

Aunties and Uncles:

A home-based adult mentoring program for orphans and vulnerable children





FHI 360 Botswana

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The Aunties and Uncles Program

The Aunties and Uncles Program was established in Botswana to help vulnerable children and youth, including orphans, live happier and healthier lives by supporting adults within their communities, such as you, to act as mentors. These mentors, called “Aunties and Uncles”, can be parents, older brothers or sisters, grandmothers or any trustworthy adult that can provide ongoing support to a child in a family setting. The support you provide as a mentor is aimed at improving the well-being of the children identified and targeted to receive support and their entire household by promoting a healthier lifestyle.

The program focuses on children ages 10-17 who are considered vulnerable because they meet the Botswana government’s definition of an orphan or vulnerable child (see box).

While one child within a family is identified as the target child, you are also asked to address the concerns of other children in the household as well as the caregivers (e.g., parent/guardian) as part of Aunties and Uncles.

This program was developed under the Basha Lesedi Project (2006-2012). BONEPWA+, Department of Social Services (DSS), the Social and Community Development (S&CD) Offices of Goodhope and Masunga and the Botswana-Baylor Children’s Clinical Center of Excellence were all involved in the program and various stages of the implementation, testing and piloting of the materials.

FHI 360’s Star Model of Service and Support¹ provides the theoretical foundation for this manual. The Star Model which has been used by some FHI 360 programs in Africa adopts a holistic and integrated approach to caring for children, youth and families. It brings together current best practices in the field, including assessment, service coordination, healthy living (disease prevention), economic empowerment, capacity building and direct support.

According to the Government of Botswana, an orphan is a child who is below 18 years old who has lost one or both parents. A vulnerable child is a child who is below the age of 18 and lives in any of the following:

- An abusive environment
- A poverty-stricken family unable to access basic services
- A child-headed household
- With sick parents or outside family care
- Who is HIV positive.

Source: Botswana’s National Guidelines on the Care of Orphans and Vulnerable Children (2008)

In addition to the areas of well-being addressed in the Star Model, the Aunties and Uncles Program, includes two other key areas:

- ▶ Promoting disease prevention (including HIV prevention) and good decision making
- ▶ Promoting self-reliance and sustainability.

This manual will assist you to work as a mentor in the Aunties and Uncles Program in your community and can be used as a guide by other organizations who want to set up similar programs. The manual includes:

- ▶ An explanation of the Star Model and how to apply it in your community
- ▶ Suggested activities to conduct during home visits for children of various ages and caregivers
- ▶ Instructions for documenting and reporting interventions and progress.

The manual also contains information and tips on child development, Positive Living and the prevention, care and treatment of HIV/AIDS.

¹ Aspects of this model were adapted with permission from the Thandanani Children’s Foundation in Pietermaritzburg, South Africa: see www.thandanani.org.za

The Star Model

Through the application of the Star Model, the Aunties and Uncles Program emphasizes the coordination of care and seeks to ensure that children receive support in all service areas. This support can be provided directly by one organization or program or through other resources in the community. The program and model both focus on delivering services and support for children through their families in order to build self-reliance and sustainability.

In the Star Model, six areas of focus surround a child and his/her family. Economic strengthening is an overarching approach, as are life promoting activities such as those related to disease prevention and treatment. During home visits with the targeted children and their caregivers you should be able to get a good idea of how well the child is doing in all areas of his/her life, as depicted in the illustration of the Star Model and the examples that follow.

Household well-being (shelter and care), e.g., does the child have access to adequate, safe shelter and care, love and support provided by an adult 18 years old or older?

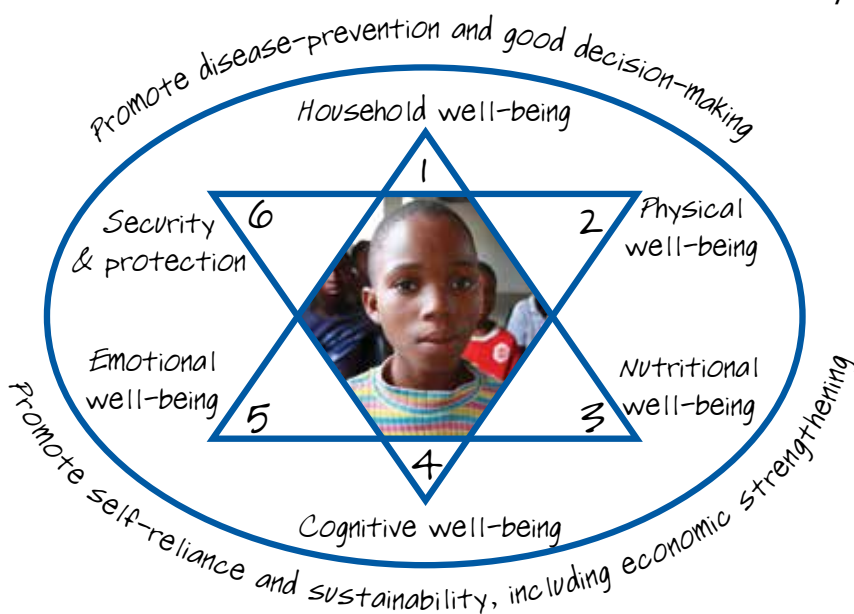
Physical well-being (health), e.g., is the child or are members of the household ill? Do the family members have access to primary health care?

Nutritional well-being (food), e.g., does the child and the family have access to basic food? Have they been registered or do they qualify for the food basket program through the Social and Community Development Office?

Cognitive well-being (education), e.g., is the child able to attend school on a regular basis? Does the household value education and support going to school?

Emotional well-being (psychosocial support), e.g., how are the child and family coping with their environment, previous losses and social expectations?

Security and protection (legal supports such as birth registration and safety from danger, harm and abuse), e.g., does the child or family need help in stopping child abuse?



Applying the Star Model in your community

As in most care management programs, the Star Model relies on trained volunteers, staff members or relevant authorities to make the initial assessment and identify the children in need of targeted support. It also relies on volunteers and staff to conduct periodic monitoring visits, ensure on-going care coordination, verify that all services to which children and families are referred are being provided, be in frequent in-person contact with the child and family and provide support for them.

You, as Aunties and Uncles or mentors are key to the success of the program. You will be asked to:

- ▶ Conduct weekly visits to provide support to each target child, the child's caregivers and other children in the household. You are expected to spend at least two hours per week visiting the households. Some of this time should be one-on-one with the target child. The initial commitment should be for a minimum of six months per household (renewable, if considered helpful by all key persons involved).
- ▶ Assist household members, including other children and parents/guardians of the target children as appropriate. This may include things like supplying HIV prevention education or accompanying household members to the clinic.
- ▶ Participate in weekly peer and support supervision meetings.
- ▶ Ensure correct documentation is completed and submitted to program supervisors. You are expected to keep records about the activities conducted during home visits, as well submitting the *Aunties and Uncles Program Adult Mentor Assessment Tool*, on a quarterly basis. This tool along with the *Aunties and Uncles Household Visit Monitoring Tool* can be found in Annex 1.

More information on your duties and expectations as an Auntie or Uncle can be found in Annex 2: *Description of Duties* and Annex 3: *Code of Conduct*.

Note to supervisors:

The supervisor must make sure that the mentors are assessing how well the child is doing in each one of the six areas highlighted in the Star Model during each household visit.

Following are the steps that you should follow as part of the Aunties and Uncles Program:

1. **Get to know the child and family.** You must develop a relationship with the household caregiver and the child/children to whom you have been assigned. It is important to build trust. Chapters 1 and 2 provide guidance on how to do this.
2. **Assess the situation and determine needs.** After looking at each area of the child's well-being (the six focus areas) you must identify what is lacking and what support services the child needs. This can be done using the *Child Well-being Assessment Tool* (Activity 5) to understand the needs of the children and adults in the family.
3. **Visit each child and family regularly.** As discussed above, you must visit your assigned child weekly and spend an average of at least two hours per visit. The amount of time will vary, depending on the number of children in the

household, the activities that are planned and the issues or concerns that must be addressed. When there are additional needs or if someone in the household is ill, visit more than once a week.

4. **Spend quality, individual time with each assigned child.** During every visit, you must spend one-on-one time with each target child and where possible, also with the other children in the household.
5. **Provide the needed support to the children and their families.** Support should be provided either directly by you or by referring the family to another organization or service provider. Direct support includes coaching the child or caregiver to take certain steps or change his/her ways of doing things if necessary. If a referral is made you must always follow-up to make sure that the support has been provided.
6. **Use every opportunity to promote healthy behaviors.** Children in the households that are supported through this program may be at high risk for poor health and bad decision making. To reduce risk, you should provide information and support and practice skills that help the children live healthier

lives and prevent HIV and other sexually transmitted infections (STIs).

7. **Encourage sustainability.** Services and support must be provided in a way that helps families become more independent. This might include helping them get involved in income generating and savings programs (where available), providing new knowledge and skills and encouraging the children and adults in the household to take increased responsibility for their own decisions and their own health and welfare.
8. **Assess the situation regularly.** Apart from the weekly peer review sessions in which the target children are discussed, you must also do routine assessments every three months using the same tool as was used in the initial assessment so you can track changes.

Finally, you should use every opportunity to give encouragement and support to the child you are mentoring and the other children in the household. It is important that you appreciate achievements and positive behaviors. You must also recognize the caregiver's care and support where possible because this also helps to strengthen positive behaviors and caregiving.

How to use this manual

Part I contains tips on how you can establish a relationship with the targeted child and his/her family as well as activities which can be used during family visits. Some activities are for children, some are for caregivers and others can be conducted with both children and adults. Each chapter in Part I contains activities that relate to a specific content area. Each activity describes the target audience, the estimated time to complete the activity, the materials required for the activity and the instructions for conducting the activity.

You may suggest to your supervisor that you practice the activities together first and discuss them with other Aunties and Uncles during the peer supervision meetings. (*The Aunties and Uncles Peer Supervision Guide* is provided in Annex 4 this also includes information on how to conduct Peer Support Meetings.) It is recommended that at least one activity is completed during each visit. As the activities must be completed in order, on the next visit continue with the next activity.

Note to supervisors:

You may want to spend time practicing the exercises with the Aunties and Uncles and discussing how to lead the activity during the household visits.

In addition to conducting the activities in this manual, the Aunties and Uncles Program expects that you will do other things during the household visit, such as helping children with their schoolwork, identifying problems that need additional assistance and then referring children or caregivers to other services as needed and following up. (See Annex 5: *Aunties and Uncles Checklist of Services Provided*.)

Note to supervisors:

Try to encourage the mentor to do some fun activities with the children such as playing games or attending sporting events.

Part II of the manual contains reference material that can help mentors prepare for household visits and counseling sessions.

Part III of the manual contains the annexes which include important forms, tools and other information needed for program delivery and management.

Chapter 1: Getting to Know the Family

Objectives:

- ▶ Create a friendly, comfortable environment where you can become familiar with the household and begin to build a relationship with the adults and children living there.
- ▶ Collect basic information about the family by completing the *Client Card Initial Intake Form* which is on pages 10-11. (This is Activity 2)
- ▶ Conduct the assessment of the needs of the children using the *Child Well-being Assessment Tool*. (This is Activity 5)
- ▶ Talk and set ground rules about what your visits can and cannot include (see Tip #1 on page 8).



ACTIVITY 1: INTRODUCING YOURSELF

This activity will help you introduce yourself to the families and explain your role as a mentor. It should be conducted during your first visit to the household. You should start by meeting with the caregiver (parent/guardian) and ask for permission to spend time with the child/children on a regular basis. The first meeting is important because it starts the process of building a positive relationship with family members and creates an environment where the members of the household feel safe enough to speak to you.

Target Audience: Children 10-17 yrs old and caregivers

Estimated Time: 30 minutes

Materials: Pen
Paper for writing the ground rules

Instructions:

1. After introducing yourself, you explain to all members of the household what the Aunties and Uncles Program is. It is important to be specific about what you will be doing. Below is a script you can use. If you want you can practice the introduction with your supervisor before your first meeting with the family:
 - *My name is, I will be working with your family as an Auntie/Uncle to all the children in the household, but will focus on (insert name of target child). My role is to provide support and guidance, but not to make any decisions on behalf of you or your family. I will also be glad to be helpful to the adults/elders in the household in the same way, if requested.*

2. Be prepared to answer any questions that the household members may have in relation to the program (e.g., why and how the family was chosen). Once again you may want to practice these with your supervisor before your first visit. On the first visit you will let everyone know that you will be spending time (about two hours per week) with the family members on a regular basis for an initial period of approximately six months (which may be renewed).
3. In order to understand the family you should ask family members about themselves and give each person an opportunity to talk. Good things to ask in this first meeting are: their names, where they were born, what they do during the day, what they like or don't like, what their dreams are etc...
4. Discuss the basic ground rules and agree with the family which rules to adopt (see Tip #1 below). If you can write, you can note the ground rules for the household on a sheet of paper.

TIP 1: SUGGESTED GROUND RULES

Ground Rule 1: Ensure that the rights of children are respected.

There are a number of international and national laws and policies that protect children's rights (e.g., the Government of Botswana's National Guidelines on the Care of Orphans and Vulnerable Children and the Children's Act, 2009). You must abide by these laws and policies and uphold children's rights. It is your responsibility to educate children and adults about their rights as well as their responsibilities.

Ground Rule 2: Discussions with the children and family members are confidential.

You cannot share what you know and learn about the children and families with anyone else except:

If the child gives permission, and you believe it is in the child's best interest to discuss an issue with the child's caregiver or someone else. The child's permission must be given freely and not under pressure.

- If the child has been hurt or you believe that the child is in danger. This includes situations where you suspect child abuse or neglect (see Chapter 8), or where the child plans to cause immediate harm to self or

others. In these situations, you should talk to the child's caregiver or another professional in the community, but you must explain to the child that you are going to speak to someone else and why.

- If you want to discuss a situation with your supervisor or a qualified specialist so you can provide better service to the child or family. In this situation it is important to not identify the family.

Other possible ground rules:

- Establishing visiting dates and times (e.g., how early or late, not on Sunday mornings, etc.).
- Ensure the family understands that you do not bring gifts or spend money on behalf of the child or the family. (Refer to Tip #2: Things to do with a child and Tip #3: Things not to do with a child.)
- Be clear that you are a mentor and you will not make any decisions for the child or family; rather, household members remain the decision-makers (e.g., it is not your role to decide how to punish a child or whether a child should be brought in for HIV testing).

Ground rules may change over time or need to be reviewed. You can ask your supervisor for help.



ACTIVITY 2: COMPLETING THE CLIENT CARD

The purpose of this activity is for you to collect the necessary information on the target child and everyone in his/her household. You do this by filling in the client card (found after the instructions). This exercise should be done with the caregiver. The information collected is used to keep records of clients for monitoring purposes and will help you plan household visits.

Target Audience: Caregivers

Estimated Time: 20 minutes

Materials: *Client Card Initial Intake Form*
Pen

Instructions:

1. Make sure that the caregiver is comfortable and understands why the information is being collected and what will be done with it.
2. Explain that it is important that the correct information is provided to you and that all the information will remain confidential.
3. Follow the instructions provided on the client card on how to fill it out.
4. After finishing the client card, get everyone in the household together and give them time to ask questions.
5. Then discuss and agree with the family on the best day and time for your next visit. It is a good idea to have the visits on the same day and time each week. At this stage you will let the family know what you will be talking about on the next visit.
6. Write the agreed days and times on the client card and repeat the importance of following the agreed timetable.

TIP 2: THINGS TO DO WHEN INTERACTING WITH A CHILD

Show trust. Trust is needed for children to open up and talk. This means taking the child seriously and keeping what the child says confidential (except in cases of immediate danger or abuse. If confidentiality has to be broken the child must understand why. See Tip #1, Ground Rule 2).

Encourage the child. Whenever possible, tell the target child that he/she is doing well and that you are proud of him/her.

Be patient. It may take a while before a child will speak about what is troubling him/her. Allow the child to talk when he/she is ready.

Listen carefully. You should show that you are listening carefully. You must maintain

eye contact and give the child your full attention. After the child speaks, you should repeat what you think has been said. This will help you to make sure you understand correctly what has been said. It also gives the child a chance to correct any misunderstanding.

Ask open-ended questions. Questions that can be answered with “Yes” or “No” don’t give much information. You should ask questions that need a longer answer (e.g., “What did you enjoy about school today?”).

Be honest. Always answer questions honestly and use simple language. If you don’t know the answer don’t make one up – instead say that you will get back to the child or that you don’t know.

**AUNTIES AND UNCLES PROGRAM
CLIENT CARD INITIAL INTAKE FORM**
CONFIDENTIAL

Household Number _____ Client Number _____ Date of Registration _____

PERSONAL DETAILS			
Client name		Sex (M/F)	
Date of birth		Place of birth	
Residential address			
Landmark			
SCHOOL			
Year in School		Dropped Out	
School name		Failed	
Other (specify)			
PARENT'S DETAILS			
Mother's Name		Living (Y/N)	
<i>If mother is deceased, please complete the following</i>			
Cause of death		Age at death	
Number of children at death		Age of target child at death	
Father's Name		Living (Y/N)	
<i>If father is deceased, please complete the following</i>			
Cause of death		Age at death	
Number of children at death		Age of target child at death	
PRIMARY CAREGIVER (If not one of the parents)			
Caregiver's Name		Age	
Relationship to the child			
Reason for living with child			
Number of years living with child			
EMPLOYMENT STATUS OF PRIMARY CAREGIVER (if mother or father is living)			
Employed		Unemployed	
Pension		Disability	
Other (specify)			

**AUNTIES AND UNCLES PROGRAM CLIENT CARD INITIAL INTAKE FORM
ADDITIONAL INFORMATION**

Other children in the household

Name	Date of Birth	Sex (M/F)	Relationship to target child	Year at school	Out of school

Other adults in the household

Name	Date of Birth	Sex (M/F)	Relationship to target child	Occupation

HIV status of household members

YES

NO

Has anyone in the household ever tested for HIV?		
Has anyone in the household disclosed their HIV status?		
Is there anyone in the household who is on ARVs?		

Comments

Availability for sessions

Day of the week	Date	Time	Name

Field Worker name _____ Signature _____ Date _____

Supervisor name _____ Signature _____ Date _____



ACTIVITY 3: GETTING TO KNOW EACH OTHER

When you begin to get to know someone, it is good to ask questions but be careful not to get too personal in the beginning. In the instructions section you will find examples of questions you can use, depending on the situation and the child's age and interests.

Target Audience: Target child/children

Estimated Time: 30-45 minutes

Materials: List of questions
(see below)

Instructions:

1. You and child should be sitting comfortably. You should try to sit at the same level as the child whether sitting on the ground, on cushions or chairs, so you are not above the young person.
2. This activity is not meant to be an interview. The purpose of the questions is to get to know the child, to have a conversation with him/her, and to help the child relax and open up to you. You can ask as many questions as you like in any order. You must sound casual not like a teacher or interviewer, but like a mentor.
3. It is important that you probe the responses from the child before moving on to the next question.
4. Here are some sample questions:
 - *What do you like to do with your free time? Why?*
 - *What TV, music or radio programs do you like? Why?*
 - *If you won P200, how would you spend it? Why?*
 - *What makes you laugh? Why is that funny to you?*
 - *What is your favorite food or drink? Why?*
 - *What was your happiest moment in the past week? Why did that moment make you happy?*
 - *What scares you? Why are you scared by this?*
 - *What angered you most in the last week? Why did this make you angry?*
 - *What would you like to be when you grow up, and why?*

TIP 3: THINGS TO NOT DO WHEN INTERACTING WITH A CHILD

Don't take the child to your home or take the child in as your own. Set limits for your involvement.

Don't aim to solve legal or medical issues – instead, make a referral to an expert.

Don't provide medical treatment (prescribe or give medications) without the consent of a doctor and the child's caregiver.

Don't promise what you can't deliver because doing so will cause the child to

lose trust and confidence in you.

Don't dig into your own pockets (don't help financially).

Don't do anything that could possibly be seen as stigmatizing or abusive towards a child or anything that looks like you are taking advantage of children.

Don't be rude or exhibit behaviors that might be seen as a bad influence. Instead, aim to be a good role model at ALL times.



ACTIVITY 4: STORYTELLING #1: 'THE SPECIAL KITTENS'

To build a strong relationship with the child, it is good for you to share some personal information or tell a story. If you are visiting a young child, you can consider using the story, *'The Special Kittens'*. This story can be found after the instructions. This story shows that each person has special qualities that make him/her different from others and that working together is good.

Target Audience: Target child/children and caregiver
Estimated Time: 30 minutes
Materials: Story
'The Special Kittens'

Instructions:

1. Before visiting the household, you will have to decide which story to use. Read the chosen story before the family visit.
2. During the visit, read the story out loud or tell it in your words. If necessary tell the story in Setswana.
3. At the end of the story, ask the child: *Did you like the story? Why? What is the most important thing you learned from this story?*
4. After the child responds you should discuss the story a little more, explain that everyone is special and unique.
5. Tell the child what you have discovered is unique or special (in a positive way) about him/her. For example, does the child have a nice smile? Does he/she look you in the eye when talking with you?
6. Now ask the child: *What do you think is unique and special about you?* (This could be something simple such as, how the child cleans up around the house, plays a sport or sings a song.)
7. Finally, ask the child: *And what about your family members? What is special about each one of them? Can you tell me about a time when you all worked together to make something happen, such as making*

a meal to celebrate a special occasion or solving a problem? The aim of this questioning is to focus on how the family has worked well as a team.

8. You should end the activity by thanking the child for sharing information and telling the child: *I look forward to getting to know you and your family even better.*

TIP 4: COMMON MISTAKES WHEN DEALING WITH CHILDREN & YOUNG PEOPLE

- Talking too much and not giving the child time to express him/herself.
- Being critical or argumentative.
- Laughing at or making fun of the child.
- Being aggressive or bullying.
- Showing signs of being very upset.
- Trying to get too much information the first time you meet the child or when the child is ill.
- Not paying attention to non-verbal communication.
- Being uncomfortable or embarrassed when the child is upset.
- Not respecting the child.
- Constantly trying to reassure the child despite their legitimate fear or the caregiver's inability to protect the child.
- Disclosing HIV status to the child without the caregiver's permission.
- Thinking that the child does not understand you when they hear you talking about HIV status. If the child does not know his/her status or the status of his/her caregiver, be very careful when discussing HIV with the caregiver.
- Doing or saying things that make the caregiver seem silly or wrong.



The Special kittens²

Uncle Big-Cat heard that some weeks ago his sister had given birth to three kittens. When he came to visit them, he saw that they all had smooth black fur and big green eyes. To Uncle Big-Cat all of them looked exactly alike!

“How will I tell you apart?” he asked the kittens, after he greeted their mother.

“I have big teeth“, said the first kitten, with a big toothy smile on her face.

“I have little white spots underneath my front paws,” said the second kitten, who waved his paws in the air, so that his Uncle could see.

“I have a LOUD VOICE!” meowed the third kitten, making such a big sound that everyone else fell backwards from the noise.

“That’s all very well,” answered Uncle Big-Cat, “But when I just look at you from far away, I still can’t tell the difference. How else can I tell you apart? Tell me something special and important about you.

“I like to catch things“, said the first kitten with the toothy smile.

“I like to play hide-and-peek,” answered the second kitten, who had the white spots under his paws.

“Meow, MEOW, MEOW!” shouted the third kitten, while everyone else quickly covered their ears. “I like to sing so that everyone can hear my LOUD VOICE!”

Uncle Big-Cat sat quietly for a moment and then said, “I am glad to learn all of this,” he continued, “But as your uncle, I still want to get to know you even better. So could you

please tell me something else that is special about each of you?”

Once again, the toothy kitten spoke first: “I can run very far and very fast,” she said.

The second kitten answered, “I’m good at digging deep holes in the earth for kittens to hide in, even though this makes my spotted paws all dirty.”

Before the third kitten spoke, everyone else stepped back to protect their ears. “I’m good at climbing up the trees where I can look far and wide in all directions“, she cried, and then she scampered up the tallest tree to show everyone.

Just then, the kitten with the loud voice let out another squeal. “Over by the bushes there is a sand-snake!” she called to the others. The toothy-kitten quickly ran into the deep hole that her brother had dug out the day before. She was well-hidden. A minute later, when the snake slid past, she jumped out of the hole and grabbed the snake with her big teeth. Then she ran back with the snake to rejoin the rest of her family.

The toothy kitten dropped the snake at the feet of her Uncle. Then the kitten with the white spots said, “This is how our mother taught us to work together so that all of us can eat”.

Uncle Big-Cat responded with a big purr, “I am very proud of each of you. All of you are wonderful in your own way, but with the way you work together as a family, this makes you even more special.”

“Meow, MEOW, MEOW,” the cat with the loud voice started to sing. Only this time, everyone joined in!



ACTIVITY 5: COMPLETING THE CHILD WELL-BEING ASSESSMENT TOOL

The *Child Well-being Assessment Tool* gathers information on the target child's needs and tracks changes in the child's situation. It focuses on food and nutrition, school, shelter, safety, relationships, knowledge of HIV and AIDS and teenage pregnancy. The information helps you to find out what needs or challenges the child faces. It also helps you and family members to plan how best to provide support. Findings may be used for making referrals to other organizations or government programs. The tool should be completed every three months. The tool completed during this first visit will be the starting measure of the child's situation.

Target Audience: Target child/children
Estimated Time: 30 minutes
Materials: *Child Well-being Assessment Tool* (found after the instructions)

Instructions:

1. This tool focuses on the target child only.
2. Explain the purpose of collecting the information to the child and family. This is to understand the needs or challenges the child faces and help identify community resources to support the child and his/her household.
3. Tell the child that the form will need to be completed every three months and explain to child what will happen by saying:

Please read/or listen to each statement and give the answer that best reflects your feelings. It is important that you answer each question as honestly as you can so that we can give you and your family the support you need. Your answers will be kept confidential. The form should only take a few minutes to complete.

4. For an older child (14-17 years old), make sure that he/she is sitting comfortably and that there are no distractions. Then the tool should be given to the child to complete on his/her own. For a younger child (10-13 years old), you must find a quiet place, then read each question out loud and allow the child to give an answer before moving on to the next question.
5. The completed tools should be submitted to your supervisor.

Note to supervisors:

Completed forms must be stored in a locked cabinet in your offices to ensure that they are kept confidential. You must analyze the information, provide feedback to the Aunty or Uncle on the well-being of the target children and provide suggestions of how to help.

AUNTIES AND UNCLES PROGRAM CHILD WELL-BEING ASSESSMENT TOOL ³

Name _____	Date _____ DD / MON / YYYY
Date of Birth _____ DD / MON / YYYY	Age _____
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Village _____
Sub-district _____	District _____

	Statement	None of the Time	Some of the Time	All of the Time
1	I eat at least two meals a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have less to eat than other members of my household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Every day I eat some meat and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I have the materials I need to do my class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I like school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I have enough time after I finish my household chores to do my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Where I live, I have my own place to sleep and my own blanket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I feel secure in my neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel safe where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My school attendance is affected by my need to do household chores/help in the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	My school attendance is affected by my need to work for money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My family has enough money to buy the things we need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I am treated the same as other children in my household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My teachers treat me worse than other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I am treated like other children in my village	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I do not get enough sleep and feel tired because of all the household chores and care-giving I do before and after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

³ Some of this tool was taken from and/or adapted from the Catholic Relief Services OVC Wellbeing Tool (OWT)

AUNTIES AND UNCLES PROGRAM CHILD WELL-BEING ASSESSMENT TOOL
(CONTINUED)

PAGE 2 OF 2

Statement		None of the Time	Some of the Time	All of the Time
17	I am able to do things as well as most other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I am as happy as other kids my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel good about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	There is an adult at home (e.g., parent/guardian) whom I trust and who supports me emotionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	There is an adult in the community (e.g., teacher, pastor, neighbor) whom I trust and who supports me emotionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I have at least one friend with whom I can share a secret and whom I trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	My parent(s)/guardian(s) sets clear rules and consequences about when I go out and come in, and what I do, and knows my whereabouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	My parent(s)/guardian(s) is a good, responsible role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I feel strong and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I worry about my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	I am rarely sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	I am growing as well as other kids my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	I understand the changes my body goes through during puberty (adolescence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I know how a girl can become pregnant and how to prevent that from happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I know the things I need to know to avoid getting HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	I can resist pressure to do things that are harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	I feel like I can make my own decisions about things that are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	I feel like I have control over what happens to my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	My body is sometimes abused, for example I sometimes experience any strong hitting or beating or bad touch.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	I do things that can put me at-risk of getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<i>For girls:</i> I make sure that I won't get pregnant – OR – <i>For boys:</i> I make sure I won't make someone else pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUNTIES AND UNCLES PROGRAM

SCORING SHEET: CHILD WELL-BEING ASSESSMENT TOOL

Scoring Template: what to do

1. Circle the correct letter in each row based on how the child answered the question
2. Count the number of As, Bs and Cs. Note that a C represents a positive answer and an A presents a negative answer. Therefore if a child scores mostly Bs and Cs they are quite happy. Areas which received an A need to be worked on.

Statement		None	Some	All	Notes on answers which received an A
FOOD AND NUTRITION					
1	I eat at least two meals a day	A	B	C	
2	I have less to eat than other members of my household	C	B	A	
3	Every day I eat some meat and vegetables	A	B	C	
EDUCATION					
4	I have the materials I need to do my class work	A	B	C	
5	I like school	A	B	C	
6	I have enough time after I finish my household chores to do my homework	A	B	C	
CHILD PROTECTION					
7	Where I live, I have my own place to sleep and my own blanket	A	B	C	
8	I feel secure in my neighborhood	A	B	C	
9	I feel safe where I live *	A	B	C	
HOUSEHOLD ECONOMICS					
10	My school attendance is affected by my need to do household chores/help in the house	C	B	A	

Please note: A score of A or B in question 9 (marked with a *) needs immediate follow-up

AUNTIES AND UNCLES PROGRAM SCORING SHEET: CHILD WELL-BEING ASSESSMENT TOOL (CONTINUED)

PAGE 2 OF 3

Statement	None	Some	All	Notes on answers which received an A
11 My school attendance is affected by my need to work for money	C	B	A	
12 My family has enough money to buy the things we need	A	B	C	
CHILD WELL-BEING AND STIGMA				
13 I am treated the same as other children in my household	A	B	C	
14 My teachers treat me worse than other students	C	B	A	
15 I am treated like other children in my village	A	B	C	
16 I do not get enough sleep and feel tired because of all the household chores and care-giving I do before and after school	C	B	A	
CHILD WELL-BEING AND SELF ESTEEM				
17 I am able to do things as well as most other people	A	B	C	
18 I am as happy as other kids my age	A	B	C	
19 I feel lonely	C	B	A	
20 I feel good about my future	A	B	C	
CHILD WELL-BEING AND EMOTIONAL SUPPORT				
21 There is an adult at home (e.g., parent/guardian) whom I trust and who supports me emotionally	A	B	C	
22 There is an adult in the community (e.g., teacher, pastor, neighbor) whom I trust and who supports me emotionally	A	B	C	
23 I have at least one friend with whom I can share a secret and whom I trust	A	B	C	
24 My parent(s)/guardian(s) sets clear rules and consequences about when I go out and come in, and what I do, and knows my whereabouts	A	B	C	
25 My parent(s)/guardian(s) is a good, responsible role model	A	B	C	

PART I: HOUSE VISITS

AUNTIES AND UNCLES PROGRAM SCORING SHEET: CHILD WELL-BEING ASSESSMENT TOOL (CONTINUED)

PAGE 3 OF 3

Statement		None	Some	All	Notes on answers which received an A
HEALTH AND RH KNOWLEDGE					
26	I feel strong and healthy	A	B	C	
27	I worry about my health	C	B	A	
28	I am rarely sick	A	B	C	
29	I am growing as well as other kids my age	A	B	C	
30	I understand the changes my body goes through during puberty (adolescence)	A	B	C	
31	I know how a girl can become pregnant and how to prevent that from happening	A	B	C	
32	I know the things I need to know to avoid getting HIV/AIDS	A	B	C	
PERSONAL CONTROL AND RISK AVOIDANCE					
33	I can resist pressure to do things that are harmful	A	B	C	
34	I feel like I can make my own decisions about things that are important to me	A	B	C	
35	I feel like I have control over what happens to my body	A	B	C	
36	My body is sometimes abused, for example I sometimes experience any strong hitting or beating or bad touch. *	C	B	A	
37	I do things that can put me at-risk of getting HIV	C	B	A	
38	<i>For girls:</i> I make sure that I won't get pregnant – OR – <i>For boys:</i> I make sure I won't make someone else pregnant.	A	B	C	

Please note: A score of A or B in question 36 (marked with a *) needs immediate follow-up

Chapter 2: Building the Relationships

The activities included in this chapter will help you continue to build a trusting relationship with the members of your assigned households. The support you provide is critical for building the target child's emotional strength, which is needed for him/her to become a successful, healthy adult. In addition to providing direct support, you are also expected to link the children to other services in the community (e.g., health care) as needed. This responsibility applies to both the target child/children and others who live in the household. So it is important that as a mentor, you create a warm and open environment and develop trust and a positive relationship with other members of the household. It is hoped that through these relationships you help children develop ways of coping with challenges.

TIP 5: HOW DO WE KNOW THAT A CHILD CAN COPE WELL?

Children who are successful at coping with problems have the following skills:

1. **Understanding:** They can understand a difficult event. For example, they can explain the death of a parent in a way that makes sense to them.
2. **Belief in their ability:** They believe that they can cope with a crisis because they know that they have some control over what happens now and in the future.
3. **Offer an explanation:** They can give a deeper meaning to a bad event, for example, a spiritual meaning, or develop an inner acceptance.

Objectives:

- ▶ Develop an environment of trust within the households which are visited.
- ▶ Help children accept that there are many different types of families and that each is special in its own way.
- ▶ Help children understand that there are many ways of coping with challenges and that, with support, it is possible to deal with even the most difficult situations.
- ▶ Help the target child/children and other household members learn more about themselves, especially the strengths and talents they have, which can build their self-esteem and help them do well in life.

On the following pages are some activities that may help the target child/children accept that there are many different types of families and that in their hearts they can still be with the people they love even if they have passed. Children may participate in more than one activity if they want. While the focus is on the target child/children other children in the household can also participate, if appropriate.



ACTIVITY 1: DRAWING MY FAMILY GARDEN (FOR CHILDREN 8-14 YRS OLD)

This activity is a good way to help both you and the child better understand his/her family and living situation.

Target Audience: Target child/children
8-14 years old

Estimated Time: 20 minutes

Materials: Paper
Pencils, crayons or
markers

Instructions:

1. Give some paper and pencils, crayons or markers to the child.
2. Explain to the child that there are different kinds of families by saying:

There are many different types of families such as those with one parent or with two, children living with an aunt or grandparent and a child living with an older sibling. It is also important to know that the family you live with may change, but that you will always carry the thought or memory of family members and friends in your heart. It is also okay to sometimes think of people as family even though you are not really related to them.
3. Ask the child to think about his/her own family. Then ask the child to draw a garden that is surrounded by a fence. After that he/she should draw all of his/her family members as a flower, tree or animal inside the fence. In this drawing, it does not matter whether the person is alive or 'late' (dead), or whether the person is a blood relative or not. Everyone who the child wants to put in the garden – a flower or tree or an animal – is welcome.
4. Then ask the child to put him/herself in the garden and say to the child: *Who are these different people (the flowers, trees and animals) in the garden? What are you doing in the garden?* (e.g., playing, caring for the plants, reaching out with hands).
5. Ask the child: *What is your main role in the family?* (For example, someone who makes other people smile and laugh, someone who helps out with chores, someone other people care about).
6. Finally, ask the child to draw arrows (they can be called butterfly lines) showing how a butterfly goes from one plant or animal to another, to show how the different family members are connected or not connected.
7. Explain to the child that if there are special people in the child's life (alive or not), these can be marked with a star or circle.
8. Explain that if friends or other relatives come to visit the garden, these can also be drawn, e.g., as visiting birds. After the child has drawn these, you should ask: *Who do the visiting birds represent?*
9. Do not to criticize the drawing. You must say nice things about the drawing. Everything the child draws is okay, because this is about the child's opinions or feelings.
10. Thank the child for sharing and tell the child that he/she can keep this picture in a safe place or under his/her pillow to dream about at night. If the child does not feel that there is a safe place for the picture, you can offer to keep it for the child.



ACTIVITY 2: JOHARI'S WINDOW (FOR ADULTS & CHILDREN 12-17YRS OLD)

This activity helps participants better understand themselves so they realize that they can always learn and develop themselves for the future. This activity can be done with one person (child or adult) alone or with a group of children.

Target Audience: Target child/children 12-17 years old and caregivers

Estimated Time: 30 minutes

Materials: Paper
Colored pens and pencils or crayons

Instructions:

1. Explain to the participants that every person is complicated and while we see ourselves one way, often others see us differently. You should say:
Some parts of our personality and our thinking we keep private, maybe sharing only with our closest friends, if we share it at all. But this may change over time, just as we are changing. This means we can continue to change and learn new things in the future as well.
2. Participants should not feel pressured to share what they don't want to share. They can draw something if they don't want to use words.
3. Give the participants a piece of paper and a pen or pencil and ask them to write a few words or make a small picture to describe their 'outside self'. This is the personality that they show to others, such as teachers or friends.
4. Explain the 'hidden' or 'inside' self. You should say: *The hidden self is the part of ourselves that we do not usually share with others.* Then you should ask the participants to think about the part of them that they do not want people to know. Then you should ask if there is anyone with whom they would like to share their hidden self.
5. Ask the participants to either make a

symbol of the 'hidden' or 'inside' self (but must not ask what that symbol represents) or to write the name (or draw the person) with whom they can share this secretive side.

6. Ask about another part of a person called the 'blind self' by saying:

The 'blind' self is the part of yourself that you don't think about a lot. It is the parts that others see but you don't. This is something that other people would say about you, even though you may not describe yourself in this way. For example, it may be a talent that you have or your tone of voice.

If others are present during this activity, they can offer suggestions for the participant's blind self, but positive things only!

7. Ask the participants to write or draw something that they would like to learn or change in the future by saying:

The 'dream' self is something you want to learn or change in the future. Dreams are the part of a person that is unknown to others. They represent our hopes as well as aspects of our lives that we want to develop or change. For example you may have talents and interests that no one knows about, which you may want to develop. Everyone can learn new things and new ways to speak to others.

These desires and dreams are what the children or adults should draw or write about.

8. After the participants have finished, ask them to share as much as they are comfortable. Listen to and acknowledge what they are saying. Thank them for sharing and doing the exercise. Offer positive feedback as part of your mentoring. You can talk about the dreams, in particular, and what can be done to help make the dreams come true. The participants are allowed to keep their papers after the activity.



ACTIVITY 3:
MY BIG HEART (FOR CHILDREN 7-12YR OLDS) ⁴

This exercise is intended primarily for children ages 7-12 to help them express their feelings about their environment and to make clear who and what is important to them. As you comment and possibly ask questions about what they have put into their picture (using good listening skills and positive feedback), you will be able to understand the child better and the child will also feel good about being valued and accepted for who he/she is. The exercise may be done with one child alone or with a group of children.

Target Audience: Target child/children 7-12 years old

Estimated Time: 20 minutes

Materials: Paper
Pencils, crayons or markers

Instructions:

1. Each child is given a sheet of paper.
2. If there are several children, you can put all the crayons in a box in the middle of the room and let each child take three or four crayons from the box.
3. Each child is asked to draw a big heart.
4. You can show the drawing of the big heart which follows the instructions. The children are not allowed to copy the picture, but you should encourage them to draw their own big heart.
5. Explain to the children that you would like them to draw or write inside the heart all the people who have a place in their heart, that is, all the people they love or like very much. Explain that they can also include people who have died, an animal, a book, a toy or anything they love.

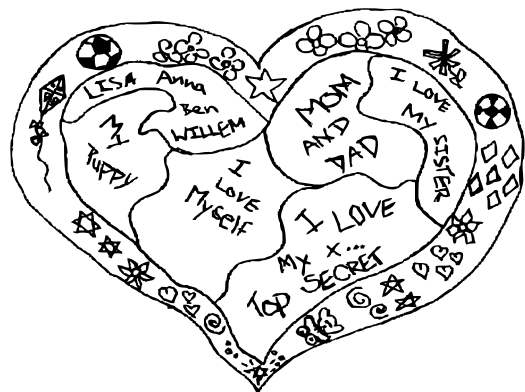
6. The children are then asked to decorate their drawings however they would like.

NOTE: Children can also make two or three hearts separately and give them to different people as a present.

7. Tell the children: *If you give a heart to another person, you are sharing a good feeling with that person. If you share good feelings, it will also be easier to share bad feelings or talk about problems with that person in the future.*

8. After the drawing session you should take a few minutes to look at all the pictures with the children. You should ask each child if he/she would like to talk about his/her picture. In your role as a mentor you should listen to what the child is saying and provide positive feedback. You must not force any of the children to discuss their picture, but encourage them to do so, as this develops and boosts self-confidence.

NOTE: Give children time to produce something beautiful. Encourage them to take their time.



⁴ This activity is taken from The Green Window of Hope: The I-We Window. By Erica von Wietersheim & Lucy Y. Steinitz. Ministry of Education, Windhoek, Namibia 2004. Pages 43-44.

Chapter 3: HIV Prevention

One of your major roles as a mentor is to promote healthy behaviors that reduce risk in all parts of a child's life as per the Star Model. The purpose of this chapter is to show you how to conduct activities that improve young people's (and caregivers') knowledge of HIV and related risks, and identify ways to reduce risk or maintain risk-free behaviors. In addition to the activities and information provided in this chapter, there are many resources in the community, including VCT (voluntary counseling and testing) centers, health clinics, community-based organizations, school libraries and HIV/AIDS clubs and government programs that can provide additional information, services and support to household members. You should ensure household members are aware of these other sources and make referrals as needed.

Objectives:

- ▶ Improve HIV and AIDS and related knowledge.
- ▶ Help individuals assess their risk of HIV infection or re-infection.
- ▶ Practice and model HIV risk-reduction behaviors.



ACTIVITY 1: WHAT DO I KNOW ABOUT HIV AND AIDS?

This activity uses a quiz to assess the child's or caregiver's knowledge of HIV and AIDS. It can be conducted one-on-one or in a small group.

Target Audience: Target child/children and caregivers (ages 12 and up)

Estimated Time: 30 minutes

Materials: Pens or pencils
Paper for writing answers
HIV/AIDS: What do I know? Quiz and answer sheet (Both come after the instructions)

Instructions:

1. Say to the children or adults: *I would like to talk with you about HIV and AIDS to learn what you know and give more information, if needed. To do this I would like to do a short quiz with you.*
2. Ask the children or adults if they would prefer to take the quiz by themselves and then discuss it (Option 1) or have you ask the questions and discuss the answers directly (Option 2). For younger children, it may be easier for you to ask the questions.

Option 1: Doing quiz by themselves:

- a. Give the quiz and a pen or pencil to the participants and then say: *Read each question and choose what you believe is the right answer by ticking the box. This is not a test, if you have questions as you complete the quiz you are welcome to ask.*
- b. It should take about 15 minutes or so to finish the quiz. If more time is needed, you must allow it.

- c. Once the quiz is finished, review each question and answer one by one, correcting any wrong answers, providing more information and answering any further questions about the topic. You can use the *Quiz Answer Sheet* which comes after the quiz questions if you need help with the answers.

Option 2: Auntie/Uncle-administered quiz:

- a. Sit where the participants can see the quiz. Then you should explain: *There are 18 questions, with different answers; you need to choose the answer you think is correct. This is not a test, if you have questions as we go through the quiz you are welcome to ask.*
- b. Starting with question 1, read aloud each question and the possible answers (repeat, if needed), and ask for a response. Then you should mark the response given on the quiz. You can either complete the quiz and then review the responses to each question or provide further information and correct the responses as you go along. You can use the *Quiz Answer Sheet* which comes after the quiz questions if you need help with the answers.

You must be sure to answer any of the questions the participants ask during this activity. If you are unable to do so, you should tell the participants that you will look for the answer and give it to them at the next visit. Another way of finding the answer is for you and the participants to find the answers by visiting a local NGO or health clinic

AUNTIES AND UNCLAS PROGRAM

HIV AND AIDS: WHAT DO I KNOW? QUIZ ⁵

1. **What is the difference between HIV and AIDS?**
 - HIV is a virus and AIDS is a bacterial disease
 - There is no difference between HIV and AIDS
 - HIV is the virus that causes AIDS
2. **Is there a cure for AIDS?**
 - Yes
 - No
3. **Can you get AIDS from sharing a cup with someone who has HIV?**
 - Yes
 - No
 - Only if you don't wash the cup
4. **Can insects transmit HIV?**
 - Yes
 - No
 - Only mosquitoes
5. **What is the most common way to get HIV in Botswana?**
 - Sharp objects
 - Unprotected sex
 - Injecting drugs
6. **Oral sex is...**
 - When you talk during sex
 - Using your mouth to excite your partner
 - Another word for tongue kissing
7. **What is the risk of transmitting HIV during oral sex?**
 - Just the same as anal or vaginal sex
 - There is a 50% chance that HIV will be transmitted if one person is HIV positive
- The risk is very low, but increased if either person has cuts or sores on their mouth or private parts
8. **When having sex, the best way to avoid a sexually transmitted infection (which HIV is one) is to...**
 - Use a condom
 - Have sex standing up
 - Only have anal sex
9. **Unprotected sex is...**
 - When a man puts his penis into another person's vagina or anus in an unsafe location
 - When a man puts his penis into another person's vagina or anus without consent
 - When a man puts his penis into a another person's vagina or anus without using a condom
10. **Do condoms provide total protection against all sexually transmitted diseases?**
 - No
 - Yes
11. **How often should male condoms be used?**
 - More than once if they're washed
 - Only once
 - More than once if it's with the same person
12. **At what point during sexual intercourse should the condom be put on the penis?**
 - Before the penis is hard
 - Just before the point of ejaculation to catch the semen
- Once erect and before any contact with your partner's body
13. **Which is the most effective at preventing pregnancy, HIV and other sexually transmitted infections?**
 - Birth control pill
 - Withdrawal method
 - Condoms and lubricants
14. **How effective are condoms at preventing pregnancy if used consistently and correctly?**
 - 50 percent
 - 100 percent
 - Nearly 100 percent
15. **After sex, when should condoms be taken off the penis?**
 - Before the penis goes too soft
 - At least an hour later
 - As soon as the penis is no longer erect
16. **Which of the following can pass through latex condoms?**
 - HIV
 - Gonorrhea
 - Semen
 - None of the above
17. **What are lubricants?**
 - A type of contraception
 - A type of condom
 - A product designed to make sex smoother
18. **What are the best lubricants to use with latex condoms?**
 - Water-based
 - Oil-based
 - Both

⁵ The questions and further information for this quiz were drawn from <http://www.avert.org/quizzes.htm> and FHI 360's interpersonal communication guides for the Basha Lesedi Project.

**AUNTIES AND UNCLAS PROGRAM HIV AND AIDS: WHAT DO I KNOW? QUIZ
ANSWERS**

1. What is the difference between HIV and AIDS?

- HIV is a virus and AIDS is a bacterial disease
- There is no difference between HIV and AIDS
- HIV is the virus that causes AIDS

More information:

HIV stands for Human Immunodeficiency Virus, and is the virus that leads to AIDS, which stands for Acquired Immune Deficiency Syndrome. HIV gradually weakens the immune system – the part of our bodies that fights off infections and diseases and keeps us healthy. A person can have HIV and not know it because he might not feel sick and a person can live a relatively normal life for many years after they are diagnosed with HIV. But after about 8-10 years with a weakened immune system, a person’s body cannot fight certain infections, like tuberculosis and some kinds of pneumonia. They are said to have AIDS when they develop an HIV related illness.

2. Is there a cure for AIDS?

- Yes
- No

More information:

There is no cure for AIDS. This means it is important to be aware of prevention methods, such as safe sex, to protect yourself.

Although there is no cure for AIDS, there are medicines available now that can help people with AIDS live longer. They are called antiretroviral drugs or ARVs. The pills need to be taken every day for the rest of one’s life. While that may sound easy, people sometimes forget to take their pills every day. That can make the virus even more dangerous. And, the pills can have some very serious side effects.

3. Can you get AIDS from sharing a cup with someone who has HIV?

- Yes
- No
- Only if you don’t wash the cup

More information:

It is not possible to become infected with HIV from everyday casual contact such as sharing food, shaking hands or touching the same objects. You are only at risk from HIV if you are exposed to infected blood or bodily fluids.

HIV is also not transmitted through sharing food or drink, by kissing or hugging, by swimming together or sharing clothes or towels, by using public toilets or by witchcraft.

4. Can insects transmit HIV?

- Yes
- No
- Only mosquitoes

More information:

Insects cannot transmit HIV. When taking blood from someone mosquitoes do not inject blood from any previous person. The only thing that a mosquito injects is saliva, which acts as a lubricant and enables it to feed more efficiently.

5. What is the most common way to get HIV in Botswana?

- Sharp objects
- Unprotected sex
- Injecting drugs

More information:

A person can be infected with HIV through exposure to the blood, semen, vaginal fluids or breast milk of a person living with the virus. In Botswana, the most common way HIV is transmitted through unprotected sex (intercourse without a condom). Another common way is Mother-to-Child Transmission either during pregnancy, at birth or

AUNTIES AND UNCLES PROGRAM HIV AND AIDS: WHAT DO I KNOW? QUIZ

ANSWERS (CONTINUED)

PAGE 2 OF 3

through breastfeeding; however, this can be prevented if the mother takes medication provided by the government's program to Prevent Mother-to-Child Transmission. You may have heard of the program called PMTCT.

6. Oral sex is...

- When you talk during sex
- Using your mouth to excite your partner
- Another word for tongue kissing

More information:

Oral sex involves oral stimulation (e.g., sucking or licking) of the penis or the vagina.

7. What is the risk of transmitting HIV during oral sex?

- Just the same as anal or vaginal sex
- There is a 50% chance that HIV will be transmitted if one person is HIV positive
- The risk is very low, but increased if either person has cuts or sores on their mouth or private parts

More information:

The risk of HIV transmission through oral sex is much less than that through anal or vaginal sex. If the HIV positive person has bleeding wounds or gums there is a greater chance of HIV transmission.

8. When having sex, the best way to avoid a sexually transmitted infection (which HIV is one) is to...

- Use a condom
- Have sex standing up
- Only have anal sex

More information:

Condoms are the most effective way to prevent sexually transmitted infections (STIs). STIs can be passed on through anal sex, and sex while standing up will not give any protection against STIs.

9. Unprotected sex is...

- When a man puts his penis into another person's vagina or anus in an unsafe location
- When a man puts his penis into another person's vagina or anus without consent
- When a man puts his penis into a another person's vagina or anus without using a condom

More information:

Having unprotected sex means having sex (when a man puts his penis into another person's vagina or anus) without using a condom.

10. Do condoms provide total protection against all sexually transmitted diseases?

- No
- Yes

More information:

Condoms provide protection against many STIs such as HIV, however there are some STIs such as genital warts and herpes that can be passed on through skin contact even when a condom is used.

11. How often should male condoms be used?

- More than once if they're washed
- Only once
- More than once if it's with the same person

More information:

To protect against STIs, including HIV, and pregnancy, male condoms should never be used more than once.

12. At what point during sexual intercourse should the condom be put on the penis?

- Before the penis is hard
- Just before the point of ejaculation to catch the semen

AUNTIES AND UNCLES PROGRAM HIV AND AIDS: WHAT DO I KNOW? QUIZ

ANSWERS (CONTINUED)

- Once erect and before any contact with your partner's body

More information:

The condom should be put on once the penis is erect and before there is any contact between the penis and your partner's body. Fluids released from the penis even very early on in sex can cause pregnancy or transmit an STI.

13. Which is the most effective at preventing pregnancy, HIV and other sexually transmitted infections?

- Birth control pill
- Withdrawal method
- Condoms and lubricants

More information:

Condoms are the only type of contraception that reduces both the risk of pregnancy and becoming infected with STIs.

14. How effective are condoms at preventing pregnancy if used consistently and correctly?

- 50 percent
- 100 percent
- Nearly 100 percent

More information:

Condoms are nearly 100 percent effective at preventing pregnancy if used consistently and correctly.

15. After sex, when should condoms be taken off the penis?

- Before the penis goes too soft
- At least an hour later
- As soon as the penis is no longer erect

More information:

Condoms should be taken off after the man ejaculates and before the penis

goes soft. After this, there should be no contact between the penis and the vaginal area.

16. Which of the following can pass through latex condoms?

- HIV
- Gonorrhea
- Semen
- None of the above

More information:

Studies have shown that nothing can pass through a latex condom, including HIV and sexually transmitted infections, if they are used correctly.

17. What are lubricants?

- A type of contraception
- A type of condom
- A product designed to make sex smoother

More information:

Lubricant or 'lube' is like a cream or jelly which can be used to make sex go a little more smoothly. It should be put on the outside of a condom so that the penis slides into the vagina or anus more easily. Only water-based lubricant should be used with a condom as oil-based ones could cause it to degrade.

18. What are the best lubricants to use with latex condoms?

- Water-based
- Oil-based
- Both

More information:

Always use a water-based lubricant with latex condoms, as oil-based lubricants (including Vaseline/petroleum-based products) will cause the latex to break.



ACTIVITY 2: MY OPINION COUNTS

This activity uses letter writing to help the child/children or caregiver express their thoughts on how young people can reduce their risk of HIV infection and how they can help their community fight against HIV and AIDS. There are also specific activities if the child or caregiver is HIV positive or if they have lost a loved one to AIDS.

Target Audience: Target child/children and caregivers

Estimated Time: 60 minutes

Materials: Paper
Pens or pencils

Instructions:

1. Explain to the child or caregiver: *I would like to know your opinion about ways to reduce the risk of HIV infection in your community. To learn your opinion, I propose that you write a letter to a friend or write a newspaper article. If you prefer we can discuss your views.*
2. If the participant is interested in writing a letter, you should follow the next set of instructions (step 3). If the participant prefers to discuss his/her opinion, you should use the questions in the instructions to have a conversation.
3. Say to the child or caregiver: As you write your letter to your friend or to the newspaper, think about how you would answer the following questions:
 - *What do you think we need to do as a community to reduce the risk of HIV infection among our people?*
 - *What are you doing now or planning to do to prevent yourself and those around you, including family members, from getting infected with HIV?*
 - *What are some of the challenges that you have experienced or think you may experience?*
 - *What are some of the strategies that you can use to help you address these challenges?*
4. Finally, if the child or caregiver wants to write a letter to the newspaper, you should offer to help the participant submit it so that it can be published. If sharing it publicly, you should be sure to check spelling and grammar first.
5. Give the child or caregiver positive feedback for the work done and thank him/her for sharing his/her views and experiences.



ACTIVITY 3: STORYTELLING #2: 'THE JAR OF WISHES'

The story told in this activity is about peer pressure and how it can affect a young person's dreams and plans for the future.

Target Audience: Target child/children and caregivers

Estimated Time: 60 minutes

Materials: A copy of the story '*The Jar of Wishes*'
Pens or pencils
Paper

Instructions:

1. Before visiting the household, you should read the story called '*The Jar of Wishes*' (which is after the instructions) to become familiar with it.
2. During the visit, you read the story out loud. You may need to translate the story into Setswana.
3. At the end of the story ask the listener the following questions, stopping between each one to hear the answer and discuss if necessary:
 - *What is the story about? What happened?*
 - *Why was Ona's grandmother keeping a jar of stones for her? What did the jar and the stones represent?*
 - *What happened to the jar?*
 - *Who is responsible for breaking the jar?*
 - *Why do you think Ona allowed Kesego to touch the jar?*
4. If the listener does not mention peer pressure, you must raise this topic and explain that peer pressure is:
 - *When a person's peers – children their age or in their class – try to influence how that person acts it is called peer pressure.*
 - *Peer pressure can be a positive influence (friends who do well in school may influence a young person to study hard), or a negative influence (friends who drink may influence a young person to try alcohol).*
 - *Some people give in to peer pressure because they want to be liked, to fit in or because they worry others may make fun of them if they do not follow the group. Others give in because they are curious or because they assume 'everyone is doing it'.*
5. Ask the child or caregiver: Do you face any positive or negative peer pressure? If experiencing negative pressure, you can coach the child or caregiver to say "No" by helping him/her clarify and then attend to his/her own feelings and beliefs about what is right and wrong. You can also help build the child's or caregiver's confidence to stand firm, walk away or resist pressure in other ways.

NOTE: Questions from here down differ for child and adult participants.

FOR CHILDREN:

- a. Ask the child the following questions, waiting for the response in between:
 - *If you were Ona what would you have said to Kesego? What would you have done?*
 - *Have you ever experienced peer pressure? If the answer is yes, then ask: How did you handle it?*
 - *Who can you turn to for support if you find yourself being pressured by friends or peers?*
- b. Give the child a piece of paper and a pen or pencil and ask him/her to draw a jar. Then ask him/her to think about good things or wishes he/she wants to say "Yes" to and to write down two or three of these inside the jar.
- c. Ask the child to draw another jar on the backside of paper and to write down on the inside of the jar two or three dangers he/she wants to say "No" to.
- d. Ask the child to keep the sheet and refer to it now and again to remind him/her of these desires. If the child does not want to keep the sheet, you should offer to keep it for him/her. You should remind the child that anything he/she says remains confidential. You must thank the child for doing the activity.
- e. During the home visits you should remember to ask the child about their wishes and how he/she is progressing and offer any support needed.

FOR ADULTS:

- a. Ask the adult the following questions, waiting for the response in between:
 - *If your child were Ona, what would you have wanted her to say to Kesego? What would you have done?*
 - *Do you know if your children have ever experienced peer pressure? How did they handle it?*
 - *Who would you like your child to turn to for support if they are being pressured by friends or peers?*
 - *How can you help your child feel comfortable turning to that person?*
- b. Give the adult a piece of paper and a pen or pencil and ask him/her to draw a jar. Then ask him/her to think about good things or wishes they want for their children and to write two or three of these per child inside the jar.
- c. Ask the adult to draw another jar on the backside of paper and to write down two or three dangers he/she wants their children to say "No" to and to write these inside the jar.
- d. Ask the adult to keep the sheet and refer to it now and again to remember these desires. If the adult does not want to keep the sheet, you should offer to keep it for him/her.
- f. During the home visits you should remember to ask the adult about his/her wishes for his/her children and how they are progressing and offer any support needed.

The Jar of wishes

Ona's grandmother kept three large clay-pots in the corner of her sleeping hut. She called them the Jars of Wishes. She had one jar for Ona and one for each of her two younger brothers. No one else in the family was allowed to go near the jars, except the grandmother. Grandmother often warned Ona about her jar. "Your jar is very special," she said. "I will keep it for you until you are grown up. Until then you must not touch it." Grandmother brought the jar close to Ona and said, "See how full the jar is of small stones? Sometimes, when I say my night-time prayers to God, I hold a small stone in my fingers. Then I will say a prayer about what I wish for your future. Sometimes I pray that you will study hard and finish school. Other times I pray that you will grow up healthy. After I pray, I put a small stone inside your jar."

One day, grandmother travelled away and Ona remained in the hut. Her friend Kesego came to visit and insisted that they should go and see what is in the jar. Ona remembered the warning of grandmother, but Kesego was persuasive. It was dark inside the hut, when Ona and Kesego went in to grandmother's hut. Ona lifted up her arms and reached inside the tall jar. The small stones felt so smooth and cool! For a moment, Ona was trying to imagine what kind of prayers were behind the stones. Suddenly Kesego tried to grab the jar and it slipped out of his hands and broke on the floor! The small stones scattered in all directions. Kesego ran away and left Ona crying.

That afternoon, when Ona's grandmother returned, Ona told her what had happened. Grandmother was quiet and then said "the Jar of Wishes was a precious gift that I wanted to give to you when you are grown up. Now it is broken and I don't know if we can mend the jar again". Grandmother took Ona's hand "Because you broke the jar, I am not sure if your future will be the same", she added. "Maybe we will find a new jar. If we do, you will have to help me to fill it with many good wishes for your future life."





ACTIVITY 4: WHAT DIFFERENCE DOES BEING A GIRL OR BOY MAKE? ⁶

Many cultures place a higher value on males than females. From the time they are babies, girls may receive less food or medical attention than boys. This behavior that values boys more than girls can place females at risk of sexual violence, including rape. For instance, a study in Botswana found that for many adolescent girls the first time they had sex was by force.⁷

The purpose of this activity is to help the child or caregiver understand how being a boy or girl can affect expectations and behaviors, particularly those related to HIV and other health risks.

Target Audience: Target child/children and caregivers

Estimated Time: 60 minutes

Materials: Paper
Pen, pencil or marker

Instructions:

1. Make three columns on the paper (use a large sheet of paper if this activity is being done in a group). You should put on the top of the first column 'Girl/Woman' and leave the other two columns blank.
2. Ask the participants: *How are girls different from boys?* You should try to get as long a list as possible, and remember not to 'correct' or respond to the answers given. You should write the answers in the labeled column.
3. Next, put 'Boy/Man' on the top of the third column and asks: *How are boys different from girls?* Then you should write the answer in the corresponding column.
4. Make sure both columns (for girls and for boys) have negative and positive behaviors, qualities and abilities. Also, you add any physical differences (such as menstruation, breasts, wet dreams, changing voice, beard and penis).
5. Cross out the titles at the top of the column and switch them. So where it used to say 'Girl/Woman' write 'Boy/Man' and where it used to say 'Boy/Man' write 'Girl/Woman'.
6. Go through the list in new 'Girl/Woman' column and for each behavior, quality or ability asks: *Can boys have the same behavior, quality or ability that is supposed to be for girls?* You should do the same with the 'Boy/Man' list, this time asking: *Can girls have the same behavior, quality or ability that is supposed to be for boys?* You should put a star next to things that are only for boys or only for girls (e.g., penis, vagina) – or those that only boys and only girls are born with – and then write them in the middle column and label this 'Sex'.
7. Explain that the remaining items in the original 'Girls/Women' and 'Boys/Men' columns are society's views of how boys and girls should behave.
8. Ask these questions and discuss the responses with the participants:
 - a. *Why do we give different qualities to boys and girls?*
 - b. *Who influences us in giving these qualities? What do parents or guardians say? Teachers? Pastors? Others?*
 - c. *How true are these qualities?*
 - d. *What happens when a boy behaves "like a girl" in our community?*
 - e. *What happens when a girl behaves "like a boy" in our community?*
 - f. *Are there ways these qualities can harm boys or girls? (Probe: If boys are expected to have many partners, does this increase their risk of HIV?)*
9. Ask if there are any questions and either provide the answers or find out the correct answer. After that, thank who ever has done the activity for sharing their thoughts. You should also encourage the participants to talk with others about how being a boy or girl can affect young people and their well-being.

⁶ This activity is from Life Skills Education Toolkit for Orphans and Vulnerable Children in India. 2007. Family Health International. New Delhi: India.

⁷ WHO Botswana YMCA and WHO/GPA joint research project on assessment of peer education: final report on the baseline assessment findings. Gaborone: World Health Organization, 1992.



ACTIVITY 5: AM I AT RISK?

This activity helps the children assess their risk of getting HIV and/or other sexually transmitted infections. It is intended to be followed by Activity 6, even if not done on the same day.

Target Audience: Target child/children

Estimated Time: 60 minutes

Materials: A copy of the scenarios

Instructions:

1. Say to the child: During some of the other activities we talked about HIV and other sexually transmitted infections. We spoke about ways you can get HIV and ways you can prevent it. Now I'd like to talk about situations that place young people – like you – at risk.
2. Read each of the scenarios below using the different scenarios for girls and boys, as indicated on pages 37 and 38.
3. After reading each girl or boy scenario ask all of the questions that follow. Be sure to allow time for discussion and to probe the child's answers so you understand the child's situation. This will help you support him/her to avoid HIV infection or re-infection, or other risks. If time doesn't permit going through all of the scenarios, you can select the scenarios that are most important to the child's situation.

SCENARIOS FOR GIRLS



Lesego is 13 years old and she is in primary school. She doesn't have a boyfriend and doesn't want one now. She's never had sex and plans to wait until she is grown up so that she avoids unplanned pregnancy and/or HIV. This is because she worries that a baby or HIV will keep her from being a doctor when she gets older.

- *What can Lesego do to stick to her plan of not having sex?*
- *What challenges will she face?*
- *What would you do if you were Lesego?*
- *What support do you need to make sure you can face challenges as you wish?*

Mpho is 17 years old and her mother just died of AIDS. Her father died of AIDS last year and she has four younger siblings. Being the oldest, Mpho needs to support her siblings. She realizes she can make money by having sex with many different men.

- *What can Mpho do to reduce her chances of acquiring HIV?*
- *What challenges will she face?*
- *What would you do if you were Mpho?*
- *What options does Mpho have?*
- *What support do you need to make sure you can deal with challenges?*

Tshepo is 15 years old and she is in secondary school. She has a boyfriend who is also 15. He is a very nice guy and treats Tshepo well so she wants to make him happy and keep him around. The boyfriend has had sexual experiences and he wants to have sex. He is willing to wait until Tshepo is ready. She doesn't think he is having sex with anyone else right now, but she's not sure.

- *What options or choices does Tshepo have? Which do you think might be the best one?*
- *What would you do if you were Tshepo?*
- *What support do you need to make sure you can respond to challenges as you wish?*

Keneilwe is 14 years old. She is in secondary school. She has a boyfriend who is 20 and sometimes skips school to spend time with him. He is fun and makes Keneilwe feel grown up. She's soon turning 15 and wonders if it's time to 'become a woman'.

- *If Keneilwe were your friend what would you say to her?*
- *What would you do if you were Keneilwe?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Lorato is 16 years old. She is in secondary school and is not doing very well. Her teacher says if she has sex with him she will get passing grades.

- *What can Lorato do?*
- *How realistic is that?*
- *Is there anything you would suggest that she do?*
- *What would you do if you were Lorato?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Temana is 13, years old. Her friend has been asking her to go to the bar with her because she says drinking is fun. She also says men pay attention to her at the bar.

- *What risks will Temana face if she decides to go to the bar?*
- *What could she do instead?*
- *What would you do if you were Temana?*
- *What do you need to ensure you can respond as you wish?*

Karabo is a 15 year old girl who left school because of pressure from her aunt who wants Karabo to have sex with men in exchange for money.

- *What options or choices does Karabo have? Which do you think might be the best?*
- *What would you do if you were Karabo?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Ndinabo is 16 years old. She suspects her boyfriend may be HIV positive, but she would like to have sex with him.

- *What risks will she face if she decides to have sex with her boyfriend?*
- *What could she do to reduce those risks?*
- *What would you do if you were Ndinabo?*
- *What support do you need to make sure you can respond as you wish to challenges?*

SCENARIOS FOR BOYS



Tefo is 13 years old and he is in primary school. He doesn't have a girlfriend and doesn't want one now. He's never had sex and plans to wait until he is grown up so that he avoids HIV and/or getting a girl pregnant. This is because he worries that a baby or HIV will keep him from being a doctor when he gets older.

- *What can Tefo do to stick to his plan of not having sex?*
- *What challenges will he face?*
- *What would you do if you were Tefo?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Thebe is 15 years old and he is in secondary school. He has a girlfriend who is also 15. They have had sex together, but they have always used a condom. Now his girlfriend has asked him to have sex without a condom because they love each other and she wants to feel him without anything in between.

- *What do you think Thebe should do?*
- *What would you advise him to do if he were your friend?*
- *What would you do if you were Thebe?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Kagiso is 16 years old. He is in secondary school and is not doing very well. His teacher says if Kagiso has sex with her he will get passing grades.

- *What can Kagiso do?*
- *How realistic is that?*
- *Is there anything you would suggest that he do?*
- *What would you do if you were Kagiso?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Thabo is 16 years old. His friend has been asking him to go to the bar with him because he says drinking is fun. He also says drinking helps when trying to talk with girls.

- *What risks will Thabo face if he decides to go to the bar?*
- *What could he do instead?*
- *What would you do if you were Thabo?*

- *What support do you need to make sure you can respond as you wish to challenges?*

Bakani is a 15 year old boy who is living with his aunt. She wants Bakani to have sex with her.

- *What options or choices does Bakani have? Which do you think might be the best one?*
- *What would you do if you were Bakani?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Reba is 16 years old. He suspects his girlfriend may be HIV positive, but he would like to have sex with her.

- *What risks will Reba face if he decides to have sex with his girlfriend?*
- *What could he do to reduce those risks?*
- *What would you do if you were Reba?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Kabo is 17 years old. He has been going with his girlfriend for over a year and his friends are pressuring him to have another girlfriend just to be on the safe side if he gets dumped.

- *What risks will Kabo face if he decides to have another girlfriend?*
- *What should Kabo do to protect himself from getting infected with an STI, including HIV?*
- *What would you do if you were Kabo?*
- *What support do you need to make sure you can respond as you wish to challenges?*

Budzwani is 17 years old. His friend's sister is asking him to have sex with her and if he agrees she will allow him to drive her new car.

- *What should Budzwani do or say to resist this temptation?*
- *What would you do if you were Budzwani?*
- *What support do you need to make sure you can respond as you wish to challenges?*



ACTIVITY 6: PRACTICING WAYS I CAN PROTECT MYSELF

This activity is intended to help children reduce their risk of HIV and other sexually transmitted infections through role plays. The role plays help the children practice ways to respond to potentially risky situations. It is intended to follow Activity 5, even if not done on the same day.

Target Audience: Target child/children

Estimated Time: 60 minutes

Materials: A copy of the scenarios

Instructions:

1. Say to the child: I know young people your age may be at risk of HIV infection or other health problems and I'd like to help you reduce your risk.
2. Explain that to do so you would like to speak about situations the child might face and practice ways to respond.
3. Read each of the scenarios following these instructions (on pages 40 and 41) one by one and act them out with the child. There are different scenarios for girls and boys.
4. After conducting all of the role plays, ask the child if he/she has any questions and answer them.
5. Finally, encourage the child to practice situations like these and others with his/her friends.

SCENARIOS FOR GIRLS



- ♀ **You are talking with a friend who recently had sex who tells you how much fun it is and that you need to try it.** (You play the friend. If there is time this scene can be repeated with the child playing the friend.)
- ♀ **One day when you are walking to school and feeling very tired a car stops next to you and the man inside asks if you want a ride. You have heard that girls who take rides give sex in exchange.** (You play the man. If there is time this scene can be repeated with the child playing the man.)
- ♀ **A boy that you like invited you to his house when his parents are away and told you he would have beer to drink.** (You play the boy. If there is time this scene can be repeated with the child playing the boy.)
- ♀ **You are talking with one of your friends and she tells you that your boyfriend has taken-up with another girl.** (You play the friend. If there is time this scene can be repeated with the child playing the friend.)
- ♀ **You are about to have sex with your boyfriend, but neither of you have a condom. He says if you really love him you would trust him.** (You play the boyfriend. If there is time this scene can be repeated with the child playing the boyfriend.)
- ♀ **You ask for condoms at the clinic or hospital, but the health provider tells you that you don't need condoms because you are too young to be having sex.** (You play the health provider. If there is time this scene can be repeated with the child playing the health provider.)
- ♀ **You are at a wedding and a boy you like is pressuring you to drink.** (You play the boy. If there is time this scene can be repeated with the child playing the boy.)
- ♀ **You are spending time with a boy who is a bit older than you who is giving you a lot of attention. In the past he bought you some perfume and lipstick. Now he is telling you that he'll buy you a phone and airtime if you'll have sex with him.** (You play the boy. If there is time this scene can be repeated with the child playing the boy.)
- ♀ **You and your boyfriend are planning to have sex, but you think you should get tested for HIV first.** (You play the boyfriend. If there is time this scene can be repeated with the child playing the boyfriend.)

SCENARIOS FOR BOYS



- ♂ **You are talking with a friend who recently had sex who tells you how much fun it is and that you need to try it.** (You play the friend. If there is time this scene can be repeated with the child playing the friend.)
- ♂ **You are talking with one of your friends and he tells you that your girlfriend has taken-up with another boy.** (You play the friend. If there is time this scene can be repeated with the child playing the friend.)
- ♂ **You are about to have sex with your girlfriend, but neither of you have a condom. She says she loves you and you should trust her and have sex without a condom.** (You play the girlfriend. If there is time this scene can be repeated with the child playing the girlfriend.)
- ♂ **You ask for condoms at the clinic or hospital, but the health provider tells you that you don't need condoms because you are too young to be having sex.** (You play the health provider. If there is time this scene can be repeated with the child playing the health provider.)
- ♂ **You are at a wedding and your friends are pressuring you to drink. They tell you once you drink you'll be popular with girls.** (You play one of the friends. If there is time this scene can be repeated with the child playing one of the friends.)
- ♂ **You go to visit your friend, but he is not home. His mother invites you in and asks you to have sex with her.** (You play the mother of the friend. If there is time this scene can be repeated with the child playing the mother of the friend.)
- ♂ **You and your girlfriend are planning to have sex, but you think you should get tested for HIV first.** (You play the girlfriend. If there is time this scene can be repeated with the child playing the girlfriend.)
- ♂ **You have a steady relationship with your girlfriend and your friends are putting pressure on you to have another girlfriend because it will show that you are a man.** (You play one of the friends. If there is time this scene can be repeated with the child playing one of the friends.)
- ♂ **Your mother found a condom in your pocket and she wants to know where you got it and what you intend to do with it.** (You play the mother. If there is time this scene can be repeated with the child playing the mother.)

Chapter 4: HIV Testing and Disclosure

HIV testing plays an important role in the response to AIDS. It is important to encourage all household members to get tested and know their status. However, you, as a mentor, cannot take children or young people from the household for testing without the consent of the parent/caregiver.

Disclosure is the process of telling other people that they are HIV positive. This should be done thoughtfully and should not happen all at once. That means there can be separate decisions about who should be told, and when and how and by whom, and also how much detail should be shared. Disclosure can take place over a period of time. It requires on-going and good communication within families and with a trusted friend or counselor. No one should disclose the HIV status of someone to anyone else without consent.

During home visits you want to create a relationship that makes people feel comfortable talking about HIV. Once this relationship has been created, you, as a mentor, can follow-up with more specific questions, suggestions and support.

Objectives:

- ▶ Create a trusting and understanding environment for family members to talk about HIV testing and disclosure.
- ▶ Raise awareness of the importance of HIV testing, and the reasons for disclosure.
- ▶ Provide the caregivers with tips on how and when to disclose their own or their child's HIV status.
- ▶ Provide HIV positive children with tips on how to disclose their status, while providing emotional support at all times.

TIP 6: WHERE TO GET AN HIV TEST

In our communities there are different testing centers: voluntary counseling and testing (VCT) centers (for example, Tebelopele, Botswana Christian AIDS Prevention Programme (BOCAIP)), hospitals and clinics. It is important to know where these facilities are in your community, and that you establish working relationships with them so you can easily access information if you need to and confidently make referrals.



ACTIVITY 1: INFORMATION SHARING ON HIV TESTING AND DISCLOSURE

The purpose of this activity is to share information with the children or caregivers about HIV testing and disclosure. The activity includes different approaches you can use with caregivers and children. The activity can be used in all households including where:

- ▶ Someone is (or is thought to be) HIV positive, but there has not been disclosure
- ▶ People want to disclose
- ▶ A caregiver wants to tell a child that the child is HIV positive
- ▶ A caregiver is unsure about telling a child that the child is HIV positive

Target Audience: Target child/children and parent/caregivers

Estimated Time: 60 minutes

Materials: Information on HIV testing and counseling (for example, brochures on VCT)

Instructions:

Option 1: For all households.

1. Explain to the caregiver that HIV testing and disclosure are important steps in HIV prevention and Positive Living. For full information on Positive Living refer to Chapter 6.
2. Ask the following questions:

Where do most people get tested for HIV in our community? Can you tell me the places? (Provide information about any additional facility that may not have been listed in the answer. You are expected to know the locations of testing facilities in your community as well as their operating hours.)

What do you think are the advantages and disadvantages of getting tested and knowing your HIV status? (Provide

positive feedback to answers, while finding ways to emphasize the advantages.)

3. If a child in the household asks you about his/her status or about the status of a sick or deceased family member, you can refer the child to the caregiver. You must encourage the caregiver to make the disclosure. You can also use this opportunity to discuss HIV and AIDS with the child. You can ask:
 - *Why do you ask?*
 - *What do you know about HIV and AIDS?*
4. Remember you must not disclose a child's or family member's status without permission.

Option 2: For households where someone is (or is thought to be) HIV positive, but where there has not been disclosure.

1. You may visit a family where you know that there is a child or another family member who is HIV positive, but the person does not yet know. The family wants to keep the HIV positive status a secret. Or you may think a child in the household could be HIV positive, but no one wants to take the child for an HIV test. In these situations, you must talk with the caregivers about the advantages of getting a child or family member tested for HIV, as well as the advantages of disclosing children's HIV status to them.

Option 3: For households where people want to disclose.

1. You may be asked for advice about the best way to manage a disclosure, for example, how to tell a child that a parent is HIV positive, or that the child

is HIV positive. If this happens, ask the following question:

- *Tell me what you know about HIV/AIDS.*
- *Where do most people get tested for HIV in our community?*
- *What is the process or procedure for HIV testing?*
- *Has anyone in the household already been tested and knows his/her status?*
- *Have any of the children in the household been tested? If so, do they know their status?*
- *Has anyone in the household disclosed their HIV status to other family members? If so, how was the experience? (Probe: How did the family members react?)*

TIP 7: TAKING DISCLOSURE SLOW AND STEADY

You must go slow in this process and talk with the HIV positive person about what they think the result of disclosure will be both short and long term. You should try to think through all possible responses and help the person prepare him/herself for both a positive and (possibly) negative reaction. You must deal with real concerns, offer emotional support and reassure the person that he/she can handle the situation. You should suggest that disclosure take place in stages, for example, first to a few trusted family members or friends who will keep the person's news to themselves. Only when the person feels really prepared to deal with whatever happens should the disclosure take place.

Option 4: When a caregiver wants to tell a child that the child is HIV positive.

1. Say to the caregiver:

With disclosure of a child's HIV positive status, one rule is do not lie to the child. You may avoid going into detail or saying everything all at once, but if you lie and the child finds out anyway that he/she is HIV positive (which often happens), then the child may not trust you about other things in the future.

Another rule is to always remind the child that he/she is not alone, and that you will help in any way you can. You may also want to remind the child that having HIV is not a punishment and it is not his/her fault. After giving a child some new information, be sure to ask, "Is this clear?" and "Do you have any questions?"

If you want me to be with you when you disclose to the child that he/she is HIV positive I can.

Option 5: When the caregiver is unsure about telling a child that the child is HIV positive.

1. In situations where the child is HIV positive and is asking questions about HIV, and the caregiver seems reluctant to disclose to the child, you should raise the following points with the caregiver:
 - *After telling the child his/her status, the caregiver will feel relieved of the burden of keeping a secret and less nervous about medical visits and the possibility of accidental disclosure.*
 - *Disclosure empowers the child to participate more actively in his/her health care.*
 - *With emotional support, a child can cope as well as an adult with being*

HIV positive if told at a young age. For example, for children with another chronic condition like asthma or diabetes, these conditions become a part of life.

- *Disclosure is a necessary part of good health because it relieves the stress of secrecy.*
- *Disclosure communicates respect for the child and reflects his/her right to know.*
- *If the community is supportive, disclosing to the community can help the parent/guardian receive emotional support, which is an important part of Positive Living (refer to Chapter 6 for a full explanation of Positive Living).*
- *A child may suspect his/her status already. So you are not telling the child anything totally new, but you are giving him/her the opportunity to ask questions.*
- *Disclosure enables choices and self-protection against further infection.*
- *Children (especially adolescents) can make smart decisions about their*

lifestyle and participate more fully in their care if they fully understand their condition.

- *Disclosure can help both the children and families adopt a Positive Living attitude.*
 - *Disclosure builds trust and hope within a family because important issues become clearer.*
2. You must remember to explain to the caregiver that adolescents, in particular, will need special counseling about avoiding re-infection and infecting others. Also, remember to speak to the caregiver about issues of alcohol or substance abuse or depression, which can increase after a young person finds out he/she is HIV positive.
 3. If you get a question about what age a child should be before learning of his/her HIV positive status, it should be explained that there is no ideal age for children to learn their HIV status. The right time depends on the child's age, maturity and understanding.

TIP 8: RELATED ISSUES YOU MAY NEED TO ADDRESS WHEN DISCUSSING DISCLOSURE WITH FAMILY MEMBERS

The needs of the child and the needs of the parent/family – Pushing the process before the family is ready may disrupt the relationship and have a negative impact on the on-going care of the child.

- Evolving developmental and psychological status of the child
- Special adherence challenges for children
- Evolving nature of the HIV illness
- The role of good medical care and ARV treatment, to halt the progress of the illness
- The possibility of social isolation, stigma and discrimination
- The importance of group support for both the caregiver and the child: Check to see if there are support-groups in the area that might be appropriate. You can also encourage discussions between caregivers and children/youth during clinic visits.



ACTIVITY 2: HELPING MARY

To start this activity, you ask the members of a household if they would like to do a role play. Everyone can play a different part, whether or not they are an older person or a child. The role play calls for a grandmother, a nine year old girl named Mary (this could be a boy named Michael if this is preferred), a neighbor and some of Mary's friends. If there are not enough people, someone can play two parts. If no one else wants to be the neighbor, you can take that role.

Target Audience: Target child/children and caregivers

Estimated Time: 60 minutes

Materials: The scenario which is in step 1 of the instructions

Instructions:

1. Read out the following scene:

Mary lives with her grandmother. She is nine years old, but she misses a lot of school because of illness. Her grandmother still mourns the death of Mary's mother two years ago, but has never told Mary the real reason Mary's mother died. "I want to protect Mary," the grandmother told the social worker the last time they discussed this. "The world is such a cruel place and Mary's mother suffered a lot of stigma and discrimination when she found out her HIV positive status." Mary is given some medication every day, but all she is told is that this will make her beautiful when she grows up.

2. Explain that in this role play, some of Mary's friends ask her why she is sick so often and what pills she takes every day. Mary tries to explain things as best she can, but the friends still keep nagging at her. They seem to know more than Mary does. Mary walks home crying and confused and a neighbor sees her. Later that day, as Mary starts to tell her grandmother about this, the neighbor stops by and joins the conversation.
3. Ask the people who are playing roles to take about 10-15 minutes to plan what they are going to do and say.
4. Then the role play is acted out. After the role play is complete, you must ask everyone to comment on what they learned from the role play.
5. During the discussion, you should try to speak about the importance of disclosure with children and how that should be done.

Chapter 5: Antiretroviral Treatment and Taking Medications



ACTIVITY 1: TALKING ABOUT HIV TREATMENT

In Botswana, all children who are diagnosed with HIV are placed on treatment. This means they get medicine called antiretroviral drugs or ARVs. The treatment is sometimes called ART (antiretroviral treatment) or HAART (highly active antiretroviral therapy). Giving ARV treatment to HIV positive children after diagnosis follows World Health Organization guidelines. Children and adults receive ARV medication at different stages of their disease.

If you are visiting a child or family member you know is HIV positive and responding well to treatment, you should look for an opportunity to say how well he/she looks, and how he/she is obviously taking good care of him/herself. If people disclose to you that they are HIV positive, you should speak to them about care and treatment. For example, you should ask them to explain how they understand their treatment, and what they do to take care of themselves. You should also ask them what helps them take their medications all the time. You must speak about the importance of staying on treatment even after they begin to feel better. However, if you find a child or adult who falls ill or experiences negative side effects to the treatment medications, you should refer that person for follow-up medical care.

Objectives

- ▶ Create a trusting and understanding environment for family members to talk about their experiences with HIV treatment and medication.
- ▶ Raise awareness of the importance of taking HIV medications.

This activity helps increase people's knowledge about HIV treatment. Remember, you may need to explain to people that a child generally starts ARVs as soon as his/her HIV positive status is known. An adult usually has to wait. The differences in treatments are supported by international studies.

Target Audience: Target child/children, caregiver and family

Estimated Time: 30 minutes

Materials: Paper
Pencils or pens

Instructions:

1. Explain to the child or caregiver that it is important for him/her to know about HIV treatment or ART. Even if the child is not HIV positive, there are other people in the community who are so it's good for him/her to know about the treatment. You should tell him/her: *When you understand HIV treatment, you can help friends or relatives who are HIV positive stick with their treatment plans.*
2. Give the child or adult a piece of paper and asks him/her to make two columns, labeling one 'Advantages of ARVs'. You then ask the child or adult to list some good things that he/she knows about taking ARVs and write the answers in the column titled 'Advantages of ARVs'. (You should correct any myths and provide additional information.)
3. Explain that, unfortunately, as with all medications, there are also some downsides to treatment. You ask the child or adult to label the other column

on the paper 'Disadvantages of ARVs' and then think about the disadvantages of ARVs and list them in the column.

4. Then, you ask: *Which list is longer and more important?* (NOTE: Obviously, it's important for people to say that the advantages are more important.) Use the list following for additional information and as probes for discussion.

This activity can be done via a role play with one person playing the friend and the other playing the advisor. The advisor explains to the friend the advantages and disadvantages of ARVs.

Advantages and disadvantages of ARVs

Advantages of ARVs:

- Helps a person live longer
- Improves quality of life
- Reduces chances of opportunistic infections
- Reduces chances of sickness
- Reduces hospitalization
- Reduces chance of re-infection, or infecting others – although a condom should still be used for protection
- The person can go to school more often or work more regularly and lead a normal life
- (Add any more that you may know)

Disadvantages of ARVs :

- A person must take the medication for the rest of their life. The medicine must be taken correctly and without stopping it for any reason
- Requires regular visits to the clinic or hospital
- There is a likelihood that others will realize that the person is HIV positive (thus, a planned process for disclosure should be considered, including emotional support)
- Possible side effects: some of the medications may make the person feel bad (for example, the person may have headaches or stomach aches). These should be reported to the medical clinic or hospital (without delay if the side effects are serious)

Overall, remember, the advantages of being on treatment strongly outweigh the disadvantages, and your job as an Auntie or Uncle is to promote healthy living in the households you visit. Healthy living can include referral for an HIV test, good medical care, a healthy lifestyle and proper adherence to ARV medication for persons who are HIV positive.



ACTIVITY 2: TALKING ABOUT ADHERENCE WITH ADOLESCENTS

Adolescents who are HIV positive face special challenges. Like all other adolescents, they want to be 'normal' and 'cool'. This means that they don't want to have to take medications or have friends think they are sick or different. They worry especially about how their HIV positive status will affect their relationship with a boyfriend or girlfriend, their sex life and whether they will ever be able to get a good job, get married and have children. They may get angry at their mother or father, especially if their infection came as a result of parent-to-child transmission.

Like all adolescents, HIV positive young people also want to feel hopeful about the future. They don't want to feel like their life will soon be over so the rest of what they do doesn't matter. It is important to try to convince a young person that his/her life has meaning and he/she can have a bright future. With a healthy lifestyle and taking their medication correctly, youths can live a very long time. They can lead a normal life, make career goals and get married or have children if they wish. Many adolescents deny that they are HIV positive and act as if they are not, which can be very dangerous for themselves and for others.

You need to be particularly sensitive to the needs of adolescents who are HIV positive. You must not judge them, but try to understand what it would be like to be an HIV positive adolescent. As a mentor, you must show the adolescents you understand and accept them and give positive encouragement. You must remind the adolescents that many people have long-lasting illnesses (for example, asthma or diabetes) that can affect their everyday lives, but does not limit what they can achieve. You must tell the adolescents that in order to have a long and healthy life with a good future it is really important to live a healthy lifestyle and faithfully take the ARV medication in exactly the way the doctor or nurse said.

Target Audience: Target child/children, caregiver or other family member on ARVs

Estimated Time: 30 minutes

Materials: Paper
Pencils or pens

Instructions:

1. Ask the participants to list some of the challenges people face following doctor's orders in relation to taking ARVs. Record the answers on a piece of paper.
2. Now ask the participants to list some of the challenges adolescents in particular may face in taking their ARVs exactly as the doctor ordered. You can use the following list (Barriers to adolescent adherence) to get for more examples of the challenges that adolescents face.
3. Ask: *Why do adolescents face some special challenges compared to other age groups?*
4. Review what was said and ask if there are any more questions.
5. Ask the participants to think of ways that they can help adolescents take their ARVs exactly as the doctor ordered. You can use the following list (Strategies to help adolescents take their ARVs exactly as the doctor ordered) as a reference if needed.
6. Close the session by thanking the participants for sharing their ideas.

Barriers to adolescent adherence

- Fears about disclosure, that it will lead to rejection and stigma – especially among peers.
- Concerns that taking the medicine will interfere with sex, especially because the adolescent wants to be ‘like everyone else’.
- Depression – feeling that one’s life will soon be over anyway – even to the point of attempting suicide.
- Self-hatred, leading to self-destructive actions.
- Active alcohol or other substance abuse, to ‘escape’ the problems of being HIV positive.
- Peer pressure to engage in high-risk behaviors, such as alcohol use, non-adherence to medication and unprotected sex.

Strategies to help adolescents take their ARVs exactly as the doctor ordered

- Help HIV positive adolescents’ self-confidence and maintain positive attitudes toward taking ARVs.
- Help them meet other adolescents and young people who are HIV positive, who can encourage them to take the medications faithfully can help (see Tip #9 on page 53).
- If approved by their doctor, help them practice with other pills (such as vitamins) before starting ARVs.
- Remind them to take medicines even if they are feeling well.
- Help them become experts on HIV. This can help them understand why taking their medication faithfully is so important. If they express interest, encourage them to look up more information about HIV on the internet, in books or from other resources (like from a clinic).
- Help them disclose their status to others. The less HIV is a secret, the better for adherence (because the adolescent doesn’t have to try and hide taking the pills).
- Help them use tricks to remember when it’s time to take the medicine. For example, reminders can be programmed into their cell phone, or two friends can remind each other. Ask the adolescents what else they would recommend.

Chapter 6: Positive Living

Positive Living is an approach to daily life that can help individuals lead healthy and productive lives and live longer. The aim of Positive Living is to improve the knowledge and skills of HIV positive people to improve their health and well-being.

In the previous chapters, the importance of HIV testing and adherence to treatment was discussed. Although testing and adherence to treatment are critical, alone they are not enough to ensure a long and healthy life. People living with HIV and other long term illnesses must also consider other issues. For example, you may hear that taking ARVs makes someone hungry. It's important to pay attention to how much food the person eats. Other factors are important too, including the kind of food eaten and how often. It is equally important to encourage the person to avoid risky or harmful behaviors, such as unprotected sex, and alcohol or drug abuse. These behaviors can affect ARV effectiveness as well as increase the risk of re-infection and other health problems.

This chapter includes activities that promote Positive Living. If you have questions about healthy living, be sure to ask your supervisor.

Note to supervisors:

You will have to explain to the Aunties and Uncles what a healthy lifestyle is so that they can see if one is not being followed in the households they visit (by either the caregiver or the target child/children).

Objectives:

- ▶ Promote and reinforce Positive Living strategies through discussions with household members.
- ▶ Inform you, the mentor, about healthy lifestyles.



ACTIVITY 1: WHAT WE MEAN BY POSITIVE LIVING

This activity will help you talk to households about Positive Living, which will include issues such as healthy lifestyles. In your role as a mentor, you should speak about Positive Living even if the household members are not HIV positive because the principles of Positive Living apply to everyone. This activity can be conducted one-on-one or in a group.

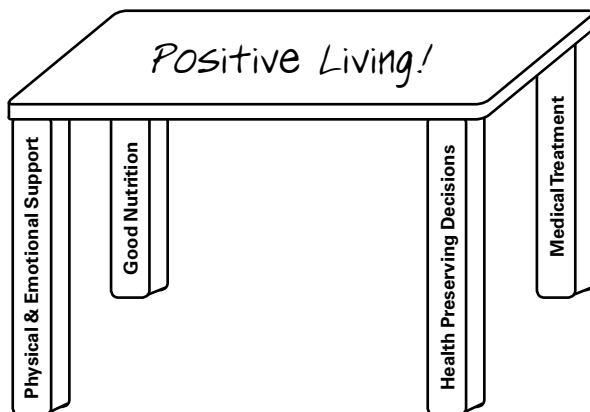
Target Audience: Target child/children and caregivers

Estimated Time: 10 minutes

Materials: Information on adherence and Positive Living
Plain paper and colored pencils

Instructions:

1. Explain to the child/children and caregiver that Positive Living is one of the ways to improve health.
2. Tell the people who are doing the activity to think of Positive Living as a table that stands on four legs.
3. Give each person a piece of paper and ask them to draw a table and label its legs as follows:



- Medical treatment
- Healthy decisions
- Good nutrition
- Physical and emotional support

4. Next, each person writes down under each leg as many ideas or examples they can think of that are specific to that leg. Following is a list which provides examples for each aspect of Positive Living.⁸

Medical treatment: receiving and adhering to ARVs, plus treatment for other related infections such as tuberculosis.

Health-preserving decisions: meaning the prevention of new infections and other decisions that promote good health.

Good nutrition: a balanced diet, including enough food to stop hunger.

Physical and emotional support: physical care if the person is sick as well as a non-stigmatized, emotionally supportive environment.

5. After at five minutes, you should ask the participants to read out loud the ideas that they have come up with. You should lead a discussion of the ideas if appropriate.
6. Thank the people for sharing their ideas and remind everyone of the importance of Positive Living.

TIP 9: HOWTO PROMOTE POSITIVE LIVING

Here are messages that you can give to someone who is living with HIV:

- **Taking medications:** Take the ARVs as the doctor tells you. It is very important to take them every day at the right times and in the right way.
- **Rest:** Loss of energy and tiredness sometimes is part of having HIV and AIDS. Sometimes it is difficult to know if the tiredness is caused by HIV or stress. If you are feeling tired, listen to your body and rest as much as possible. Allow friends and family to help you with chores. You can also find low-energy ways to have fun like watching movies. If tiredness continues for more than a few days, visit the hospital to seek medical help.
- **Exercise:** Regular exercise keeps the body healthy and reduces anxiety, tension and depression. It includes walking, jogging, cycling, swimming and other general household activities. You should find an exercise you enjoy that gets your heart working – but doesn't leave you tired.
- **Reduce or stop using alcohol and recreational drugs:** Alcohol and illegal drugs are bad for your immune system and for your health. So are drugs that are not prescribed for you. Drinking a lot of alcohol can suppress the immune system, and smoking irritates the lungs and can leave you more likely to get lung infections, including pneumonia.
- **Practice safe sex:** Avoid infecting others and re-infection by being sure to practice safe sex.
- **Disclosing HIV status:** Though disclosing is not easy, it can be very empowering. Before disclosing, it is important to carefully consider who you disclose to and how that person might respond. The benefit of disclosing is that those who love you and care about you will be able to support you and it makes it easier for you to ask for help when you need it. They will also be able to support you through difficult times. If you do not disclose, keeping that secret can be a weight on the mind and add stress and strain. Sharing your HIV status with others can lower this stress, and joining support groups can help, too.
- **Seek treatment for associated infections:** If you are not feeling well, seek medical attention.
- **Good personal hygiene and nutrition:** Keep clean, keep your surroundings clean and eat healthy foods.
- **Fight self-stigma:** Take part in community support groups for people living with HIV.



ACTIVITY 2: STORYTELLING #3: VISITING MR. MOLEFE

To set up this activity you should tell the household: *One of the most important features of Positive Living is having friends who care about you – people who will visit and spend time with you, listen to what you have to say and offer their emotional support. None of this costs any money and can be done by anyone who cares. In this story, you will hear more about the importance of care even if you don't have medicines or material things to give.*

Target Audience: Target child/children and caregivers

Estimated Time: 30 minutes

Materials: Story #3: '*Visiting Mr. Molefe*' (see following)

Instructions:

1. Before visiting the household, you should read the story '*Visiting Mr. Molefe*' to become familiar with it.
2. During the visit, read the story out loud. You may want to think about translating the story into Setswana the night before and then read it to them in Setswana.
3. At the end of the story ask the following questions but must give time for the participants to answer between each question:
 - Which part of the story did you like most? Why?
 - Which part did you not like? Why?
 - Why do you think Mr. Molefe lived alone?
 - Why do you think Kabo visited Mr. Molefe?
 - What would you do if you were Kabo?
 - What ways can you think of to make Mr. Molefe feel better?

STORY 3

Visiting Mr Molefe⁹

One day Kabo asked his mother, “I haven’t seen Mr. Molefe, the shop-owner for a long time. Do you know what happened to him?”

Kabo’s mother looked at her son. “I am sorry that I have to tell you this, Kabo,” she said. “Mr. Molefe became very sick some weeks ago. The bad thing is that his family doesn’t want to take care of him. So he moved away to a hut at the far end of the village and now he lives by himself.”

Kabo was shocked. He knew that people in his village usually took care of each other if someone got sick, or if something bad happened. “Mr. Molefe was my friend,” Kabo explained to his mother. “Every time you sent me to the shop to buy something, he would talk to me about his work, and how he liked to go fishing at the river when the shop was closed.”

For the rest of the day, Kabo felt very sad. He thought about what his mother had said. “Just because Mr. Molefe’s family won’t take care of him, doesn’t mean that I can’t go and visit him,” he finally decided.

After school the next day, Kabo walked to the far end of the village instead of walking home. Here he noticed a small hut with just a few baskets outside and a half-empty water container. Kabo stopped and called softly for his friend. “Mr. Molefe, are you there?” he asked.

There was no answer. This time Kabo spoke louder. “MR. MOLEFE, ARE YOU THERE?” he called.

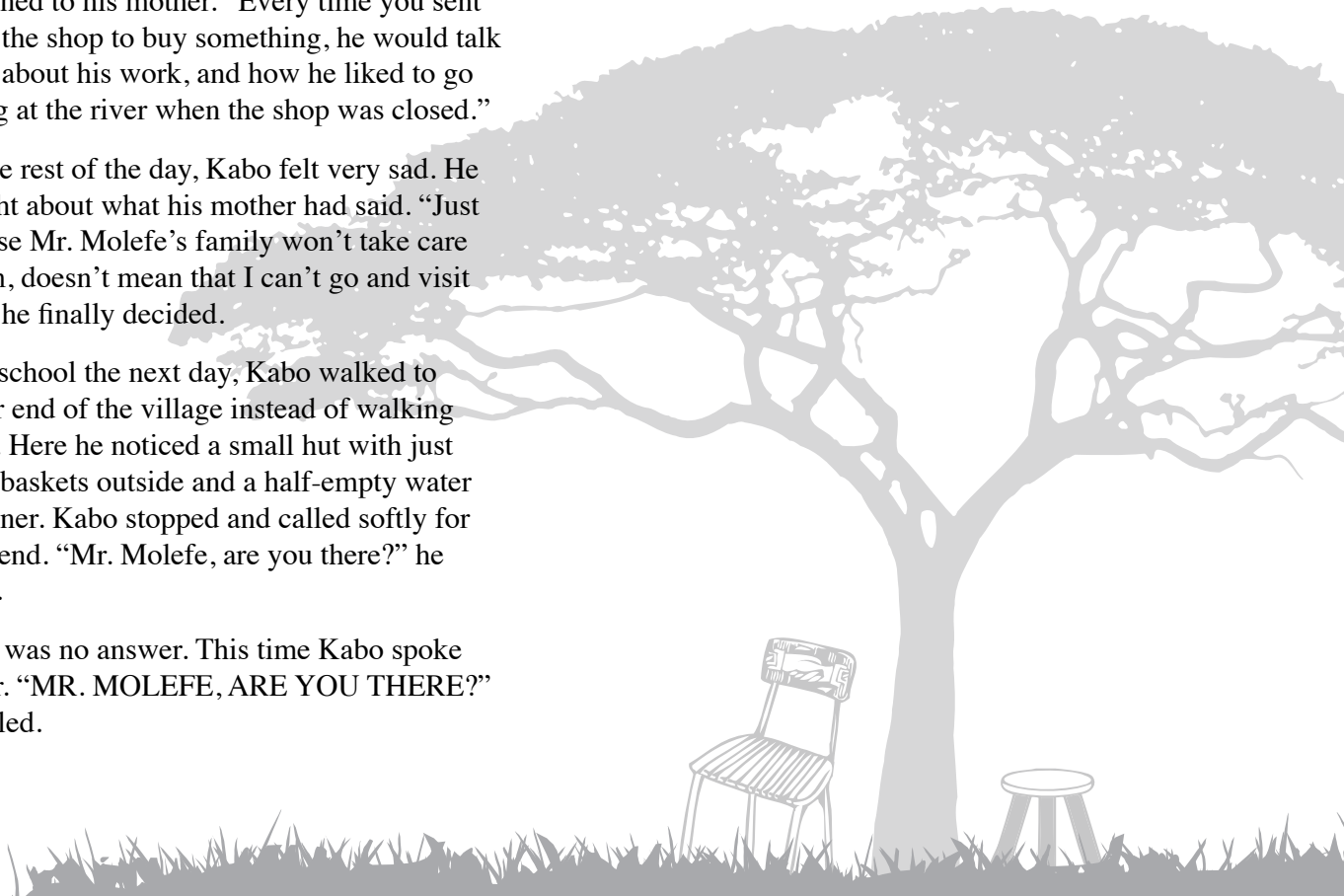
Just then, Kabo heard a small voice from inside the hut. “Come in,” the voice said.

Sure enough, it was Mr. Molefe. After the traditional exchange of greetings, Mr. Molefe said, “I am so glad you came to visit me. I have missed the way we used to talk together.”

Kabo answered, “Me, too, Mr. Molefe. But I don’t understand what happened to you that you had to move to a hut to live all alone.”

Mr. Molefe looked very sad. “It’s a terrible thing that happened,” he said. “I became sick with a disease called AIDS and now my family and friends have become afraid of me.”

Suddenly, Kabo felt afraid, too. “Could he also get AIDS by sitting here?”



Mr. Molefe could see his young friend's fear. "You don't have to worry, Kabo," he said. "You cannot get AIDS by sitting with me. You can also not get AIDS by sharing the same dish with me or going to the same toilet. Didn't you learn about this at school?"

Kabo smiled and said, "Yes, our Life-Sciences teacher told us about this. There are only three ways that the HIV virus can go from one person to another."

Kabo stopped for a moment to remember what his teacher had said. Then he went on. "The three ways are, wait a minute: if you have sex with a person who has the HIV virus and you do not use a condom, then you can also get the virus.

"And the other way is blood-to-blood. Our teacher said if someone who has the HIV virus is bleeding, and that blood comes into contact with my blood, perhaps through a cut that I have or a needle, then it is possible that the virus also comes into my body.

"And she also said that a baby can get the virus from her mother while still inside her tummy or during birth."

"That's very good, Kabo," answered Mr. Molefe. "I am proud of you that you know all this," he said and then he patted Kabo's hand.

"The problem is", he continued, "that not everyone in our village knows this.

"Some of them even think an Evil Spirit bewitched me

because I bought a nice car from the money I earned from my store last year. But this is not true. I know from whom I got the virus many years ago."

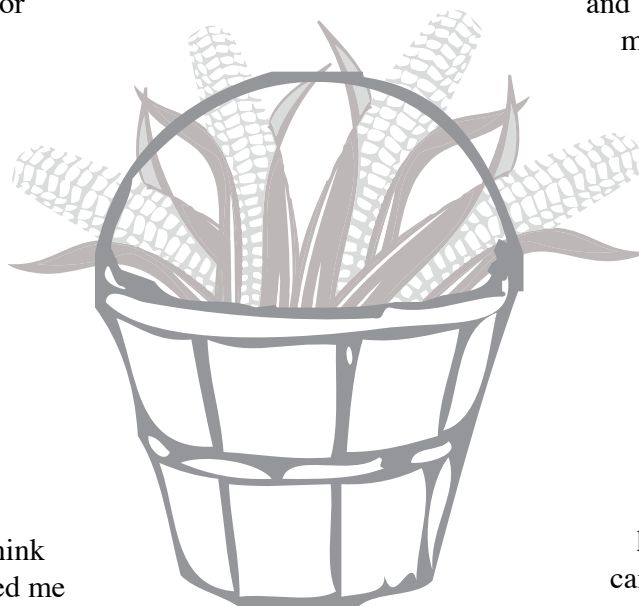
Mr. Molefe stopped for a moment and looked like he wanted to cry. Then he continued, "But so what, nothing matters any more. I am left all alone, I have nobody to care for me; I have nothing."

Kabo felt badly for his older friend. Suddenly, his face brightened, and he said. "If you want, I can come after school every day to visit you, Mr. Molefe," he said. "I can go and fetch you some water from the river and you can tell me stories from when you worked in your shop, like you used to do."

Now it was Mr. Molefe turn to smile. "Thank you, Kabo, you are a good child. That would help me very much. If I can get strong again, maybe you and I can go fishing at the river one day. I will show you how I do it."

Just then, Kabo and Mr. Molefe heard a sound outside the hut. Kabo couldn't believe what he saw! It was his mother, and she was carrying some mealies in a small basket that she laid down by the door.

Kabo's mother greeted Mr. Molefe and then she turned to her son. "It's really good to see you here, Kabo," she said. "By visiting Mr. Molefe, I know you will help him feel much better. Let's stay a little while together here, and then you and I can walk home together."



TIP 10: MANAGING STRESS

Reducing stress is an important part of Positive Living. Sometimes we can't control the source of stress, but we can help ourselves cope with it. This section gives some of the tips that you can share with family members on how they can better manage stress.

1. Become aware of your stressors and your emotional and physical reactions

Stressors are things that increase your stress level. Notice your distress. Don't ignore it. Determine how your body responds to stress.

2. Recognize what you can change

- Can you change your stressors by avoiding or reducing them?
- Can you reduce them, that is, manage them over a period of time instead of on a daily or weekly basis?
- Can you shorten your contact to stress (for example, take a break, leave the physical premises)?
- Can you give the time and energy necessary to making a change (for example, goal setting)?

3. Reduce the force of your emotional reactions to stress

The stress reaction is triggered by your opinion of physical or emotional danger. Ask yourself:

- Are you over reacting?
- Do you think that everything is critical and urgent?
- Are you expecting to please everyone?
- Work at adopting more relaxed views; try to see stress as something you can cope with rather than something that overpowers you.

4. Learn to control your physical reactions to stress

- Slow, deep breathing will bring your heart rate and breathing back to normal.
- Relaxation techniques can reduce muscle tension.
- Medications, when prescribed by a doctor, can help lower your

physical reactions in the short term. However, they alone are not the answer. It is better to learn how to moderate your stress on your own.

5. Build your physical fitness

- Try to exercise three to four times a week. You can walk, run, or if you have a bike, cycle.
- Eat well-balanced, nutritious meals.
- Maintain your ideal weight.
- Avoid nicotine, excessive caffeine and drugs.
- Get enough sleep. Be as consistent with your sleep schedule as possible.
- Relax and use relaxation techniques such as meditation.

6. Maintain your emotional reserves

- Develop some supportive relationships.
- Pursue goals that are meaningful and realistic.
- Set goals yourself rather than have others set goals for you.
- Expect frustrations, failures and sorrows.
- Always be kind and gentle with yourself – be your own best friend.
- Do things you enjoy, such as pray, sing, dance, art or play music.

7. Support each other

- Get together with friends and other HIV positive people, and share regularly with each other.
- Find ways to remember all the people from your community who died and whom you want to remember, such as making a basket with your support group.
- Make a garden of life with a small plant for each friend or relative who starts treatment.
- Seek professional counseling if needed.
- Start the day or week with group prayer.

Chapter 7: Stigma and Discrimination

Stigma and discrimination can lead to HIV positive people feeling or being rejected from their community or even physically hurt. If people who are living with HIV fear stigma and discrimination in their household or community, they may hide their status or feel shame. As a result they may miss out on HIV programs and support.

Stigma and discrimination hurt all of us. If people fear rejection, they may avoid getting tested and will refuse to know their HIV status. If they already know they are HIV positive, they may not want to tell others, seek the necessary medical treatment or practice Positive Living and safer sex. It is important to help create an open and accepting community. It is often said, "Fight stigma and discrimination, not people with HIV."

There are many ways to combat stigma and discrimination to help people overcome negative feelings towards others who are HIV positive. This chapter outlines ways of doing so.

Objectives:

- ▶ Increase awareness about the cause and effects of stigma and discrimination.
- ▶ Help household members develop ways of overcoming stigma and discrimination both within their households and in their communities.



ACTIVITY 1: FACTS ABOUT STIGMA AND DISCRIMINATION

In this activity you will learn what the child/children or caregivers know about stigma and discrimination and provide further information, as needed. Following is a discussion guide that you can use.

Target Audience: Target child/children and caregivers

Estimated Time: 50 minutes

Materials: Information on stigma and discrimination

Instructions:

1. Explain to the children or caregivers that stigma and discrimination are two issues related to HIV and AIDS that you would like to discuss.
2. Ask if the children or caregivers can describe for you what stigma is. You can use the following information if needed:

Stigma means that people say or do bad things to a person because he/she is HIV positive. Stigma includes gossip and teasing. Other forms of stigma include: name calling, making fun, labelling, blaming, shaming, judging, spreading rumors, neglecting, rejecting, isolating, separating, not sharing utensils, hiding, staying at a distance, harassment and/or physical abuse. Family and friends of someone living with HIV can also be affected by stigma.

3. Ask: *What is discrimination?* You can use the following information if needed:

Discrimination means that an individual is not allowed to do the same things as other people or have the same opportunities because he/she is HIV positive, or because someone in his/her home is HIV positive. For example, someone may not be allowed to participate in sports.

Note to Supervisors:

You may have to work with the mentors to make sure they understand what stigma and discrimination are.

4. Summarize what stigma and discrimination are. You could say something such as:

Stigma is about beliefs and attitudes while discrimination relates to actions. Both are based on negative views of people simply because they are seen as belonging to a particular group.

If you have any questions about stigma or discrimination be sure to ask your supervisor.

5. Ask: *Why do you think that there may be stigma and discrimination related to HIV or AIDS?* You can say the following information if necessary:

HIV and AIDS are sometimes associated with stigma and discrimination because of the fear people have about HIV. They associate it with illness, death, immoral activity, multiple sex partners or illegal drug use.

6. Ask: *What are the causes of stigma?* You can use the following information if needed in response to the question:

- Insufficient or incorrect knowledge, beliefs and fears about HIV transmission.
- Moral judgements about people.
- Fears about death and disease.
- Inability to recognize stigma and discrimination when they occur.

7. Continue by asking: *Now that we have identified the causes, what are the results or effects of stigma and discrimination?*
Make sure the following issues are addressed:
 - An unfounded fear of someone or a group of people.
 - Verbal and physical abuse.
 - Fear on the part of people living with HIV of disclosing their status or fear of even getting an HIV test. This may mean that people will not get the treatment they need and may not take the necessary steps to prevent themselves or others from further infection.
 - Depression, acting out, self-destructive behaviors and leaving school on the part of the stigmatized person.
 - Reduced self-esteem and self-confidence.
 - Social isolation and withdrawal, meaning individuals feel left out from society, family and school life. This may result in someone running away from the places where they experience stigma, which can lead to living on the street or being in other difficult situations.
8. Explain that many young people, such as orphans, children of sex workers, children living on the street, refugees or children who use drugs and alcohol, may also experience stigma and discrimination. The presence of HIV can make this worse. This places them at greater risk for future infection and other problems.
9. Make it clear to the household that discriminating against someone because of their HIV status is against the law in Botswana.
10. Ask: *If there is someone who is being stigmatized or discriminated against due to HIV, or any other reason, what could you do?*
11. Once the question has been answered and there has been a short discussion, you should thank the participants for sharing their thoughts and encourage them to work hard to reduce stigma and discrimination.



ACTIVITY 2: HIV AS AN UNINVITED HOUSEMATE

People who have HIV may need to learn or relearn how to love themselves so that they do not feel shame or hate themselves. One approach with adults and children is to encourage them to “Learn to live with Mr. or Ms. Virus,” by accepting the fact that the virus has moved into their body but that they still have lots of ways to make sure that they can live with it like a housemate. The thinking goes that the person with HIV is still the ‘head of the household’ (that is, the boss of his/her body) and, while he/she can’t kick the housemate out, there is still a lot he/she can do to ‘make peace’ and make sure that Mr. or Ms. Virus sticks to certain rules.

Target Audience: Target child/children and caregivers who have disclosed that they are HIV positive

Estimated Time: 10 minutes

Materials: Information on stigma and discrimination

Instructions:

1. Ask the child or caregiver to name the HIV that is in his/her body (for example, Mr. or Ms. Virus, or some other name he/she wants to give it).
2. Set up a room with a chair, a broom or anything else that becomes “Mr. or Ms. Virus” (or whatever the person wants to name the HIV that is in his/her body).
3. Next the child or caregiver is asked to talk out loud to the virus as if has become a housemate that has moved in. Before the child or caregiver starts, you must explain that although the housemate can’t move out, it can live by certain

rules. The child or caregiver decides on the rules which he/she must also live by (for example, the rules of Positive Living).

4. After the child or caregiver finishes, you must speak with him/her about what it was like to talk to the virus. You then ask: What have you learned from this activity? You should suggest that the child or caregiver continue to use this approach in the future if it is helpful.

NOTE: In this activity, the participant must instruct Mr. or Ms. Virus how to behave and what the rules are “in the house.” You must actually talk to a chair or to another prop as if it is this housemate. (You can help by putting up a sign on the prop with the name that the participant gives to the virus.) The participant can express feelings of anger that the virus moved in as an uninvited guest, but now the challenge is, learning to live with each other. As you listen to what the participant says, you can take on the role of the virus, by asking questions back about how the participant will be a good ‘head of household’ and keep peace in the house, so that the virus does not “act out.”

This role play with a chair or another prop helps the person realize that the virus does not constitute the person’s whole self. It reduces feelings of powerlessness and self-hatred. The idea is that you help the person work to make sure that Mr. or Ms. Virus cannot take over the participant’s whole life. As long as the participant acts responsibly (that is, as long as they are a good ‘head of household’) by living positively they can control the housemate (the virus).

Chapter 8: Child Abuse: The Secret That Must Come Out

Child abuse happens more often than we like to think, even among children who have been educated about child abuse and try to protect themselves from it. It is one of the most devastating things that can happen to a child, especially if it goes on for a period of time or if it is left unaddressed. Child abuse can take many forms. It can involve physical abuse, sexual abuse, emotional abuse and neglect.

Objectives:

- ▶ Increase children and family members' understanding of abuse and inform them of how to get help if they are experiencing any form of abuse or have in the past.

Background Information:

A child abuse checklist and responding to child abuse

All forms of child abuse are against the law in Botswana, meaning that child abuse is a crime. The list below provides some possible warning signs of child abuse that you should keep in mind when you visit households. You may suspect a child you are visiting has been abused if he/she exhibits any of these signs:

- ▶ Bruises, burn marks, sores or other physical changes that the child cannot or does not want to explain.
- ▶ Withdrawn behavior, e.g., the child prefers to be alone and does not answer questions.
- ▶ Lack of confidence or poor self-esteem.
- ▶ Irritability, excessive crying or the sudden show of fear.
- ▶ Aggressive behavior, for example, getting into fights or abusing animals.
- ▶ Drawing sexually explicit pictures.
- ▶ Poor social skills, for example, unable to make or keep friends.
- ▶ Bedwetting, thumb-sucking or babyish behavior (especially in children who had not been showing these behaviors for some time).
- ▶ Pain, itching or a discharge from the genital area.
- ▶ Poor performance at school; not being able to concentrate.
- ▶ Sudden changes in eating habits or in the desire to eat – either wanting to eat a lot or not being hungry.

None of these warning signs mean that abuse has necessarily taken place, but they do tell you that something is wrong and that more attention and support is needed. You must gently try to find out what is going on to cause these behaviors.

Often, the person who abuses a child will threaten the child to keep the abuse – particularly sexual abuse – secret. They may tell the child that if the child discloses “their relationship” something terrible will happen to the child or to someone the child loves. The person who abuses a child may also bribe him/her with school fees or other so-called ‘rewards’. To end the abuse and get help, the child must reveal the secret of what has been happening, but this can be very difficult and frightening for the child. If you suspect that there has been abuse, it is important to help make the child feel safe and protected and for you to be a good listener.

Responding to child abuse

If a child has been abused, it usually takes a lot of trust – often built over a long period of time – for that child to tell someone. Therefore, when a child reveals an experience of abuse or neglects to you it is important you respond in a supportive way. You must be supportive in what you say and how you say it (non-verbal communication). You must find a quiet place and be reassuring. Here are five messages that should be a part of your response when a child tells you he/she has been abused:

1. I believe you.
2. I am glad you told me.
3. I am sorry this has happened to you.
4. It is not your fault.
5. I need to speak to other adults in order to help you and to try and make sure this stops happening.

If you are not clear about how to follow-up after hearing about a case of abuse, you should immediately contact the social worker in their area or Childline Botswana (3900 900) for more information and guidance on what you should do next.



ACTIVITY 1: STORYTELLING #4: 'HOW PIETER- PIGGY'S SKIN GOT BURNT'

This story is about good touching and bad touching. It will help you discuss good and bad touching. It will also help you give children information about what to do if they find themselves in a position where they may experience bad touching or are under pressure to agree to bad touching. In this story, a little pig called Pieter-Piggy finds it very difficult to say "No" but eventually gets help from his family. You must speak to the target children about how to say "No" and to get help just as Pieter-Piggy did.

Target Audience: Target child/children and caregivers

Estimated Time: 40 minutes

Materials: Story #3: 'How Pieter-Piggy's Skin Got Burnt' (see following)

Instructions:

1. Read the story before you visit the household to become familiar with it.
2. During the visit, you should read the story out loud to the child/children. You may need to translate the story into Setswana the night before and read it or tell it to them in Setswana.
3. After reading the story, ask the child/children the following questions (possible responses are underlined and can be used if the child is unresponsive or seems unsure):
 - What can you do if somebody touches you in a bad way? (*Say no. Run away. Tell somebody about it.*)
 - Why was Pieter-Piggy afraid to say "No" to King Lion? (*He was afraid because King Lion was strong; because he was an important king.*)
 - Are you allowed to say "No" to an adult? (*Yes, you are allowed to say "No" if that person wants to do something bad to you. Although we are taught to respect our elders, we can say "No" if anybody wants to hurt us or touches in a bad way. We must tell a trusted person and get help if this happens.*)
 - If you were Pieter-Piggy, what could you say to King Lion when he asks you to sit in the sun? And what could you do?
 - Was it Pieter-Piggy's fault that his skin got burnt? (*No. Make very sure that children understand that bad touches and other forms of abuse are never okay, and it is **never** the child's fault.*)
 - Why did Pieter-Piggy not tell anybody what happened in the beginning? (*He was afraid that his mother would be angry because his skin got burnt.*)
 - Who did he tell about King Lion first? And then? (*First his sister, then his mother.*)
 - Who would YOU tell if something like that happened to you?
 - What could you do if somebody wanted to touch you in a bad way? (*Tell a trusted person. Who is that trusted person? Remind the children of the "My Big Heart" exercise. Ask them if there is someone in their heart drawing who they trust*)

STORY 4

How Pieter-Piggy's Skin Got Burnt¹⁰

Once upon a time, there lived a family of pigs who all had beautiful, soft, smooth skin. The skins of the piggies were so beautiful that they shone like gold in the sunlight.

Mama Pig always warned her babies to be careful, and not to lie in the sun too much. She said, "If you lie in the sun too long, then the sun will burn your golden skin. It won't look beautiful any more. It will get thick and rough like the bark of a tree."

Mama Pig always wanted her babies to stay near to her, so that she could make sure that they stayed in the shade, away from the sun. She took her babies in her arms, cuddled them and said, "I love to stroke your soft skin. You must take good care of your skin, so that it will remain soft and smooth and shine like gold."

Pieter-Piggy was one of Mama Pig's children. He liked to wander around

the homestead or into the veld nearby and talk to other animals.

One day Pieter-Piggy started walking down the little river near the house. The first animal he saw was a baby zebra. The zebra said, "I have never seen a piggy like you before", and gently pushed his soft nose against Pieter-Piggy's forehead. "You have such beautiful, soft, smooth skin. I think it will shine like gold in the sun. Will you go out into the sun and let me see how it shines?" Pieter-Piggy answered, "No, Baby Zebra. Why should I go out in the sunshine for you? If I do that, I will burn my skin. Go away, and leave me alone."

The next animal that Pieter-Piggy met was a young kudu bull. The kudu stared at him and said, "I have never seen a piggy like you before! Come nearer so that I can have a good look at you." And with that Kudu Bull started to tickle Pieter-Piggy on his sides with his long sharp horns.

"Oh, you have such beautiful, soft, smooth skin!" Kudu Bull cried, "I think it will shine like gold in the sun. Will you go out into the sun and let me see how it shines?"

"Don't ask me that, Kudu Bull! I don't want to! Why should I go out in the sunshine for you? If I do that my skin will burn. Go away, and leave me alone."

Just a little later, Pieter-Piggy ran into a big animal. Wow!



10 From: The Blue Window of Hope: The Yes and No Window. Pages 31-35

How Pieter-Piggy's Skin Got Burnt

It was King Lion, the King of Beasts in the forest. King Lion looked down at him and said, "Oh, I have never seen such a beautiful young piggy as you before. You have such beautiful, soft, smooth skin. I think it will shine like gold in the sun. Will you go out into the sun and let me see how it shines?"

Pieter-Piggy was just about to say "No!" but then he remembered that the Lion was the King of the forest. So he said in a soft voice, "Dear King Lion, my mother, Mama Pig, says that my skin will burn in the sun."

But King Lion shook his head. "I am the King of the Forest. Here in my kingdom, you must do as I say."

Pieter-Piggy was frightened. Why did King Lion ask him to do something bad for his skin? A King should know that a young piggy may not lie in the sun! A King should see to it that all children in his kingdom are protected and happy. But Piggy did not know what to say to King Lion who was so big and strong.

Before Pieter-Piggy could think of an answer, King Lion pushed Pieter-Piggy on his side so that he rolled over and landed in a small sand-pit, directly under the bright sun. King Lion looked down and said, "It is true. You are very beautiful

with your skin shining like gold in the sun. Now you must stay there so I can look at you, until the sun goes down."

Pieter-Piggy cried for help, but nobody heard him. He felt his skin burning in the sun, but all that he could do was wait until the sun went down in the evening. At that point, his skin stopped shining like gold and King Lion walked away.

Pieter-Piggy slowly stood up and walked to the house. His skin was very sore. When he saw Mama Pig and all of his brothers and sisters, he was scared to tell them what had happened.

What would King Lion say – or do to him – if he told his mama about how badly King Lion had behaved? He lay quietly in a dark corner of the house and did not talk to anybody for a long time.

Later his little sister Paula-Piggy came looking for him. When she saw him in the corner, she quietly lay beside him. After a while, she stroked his feet and carefully gave him a hug. This hurt his burnt skin, but it also felt good. Slowly, Peter-Piggy told his sister what had happened, because he did not want the same thing to happen to his sister one day. In the evening, when it became dark, Paula and Pieter decided to talk to their mama.

When Mama Pig heard what had happened, she told the other little piggys to get some cold water in order to cool down their brother's burned skin. While she gently hugged Pieter-Piggy, his brothers and sisters cooled him with water and then carefully smeared him with some very soft fat.

After a few days, Pieter-Piggy's skin stopped hurting, and he could run around with his brothers and sisters as before. But before he was allowed to run into the veld again, Mama Pig gathered all her children very closely around her.

"You have seen what happened to Pieter-Piggy," she said, "and I don't want this to happen to any of you in the future. The next time, when somebody asks you to lie in the sun or do anything that is bad for you, you IMMEDIATELY do three things:

You say "No, thank you!"

You run away.

You tell me or any other adult piggy that you trust what happened.

Can you remember this?

"Yes!" cried all the little piggys and they grunted with excitement. And then Pieter-Piggy stroked his beautiful skin, which was soft and glowing again.



ACTIVITY 2: THE ELEPHANT IN THE ROOM ¹¹

An elephant in the room means a secret or topic that people may know about but do not want to talk about because it is difficult or embarrassing. It is important for you to get children and families speaking about these difficult topics so they can be dealt with.

Target Audience: Target child/children and caregivers

Estimated Time: 15 minutes

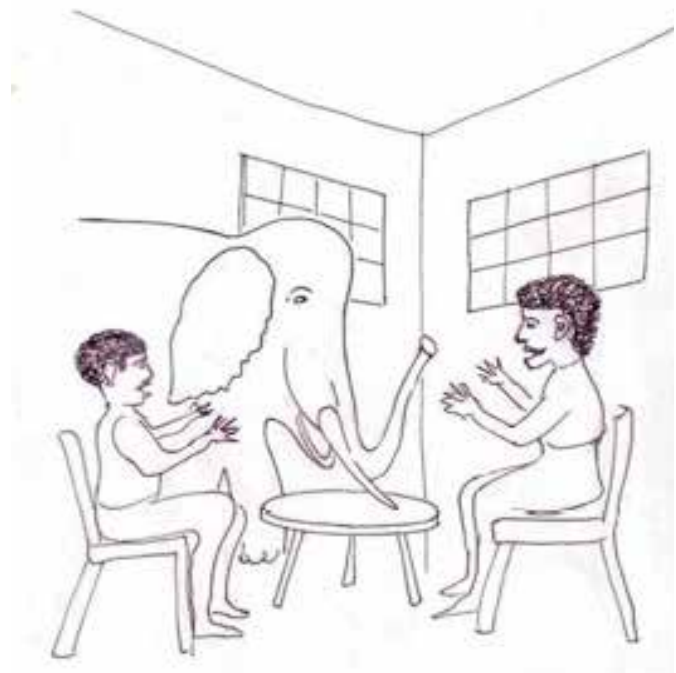
Materials: Drawing: Elephant in the Room (See following)

Instructions:

1. Explain to the children or caregivers that an 'elephant in the room' is a symbol of the secrets that people sometimes have that get in the way of good relationships, happiness and healthy families.
2. Ask the children or caregivers to draw their own elephant in a room (that is, secrets they may know). They should write or draw a symbol for the many different kinds of secrets that people sometimes have and that get in the way

like the elephant does. Examples of the secrets that participants can think about include: they stole some money from their auntie, or they lied at school, or someone did a bad thing to them that they don't want to share.

3. The people doing the exercise are then asked to explain the secrets they have drawn and how they "get in the way".
4. Give the children or caregivers time to think about what they have just said and thought. You then tell them that if they want to disclose or discuss a secret, they should talk with someone they trust and who can help.
5. Say that *secrets cause pain and they are like an elephant in the room that everyone pretends is not there. You should go on to say: Not talking about these secrets does not make the elephant go away. Instead, it is still there and continues to get in the way of things. If not attended to, the elephant (that is, the secret) can also hurt people. It is best to be honest and open.*



¹¹ Winiarski, Mark (2004) Community-based Counseling for People Affected by HIV and AIDS. Catholic AIDS Action/Namibia with Maskew Miller Longman Publishers/South Africa.

Chapter 9: Helping Caregivers Talk with Their Children

This chapter includes information and activities that can be conducted with caregivers to encourage them to talk often, openly and comfortably with their children about sensitive issues. These issues can include decision making, young people's changing bodies and sexuality.

Children in Botswana today face many potential risks to their health and well-being. These include: unplanned pregnancy and parenthood, sexually transmitted infections (including HIV), violence and abuse and substance use and abuse. Most parents/guardians want the best for their children, but they may find it difficult to talk with their children about these risks and related issues. While it may be challenging to talk with children, caregivers need to keep in mind that their children may be getting messages from others, like their peers and the media. Often those messages are not the ones caregivers want their children to get. When parents/guardians do the talking, they have the opportunity to share their values with their children.

Objectives:

- ▶ Increase caregivers' understanding of the risks their children may face.
- ▶ Provide information and tips to caregivers to help them more effectively communicate about sensitive issues with their children.
- ▶ Help caregivers clarify their values and understand how to turn their values into messages for children.
- ▶ Provide caregivers information to help them build stronger relationships with their children.
- ▶ Give caregivers an opportunity to consider how they would respond to situations they may face with their children.
- ▶ Give caregivers an opportunity to practice communicating about sexual issues.

TIP 11: CHILDREN AREN'T ALL THE SAME

Among children there are great differences in physical development and maturity. For example, younger youth (those under 15 years old) may still think and act more like children, even though their bodies are changing and they sometimes have grown-up desires and feelings. Generally, older youth (15 years old and older) are physically more mature, but still flip-flop between wanting the care and support a child gets and wanting to be treated like

an adult. Most children are also influenced much more by their peers than by adults. They want to make their own decisions rather than be told what to do. When talking with children and conducting the activities in this chapter, it is important that you be sensitive to both the similarities and the differences between individuals. It is also important to communicate respect for who an individual is and what he/she is dealing with.



ACTIVITY 1: DREAMTREE

This activity helps caregivers consider their children's goals and dreams. It will also help them identify the causes and consequences of risky practices, and how these practices can affect their children's ability to achieve their goals and dreams.

Target Audience: Caregivers

Estimated Time: 30 minutes

Materials: Paper
Colored pens and pencils

Instructions:

1. Ask the caregiver to tell you his/her dreams for the child. Focusing on one adolescent child if the caregiver has more than one, you can ask: *What would you like your child to do or be when he/she is an adult?*
2. Now draw a tree with branches and roots. The trunk of the tree must be wide. You then ask the caregiver to write the name of the child in the trunk. If the caregiver can't write you can do all the writing in this exercise.
3. At the top of the sheet of paper, above the tree, the caregiver should write: *"My hope for my child in 10 years is to be...."*. You should have the caregiver finish the sentence.
4. Say the following to the caregiver: *What are the challenges or problems you think your child will face that may prevent him/her from reaching the stated goal. For instance, are you worried about unprotected sex, drug or alcohol use or abuse, violence, lack of money for schooling or other things?* Once the caregiver has discussed with you some of the challenges, you should ask him/her to write one challenge per root on the tree.
5. Ask the caregiver to list the possible consequences of each challenge.
6. For example, sexually transmitted infections and pregnancy are possible consequences of unprotected sex. These consequences should be written down on the tree branches.
7. Ask the caregiver to name ways the challenges and their consequences could be overcome. For example, waiting to have sex until finished with school is one way of overcoming the consequence of not having an education. You must go through each challenge and consequence one by one. The caregiver should draw a fruit on the tree and label it with the positive statement aimed at overcoming the challenge. For example, I will wait until I am finished with school to have sex.
8. Ask the caregiver to carefully consider the fruits and how he/she can support the child to 'grow' these fruits. You must offer suggestions and make sure you have a good conversation about this.
9. Suggest that the caregiver lead this same exercise with their child. This will help the caregiver understand the child's dreams, fostering a stronger relationship and understanding between caregiver and child. It will also help the caregiver be able to help the child think through how he/she can reach his/her own life goals.

TIP 12: HOW OUR FAITH CAN GUIDE US

Adults who are religious may draw strength from the Bible (or another religious text) in overcoming their fears to talk openly with their children about sensitive issues, including sex. From a religious perspective, remember that God created us, including our bodies and our ability to have (and enjoy) sex. (Genesis 1:31 "God looked at everything that He had made, and He was very pleased.") Similarly, we are all reminded to avoid judging others (Matthew 7:1-6) and we are warned against prejudice (James 2: 1-13).



ACTIVITY 2: CLARIFYING OUR VALUES

In this activity you will help caregivers clarify their values regarding sensitive issues, such as a child's changing body. Clarifying values is important because caregivers need to be clear on what they believe in order to be able to express these values to their children. (See Option B for an adaptation of this activity that can be conducted with caregivers and children together.)

The statements after the instructions cover many of the key factors influencing the HIV epidemic in Botswana, including multiple concurrent partnerships, intergenerational and transactional sex, alcohol and violence. At the end of the activity, you can provide further information on these topics by referring to [HIV/AIDS Quiz: Answer Sheet](#) on pages 28-30.

Target Audience: Caregivers (Option A) and target child/children and caregivers (Option B)

Estimated Time: 30 minutes

Materials: Paper
Colored pens and pencils
Values statements (see below)

Instructions:

Option A: Clarifying your values – caregivers

In this version of the activity, you will work with caregivers to help them clarify and their values.

1. Explain to the caregiver what a value statement is by saying: *A value statement can mean different things to different people. For the purpose of this activity it will refer to what you believe in and how it guides your life. An example of a value statement could be "It's OK to have sex in exchange for gifts."*
2. Read aloud the value statements and explain to the caregiver that he/she is to think about whether or not he/she agrees or disagrees with the value. The caregiver does not need to share his/her thoughts.
3. Read each statement (or some of them, depending on the time available) one by one, giving the caregiver time between each statement to think about whether or not he/she agrees or disagrees. Before reading the next statement, you should ask the caregiver if he/she is ready to proceed.
4. After going through the statements, offer to help the caregiver turn the values he/she agrees with into messages he/she can give to his/her children. The caregiver only has to select two or three of the statements he/she would like to work with.
5. If there are no statements that the caregiver likes or agrees with, you should ask that he/she create some.
6. Give the caregiver a piece of paper and pen. You ask the caregivers to write down the statements he/she wants to develop into messages, leaving space between each one. Then the caregiver works on developing the statements in to messages.
7. If the caregiver is having a hard time with the exercise, you should provide the following example: *If the value is that a person should always be free to choose not to have sex, then the message to a child could be: 'Don't let people pressure you to have sex. You should stand your ground. Here are ways you can say no...'*
8. At the end of the exercise, you can give the rest of the value statements to the caregiver if he/she would like to continue to practice turning values into messages for children.

Option B: Clarifying our values together – caregivers and children

In this version of the activity, you will work with caregivers and children together to help them clarify and share their values with one another. This is intended to help communication and understanding within the family.

1. Explain what a value statement is by saying: *A value statement can mean different things to different people. For the purpose of this activity it will refer to what you believe in and how it guides your life. An example of a value statement could be "It's OK to have sex in exchange for gifts."*
2. Explain: *You should listen to each statement and think about whether or not you agree or disagree with what has been said. Once you have had time to think about the statement I will ask you all to share your thoughts. You are not to judge or criticize another person's views. Everyone is allowed to have his/her own view. The purpose of this activity is not to agree or disagree, but to understand each other's thoughts.*
3. Read each statement (or some of them, depending on the time available) one by one. You then will give everyone time to consider the statement to think about whether or not they agree or disagree.

TIP 13: HOW TO BUILD A STRONGER RELATIONSHIP WITH YOUR CHILD

Below are tips that you can share with caregivers to help them build stronger relationships with their children.

Be a good role model. Act in ways which earn your child's respect, and model the behavior you'd like to see in your child. Children learn from what they see and experience much more than from what they are told. How?

- Drink in moderation or not at all.
- Avoid drinking in front of your children.
- Do not send children to buy alcohol for you.
- Be faithful to your spouse or girlfriend/boyfriend.
- Don't give girls or boys money or gifts in exchange for sex.
- Avoid arguing in front of your children.

Pay attention to your child's positive behavior. When we are praised for positive behavior we tend to repeat it. By contrast, if we are criticized, we remember it a long time and it can be very painful. Criticism

is sometimes important, but it should be balanced by lots of complements and acknowledgement of the things that the child does well. For instance, say thank you for their help around the house; recognize when your child is trying hard in school or at work.

Encourage your child a lot. Help your child believe that he/she can achieve whatever he/she sets out to do. For instance, say: "That's the way; You can do it; Keep trying; I have faith in you; Well-done!"

Spend time with your child one-on-one. Spending time together doing things you and your child enjoy (such as cooking, looking after animals, reading, playing games) creates bonds between you and helps you feel closer to one another.

Talk often with your child. Just as doing things together builds bonds so does talking with one another. Consider talking about: What your child did that day; school or work life; your child's friends and peers; family issues; concerns your child has.

Then you will ask if anyone is willing to share their thoughts.

4. As people share their thoughts, you must repeat that it is important not to judge one another's viewpoints or to explain why they agree or disagree with the statement.
5. At the end of the activity, thank everyone for sharing their thoughts and say: *The reason you did this activity was so you*

can understand each other's viewpoint and see how others see the world. For caregivers, the activity can help you understand your children's views and why they may behave in certain ways. For children, this activity can help you understand your caregivers' views and hopes for you.

6. You should encourage caregivers and children to continue discussing these issues and finding their common ground.

Value statements:

- People should be married before they have sex.
- It is OK to have a baby out of wedlock, if you feel you can take care of it or know someone else who can.
- In a relationship, both partners should be able to choose freely whether or not to have sex.
- You should really love a person before you have sex with him/her, but you don't have to be married.
- Once a girl's body has matured physically, then she is ready to have sex.
- It is OK for children 10 years old to have sex. (**Probe:** and at age 13? 15? 17?)
- It is OK for children 10 years old to drink alcohol. (**Probe:** and at age 13? 15? 17?)
- Even if someone says no to sex, they don't always mean it, so if you want sex you can force the other person.
- Hitting or abusing your partner is necessary some times.
- It is OK for adolescent girls to have sex with grown men if they need money for school because their families can't afford the expense.
- It is OK for adolescent boys to have sex with grown women if they need money for school because their families can't afford the expense.
- It is OK for women to take on several sexual partners at one time to meet all of their needs.
- Being a 'real' man means having more than one sexual partner at a time.
- Protecting your health is always more important than pleasing your partner.
- It is OK to have sex with a casual partner for fun, as long as you use protection.
- It is important to fit in and do what your friends do even if you don't like what they are doing.
- Men and women should be faithful to one sex partner, even if the partner lives far away.
- Both partners should always get tested for HIV before they have sex for the first time, even if they have been tested before.
- It's OK for boys to have sex before they are married, but girls should abstain until married.
- If your partner does not want to communicate openly about sensitive issues, including sex and possible sexual diseases, then you should drop that partner even if you are compatible in other ways.
- A person should always be free to choose not to have sex.



ACTIVITY 3: HOW WOULD YOU RESPOND?

This activity helps caregivers consider how they might respond to certain situations or questions raised by their children.

Target Audience: Caregivers

Estimated Time: 30 minutes

Materials: Paper
Colored pens and pencils
Activity 3 Situations
(see scenes 1-4)

Instructions:

1. Explain to the caregivers that as a parent/guardian they often face situations that they are unsure how to address.
2. Say that in order to help with difficult situations you are going to read some scenes to the caregiver and ask follow-up questions.
3. Read each situation one by one and ask the follow-up questions.
4. After all the scenes have been discussed, you ask the caregiver if there is a scene he/she would like to discuss some more.

Scene 1:

Mareetsa is a father of a 15 year old girl. He suspects his daughter is drinking because he smells alcohol when she comes home late on Saturday nights.

Questions:

- *What could Mareetsa do?*
- *What could he say to his daughter?*
- *What would you do if you suspected your child of drinking?*

Scene 2:

Tebogo finds condoms in her 13 year old son's schoolbag.

Questions:

- *What could Tebogo do?*
- *What could she say to her son?*
- *If you were Tebogo, what would you do?*

Scene 3:

Thebe is scared to tell his HIV positive 12 year old daughter why she must take pills every day. He's worried that she will be discriminated against and become isolated from others.

Questions:

- *What options does Thebe have?*
- *Which option do you think might be the best one? Why?*

Scene 4:

Lesego is an HIV positive mother. She wants to tell her children, ages 15 and 17, about her status, but she is concerned about how the children will react.

Questions:

- *If you were Lesego, what would you do?*



ACTIVITY 4: PRACTICING COMMUNICATION

This activity helps caregivers practice answering questions their children may ask. Before starting this activity, you must talk to the caregiver about the importance of communication. You should tell the caregiver that communicating openly and honestly can be difficult, but to build a good and supportive relationship communication is important.

Target Audience: Caregivers

Estimated Time: 60 minutes

Materials: Role play scenarios

Instructions:

1. Tell the caregiver: *Sometimes people don't always respond in the most positive way when they are taken by surprise by a question from a child. The following role plays will help you be prepared for awkward questions. During the role plays I will act the child's part and ask you questions.*
2. Then you do the role play with the caregiver. You can ask additional questions, as needed, to keep the conversation going for a while.
3. Explain that you will repeat the role play, but this time you will be the caregiver, while the caregiver will play the role of the child. You should say that this will give the caregiver a chance to hear another possible response.
4. Each role play is acted out one by one. After each role play, you should ask the caregiver: *"How do you think you did? Is there anything you would like to do differently next time?"*

Role play questions:

- How do girls get pregnant?
- What happens when people have sex?
- Why do people drink alcohol?
- How do you get AIDS?
- How does it feel to have sex?
- How do you use condoms?
- Why do you have to use condoms?

TIP 14: WHY TALK WITH CHILDREN ABOUT SEX

Understanding sexuality helps children cope with their feelings and with peer pressure. It helps them take control of their lives. Young people are less likely to take sexual risks or be victims (or perpetrators) of sexual abuse if they have:

- A positive view of sexuality.
- Information that they need to take care of their sexual health.
- Clarity about their own values and an understanding of their families' values.
- Self-esteem and self-confidence.
- Decision making abilities.
- A sense that their actions affect what happens.
- A connection to home, family and other caring adults in their community, school or religious institution.

TIP 15: HOW TO HELP CHILDREN MAKE HEALTHY CHOICES

Children and adolescents need information about building relationships, their bodies and sex. By teaching them about these issues, caregivers can help children make healthy choices. Caregivers should:

- Share information in age-appropriate ways with their children. Remember, talking with a 13 year old is different than talking with a 17 year old.
- Teach their children skills that will keep them healthy. This includes how to choose friends and being able to recognize situations that may be harmful.
- Reassure their children that it is OK to say “No” when they feel under pressure to do something they don’t want to.
- Tell their children that just because everyone is doing it, it does not mean they have to do it too.
- Notice changes in behavior and take the opportunity to talk to their children about this.
- Pass on the values they hold to their children as this can positively impact their choices.

TIP 16: WAYS TO COMMUNICATE WITH A CHILD

The following are tips that can be used by any adult when speaking to a child:

Really listen. Show the child that you are listening by looking at him/her. Don’t interrupt the child when he/she is speaking. Let the child know you are listening by nodding as they talk and commenting positively on what they say.

Be consistent in what you say with your voice and with your body. Smile when you are saying encouraging words; and look concerned – but not angry – when your child tells you of a challenge or expresses sadness.

Give your child a chance to speak. During your conversation, take turns talking.

Sit so you and your child can see eye to eye. If you and the child are not the same height, sit in a way that allows you to

see each other’s faces eye to eye, in other words, on the same level.

Ask your child open-ended questions to keep the conversation going. For instance, you could try questions like: In what way? Then what happened? Who else was there? Where did it happen? How did you feel? What did others say or do?

Be open. Try not to criticize a child’s words or actions because doing so will keep the child from talking with you openly in the future.

Keep cool and stay calm. You can do this by: taking a deep breath before responding; focusing on finding solutions and not on who is to blame; and using “I” messages. For example: “I get very worried when I don’t know where you are.” Avoid statements like: “You are so irresponsible. You never tell me where you are going.”

Chapter 10: Basic Counseling and Communication Skills ¹²

Much of your time as a mentor will be spent talking with your target child/children. Meaning you should be doing a lot of active listening and responding with the child. Sometimes you will just focus on everyday events, but sometimes there are deeper issues that come out. There could also be a lot of sadness, confusion and anger (especially if the child has experienced a major loss). When counseling you should try the following approach:

1. Creating a Nurturing Environment

The first step in counseling is creating a nurturing environment for the child. Table 1 has some information to help create a positive environment

Table 1: Building relationships with children at different ages or maturity stages

Children 5 years old and younger	Children 6-12 years old	Children and youth 14 years old and older
<ul style="list-style-type: none"> ○ Sit so you can see each other eye to eye ○ Comment positively on their appearance ○ Show them toys or objects that look interesting ○ Find a simple game to play together (rolling a ball, clapping hands) 	<ul style="list-style-type: none"> ○ Sit so you can see each other eye to eye ○ Find out what activities or sport they like to play ○ Find out their hobbies and other interests ○ Look through an interesting magazine together ○ Children this age like to show adults what they can do. For the younger children in this age group, ask them if they can do mildly challenging tasks like balancing on one foot, touching their nose and hopping etc. 	<ul style="list-style-type: none"> ○ Comment positively on their appearance ○ Share an object of interest and discuss it ○ Find out what interests they have and activities they participate in ○ Look through a magazine together. Discuss their likes and dislikes on issues like fashion, strength of the men, sports figures they admire etc

¹² Pages xx-xi are excerpted with permission from The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth, © Family Health International, 2009.

2. Active Listening

More than anything else, listening to a child is what helps to build a relationship with them. Active listening means that you:

- **Ask open-ended questions.** Rather than asking questions that can be answered with a “Yes” or a “No”, ask open-ended questions, e.g., “How did that make you feel? What did you do (or want to do) next?” Open-ended questions allow the child to answer with details which help you understand his/her thoughts, feelings and experiences.
- **Find out what silence means.** You may ask, “You’ve been very quiet today and can’t tell what’s going on. What are you feeling?”
- **Help the other person focus.** You may say, “I can’t quite understand what you are trying to say. Is something going on that is upsetting you?”
- **Reflect-back the emotions of the other person.** Listen for the emotions that the other person is expressing, and then share them back. You may say, for example, “You sound very angry.” Or “Today you seem very sad. Has something happened since the last time we met?” In this way, you act like a mirror, reflecting (repeating back) what you believe to be the child’s feelings.
- **Be willing to discuss the same issues several times, until the child is satisfied.** Let the child decide how often he/she wants to talk about the same issue. For a child this is all part of the processing that he/she needs to go through. Be sure to let the child know that if he/she wants to talk more, you are willing.

3. Follow-up counseling steps

The order of this step will depend on the issues and concerns that the child brings up in his/her conversation with you. At all times, look for opportunities to recognize the feelings of the child, and to provide emotional support. There are various approaches you can use, including the following:

a. Recognize Feelings

Warmth: Showing care and concern by listening carefully and following-up with the child to see how she/he is doing.

Acceptance: Recognize the child’s feelings and fears. Understand that each child is different in how he/she deals with challenges.

Understanding: Be open to learning from the child’s experiences; speak to the child based on what you know and understand, but don’t claim to have all the answers.

Respect: Value the child’s strengths, opinions, feelings and experiences.

Non-judgmental attitude: Do not negatively label the child as bad or stupid etc. While it may be suitable at times to comment on a particular action as dangerous or unwise, be sure to refer to the activity only. Make sure that the child understands that, overall, you believe the child to be good and intelligent and someone who is capable of leading a good and successful life.

b. Address fears and anxieties

Find out through open-ended questions and active listening what worries the child. If you don't know the answer to a question try to help the children find out where he/she can get more information and maybe offer to accompany to child in this process. Make sure the child knows that he/she is not alone and that others care for him/her (including God, if the child is religious). Often a child will feel guilty about a loved one's illness or death, thinking that he/she is at fault. You should make sure to let the child know he/she is not to blame.

c. Provide opportunities to say goodbye to a loved one

Here are some tips on how to deal with death and loss:

- Be direct and clear. Ask what the child already knows, and start from there.
- Answer questions honestly, but do not go into details or long descriptions unless the child makes clear that this is what he/she wants to know.
- Find out what the child is thinking or feeling. You may also talk about your own feelings, but not in detail.
- Make sure the child knows that there are people who care for and will support him/her.
- Talk about the person who died, got sick or moved away. Don't pretend that he/she has disappeared from the child's thoughts because the child will remember.
- Talk about the processes that surround a death or illness so the child knows what will happen next.
- Don't make promises you can't keep or say things that aren't true, just to make the child feel better. (This builds distrust and causes the child to feel worse later on.)

- Tell a story or read a children's book about death or illness, if the child wants this.
- Praise the child when they are dealing with a loss well. Offer a gentle hug or hand-hold, if the child wants.
- Try to make sure that the child knows what caused the death or illness and that it is not related to anything they did.
- Give the child the opportunity to ask questions, and then answer truthfully. If you don't know the answer to a question, tell this to the child.
- Be prepared to repeat explanations. Stay calm and unhurried. Be non-judgmental.
- Offer to help the child get additional information if this is what the child wants, and if this is possible for you to do.
- Once the initial shock of loss is over, make a memory book or memory box or encourage others to do so.
- Pray with the child, if this feels right.

d. Repair self-esteem and build resilience

Use EVERY OPPORTUNITY when you are with the child to give encouragement and support. During visits, you should provide as much encouragement as possible. You can do this by appreciating the child's achievements or telling the child the ways in which you are proud of him/her. Also, acknowledge the caregiver's care and support where possible, as this helps to strengthen the behaviors and caregiving that you see going right.

e. Help the child look forward

Plan for future changes but allow the child to still talk about the loved one and find new ways to include that person's memories or values in his/her own life.

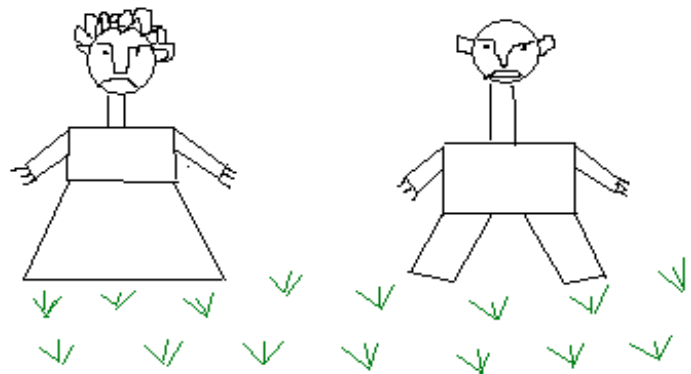
Special Focus #1: Counseling and supporting adults versus children

Counseling and supporting children is very different than doing so for adults. Keep these two points in mind as you work with children:

- With adults you can focus on just one person, but with a child you must also consider the child's family situation. So you must always take into consideration and often involve the parents/guardians, extended family members and the child's school or representatives from their other activities.
- With children you must always be aware of their developmental stage – physically and emotionally – which is always changing. Even a baby feels loss, but how you respond should differ, depending on the child's age or maturity.

Special Focus #2: Counseling tips for young children

Young children (below 10 years of age) often prefer not to talk to adults, either because their tradition discourages this, they don't (yet) trust the adult or because they can't express themselves in words very well. Sometimes, these young children can express themselves by drawing pictures. You can ask the child if he/she would like to draw a picture, for example, about some family activity. When the child has finished, you can ask him/her to talk about what is in the picture. (Don't guess what is in the picture – rather ask questions and have the child explain.) The child may be able to use the picture to tell you what is troubling him/her. Assume a child has drawn the picture below. Based on what you see what questions might you ask?



On the next page are some activities that can also help children express feelings through pictures.

A. For younger children: Create a “Picture-Friend” for comfort and support. You must give the child the following instructions:

1. *Imagine what your sadness or pain looks like. Imagine the form, size and color. Draw it on a piece of blank paper. Think about how the pain/sadness sounds – the loudness, tone and melody.*
2. *On another paper, draw an animal or cartoon that is your “Picture-Friend” who gives you support and comfort and can help you with the pain/sadness. This little animal or cartoon can look like anything you want it to be. (Feel free to be creative!)*
3. *Think about how your “Picture-Friend” can help. How can it change the pain’s form, size and color? How can it change the tone or sound that the pain/sadness makes?*
4. *On your first paper, draw your pain/sadness the way it looks and sounds after your “Picture-Friend” has changed it. How is it different from before?*
5. *Take your papers and put them under your bed or pillow and look at them every day, whenever you can.*

B. For older children: Create a mental shield against anger or rejection. You must give the child the following instructions:

1. *Think about some past experience where you stayed cool and calm inside, despite another person’s harsh words or anger. Feel for yourself how their anger or nastiness bounced off you like a ball bouncing off a wall.*
2. *Let a feeling grow inside you that you know how to protect yourself by holding up an invisible shield that causes bad things to bounce off.*
3. *Continue to imagine this shield through which you can see or hear everything. Think to yourself: “I can build this protective shield in my mind, anytime and anywhere I want to.”*
4. *Think up a sentence or motto you can use to repeat to yourself when you hold up your invisible shield in your mind. Say to yourself something like “That anger is just a ball that bounces off my shield” or “That has nothing to do with me right now” or simply, “This doesn’t hurt me.”*
5. *Imagine how behind this shield you can stay friendly, calm and cool – even with people who make your life difficult. What other people say to you can’t affect you anymore.*

Special Focus #3: Working with children who misbehave

It can be hard to know what you should do when children fight with each other, or you are trying to help a child who ignores you (or the caregiver), gets angry or misbehaves. In these situations, it is best to talk with the child or children involved, to find out WHY they are acting this way, and what is bothering them. Together, you may be able to solve the problem.

Look for opportunities to say something positive – possibly offering praise or recognition about his/her appearance (for example, *“I see you cleaned yourself nicely”*) or something that he/she did well (for example, *“You did a good job cleaning up the yard”*). You can also follow the suggestions on the following pages.

NOTE:

If the misbehavior persists or becomes very serious, you should refer the child/children to a counselor at their school or to an NGO that can help.

TIP 17: HOW TO DEAL WITH CHILDREN WHO MISBEHAVE

- When the child is emotional, ask how he/she feels.
- Give him/her time to talk without interruption.
- If the child is angry with you, do not defend yourself, only ask for clarifications.
- After finishing the clarification, ask what the child would like you to do.
- Do not defend or express your view on that day. You can return to the topic during your next visit.
- During the next visit, ask the child to express how he/she felt during the previous visit. Tell him/her what was helpful and what was not helpful about the way he/she expressed his/her feelings and explain clearly why.

Source: Four goals of misbehavior and how to respond ¹³

13 Adapted from, Alta Maria Vorback, Counseling Skills for Group Leaders Working with Children (developed for Philippi Trust Namibia, no date)

Attention:

The desire for attention is almost universal among young children. Children prefer to gain attention in useful ways, but if that doesn't work, they will resort to negative behaviors

What I see	What I feel	What I must understand	What I can do
A child that whines a lot	Irritation	Child doesn't get enough attention	Stop giving negative attention. Give attention only when the child behaves well.
A constant clown	Screaming	Child seeks attention even if it is negative	Give quality attention.
A lazy child	Saying things over and over	Child seeks attention even if it is negative	Focus on positive behavior.
A nuisance	Screaming	Child seeks attention even if it is negative	Use "time out" [Place the child in a safe space where they need to sit and think about what they've done and why they are upset].

Power:

Power-seeking children feel they are significant only when they are boss. Even if you succeed in calming them, the victory is only temporary. You may win the argument, but lose the relationship.

What I see	What I feel	What I must understand	What I can do
A child who tells lies	Anger	Child is in a power struggle with me	Refuse to fight. Explain that you will continue the discussion at another time when everyone is calmer.
A child who does not want to listen	Challenged, disrespected	Child is in a power struggle with me	Withdraw from the power struggle. Continue the discussion at another time.
A child who talks back and who argues	Like I want to hit the child;	Child seeks attention even if it is negative	Give quality attention.
A strong-willed child	Exhausted, beaten	Child seeks attention even if it is negative	Talk over the incident at a later stage; give choices that are acceptable to you. Negotiate beforehand.

Inadequacy (feeling “not good enough to do anything”):

Children who display inadequacy or pretend to have an illness or disability are extremely discouraged. Since they have given up, they try to be excused for their behavior by displaying inadequacy.

What I see	What I feel	What I must understand	What I can do
A withdrawn or paralyzed child	Discouraged and inadequate myself	Child feels bad about him/herself	Find opportunities for positive reinforcement
A loner	Like I want to give up	Child has given up	Don't criticize; find opportunities for positive reinforcement.
A child who feels pity for self	Hopeless; nothing works	Child has given up	Don't give advice; try to interest the child in other activities.
Child has no energy	Drained	Child has given up	Focus on the child's strong points; encourage the child's efforts; use behavior reinforcements.

Revenge:

Children who want revenge are convinced they are not loveable. They feel that they are significant only when they are able to hurt others (often, as they believe they have been hurt themselves). They find a place by being cruel and disliked.

What I see	What I feel	What I must understand	What I can do
A child who hurts or bullies others	Hurt	Child is taking revenge for something that happened to him or her	Stay calm. Look for other opportunities to give positive reinforcement.
A child who gets others back	Disappointed	Child is taking revenge for something that happened to him or her	Don't take revenge. Spend time with the child and act as a role model.
A revengeful child	Sorry for myself	Child is taking revenge for something that happened to him or her	Don't feel pity for yourself.
A destructive child	Angry; wanting to get back at the child	Child is taking revenge for something that happened to him or her	Don't blame yourself; give affection to the child even if the child reacts negatively; believe in the child.

Chapter 11: Basic Health and Hygiene ¹⁴

Although you are not expected to provide health care, basic information about health care and hygiene is important and should be communicated to the target child, other household members, and to peers.

Health care

If a target child appears unhealthy, you should do the following:

- *Get more information about the child's condition:* Observe the child to look for signs of illness; Check with the child about how he or she has been feeling; Note any changes in health that the child may be experiencing from one visit to the next.
- *Notify the responsible person about the illness:* After determining that the child seems sickly and after you have talked to the child, talk to the caregiver about the situation to determine the best course of action.
- *Make a referral and follow up, for example by accompanying the child and caregiver to the clinic:* With the consent of the caregiver, the Auntie or Uncle may take the child (or the child and his/her caregiver) to the health facility for diagnosis and treatment.

If that's not possible to get a sick person to a health facility quickly do the following:

Ask Questions. To find out the needs of a sick person, first you must ask important questions and then examine the person carefully. You should look for signs that can tell you how ill the person is and what kind of sickness he or she may have. When you examine a sick person, write down your findings and keep them for the health worker at the clinic, health center, or hospital.

To begin, you should find out:

- What bothers the person most right now?
- What makes the person feel better or worse?
- How and when did the sickness begin?
- Have you had this trouble before, and do you know others in the school or neighborhood that had it?

If the sick person is a baby who cannot talk yet, look for signs of pain. Notice the child's movements or when he or she cries.

Take the sick person's temperature. Use a thermometer, or if you don't have a thermometer then place the back of your hand on the sick person's forehead and the other on your own or another healthy person's forehead, and compare the two. If the sick person is hot and has a fever, you should feel the difference.

Check other areas and ask about pain. Look at the person's skin: Are there any rashes, spots, changes in color, sores, or unusual swellings?

Take the person to a health facility. If you notice anything unusual, or if the person is in pain, take that person to see a doctor or nurse immediately. (With a child, be sure to contact the child's parent or caregiver before any medical decisions are made.)

NOTE: Never send a small child alone to a health worker. An older sibling or trusted adult should always go with the sick child, and should report on the signs and symptoms of the illness that you observed at home. Also, never give medicine that was prescribed for one person to another person, even if their signs and symptoms may look similar.

14 This chapter draws heavily from the manual by Aini N. Hoab and Aune S. Iiyambula with Lucy Y Steinitz, *Our Home is Where the Heart is: A young home-makers' guide*. Targeted to child-headed

& youth-headed households. Yelula/U-Khai, Namibia. (2008). The sections on good hygiene, health and nutrition relied heavily on.

Care of the sick person

With many illnesses, good care is enough to help the body heal itself. Good Care Means:

- Making sure the sick person is comfortable.
- Providing a quiet place with light and fresh air where the person can rest.
- Checking that the sick person should not get too cold or hot: if the person is cold, cover him or her with a blanket. If the person has a fever, then do not cover the person at all. You can also help a person feel cooler by sponging him or her down with some water.
- Making sure the sick person has plenty to drink. With many illnesses, especially when there is diarrhea or fever, the person should drink plenty of liquids. Clean water, tea, juice, and broth (light soups) are generally best.
- Encouraging the sick person to eat healthy food.
- Keeping the sick person clean. He or she should be bathed every day – with a sponge or cloth at the bed, if necessary – and the person’s clothes, sheets and covers should also be washed regularly.
- If medicine has been prescribed, help the sick person take them correctly – meaning the right amounts, on-time, and with or without food or water, as the prescription requires.

Remember: If someone in the family has been given a prescription with certain medications to take, the instructions should be followed EXACTLY, and only that person should take the medicine – no one else.

TRADITIONAL MEDICINE AND WITCHCRAFT

Many home remedies and traditional healers are helpful, but others are less so. A few traditional practices are risky and even harmful. Only use home remedies and traditional medicine if you are sure they are safe and know exactly how to use them. It is safer to treat very serious illnesses with modern medicine that you get from a hospital, health center or clinic. In particular, avoid giving traditional medicines where the measurements you are asked to use are unclear. Do not do anything that may increase health risks such as piercing or sucking blood. Finally, do not force a sick person to vomit or give him or her herbs that cause diarrhea or constipation, as this can be very dangerous.

If a person believes very strongly in witchcraft, then it is possible the person may actually become ill. But bewitching someone won’t work if the person doesn’t believe in witchcraft. If you have a strange sickness, do not blame a witch or go to a witchdoctor, but ask for modern medical advice. Remember that you cannot become ill from witchcraft if you do not think that witchcraft has any power over you.

Hygiene:

Good hygiene refers to the practice of keeping your home and body clean. This approach can prevent many serious sicknesses and diseases from harming our bodies. Every family should also establish a routine of cleaning the house, washing the dishes, handling food safely, and keeping unclean animals out of the house.

If people are hungry or children are poorly nourished, better nutrition (meaning, good and healthy food) must be one of your main concerns. Your role as an Auntie or Uncle is to advise the family, and encourage them to practice good health, hygiene and nutrition as much as possible. If needed, you can also refer them to other resources in the community for additional assistance.

Help the families you support aim for a balanced diet that contains a variety of foods every day, some of which can be grown in a garden (even a small “kitchen garden,” using thrown-out water from bathing or dishes). Avoid fast-foods from the shops, or foods that are very sweet or very fatty. Sugar may taste good, but it is made up of empty calories that do not provide any benefit to the body.

In Botswana, the main food is usually pap from sorghum millet or maize. In addition, you should encourage families to add helper foods every day: these include oil, butter, nuts and seeds; vitamin and mineral helpers such as fruits or vegetables; and protein helpers, such as beans, lentils, groundnuts and animal products (milk, eggs, meat or fish).

Here is some additional information that you can use in your own home, and when you visit other families in the community.

- Always wash your hands with soap when you get up in the morning, after a bowel movement (that is, going to the latrine or toilet), and before eating.
- Bath often – every day when the weather is hot. Cleaning your body prevents skin irritations and infections. Babies and sick persons should also be bathed every day. Using soap is good, but you don’t need a lot of soap to stay clean.
- If young children have a bowel movement near the house, clean it up at once. Teach them to use a latrine or toilet, or at least to go farther away from the house.
- In areas where there are biting insects, hookworm or a lot of trash, do not go barefoot. If you cannot afford shoes for everyone, you can cut-out sandals from old tyres and tie them with string.
- Make sure everyone brushes his or her teeth every day and each time after eating sweets. If you do not have a toothbrush and tooth paste, use a twig from a tooth-brush tree or rub your teeth with salt and baking soda.
- Keep goats, pigs and other animals out of the house and away from where children play.
- De-louse your whole family often, if needed.
- Use a handkerchief or cover your mouth when you cough or sneeze, and teach others in your family to do the same.

Also, do not spit on the floor as this carries germs.

- Clean your house often – sweep and wash the floors, walls, and underneath the furniture. Fill in cracks and holes where bedbugs, cockroaches, and scorpions can hide.
- Be sure your latrine (toilet) is clean and well-aired.
- Food should be stored properly. Expired, moldy, or spoiled food should not be eaten, as this can be very dangerous. (Expired food, means food that is served after the “best by” date that is printed on the bottom of many store-bought boxes or cans.)
- Refuse should be disposed-of via the municipal refuse pick-up system.
- Drink clean water only
- Only eat food that has not spoiled, and only eat meat that is well-cooked.
- People with tuberculosis, flu, colds or other infectious diseases should not use the same utensils and plates as other people in the family. (This does not apply to people with HIV.)
- Sick people should sleep in their own bed (or on their own mat), and if they are infectious, then they should sleep in a separate room if possible

TIP 18: USEFUL SALT

Salt has many uses in the home as a non-abrasive scrubber and for the body. You can use it with some vinegar to clean many metal-surfaces, to cut crease on pots, to clean smelly drains (by pouring a mix of hot water and salt on the dram), and to clean old sponges (by soaking them in cold water mixed with salt).

Even more important, one teaspoon of salt in a glass of warm water makes a good gargle for a sore throat, and salt mixed with baking soda makes for a good mouthwash (use an equal amount of salt and baking soda), or an effective teeth and gum-cleaner (mix one portion of salt to two of baking soda). To bathe someone’s eyes and reduce their puffiness, soak a clean washcloth into a solution of one half-teaspoon of salt to a half-liter of water, and then put the washcloth gently on the person’s closed eyes. Giving a dry salt-scrub (by rubbing dry salt on your skin) removes dry skin and helps the blood circulate.

Chapter 12: How to Use Condoms

Condoms (both male and female) are another effective method used to prevent sexually transmitted infections (STIs), including HIV, when used correctly at every sexual act. Condoms also prevent unplanned pregnancies. This chapter provides the basic steps for using condoms correctly. If any of the children that you are visiting would like additional information on other birth control methods, refer them to the nearest clinic.

How to use a male condom

1. Before opening the condom check the expiration date on the individual condom packet.
2. Once the penis is erect, open the condom package with your fingers. Don't use your teeth, or any sharp object, because you might accidentally break the condom!
3. Squeeze the tip of condom with your fingers and place the rolled condom on the head of the penis.
4. Leave a half-inch space at the tip of the condom to collect semen.
5. Hold the tip of the condom and unroll it until penis is completely covered. If the condom doesn't unroll easily it is probably upside down. If it is upside down, then remove the condom, throw it away and try again using a new condom.
6. After ejaculation, while the penis is still erect, hold condom at the base of the penis and carefully remove the condom without spilling any semen.
7. Wrap the condom in tissue or tie it in a knot and throw it away. (Don't flush the condom down a toilet.)
8. Use a NEW condom for every act of vaginal, oral and anal intercourse

ANNEXES

- Annex 1:**
 - Basha Lesedi Aunties and Uncles Program Adult Mentor Assessment Tool
 - Aunties and Uncles Household Visit Monitoring Tool

- Annex 2:**
 - Aunties and Uncles Description of Duties

- Annex 3:**
 - Aunties and Uncles Code of Conduct

- Annex 4:**
 - Aunties and Uncles Peer Supervision Guide

- Annex 5:**
 - Aunties and Uncles Checklist of Services Provided

- Annex 6:**
 - Reference List

ANNEX 1: AUNTIES AND UNCLES PROGRAM ADULT MENTOR ASSESSMENT TOOL

PAGE 1 OF 3

Name of Auntie/Uncle _____

Village _____ Sub-district _____ District _____

The purpose of this questionnaire is to help your supervisor track your progress and your wellness as Auntie or Uncle. Your responses to the statements and questions below will help your supervisor to improve the Aunties and Uncles Intervention. This information will also help your supervisors better support you in your work by identifying areas for further training, administrative issues, supervisory support, emotional support, etc. This questionnaire is slightly different than the one you completed prior to delivering services to children. It also includes questions about the work you are now doing. We will ask you to complete this questionnaire every quarter so that we compare answers over time and so that we can respond to your concerns in a timely way.

Please read each statement and circle the response that best reflects your feelings. It is important that you answer each question as honestly as you can so we can continue to improve the program. Your responses will be kept confidential. The questionnaire should only take a few minutes to complete.

Once you complete the form, please submit it to your supervisor.

		Not at all true	Somewhat true	Very True
1	I received sufficient training to do my job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I am able to adjust how and what I say depending on the age of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have established a close relationship with the children I support as an Auntie/Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The parent/guardians of the children I support appreciate my efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I feel confident providing information on bodily changes during puberty to my clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I feel confident sharing information on pregnancy prevention with my clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel confident conveying information on HIV/AIDS to my clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I feel able to help the children I support as an Auntie/Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I know where to seek help for my clients, as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I teach the children I support as an Auntie/Uncle through my own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ANNEX 1: AUNTIES AND UNCLES PROGRAM ADULT MENTOR ASSESSMENT TOOL
(CONTINUED)**

PAGE 2 OF 3

		Not at all true	Somewhat true	Very True
11	I feel respected in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Since becoming an Auntie/Uncle I feel proud of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I feel happy most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I feel I am making a difference in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I have someone in my community who helps me face difficulties in my own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I have someone at home who helps me cope with the challenges I face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am able to enjoy activities outside of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I find time to be with friends and family when I'm not working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I feel lots of stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel sad much of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I feel overwhelmed by the problems the children I support as an Auntie/Uncle face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I do not feel I have the energy to support others in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	I feel unhealthy much of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I feel angry and disappointed in those around me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I am able to release the stress and tension I feel in healthy ways (e.g., exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I receive adequate support from my superiors to be effective in my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Weekly meetings with my supervisor and peers help me problem solve client issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	I find the client monitoring tool easy to use and to complete following each visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ANNEX 1: AUNTIES AND UNCLES PROGRAM ADULT MENTOR ASSESSMENT TOOL
(CONTINUED)**

Please write your response to each of the following questions in the space provided

1. List 3 of your strengths as an Auntie or Uncle?

2. What 3 things will help you to grow as an Auntie or Uncle?

3. If we were to offer more training opportunities, what topics should be covered?

4. Do you have any other comments or suggestions?

THANK YOU FOR COMPLETING THE QUESTIONNAIRE!

ANNEX 1: AUNTIES AND UNCLES HOUSEHOLD VISIT MONITORING TOOL

PAGE 1 OF 2

Auntie/Uncle name _____
 Village _____ Sub-district _____ District _____
 Date _____ Household # _____

CHILD/ADOLESCENT CLIENTS:

OVC (10-17 years): _____ Total number present: _____

If more than one OVC (10-17 years) present, tick male/female per client.

Female Female Female Female Female
 Male Male Male Male Male

OVC < 10 years: _____ Total number present: _____

Total number female: _____ Total number male: _____

Non-OVC any age: _____ Total number present: _____

Total number female: _____ Total number male: _____

SERVICES:

School-related

School attendance
 Homework
 PTA attendance

Health-related

Identifying illness
 Notifying about illness

HIV Prevention

Abstinence
 Faithfulness/MCP
 Condom use

Referrals made

S&CD
 Clinic/hospital
 Police
 VCT
 Other

Activity Guide Chapter used during session*: Start time: End time:

COMMENTS

Comments (what worked well, what didn't work well, suggested changes):

Comments (what worked well, what didn't work well, suggested changes):

* If more than one chapter used, record information on the back of the sheet

**ANNEX 1: AUNTIES AND UNCLES HOUSEHOLD VISIT MONITORING TOOL
(CONTINUED)**

Auntie/Uncle name _____
 Village _____ Sub-district _____ District _____
 Date _____ Household # _____

CAREGIVERS/ADULT CLIENTS:

OVC (10-17 years): _____ Total number present: _____

If more than one caregiver present, tick male/female per client.

<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Female
<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Male

Other adult: _____ Total number present: _____
 Total number female: _____ Total number male: _____

SERVICES:

School-related	HIV Prevention	Referrals made
<input type="checkbox"/> Encourage involvement	<input type="checkbox"/> Abstinence	<input type="checkbox"/> S&CD
<input type="checkbox"/> Home-work	<input type="checkbox"/> Faithfulness/MCP	<input type="checkbox"/> Clinic/hospital
	<input type="checkbox"/> Condom use	<input type="checkbox"/> Police
		<input type="checkbox"/> VCT
		<input type="checkbox"/> Other

Activity Guide Chapter used during session*: Start time: End time:

COMMENTS

Comments (what worked well, what didn't work well, suggested changes):

Comments (what worked well, what didn't work well, suggested changes):

* If more than one chapter used, record information on the back of the sheet

ANNEX 2: AUNTIES AND UNCLES DESCRIPTION OF DUTIES

In their role as mentors, Aunties and Uncles are required to conduct weekly home visits to provide mentorship and other services as needed to all children in targeted households. They are required to provide these services to each household for a period of six (6) months.

At the end of six months each mentor will be assigned to different households. Each mentor is assigned to at least five (5) households to provide care and support. They are required meet with the child and their parents/guardians (separately and/or together) at least once per week in the household or in another location, as desired. If a child drops-out of the program, another child will be assigned to the mentor from a waiting list from Social and Community Development (S&CD).

Mentors are required to provide the following specific support: one-to-one mentorship; psychosocial support; identification of signs and symptoms of illness; referrals to health and other health related services, as needed; refer households who have graduated to support groups; accompaniment to health and other services (e.g., check-ups, medication refill); assist the children with homework and encourage them to attend school; prevention education on high-risk behaviors such as alcohol/drug abuse, unprotected sex, having multiple partners etc.; ensure the children get their entitlements via (Village Development Committee/S&CD), including access to, and proper use of food baskets; watch for signs and symptoms of abuse and identify any problems facing children as they emerge and facilitate their receipt of needed services.

In addition to providing services to children the Aunties and Uncles are required to provide parenting support/coaching of parents/guardians of children on basic health, hygiene, parent child communication and HIV testing, treatment and adherence.

They are also required to conduct health talks at clinics/hospitals. Mentors will work with the health staff in formulating a plan for conducting health talks. The educational talks will focus on abstinence, and other safer sex practices, risks of having multiple partners, drug/alcohol abuse, etc. The supervisors of mentors will provide additional information and services to any young person or parents/guardians who request it.

Mentors are required to share the skills, experiences and lessons learnt with their respective peer support groups (e.g., discuss HIV prevention related issues, how to communicate effectively with parents/guardians on HIV/AIDS related issues, peer pressure and other topics).

Mentors are expected to commit at least two (2) hours a day, from 14:00hrs to 18.00hrs to provide services to the households. Services to households with primary school youth are to be provided Monday to Friday. Households with secondary school youth will be visited on weekends. They are also required to complete all the necessary forms.

ANNEX 3: AUNTIES AND UNCLES CODE OF CONDUCT

By taking-on the role as an Auntie or Uncle, I commit to:

- Conducting myself appropriately, in keeping with local culture and standards of good work.
- Fulfilling my duties as described in the description of duties.
- Not bringing the name of the organization into disrepute.
- Not engaging into any misconduct such as; dishonesty, habitual neglect of duties, etc.
- Not engaging in sexual relationships with minors, or give the impression of doing so.
- Not abusing any child physically, emotionally or sexually.
- Not introducing, facilitating or giving the impression of endorsing children's use of drugs and alcohol.
- Showing respect at all times; promoting and protecting human rights.
- Assuring and protecting confidentiality.
- Being honest.
- Providing up-to-date, correct and unbiased information at all times. If I don't know the answer to something I will say so.
- Refraining from abusing my position with families and children under the Aunties and Uncles Program – that is I will not take advantage of anyone in the family, based on my relationship.
- Being sensitive to the needs of others, and to my own limitations.
- Not making any promises I can't keep, even though these promises may bring comfort at the moment. For example, promising to buy a present or promising that things will work out for the child (even though the situation is out of your control, so you can't really be sure).
- Completing all administrative requirements properly and on time.

ANNEX 4: AUNTIES AND UNCLES PEER SUPERVISION GUIDE

Aunties and Uncles are required to attend peer supervision meetings once per week. The purpose of these meetings is to:

1. Review cases and help each other address problems that come up
2. Reflect on the quality of our work and try to improve it
3. Provide peer support to one another in a friendly environment
4. Share and learn new approaches in our practice.

For these meetings to be effective, Aunties and Uncles determine who should facilitate meetings (may rotate); who will take attendance, who will write down action items (decisions by the group that require one or more people to do something that the group considers necessary); and who will be the time-keeper (keeping to an agenda). A supervisor may take on some of these tasks, but as much as possible, it is good for each the mentors to assume these roles in the meetings. A project supervisor will be present at the peer support meetings as a resource person, at least once per month.

For peer support meetings to be helpful and effective, a friendly, conducive environment is needed, which includes:

TRUST: The supervisor should encourage open and honest discussion during the meeting. We aim to “catch everyone doing something good,” and we realize that when mistakes happen (which is normal for everyone), these are important learning opportunities from which we can grow and learn to do better next time.

PRIVACY: Aunties and Uncles should be assured that information about their cases, their own responses and the group process will remain confidential (private) within the group. Everyone participating in the

meetings needs to commit to keeping this confidence.

SUPPORT: Aunties and Uncles should endeavor to support each other with ideas, advice, assistance and emotional support. “Together we can do much better” should be the mantra of the group. Group sessions may include a simple go-around, where each person offers the following: “In the last week, I felt good about XYZ related to my work as an Auntie/Uncle;” and then, “In the last week, I also had concern or a question that I want to share with the group now...”

APPRECIATION: The work that the Aunties and Uncles are doing is important. We should develop a culture that appreciates our efforts collectively and individually, that promotes openness and sharing and demonstrates caring at all times.

Follow this guidance when participating in peer support meetings:

- *Focus on the client.* Although Aunties and Uncles may want to talk about their individual and interpersonal problems during these meetings, these meetings are about the clients. Aunties and Uncles should be encouraged to seek individual professional help for any personal needs that are unrelated to fulfilling their roles and responsibilities as an Auntie or Uncle.
- *Strive to improve.* We always aim to improve the quality of our work. Support sessions with peers give us an opportunity to ask what each one of us can do to make a bigger and more positive impact on the children and families we visit. The group can also reflect on what can be done to improve the quality and impact of our work. Group decisions can be turned into action items to be followed up and reported upon in subsequent meetings.

ANNEX 4: AUNTIES AND UNCLES PEER SUPERVISION GUIDE (CONTINUED)

- *Share but maintain confidentiality.* Talking about household visits (challenges and success) and common problems gives Aunties and Uncles an opportunity to discuss issues without feeling like they are breaching the confidentiality code. But sensitivity is still required. Aunties and Uncles should be reminded at all the meetings that all the issues discussed should remain confidential.
- *Individual supervision occurs separately.* Individual supervision between a particular Auntie or Uncle and the supervisor is separate from the group process and should not be part of the peer supervision process. Gossip and individual disciplinary issues should never be part of a peer support group discussion. One-on-one supervision will occur at least once per quarter (more often initially and then as-needed). There will also be a formal annual performance review (written, including a self-evaluation).
- *Conduct meetings in appropriate locations.* Supervision meetings should be conducted in a quiet environment with minimal distractions.
- *Offer refreshments, as desired.* Refreshments may be served, on a rotating basis but except for tea/coffee, this is not a BONEPWA+ expense.

Peer support meetings should be structured to facilitate maximum benefit for the participants. Peer supervision meetings should follow this suggested agenda:

1. *Welcome:* Greet the Aunties and Uncles and welcome them to the meeting. Allow five minutes for personal catching-up, ice breakers and tea. The facilitator then calls the meeting to order and ensures that others are tending to their assigned duties (e.g., time keeper, minutes taker). Ensure that Aunties and Uncles are comfortable and address any anxieties.
2. *Activity summary:* Ask each Auntie and Uncle to present a brief summary of their case/household visits from the previous week. **Probe** for the:
 - a. Number of households visits conducted
 - b. Number of people reached
 - c. Interventions/activities conducted
3. *Sharing and learning:* Conduct a go-around on good experiences and concerns or challenges. Address questions on how we can improve our quality of service. Share new information related to the work or the BONEPWA+ Program.
4. *Follow-up:* Check-in on group action-items from previous meetings (from the minutes recording such decisions), agree on how those not yet completed will be addressed and agree on any new action items that may arise.
5. *Conduct short rituals:* The group can sing songs, say a prayer or conduct an ice breaker or team-building activity. Plan for speakers and/or special events, if desired.

ESTIMATED TOTAL TIME for Peer Supervision: 60-90 MINUTES

NOTE: Aunties and Uncles should bring their M&E tools to the meeting for reference

ANNEX 5: AUNTIES AND UNCLES CHECKLIST OF SERVICES PROVIDED

For each service provided, tick (✓) the appropriate square. Please note that the Aunties or Uncles can provide support in more than one service area during their visits (e.g., School-related and HIV Prevention Communication services). Additionally, multiple services can be provided within one area (e.g., school attendance and homework within School-related). The following are the services provided.

SCHOOL-RELATED:

- School attendance:* Checking with the caregiver to see if the child attends school on a regular basis. If frequent absences are reported, the Auntie or Uncle should ask the caregiver for the reasons and discuss ways to minimize these in the future.
- Homework: Helping children with homework means spending time with the child as they do their homework and providing them with directions (not solutions) when necessary. This service also involves checking whether the child has completed the homework, identifying any challenges they faced and coaching them for improved performance.
- PTA attendance:* Participating in parent teacher association (PTA) meetings when requested by the child's caregiver.
- Caregiver attendance to school activities:* As much as possible help the caregiver participate in school activities (e.g., alerting the caregiver in advance of upcoming events, taking-over childcare of other household members to relieve the caregiver). At times the caregiver may ask the Auntie or Uncle to attend on his/her behalf.

HEALTH-RELATED

- Identifying illness:* Observing the child to look for signs or symptoms of illness, checking with the child to see how they have been feeling and noting any changes in health that he/she may be experiencing.
- Notifying about illness:* After noticing signs and symptoms of illness in the child (e.g., the child seems sickly, complains of diarrhea, is wetting their bed) and talking with the child about these, you then notify the caregiver.
- Accompanying the child/caregiver to the clinic:* The Auntie or Uncle takes the child or the caregiver (or the child and his/her caregiver) to the health facility. NOTE: An Auntie or Uncle should NOT to take a child to the health facility without the consent of the caregiver.

ANNEX 6: REFERENCE LIST

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