CHILDREN TO THE FORE!

An easy-to-use training handbook that promotes child rights and cultural issues in the face of HIV in southern Africa

With support from Bernard van Leer Foundation
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We wish to extend special thanks and appreciation to the Uzumba Orphan Care Trust, whose partnership made it possible for us to meet and hear the voices of the community.

The manual was developed by Aulora Stally with Delfina Azevedo-Barschdorf with review by Vivienne Kernohan and overall guidance from Lois Chingandu, Rouzeh Eghtessadi and Sara Page. It was edited by Megan Allardice and design and layout was done by Fikile Gotami.

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**Important Information about this Handbook**

In order to make this handbook practical and engaging for trainers, community-based volunteers and service providers, the compilers sought the voices and perspectives of children from the Uzumba Maramba Pfungwe (UMP) district of Zimbabwe, where a series of dialogues was held. These views and voices are interwoven throughout the handbook, creating a backdrop as the training unfolds.

“Children To The Fore!” is a four-day journey that examines the harsh impact of HIV and some cultural practices on children’s rights, and then allows for the collective development of community solutions for environmental change. It is based on fact and accumulated knowledge and experience, and strengthened by a group of fictional characters who have confronted the reality of HIV at community level.

The central character is a wise grandmother and former school teacher, Gogo, who is a child rights advocate in her community. She works with her two grandchildren and their friends to empower individuals and community members by promoting rights-based responses to HIV and children’s needs, in harmony with cultural practices.

Gogo’s goal is to encourage positive attitudes and enhance those community beliefs that can promote change in the social environment through community participation. Other stakeholders, such as governments, non-governmental organisations (NGOs), churches, the private sector and children themselves, are important actors in this process, which should be supported by meaningful policies to safeguard children’s rights.

Gogo and the other characters in this handbook are available to assist the trainer with each of the sessions. They have been introduced to make this child rights, culture and HIV journey an empowering and memorable experience. We hope that the handbook will leave a lasting impression on you, as the trainer, and we encourage you to share these practical new approaches with your participants.

So… keep turning the pages and meet your friendly child rights advocates (an advocate is someone who publicly supports a particular way of doing things – in this case, supporting child rights). Have fun along the way and familiarise yourself with each character and their purpose as the training unfolds. Together, let’s identify and explore the many challenges children face in the era of HIV, and map solutions to keep children at the centre of all efforts to respond to HIV in the community.

**Who can use this handbook?**

This handbook is designed broadly for Community-Based Volunteers (CBVs) and those working to promote children’s issues within communities. The following groups will find it useful:

**Child advocates:** The Convention on the Rights of the Child (CRC) Articles 16, 17 and 42 state that children have a right to access information concerning them; you have a right to know your rights. It is natural that you should benefit from this handbook. We need to ensure that children’s rights are respected by standing up for them and by taking into account the culture of the child and the reality of HIV in their lives. You, as children, can better assume a leadership role for yourselves and others if you are consulted, informed and recognised.

**Facilitators, trainers and teachers:** This handbook provides the necessary information, skills and tools – fun activities to make the workshops enjoyable, participatory and fruitful. You can also train community leaders and community custodians, in line with the cascading process of teaching others what you have learned and replicating it in the community. In this way, the community takes ownership of its own issues.

**Workshop participants:** It is important to give participants the best chance of participating and the highest possible chance of integrating and practising what is experienced and learnt from the training in their local community or environment. Participants may include community-based volunteers working with children in the community, those working in children’s organisations, parents, caregivers, social workers, healthcare workers and any other group interested in working with children and communities. Lawyers and those working in the legal aid field may also find the handbook helpful in understanding the cultural context of child rights and HIV.

**Service providers:** This handbook will equip you with the skills to work with communities and ensure that the rights of children are upheld. This is especially important because traditional family networks are breaking down under the burdens of HIV. As service providers, you can assist community leaders and other authorities and important people in the community to create a protective environment for children.

**Community-based organisations (CBOs):** Whether you are a local children’s organisation working with children and human rights issues, a faith-based organisation (FBO), an AIDS service organisation (ASO), or other organisation working to support family health, such as home-based care (HBC), or an international organisation, you can use this handbook to complement your efforts with children or for practical or reference purposes. This handbook, and the comic book, may also be shared with organisations directly focussing on children’s rights and HIV.
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACRWC</td>
<td>African Charter on the Rights and Welfare of the Child</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ASO</td>
<td>AIDS Service Organisation</td>
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<tr>
<td>CBOs</td>
<td>Community-based Organisations</td>
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<td>CBVs</td>
<td>Community-based Volunteers</td>
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<td>CPU</td>
<td>Child Protection Unit</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DSW</td>
<td>Department of Social Welfare</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>NGOs</td>
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<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>PPP</td>
<td>Participation, Protection and Provision</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<td>PTCT</td>
<td>Parent-to-Child Transmission</td>
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<td>PPTCT</td>
<td>Prevention of Parent-to-Child Transmission</td>
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<td>REPPSI</td>
<td>Regional Psychosocial Support Initiative</td>
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<tr>
<td>TREE</td>
<td>Training and Resources in Early Education</td>
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<td>UNAIDS</td>
<td>United Nations Joint Programme on HIV/AIDS</td>
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<td>UNGASS</td>
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**SECTION 1**

**About the Handbook**

**The aim of the handbook**

The aim of this handbook is to ensure that children's rights are known, recognised and respected in communities, especially in situations where they may be compromised by cultural and traditional practices - or when their realisation is threatened by the circumstances of the HIV epidemic. It offers trainers, CBVs and others working with, or on behalf of, children the knowledge and skills to integrate child rights into their programme work, so that they become effective trainers or advocates for child rights. We also want participants to become good communicators, so that they can encourage children to express their own needs, and also to represent those needs accurately to people at the highest levels of government and in the regional and international communities.

This handbook provides methods for upholding positive cultural practices, as well as opportunities to revisit harmful cultural ways. It aims to develop positive approaches to sensitive issues within the community, such as child abuse and discrimination against young girls. We know about the dangers of HIV but, because it is so linked to sex, blood and death, it is still taboo in our culture to speak about it.

**Goal and objectives**

This handbook has been designed for use by trainers at all levels who recognise the need to respect child rights in the community, in the context of their culture and in relation to HIV and AIDS. It is guided by a series of community dialogue meetings hosted by The Southern African HIV and AIDS Information Dissemination Service (SAF AIDS), with support from the Bernard van Leer Foundation. Trainees should be able to go back to their communities and actively advocate for, and support, child rights in their communities.

Through training, this handbook offers a story of hope and empowerment for children. Using characters that Zimbabweans of all ethnic groups can relate to, it introduces a lively perspective on respecting children's rights in a cultural context by recognising and upholding existing laws and making them work for children. After all, HIV is a cross cultural issue.

Through participatory training, this five-part handbook takes you, and your trainees, on a journey that explores the level and extent of children's trials and triumphs in relation to rights, culture and HIV. In the final section, having thoroughly explored the risks and vulnerabilities of children in our community, we create a joint response to upholding children's rights. The training involves investigating cultural challenges, and exploring ways of enhancing the child-friendliness of our culture, through community action, supported by relevant laws and policies in favour of children.

This handbook contains lively activities that reflect the input and voices of the children who participated in the community dialogues. The sections are supported by semi-fictional characters drawn from various ethnic groups, but truly representative of Zimbabwean custodians of culture, as well as contemporary adult and child advocates for children's rights.

**What goals can you achieve by using this handbook?**

**Gaining knowledge and understanding**: This handbook provides knowledge and understanding of the rights of the child, the cultural factors that either support or threaten these rights and how children can be protected from the harmful impact of HIV. In using this handbook, we will:

- Explore individual and community norms, beliefs, practices and ideologies in the larger social context of HIV, and how individuals, the family and the community can contribute to change.

- Examine ways of bringing about changes that uphold children's rights, given the challenges of HIV.
Exploring issues: Exploring innovative perspectives on culture in order to re-instil positive values and redefine negative cultural practices, with a view to upholding children's rights and putting in place strategies to prevent the spread of HIV. The roles of the individual, the family and, in particular, the community, and how they relate to national and international institutions, are important in this regard. This handbook will further explore positive cultural practices in favour of the rights of the child.

Developing skills: Trainers and facilitators can further develop their skills, giving them a broader knowledge base on the rights of the child, culture and HIV in a local context. Although this handbook has not been produced for children as trainers, the information can help children build their knowledge on rights issues, community life, cultural issues and HIV. This will allow them to reflect, deepening their perception and understanding of themselves. Children need to know that they are entitled to their rights and to learn to make sure that these are respected.

Processing information: Processing information enables workshop participants to recognise an issue or problem, and then develop an action plan that helps to deal with the issue at hand. The role-play sessions, community maps of positive and negative cultural practices, and the learning games, will enable participants to process issues in relation to HIV, within both a rights and a cultural perspective, and to develop their own solutions to problems.

Having fun while learning: The participatory learning methodology used throughout this handbook offers specially designed exercises and games, in order to maximise the benefit of the learning and training experience. It is community focussed and leaves a lasting and strong impact on trainers, participants and other stakeholders and beneficiaries. There are plenty of fun exercises which are intended to make the training an interesting, stimulating and memorable experience.

Cascading knowledge and skills: Those who have been trained in the use of this handbook will gain knowledge and skills that enable them to return to their organisations or communities and further share awareness of child rights and HIV. This is an important element of the cascade and trickle-down process of skills building that this handbook employs. The aim is to raise community awareness and preparedness around issues of children's rights and HIV.

Structure and Methodology

This handbook is guided by the following principles that encourage learning by doing, action and having fun – a cascading method of empowerment that seeks to benefit even the hardest to reach communities. Some features of the methodology are:

- Adaptation of the Kelleher framework analytical approach, that empowers the individual and the community to strengthen responses to issues that affect them most, using tools and resources that contribute to favourable environmental change. Each of the activities has a 'group sharing section' that promotes this approach, allowing participants to share their experiences and contribute, in a positive way, to strategies for creating positive change on the ground, using existing networks and legal instruments. Section 3 adapts the Kelleher framework to explore community solutions for children around Identity and education. See Appendix 1 for the adapted Kelleher framework diagram.

- Programmes that target children are important and more meaningful if they incorporate the voices of children themselves. Much of the content in this handbook is presented through the eyes of children and adults from the community, in relation to the impact of HIV, stigma and discrimination, children's rights, parental and community roles, positive and negative cultural practices and violations of children.
• Conventions, charters, declarations and national policies are referred to as a means of validating and encouraging on-going programming efforts in relation to culture, rights and HIV. Although much legislation exists to uphold the rights of children, these laws only have meaning when they are implemented at national and community level. The training should facilitate CBVs to ensure proper implementation of child rights at the community level, and especially to take account of the rights of the 0-8 year olds, who are often overlooked. It is important that these documents are referred to in order to enhance programming efforts, and also to re-visit them whenever necessary, to incorporate new features or make amendments as the epidemic evolves. In this handbook, the UN Convention on the Rights of the Child (CRC), the Millennium Development Goals (MDGs), the African Charter on the Rights and Welfare of the Child (ACRWC) and all child-friendly legislation at national level are all recognised.

• This handbook is also influenced by relevant research on children’s rights, culture and HIV. The research findings used are mostly from Zimbabwe, but the same issues apply throughout southern Africa. Besides the community dialogue reports, a wealth of material was reviewed and analysed, but only very relevant information was extracted on culture, HIV and the role of the community in responding to children’s rights. This research review in itself prompted a call for further child-focussed studies into child rights and how they interface with culture, in the context of HIV at national level, because existing information is scarce, particularly in relation to the 0-8 years age group. Fifteen percent of orphans in Africa are aged 0-4 years and 35% are aged 5-9 years. About one third are orphaned due to AIDS (Healthlink, 2004).

• Younger children are greatly influenced by the older children around them. Thus, educating older children to know their rights has a cascade effect on the younger ones, for whom the older children are role models. When their role models are aware of, and willing to champion, their own rights and take on the responsibilities associated with them, younger children grow to adopt different behaviour norms. They assume the existence of child rights, instead of accepting them being denied or questioned. The comic book: Finding our Rights: Rudo and Temba’s Story, that accompanies this handbook, is designed to be used in smaller groups with children below 8 years of age, to make them aware of how child rights can support them.

• This handbook provides trainers and facilitators with a unique approach that helps to make the training lively, applicable and beneficial to participants. The characters are referred to as child advocates, and they are based on real life situations and stories that can help transform child rights advocacy into a fun and tangible reality, for both the trainers and CBVs, also helping to lighten a generally heavy topic. These characters can also be ‘taken home’ to use in the community, when educating younger children about their rights.

• Research has shown that many ethnic groups are present in varying numbers in community settings, and we are beginning to witness modifications to existing social networks. For example, Chinese families and businesses are establishing themselves on farms in community districts and in peri-urban areas of Zimbabwe. HIV has no boundaries, therefore it was considered important in the drafting of this handbook to reflect the different ethnic groups as equal partners in the response.

The introduction of the characters facilitates the representation of a southern African community setting, showing the link between the community areas and the peri-urban settings where legal, government and NGO support structures are based, and the outside, usually ‘foreign’, world where international conventions and declarations are ratified. This is a direct application of the Kelleher Framework that enables trainers and CBVs to bring alive the content of this handbook, and to make it real and relevant to themselves and their communities through use of a ‘mentor’ or ‘elder’, while demonstrating the wider network of relationships between the individual, the community and the legal structures that promote behaviour change.
How to use this Handbook

This handbook is designed for a participatory four-day workshop and is, therefore, most useful in training settings. It is intended that the training workshop will equip participants with the skills they need to identify the cultural issues in their communities, that either increase or reduce children’s vulnerability to HIV. A scorecard has been developed to assist participants to identify, monitor and evaluate the effectiveness of the community’s response to children’s rights issues.

However, this handbook has other uses as well. Its information resources can be used as reference material. This handbook could also be used in family or community settings, where parents, facilitators, teachers, mentors or community leaders can conduct the activities with children or adolescents. Finally, this handbook provides tools for reflection, discussion and project formation. The comic book can be used in any setting, where young children can be exposed to the idea that they have rights and what these rights entail.

The four-day workshop format is used to guide facilitators, and ensure that they cover the essential themes, topics and facts in a child-friendly and energetic way. Thorough research has been conducted in the writing of this handbook, but trainers are advised and encouraged to do their own background reading in order to enrich their existing knowledge and skills.

The purpose of the workshop activities

This training uses a variety of activities to promote learning, mainly collective brainstorming, group sharing, role-playing and reflection through case studies. Charts, drawings, feedback sheets and comments should be pasted up around the room to serve as learning tools, slowly building into a gallery that allows participants to keep re-visiting various areas as the training progresses.

Participants can also bring the characters provided alive, by role-playing them, to make the learning process enjoyable. Trainers are free to modify and adapt the recommended activities according to participants and numbers. They can also create their own energisers or games for use during the workshop.

The different parts of this handbook

The common thread throughout this handbook is that of the best interests of the child. It is important, not only to include children, but also to support them to be active in knowing, defining and owning their rights in an environment dominated by cultural attitudes, beliefs and behaviour. These issues are even more important because of the existence of HIV.

This is a five-part handbook, incorporating four days of training. It takes trainers and participants on a journey that is both culture and rights sensitive, exploring issues that affect children in relation to HIV by providing clear definitions, facts, anecdotes, fun exercises and energising games, using evidence-based research, while answering the following questions:
What are children’s rights and how are they defined?

Why are children’s rights special?

What is the impact of HIV on children?

What factors contribute to this?

What is the importance of protection, eg through writing a will?

How are children’s rights violated?

How should one deal with sexual abuse?

How can we uphold children’s rights to identity and education?

Why should we tackle gender discrimination?

How can we make sense of children’s legislation?

What is a rights-based approach to community challenges?

How can we identify the best approaches to modern and traditional cultural practices?

How do we assess children’s rights in the community?

How can we best work together towards upholding children’s rights?

How can we move towards environmental change?

Which are the stakeholders best placed to prioritise children and their rights?

Gogo offers the following 10 rules for the trainer:

1. Face the participants and make eye contact with them when appropriate
2. Don’t take over the participants’ space
3. Speak clearly, pronounce words correctly and use the local language if this is what the participants understand best
4. Write legibly and in large letters so that people can see what you have written
5. Don’t write in colours that are hard to see - yellow and sometimes red
6. Be a good time keeper and allow time for questions at the end of each session
7. Involve the participants as much as you can
8. Keep an open mind to enable yourself to learn from your participants
9. Avoid vulgar and insensitive humour
10. Encourage the shy participants and keep the dominant ones in check.
Further Notes for the Trainer…

1. Know enough about the level and scale of HIV and AIDS in your country. A solid background on the HIV situation in your country and the region is important. Section 1 provides information on this, but in relation to children, their rights and culture specifically in Zimbabwe. Please conduct your own research to enrich your knowledge and make a positive contribution.

2. Familiarise yourself with the global conventions and charters outlined here, so that you can make reference to clauses in relation to children to add value to your training. See Appendix 4 for details of these.

3. Gather relevant personal experience and knowledge of good use/misuse of child rights arising from cultural factors. This will help in your processing sessions. If you have personal experience (from within the family, community or general reading or information, including anecdotal information) you might be able to use it to create a role-play or an exercise, without using any information that might be damaging to yourself or others, and applying good judgment.

4. As you prepare for the training, honestly assess and adjust your own attitudes towards children, and their rights within a cultural framework and in relation to HIV. A values clarification exercise will help you to remain open and non-judgmental as the trainer.

5. Try out the exercises to assess yourself and see if you need to change or realign your attitudes, perceptions or beliefs.

6. Be open-minded enough to learn from the workshop participants.

7. Try to be aware of your behaviour and assess your ability to listen and accept other people's views and opinions. Criticism is valuable but it must be constructive.

Making it happen… To make the training work really well, be excited and passionate about being a trainer. You are playing an important role in the life of our region and our children. Your work will have an impact for a long time, so…

• Be focused in your work – have a plan and set targets.

• Know your target audience and choose appropriate activities and methods for them.

• Be familiar with all the material you are using – know it thoroughly, and look for more information.

• Find information about what is happening around you regarding the observance of child rights and cultural practices. Don't be afraid to stick your neck out and be a leader in your community. What you do can make a difference.

• Be flexible and adapt to changes in the programme or problems that come up in the workshop. Use the same approach in your communities and in your work with organisations or government ministries.

• Be sensitive to your participants. Prevent any compromising situations or statements from becoming a problem.

• Be a leader – set a good example. Nobody is too small or insignificant to make changes in their community.
Meet the child rights advocates!

As we go through this handbook, we become familiar with a group of characters who add an element of fun to the training. Each character has a story to tell, and has either been affected by HIV, or has faced a direct consequence of HIV in relation to children’s rights and culture. Participants may find these characters especially useful when it comes to exploring rights within the 0-8 age group.

The characters are intended as an aid to the trainer. They may be used in various ways. As the trainer, you might choose to take on the roles of the characters where they appear throughout this handbook. In that case, you would need to give the background to the character (see character descriptions below). Alternatively, you may like to ask some of the participants to play the characters, and then assist you with the training sessions that follow, particularly when it is necessary to distribute workshop materials, rearrange the furniture, or co-facilitate. Simple costumes will add an element of entertainment, but be sure that they do not distract from the content of the training. You may wish to draw large images of the characters onto flipchart sheets, so that the participants can visualise them, and then make reference to them throughout the training. These characters are designed to assist in your training. Please get to know them well and then use them in the way that is most helpful to you.

Gogo (60) is a wise grandmother and child rights advocate who once taught in the community school. She lost her only daughter to AIDS, so has been affected by HIV at a personal level. Her grandchildren Rumbi and Tinashe were taken by her daughter-in-law to live in the neighbouring village. Gogo travelled to Harare and met the Department of Social Welfare (DSW) and the Child Welfare Ministry to find out how she could best help Rumbi and Tinashe. She made contact with children’s NGOs which gave her the opportunity to train in child rights. She enjoyed this, and continued to look for more training workshops and courses to build her knowledge. Gogo is now an expert in the area of children’s rights. She has learned that participation is an important principle of rights issues, and has therefore invited other members of the community to join in the training.

Sekuru Jaya (65) is a community elder. His interest in HIV developed in the 1980s after he lost four of his five brothers to AIDS. One of his late brothers had married a young girl – his second wife. His first wife had died years earlier. This made Sekuru Jaya think hard! He began to take an interest in HIV through a cultural lens, and slowly began to realise that some cultural practices, such as wife inheritance and intergenerational sex, contribute to the spread of HIV in the community, especially among young girls. He also realised that girls tend to face discrimination in the community. Sekuru now understands the importance and value of a positive cultural environment. His interest in culture and HIV led him to attend some of Gogo’s community workshops. Sekuru is now an advocate for community empowerment, and believes in continuously re-evaluating the community in relation to culture because, ‘Culture is made by humans and must be positively modified to meet the needs of the community’.

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Gogo (60) is a wise grandmother and child rights advocate who once taught in the community school. She lost her only daughter to AIDS, so has been affected by HIV at a personal level. Her grandchildren Rumbi and Tinashe were taken by her daughter-in-law to live in the neighbouring village. Gogo travelled to Harare and met the Department of Social Welfare (DSW) and the Child Welfare Ministry to find out how she could best help Rumbi and Tinashe. She made contact with children’s NGOs which gave her the opportunity to train in child rights. She enjoyed this, and continued to look for more training workshops and courses to build her knowledge. Gogo is now an expert in the area of children’s rights. She has learned that participation is an important principle of rights issues, and has therefore invited other members of the community to join in the training.

Sekuru Jaya (65) is a community elder. His interest in HIV developed in the 1980s after he lost four of his five brothers to AIDS. One of his late brothers had married a young girl – his second wife. His first wife had died years earlier. This made Sekuru Jaya think hard! He began to take an interest in HIV through a cultural lens, and slowly began to realise that some cultural practices, such as wife inheritance and intergenerational sex, contribute to the spread of HIV in the community, especially among young girls. He also realised that girls tend to face discrimination in the community. Sekuru now understands the importance and value of a positive cultural environment. His interest in culture and HIV led him to attend some of Gogo’s community workshops. Sekuru is now an advocate for community empowerment, and believes in continuously re-evaluating the community in relation to culture because, ‘Culture is made by humans and must be positively modified to meet the needs of the community’.
Rumbi 'Right' (10) understands grief and pain after having lost both her parents to AIDS. Her paternal grandmother, to whom Rumbi and Tinashe went after the death of their parents, did not understand the importance of education and kept Rumbi and her siblings at home to do the housework and look after the small garden. Rumbi found the child-friendly version of the National Action Plan for Orphans and Other Vulnerable Children from Gogo’s collection of documents. She and Tinashe then learned about their right to go to school. They helped other young children care for community members, and began to receive food and clothing support from the community. A local CBO offered to pay their school fees and buy uniforms. Through Gogo, Rumbi learned about psychosocial support (PSS), an important healing process for young children like themselves who have experienced loss. Rumbi travelled with Gogo to the Children at the Centre conference in Harare, where she shared her experience with others and met young people just like her. Her strong knowledge of child rights earned her the nickname Rumbi ’Right’.

Tinashe (9) does not have much time for playing, but he always makes a point of having fun. He has learned that play is a basic and important activity for children, and, through play, he always learns new things. Tinashe and Rumbi matured quickly because of the adult roles and responsibilities they assumed while still young. Tinashe fondly remembers his parents through his Memory Book - one of the tools that Gogo helped him to develop, in order to deal with the pain and grief he faced after he lost his father and his mother to AIDS within a few weeks of each other.

Taneesha (7) is well known in the community for her openness on issues regarding HIV. Her father was a musician in a band. He died of AIDS when she was still very young. She has been tested and is HIV negative. Her mother married a chicken farmer, and they now live in the community. Taneesha goes to school in the city, but spends all her holidays with her mother in the community. When in town, she spends time with her cousins. She knows about children’s rights because she has talked to Gogo about her own situation. Her cousin Byron (5) does not have a birth certificate, because he was not registered, so he is facing problems trying to get into school. Candy (3 months) Taneesha’s baby sister, was born with HIV and is well, although very small for her age. Candy has been moved from one relative to another after having lost her mother. Taneesha loves Gogo and often visits her for advice on child-friendly laws and other important issues, such as access to treatment for children, because one day Candy might have to start treatment.

Abdul (8) grew up in an environment where it is taboo to talk about HIV. When his older brother died, the family claimed that his death was as a result of ‘flu, although all his relatives knew that it was AIDS. Abdul also knew that his brother
had AIDS, and realised that the only way to come face to face with HIV is to dispel the myths and challenge stigma. His father has a small grocery store in the community, so he often visits and meets up with Rumbi, Taneesha, Tinashe and Gogo. Initially, his family did not want him to learn about HIV. Abdul explained that his interest in HIV was important, especially for the Muslim religion, known as ‘Islam’, because it preaches abstinence. Abdul begins to collect and share information that demonstrates lower HIV infection rates in Muslim communities, indicating the positive value of some cultural practices.

**Brighton (10)**, who is Abdul’s friend, agrees with Abdul’s views, and explained that his family decided to move away from the apostolic (mapostori) church that encourages practices that contribute to HIV. Like Sekuru Jaya, Brighton believes that good cultural values can reinforce a community spirit, allowing individuals to grow together in a healthy environment with supportive structures.

**Yin Li (6)** comes from China, but has been settled in Zimbabwe for a few years now. Her father manages a farm on the outskirts of the community. Yin Li’s mother was trained as a nurse, but she is now a freelance reporter for Health Development Networks based in Thailand, so Yin Li knows about HIV. Gogo and Yin Li’s mother are on the task force committee that is gathering information to update existing policies on orphans and vulnerable children in Zimbabwe. They meet once a week to discuss new trends and developments, such as the Child Protection Units that are assisting in financing education for vulnerable children. They share knowledge and exchange information on important commemorations, such as Universal Children’s Day which is celebrated annually in November.

**May (31)**, who is Yin Li’s mother, has given the team a lot of information, research and statistics to strengthen their training.

**Jane (8)** is the child of two doctors operating in the community at a hospital almost 40km away. They come from the United Kingdom, where Gogo’s younger sister has lived for many years. Jane learned about HIV when she was very young because of her parents’ work. She has made friends with Rumbi, Tinashe, Taneesha and all the others. Jane wants to be an artist when she grows up, because she loves drawing and making things look bright and colourful. Tinashe always asks for Jane’s help when he wants to update or change the style of his Memory Book. Jane will also help the trainer to create a gallery walk during the training time, and lead the Community Map drawing exercise.
We hope that you will enjoy working with Gogo and her team of child rights advocates. The content of this handbook can be adapted to suit different training circumstances or locations, and we suggest you use the characters in short skits, through the use of community theatre, to explain powerful messages, using mobile vans in hard to reach areas of Zimbabwe.

We have linked these characters to the Kelleher Framework methodology, which provides an analytical tool for understanding child rights and cultural change, through increasing empowerment at the individual and community levels. The framework encourages participants to become familiar with, and to make use of, formal structures (existing laws and policies), as well as exploiting the support of informal community structures (culture), in order to promote positive environmental change. Key to the training is the analysis of issues around child rights and HIV within the context of culture and the community, bearing in mind relevant national, regional and international policy and legal frameworks. See Appendix 1 for an example how the Kelleher Framework can be used to uphold child rights in communities.

The HIV epidemic in Zimbabwe has brought with it a resurgence in the incidence of tuberculosis (TB), a reduction in life expectancy, increasing adult morbidity and mortality, and increasing numbers of orphans. The economic impact of AIDS has been most severe at the macro level, crippling a formerly active and productive workforce through increased illness, absenteeism and deaths. At a household level, it has resulted in reduced household incomes and reduced savings arising from the need to pay for medical treatment and funerals.

**Introduction and Background**

**An overview of HIV in Zimbabwe**

Zimbabwe is ranked 20th in the list of high HIV burden countries in southern Africa, with Malawi, Zambia and Mozambique also ranked highly. National HIV estimates from the Ministry of Health and Child Welfare indicate that approximately 15.6% of the adult population (15 to 49 years) is HIV positive, with an estimated 1.3 million people living with HIV, though the majority of these are unaware of their HIV status.

In 2008 - 2009, the HIV crisis in Zimbabwe was compounded by humanitarian, health, economic and political challenges. The health delivery system was close to collapse, and this was coupled with acute shortages of food, water and basic commodities. Major hospitals and clinics were forced to close, as health workers sought more lucrative employment opportunities outside the country.

Diseases, such as cholera, are particularly dangerous for people living with HIV (PLHIV), especially children, because this water-borne disease is more severe when the immune system is already low. Outbreaks of cholera occur in different parts of southern Africa from time to time, with the outbreak in Zimbabwe in 2008-09 being a particularly serious example. This outbreak was caused by a breakdown in the water supply and sanitation systems, and added further strains to the country's health system, at a time when it was already weakened by the burden of the HIV epidemic.
Children at risk

The number of orphans and vulnerable children (OVC) due to HIV has been increasing, although there has been a small slowing in the growth rate in the last two years, probably as a result of the success of ARV treatment roll-out programmes. According to The State of the World’s Children, a report produced by the United Nations Children’s Fund (UNICEF, 2009), 15 million children under the age of 18 had been orphaned by AIDS in 2008. For the previous two years, the figure stood at 15.2 million. Sub-Saharan Africa bears the brunt of the epidemic, with 8 out of 10 of these children living here.

It is estimated that, by 2010, over 18 million African children under the age of 18 will have lost one or both parents to AIDS, and the number of double orphans (children whose mother and father have both died) will increase by about 2 million over the same period. Despite the existence of strong community and extended family structures in the region, these children are at serious risk on many counts; sexual and emotional abuse, child labour and trafficking, transactional sex and lack of educational opportunities, among many others.
Sub-Saharan Africa faces the brunt of the problem, with increasing numbers of children dying, infected or affected by HIV, and others being battered, abused and left homeless. In the worst affected countries in this belt, experts tracking the epidemic suggest that between one-third and one-half of children will lose one or both parents to AIDS by 2010, stretching the existing community care systems well beyond their limits.

The United Nations Joint Programme on HIV/AIDS (UNAIDS) country progress report on Zimbabwe (January 2008) reports that 120,000 children between the ages of 0 - 14 years are living with HIV and indicates that there are one million orphans aged 0 - 17 years as a result of HIV.

**Putting children first**

Children are at the epicentre of the HIV crisis in Zimbabwe, but they are still largely absent or invisible from mainstream programming, because efforts have not been channelled towards recognising their human rights. With a rapidly evolving HIV epidemic that has far-reaching consequences at the social, humanitarian and development levels, children are facing serious risks to their basic well-being, because of a lack of protection, provision of services and opportunities for participation.

In Zimbabwe, an almost collapsed economy and increasing poverty are reversing the gains that had been made in supporting children who are infected or affected by HIV. Poverty directly affects children’s rights and increases their vulnerability. Children are generally unable to ensure their well-being because they have insufficient money to buy necessities like school uniforms, or even food. Because of their low socio-economic status, they are not empowered to make decisions that could contribute to their survival and development.

Patriarchy, the cultural system where men or fathers are regarded as the sole decision makers, creates massive gender inequities in reproductive and sexual rights, as well as in the socio-economic arena. These inequities increase girls’ vulnerability to HIV. Research indicates that poverty reinforces harmful cultural practices, such as inter-generational sex and early marriage for girls.

Traditional voices of authority on matters of sex, reproduction and relationships, such as the paternal aunt (tete), are fast being lost, or have lost their former credibility in the process of urbanisation and social change. Culturally, parents are seen to ‘own’ their children, but this form of ownership has had adverse effects, undermining children’s rights and creating room for oppression and lack of respect.

Such undermining of children’s rights extends to harmful practices such as abuse, both physical and sexual, which are easily perpetuated when children’s rights, including their right to speak out when they are being treated wrongly, are not recognised. The existence of HIV greatly increases the risks and challenges facing children in communities that include; peer pressure, cultural and social norms that discourage assertiveness, a lack of negotiating skills and little or no ability to recognise danger or to say ‘no’.

Global commitments that have been translated into policy at national level need to be addressed with children in mind, to keep up with the evolving epidemic. The state of children’s lives (and particularly
those of orphans and other vulnerable children) must be a priority on national, regional and international agendas. The statistics call for joint and increased action by international agencies, donor organisations, NGOs, African governments, national ASOs and CBOs.

Now is the time to realise children’s rights in the Zimbabwean context, and improve their quality of life. The unfulfilled rights of children lead to effective loss of a childhood, by compromising their basic rights to health-care, sanitation and nutrition, and hindering progress towards the realisation of their right to survival.

What is the difference between rights and needs?

It is important to recognise the difference between rights and needs. A need is felt by a person whose rights are infringed. It is valid, but does not imply any sort of obligation on the part of the person’s government. However, a right has a definite attachment to a government obligation – expressed in international or regional conventions, or national policy – and can be made into a law. Rights are associated with being (people are holders of rights simply because they exist as humans) and needs with having. Therefore, although we talk about children’s needs, this handbook’s main aim is to highlight children’s rights.

Why are human rights, especially those of children, important when we talk about HIV?

Human rights are important, particularly in the response to HIV. There are many broad rights that are of concern, such as universal access to treatment, but child rights need special attention. It is necessary to recognise that the needs of girls and those of boys may not be the same, especially because of the patriarchal nature of our culture. For example, girls face widespread discrimination and abuse that increases their risk of contracting HIV.

The Dialogue Chart: Voices from the community

A total of 115 children and 88 teachers, community leaders and parents were key informants to the Uzumba Maramba Pfungwe (UMP) dialogues, which brought out information on the gaps, needs and key issues relating to the promotion of children’s rights.

The dialogue chart below outlines what the children said about themselves and their rights, including cultural aspects and their link with HIV. Draw it up on a flipchart or blackboard, so that it is visible throughout the workshop. The opinions of the adult informants are also included.

Keep an open mind as you listen to the voices of both the children and the adults. You will also have the chance engage with these voices over the next four days, because they guide the content of this handbook. The dialogue chart should be hung up somewhere in the training space so that it is possible to refer to it throughout the workshop.
### Community Voices of Children and Adults from Uzumba Maramba Pfungwe district of Zimbabwe

<table>
<thead>
<tr>
<th>Child rights...</th>
<th>Adults Said</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Basic needs – shelter, food, health, education.</td>
<td>• Identity, birth certificate, education.</td>
</tr>
<tr>
<td>• Identity, name, birth certificate.</td>
<td>• Privacy - not opening children’s letters.</td>
</tr>
<tr>
<td>• Playing, resting, love, life.</td>
<td>• Medication and health-care.</td>
</tr>
<tr>
<td>• Freedom of association, of expression: being heard, listened to.</td>
<td>• Love and affection.</td>
</tr>
<tr>
<td>• Information - communication with parents.</td>
<td>• Basic needs - clothing, shelter, food.</td>
</tr>
<tr>
<td>• Privacy and protection.</td>
<td>• To be heard, social life, play and rest, marriage to a partner of their choice, association and career.</td>
</tr>
<tr>
<td>• Participation - going to church and community gatherings.</td>
<td>• Psychosocial support.</td>
</tr>
<tr>
<td>• Right to be given what the child needs if resources are available.</td>
<td></td>
</tr>
</tbody>
</table>

### The roles of children... |

| • Obey, love and take care of parents. | • Respect for adults. |
| • Learn good habits from parents, and not be demanding. | |
| • Respect elders. | |
| • Assist with household chores. | |
| • Avoid pre-marital sex/relationships. | |
| • Go to church and learn the difference between good and wrong. | |

### The roles of parents and community towards children... |

| • Provide basic needs. | • Parenting is a continuous role. |
| • Love their children and provide food. | • Treat vulnerable children equally. |
| • Provide recreational facilities and youth-friendly corners. | • Include extended family. |
| • Treatment literacy and sex education. | • Teaching of life/survival skills. |
| • Safe and supportive environment - free of sexual abuse, domestic violence, and absentee parents. | |
| • Police, clinic referrals if needed | |
### How HIV affects the rights of the child...
- Increased orphan-hood.
- Orphans not sent to school by guardians.
- Property grabbing, rape by relatives, boys raping maids.
- Increased poverty, forcing children into prostitution.
- Youth succumbing to HIV.
- No assistance for vulnerable children.
- Altered family structure due to death.

### How culture upholds child rights...
- Distinct gender roles, e.g. sleeping arrangements; girls not allowed to herd cattle.
- Modest dressing.
- Include extended family.
- Teaching of life/survival skills, including the roles played by aunts and uncles.
- Discouraging early marriages.
- Punishing children through beating.

### How culture violates child rights...
- Polygamy, multiple partners.
- Discrimination against girls in education.
- Traditional healers and use of piercing and cutting objects.
- Encouraging sleeping with virgins to cleanse HIV.
- Early marriages through religious practices and poverty.
- Distinct gender roles deny children life/survival skills.
- Use of traditional birth attendants for delivery of babies can make HIV transmission during delivery more likely and deprives babies of the medication to prevent them being born HIV positive.

- Property grabbing.
- Forced marriage and prostitution.
- Rape, lust (ruchiva).
- Poverty.
- Increase in vulnerability of children; child-headed households, care by grandparents, migrant workers, lodging for school children.
- Fatalism linked to familial spirits.

- Dare counselling system for adults and children - accountability for both.
- Upholds modest dressing.
- Courtship with family support; aunts and uncles.
- Safeguard inheritance for children.
- Planning for children's future through investments.
- Separate sleeping arrangements for girls and boys.
- Defined gender roles so girls are not left vulnerable.
- Ensures children's identity through use of totems.

- Using girls to appease spirits.
- Excessive beating.
- Giving children the names of adults.
- Marrying off girls to the rich because of poverty.
- Marrying off girls to sons-in-law.
- Marrying off girls for religious reasons.
- Wife inheritance.
- Sexual abuse of children for ritual purposes.
- Denying children health-care (due to religious beliefs).
- Choosing careers for children.
- Being too familiar with close female relatives (chiramu).
- Separating orphaned siblings - emotional abuse.
- Dictating ways of dressing.
- Inappropriate names - Hazvinei (it doesn't matter) or Nhamo (problem).
SECTION 2

Day 1: An introduction to children and their rights

Begin this first session with an ice-breaker so that you and the participants can get to know each other. This section offers definitions and meanings of child rights, provides an introduction to culture in this context, and its interplay with HIV. During Day 1 you will also look at child rights through group work on belonging and case studies on protecting children through will writing. You also explore the impact of HIV on children and the factors that increase children’s vulnerability to HIV.

By the end of Day 1, participants will be able to:

• Define children, culture and human rights
• Identify children’s needs
• Understand how HIV affects children
• Identify factors that increase the risk of HIV infection in children
• Learn how children can be protected through writing of wills
• Understand the concept and process of psychosocial support.

Introductory notes: As Trainer, you will first need to highlight the following:

Anything for children without children is not for children

Handbook on Child Rights and Culture
Then introduce the over-riding theme of the training, that is, in the best interests of the child, followed by an emphasis on the workshop themes by introducing and explaining the importance of the three Ps:

**ACTIVITY 1: DEFINING CHILDREN, CULTURE AND HUMAN RIGHTS**

This first session provides participants with a background to the definition of children, and introduces the topic of culture. It discusses human rights issues, specifically pertaining to children.

Ask participants to break into four groups and let each group brainstorm (all group members contribute their opinions, which are written up on a flipchart as they are contributed, without being judged or placed in any order) and provide feedback on the questions below. Remind each group to select a report-back person.

**Group 1:** What is a child?

**Group 2:** What do we mean by culture?

**Group 3:** What is the difference between human rights and child rights?

**Group 4:** What do we mean by children’s rights?

Allow each report-back person to give feedback from their group. After each report-back, discuss the question more fully with all participants and ask for additional comments.

Distribute Handout 1, below and now address important areas that might not have been discussed but which are introduced in the handout, for example the four broad principles that guide all matters affecting children:

1. Protection
2. Participation
3. Survival and development
**Group sharing:** Ask the group the following questions to reinforce awareness and encourage learning and sharing of personal experiences or related case studies. The follow-up notes below the question will help to guide the discussion.

**How did this first activity feel?**

It felt ……………… use descriptions – fun, difficult, interesting

Explain why

Do you now understand the definition of a ‘child’, ‘culture’, ‘child rights’ and ‘human rights’?

**Do you understand why child rights are special?**

We usually talk about human rights broadly, but children’s rights – to be respected, loved, protected, healthy, educated and free to express themselves – are fundamental to their survival and development.

**Why is culture constantly changing?**

Can anyone give an example of how culture changes? (Women doing ‘men’s’ work, girls being educated, tackling taboos linked to HIV).

**Children with disabilities**

Remember to mention and involve other marginalised children, such as those with disabilities, whose rights have often been sidelined in the response to HIV. Try to clear up myths and misconceptions, such as that disabled people are not sexually active and therefore cannot contract HIV or other sexually transmitted infections, or do not need sex education and information on contraception and HIV prevention. Disabled women and girls are also vulnerable to sexual abuse because of their inability to protect themselves. Other factors that contribute to this are stigma, discrimination and isolation.

**Note:** As programmers, you must recognise and take account of these children as having special needs.

Conclude the discussion by emphasising that HIV is an epidemic that has a serious impact on children at all levels. This vulnerable group is still being denied their basic rights to social protection, and culture is an important factor that must be addressed when seeking to put children first.
**Handout 1: Children, Culture and HIV**

**Question 1 - What is a child?**
Both the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) define children as all human beings who are under the age of 18 years.

In Zimbabwe, a child is defined as someone below the age of 18. Persons under the age of 18 are minors according to the Legal Age of Majority Act.

This handbook counts all those aged 18 and below as children – young children, youths, adolescents and young adults, including those living with HIV. It must be noted, however, that the literature review of background material relied heavily on UNAIDS, WHO and UNICEF documents, whose focus is on children between 0 and 14 years of age.

**Question 2 - What do we mean by culture?**
Culture is a dynamic process, which means that it is constantly changing.

For our purposes, 'culture' refers to a people’s way of life, made up of values, beliefs and practices that influence thoughts, attitudes and behaviour. Culture is influenced by many factors, including individual beliefs, social background and ideology. Culture forms a people’s conscience which guides and sustains a society in the long term.

Although culture tends to be seen as static, it needs to be flexible and to change to suit the changing environment. Some traditional and emerging modern cultural practices contribute to the spread of HIV. Thus cultural practices both positively and negatively affect child rights in the era of HIV.

**Question 3 - What is the difference between human rights and child rights?**
Child rights are an aspect of human rights, but children are more vulnerable than adults, meaning that they are more at risk than adults, especially in the context of HIV. Therefore, they need separate and additional rights and laws to protect them from being viewed as 'second class' citizens without full rights.

**Question 4 - What do we mean by children's rights?**
Children have the same human rights as adults. However, because they are a vulnerable group, they have no voice of authority and no decision-making powers.

The most comprehensive document containing child rights is the CRC, which was adopted by the UN General Assembly in 1989, following the realisation that children are entitled to more specific rights because they have special needs. The CRC sets out a wide range of political, civil, cultural, economic and social rights for children, under four broad principles that guide all matters affecting children: 1 Protection; 2 Participation; 3 Survival and development; 4 Non-discrimination.

In Zimbabwean society, children’s rights tend to be ignored because children are generally viewed as having the same needs as adults. However, recognising children’s rights has become crucial in the response to HIV. By doing this, we can effectively deal with the harsh conditions that confront children, such as orphanhood, abuse, exploitation, child labour and lack of respect and sensitivity for their rights.

The CRC highlights the need for special care for children, including legal and other rights, before birth and throughout childhood, placing an emphasis on the role of the family in caring for children.

Psychosocial support (PSS), which is an ongoing process of meeting the physical, emotional, social, mental and spiritual needs of orphans and vulnerable children (OVC), is also a right. Psychosocial support is an essential element of meaningful and positive child development. Children must be encouraged to be themselves, and participate in activities that allow them to be children, such as playing. Playing helps a child to identify interests and learn more.
ACTIVITY 2: IDENTIFYING CHILDREN’S NEEDS - FIND MY MOTHER

Important Note: The majority of vulnerable children have lost their mother, their father or both parents, so this exercise can also be modified to find an aunt, carer, or grandmother to accommodate the needs of children who do not have parents.

Participants are divided into pairs. Each pair chooses a different animal and practices the sound of that animal. One will be the mother and the other the child. (Do not have more than one pair of the same animal). One partner is blindfolded – this is the child. The Trainer then asks the mothers to find a spot somewhere in the room, at a distance from their child. (The mothers should be scattered throughout the room). The child then needs to find the mother whilst blindfolded. They may only do this using the animal sound they have chosen. The child makes the sound and the mother responds. The child follows the sound until they find the mother. The mother removes the blindfold when the child finds her. The Trainer then asks the partners to change roles and do the exercise again. This time the Trainer discretely asks one or two mothers not to respond.

Following the second round, the participants return to their seats. The Trainer now unpacks the activity, asking participants how they felt. Throughout the unpacking and group sharing sessions, the Trainer will use this series of questions:

To the mothers:

• What were your thoughts or feelings during this game?
• What were your thoughts or feelings when your child was struggling to find you?

To the children:

• What were your thoughts or feelings during this game?
• How did you feel when others found their mothers?
• Did you ever feel angry when you were looking for your mother?
• Did you feel like giving up at any time?
• How did you feel after you found your mother?
• Did your anger or negative feelings go away when you found your mother?
• How did those who never found their mother feel?
• What did you feel for those who did not find their mothers?

To the group:

• What did this exercise teach you about children?
• How did this game show children’s strength?
• How did this game show the hopes of children?

Group sharing:

Try to address these issues in the group discussion:

• Children have needs.
• There are some needs of children that can only be met by adults.
• Children have feelings.
• Children constantly look for their parents’ love and the security that parents offer.
• Children need a sense of belonging.
• Children find identity in the family unit.
• Children long for someone to trust.

Rumbi understands the impact of HIV on children, so she helps the trainer to explain this session.

Topic 1: How HIV Affects Children

• Rumbi understands the impact of HIV on children, so she helps the trainer to explain this session.

HIV has a negative effect on children’s lives. It takes away their very basic survival rights...the ones listed in the Convention on the Rights of the Child, such as the right to live in a family, the right to family protection, and the right to identity and education.

• How does HIV affect children? Ask participants to call out answers randomly and note these on a flipchart. Some examples are given below to help you. It might be a good idea to display this diagram to participants for visual impact.
The impact of HIV on children

Now, display the impact table below, by mounting it on a wall, using a projector, or drawing it on a flipchart for all participants to see. It shows the impact of HIV on children at individual, household, community and national levels.

<table>
<thead>
<tr>
<th>Levels of Impact of HIV on Children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
</tr>
<tr>
<td>Parental illness and death; children dropping out of school; continuous trauma, stress and depression</td>
</tr>
<tr>
<td><strong>Household</strong></td>
</tr>
<tr>
<td>Poverty due to loss of earnings; costs associated with parental death; property grabbing</td>
</tr>
<tr>
<td><strong>Community</strong></td>
</tr>
<tr>
<td>Safety net structures that normally assist children become overwhelmed</td>
</tr>
<tr>
<td><strong>National</strong></td>
</tr>
<tr>
<td>Government structures, such as health-care delivery, law enforcement and food security systems may collapse, or become politicised</td>
</tr>
</tbody>
</table>

**Group sharing:** Ask participants if HIV has had an impact on them at individual, household or community level. If anyone is comfortable to talk about their personal experience, focus on this. Draw out their stories, emotions and feelings. When they have finished, thank them for their openness and highlight to the others that it is their right to express themselves freely. Children should also be encouraged to do so, but ensure that they do so in a protected environment.

![Figure 3](image-url)
Activity 3: Writing A Will: Discussion Of Two Case Studies

Introduce the topic of property grabbing and the importance of Will writing for children, remembering that children need constant protection.

After children lose their parents, the family and relatives have been known, in many cases, to disrespect children as the lawful owners of the family’s assets. We usually refer to this as ‘property grabbing’. These children, having lost their parents, are already vulnerable and disadvantaged. They are often not aware of their rights and they may end up on the street, facing even greater risks, such as sexual, physical or emotional abuse. This situation increases their risk of contracting HIV.

Sekuru Jaya narrates one case study on property grabbing.

I would like to tell you Peter’s story. At the time of his death, Peter was a single father in his 50s. His wife had died a few years earlier. He owned land, houses and bottle stores in Bindura. He was wealthy and had seven children whom he loved dearly. He had planned for them to all go to university and saved money to pay for their education. He was very proud of his children and worked very hard.

Peter became ill with a series of HIV-related illnesses. During his last months, he asked his older brother to take care of his children after his death. He also requested his brother to take care of his properties, which would provide sufficient income for a good education. Peter signed all the administrative powers over his bank accounts and properties to his brother, allowing him access to the money for his seven children.

When Peter died his brother became a rich man and the children were left destitute. They did not all finish school because their greedy uncle ‘grabbed’ all the property and money.

And now, here is Joyce’s story. Joyce’s sister, Josephine, died of AIDS. Josephine’s husband continued to care for their three children, but he died shortly after. John, his brother, took over the family property, promising to take care of the children, but this did not happen. Instead, he kept the property for himself and there was no money for the children to go to school and not enough for them to eat properly. They were always hungry and were eventually sent away from their home to their aunty Joyce.

Joyce tried to speak to the children’s uncle many times, but he would not listen. She thought of how bleak their future would be, and was sure that the children would one day ask her why she had not protected them. She took the uncle to court and eventually the children were given back their land.

Because of Joyce’s courage, the children were ensured a better future and were able to return to school.
Divide the participants into two groups for separate discussions as follows:

**Group 1:** Write a different end to Peter's story by writing his Will. They must include the seven children and give realistic accounts of his properties.

**Group 2:** Discuss Joyce's story and write a different end to it, showing Joyce helping her sister and brother-in-law, before their death, to write a Will to protect their children's property. The group will write her Will.

Note: a template for a simple Will is given in Appendix 2, with important notes.

Each group then reads out its Will, following which the whole group discusses the topic.

**Important points to remember when writing a Will:**

- A person must be over 16 years of age
- The writer must sign the Will in front of two witnesses
- The signature must be put close to the last words
- Every page of the Will must be signed
- Witnesses must also sign each page of the Will
- Witnesses should not be beneficiaries
- A person who cannot write can have the Will written for him/her but it should then be certified by a magistrate or commissioner of oaths
- The Will can be written in any language
- Any dependants who were under the maintenance of the deceased should benefit from the Will.

**Contents of a Will:**

- Full name of Will writer and the date when it was written
- Name of beneficiaries in the Will with ID numbers or birth certificate numbers and their dates of birth, plus a description of property to be given to each person
- Name of the executor
- It is important that people write responsible Wills. A Will should not be used to disinherit people who are dependants in terms of the law
- The Will should also contain the appointment of a guardian, should the writer still have minor children at the time of death.

Source: M. Mawire, Just for Children, 2008

**Group sharing:** Discuss the following with the group:

When children look after sick parents, they also need increasing care and support as their parents become more ill and eventually die. This can enable parents to live longer and prepare for death and succession, which is an important aspect of children's rights, so bring into the discussion the following:

- Parenting is continuous, and children have the right to communicate.
- Inheritance for children can be assured through the family and traditional courts.
- Will writing is important and if there is no Will, community heads must ensure that children are given their parents' inheritance.
- Plan for the future through investments, e.g. in livestock.
Now, stimulate discussion as you raise the following questions

- Do you have your own Will?
- How would you deal with this if you were a child (consider Wills, laws or the use of community courts)?
- How could you find support from your community?

Who could you trust to assist you to claim what is lawfully yours?

SOME USEFUL TIPS FOR THOSE WORKING WITH CHILDREN

- The best way to protect the property rights of their children is for the parents to write a Will before they die
- The Will must be kept in a safe place and the children and a trusted family member or friend should be told where it is kept
- They will need to refer to local customs and laws
- Land property is the most valuable resource for a child’s future
- Parents and community leaders should help parents keep their land because there is a tendency to sell land to pay for food and medicine, when people become sick.

Topic 2: What Increases the Risk of HIV Infection in Children?

Abdul collaborates with the Trainer and assists in introducing this session. For ease of discussion, we will explore vulnerable children in the 0 to 8 age group in this session because some of the factors that vulnerable children experience in this age group differ from those faced by older children.

On non-discrimination, the CRC says that all rights apply to all children without exception, and the State must protect children from any form of discrimination. Your country and Government must not violate any of your rights, and must take ‘positive action’, meaning it must really do something to promote the rights of the child.

Explain the facts. Emphasise that HIV-related illnesses are a major cause of child death, and that this is reversing gains made in child survival programmes. Now, open up a group discussion on what increases the risk of HIV in children. Begin with parent-to-child transmission (PTCT), then move on to stigma and finally deal with nutrition. Note any important points raised by participants on a flip chart, so that they are not lost from this and later discussions.
HIV affects young children in the following ways:

1. **Parent-to-child transmission (PTCT)**
   - Globally, almost two-thirds of new infections that occur in children are through PTCT.
   - Although Voluntary Counselling and Testing (VCT) is available to women, there is a fear of stigma that dissuades them from being tested.
   - As many as 30% of children born to HIV positive mothers will be born with HIV, if there is no PMTCT intervention.
   - Traditional birth attendants sometimes deliver babies for women who have not been tested for HIV. Prolonged labour for these women makes HIV transmission to the baby during birth more likely.
   - Transport costs are high for women to travel (usually) long distances to public health facilities to obtain PPTCT services.

2. **Stigma and discrimination**
   - Affects babies, infants and children whose parents are known (or suspected) to have died of AIDS.
   - Orphaned children tend not to receive much needed health-care because it is assumed that they are infected with HIV and their illnesses are untreatable. They may also be denied access to antiretroviral drugs (ARVs) because child-friendly medications are difficult to access.
   - Orphaned girls are discriminated against in child-care settings; in school by teachers and other pupils; at church gatherings and at community and social centres.
   - Children born to HIV positive parents are believed to be HIV positive.
   - It is important not to make assumptions of the health status on the basis of how a child looks (commonly called ‘visual diagnosis’). Many other illnesses cause similar symptoms to HIV and a child can be denied proper treatment because of carers making this kind of assumption.

3. **HIV, nutrition (and health)**

Also refer to the final section of the manual on health and antiretroviral therapy. Correct information on optimum infant feeding is necessary so that it does not become life-threatening for 0 - 5 year-olds.

   - Overcrowding creates unhygienic conditions for small children. This arises from too many people living in the same household, producing an ideal environment for the spread of TB. Young children are much more susceptible to TB infection than adults, as their immune systems are not yet fully developed.
   - Provide nutritional information on essential foods for small babies, i.e. locally available products with the correct nutritional values; how to prepare safe, well balanced meals.
   - Vulnerable children subjected to trauma (such as the deaths of parents) may experience frequent illnesses and sub-optimal growth. This is not necessarily an indication that the child is HIV positive.
   - Psychosocial support is a necessary strategy to support even small children.
   - Understanding and coping with HIV in young children is a significant challenge for carers.
   - Small children are likely to suffer the common infant illnesses, such as respiratory tract infections, diarrhoea and high fevers, which are more than usually dangerous if the child is also HIV positive.
4. Loss of family

- Children cared for by elderly grandparents face being orphaned for a second time when their grandparents die.
- Elderly grandparents may not have sufficient income to feed children adequately, or to send them to school.
- Many extended families are unable to care for orphaned children within one household. As a result, siblings are separated and placed among several families and households. The dialogue feedback described this process as ‘tormenting’ to children, and as a form of emotional abuse.

**Topic 3: Psychosocial Support – The Process**

It is important to explain the psychosocial support process to participants.

Display, or draw on a flipchart, a large version of the diagram below so that participants can see how the concept of psychosocial support is broken down and used to build children’s strength.

**Simplifying the Concept of Psychosocial Support**

- **psycho**
  - An emotional and spiritual process that cannot be seen as it takes place in a person’s mind
- **social**
  - The relationship between an individual and the people around her/him
- **support**
  - A way of keeping something from collapsing, sinking, or slipping. A child can be supported to deal with issues around her/him

*Figure 4*
Psychosocial support tools include counselling, support groups, memory boxes, play therapy, kids clubs and resilience-building activities.

Some examples are:

- Kids Clubs initiated by some CBOs in association with the Regional Psychosocial Support Initiative (REPSSI) are helping children to cope with grief, pain and loss, and encouraging increased participation of community leaders and volunteers in programme activities.

- The Tree of Life programme enables children to share their personal strengths, joys and challenges, and focus on a brighter future.

- Creation of **memory books** that contain photos, family trees, anecdotes about their parents and other important family information. The books may also be used to break the news to children that their parents are HIV positive. The parents and child work together to fill the book with information about the child’s identity, history, family and so on. Later, following the death of the parent, it may become a cherished memento. In cultures where it is taboo to discuss death, the memory book may provide critical psychosocial support to families facing a difficult future (Horizons, 2003).
Group sharing:

Discuss the following issues based on Topic 2 and Topic 3 with the whole group. Remember that this is Day 1 and the purpose is to highlight the issues/challenges that children confront. Your task as Trainer is simply to put them into context at this stage. The need to develop or map community solutions whilst introducing these issues might arise, but explain to participants that solutions will be explored in the second half of the training.

- Recognise and understand the roles of both women and men in the prevention of HIV in children.
- Encourage community-based responses that reflect the culture and values of the families and communities, and support the coping mechanisms that families are already using.
- How can HIV testing be encouraged to increase the uptake of PMTCT by women?
- What new strategies can we create to communicate with, and listen to, small children?
- What other opportunities exist for care-giving and protection through home-based care and home visits?
- Global programmes, such as the WHO, and national AIDS programmes which are not targeting this age group.
- Advocacy – national policy frameworks need to include HIV in early childhood development (ECD) programmes and integrate ECD initiatives into national AIDS plans, e.g. Training and Resources in Early Education (TREE) in South Africa trains women to establish early childhood education programmes in communities affected by HIV.
- What are the opportunities for advocacy through the media?

Topic 4: Access to Healthcare and Antiretroviral Therapy (ART) for Children

Abdul introduces the final information section for Day 1:

Introduce the information sheet below on health and ART. Again, use the KISS strategy: Keep It Straight and Simple, by bringing out the issues/facts and clarifying any misconceptions as a group.
ACCESS TO HEALTHCARE AND ANTIRETROVIRAL THERAPY FOR CHILDREN

The CRC states (in summary) that children have a right to the highest level of health possible, which includes a right to health and medical services, with special emphasis on primary and preventive healthcare, public health education and the reduction of infant mortality.

In Zimbabwe, poor health infrastructure, long distances, the cost of medication, stigma and conflicting messages about treatment options often prevent children from receiving appropriate medication and medical care. Some religious groups also deny children their rights to health-care.

Key issues:
- HIV positive children require antiretroviral therapy (ART) in a form that suits their age, e.g. as a liquid or syrup. Ideally, children's initial doses should be administered by clinic or hospital staff, who should teach carers the proper method of giving children medication.
- Dosages need to be adjusted in accordance with the child's weight, so the child's treatment needs will change as he/she grows older. This is critical to ensure that the dosage of drugs continues to be appropriate as they grow.
- Health facilities should provide adequate medicines and help to teach children how to take these medicines in the correct manner.
- Sex education is also an important role for the health-care system, to ensure that children receive correct information from as many sources as possible.
- VCT should be encouraged with the support of the community. The dialogues suggested that both girls and boys be tested for HIV before marriage, and that counselling should be given on HIV prevention and living positively.
- A Panos study (2006) indicates that it is possible to achieve universal access to HIV treatment, but it is necessary to step up efforts to reduce the social and economic vulnerabilities of individuals and countries. Realising children’s rights is a major part of this response.

End of Day 1 evaluation

Go around the room and ask each participant to describe in one sentence which was the most useful session and why.
By the end of Day 2, participants will be able to:

- Better understand why vulnerable children are targeted and violated.
- Be aware of the various forms of violation and abuse that children face.
- Know the meaning and purpose of identity for children.
- Understand why every child should have an education.
- Know why girls and boys should be treated equally and fairly.

Introduce the activities for the day. Day 2 begins with a brief recap of the important points from Day 1, and then moves on to discuss further factors that lead to the vulnerability of children, noting that the increased vulnerability of many children is resulting in an increase in violence against them. It includes a brief slide show or presentation, that highlights some of the disadvantages children face in relation to HIV. There is also a fun exercise on Values Clarification, which helps to explore the importance of listening to the dreams and aspirations of children. Handout 2 will then provide participants with information on the topic of Identity and Education for children. Finally, ‘gender discrimination’ in relation to girls and young women in the context of culture and HIV, will be discussed based on a case study.

The challenge for participants on Day 2 is to approach these sensitive issues with an open mind and to remember that their views are important.

Jane shares some background information with the Trainer and participants.

Here are some facts that I have found out. Violations of children take place in the community and very little is done about it. Children are afraid to speak up about these violations, and adults pretend that they do not know, particularly if the perpetrator is a relative or the breadwinner of the family. It is the duty of teachers, religious leaders and police officers to protect children. However, these same people can also forget their proper roles and become perpetrators of violence and harm to children. The children I talked to see a need for their parents or guardians to play a role in protecting them, and this includes taking them to the clinic or to the police if an incident has occurred.
Note to Trainer before presentations: The community dialogues reflect that parenting is a continuous process. It was found that many adults were against the legal age of majority. This was thought to be because of general attitudes towards children, including the adults considering themselves superior to children, and adults perceiving their children as their belongings. Throughout this training process, we examine how this sense of ownership can be broken down, so that children and parents can live a healthy, protected life without parents assuming so much control, that the child’s own needs and individuality are not respected.

Ask participants how they think children are abused – at individual, household or community level. List the responses on a flipchart, then go into the slide show or presentation.

This Section is most effective as a PowerPoint slide show in which the Trainer will show three slides that depict different situations, in which children’s rights are violated. It might be a good idea to call on individual participants to co-facilitate. Group sharing will take place after each slide is shown, because although these topics are overlapping, they each represent a particular sensitive issue that should be tackled individually. It is important to have as much participation as possible in the discussion. Refer to Appendix 4 for a list of relevant children’s policies to help the discussions.

**ACTIVITY 1: HOW CHILDREN’S RIGHTS ARE VIOLATED**

**Slide 1 – Intergenerational sex and forced, early marriage**
The following points should be raised with regard to intergenerational sex:

- Young girls and some boys engage in, or are coerced into, sexual relationships with older partners. Note that where the girl is under 16, she is not considered legally able to give her consent, and this is called 'statutory rape'.

- Older men have more sexual experience and more power in the relationship; they are also more likely to have been exposed to HIV.

- Sleeping with a virgin is said to 'cure' older men of HIV.

- Sleeping with an albino is said to 'cure' older men of HIV.

- The average age for onset of sexual activity for boys is 14.8 years, while for girls it is 16.8 years.

- Primary motivations for girls engaging in sexual activity are marriage, money and material gifts, while for boys they are the desire to gain sexual experience, and the need for food, alcohol or money.

- Incest is on the increase, but because it is a sensitive topic that is rooted in family relationships, it is never spoken about.

- Older men may become violent if girls refuse sex or insist on the use of a condom.

**Group sharing:** The following points should be raised concerning forced, early marriage:

The rights of young girls are violated when they are forced into marriage with an older man, whether he is HIV positive (which is likely) or not. Furthermore, there is a belief that an HIV positive man can be cured of HIV by sleeping with a young woman or girl who is HIV negative. This is a modern day myth, and an example of how quickly culture can adapt, even if the change is negative! The man will not be cured but the woman faces a very high risk of being infected with HIV.

- Young girls are often forced into early marriage, usually to older men. This is associated with high levels of HIV infection because, as discussed above, older men are likely to have been with more partners, and the risk of their being HIV positive is high. In one example, a girl in Grade 2 (6 or 7 years old) was pledged to an older man who buys groceries for the child, until she is old enough to marry.

- There is a preference among older men for very young women as wives or long term sexual partners, because they are perceived as HIV free. In fact, partly because of this preference, younger women in this region are MORE likely to be infected with HIV!

- Younger women are also seen to partake in these activities because of peer pressure and the need to experiment with sex at an early age.

- Early marriage is often for economic (hunger, poverty) or religious reasons: For example, the apostolic church (vapostori) expects girls to marry older polygamous men as a way of meeting God’s expectations.
**Group sharing:** The participants should discuss the following, along with any other issues that they raise themselves:

- As an adult working to uphold children’s rights, how do you feel about intergenerational sex?
- How do cultural practices, such as for example boy child sodomy, affect the rights of boys?
- If a situation of intergenerational sex were to happen to you or your family, what would you do?
- What can children and adults in your area do to promote children’s rights to protection?
- What structures are in place to make this happen in a sustainable way? Refer to policies you know of, Government programmes, NGOs, child support programmes, community activities, etc.

The following points should be raised:

- Weak family networks may mean that children are not cared for by extended families.
Some children do not have adult relatives with whom they can find refuge. They have to look after themselves, and often care for younger siblings as well.

Some households are headed by children as young as 10 years old, with little adult supervision or input.

Group sharing: Discuss the following, as well as any points brought up by the participants.

- How does this situation make you feel as an individual?
- If you were a community leader, how would you mobilise the community to address this?
- What laws protect children from having to assume adult roles and responsibilities (Children’s Act)?
- How can the community help to protect and keep the members of child-headed households safe?
- What can local NGOs do to help?

Slide 3: Child labour

Time taken

- Load
- Labour
- Tasks

Age of Child /Capacity

Respect of other Child Rights
In towns, vulnerable children are forced to work as street vendors, or as domestic workers. In rural areas, vulnerable children are frequently engaged in agricultural labour (inside or outside their own household) or they may end up working in mining areas. Some children become care providers in households with elderly or sick relatives. Child labour is sometimes performed in exchange for an education, but often the work prevents the child from attending school or means that they have insufficient time or energy to study. Girls are expected to perform more household chores than boys. Often these chores - fetching water from a well or river, working in the fields, etc – take them away from the relative safety of their homes and place them at risk of abuse.

**Group sharing:** Discuss any points that the participants raise and make sure that the following are covered:

- Do you think child labour is in the best interests of the child, as spelled out in the CRC?
- Do cultural values promote this practice, or not?
- What family networks, if any, are in place to reduce this?
- What can be done to empower young children, especially girls who are exposed to child labour and/or exploitation?
- What about child trafficking, which is on the increase?
- What can help boys especially with the roles they assume, e.g. touting for bus passengers?
- What other activities can the community support for children that build and strengthen them, whilst also enabling them to generate some income?

**ACTIVITY 2: CHILD ABUSE**

The subject of child abuse is complex and very serious. Among other things, this is a practice that has deeply negative consequences for young people in the face of HIV.

Start by reading the following media report that indicates that sexual abuse is not a new practice in the community:

As far back as 1997, a three-year-old boy was congratulated by a magistrate for reporting that his 10-year old sister had been sexually abused in Hwedza. The girl was afraid to tell her parents.

The Herald stated, Courts, the legislature and the Zimbabwean community regard this offence as extremely serious and had it not been for the alertness of this three-year-old, this crime could have died a natural death.
Now, divide the participants into groups and assign one form of child abuse to each group to discuss, in four groups. Remind participants that, although these forms of abuse have been selected as topics on their own for group work, there will be some overlap in the discussions.

**Group 1:** Neglect.

**Group 2:** Sexual abuse.

**Group 3:** Emotional abuse.

**Group 4:** Physical abuse.

Each of the groups should discuss the following questions in relation to its topic:
- What happens under this type of abuse?
- What signs are there to indicate that this type of abuse has happened to a child?
- How can we help in preventing this type of abuse?
- How can we help once this abuse has occurred?

The groups return to give feedback on this and the Trainer notes down the main points from each.

Make sure that the participants have a good understanding of the signs that a child is being abused. By the time all the groups have reported back, all of the following signs should have been mentioned:

- Bruises and cuts visible on the child’s body.
- Serious injuries, such as limping or loss of eyesight.
- Nightmares, depression or anxiety.
- Displays of aggression or anger.
- Change in personality, such as loss of confidence and self esteem or general sadness.
- Nervous, and jumpy or reserved behaviour.
- Fear of members of the opposite sex.
- Poor performance in school.
- Malnourishment, sickness or tiredness.
- Homelessness.
**Group sharing:** How can we help as individuals and as a community? Discuss the following solutions as a group:

**Neglect**
- Encourage the community to offer support to children and parents/guardians.
- Encourage community networks to get involved in severe cases.
- Empower parents/guardians by teaching good parenting skills.
- Provide counselling for the child or family.

**Sexual Abuse**
- Educate the community on the dangers of sexual abuse.
- Involve communities and police.
- Report any known or suspected case.
- Offer psychosocial support and medical treatment.
- Educate parents/guardians in not judging the child.
- Develop guidelines to assist community members to identify child abuse cases.
- Set up networks of children helping children.
- Increase use of victim friendly courts.
- Make use of the Criminal Codification Act which allows anyone, even a neighbour, to report on such cases.

**Emotional Abuse**
- Offer love, support and security to the child through hugging, holding and cuddling.
- Ensure you understand the problem and take appropriate action in the best interests of the child.
- Provide psychosocial support to the child.
- Help build the child’s self esteem and let them know that they are special.

**Physical Abuse**
- Caregivers should be educated in the advantages of bringing up children well.
- Let care-givers know the dangers of abuse and the lasting effects this can have.
- Take the child to the clinic or doctor for treatment of their injuries.
- Educate children on their rights to empower them.
- Encourage a child to report bullying and follow this up by talking to teachers or community leaders.
ACTIVITY 3: AGREE OR DISAGREE

In all these issues we have been discussing how culture and its practices have a direct impact on children. We have seen that there is a high risk of HIV transmission in each case. You are being given one green card and one red card each. I’m going to read out a series of statements. Please hold up the green card if you agree with the statement or the red card if you disagree. Then, let’s discuss our viewpoints.

The statements:

- “Children should be beaten to teach them right from wrong”.
- “Children should be seen and not heard...or only speak if an adult speaks to them first”.
- “Parents should not discuss sex with their children, even if the child is already sexually active”.
- “It’s alright for a 15 year old girl to have sex with an older man, as long as she agrees and knows what she is doing”.
- “It is acceptable for a young girl to be married, as long as the family is happy that the man is a good person and he has paid lobola.”

Remember to point out that there is no right or wrong answer. The exercise is useful to show how culture and the way children are treated may overlap and threaten children’s rights.

Group sharing: What can be done to stop child violations? Make sure you know the names and contact details of organisations working in your area that can assist, and supply these to participants. Appendix 6 is a useful reference. Find out what ideas the participants have, and ensure that the following points are covered:

- Encourage adults to communicate more openly with children, ensure they are supervised by a trusted person, and that they are safe at all times.
- In the community setting, have the courage to report cases to trusted relatives, family members or a responsible outsider (including the authorities).
- Develop individual and community strength to promote child rights collectively.
- Identify those organisations and individuals who can assist. For example, organisations such as the Girl Child Network work against child sexual abuse, while Redd Barna has a guided children’s movement to protect child rights.
**TOPIC 1: When I Grow Up, I Want To Be...**

This session discusses children’s rights in relation to identity and education.

*Gogo*

I believe that naming a child is a special right for children, and it must be done with care, love and meaning. Through their name, a child is identified and recognised as an individual, in the household, in the community and as part of the nation. Names live with a child forever, so it is important to give children positive names that will contribute to their development of a positive self image. But we know that identity and registration for children are still problematic in some southern African countries, and this can have a negative effect on children as they enter their school years.

**Group sharing:**

- What did this role-play teach you about maternal and/or paternal roles?
- What do young girls dream of?
- What do young boys aspire to be?
- How does the family of origin impact on the development of young children?

**Topic 2: Upholding Children's Rights - Identity and Education**

Brighton wants to help the Trainer ....

This next session focuses on two important rights issues that are integral to children’s survival and development – identity and education.

Distribute Handout 2 and choose three volunteers from the group to read out the three sections of the Handout.
Group sharing: A major issue on identity and education is how we can ensure that children are given their basic human rights, for example, to birth certificates and social security. The following are some ideas, and participants may have others:

- Mobile registration units should be established in communities to allow children to be registered and issued with birth certificates.
- The National Orphan Care Policy makes provision for birth certificates to be issued to orphaned children, so a campaign to make parents and caregivers aware of this would be appropriate.
- The stated objective of the policy is that all children in Zimbabwe should be registered by 2010.

Building the capacity of children to meet their need for education

The key issues in building the capacity of children so that they are better able to meet their own educational needs are:

- Develop child-friendly income generation projects that are sustainable and allow children to become self-sufficient, but do not take up all the time they need for their schooling.
- Enrol children in the school system and avoid pulling them out of school.
- Use family education mechanisms and school systems as entry points, to identify vulnerable children and assist them.

Group sharing: Discuss with the participants:

- What education assistance interventions are possible that would target children with direct assistance, such as providing fees, uniforms, books, etc?
- What are the benefits and challenges of direct assistance?
- Sound practices, such as block grants to schools for orphans’ fees, and resource exchange, as an alternative to cash for fees, uniforms etc.

**ACTIVITY 5: ADAPTING THE KELLEHER FRAMEWORK FOR COMMUNITY EMPOWERMENT TO CREATE POSITIVE CHANGE FOR CHILDREN**

This exercise uses the Kelleher Framework to develop effective strategies to provide children with (a) proper identity (b) birth certificates (c) access to education. Divide participants into three groups, a, b and c. Draw on a flip chart, or mount the Kelleher Framework, on a wall for participants to see.
The CRC states, in summary, that the State must recognise the inherent right to life, and it must ensure the child’s survival and development.

This handout describes challenges that children face when they are denied their basic right to identity, and how these challenges follow them when they enter their school years. The section on education for vulnerable children is important, because the need to go to school was a priority that children themselves identified in the dialogue discussions.

**Birth certificates**
A major problem confronting children in Zimbabwe is access to birth certificates. Children without this important identity document feel excluded, and they face an increasing number of challenges as they grow older.

- The majority of disadvantaged children in Zimbabwe do not have birth certificates.
- Many of them do not even know their parents’ names.
- As a result, they face difficulties in accessing essential services and resources, including enrolment in schools and qualifying for national examinations.

Children develop fastest in their first 6 years of life, so during this period they need access to early childhood education through enrolment in pre-schools.

**What's in a name?**
Culturally, children are seen as a gift from God, but communities have failed to embrace this blessing, resulting in negative naming of children. Whilst positive names such as Blessing and Charity demonstrate love, the dialogues described children with inappropriate names such as Nhamo (problem) and Hazvinei (it doesn't matter). Once they are given a name like this, the child is already labelled and is likely to suffer from low self-esteem or poor confidence as a consequence.

Another level of identity for many Zimbabwean children is their mutupo (totem). This has the potential to enhance their sense of identity and belonging, and their ability to take part in the process of reinforcing traditionally respected family values and pride.

**Education**
Children orphaned or affected by HIV, particularly girls, tend to be withdrawn from school. Many families that have been affected by HIV face economic difficulties or severe poverty. In this situation, children are frequently deprived of their right to education. In a study carried out in Zimbabwe on orphans and vulnerable children, school assistance was cited as a priority, ahead of psychosocial support, food or clothing.

**The facts are disturbing:**
- OVC in urban settings and poor communities are 30% less likely to attend school than other children.
- Of those children not attending school, 90% cited a lack of funds as the main reason for their non-attendance.
- Even when able to attend school, classrooms are overcrowded and teachers sometimes go unpaid; this is compounded by a lack of learning equipment.
- OVC also face stigma and discrimination, because it is often assumed that their family has been affected by HIV, but this is still not openly discussed in most communities.

Source: CRS: Strive, 2004
Explain the process towards creating environmental change, beginning at individual level (making individuals conscious or aware of their knowledge) and also understanding existing support structures/services that may be in place, such as access and availability. Then explain that importance of community efforts through the engagement of informal (beliefs, norms, values, attitudes) and formal (laws, policies, institutions) resources that together can help to create environmental change.

After the Kelleher process for community empowerment has been explained, ask the three groups to discuss the topics of identity, birth certificates and education, using this tool.

Each group chooses a report-back person who then uses the Kelleher structure to explain how to map possible solutions to the identified topics.

Group sharing:
Discuss the process as a group in terms of:

- the value of using the Kelleher community empowerment framework.
- group participation, dynamics.
- sharing of experiences.
- identifying issues/challenges.
- finding ways to deal with the challenges through community participation and formal and informal institutions.

Topic 3: Discrimination Against Girls

CASE STUDY: LILLIAN’S STORY ON DISCRIMINATION AGAINST GIRLS

Lillian was 12 years old when her mother became sick. For months, she had to take care of her mother, her baby brother and her 7-year-old sister. She had not attended school since her mother fell sick.

Just before her mother died, Lillian’s uncle came to her with a solution. Lillian and her brother could keep their property if Lillian married Tawanda, a friend of her father’s, who had just lost his wife. She had no choice.

Five years later, Lillian sits with her friend and reveals her inner feelings. She wishes she had been able to finish school and become a nurse, instead of becoming the wife of an older man. She had not been ready to get married so young and now has two small children. She wishes for a proper life – that of growing up as a child.
Ask one participant to read out the above case study, then in ‘buzz groups’, i.e., participants face the person sitting next to them, and in pairs, discuss the following questions:

- What extra difficulties do girl orphans face?
- Of these, which difficulties only affect girl orphans?
- How can the family protect a girl orphan from these situations?
- What were the problems with Lillian’s uncle’s idea?
- What could have been done by the family or the community to find a more appropriate solution?

Following the discussion, the pairs should share their thoughts in the wider group.

End of Day 2 evaluation

Draw three faces on the board or flip chart, one smiling, one neutral, and the other sad. As they leave the room, ask participants to tick the box that best reflects the day’s proceedings for them as individuals.
At the end of Day 3, participants will:

- Have an improved understanding of the difference between traditional children’s roles and rights and modern day children’s roles and rights.
- Be able to undertake a mapping exercise to provide solutions to community challenges.
- Understand the role of parents and communities in relation to child rights, culture and HIV.
- Take into consideration gender roles when upholding children’s rights in a cultural context.
- Be prepared to support community action.

**ACTIVITY 1: ROLE-PLAY ON IDENTITY: THREE PHASES IN THE LIFE OF NOMATTER**

The first activity is a role-play, which helps the participants to review Day 2 and move forward into the discussion of new issues. The role-play is called: Three phases in the life of Nomatter.

The choice of the name Nomatter is deliberate, and comes from the dialogue discussions with children. ‘Nomatter’ is an example of adults giving children – in this case, a young girl – inappropriate names. This was discussed in the last session on Day 2. Giving a child such a name may cause them to have low self esteem.
As we have discussed, children have the right to a meaningful name, and identity documents, such as a birth certificate, and an identity card. This game is based on a true story.

Choose different participants to carry out the role-play for each phase of this activity, to make the training more participatory. Refer beforehand to Appendix 5 on how to conduct an effective role-play.

Background

Nomatter is a girl who was left at the district hospital by her mother who died of AIDS. Her father had denied her, so she had no paternal family name. The carers at the hospital asked for a name for her, but nobody could respond. 'Okay', decided the carers, 'Your name is Nomatter!' They were unable to get a birth certificate for the child because neither parent was present. The girl's grandmother, who was already looking after Nomatter's elder brother, Lucky, eventually came to fetch her.

Instruct the participants that they are going to perform different role-plays about three phases in the life of Nomatter – first as a little girl (3 years) then as a Grade 3 school entrant (8 years) and then as a Grade 7 student. Please follow the rules for each situation. Make sure you do not leave out any of the tasks.

Scene 1

It is Nomatter's first day at pre-school. The senior nurse knows the school head and has convinced her to take Nomatter in, although she does not have the necessary documentation. The head agreed to take Nomatter in, as long as the birth certificate followed. Nomatter is ready for school, and is young, bright and energetic. She is nervous but excited. Her big day finally arrives. She will meet new friends and learn how to write her name.

Create a situation and perform the role-play around the following:

- The difference between Nomatter and the other children who have a 'proper' name.
- The reaction of Nomatter's class teacher, and the maputi man at the school gate to her name.
- The attitude of the health worker who wants proof of birth registration.
- How Nomatter feels about her name - any positive or negative reactions.
- One person in the school community, being aware of Nomatter's rights, and how this person and others can help Nomatter.
- Those in the broader community who could help Nomatter.
- Those legal bodies that could help or advise her.
Scene 2

Nomatter is ready to begin Grade 3, but there is no money for uniforms and shoes. Her brother, Lucky, will continue to go to school, while she stays at home and helps her grandmother with the household chores.

Play the scene, with particular reference to:

- Nomatter’s reaction when she is told she has to stay at home.
- A conversation between Nomatter and Lucky in which they discuss the different roles of girls and boys.
- How you could change Nomatter’s situation.
- What rights are enshrined in national legislation concerning education for girls.
- What the community could do about discrimination against girls.
- The support structures, eg school-based clubs, in place to remedy this situation.

Scene 3

Nomatter is ready to write her Grade 7 examinations as preparation for secondary school. The school authorities insist on a birth certificate or else she will not be registered.

Create and perform the role-play, bearing in mind the following:

- Nomatter telling her teacher about the district hospital where she was cared for before her grandmother took her.
- The school head questioning Nomatter about her background.
- Fellow school children making fun of Nomatter and teasing her about being an orphan.
- The community’s perspectives on children who are orphaned by AIDS.
- The isolation, rejection and loneliness expressed by Nomatter as she talks to her best friend.
- Support by the authorities through education assistance.
- The empowerment of Nomatter, her friends and the school
- Eventual empowerment and sensitisation of the community.
TOPIC 1: Making sense of children's legislation

I know that I am protected because I have been told that the governments of southern African countries have signed most of the big documents on children's rights. Once a government agrees to sign a document, which is often called a 'convention', it becomes ratified as a law in that country. In other words, by agreeing to sign, the country has to look after all the rights that are mentioned in the document.

The international and regional conventions and other arrangements that Zimbabwe's Government is a signatory to include:

- the Convention on the Rights of the Child (CRC).
- the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS.
- the Millennium Development Goals (MDGs).

At national level, children's laws include the:

- the National Action Plan for Orphans and other Vulnerable Children.
- the Children's Protection and Adoption Act.
- the National Programme of Action for Children.
- the National Orphan Care Policy.
- the Education Act.

A list of children's laws at global, continental and national level can be found in Appendix 5.

Emphasise that it is important for the participants to keep referring to the policies, and legislation that relate to the topic they are discussing. This will give them tangible examples of how things should work in favour of children, and strengthen their skills to act upon, and share, this information. For example, the UNGASS commitment represents an important international goal that most southern African countries also aspire to, so it is useful to examine new developments since it was launched in 2001.

To achieve the global goals agreed to in the UNGASS Declaration of Commitment on HIV and AIDS, UNICEF has recommended the following priority action areas: strengthening the capacity of families; mobilising community-based responses; ensuring access to essential services for children and OVC; ensuring governments protect the most vulnerable children; creating a supportive environment for children.

**UNICEF Priority Action Areas**

- strengthening the capacity of families
- mobilising community-based responses
- ensuring access to essential services for children and OVC
- ensuring governments protect the most vulnerable children
- creating a supportive environment for children

Figure 5  
Africa's Orphaned Generation, 2003
ACTIVITY 2: STRATEGIES FOR STRENGTHENING CHILDREN’S LEGISLATION

Now, let’s take a closer look at child-friendly policies in Zimbabwe. You are free to offer suggestions that could work for you or your community. Who knows? Your feedback here could very well lead to a change in policy at national level, or to the development of a whole new policy, so have fun, policy-makers.

The Children’s Act is the most important legislation that upholds children’s rights in Zimbabwe. Let us go through its details as a group.

- First enacted in 1936.
- Is the major piece of legislation governing child care and protection in Zimbabwe.
- Role vested in Probation Officer appointed in terms of Section 46 to:
  - Inquire and report to any court on character and environment of child before court;
  - Devise treatment plan;
  - Supervision of persons placed on supervision;
  - Any other duty imposed by another Act or the Minister.

Protection

- Defines children in need of care.
- Provides for removal from situation of danger to Places of Safety.
- Defines possible Places of Safety.
- Prescribes mode of care as follows: parental/guardian with or without supervision; foster care; adoption; and Institutional care.
- Supervision of children for prevention/rehabilitation.
- Registration and inspection of institutions receiving children for care.
- Spells out prevention of ill-treatment, neglect and exploitation of children and young persons.

Below is a table of national policies that protect children in Zimbabwe. Participants should be asked to imagine that they are sitting on a policy board, and that they have the opportunity to make changes or to add to these existing documents. They should work in four groups, each one dealing with one of the policies listed. Use the five UNICEF priority areas, listed above in figure 5, to guide the group discussions, so that they incorporate community response and a protected environment for children.

The suggestions of the group are to be written in the last column of the table below, and will later be transferred onto a flipchart for other participants to see. Each group needs to select one person to do the report back. Hand out copies of Appendix 5 to participants, so that they can refer to these laws to support their feedback.

Once the groups have filled in the last column of the table, i.e. made suggestions for their communities, they should think further to:

- Explain what they would do to monitor and evaluate the existing policy.
- Add to or suggest areas for improvement of, existing policies, for example, if child-headed households were not included in the policy, they should be added.
## Zimbabwe – National Policies and Programmes that Protect Children

<table>
<thead>
<tr>
<th>Policy</th>
<th>Purpose</th>
<th>Beneficiaries</th>
<th>Policy Recommendations</th>
<th>My Community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Strategy on Children in Difficult Circumstances</strong></td>
<td>Adopted in 2000 Capacity building and support Establishes links with local authorities in the provision of care and protection of children</td>
<td>Communities and children in difficult circumstances</td>
<td>Establishes funding mechanisms for community initiatives</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Education Assistance Module (BEAM)</strong></td>
<td>Reduce the number of children dropping out of, or not attending, school because of economic hardship - tuition, levy and examination fees assistance programme</td>
<td>School children in urban and rural areas unable to attend school for economic reasons - Targets children who have never been to school due to inability to pay fees.</td>
<td>Provide school fee waivers to girls and boys at primary and secondary school levels - Policy frame work aims at 25% of those enrolled - Community participation in selection of beneficiaries through School Selection Committees</td>
<td></td>
</tr>
</tbody>
</table>
## Zimbabwe – National Policies and Programmes that Protect Children

<table>
<thead>
<tr>
<th>Policy</th>
<th>Purpose</th>
<th>Beneficiaries</th>
<th>Policy Recommendations</th>
<th>My Community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Orphan Care Policy</strong></td>
<td>Promulgate a package of basic care and protection for orphans</td>
<td>Mainly orphans and children in general communities, as well as care givers</td>
<td>• Establishment of the 6-tier safety net system of orphan care, with a focus on biological nuclear families, extended family, community care, formal foster care, adoption and institutional care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ensure that orphans are accorded all their rights as per the CRC and the ACWRC</td>
<td></td>
<td>• Government to pay school fees and provide uniforms for orphans</td>
<td></td>
</tr>
<tr>
<td><strong>National Plan of Action for Orphans and Other Vulnerable Children</strong></td>
<td>• Developed after extensive multi-sectoral stakeholder consultations</td>
<td>• Scale up responses to situation of children affected and infected by AIDS</td>
<td>• Provides for National Secretarial to coordinate responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Part fulfilment of Government’s UNGASS commitment</td>
<td></td>
<td>• Seeks to increase access to basic services by reaching out to at least 25% of OVC</td>
<td></td>
</tr>
</tbody>
</table>
ACTIVITY 3: A RIGHTS-BASED APPROACH TO CHILDREN: COMMUNITY MAPPING EXERCISE

Ask participants to prepare an area of the training space so that the whole group of participants can work together, or a few smaller groups can work separately. They may wish to clear an area to work on the floor or they may prefer to place several tables together. Each working group of participants will need a large sheet of blank paper. They will also need a copy of the Dialogue Chart for reference purposes.

Now we are going to do what is known as a ‘mapping exercise’, so I hope everyone is ready to participate actively. We will use the dialogue chart developed from community dialogues with children and adults. With this information, let us work together to draw a very large community map. This will be a participatory exercise in which everyone has a role.

First let’s draw the roads leading to people’s homes, the local school, the water well, the grinding mill, the store, trees, rocks, small roads, and people going about their daily lives, e.g. collecting firewood, riding bicycles, walking, fetching water, etc. Also draw or point out (using arrows) the important places you know but might find hard to reach, for example, the district hospital, the clinic or the police station. Let’s think about whether there are child-friendly services in the community and include these as well. Somewhere that provides life skills training would be an example of this.
Once the participants have drawn a framework, invite them to return to the map and add:

- The sites of special cultural significance, including those where children might face risk or challenges as a result of cultural factors.
- The sites where children are protected and where their rights are most likely to be recognised.

Some of the possible risk and protection sites are listed in the table below.

**Risk and Protection Sites in a Community**

<table>
<thead>
<tr>
<th>Sites of Non-Protection and Risky Practice</th>
<th>Sites of Protection and Good Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusive uncle</td>
<td>Children praying together</td>
</tr>
<tr>
<td>Child-headed household</td>
<td>Children going to school</td>
</tr>
<tr>
<td>Children out of school</td>
<td>Transport to health facility to collect ARVs</td>
</tr>
<tr>
<td>Child labour, working in the field</td>
<td>Children and adult engaged in making a memory book</td>
</tr>
<tr>
<td>Girl in danger while going to fetch water</td>
<td>Police, clinic</td>
</tr>
<tr>
<td>Doing household chores</td>
<td>Counselling</td>
</tr>
<tr>
<td>Intergenerational couple</td>
<td>Modest dressing</td>
</tr>
<tr>
<td>Gold panning</td>
<td>Teaching of life skills, survival skills</td>
</tr>
<tr>
<td>Adult beating a child</td>
<td></td>
</tr>
</tbody>
</table>

When the participants have exhausted their ideas, ask for a volunteer to choose some of the features on the map – both good cultural practices and negative practices – and to talk about them. Include a discussion on what is accepted as ‘traditional’ or ‘modern’ cultural practice, and use examples, such as open communication between parents. If this is a new practice, discuss how it can either enhance or negatively impact on children’s lives.

Once the volunteer has elaborated upon these, ask the whole group to comment on the relationship between the practices discussed in relation to HIV – the risks, forms of protection and prevention methods. Make sure the group has pulled out the HIV related risks in the community, and refer back to the dialogue chart to see what the children themselves said. Make sure their voices are included.

**A cultural approach to HIV**

Exploring both the positive and the negative cultural implications of HIV, and through a rights-based approach, helps communities to better understand not only their roles and responsibilities, but also those of their children. A cultural approach to HIV is therefore encouraged, to change attitudes and perceptions and promote efforts to slow down the epidemic.
It should be noted that many cultural practices offer potential protection to child rights. Children's vulnerability may increase as a result of abandoning important cultural practices that appear to deny children's rights, but nonetheless provide protection and a safe environment. Education and empowerment are important for communities – both children and adults – to enable them to distinguish between helpful and harmful practices. Remember to refer to the African Charter that emphasises the preservation of dignity, yet cautions against child abuse and neglect.

**Group Sharing:** Use the following starter questions to examine the community mapping exercise, drawing out further points or ideas:

**How did you feel doing this exercise?**

- How do you think negative cultural practices can be addressed, e.g., addressing girls' vulnerability by ensuring that they are protected when going to collect water?
- How can we enforce good cultural practices, e.g., the Dare counselling system?
- What aspects of the patriarchal system need to be adapted to make it suit today's HIV era?
- What negative practices can be modified and how can the vulnerability of children be reduced?
- Which actions would be appropriate for individuals and communities to uphold, in order to empower children's rights?

**Group brainstorm – reshaping culture**

Before closing the session, hold a quick group brainstorm around more positive ideas to support children. Participants should be seated and should be asked to call out:

- Innovative ways of applying culture or reshaping culture to ensure that child rights are respected.
- Ways to modify negative practices, while still respecting positive cultural values and protecting children from HIV infection.

Make sure all the ideas contributed by the participants are captured on a flipchart. You can stimulate the group to think more deeply about the issues by making some of the following suggestions:

We can:

- Protect children's future through income generation that protects rather than harms children (such as zunde ramambo) and by planning for the future through investments in terms of livestock, both large and small.
- Create a banking system for children through providing small loans to allow them to generate income through crops and micro-finance schemes (REPSSI).
- Support each other through caring for other sick people that are not necessarily related to us in order to allow young children to attend school, or have some play time.
- Community-based clubs where children aged 0 – 8 years can attend play centres that are not too far away from their home.
- School-based clubs that offer a safe environment for children, e.g., Girl Child Network.
- Create child-friendly corners and spaces for children within the community.

Hang the community map up in a suitable place in the training space so that the participants can refer to it as the training progresses.
ACTIVITY 4: COMMUNICATION WHEEL: ENSURING HIV PREVENTION, TREATMENT AND CARE

Sekuru Jaya

Now we are going to do the Communication Wheel exercise. It will give you another opportunity to learn through sharing. It’s a useful problem solving exercise that allows each of us to express our opinions through effective communication. That means that we practise the art of listening and talking.

This activity will examine the barriers to healthcare and other services for children. Refer to Article 24 of the CRC which states, in summary, that the child should have access to the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health.

Write the following question on a board or flip chart:

**WHAT BEARING DO CULTURAL PRACTICES HAVE ON THE RIGHTS OF THE CHILD IN THE CONTEXT OF HIV PREVENTION, TREATMENT AND CARE?**

This exercise allows participants the opportunity to interact, using a fun communication method. Sitting in two circles, with chairs in the inner circle facing those in the outer circle, encourage participants to converse with each other on the topic. Each chat session should be between one to three minutes long, depending on the size of the group. After each session, call for the outside circle of participants to rotate clockwise, while those in the inner circle remain in their seats.

Ask all participants to share their discussion points and list them on a flipchart or on papers stuck on the wall. Now, group the discussion issues into themes. Once you have done this, discuss possible solutions to each thematic group of problems. In your discussion, try to find ways to empower communities through supportive infrastructure and relevant legislation, for example on health, to create tangible solutions to the problems at hand.

**Group sharing:** Discuss these suggestions to help address access to HIV prevention, care and treatment for children as a right.

- Contraceptives can reduce unwanted pregnancies in young girls, but condoms are still the most effective preventive method to avoid both HIV and unwanted pregnancies.

- There are several ARVs that can be given both to expecting mother and to the baby after birth, that greatly reduce the risk of HIV transmission to the child. Knowledge of, and access to prevention of mother-to-child transmission (PMTCT) services, for women living with HIV and those who have just given birth, is extremely important.

- Access to antiretroviral therapy (ART) prolongs the life of children by lowering the incidence of opportunistic infections, thereby easing the burden on public health facilities.

- Access to health services for children also helps to reduce stigma and discrimination, by enabling children with HIV to live longer, attend school and lead as normal a life as possible.
**ACTIVITY 5: DEFINING BEST APPROACHES TO MODERN AND TRADITIONAL CULTURAL PRACTICES**

By the time the participants have explored and discussed the practices above, the table should have detailed suggestions on how to address negative practices and strengthen positive practices. If time is limited, choose the most pertinent issues for the participants and discuss them. Hang this table somewhere in the training space for the participants to reflect on. This also adds to the 'gallery' that has been created by the group.

Now, let's have another group brainstorm to define the best approaches to modern and traditional cultural practices in relation to the rights of children and protection from HIV. During this exercise, remember and apply everything you have learnt so far.

### Redefining Cultural Practices in Favour of Children

<table>
<thead>
<tr>
<th>Cultural Practice</th>
<th>Traditional Practice (-ve or +ve)</th>
<th>Modern Practice (-ve or +ve)</th>
<th>Enhance or change practice...</th>
<th>Stakeholders strengthening the process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child labour</td>
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<tr>
<td>Teaching life skills</td>
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<tr>
<td>Beating children</td>
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<tr>
<td>Open communication between parents and children</td>
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<tr>
<td>Discrimination against girl children</td>
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<tr>
<td>Caring for sick parents</td>
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<tr>
<td>Sleeping with a virgin</td>
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<tr>
<td>Modest dressing</td>
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<tr>
<td>Property grabbing</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Early marriage</td>
<td></td>
<td></td>
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<tr>
<td>Intergenerational sex</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselling through the Dare system</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Planning for future, e.g. income generation</td>
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</tbody>
</table>
Group sharing: Discrimination against girls is an important topic in this session, so steer the discussion in a positive manner. Pose the following question to the group to stimulate debate,

How can we pay attention to the roles of girls and boys while, at the same time, paying attention to gender discrimination?

Get the group to suggest ideas, and ensure they include the following recommendations towards enhancing best practices:

- Build self-esteem and develop children as ‘models of hope’ through rights training.
- Eradicate gender stereotyping in the home/community, e.g. only girls wash clothing or dishes, or clean the house.
- Give equal treatment to both boys and girls.
- Strengthen the life/survival skills of both girls and boys through training in basic cooking, cleaning, etc.
- Avoid discrimination against girls, and prevent boys from reinforcing this behaviour.

Enhancing positive cultural practices

Families can re-establish social safety nets for the support of children and disadvantaged community members, e.g. in the zunde ramambo project (literally the chief’s field) where community members come together and plant and reap on behalf of the chief, who then distributes the food to vulnerable members of the community. Communities can also play a vital role in putting structures in place to monitor cases of child neglect, exploitation or abuse.
ACTIVITY 6: ASSESSING CHILDREN’S RIGHTS IN THE COMMUNITY: THE PPP SCORECARD

It is a good start to advocate for child rights and what should be done, but it is just as important to document our efforts and monitor their effectiveness. The PPP scorecard has been developed to monitor and assess individual and community action in relation to child rights efforts in the context of HIV. The card encourages a rights-based approach to children, but it also considers the community. It includes space for comments by community members, children, NGOs, AIDS service organisations, government departments and policy-makers (who develop the laws that support children in Zimbabwe). Some of the items have been filled in to show you how it works.

This scorecard must be filled in by the local contact person, in collaboration with individuals and community members.

Note for the Trainer: Explain the issues on the scorecard and the way it is intended to work for individuals and those working in communities. Ask each participant to take their card with them and as homework, look at the different elements and see if they are applicable to their circumstances. There may be other issues specific to their community that they feel need to be added under each section, as well. In the last column, participants need to state which of the three Ps needs to be employed in order to deal with this issue, e.g. children not attending school = PROVISION.

The PPP scorecard can also be helpful as a baseline to measure progress on programmes.

End of day evaluation: To end Day 3, ask each participant to state one take home lesson from the day, i.e. what meant the most to them from the discussions. Try to go around the room in a different way that allows other participants to speak first.
## Assessing children's rights in relation to culture and HIV

<table>
<thead>
<tr>
<th>Issue</th>
<th>Does it have cultural aspects? Yes/No</th>
<th>Is it a gender issue?</th>
<th>Is policy addressing this?</th>
<th>Observation</th>
<th>Possible Action</th>
<th>Indicate: PROVISION PROTECTION OR PARTICIPATION?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-headed households, orphans.</td>
<td>No, children should be looked after by family.</td>
<td>Yes, either girl or boy, but has an impact as both are affected.</td>
<td>Yes, but to what extent. Implementation and funding issues.</td>
<td>Children not effectively catered for, eg through selection process, corruption, etc. Donor driven, so issue of sustainability. Increase due to economic hardship, extended family burden. Policies in place but implementation and coordination a challenge.</td>
<td>Strengthen extended family network. Involve local community when selecting programme beneficiaries. Long-term resource mobilisation for support so less of a dependency syndrome. Sensitisation through policy and collaboration among partners. Increase budget allocation through advocacy.</td>
<td>Provision. Protection. Participation – but child participation is an area that needs to be enhanced, ensuring that children in CHH are actively included.</td>
</tr>
</tbody>
</table>

#### Low income

<table>
<thead>
<tr>
<th>Issue</th>
<th>Does it have cultural aspects? Yes/No</th>
<th>Is it a gender issue?</th>
<th>Is policy addressing this?</th>
<th>Observation</th>
<th>Possible Action</th>
<th>Indicate: PROVISION PROTECTION OR PARTICIPATION?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate nutrition.</td>
<td>Yes, children prohibited from eating certain foods. Children fed and served last.</td>
<td>Yes, girls are fed last as boys are prioritised. Girls receive smaller portions of food.</td>
<td>Yes.</td>
<td>Dependent on food handouts therefore not sustainable. Malnourished due to inadequate nutrition. HIV +ve children's condition can deteriorate. Economic downturn has worsened this. Local indigenous fruits aid hunger. Infant mortality higher due to lack of nutrition.</td>
<td>Monitor households at community level using local networks; CBVs, service providers, neighbours. Build skills for children to produce their own food. Lobby government to complement NGO efforts: eg through MoE scheme for basic supplementary feeding programmes.</td>
<td></td>
</tr>
</tbody>
</table>
### Assessing children’s rights in relation to culture and HIV

<table>
<thead>
<tr>
<th>Issue</th>
<th>Does it have cultural aspects?</th>
<th>Is it a gender issue?</th>
<th>Is policy addressing this?</th>
<th>Observation</th>
<th>Possible Action</th>
<th>Indicate: PROVISION PROTECTION OR PARTICIPATION?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactional sex (in exchange ...)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Engage communities in sustainable livelihood programmes. Enhance local community efforts to help CHH. Strategise on short term plans to deal with emergencies. Selection/distribution process can raise further issues re isolation, stigma, nepotism, corruption. Political influence and instability in some constituencies. Improved communication and coordination between NGOs to avoid duplication of efforts, eg through mapping exercises.</td>
<td></td>
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<tr>
<td>Child abuse</td>
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<tr>
<td>Forced labour</td>
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</tr>
<tr>
<td>Issue</td>
<td>Does it have cultural aspects? Yes/No</td>
<td>Is it a gender issue?</td>
<td>Is policy addressing this?</td>
<td>Observation</td>
<td>Possible Action</td>
<td>Indicate: PROVISION PROTECTION OR PARTICIPATION?</td>
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</tr>
<tr>
<td>Siblings separated</td>
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</tr>
<tr>
<td>Child Naming</td>
<td>Yes, both cultural and general law.</td>
<td>Yes, the woman cannot use her name. A man cannot get a birth certificate without presence of mother.</td>
<td>Yes, but laws are changing. Obtaining birth certificates difficult.</td>
<td>Identity/Education</td>
<td>Provision. Protection.</td>
<td></td>
</tr>
<tr>
<td>Registration of birth after death of father.</td>
<td></td>
<td></td>
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<tr>
<td>Children not going school.</td>
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<tr>
<td>Household and care burden.</td>
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<tr>
<td>Intergenerational sex</td>
<td></td>
<td></td>
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<tr>
<td>Sugar daddies common.</td>
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<tr>
<td>Young girls becoming 2nd and 3rd wives.</td>
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<tr>
<td>Boys being abused by older men Chiramu.</td>
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</tr>
<tr>
<td>Issue</td>
<td>Does it have cultural aspects? Yes/No</td>
<td>Is it a gender issue?</td>
<td>Is policy addressing this?</td>
<td>Observation</td>
<td>Possible Action</td>
<td>Indicate: PROVISION PROTECTION OR PARTICIPATION?</td>
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<tr>
<td><strong>Children caring for sick parents.</strong></td>
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<td></td>
<td></td>
<td>Children caring for sick parents.</td>
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</tr>
<tr>
<td><strong>Psychosocial support.</strong></td>
<td></td>
<td></td>
<td></td>
<td>Cultural issues impacting on HIV.</td>
<td></td>
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<tr>
<td>Anal sex.</td>
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<tr>
<td>Wife inheritance.</td>
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<tr>
<td>Property grabbing.</td>
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<tr>
<td>Inheritance.</td>
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<tr>
<td>Forced migration.</td>
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<tr>
<td>Child abuse.</td>
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<tr>
<td>Early marriage.</td>
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<tr>
<td>Street children.</td>
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<tr>
<td>Child labour.</td>
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</tbody>
</table>
SECTION 5

Day 4

A participatory approach towards child rights

The objective of Day 4 is to weave together what has been learned over the past three days, and particularly to reinforce the importance of using the PPP scorecard to assess community efforts towards realising child rights in the context of HIV. This is an exercise to ensure enforcement of positive cultural practices. Based on the belief that solutions can be found within communities, the 'ladder of hope' provides steps towards the exercise of child rights in a manner that takes regard of the integrity of the community.

By the end of Day 4, participants will have had the chance to:

- Test the PPP scorecard and experience how it enhances children’s rights, given HIV and the cultural challenges.
- Identify and support community rights with reference to national and regional legislation, and through action to support children, as individual, household and community responses.
- Develop a model that supports the empowerment of children by realising their rights.
- Identify stakeholders who can assist in driving the process.

ACTIVITY 1: TESTING THE PPP SCORECARD

Check that all participants managed to do their homework, i.e. to go through their scoring on the PPP scorecard. This first session allows participants to share their thoughts on the method and design of the PPP scorecard.

The Trainer should work with the participants through the following questions, noting any challenges that they faced in using the scorecard, and any suggestions that they make for its improvement:

- Is the card user-friendly?
- Does it cover the main areas of your work?
- Does it address positive practices – if so, how?
- Does it avoid negative practices – if so, how?
- Does it address gender disparities?
- Are very young children’s needs taken into account?
- Does it have important rights elements?
- How often should this template be used in the community?
- Are there any key areas that you feel have been left out?
ACTIVITY 2: COMMUNITY-BASED SOLUTIONS TO CHILD RIGHTS

Select five participants to sit on a panel and discuss the topic below:

How do we mobilise and encourage the following groups to find their own solutions to challenges related to rights, culture and HIV?

Each panellist will represent a different stakeholder and read their section as follows:

1. **Children** – get children involved in HIV prevention and care and counselling. Encourage children to understand that they have rights too, through open communication.

2. **Individuals** – learn as much as possible about child rights while enhancing positive cultural practices; lead by example and challenge negative practices if they confront you; teach those around you about rights for children; practise open communication.

3. **Households/families** – act as support systems to those more vulnerable and disadvantaged; deal with stigma and discrimination to protect young children, especially girls.

4. **Extended families and communities** – child-support programmes should include the community and family in decision-making; community programmes should promote ownership and encourage volunteers to assist in caring for children; orphan support programmes to support child-headed households should be linked with other community development projects – home-based care, HIV prevention, micro-finance, etc; create an internal support system in which roles and responsibilities are shared; encourage communities to penetrate religious networks, traditional and cultural structures and mechanisms that can help to promote child rights, e.g. through school activities.

5. **Governments and other stakeholders** – encourage individuals, families and communities to learn more about child rights and reinforce good practices; strengthen campaigns on nutrition, education and food production (agriculture); improve access to health services; encourage testing; improve access to ART; put pressure on Governments to be accountable and provide services with the assistance of partners such as CBOs, NGOs and churches.

GROUP SHARING: LEARN FROM BEST PRACTICES

- The National Action Plan (NAP) for OVC ensures that children are protected and receive improved care and support.

- The establishment and maintenance of communal plots which are farmed collectively to feed vulnerable children. An example is the Bindura Irrigation Project, a Zimbabwe Red Cross feeding scheme for children, supplying food to more than 300 children, including 60 orphans, all under the age of 5 years. The land is worked by parents, Red Cross volunteers and community members. Food goes to children and people receiving home-based care.
The Young People We Care (YPWC) programme in Zimbabwe has engaged 6,700 young people to support communities and has volunteers who accompany home-based care teams visiting families and help, by playing with the children of the family while the sick elders are taken care of, or assisting in gardening, collecting firewood, fetching water and housework.

- The child protection committees chaired by community heads.
- Caregivers can present cases of OVC needs, such as IDs, birth certificates, educational funds, school uniforms and healthcare. They can also serve as a link for community gardens and school gardens.
- Psychosocial support clubs through schools.
- UNICEF provide child care support. The organisation’s programmes include essential healthcare and nutrition services for young children, such as immunisation, vitamin A supplements, de-worming, growth monitoring and management of childhood illnesses.
- HIV prevention services, safe water and sanitation through expanded provision of pipelines and boreholes.
- Justice systems against abuse, discrimination and property grabbing, and the use of multi-media campaigns.
- Community nutrition gardens have been set up to assist orphans.
- Goats can be provided to members of the extended family who are caring for orphans.

**ACTIVITY 3: STEPPING TOWARDS ENVIRONMENTAL CHANGE**

The Ladder of Hope promotes individual and community efforts towards the achievement of child rights within the community. This approach helps us to develop a strategic framework for promoting child rights in the context of HIV and culture.

Sekuru Jaya: We hope you will climb this Ladder of Hope towards promoting children’s rights and meeting children’s needs. It is easy and has four simple steps to follow:
Using the Ladder of Hope:

**Step 1: State your purpose/intention, e.g.** – To shift attitudes and mindsets on child sexual abuse, especially in relation to young girls.

**Step 2: Recognise the challenge** – Child sexual abuse is a serious violation of girls’ rights and has serious consequences for their health and development, including HIV risks.

**Step 3: Identify what we want to change** – Individuals, families and communities need to invest more in girls, by protecting them through open communication, respect and provision of a safe, protective environment. Through a collective approach, individuals and communities will no longer ignore the gender dynamics contributing to HIV, and instead will become an active part of the response and the solution.

**Step 4: Anticipated outcome** – A healthy community in which girls are safe and protected from the threats that make them more vulnerable to HIV, through the use of good cultural practices, such as open communication, equal gender roles and responsibilities, and love and protection. Community responses will also factor in, and address important related issues, such as male sexual responsibility and high levels of gender violence in the community.
Make sure the four steps are available on a flipchart or a projected image as you run through it with the participants so that they can visualise the ladder of hope.

Now, using the process described above, let’s see how we can effectively work together to create environmental change at both individual and community level on the following topics:

- Stigma towards young children with HIV.
- Sugar daddies and mummies.
- Religious beliefs that create a risk of HIV, e.g., advocating against condom use.
- Long term safety nets for OVC, e.g., shelters, services, foster families.
- Traditional healers (harmful practices such as virginity testing, ear piercing, razor blades for cutting skin).
- Nutrition for young infants.
- Community clubs for children.
- Literacy on law and policy.

This should be a facilitated discussion. To vary the format, it may be useful to get some of the participants to each facilitate a different topic with the Trainer. This provides a link between the Trainer and the others taking part in the discussion, and makes the discussion more participatory.
**ACTIVITY 4: ENSURING THAT CHILDREN’S RIGHTS ARE PROTECTED**

How can we ensure that the rights of vulnerable children are protected?

1. **Participation** – does the activity include participation by affected communities, civil society, marginalised groups, and others? Is it situated in close proximity to its intended beneficiaries?
2. **Accountability** – does the activity identify both the entitlements of claim holders and the obligations of duty bearers? Does it create mechanisms of accountability for violations of rights?
3. **Non-discrimination** – does the activity identify who is most vulnerable, and how? Does it pay particular attention to the needs of vulnerable groups (such as children)?
4. **Empowerment** – does the activity give its beneficiaries the power, capability, capacity and access to bring about change in their own lives? Does it place them at the centre of the process, rather than treating them as objects of charity?
5. **Linkage to rights** – does the activity define its objectives in terms of legally enforceable rights, with links to international, regional or national laws? Does it address the full range of civil, political, economic, social and cultural rights?

There are many materials that deal with rights-based approaches. Five programming elements from the Open Society Institute (2007) can easily be adapted for children’s programming. The five elements are listed below:

1. **Child Centred Approach**
2. **Community Worker**
3. **Headman**
4. **CBV Trainer**
5. **Gogo**

---

**Handbook on Child Rights and Culture**

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The stakeholders

**International partners**
Development partners and donor agencies for technical and financial assistance

**Policy makers and Government**
Play a facilitating role in terms of law reform or enactment, and developing policy guidelines to protect vulnerable children

**Parastatals, private sector, service institutions**
Monetary support and assistance to help those affected by, or infected with, HIV, and build long-term institutional development for children.

**Community**
Advocate for community ownership and especially ownership by children – in order to build and strengthen partnerships at community level. Include individuals, CBOs, churches and NGOs. Be aware of all international and national legal instruments available to assist you in your efforts.

**In the best interests of the child**
Encourage partners and other organisations to make good use of important global children’s dates, such as Universal Children’s Day, which is commemorated annually on November 20. The United Nations has set aside this as ‘a day of worldwide fraternity and understanding between children’, and for ‘a day of activity devoted to promoting the ideals and objectives of the CRC and the ACWRC’.

Besides Universal Children’s Day, there are many other important children’s commemorations on the annual calendar that we can highlight in our programme work. Here is a list, so cut it out and keep it to support your programming efforts. You can also add to it, so make this your very own child rights agenda!
I want to be sure that we all leave this training with something that helps us in our work to realise child rights: This section brings all your learning over the last few days into action through the PPP scorecard. As we highlighted on Day 1, there are three Ps that are fundamental to upholding children’s rights. These are Participation, Protection and Provision of Services.

The Participant Feedback form can be found in Appendix 3.

Thank you for your participation, your views and your interest in championing children’s rights. I am sure we will meet again as we continue to strengthen children’s rights in Zimbabwe.
References


Children’s Institute, University of Cape Town South African Child Gauge. South Africa (2005)


International Federation of Red Cross and Red Crescent Societies. Switzerland (2002)


We Are also Human Beings. UNICEF, Zimbabwe (2002)
## APPENDICES

### Appendix 1. The Kelleher Model

#### Component A: Child Rights Culture and HIV

<table>
<thead>
<tr>
<th>Consciousness</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong></td>
<td><strong>Output 1.2</strong></td>
</tr>
<tr>
<td>OVC / community organisations capable of promoting a social environment that defends child rights to reduce the spread of HIV and enhance the lives of OVC.</td>
<td>OVC/ community organisations with increased capacity to provide / demand appropriate social, judicial and legal services for OVC, especially in the context of HIV/AIDS.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Informal Norms</th>
<th>Formal Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.4</strong></td>
<td><strong>Output 1.1</strong></td>
</tr>
<tr>
<td>OVC / community organisations have greater understanding of, and capacity to influence, cultural and traditional norms which aggravate OVC’s vulnerabilities to HIV.</td>
<td>OVC / community organisations have the capacity to influence political and legal frameworks to defend child rights to be protected from aspects of culture that increase their vulnerabilities to HIV, and ensure the implementation of appropriate legislation.</td>
</tr>
</tbody>
</table>

#### Component B: Exercising Child Rights: NGO and Community Empowerment and Leadership in Southern Africa

<table>
<thead>
<tr>
<th>Consciousness</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong></td>
<td><strong>Output 1.2</strong></td>
</tr>
<tr>
<td>OVC / community organisations have greater sensitivity to the cultural issues increasing OVC’s vulnerabilities to HIV and are able to create OVC friendly communities, and promote their welfare.</td>
<td>OVC / community organisations capable of demanding access to resources for OVC from harmful cultural practices that expose them to HIV and protection of child rights regarding inheritance, etc.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Informal Norms</th>
<th>Formal Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.4</strong></td>
<td><strong>Output 1.1</strong></td>
</tr>
<tr>
<td>OVC / community organisations have greater understanding of, and capacity to influence, cultural and traditional norms that encourage the spread of HIV.</td>
<td>OVC / community organisations influence political and legal frameworks to defend child rights in all respects.</td>
</tr>
</tbody>
</table>
### Appendix 1 – Suggested Training Programme

#### DAY 1: INTRODUCTION TO CHILDREN AND THEIR RIGHTS

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Opening welcome, purpose, background and introductions</td>
<td>Host service provider</td>
</tr>
<tr>
<td>9.00 – 10.00</td>
<td>Defining ‘children’, ‘culture’ and ‘human rights’</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>10.00 – 10.30</td>
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<tr>
<td>10.30 – 11.30</td>
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<tr>
<td>11.30 – 12.30</td>
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<tr>
<td>12.30 – 1.00</td>
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<tr>
<td>1.00 – 2.00</td>
<td>LUNCH</td>
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<td>2.00 – 3.00</td>
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<td>3.00 – 3.30</td>
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<td>3.30 – 4.00</td>
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<td>4.00 – 5.00</td>
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<tr>
<td>5.00 – 5.15</td>
<td>End of Day Evaluation</td>
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</table>

#### DAY 2: CHILD VIOLATIONS IN THE CONTEXT OF HIV

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Re-cap of Day 1, welcome energiser</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>9.00 – 10.00</td>
<td>How are children’s rights violated?</td>
<td>Trainer and selected participants</td>
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<tr>
<td>10.00 – 10.30</td>
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<td>10.30 – 11.30</td>
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<tr>
<td>11.30 – 1.00</td>
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<td>1.00 – 2.00</td>
<td>LUNCH</td>
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<td>3.00 – 3.30</td>
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<td>3.30 – 4.30</td>
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<tr>
<td>4.30 – 5.00</td>
<td>End of Day Evaluation</td>
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</table>
### DAY 3: CHAMPIONING RIGHTS FOR CHILDREN

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Re-cap of Day 2. Role-play: Three phases in the life of Nomatter</td>
<td>Trainer</td>
</tr>
<tr>
<td>9.00 – 10.00</td>
<td>Making sense of children’s legislation</td>
<td>Trainer</td>
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<tr>
<td>10.00 – 10.30</td>
<td>TEA</td>
<td></td>
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<tr>
<td>10.30 – 11.30</td>
<td>Strategies for strengthening children’s legislation</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>11.30 – 12.30</td>
<td>A rights-based approach to children: mapping exercise; cultural approach</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>12.30 – 1.00</td>
<td>LUNCH</td>
<td></td>
</tr>
<tr>
<td>1.00 – 2.00</td>
<td>Ensuring HIV prevention, treatment and care</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>2.00 – 3.00</td>
<td>TEA</td>
<td></td>
</tr>
<tr>
<td>3.00 – 3.30</td>
<td>Defining best approaches in a cultural context</td>
<td>Trainer and service providers</td>
</tr>
<tr>
<td>3.30 – 4.30</td>
<td>Assessing children’s rights in the community: Introducing the PPP Scorecard</td>
<td></td>
</tr>
<tr>
<td>4.30 – 5.00</td>
<td>End of Day Evaluation</td>
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</tbody>
</table>

### DAY 4: A PARTICIPATORY APPROACH TO CHILDREN’S RIGHTS

<table>
<thead>
<tr>
<th>TIME</th>
<th>SESSION</th>
<th>WHO</th>
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<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Re-cap of Day 3</td>
<td>Trainer</td>
</tr>
<tr>
<td>9.00 – 10.00</td>
<td>Test scoreboard for data collection, explain use</td>
<td>Trainer</td>
</tr>
<tr>
<td>10.00 – 10.30</td>
<td>TEA</td>
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<tr>
<td>10.30 – 11.30</td>
<td>Community-based solutions to children’s rights: learning from best practices</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>11.30 – 1.00</td>
<td>Stepping towards environmental change: The Ladder of Hope</td>
<td>Trainer and participants</td>
</tr>
<tr>
<td>1.00 – 2.00</td>
<td>LUNCH</td>
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<tr>
<td>2.00 – 3.00</td>
<td>Ensuring that children’s rights are protected: the stakeholders</td>
<td>Trainer and participants</td>
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<tr>
<td>3.00 – 3.30</td>
<td>TEA</td>
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<tr>
<td>3.30 – 4.30</td>
<td>Way forward discussion</td>
<td>Trainer and provider</td>
</tr>
<tr>
<td>4.30 - 5.00</td>
<td>Evaluation of Programme</td>
<td></td>
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</table>
How to Write a Will

This is the last Will of ____________________________________________________________

____________________________________________________________________________

(to be the Executor of my will).

I appoint ____________________________________________________________

____________________________________________________________________________

(to be the guardian of my minor children).

I leave to ____________________________________________________________

____________________________________________________________________________

(describe the land, livestock, valuables, etc very clearly).

(List each person and what you want to leave him or her separately).

I appoint ____________________________________________________________

____________________________________________________________________________

(to be the guardian of my minor children).

Signed at ____________________________________________________________

____________________________________________________________________________

(place where you have made the Will)

On ____________________________________________________________

____________________________________________________________________________

(day, month, year)

____________________________________________________________________________

Sign here

In the presence of the following witnesses, both of whom were present when I signed this Will.

Witness No. 1 ____________________________________________________________

____________________________________________________________________________

Witness No. 2 ____________________________________________________________

____________________________________________________________________________

(put the names and ID numbers and place of residence of each witness)
Important notes on Wills:

• It is a criminal offence to hide or tamper with a Will;

• One should include only items that belong to him/her in the Will – even small property such as kitchen utensils;

• If you want to leave all your property to one person, your spouse, you do not need to list the property. You just say you leave everything to the person you name.

• You and the two witnesses must sign at the end of the Will and if there is more than one page, at the bottom of each page.

• If things change and you want to make another Will you can do so. In that case you start the Will by saying ‘This is the last Will of .................. and I hereby revoke all previous Wills made by me.’

• A Will should not be written by someone who is not in the right frame of mind, eg Very sick, or mentally disturbed, to avoid problems of it being contested;

• Insurance policies and pensions cannot be part of a will because the beneficiaries of these are already listed;

• A Will can be kept: at the High Court; at a bank; at a lawyer’s office; with a priest or pastor; with a trusted friend.
Appendix 4
Participant Feedback and Evaluation

Participants are requested to complete this feedback and evaluation form on completion of the training course to help SAFAlIDS improve this training activity.

Please circle your chosen score for each section of the training. Circling a 1 means you felt the issue was well covered, and circling a 5 indicates that you felt the material or treatment of the issue was not satisfactory.

If, following the training, you still have questions on a particular area, detail these under “Questions that I have...”

Please include detailed comments on any areas that you feel need improvement.

Your assistance is greatly appreciated.

### Day 1:
**PUTTING CHILDREN FIRST**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<th>3</th>
<th>4</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>Identifying children’s needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>How HIV affects children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>Property grabbing case studies</td>
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<td>What increases the risk of HIV infection in children?</td>
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<td>3</td>
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Questions that I still have about this section are:

**General comments on this section:**

### Day 2:
**CHILDREN, CULTURE & HIV AND AIDS**

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Questions that I still have about this section are:
### Day 3:
**CHAMPIONING CHILDREN’S RIGHTS**  
**PUTTING CHILDREN FIRST**

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### Questions that I still have about this section are:

### General comments on this section:

### Day 4:
**A participatory approach towards children’s rights**

<table>
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<td>Stepping towards environmental change</td>
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<tr>
<td>Ensuring that children’s rights are protected</td>
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</tbody>
</table>

### Questions that I still have about this section are:

### General comments on this section:
Appendix 5

Children’s Policies and Laws


(a) Non-discrimination
All rights apply to all children without exception, and the State must protect children from any form of discrimination. The State must not violate any right, and must take positive action to promote the rights of the child.

(b) Best interests of the child
All actions concerning children should take full account of their best interests. The State is to provide adequate care when parents or others responsible fail to do so.

(c) Survival and development
The State must recognise an inherent right to life, and it must ensure the child's survival and development.

(d) The child's opinion
A child has a right to express an opinion, and to have that opinion considered in any matter affecting the child.

(e) Protection of children without families
The State must provide special protection for children deprived of their family environment and ensure that appropriate alternative family care or institutional placement is made available to them, taking into account the child's cultural background.

(f) Adoption
In countries where adoption is allowed, it shall only be carried out in the best interests of the child, with all necessary safeguards for a given child and authorization by competent authorities.

(g) Health and Health Services
Children have a right to the highest level of health possible, which includes a right to health and medical services, with special emphasis on primary and preventive health care, public health education and the diminution of infant mortality.

(h) Social Security
Children have a right to benefit from social security.

(i) Standard of Living
Children have a right to benefit from an adequate standard of living. Parents have primary responsibility to provide for their children and the State must ensure that this responsibility is fulfilled.

Source: www.unicef.org


The African Charter on the Rights and Welfare of the Child (ACRWC) was adopted by the Organization of African Unity in 1990. The Charter insists that children have duties as well as rights. This Charter includes important social, cultural and economic realities significant to Africa, recognising the need to include cultural values and experience when considering issues linked to the rights of children.
The 2002 World Summit for Children

The World Summit for Children was followed by the United Nations General Assembly Special Session (UNGASS) on Children in May 2002. The recommendations of this meeting are documented in A World Fit for Children. Governments that signed this declaration committed themselves to a time-bound (2002-2010) set of specific goals for children and young people, and to a basic framework for achieving these. It sets targets for 2010 to measure progress towards reaching the Millennium Development Goals by 2015.

In the ‘World Fit for Children’ summit, world leaders agreed to address outstanding issues and jointly create a child-friendly environment, recognising childhood as:

A time of play and learning, with love and respect;
A place where boys and girls can cherish moments, protect and promote their rights without discrimination;
A place in which they feel safe and can grow up healthily, blessed with peace and dignity.

UN Millennium Development Goals

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target</th>
</tr>
</thead>
</table>
| Eradicate extreme poverty and hunger| • Reduce by half the proportion of people living on less than a dollar a day  
                                     | • Reduce by half the proportion of people who suffer from hunger         |
| Achieve universal primary education | • Ensure that all boys and girls complete a full course of primary schooling |
| Promote gender equality and empower women | • Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015 |
| Reduce child mortality              | • Reduce by two thirds the mortality rate among children under five     |
| Improve maternal health             | • Reduce by three quarters the maternal mortality ratio                 |
| Combat HIV, malaria and             | • Halt and begin to reverse the spread of HIV                           |
|                                     | • Halt and begin to reverse the incidence of malaria and other major diseases |
| Ensure environmental sustainability | • Integrate the principles of sustainable development into country policies and programmes, including reversing the loss of environmental resources                |
|                                     | • Reduce by half the proportion of people without sustainable access to safe drinking water |
|                                     | • Achieve significant improvement in the lives of at least 100 million slum dwellers, by 2020 |
| Develop a global partnership for development | • Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory including a commitment to good governance, development and poverty reduction (nationally and internationally)technologies |
|                                     | • Address the least developed countries’ special needs. This includes tariff- and quota-free access for their exports, enhanced debt relief for heavily indebted poor countries; cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction |
|                                     | • Address the special needs of landlocked countries and small island developing States |
|                                     | • Reduce by half the proportion of people living on less than a dollar a day |
|                                     | • Reduce by half the proportion of people who suffer from hunger         |
Develop a global partnership for development

• Ensure that all boys and girls complete a full course of primary schooling
• Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015
• Reduce by two thirds the mortality rate among children under five
• Reduce by three quarters the maternal mortality ratio
• Halt and begin to reverse the spread of HIV
• Halt and begin to reverse the incidence of malaria and other major diseases
• Integrate the principles of sustainable development into country policies and programmes, including reversing the loss of environmental resources
• Reduce by half the proportion of people without sustainable access to safe drinking water
• Achieve significant improvement in the lives of at least 100 million slum dwellers, by 2020
• Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory including a commitment to good governance, development and poverty reduction (nationally and internationally)
• Address the least developed countries’ special needs. This includes tariff- and quota-free access for their exports, enhanced debt relief for heavily indebted poor countries, cancellation of official bilateral debt, and more generous official development assistance for countries committed to poverty reduction
• Address the special needs of landlocked countries and small island developing States
• Deal comprehensively with developing countries’ debt problems through national and international measures to make debt sustainable in the long term
• In cooperation with the developing countries, develop decent and productive work for youth
• In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
• In cooperation with the private sector, make available the benefits of new technologies – especially information and communications.

National Policies

• National Orphan Care Policy
• National Strategy on Children in Difficult Circumstances
• National Plan of Action for Orphans and Other Vulnerable Children
• National AIDS Policy
• Basic Education Assistance Model (BEAM)
• Victim Friendly Initiative
• National Programme of Action for Children of 1992

Legislation

• Children’s Act (Chapter 5:06)
• Children’s Protection and Adoption Amendment Act:2001
• Criminal Procedure and Evidence Act (Chapter 9:07)
• Guardianship of Minors Act (Chapter 5:08)
• Maintenance Act (Chapter 5:09)
• Social Welfare Assistance Act 1998
• Disabled Persons Act (Chapter 17:01)
• Social Workers Act
• Sexual Offences Act
• Private Voluntary Organisations Act.
Appendix 6

How to conduct effective role-plays

To encourage practical understanding and full participation during group discussions, role-plays have been developed to assist you as the Trainer. Role-plays help participants get to know each other better, increase their understanding of certain issues and encourage enthusiastic responses. They also lead to more debate and enable further thinking about a specific issue, in particular because they enable those involved to ‘put themselves in someone else’s shoes’ and look at issues from a new perspective. Ensure that role-plays are participatory and have a fair gender balance.

Role-play guidelines:

1. Give a brief overview of the role-play.
2. Hand out role descriptions, or articulate them clearly, allowing planning time for participants.
3. Ask for volunteers – first for the easier roles, to get things moving, then for more challenging roles.
4. Give other group members their tasks for observing the role-play.
5. Brief the players, with an emphasis on being realistic.
6. Conduct the role-play with full attention from the rest of the group.

Debriefing:

1. Players should remain on ‘stage’ as a reminder of who’s who in the role-play. Ask open-ended questions, for example: ‘What did you see happening here?’. Members should discuss the characters and their roles, not the individual as a group member. Avoid using the role-plays to show what is wrong.
2. Players should then be given the opportunity to describe the events that took place.
3. De-role the players by thanking them for their acting, and invite them back to their seats.
4. Discuss the issues extensively, asking questions such as ‘What if…?’, ‘What about…?’, ‘What do you think…?’, ‘What suggestions do you have…?’.

(Source: AIDS Alliance)
## Appendix 7

### Useful contacts

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mashambanzou Trust</td>
<td>Palliative Care Unit&lt;br&gt;40 Sandown Road&lt;br&gt;Waterfalls, Harare&lt;br&gt;Tel: (04) 610079, 610937</td>
</tr>
<tr>
<td>Martin Luther Church</td>
<td>PO Box CY 29&lt;br&gt;Causeway, Harare&lt;br&gt;Tel: (04) 725551</td>
</tr>
<tr>
<td>Save the Children Fund (UK)</td>
<td>10 Natal Road&lt;br&gt;Belgravia, Harare&lt;br&gt;Tel: (04) 708200, 793198-9&lt;br&gt;<a href="http://www.savethechildren.org.uk">http://www.savethechildren.org.uk</a></td>
</tr>
<tr>
<td>Inter-Country People`s Aid (IPA)</td>
<td>36 Victoria Drive&lt;br&gt;Newlands, Harare&lt;br&gt;Tel: (04) 776304/818</td>
</tr>
<tr>
<td>Redd Barna</td>
<td>184 Fife Avenue&lt;br&gt;Harare&lt;br&gt;Tel: (04) 721541</td>
</tr>
<tr>
<td>Family Aids Support Organisation (FASO)</td>
<td>12 Runde Crescent&lt;br&gt;Yeovil, Mutare&lt;br&gt;Zimbabwe&lt;br&gt;Tel: (020) 66309&lt;br&gt;E-mail: <a href="mailto:emhuru@fact.co.zw">emhuru@fact.co.zw</a></td>
</tr>
<tr>
<td>Mvuramanzi Trust</td>
<td>1 James Lamb Drive&lt;br&gt;Marlborough, Harare&lt;br&gt;Tel: (04) 301494</td>
</tr>
<tr>
<td>Farm Orphan Support Trust of Zimbabwe</td>
<td>Room G08, Agriculture House&lt;br&gt;Adylnn Rd&lt;br&gt;Marlborough, Harare&lt;br&gt;Tel: (04) 309869/00/67 ext 228&lt;br&gt;E-mail: <a href="mailto:fost@cfu.co.zw">fost@cfu.co.zw</a>, <a href="mailto:fostharare@mango.zw">fostharare@mango.zw</a></td>
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<tr>
<td>HIV and AIDS Support Chiedza Child Care Centre</td>
<td>37 Strachan St&lt;br&gt;Ardbennie, Harare&lt;br&gt;Tel: (04) 660811/5&lt;br&gt;E-mail: <a href="mailto:childcre@mweb.co.zw">childcre@mweb.co.zw</a></td>
</tr>
<tr>
<td>ZIMRIGHTS</td>
<td>Albeston Court&lt;br&gt;Cnr Baines Ave &amp; 4th Street&lt;br&gt;Harare&lt;br&gt;Tel: (04) 707278, 705898</td>
</tr>
<tr>
<td>UNICEF</td>
<td>6 Fairbridge Avenue&lt;br&gt;Belgravia, Harare&lt;br&gt;Tel: (04) 721692, 730093/4, 731840</td>
</tr>
<tr>
<td>Contact Family Counselling Center</td>
<td>9 Barbour Avenue&lt;br&gt;Parkview, Bulawayo&lt;br&gt;Tel: (09) 883607&lt;br&gt;E-mail: <a href="mailto:contact@netconnect.co.zw">contact@netconnect.co.zw</a></td>
</tr>
<tr>
<td>Dananai Child Care Organisation</td>
<td>Murambinda Mission Hospital&lt;br&gt;Murambinda&lt;br&gt;Tel: (021) 264, 2274/5&lt;br&gt;E-mail: <a href="mailto:murambinda.home@healthnet.zw">murambinda.home@healthnet.zw</a></td>
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<tr>
<td>HIV and AIDS Support Chiedza Child Care Centre</td>
<td>37 Strachan St&lt;br&gt;Ardbennie, Harare&lt;br&gt;Tel: (04) 660811/5&lt;br&gt;E-mail: <a href="mailto:childcre@mweb.co.zw">childcre@mweb.co.zw</a></td>
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<td>Tsungirai</td>
<td>Stand No.3429 Katanga&lt;br&gt;Norton&lt;br&gt;Tel: (062) 2996, 2080&lt;br&gt;E-mail: <a href="mailto:tsungi@mweb.co.zw">tsungi@mweb.co.zw</a></td>
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<tr>
<td>Community Unity for Development Organisation (RUDO)</td>
<td>39/41 Hellet St&lt;br&gt;Masvingo&lt;br&gt;Tel: (039) 263903, 262374&lt;br&gt;E-mail: <a href="mailto:rudo1@mweb.co.zw">rudo1@mweb.co.zw</a></td>
</tr>
<tr>
<td>Child Protection Society</td>
<td>Cnr Herbert Chitepo Ave &amp; Snowdon Ave, Belvedere, Harare&lt;br&gt;Tel: (04) 708829, 710024, 780079&lt;br&gt;E-mail: <a href="mailto:cps@cps.org.zw">cps@cps.org.zw</a>, <a href="mailto:hcp@mweb.co.zw">hcp@mweb.co.zw</a></td>
</tr>
<tr>
<td>CamFed Association−Campaign for Female Education</td>
<td>187 Baines Avenue&lt;br&gt;Harare&lt;br&gt;Tel: (04) 28516, 250161, 253044&lt;br&gt;E-mail: <a href="mailto:camfedzimbabwe@camfed.org">camfedzimbabwe@camfed.org</a>, <a href="mailto:angie@camfed.org">angie@camfed.org</a></td>
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</tbody>
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**Note:** For detailed contact information, including email addresses, visit the respective websites or contact directly for the most accurate and up-to-date information.
Appendix 8

Workshop energisers and games

Making the most of energisers!

Use energisers when people look tired or bored. The training programme is tightly packed and there is a lot of information so the participants might need fairly frequent breaks. Energisers should be enjoyable so that people participate and feel the benefits, but they should also be short so that they do not take too much valuable time from the training.

Avoid the following:

1. Games or activities which are not appropriate for mixed sex groups.
2. Games or activities which create competition or even conflict between participants.
3. Games that exclude some of the participants, e.g. physically challenged people.

Some energisers are given below but as a trainer you may also have some good ones of your own or the participants might be able to suggest some. Feel free to use these as well. If you are using the characters developed to assist in the training, they should assist with ensuring everyone’s participation in the energisers.

a) I Am …

Go around the room with each person in turn introducing themselves and adds a description of themselves that begins with the same letter as their name. For example, I Am Stella and I Am Smart, or I Am Tinashe and I am Terrific.

b) Pass the Message

At least ten participants are needed. They stand in a long line.

One participant whispers to the person next to them, ‘Children have the right to express themselves freely, in their own language, to be listened to with attention and understood.’ The second person whispers the same message (as they heard it) to the third person, and so on until the message reaches the end of the line and the last person states the message out loud. It is likely to have changed significantly from the original.

Then discuss with the participants:
- What happened to the message as it got passed down the line?
- What other information reaches children in a distorted way?
- Why is it important for children to have direct access to information?

c) The Wind Blows …

Set up chairs as in a musical chairs game with one person standing in the centre and all participants seated in a large circle. The person in the centre will call out various statements and get participants to move into different seats. It is important for the participant in the middle to find a chair quickly so the person in the centre always changes and gives the instruction.

Ideas include:

The wind blows on all those: wearing red, wearing glasses, with black hair, wearing head gear, with brown shoes, wearing sandals, those who are right-handed, etc, etc.
MY NOTES

__________________________________________________________________________

__________________________________________________________________________

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POINTS I WANT TO SHARE

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CHILDREN TO THE FORE!

An easy-to-use training handbook that promotes child rights and cultural issues in the face of HIV in southern Africa

ISBN: 978-7974-3761-6

Children to the Fore! with support from

With support from Bernard van Leer Foundation

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