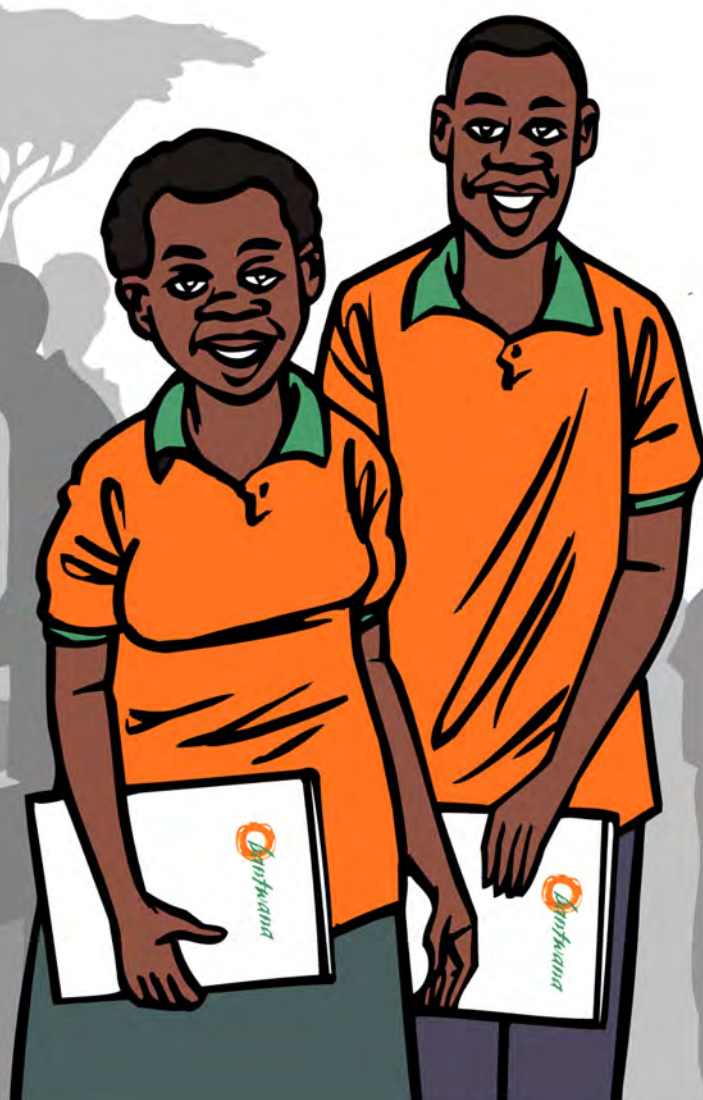


Psychosocial Counseling and Home Visit Guide for Volunteers



TPO  **Uganda**
Transcultural Psychosocial Organisation

Card Categories



**PSS counseling skills for
volunteers**



Children's issues



PSS volunteer roles



**Household and community
issues**

HOME VISITS

Volunteers play a key role in supporting OVC through home visits. Volunteers can help link vulnerable children and their households to services, help them identify and meet immediate needs and generally check in on the status of vulnerable households.

During home visits volunteers should:

- Check on the overall status of all children and adults living in the household.
- Examine all areas of need, such as food security, health and psychosocial wellbeing of the household.
- Use a checklist outlining the key areas of follow up to guide the home visit exercise.



Volunteers should include these items in their checklist. Address the most urgent needs first.

- Is there anyone in need of immediate medical attention?
- Is everyone in the family safe?
- Did everyone in the household eat today? Is there food in the house?
- Are there children who seem to be suffering abuse or neglect?
- Does each child have clothing and bedding?

Volunteers can then ask about the issues below depending on the nature/purpose of the visit:

Socioeconomic security

- Follow up in income generating activities in the household. What improvements can be made?
- Can family be linked to income generating activities through a local CBO or NGO?

Food Security and Nutrition

- How many meals a day do children in this household eat?
- Do children in this household regularly eat a variety of foods (balanced diet)?
- Does the household have any food stored?
- What does the household do when there is not enough food?

Psychosocial support (PSS)

- Do any members of the household have difficulty in sleeping, eating or cry frequently?
- If there are emotional and social issues the volunteer cannot help with, do household members make use of counseling services from religious institutions, local leaders, health workers, or trained counselors?
- Talk, play, and interact with all household members present on each visit.

Health Status

- Were any children in the household sick in the last month?
- From what did they suffer? What steps were taken? (type of sickness, referral, treatment)
- Does the household have a clean water source? Is there a latrine? Overall hygiene?

Access to Education

- Are all children in the household enrolled in school? Why or why not?
- How many days in the last month did each child attend school?
- Are any household members attending non formal education or vocational training?

MAKING REFERRALS

Sometimes members of a household may need urgent help you cannot provide. In that case, make referrals to other service providers. Follow up on these referrals to make sure the household has accessed needed services.

Possible referrals you will make include:

- Medical services (for malaria, TB, malnutrition, immunization)
- HIV counseling and testing (all household members should be tested)
- Prevention of Mother to Child Transmission of HIV (all pregnant mothers should attend ante-natal clinics)
- Treatment for people living with HIV (especially children)
- Support for education (through CBOs, for example)
- Support groups and clubs (including youth clubs)
- Training institutes
- Micro-credit and micro-finance groups
- Police and probation office
- Birth registration
- Legal advice (for land and property issues, rights violations, etc).

Work with your CBO and other volunteers to **identify service providers** in your area. Find out more about the services so you can explain to families what to expect. Where can families go to access the service? Is the service free? If not, what is the cost? What are the conditions for receiving the service? When are the services available? Carry around this information with you.

Once you are ready to make referrals, here are the **steps** to follow:

1. Discuss with the beneficiary what services are available to them
2. Explain the benefits of accessing the service you have agreed together is needed
3. Fill out the referral forms
4. Discuss with the beneficiary how he or she plans to access the service.
5. Offer your support! For example, going to the place together the first time often helps
6. Inform your CBO you have made a referral and hand in the referral form
7. Follow up to make sure the beneficiary has accessed the service
8. Work with your CBO to find out the results of the referral and any additional follow up needed
9. Conduct any additional follow up with the family or service provider that is required



GRIEF AND LOSS COUNSELING

The loss of a loved one is devastating for anyone, but some may find that the grief will not go away or that they need some help to heal and move on. Grief and loss counseling can help people deal with these feelings and find peace. There are many different techniques of grief counseling. Not every technique is appropriate for everyone.

Some popular grief counseling techniques include:

Writing Therapy

- Many grief counselors recommend the bereaved engage in writing exercises in order to deal with feelings of guilt, sadness or anger.
- These exercises may involve writing a letter to the deceased in order to say goodbye or to resolve any issues which may be complicating the grief process.
- Creative writing and keeping a journal are also common grief and loss counseling techniques.

Art and Music Therapy

- Artistic expression can be very helpful for those who find it difficult to express their grief in other ways.
- A volunteer may suggest that the bereaved create a scrapbook filled with memories of the lost loved one or a painting, drawing or sculpture that represents or celebrates the person's earthly life.
- Poetry and music can also be healing.

Conversations with the Deceased (The Empty Chair Technique)

- One very emotional technique involves a "conversation" between the grieving person and the deceased.
- In this technique, the volunteer will place an empty chair in the room and the grieving person is instructed to imagine that the deceased person is actually sitting there.
- This gives the person a chance to say anything which may have gone unsaid when the person was alive.
- This can be quite difficult for many people and often proves to be a very emotional but positive and healing experience if facilitated well.



Remember! If a person demonstrates ongoing depression or lasting, debilitating grief, do not hesitate to ask a CBO, religious leader, or trained social worker for help or advice, or to refer the grieving person.

FAMILY COUNSELING



When working with a family to provide counseling, a volunteer must remember:

1. The emphasis here **MUST** be more on the family as a unit rather than individual members.
2. The volunteer needs to gain family trust and become an “insider” throughout the support process.
3. The volunteer should support direct problem solving within the family in order to prevent further problems.
4. The volunteer should maintain confidentiality unless there is a danger to a family member through maintaining confidentiality—and should communicate this with the family.

Steps for providing family counseling:

Step 1: Identify the specific problem areas or behavior that should be addressed in the session. Include community relations, living standards and family history in the assessment.

Step 2: Meet all members of the family (first individually and then together) to discuss factors behind the problem/s. **WHEN** did the problem begin? **WHY** did the problem begin? **WHAT** has been done to address it? Give each family member equal opportunity to discuss feelings about any particular events that point to the problem.

Step 3: Support the family to develop mutually acceptable solutions or tasks to be performed to address the problem.

Step 4: Support the family to implement solutions. It is important that the family members agree on everyone's roles in the problem solving process.

Step 5: Jointly evaluate the solutions in the sessions to follow. Take note of what has been useful and what has not worked and support the family to work out alternatives. Evaluate what has caused behavior change or well being in a person(s) who had the most problems and who originally prompted the family to seek counseling.

Step 6: For chronic conditions such as alcohol overuse and drug abuse in the family, the volunteer may consider facilitating formation of support groups in the community or refer some family members to existing groups.



Volunteers should follow the Guiding Principles for family counseling:

1. All of the involved members must be present during sessions
2. Facilitate open, comfortable, and inclusive conversation
3. Give the opportunity to speak to everyone, including children
4. Teach communication skills to the family

Remember! ALWAYS refer to a trained social worker, CBO, or other resource if you need help.

SUPPORT/SELF-HELP GROUPS

Support or self-help groups are voluntary groups of people coming together to work out similar psychosocial problems or issues. Typically a group has no permanent trained facilitator; instead, each member has an equal opportunity to facilitate the group.

Your role as a volunteer in facilitating support or self-help groups:

- Identify people with similar problems and put them in touch with one another. For reasons of respect and confidentiality, it is important that you consult with the families or individuals before linking them with another family or individual.
- Help provide space for meetings if you can. You can ask a local clinic or church or institution to share space for such meetings.
- Many people are not familiar with support groups. Be available to offer guidance for the first few meetings while gradually empowering members to take over leadership.
- Support the group to establish their own rules and norms, which may include:
 - * Respecting the views of others
 - * Maintaining confidentiality within the group
 - * Talk one at a time and give everyone an opportunity to talk
 - * Openness and sharing by all members
 - * Not criticizing another group member
 - * Relating comments to personal experience



Support groups are beneficial because they:

- Provide an opportunity for participants to share their feelings, problems, ideas and information with others who have similar problems
- Provide mutual support in the sense that members receive and give support to each other
- Help members to build confidence and friendship and overcome the effects of stigma and discrimination

Frequently asked questions about support groups:

How many people can take part in a support group?

The ideal is between 8-12 people. The group should not be larger than 15 people.

Where should the group meet?

The group can choose to meet anywhere with enough space and privacy. Some groups may decide to meet in one of their homes or request for space in the local church, school or community hall.

How often should the group meet?

As often as the group may decide, depending on their needs. Some groups meet weekly, others bi-weekly or monthly.

How much will it cost to become a member?

A support group should not cost anything. However, members may decide that they give contributions for stationary or anything they may need. Members who are not able to contribute should still be encouraged to attend, since the purpose of the group is primarily to support each other.

How long does the group last?

As long as the members feel is necessary. Some groups go on for years and years.



INDIVIDUAL COUNSELING

Individual counseling is a one-on-one helping relationship in which the volunteer (or in serious cases a trained counselor) helps the beneficiary through listening, support, encouragement and insight to empower the person to help him/herself. This must be a **discussion** between the volunteer and the client, and not a lecture by the volunteer.

The purpose of counseling is to:

1. Share information
2. Assist in problem solving
3. Help the client cope with emotional problems

Individual counseling involves:

1. Listening to the client's story attentively
2. Problem identification and assessment
3. Working to understand client's feelings and thoughts about the identified problem(s)
4. Helping the client understand his/ her problem in order to make an informed decision
5. Providing information that helps the client to cope or make decisions
6. Respecting the client's choices and decisions as long as they are risk-free
7. Working with the client to develop a plan of action on the identified problem(s)
8. Encouraging/supporting the client implement a plan of action
9. Following up to monitor progress in recovery, coping and/ or problem-solving

Basic Counseling Skills the Volunteer requires:

- Attentive listening skills
- Questioning techniques
- Probing skills
- Encouraging the person to talk through non-verbal communication, such as nodding the head, or making sounds of agreement (umm, ah-ah).
- Summarization
- Ability to provide emotional comfort/ support
- Understanding of communication with children
- Ability to observe non-verbal communication
- Appropriate sitting position

Positive Attitudes and Values the Volunteer requires:

- Compassion
- Empathy
- Genuineness
- Honesty and dependability
- Kindness
- Unconditional positive regard
 - Respect and warmth



- Self-knowledge and awareness
- Confidentiality/ sensitivity
- Role model

Remember! The volunteer must recognize a problem or situation beyond his or her capability to counsel—and know when to refer to a trained social worker or other service provider!

DO NO HARM



Do no harm simply means that all actions and decisions made by a person should minimize possible risks or negative effects and maximize possible benefits to children.

In order to make sure we do no harm to children, use the following questions to assess situations:

MINIMIZING RISK TO CHILDREN

In helping children, make sure your decisions will not put a child at risk. Ask yourself:

- Is the child currently at risk?
- If yes, how can the risk be minimized?
- Is there an urgent health, nutrition, protection issue that must be followed up?
- What is my plan to reduce the risk to the child?
- In cases of abuse or neglect, what type of impact and/or risks will this child face if I report the incident to the police? Local leaders? How can the case be reported without putting the child at risk?
- By tapping into community resources will I create further harm to the child? Will the child be stigmatized or discriminated against?
- Who can I turn to for help and support?

MAXIMIZING BENEFITS TO CHILDREN

In helping children, make sure you are supporting the long-term needs of the child and promoting family and community unity which is essential for the wellbeing of the child. You should also work to empower children to participate in decisions affecting them.

- If the family is unable to respond to the problem, can I involve the community in helping to address this issue?
- What are the community resources available that may help the child in addressing this issue?
- What can I do to make sure the child and his/her household can access these resources?
- Have I spoken to the child about how they feel about the decision that is going to be made?
- Does the child have the capacity or ability to participate in the decision-making process?
- Can I help the family access other basic services through referrals and awareness?



PROBLEM SOLVING



One of the main goals of psychosocial support is to **empower people to solve their own problems**. If you just provide a solution, the person you are helping is not developing skills to find solutions in the future. Therefore, it is best if you empower or support a client to find his or her own solutions. Follow these steps:

Step 1: Define the Problem

- Ask the client to define the problem or challenge.
- Ask for specific information so that you can together focus on one specific problem at a time.

Step 2: Understand the Problem

Ask questions that help you and the client understand the problem better.

- How long has this been a problem?
- What are the causes of this problem?
- Are there any underlying causes of the problem?
- Who is involved in this problem?



Step 3: Think of Possible Solutions

- Help your client think of all the possible solutions to the problem.
- As much as possible encourage the person you are helping to think of possible solutions him/herself.
- Only offer additional solutions when you feel the person has shared all he or she knows.

Step 4: Analyze Solutions and Pick the Best One

- Consider all available solutions and help the client identify advantages and disadvantages of each solution.
- Identify which solutions do not depend solely on external support.
- Through discussion, help the person pick the best solution.
- The best solution should have the most advantages, the least disadvantages, and should be something on which the client can begin working right away.

Step 5: Plan a Course of Action

- Based on the solution chosen, help the person make an action plan.
- Break the solution into small steps and agree on timelines and follow up for each step.

Step 6: Follow up

- Follow up often to see how the person is doing.
- If a solution is not working, go back to the list of possible solutions and try another one.

Remember! Don't hesitate to ask your CBO for help.

CHILD ABUSE & NEGLECT



1. **RECOGNIZE** child abuse and neglect

When you interact with children, look for signs of abuse or neglect. Children are often abused or neglected by family or community members; simply asking how the child is doing is not enough. You must also talk directly with children in the household to help recognize signs of abuse.

For example:

- Sexual abuse or defilement when there is evidence from the victim of fondling, sexual touching
- Harsh emotional treatment of children through isolation, rejection or teasing
- Severe physical treatment of children (bruises, burns, wounds)
- Children who are denied food or basic needs as punishment or discrimination
- Signs of abuse can include the child isolating himself/herself, child looks unhappy or is crying, child is excessively quiet, or child looks scared and withdrawn

These signs do not necessarily mean that the child is being abused, but could be signs of risk and mean that more investigation is needed.

2. **ASSESS** the problem you have identified

- Is the child still at risk? If yes, what can be done immediately to protect the child?
- Who is involved in the situation (positively or negatively)? Identify who can help in this situation or who might continue the abuse.

3. **INITIATE** the appropriate response

- If you think a child is at risk, report and refer the case for action, care and support services to relevant service providers (CBO contact person, community child protection committee, probation officer/police/community development officer/social worker)
- Work with supervisor/ CBO staff to report or refer the case to someone who can help. LCs are often a good first point of contact.
- More severe cases may be reported to District Probation Officers or Police Officers.



4. **FOLLOW UP!**

- Make sure the child is doing well and coping with the situation. Because children communicate differently from adults, support the child's self expression (e.g. drawing, singing, memory work). Help the child build life skills like negotiation, communication with adults, understanding rights, etc.
- Conduct family counseling (when possible): How can the family overcome the situation and support the child's development? How can families and communities work together to protect children? Educate the family about child abuse and neglect.
- Make sure you follow up that the child is safe and receiving the services needed. Visit regularly to see how the child is doing. Always work to strengthen family support for the child.

5. **KNOW AND UPHOLD** the core principles of child protection

- Always act in the best interest of the child
- Maintain confidentiality
- Do not discriminate
- Do no harm

Remember to always consider

- * The rights and responsibilities of the child
- * The consequences of child abuse on child psychosocial wellbeing and development

EARLY CHILDHOOD DEVELOPMENT



Early childhood is the very important period of a child's life from birth to eight years of age. A child's experience in early childhood will have a strong impact on the physical, cognitive, emotional, and social development of the child.

PHYSICAL: Children's **bodies** develop at rapid speed. In order to give children strong bodies and a healthy future, proper nutrition and good health care is essential:

- Feed children a healthy diet, including breastfeeding for children under two when possible
- Treat children's illnesses as soon as possible by going to a nearby clinic
- Keep the home environment clean so that children are not at risk of communicable diseases
- To protect from malaria, always use mosquito nets for all children
- Teach children hygienic practices such as bathing and hand washing to protect them from diseases

COGNITIVE: During early childhood, children's **brains** develop very fast and build the foundation for life-long learning. To promote brain and mind development in children, caregivers should interact with children in ways that help them learn.

- Children learn by seeing, copying, and doing
- The more a child interacts with caring adults, more the child learns and develops cognitive skills
- Teach the child by demonstrating, walking, talking, reading, singing, and playing
- Playing with a child helps build cognitive skills
- Reading to a child helps develop literacy skills
- As children get older, discuss issues with them so they learn to explain and reason

SOCIAL/EMOTIONAL: During early childhood, children develop the **social and emotional foundation** for later in life.

- Children require love, affection, care and support on a regular basis
- Children should be protected from abuse and neglect
- Children should be socialized in a caring environment with good role models and mentors
- Children should be engaged in activities that help them learn values and traditions and how to interact with others in school, home, and in the community



Volunteers can inform caregivers about some normal childhood developmental achievements. If a child is behind, you should make a referral to an appropriate service provider who can follow up to make sure the child is developing well. You can refer to a developmental chart for more details. Below are a few examples of **developmental achievements***:

- Early infancy (0-2 years): By 6 months a baby can sit, by 7 months baby crawls, at 10 months a baby can stand with support and by one year a baby can take its first steps.
- Early childhood (2-6 years): Children at this stage imitate adult behavior and like to help the caregiver; they are curious and ask many questions; they begin to develop self esteem and like to play with friends.
- Middle Childhood (6-8 years): Children are able to hold a conversation and are eager to learn. Children have improved their movement skills and are able to do more complex tasks like dancing or holding items without dropping them.

**Developmental milestones were adapted from A Holistic Approach to Psychosocial Support: A National Training Manual for Caregivers of OVC in Uganda. Developed by Ugandan Ministry of Gender, Labour, and Social Development.*

RECREATIONAL ACTIVITIES



Recreational activities are important to children from infancy to adolescence. They help children develop physical and motor skills, learn to interact with others, develop self-esteem, learn educational lessons, ease stress and anxiety, and add joy to life.

Examples include:

- Music, dance, drama
- Individual and team sports – running, swimming, football, netball, volleyball
- Making art – drawing, painting, sculpting, carving, weaving
- Playing games
- Story telling and reading for fun

During home visits

If children are home, take the time to do some age appropriate activities with children. With young children you can sing or tell a story. With older children you might want to play a game or ask them to make art with you. Explain to caregivers the importance of recreational activities for children and discuss how to make time in the day for children to play. Engage the caregiver in recreational activities and encourage the caregiver to try such activities as well.

In the community

Organize events for children to come together for games or fun. Recreational activities can also be used in counseling and psycho-education. Sometimes children feel more comfortable talking about issues through drawing or telling stories. You can also design games that teach messages about health issues or child protection.



EDUCATION OF THE GIRL CHILD



Girls are sometimes kept out of school by caregivers to perform household /domestic work or to look after younger children. There is great need to raise community understanding and awareness of the importance of girls' education. Girls' education is as important as boys' education, but many obstacles keep girls from achieving their potential in school.

Educating girls makes the girl, the household, and the community stronger and more productive.

VOLUNTEERS can support girls' education by reminding families to:

- give girls and boys equal opportunity and time to complete homework around other household duties
- encourage girls to stay in school, study hard, and become good scholars in all subjects
- remember that educating girls translates to healthier and more productive communities
- visit with teachers to follow up on girls academic progress in school (parents don't need to be educated to make sure their kids are reaching school, participating and performing well, and taking the time they need to be the best scholars they can be)

Communities can work to make schools safer for girls, who are often vulnerable to abuse and exploitation that prevents their access to education.

COMMUNITIES can make schools safer for girls by:

- providing separate latrines for boys and girls to ensure the privacy and safety of girls
- providing girls with sanitary towels or materials
- protecting girls from bullying, physical abuse and sexual exploitation
- sensitizing teachers and head teachers to become positive role models for girls and boys, treating boys and girls with equal respect and making them feel safe in and out of the classroom

GIRLS can also be empowered to protect themselves and avoid risky situations.

Advice to girls:

- If you take books to a teacher's house, only go in a group.
- Move to and from school with a group of friends (travel in groups of at least three).
- Do not accept gifts from people who are not closely related to you.
- Do not accept gifts from any adults without informing another trusted adult of this gift.
- If something happens to you or your safety/comfort feels threatened, tell an adult you trust.
- Be assertive by saying "NO!" to anything that does not feel right or makes you uncomfortable
- If attacked, make a loud noise and fight hard.



CHILDREN WITH SPECIAL NEEDS



Children with special needs (physically or mentally disabled) are those that require special attention and more care compared with other children. Such children face unique challenges to reach school or to stay in school.

Volunteers can support these children to stay in school by working with stakeholders to create a stigma and discrimination-free environment for children with special needs.

Below are some actions that can be taken by caregivers, communities, community volunteers, school authorities and fellow students to **facilitate special needs children to access education**.

- Sensitize caregivers about the need to send all children in the household to school including those with disabilities.
- Teach students not to bully and shame them; all children have a right to a safe learning environment.
- Encourage all community members to help children with disabilities in moving safely to and from school and doing class work.
- Encourage schools to empower children with special needs as scholars just like any other students.
- Help communities to raise funds for equipment such as wheelchairs or eye glasses.
- Make classrooms and latrines accessible to children using wheel chairs by constructing ramps, slopes, or wider entrances.
- School authorities and community leaders should keep records of children with disabilities in the school and community and monitor their progress.
- Empower families with special needs children to share their successes and to support each other in finding solutions to challenges through support groups and events.
- Help the community to advocate for trained special needs teachers from the district; this person can work with schools and families to support special needs children with adapted lessons and extra help.



Strategies to support the education of children affected by HIV and AIDS

A number of vulnerable children are affected by HIV and AIDS, having lost a parent or living with HIV themselves. It is important for the entire school community to ensure such children attend school and learn like other children. Volunteers can support schools to:

- Help children affected by HIV and AIDS feel free with other pupils. Treat them as you would treat other children.
- Share notes or explain to them any topics they miss when ill.
- Help these pupils not to feel isolated or have self stigma.
- Promote the inclusion of HIV-positive children in regular early childhood activities.
- Teachers should give their students correct information about HIV and AIDS and how it is transmitted. Lack of correct information leads to stigma. Identify and dispel common myths!
- Set up a system in school to provide vulnerable children with guidance and counseling services.
- Hold classroom discussions on issues around HIV and AIDS and stigma.

COMMUNICATING WITH CHILDREN



To help children communicate about their experiences and feelings, use creative, non-threatening methods that are appropriate to the child's age and level of development. Drawing, story-telling, drama or plays can all be used to help vulnerable children talk about problems and solutions.

STRATEGIES that may be used in counseling sessions for children:

- Listen carefully with interest: Focus on the current situation. Do not focus on earlier mistakes. For example: "I feel right now you want me to just listen to you."
- Be gentle, kind and encouraging: Recognize the child's efforts. For example: "You have worked so long and hard on this activity. Great job."
- If a child is dishonest, listen and try to understand why: Talk about how you feel about the child's situation or actions. For example: "I feel confused when...." or "I'm disappointed when..."
- Help children to solve problems: Encourage the child to find solutions to problems. For example: "It's your choice" or "What can I do to help you?"
- Involve children in play activities to help them express their feelings: Help the child recognize his/her emotions. For example: "It sounds like you were really disappointed..."
- Do not lecture or teach, but be a helper: Reassure the child that he/she can find the right solutions. For example: "I know that you will be responsible" or "I know you will make the best decision for you."
- Encourage and focus on the positive. For example: "You can do it" or "You make me happy when..."
- Encourage expression of feelings: Ask more questions when you are not sure. For example: "Tell me more about..." or "Please explain a bit more what you mean by..."





APPROACHES TO COMMUNICATING WITH CHILDREN

Using **drawings** to facilitate communication

Drawing pictures may be an easier way for children to communicate their emotional state than speaking about it.

- Give children pencils, colours, paper etc.
- Ask the children to draw something related to the issue you would like them to explore. For example, "Draw a picture of a time you were sick."
- Gently follow up by asking the children to describe what is happening in their drawings.
- Use open ended questions to encourage them to talk more about what they have drawn and why. For example, "How do the people in the drawing feel about what is happening?"

Using **stories** to facilitate communication

Telling stories can help children to resolve problems. When children find it difficult to talk about painful issues, listening to a story about someone in a similar situation can be very comforting. When you use stories, remember the following:

- Use a familiar story to communicate a message to the child.
- Avoid using real names or events.
- At the end of the story, encourage the child to talk about what happened. For example, ask about the message of the story to check that the child has understood it.
- Ask the children to make up their own stories, based on a topic that you give them. For example: "Tell me a story about a little girl who lives in your village."

Using **play** to facilitate communication

Playing is an important way for children to explore their feelings about events. When children play, they act out certain roles. This helps us to understand what they are feeling.

- Give the child a variety of play materials (things like boxes, strings, newspaper, sticks that are locally available).
- Ask the children to show you parts of their life using the play materials. For example: "Show me what you like to do with your family." While the child is using the objects to show you, you can also ask him or her to describe to you what is happening.



- Listen, watch, follow and observe what the child is doing and do not take over the play. Make comments if you want to check that you understand what a child is doing. For example: "I see that the mama doll is so sick that she cannot get out of bed" and see if the child disagrees.
- If the child stops and cannot go on, ask him or her questions such as, "What is happening next?" or "Tell me about this person." These questions can help them to continue.

SEXUAL AND REPRODUCTIVE HEALTH & LIFESKILLS FOR YOUTH



It is extremely important to support caregivers and youth to ensure adolescent OVC have the sexual and reproductive health information and skills they need to make the healthiest, safest choices in life.

What are life skills? Life skills are the ability to make safe and healthy decisions, to solve problems, to feel confident, to cope with difficult emotions and stress, to avoid risky behavior, and to negotiate and communicate for best outcomes and overall well-being.

Why offer this support?

Sexual and reproductive health & life skills are very important because OVC often:

- do not have trusted adults with whom they can discuss these issues or ask questions
- are at greater risk for HIV infection, early pregnancy, and early marriage



How can I give this support? You can:

- Get accurate and up to date information around sexual and reproductive health and life skills.
- Engage youth in the creation of dance performances, drama, debate, story telling, song, poetry, role plays, and artwork around issues of HIV/AIDS education.
- Link children with sports-related clubs and activities that build self-esteem and promote teamwork and physical health.
- Have children—and caregivers—discuss biggest challenges to healthy safe decision making, and work with them to generate solutions.
- Discuss in one-on-one sessions how alcohol use, low self-esteem, peer pressure, poverty, lack of information, and gender issues can lead to STIs, HIV, and early pregnancy or early marriage.
- Hold sessions with caregivers to strategize around advice giving, and to encourage open and honest communication between caregivers and the children in their households.
- Refer adolescents to youth friendly clinics for VCT and reproductive health care; visit clinics in advance to ensure they are equipped to support young people effectively.
- Foster relationships with other families and caregivers and encourage youth participation in social and academic activities to reduce at-risk behavior, build self-esteem, and inspire a sense of educational and/or vocational direction.
- Invite inspirational visitors to meet with groups of youth to encourage them to achieve their dreams by making healthy, safe choices.
- Brainstorm ways children (especially girls) can be safe in and around school, including by: walking to, from and around school in groups of three or more; resisting gifts from boys and men; understanding their rights and reporting inappropriate or abusive actions to trusted adults and authorities; and creating study groups to encourage each other to stay focused on education.
- Identify peer leaders who can model behavior and provide advice in a child-to-child forum.

What approach should I take when working with children around these issues? You can:

- Try not to be shy about the subject yourself; practice speaking about issues with volunteers
- Sometimes talk to the caregiver and the children together
- Assure the child of confidentiality
- Separate boys and girls into different groups
- Use simple terms, pictures, and ask questions to make sure they understand the information you are sharing

Remember! If you don't know the answer to a question, don't be afraid to tell children you don't know, but tell them that you will find out and come back to let them know.

PROMOTING EDUCATION



It is very important that all children in Uganda attend Primary School. They should also continue to Secondary School, which will provide them with increased job opportunities.

When you meet with a household where school-aged children are not attending school, you can help in the following ways:



1. **ASK:** Why is the child out of school? When did the child last attend school? What do the caregivers think can be done to send the child back to school? Talk to the caregivers and to the child in a supportive way. You may need to talk to the child in private so he or she feels comfortable talking to you.

2. **IDENTIFY** the main reasons the child is out of school so you can work with the household to come up with solutions to try and get the child back in school.

3. **DISCUSS** possible solutions to the problems you've identified.

4. **FOLLOW UP** with the family to make sure they are following the course of action you agreed on and that the child returns to and stays in school.

Possible **reasons** children are out of school, and possible volunteer **responses**:

- **Lack of money for school fees, scholastic materials, etc**

Discuss income generating possibilities and make a family action plan for generating the income needed to send the child to school. You can also work with your CBO to look for scholarships.

- **Child labor**

Explain to the family the difference between child work and child labor, and the legal implications of child labor. Discuss long and short term benefits of the child attending school.

- **Early marriage, early pregnancy, or gender discrimination**

Discuss the legal, social, and health/safety implications of early marriage and try to convince the family against it. Explain the value of educating girls. Discuss child rights with the family.

- **Parents do not see the value of education**

Explain the value of education for child development and for future opportunities.

- **Child refuses to attend school, behaves badly, or does not perform well academically**

Counsel the child on the importance of school. Discuss with child issues at school (stigma, discrimination, corporal punishment, etc). If the child is performing poorly at school, try to identify someone who can help the child with school work (classmate, counselor, neighbor, teacher, parent, etc). Discuss ways the child can improve in performance by himself/herself (being committed to his/her work, increasing the level of concentration in class and creating time for revision). Make sure to investigate possible underlying causes of behavior (abuse or depression).

REMEMBER! Work with the family to find solutions as a team. If you get stuck, ask for help from your CBO, community leaders, and the LC.



DISCRIMINATION AND STIGMA

Stigma is when individuals or the community identify a person or a group of people as less valuable in the community.

Discrimination means treating an individual and or a group of people less well because of who or what they are or their circumstances in life.

Children can be stigmatized or discriminated against at home, school, and the community. Some children at risk of discrimination are orphans, street children, children with HIV, children of single mothers, disabled children, children from other locations and children from poor households. Caregivers, too, face discrimination for many of these reasons. Discrimination can include insults, extra work, physical punishment, exclusion, and neglect.

When you come across a case of discrimination in a home, school, or community, it is important to engage all stakeholders in a conversation against stigma and discrimination.

Help the child or caregiver cope with the situation:

- Listen to the challenges the child or caregiver has faced due to discrimination
- Restore self esteem
- Explain that discrimination is not the child's/caregiver's fault
- Promise to follow up to improve the situation

Engage stakeholders to help them understand the negative impacts of discrimination:

- Low self esteem
- Depression
- Lack of care and support
- School drop out
- Lack of openness in the community about problems due to fear of stigma

Encourage activities that reduce stigma by bringing community members together to support each other:

- Community dialogues about stigma and how it can be reduced
- Basic and accurate information about diseases and misconceptions that cause stigma
- Involve local leaders in campaigns against stigma
- Encourage people to imagine how it would feel to be the stigmatized child, or the parent of a stigmatized child, and encourage empathy and community support
- Advocate for child rights and responsibilities for all children
- Work directly with the caregiver or school leadership when discrimination is happening at home or in school



DOMESTIC/COMMUNITY VIOLENCE



When violence erupts in families and/ or community, the volunteer needs to know/ do the following:

KNOW the different forms of violence/conflict that exist in your community:

- Wife battering/ domestic violence
- Child abuse
- Witchcraft practice and cases of poisoning
- Social stigma/ discrimination
- Mob justice
- Marital disputes/ violence
- Wrangle over property such as land

ADVOCATE for prevention (rather than management) of domestic/community violence, including:

- Encourage people to resolve conflicts before they become violent
- Ensure that community leadership is readily available to resolve problems before they become violent

FACILITATE DIALOGUE among family and community members:

- Help the people involved discuss the issue and search for solutions on how to move forward without violence.
- You may require the help of community leaders, CBO staff, or the LC.

FOLLOW UP!

- Keep visiting the people involved to see if the violence has been eliminated and to offer on-going support to those who have been affected.

ACT IN ACCORDANCE WITH THE FOLLOWING GUIDING PRINCIPLES

During domestic/community violence:

- Do not act alone. Find a support network of community leaders and/or family members and work collaboratively
- Take immediate action to ensure that all involved parties are protected and safe
- Assess the needs and problems of all the angry parties by trying to talk with them
- With a support of team of leaders, try to negotiate a peaceful resolution for the problems either by bringing the group together to talk or mediating a peaceful solution between them



HIV DISCLOSURE TO CHILDREN



When you identify a family where a caregiver OR one of the children is HIV positive, issues of disclosure are very important. You can help caregivers disclose information to their children. Disclosure is difficult and your support and encouragement will be needed. Work with the caregiver to decide on the best time to tell the child and help to prepare the caregiver for the discussion with the child.

Remember that staying positive and explaining to children that there is treatment now—and they or their caregivers can stay well and live a happy life—is very important so that children do not become scared and think of HIV as only death and illness.

When a caregiver is HIV positive: Why disclose to children?

- Knowledge can protect children from getting infected when caring for someone with HIV
- Helps children to cope when their parents, caregivers, or siblings die
- Children understand that something is wrong and not knowing can cause anxiety and uncertainty
- Children often learn this information from other community members who may not offer love and support



When a child is HIV positive: Why disclose to children?

- Knowing that a child has HIV helps to him/her stick to the treatment and make healthy choices
- Disclosure by the caregiver can provide facts so that the child is not confused by myths
- It is important that the child finds out from a caregiver before he/she finds out from someone else

How to talk to children about HIV status of the caregiver or the child

- Only give as much information as the child can handle, based on age
- Never tell in anger or after a child has done something wrong
- Allow the child to ask questions and answer honestly
- Take a quiet time, without strangers in the house, when you are not going to be interrupted
- Explain that the child is not being punished nor is the child responsible
- Give the child a lot of support and love
- Follow up with the child to see how he/she is feeling and thinking
- Most importantly, give hope for a long, happy, productive and healthy life

Some ways to tell children about their HIV status

For children under 6: Explain that there is a germ in the blood that makes him/her sick. A germ is something very small that gets into the body. The doctor takes blood and gives medicine to keep the child feeling well.

For school age children: The child might cry or be upset and will need emotional support. Explain that the HIV virus is a type of virus that attacks the good cells in the blood and makes the child feel sick, which is why the child needs medicine. The child will feel fine again and do everything he/she normally does if he takes his/her treatment regularly.

For Adolescents: Teach them to live safely with the virus, like putting plasters on cuts and always using a condom. Explain why the treatment is important. Teenagers will need support as they fear friends will reject them. Connect teens with positive role models who are happy, healthy, and productive.

Content for this card was adapted from a Talking Book by REPSSI on helping caregivers disclosure HIV status to their children

NUTRITION



Nutrition is the way the body uses food for growth, energy and health. It is very important for vulnerable children, especially those living with HIV, to eat several different types of food every day.

Low or unbalanced intake of food can lead to **malnutrition**.

A good diet is made up of these three types of food:

Body building foods are foods with lots of protein:
such as beans, eggs, fish, ground nuts, meat, peas, and simsim.

Protective foods contain vitamins and minerals:
this includes fruits and vegetables such as mango, pawpaw, green vegetables, carrots and pumpkins.

Energy-giving foods are rich in carbohydrates:
this includes bread, maize, posho, matooke, millet, rice, sorghum, Irish and sweet potatoes, and yams.

A good diet also includes drinking at least 4 cups per day of **safe water**.

Remember! If the nutritional needs of the family you are visiting are NOT being met, immediately consult with your CBO or other resource and develop an action plan for addressing the problem however possible. If a child is malnourished (very sick or weak due to lack of food), make an immediate referral to a health centre and follow up.



ALCOHOL AND DRUG ABUSE



There are many **ways a volunteer can help a family member(s)** who has a drug or alcohol abuse problem.

1. Help the person recognize alcohol and drug use as a problem (acceptance).
2. Educate the affected person(s) and their family about the effects of alcohol on the person and the person's family (e.g. health problems such as liver damage; family concerns or relationship problems; inability to be productive at work; spending household money on alcohol; legal problems as a result of alcohol misuse).
3. In extreme cases, refer the person to a health professional.
4. Link the person to a support group or a self-help group devoted to helping members get sober and to staying off drugs or alcohol.
5. Prepare to talk with the person about his/her drinking problem and support him/her write out personal recovery plan which he/she will adhere to strictly and consistently.
6. Follow up and follow through. If the person does not comply with the treatment/recovery plan, remind him/her what you agreed upon. Your persistent expression of concern lets the person know how much you (and other people) care.
7. Use of alcohol, cigarettes, inhalants, and other drugs among adolescents is a major concern for parents today. Teens are starting to use harmful and illegal substances at younger ages. The volunteer can recognize and respond to substance abuse among teens by:
 - Knowing the signs of substance abuse.
 - Discussing substance abuse with the teens.
 - Referring the teen to a support group, health clinic, or CBO for treatment and care.



Volunteers can explain to families the risks to children if parents or guardians drink too much:

- Violence
- Sexual abuse
- Psychological and emotional problems from the lack of structure and discipline in their household
- Lack of basic necessities if their parent or guardian is unable to work
- Health hazards, including accidents and injuries
- Lack of parental guidance or supervision
- Children may copy their parent or guardians behavior
- Isolation from the community and feelings of shame

Volunteers can support family members around drug or alcohol abuse by advising the person:

- Take a firm decision to stop consuming alcohol.
- Learn to say "NO!" Explain that you want to lead a healthy lifestyle and be in position to reach your ambitions in life.
- Do not keep friends who will pressurize you to consume alcohol; instead get friends who will have a positive impact in your life.
- Visualize yourself as a healthy, happy person who is a role model in your community.
- Change your habits and lifestyle to avoid temptations.
- Set targets (e.g. not drinking for 1 week) and reward yourself when you achieve your target.
- If you fail, start again. It is difficult to stop completely on the first try.
- Get support from district resource people or groups. Your local health unit or Community Development Officer may be able to refer you to a support group.

WILL MAKING



A common instrument of succession planning is a **will**. A will is an official statement of what an individual has decided should be done with their money and property after their death. A will can help prevent problems that emerge after the death of primary caregiver. It can protect children and spouses from abuse and property grabbing.

Who can make a will?

- A person who is 21 years and above
- A person mentally capable of understanding what they are doing
- A person who is not held under duress or coercion or deception

Who is included in a will?

A person is free to give his/ her property to anyone. However, it is important to explain that a surviving husband or wife, children, and relatives should be catered for.

What is contained in a will?

- The date of the will
- The name of will maker
- Details of spouses
- Details of children
- If children are too young to manage their property; include a trustee to manage on the children's behalf.
- A full list of the beneficiaries.
- A full list of all property of the will maker
- Distribution scheme of the property
- Name of the person who will oversee the distribution process, referred to as the executor



What other details may a will include?

- A person to act as a guardian if the children are too young to take care of themselves.
- Details of the place the person chooses to be buried.
- If the person is employed, full details of the salary and all other benefits and entitlements.
- Details of all businesses that the person holds shares in.
- Names of banks and account numbers where the person keeps money.
- Any insurance policy that the person holds.
- Details of debtors, creditors, and amounts involved.
- Signature of the will maker.
- Signature of two witnesses.

Where can a will be kept and protected?

- With a spouse or trusted family member
- With a trusted religious leader
- With the Administrator General

What procedures should be followed after a will maker has died?

- The people in possession of the will read the will according to the funeral procedures.
- The executor applies to a court of law to be granted permission to manage the affairs of the deceased.