public tend to need or to buy?
- Involve households and children in identifying potential projects. This develops ownership and a sense of self-worth and makes sure that children can take over if adult caregivers become sick or die.
- Write clear objectives.
- Establish a plan of action that includes a timeline and budget for the project.
- Develop a sustainability plan that will ensure that the project can be managed and maintained by the community.
- Provide training in business principles, production skills, repayment of loans, and the purposes of the initial investment prior to the onset of the project.
- Identify a microbusiness that can teach reproducible skills to families, community members, and children. The goal is for life skills to be gained that will perpetuate the ability of all to be productive (see Chapter 5).

## *Strategies for Income Generation*

According to the International HIV/AIDS Alliance, some strategies to be employed in income generation are:

- Organize community savings funds with OVC as beneficiaries to pay for their education or training.
- Set up savings and loan plans to enable young people to launch their own business enterprises.
- Encourage local government to create employment through public works programs.
- Provide grants to buy equipment such as sewing machines, grinding mills, and framing equipment.
- Set up a community tools and equipment bank so that poorer households have access to the means to support themselves.
- Identify programs to which OVC can be referred for training or apprenticeships.
- Develop partnerships with institutions that can provide children with ideas about potential employment.

(See *Sustainability and Appropriate Technology* on the resource CD)

*The Zambuko Trust in Zimbabwe provides credit, business management training, and informal business advice to women with or affected by HIV who have no access to formal or informal sources of credit. Loans are made to groups of five to six women who act as co-guarantors, or to individual women with an individual guarantor. Most women are engaged in small-scale businesses. Clients are also taught to mentor their children to manage the enterprise.*

*In Dedza district, Malawi, the Community-based Option for Protection and Empowerment Project (COPE) has introduced a system of model farmers who are specially trained. They use their own plots of land as demonstration plots and help to train others in the community. The farming methods promoted enable farmers to produce food with less effort.*

# CHAPTER 10

## Children Infected with HIV/AIDS

### *Key Points*

- **AIDS in children is increasing in sub-Saharan Africa, Asia, and the Caribbean.**
- **The majority of children acquire the infection from their mothers during pregnancy, birth, or breast-feeding.**
- **Poverty is a key reason why children die more quickly of AIDS in developing countries.**
- **Infants infected with HIV at birth may not immediately show signs or symptoms of illness, but often develop opportunistic infections due to their weakened immune systems within 2–3 months.**
- **Children can also be infected through blood exposure, sexual activity, and injecting drugs.**

HIV infection in children typically progresses to AIDS and death in a shorter time period than in adults. Pediatric AIDS kills especially fast in developing countries, as compared to industrialized countries. For instance, in Europe 80 percent of HIV-infected children survive at least until their third birthday and more than 20 percent reach the age of 10. In Zambia, however, nearly 50 percent of HIV-infected children in one study had died by the age of two. In Uganda 66 percent had died by the age of three. It is difficult to obtain accurate statistics in many developing countries; therefore, the actual figures could be even higher. What is clear is that a very large number of children around the world are dying with AIDS.

Poverty is a key reason why children die more quickly of AIDS in developing countries. Crowded living conditions often lead to the transmission of tuberculosis or other respiratory diseases, especially to children infected with HIV. Unclean water and poor sanitation cause diseases of the gastrointestinal tract, which lead to the death of HIV-positive children. Poor nutrition weakens the immune system, which makes the HIV-positive child more susceptible to various opportunistic diseases.

### *Ways Children Become HIV-Positive*

#### 1. Mother-to-Child Transmission (MTCT)

MTCT accounts for the vast majority of children who are infected with HIV. An infant of an HIV-positive mother can be infected:

- During pregnancy.

- By contact with the mother's infected body fluids during the birth process.
- Through breast-feeding.

### 2. Blood Transmission

Children are sometimes exposed to HIV infection in developing countries through exposure to HIV-positive blood in the following ways:

- Unsterilized medical supplies, surgical instruments, and equipment.
- Unsterilized dental instruments and equipment.
- Blood transfusions with unscreened, contaminated blood.
- Sharing contaminated needles for illegal drugs.
- Contaminated razors, toothbrushes, tattooing instruments.
- Sharing of blood during a tribal ritual.

### 3. Sexual Activity

- **Early sexual activity**

  Children in many countries are having sex at a very young age before being taught that these activities expose them to health risks such as HIV/AIDS, as well as emotional problems. They are unaware of how or why they need to protect themselves against infections that can lead to an early death.

- **Non-consensual sexual activity**

  Some children are exposed to HIV infection through non-consensual sexual activity—sexual abuse, incest, or rape. Such illegal activities are emotionally traumatic for a child as well as life-threatening through HIV exposure. In many countries, there is a myth that sex with a virgin can cure a man of HIV. This has led to a large number of rapes, sometimes of very young children, by HIV-positive men.

  Sexual exploitation is more of a problem in developing countries, where having sex for money, food, or protection can be a means of survival for some children. Child pornography has grown to a mega-business while putting young children at great risk.

## *Keeping Children Safe*

### Preventing Mother to Child Transmission (MTCT)

MTCT is almost entirely avoidable, given appropriate interventions. MTCT still happens all over the world—although much less frequently in well-resourced countries than in poorly-resourced, high-prevalence countries. The possible interventions are:

- Helping women to avoid HIV infection.
- Helping women who are HIV-positive to avoid unwanted pregnancy.

- Testing pregnant women to identify those who are HIV-positive so that appropriate help can be offered.
- An HIV-positive woman is more likely to pass the infection to her baby when her *viral load count* is high. If she is receiving treatment for her own HIV infection—not just treatment, but good treatment—her viral load can be lowered, reducing the chance of her baby becoming HIV-positive and helping to ensure that her baby has a mother who is alive and healthy.
- If a complete antiretroviral treatment for the mother is not possible, then both she and her baby can be given a single dose of nevirapine, either just before birth or just after. This will help to prevent HIV infection occurring in her baby. Although this is the least-preferable treatment option, in many areas it is all that is available. Preferably, the mother will receive a dose of three different drugs before the birth of her baby, and her baby will take a triple combination of anti-HIV drugs for an additional 4 to 6 weeks.
- In an ideal situation, a HIV-positive pregnant woman will be offered a caesarean section birth—a surgical procedure. However, any surgical procedure carries some element of risk, especially in developing countries where medical care is limited.
- Again, in an ideally-resourced situation, when the baby has been born, a HIV-positive mother will be provided with an artificial alternative to breastmilk, so that the baby will not become infected while breast-feeding.

Currently a mere 1 percent of pregnant women in heavily affected countries are offered services aimed at preventing mother-to-child HIV transmission, and even the minimum drug-treatment option—nevirapine—remains unavailable in many highly-affected areas around the world.

### Avoiding Blood Transmission

Guidelines have been developed for HIV screening of blood for transfusions, and in most countries it is being done appropriately. In medical centers the blood supply is generally safe, but in less-developed facilities this remains a source of HIV infection. Improved sterilization techniques and the use of disposable supplies have reduced the HIV cross-contamination in many hospitals and clinics. However, this continues to be an ongoing problem as many medical facilities are overburdened with a large HIV-infected population that requires medical care with little or no financial assistance. Training of staff, improved sterilization procedures, and more sterile supplies are the only solution for medical infection.

Education is needed to inform people about blood cross-contamination from activities such as sharing tooth brushes, sharing razors, and using contaminated dental instruments. Children can be protected if only simple precautions are taken in any activity where blood is possibly present.

Children need to be taught at a young age that intravenous drug use can lead to HIV infection. Most of the time, children involved in this activity are infected because they share blood-contaminated needles.

### Avoiding Infection From Sexual Activity

In both developed and developing countries, children and young people often receive inadequate sex education. This can be due to religious beliefs, moral or cultural reasons, lack of concern, or simply lack of resources. Sex and HIV/AIDS education needs to start at a young age because HIV infection has no limits.

The key to preventing HIV infection in young children via sexual activity is to prevent children from being sexually active—and most countries prohibit sexual activity among minors. However, legislators and educators need to accept the fact that some children are always going to have sex, whether or not they are encouraged not to do so. Given that this is the case, all children and young people should receive effective sexual health and HIV education. With appropriate information, they can make informed choices about whether to start having sex and know how to protect themselves from pregnancy, STDs, and HIV infection. However, they need to know that only abstinence is 100 percent safe.

Churches need to get involved with educating the young people and teaching moral values that can and will save lives. For too long the church has neglected this obligation.

## *Signs and Symptoms of AIDS*

### Infants Born With HIV Infection

- There may be no immediate physical signs of HIV infection at birth.
- Signs of the HIV infection might appear within 2 to 3 months.
- An infected baby may begin to appear sick, with poor weight gain, repeated fungal mouth infections (thrush), enlarged lymph nodes, enlarged liver or spleen, neurological problems, and multiple bacterial infections.
- Opportunistic infections, which are illnesses that can develop due to a weakened immune systems, such as Pneumocystis pneumonia and Kaposi sarcoma may be contracted.
- In developing countries, tuberculosis has been a particularly common problem and often the cause of death of children and adults.

### Children and Teens

- Children and teens that contract HIV usually show no symptoms at the time of infection.
- They can live several years, possibly 10 or more, before showing symptoms.
- They can pass on the virus without even knowing they are HIV-positive.

- Symptoms of AIDS include rapid weight loss, intense fatigue, swollen lymph nodes, persistent diarrhea, night sweats, pneumonia, and tuberculosis.
- They are susceptible to life-threatening opportunistic infections.

For further information, see kidshealth.org/parent/infections/std/hiv.html#cat20046.

## *Issues for the HIV-Positive Child*

### Childhood Illnesses

- Common childhood illnesses that affect every child can be very serious to HIV-infected children. Examples of such illnesses include mumps, measles, and chickenpox.
- As a result of his/her weakened immune system, the child may be affected more often; illness may last longer and may respond poorly to the usual treatments.
- Immunizations, with some exceptions, help to prevent common childhood infections.
- Live vaccines are not generally recommended for HIV-positive children.
- Measles vaccine should not be given to HIV-positive children who have a severely weakened immune system.

### Lack of Treatment

- HIV can progress towards AIDS much more rapidly in babies or children than it might in adults.
- Without medical treatment by specially trained medical professionals, many will become very ill and die in their first few years of life.
- Pediatric drug treatment for AIDS is specific and must be adjusted for each child.
- Many sub-Saharan African countries do not have the resources for pediatric or adult antiretroviral treatment.
- Pills, broken into smaller pieces, are given to children—meaning that there is no way of ensuring the correct dose of the drug or giving consistent dosages from one occasion to another.
- These practices can lead to drug resistance or death.

## *Helping Children that are HIV Positive*

Caring for HIV-positive children, especially if the parents have already died, brings new challenges to communities already overwhelmed with attempts to care for OVC who are not HIV positive.

## HIV Testing

For those children who are HIV positive, there are a number of treatment options available if they live in an area where they are able to access them. Before a child can be treated, however, his/her HIV status must be known.

*A common way of testing for HIV is to check for antibodies to the virus. Every baby born to an HIV-positive mother will have these HIV antibodies from its mother, which means that this test can produce a positive result even when the baby is not infected.* ***The results of this test have no value for the first 18 months of the baby's life****. In areas where complex lab equipment is accessible, a more complex test can be conducted—the viral load test—which can identify HIV in a baby. In resource-poor areas, the antibody test can at least determine which babies are not infected—meaning that those who show a positive result can be monitored for signs of AIDS-related sickness. After 18 months, any baby who still shows a positive result in an antibody test can be said to be infected.*

## Medical Treatment

For those HIV-positive children who live in countries where medical care is available, the first part of treatment is monitoring the children's general health. In adults, viral load tests and CD4 cell-counts are used to assess the progression of HIV, but because children don't have fully developed immune systems, the results of these tests will be different. Again, this calls for specially trained medical staff.

If it is decided that the child should be given treatment, there are fewer drugs available than for adults. Improvements in the prevention of MTCT in much of the developed world means that drug companies are not producing medicines used only in less-wealthy countries that are not able to afford them. When such drugs are available, they are often more expensive than those for adults. The improvements they can make in a child's chances of avoiding illness or death, however, do justify their use.

Children with HIV are vulnerable to opportunistic infections (OIs), which are the infections that ultimately cause death. Pneumocystis pneumonia is a common OI, particularly found in very young children. The antibiotic cotrimoxazole is effective in preventing PCP and various other opportunistic infections. It has been recommended for use in resource-poor countries with HIV-positive children who show any signs of illness. The use of such antibiotics can postpone the time at which antiretroviral treatment should be started. At the end of 2004, WHO recommended that all children born to HIV-positive mothers, but whose own HIV status is unknown, be given cotrimoxazole.

## Care of the HIV-Positive Child

In addition to medical care, the HIV-positive child will need emotional support because of the stigma and discrimination. A child who is HIV-positive is likely to

also have another family member who is infected. This means that the child can also suffer from the financial, educational, and social hardships experienced by families. Ultimately, the child may experience the grief and emotional suffering of losing a parent or relative to AIDS. Counseling and support for children and their families can considerably improve their quality of life, relieve suffering, and assist in the practical management of illness.

Emotional and practical support is crucial for all children who are directly affected by HIV—whether or not that child is personally HIV positive. Such care might include medical care, help with shelter and material needs, and educational support. It involves the community, the school, social workers, counselors, nurses, doctors, and teachers.

## *Helping the Family Affected by HIV*

Many children are affected by AIDS in their family. With an estimated 38 million adults living with HIV around the world, it is clear that a very large number of children will know a family member who is HIV positive or who has died from AIDS. These children may themselves experience the discrimination that comes from being associated with HIV. Often the children are in the position of having to care for a sick parent or relative. They may have had to give up school to become the principle wage-earner for the family. When adults fall sick, food still needs to be provided and the burden of earning money usually falls on the oldest child.

There is no easy solution to the problem of HIV infection in the family. Many organizations focus on providing care and support for AIDS orphans who have lost one or both parents to AIDS. They may have younger siblings to support, and may be HIV positive. Such orphans may need help looking after siblings or sick family members and help to ensure they can attend school.

It is preferable, however, to try to prevent such children from becoming orphaned at all—by keeping their parents alive. This entails providing care and ARV treatment to their parents. Appropriate medical attention can prolong the lives of parents and enable them to continue work, earning a wage and providing financial and emotional support for their children.

## *Helping the Community*

In many countries, children who are left destitute will be cared for by the community. In highly affected areas, neighbors will be aware of the existence of child-headed households, and may help by providing some assistance with food and clothing. This type of community support is the final safety net for many children, and it may not hold if many people in the community die.

A large number of deaths in the community affect all children in that community, even those who are not orphans. Some other effects of many AIDS deaths are that schools and medical services become unavailable as nurses and teachers

die. This might seem like an unrealistic scenario, but it is one that is happening in many high-prevalence African countries. In some fortunate areas, aid organizations may step in to help with these problems. HIV education and prevention work is carried out at the community level. This includes teaching people about the dangers of HIV infection and how to avoid it, as well as trying to reduce the discrimination often felt by those who are infected.

It is clear that more needs to be done, especially in resource-poor countries. Many children are dying, while many more are experiencing the scars that AIDS can leave in their lives—almost all of which is avoidable. Medical technology is such that, in a developed country, a HIV-positive woman can now be almost certain that her child will not be infected, and yet there are still delays in making the appropriate tests and drugs available around the world.

If infected with HIV, children can be effectively treated and can have longer, healthier lives. Yet they continue to die because the treatment is not available in many countries. Developing countries need not only drugs to treat children, but specialist training for medical staff. Funding to enable treatment and ongoing care to take place is lacking in many countries. The world's political leaders and decision makers already have these tools to save children from needlessly suffering—perhaps, one day, all children will have the proper care and treatment.

The website www.avert.otg has more information on the issues involved in providing AIDS treatment to millions.

# CHAPTER 11

## Caring for Caregivers

### *Key Points*

- **The burden of care for persons with AIDS rests mostly on family and friends.**
- **Caregivers often turn out to be children or grandparents who may also be in ill health or suffering from malnutrition.**
- **The backbone of community care programs for people with AIDS are volunteers.**
- **Burnout, also known as compassion fatigue, is a process in which everyday stresses and anxieties undermine a caregiver's mental and physical health.**
- **Time management becomes a major obstacle for caregivers.**
- **Caregivers express common symptoms of stress.**

As the HIV/AIDS epidemic continues to increase in many parts of the world, the strain of caring for those with HIV/AIDS is enormous. In many places the health care system is so overloaded that the burden of care for persons with AIDS rests mostly on family and friends. Often the caregivers are children or grandparents, who may themselves be in ill health or suffering from malnutrition.

In addition to the physical burden of care, care providers also bear the tremendous psychological trauma of knowing that the person is terminally ill. Care of younger siblings, worry over finances, and often trying to earn extra money further increases the burden.

Many caregivers are active in their responsibilities not for weeks, but for months and even years if more than one person in the family is ill. This can lead to stress and burnout. Grief, fear, and anger often surface after the death of the family member. Self-blame and guilt may also result from not being able to provide better care or change the situation.

In addition to caregivers who are family members, the backbone of community care programs for people with AIDS is volunteers. Many are informal volunteer groups made up of friends, neighbors, church members, and others who just care. These persons, although emotionally further from the situation than family members, can also experience burnout.

*Lucy looked after her daughter-in-law and two sons when they were terminally ill with AIDS. Now she is helping to care for her little orphaned granddaughter who is HIV-infected. In the same city, 18-year-old Grace, one of a large family of children,*

*is caring for her bedridden mother. Though no one in Uganda or South Africa has systematically documented who is providing care at family level, it is clear to those working in the field that the burden of care is borne predominantly by women and girls. Typically a woman or girl will find herself in the position of caregiver because of cultural expectations. Many women are proud of their nurturing role and consider it natural. However, the caregiver role is assigned to them with little consideration for the personal sacrifices it will demand.*

## Caregiver Burnout (Compassion Fatigue)

Burnout is a process in which everyday stresses and anxieties gradually affect the caregivers' mental and physical health. Eventually, they are unable to continue as the caregiver or they become inadequate, ineffective, and even harmful in their caregiving.

Burnout is predictable when stress is extended over a period of time. Many researchers are now using the term *compassion fatigue* to indicate an even more serious condition than burnout.

Charles Figley (2001) notes the following symptoms in his book, *Compassion Fatigue*:

- Loss of interest in and commitment to work.
- Loss of punctuality and neglect of duties.
- Feelings of inadequacy, helplessness, and guilt.
- Loss of confidence and self-esteem.
- A tendency to withdraw—both from clients and from colleagues.
- Loss of sensitivity in dealing with clients.
- Loss of quality in performance of work.
- Irritability.
- Difficulty getting along with people.
- Tearfulness.
- Loss of concentration.
- Over-identification with the persons beings cared for.
- Inability to separate one's own reality from that of the one suffering.
- Sleeplessness.
- Excessive fatigue.
- Depression.
- Bowel disturbance.

Many of these feelings are not of themselves unhealthy, but can become so if neglected or suppressed and allowed to accumulate.

## Volunteers' Identified Needs

A UNAIDS report from persons functioning as volunteer caretakers documents their needs and feelings:

*The stress is often compounded by the fact that the carers themselves are in a similar position. "It is hard to look after our own families when we're not earning even a cent for this work," said a volunteer in KwaZulu/Natal. "We go to see hungry people and we are hungry too." It is common for volunteer and staff carers alike to spend all day in the field visiting clients without anything to eat or drink, because AIDS care programs on tight budgets rarely give allowances for refreshments.*

*Besides demoralizing hunger, volunteers frequently cite lack of money for transport to visit sick clients, or to fetch and pay for drugs, to buy paper and pens for record-keeping or rubber gloves for handling sick patients as principal causes of stress because it undermines their ability to do their work and makes them feel inadequate.*

*Sometimes their own families are resentful of the fact that they are working hard for no money. And, in a number of programs, volunteers admit that partners have walked out on them, or that they themselves have had to leave home because of intense disapproval over their volunteer work.*

One of the most common requests from volunteers at meetings, said a supervisor from World Vision, is how to manage their time effectively so that they don't become overwhelmed. "They tell us: 'People come and ask for my help even when I'm digging my fields.' Or 'My neighbors knock on my door at any hour of the night.'"

At the family level, caring for a sick person can leave little or no time for anything else—for paid work or food production or for school if the caregiver is a child. This is what pushes families over the edge.

In a country where almost no family is unaffected by AIDS, it is extremely difficult for caregivers to remain detached from their clients, or from the job itself. For most people, it is not even possible to shut the door on AIDS at the end of the working day. They go home to care for relatives, friends, or children whose parents have died. The tendency to find they are becoming over-involved is very real and the risks of stress and burnout as a consequence are high.

"When you work with a client you build up trust and closeness, and soon you begin to love them and they begin to love you. The relationship goes beyond the professional boundaries," comments Hannington Nkayivu. "You get so close to a person, and then seeing them die in the end is very distressing."

In Uganda, Nkavivu explains, setting professional boundaries is especially difficult since the extended family system means that a person is rarely a stranger in a village or community. "From your name, people can see what clan you are from, and there is always someone to whom you are related by clan."

The pressure to become over-involved comes also from the intense neediness of infected people who tend to be isolated with their fears and suffering, with no one to turn to. "Lay carers, especially, can feel easily manipulated by clients—that it's their job to take a patient to a clinic if they can't get there themselves, or

give them bus fare if they haven't got the money, or find a sandwich for a hungry person," says Pierre Brouard. "When you're faced with those real issues it's difficult to resist, to walk away from people."

Carers interviewed identified a number of other common stresses associated with over-involvement (UNAIDS 2000). These include:

- Inability to be there for their clients when they need them.
- Inability to meet even the most pressing needs, such as the need for food or drink.
- Feelings of inadequacy, and sometimes guilt,when they can do no more to help a person.
- Feelings of loss and sadness at the death of a client; and lasting anxieties about the family members left behind, especially children.

*For carers who are themselves HIV positive, stress is a risk not only of getting too close to clients, but of personal identification with a client's illness and impending death. Lucky Mazibuko is an HIV-positive man who writes a weekly column in a popular South African newspaper to try to dispel the silence and myths surrounding AIDS. After seeing a man who was dying of AIDS, whose eyes looked huge in his emaciated frame, Mazibuko commented: "I could see myself in that man's battered body."*

## Interventions

Helping children, family members, and volunteers deal with the stress of caring for someone who is terminally ill must be a part of any outreach considered by the church and community.

Offering support to caregivers is a wonderful way for the church to extend the love of Christ not only to the suffering, but to those who labor so diligently to care for them.

Practical steps to develop a "*Care for the Caregivers*" program include:

- Identifying from the initial assessment (discussed in Chapter 3) families, children, and volunteers who are dealing with the care of a person with AIDS.
- Develop a caregivers training program to teach ways to provide better care to the person with AIDS, while meeting the needs of the caregiver; i.e. lifting techniques. (See resource CD for *GAP Hospice Manual.*)
- Organizing volunteers to be relief caregivers, offering on a weekly basis to take over the care giving for a day or half a day so the caregiver can take a break, go away from the area of illness, and possibly do some other necessary functions.
- Provide support groups for caregivers where they can come together, share their feelings of the experience and talk with others dealing with similar situations. (See Chapter 12.)

- Encourage exercise, rest, humor, and good nutrition, when possible. Church members can volunteer to bring in meals one day a week, so that the caregiver can have a good meal and on that day doesn't have to think about cooking.
- Volunteer caregivers are encouraged to take a break frequently and to find ways to vent their feelings without taking them home to their own families.
- Prayer, Scripture reading, and spiritual support will be helpful not only to the sufferer but to the caregivers. Pastoral outreach should always include special prayer for caregivers.

# CHAPTER 12

## Support Group

### *Key Points*

- **Support groups are a valuable intervention for responding to the needs of caregivers, both family members and volunteers.**
- **The church can organize support groups for children and/or families affected by HIV/AIDS.**
- **The shared experience of a support group can help stabilize, give hope, and develop plans for the future and for eternity.**
- **Caregivers need support and care, as they are many times physically and emotionally exhausted and can suffer from "survivor syndrome."**
- **Support groups are small groups who share a common concern and/or experience. They meet to share their stories, be heard, share in compassion, and build hope.**

### *Developing Support Groups for Persons Affected by HIV/AIDS*

Often one of the greatest interventions that can be offered to persons and families dealing with HIV/AIDS is to have someone listen to them, especially if the person or persons understand the experience. For this reason, the church can offer to organize support groups for children and/or families affected by HIV/AIDS.

Group facilitators may receive some basic training in assisting to lead a support group, but anyone who is a good listener and can ask appropriate questions can function in this role even without training.

By offering this type of intervention, the church is giving several messages that contribute to the reduction of stigma:

- We are a church who cares about people and their struggles.
- We are a church who does not discriminate.
- We are a church with arms open to those in need.
- We are a church who welcomes persons with HIV/AIDS or families dealing with HIV.

### *Issues with Support Groups*

- Support groups are established as small groups who share a common concern and/or experience. They meet to share their stories, be heard, share in compassion, and build hope.

- Support groups can provide a safe, relaxed place to share experiences, resources, and education, grieve, regain hope, and build support systems, and faith in the face of loss of health, family systems and life.
- Support groups give opportunities for families, couples, and/or children to discuss health relational issues, plans for self-care, children, and legal concerns and issues in light of the sickness and forthcoming death of a family member.
- Support groups let specific groups of people such as children, teenagers, child heads of households, adults, parents, those who suffer from HIV/AIDS, and caregivers to share their common and individual life experiences, struggles, and feelings in light of being affected by HIV/AIDS.
- Those that are affected with HIV/AIDS, and their family members, are confronted with a number of overwhelming emotions when first diagnosed and in living with HIV/AIDS.
- The shared experience of a support group can help stabilize and give hope and plans for the future and eternity when many times the individuals have been rejected and shunned by their families and communities.
- Those who are caregivers need support and care, as there are many times they are physically and emotionally exhausted and can suffer from *survivor syndrome* (guilt, psychic numbing, intrusive images of death and dying) and need a safe and supportive group to share related experiences. These individuals need to share their story, struggles, resources, ideas, and hope to avoid caregiver burnout.
- At times it is difficult for people to openly share their feelings in a group. This takes some skill by the facilitator to get people to open up.
- Training for group facilitators may not be available and it may take some effort to get group leaders trained.

## *Types of Support Groups*

Depending on the culture, community, church, and needs of families and individuals, the following are four models of support groups:

1. Organized groups that follow a suggested format, have written guidelines and rotate facilitators. Examples are 12-step programs and specific types of prayer, action, or study groups.
2. Free-form groups that follow a loose format and use rotating facilitators or no designated facilitators.
3. Trained volunteer-led groups which have some kind of written or verbal agreement about the ground rules and format of the meeting.

4. Trained professional-led groups which can vary in form as to the training of the leader such as a social worker or psychotherapist and can center on a specific issue such as abuse or HIV/AIDS.

(Refer to Chapter 3 for more on support groups for children.)

## *Guidelines for Developing Support Groups*

Begin by considering your community assessment and identified needs. Establish an assessment group and address the following questions:

- What does the individual and/or the community suggest they need in a support group? "Ownership" of the group is vital to its success.
- Who is your target population: child-headed households, those affected by HIV/AIDS, parents, families, couples, individuals, care givers, or children?

Choose a support group model; for example, Model 3 above. Trained volunteer-led groups should have a written or verbal agreement about the ground rules and format of the meeting.

Choose the group facilitator. A qualified person will:

- Have voluntary training concerning leading a support group and a working knowledge of the issues of HIV/AIDS and its impact on individual, family, and community life.
- Possess compassion and a biblical view of forgiveness and love and the ability to address these issues with respect for the dignity of each person who enters the group.
- Be an effective facilitator of group discussion.
- Model healthy conflict resolution and respectfully set boundaries.
- Be able to model asking questions and express ideas in a nonthreatening, nonjudgmental, supportive fashion.
- In some cultures, specific individuals are automatically expected to lead even if not experienced. A missionary could possibly act as a co-facilitator, educator, or partner to the group.

Select a safe and confidential environment:

- Decide if the group will be a closed group; meaning only those invited may attend.
- An open group; meaning anyone who needs support in the stated target people group can attend.

- Decide when and how new members will be admitted to the group.
- Carefully consider all members to insure a supportive, trusting and confidential environment for the group.
- Choose a meeting place that is located conveniently for the group members to facilitate consistent attendance.

Consider what is culturally appropriate in the community. These support groups should not be a platform for church membership recruitment or persuasion from a sinful lifestyle. However, the Holy Spirit can work in the hearts of the group members in an atmosphere of lovingkindness and biblical boundaries.

Establish group rules or norms. Families and individuals affected and infected with HIV/AIDS have experienced rejection, humiliation, and shame in many aspects of their lives. It is important to establish ground rules for the support group which will enable them to feel safe, be themselves, speak freely, and be listened to in a confidential manner. The facilitator and the group should develop these rules together.

Some common boundaries are:

- What is said in the room stays in the room.
- What is prayed in the group stays in the group.
- Confidentiality is a key to building trust and helps to facilitate the healing process in any group.
- The group is not to be used to find dates or intimate partners, and if two members become involved, one should leave the group. This may need to have some discussion, depending on the history of the group of participants, but is a wise boundary.
- Members must commit to being active listeners when someone else is talking.
- Members should be respectful and sensitive to the time and needs of others when sharing.

(See Appendix J, "Guidelines for Facilitating a Group.")

## *Stages of Development in a Support Group*

Groups may differ in emphasis, personality, and context. However, there are common stages of development that occur in groups. It is important that the facilitator be familiar with the stages in order to recognize and guide the group through the stages.

### Introduction Stage

In any new group setting, most people experience some anxiety or fear of meeting people for the first time, and feel vulnerable. When a person or family is dealing with the reality of being HIV/AIDS positive, a group can be intimidating and scary. People may act very superficial, guarded, shy, aloof, or excessively polite. Some may express anger, while others say nothing. For the first two or three meetings, the group members develop relationships, establish trust, and start to share their stories. A facilitator can implement activities that will facilitate establishing common ground and meaning to the group. Carefully chosen humor, stories, and/or activities can serve as 'ice breakers' to open the interaction of the group. (See Appendix K, "Symbol of Hope" exercise.)

### Formation of Relationships

During this period, depending on the group, relationships begin to form as members find common ground and experiences. Opposition and disagreement can also occur. Differences of opinions among the group participants may start to develop. Facilitators at this point will need to make clear the group agreement to mutual respect and that the expressions of emotions are permissible as long as they are not abusive. Each individual is to be heard and listened to.

### Trust Developed

As the group progresses, support for each other starts to develop. When trust and friendships are formed, the true work of the group begins. Most members of the group have learned to express themselves more freely by this time.

Many emotions can develop when discussing HIV/AIDS and death issues. Anger, fear, resentment, depression, and anxiety are common emotions that are expressed when dealing with sickness, death, and economic and social issues. This may be a time to educate on resources and services available in the community to assist with specific needs. Individuals may need encouragement to develop plans for the future concerning children, hospice care, economic issues, and funeral arrangements.

The group composition may change when some members leave due to illness and death. Members can be encouraged to visit those who are unable to attend the group due to illness, as an extension of the support group. Facilitating and educating members concerning the grieving process will be important during this time.

(See Appendix L, "How to Support Someone Who is Grieving.")

Each group has its own personality and will vary in content and tone, depending on needs. When dealing with issues such as overwhelming grief and death, life must still be celebrated with its simple pleasures, worship, and the hope of eternity. The facilitator and other members can help find these simple celebra-

tions. Plan a meal to celebrate a personal victory or recovery, or arrange a special holiday gathering as a group. Be creative.

## Conclusion

Christ asks us to bear one another's burdens and sorrows. For those with HIV/AIDS and their families and friends, the burden is unbearable alone. The ultimate lifting up of those burdens as a group to the Lord creates victory, hope, and life. The unique people that He created us to be and our life stories are often keys to encourage someone else who is experiencing pain and hardship.

God gave us the gift of community to support one another in this world. An HIV/AIDS support group is an extension of His hands to others who are suffering—expressing Jesus' care in tangible ways.

# APPENDIX A

## UN Convention on the Rights of the Child

*Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989. Entry into force 2 September 1990, in accordance with article 49.*

### Preamble

The States Parties to the present Convention,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the peoples of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognizing that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human Rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

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,

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,

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

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20 November 1959 and recognized in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in articles 23 and 24), in the International Covenant on Economic, Social and Cul-

tural Rights (in particular in article 10) and in the statutes and relevant instruments of specialized agencies and international organizations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child, by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provisions of the Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally; the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) ; and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, Recognizing that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration,

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child, Recognizing the importance of international cooperation for improving the living conditions of children in every country, in particular in the developing countries,

Have agreed as follows:

## PART I

### Article 1

For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.

### Article 2

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

### Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents,

legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

### Article 4

States Parties shall undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation.

### Article 5

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

### Article 6

1. States Parties recognize that every child has the inherent right to life.

2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

### Article 7

1. The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared for by his or her parents.

2. States Parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

### Article 8

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

### Article 9

1. States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately and a decision must be made as to the child's place of residence.

2. In any proceedings pursuant to paragraph 1 of the present article, all interested parties shall be given an opportunity to participate in the proceedings and make their views known.

3. States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests.

4. Where such separation results from any action initiated by a State Party, such as the detention, imprisonment, exile, deportation or death (including death arising from any cause while the person is in the custody of the State) of one or both parents or of the child, that State Party shall, upon request, provide the parents, the child or, if appropriate, another member of the family with the essential information concerning the whereabouts of the absent member(s) of the family unless the provision of the information would be detrimental to the well-being of the child. States Parties shall further ensure that the submission of such a request shall of itself entail no adverse consequences for the person(s) concerned.

### Article 10

1. In accordance with the obligation of States Parties under article 9, paragraph 1, applications by a child or his or her parents to enter or leave a State Party for the purpose of family reunification shall be dealt with by States Parties in a positive, humane and expeditious manner. States Parties shall further ensure that the submission of such a request shall entail no adverse consequences for the applicants and for the members of their family.

2. A child whose parents reside in different States shall have the right to maintain on a regular basis, save in exceptional circumstances, personal relations and direct contacts with both parents. Towards that end and in accordance with the obligation of States Parties under article 9, paragraph 1, States Parties shall respect the right of the child and his or her parents to leave any country, including their own, and to enter their own country. The right to leave any country shall be subject only to such restrictions as are prescribed by law and which are necessary to protect the national security, public order (ordre public), public health or morals or the rights and freedoms of others and are consistent with the other rights recognized in the present Convention.

### Article 11

1. States Parties shall take measures to combat the illicit transfer and non-return of children abroad.

2. To this end, States Parties shall promote the conclusion of bilateral or multilateral agreements or accession to existing agreements.

### Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

### Article 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

   (a) For respect of the rights or reputations of others; or

   (b) For the protection of national security or of public order (ordre public), or of public health or morals.

### Article 14

1. States Parties shall respect the right of the child to freedom of thought, conscience and religion.

2. States Parties shall respect the rights and duties of the parents and, when applicable, legal guardians, to provide direction to the child in the exercise of his or her right in a manner consistent with the evolving capacities of the child.

3. Freedom to manifest one's religion or beliefs may be subject only to such limitations as are prescribed by law and are necessary to protect public safety, order, health or morals, or the fundamental rights and freedoms of others.

### Article 15

1. States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

2. No restrictions may be placed on the exercise of these rights other than those imposed in conformity with the law and which are necessary in a democratic society in the interests of national security or public safety, public order (ordre public), the protection of public health or morals or the protection of the rights and freedoms of others.

### Article 16

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honor and reputation.

2. The child has the right to the protection of the law against such interference or attacks.

### Article 17

States Parties recognize the important function performed by the mass media and shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

To this end, States Parties shall:

(a) Encourage the mass media to disseminate information and material of social and cultural benefit to the child and in accordance with the spirit of article 29;

(b) Encourage international co-operation in the production, exchange and dissemination of such information and material from a diversity of cultural, national and international sources;

(c) Encourage the production and dissemination of children's books;

(d) Encourage the mass media to have particular regard to the linguistic needs of the child who belongs to a minority group or who is indigenous;

(e) Encourage the development of appropriate guidelines for the protection of the child from information and material injurious to his or her well-being, bearing in mind the provisions of articles 13 and 18.

### Article 18

1. States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

2. For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children.

3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.

### Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

### Article 20

1. 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.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

### Article 21

States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration and they shall:

(a) Ensure that the adoption of a child is authorized only by competent authorities who determine, in accordance with applicable law and procedures and on the basis of all pertinent and reliable information, that the adoption is permissible in view of the child's status concerning parents, relatives and legal guardians and that, if required, the persons concerned have given their informed consent to the adoption on the basis of such counseling as may be necessary;

(b) Recognize that inter-country adoption may be considered as an alternative means of child's care, if the child cannot be placed in a foster or an adoptive family or cannot in any suitable manner be cared for in the child's country of origin;

(c) Ensure that the child concerned by inter-country adoption enjoys safeguards and standards equivalent to those existing in the case of national adoption;

(d) Take all appropriate measures to ensure that, in inter-country adoption, the placement does not result in improper financial gain for those involved in it;

(e) Promote, where appropriate, the objectives of the present article by concluding bilateral or multilateral arrangements or agreements, and endeavor, within this framework, to ensure that the placement of the child in another country is carried out by competent authorities or organs.

### Article 22

1. States Parties shall take appropriate measures to ensure that a child who is seeking refugee status or who is considered a refugee in accordance with applicable international or domestic law and procedures shall, whether unaccompanied or accompanied by his or her parents or by any other person, receive appropriate protection and humanitarian assistance in the enjoyment of applicable rights set forth in the present Convention and in other international human rights or humanitarian instruments to which the said States are Parties.

2. For this purpose, States Parties shall provide, as they consider appropriate, co-operation in any efforts by the United Nations and other competent intergovernmental organizations or nongovernmental organizations co-operating with the United Nations to protect and assist such a child and to trace the parents or other members of the family of any refugee child in order to obtain information necessary for reunification with his or her family. In cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention.

### Article 23

1. States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

2. States Parties recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.

3. Recognizing the special needs of a disabled child, assistance extended in accordance with paragraph 2 of the present article shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for

employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development

4. States Parties shall promote, in the spirit of international cooperation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

## Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

   (a) To diminish infant and child mortality;

   (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

   (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;

   (d) To ensure appropriate pre-natal and post-natal health care for mothers;

   (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;

   (f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

### Article 25

States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

### Article 26

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.

2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

### Article 27

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

4. States Parties shall take all appropriate measures to secure the recovery of maintenance for the child from the parents or other persons having financial responsibility for the child, both within the State Party and from abroad. In particular, where the person having financial responsibility for the child lives in a State different from that of the child, States Parties shall promote the accession to international agreements or the conclusion of such agreements, as well as the making of other appropriate arrangements.

### Article 28

1. States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular:

   (a) Make primary education compulsory and available free to all;

   (b) Encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child, and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;

(c) Make higher education accessible to all on the basis of capacity by every appropriate means;

(d) Make educational and vocational information and guidance available and accessible to all children;

(e) Take measures to encourage regular attendance at schools and the reduction of drop-out rates.

2. States Parties shall take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the present Convention.

3. States Parties shall promote and encourage international cooperation in matters relating to education, in particular with a view to contributing to the elimination of ignorance and illiteracy throughout the world and facilitating access to scientific and technical knowledge and modern teaching methods. In this regard, particular account shall be taken of the needs of developing countries.

### Article 29

1. States Parties agree that the education of the child shall be directed to:

(a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;

(b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;

(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;

(e) The development of respect for the natural environment.

2. No part of the present article or article 28 shall be construed so as to interfere with the liberty of individuals and bodies to establish and direct educational institutions, subject always to the observance of the principle set forth in paragraph 1 of the present article and to the requirements that the education given in such institutions shall conform to such minimum standards as may be laid down by the State.

### Article 30

In those States in which ethnic, religious or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the

right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language.

### Article 31

1. States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

2. States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

### Article 32

1. States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

2. States Parties shall take legislative, administrative, social and educational measures to ensure the implementation of the present article. To this end, and having regard to the relevant provisions of other international instruments, States Parties shall in particular:

   (a) Provide for a minimum age or minimum ages for admission to employment;

   (b) Provide for appropriate regulation of the hours and conditions of employment;

   (c) Provide for appropriate penalties or other sanctions to ensure the effective enforcement of the present article.

### Article 33

States Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.

### Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse.

For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

(a) The inducement or coercion of a child to engage in any unlawful sexual activity;

(b) The exploitative use of children in prostitution or other unlawful sexual practices;

(c) The exploitative use of children in pornographic performances and materials.

### Article 35

States Parties shall take all appropriate national, bilateral and multilateral measures to prevent the abduction of, the sale of or traffic in children for any purpose or in any form.

### Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

### Article 37

States Parties shall ensure that:

(a) No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of release shall be imposed for offences committed by persons below eighteen years of age;

(b) No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time;

(c) Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age.

In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances;

(d) Every child deprived of his or her liberty shall have the right to prompt access to legal and other appropriate assistance, as well as the right to challenge the legality of the deprivation of his or her liberty before a court or other competent, independent and impartial authority, and to a prompt decision on any such action.

### Article 38

1. States Parties undertake to respect and to ensure respect for rules of international humanitarian law applicable to them in armed conflicts which are relevant to the child.

2. States Parties shall take all feasible measures to ensure that persons who have not attained the age of fifteen years do not take a direct part in hostilities.

3. States Parties shall refrain from recruiting any person who has not attained the age of fifteen years into their armed forces. In recruiting among those persons who have attained the age of fifteen years but who have not attained the age of eighteen years, States Parties shall endeavor to give priority to those who are oldest.

4. In accordance with their obligations under international humanitarian law to protect the civilian population in armed conflicts, States Parties shall take all feasible measures to ensure protection and care of children who are affected by an armed conflict.

### Article 39

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

### Article 40

1. States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

2. To this end, and having regard to the relevant provisions of international instruments, States Parties shall, in particular, ensure that:

   (a) No child shall be alleged as, be accused of, or recognized as having infringed the penal law by reason of acts or omissions that were not prohibited by national or international law at the time they were committed;

   (b) Every child alleged as or accused of having infringed the penal law has at least the following guarantees:

      (i) To be presumed innocent until proven guilty according to law;

      (ii) To be informed promptly and directly of the charges against him or her, and, if appropriate, through his or her parents or legal guardians, and to have legal or other appropriate assistance in the preparation and presentation of his or her defence;

      (iii) To have the matter determined without delay by a competent, independent and impartial authority or judicial body in a fair hearing according to law, in the presence of legal or other appropriate assistance and, unless it is considered not to be in the best interest of the child, in particular, taking into account his or her age or situation, his or her parents or legal guardians;

      (iv) Not to be compelled to give testimony or to confess guilt; to examine or have examined adverse witnesses and to obtain the participation and examination of witnesses on his or her behalf under conditions of equality;

(v) If considered to have infringed the penal law, to have this decision and any measures imposed in consequence thereof reviewed by a higher competent, independent and impartial authority or judicial body according to law;

(vi) To have the free assistance of an interpreter if the child cannot understand or speak the language used;

(vii) To have his or her privacy fully respected at all stages of the proceedings.

3. States Parties shall seek to promote the establishment of laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law, and, in particular:

   (a) The establishment of a minimum age below which children shall be presumed not to have the capacity to infringe the penal law;

   (b) Whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected.

4. A variety of dispositions, such as care, guidance and supervision orders; counseling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

### Article 41

Nothing in the present Convention shall affect any provisions which are more conducive to the realization of the rights of the child and which may be contained in:

(a) The law of a State party; or

(b) International law in force for that State.

## *PART II*

### Article 42

States Parties undertake to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike.

### Article 43

1. For the purpose of examining the progress made by States Parties in achieving the realization of the obligations undertaken in the present Convention, there shall be established a Committee on the Rights of the Child, which shall carry out the functions hereinafter provided.

2. The Committee shall consist of ten experts of high moral standing and recognized competence in the field covered by this Convention. The members of the Committee shall

be elected by States Parties from among their nationals and shall serve in their personal capacity, consideration being given to equitable geographical distribution, as well as to the principal legal systems.

3. The members of the Committee shall be elected by secret ballot from a list of persons nominated by States Parties. Each State Party may nominate one person from among its own nationals.

4. The initial election to the Committee shall be held no later than six months after the date of the entry into force of the present Convention and thereafter every second year. At least four months before the date of each election, the Secretary-General of the United Nations shall address a letter to States Parties inviting them to submit their nominations within two months. The Secretary-General shall subsequently prepare a list in alphabetical order of all persons thus nominated, indicating States Parties which have nominated them, and shall submit it to the States Parties to the present Convention.

5. The elections shall be held at meetings of States Parties convened by the Secretary-General at United Nations Headquarters. At those meetings, for which two thirds of States Parties shall constitute a quorum, the persons elected to the Committee shall be those who obtain the largest number of votes and an absolute majority of the votes of the representatives of States Parties present and voting.

6. The members of the Committee shall be elected for a term of four years. They shall be eligible for re-election if renominated. The term of five of the members elected at the first election shall expire at the end of two years; immediately after the first election, the names of these five members shall be chosen by lot by the Chairman of the meeting.

7. If a member of the Committee dies or resigns or declares that for any other cause he or she can no longer perform the duties of the Committee, the State Party which nominated the member shall appoint another expert from among its nationals to serve for the remainder of the term, subject to the approval of the Committee.

8. The Committee shall establish its own rules of procedure.

9. The Committee shall elect its officers for a period of two years.

10. The meetings of the Committee shall normally be held at United Nations Headquarters or at any other convenient place as determined by the Committee. The Committee shall normally meet annually. The duration of the meetings of the Committee shall be determined, and reviewed, if necessary, by a meeting of the States Parties to the present Convention, subject to the approval of the General Assembly.

11. The Secretary-General of the United Nations shall provide the necessary staff and facilities for the effective performance of the functions of the Committee under the present Convention.

12. With the approval of the General Assembly, the members of the Committee established under the present Convention shall receive emoluments from United Nations resources on such terms and conditions as the Assembly may decide.

## Article 44

1. States Parties undertake to submit to the Committee, through the Secretary-General of the United Nations, reports on the measures they have adopted which give effect to the rights recognized herein and on the progress made on the enjoyment of those rights:

   (a) Within two years of the entry into force of the Convention for the State Party concerned;

   (b) Thereafter every five years.

2. Reports made under the present article shall indicate factors and difficulties, if any, affecting the degree of fulfillment of the obligations under the present Convention. Reports shall also contain sufficient information to provide the Committee with a comprehensive understanding of the implementation of the Convention in the country concerned.

3. A State Party which has submitted a comprehensive initial report to the Committee need not, in its subsequent reports submitted in accordance with paragraph 1 (b) of the present article, repeat basic information previously provided.

4. The Committee may request from States Parties further information relevant to the implementation of the Convention.

5. The Committee shall submit to the General Assembly, through the Economic and Social Council, every two years, reports on its activities.

6. States Parties shall make their reports widely available to the public in their own countries.

## Article 45

In order to foster the effective implementation of the Convention and to encourage international cooperation in the field covered by the Convention:

(a) The specialized agencies, the United Nations Children's Fund, and other United Nations organs shall be entitled to be represented at the consideration of the implementation of such provisions of the present Convention as fall within the scope of their mandate. The Committee may invite the specialized agencies, the United Nations Children's Fund and other competent bodies as it may consider appropriate to provide expert advice on the implementation of the Convention in areas falling within the scope of their respective mandates. The Committee may invite the specialized agencies, the United Nations Children's Fund, and other United Nations organs to submit reports on the implementation of the Convention in areas falling within the scope of their activities;

(b) The Committee shall transmit, as it may consider appropriate, to the specialized agencies, the United Nations Children's Fund and other competent bodies, any reports from States Parties that contain a request, or indicate a need, for technical advice or assis-

tance, along with the Committee's observations and suggestions, if any, on these requests or indications;

(c) The Committee may recommend to the General Assembly to request the Secretary-General to undertake on its behalf studies on specific issues relating to the rights of the child;

(d) The Committee may make suggestions and general recommendations based on information received pursuant to articles 44 and 45 of the present Convention. Such suggestions and general recommendations shall be transmitted to any State Party concerned and reported to the General Assembly, together with comments, if any, from States Parties.

## *PART III*

### Article 46

The present Convention shall be open for signature by all States.

### Article 47

The present Convention is subject to ratification. Instruments of ratification shall be deposited with the Secretary-General of the United Nations.

### Article 48

The present Convention shall remain open for accession by any State. The instruments of accession shall be deposited with the Secretary-General of the United Nations.

### Article 49

1. The present Convention shall enter into force on the thirtieth day following the date of deposit with the Secretary-General of the United Nations of the twentieth instrument of ratification or accession.

2. For each State ratifying or acceding to the Convention after the deposit of the twentieth instrument of ratification or accession, the Convention shall enter into force on the thirtieth day after the deposit by such State of its instrument of ratification or accession.

### Article 50

1. Any State Party may propose an amendment and file it with the Secretary-General of the United Nations. The Secretary-General shall thereupon communicate the proposed amendment to States Parties, with a request that they indicate whether they favour a conference of States Parties for the purpose of considering and voting upon the proposals. In the event that, within four months from the date of such communication, at least one third of the States Parties favour such a conference, the Secretary-General shall convene the conference under the auspices of the United Nations. Any amendment adopted by a majority of States Parties present and voting at the conference shall be submitted to the General Assembly for approval.

2. An amendment adopted in accordance with paragraph 1 of the present article shall enter into force when it has been approved by the General Assembly of the United Nations and accepted by a two-thirds majority of States Parties.

3. When an amendment enters into force, it shall be binding on those States Parties which have accepted it, other States Parties still being bound by the provisions of the present Convention and any earlier amendments which they have accepted.

### Article 51

1. The Secretary-General of the United Nations shall receive and circulate to all States the text of reservations made by States at the time of ratification or accession.

2. A reservation incompatible with the object and purpose of the present Convention shall not be permitted.

3. Reservations may be withdrawn at any time by notification to that effect addressed to the Secretary-General of the United Nations, who shall then inform all States. Such notification shall take effect on the date on which it is received by the Secretary-General.

### Article 52

A State Party may denounce the present Convention by written notification to the Secretary-General of the United Nations. Denunciation becomes effective one year after the date of receipt of the notification by the Secretary-General.

### Article 53

The Secretary-General of the United Nations is designated as the depositary of the present Convention.

### Article 54

The original of the present Convention, of which the Arabic, Chinese, English, French, Russian and Spanish texts are equally authentic, shall be deposited with the Secretary-General of the United Nations. IN WITNESS THEREOF the undersigned plenipotentiaries, being duly authorized thereto by their respective governments, have signed the present Convention.

# APPENDIX B

## Normal Stages of Development

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. As they grow, they begin to develop skills that they continue to work on throughout their lives.

### Newborn to 23 Months

- Children bond with their caregivers and develop feelings of love and trust if they have someone who cares for them and meets 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 senses 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 object permanence (an object is still present, even if out of view).
- 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 play on their own for longer periods of time.

### 24–59 Months

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

- 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 effect on the world around them than they really do: "magical thinkers."
- Learn social rules (culture) like the expectations within their family, schools, communities, and general routines.
- 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.
- 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. They:

- 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.
- Have an increased understanding of social roles and norms (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 relation to the rest of the world, establishing 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 behaviors 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.

### Children Learn and Develop:

- By feeling loved, valued, and wanted by at least one person.
- Through playing and exploring.
- By 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.

(Scope, OVC, Lusaka, Zambia 2001)

# Prenatal Development

### By 8 Weeks:

The baby is about 3.75 cm (1.5 in) long and has all of his organs. For the last month, his heart has been beating. Hands and feet are already formed and the circuitry of his brain is connecting. The fetus can move!

### By 4 Months:

The baby can move his mouth, turn his head, grasp with his hands, and kick his feet. In a female, all five million of her ova have already formed.

### By 7 Months:

The baby may be able to survive if born prematurely. The eyes have opened and can sense light. He is also able to respond to sound and can hear the world from inside his mother.

### By 9 Months:

The baby's cerebral cortex is well defined. Brain waves can be detected in patterns similar to those in a newborn.

### Advice to the mother:

- Control the amounts of stress to which you subject yourself.
- Balance rest and exercise as well as healthy eating and weight control.
- Stay away from crowds and sick friends the first 3 months of pregnancy.
- Read, talk, and sing to your baby.
- Have a peaceful environment with little shouting and fighting.

| Infant Development | | | |
|---|---|---|---|
| **Aspect** | **0–6 months** | **7–12 months** | **13–17 months** |
| **Physical** | • Doubles birth weight<br>• Reaches the end of natural immunity against dangerous diseases<br>• Develops two lower front teeth<br>• Gains 2.5–5 cm (1–2 in) from birth<br>• Sleeps about sixteen to eighteen hours a day<br>• Can sit for a while by himself<br>• Lifts his head when lying on his stomach<br>• Rolls over by himself and begins to creep<br>• Moves eyes and hands together (muscle coordination)<br>• Can transfer larger objects from one hand to another<br>• Needs one long and two shorter naps a day | • Grows to an average length of 65–75 cm (26–30 inches)<br>• Has six teeth<br>• Weighs an average of 9.5–11.3 kg (21–25 lbs)<br>• Sits alone<br>• Can stand and may walk alone<br>• Holds cup and spoon<br>• Plays with toys<br>• Can pick up smaller objects<br>• Learns to climb<br>• Sleeps about 16 hours | • Abdomen protrudes<br>• Often has daytime bladder control<br>• Climbs stairs<br>• Uses spoons<br>• Walks on a broad base; feet wide apart. |
| **Mental** | • Can imitate facial expressions and sounds<br>• Recognizes his bottle<br>• Can remember a visual image or sound<br>• Can be conditioned; the child recognizes that rewards and punishments are a result of his actions<br>• Can see at birth and will track an object moved in front of his face<br>• Reacts to color at 2–4 months of age<br>• Has depth perception at 4–5 months of age<br>• Can hear at birth and perceive the direction of sound<br>• Is an active seeker of stimulation<br>• Has consistent memory patterns of 3-10 days<br>• Language consists of first crying, then cooing, then babbling | • Stops certain acts on command<br>• Shows first signs of intentional behavior<br>• Can move objects to reach a goal such as removing an obstacle that blocks a desired object | • Has a short attention span; can attentively learn from direct instruction in spurts<br>• Responds to verbal directions, but must still be managed mostly by action<br>• Is ready for books with simple and single words, sounds, and pictures<br>• Can say several words and understand many<br>• Learns how his household operates and where things are kept |

| *Infant Development* | | | |
|---|---|---|---|
| **Aspect** | **0–6 months** | **7–12 months** | **13–17 months** |
| **Emotional** | • Emotional reactions are associated directly with events encountered<br>• Smiles<br>• Feels startled, shows interest, disgust, distress, anger, surprise, and joy | • Learns new emotions including fear, sorrow, and anger<br>• Begins to feel shy with strangers | • Is growing accustomed to routine<br>• Has an active, competent memory regarding strangers and familiar people |
| **Social** | • Coos, squeals, and combines vowel sounds as his vocabulary grows<br>• Listens to others' words and to his own voice<br>• Can differentiate between familiar and strange voices<br>• Enjoys company, but also happy to play alone | • Says a few words<br>• Moves hands to wave bye-bye and plays hand games such as pat-a-cake<br>• Recognizes greetings and people by sight and voice<br>• Loves attention; responds to approval<br>• Imitates<br>• Repeats performances to get attention | • Speaks with a vocabulary of about twelve words<br>• Has an abundant repertoire of sounds and gestures |

| Toddler & Pre-Schooler | | | |
|---|---|---|---|
| **Aspect** | **18–24 months** | **3 year olds** | **4 year olds** |
| **Physical** | • Cuts last baby teeth (16–20 teeth)<br>• Has an average height of 80–85 cm (32–34 in)<br>• Has an average weight of 11.8–13 kg (26–29 lbs)<br>• Stoops or squats<br>• Runs; is very active<br>• Turns doorknobs<br>• Is able to feed himself<br>• Needs rest before noon and night meals<br>• Becomes potty-trained (or partially) | • Has an average height of 95 cm (38 in)<br>• Uses large muscles in arms, legs, and body<br>• Has not developed fine motor skills such as small movements of fingers and hands<br>• Climbs and descends stairs alone<br>• Is self-reliant at meals<br>• Is potty-trained | • Grows rapidly<br>• Gains 1.8–2 kg (4–4½ lbs)<br>• Likes to use developing motor skills<br>• Lacks fine coordination skills |
| **Mental** | • Learns by imitation<br>• Is curious<br>• Likes to pretend<br>• Is impressionable and imaginative<br>• Has an attention span of 3–4 minutes<br>• Likes the familiar and repetition<br>• Is concrete-minded<br>• Learns best through the five senses<br>• Does not learn well by direct exhortation<br>• At age two, recognizes his own photograph<br>• At age 2½, has a notion of body image<br>• Talks in phrases and short sentences<br>• Interrupts stories<br>• Can sing easy songs<br>• Is absorbing details<br>• Demands promptings<br>• Is gullible<br>• Recognizes gender<br>• Can point to and identify body parts and familiar objects | • Does only one thing at a time<br>• Responds to verbal guidance<br>• Uses complete sentences<br>• Has an attention span of 3-6 minutes<br>• Likes the familiar and repetition<br>• Has limited vocabulary | • Can relate things to the past<br>• Is curious with a vivid imagination<br>• Has an attention span of about 4–8 minutes<br>• Understands very little about time and space |

| Toddler & Pre-Schooler | | | |
|---|---|---|---|
| **Aspect** | **18–24 months** | **3 year olds** | **4 year olds** |
| **Emotional** | • Has intense emotions, but not for a long time<br>• Experiences frustration<br>• Throws temper tantrums, screaming and crying to show intense anger and frustration<br>• Often says no in response to questions<br>• Feels jealous of new baby<br>• Is sensitive to others' emotions<br>• Fears loud and sudden noises | • Experiences guilt and pride<br>• Worries about "bad men"<br>• May say things such as "I hate you"<br>• Can use his ideas to form a cause-and-effect understanding of his own emotions | • Experiences fear and excitement<br>• Is apt to have temper tantrums<br>• Has more fears, because he can understand dangers |
| **Social** | • Talks in short sentences<br>• Will play either alone or with others<br>• Shows independence in speech and actions<br>• Has short attention span<br>• Is able to play beside but not with other children<br>• Is possessive about toys and reluctant to share<br>• Engages in simple dramatic play | • Is eager to please<br>• Misbehaves often due to desire for independence, curiosity, boredom, or anger<br>• Does not share easily<br>• Does not play with other children as much as near other children<br>• Is more conforming | • Uses language well<br>• Wants to be with other children<br>• Can carry on a running conversation<br>• Is adept in certain play skills<br>• Likes to play house and other games involving cooperation<br>• Is self-centered<br>• Tries to be friendly |
| **Spiritual** | • Should receive happy impressions of children's classes at church<br>• Is able to understand how to thank and please God, that the Bible is God's book, and that the church building is God's house<br>• Thinks of God as a real and loving person<br>• Learns of God through nature and experiences in which God is mentioned naturally<br>• Needs to feel that his teacher and God love him<br>• When properly taught, trustfully depends on the Lord<br>• Prays when motivated emotionally<br>• Learns to give because he loves Jesus | • Impressed by environment and attention at Sunday school and church<br>• Is able to understand how to thank and please God<br>• Understands that the Bible is God's book and that the church is God's house<br>• Thinks of God as a real and loving person<br>• Learns of God through nature and experiences<br>• Needs to feel God's love through his teacher | • Thinks of God in a personal way<br>• Trusts and loves God—knows that God loves him<br>• Differentiates between right and wrong<br>• Can experience real worship<br>• Knows that willful disobedience is sin<br>• May be ready to receive Christ<br>• Can memorize short Bible verses |

| Toddler & Pre-Schooler | | | |
|---|---|---|---|
| **Aspect** | **18–24 months** | **3 year olds** | **4 year olds** |
| **Needs** | • Freedom to explore in a safe environment<br>• Consistent limits set on his aggressive acts, especially on hurting others<br>• Recognition of his accomplishments by love and praise<br>• More yes responses than no responses<br>• Expectations based on his developing neuromuscular abilities<br>• Love, security, and understanding | | • Recognition and respect<br>• Loving relationships<br>• To feel secure and know he is loved<br>• A listening ear<br>• Encouragement, praise, warmth, and patience<br>• Plenty of activity<br>• Equipment for exercising large muscles<br>• Opportunities to do activities for himself<br>• Freedom to use and develop his own power to learn about his world by seeing and doing |

# Grade Schooler Development

## *Kindergarten*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Rapid growth, full of energy<br>2. Motor skills not completely developed<br>3. Capable of general health care<br>4. Uses sensory skills<br>5. Spontaneous reactions | **PHYSICAL** | 1. Constant change, large activity area<br>2. Exercise: Large muscles — jumping, skipping, running. Small muscles —puzzles, coloring, cutting<br>3. Learn basic health habits, sanitary conditions<br>4. Use the five senses: work with large, colorful, durable materials |
| 1. Short attention span<br>2. Asks many questions<br>3. Curious and imaginative<br>4. Limited understanding of space and time<br>5. Literal and concrete thinking<br>6. Rapidly growing vocabulary | **MENTAL** | 1. Limit games, stories, activities (5–8 min.)<br>2. Honest, simple answers<br>3. Activities to stimulate thinking for themselves<br>4. Emphasis on the present, not history or past<br>5. Avoid symbolism<br>6. Encourage participation |
| 1. Filled with wonder<br>2. Immature, unaware of personal limits<br>3. Insecure<br>4. Impressionable<br>5. Develop sense of right and wrong | **EMOTIONAL** | 1. Life experiences<br>2. Structured choices<br>3. Routine, acceptance, love<br>4. Truthful teaching<br>5. Guidance toward godly standards |
| 1. Self-centered<br>2. Demands attention<br>3. Imitates<br>4. Negative responses—often says "no"<br>5. Learns through play | **SOCIAL** | 1. Develop social skills—learn to share<br>2. Individual attention—supervised activities<br>3. Godly models of life and word<br>4. Positive directions<br>5. Provide materials for meaningful play |
| **God the Father**<br>1. God loves me and others<br>2. God made all things<br>3. God is everywhere<br>4. God will hear prayer anytime<br>5. God cares for me and others<br>6. God wants me to be thankful<br>7. God wants me to be obedient<br>**God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit protects me | **SPIRITUAL** | **God the Son**<br>1. Jesus is God's Son who came to be the Savior<br>2. Jesus loves me and is my best friend<br>3. Jesus now lives in heaven<br>4. Jesus is always with me<br>5. Jesus will help me obey, share, and love<br>**The Bible**<br>1. The Bible is God's Word<br>2. The Bible tells about God<br>3. The Bible teaches me how to live<br>4. The Bible is true |

# Grade Schooler Development

## *First Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Rapid growth, full of energy<br>2. Motor skills not completely developed<br>3. Susceptible to illnesses<br>4. Uses sensory skills<br>5. Spontaneous reactions | **PHYSICAL** | 1. Constant change—large activity area<br>2. Large muscles—jumping, skipping, running<br>Small muscles—puzzles, coloring, cutting<br>3. Learn basic health habits, sanitary conditions<br>4. Use the 5 senses: large, colorful, durable materials |
| 1. Short attention span<br>2. Asks many questions<br>3. Curious and imaginative<br>4. Limited understanding of space and time<br>5. Literal and concrete thinking<br>6. Rapidly growing vocabulary, begins to read | **MENTAL** | 1. Limit games, stories, activities (5–10 min.)<br>2. Honest, simple answers<br>3. Activities to stimulate thinking for themselves<br>4. Emphasis on the present, not history or past<br>5. Avoid symbolism<br>6. Encourage participation |
| 1. Filled with wonder<br>2. Immature, unaware of personal limits<br>3. Insecure<br>4. Impressionable<br>5. Developing sense of right and wrong | **EMOTIONAL** | 1. Life experiences<br>2. Structured choices<br>3. Routine, acceptance, love<br>4. Truthful teaching<br>5. Guidance toward godly standards |
| 1. Self-centered<br>2. Demands attention<br>3. Imitates<br>4. Negative responses—often says "no"<br>5. Learns through play | **SOCIAL** | 1. Develop social skills—learn to share<br>2. Individual attention—supervised activities<br>3. Godly models of life and word<br>4. Positive directions<br>5. Provide materials for meaningful play |
| **God the Father**<br>1. God loves me and others<br>2. God made all things<br>3. God will hear prayer anytime<br>4. God cares for me and others<br>5. God wants me to be thankful<br>6. God wants me to be obedient<br>**God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit is God at work | **SPIRITUAL** | **God the Son**<br>1. Jesus is God's Son who came to be the Savior<br>2. Jesus loves me and is my best friend<br>3. Jesus now lives in heaven<br>4. Jesus is always with me<br>5. Jesus will help me obey, share, and love<br>6. Jesus wants to be my personal Savior<br>**The Bible**<br>1. The Bible is God's Word<br>2. The Bible tells about God<br>3. The Bible teaches me how to live<br>4. The Bible is true |

# Grade Schooler Development

## *Second Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Slow growth, full of energy<br>2. Motor skills continuing to develop<br>3. General health care<br>4. Susceptible to illnesses<br>5. Uses sensory skills<br>6. High activity level | **PHYSICAL** | 1. Balanced activity and rest<br>2. Large muscles—athletic skills<br>Small muscles—refining skills<br>3. Learn basic health habits, sanitary conditions<br>4. Experimental learning<br>5. Varied exploration activities |
| 1. Increased attention span<br>2. Developing reasoning skills<br>3. Wide range of reading abilities<br>4. Literal and concrete thinking<br>5. Improving memorization ability | **MENTAL** | 1. Limit games, stories, activities (7–12 min.)<br>2. Problem solving practice<br>3. Varied teaching materials/techniques<br>4. Avoid symbolism<br>5. Understand purpose |
| 1. Perfectionist seeking success<br>2. Growing sense of justice<br>3. Retreat from conflict<br>4. Struggles with belief/skepticism<br>5. Aware of the supernatural | **EMOTIONAL** | 1. Praise for effort, not results<br>2. Guidance toward godly standards<br>3. Affirming love<br>4. Belief based on God/Bible<br>5. Acceptance of miracles |
| 1. Combined solo/group activities<br>2. Highly competitive<br>3. Sympathetic<br>4. Wholehearted and helpful<br>5. Overly sensitive to criticism | **SOCIAL** | 1. Provide balanced opportunities<br>2. Support fairness<br>3. Provide godly models in word and deed<br>4. Channel efforts and enthusiasm<br>5. Model patience and acceptance |
| **God the Father**<br>1. God loves me, others, and the world<br>2. God made and cares for all things<br>3. God provides for needs<br>4. God desires our prayers<br>5. God is holy and just<br>6. God can be trusted not to fail<br>7. God has all power to help me<br>**God the Son**<br>1. Jesus is God's Son who came to be the Savior<br>2. Jesus rose from the dead and now is in heaven<br>3. Jesus loves me and is my best friend<br>4. Jesus never did anything wrong<br>5. Jesus does many miracles<br>6. Jesus wants to be my personal Savior | **SPIRITUAL** | **God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit helps me do what is right<br>**The Bible**<br>1. The Bible is God's Word and tells of Him<br>2. The Bible tells us what God wants<br>3. The Bible shows God at work in others<br>4. The Bible is true and just<br>5. The Bible is to be read, studied, and memorized<br>6. The Bible has 66 books and two major parts called the Old and New Testaments |

# Grade Schooler Development

## *Third Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Slower growth, full of energy<br>2. Improved motor skills<br>3. Generally healthy<br>4. Girls physically developed ahead of boys<br>5. High activity level | **PHYSICAL** | 1. Balanced activity and rest<br>2. Large muscles—athletic skills<br>Small muscles—refining skills<br>3. Develop personal hygiene<br>4. Avoid direct boy/girl competition<br>5. Varied exploration activities |
| 1. Increased attention span<br>2. Developing reasoning skills<br>3. Begins abstract thinking<br>4. High memorization ability | **MENTAL** | 1. Limit games, stories, activities (7–12 min.)<br>2. Problem solving practice<br>3. Provide multiple illustrations<br>4. Meaningful memorization plan |
| 1. Perfectionist seeking success<br>2. Growing sense of justice<br>3. Desires role in problem solving<br>4. Struggles with belief/skepticism<br>5. Struggles with death and dying | **EMOTIONAL** | 1. Praise for effort, not results<br>2. Guidance toward godly standards<br>3. Opportunities to develop solutions<br>4. Belief based on God/Bible<br>5. Acceptance of God's plan |
| 1. Combined solo/group activities<br>2. Highly competitive<br>3. Forming peer group<br>4. Struggles with favoritism<br>5. Extreme desire to be popular | **SOCIAL** | 1. Provide balanced opportunities<br>2. Support fairness<br>3. Guidance for choosing friends<br>4. Taught to cooperate impartially<br>5. Learn to desire godly character |
| **God the Father**<br>1. God loves me, others, and the world<br>2. God made and cares for the universe<br>3. God knows and provides for our needs<br>4. God has all power to help me<br>5. God desires our prayers and answers them<br>6. God is holy and just<br>7. God can be trusted not to fail<br>**God the Son**<br>1. Jesus is God's Son who came to be the Savior<br>2. Jesus died on the cross for sin<br>3. Jesus rose from the dead and now is in heaven<br>4. Jesus loves me and is my best friend<br>5. Jesus never sinned, yet loves the sinner<br>6. Jesus does many miracles<br>7. Jesus wants to be our personal Savior<br>8. Jesus wants me to be a disciple and follow Him | **SPIRITUAL** | **God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit helps me do what is right<br>3. The Holy Spirit is part of the Trinity<br>4. The Holy Spirit is promised to believers<br>**The Bible**<br>1. The Bible is God's Word and tells of Him<br>2. The Bible tells us what God wants<br>3. The Bible shows God at work in others<br>4. The Bible is true, not fiction<br>5. The Bible is to be read, studied, and memorized<br>6. The Bible has 66 books and two major parts called the Old and New Testaments |

# Grade Schooler Development

## *Fourth Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Slower growth, full of energy<br>2. Improved motor skills<br>3. Generally healthy<br>4. Girls physically developed ahead of boys<br>5. High activity level | **PHYSICAL** | 1. Balanced activity and rest<br>2. Large muscles—athletic skills<br>Small muscles—refining skills<br>3. Develop personal hygiene<br>4. Avoid direct boy/girl competition<br>5. Varied exploration activities |
| 1. Increased attention span<br>2. Developing reasoning skills<br>3. Improved reading/communication abilities<br>4. Building abstract thinking<br>5. High memorization ability | **MENTAL** | 1. Limit games, stories, activities (10–20 min.)<br>2. Problem solving practice/thinking activities<br>3. Varied teaching materials/techniques<br>4. Provide multiple illustrations<br>5. Meaningful memorization plan |
| 1. Worry and instability<br>2. Strong sense of justice<br>3. Desires role in problem solving<br>4. Struggles with belief/skepticism<br>5. Struggles with death and dying | **EMOTIONAL** | 1. Place confidence in God<br>2. Guidance toward godly standards<br>3. Opportunities to develop solutions<br>4. Base belief on God/Bible<br>5. Accept God's plan |
| 1. Forms close friendships<br>2. Highly competitive<br>3. Peer group pressures<br>4. Struggle with favoritism<br>5. Desire for independence | **SOCIAL** | 1. Guidance for choosing friends<br>2. Support fairness<br>3. Develop biblical standards<br>4. Taught to cooperate impartially<br>5. Learn to desire godly character |
| **God the Father**<br>1. God loves me, others, and the world<br>2. God made and cares for the universe<br>3. God knows and provides for our needs<br>4. God has all power to help me<br>5. God desires our prayers and answers them<br>6. God is holy and just<br>7. God can be trusted not to fail<br>**The Bible**<br>1. The Bible is God's Word and tells of Him<br>2. The Bible tells us what God wants<br>3. The Bible shows God at work in others<br>4. The Bible is true, not fiction<br>5. The Bible is to be read, studied, and memorized<br>6. The Bible has 66 books and two major parts called the Old and New Testaments | **SPIRITUAL** | **God the Son**<br>1. Jesus is God's Son who came to be the Savior<br>2. Jesus died on the cross for sin<br>3. Jesus rose from the dead and now is in heaven<br>4. Jesus loves me and is my best friend<br>5. Jesus never sinned, yet loves the sinner<br>6. Jesus does many miracles<br>7. Jesus wants to be our personal Savior<br>8. Jesus wants me to be a disciple and follow Him<br>**God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit helps me do what is right<br>3. The Holy Spirit is part of the Trinity<br>4. The Holy Spirit is promised to believers |

# Grade Schooler Development

## *Fifth Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Full of energy<br>2. Begins physical changes<br>3. Strong and healthy<br>4. Girls physically developed ahead of boys<br>5. Noisy | **PHYSICAL** | 1. Variety of activities<br>2. Appropriate teaching<br>3. Develop good health habits<br>4. Avoid direct boy/girl competition<br>5. Provide quieting atmosphere |
| 1. Varied interests<br>2. Developing logical reasoning skills<br>3. Improved reading/communication abilities<br>4. Aware of other ideas and beliefs<br>5. High memorization ability | **MENTAL** | 1. Encourage interests in varied areas<br>2. Opportunities for behavior choices<br>3. Varied teaching materials/techniques<br>4. Provide evaluation of different viewpoints<br>5. Meaningful memorization plan |
| 1. Quick-tempered<br>2. Questions personal religion<br>3. Desires role in problem solving<br>4. Rejects public display of affection<br>5. Intensely practical | **EMOTIONAL** | 1. Manage conflict and emotions<br>2. Guidance toward godly standards<br>3. Opportunities to develop solutions<br>4. Avoid public/provide privacy<br>5. Practical lesson application |
| 1. Forms close friendships<br>2. Highly competitive<br>3. Peer group pressures<br>4. Hero worshiper<br>5. Desires independence | **SOCIAL** | 1. Guidance for choosing friends<br>2. Support fairness<br>3. Develop biblical standards<br>4. Provide godly examples/Christ as hero<br>5. Organize opportunities with responsibilities |
| **God the Father**<br>1. God loves, forgives, and protects<br>2. God is Spirit<br>3. God is all-powerful<br>4. God is all-wise, but permits choice<br>5. God is a triune being<br>6. God is perfect, holy, and just<br>7. God wants to show me His will for my life<br>**The Bible**<br>1. The Bible is God's Word and tells of Him<br>2. The Bible guides us and is to be obeyed<br>3. The Bible shows God at work in others<br>4. The Bible is true, not fiction<br>5. The Bible is to be read, studied, memorized, and put into practice<br>6. The Bible has 66 books and two major parts called the Old and New Testaments<br>7. The Bible's authors were Spirit-inspired<br>8. The Bible is truth I must share with others | **SPIRITUAL** | **God the Son**<br>1. Jesus, God's Son, of virgin birth, died for sin<br>2. Jesus fulfilled God's plan/I must accept Him<br>3. Jesus became alive again and now is in heaven<br>4. Jesus' perfect life is a pattern for godly living<br>5. Jesus never sinned, yet loves the sinner<br>6. Jesus does many miracles<br>7. Jesus wants to be our personal Savior<br>8. Jesus wants me to be a disciple and follow Him<br>**God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit helps me do what is right<br>3. The Holy Spirit is promised to believers<br>4. The Holy Spirit can fill my life and give me power |

# Grade Schooler Development

## *Sixth Grade*

| CHARACTERISTICS | | NEEDS |
|---|---|---|
| 1. Full of energy<br>2. Begins physical changes<br>3. Strong and healthy<br>4. Girls physically developed ahead of boys<br>5. Noisy | **PHYSICAL** | 1. Variety of activities<br>2. Appropriate teaching<br>3. Develop good health habits<br>4. Avoid direct boy/girl competition<br>5. Provide quieting atmosphere |
| 1. Varied interests<br>2. Developing logical reasoning skills<br>3. Improved reading/communication abilities<br>4. Aware of other ideas and beliefs<br>5. High memorization ability | **MENTAL** | 1. Encourage interests in varied areas<br>2. Opportunities for behavior choices<br>3. Varied teaching materials/techniques<br>4. Provide evaluation of different viewpoints<br>5. Meaningful memorization plan |
| 1. Quick-tempered<br>2. Questions personal religion<br>3. Desires role in problem solving<br>4. Rejects outward display of affection<br>5. Intensely practical | **EMOTIONAL** | 1. Manage conflict and emotions<br>2. Guidance toward godly standards<br>3. Opportunities to develop solutions<br>4. Avoid public display/provide private display<br>5. Practical lesson application |
| 1. Forms close friendships<br>2. Highly competitive<br>3. Peer group pressures<br>4. Hero worshiper<br>5. Desires independence | **SOCIAL** | 1. Guidance for choosing friends<br>2. Support fairness<br>3. Develop biblical standards<br>4. Provide godly examples/Christ as hero<br>5. Organize opportunities with responsibilities |
| **God the Father**<br>1. God loves, forgives, and protects<br>2. God is Spirit<br>3. God is all-powerful<br>4. God is all-wise, but permits choice<br>5. God is a triune being<br>6. God is perfect, holy, and just<br>7. God wants to show me His will for my life<br>**The Bible**<br>1. The Bible is God's Word and tells of Him<br>2. The Bible guides us and is to be obeyed<br>3. The Bible shows God at work in others<br>4. The Bible is true, not fiction<br>5. The Bible is to be read, studied, memorized, and put into practice<br>6. The Bible has 66 books and 2 major parts called the Old and New Testaments<br>7. The Bible's authors were Spirit-inspired<br>8. The Bible is truth I must share with others | **SPIRITUAL** | **God the Son**<br>1. Jesus, God's Son, of virgin birth, died for sin<br>2. Jesus fulfilled God's plan/I must accept Him<br>3. Jesus was resurrected and now is in heaven<br>4. Jesus' perfect life is a pattern for godly living<br>5. Jesus never sinned, yet loves the sinner<br>6. Jesus does many miracles<br>7. Jesus wants to be our personal Savior<br>8. Jesus wants me to be a disciple and follow Him<br>**God the Holy Spirit**<br>1. The Holy Spirit helps me learn about God<br>2. The Holy Spirit helps me do what is right<br>3. The Holy Spirit is promised to believers<br>4. The Holy Spirit can fill my life and give me power |

# APPENDIX C

## Sample Retreat Information

### *Sample of Retreat Rules (write rules to fit specific retreat)*

1. I will respect the feelings and opinions of others. Everyone is special and unique. None of us will feel exactly the same. None of our thoughts and feelings are right or wrong—they just are.
2. Our grief may take lots of time to heal. I will take as long as I need and so will the other children in the group.
3. I can talk about my grief when I want to during the retreat, but I will not interrupt anyone else. If someone wants to listen without talking, that is okay too.
4. Thoughts and feelings shared in the group will stay in the group. I will not tell people outside the group about what the other children have said or done during the retreat.
5. Everyone has a right to talk. It is good that everyone has a chance to talk if they want to but no one has to talk.

### *Sample of Mission Statement and Goals*

#### Mission Statement

*Name of Retreat* is designed to provide a retreat experience focused on healthy grieving for children and teens. A Christ-centered, safe, structured environment will be provided to facilitate the grief work necessary for healing.

#### Retreat Goals

1. To provide bereaved children/teens with an opportunity to meet in an accepting and safe environment where they may share their grief experiences with others who have experienced the death of a loved one.
2. To share the love of Jesus Christ to bereaved children/teens and show them the hope that is found in dedicated Christian life.
3. To give bereaved children/teens information about grief to facilitate a better understanding and expression of their own individual grief.
4. To assist bereaved children/teens in recognizing appropriate alternatives in expressing their grief feelings.
5. To provide a retreat experience under the direction of a trained staff to bereaved children/teens from *name location*.

# Sample of Overnight Retreat Schedule*

### Friday Evening

| | |
|---|---|
| 5:00 p.m. | Arrival/registration (each child is assigned to a group by color, animal, or special name) |
| 6:00 p.m. | Evening meal |
| 6:45 p.m. | Welcome (clowns are fun) |
| 7:00 p.m. | Group time (getting to know each other and preparing a skit) |
| 8:00 p.m. | Talent Show |
| 9:00 p.m. | Campfire (singing, story-telling, snack) |
| 10:00 p.m. | Bedtime |
| 10:30 p.m. | Lights Out! |

### Saturday

| | |
|---|---|
| 7:00 a.m. | Wake up! |
| 8:00 a.m. | Breakfast |
| 8:30 a.m. | Group time (sharing time, learn about each child's loss, grief game) |
| 10:00 a.m. | Activity #1 (for activities it is easiest to have activity stations set up and the groups rotate) |
| 10:45 a.m. | Activity #2 |
| 11:30 a.m. | Activity #3 |
| 12:15 p.m. | Lunch |
| 1:00 p.m. | Activity #4 |
| 1:45 p.m. | Activity #5 |
| 2:30 p.m. | Group time (What have we learned? Give ideas for home activities.) |
| 3:30 p.m. | Closing (Balloon release and prayer time) |

*One-day Retreat Schedule can be adapted from the above schedule according to the time frame.

### *Activity station suggestions: activities are chosen from the Creative Interventions List and should meet the needs of the participants.*

**Activity #1** Make a memory box

**Activity #2** Music and dance

**Activity #3** Write a letter or draw a picture

**Activity #4** Decorate a scarf or T-shirt

**Activity #5** Puppet Show

Extensive current resources can be found on the Internet under *children's grief issues*. The above information is a brief resource for generating interest and activities for children/teens from around the world who are struggling with unresolved grief issues.

# APPENDIX D

## Feeding Programs—From Relief to Development

### A Position Paper by Dr. JoAnn Butrin

Many missionaries, regardless of field assignment, find themselves surrounded by need—spiritual darkness, physical suffering, hunger, poverty, economic instability, and on and on the list goes.

So often, when we see tremendous need, our hearts are broken with compassion and we wish to respond. Though our primary assignment may not be to meet the physical needs around us, we feel we must do something to try to bring assistance and relief.

With all good intention, we often begin to try to address what seems to be the most outstanding need. If people around us are hungry, we begin a feeding program. If children around us are orphaned, we begin an orphanage, if people are sick and do not have reasonable medical care, we may build a clinic or hospital. We offer relief.

Though not meaning to, we may also have begun a process of dependency-building, which could ultimately result in a reduction of dignity and self-esteem in the people we are trying to help.

In our efforts to help, we may also have side-stepped the national church partners and taken ownership of the project ourselves.

And lastly, we may have eliminated an opportunity for the capacity of the people we serve to be built up.

The purpose of this article is to first discuss the difference between *relief* and *development*. Then we will discuss how we can transform our heartfelt intention to help into something that will not build dependency but rather will help persons build their own capacity, strengthen dignity and self-respect, be truly owned by the church/and or the community, and leave the people in need with a means of carrying on without outside resources.

### *Relief and Development*

*Relief* is often defined as doing something for people that they cannot do for themselves. It is usually indicated when a cataclysmic event has occurred—a disaster, natural or man-made, that renders persons incapable of taking care of their basic needs. It is also indicated for children, who have no means of helping themselves.

#### Characteristics of relief:

- Is short-term
- Often responds to emergency situations
- Tends to build dependency and decrease self-reliance
- Usually doesn't train people
- View people as recipients

- Meets presumed needs
- Addresses single problems
- Is outsider-controlled

*Development*, on the other hand, is helping people help themselves. Though people may seem initially grateful for relief, being cared for by someone else for basic needs, over time, can make people feel a loss of dignity and self-respect, and it can destroy motivation for self-help.

**Characteristics of development:**

- Is long-term
- Solves ongoing problems
- Helps people become self-sufficient
- Builds people
- Involves people as participants
- Meets felt needs
- Has a multi-sector approach
- Is insider-controlled

## *Indigeneity and Development*

The principles of the indigenous church that are learned while training to be missionaries are very solid development principles. Though we often say that we as the Assemblies of God are not greatly involved in development, we actually are practicing it all the time, if we are practicing indigeneity.

Our mode of operation in many countries is to have nationals, rather than missionaries, pastor churches. This basic tenet of the indigenous principle assists in building the capacity of the church to become self-sufficient. Remember the three S's—self-governing, self-supporting and self-propagating. Little did Melvin Hodges know that he was actually writing about development.

Development—whether in the church realm, health, agriculture, or child care—is always a preferred method to relief. In fact, those involved in relief begin looking for ways of transitioning relief to development almost immediately. Sustained relief over a period of time is often not possible or desirable for the donor or the recipient.

## *Helping Without Hindering*

When we think about the needs that surround us, it is helpful to attempt to frame our response in something that will build on the capacity of the people we wish to serve. What strengths are already present and how can they be enhanced? (Capacity building means developing individual and corporate abilities, enabling local survival strategies, empowering leadership, etc.)

When we do feel that something needs to be done to meet a perceived need, the first step (after receiving approval from our missionary field fellowship), if practicing according to indigenous principles, would be to dialogue with the national church about their perception of the need. (If we are in an area where there is no local church, then the community around us would take the

place of the church in the steps described below.) Often we as westerners see needs differently than those who are part of the local community.

If both agree there is a need, step two would be to dialogue together about possible solutions, allowing the local voice to be the loudest. Whatever is decided upon should be a partnership, allowing both parties or multiple parties to participate to the extent of their capability.

Step three would involve doing a thorough needs assessment. This should be done by a team of missionaries and nationals, four being the preferable number. A needs assessment will answer questions pertaining to what is already being done by others to address the perceived need. It will look at the probable underlying causes of the immediate need and discover what resources are available within the local infrastructure to potentially meet the need. It would find out what the community/government is doing about the need and how the proposed project might be sustained from within the community. Often when one undertakes a thorough needs assessment, it becomes evident that the need is already being addressed by others. Conversely, it may become a confirmation that the project being proposed is truly warranted.

Step four involves developing objectives for the project and determining how the objectives will be measured and evaluated on a regular basis.

When the church is equally involved in the process, ownership of the solutions begins to grow. Even if the missionary is helping with outside resources, the ultimate outcome can build the esteem of the local people who now see themselves as part of the solution.

## *Feeding Programs*

Feeding programs are often started based on a perception that children or adults are not able to secure enough food or the right kinds of food to meet their daily dietary needs.

If one carries out the needs assessment described above, it may become evident that lack of food is not the underlying problem, and that if certain other conditions or circumstances were changed, food would be able to be procured.

At times, due to circumstances that cannot be controlled, the needs assessment may indicate that there simply isn't a means of procuring an adequate supply of food and an intervention that meets the immediate need is indicated.

When this is true, it is suggested that one think in terms of development rather than relief, if at all possible. When in dialogue with national partners, one should consider what strengths are already present. What capacity do the children or people who will receive the food possess? Is there a way that the recipients could work for food or in some manner contribute to the process that brings food to them? In this way, they are not passive recipients receiving a handout but actively engaged in helping to solve their own problems.

Children, when asked to contribute by doing tasks, learn important lessons about helping themselves that they will probably need to continue to sustain their lives.

Can we better serve the local family by providing a loan for a small business that would generate enough income to buy food? Would an agricultural loan help the family farm to thrive

enough to produce food to eat and to sell? By thinking and planning ways that will increase self-reliance, we have moved from relief to development, and to a system that will ultimately enhance the potential of the people we serve.

It is realized that there are times of emergency and crisis when people truly have no options to help themselves and that providing food is beneficial and indicated. However, it has been found that even in crisis times it is often therapeutic for victims to become involved in helping to meet their own survival needs.

As missionaries, wanting to be involved in best practice in all that we do and dedicated to the indigenous principle, we are challenged to see beyond the immediate need, to envision the larger situation, and to build on the capacity of the people we serve. Even if we are already involved in a relief-type feeding program, we might think about ways in which this could be transitioned from relief to development.

# APPENDIX E

## Recognizing Signs of Abuse

1. Unexplained bruises, burns, fractures, or abrasions (often in various stages of healing)
2. Consistent lack of supervision
3. Consistent hunger, inappropriate dress, poor hygiene, or unattended medical needs
4. Extremes of aggression or withdrawal
5. Moves with discomfort and shies away from physical contact
6. Wears inappropriate clothing for the weather in order to cover body
7. Withdrawn, depressed, or listless
8. Torn, stained, or bloody underwear
9. Irritation of the mouth, genital, or anal area
10. Difficulty sitting or walking
11. Inappropriate sex play, acting out seductiveness or promiscuity
12. Sudden changes in school performance, appetite, or perceived self-worth

Abuse or neglect need not have occurred for a student to be in need of protection. It is not necessary to wait until a student has been harmed to intervene. When abuse or neglect can be reasonably anticipated and there are reasonable grounds to believe a student is in need of protection, the necessity of reporting applies. If you have questions about a specific incident, an anonymous phone call can be placed to the Department of Health and Human Services or your local Child Protective Services agency to clarify whether or not the given situation constitutes a reportable offense. To maintain anonymity, be sure to use a public phone or a private phone that blocks outgoing phone numbers on Caller ID.

(Adapted from *Safe Place: Guidelines for Creating an Abuse-free Environment*, edited by Marv Parker. Camp Hill, PA: Christian Publications, 2002.)

# APPENDIX F

## Proper Display of Affection

Physical touch is an important element in the communication of love and care. It is an essential part of the nurturing process that should characteristize ministry to students. Volunteers need to be aware of, and sensitive to, the special and differing needs and preferences of each individual. Physical contact should be age- and developmentally appropriate, and is most appropriate when done publicly.

1. **Appropriate Touch**

   The following guidelines are recommended as pure, genuine, and positive displays of God's love:

   a. Meet children at their eye level by bending down or sitting.
   b. Listen to individuals with your ears, eyes, and heart.
   c. Hold the child's hand while listening or speaking to him, or when walking to an activity.
   d. Putting an arm around the shoulder of an individual when comforting, quieting, or greeting is an appropriate way to hug. This side-to-side type of hug should only be done in public.
   e. A light touch to a hand, shoulder, or back when encouraging is acceptable.
   f. Gently hold the shoulders or chin of a child when redirecting the child's behavior. This helps the child focus on what you are saying.
   g. Hold a preschool child who is crying.

2. **Inappropriate Touch**

   The following are types of touch that should be avoided:

   a. Kissing a child or coaxing a child to kiss you.
   b. Extended hugging or tickling or prolonged physical contact of any kind.
   c. Touching a child in any area that would be covered by a bathing suit (exception: properly assisting a small child in using the toilet).
   d. Carrying an older child or sitting him or her on your lap.
   e. Being alone with a child.
   f. Giving a full contact, body-to-body hug.

(Adapted from *Safe Place: Guidelines for Creating an Abuse-free Environment*, edited by Marv Parker. Camp Hill, PA: Christian Publications, 2002.)

# APPENDIX G

## Child Protection Policy

(Deepika Social Welfare Society, Kolkata, India)

### *Summary for Visitors*

#### Deepika's Statement on the Protection of Children

- Deepika Social Welfare Society is concerned with the wholeness of each individual.
- We believe God has a plan and purpose for each person.
- We wish to ensure that each person, of all ages, is safe in our activities and care.
- It is the duty and responsibility of each of us to prevent the physical, emotional, and sexual abuse of the children and young people who participate in our activities and stay in Deepika Children's Home.
- We expect any person, whether a staff member, volunteer, or visitor, to prevent abuse and to report any discovered or suspected abuse.
- We have chosen to take Psalm 82:3–4 as our guiding principle in the protection of children: "Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked."

#### Therefore,

- We will treat each person, whether a child or an adult, with respect and dignity.
- We will reflect God's teachings in the conduct of our own behavior.
- We will commit ourselves to best practices in our work with children and young people.
- We will encourage and expect each staff member, volunteer, and visitor (even those who have little or no contact with children) to be responsible for the prevention of child abuse.

#### We will expect you to observe the following guidelines:

1. Avoid being alone with a child. A Deepika staff person will accompany you as you visit any of Deepika's activities or the Deepika Children's Home.
2. Be wise in your physical contact with a child. Unless we give you permission, please do not hold, hug, or kiss a child. We will not allow you to punish a child in any way. If a child needs to be disciplined, please ask a Deepika staff person to handle the situation.
3. Do not take photographs of a child (or children) unless we (and the child) have given you permission.
4. Any gifts for a child (or children) should be given to a Deepika staff person to distribute. Please inform the Deepika staff before attending an activity or visiting the Deepika Children's Home about any gifts you would like to distribute.
5. Consider the safety and best interests of the child (or children) at all times.

**If you encounter a situation in which you suspect abuse or potential abuse:**

1. Ensure the welfare of the child. (Please do not promise the child you will not tell anyone about what has happened.)
2. Talk to someone—a supervisor or Child Protection Officer.
3. Complete the Abuse Reporting Form (available from the Deepika office), if necessary.
4. Be sure to leave your contact information, in case formal criminal proceedings occur.

# Staff and Visitor Declaration Form

I understand that Deepika Social Welfare Society is interested in maintaining the protection of the children in its care. I have read the (check one):

❑ Child Protection Policy (for staff) ❑ CPP Summary (for visitors)

I understand what I have read and agree to abide by its recommendations and policies. I will make sure that I am not alone with a child (except with the written permission of the director of Deepika Social Welfare Society). If I observe any abusive or potentially abusive situations, I will report those to the appropriate supervisor or the Child Protection Officer.

Signed _____

Date _____

Contact information in Kolkata_____

_____

_____

Permanent address _____

_____

_____

*Defend the cause of the weak and fatherless; maintain the rights of the poor and oppressed. Rescue the weak and needy; deliver them from the hand of the wicked.* —Psalm 82.3–4

# APPENDIX H

## Evaluation Strategies

### *Objectives:*

Participants will recognize:

- The value of evaluation.
- What is entailed in an evaluation.
- That they can facilitate an evaluation.

### *1. What is an evaluation?*

An evaluation happens when people try to find out:

- Whether the objectives of the work have been achieved.
- Whether there have been any long-term changes.
- What lessons can be learned and whether there needs to be any changes to the design and direction of the work.

Why do we shy away from evaluation?

- Fear of results.
- We think it is too much work.
- Fear of change—it's easier to keep doing what we've been doing.

### *2. The benefits of evaluation:*

"Holistic practitioners must know that they don't know all they need to know. They must be learners who are always seeking new insights from Scripture and from the community. They must be people who document, who ask questions, who listen to the stories of the people, and who spend time with the people in reflection. There must be a passion for discovering meaning. What have we learned? What worked? What did not? What did we miss? What is God saying to us in all this?" (Myers 1999, 157)

The process of participatory evaluation—a team-building, capacity-building process:

- Builds ownership.
- Increases sense of pride in achievements; encourages, motivates.
- Increases sense of responsibility to address weak points and improve performance.
- Strengthens sense of accountability—to church leadership, funders, and local community.

The results/findings of an evaluation:

- Reveal weaknesses that can be addressed.
- Reveal strengths that can be built upon.

- Provide an opportunity for refining or redefining goals: Are we on the right track?
- Provide an opportunity for refining or redefining activities: Is there a better approach?

In short, we evaluate for two main reasons: **learning** and **accountability**.

## 3. The Evaluation Process

A. Defining the Purpose/Focus

- Why do we need to evaluate?
- Who will use the information?
- What issues are we going to evaluate?
- What things can we look at to help measure those issues (indicators)?

B. Information Gathering

- Which methods will we use to gather information?
- Who will participate?
- When?
- What specific questions will we answer?
- What information will we seek and where?

C. Analysis and Interpretation

- How do we analyze the information to produce evidence?
- What happened?
- What lessons did we learn?
- What will we do differently?

D. Reporting

- Who needs this information and in what form?
- How will we report the results?

E. Application

- Use the information to improve the program.

## 4. So what are we really looking for?

A. Three criteria used in evaluation:

- **Relevance**. This may be the most important issue: did the objectives of the project really match the problems and needs? It is easy to start activities that do not really help the problem.
- **Cost-effectiveness**. Has the work been done for a reasonable amount of money, time and effort?
- **Sustainability**. Are there lasting benefits after the intervention (such as increased self-sufficiency)? Sustainability looks at what happens after the project comes to an

end and whether the beneficiaries go on receiving benefits for an extended period of time after the assistance has been withdrawn.

B. The real question: What has changed?

Consider levels of change: inputs – outputs – effects – impact.

- Inputs are resources needed to carry out the project, such as personnel, supplies, and equipment. For example, the number of trained workers or the number of LACC schools in the district.
- Outputs are services or goods produced by the program. For example, the number of children receiving meals in an LACC school or the number of AIDS presentations done in public schools.
- Effects are the resulting changes in knowledge, attitudes, or behavior. For example, the number of youth with correct knowledge of HIV transmission and prevention or the percentage of mothers breast-feeding babies up to 18 months of age.
- Impact is the change in health (physical or spiritual) due to the effects. For example, the number of newly diagnosed cases of HIV/AIDS, the infant mortality rate, or the percentage of malnourished children.

For too long we have measured input and activity and called this evaluation. We cannot assume that input equals impact. For example, it is wonderful if 1500 *Book of Hope* booklets are distributed at a high school. The criterion for evaluation is not just how many books were distributed but rather the impact of those books in the students' lives. It is far more challenging to measure impact—but this is what we must pursue.

C. Measuring change

World Vision looks at the following areas when evaluating development and the well-being of children in their project communities:

- Community participation
- Community organization
- Means to provide for basic needs
- Access to safe water
- Sanitation
- Nutrition
- Child immunization
- Child mortality
- Primary schooling
- Social relationships
- Emergence of hope
- Spiritual nurture

Change is measured through indicators. An indicator is an indirect measure of a condition or an event. It is something that can be seen, felt, or measured.

For example:

| Condition | Indicator |
|---|---|
| Nutritional status | • weight-for-age<br>• arm circumference |

Choosing good indicators is very important and involves careful planning. More examples of indicators can be found in the evaluation section of the reference CD.

## 5. Involve the community!

Participatory versus conventional approach to evaluation:

| | Conventional Evaluation | Participatory Evaluation |
|---|---|---|
| **WHO?** | External experts | Community members, facilitator |
| **WHAT?** | Predetermined indicators; often costs and outputs | Community-identified indicators, which may include process indicators |
| **HOW?** | Focus on objectivity, distancing evaluator from people, uniform and often complex procedures, delayed report, not always accessible to people | Self-evaluation, simple methods, open-ended, immediate sharing of results |
| **WHEN?** | Usually at the end of the project | Frequent monitoring and evaluation are combined; lots of small learning events |
| **WHY?** | Accountability to donors | Empowerment, enabling local people to learn, adapt, and control |

## 6. What must I do?

From the very onset of any project, consider and plan how it will be monitored and evaluated. Who will be responsible for making this happen?

1. Establish clear **aims** and **objectives** against which progress can be measured.
2. Think about whether a **baseline** is needed which shows the situation before the start of a project.
3. Make sure there are clear **indicators** to help measure progress.
4. Keep documents and data in an organized manner (**monitoring**).
5. Schedule the evaluation and allocate the necessary time and resources.

## 7. Summing it up:

Embrace, don't fear, evaluation (it's your friend).

Do your homework:

- Written objectives and action plan
- Baseline data
- Regular monitoring

Do small-scale, participatory evaluation activities versus large-scale, infrequent evaluations.

## *Writing Objectives*

Establishing an objective is a 5-step process:

1. **What** do you want to change?
2. For **whom** do you want the change to take place?
3. **How much** change do you want?
4. **Where** do you wish the change to take place?
5. **When** do you want the objective to be accomplished?

## *Make sure the objective is SMART—*

**S** Specific
**M** Measurable
**A** Achievable
**R** Relevant
**T** Time bound

Examples:

a. Mulenda community desires to increase the number of pit latrines from 10 to 50 by 1 July 2002. The latrines will be used by the families who have completed them.
b. To reduce the prevalence of severe malnutrition among children 1–3 years of age in Liteta from 25 percent to 15 percent by December 2013.
c. To provide home care for 30 people with AIDS in our community in the next year.
d. Kamanga CHE program desires to see 15 people pray to receive Christ as their Savior and complete the 6 follow-up lessons in the next 12 months.

## *Step Planning*

Task-oriented planning is breaking a project into specific steps or tasks that enable you to move from where you are now to where you want to be when the project is completed.

**Step one**: Write out your objective.

**Step two**:

- Write out all the tasks/steps to accomplish your objective (to go from where you are now to where you want to be in the end).
- Check the list of the tasks to see if you can combine or remove similar tasks.

**Step three**: List the tasks in the order in which they will be completed and number them 1, 2, 3, and so forth.

**Step four**: For each task, decide WHO will do it, WHAT materials or resources will be needed, and WHEN it will be started and completed.

## *Evaluation Planning*

| Objective | Indicators | Source of Information | Methods we will use | Who will do it? | When? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

## *Step Planning Exercise*

Objective: _____

| STEPS TO BE TAKEN | WHAT IS NEEDED? | WHO WILL DO THIS? | WHEN SHOULD THIS BE DONE? |
|---|---|---|---|
| | | | |
| | | | |

**References:**

Aaker, Jerry, and Jennifer Shumaker. 1994. *Looking back and looking forward*. Little Rock, AR: Heifer Project International.
Larkin, Simon, Ed. *Introducing evaluation. Teddington, England:* Tearfund. (Included on resource CD.)
Myers, Bryant. *Walking with the Poor*. World Vision International: 1999.

## *Methods Used to Gather Data for Evaluation:*

- Surveys
- Interviews
- Small group meetings
- Analysis of records
- Accounts and financial reports
- Diaries kept by staff
- Case studies
- Tests of knowledge or skills
- Participant observation
- Visiting other projects and comparing them to yours

## *Steps in Preparing a Questionnaire:*

- What do you need to find out?
- Write out questions.
- Keep questions short and clear.
- Avoid words which are not exact.
- Is the data being collected countable or measurable?
- Decide how the questionnaire will be filled out, and by whom.
- Choose only important questions.
- Arrange in best order.
- How will the answers be recorded and analyzed?
- Leave space to record no response, don't know, etc.

### Helpful material available on the enclosed resource CD:

- *Participatory Methodology Facilitation Guide*. Erik Harvey.
- *Introducing Evaluation* (Tearfund)

### Highly recommended books/guides:

- Aaker, Jerry, and Jennifer Shumaker. 1994. *Looking back and looking forward*. Little Rock, AR: Heifer Project International. Available from Heifer Project International, P.O. Box 8058, Little Rock, AR, 72203, USA.
- *Partners in Evaluation: Evaluating Development and Community Programmes with Participants*. Oxford: McMillan. Available at Teaching Aids for Low Cost, www.talcuk.org

# Tools and methods for developing evaluation questions

***To gather information from participants, you can use the following strategies:***

a) Interviews are useful especially with people who are not literate. These can be with individuals or with focus groups, community meetings, or small group meetings. Group settings with open-ended questions are useful to promote dialogue and generate solutions.
b) Written questionnaires filled out by participants can test skills, awareness, and beliefs. One advantage is that people can fill them out at their own pace. A disadvantage is that written questionnaires do not allow people to clarify questions and cannot be used where literacy is low. Questions should be devised with the help of beneficiaries and/or partners.
c) Observation of practices and relationships. Observers must understand what they are looking for and have the consent of those observed. The major disadvantage is that when people are observed, their behavior changes. If you have an opportunity to observe through repeated visits, take it.
d) Analyze health or medical records to monitor change without relying on self-reports. Keep in mind, e.g., the identity of the persons who make the recordings, and why they may have identified what they recorded. Height/weight measurements are useful in monitoring nutrition status.
e) Informal questioning of participants, gathering information during informal conversations, or visits.
f) Creative expression, such as drama, songs, or dance to bring out experiences in ways which might not otherwise be revealed.
g) Mapping. Participants can map social organization, availability of services, a community's physical layout, or resources. Maps differ depending on who makes up the group.

***To gather information about how the program is working, you can use other techniques in addition to those above.***

a) Analyze program records, financial reports, plans, minutes, or meetings. These tell you what actually happened in a program, as opposed to perceptions of what happened. Keep in mind who recorded it and for what purpose.
b) Case studies that detail events or programs and provide information about what worked or did not work in a particular context.
c) Rapid assessment techniques, which combine qualitative and quantitative approaches to gather relevant information in a short time span.

# Guidelines for effective questionnaires—more details

1. Decide exactly what you need to find out, then write the questions.
2. Keep questions short and clear, not more than twenty words. If the questions deal with more than one idea, use several shorter questions instead of one long one. Underline or emphasize the main words or phrases in some way.
3. Avoid words which are not exact, words like "generally," "usually," "average," "typical," "often," and "rarely." If you do not, you may get information which is unreliable or not useful. Use exact words with one meaning and pronunciation.
4. Decide how the questionnaire will be completed. Will it be filled in by the respondents themselves, by an interviewer, or as a group activity?
5. Plan the questionnaire carefully, choosing only important questions. Arrange them in the best order with those that are easiest to answer are more general first. Asking personal details such as age can be left to the end when a good relationship has been established between interviewer and respondent. Take care that the order of the earlier questions does not influence the answers to later questions.
6. Make the questionnaire attractive. Plan how to set it out clearly with sub-headings, spaces, etc. Make it look easy for a respondent or interviewer to complete. Keep it short—a very long questionnaire may alarm respondents.
7. Make sure the answer to one question relates smoothly to the next. For example, if necessary, add "If yes, did you?" or "If no, did you?"
8. Decide how the answers will be recorded and analyzed. For example, the answers can be coded, which means they are given a number or code so that later it is easier and faster to summarize and analyze them all.
9. Leave space for recording "no response," "no opinion," "don't know," etc. Do not leave blanks when filling in answers on a questionnaire. Later these are difficult or impossible to understand when you are trying to analyze the answers.
10. Give exact instructions to the interviewer or respondent on how to record answers, such as explaining exactly where to write the answers, check a box, circle a number, put a mark on a scale, etc.
11. Allow enough space for recording answers. Perhaps the respondent or interviewer will need to write more on the back of a page or on a separate sheet of paper.
12. Mark each page of the questionnaire clearly, using a heading or a number. If the pages become separated they can easily be put together again.
13. Mark each questionnaire clearly, giving each respondent/house/group an identifying letter or number. One way of doing this is by using boxes or numbers like this: 1836. This means that interviewer number 18 completed this thirty-sixth questionnaire. The interviewer should also fill in the day, month, and year in which the questionnaire was completed.
14. Plan how the questionnaire will be introduced to the respondents. Train interviewers to explain the exact purpose of collecting the information and the ways in which it will be used. For example, respondents may be nervous about admitting how much property, land, or livestock they own if they fear it may result in heavier taxation. They may not even want their name on the questionnaire.

15. Train the interviewers to introduce themselves and to behave carefully. They may need to carry an official letter/badge/card to identify themselves. Make sure they wear the correct clothes and behave according to the cultural customs of the community/area/country.
16. Thank the respondents for answering the questions. Immediately after the interview, thank the respondents and acknowledge their contribution in the final results of the evaluation.
17. Decide how respondents will take part in summarizing and analyzing answers. This will depend on many factors. A community or group meeting may be organized for this purpose.
18. Decide how respondents will share the information obtained and in what form; for example, at a community or group meeting, in a radio broadcast, on a tape recording, in a newsletter, etc.
19. A sheet of instructions is useful for interviewers. This gives additional explanations about the questions, how to ask them and how to record the answers.
20. A questionnaire must be pre-tested or tried out in practice to see how well it works, and what changes may be necessary, before it is used on a wider scale.

# Examples of types of indicators for Heifer Project International's cornerstones

(Aaker, Jerry, and Jennifer Shumaker. 1994. *Looking back and looking forward*. Little Rock, AR: Heifer Project International.)

### Sustainability and Self-Reliance

- Adequate financial and other resources to continue operating
- Reduced need for external assistance
- Number and/or type of other activities initiated by the group
- Change in number benefitting from the project
- Succession (next generation taking up farming)

### Improved Animal Management

- Reproduction rates and intervals (calving, lambing, etc.)
- Production per head and per unit (e.g., acre or hectare)
- Animal health and condition
- Amount of external inputs used

### Nutrition and Income

- Products consumed and/or sold
- Employment opportunities in the community
- Changes in family nutrition
- Changes in family income
- Other material benefits to families
- Cost/benefit ratio
- lnfant mortality

### Improving the Environment

- Anticipated and unanticipated impact on factors such as soil, water, forestation, vegetation, wildlife, and biodiversity
- Action plans developed by the group to improve the environment
- Changes in attitude toward the environment
- New farming practices adopted
- Number of farmers using manure for compost or fertilizer

### Spirituality

- Increasing sense of peace or well-being despite circumstances
- Acts of worship and stewardship
- Willingness to take responsibility
- Respect for life and living
- Loss of interest in judging others

### Gender and Family Focus

- Evidence of family unity
- Changes in well-being of children
- Youth planning to stay in rural area
- Youth involvement in training and production activities
- Changes in women's income and control of resources
- lnclusion of women in training and in decision-making

### Training and Education

- Improved skills
- Knowledge (understanding) of the development process
- Use of skills taught
- Attendance at training sessions
- Changes in attitude and behavior

### Full Participation

- Changes in group membership (number and type)
- Members' participation in decision making
- Number of people attending and participating in meetings
- Leadership depth and rotation of leadership
- Working together for the welfare of the whole group

### Accountability

- Use of record keeping (farmer and group level)
- Adequacy of financial management
- Timeliness of reporting
- Frequency of re-planning and discussing goals
- Achievement of objectives
- Appropriateness of goals
- Openness and transparency in sharing information and discussing ideas

### Sharing and Caring

- Enhanced dignity among participants
- Mutual assistance among members
- Assistance extended to people outside the project
- Changes in group's cohesiveness
- Humane treatment of animals

### Genuine Need

- Levels of income and material well-being of participants
- Group has defined need within their own context
- Criterion for participation includes the socially disadvantaged.

# Summary list of indicators for primary health care activity monitoring

(PHC Management Advancement Programme. 1993. PHC MAP Series. Washington, D.C.: Aga Khan Foundation.)

### Health Education

Effect Indicators:

- Number or percentage of respondents who practice health behavior outlined in the health education objectives
- Number or percentage of the target population who remember health education messages on mass media during the last 1–2 weeks

Output Indicators:

- Number of the target population that was visited at home and received health information during the last three months
- Number or percentage of health workers using one or more health education techniques
- Number or percentage of clients receiving health information in a community or group setting

Input Indicators:

- Number or percentage of CHWs trained in health education
- Number of community organizations that provide health education services
- Number of CHWs compared to 1000 households or each village
- Number or percentage of respondents who wish to receive additional health education information/topics

### Water Supply, Hygiene, and Sanitation

Effect Indicators:

- Number or percentage of households receiving drinking water from a clean source, faucet, tap, pipe, covered well, or other safe source within 15-minute walk
- Number or percentage of households using a clean facility, water-seal latrine, pit privy, or WC
- Number or percentage of mothers knowing the importance of hand washing
- Number or percentage of mothers with children under age two who use a baby potty

Output Indicators:

- Number or percentage of health workers inspecting latrines (per local standards)
- Number or percentage of health workers inspecting community management of local water sources (per local standards)
- Number of latrines built in the last year

- Number of wells or other water sources constructed during the last year

Input Indicators:

- Number of wells or other water sources constructed per 1000 population
- Number of latrines built per 1000 population
- Number of CHWs (Community Health Worker) compared to 1000 households or each village
- Number or percentage of communities with access to health staff or technicians with resources, information, funds, and supplies for building safe water supply systems and latrines

(Suggested lists for other topics also available in MAP Series)

# APPENDIX I

## Assemblies of God World Missions Executive Committee—Guidelines for the Care of Orphaned, Abandoned, and Vulnerable Children

From the very early days of Assemblies of God World Missions, missionaries have been moved to respond to vulnerable, orphaned, and suffering children.

Traditionally, as in the case of Lillian Trasher and others, gathering the children into an institutional-type setting or orphanage seemed the most feasible way of dealing with the children's needs. This practice presently continues.

That we are admonished by Scripture to care for children is clear. James 1:27 admonishes care for the orphans and widows. A response is demanded of those who have more and know Christ. But in our overwhelming sadness and deep-felt compassion for hurting children, what is the most appropriate response? How can we best serve the children of the world who stand in need of our help?

In the last ten years or so, organizations and governments, including the United Nations and missions agencies, have been looking at the effects of institutional care on children as well as the expense involved in orphanage care. They have concluded that:

### *1. Institutional care is not in the best interest of the child because:*

A. The role model of family simply cannot be replicated in this type of setting.

B. The child suffers emotional deprivation and trauma.

C. The child loses identity with what constitutes "family" and often loses their cultural heritage.

D. The child often is left without adequate coping skills for the hard life that may be present in the culture into which they will go.

E. The child is often stigmatized by his or her orphaned status being known.

### *2. Institutional care of children has been found in several studies to cost six to fourteen times more than support of a child in a family setting.*

Therefore the Executive Committee, in agreement with the research which has overwhelmingly declared their views on best practice for dealing with orphaned and vulnerable children, hold that the following are, in order of priority, to be considered the most preferred ways in which we as Assemblies of God missionaries will minister to orphaned and vulnerable children: (As always, these outreaches will be desired, owned, and managed by the local/national church.)

A. Attempting to reconcile children with families, while trying to bring the gospel to the family to which the child will be reconciled.
B. Setting up Christian fostering networks where children will be taken into families and loved and nurtured and brought into a knowledge of the Lord.
C. Support to child-headed households in order to keep the family as intact as possible with input from church members to teach, train and assist the children, as needed.
D. Establishment of culturally appropriate, church-based group homes which house 8–10 children with "parents" being chosen by the church and trained in parenting children who may come to them with issues related to trauma, abandonment, street living, etc.
E. If orphanages already exist, attempts will be made to transition children into one or more of the above options, if possible.
F. If government orphanages exist, it may at times provide strategic entry opportunities for missionaries to assist or work alongside these structures. Missionaries should not, however, establish new orphanages.

### Ways in which missionaries might assist the church (or other entities in restricted areas) with the care of children are:

- Training in best practice for child care.
- Financial assistance to establish microenterprise or other income-generating possibilities to help in the support of struggling families, child-headed households or group homes.
- Life skills training for children.
- One-time help in building culturally appropriate structures for group homes.

### Selected references for above information:

Williamson, Jan. 2004. *A family is for a lifetime*. The growing concern about children in residential care. Produced on behalf of the International Save the Children Alliance by Save the Children UK. www.savethechildren.org.uk.

Jareg, Elizabeth, and Redd Barna. 1988. "Report on the Assessment of Solumona Orphanage. Norway." (Taken from a more recent paper by Dr. Jareg titled "Institutional Care of Children in the Context of Armed Conflict: Consequences for Child Development and Child Rights." (Undated)

The Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), and the United States Agency for International Development (USAID). 2004. *Children on the brink 2004: A joint report of new orphan estimates and a framework for action*. New York: UNAIDS/UNICEF/USAID.

# APPENDIX J

## Guidelines for Facilitating a Group Discussion

### 1. Pray!

Pray for your group before you even meet together. Take time for prayer during your Bible study time. Be available to pray individually with group members.

### 2. Set the Tone

Create an atmosphere where people are comfortable to share their ideas and feelings. Sometimes it helps to start the session with a fun activity or light-hearted discussion. Introduce yourselves. Make people feel welcome and relaxed.

### 3. Encourage Communication

Make sure people can see each other and talk to each other easily—sitting in a circular arrangement is ideal.

### 4. Get People Involved

The goal is to draw people out and encourage them to respond. Try to involve everyone. Don't let one person dominate the entire discussion.

### 5. Ask Well

Good facilitators master the art of question-asking. Ask only one question at a time, and give people adequate time to respond. If they don't, try rewording the question.

### 6. Guide the Discussion

Facilitators guide, not dominate. The facilitator's guide provides information relevant to the question being discussed. This is not intended to be read word-for-word, but may be useful in guiding the responses.

### 7. Affirm People

Affirm people in their responses. If a controversial answer or incorrect information has been given, involve other group members in generating a different response. "What do the rest of you think?"

### 8. Stay On Target

It's easy to start going down "rabbit trails." A good facilitator keeps the group focused on the key points being discussed.

### 9. Watch the Time

Be sensitive to people's schedules and start and end on time. Manage the group time wisely so there is time to get through the study and still have time for personal application and wrap up at the end.

### 10. Build Relationships

Take time to get to know group members. Don't forget that mentoring is a far more effective learning tool than just providing information. Let your life inspire and challenge others to apply God's truth in their lives.

This unit raises some heavy issues. Be sensitive to how people are responding. Some group members may need some personal time with group leaders for processing these issues and encouragement.

# APPENDIX K

## Symbol of Hope Exercise

**Objective**: To develop a symbol that will be hung in the family home that gives meaning and remembrance to the hope, uniqueness, and identity of the individuals in the home as a family unit.

### Materials Needed:

Paper
Pencil
Glue
Pictures
Clay
Wood
Textiles
Cultural materials that would lend itself to this project

### Introduction:

Gather family members around tables with materials in the center.

Explain to them or tell a story (cultural keys) of the purpose of this activity.

Have family units ask each other these questions:

- What makes us unique as a family?
- What is the center of our family or of great importance?
- What or who has provided hope and what can be a symbol for this hope in our family?
- What do we want remembered of our family in the future?
- What hopes do we have as a growing family?

### Activity:

Have the family use the materials provided and create a symbol, collage, or plaque that can be hung in their home. Each individual member is to contribute a part to the project.

### Conclusion:

Each family unit presents their family crest or symbol to the gathered community and tells their story. Then it is to be hung in a visible common family area in the home.

(This has been written in a "clean" format so that this can be used in restricted areas. Obviously, there are incredible concepts that can be woven into this activity that can create hope and communicate life truths. Be creative).

# APPENDIX L

## How to Support Someone Who Is Grieving

1. **TAKE THE INITIATIVE**. Make contact even when you are not sure exactly what is needed. Grievers often have trouble knowing what they need and asking for it.

2. **OFFER SOMETHING SPECIFIC**. Nothing is too small to do. A pastor reported how a parishioner provided a valuable ministry by polishing the shoes of a grieving woman's children. A woman who lost a child told how she woke up one morning to find an elderly neighbor mowing her lawn and pulling weeds. Ask questions such as: "Can I go to the grocery store for you? Do you want me to pick you up for church (or to the gym, or to a 12-step meeting, etc.)? Would you like me to bring you some of my famous (name a dish you like to make) for supper? Do you need help cleaning your house?"

3. **BE HONEST**. Offer to do only what you want to do and are prepared to do. Express your real feelings. If you feel helpless, admit it.

4. **HELP THE GRIEVER SHARE MEMORIES**. Don't avoid mentioning the name of the person who has died. Share a memory you have of the person. Gently ask the griever to talk about the loved one.

5. **COMMUNICATE NON-VERBALLY TOO**. A sympathetic look, a touch or embrace, or sitting with a person quietly can be healing. Be sensitive to the fact that some people are uncomfortable with touching; do not push them into accepting touch. Ask, "Would you like a hug?"

6. **BEWARE OF USING SIMPLISTIC STATEMENTS** that may suggest the griever repress her/his feelings or that God willed the death of the person. Examples include: "It was for the best," "Don't cry, be strong," "God took him/her" (this statement scares children), and "Time heals." Instead, encourage the griever to express her or his feelings. Ask open-ended questions about what is happening in the griever's life these days.

7. **DO NOT ASSUME THAT YOU KNOW WHAT IS RIGHT FOR THE GRIEVER**. Check out what the griever wants before doing something for him or her. Do not tell the griever, "You must do this," or "You have to do it this way." Ask how the griever feels and what the griever wants to do. Just because something has helped you or others does not mean it will help this person.

8. **ENCOURAGE THE GRIEVER TO PARTICIPATE IN MEANINGFUL RITUALS**. Ideas vary with the individual: make meals at the same time, take daily walks with a friend, read from the Bible or devotional book every day, go to regular group gatherings, and make Friday night go-to-the-movies night with a friend. One-time rituals such as planting a tree in memory of the loved one can also be healing. Rituals help to reestablish needed structure.

9. **SHARE INFORMATION ABOUT APPROPRIATE SUPPORT RESOURCES**. Resources can include written material, videos, support groups, professional counselors, legal advisors, and church groups.

10. **RECOGNIZE THAT THE GRIEVING PROCESS TAKES DIFFERENT LENGTHS OF TIME** for people, depending on their personality, their emotional attachment to the person who died, and the circumstances of the death. Do not put your own time line for grieving onto someone else. The average grieving process is two years. Some situations, such as suicide, sudden death, or catastrophic loss may take longer. Be prepared to stand by the griever as long as needed.

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1. **Antiretroviral Therapy and Nutrition**

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2. **Appropriate Technology/Micro Enterprise Information**

   Compiled by Carol Young at Sustain Hope. www.sustainhope.org

3. **Assessment of Community (blank tool)**

   Compiled at HealthCare Ministries.

4. ***Building Blocks In Practice***

   International HIV/AIDS Alliance. 2004. www.aidsalliance.org. Made possible through the support of US Agency of International Development (USAID) and the USAID Bureau for Africa.

5. ***Child Protection Policies and Procedures Toolkit***

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6. ***Children and Sexual Abuse***

   Tear Fund. www.tearfund.org. Written by Glen Miles and Paul Stephenson.

7. ***Children in Residential Care***

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8. **Community Child Health**

   Tear Fund. www.tearfund.org

9. ***Community Counseling Handbook***

   The HIV/AIDS Programme Facilitation Team, The Salvation Army International Headquarters. www.salvationarmy.org

10. ***Evidence-Based Practices in Foster Care***

    Marianne Berry, Ph.D. andysmom@ku.edu

11. ***Facts for Life***

    UNICEF, Division of Communication, 3 U.N. Plaza, New York, NY 10017, USA. www.unicef.org

**12.** ***Forgotten Families: Older People as Carers for Orphaned and Vulnerable Children***

HelpAge International (www.helpage.org) and International HIV/AIDS Alliance 2003. www.aidsalliance.org

**13.** ***Future Planning Notebook for Families and Communities***

South Africa HIV/AIDS Information Dissemination Service (SAFAIDS). www.safaids.org.zw

**14.** ***Guidelines for Counseling Children Infected and Affected by HIV/AIDS***

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Nicola Ansell and Lorraine Young, Brunel University, based on research in Lesotho and Malawi, Africa.

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**18.** ***Nutritional Manual—Living Well with AIDS***

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**19.** ***Nutrition Guidelines for Care and Support of People Living with HIV/AIDS***

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**20.** ***Parrot on Your Shoulder—A Guide for People Starting to Work with OVC***

International HIV/AIDS Alliance. www.aidsalliance.org

**21.** ***Participatory Methods***

Written by Linda Mayoux.

### 22. *Positive Development*

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### 23. *Preventing the Spread of AIDS Among Children and Teens*

World Relief, Meredith Long, International Director Health Programs, 2006.

### 24. *Reaching Out and Scaling Up—Home and Community Care*

UNAIDS, 4th International Conference on Home and Community Care, Paris, 1999. www.unaids.org

### 25. *A Journey From Better to Best*

Global AIDS Partnership, Assemblies of God World Missions. www.globalaidspartnership.org

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