

YOUNG PEOPLE WE CARE!

Making a difference in our community



Second Edition

YOUNG PEOPLE WE CARE!

Making a difference in our community

© Copyright text and illustrations JSI UK 2005.

Information and illustrations contained within this publication may be freely reproduced, published or otherwise used for non-profit purposes without permission from JSI UK. JSI UK requests, however, that they be cited as the source of the information.

Further copies of this book can be downloaded from the JSI UK website: www.jsiuk.com

Written by Judith Sherman, JSI UK, Zimbabwe, and Nicky Davies, Consultant

Illustrations by Joel Chikware

Designed and produced by Fontline Electronic Publishing (Pvt) Ltd., Harare, Zimbabwe

Copyedited by Virginia Curtin Knight

Originally published September 2003

Second edition published February 2005

ISBN: 0-7974-2692-2

Dear Facilitator and Young People:

As you know, young people all over Zimbabwe are concerned about HIV and AIDS. Many organisations have formed youth groups or clubs to help young people stay HIV negative. Young people are involved in peer education, life skills, drama and other HIV-prevention activities. They are caring for parents or siblings who are ill, and may have already lost family members to AIDS. These children and young people need support and encouragement from members of their community. At the same time, young people can play a significant role in providing community service and support to their peers and others working to address HIV and AIDS in the community.

Young people today have grown up with HIV and AIDS. They want to help people in their communities affected by AIDS and to be important members of the community. It is adults who want to protect young people, thus underestimating their potential. This often prevents young people from reaching out to others and contributing to the well-being of the members of their communities.

This book is designed to encourage and help groups of young people to support younger children, their peers and adults who are living in communities and households affected by AIDS. It can also be used by organisations that want to encourage young people to support their home-based care activities or organisations assisting children affected by AIDS. *Young People We Care* is for use by any group of young people aged 15-24 years. Nevertheless, we feel that groups will use it most effectively if they have already received training in the following:

- The facts about HIV and AIDS
- Peer education
- Life skills
- Community outreach

This *Young People We Care* book aims to:

- Provide encouragement and ideas to help young people be active members of their community
- Promote values and practices that will reduce stigma and discrimination against people infected and affected by HIV and AIDS
- Help people living with HIV and children affected by AIDS live better lives.

There are three sections to this book:

The **Before You Start** section aims to help organisations working with young people to plan ahead, before beginning any training. For a *Young People We Care* (YPWC) programme to be successful, young people must be protected against stigma and rejection. This can be achieved through adequate consultations, for example, with parents, community leaders, home-based care providers, school heads and teachers. These members of the community can provide encouragement and support to the young people as they implement their community activities. It is also important for organisations running a YPWC programme to put in place supervision structures to support the young people.

The **Training Guide** section is written for a facilitator or young person with a good knowledge of HIV and AIDS and facilitation experience. The **Training Guide** aims to prepare a group of young people to implement the **Community Activities** in the third section. The third section includes the kinds of activities that young people will actually do in the community including helping families of those who are sick with household chores and care for the children, helping children to grieve, helping to overcome stigma in the community, and many more activities. The **Training Guide** includes participatory activities to help young people think through these kinds of activities and decide what is needed in their community and they want to do. You may have covered some of these topics already in your ongoing programme – others may be new. In either case, young people need to feel comfortable with the issues raised.

The **Community Activities** section is written for young people and suggests ways to help support others in the community as described above. Some of the information in the **Training Guide** is repeated in this section. This is because some organisations may choose to distribute only the **Community Activities** section to young people, and we do not want important information to be missed.

Most activities require no resources – no money or supplies – just the commitment of young people who want to help others. The **Community Activities** section includes basic ideas for what young people can do at the community level under each topic. In addition, attached at the end of this section is information that can be used as required, for example, games to play with children and tips for caring in the home.



Table of Contents

Page

Before You Start

| | |
|--|---|
| Introduction | 1 |
| 1. Structuring Your <i>Young People We Care</i> Programme | 2 |
| 2. Undertaking Community Consultations and Mobilisation..... | 3 |
| 3. Establishing Linkages | 4 |
| 4. Planning Supervision, Monitoring and Evaluation | 5 |
| 5. Practising Good Communication (Basic Counselling) and Facilitation Skills | 7 |

Training Guide

| | |
|--|----|
| Introduction | 17 |
| 1. Understanding Your Community..... | 18 |
| 2. Knowing Your Facts about HIV and AIDS | 20 |
| 3. Being a <i>Young People We Care</i> Volunteer | 22 |
| 4. Ending the Stigma | 24 |
| 5. Making Good Choices about Sex | 26 |
| 6. Helping Families | 30 |
| 7. Being a Friend | 32 |
| 8. Overcoming and Avoiding Abuse | 34 |
| 9. Helping Children Grieve | 36 |
| 10. Making Memory Boxes and Books | 40 |

Community Activities

| | |
|--|----|
| Introduction | 43 |
| 1. Understanding Your Community..... | 44 |
| 2. Knowing Your Facts about HIV and AIDS | 48 |
| 3. Being a <i>Young People We Care</i> Volunteer | 52 |
| 4. Ending the Stigma | 54 |
| 5. Making Good Choices about Sex | 58 |
| 6. Helping Families | 62 |
| 7. Being a Friend | 64 |
| 8. Overcoming and Avoiding Abuse | 66 |
| 9. Helping Children Grieve | 70 |
| 10. Making Memory Boxes and Books | 72 |

Appendices

| | | |
|----|-----------------------------------|----|
| A. | Games to Play with Children | 77 |
| B. | Tips for Caring in the Home | 79 |
| C. | Assessing Your Programme | 86 |
| D. | Acknowledgements | 87 |
| E. | Guide to Other Resources | 90 |

Back pocket

Young People We Care Newsletters

Young People We Care Monitoring Forms

Young People We Care Poster 1: Ways you can get HIV

Young People We Care Poster 2: Ways you cannot get HIV

Young People We Care Poster 3: What you can do to avoid getting HIV

Young People We Care Poster 4: Universal Precautions

Young People We Care Poster 5: Positive living

Before You Start – Introduction

Before You Start is written for any organisation, youth group or agency planning to establish a *Young People We Care* (YPWC) programme. In most cases, this book will be used by organisations with existing programmes involving young people. You may wish to adapt certain aspects of the book that you feel strengthen your existing programme. It is likely, however, that existing young people programmes are not currently implementing many of the activities and topics described for young people in this book. These activities include providing support to families in their homes, making memory boxes and books, helping young people and children overcome abuse and grief and more, activities traditionally limited to adults.

Experience from the pilot phase of this programme has shown that young people with willingness and energy can implement these activities successfully. Experience has also shown, however, that young people need a lot of support from the community and organisations running such a programme. Without adequate preparation for the programme, young people can face stigma and rejection, feel overwhelmed by situations that arise, feel unrewarded and unable to decide how to prioritise conflicting demands in their lives and be uncertain as to the limits of their involvement.

The five steps described in this section will help your organisation and young people build the foundations for their programme. The five steps are as follows:

1. **Structuring Your Young People We Care Programme** requires your organisation and young people to understand the programme and reflect on what they would like to achieve and how.
2. **Undertaking Community Consultations** covers the kinds of community consultations necessary to determine how the community will support the programme.
3. **Establishing Linkages** describes how to create linkages with existing structures to ensure that young people are well supported and protected from taking on too much or counteracting the work of others.
4. **Planning Supervision, Monitoring and Evaluation** requires your organisation and young people to develop a supervisory structure that will support young people in times of difficulty and identify where encouragement, resources and information are needed.
5. **Practising Good Communication (Basic Counselling) and Facilitation Skills** reviews communication and facilitation skills that are crucial for both facilitators of the YPWC training and for young people working in the community.



Before You Start 1: Structuring Your *Young People We Care* Programme



The YPWC programme can be led by a range of organisations such as local community-based organisations, NGOs, schools, churches etc. Most organisations that establish this programme will already be working with young people in a formal or informal way. For an organisation wishing to establish a YPWC programme, discuss the programme with the young people that you work with or want to work with, using the following points as appropriate:

- Ask them if they are interested in this type of programme. Perhaps ask them to brainstorm the problems children, young people and families are facing in the community and ways in which they can help. Read out some of the quotes from the Voices page of the **Young People We Care** newsletters in the back pocket of this book.
- Ask them what they like about the programme and what they don't like.
- Discuss the following points to ensure that you and the young people are in a position to run the programme. Not all of these points may apply to your programme, but they are typical:
 - ◆ Will you be able to access the resources that you think are necessary to run the programme (e.g. adequate copies of the book, incentives for the young people (footballs, T-shirts etc.), training and access to necessary information)?
 - ◆ Will the community and parents support the work of the young people? (If home-based care teams are stigmatised, this is likely to happen to the young people also. Would the community accept young people as responsible and caring? Would parents allow young people to spend time on the activities in this book?)
 - ◆ Do adequate structures exist to support young people helping families affected by HIV and AIDS? (Young people usually begin helping families by accompanying home-based care providers or village health workers etc. If these structures do not exist, how will the young people know which families to approach and how?)
 - ◆ Will there be adequate support for the young people? (The young people will need: help when they have questions or have difficult experiences; support to know how much to take on; opportunities to meet regularly to discuss how they feel and share experiences; and encouragement and recognition for their work.)
 - ◆ Can you run an effective YPWC programme in this community? (You should understand the issues in the book or have access to knowledgeable and affordable trainers, have adequate time and energy to support the young people and have a respectful and open relationship with young people so they can discuss controversial and sexual issues with you in confidence. You should have a positive track record for supporting HIV and AIDS work in the community.)

Before You Start 2: Undertaking Community Consultations and Mobilisation



- If the book will be used to implement a group project, consult the community – for example, community leaders, headmasters and teachers, church leaders, clinic staff and others about the programme. Find out their concerns and ideas. Try to establish enthusiasm for the programme before you start so that the young people face as few problems as necessary.
- Be sure to hold a meeting with parents or guardians to explain what you plan to do and to address any concerns they might have. Concerns may include misunderstandings, such as their children being exposed to HIV, or that their children will neglect their schoolwork or chores at home. Some parents may be concerned about what their children will learn through the programme and think it is best if they do not know about HIV and sexual matters. You could do some of the exercises in the **Training Guide** with the parents so that they understand the programme better.
- Families affected by HIV and AIDS may fear they will be exposed or humiliated by the young people trying to help them. These concerns need to be addressed publicly and openly. The young people should accompany a home-based care worker or those providing another service such as support to children affected by AIDS. These existing structures should be used to ensure that families want the help of young people and are able to control when and how help is provided.
- The community needs to understand why young people want to contribute in this way, and what they will be able to offer. If this is achieved, the community will understand that the young people do not expect to be paid or receive goods from those they help and will not expect the young people to provide material goods to the families they help. The young people must help the community understand their motives in order to dispel fear and mistrust, which could result in the young people being stigmatised or dismissed. Young people will need the open support of community leaders, headmasters, church leaders and others before you start.
- You should inform the local authorities of your proposed involvement of young people in the programme. They might also be a useful source of information or resources.



Before You Start 3: Establishing Linkages

Creating linkages with existing structures helps to ensure that the efforts of the young people are appreciated and adequately supported.

- If there is a local home-based care programme, discuss *Young People We Care* with the home-based care workers. One suggestion is to discuss whether young people should go with the home-based care workers on their visits. For example, while the home-based care worker cares for the person living with HIV, the young person could help with household chores or work in the garden. Although young people often do provide direct care for the sick in their family home and occasionally elsewhere in the community, the YPWC programme does not include direct care for the sick. If young people want to provide home care, they should join a local home-based care team and access appropriate training. Please contact the Hospice Association of Zimbabwe (HOSPAZ) for further details about training – see page 87.



I think the YPWC programme is good for rural areas because I have seen home-based care people running around trying to help the people living with AIDS. If there were young people accompanying the home-based care teams it would be easier for them to focus on caring for the sick and giving treatment while young people help with the household chores like cleaning the house, washing clothes, and cooking.

Nqaba Donga, SPW Volunteer Gwanda, Sibona Community

- Similarly, if there is a local programme supporting children affected by AIDS, discuss with the carers how young people can support them. As with the example above, a young person might accompany the carer on her or his visit. While the carer visits the sick and his or her carers, the young person could engage in activities with the children.
- Some communities may not have a local home-based care programme or programme for children affected by AIDS. There is, however, likely to be some kind of health system or community system with which you can work. For example, village health workers, NGO outreach workers, support groups for people living with HIV and AIDS, women's and men's groups, voluntary counselling and testing (VCT) centres, groups growing communal food or running income-generating projects.

Before You Start 4: Planning Supervision, Monitoring and Evaluation



Organisations that run a YPWC programme need to decide on supervision, monitoring and evaluation plans before their programme begins. A support system for the young people needs to be in place and be well understood. The activities in this book can be very rewarding and hugely beneficial to young people, but they can also cause distress and anxiety, particularly for those more directly affected by HIV and AIDS. Likewise, monitoring and evaluation are important to help you learn how to strengthen the programme over time. Putting monitoring systems in place at the beginning of the programme means that progress can be monitored immediately and necessary adjustments made early on.

- Before you start the programme, ask the young people to write a short piece about their everyday lives, including their concerns and hopes for the future. You can repeat the task after a year to see how the young people have changed. You can ask the community to do the same so that you can see how the community has changed.
- The young people will need regular supervision, both at an individual level and at group level. Two weekly or monthly meetings of volunteers are typical, allowing the young people to ask questions, do role-plays to learn how to approach situations differently, share good and bad experiences, and receive encouragement and support from each other in such meetings. Careful facilitation and thought should be put to the structure and function of meetings. Plan time for young people to talk with an adult on their own. It should be clear to the young people which adults can be approached for advice. A system of 'patrons' can be encouraged in the community where teachers, village health workers or other concerned adults can provide support and encouragement to the volunteers. These patrons will only be effective if they receive training similar to the YPWC volunteers, otherwise they might accidentally undermine your training and have different values and levels of knowledge than the young people.

Here is a supervision checklist – use it to help you design an effective support system:

- How often do the adults and young people meet? Is food provided? Is transport covered?
- Are there peer reviews? (Youth leaders supervising and supporting each other.)
- Is training ongoing (e.g., the YPWC newsletter is one mechanism)?
- Are there one-on-one visits?
- Are there equal numbers of boys and girls? What is being done to encourage both boys and girls?
- Is there individual support – treating each volunteer as an individual?
- Are there opportunities for 'older' youth leaders to mentor new young people?
- Are there mechanisms for volunteers to raise questions?
- Besides the NGO, are there other support mechanisms for volunteers (e.g., other people in the community the NGO has identified as sources of support)?
- How is the NGO dealing with the personal issues of YPWC volunteers?



- The need for close supervision means the number of groups of young people you can include in your YPWC programme will be limited. The pilot programme was so popular that organisations received many requests from young people and youth groups to be included in the programme. They were careful, however, because they did not want to compromise the quality of the programme by including too many young people they knew they could not support. If you have good support systems, community linkages and patrons in place in the community, you will be able to reach more young people. However, if you have reached your limit, you can take the names of young people and include them when existing volunteers leave the programme to get jobs or further education. You can also work with groups of young people for a couple of years until their work is well established and supported in the community, before reducing your contact with them and taking on more groups.
- Discuss and agree on the monitoring requirements before the programme starts. You should consider:
 - ◆ How will monitoring information be used?
 - ◆ How much detail is required?
 - ◆ Who will collect and collate the information/data?
 - ◆ How will the information/data be stored?
 - ◆ Who will analyse the information/data?
 - ◆ To whom will the information/data belong?
 - ◆ What resources will be needed to support the monitoring system (e.g., pens and notebooks for volunteers, supervisors etc)?



The most important thing to remember when designing your monitoring system is that you should only collect the information that you will actually use. For ease of photocopying, the monitoring forms used for the YPWC pilot programme are included in the pocket at the back of the book. It is a relatively detailed monitoring system that may or may not fulfil your requirements.

- Regular analysis of the information/data collected through the monitoring system is important so that the efforts of those carrying out the monitoring are rewarded with this information. This requires sharing the results with the young people so that they can see what has been learned and how to improve activities. Monitoring and evaluation should not just be carried out to account for, or justify, the use of resources.

Before You Start 5: Practising Good Communication (Basic Counselling) and Facilitation Skills



Both the members of the organisation running the YPWC programme and the young people themselves need strong communication and facilitation skills – for facilitating training workshops, providing supervision and support and, of course, in providing help to households affected by HIV and AIDS.

First, we need to remember two key principles of any peer or community support programme – **CONFIDENTIALITY** and **RESPECT**.

Exercise 1: What is confidentiality?

- 1) Ask the group of participants for their definition of 'confidentiality'.
For example, confidentiality means keeping information private in the interests of the people you are helping and their family.
- 2) Ask the group why confidentiality is important.
Confidentiality develops trust in the relationship and encourages people to share their thoughts, problems and feelings honestly and openly.
- 3) Ask the group whether anyone has experienced someone breaking a confidence or sharing a secret with others. How did he or she feel afterwards?
- 4) Finally, ask the participants to think of situations that would require them to break a confidence.
Talk of suicide or violence.

Exercise 2: Respecting others

- 1) Ask group members to explain the following statement in their own words:
Respecting others means that the other person has a right to different points of view, ideas, feelings and values.
 - We need to accept that each person has a right to make his/her own decisions.
 - People have the right to different religious, political and other beliefs.
 - We should treat each person as an individual – not as a group. For example, we should avoid statements that generalise. (You might want to ask the group to give examples of generalisations, such as: 'All men are _____' or 'All sex workers are _____' or 'All girls should _____'. Then discuss why generalisations are harmful.)

Good communication

People often think that good communication skills means knowing what to say all the time, but good communication is really more about listening than talking. In this section, we are going to address seven important communication skills, which are active listening, asking open questions, empathy, paraphrasing and reflecting, understanding feelings, summarizing, and using good communication skills for problem solving.

Active listening

- Active listening will help people talk to you because you will look like a good listener. They include:
 - ◆ Eye contact: Look at the person most of the time
 - ◆ Body language: Be relaxed, be aware of 'personal space', be aware of facial expressions, don't look bored or distracted
 - ◆ Encouragers: Signals to the other person that you are listening are nodding your head and saying things like: 'mm hmm', 'I see', 'Go on'.
 - ◆ Silence: If a person falls silent, don't rush in. Let the silence last. If the other person doesn't break the silence, you can always ask, 'Do you want to continue?'

Exercise 3: Talking and listening

- 1) Ask for six volunteers – three speakers and three listeners. Make sure the speakers and the listeners understand what they need to do. Tell the speakers that they will have two minutes each to talk about why they have joined the young people's group. Give each listener a piece of paper with the instructions below:

Listener 1: Your role is to listen to the speaker and do the following: Stare blankly, have nervous mannerisms (e.g. shake your leg), look around the room, pretend to look at a watch, interrupt the speaker.

Listener 2: Your role is to listen to the speaker and do the following: Listen but focus on facts, not feelings; give your opinion; rush the conversation.

Listener 3: Your role is to listen to the speaker, and if you don't understand, ask for clarification. Give encouragement. Use lots of eye contact and active listening signals. Don't interrupt or change the subject.

- 2) After the three groups have finished, ask the participants to describe the positive and bad listening behaviours that were role-played. You may want to list these on a flipchart. Ask the speakers how they felt when their listener was behaving in this way.

Asking open questions

Open questions are questions that encourage a person to talk. Closed questions request very specific information. There is nothing wrong with using a closed question when you need specific information, but these questions tend to slow down communication. Because they are general, open questions allow you to be told things you might not expect.

Exercise 4: Asking questions

1) Ask participants for examples of closed questions. Help them by giving them the following guidelines:

- Closed questions can be answered by 'yes', or 'no' or by one word
- Closed questions start with words like is, are, do, did, have, how many

2) Ask participants for examples of open questions when you want to:

- Begin a conversation
 - ◆ What would you like to talk about?
 - ◆ What has been going on lately?
- Clarify and elaborate
 - ◆ How is this a problem for you?
 - ◆ What is it about school that is bothering you?
 - ◆ That's interesting, tell me more about that
- Talk about illness
 - ◆ Sometimes when people are ill, they seem different. What changes have you seen?
 - ◆ What have you been told about your mother's illness?
 - ◆ What do you find most difficult about caring for your mother?
 - ◆ Tell me some of the things you did together
 - ◆ What do you hate most about this illness?
- Talk about feelings
 - ◆ What do you think about late at night or when you are alone?
 - ◆ What do you worry about most?
 - ◆ What makes you feel better?
 - ◆ What makes you feel good about yourself?
- Problem solve
 - ◆ What options for paying school fees do you have?
 - ◆ What have you thought about doing the next time your boyfriend pressures you to have sex?

DOs and DON'Ts about asking questions:

- DO keep questions clear and simple
- DO keep questions in the here and now
- DON'T ask questions to satisfy your own curiosity
- DON'T be judgmental



Empathy

Empathy is being able to see a person's world from his or her point of view. Picture a piece of cloth woven together with many colours of thread. A single red thread woven through the piece of cloth represents a person's feelings. The other colours are the situation, the story, who did what, when it happened, etc. Empathy is focusing on and tracing the red thread through the woven pattern of material, so you understand their feelings by understanding their lives.

You can list on a flipchart what empathy is and what it is not:

- Empathy is:
 - ◆ A two-way process: the listener must really hear and understand what is being said so he or she can relay it back to the speaker
 - ◆ Imagining the feelings of another person, without necessarily sharing those feelings. A listener does not have to change his or her values in order to respond with empathy.
 - ◆ Focusing on the speaker, not on problem solving
- Empathy is not:
 - ◆ Sympathy. Sympathy is a 'consoling' type of communication
 - ◆ Being judgmental or letting your own values get in the way of the conversation

Paraphrasing or reflection

Paraphrasing or reflection is like holding up a mirror to someone. It says: 'This is what you are saying, this is what I see.'

- Paraphrasing and reflection are important because they:
 - ◆ Reassure people that they are acceptable and that we are interested in them
 - ◆ Leave control with the person who is having the problem
 - ◆ Check that we understand accurately what the other person has said
 - ◆ Help people clarify what they are thinking and feeling, and provide a safe environment in which to explore their feelings
- How do we paraphrase or reflect?
 - ◆ Try to capture the essence of what the person said and leave out the details
 - ◆ Convey the same meaning, but use different words
 - ◆ Be brief, clear and concise – your paraphrase should clarify things, not confuse them
 - ◆ Don't interpret – interpretation means going beyond the information given and explaining the speaker's behaviour or situation to him/her
 - ◆ Be tentative – allow the other person to disagree with or correct your paraphrase if it is inaccurate
 - ◆ Use standard openings like: 'let me see if I've got it right...!' or 'Sounds like...!' or 'I think I hear you saying...!' or 'So, in other words...!'
 - ◆ End by asking, 'Is that right?'



Exercise 5: Practising paraphrasing and reflection

- 1) Remind the participants that paraphrasing and reflection encourage the speaker to continue speaking. Ask for six volunteers: three speakers and three listeners. Explain that you will give each speaker something to read and the listener should paraphrase what the speaker said. (Note: You will need to prepare the pieces of paper beforehand.) Afterwards, ask the rest of the participants to discuss the paraphrasing. You can offer the following suggested responses.

Speaker 1: 'Nobody cares about me. I am all alone in the world since my mother died.'

– *You sound very sad. Tell me more about your mother.*

Speaker 2: 'My boyfriend says he loves me and wants to marry me, but can't until he finds a job. He wants to have sex and even bought some condoms, but I don't know if we should wait or not. What do you think?'

– *You have really strong feelings for your boyfriend, but you're not sure about having sex with him. Is that right?*

Speaker 3: 'My father is always getting sick and missing work. I don't know what to do.'

– *I can see that you have a problem that is really worrying you and you're not sure what you should do.*

Understanding feelings

Working with feelings is an essential part of communication. It is difficult to explore alternative solutions to problems until feelings are clarified and dealt with.

Exercise 6: How are you feeling?

- 1) Ask participants to brainstorm as many names for feelings as they can! Each time they name a feeling, ask them to use a voice and facial expression that expresses the feeling.
- 2) On a piece of flipchart paper or board, outline the following summary of working with feelings:
- Identifying feelings by asking questions and paraphrasing:
 - ◆ *How do you feel about that?*
 - ◆ *How does that make you feel?*
 - ◆ *So, you are feeling _____, is that right?*
 - ◆ *You sound like you are really _____ (sad, happy, disappointed)*
 - Defining and clarifying feelings
 - ◆ *What is feeling angry like for you?*
 - ◆ *What other ways would you use to describe how you're feeling?*
 - Dealing with feelings
 - ◆ *What do you say to yourself when you're feeling depressed?*
 - ◆ *What is the best/worst thing that could happen?*



Summarizing

Summarizing a conversation helps to demonstrate accurate empathy. As you sum up, you clarify the situation and emphasize the positive aspects of a situation – what has been done, what could be done, what the possibilities are for the future. A good summary includes what has been said, thoughts and feelings. It helps people see where they have been, where they are, and where they are going.

Exercise 7: Summarizing a situation

- 1) Read the following story and inaccurate summary. Although the facts are correct, the tone and implications are negative and don't capture the anxiety of the speaker. Afterwards, ask a volunteer to attempt a more accurate summary that reflects both the facts and the emotions of the speaker.

Story:

I am so upset. A teacher at school keeps asking me to stay after class so he can help me with my schoolwork. I am falling behind, so at first I was happy with the attention, but lately he has been talking about love to me. He is probably 20 years older than I am and has a family so I don't know if he is serious. But the worst is that yesterday when I stayed after class he tried to touch me in a private place. I just ran out of the room. I don't know what is going to happen next.

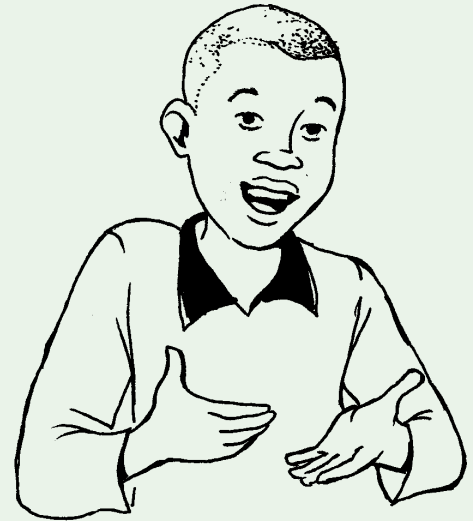
Inappropriate summary:

'So, you wanted the teacher to help you and stayed after school alone with him. You allowed him to tell you he is in love with you until he started to get physical and then you decided it wasn't a good idea. Now you don't know what to do.'

Appropriate summary:

'I understand that you were pleased with the extra help you were getting on your schoolwork. When the teacher started making advances, you became frightened and left the room. Now you are feeling anxious about seeing him again.'

Note: This is an example of when it is appropriate for a volunteer to advise the person to report the incident. If the person refuses, the volunteer should discuss with his/her supervisor about breaking confidentiality, because there is a potential for abuse.



Using good communication skills for problem solving

Good communication skills will help YPWC volunteers help others to make decisions about solving problems. While it is tempting to give advice, it is better to encourage others to find their own solutions so that they will develop good decision-making skills for the future. One way to look at problems is to take the following steps:

1. Define the problem
 - Use active listening, open and closed questions, paraphrasing and reflection to demonstrate a desire to understand the situation and to provide help
 - Summarize the problem clearly and check for accuracy
2. Identify alternatives
 - Brainstorm together all possible options and explore new alternatives
3. Discuss probable outcomes
 - Discuss each option in terms of what you expect to happen and the possibility for changing course once an option is acted on
4. Eliminate alternatives systematically
 - Rate the alternatives from most desirable to least desirable
 - Eliminate poor alternatives until only one remains
5. Start action
 - Agree on what action will be taken next, by whom, and when



Facilitation

Facilitation uses many of the communication skills that we use in everyday life such as those above. Whilst facilitating, we must be particularly aware of not just how we communicate, but also how we help others to communicate, as this is the main purpose of a facilitator.

The following information is from *SAT Training and Practice Manual 1. How to plan and run a participatory workshop, 2004*.

Dos and don'ts for good facilitation

Do:

- Prepare and know your subject
- Ensure that all participants have a role and can participate
- Speak slowly and clearly
- Use group work
- Take account of barriers such as language and literacy
- Clarify key concepts
- Keep focused
- Guide the group's discussions
- Give summaries at the end of activities
- Practise time management
- Manage crises by being creative

Don't:

- Dominate discussions
- Be judgmental
- Presume that you know what participants want to say
- Panic if things don't go as planned
- Think of yourself as the expert
- Leave shy and difficult people out
- Forget that HIV and AIDS are real and sensitive topics for many participants
- Allow discussions to wander
- Allow everyone to talk at once
- Leave a discussion without a conclusion
- Get too personally involved



Checklist for successful co-facilitation

- Leave enough time to plan, design and prepare for the workshop together
- Know your material well
- Know each other well
- Agree on cues to give each other if you are in trouble
- Agree in advance on how to support each other
- Avoid interrupting when someone else is speaking
- Decide how to deal with disagreements between yourselves
- Agree on how to deal with controversial issues amongst participants
- Decide where to sit during activities. Make sure that all the facilitators are visible, but that the focus is only on one person at a time
- After the session, talk about how the facilitation went
- Be honest with each other about your strengths, weaknesses and problems
- Agree on how to help each other during a session (e.g. writing on the flipchart paper while the other facilitates)
- Plan plenty of warm-ups and energizers into the timetable and decide who will facilitate them



Warm-ups and energizers

Rhythm Clap (Introducing group members)

Start off a rhythmic clap by clapping your hands, slapping your thighs, snapping your fingers in time to an introductory statement, such as 'My name' – clap, clap – 'is Chipo' – snap, snap – 'and I like' – slap, slap – 'football'. Go around the circle in this way until all participants have introduced themselves.

Cross the Circle (Trust, Cooperation, Risk)

Ask participants to form a big circle in the middle of the room, facing inward. Each participant identifies someone standing opposite him/her. When you say 'Go', each participant must close his/her eyes, walk across the circle and stand in the place of the person opposite him/her. All participants do this at the same time, and they must not look. People get very confused but sort themselves out eventually. Afterwards, ask participants how they felt doing this with their eyes shut. How does the exercise relate to real life experiences?

One-legged Volunteer (Team Building)

Ask for one volunteer. That volunteer is the 'one-legged volunteer'. She or he cannot do all the work alone, so she/he must build a team to help. The volunteer hops on one foot and tries to catch the others. The group is running away from her/him within the boundary that you have set. When the one-legged volunteer touches someone, that person must join arms and also hop on one foot to try to catch the others. Continue until all are caught by the team. Once a team gets started, nothing can stop it.

Lifeboat (Team Building)

Ask all participants to move around a specific area. Tell them to imagine they are floating in a large lake. They need to form lifeboats to survive. The facilitator calls out a number – '6'. Participants must form groups of 6 to keep from drowning in the lake. If the group is formed with less or more than six, the whole group 'drowns' and must stand to the side while the game continues. The facilitator calls a different number, and again the participants form groups. The people remaining when everyone else is out are the winners.



Reprinted from *Life Skills Manual*, U.S. Peace Corps, July 2000.



Training Guide – Introduction

The **Training Guide** is written for individuals who have experience training young people and are knowledgeable and comfortable talking about HIV, AIDS and sex. You might be an NGO staff member, a youth club leader, a teacher running an after-school club, or a peer educator etc. Before you start, you should be confident that you can improve the attitude, behaviour and knowledge of young people and give accurate information and messages about HIV and AIDS to allow informed choice. If you are not sure, involve those who are confident, or wait until you have received appropriate training.

The **Training Topics** in this section prepare young people to carry out the matching **Community Activities** suggested in the third section. The third section includes the kinds of activities that young people will actually do in the community, including helping families of those who are sick with household chores and care for the children, helping children to grieve, helping to overcome stigma in the community, and many more activities.

The **Training Guide** allows for group discussion and sharing of information and ideas so that young people become more confident. Most ideas will come from the young people themselves; your role is to make sure they have facts, appropriate attitudes and are aware of what is and is not helpful for them to do.

As a facilitator, you should already have a comfortable space where young people can meet. The young people should already have agreed on certain ground rules, for example, on confidentiality, letting others speak and not being judgmental. You don't need any special materials for the activities in this section, although it would be helpful to have flipchart paper and markers or a blackboard and chalk to write down ideas. We have not given timings for each of the exercises – you may want to spend more time on one exercise than another – or skip some exercises altogether. We do suggest you start each exercise with a warm-up/game to energize the participants and strengthen their team spirit.

Be prepared for some exercises to trigger strong emotions. For some young people the issues covered by this book may be very real. Care should be taken to support young people through their own feelings. Make sure the group knows the topic to be addressed before it starts, and allow individuals not to attend, or leave some sessions if they are not comfortable. Encourage them to come back afterwards though.

Good luck – and remember – ask for help if you are not sure. You are not expected to know everything or be able to do everything yourself.



Training Topic 1: Understanding Your Community

Note to Facilitators:

Although every community in Zimbabwe is likely to be affected by HIV and AIDS, every community is different. We must understand our community problems and needs so that we can really make a difference. This section will help group members to understand how they can contribute to the prevention of further HIV infections and how to provide care and support for those in need. Although we live in our communities, we do not always have a very accurate picture of what is happening. Collect information from different sources yourself before facilitating the following exercise so that you can correct any misunderstandings or impressions the young people might have.

Exercise 1: Mapping the community

- 1) Divide the group into three smaller groups.
- 2) Ask each group to draw a map of its community. The groups should discuss each of the following points as they plot them on the map:
 - Main roads and buildings
 - Places where people are at risk of HIV infection
 - Places where people receive treatment for HIV and AIDS
 - Places where people with HIV and AIDS can get other kinds of support from the community
 - Places where people with HIV and AIDS will not get support in the community because they are stigmatised or rejected
- 3) Discuss the maps with the group by comparing the maps and discussing the differences, by adding extra information that you might have, and by making sure that the information given for the above points is accurate (drawing ability does not matter).



Exercise 2: The role of young people in the community: response to HIV and AIDS

- 1) Facilitate a discussion based on the following kinds of questions:
 - Why did you identify particular areas as places where people are at risk of HIV infection? What is the real cause of the risk?
 - Are there any groups of individuals that already work on issues to do with HIV and AIDS? How can their work be strengthened?
 - How would the community feel about young people helping to address HIV and AIDS in the community? What kind of activities do you think the community thinks is appropriate for young people to do around HIV and AIDS? Do you agree?
 - Which groups within the community will welcome your work the most? What challenges do you expect to face as YPWC volunteers working in the community?
 - How can you gain help and support from the community for your work as volunteers?
 - How can young people encourage other members of the community to become more active in helping families affected by HIV and AIDS?
- 2) Help the group to make an action plan to address any of the above issues.

I hope the parents of club members will support the programme and allow their children to help others. This work will equip young people with a sense of responsibility, not just theoretical learning, but practical actions from which they can learn. There are other organisations already working in our area that give money with their work. We will not. We will be visiting families and they might ask for tangible things. We will be introducing something different, something long lasting which they can benefit more from than money – we give our time and support.

Shepherd Nkomo, SPW YPWC Volunteer,
Bezu Community, Bulilima-Mangwe

Exercise 3: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Understanding Your Community.

See Community Activity 1, page 44.



Training Topic 2: Knowing Your Facts about HIV and AIDS



Note to Facilitators:

Most people in Zimbabwe know how HIV is transmitted; but still, people are afraid they might 'catch' HIV from being near a person with AIDS, buying food from them, sharing a plate and so on. Young people need to understand that this is not true and they need to understand clearly the ways in which HIV is and is not transmitted. Sharing the facts about HIV and AIDS is an important first step to help people avoid risky behaviour and also to reduce stigma against people affected by HIV and AIDS in the community.

In this book we talk about people affected by HIV and AIDS. When we use this term we include people who are infected with HIV (even if they don't know) as well as those whose lives are affected by people living with HIV and AIDS. Most of us are affected by HIV and AIDS in some way, whether we live, work or play with people living with HIV and AIDS, or are HIV positive ourselves.

Young people need strong communication skills as well as confidence in their knowledge about HIV and AIDS to provide education in the community. Make sure that you have provided training on the Practising Good Communication (Basic Counselling) and Facilitation Skills as described in the **Before You Start** section to give the young people confidence.

Exercise 1: Learning the facts

- 1) Explain that the exercise will make sure that everyone knows the facts about HIV and AIDS, and how to protect him or herself
- 2) Stick up the five posters from the back pocket of the book in different places around the room. The posters are called:
 - Ways you can get HIV
 - Ways you cannot get HIV
 - What you can do to avoid getting HIV
 - Universal Precautions
 - Positive living
- 3) Ask the young people to remember as much as they can from each poster. Stand the group in front of each poster in turn and read the information aloud. Answer any questions concerning the pictures and information.
- 4) Cover the posters or fold the bottom of the poster up and ask the young people to work in pairs to draw the five posters as they remember them. The pictures do not need to be the same, but they should still show the same information. They can write the bullet points as well, if they remember them.
- 5) Reward the pair that got the most information correct. Ask the young people to look at the posters on the wall and see what they got wrong or missed out.
- 6) Ask the young people whether they have heard any myths or misinformation about HIV and AIDS. Correct any misunderstanding and dispel the myths.

Exercise 2: Practising the quiz/survey

- 1) Write out the questions from the quiz/survey on page 49 of the **Community Activities** section on Knowing Your Facts about HIV and AIDS.
- 2) Explain that this next exercise will help them feel confident enough to answer some of the most common questions asked about HIV and AIDS.
- 3) Divide the young people into groups of three to five people.
- 4) Ask them to write the answers to the quiz/survey questions in their notebooks. Remember to give the groups a time limit for completing the answers to the questions.
- 5) When the time has finished, read out the answers to the questions and ask each group to correct its own work.
- 6) Thank them for their work and reward the groups with the most correct answers.
- 7) Discuss any outstanding questions that may arise.



Exercise 3: Questions answered

- 1) Show the young people the *Young People We Care* newsletters in the back pocket of the book. Explain how the newsletters will be kept and when the young people can read the newsletters.
- 2) All the newsletters, except the first edition, have a section called Questions Answered on the back page. Explain that these questions were written by volunteers and sent to the newsletter editor.
- 3) Read out some of the most relevant questions from the back page of the newsletters.
- 4) Ask the young people to try to answer the questions.
- 5) Read out the answers.
- 6) Discuss any additional questions that may arise.
- 7) Ask if there are any questions that they would like to send to the newsletter editor and agree to send them. As leaders of the programme, you should take responsibility for sending the questions to the contact address on the back of the newsletter. Questions can be sent any time.

Exercise 4: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Knowing Your Facts about HIV and AIDS.

See Community Activity 2, page 48.

Training Topic 3: Being a Young People We Care Volunteer



Note to Facilitators:

Adults, young people and children affected by HIV and AIDS may feel a lot of mistrust towards people addressing HIV and AIDS in the community. They may have been hurt, rejected or harassed and could be suspicious of this programme. YPWC volunteers will have to be patient and not expect immediate acceptance and praise for their efforts. The community and parents may resist their work in the beginning, but consistent and thoughtful actions, as described in this book, will usually overcome concerns.

It is vital that young people know why they want to be volunteers and what they expect in return. This will help them to focus on what they really want to achieve and make sure that they are not disappointed or hurt by the response they get. Volunteers also may be directly affected by HIV and AIDS and will need close supervision and support throughout their time as volunteers. If adequate preparations are made for the programme in the community and support systems and linkages put in place, volunteers will be greatly appreciated. If you haven't already done so, spend enough time addressing the issues in the **Before You Start** section of this book before you go any further.

Exercise 1: What kind of a difference can we make in the community?

- 1) Emphasize confidentiality before and after the exercise. This will help build trust and openness within the group.
- 2) Divide the group into four small groups. Ask each group to address one of the following:
 - Think about some of the reasons why people become infected with HIV in the community and list what needs to be done to address these reasons.
 - Think about the reasons why the community does not provide more help to people affected by HIV and AIDS. List what needs to be done to get the community more involved.
 - Think about the people living with HIV and AIDS in the community. Without using their names, list all of the things that people living with HIV and AIDS need to be happy, healthy and productive in the community.
 - Think about those people directly affected by members of their family having AIDS. List the needs they have.
- 3) Ask one group to share its ideas. Ask the other groups to add ideas that the group has missed.
- 4) Ask the whole group to identify which needs volunteers can help to address and which they cannot (for example: acting as counsellors may not be appropriate).
- 5) Working in pairs, ask them to discuss which needs they would like to address in the community.

Exercise 2: What makes a good helper?

- 1) Ask the whole group the following questions:
 - Why do people help others in the community?
 - What do you think makes a person good at helping others?
- 2) Working in pairs, discuss the following:
 - What would you need to change about yourself to be good at helping others?
 - When helping families, young people and children affected by AIDS, what kinds of things do you think would be better for an adult to do, because they have skills you do not have?
 - What do you think young people would be good at doing and why?
- 3) Ask the whole group: What is it that you can offer other people?



Exercise 3: Who am I?

- 1) Explain to the group that when people are struggling with their own feelings and problems it can be hard to help others even when we want to.
- 2) Show the following list of questions to the group. Allow time for each individual to answer the questions for him or herself silently:
 - Who am I?
 - Do I like myself?
 - Why do I want to be involved in community work?
 - What is it that I can give to my peers and community?
 - What do I expect to get back?
 - What are the issues in my life that could stop me from being effective in my work?
 - What can I do about these issues?
- 3) Ask group members to share some ideas on how to address issues that might affect their role as volunteers.
- 4) Explain that they can draw support from other YPWC volunteers and adult supporters. They should try to address their own issues and concerns as well as care for others.

Exercise 4: Incentives

- 1) Ask the young people to draw, act or list what they would like in return for helping the community. They should be creative – some incentives can be for the young people themselves and some can be made to the whole community in recognition of the work of young people.
- 2) To avoid disappointment, discuss honestly from the beginning what is and isn't possible. Make a decision about incentives or give a clear indication about how decisions will be made and who will make them.

Exercise 5: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Being a *Young People We Care* Volunteer.

See Community Activity 3, page 52.

Training Topic 4: Ending the Stigma



Note to Facilitators:

Unfortunately, stigma is a real problem for people affected by HIV and AIDS. Rejection and stigma are expressed in many different ways – all of which can be painful.

When a community allows an atmosphere of rejection and stigma to exist, then it is difficult to discuss HIV and AIDS and offer care and support to those who are affected. At the same time, people living with HIV and their families may not want to be open about their needs, because they are afraid of stigma and discrimination. In this situation, they cannot help educate others about HIV and AIDS and be productive members of the community.

The main causes of discrimination are ignorance and fear. People can be afraid of HIV and AIDS because they don't know how it can or cannot be spread, or they don't know what to do to help. Sometimes people stigmatise others because they are judgmental. These people must be shown how harmful their actions are and how they only lead to others being infected. We must also try to avoid labelling people so that they will not be discriminated against. For example, if orphans' school fees are paid by an organisation or an AIDS programme, they should not be called AIDS orphans or called by the name of the programme. This separates them unnecessarily from the other children.

Exercise 1: Understanding stigma and planning how it can be overcome

- 1) Ask the group to share some definitions of stigma. Explain that stigma is an extreme form of discrimination. Stigma is discrimination with fear.
- 2) Ask the group the following questions:
 - What are the specific causes of stigma against those affected by HIV and AIDS in your community?
 - What are some of the most common forms of stigma suffered by people affected by HIV and AIDS?
 - What happens to the people who are stigmatised? How do they react?
 - What can we do – each one of us – to reduce stigma towards people affected by HIV and AIDS?
- 3) List the ideas of what we can do where everyone can see them.
- 4) Discuss which ideas we can do by ourselves and which need group action and consultation with community members.

When I became a volunteer, my peers stigmatised me. At first, I thought I was wasting my time being a volunteer but I have grown and I am different. I have a passion to fight stigma and discrimination in our community and I am just going for that. Now I am a hero.

John Muzivanhanga,
Batsirai YPWC Volunteer, Chinhoyi

Stigma: Words and actions used to hurt people with certain characteristics because we are afraid or judgmental. For example, saying 'all people with HIV are promiscuous and deserve to die'.

This statement is wrong because:

- not all people living with HIV are the same so we should not generalise
- there are many influences on whether we are exposed to HIV including safe medical interventions, abuse of power, peer pressure, alcohol, poverty and lack of open and non-judgmental education in the community. We all influence these factors and therefore should take collective responsibility.
- statements like this will not encourage people to get tested or HIV-positive people to educate others about HIV and AIDS. Stigmatising makes prevention and care work difficult.

Discrimination: Treating people unfairly because they belong to a certain group..

For example, saying 'girls don't need to go to school after grade 4 because they don't need education to have babies'.

This statement is wrong because:

- the survival rate of children increases with the educational level of women
- girls need education to give them the same opportunities as men and to be able to participate in decision-making
- girls may work outside the home instead of, during or after having children
- it is better for girls to stay in school, rather than marry young when their bodies are not mature enough to have children



Exercise 2: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Ending the Stigma.



We can lead by example and all play together whether we are affected by HIV or not

See Community Activity 4, page 54.

Training Topic 5: Making Good Choices about Sex



Note to Facilitators:

For many youth groups and clubs, preventing HIV infection is an important part of group activities. In their role as YPWC volunteers, group members should continue to help other young people protect themselves from HIV.

As you work through this topic, allow the young people to discuss the issues freely amongst themselves. This is not always easy for adults or club leaders as we want to protect young people and children, and we think we know how this can be achieved. We do not, however, know all the issues and pressures that young people face. They need to share information and discuss issues amongst themselves. If the young people feel they are being judged they will not talk. You can help facilitate these discussions, while also giving factually accurate information. Misinformation is dangerous and can lead to confusion and lack of trust between adults and young people.

Exercise 1: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Making Good Choices about Sex.

Exercise 2: Different points of view

- 1) Draw a large letter 'E' on a piece of paper so that it also looks like a '3' or a 'W' or a 'M' depending on which way you turn the piece of paper.
- 2) Put a piece of paper on the floor and ask the group to stand in a circle around it.
- 3) Ask different people around the circle to say what they see: some will say a letter 'E', some will say 'M', 'W' or the number '3'.
- 4) Use this exercise to facilitate a brief discussion about how we can all have different points of view and still be right. It all depends on our point of view, experiences and beliefs. Check that they all have the correct information while respecting their point of view and confidentiality.

Exercise 3: Questions for Auntie Stella

The following letters are adapted from 'Auntie Stella: Teenagers talk about sex, life and relationships'.

- 1) Divide into small groups. Give each group one of the following letters on a card. Then ask them to discuss the talking points printed below.
- 2) Bring the groups back together and read them Auntie Stella's reply. Ask them what they think about her reply. Is it good advice? Why or why not?

How can I find a girlfriend and have sex like all my friends?

Dear Auntie Stella,

I am a 16-year old boy and in Form 3. My Problem is this: I know many girls but I would like a girlfriend to be special to me and enjoy love together. All my friends boast when they speak about their sexual experience, and I would also like to be doing this. I am afraid that I am getting so old that when I finally find a girlfriend she'll laugh at my failure to do it well. I am thinking seriously about seeing a *n'anga* for love potions for these girls to like me very much. Please Auntie, give me some advice.

Titus



Talking points:

- How do you and your friends start having a relationship with someone? How do you feel when you are trying to do this? How do you choose who you like?
- Why do you think young people want to be the same as their friends and do the same things? What is good about this? What dangers can it bring?
- How can you be brave enough to disagree with your friends or do different things from them? When is it good to do this? What help do you need to do it?
- Do you think it is true that Titus's friends have already had sex? If young people sometimes pretend, why is this? Is this helpful or harmful for you and your friends?
- Should Titus go to the *n'anga*? What other advice would you give him?

Auntie Stella's reply:

Dear Titus,

One answer I can definitely give you – you don't need the *n'anga*'s love potions to get someone to fall in love with you.

It's wonderful and exciting to fall in love with someone, but you can't force this to happen. It just comes naturally. Some people find a girlfriend or boyfriend at your age, but lots of others don't until much later. I know it's hard to wait when it seems as if everyone else has a partner, but be patient until you find someone special who also falls in love with you.

You are also worrying far too much about what your friends do, or say they do. Remember that many of their stories about sex may not be true. Boys especially are famous for boasting about sexual experience they don't actually have.

And even if their stories are true, you don't always have to do the same things as them. Follow your own feelings and trust yourself more. Your friends can be a great support, but following them blindly can get you into uncomfortable situations.

So, stop worrying – and stay happily single until the right



.....girl comes along. Together you will trust each other enough to make mature decisions about whether or not to have sex. In the meantime, focus on your studies, develop other interests in your life, and learn to respect and talk to the girls around you without worrying so much about love. It will knock you off your feet sooner or later.

Auntie Stella

Should I have sex with my boyfriend?

Dear Auntie Stella,

I am a 17-year old girl and I love my boyfriend very much. But he always wants me to satisfy him in ways that hurt my feelings. He says he'll go blind if I continue to make him stop half-way. My girlfriends tell me that if I want to keep him, I have to have sex with him. I'm worried that he will sleep with other girls if I say no. So should I sleep with him? He says everyone has sex at our age.

Zandile

Talking points:

- How often do you and your friends find yourselves in the same situation as Zandile and her boyfriend – where one partner wants to have sex and the other doesn't? What do you do about it?
- Zandile's boyfriend says he'll go blind if he has to stop half-way. What other things do boys say will happen if they a) stop half-way, and b) don't have sex? Which of these things are true? Do people say similar things about girls?
- Do you think it's possible to hug and kiss and then stop before going the whole way (having sex)? If not, what can you do?
- If you were Zandile, where would you draw the line so you can have fun but not get carried away and do more than you want?

Auntie Stella's reply:

Dear Zandile,

It is hard when two people want different things from each other and especially for girls since our society often expects them to do what the man wants. Even so, the most important thing you have to do now is to decide what YOU want, and why, and then decide how you can tell your boyfriend.

Despite what your boyfriend says, plenty of young men and women decide not to have sex until they are older. Every person must decide what is right for her or himself. Nobody should force or pressure another person to have sex when she or he doesn't want it. Sex can be great, and an important part of a good relationship, but only when people have chosen to do it. If you are comfortable with some physical things, but don't want to go the whole way, talk to your boyfriend about this. There are many ways you can give each other pleasure without his putting his penis inside you. This includes hugging, kissing and touching each other. It also includes laughing, sharing problems, and doing things together. Anything is OK, as long as it makes both of you happy and keeps you healthy and safe. And don't worry. It is NOT true that.....

.....'you've got to go to the end'. Your boyfriend won't go blind if he has to stop half-way. Men and women can stop any time, even in the middle of sex, and won't suffer any damage at all.

If you eventually decide to have sex, please make sure you and your boyfriend talk about using condoms before you start having sex, and remember to use a condom **every time**. You need to protect yourselves against HIV and other STIs, and against falling pregnant – it CAN happen the first time!

I hope you and your boyfriend can work things out together. Good luck!

Auntie Stella



We can be loving without having sex



Exercise 4: Agree, disagree, not sure

The aim of this exercise is not to force people to change their point of view. The aim of the exercise is to check that group members understand that sex includes many sexual activities, to check that the information they have is correct, and to encourage them to cope with their sexual feelings in a way that does not risk HIV infection.

- 1) Ask the group members what they mean by 'sex'. List their answers on the board. Make sure that they understand sex to mean a range of sexual activities. Sexual activities listed by young people often include touching, kissing, self-masturbation, mutual masturbation, vaginal sexual intercourse, anal sexual intercourse, licking, etc
- 2) Write the following statements on three separate pieces of paper and place them on the floor in different areas of the room: AGREE, DISAGREE, NOT SURE. Ask the group to stand in the middle of the room.
- 3) Explain to the participants that one sexual activity will be discussed at a time. Explain that they will have to answer a question and move to the AGREE, DISAGREE, NOT SURE area depending on how they, as individuals, feel.
- 4) Pick one of the sexual activities from the list on the board. Check everyone understands what the sexual activity is and ask the question, 'Is it OK for young people to ... self-masturbate'. Ask them to move and stand by the piece of paper that describes their point of view: i.e. AGREE, DISAGREE or NOT SURE.
- 5) Encourage the groups to discuss their points of view as they stand in their different areas. Correct any misinformation that emerges and, using page 59, explain the possible risk of HIV infection for each sexual activity as it is discussed.
- 6) Repeat the exercise using the same question but with a different sexual activity.
- 7) At the end of the exercise, ask the participants to explain what they learned. Ask them to think quietly to themselves about how they can cope with their sexual feelings in a way that does not expose them to HIV.
- 8) Remind the group that the information shared during the exercise should be confidential and not shared with others. Tell the group members that you are available if they have any questions about sexual activities that they might want to ask in private.

See Community Activity 5, page 58.

Training Topic 6: Helping Families



Note to Facilitators:

Home-based care workers, village health workers and people working with children affected by AIDS are trained to provide many different kinds of support to people living with AIDS, for example, patient care, counselling and treatment, and specialised support to children affected by AIDS. YPWC volunteers can help these carers by doing other things for the family that carers do not have the time to do or that would not be appropriate. Young people and carers should work to complement each other; there should never be competition.

It is important for the volunteers to work with existing structures in the community. This protects the young people from rejection and inappropriate demands by the families they want to help, and also protects the families from being overwhelmed by attention, and helps the family make it clear what they do and don't want. Even though the volunteers have often provided care for their own families, it is still difficult to know what to do, how and when, if they are helping another family. Volunteers must be encouraged not to take over or let the family become dependent on them.

Make sure that you have made adequate use of the following topics in the **Before You Start** section before YPWC volunteers help families affected by HIV and AIDS in their homes: Establishing Linkages, and Practising Good Communication (Basic Counselling) and Facilitation Skills.

Exercise 1: What kind of help do families need?

- 1) Discuss with the groups what we mean by 'families' and what different kinds of families they know in their community.
- 2) Ask the group to guess what kinds of help they think families affected by HIV and AIDS need. List the ideas. Discuss with the group appropriate ways of finding out the real needs of families.
- 3) Break into small groups. Give each group one of the following two questions to discuss:
 - If you had no money, what could you do to help a family affected by HIV and AIDS?
 - Usually we talk about helping people living with AIDS, but what can a person living with HIV and AIDS do to help make things easier for his/her family?
- 4) Bring the groups together to share their ideas.
- 5) Ask the groups to add answers to the question they didn't work on.



We can help each other make the chores easier and fun

Exercise 2: Approaching a family with care

- 1) Divide the group into small groups.
- 2) Ask some groups to list the reasons why a family affected by HIV and AIDS would want your help, and other groups to list the reasons why a family affected by HIV and AIDS would not want your help.
- 3) Ask each group to prepare a five-minute role-play showing one reason why a family would or would not want your help.
- 4) Invite the groups to perform their role-plays in turn. Ask the audience to explain what the role-play has shown, to check they have understood the message.
- 5) Ask the groups to share the reasons from their lists and discuss the issues raised. Some of the reasons families may have for wanting help may be based on a misunderstanding, e.g. that the YPWC volunteers will be able to provide food and medicines. These misunderstandings need to be addressed during community and family consultations so that the young people are protected from these expectations. Some of the issues can be overcome with time, such as being ashamed or embarrassed, but others may have to be accepted, such as wanting their privacy.

Families **WOULD** want help because....

- We can help with chores such as laundry, fetching firewood, cooking etc
- We can look after and play with the children
- We can give them information, advice and hope
- We can run errands
- We can herd the livestock and work the garden
- We can provide entertainment
- They think we will provide them with food and medicine

Families **WOULDN'T** want help because....

- We might see that a member of their family has AIDS
- We might talk about them in the community
- We might arrive when we are not wanted
- They say they don't need help
- They want their privacy
- They don't need more help
- They are embarrassed and ashamed
- They don't want outsiders in their house
- They don't trust us
- They imagine we will arrive as a big group rather than as individuals or pairs

Exercise 3: Tips for caring in the home

Read through the information in the section at the back of the book called Tips for Caring in the Home. This information should be used to help inform caregivers and people living with HIV in the home. It has not been included to encourage young people to provide nursing care to the sick. You might want to invite the local home-based care team to your training to share their experiences of providing care in the home. The section on Tips for Caring in the Home can be discussed afterwards and shared with the home-based care providers.

Exercise 4: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Helping Families.

See Community Activity 6, page 62.



Training Topic 7: Being a Friend

Note to Facilitators:

Children and young people who are helping to care for sick parents, or who are orphaned, may encounter many difficulties. Help the group think about the different types of difficulties – such as exploitation, abuse, loneliness and discrimination. Children and young people who are vulnerable need friends like the rest of us. Help the young people understand that sometimes we need to make more of an effort to provide friendship because children and young people caring for sick parents may have little spare time and may seem old and not much fun. Providing support will make their lives much easier and give them some free time to have fun and be young.

Exercise 1: Making friends with those who need support

- 1) Ask the group members to describe what they get from their friendships. List their responses.
- 2) Ask the group the following questions and discuss:
 - Does everyone need friends?
 - Does everyone deserve friends?
 - Why do some young people not have friends?
 - If everyone needs and deserves friends, how can YPWC volunteers befriend those without friends?

Listening: Young people often want to be able to provide counselling for other young people, children and adults in their community. Counselling is good listening and giving accurate information. One of the best things we can do to be a friend is to listen to others. This does not mean giving other people advice. People need to make their own decisions. Providing accurate information will help others make good decisions.

Exercise 2: Ideal friend and bad friend

- 1) Divide into two groups. Ask them to role-play an 'ideal' friend and a 'bad' friend.
- 2) Afterwards, each group can perform its role-play for the whole group.
- 3) Next, list some of the things that make an ideal friend and list some of the things that make a bad friend.

Exercise 3: Empathy versus sympathy

- 1) Emphasize the importance of empathy rather than sympathy. Empathy means feeling with a person. It is trying to understand how a person sees the world and themselves. It is trying to stand in their shoes without passing any judgments. Empathetic people are non-judgmental. Sympathy is a more emotional response. We can feel sympathy for some, but empathy for all. Whilst our friends usually share the same value system, the people we are going to help may not share these same values, yet we can still show them empathy.
- 2) Divide the young people into small groups and ask them to prepare role-plays to show the difference between empathy and sympathy in response to a problem.
- 3) Allow the role-plays to be performed and discussed. Clarify any misunderstandings about the concept.

Exercise 4: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Being a Friend.

I was moved by the session on Being a Friend. I got to know that for someone to be a friend you have to appreciate who they are and what you share – not what people say about them, or whether they are infected or affected by HIV/AIDS. There is no formula for friendship and everyone needs friends. I think it will take some time for the club members to see this and be friendly to everyone. There are a lot of myths and beliefs to overcome. But if we really encourage them, and gain their trust and confidence, we will show them how to make friends with those that need friends.

Confidence Mpofu, SPW YPWC Volunteer, Matjinge Community, Bulilima-Mangwe



Friends share good times and bad, are loyal and have fun together

See Community Activity 7, page 64.



Training Topic 8: Overcoming and Avoiding Abuse



Note to Facilitators:

Abuse is a difficult topic to discuss. There is always a possibility that someone in the group has been abused or is currently being abused. Emphasize that if any participant feels uncomfortable doing the exercise below, he or she may leave the room and come back later (although it is unlikely anyone will leave, as that often draws attention to a person). Remind the group that if anyone would like to talk with you further, in private, you are there to provide support.

Exercise 1: Understanding abuse

- 1) Begin by defining abuse and explaining that abuse can be physical, emotional or sexual. Ask the group to give you examples of each.
- 2) Give the mini-quiz statements (see below) to each individual and ask him or her to think about whether the statement is true or false and why.
- 3) Ask volunteers to suggest the answers. Correct any misunderstanding they might have.

Abuse

Abuse is about abuse of power – when someone you trust or someone stronger takes advantage of you.

Physical abuse

Physical injury inflicted on a child with cruel intent. Physical abuse can be the result of punching, beating, kicking, biting, burning, shaking or otherwise harming a child. Often injury results from over-discipline or physical punishment.

Emotional abuse

Actions or the lack of actions by the parents or other caregivers that could cause serious behavioural, emotional, or mental disorders – often the victim comes to see him or herself as unworthy of love and affection. Children who are constantly shamed, humiliated, terrorized or rejected suffer at least as much, if not more, than if they had been physically abused.

Child sexual abuse

Child sexual abuse is the involvement of a child in any sexual activity, not only rape, that occurs prior to the legally recognised age of consent. This is aged 16 in Zimbabwe.

Mini-quiz

Statements:

1. The abuser is usually someone we know.
2. Incest is not common among civilised people. Drunks and deviants do it, but never families like ours.
3. Sexual abuse never happened and the child is making it up.
4. Men molest children when their wives are not satisfying them sexually.
5. Many children do not report sexual abuse because they are enjoying it.
6. No damage is done by sexual abuse if the child is not physically harmed.
7. Children are not seductive and do not cause adults to be sexually aroused.
8. My child who was sexually abused seems fine and does not need counselling.
9. All homosexual men molest and sexually abuse young boys.

Answers:

1. **True:** Up to 95% of the time the victim knows the abuser.
2. **False:** Incest happens in all types of families, irrespective of class, race, economic status, nationality and religion. The saddest thing about incest is that the child is not safe in the one place he or she should feel safe, and that is the home.
3. **False:** Adults generally do not want to believe that other adults do this to our children and prefer to believe that children make it up. The fact that adults do not believe them is the most difficult problem children face. Children often fantasize about positive events, but they rarely make up stories about severely traumatic events.
4. **False:** Men who have unfulfilling sexual relationships with their wives do not usually turn to children. Those who do, usually suffer from role confusion and a variety of personality disorders.
5. **False:** Children may not report sexual abuse because of fear, shame or anxiety. Very often, the child is sworn to secrecy, threatened, bribed or blamed.
6. **False:** Pregnancy, sexually transmitted infections and genital trauma can result from sexual abuse. However, abused children always suffer psychological trauma.
7. **True:** Adults who are sexually aroused by children and who act on this are confused about their own sexuality and lack socially accepted levels of sexual self-control.
8. **False:** All sexually abused children need to be assessed and treated by professionals. If they are not treated, they may experience problems later in life.
9. **False:** The sexual attraction of men to other men is different from the abuse of young boys by men, just as not all heterosexual men abuse young girls.

The above information is adapted from the SAT publication – *Counselling Guidelines on Child Sexual Abuse*.

Exercise 2: Protecting against abuse

- 1) Ask the group to describe some situations that leave children and young people open to potential abuse. Discuss with the group why it has identified these situations and offer some additional situations you would like it to consider. Ask the group members how they can avoid these dangerous situations.
- 2) Discuss how difficult it is for people to talk about physical and sexual abuse. Explain that victims of abuse often blame themselves. Remind the group that abuse is never the fault of the victim. Discuss why, instead of keeping quiet, victims of abuse should tell a person they trust. Talk about where young people in the community can go for help. Also, talk about what young people can do to protect themselves: like being careful where they go and not accepting lifts from strangers; shouting 'NO' or 'Help' if someone tries to force them to do something they don't want to.

Exercise 3: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Overcoming and Avoiding Abuse.

See Community Activity 8, page 66.



Training Topic 9: Helping Children Grieve



Note to Facilitators:

The death of a parent, sibling or relative can be painful. YPWC volunteers should be prepared for the grief, anger and other emotional responses involved in the bereavement process. As a facilitator, you should also be prepared and expect grief from some of the YPWC volunteers, many of whom may be grieving or have feelings that they have not explored. Grief is defined as the pain felt after death. Even as teenagers and adults, death is confusing and unknown. That can make it frightening for people, especially children.

Exercise 1: Our experience of how children grieve

- 1) Divide into three groups. Give each group a different set of questions:
Group 1: What does death mean to you?
If the death is caused by AIDS:
 - Do people react differently? If so, how?
 - How is it different for the family?Group 2: As a young person in Zimbabwe, what has been your experience at funerals? What is helpful and what is not helpful for a child?
Group 3: How do children express their grief? How are families, friends and the community able to help them? How does the expression of grief change according to the ages of the children?
- 2) Bring the three groups back together to share their responses.

Exercise 2: Feelings pot

- 1) Draw a large cooking pot on the flipchart.
- 2) Ask the young people what feelings children might have after the death of a family member. Write feelings in the pot in big letters. As the pot fills with feelings, ask the young people to imagine their own bodies filling up with feelings, like the pot. Ask what happens when we are cooking and the pot gets too full! Draw the feelings spilling out of the pot. Ask what happens when our feelings boil out of us, or we put a lid on the pot.
- 3) Explain the importance of being a good listener and encouraging children to talk about their feelings. This helps prevent feelings building up and then overflowing.

Exercise 3: Drawing my family picture

- 1) Give each person a large piece of paper and coloured crayons, pencils or pens.
- 2) Ask them to draw a picture of their family. They can draw their family any way they choose. It can include past members and present, including people they haven't met, or don't remember, either because they died or live elsewhere.
- 3) Ask a couple of volunteers to talk about their pictures, including the characteristics of certain members.
- 4) Ask the group how this exercise felt. At this point people may express pain and sadness and talk about missing dead relatives.



Exercise 4: Talking to children about death

- 1) Ask the group:
'Why do we think people don't talk more to children about death and dying?'
- 2) Write answers on the board.
- 3) Explain that many of these reasons are to protect children and ourselves. **But** ... then ask the question:
'What happens if we don't talk to children?'
- 4) Write answers on the board.

Why do we think people don't talk more to children about death and dying?

Answers often include: fear it may harm children; don't know how to do it; it is against our culture; don't know how to deal with the possible emotional responses of the child; it triggers painful emotional responses from our own childhood.

What happens if we don't talk to children?

Answers often include: it increases fear and uncertainty; leads to confusion; leads to children drawing their own incorrect or incomplete conclusions; can lead to anger and mistrust of adults.





Talking to children about death

Depending on their age, children go through a variety of stages in their understanding of death. It is useful for us to be aware of the different ways in which children understand death.

- **Under 5 years**

Children of this age tend to see death as reversible and temporary. They do not see it as final. Small children are able to use the word death without understanding its full meaning. They do not see that death may happen to them and they may believe it is something they can avoid. They may have misconceptions about what causes death. Explanations about death to children of this age should be brief, simple and concrete, such as: 'When people die they do not breathe anymore' or 'When dogs die they do not bark anymore'. They also may engage in 'magical thinking' about death.

- **From 5-10 years**

At this stage, children gradually develop an understanding of death as irreversible. They come to understand that all living things die and that they too will die some day. At around the age of 7, children grasp that death is unavoidable and universal, even though they often resist the idea of death as a possibility for themselves. Like younger children, they need concrete explanations, although they sometimes exhibit 'magical thinking', such as thinking that the dead can see or hear the living.

- **From 10 years through adolescence**

After the age of 10, children come to understand the true long-term consequences of death. They begin to reflect on fairness and unfairness and fate. During adolescence children are able to pick up inconsistencies in the information they receive. Teenagers may also become interested in looking for the meaning of life. If children in this stage experience death within the family, they tend to be able to understand explanations about the facts surrounding the death.

Adapted from the SAT publication, *Guidelines for Counselling Children Who Are Infected with HIV and Affected by HIV and AIDS*.

Exercise 5: Role-playing grief

- 1) Divide into small groups to act out the role-play.
- 2) Give the role-play scenario (see below) to each group and ask them to identify who will play each role. The group members should take some time to think about their character and the feelings and attitudes they might have.
- 3) Ask the group to role-play the scenario for 15-20 minutes. There does not need to be a clear ending.
- 4) After the groups have completed the role-play, bring the groups back together. Facilitate a discussion to explore the feelings of the children and the kinds of support that they might need.

Role-play scenario

A father of three children has suddenly died. The children lost their mother just last year. Today their father died of AIDS. The eldest son blames himself for their father's death because of a recent argument regarding his mother's death from AIDS when he wished his father dead. The elder daughter is denying that her father's death means anything to her. The younger son, who was very close to his father, is on his way home from school and will visit his father at his office as usual on the way home. You, two YPWC volunteers, will meet them at their home.

Exercise 6: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Helping Children Grieve.

It is not easy for Young People We Care volunteers to help young people and children to grieve. You need to be strong, consistent, determined and have a big heart.

Leo Ngwarati, SPW YPWC Volunteer

See Community Activity 9, page 70.



Training Topic 10: Making Memory Boxes and Books



Note to Facilitators:

A memory box is a box where people keep special things that remind them about their family. A memory box can hold photographs, gifts, letters, drawings or anything else that holds special memories about the family. The two most important things about a memory box or book are: one, for the family to have an opportunity and reason to talk to each other, telling each other how they feel and talking about the past and future; and two, to collect important information about the family that would otherwise be lost – for example, information about relatives who could look after the children.

Making memory boxes was originally an idea to help sick parents record family and cultural history and memories of their children's childhood. Children then have something from their parents that could bring them comfort and a sense of belonging and love. Some people write memories in books, but that's not the only way. People who find writing difficult might feel better with a box or even a bag. Even people who think they have nothing to leave in a box can usually find something for their children to remember them by.

It is best to make memory boxes and books when the parents are alive and not sick so that they can think clearly, have the energy to answer lots of questions and can make it fun. Many memory boxes and books are put together when the parents are sick. This can be a very difficult and distressing exercise but also can be an important way to say goodbye. It can give the parents and child a chance to share plans and ideas for the future and to share how they feel about each other.

Remember that memory boxes can be made after someone has died. It is possible to collect specific items and information by talking to friends and family. Memory boxes can be for anyone. All of us have memories and stories that we want to share with our children and grandchildren. Encourage the young people to make their own memory boxes with their families.

Some of the group may share distressing stories during Exercise 2. Make sure that you leave enough time for their work in pairs so that you do not have to cut their stories short.

Exercise 1: Rudo's story

- 1) Read aloud Rudo's story from the **Community Activities** section of the book on Making Memory Boxes and Books. See pages 72 and 73.
- 2) Ask the group to explain the purpose of memory boxes.

- 3) Ask the group members to explain what they think the differences between a memory box and a memory book might be.
- 4) Ask the group members whether collecting memories and objects of family memories is a new idea to them and their communities. Reassure the group that making memory boxes and memory books is just an organised way of doing what we already do in our community. The difference is that none of the things included in memory boxes or memory books have a money value, their value is that they are loved for the memories and information they provide.

Exercise 2: Making a memory box

- 1) Ask the group members to form pairs with someone they trust. Ask the pairs to take turns telling the other person a story about themselves. Ask each person to think of an object that could represent the story that they have told that would be appropriate to include in a memory box.
- 2) Bring the group back together. Ask a few volunteers to give a summary of their story and describe the object they have chosen for the family to keep in the memory box. Check that the objects are appropriate (would fit in a box, would not perish, are not too valuable etc).
- 3) Explain that this is how to make a memory box. Families talk to each other about important stories, and information and objects are collected that help us remember these stories and information.
- 4) Ask the rest of the group to say how it felt to share a personal story about themselves with others. Explain that sometimes it can be funny telling a story and it makes people laugh, and sometimes it can be distressing and can make people sad. Memories and stories can remind us of those who have passed away, or who are sick.
- 5) Ask the group members to discuss:
 - If they were receiving a memory box from their parents, would they want it before the person died or afterwards?
 - How do they think they would feel upon opening a memory box?
 - What would members of their community think of the idea of making memory boxes or books?
 - What problems might they face and how can they overcome them?

Exercise 3: Community activities

Read through and discuss the information in the **Community Activities** section of the book on Making Memory Boxes and Books.

See Community Activity 10, page 72.





Community Activities – Introduction

This **Community Activities** section is written for you, the young person. The section aims to give you some ideas about what you could do to help others in your community. Some things that you can do take little effort and others are more challenging. Decide what level of commitment you want to make and start by doing something and see how you do. Don't try to do too much or over commit yourself – all your efforts will be appreciated.

If you have been through the **Training Guide**, you will be aware of the suggestions for helping the community. It will be obvious that although many children and young people do provide direct care for their parents and others in the family with AIDS, this book is not about caring for the sick. Instead, it is more about how you can help the community cope with HIV and AIDS and how you can help other young people and children manage the challenges they are facing.

Adults have some skills that you may not have. For example, trained counsellors and doctors provide services that you cannot provide. These professionals, however, often have concerns that what they can do is not enough. For example, they can help someone have hope through counselling, but people affected by HIV and AIDS also need friends and a positive supportive environment in the community. Relatives can take a child or young person into their home and care for them when their parents die, but they may not necessarily know how to help the child grieve or have time to play with them or help them make a memory box.

So, you can do many things without professional skills and for which you are better placed than others. Remember, however, that you are only one person and there is a limit to what you can do and contribute. All of us – old, middle-aged and young – find it hard to judge when to slow down, refer people elsewhere or say we don't know. It is better to be available with help regularly and consistently than to try to do too much, become overwhelmed and give up.

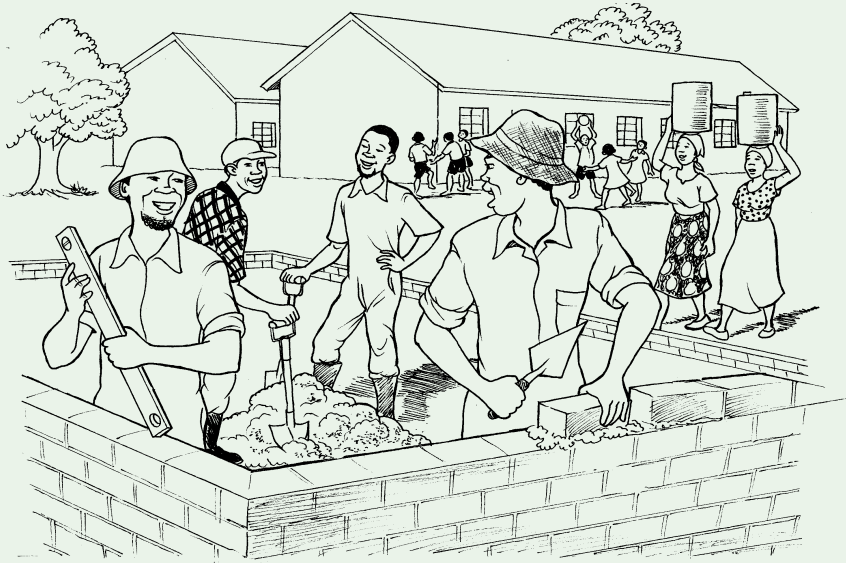
You can do many other things that are not described in this section – but we hope these will be a good start. Good luck – and remember – ask for help if you are not sure. You are not expected to know everything and be able to do everything yourself.



Community Activity 1: Understanding Your Community

What does community mean to you?

People living with HIV and AIDS may need a lot of care and support if they are ill. Young people have the time and energy to help families affected by AIDS. Children and young people also need a lot of support to help them remain uninfected by HIV. It is hard for them to stand up for their rights. They need your help and the help of your community too.



*Our community is 'our school', 'our church', 'our neighbours',
'our government', 'our health centre'*

Children and young people have the right to:

Be protected from abuse – including early marriage and exposure to forced sex or sex for money or food

Health services – including access to condoms, VCT and STI services

Education – including schooling, information about HIV and AIDS and safe sexual activities

Inheritance – including land and property after parents have died

STI: Sexually Transmitted Infections

VCT: Voluntary Counselling and Testing

Sometimes it can take time for the community to accept young people as YPWC volunteers. It is important to show the community how responsible you are and that you are committed to helping the community. Community meetings will help to prepare the community for your work and make sure that you know who wants your help. You should prepare for the following challenges that other *Young People We Care* volunteers have faced:

- *It is hard for me to get an opportunity to speak at public meetings – we usually just do drama performances.*

It can be difficult for the community to change the way that it works. In many communities, it is the elders who speak during meetings. You will need to be patient and show that what you have to say is mature and important. You may need to persuade an adult to make an important point for you during a meeting or make sure that your points are included in drama performances or other ways of communicating.

- *People in the community talk about us saying that we are spreading AIDS in the community.*

These reactions come from fear and ignorance. You will need to help them understand why you do the work you do and make sure that you have support within the community. Tell supporters what people are saying and ask for their support and advice.

- *It is difficult for me to talk about some of the issues like sex, condoms and abuse. These are things I cannot talk about in my community.*

This happens in many places over the world. You need to get support from key people in the community to talk about these issues; otherwise, more people will get infected with HIV. It is difficult for people to change, but they can. When the adults in your community were growing up, HIV and AIDS did not exist. Now that HIV and AIDS are affecting all of us, some things have to change.

- *When I visit some families they always ask me for food and money.*

This usually happens when a community has not been well prepared for YPWC volunteers. Community consultations are vital so that members of the community understand why you want to help and what you can offer. Some families will still ask for material goods. They may be desperate. Sometimes you just have to say clearly that you cannot provide these things, and explain clearly what you can offer. If they do not want your help, then you must respect their wishes and help another family.

You will face more challenges and you will get a lot of support. Think carefully about how to react to the challenges and always seek the support of key people in the community. Be patient, the community will not change over night; you may have to prove yourselves by working hard on other activities in this book before you will get everyone's support.



What Can We Do?

- Young people can do many things in the community with a little training and support – the following are described in this book:
 - ◆ Addressing stigma against people living with HIV and AIDS and their families
 - ◆ Helping families affected by HIV and AIDS by supporting home-based care providers or village health workers
 - ◆ Being a friend to children and young people who have little time and energy to make friends
 - ◆ Supporting young people to make good choices about sex to remain happy and healthy
 - ◆ Helping children and young people to overcome and avoid abuse in and outside the home
 - ◆ Supporting children and young people to grieve and make sure that they are supported by the adults around them
 - ◆ Encouraging families to collect memories and family histories so that children and young people understand where they have come from and can prepare for the death of their parents or other carers.
- What else can you think of?



What Else Can We Do?

How can other members of the community be encouraged to become more active in helping families affected by HIV and AIDS?

Create community awareness:

- Put on plays, puppet shows, songs and dances that include affected children and young people.
- Read essays, poems and stories about how children affected by AIDS need our support.
- Arrange an outreach talk from a nurse or counsellor to address myths and misconceptions about HIV and AIDS.

Organise community workshops:

- Ask the district social worker or headmaster/headmistress to give a presentation on what services are available.
- Ask the nurse at the clinic to give a talk about free health care services for children.
- Invite your ward councillor to a discussion on how children and young people who are caring for sick parents or whose parents have died can continue to get water and electricity.
- Ask the Ward AIDS Action Committee to give a presentation on how the AIDS levy is used in your ward.
- Ask a representative from the Legal Resource Foundation to give a talk on the legal rights of widows and children.

Make sure your voices are heard:

- Is there youth representation on the District or Ward AIDS Action Committee? If not, find out what you need to do to have a youth representative appointed. If yes, ask the youth representative to give a talk to your group on how the needs of children and young people affected by AIDS are being addressed.
- Is there a Child Welfare Committee in your area? Find out who the members are and what they do. Let them know that you want to be involved.

Focus on schools:

- Headmasters, headmistresses or teachers at schools can help when children need special care or attention. They usually notice when children's grades drop or they're absent a lot. But they may not know it's because the child is tired from caring for a sick parent or doesn't have the money for school fees. Support the child or young person when he or she goes to talk to the teacher or the Head about the family's situation.
- Find out how children who don't have school fees can still go to school.
- Have a school meeting to discuss how to provide school uniforms for children with no money. Include role-plays and dramas to get your messages across.
- Children at school may be embarrassed that they have no lunch to eat, while other children are eating lunch together. Talk to the Head about having a school garden that produces food for children in difficult circumstances.

Most of all – give some of your time and energy to help others in the community – whether helping with chores for those who are ill or supporting a grieving child.



Community Activity 2: Knowing Your Facts about HIV and AIDS

All of us in Zimbabwe are affected by HIV and AIDS. People we know – people in our families and communities – are affected. We all need to know the facts about HIV and AIDS.

What are HIV and AIDS?

HIV is a virus that is transmitted mainly through unprotected, anal or vaginal sexual intercourse. Also, it is passed from mother to child during pregnancy, birth or through breastfeeding. HIV also can spread through infected blood. For example, sick people sometimes receive extra blood through a blood transfusion. In Zimbabwe, this blood is tested to make sure it is safe. But HIV can also be passed on when you share needles or razor blades with someone who is HIV positive. Someone with HIV – who has had an HIV test and received a positive result – is called 'HIV positive'. People who are HIV positive can live healthy, normal lives for many years. You can't tell from looking at a person whether or not he or she is HIV positive.

You cannot get HIV from:

Kissing, hugging or touching

Mosquito bites

Toilets, baths or showers

Plates, cups, or spoons

Hair clippers or scissors

What Can We Do?

- Make sure others know the facts – conduct a quiz or survey in your school and youth clubs and present the results at a community or school meeting (see *quiz/survey questions and answers on pages 49, 50 and 51*).
- There are many myths in our communities about HIV and AIDS. Write down the ill-informed myths that you hear about and get support from others to disprove these myths. Keep yourself well informed and knowledgeable about HIV and AIDS.
- Ask someone from your local AIDS service organisation, health centre, District or Ward AIDS Action Committee, or Zimbabwean National Family Planning Association (ZNFPA) to lead a discussion on HIV at school, at church or a community gathering. Ask them to include technical information like the link between STIs and HIV, treatments / local remedies and other difficult questions you may have been asked.

- Make posters with the facts about HIV and AIDS, positive living, loving people living with HIV and AIDS etc and hang them at school and in public places. Make sure that the pictures and words that you use do not make people living with HIV or their families feel worse or make other people think they are bad people to be judged. This will not help anyone and will only cause unhappiness and stigma. Give positive messages about how to get on with life in a healthy and productive way and how to protect and educate others.



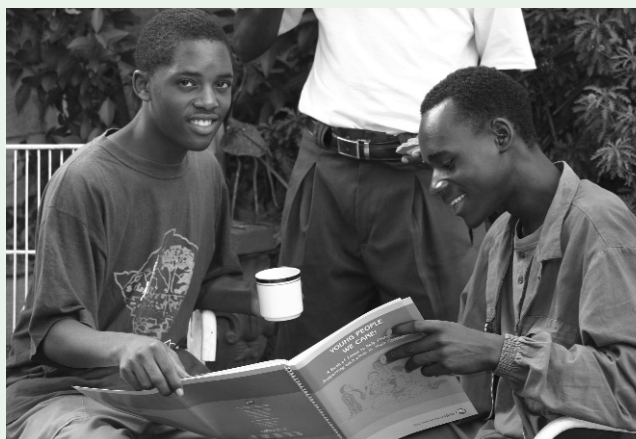
Quiz/Survey

Questions:

1. What is HIV and what is AIDS?
2. Can you name some of the ways HIV is transmitted from one person to another?
3. Is there a cure for HIV?
4. My partner looks healthy. Can he be HIV positive?
5. Can you get HIV from touching someone?
6. I heard that HIV is only for older people who have had lots of sexual partners. Can young people get HIV too?
7. My partner and I are faithful with each other so can I get HIV?
8. My brother says that condoms don't work – they have leaks or they're already infected with HIV. Is that true?
9. Why and where can someone go to be tested for HIV?
10. How can people who have HIV stay healthy?
11. Why are people afraid of AIDS?
12. Can people with HIV get married and have children?
13. Are all babies born from HIV-positive parents born with HIV?
14. How can our community support children and families affected by AIDS?

Before this workshop I held traditional beliefs about HIV and AIDS, now I know they are not true and I will teach this to the young people. For example, if you sleep with a virgin you will not be cured, I believed this before, now I know that this just gives the child the HIV too. I also believed that African traditional healers can cure AIDS. Now I know there is no cure, just temporary psychological, and therefore physical, improvement brought on through hope of having been given a 'cure'.

Cleopas Kapetamarija,
FOST YPWC Volunteer, Sachel
Farm, Mashonaland Central



Answers:

1. HIV is a virus that weakens the body, making it difficult to fight infections (illnesses). When people cannot fight off the different infections – then they have AIDS and need someone to care for them.
2. HIV can be passed from one person to another through unprotected anal or vaginal sexual intercourse with someone with HIV, from an HIV-positive mother to child (either during pregnancy, birth or through breast milk) and when HIV-positive blood mixes with your blood (through blood transfusion, sharing needles and sharing sharp objects like razors).
3. There is no cure for HIV, but by living healthy lives, people with HIV can live many years. There are people in Zimbabwe who have been living with HIV for more than 20 years.
4. You can't tell if a person has HIV by looking at him or her. You can only know for sure from an HIV blood test.
5. You cannot get HIV just from touching someone or living with someone who has the virus. But if you are taking care of someone with AIDS, it is important to protect your hands in case you have cuts on your hands that come into contact with the blood of the sick person. You can protect your hands with plastic gloves, a piece of plastic (plastic bags work) or shiny paper if you cannot get anything else. Wash your hands often with soapy water. Wash dirty clothes and bedding in soapy water or water with 'Jik' (bleach) in it (soak for 30 minutes with 1 measure of bleach to 10 measures of water). If you don't have soap or bleach, at least wash the clothes and bedding in very hot water. The hot water will help kill germs. Drying clothes in the hot sun can also help kill germs.
6. People who have unprotected sex with an HIV-positive person can get HIV regardless of how old or young they are.
7. If you or your partner were sexually active before, it might have been with someone who was HIV positive. Only an HIV test will tell you if you are both HIV negative.
8. Used correctly during sex, condoms can prevent HIV from passing from one person to another. In Zimbabwe, the condoms that are sold or distributed for free are tested and approved by the government to make sure they are 100% safe if used properly.
9. Getting tested and receiving counselling can help you to understand the best ways to look after yourself, plan for the future, and protect others from infection. People can get counselling and be tested at VCT centres, like New Start. Some city health clinics and district hospitals offer counselling and testing too.
10. There are many ways people with HIV can stay healthy, such as: getting rest and exercise; eating nutritious/body building foods; practicing good hygiene; avoiding stress; avoiding alcohol, cigarettes and drugs; and getting support from their family and friends.

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immune Deficiency Syndrome



11. People are afraid of AIDS because they see people with AIDS dying painfully. They don't know how it is passed on and they are worried that they will be infected. The fear of AIDS causes stigma, which prevents healthy people from giving sick people the care they need to stay alive longer and die peacefully and with less pain. Therefore this stigma leads to a more painful and scary death, which results in fear about AIDS. We must break this cycle together, by caring for the sick properly and accepting AIDS as a community issue. The best way to deal with these fears is to educate others.
12. People with HIV can lead normal married lives, but should use condoms to avoid transmitting HIV to their partner. If their partner is HIV positive too, then they should use condoms to avoid passing more HIV to each other. If they want children, they should go to a mother-to-child-transmission centre or voluntary counselling and testing centre for counselling.
13. Not all babies born of HIV-positive parents are born with HIV. About 25-40% of babies are born HIV positive. It is possible for women and babies to take a short course of medicine to help reduce the likelihood of the baby getting HIV from the mother. Information can be obtained from New Start Centres, hospitals and clinics.
14. Communities can do many things to support children and people affected by HIV and AIDS – this manual offers some suggestions.



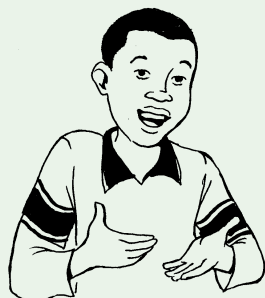
Community Activity 3: Being a *Young People We Care* Volunteer

Young people who have received training in the topics in this book and have the support of their community can become YPWC volunteers.

What Can We Do?

Being a *Young Person We Care* volunteer means:

- Being a consistently good role model by having a positive attitude, behaving in a responsible manner and by providing practical help without discrimination.
- Being supportive and a good listener. Let people know that:
 - ◆ they are not the only ones who feel like they do
 - ◆ they will feel better with time and support
 - ◆ there are people who care about them
 - ◆ there are people who can help them
 - ◆ they themselves are capable of doing many things
 - ◆ they have a right to ask for help
- Being generous with your time, energy and skills, but also looking after yourself, your family responsibilities and commitments such as school work.
- Being able to judge what is needed and know when to ask for help.
- Being able to cope with your own problems, difficulties and grief. These experiences can make you an understanding volunteer, but only if you are ready and can cope with helping others rather than focusing on yourself.
- Being able to work with other volunteers and organisers to achieve a common goal.
- Being willing to help without expecting rewards. Expecting rewards for your work will lead to disappointment or make those you are helping feel uncomfortable. Help just because you want to help others and because it makes you feel good about yourself. You will also learn many skills and gain confidence by helping and learning from others.



Will I make a good Young People We Care volunteer?

Are you a good role model?

Choose one of the answers below for each situation:

- After school, you and some friends want to buy some biscuits. You see a woman selling some but one of your friends says, 'I'm not buying from her. I've heard she has HIV. I'm not going to risk getting AIDS.' You say:
 - 'Let's go and buy from a different woman.'
 - 'I didn't want biscuits anyway.'
 - 'You can't believe everything you hear and you can't get HIV from food anyway.'
- You have promised your little brother that you will help him with his homework this afternoon. But some of your friends are playing football instead. You tell your little brother:
 - 'Just do it yourself.'
 - 'I'll help you tomorrow.'
 - 'Let's do your homework now. Afterwards, if there is time, I'll go play football. Otherwise, I can always play with my friends another time.'
- You are at a dance. You notice a group of boys in the corner laughing and teasing another boy because he is refusing to drink some of the beer they are passing around. You say:
 - 'What's wrong with you? Drink some.'
 - 'Can I have some too?'
 - 'Leave him alone. He doesn't want any.'
- Your best friend, Chipo, has been seeing her boyfriend for a long time, and they say they are really 'in love'. Her boyfriend is trying to persuade her to have sex. Chipo has been telling him 'no' and now he won't speak to her. You say:
 - 'You're crazy! If you're in love, you should have sex.'
 - 'What if he dumps you? You better have sex just in case.'
 - 'It must really hurt to have a boyfriend who is not respecting your feelings.'

**If you chose 'c' to the situations above, congratulations.
You are a good role model and are compassionate and respectful
– important qualities for a YPWC volunteer!**

Know when to ask for help!

As a YPWC volunteer, you may sometimes face a problem that is too big for you to handle. Don't try to solve the problem by yourself. Ask the adults who you work with to help you.

Sometimes there are problems that are difficult to solve, and you may not be sure what to do. For example, you may be helping an HIV-positive person in his or her home by cleaning, cooking and gardening. If that person does not have someone to provide direct nursing care, this is not your responsibility. Get help from the community, you are not responsible for solving everyone's problems. Remember always respect confidentiality and the wishes of others.



Community Activity 4: Ending the Stigma



Stigma: Words and actions used to hurt people with certain characteristics because we are afraid or are judgmental. For example, saying 'all people with HIV are promiscuous and deserve to die'.

This statement is wrong because:

- not all people living with HIV are the same so we should not generalize
- there are many influences on whether we are exposed to HIV including safe medical interventions, abuse of power, peer pressure, alcohol, poverty and lack of open and non-judgmental education in the community. We all influence these factors and therefore should take collective responsibility.
- statements like this will not encourage people to get tested or HIV-positive people to educate others about HIV and AIDS. Saying stigmatising things make prevention and care work difficult.

Discrimination: Treating someone unfairly because he or she belongs to a certain group..

For example, saying 'girls don't need to go to school after grade 4 because they don't need education to have babies'.

This statement is wrong because:

- the survival rate of children increase with the educational level of women
- girls need education to give them the same opportunities as men and to be able to participate in decision-making
- girls may work outside the home instead of, during or after having children
- it is better for girls to stay in school, rather than marry young when their bodies are not mature enough to have children.

'My friend Nkosi's mother is sick. Someone is spreading rumours that Nkosi has HIV too. What can I do?'

Lead by example. Show others how to be a friend to someone who is affected by HIV and AIDS.

Play games together

Hold hands / hug each other

Spend time in their home

Talk with their family

Treat them like any other friend

How do you feel when you find out someone is HIV positive?

What are some of the concerns of a child or young person providing care for a sick person in their family?

Why do some people stigmatise (stay away from and behave badly towards) families, young people and children affected by HIV and AIDS?

- People don't know the facts about HIV and AIDS. They don't understand that you cannot get HIV from living, working or playing with someone who has HIV or AIDS.
- Most of the time, HIV is transmitted through sex. Some people may think the person with HIV has been immoral or bad, and they think about this rather than how to help that person stay healthy and prevent HIV from being transmitted to others.

Sometimes people are ashamed of having family members with HIV. Why?

- Usually, a person gets HIV by having unprotected sex with an infected partner. People feel uncomfortable or embarrassed talking about sex. People with HIV and AIDS feel that communities blame them for being infected.
- Often people who are HIV positive keep quiet. They don't talk openly because they are worried people will treat them badly.
- When a family member dies from AIDS, the family often feels ashamed. We need to support, not blame, people with HIV.

What Can We Do?

- Learn more about HIV and AIDS and share this information through role-plays, drama and other community activities. If you know about HIV and AIDS, you will be able to correct people when they say and do things that cause stigma.
- Listen to people who are HIV positive or who have faced stigma. These individuals can describe what they find stigmatising, how stigma affects their lives, what they would like others to know about life with HIV and how they would like to be viewed and treated.
- Support HIV-positive people. Treat people living with HIV and AIDS with respect, play with affected and infected children and make friends with orphans. If we stigmatise HIV-positive people, we won't be able to stop others from being infected. We need to create a community in which people are not afraid to get tested and know that they would be supported if they were HIV negative or positive.

People do not want to accept that they have the virus, they associate the illness with witchcraft. There is still stigma and discrimination in the community, but I noticed that some appreciated our visits and some of the people felt better as our visit reminded them that they were still part of the community. Mrs Chirume said, 'I hope my daughter will get better by your continual coming'. Mrs Charuka said, 'Had it not been for your coming I don't know who would have threshed my grain for me'.

Nerutanga Community, Murambinda



Don't shame or blame - words and pictures count

Which words and pictures below do you think encourage people to be open about HIV and AIDS? Constantly hearing negative messages about HIV and AIDS can make young people whose parents are sick feel bad and ashamed and make others not want to think about HIV and AIDS at all. You might think that those on the left have a clear message, but they can cause harm by making people with HIV feel helpless and blamed. The words and pictures on the right can help encourage people living with HIV to be involved, stay healthy and keep working (including educating others about HIV and AIDS).

Don't say

AIDS kills

We are anti-AIDS

AIDS sufferer

AIDS victim

Do say

Live positively

We can make a difference

People living with HIV and AIDS

HIV-positive people



What Else Can We Do?

You can help break the silence and fear around HIV and AIDS.

- Be careful what you say. Most of us, including health professionals, use terms and expressions related to HIV and AIDS that may cause stigma. For example, 'victims, sufferers, patients'. We can help stop stigma by using positive language like people living with HIV and AIDS, HIV-positive people, and use the words 'us' rather than 'them'.
- Speak out against stigma. When people say something that is not true, let them know and educate them about the facts. For example, the statement: 'Sex workers are evil because they spread HIV' is not true: a sex worker could wear a condom correctly and consistently every time and not get infected. Also, men must take some responsibility for their actions; the sex workers exist because men want their services, not the other way around. A statement like: 'Having unprotected sex, even just once, can risk you getting HIV' is true and factual, and is a more helpful statement. Spread facts, not judgments.
- Encourage respected people in the community to talk positively about HIV and AIDS and people living with HIV and AIDS. Emphasize how important it is for HIV-positive people in the community to help educate others and remain productive and healthy members of the community.
- Talk openly about HIV and AIDS. The more HIV and AIDS remains hidden, the more people continue to believe that it is a shameful thing that needs to be concealed. Talking about it can also be empowering for individuals with HIV and AIDS and can help relieve the stigma they sometimes feel inside. If you have a good and trusting relationship with any adults living with HIV who are respected in the community, discuss the good things and bad things about them being open with members of the community about their HIV-positive status.

Stigma is an attitude. We must understand that HIV is just the same as TB or cancer, and that it can affect anyone. We know this because we work with people living with HIV and AIDS. If we truly believe this, it comes through when we work.

Elvis Dunba,
Batsirai YPWC Volunteer, Chinhoyi



Community Activity 5: Making Good Choices about Sex



People often say, 'Wait until you're older'. Well, no matter how old you are, sex is much better if it is part of a stable and secure relationship. In a good relationship, people care for and respect each other's feelings. Being 'old enough' means being ready to take responsibility for your actions.

Sometimes we have strong sexual feelings and our bodies seem 'ready' to have sex as described below. These feelings do not mean we are really ready to have sex. You need to ask yourself the questions on page 61 to know if you are ready to have sexual intercourse.

How our bodies and feelings change

Hormones (special chemicals) in the body cause the body to change at puberty. Some of the physical changes that occur when boys and girls reach puberty include:

● Boys

Growth in height, hair growth in the pubic region, armpits, face and chest; deepening of voice; the skin and hair become oilier; enlargement of penis and testes; production of sperm; erect penis in the morning; and wet dreams.

● Girls

Growth in height, hair growth in the pubic region and armpits; enlargement of breasts; enlargement of sex organs; rounding of hips; the skin and hair become greasier; the hips get wider and menstruation begins.

Girls generally begin to experience these changes from 10-13 years of age. Boys usually begin to notice changes around 12-14 years of age. But some boys and some girls begin earlier or later.

At puberty, young people also experience many psychological and emotional changes, including increased self-awareness, anxiety about themselves, the need for independence and other emotions. Boys and girls may start to experience sexual feelings and curiosity about sex and sexual activities during this time. Young people and adults must become aware of these changes so that they can ask for, and provide, support to each other. Young people can have happy, exciting, and fulfilling sexual feelings and relationships. Such relationships should be with agreement from both partners, and both partners must be mature enough and ready for sex.

It is wonderful to have young people teaching other young people about sex. Sometimes it is quite difficult to talk to grown-ups about sex. Even though sex education has always been there in schools, it has never been that effective because students are not at ease with grown-up teachers. Keep up the concept of 'Education through Playing'.

Sakhile Maphosa,
out-of-school youth, Mkhalipe

What is sex and what are the risks for HIV infection?

Sometimes it can be difficult to get information about sex. When people use the word 'sex', they usually mean vaginal sexual intercourse, but there are many sexual activities that are also included under sex, such as:

- Cuddling – this is when two people hold each other gently in their arms and enjoy the body contact. This is not a risky activity for HIV infection as long as it does not lead to more risky sexual activities.
- Touching – touching each other's bodies with your hands. This is not a risky activity for HIV infection as long as it does not lead to more risky sexual activities.
- Kissing – kissing each other's lips and touching tongues. This is not a risky activity for HIV infection as long as it does not lead to more risky sexual activities.
- Licking – when you lick the other person's body. HIV infection is possible if you lick any cuts or sores, or allow sexual fluid into your mouth.
- Self-masturbation – for a boy this is when you stroke your own penis, which can result in ejaculation (release of sperm). For a girl this is when you touch the outside or inside of your own vagina and area around it. Self-masturbation is not a risky activity and is completely safe.
- Mutual masturbation – when we masturbate other people while they masturbate us. This is a safe activity for HIV infection as long as you do not have any cuts on your hands.
- Vaginal sexual intercourse – when the penis is inserted into the vagina. This is a high-risk activity as sexual fluids infected with HIV can enter the wall of the vagina and the penis through small openings that you cannot see. Always use a condom unless you know your partner is HIV negative and faithful to you. Sexual intercourse is particularly risky for young girls because the vagina wall is thin. As a girl gets older, the vagina wall thickens, offering more protection.
- Anal sexual intercourse – when the penis is inserted into the anus and rectum of a man or woman. This is a high-risk activity as the rectum wall can bleed, allowing HIV to pass from one person to another. Always use a condom unless you know your partner is HIV negative and faithful to you.

Definition of risk: For example, a risk is something that could happen that is dangerous, e.g. if we take a risk – it means we choose to do something even though we know it is dangerous.

Masturbation

There is a lot of incorrect information about masturbation. It is better to know the facts:

- Some people say that if a girl self-masturbates, or has mutual masturbation, she will lose her virginity. Some communities believe this, but most people believe that you are a virgin unless you have had sexual intercourse – you must make your own decision about this private matter – because there isn't one definition of virginity.
- If a boy masturbates he will not run out of sperm, his penis will not get smaller and he will not lose interest in having sex with women.

On the sexual acts, I think that abstaining is good because it avoids disease altogether, but I will also talk about condoms and how to use them properly. If young people suggest masturbation is good, I will agree as no one else will be involved, which means you won't have sexual intercourse, risk getting HIV, STIs or pregnancy. I think masturbation is the best way for young people to avoid getting HIV.

Dadirai Musekiwa, FOST YPWC Volunteer,
Rosedale Farm, Manicaland





What Can We Do?

- Talk to other young people and children about why young people have sex
 - ◆ For love. *Some people have sex because they feel love for the other person. Some people think that there are other ways to express your love, such as talking together and going out together, rather than having sex. Many people feel that sex is so special that it should be part of marriage.*
 - ◆ For money, food or other things. *Is it worth the risk or is there someone else who can help?*
 - ◆ For fun. *Sex can be fun but the consequences – pregnancy, HIV, and other STIs – are not!*
 - ◆ To prove you are a 'real' man. *Real men only have sex when they love and respect their partner and are willing to take responsibility for their choices.*
 - ◆ To get experience before getting married. *Marriage means two people trust and love each other – your partner will appreciate that you waited to have sex with him or her.*
 - ◆ Pressure from friends. *Sex is about two people – not your so-called friends!*
 - ◆ To 'prove' your love. *Real love doesn't need proof – or sex.*
 - ◆ Force. *It is wrong for anyone to use violence to have sex. Forced sex is rape. Rape is a crime.*
- Talk about these issues with church youth groups, sports clubs and other places where young people meet. Get support and permission from adults before you do so.
- Make sure that young people and adults have the correct facts about condoms – condoms do not have holes that let the virus through, they are not a device introduced to wipe out Africans and they are not dangerous in any way to the man or woman.
- Talk to other young people and children and ask yourselves the question – 'Are you ready for sex?' Use the questions on the next page to decide.

Sexual experimentation

It is normal for us to want to explore our bodies as they change. Sometimes we do this ourselves through self-masturbation, sometimes we do this with friends of the same sex or opposite sex, and sometimes we do this with people we are having a sexual relationship with. What you do is your choice and is private. The most important thing is to use the information above to know what is risky for HIV infection.

Are you ready for sexual intercourse?

- Do you and your partner both want sex?
- Do you feel safe and good with this person?
- Have you talked about sex together?
- Is this a long-term, stable relationship?
- Have you visited a VCT centre together? Or a family planning clinic?
- Have you talked with your partner about using condoms to protect against HIV infection and unwanted pregnancy?
- Do you know where to get a condom?
- Do you know how to use a condom?
- Do you have any condoms?

If you answered NO to any of these questions, you are not ready for sex!



We can be loving without having sex

Remember - make good choices about sex. Here are some choices:

- A** – **A**bstinence (if you have strong sexual urges try masturbating)
- B** – **B**e faithful to one uninfected partner who is faithful to you
- C** – Use a **C**ondom correctly and every time

**Where to go for more advice on preventing
HIV and STIs:**

Youth Chatline: 08004110

**PSI Address: Social Marketing for Health
Block E, Emerald Office Park
30 The Chase
West Emerald Park, Harare**



Community Activity 6: Helping Families



People who are sick need lots of attention. Children and young people who are caring for sick relatives need help and support. What can you do?

Home-based care workers, village health workers or groups supporting children affected by AIDS are good groups for you to work with. Ask what you can do to help support their work. It is best if you help the same families so that you know that the families will be happy for you to help and so that you have an adult for support. Sometimes it is difficult to know how to ask people if you can help – health professionals and village workers will help you work with families affected by HIV and AIDS.

What Can We Do?

It is very important that you do not take over and allow the family to rely on you too much. Encourage family members to help themselves by showing them how they can improve their lives. Also, encourage other families to help families.

Things to do to make sure that the family are happy for you to help them:

- Be prepared for the questions the family might ask before you arrive
- Do not be shocked or show surprise at what you see
- Explain why you want to help and what kind of help you can provide
- Explain that you will only come to their house if, and when, they want you to
- Reassure the family that you will not talk about them to other people
- Don't write things down when you talk to the family
- Don't promise things that you cannot provide like home-based care kits – you need to build trust
- Be respectful in the way you dress and sit, be on time, greet people as appropriate
- Do not tell the family what to do; instead, make suggestions of what they and you can do, and help achieved agreed goals
- Do not approach the family as a group of *Young People We Care* volunteers – perhaps just one or two volunteers should go to each home

BE PATIENT, OBSERVANT and BUILD TRUST – always aim to help, don't make things worse.

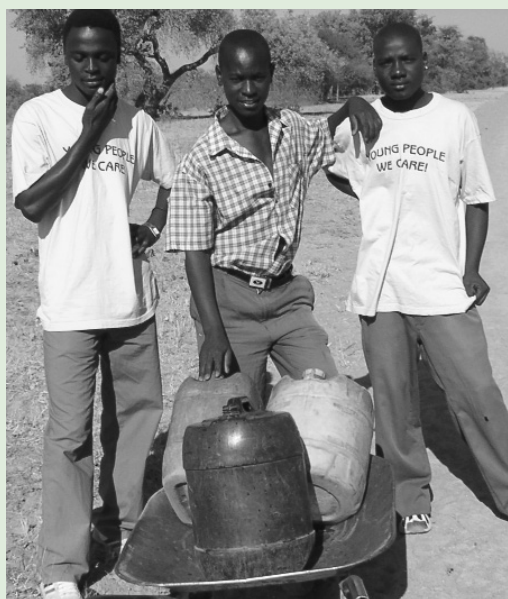
What Else Can We Do?

What if the mother or father needs to go to hospital?

- Find out if there is an adult who can stay with the children while the parents are away or a neighbour who can check on them every day.
- Visiting the hospital can be scary for a child. You can go with the children to visit their parent in hospital.

Things to do around the home:

- Clean the room
- Make the surroundings as bright and cheerful as possible
- Make the bed
- Wash clothes
- Collect and chop firewood
- Herd goats, cattle and sheep
- Feed and care for animals
- Fetch water
- Sweep the floors
- Help with gardens or fields
- Do errands
- Cook/prepare food
- Play with the children while the adults in the household rest, do chores or visit others
- Help children with their homework
- Bathe the children
- Provide entertainment like reading aloud or playing games



We can help each other make the chores easier and even fun

Things to do with the people who are sick:

- Spend time with them
- Ask them about their lives (this can be part of Making Memory Boxes and Books, see page 72)
- Remind them to take medicines
- Help them take a walk outside
- Talk or read to them
- Encourage them to help themselves
- Put them in touch with support groups and health workers
- Pray with them, if they would like you to

Remember – be consistent, contribute what you can, but don't take on too much.

Don't forget to use and share the information provided in the section at the back of this book called Tips for Caring in the Home.



Community Activity 7: Being a Friend

What makes you happy? Who makes you laugh?

For many of us, our happy times are when we are with friends.

Children and other young people who are caring for sick parents or whose parents have died may be too busy to play, or their friends may feel uncomfortable around them.



Friends don't judge; they share good times and bad; are loyal; have fun together

Listening: We often want to be able to provide counselling for young people, children and adults in our community. Counselling is good listening and giving accurate information. One of the best things we can do to be a friend is to listen to others. This does not mean giving other people advice. People need to make their own decisions. Providing accurate information will help others make good decisions.

What Can We Do?

Be a good friend to young people our own age and younger children by:

- Being there for them and spending time with them
- Playing sports together
- Helping with homework
- Telling stories
- Helping them make up their own stories or poems
- Making drawings
- Walking them to school
- Talking about feelings
 - ◆ Children with sick parents or siblings have many feelings – sadness, anger, blame, guilt, worries about the future. Let them know it's OK to be angry or sad
 - ◆ Let them talk about their worries. Make a plan together on what can be done to address their worries.
 - ◆ Try not to let them blame themselves or their family members
- Playing games
 - ◆ Ask grandparents and parents what games they played when they were young
 - ◆ Make toys and games for young children whose parents may feel too sick to play with them and whose siblings are too busy

See the Games to Play with Children section at the back of this book for more ideas.



Community Activity 8: Overcoming and Avoiding Abuse



Sadly, many children and young people who have no parents, or whose parents are very sick, do not have grown-ups who can protect them from being abused. Abuse can be physical, emotional or sexual. If you suspect someone you know is being abused, you need to do something.

Abuse

Abuse is about abuse of power – when someone you trust or someone stronger takes advantage of you.

Physical abuse

Physical injury inflicted on a child with cruel intent. Physical abuse can be the result of punching, beating, kicking, biting, burning, shaking, or otherwise harming a child. Often injury results from over-discipline or physical punishment.

Emotional abuse

Actions or the lack of actions by the parents or other caregivers that could cause serious behavioural, emotional or mental disorders – often the victim comes to see him or herself as unworthy of love and affection. Children who are constantly shamed, humiliated, terrorized or rejected suffer at least as much, if not more, than if they had been physically abused.

Child sexual abuse

Child sexual abuse is the involvement of a child in any sexual activity, not only rape, that occurs prior to the legally recognised age of consent. This is aged 16 in Zimbabwe.

Think about the stories below and how you may have reacted to similar cases in the past.

- *A teacher is harassing a girl at school. Her mother is sick and she can't always pay school fees. What should I do?*
What the teacher is doing is wrong. Talk to your parents, the headmaster or another teacher. If they won't listen – who else can you tell?
- *My friend was raped by a man who gave her a lift. What should she do?*
No matter how long ago the rape happened, she should tell an adult immediately. She should report the case to the police and go to the clinic for an examination.
- *A little boy I know is always being beaten by his uncle. His parents died last year. What can I do?*
Talk to your parents or a respected member of the community, someone from church or a community group. Tell them about your concerns and see if they can talk to the uncle. If the uncle will not stop beating his nephew, let the little boy know that it is not his fault and try to be his friend.

What Can We Do?

- Educate the community:
 - ◆ Ask someone from the school, police or health centre to give a talk about abuse. Make sure teachers are well informed about what abuse means.
 - ◆ Make a poster with the telephone number for Childline and hang it up at your school, health centre or municipal building.
- Talk to other young people and children:
 - ◆ Discuss the names of five people that you and they could tell if they experienced abuse. Explain that if the first person is not available, or doesn't believe them, they will still have other people to talk to. For example, the list might include: my grandmother, a neighbour, headmaster, teacher, pastor, social worker, a nurse at the clinic, a police official.
 - ◆ Start an 'open letter board' in the community (see next page). Young people and children can write anonymous (no name) letters about the problems they face to Uncle C and Auntie T. These letters can be put up on the 'open letter board' where replies written by *Young People We Care* volunteers or appointed adults can be pinned up.
- If someone tells you they have been abused, be prepared with 'What to do and not to do' (see page 69) and be their friend:
 - ◆ Show that you care
 - ◆ Tell them that you believe them
 - ◆ Tell them they are strong and brave to talk about their problem
 - ◆ Don't tell them what to do but help them find out about their choices
 - ◆ Don't stop being their friend even if they don't do what you advise
 - ◆ Remind them that it's not their fault – they are not to blame

Where to go for help:

Childline Hotline Telephone: 961

**Family Support Trust, Harare Hospital
Telephone: 04 668056/7**



Open letter board

An open letter board is a place where children and young people can pin letters asking for advice. The YPWC volunteers and the adults who support the volunteers can then write replies to the letters with the advice and support they need. This is a way for children and young people to communicate anonymously (without saying their name). After encouragement and reassurance they might be able to talk to you or an adult directly.

Examples of letters and replies:

Example letter

Dear Auntie T,

My auntie beats me even when I have collected the water and done my household chores. I need my mother but she has gone. Please help me.

Reply

You have been very brave to talk about this problem your auntie has. You need to tell an adult who you trust so that they can help you. It can be scary talking to other people about these things, but your auntie may not understand that what she is doing is damaging you. Adults can talk to your auntie and make sure that she understands how to communicate in other ways and not hurt you.

Auntie T

Example of letter

Dear Uncle C,

My father's brother does things he shouldn't do with me. Things he should do with his wife. I can't get away – I have nowhere else to stay. He says if I tell anyone he will kill me – he showed me his knife. He said that it is payment for him looking after me. Is this normal?

Reply

No, this is not normal. Your uncle is wrong and what he is doing should stop. This is not your fault and you do not deserve this, or owe this to your uncle. You need to talk to an adult or young person who you trust so that your uncle can be stopped. It can be scary talking to other people and sometimes it feels easier to stay silent and suffer. Also, your uncle is putting you at risk of sexually transmitted infections and HIV, so he must stop, and you need to start by telling someone. Adults who sexually abuse children often try to frighten them by threatening to hurt them or by telling them that no one will believe them. This is not true. Talk to someone who you trust and who you think understands about these things, and they will help you.

Uncle C



Practical steps for when someone tells you they have been abused

If a child or young person tells you about any kind of abuse, the information needs to be treated with great care, and they need to feel confident that you will not immediately tell other people. Only people who can help need to know – this may be a counsellor, doctor, parent, teacher etc. Talk to the child or young person before you tell anyone else. You must tell someone – even if the person asks you not to – because he or she could get a sexually transmitted infection, including HIV, be badly hurt and be very unhappy later in life.

What to do and not to do:

Do:

- Do listen and show that you understand what they are saying
- Do speak to the person quietly and privately
- Do stay calm, reassuring and non-judgmental
- Do give the person your full attention
- Do believe what the person tells you
- Do let the person do the talking
- Do tell the person that he or she is not responsible or did not ask for the abuse, no matter what has happened or what he or she has been told
- Do talk about what to do next – be realistic and do not frighten the person

Don't:

- Don't overreact or look shocked
- Don't ask for details
- Don't put words in the person's mouth
- Don't ask why it took so long for him or her to tell someone
- Don't make promises you can't keep
- Don't ask 'why' questions as they can sound like you are blaming them

The above information is largely drawn from the SAT publication – *Counselling Guidelines on Child Sexual Abuse*.

Young people have the right to say 'NO', and teach others about abuse, and avoiding it.

Fletcher Hamadziripi, FOST YPWC
Volunteer, Craigengower Farm



Community Activity 9: Helping Children Grieve

Young people who experience the death of a parent, sibling or relative have experienced a grief that changes their lives in many ways. We need to empathise with children and young people who are grieving.

Talking to children about death

Depending on their age, children understand death in different ways. It is useful for us to be aware of this and to know that our understanding of death is influenced by our family, education and community.

● Under 5 years

Children of this age tend to see death as reversible and temporary. They do not see it as final. Small children are able to use the word 'death' without understanding its full meaning. They do not see that death may happen to them and they may believe it is something they can avoid. They may have misconceptions about what causes death. Explanations about death to children of this age should be brief, simple and concrete, such as: 'When people die they do not breathe anymore' or 'When dogs die they do not bark anymore'. They also may engage in 'magical thinking' about death.

● From 5-10 years

At this stage, children gradually develop an understanding of death as irreversible. They come to understand that all living things die and that they too will die some day. At around the age of seven, children grasp that death is unavoidable and universal, even though they often resist the idea of death as a possibility for themselves. Like younger children, they need concrete explanations, although they sometimes exhibit 'magical thinking', such as thinking that the dead can see or hear the living.

● From 10 years through adolescence

After the age of 10, children come to understand the true long-term consequences of death. They begin to reflect on fairness and unfairness and fate. During adolescence children are able to pick up inconsistencies in the information they receive. Teenagers may also become interested in looking for the meaning of life. If children in this stage experience death within the family, they tend to be able to understand explanations about the facts surrounding the death.

The above information was adapted from the SAT publication *Guidelines for Counselling Children Who Are Infected with HIV and Affected by HIV and AIDS*.

You might experience sadness, fear, anger and other feelings too. Talk about your own feelings with your group leader, other members of your group or someone else with whom you can confide.

Appropriate questions about death

- What are your thoughts and feelings about how he died?
- Tell me about the funeral service. Who came etc?
- What would you like to tell him about how your life has changed?
- What makes you feel close to him?
- Is there anything you would like to tell him?
- What do you miss most about him?
- What do you not miss?
- What is your favourite memory?



What Can We Do?

- Remember, death is a big and horrible experience. You can suggest that the children talk about their feelings with an adult they trust.
- Empathise with them and give support, and encourage them by helping them to talk about their feelings. Some children prefer not to use words, so you can encourage them to write stories or poems, make up songs, or draw pictures about their experiences and feelings. Afterwards, talk about it with them.
- You can reassure them that they are not to blame for their parent's death.
- You can bring food to the funeral.
- You and your classmates can show support by visiting the home after the parent has died.
- If plans have not been made for the child's future, you can help him or her identify a close relative, a teacher, a counsellor, a pastor or priest or a social worker with whom they can talk.
- You can go with the children to visit the grave.
- You can make a memory box or book (see page 80) together or add to an existing memory box.
- If they feel guilty, ask them to tell you about it. Do not just say: 'It's not your fault'.



Preparing children for their own or a loved one's death

Whether a child or a child's family member is HIV positive, you can help the child to prepare for death by:

- Remembering that children from 18 months to about five years have 'magical thinking'. They may believe that they have caused themselves or others to be HIV positive, for example, by not behaving.
- Communicating openly, honestly and factually. Give information that the child will understand. Do not say things that are confusing like, 'You will go on a long journey' or 'Your mother has gone to sleep'.
- Allowing the child to express anger or fear without harming himself or herself or others. For example, they can kick a ball or punch a pillow.
- Helping a child accept death by gently, but continually, talking about the facts of HIV and AIDS and helping the child to talk about fears and to ask questions. Ask the child what he or she thinks about death. Ask the child if she or he would like to talk more to someone.
- Making sure children can talk about their worries and fears. For example, encourage family members to talk about death and grief at home. If appropriate, suggest involving others – such as a church leader – to talk to the child about what death and dying mean.
- Helping children to talk about how they would like themselves or their family member to be remembered. For example, they might like to prepare a memory box or memory book of drawing and poems

The above information has been adapted from the SAT publication *Guidelines for Counselling Children Who Are Infected with HIV and Affected by HIV and AIDS*.



Community Activity 10: Making Memory Boxes and Books



Everyone likes to share memories of his or her life. Sadly, many Zimbabwean children are losing their parents when they are still young, and memories of their parents are all they have. Memory boxes and memory books can help children remember the good things about their lives and keep the memories of their parents close by.

A memory box is a box where people keep special things that remind them about their family. A memory box can hold photographs, gifts, letters, drawings or anything else that holds special memories about the family. The two most important things about a memory box or book are: one, for the family to have an opportunity and reason to talk to each other, telling each other how they feel and talking about the past and future; and two, to collect important information about the family that would otherwise be lost – for example, information about relatives who could look after the children.

A memory book includes information and pictures about the family. There can be a memory book for each member of the family or one memory book for the whole family. A memory book can include photographs, pictures, stories, poems etc. For example, many memory books have a picture with the names of all the people who are members of the family, including their ages and where they live. This is called a family tree.

Children and parents often make memory boxes together. Making a memory box with a sick parent can be very difficult and sad for the child and adult. Sometimes it can feel like saying goodbye. This is not a bad thing. It gives the adult and child a chance to share plans and ideas for the future.

Children can even make memory boxes and books when their parents have already died by collecting specific items and information from friends and family.

Remember – anyone can make a memory box or book – whether his or her parents are sick or not.

Rudo's story

Rudo is 18 years old and the head of her household. She has three siblings aged 10, 12 and 15. Their father died 10 years ago just after the youngest was born. Their mother died three years ago. A Young People We Care volunteer, called Ncazelo, visits Rudo and her brothers and sisters regularly. The last time Ncazelo visited them she talked about making a memory box to help them understand and know their deceased parents better. Rudo was not completely sure what this box was for, but she and her brothers and sisters agreed anyway.

The next time Ncazelo visited Rudo's house, she asked them if they had a box or bag that they could use to collect some objects in and then keep safe. Eventually they agreed to use an old cereal box. Ncazelo started to explain again the purpose of the memory box. She started by asking what the children remembered about their parents. Only Rudo remembered their father, but they all remembered their mother, although they didn't know much about her, as she had always been so ill. Ncazelo explained that the memory box is a way to collect memories about our lives – we can ask people to tell us stories and share information with us about our families. These memories can then be represented by objects placed in the box that

have significance and help us to remember the story or information, e.g. photographs, a pen that reminds us of a story, or a list of birthday dates and places.

Ncazelo asked the family who of the people living nearby could tell them more about their parents. Quickly, they identified an aunt who lives in the area, but the children said they didn't know her well. The children and Ncazelo walked over to their aunt's house to talk to her. At first, their aunt didn't understand what they wanted and said she was too busy. Ncazelo had to visit the aunt the next day to explain the children's needs and the benefits of the memory box. Finally, the aunt understood and invited the children and Ncazelo to her house the next week.

Once they were all together, Ncazelo explained that making a memory box is not simply about filling the box, but is about the process of collecting objects from people who can share the meaning or memories attached to the object. Rudo explained that the younger children could not remember their parents properly; they just remember their mother being ill. Ncazelo asked if the aunt had any photos of their parents. She said she was sorry but she had thrown a lot of things away after their father died, when she helped the young family to move house. She said that their father had abused their mother and so she tore up the photos when she was angry. The children looked very sad at the news. Ncazelo asked the aunt to tell the children more about their father, what he was like. He couldn't have been all bad. The aunt said he was a supervisor at one of the big farms locally and had been very knowledgeable about growing vegetables for the big supermarkets. She laughed and said that he had also played for the local football team. He used to drink with the others after the matches, and this is where the trouble always started. 'And what about our mother?' asked Rudo. The aunt said that their mother loved their father too much and always forgave him for the abuse because he was such a good father.

'You know what he said about you Rudo', she said laughing. "This girl should play for Highlanders." 'You were only five when he said that, he was so proud of you and was always kicking a ball around with you', said their aunt. 'I've always been good at sport', said Rudo, 'maybe I got this from my father'. 'Well possibly, but your mother was very good at netball and played for the provincial team when she was still at school', explained the aunt. The children looked very surprised. They couldn't imagine their mother being good at sport and fit, she was always so ill. Ncazelo asked the aunt if she had anything that might remind the children of this story about their fit and energetic parents. The aunt shook her head and then stopped and said, 'Well this old glass with a Highlanders sticker used to belong to your father'. The aunt agreed to give the glass to the children and it was the first thing they put in their memory box. On the way home, the children agreed to colour the memory box in Highlanders colours and to draw a picture of their mother playing netball for the provisional team. The children were laughing and joking about how their parents had been so talented and they had not known.

Over the next few months, the children became very close to their aunt and learned a lot about their parents and themselves. Their aunt sent them to talk to others in the community who knew their parents, and they collected all sorts of objects that helped them remember different things they were told. The children themselves became closer and they were a lot easier for Rudo to handle as she had helped them through the tears as well as the good times when hearing about their parents.

Overall, Ncazelo visited the children only three times before they continued to make the memory box on their own. Ncazelo just encouraged the children occasionally.





What Can We Do?

Rudo's story will help you to understand how to help others to make a memory box, particularly when their parents have already died and they are orphaned.

Here are some instructions for you to help children or a young person to make a memory box or book with their parents. The instructions are written for young people or children to follow on their own. Help them take each step:

- First, ask your parents and grandparents for their help in creating a family history. Explain to them that this doesn't mean that you think they're going to die soon. People can work on memory boxes all their lives – recording special events like school graduations, births and weddings.
- Second, find a box, bag or book to collect the memories and record the information.
- Third, start collecting.

Ask parents, grandparents and other relatives questions about their lives, things you would like to know but will be lost when they die. Start writing down their stories.

- ◆ What life was like when they were young
- ◆ A list of all their relatives and where they live now
- ◆ Their favourite animal, colour, food, holiday or other favourite things

Ask them about your life too so you can answer questions you might have when you are older and have your own children:

- ◆ Your birth
- ◆ Your first words
- ◆ Your first steps
- ◆ Your first day at school
- ◆ Things that made you laugh when you were little
- ◆ Any other special stories they have about you

Ask them to:

- ◆ Draw pictures for you
- ◆ Write poems for you
- ◆ Copy special passages from the Bible for you
- ◆ Give you photographs or documents that are important to you but not valuable or official
- ◆ Draw a family tree



If you have a box, you can also add objects that are not worth a lot of money but that are important to you, like:

- ◆ Books
- ◆ Favourite objects belonging to those you loved – pens, hair combs, crucifix etc

Put the memory box in a safe place. Add to it whenever you want to. Take it out every now and then and talk about what you've put inside.



What Else Can We Do?

- In addition to memories, our parents and grandparents have many skills. Help others to ask parents and grandparents to teach them what they know. Examples might be:
 - ◆ Cooking delicious food
 - ◆ Building houses
 - ◆ Sewing clothes
 - ◆ Playing *mbira*
 - ◆ Nursing sick people
 - ◆ Making beautiful carvings
 - ◆ Raising animals
 - ◆ Growing medicinal plants
 - ◆ Telling traditional stories
 - ◆ Doing accounts
 - ◆ Repairing motorbikes
 - ◆ Knitting and embroidering
 - ◆ Teaching maths
 - ◆ Singing traditional songs



Congratulations!

You have completed the **Community Activities**.

You may have done other activities to help children and others affected by HIV and AIDS that your group or you thought up on your own.

What Do We Do Next?

- Remember the good feelings that you experienced helping others.
- Continue to be a role model for others.
- Show by your own behaviour that young people can prevent HIV by acting responsibly and can care for people infected and affected by HIV and AIDS by being compassionate.
- Stay active in the community to help change the community for the better.



"Young People, We Care!"



Appendices

A. Games to Play with Children

Older children can play many different kinds of games with younger children. When you play these games, remember what you learned about good communication skills. Some of these games will help you to explore the feelings of children who may be grieving or lonely. Be prepared for the children to be upset and be careful what you say.

Below are some ideas for games to play with children:

- Give the child different kinds of things to play with and sort: flowers with different colours; big things and small things; dull things and shiny things.
- Make up games that include throwing and catching, jumping and skipping, climbing and sliding.



- Make simple drums and rattles and teach children to dance and sing and play their instruments in time with songs.
- Collect scrap paper, newspapers and other paper for children to paint and draw on. Try rubbing different coloured flowers and grasses on the paper and see what happens.
- Draw a simple picture on a piece of cardboard. Cut it into pieces like a puzzle and have the child put it back together.
- Find some cardboard or paper and make a book of everyday items (cup, pot, dog, tree, sun). On one side of the page, draw the picture. On the other side, write the word.



Below are some ideas for games to explore the feelings of children:

- Try body mapping to help the child identify what they know and how they feel. Draw a picture of a sick/deceased person – draw the part that is/was ill. Ask relevant questions in order to explore what this child knows, understands.
- Play 'Keeping balance' to build trust. Hold short sticks between your and your partner's fingers (index to index finger). Then try to walk around together without dropping them.
- You can play a game to help children show their feelings. Play 'Show me how you look when you feel sad/happy/angry etc'. Work as a group. Stand the group in a circle and pass or throw a ball/stone etc. The thrower says a feeling and catcher has to make the facial expression to show the feeling.
- Help the child draw a 'Circle of Care' to stop them feeling lonely and isolated. Draw the child in the centre and his carers around him. This shows the child's support system.
- Play with mud and water to mould and play. This can help the child to communicate with you and express his or her feelings.
- Similar to Circle of Care try 'Who Is on Your Team'. This helps to explore the child's network and support system. Ask 'What is the child's favourite sport (for example football)'. Use this sport as a metaphor for life. Ask, 'Who is on the team'. 'Who plays which role/position?' 'Who is on the bench?', 'Who is supporting on the stands?' 'Who is the referee?' and 'Who is the opposition?' etc.
- Try playing 'Journey of Life'. Make a bus, and take the child on the journey through his life. He will tell you who is on the bus, who gets off, what the obstacles and dead ends /stops are. Ask good questions, like, 'Who is waiting at the bus stop to get on?'

Adapted from *Children for Health* (UNICEF) and facilitation notes prepared by Val Maasdorp, Island Hospice, Zimbabwe.



B. Tips for Caring in the Home

The information in this section is written for people living with AIDS. You may find this information useful to share with people living with AIDS, their families and other carers.

The information in this section is adapted from a publication developed in Nigeria by Liverpool Associates in Tropical Health (LATH) called: *Caring Together: A home care handbook for people living with HIV and AIDS, their families and other carers.*

Treatment of common complaints and basic nursing care

If you are living with HIV, as your body's defence system gets weaker, you will get more infections than a person without HIV will. These infections are called opportunistic infections. You can manage many common infections at home, although with serious sicknesses you need to go to a health centre. The most common complaints are headache, fever, diarrhoea, skin rashes, sores in the mouth, cough and vomiting.

If you are sick, you may be able to give yourself basic nursing care. If you are too sick, a family member or other carer may nurse you.

These instructions are written for you and your carers:

What to do

For headache

1. Put on a cold compress, that is, soak a cloth with cold water and put it on your forehead for 5-10 minutes
2. Rest
3. Take painkillers, e.g. aspirin or paracetamol: 2 tablets 3 times a day for 3 days, or until the headache stops. If the headache continues for more than 10 days, visit a doctor
4. Go to the hospital if the headache gets worse or does not go away

For fever

1. Wipe the skin with a cloth soaked in water
2. Allow the body to cool
3. Open doors and windows for free air flow
4. When the body feels hot, make sure that cold drinks are taken
5. Painkillers should be taken: 2 tablets 3 times a day for 3 days
6. Go to the health centre if the fever continues



For skin rashes

1. Cut your fingernails to stop scratching and wounding the skin. Rub the skin with the palm of your hand instead
2. Cool your skin with water or a fan
3. If your skin is dry, do not use soap; use petroleum jelly (Blue Seal is the best), glycerine or calamine lotion on the skin
4. Wash and iron all clothes and bed sheets
5. Take regular baths (2 or 3 times a day)

For sores in the mouth (oral thrush)

1. Wash your mouth with warm water mixed with salt 3 times a day
2. Do not eat sweet things or pepper
3. Put GV (Gentian Violet) on the sore

For diarrhoea

1. Continue eating normal food
2. Do not eat food like oranges or green vegetables
3. Take as much salt and sugar solution as you can in a day. The solution is 6 level teaspoons of sugar + 1/2 level teaspoon salt in 750 ml of clean water (750 ml of water is equivalent to a bottle of cooking oil).
4. Take metronidazole: 2 tablets 3 times a day for 7 days
5. Take cotrimoxazole: 2 tablets 2 times a day for 7 days
6. See *local remedies*
7. If it does not stop, go to the health centre

For coughing and difficulty breathing

1. Open windows and doors for fresh air to enter
2. Avoid too many people in the room
3. Sit upright and use a pillow for support
4. Fan to increase air intake
5. See *local remedies*
6. Go to a health centre if it continues

For vomiting

1. Drink small sips of clean water, juice or salt-sugar solution; repeat every half hour
2. Stop taking solid food
3. If the vomiting is very bad and lasts a long time (24 hours), go to a health centre



For open wounds

1. Wash the wound with warm clean salty water
2. Dry and put GV onto the wound
3. Cover the wound with a bandage
4. Cut fingernails short so as not to scratch the wound and make it worse

For loss of appetite

1. Choose the food you like most and serve it in a nice way
2. Eat small meals, many times in the day
3. Eat a balanced diet including proteins, fats, carbohydrates, and vitamins and minerals

For blisters on the skin (herpes zoster)

1. Do not break the blisters
2. Keep the wound dry
3. Wear loose clothes that do not rub against the wound
4. Go to the hospital if the blistering and pain continues

For bedsores

You can prevent bedsores if you take good care making sure there are sheets on the bed and that they are changed whenever soiled. Make sure that the sick person lies in a different position at least every 4 hours. Rub powder on the areas that touch the bed (the back of the head, shoulder blades, buttocks and heels). If bedsores come, treat as you would an open wound and dress with sanitary pads.

How to use local remedies

Local remedies are encouraged because they are easy to get and are cheap.

What to do**For diarrhoea**

- 1) Pawpaw seeds: wash, dry and store the seeds. Swallow 4 seeds at once on day 1, 2 seeds 3 times on day 2 and continue until it stops.
- 2) Guava or mango leaves: wash and boil leaves. After cooling, drink 2 cups a day until it stops.
- 3) Basil (scent) leaf: pick 15 large leaves. Wash and drain. Wash hands well and rub the leaves to squeeze the juice out. Drink all at once. Take 3 times a day until it stops.



- 4) Rice water: wash rice very well. Pour water onto rice and boil for some minutes. Do not allow it to dry. Drain off the water into a cup and add a little sugar and salt. Take as often as you can.
- 5) Mix flour with water and drink small amounts

For cough and sore throat

- 1) Honey and lemon syrup: squeeze a lemon and mix the juice with a little honey and water. Take 1 teaspoon every 2-3 hours.
- 2) Garlic: peel and chew on a clove or grind it and drink in a little water 2 times a day until the cough stops
- 3) Drink a mixture of ash with water

For itching skin and rashes

- 1) Grated or sliced cucumber or sour milk are soothing when applied
- 2) Apply lacto as a paste to soothe

For open wounds:

Non-infected wounds

- 1) Apply any of the following: sugar paste from ground-up sugar with a little boiling water, honey, pawpaw skin (flesh side down) or the juice of aloes
- 2) Burn banana skins or traditional beans to ashes and apply

Infected wounds

- 1) Apply plain yogurt or sour milk
- 2) Apply hot cloth for about 15 minutes at a time



For blisters on the skin (herpes zoster)

- 1) Apply milk of a white Frangipani tree
- 2) Eat oat porridge daily



For sores in the mouth (oral thrush)

- 1) The following foods/drinks will help: raw tomatoes, home-made yoghurt, crushed garlic or chew a piece of pineapple
- 2) Chew small pieces of unripe mango or pawpaw to relieve pain

For nausea (feeling sick)

- 1) Drink peppermint tea. Boil the leaves on a low fire for 10 minutes, covered. Or add peppermint leaves to food
- 2) Add cinnamon to food or prepare in tea
- 3) Add ginger to food or prepare ginger tea

If the local remedy is tried and the problem has not been resolved, go to the hospital for proper medical attention.

Referral

Referral is when a patient or client is sent from one place to another to get better care.

This might be from home to a health centre or hospital or to a support group for people living with HIV, or to a church group, for example.

People living with HIV and AIDS have many needs. Their families and friends can help them with many things, but there are times when they will need some outside help. Any decision about referral should be made with the sick person and the family.

When a patient is very sick, or has been sick for a long time and is not getting better, he or she should go to hospital. This is important when the patient has:

- sores (thrush) in the food pipe (inside the throat) and cannot swallow well
- serious loss of water (dehydration)
- a high fever or one that keeps coming back
- a cough that does not go away for up to one month
- diarrhoea that lasts for more than one week
- confusion
- serious vomiting for more than 24 hours



It is also good to find out if there are any groups or organisations near you that offer help for people living with HIV or their carers, so that you don't feel alone.



Support

People living with HIV and AIDS need support for a wide range of physical and material, emotional, social and spiritual needs. When they are well, they can do most things for themselves, but as they get sicker, they need more support from others.

Support groups

Support groups for people living with HIV have been set up all over Zimbabwe. They bring people together to share their experiences and feelings, ideas and information. They can help people to feel cared for and not alone and to live positively and get more confident about speaking out about living with HIV.



Counselling

Counselling involves listening to people living with HIV and their families, helping them to make decisions about their life and solve their problems. It can offer them comfort to know that somebody cares and understands their worries and difficulties. Counselling is usually given by a trained counsellor, who may be a person living with HIV, family carer or health worker. Counselling should be available on an ongoing basis.

Spiritual care

Spiritual care can help someone come closer to God and to make peace with themselves and others. It might involve praying or sharing the word of God from the Bible. This is especially important as people begin to think about dying. People should be free to follow their own faith. Religious and traditional spiritual leaders should accept and care for them.



Caring for the carer

A carer is somebody who offers support and help to a sick person to take care of him or herself properly. You could be a family member, a friend, a support group member or a health worker. You may give physical care, like helping people to bathe or washing their clothes; emotional care, that is, listening to the worries of those who are sick and showing concern; spiritual care, like sharing and praying together; or medical care, that is, treating minor illnesses.

Home carers have a big role to play. Without them, many people who are sick could not stay at home or would go without many of the things they need. So carers need to be encouraged and supported to be able to keep on giving good care. You may also need some working materials, like a home-care kit containing things like soap, gloves, a plastic sheet, some plasters or bandages, some simple medication and vitamins. A raincoat, boots, umbrella and a torch may be useful for making home visits in the rainy season.

Carers can break down if they do not get enough time to rest or to talk about their own feelings and needs. You need to look after yourself as well as the sick person.

- Work a reasonable number of hours
- Know your limits – be able to say 'no' sometimes
- Be self-disciplined and tolerant
- Take time for your own needs – rest, relax, have fun
- Get support from other carers or health workers
- Get treated quickly if you get sick yourself

Preparing for death

Usually, we don't like to talk about death, but when people are very sick and dying, they may want to. At this time, they especially need people to be close to them and to talk honestly and openly about the future. They may want to:

- Settle unfinished business (about money or people, for example)
- Make peace with God
- Make arrangements for their properties (which could include making a will)
- Make arrangements for the care of their wife/husband or children
- Make arrangements for their funeral

Both the people who are dying and their carers may have different feelings at this time, but they should try to keep a positive attitude. Encourage them to do the things that bring them joy, like spending time with their children or friends. Do everything possible to relieve their pain.

After the person with AIDS has died, family members may need to talk about their loss and how they will cope in the future. Involving other members of the community can help to reduce the family's feelings of being alone and give them back some hope.



C. Assessing Your Programme



Why is it important to assess your programme? Everything that we do provides an opportunity to learn lessons. Sharing these lessons amongst ourselves and with others helps us all be more effective in HIV prevention and AIDS care.



The pilot phase of the YPWC programme used monitoring forms, which are included in the back pocket of this book. You could use these forms or parts of them as described on the first page of the forms, or another system that you make and follow.



Whatever system of monitoring you use, ask key questions regularly of all those involved in the programme, so that you can check that the work is going well. The following questions can be used during group discussion or one-on-one informal interviews. Whatever you decide, remember that everyone's contribution is valuable.



For young caregivers:

- How did doing the **Community Activities** affect you?
- Did the activities help you in any way?
- What were your concerns before the programme began? Do you have the same concerns now?
- What did you learn?
- What are your strongest memories of the programme?



For children and young people from affected households:

- How did receiving support and care from young caregivers affect you?
- What were your concerns before the programme began? Do you have the same concerns now?
- What assistance did you receive? Was it what you wanted?



For parents from affected households:

- Was the involvement of young people helpful to you? Your children?
- Did you experience more support from the community?



For home-based care workers:

- How did the involvement of young caregivers affect your work?
- What recommendations would you give for future activities?



For programme managers:

- What lessons were learned about involving young people as volunteers in the community?
- Was there enough supervision?
- Did you need more external support? Did you get it?



For everyone:

- Did the community experience any changes in attitudes towards people affected by HIV and AIDS? Were the changes for the better or the worse?
- What changes, if any; did you see in the young people that participated?



D. Acknowledgements

JSI UK wishes to thank all those that contributed to, reviewed, and field-tested the content of this publication:

- AIDS Counselling Trust (ACT) Address: 15 Rowland Square, Milton Park, Harare, Zimbabwe. Telephone: 263 4 797039/40. acthelp@mweb.co.zw
- Batsirai. Address: 125 Midway, Chinhoyi, Zimbabwe. Telephone: 263 4 (0) 67 24115 or Fax: 263 4 (0) 67 22398. batsirai@mweb.co.zw
- Catholic Relief Service (CRS). Address: 103 Livingstone Avenue, Harare. Telephone: 263 4 726555 or Fax: 263 4 736736.
- Dananai. Address: Dananai Home-Based Care Programme, P O Box 16, Murambinda Mission Hospital, Manicaland, Zimbabwe. Telephone: 263 4 (0) 21 2264, or Fax: 263 4 (0) 21 2191. steve52@mweb.co.zw
- Family AIDS Caring Trust (FACT) Mutare. Address: 12 Robert Mugabe Street, PO BOX 970, Mutare, Zimbabwe. Telephone: 263 (0) 2 61648/66015, or Fax 263 (0) 2 65281. enquiries@fact.org.co.zw
- Family Health Trust (FHT), Private Bag E243, Lusaka, Zambia. fht@zamnet.zm
- Farm Orphan Support Trust (FOST). Address: Agriculture House, 1 Adylinn Road, Marlborough, Harare, Zimbabwe. Telephone: 263 4 309869 (Direct), 04 309800 (switchboard). fost@cfu.co.zw
- Hospice Association of Zimbabwe (HOSPAZ) Address: 5 Lezard Avenue, Harare, Zimbabwe. Telephone: 263 4 705771.
- Island Hospice and Bereavement Service. Address: 6 Natal Road, Belgravia, Harare, Zimbabwe. Telephone: 263 4 335886/8, 263 4 335914/28.
- Masiye Camp in Matopos offers psychosocial support through camping activities to children and young people affected by HIV and AIDS Address: Fife Street / 11th Avenue, Bulawayo, Zimbabwe. Telephone: 263 (0) 9 60727 or 263 (0) 9 880834. www.masiye.com, info@byo.masiye.com
- Matabeleland AIDS Council (MAC). Address: 97a Josiah Tongogara St, P O Box 1280, Bulawayo. Telephone: 263 4 (0) 9 62370 or 263 4 (0) 9 61540. dan.mac@telconet.co.zw
- Regional Psychosocial Support Initiative (REPSSI). Address: 4 Moorecroft Road, Waterford, Bulawayo, Zimbabwe. www.repssi.org.
- SFAIDS. Address: 17 Beveridge Road, Avondale, Harare, Zimbabwe. Telephone: 263 4 336193/4; www.saf aids.org.zw or info@saf aids.org.zw
- Save the Children Fund UK. Save the Children UK. Address: 17 Grove Lane, London, SE5 8RD, U.K. Telephone: 44 20 7703 5400. www.savethechildren.org.uk.
- Student Partnership Worldwide (SPW). Address: Offices 6&7 Murandy Square West, Newlands Shopping Centre, Highlands, Harare, Zimbabwe. Telephone: 263 4 776106.



- The Centre provides training in positive living skills for young people and adults. Address: 24 van Praagh Avenue, Milton Park, PO Box A930 Avondale, Harare, Zimbabwe. Telephone 263 4 704428.
- Training and Research Support Centre (TARSC). Address: 47 Van Praagh Ave., Milton Park, Harare, Zimbabwe. Telephone: 263 4 705108.

Organisations that have experience implementing a Young People We Care programme include:

- **AIDS Counselling Trust (ACT).** See above for contact information

Home-based care volunteers have said that since YPWC their work has been easier as they feel less burdened. More clients are attended to as YPWC identify new clients but also share the burden of care by helping around the home and gardens. My job is more supervisory – the young people help a lot and are doing it whole-heartedly. Taririo Washinyira, ACT, Harare

- **Batsirai.** See above for contact information

Like in any organisation, our norm was that each department do their activities independently. Departments would literally compete to meet their targets in some situations scrambling for limited funding. The YPWC programme brought a face lift to this scenario. All departments were involved in the training for the YPWC programme including OVC, HBC and youth. All departments are now working as a team as a result of this programme. A culture of teamwork has been nurtured in the organisation with the walls between departments coming down and relationships have grown from strength to strength. George Matonhodze, Batsirai, Chinhoyi

- **Dananai.** See above for contact information

Now the pilot is complete, donors should accept that this programme is successful and channel more resources into it. We now understand the importance and success of the programme so now we need to expand its impact by enlarging the programme. Steven Mushambi, Dananai, Murambinda

- **Farm Orphan Support Trust (FOST).** See above for contact information

YPWC has helped FOST to help other young people. Previously, the young people only helped each other when they were at the club. Now they help each other when they are in the community, which is more worthwhile. YPWC came with new ideas – we have strong links with schools clubs and kids clubs in the community where they actually stay. The school teachers are now patrons of the kids clubs in the community. Blessing Mutama, FOST Field Officer, Manicaland

- **Matabeleland AIDS Council (MAC).** See above for contact information

The Matabeleland AIDS Council's Young People We Care Programme has had an exciting opportunity to work with young people with disabilities. A total of 30 young people with disabilities ranging from hearing impairment to physical conditions are volunteers in this programme. As one member of The National Council of the Disabled People of Zimbabwe (NCDPZ), Moline Muza said, 'We never thought that as young people with disabilities we can have the power and means to influence change in sexual behaviors of others. However, thanks to the YPWC, we are now able to do so. Boniface Hlabano, MAC, Bulawayo



- **Student Partnership Worldwide (SPW).** See above for contact information

The YPWC programme will go a long way to complementing the work of Student Partnership Worldwide (SPW). SPW takes a behaviour change approach to preventing HIV and developing life skills amongst young people. The YPWC programme adds a more practical side to the SPW programme, which may have a more long-lasting impact in the communities. The YPWC programme goes beyond prevention, to supporting young people to provide tangible help to families and children in the community by supporting home-based care teams, helping children to grieve and avoid abuse, and for the impact of AIDS to be lessened through efforts to overcome stigma and discrimination. Susan Ryce, SPW Field Officer, Bulilima-Mangwe



E. Guide to Other Resources

Publications consulted in developing this manual

- Auntie Stella: Teenagers talk about sex, life and relationships, Barbara Kaim, Training and Research Support Centre (TARSC). 2001. www.auntiestella.org; www.tarsc.org
- Choices: A Guide for Young People, Gill Gordon, 1999. www.macmillan-africa.com
- Compilation of Psychosocial Training Material for the Emotional Well-being Evaluation of Orphans and Vulnerable Children, SCOPE, Family Health International, September 2001. www.fhi.org
- Counselling Guidelines on Child Sexual Abuse, Southern African AIDS Trust, 2003. www.sat.org
- Guidelines for Counselling Children Who Are Infected with HIV or Affected by HIV and AIDS, Southern African AIDS Trust, 2003. www.sat.org
- Humiliza – Psychosocial Support for Orphans Manual, Terre des Hommes, Tanzania. January 2003. www.terredeshommes.org
- Psychosocial Support for Children Affected by AIDS, Masiye Camp, Salvation Army, Zimbabwe. January 2003. www.masiye.com

Organisations available for further information

- The Hospice Association of Zimbabwe (HOSPAPZ) is a coordinating body for all organisations engaged in the provision of palliative care in Zimbabwe. Its mandate is to coordinate activities, set care standards, provide training and lobby for the right policies. Address: 26 Cork Road, Belgravia, Harare. Telephone: 263 4 795898. Email: renias@hospaz.co.zw
- SFAfAIDS (Southern African AIDS Information Dissemination Service) offers a range of information services and has an extensive resource centre on HIV and AIDS. Address: 17 Beveridge Rd., Avondale, Harare. Telephone: 263 4 336193/4; www.saf aids.org.zw
- Zimbabwe AIDS Network (ZAN) is comprised of organisations working throughout Zimbabwe in HIV prevention and AIDS care. Address: 228 Herbert Chitepo Ave., Harare. Telephone: 263 4 703819. www.zan.co.zw





**Zimbabwe HIV and AIDS Programme
John Snow International (UK)**

Standards Association Building,
Northend Close, Northridge Park,
Borrowdale, P.O. Box 4200,
Harare, Zimbabwe
Tel: +263-4 850265/7, 882388
Fax: +263-4 882408
Website: www.jsiuk.com

John Snow International (UK)

Studio 325, Highgate Studios
53-79 Highgate Road
London NW5 1TL, U.K.
www.jsiuk.com

DFID Department for
International
Development

This publication was made possible through the support of the U.K. Department for International Development (DFID). The opinions expressed herein are those of the author and do not necessarily reflect the views of DFID. Contract number dfRC/ZW 023844.