



FILLING THE GAPS

Using a Rights-Based Approach
to Address HIV/AIDS and its Affects
on South African Children, Youth,
and Families

Care and Support Guidelines
for Child-Centred and
Community-Based Organisations



Centre for Global Studies
University of Victoria

Interagency
Coalition on AIDS
and Development



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et développement

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ii Beyond Borders

This document is a collaborative project between:

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The purpose of ICRD is to promote the implementation of the UN Convention on the Rights of the Child (CRC) through research and education that informs policy and practice supporting children, their families and communities. ICRD works in partnership with diverse development organisations, governments, UN agencies, and children and youth.



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ICAD's aim is to lessen the impact of HIV/AIDS in resource-poor communities and countries. We are a coalition of Canadian international development organizations, AIDS service organizations and other interested organizations and individuals.

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INTRODUCTION

As we enter the 21st century, significant achievements have been made with respect to children's survival and development. Over the last 10 years, the world community, with the exception of 2 countries, has not only ratified the UN Convention on the Rights of the Child (CRC), but has produced national action plans to support children and developed mechanisms to monitor and assess children's rights. Great advances have been made concerning child health and welfare. Immunisation rates have improved significantly, mortality rates in children under the age of five have decreased, and there have been major advances in childhood nutrition. Additionally, awareness of the need to protect children from exploitation, abuse, and war has increased. The world community is beginning to see that children not only have needs, but more importantly, that they have basic rights that must be realised in order to ensure their well-being and dignity.

Despite these overall gains, however, many South African children continue to fall through the gaps. Poverty, lack of birth registration, child abuse, rape, alcohol and drug abuse, and a high rates of HIV infection leave many of these children vulnerable to having their rights violated. Many young parents and youth are forced to migrate to the cities for work, thus increasing the spread of HIV and increasing children's vulnerability to the socially disruptive affects of the HIV/AIDS pandemic. The result is the erosion of important gains in life expectancy and child survival made during the most successful decade of children's rights.

According to recent estimates, just over one-tenth of people newly infected with HIV in 2000 were under age 15 (UNAIDS, 2000). Since the start of the pandemic, over 5.7 million children under the age of 15 years have become infected with HIV and more than 4.3 million of them have already died of AIDS (UNAIDS, 2000). Uninfected children do not necessarily escape the affects of the HIV/AIDS pandemic for over 13.2 million children have been orphaned as a result of AIDS (UNAIDS, 2000). In 1990, AIDS accounted for 16.4% of parental deaths leading to orphaning. By 2010, it is estimated that the number will rise to 68.4% (Hunter & Williamson, 2000).

The human and social cost that these estimates represent are staggering. The challenge faced by children, families, communities, and their governments in managing the impact of HIV/AIDS will be enormous. And their message is unmistakable: the world community must unite in compassionate response and support.

Hunter & Williamson, 2000

THE AFFECT OF HIV/AIDS ON CHILDREN IN SOUTH AFRICA

It is clear that HIV/AIDS is now a global issue for children. Efforts must be made to fill the gaps of care and support for these children by linking support for vulnerable children to support for families, communities, and local government. In some countries, 20% of the children under 15 have already lost their parents to AIDS related illnesses, while in South Africa alone, 19.9% of the adult population are currently infected with HIV (UNAIDS, 2000). The impact of these numbers on children's safety, health, and survival is profound—3.6-4.8 million of South Africa's children will be orphaned by 2015 (Save the Children, 2000). HIV/AIDS has clearly become a development crisis for the children and youth in South Africa. This crisis has greatly affected children's vulnerability, both to infection of HIV/AIDS and to the violation of their rights.

Some factors that contribute to children's vulnerability in South Africa include:

- ◆ Poverty;
- ◆ Lack of birth registration;
- ◆ Lack of literacy/education;
- ◆ Lack of adequate medical care;
- ◆ Crime;
- ◆ Rape;
- ◆ Urbanization;
- ◆ Unemployment; and
- ◆ Gender (female).

These children remain in the shadows of successful HIV/AIDS education, prevention, and support programs. Thus, it is critical that a comprehensive response among families, communities, and government is developed. This response needs to be holistic, incorporate prevention, and care and support, and foster cooperation between the various levels of government, intergovernmental agencies and local and international non-governmental organisations (NGOs). By implementing an integrative and multisector approach, these vulnerable children and youth can be provided with a "continuum of care and support" that sustains their right to healthy development in a protective and supportive environment.

It is clear that HIV/AIDS is now a global issue for children.

References to vulnerability in this document refer to increased risk of HIV infection and violation of rights.

THE NEED FOR COMMUNITY GUIDELINES

The following guidelines were developed in response to the expressed need of South African practitioners to better understand a child rights-based approach to programming in the area of HIV/AIDS.

Objectives

These community guidelines are for community-based practitioners and are designed to:

1. Create a “continuum of care and support” that develops a stronger civic response in supporting vulnerable children.
2. Assist agencies in developing holistic responses to the affects of HIV/AIDS on children and youth. They target the situations of vulnerable children in South Africa with respect to HIV/AIDS and provide concrete strategies to address children’s vulnerability.
3. Empower community field workers, local government representatives, and young people to support children and young people infected and/or affected by HIV/AIDS and their families and communities by using a rights-based approach that stresses the importance of families and communities in all aspects of the child’s life.
4. Provide field workers with the tools and strategies to engage children (and their families and communities) to become active participants in building solutions.
5. Outline methods and approaches to build on cultural values supporting children in order to bring about the political and social changes needed to ensure that each child is allowed to live a safe and fulfilling life with dignity.

Format

Sections 1 and 2 of these guidelines explore the differences between a rights-based approach and a needs-based approach, and the importance of involving families and communities in actualising children’s rights.

Section 3 provides information on the CRC and how to implement a rights-based approach to support children and youth affected by HIV/AIDS.

4 Filling the Gaps

Section 4 presents a “continuum of care and support” for children and young people infected and/or affected by HIV/AIDS including programming, age appropriate interventions, and local, national, and regional government responses.

Section 5 explores the concept of participation and presents various methods for facilitating meaningful participation of children and young people in all aspects of their lives.

Section 6 discusses the role of culture in children's participation and programming and presents strategies for using traditional cultures to support children and young people infected and/or affected by HIV/AIDS.

The final section explores techniques to facilitate community decision-making that leads to positive action with respect to children's rights and well-being.

Throughout the document, various tools have been used to facilitate a better understanding of the concepts presented. These include:

- ◆ Key questions for participants to consider to facilitate a more personal understanding;
- ◆ Comments, examples, and useful tools from the field to provide life examples; and
- ◆ “Check lists” to help participants target specific community-based goals in supporting children infected and/or affected by HIV/AIDS.

Part of the preparation of these guidelines included the development and implementation of a youth workshop that was based on some of the concepts outlined in this document. The workshop involved young people in a culturally acceptable way using a participant action research method called the “Triple A” approach to identify the gaps in their continuum of care and support.

Appendix #1 describes the organisation and implementation of the workshop, as well as the results and lessons learned. It provides a “hands-on” example to learn from and may be used as a case study or blueprint for organisations wishing to involve young people in their programming.

Complimentary research guidelines that outline the reality in South Africa in relation to HIV/AIDS and children, and the necessary steps to assist local communities in carrying out their own participatory action research are also available (“Filling the Gaps: Research Report” at www.uvic.ca/icrd; or www.icad-cisd.com).

A RIGHTS-BASED APPROACH TO CHILDREN AND HIV/AIDS

Rights-based programs address all aspects of a child's life.

A rights-based approach assumes that all human beings, *including children*, should have equal opportunity to realise their full developmental potential. This approach supports the concept that all children, regardless of gender, race, religion, ethnic status, or any other difference have a basic right to life with dignity. Rights-based programs address all aspects of a child's life (for example, basic survival through psychosocial needs). They are holistic and inclusive. Thus, they do not single out "AIDS Orphans" and are often part of larger strategies that focus on all children within the context of family, community, and culture. They also see children and youth as active participants in finding and creating solutions.

Many previous models of care have promoted a "needs approach," which focused on meeting or satisfying basic needs. These were often based on pity or charity as opposed to support for children as full human beings.

Rights Approach

Rights are realised

Rights always imply duties and obligations

Rights are universal

Rights can only be realised by attention to both outcome and process

All rights are equally important

For Example:

20% of children's right to be vaccinated are violated

Needs Approach

Needs are met or satisfied

Needs do not imply duties or obligations

Needs are not necessarily universal

Basic needs can be met by goal or outcome oriented strategies

Needs can be ranked in a hierarchy of priorities

For Example:

80% of children are vaccinated

Save the Children (UK), South Africa, 2000

6 Filling the Gaps

Steps to using a rights-based approach as a framework for intervention include:

- ◆ Identifying unmet basic needs of children;
- ◆ Identifying the cause of the problem; and
- ◆ Identifying people, organisations, or systems that have duties to respect, protect, facilitate, and fulfil these unmet needs.

Interventions and strategies based on this analysis should:

- ◆ Empower caregivers, communities, local organisations, and government to meet their obligations;
- ◆ Empower children to participate in realising their rights;
- ◆ Promote child supportive cultural practices;
- ◆ Influence all levels of government to avoid actions and omissions that result in the violation of children's rights; and
- ◆ Support other programs and projects that respect, protect, facilitate, and fulfil the rights of all children.

One of the key components of a rights-based approach to community programming for vulnerable children and youth is including the voice of the young person affected by these programs. Programs should be participatory and age appropriate. They should create safe environments for children and youth to discuss the impact of HIV/AIDS on themselves, their families, and their peers. They should also build capacity that supports opportunities for children to participate more meaningfully in local and national initiatives supporting vulnerable children. Finally, these programs should build on positive local cultural values and beliefs and community-based social and civic institutions that support vulnerable children's physical, emotional, social, and spiritual development.

INVOLVING FAMILIES AND COMMUNITIES IN THIS PROCESS

Families are
the first line
of defense for
children.

When designing and delivering support interventions for children infected and/or affected by HIV/AIDS, it is critical to create strong, positive bonds between children, families, and communities as it is this every day "life space" of a child that determines their well-being and their vulnerability. Families are the first line of defence for children. Typically, it is the family that provides necessities, love, and nurturing, and when families can no longer cope or meet these needs, the community becomes the children's safety net. With the magnitude of the HIV/AIDS pandemic and scarce resources, community-based care of infected and/or affected children that involves these critical sectors of a child's support network is essential if programs are to be both sustainable and comprehensive.



8 Filling the Gaps

With child, family, and community involvement, strategies can address the complex issues of HIV/AIDS and other contributing factors such as poverty, migration, urbanization, drug and alcohol abuse, crime, and lack of skills and education. Only with this local involvement can strategies effectively enhance the child's, and supporting people's ability to cope. Local involvement can ensure that strategies are culturally appropriate, build on existing strengths, and meet the expressed needs.

Research has shown that other options of care for orphaned children such as institutional care should only be adopted as a last resort. Institutions cannot replace the sense of well-being and belonging that a family and community can provide. Moreover, they are neither financially nor practically sustainable considering the magnitude of the HIV/AIDS pandemic. An important role for local government, therefore, is reinforcing communities and families caring for vulnerable children.

A family is technically defined as a group of people of common ancestry or a group of people living under one roof, usually under one head. However, it is societal and cultural expectations that define the role of the family.

What is the role of parents, grandparents, aunts, and uncles in relation to care and support of children and young people in your community?

What happens when parents and family members are not involved or informed about programs for their children and youth?

What happens when they are involved in the program development process?

A community is defined as a group of people residing in the same area, sharing the same resources, culture, values, and norms. Thus, a child's community may initially be the village they grew up

in, and later change to the people they find themselves with after they leave or migrate to the cities. These may be the residents of a township, a group of street youth, fellow sex workers, or any number of other groups. Children dislocated from their original community are particularly vulnerable and alone so they seek out a new community to provide them with emotional and practical support.

What defines a community in the area that you are working?

How do children and young people interact in and structure their communities? Is this different from the adults?

How does the community support children and young people?

How does the community NOT support children and young people?

Can you or your program make a lasting and sustainable difference with the young people if the community is NOT involved? Why or why not?

The young people at the Youth Participation Workshop linked HIV/AIDS to poverty and unemployment. They felt that HIV/AIDS programs would be more effective if they were incorporated into other community development strategies and incorporated an income generation component.

*Youth Participation Workshop,
March 2001*

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Field research has shown that programs and interventions are more effective and sustainable when they involve children and their families and communities (Williamson, 1995). How can this be done?

- ◆ First, be open to involving the community and their ideas of how things should be. If the agenda is already set you are wasting your and the community's time.
- ◆ Second, get the community involved. Begin this process by talking to key people in the community.
- ◆ Next, have the community members identify needs, strengths, and possible plans of action. Be sure to involve the children as part of the community. This can be done in several ways, but one of the simplest is to use participatory action research approaches. The "Triple A" approach is one such method. It is outlined in the action stage of these guidelines.



APPLYING A RIGHTS-BASED APPROACH

The near universal ratification of the United Nations Convention on the Rights of the Child (CRC) creates an opportunity to strengthen linkages between policy and practice concerning children and HIV/AIDS. The CRC, with its holistic focus on children's rights to survival, protection, and development, offers a comprehensive framework that can be used to develop local strategies that bridge family, community, local government, cultural, and national supports for children and HIV/AIDS.

Some families and traditional African societies have difficulty embracing the concept of "children's rights." It is thought that to give a child rights is to take away from the parents' and communities' rights to raise that child as they see fit. However, the CRC fully supports families and communities and their role in guiding, teaching, and supporting children.

In an ideal world, everyone, especially children, would grow up in an environment of love and understanding with all of their physical, emotional, cognitive, and social needs met. However, poverty, lack of service, corruption, and other societal ills are the daily reality for many children.

Children's rights, in particular Western style youth participation, have also been perceived to conflict with traditional values of respect. However, it is not the rights themselves, but the expression of these rights that causes the difficulty, for the CRC supports basic values such as respect, family, culture, and community, as well as culturally defined participation. It is therefore up to each community and their young people to determine how rights are expressed while maintaining basic minimum standards supported by the CRC. Although the CRC was ratified at the nation-state level, the implementation of this important tool will happen in the "small places, close to home" (Roosevelt, 1949), especially in the day-to-day lives of

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

CRC Preamble, 1989

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children. The implementation of the CRC will therefore depend on training that takes the principles and articles embedded in the text of the document and translates this into programs and policies that support local cultural values, beliefs, and practices that are child-centred and supportive.

Collectively, field staff and community members must bring the CRC to life in a way that fits within their unique situation and culture. The CRC is a tool to support positive child rearing practices and cultural traditions, and a lens to assist countries, communities, and families to change neglectful or harmful practices. It is not an imposition of Western values; it is an internationally defined set of principles for supporting every child in the context of family, community, and culture.

This is not to say that there will not be situations where the CRC is in conflict with local practices involving children. Indeed, many children are at risk of contracting HIV/AIDS or are negatively affected by HIV/AIDS because of harmful cultural practices such as the rape, abuse and exploitation of girls, and the employment of young boys as drug runners.

The process of implementing the CRC is therefore a process of discussion and negotiation in which positive cultural practices, such as the role of the community in supporting children, are promoted, while harmful practices are identified and ways of changing them are discussed.

In the field, there are often different opinions regarding children's rights.

One field worker shared:

"We have a presence in the community to be able to benefit the well-being of the child. We don't want to scare everyone with the word RIGHTS. This will come in time."

This does not have to be the case, for when RIGHTS are inclusive and empowering they can form the basis for positive programs.

Another field worker shared:

"It is not RIGHTS that the people are afraid of but the unknown. They do not understand and therefore fear. It is our job to teach them about their RIGHTS, all of them—adults and children, so that they see the CRC as a tool to support them in achieving a good life."

SCF (UK) field visit interview, Sept. 2000

UNDERSTANDING THE CRC

The CRC is a legal document that recognises each child as a subject of human rights and sets a minimum standard for the well-being of all children. Every country in the world, with the exception of the United States of America and Somalia, has made a legally binding commitment to uphold these standards by ratifying the CRC. Governments are obliged to be proactive in providing for the well-being of all children living in their country. This includes supporting families and communities in raising their children, providing equitable quality healthcare and education, and protecting the rights of vulnerable children.

The Convention on the Rights of the Child (1989) includes five important criteria.

1. It defines a child as a person between 0 and 18 or age of legal majority (Article 1) and identifies children as vulnerable members of society.
2. It grants children the same rights as every other human being, including:
 - ◆ social rights;
 - ◆ economic rights;
 - ◆ cultural rights;
 - ◆ civil rights; and
 - ◆ political rights.
3. It has a developmental perspective, which changes with the age of the child and recognises culture as a strong influence in shaping developmental pathways. Thus, the CRC ensures that children's physical, cognitive, emotional/psychological, and spiritual rights are met in unison and in accordance with their developmental stages (for example, *a seven year old may help out in the garden, but to ask a two year old to work for an hour in the garden would not be acceptable*).
4. It outlines the duties and responsibilities to children, including:
 - ◆ The duties and responsibilities of adults, including families to their children (Article 18);
 - ◆ The duties and responsibilities of Governments/States to support parents and guardians in their child-rearing responsibilities (Article 4, 5, 18); and
 - ◆ The duties and responsibilities of Governments/States to develop child care services for the care of children (Article 18).

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Many adults criticise the CRC for not emphasising children's responsibilities. This can be discussed in the context of children's opportunity to participate in aspects of their lives in ways that are safe and support healthy development.

5. It mandates the implementation of children's rights and sets a minimum standard of living for all children (Article 4, 27).

There are also four guiding principles in the Convention on the Rights of the Child. These include:

1. **All** children have the inherent right to life, survival, and development (Article 6).
2. **All** children should be treated equally (*non-discrimination*). Thus, vulnerable children including girls, orphans, ethnic minorities, and stateless children should have the same opportunity as other children. For example, to be cared for, to go to school (Article 2).
3. In all policies and decisions regarding children, the well-being (*best interest*) of the child should be the primary consideration (Article 3).
4. The views of the child should be taken into account in all decisions concerning him or her with the weight of their opinion varying depending on their age, ability, and training (*evolving capacity*) (Article 12).

The rights of the child listed in the 54 articles of the CRC can be loosely grouped into four main themes. These include the right to:

1. Survival;
 2. Protection;
 3. Development; and
 4. Participation.
1. **Survival** implies providing adequate:
 - ◆ Food;
 - ◆ Shelter;
 - ◆ Clean water;
 - ◆ Primary healthcare; and
 - ◆ A safe environment.



2. **Protection** implies protecting children from:
 - ◆ Abuse;
 - ◆ Neglect;
 - ◆ Exploitation (for example, sexual, labour, trafficking);
 - ◆ War; and
 - ◆ Drugs.

3. **Development** implies supporting children's normal physical, emotional, and psychological development through the provision of:
 - ◆ Formal education;
 - ◆ Constructive play;
 - ◆ Healthcare; and
 - ◆ A caring and nurturing environment.

4. **Participation** implies supporting meaningful involvement of children in all levels of decision-making, and having input and access to information in different aspects of their life. Participation rights include:
 - ◆ Civil rights (for example, a name and identity, non-discrimination, and protection);
 - ◆ Economic rights (for example, freedom to participate in non-exploitive economic activities);
 - ◆ Political rights (for example, freedom of expression);
 - ◆ Cultural rights (for example, freedom to participate in cultural activities); and
 - ◆ Religious rights (for example, freedom to choose a belief system or religion).

APPLYING THE CRC

Applying the CRC as a framework allows programs to support the whole child and to consider not only their basic survival and protection needs, but also their right to family, community, culture, healthy development, and emotional and psychosocial support. It ensures that the child's views and best interests are considered and obliges immediate support structures like the family and community, as well as governmental and non-governmental agencies to honour these rights.

Consider why you or you as a collective team think that you need to know about children's rights. Had you thought about all of the areas that are necessary to ensure a child's well-being?

Save the Children (UK) field staff suggested several reasons to learn about children's rights. Specifically:

- ◆ To support the survival of the child (for example, health and medical care);
- ◆ To know the roles that children play in the communities;
- ◆ To be able to understand that children have emotions;
- ◆ To know what children's emotions are;
- ◆ To understand the developmental perspective of the child in terms of the rights and needs of a baby versus the rights and needs of a 10 year old;
- ◆ To understand the social needs of the child;
- ◆ To help identify the most vulnerable;
- ◆ To justify asking for help and prioritising children in terms of allocation of resources;
- ◆ To support workers when soliciting funds for projects supporting orphans and vulnerable children; and
- ◆ To safeguard children from harmful situations and ensure that their well-being is protected.

Save the Children (UK), 1999

Within countries and communities there are typically certain children or groups of children that are more at risk of having their rights compromised or violated. These children become increasingly vulnerable to circumstances and situations that further undermine their basic rights.



Discuss what makes children vulnerable in your community.

Children are often vulnerable when they:

- ◆ Are girls;
- ◆ Do not have parents;
- ◆ Do not have family;
- ◆ Do not have a home;
- ◆ Live on the street;
- ◆ Are in detention;
- ◆ Do not have a voice and cannot participate in decisions affecting them;
- ◆ Lack education;
- ◆ Lack skills;
- ◆ Lack resources - are living in poverty;
- ◆ Are exploited;
- ◆ Are discriminated against;
- ◆ Are isolated;
- ◆ Withdraw;
- ◆ Fail to develop as well as other children;
- ◆ Live in an unsupportive or unhealthy environment;
- ◆ Have inadequate medical care;
- ◆ Have a disability;
- ◆ Are infants; and
- ◆ Are subject to decisions that are not made in their best interest.

Adapted from ICRD, 1998

What are the needs of these vulnerable children? What are their rights? Are these being met? What happens if these rights are not realised? Start by considering a young child who has lost his/her parent(s) to AIDS. Next consider a youth who has lost his/her parent(s) to AIDS.

Needs	Rights	Results if not Met
Food	Life/medical care <i>(survival)</i>	Increased vulnerability
Shelter		Lack of self esteem
Care	Care and support <i>(protection)</i>	Poverty
Love		Lack of development
Medicine	Culture/language	Allienation
	Education/play <i>(development)</i>	Disability
	Participation	Pregnancy
		Illness (HIV/AIDS)
		Death

The rights of children and youth are the same, but programs and policies that implement rights must vary according to specific needs. For example, a young child without parents may require foster parents and daycare while youth may require support for their education, skills training, or education on sexuality and condom use to ensure their well-being and safety. Therefore, to ensure relevancy and effectiveness of rights-based programs, children and youth's participation must be included in the planning stages.

SOUTHEAST AFRICA'S VULNERABLE CHILDREN

Many of South Africa's children face harsh realities of poverty, and do not have access to the same standard of healthcare and education largely due to lack of birth registration, geographical isolation, lack of resources, and social exclusion. The fact that many of these children are from traditional communities and

**HIV/AIDS
affects all
people
without
distinction.**

experience language barriers increases their vulnerability to having their rights violated.

As noted earlier, the links between vulnerability, due to the inability to ensure basic rights and exposure to HIV/AIDS (either directly through infection or indirectly through the negative affects within the family and community), are considerable. HIV/AIDS affects all people without distinction. However, women and children are particularly vulnerable to the affects of this illness due to their poverty and social isolation. This leaves this population of children at extreme risk.

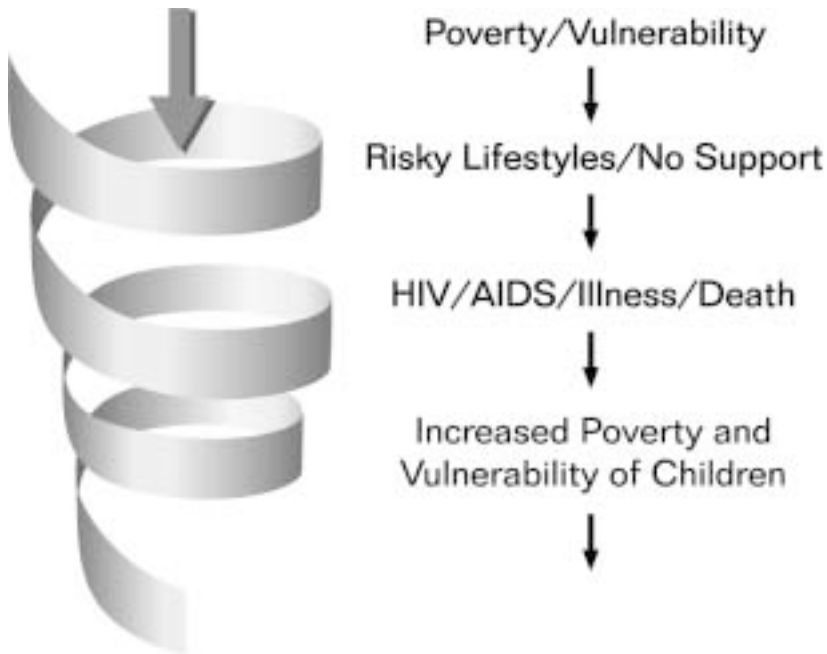
Examine the items that make a child vulnerable.
How many of these issues are relevant to children
affected by HIV/AIDS?

Children who lose their parents become even more vulnerable. Traditionally, these children are taken in by the extended family. However, factors such as the large number of parents leaving their children behind when they migrate for work, combined with the rapid spread of HIV/AIDS and the steady increase in the number of orphaned children, have resulted in the breakdown of traditional support systems. Many families struggle to provide the necessary level of support for their children. Siblings are often separated to decrease the financial burden, further destroying their support network. Other children seek care and support from alternative community supports, such as churches/mosques and peer groups or they attempt to care for themselves and their younger siblings.

Once again these circumstances leave children in situations that increase their vulnerability. As financial security decreases, basic needs are not met, emotional support decreases, ability to continue with an education decreases, access to healthcare decreases, as does their ability to cope. The denial of these children's rights results in exploitation and discrimination and long-term prospects of rising above the circumstances of poverty move further away. In an attempt to counter this downward spiral, young girls and boys may feel pressured to migrate to the cities to earn money to support the rest of the family (as their parents did). Ironically, the act of migration contributes to their vulnerability.

If these children are to become healthy, contributing members of civil society efforts must be made to identify and build on local

support mechanisms to minimise the impact of HIV/AIDS. Children, families, communities, and local governments and organisations need to work together to stop this cycle of vulnerability.



SUPPORTING VULNERABLE CHILDREN USING THE CONVENTION ON THE RIGHTS OF THE CHILD

The Convention on the Rights of the Child:

- ◆ Recognises that there are children living in exceptionally difficult conditions and that such children need special consideration;
- ◆ Identifies types of vulnerability (for example, gender, poverty, abuse, and violence);
- ◆ Stipulates various levels of support for vulnerable children from family, community, and government; and
- ◆ Involves children as active agents of change.

CRC Articles Relevant to Children Affected by HIV/AIDS

Specific CRC articles relevant to vulnerable children in South Africa include:

- ◆ The right to a name and a nationality (Article 7/8);
- ◆ The right to a name and a nationality (Article 7/8);
- ◆ The right to protection from sexual abuse and exploitation (Article 34);
- ◆ The protection of a child without a family (Article 20);
- ◆ The right to protection from work that threatens a child's health, education, and development (Article 32);
- ◆ The right to protection from abuse and neglect (Article 19);
- ◆ The right to protection from drugs (Article 33);
- ◆ The right to protection from being recruited into armed forces (Article 38);
- ◆ The right to NOT be unlawfully imprisoned or punished (Article 40);
- ◆ The right to health and medical care (Article 24);
- ◆ The right to education (Article 28/29);
- ◆ The right to access appropriate and accurate information (Article 17);
- ◆ The right to a standard of living adequate to full development (Article 27);
- ◆ The right to language, religion, and culture (Article 30);
- ◆ The right to play and leisure (Article 31);
- ◆ The right to physical, psychological, and social rehabilitation of victims of abuse or maltreatment (Article 39);
- ◆ The right to international cooperation to ensure children's rights (Article 45);
- ◆ The right to know about the CRC (Article 42); and
- ◆ The right to have children's rights monitored and evaluated (Article 44).

Other Documents Supporting the Rights of African Children

1. The Charter on the Rights and Welfare of the African Child.

This Charter is a written statement that grants certain rights and privileges to African children. It was drawn up by the Organization of African Unity (OAU) to compliment the CRC by being more specific to the African context. For example, the Charter differs from the CRC in a number of areas. It has a guaranteed definition of childhood as the period under the age of 18. This prevents children from being recruited into the armed forces between the ages of 15 and 18. The Charter also emphasises not only children's rights, but also their responsibilities to their family, society, and state. Finally, the Charter also provides for its own enforcement procedures, appointing its own Committee of Experts on the Rights and Welfare of the Child. Under this system, states' parties are requested to report to their committee of experts every two years compared to every five years for the Committee on the Rights of the Child.

2. The Kadoma Declaration on Effective Participation in Local and Global Child Development.

This declaration advises governments and other parties in sub-Saharan Africa on various issues concerning the African child. It focuses on effective participation in local and global child development. It was drawn up by non-governmental organisations (NGOs), government agencies, and UNICEF due to their concern for the deepening crisis of Africa's children.

The main themes include:

- ◆ Filling the education gap;
- ◆ Addressing the effects of armed conflict on child development;
- ◆ Tackling environmental risks to child development;
- ◆ Developing health and nutrition strategies;
- ◆ Reaching the most vulnerable children; and
- ◆ Linking structural adjustment and child development policies.

It should be noted that these documents presently do not provide the same legal support offered by the CRC.

In our area, the unemployment rate is very high. As a result, many of the men go to the "shebeens" to drink. When the men leave these taverns, there is much violence, crime and rape. People are angry that they don't have work. They are not thinking about HIV/AIDS.

*Transkei youth,
March 2001*

Discuss the programs and community activities that are presently taking place. How are they supporting children's rights?

Consider if there are any areas in your programs or in community activities that do not support the rights of the children? Are these practices harmful? Could they be changed?

The following strategies show how the principles in the CRC can be used at the community level. Note that these strategies take into account the cultural and developmental aspects of children's rights.

Participation

- ◆ Support children's participation in community events and festivals. For example, birth celebrations, naming ceremonies, puberty rituals, and rites of passage.
- ◆ Promote children's meaningful participation in local, national, and regional programs and decision-making.

Culture

- ◆ Incorporate child supportive cultural values and beliefs into all community programs affecting children — from water sanitation to agriculture and primary healthcare programs.
- ◆ Identify harmful cultural practices, and discuss these in the context of legislation, policy, and programming.

Government/Laws

- ◆ Identify national and regional legislation that further support the articles in the Convention (for example, the Children's Charter of South Africa, the Bill of Rights, and the Child Care Act).
- ◆ Harmonise customary law and national legal codes.
- ◆ Link survival, development, and protection rights.

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- ◆ Link children's and women's rights as prescribed in national legislation.
- ◆ Involve advocacy agencies to link local government, vulnerable children, and community (for example, Ombudsman's Office, Children's Advocate, or Children's Commissioner).

Programs

- ◆ Integrate issues of HIV/AIDS and children into broader development strategies. For example, agriculture, health, and education.
- ◆ Create intersectoral links between agencies to provide children with holistic support.
- ◆ Address issues of poverty alleviation.
- ◆ Ensure that prevention, treatment, and care and support strategies are addressed in establishing a holistic "continuum of care and support" for vulnerable children.
- ◆ Link children and women's rights by addressing the practices that support women and children and those that do not.

SHARING CHILDREN'S RIGHTS WITH PEOPLE IN THE COMMUNITY CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Lay the Foundation:

- Discuss the place and roles of children and youth (0-18) in the community.
- Establish the importance of children and their care and support.
- Emphasise that the CRC was put into place as a protection measure for all children.
- Show how the CRC can be used to identify the most vulnerable children as well as assist in identifying actions and methods to carry them out.



- Stress the underlying principle that families, community, and culture are the foundations for children and that it is these societal structures that must teach and support them.

To Build on Strengths:

- Build on the positive values and practices in the community so that they see how many of the rights outlined in the CRC are already enshrined in their everyday lives.
- Identify existing programs in existence in the community and how they address the rights of children.
- Assess if programs are intersectoral and integrative.
- Determine how vulnerability is defined in the local context.
- Examine customs and practices that violate or neglect children's rights and determine what could be done differently at a cultural, community, or family level that would change this.

To Link Various Levels of Government:

- Determine which community development projects could be adapted to include a focus on children.
- Identify existing natural advocates, committees, or other structures that focus on children and link communities and children with local government.
- Ensure that there are mechanisms in place to monitor the rights of vulnerable children.

- In partnership with the community, determine which programs could work with local government and donors to enhance children's well-being.
- Discuss what could be done differently for children at a regional and governmental level that the community could lobby for, using the CRC for support.
- Devise a plan of action using the CRC to lobby local and national governments and ask for services.

DEVELOPING AND IMPLEMENTING A CONTINUUM OF CARE AND SUPPORT

When looking at the support of vulnerable children, especially children who are infected and/or affected by HIV/AIDS, it is important to look at the many aspects of care and support that they require. All too often HIV/AIDS is seen simply as something to be prevented or treated. Thus, programs are often aimed solely at education initiatives to prevent the spread of the disease or at medical care to treat the many illnesses associated with AIDS. A rights-based approach assumes that South Africa's children require more than this. They require a continuum of care and support that addresses their diverse developmental needs in all facets of their lives. When this is achieved, children falling through the gaps of care and support gain access to the aspects of life they require to develop fully and live in dignity.



The continuum of care and support, presented in these guidelines, integrates the child's inherent right to life, survival and development, non-discrimination, best interests, and participation across three dimensions.

1. Comprehensive care and support: The care and support of a child is necessary from the time of a parent's illness through completion of the grieving process and/or through the course of their own illness. This includes but is not limited to:

- ◆ Preventing the contraction of HIV;
- ◆ Increasing children and youth's understanding of diseases associated with AIDS;
- ◆ Medical treatment of guardians and children;
- ◆ Physical care (for example, housing, food, clothing, schooling);
- ◆ Support in caring for ill parents (for example, financial, emotional, and medical);
- ◆ Emotional support and grief counselling; and
- ◆ Life skills training.

2. Participation in care and support: A developmental approach ensures age appropriate care from birth until adulthood. This includes:

- ◆ Appropriate expectations of children at different ages;
- ◆ Opportunities to participate in decision-making, prevention programs, and the administering of care according to their developmental age and their abilities;
- ◆ Stimulation that enhances children's development across different stages;
- ◆ Support and care that meets a child's developmental needs;
- ◆ Education and prevention programs for different ages; and
- ◆ Age appropriate support and counselling for loss and grief.

To ensure that programs support developmental pathways in the context of culture, an understanding of children's normal developmental stages, appropriate learning tools, developmental aspects of children's grief, and cultural norms is essential.



3. Socially related care and support: The intersectoral integration of all levels of civil society is critical in supporting children vulnerable to being infected and/or affected by HIV/AIDS. These include:

- ◆ Peers, family, and community;
- ◆ Community-based non-governmental agencies;
- ◆ Local governmental agencies;
- ◆ National governmental ministries or agencies;
- ◆ Regional and international agencies;
- ◆ Non-governmental organisations (NGOs); and
- ◆ Ombudsman's or advocacy organisations.

To effectively integrate this aspect of the continuum of care and support, it is important to understand how to identify family and community strengths and how to actively involve these support networks. It is also essential to have specific knowledge of the existing programs and projects in the area and the local (for example, traditional), national, and global laws that advocate for care and support of vulnerable children.

Ways of linking levels of civil society include:

- ◆ Establishing committees;
- ◆ Developing monitoring mechanisms;
- ◆ Registering births;
- ◆ Developing policies; and
- ◆ Establishing child focused legislation (for example, child protection laws).

All three of these dimensions of care and support are required in every situation to ensure holistic care. A continuum of care and support must then be adaptable to the unique situation of each child.

PREVENTION THROUGH CARE AND SUPPORT

Prevention

Holistic programs are critical in decreasing children's vulnerability. Children need to be educated on the risks that exist for them and they need to be given the skills and knowledge to minimise or prevent these risks.

AIDS activists are increasingly aware that AIDS prevention programs are not effective in changing risky behaviour and other threats of HIV infection with information alone. Therefore, to increase effectiveness, prevention programs must be viewed in the broader context of socio-economic and cultural attitudes and behaviour change. Community workers need to be aware of these risks to accurately address hazards associated with lifestyle choices and HIV/AIDS. This information can be gathered through community and youth consultations or participatory action research.

Key socio-economic and cultural issues affecting prevention of HIV/AIDS for South Africa's vulnerable children, include:

Lack of Education due to:

- ◆ Irrelevance (skills taught that are not useful);
- ◆ Absence of schools;
- ◆ Lack of qualified teachers;
- ◆ A lack of promise of employment;
- ◆ High expenses/costs;
- ◆ Need to work;
- ◆ Barriers such as language; and
- ◆ Teenage pregnancy.

Poverty due to:

- ◆ Economic hardship;
- ◆ Low income;
- ◆ Lack of jobs;
- ◆ Lack of land; and
- ◆ Lack of skills.

Lack of information/knowledge about:

- ◆ HIV/AIDS, STDs and other reproductive health risk factors;
- ◆ Legal issues;
- ◆ The CRC;
- ◆ Other supportive laws; and
- ◆ How to be active agents of change.

Political insecurity due to:

- ◆ Racial conflict; and
- ◆ Weak local government.

Breakdown of social structure due to:

- ◆ Migration of parents to cities for work;
- ◆ Death of parents;
- ◆ Loss of financial security;
- ◆ Loss of children's homes;
- ◆ Statelessness;
- ◆ Lack of attachment to homeland; and
- ◆ Lack of protection/safety net.

Indicate which issues are relevant to children and youth living in communities affected by HIV/AIDS.

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In general, these circumstances lead to certain RISKS for the children of these communities.

These risks include:

- ◆ Being raped;
- ◆ Abusing alcohol;
- ◆ Being subjected to violence;
- ◆ Contracting HIV/AIDS or other sexually transmitted diseases (STDs);
- ◆ Becoming pregnant;
- ◆ Having their basic rights to health, education, and legal protection denied;
- ◆ Being forced into situations of child labour;
- ◆ Becoming abandoned or orphaned children; and
- ◆ Being harassed by authorities.



Indicate which risks are relevant to children and youth living in communities affected by HIV/AIDS. Discuss how this would impact program development.

Prevention programs need to be based on this information and include community and child participation. Young people need to know the causes of the HIV/AIDS virus and how to minimise transmission and infection. They also need to be aware of other factors that increase their risk of contraction by forcing them into vulnerable situations, such as the lack of skills and money.

The more accurate the information and the better the skills training the children and young people have, the less vulnerable they will be in these situations. By intervening early, it is possible for children and their communities to alter these cycles of vulnerability, human rights abuses, and infection.

Young people from several communities in the Eastern Cape identified the following problems.

Problems and Solutions:

The main problems we face are:

Lack of employment;
Lack of education;
HIV/AIDS;
Alcoholism;
Violence;
Rape;
Poverty;
Lack of life skills and knowledge; and
Lack of protection.

To tackle the problem we want:

The police and community to increase security;
Projects to promote youth participation in clubs, sports, projects and job creation;
Information and skills to prevent HIV/AIDS and other deadly diseases;
Information and skills that can help us make money;
Vocational and leadership training to help us work with youth in the community;
To be supported by the traditional leaders, grandmothers, healers, and churches; and
To work with and share our knowledge and information with the community, elders, and local government in an acceptable way.

Transkei Youth, March 2001

What do the children and young people that you are working with perceive to be the problems and possible solutions? Are there any differences in the various settings and communities?

Gathering this type of information from young people in their community will offer insights and direction for organisations and programs to assist in decreasing children's vulnerability to the violation of their rights and the contraction of HIV/AIDS.

Care and Support

Care and Support programs must also address diverse socio-economic and cultural factors in a child's life to be effective. Care encompasses physical, cognitive, emotional, social, and spiritual needs, as well as education and medical attention. These needs must be supported throughout a child's life.

Children's vulnerability starts when their parents leave to go work in the cities, leaving them behind, or when parents become ill. At this point, children face increased poverty, more responsibility, and added emotional difficulties including grief, loss, and discrimination. They require extra support. To wait until parents die is too late to prevent children from spiralling into a cycle of low self-esteem and depression or engaging in activities that are harmful to their overall well-being and do not support a life with dignity.

Actions that provide care and support for children affected by HIV/AIDS include:

- ◆ Strengthening families' ability to care for their children or take in orphaned children by enhancing their economic resources. This increases their capacity to care for their children and decreases the need to migrate to cities or enter risky lifestyles that can lead to HIV infection. Ensuring there is access to savings and credit mechanisms is one means of providing this.
- ◆ Reducing demands on household labour, thus freeing members to produce income. This can be done by providing community-based childcare, improving water and sanitation, and/or decreasing the need for firewood gathering.



- ◆ Providing home care for HIV/AIDS patients. Trained home care workers are able to meet the medical needs of ill parents, while providing knowledge, skills, and emotional support for the children and youth. This decreases the amount of time the children spend caring for their ill parents and assists to decrease their emotional stress. This support greatly strengthens families' ability to cope.
- ◆ Encouraging parents to write wills, arrange for their children's care, and talk to their children about their future.
- ◆ Supporting children to stay in school during a parent's illness (or absence) and after their death by ensuring that teachers understand and support children through their grief. Ensure that schools are accessible and that uniform requirements or school fees do not prevent children from attending school. Provide at least one daily meal and ensure schools have flexible hours to accommodate children who must work.
- ◆ Training older siblings in basic parenting and life skills to allow them to cope better with caring for their younger siblings during a parent's absence or illness and after their death.
- ◆ Involving children in the care of sick loved ones when appropriate, without burdening them with too much responsibility.
- ◆ Ensuring children's emotional, cognitive, and social needs are integrated into all HIV/AIDS programs and vulnerable children are connected with local children's advocates.
- ◆ Integrating care and support issues into existing government and NGO programs when ever possible.
- ◆ Ensuring that vulnerable children are not further alienated through programs that isolate or stigmatise them (for example, splitting siblings up and institutionalisation).

Providing holistic care and support for children and youth is critical in reducing their vulnerability. The type of support and how it is delivered will vary according to the child's age, their community, and their cultural background. Thus, program staff must work closely with a child's immediate community to build on existing strengths. An important aspect of this process is talking with children to better understand their local reality.

In some communities, people are fearful, they want separate day cares and homes for AIDS orphans because they fear transmission to the other children.

This needs to be addressed as it shows a lack of understanding about HIV/AIDS and a lack of support for these children.

We need to increase peoples' awareness of how to prevent transmission but also how to be supportive. We do not want HIV/AIDS orphans to be discriminated against.

*Focus group discussion
with youth, Sept. 2000*



Examine the list of potential impacts of HIV/AIDS on children, families, and communities.

Potential Impact of HIV/AIDS

Children

Health problems

Malnutrition
 Loss of healthcare
 Decreased immunization
 Increased exposure to HIV infection and other STDs
 Drug addiction
 Abuse
 Illness due to hard labour
 Slowed development
 Increased risk of suicide
 Premature death
 Increased deaths of children under 5

Economic Problems

Economic hardship
 Lack of skills
 Increased demand for children to work
 Decreased schooling
 Lack of food
 Lack of adequate shelter
 Decreased access to healthcare
 Increased need and expenses for healthcare
 Loss of family income
 Loss of land/inheritance
 Forced migration
 Crime

Psychosocial Problems

Stress
 Grief/Sadness
 Fear
 Self blame
 Loss of self-esteem
 Loss of parents
 Loss of home
 Loss of stability/security
 Loss of education
 Loss of role models
 Loss of nurturing, love and care
 Loss of protection
 Loss of family
 Loss of identity
 Loss of attachment to home land
 Statelessness
 Stigmatisation
 Increased chances of abuse/neglect
 Increased harassment by authorities

Families

Health problems

Illness
 Chronic Illness
 Malnutrition
 Drug addiction
 HIV/AIDS
 Loss of healthcare
 Reduced ability to care for self, children and elderly

Economic Problems

Lack of employment
 Lack of skills
 Restrictive policies
 Increased expenses for care
 Increased expenses for drugs
 Increasing number of dependents
 Loss of family income
 Loss of income earners
 Lack of food
 Lack of adequate shelter
 Decreased access to healthcare
 Loss of land/inheritance
 Forced migration

Psychosocial Problems

Stress
 Grief
 Loss of family members
 Break up of family (fostering/adoption)
 Loss of stability/security
 Statelessness
 Inability to provide nurturing, love and care
 Change in family structure
 Stigmatisation
 Gradual decrease in ability to provide emotional support (Burnout)
 Feelings of helplessness

Communities

Health problems

Illness
 Chronic Illness
 Malnutrition
 Drug addiction
 Increased mortality
 Spread of HIV/AIDS

Economic Problems

Increased poverty
 Loss of property/wealth
 Increased number of dependents
 Loss of skilled labour
 Loss of income earners
 Decreased education of members
 Decreased health of members
 Decreased productivity

Psychosocial Problems

Stress
 Grief/Sadness
 Loss of members
 Break down of infrastructure
 Increased susceptibility to political insecurity
 Feelings of helplessness
 Gradual decreased ability to provide emotional support (Burn out)

AGE APPROPRIATE INTERVENTIONS

To be effective, care and support programs for children must be age appropriate and address needs that change according to the age of the child. It is therefore essential to understand children's normal development and how to communicate with children of different ages. Finally, it is important to understand how a child expresses loss/grief at different stages of their development and how others can assist them through this process.

Children's Normal Development

Child development is a process of change in which a child continues to develop his or her skills of moving, thinking, feeling, and relating to others.

It is multi-dimensional and includes how a child performs:

- ◆ Physically (ability to move and coordinate);
- ◆ Emotionally (the ability to feel);
- ◆ Cognitively (the ability to think and reason); and
- ◆ Socially (the ability to relate to others).

The latter three are aspects of "psychosocial" development.

The different areas of child development are interrelated and must be considered together. For example, emotional development affects physical and cognitive development. An emotionally stressed child who has not learned how to cope with that stress may show signs of physical and cognitive delay.

Development is also continuous. It starts before birth and continues throughout life. How a child develops when they are young affects them throughout their life. Future behaviour and accomplishments are related to childhood development processes.

Interacting with people and the environment (built and natural) facilitates children's development for a child develops as they respond to, learn from, and seek to affect his/her physical and social environments. Thus, providing stimulation for children is very important, as is responding to them, and providing them with love, care, and support.

Children's development is predictable, but unique. All children follow a general sequence of development, but the rate, character, and quality of development changes with each child. Gender, environment (the type and amount of stimulation they receive), and culture (child rearing practices) also influence a child's

development. However, all children across all cultures and individual differences share the need to adapt their behaviours and skills in order to gain control over their environment and to develop healthy positive connections with people and their physical and social environments.

Environmental Influences on Children's Development

- ◆ The immediate family or household;
- ◆ The community or close social network;
- ◆ Schools;
- ◆ The larger society (social, political, religious, and economic context);
- ◆ The culture (values, rituals, and beliefs);
- ◆ The physical environment (plants, animals, and special places); and
- ◆ The built environment (style of buildings, architecture, availability of “child friendly” spaces).

Adapted from Myers, 1992

What to Expect at Different Ages

Newborn to 23 Months

When children are born, they are physically helpless and completely dependent on others for their physical and emotional well-being. They require constant supervision, as they have no sense of safety.

In the first two years of their life, they begin to develop skills that they continue to work on throughout their lives.

At first:

- ◆ Children bond with their caregivers and develop feelings of love and trust if they have someone to care for them and meet their needs;



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- ◆ They start to feel other emotions such as fear and separation anxiety, especially when their needs are not met;
- ◆ They work hard to learn to move their bodies by themselves so they can hold up their head, sit by themselves, feed themselves, walk, and talk;
- ◆ They learn to use their hands and eyes together to allow them to manipulate objects and throw things; and
- ◆ They develop their sense of vision, hearing, tasting, feeling, and understanding.

Over the course of the first two years they begin:

- ◆ To understand that they are separate from the rest of their environment and other people, especially their mother or primary caregiver;
- ◆ To understand how objects work (for example, cause and effect and that things are still there even if they cannot see them);
- ◆ To understand what is being said to them and can follow through with simple requests;
- ◆ To understand the consequences or effects of their actions and know right from wrong;
- ◆ To know the names of familiar objects, body parts, and concepts such as in/out or on/off; and
- ◆ To become independent as they begin to do things for themselves and to play on their own for longer periods.

2 to 5 years

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

- ◆ Tend to have a very high degree of energy;
- ◆ Develop most of their language and understanding;
- ◆ Think that they have a far greater affect on the world around them than they really do;
- ◆ Learn social rules (culture) (for example, the expectations within their families, schools, and communities and general routines);
- ◆ Develop self-care skills (for example, dressing, feeding, and toileting);

- ◆ Try to understand what is real and what is fantasy (for example, may use imaginary play or have increased fears and nightmares);
- ◆ Think in the “here and now;”
- ◆ Have difficulty thinking about and understanding things in the future;
- ◆ Ask a lot of questions;
- ◆ Need to experiment with concepts;
- ◆ Are starting to understand the consequences/effects of their actions/emotions and to know right from wrong; and
- ◆ Often begin school.



6 to 12 years

At this age, children continue to work on their skills and need a great deal of emotional support and a secure environment in which to do this. They:

- ◆ Begin to understand that another person’s point of view may be different from their own;
- ◆ Gain a greater understanding of emotions and how people are feeling (for example, begin to be able to empathise or put themselves into another persons “emotional shoes”);
- ◆ Begin to think logically about concrete things that they experience in their everyday life;
- ◆ Have an increased understanding of social roles and norms (for example, a man can be a father, a son, and a worker);
- ◆ Begin to understand how objects relate to each other (for example, a tomato, a cucumber, and an eggplant are all “vegetables”);
- ◆ Are better able to solve problems as their memory skills greatly improve;
- ◆ Can understand most concepts that are explained to them;
- ◆ Can learn skills such as reading, writing, and mathematics; and
- ◆ Have increased responsibility around the house.

13 to Adulthood

Children or youth in this age range are becoming young adults.

Youth:

- ◆ Are beginning to think about what may possibly happen as well as what is actually happening (for example, thinking about the future);
- ◆ Think primarily of themselves;
- ◆ Focus most of their attention on social relationships and personality characteristics of a person;
- ◆ Are developing a sense of themselves in relation to the rest of the world;
- ◆ Experience a stronger division in the roles of males and females;
- ◆ Often begin serious relationships with their peers;
- ◆ Begin to think about abstract things like social class and how their behaviours ultimately affect their family or community;
- ◆ Gain an increased understanding of moral issues and what is right or wrong;
- ◆ Experience intense physical changes in the body (puberty);
- ◆ Have increased emotional needs and insecurities;
- ◆ See peer group interactions and friendships as critically important (these play a large part in the development of their sense of self and self-esteem);
- ◆ Practice being an adult; and
- ◆ May get married, be initiated into adulthood, or receive a new name.



It is important to note that vulnerable children are exposed to different environments and stimulation than other children and may therefore, move through their stages of development at an altered rate. Consequently, many of these children grow up very quickly in some areas of their development and remain very young in others. This is particularly evident in young children who are forced into adult roles, but do not know how to emotionally cope with this responsibility.

How to Listen and Communicate with Children of Different Ages

Newborn to 23 Months

- ◆ Use signs/facial expressions to compliment talking;
- ◆ Use touch;
- ◆ Be at the same eye level;
- ◆ Use objects/toys/food; and
- ◆ Watch reactions.

2 to 5 Years

- ◆ Use language they understand;
- ◆ Talk to guardians; and
- ◆ Talk to the children in the presence of their guardians so that they feel safe.

5 to 10 Years

- ◆ Respect privacy/confidence;
- ◆ Realise they may have different views from their guardians;
- ◆ Use games, art, music, singing, stories, drama, or sports as communication tools;
- ◆ Talk to children “one on one” and speak at the same level/volume; and
- ◆ Use physical reassurances, such as touching.

10 Years and Up

- ◆ Ensure mutual respect;
- ◆ Remember that this age is very sensitive to issues;
- ◆ Be polite;
- ◆ Respect privacy;
- ◆ Find a comfortable environment;
- ◆ Talk in groups and “one on one”;
- ◆ Listen to what they are saying;
- ◆ Ensure confidentiality; and
- ◆ Use personal examples or a story of a peer.



Adapted from ICRD, 1998

Developmental Stages of Children's Grief

Understanding and responding appropriately to children's grief is a critical component of supporting children and youth affected by HIV/AIDS and other trauma or loss.

As children progress through the different stages of their development, they understand, experience, and react to loss in different ways. A child experiencing loss at a young age will therefore revisit his/her loss when his/her understanding of death changes, at every developmental stage.

Most literature in this area is based on research carried out in Europe and North America and may need to be adapted to local cultural contexts. This can be achieved by reviewing these guidelines with children, youth, and respected and knowledgeable adults in the community to discover how they fit within the cultural context.

Newborn to 23 Months

Many people think that a very young child is unable to grieve, but a young baby does experience loss. They experience it as abandonment or separation. To them death means "all gone." As children are very sensitive at this age, they sense the emotional changes that occur within their home.

In response to grief the newborn-23 month old may:

- ◆ Become irritable;
- ◆ Show changes in their eating/sleeping patterns;
- ◆ Have bladder or bowel problems, such as diarrhoea;
- ◆ Show emotional withdrawal; and
- ◆ Experience a slowing or regression in their normal development.

They need:

- ◆ To maintain their usual routines, especially with eating and sleeping;
- ◆ To receive lots of demonstrative attention, such as hugs;
- ◆ Gentle voices;
- ◆ Play time; and
- ◆ A safe, secure, and stable environment with as few new caregivers as possible.



2 to 5 Years

Children at this age are extremely self-centred and therefore experience death as a loss of love, security, safety, and protection. They do not understand the finality of death and often think of it as “sleeping” or “someone going on a long trip.” They often expect the dead person to “come back to life” or “return” and for life to go back to normal. They may also “forget” that the person has died, as their concept of time is very limited. They take things that are said very literally. Therefore, in order for children to understand what has happened, people must use correct language at a level they can understand, for example, *“The persons body stopped working and they died.”*

Statements such as: *“She went to the maize field,” “He went to sleep,”* or *“God picked him because he was so good”* will only confuse the child and create greater fear.

Children between three and five tend to connect the death to what ever happened just before it and often want to tell others all about it. Therefore, if their mother went to the hospital and died, they might say:

“Mommy went to the hospital and died. I think that the doctors made her die. I never want to see a doctor.”

In response to grief the 2-5 year old may:

- ◆ Not show emotions for periods of time. They have a short attention span and cannot handle painful experiences for any length of time so tend to “tune out” and need to play (this does not mean that they are not grieving);
- ◆ Become fearful of separation and going to sleep;
- ◆ Show signs of being overwhelmed or lonely;
- ◆ Have difficulty with eating or toileting;
- ◆ Have bodily reactions such as headaches and stomach aches;
- ◆ Appear very confused about what is happening around them and why the person who has died is not home (for example, they may ask questions that seem out of place, such as *“Where did this maize or mealy meal come from? Is it from my mom?”*).
- ◆ Act out in an angry or emotional fashion (for example, temper tantrums);

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- ◆ Have fears that were not there before (for example, fear of being abandoned); and
- ◆ Have more intense fears.

They need:

- ◆ Simple but honest explanations about the death and what is going to happen to them;
- ◆ A caring and constant adult who can support them emotionally and answer their questions;
- ◆ Demonstrative shows of affection and love (for example, hugs);
- ◆ A gentle voice;
- ◆ Understanding when they are upset or scared;
- ◆ Quiet times;
- ◆ Usual routines and discipline;
- ◆ Reassurance about the future; and
- ◆ Reassurance that they did not do anything to cause the death and that there are still people who love them.

6 to 9 Years

Although at this age children are beginning to understand the concept of death, they fluctuate in their understanding of the finality of it, and at times still think it is reversible. This is a time of “magical thinking” where they believe that if they want something bad enough they can make it happen. If they wished that the person would die, they might believe that they made it happen, and therefore feel intensely guilty about this. They may also have intense fear about death, for they think of death as “bad spirits” or something that happens to a “bad” person. However, they are also interested in the body, and will often ask detailed questions about what happened or what will happen to the body now that it is dead.

In response to grief the 6-9 year old may:

- ◆ Ask a lot of questions, either in their head or aloud (for example, “Why the person died and how,” “If they caused the death,” and “What happens to the body when it dies and is buried or burnt?”);
- ◆ Fear other deaths occurring;
- ◆ Fear things like the dark and bedtime and therefore have difficulty falling asleep or have nightmares;



- ◆ Want to ensure the happiness and safety of everyone else as they somehow feel responsible for the death;
- ◆ Try to take on adult responsibilities, or be very well behaved;
- ◆ Be angry at others for “causing the death” (for example, God, Sangoma, healer, uncle, doctor);
- ◆ Have a hard time expressing their emotions and labelling them;
- ◆ Have diarrhoea or stomach aches; and
- ◆ Revert to bedwetting or other earlier developmental stages.

They need:

- ◆ Simple and honest answers to their questions using the proper words for death and dying (for example, “Your father has died”);
- ◆ To be told that the body stops working and feeling when it is dead;
- ◆ To be given small amounts of information at a time, but as often as the child requests it;
- ◆ To be told and to feel that it is okay to ask questions about the death and to show emotions (for example, not be told to “Stop acting like a baby” when they are upset or crying);
- ◆ A model of “how to grieve” and express their emotions;
- ◆ To be told that they did not cause the death to happen and that they are not bad for having had negative thoughts about the deceased;
- ◆ To have permission to be/not be involved with final rituals such as funerals (give them a choice);
- ◆ To have a supportive adult available for them to talk to as much as possible;
- ◆ To be encouraged to participate in concrete activities and chores such as helping to clean the house;
- ◆ To be allowed to help without taking on too much responsibility; and
- ◆ To have the opportunity to have fun and play when they want/need to.

9 to 12 Years

Children at this age are becoming less self-centred and developing a sense of empathy for the feelings of others. They are also

becoming more aware of what others are thinking of them and how people will react to them, so they may worry that others will think they are immature or babies if they cry. They are still quite curious about death but are beginning to understand that it is a part of life and that it can happen to anyone, including them. This new understanding increases their realistic fears about death and whether or not death is painful. They begin to think more about how the death will affect other people around them and are interested in what happens to the body after it dies, the idea of "spirits" and "the afterlife." Although they now see death as a part of life, they do question the reason for death.

In response to grief the 9-12 year old may:

- ◆ Try to hide their emotions as they want to be seen as "grown ups;"
- ◆ Show their grief through poor performance at school or behavioural problems or by wanting to be by themselves;
- ◆ Show increased signs of anxiety and fears about their own and others' deaths;
- ◆ Show great concern for how others are feeling/coping;
- ◆ Express concerns about the future and their own health;
- ◆ Ask numerous questions about the death/illness; and
- ◆ Display regressive behaviours such as temper tantrums, bedwetting, and nightmares.

They need:

- ◆ Honest and accurate information about the death;
- ◆ Lots of opportunity to ask questions;
- ◆ To feel safe to ask questions;
- ◆ Respect for their privacy and wishes to be alone;
- ◆ Reassurance about their future;
- ◆ A loving and secure adult whom they can talk to and who is comfortable with the variety of emotions involved in grieving;
- ◆ A role model for how to express their grief;
- ◆ Someone to tell them that the emotions that they are feeling are normal; and
- ◆ To be included in rituals related to the death or saying good-bye.



13 to Adulthood

Adolescence is a time of intense thinking about oneself, one's feelings, and one's thoughts about how the rest of the world views you. Youth understand the finality of death and spend a great deal of time thinking about how death will affect them and others. They may even fantasise about their own death, who would come to the final rituals, and what they would say. However, they may at times still think that death will not happen to anyone they love.

Youth want to be like everyone else, but often feel that no one else understands them or has experienced their feelings, especially adults. This makes the process of grief and finding someone to talk to difficult. They relate best to other youth. There is often a fear of death as they understand it and as they realise that it is something that they cannot predict or control. They may be afraid of seeing the body of the deceased for fear of what it will look like, as they are very concerned with appearances. They may also feel guilty about things they did or did not do when the person was alive.

In response to grief an adolescent may:

- ◆ Show signs of withdrawal and turning their feelings inwards;
- ◆ Be angry at the survivors;
- ◆ Idealise the person who has died;
- ◆ Only want to be with friends (and not family), which can elicit feelings of guilt for not being there for their family;
- ◆ Seem unaffected by the death or unable to cry; and
- ◆ Act out their feelings by
 - failing at school,
 - getting into fights,
 - being rude,
 - running away from home,
 - getting in trouble with the law,
 - beginning to drink alcohol and/or take drugs,
 - becoming sexually promiscuous, and/or
 - talking about or showing suicidal tendencies.

They need:

- ◆ Respect and privacy to grieve in their own way;
- ◆ To have their feelings respected;

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- ◆ Involvement in planning and family discussions;
- ◆ Honesty and openness if they ask questions;
- ◆ To NOT be constantly questioned about how they are feeling;
- ◆ Permission to be around their peer group;
- ◆ To be given ongoing typical discipline, rules, and responsibilities;
- ◆ To NOT be allowed to fail or stop attending school;
- ◆ A caring reassuring person for them to talk to that is outside of the family (confidentiality);
- ◆ Encouragement to express their grief in other ways (for example, through sports, writing and music, drama, or art);
- ◆ Reassurance that the deceased person loved them, even if things were difficult at times; and
- ◆ Reassurance about their future.

There are three important questions that children will/may think about and need answered following a death:

- 1. Did I make this happen?*
- 2. Will I/you die next?*
- 3. Who will take care of me?*

“Children’s grief is different from adults, the younger the child the more different the grieving. Young children don’t usually maintain a continuous level of sadness. Instead you see happy, happy, happy, DEVASTATED! Young children go through enormous peaks and valleys of grief.”

McCue, 1994

Once again, ensuring age appropriate care and support for children affected by HIV/AIDS requires an understanding of children's normal developmental stages along with the variations caused by the situation, as well as an understanding of the developmental stages of children's grief. With this information, guidelines for supporting children of different ages can be developed and programs can ensure the use of age appropriate interventions and tools.

Examine various facets of care required for children affected by HIV/AIDS in South Africa. Consider which interventions would be necessary and appropriate for a young child (under 6) and which interventions would apply to an adolescent.

Some of the different facets of care and support required throughout a child's development include:

Physical:

- ◆ Ongoing physical care, food, shelter, and clothing;
- ◆ Medical attention and treatment as required;
- ◆ Support for the care of ill parents so children do not shoulder this responsibility; and
- ◆ Financial support and/or life skills training that assists in income generation and decreases the need to migrate to cities or enter into high-risk professions.

Emotional:

- ◆ Being able to stay with parents as long as possible;
- ◆ A consistent caring and competent person to talk to and meet the child's developmental needs;
- ◆ Ongoing emotional support, including grief counselling and acceptance appropriate to the age of the child; and
- ◆ Peer support.

Social:

- ◆ Opportunities to participate in decision-making, prevention programs, and the administering of care according to their developmental age and their abilities;

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- ◆ Legal arrangement for the child's future such as guardianship, alternate care, wills to ensure that they get the property, house, or other material goods;
- ◆ Understanding and support from the community;
- ◆ Non-discriminatory treatment;
- ◆ Local policy development and legislation supporting vulnerable children; and
- ◆ Community mobilisation to support vulnerable children.

Cognitive:

- ◆ Access to information;
- ◆ Understanding, flexibility, and support from teachers to ensure ongoing education;
- ◆ Teaching parenting skills to older children; and
- ◆ HIV/AIDS prevention education designed for different age groups to ensure understanding (for example, drama and play for young children and sexuality and condom use workshops for youth).

How does the family and community provide care and support for children and youth infected and/or affected by HIV/AIDS?

How can all of these children and youth affected by HIV/AIDS be better supported?





Some examples of how communities are presently providing or not providing support for children affected by HIV/AIDS were shared during a youth workshop in February 2001.

- ✓ AIDS education by the Creative Young Women's (and Men's) Group;
- ✓ Emotional support through friends and the church;
- ✗ Lack of training and supplies for workers in medical clinics;
- ✗ Support groups not in existence; and
- ✗ Midwives "oonomakhaya" not trained about HIV/AIDS and how to support affected children and youth.

SOCIALLY RELATED CARE AND SUPPORT

Community workers need to be aware of local, national, and regional support structures for children infected and/or affected by HIV/AIDS.

How can your project/program augment the existing community care and support to ensure children's well-being?

What are the local policies and rules governing the care and support of these children? These may involve cultural traditions, community rules, or local governance structures.

Are traditional legal systems (for example, elders and councils) supportive of vulnerable children?

What laws exist in the country with respect to providing care and support for these children and decreasing their vulnerability? Whose responsibility is it to enforce these laws?

Laws affecting children in South Africa include:

- ◆ Age of majority Act (No. 57 of 1972);
- ◆ Basic Conditions of Employment Act (No. 75 of 1997);
- ◆ Births and Death Registration Act (No. 51 of 1992);
- ◆ Child Care Act (No. 74 of 1983);
- ◆ Child Care Amendment Act (No. 96 of 1996);
- ◆ Children's Status Act (No. 82 of 1987);
- ◆ Choice of Termination of Pregnancy Act (No. 92 of 1996);
- ◆ Correctional Services Act (No. 8 of 1959);
- ◆ Guardianship Act (No. 192 of 1993);
- ◆ Health Act (No. 63 of 1977);
- ◆ Intestate Succession Act (No. 81 of 1997);
- ◆ Maintenance Act (No. 99 of 1998);
- ◆ Mental Health Act (No. 18 of 1973);
- ◆ Natural Fathers of Children born out of Wedlock Act (No. 86 of 1997);
- ◆ Domestic Violence Act (No. 116 of 1998);
- ◆ SA Schools Act (No. 84 of 1996);
- ◆ Sexual Offences Act (No. 23 of 1957);
- ◆ Social Assistance Act (No. 59 of 1992); and
- ◆ Welfare Laws Amendment Act (No. 106 of 1997).

Save the Children, 2000

By increasing the community's awareness of these laws and holding organisations and governments accountable, these laws can be used to support programs and to request further government support, either financially or morally.

What regional supports are in place to promote and protect children's rights?

What global or regional laws, treaties, or conventions exist that could be used to support plans of action in bettering the situation of children infected and/or affected by HIV/AIDS?

Many communities think of laws and regulations as being far from their local reality and thus having little relevance. These laws and regulations do affect the children however, and thus, it is not only important to be aware of them but to use them to try to influence positive change.

Some examples of laws and policies that can be used to support vulnerable children include:

- ◆ UN Convention on the Rights of the Child;
- ◆ UN Declaration of Human Rights;
- ◆ International Labour Organisation (ILO) Conventions No. 29, 123, and 169;
- ◆ Country Constitutions;
- ◆ Local laws governing citizenship;
- ◆ Local laws governing child protection;
- ◆ Local laws governing rights and services for ethnic minorities and tribal peoples;
- ◆ Local laws governing rights and services for migrants and refugees; and
- ◆ Local laws governing the care, support, and education of children.

It is often an overwhelming task to locate and understand all applicable laws and policies. Thus, it is advisable to collaborate with other agencies that work in this area. Together with support agencies, local political structures, and the community it may be possible to bring these policies and laws to life in a meaningful way at the community level. In this way, they can truly benefit the vulnerable children.

Where laws exist that do not support vulnerable children, support agencies, local political structures, and the community can work together to advocate for change. Global treaties like the UN Convention on the Rights of the Child (CRC), the UN Declaration on Human Rights, and the ILO Conventions can be used to support these requests for change. Country specific Constitutions may also offer support in this area.

Many traditional societies have their own legal codes and systems of dispute resolution. Where appropriate, these should be identified and ways found to harmonise these laws with national statutes and the CRC. Strategies that support a continuum of care and support for vulnerable children that are reinforced by most global and local conventions and laws are those that:

- ◆ Strengthen the capacity of families to cope with their problems;
- ◆ Mobilise and strengthen community-based responses;
- ◆ Increase the capacity for children and young people to meet their own needs;
- ◆ Support children's sense of belonging and a healthy connections to their peers, family, and culture (for example, language, religious beliefs, customs, and home territory);

But a serious stumbling block lies with the Department of Home Affairs. Most orphans lack birth certificates, which they need before those that care for them can apply for child-support or foster-care grants. The only way to get those forms is from the local Home Affairs office. But the office has not been fully functional for some time... Two officials were recently fired for making people pay for their applications.

Right now there is a serious backlog of applications for child-support grants and primary caregivers can only claim for children under seven and for the maximum of six children. Foster-care grants are also available, but they are difficult to get and the caregiver must be 21 years of age. This excludes many orphan headed households.

South African Sunday Times, March 18, 2001

- ◆ Ensure that local, municipal, and national governments protect the most vulnerable children and provide essential services; and
- ◆ Create an enabling environment for affected children and families.

Adapted from Hunter and Williamson, 2000

These strategies assist children in attaining what they require to prevent them falling through the gaps by protecting their rights.

A CONTINUUM OF CARE AND SUPPORT FOR CHILDREN CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Determine Levels of Social Responsibility:

- Be aware of the local, regional, national, and global laws and policies concerning care and support for children infected and/or affected by HIV/AIDS in your area.
- Understand the local, regional, national, and global laws and policies concerning care and support for vulnerable children.
- Identify and establish relations with the people or organisations that are responsible for enforcing or putting these laws into place.
- Understand the obstacles to the implementation of these laws and how these obstacles could be overcome.

To Identify Types of Support:

- List all of the governmental, non-governmental, community, and individual programs and services for vulnerable children (for example, legal, medical, education, protection).

- Determine whether the services and resources address HIV/AIDS awareness, prevention, education, emotional, spiritual, and physical support as well as treatment.

To Facilitate Children's Development:

- Ensure that support is available for all ages of children throughout their developmental process.
- Identify local resources that enhance their development at different ages (for example, a young child may need love, support, and physical care while an adolescent may require this as well as skills training).
- Establish opportunities for children and youth to participate in programs and services.
- Ensure that the children and youth are letting others know what they need.
- Ensure that there are age appropriate opportunities for children and youth to participate in decision-making processes.
- Determine whether opportunities and expectations are different for a 4 year old than they are for a 13 year old.
- Understand how children express grief and how to support them through this process (for example, what a 2 year old experiencing loss requires; an 8 year old; a 12 year old; and a 16 year old).

PROMOTING CHILDREN'S PARTICIPATION

While the success of programs and policies depends on the inclusion of family, community, and cultural perspectives, it is also crucial to involve children and youth in all stages of design and implementation of programs and policies to ensure their effectiveness.



The CRC outlines several areas related to children's participation. These include:

- ◆ Preservation of Identity (Article 8);
- ◆ Freedom of Expression (Article 12 and 13);
- ◆ Freedom of Thought, Conscience, and Religion (Article 14);
- ◆ Freedom of Assembly (Article 15);
- ◆ Access to Information (Articles 13 & 17);
- ◆ Special Support for Children with a Disability (Article 23);
- ◆ Education for Personal Fulfillment and Responsible Citizenship (Article 29);
- ◆ Access to Culture, Religion and Language (Article 30); and
- ◆ Play and Participation in Cultural and Artistic Life (Article 31).

The CRC recognises and emphasises that the degree or level of children's participation is determined by the age and maturity of the child, and acknowledges the rights and duties of parents (or legal guardians) to provide direction and guidance for children. The CRC provides guidelines for the expression of these rights to ensure that they do not infringe on others. For example, freedom of expression must respect the rights of others.

How children participate in the world around them (their family, community, and their culture) defines their personal identity and self-esteem (Article 8). Cultural traditions and other activities in which they participate, including play (Article 30 and 31), are integral to this. Thus, children and youth affected by HIV/AIDS

are especially disadvantaged for HIV/AIDS often alienates children from their community and culture and decreases opportunities to participate in meaningful ways. As a result, many of these children lack a sense of personal identity. It is therefore especially important to ensure participation of this vulnerable group, both to assist in the development of their personal identity and to ensure relevance and effectiveness of interventions.

Key to this issue of participation is the belief that young people are active participants in their development, and should be provided the opportunity to express their ideas, be informed and participate in decisions regarding their lives. This definition does not exclude parent's role as protector and guardians, but rather extends traditional support to families to include specific actions with children and youth. Children are not seen in isolation, but rather as one actor in a system of many players.

SCF (UK), 2000

MEANINGFUL PARTICIPATION IN THE CONTEXT OF A CHILD'S COMMUNITY AND CULTURE

The concept of children's participation is often threatening to people from traditional cultures where children are not encouraged to be outspoken and respect for elders is highly valued. Western style advocacy models of children's participation are sometimes seen to conflict with traditional values, such as listening before speaking or deferring to elders and adults. However, the ways children participate in decisions concerning them can take many forms. Listening, taking part in traditional ceremonies, and expressing views in a culturally appropriate manner are also examples of participation.

All societies and cultures have rules and regulations regarding children's participation and it is essential that families and communities be involved in deciding how young people will participate in projects and programs. Only by involving all community members, old and young, can children's rights and children's participation be realised in a manner that is effective in their community and culture.

One tool that can be used to explore the issue of participation in relation to culture and the CRC is the sacred tree. The tree of participation has several parts, each representing a different aspect of a child's life.



- ◆ **Seeds** represent the experiences of children and youth.
- ◆ **Roots** represent supportive cultural traditions.
- ◆ **Trunk** represents the protection from the CRC and other legal documents.
- ◆ **Branches** represent the potential strategies to use.
- ◆ **Fruit** represents a final action plan and examples of how children, youth, and communities have used the CRC and/or cultural strengths to improve the lives of vulnerable children.

ICRD, 1999

Ask the children in the community to draw a tree to reflect their own reality. Discuss their trees with them. How do they view their participation within this context?

Now, do this activity with a group of children or a section of the community. How are the trees similar and different? How is children's participation viewed by the community within this context?

For more information on how to use the tree of participation see *ICRD 1999* or "*Growing Strong*" at www.uvic.ca/icrd

The metaphor of the tree places children in the context of their community and culture while exploring their actual and potential participation. For a more detailed description of how to use the tree as a tool in your community see "Growing Strong" at www.uvic.ca/icrd.

Determining how children traditionally participate in their families and communities gives community workers a basis from which to work. The next step is to engage children in active participation that will enhance their well-being and strengthen the effectiveness of care and support programs, thus beginning to fill the gaps.

LEVELS OF PARTICIPATION

There are many ways to facilitate participation, but in order to do so one must understand the different *levels* of participation. Roger Hart developed a “theoretical ladder” to describe these different levels. The ladder has eight levels of participation, the lowest level being manipulation or deception, the highest being child-initiated, shared decisions with adults. It is important to understand the different ways that children can participate and to be aware of which level that you are working, and which level you are striving to obtain.

Ladder of Participation

Manipulation refers to adults consciously using children’s voices or artwork to carry their own message without any involvement of the children themselves. Deception is often involved in presenting work or programs as completely child done when adults completed much of the work.

Decoration refers to having children promote a cause using T-shirts, pins, or other props without any understanding or involvement.

Tokenism refers to involving children without allowing them to formulate their own opinion or have any say or choice on the subjects, content, and style of expression.

Assigned and informed refers to adult directed activities, in that adults give the children tasks to do while offering them information about the role, its affect in the overall plan, and the desired outcome.

Consulted and informed refers to seeking children’s opinions about a project or the roles of each player while ensuring that they have accurate information about the issue, potential roles, and potential outcomes.

Adult initiated, shared decisions with children are programs or activities that are conceptualised and started by adults, but involve children in decisions that determine the direction of the project and the activities to be carried out.



Hart, 1997



Child initiated and directed refers to programs that are conceptualised, started, and directed by children.

Child initiated, shared decisions with adults is conceptualised and started by children with all decisions being made involving children and adults equally.

The upper five levels respect the knowledge and capabilities that children have to offer. Programs and projects trying to promote participation should try to avoid the first three levels and work their way up the ladder, bearing in mind, that it is not essential for children to participate at the highest level. The age, capabilities, and training of the children as well as the cultural norms will determine which level of participation is used. These levels may also change as the children and the project, program, or community evolves.

Consider the different levels of participation in the “theoretical ladder.” What levels of participation are you encouraging in your program or project?

What are some of the obstacles to participation?

Could the level of children’s participation be increased? If not, why? If yes, how could you facilitate this?

Do issues specific to HIV/AIDS affect the level of participation?

WAYS OF PARTICIPATING

Remember that participation involves children being part of their social environment. It allows them to have some control over the issues affecting them, verbally or through other forms of expression. It also includes having access to information in different aspects of their life, including civil, economic, political, cultural, and religious aspects. Allowing for a variety of participation methods within programs maximises children's involvement, for different children participate in different ways, depending on their age, ability, and learning style.

List as many different ways to participate as you can. Consider children from 3-6, 7-9, 10-12, and 13-18. Also, discuss differences between male and female participation. Group similar approaches together. Could any of these approaches be used to involve children and youth in programs related to HIV/AIDS?

Tools Used to Facilitate Participation

Some tools that can be used to facilitate the participation of children and youth include:

- ◆ Songs;
- ◆ Role Play and Theatre;
- ◆ Games;
- ◆ Artwork (drawing, painting, collage);
- ◆ Mapping and Modelling;
- ◆ Interviews and Surveys; and
- ◆ Media and Communication.



Are there presently any barriers to participation of children in HIV/AIDS programs that you can identify?

Some barriers to children's participation that commonly exist are:

- ◆ Children are not heard by decision-makers;
- ◆ Girls are taught not to speak or express their opinions, especially in the presence of boys or elders;
- ◆ Younger children are taught not to challenge or contradict older children's and adult's statements; and
- ◆ Adults do not know how to support children's participation.

Creating a Safe Environment

With creativity and willingness, most barriers can be overcome. In one case, children who were not able to advise the decision-makers in their community of their opinions or ideas, as it was deemed improper, decided to work collectively with a supportive member of the community who then took the ideas to the decision-makers. In another project, different ages and sexes would gather separately to discuss issues prior to forming mixed groups. This allowed for input from all of the children.

*Field visit interviews,
Sept. 2000*

As depicted above, there are many ways of involving children, but unless children feel safe, they will not participate. Community workers need to know how to create a safe environment for children to learn and participate in programs and decision-making.

This can be accomplished by:

- ◆ Finding a place where children feel safe and comfortable meeting;
- ◆ Nurturing both listening and speaking;
- ◆ Allowing the children to answer as many questions as possible for each other;
- ◆ Affirming cooperation;
- ◆ Letting the children know they are normal, no matter what they express or experience;
- ◆ Encouraging curiosity, self-respect, self-expression, and acceptance, both of themselves and the group;
- ◆ Not judging the process or the products; and
- ◆ Inviting a respected elder or person in the community to share their experiences and teach the children a traditional song or practice that can be used to open and close the children's sessions together (this shows tangible support from the community).

Other Points to Remember when Working with Children

1. Be open and respectful and start with the experience of the children.
2. Be flexible and encourage participation.
3. Be creative and offer ongoing support and acknowledgment to each child.
4. Be a mentor and a model and be prepared to offer ongoing support to the children/youth, or set up community-based mechanisms to support the participants when your program ends.
5. Use the first language of the children/youth where possible and encourage and model child supportive cultural values and traditions in all activities.
6. Be a good listener. Listening carefully to children and youth helps to improve understanding and develop a positive relationship. It also shows the children/youth that you respect what they have to say. Listen with an "open heart," be empathetic, and do not judge what they are saying or take on an authoritarian role and tell them what to do.
7. Watch and listen carefully for verbal and non-verbal "cues" to how the children and youth are feeling.
8. Periodically ask the children and youth how they are doing.
9. Allow children to play, as play is a form of participation.
10. Respect children's privacy.

Children infected and/or affected by HIV/AIDS will be among project/program participants. When working with these particularly vulnerable children, community workers will also need to know how to discuss sensitive issues and how to talk to children who are psychologically distressed. A basic knowledge of grief and tools to support children through their grief are necessary.

As youth, we must take the initiative to stop HIV/AIDS. We can't feed into the silence and stigma. We must provide ourselves with our own motivation. We can't wait for other's permission. However, to help youth with resistant parents, a member from the CYW group will go and talk to the parents to explain about the group and the important work that they are doing.

Creative young woman, Youth Participation Workshop, March 2001

There has been a seed planted here. It has been watered with ideas, songs, feelings, and prayers, and will grow from here into all of our communities – strengthening all of us. It is now our (the youths') task. We must help the fruit to grow. It will need water, sun and soil. This is now our responsibility. We now have all of the potential and ability.

Facilitator and Youth, Youth Participation Workshop, March 2001

ENSURING CHILDREN'S PARTICIPATION CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Ensure Participation in the Community:

- Discuss child and youth participation with members of the community.
- Determine how children participate in the community roles that they play.
- Understand how participation differs with different ages and sexes of children and youth.
- Discover if there are forms of play that children use as a way to participate.
- Find a safe place for children and youth to express themselves.
- Discuss participation with the children and youth directly.

To Ensure Participation in the Culture:

- Understand how children and youth traditionally participated in the different areas of their life.
- Determine which methods or styles of participation are culturally appropriate and meet the developmental needs of the children and youth.
- Establish safe cultural places that encourage children's participation.

To Ensure Participation in Programs:

- Have the children and youth identify the issues that are most important to them.

- Ensure that the children and youth come up with potential solutions to some of the issues.
- Allow the children and youth to choose ways that they want to be involved in programs related to HIV/AIDS or other issues that they have identified as gaps in their care and support.
- Establish ways to support children and youth to be involved in the delivery and design of all HIV/AIDS projects.

To Ensure Participation in a Continuum of Care and Support Framework:

- Ensure that all HIV/AIDS projects link participation in awareness, prevention, and care and support programs.
- Ensure that organisations and members in the community are able to support the children in their choices.
- Promote participation by helping link communities with local government.
- Identify and use age appropriate participation strategies.
- Attempt to connect prevention with care and support programs when discussing participation.

EXPLORING THE ROLE OF CULTURE IN SUPPORTING VULNERABLE CHILDREN

The issue of culture has been mentioned frequently in these guidelines. The important role of incorporating cultural traditions in supporting vulnerable children and families cannot be overemphasised, and yet it continues to be overlooked in most programming.

Culture forms the foundation of a child's life and shapes their development and social reality. Cultural norms and values related to child rearing practices are central to ways in which children are either supported or made vulnerable.

Cultural values are often expressed through traditional teachings about different aspects of life (for example, education, codes of law, healthcare practices, rituals, festivals, artistic activities, and the expression of care and support). Cultural specialists, often elders, are both the carriers and transmitters of cultural values. Therefore, elders can play an important role in the revitalisation of traditional methods that support children's rights and support changes to traditions that are harmful and adversely affect children's development.

We need to build on child supportive cultural traditions and facilitate the change of non-supportive ones.

*IMPECT
representative,
Sept. 2000*

Make a list of the child supportive traditions in the culture. Now list some harmful cultural traditions. Are there some traditions that could be seen as both supportive and harmful to children?

One of the issues faced by many traditional South African children is that their cultural values and beliefs conflict with the cultural norms of the mainstream (urban) society in which they live. This can be confusing for children and youth. In situations where they lack the support of their traditional community, they will often adopt a way of life that fits within the mainstream society. This creates internal conflict and further alienates them from their traditional forms of support.

When working with these children and youth about issues of culture, it is important to:

- ◆ Look at the cultural systems and values of both their traditional and adopted communities;
- ◆ Identify strengths and weaknesses, with regard to child supportive practices, in both systems;
- ◆ Involve elders, community members, and children and youth in this process;
- ◆ Devise a plan of action for supporting children and youth, which builds on the strengths of both cultures; and
- ◆ Provide ongoing support for children and youth, both in their traditional communities and in the mainstream society.

Discuss the child supportive traditions in the mainstream culture. Now list some harmful cultural traditions. How do these contrast with the traditional culture of the children and youth with which you are working? Are there ways to build on the strengths of the two cultures? How might support for the children and youth living in the mainstream culture be provided?

Beating was part of our upbringing. It was acceptable for anyone to beat us. This is not right. Only our parents should be able to discipline us and they should try not to beat us, but find other ways to teach us what is wrong.

Youth Representative, Youth Participation Workshop, March 2001

It was our grandmothers that passed on the customs and taught us about the food and values. They would tell us stories to teach us things, mainly they were not literate.

Youth Representative, Youth Participation Workshop, March 2001

CHILD SUPPORTIVE AND HARMFUL CULTURAL PRACTICES

Child Supportive Cultural Practices

Extended family
Sense of belonging
Traditional naming
Use of medicinal plants
Traditional healing
Traditional education
Traditional dispute resolution
Role of elders
Myths/Stories/Legends
Positive rites of passage
Protection rituals (against premarital sex)
Traditional games that enhance the collective
Spiritual healing
Reinforcement of community and family
Involvement of children and youth in rituals and/or religious rites

Harmful Cultural Practices

Traditional discipline involving the beating or humiliation of wives and children
Lack of power for women
Lack of education, especially for girls
Protection rituals causing bodily harm (circumcision leading to HIV infection)
Early marriage for girls
Forced marriage
Exploitive and/or risky child labour
Migration
Selling daughters
Sending girls to work as prostitutes
Food taboos causing malnutrition



CULTURAL SUPPORTS FOR CHILDREN INFECTED AND/OR AFFECTED BY HIV/AIDS

Children and youth infected and/or affected by HIV/AIDS are especially vulnerable. Many have lost the traditional support of their community and culture and are frequently forced to rely on lifestyles within the mainstream society that do not support children's rights and well-being. Therefore, by supporting the revitalisation of child supportive traditional practices, programs can reduce the negative impacts of HIV/AIDS on children and youth.

Child supportive values that form the basis of traditional cultures typical of many traditional African communities where HIV/AIDS rates are highest, include:

- ◆ The sacredness of the continuity of life and connection to past generations;
- ◆ The importance of family;
- ◆ An emphasis on positive relationships and egalitarianism;
- ◆ The fundamental role of nature and natural law to all aspects of life; and
- ◆ A commitment to spiritual health and well-being.

ICRD, 1996

Every culture has its own methods of demonstrating these and other key child supportive values. Through the use of various rituals, ceremonies, and artistic activities, children are encouraged to explore and learn these values. In most traditional communities, the natural environment is the first teacher and many traditional teachings come from this relationship with the earth. Many people are rooted in their lands that have given birth to traditions, stories, traditional art, music, and prayers unique to the places where they and their ancestors have lived for generations. It is important to look at these traditions and to try to understand how they support the rights of children and to seriously examine the effect of labour migration and racial conflict and how this negatively affects children.

While these values support children infected and affected by HIV/AIDS, there are several practices that traditional cultures found throughout South Africa continue to use or

Sometimes it is difficult, for many of the community leaders are imposed on communities by the government. It is the traditional leaders that know the traditional ways. The other leaders only focus on laws.

HIV/AIDS Workshop, Sept. 2000

have adopted from the mainstream culture, which fail to support children. These include:

- ◆ Migration to cities for work;
- ◆ Rape;
- ◆ Use of alcohol and drugs;
- ◆ Resistance to condom use due to importance of women's fertility and a desire for sons;
- ◆ Unwillingness to talk about sex and related issues;
- ◆ The lack of power for girls to choose safe sexual practices; and
- ◆ Discrimination against girls.

Discuss these issues with elders in the community. How can the basic values of traditional cultures (and the CRC) be used to advocate for the change of these harmful practices?



BUILDING ON CULTURAL STRENGTHS CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Support Traditional Culture:

- Determine what cultural values and traditions in the community support children and youth.
- Determine what cultural values and traditions fail to support children and youth.
- Understand how these values are transmitted.
- Understand how issues of HIV/AIDS and sexuality are dealt with in the traditional culture.
- Understand how boys and girls are treated differently within the culture.
- Identify specific times or events when children receive special attention in the community (for example, rites of passage, celebrations).
- Determine how HIV/AIDS programs can integrate or build upon these events.
- Ensure that respectable traditional people or elders are involved either directly or indirectly (as advisors) in HIV/AIDS programs.
- Ensure that children and youth are involved in ways that correspond with their cultural upbringing (and age).

To Understand the Impact of Mainstream Culture:

- Identify the cultural differences between the traditional community and mainstream society.
- Understand how the children, youth, and the elders in the community experience these two cultures.
- In collaboration with the children, youth, and the elders, identify cultural strengths within the two cultures that they would like to build upon or strengthen.
- In collaboration with the children, youth, and the elders, identify cultural practices within the two cultures that are harmful to children and how they plan to address these.
- Determine how the project staff can facilitate change in a respectful manner, if negative practices are not being addressed.



Everything was quite different with waiting for the bus and the long, long difficult walk here, but it is good to see and feel our roots, so we remember where we come from.

*Youth Representative,
Youth Participation
Workshop,
March 2001*



PUTTING THESE GUIDELINES INTO ACTION

The continuum of care and support, children's participation, and the context of culture are three key areas that need to be considered when establishing and delivering community-based programs to fill the gaps and ensure the well-being of vulnerable children affected by HIV/AIDS. Involving communities and children in this process and using the CRC as a foundation allows for better child advocacy and sustainability. The "Triple A" participatory action research process can be used for assessing, establishing, and continually monitoring community child-centred programs. This approach involves all community members and can be adapted to any number of areas where community input is required. It is a process that can be used to help community agencies support children's rights through their own holistic continuum of care and support.

The "Triple A" Approach



The "Triple A" approach is a tool to assess strengths and weaknesses in the local continuum of care and support so that facilitators can use this information to help the community analyse

the information to create and carry out a plan of action that supports vulnerable children and fills the gaps. This plan of action then mobilises community resources (human, economic, natural) to deal with identified issues by building on the internal strengths of children, families, communities, and culture as well as external resources of governments, NGOs, international agencies, and others.

In order to effectively carry out the “Triple A” approach, the following preparatory steps are required.

- ◆ Establish a presence or work with local organisations that already have a presence in the community and get to know people.
- ◆ Establish trust and respect in the community.
- ◆ Learn all you can about the community of the children and young people that you want to work with or assist.
- ◆ Find key members in the community — people who are well respected and who can offer an overall view of the community and can share information on traditional beliefs and customs.
- ◆ Find key groups within the community to provide information about the state and well-being of the community and the vulnerable children within it.
- ◆ Find out who the leaders and decision-makers are in the community. Meet with these people to establish a relationship and share your ideas on children’s needs. If there is a respected community member that shares your vision and desire to assist the young people and it is appropriate, bring them along. It is important to follow the expected protocol and to show the proper respect when setting up and going to these meetings.

Throughout the “Triple A” process, it is important to be a good facilitator. Ensure that the community is involved in the process and allow community members to propose and carry out their own solutions.

Assessment

Once relationships have been established, the assessment phase can begin. Talk to key people in the community and bring groups of people together to discuss the situation of vulnerable children. What are the problems faced? Find out what the primary issues

For more detailed information on the “Triple A” see *Filling the Gaps: Research Report* <<http://www.uvic.ca/icrd; www.icad-cisd.com>>

are and what supports (cultural, emotional, physical, and financial) are in place. Then identify the next steps to promote the well-being of children.

To assess the impact of HIV/AIDS on children, information may be gathered across several subjects or issues, particularly:

- ◆ The needs of all children;
- ◆ The rights of children as expressed locally;
- ◆ The factors that increase children's vulnerability to being infected and/or affected with HIV/AIDS (for example, poverty, violence, crime, discrimination);
- ◆ The rights of children vulnerable to HIV/AIDS — physical, emotional, spiritual, and developmental;
- ◆ The number of orphans in the community;
- ◆ Coping strategies of vulnerable children;
- ◆ Coping strategies of families;
- ◆ Strengths/resources within the community;
- ◆ External resources; and
- ◆ Skills and/or resources required to increase family and children's ability to cope.

Research tools such as key informant interviews (interviews with key people supportive of children) and focus group discussions can be used to gather this information. It is very important that people feel safe to attend and to participate in information gathering sessions. Information needs to be gathered in different groups (for example, younger children, older siblings, youth, children in school, children out of school, vulnerable children, mothers, fathers, teachers, healers, and traditional leaders) and in places where each group feels safe meeting. The facilitator must ask the appropriate questions, encourage everyone to participate, and be sure not to influence the responses if these assessments are to reveal accurate information.

When gathering information, it is helpful to write ideas and suggestions in a chart form and to have the participants prioritise strategies according to needs, rights, and feasibility.

When assessing community structure and values, it is important to consider:

- ◆ How HIV/AIDS is influencing family and community values and structures;
- ◆ How HIV/AIDS is increasing children's vulnerability;

80 Filling the Gaps

- ◆ The role of extended families in caring for and protecting vulnerable children (for example, orphans);
- ◆ The role of other community members, including children and youth in supporting vulnerable children;
- ◆ The existence of support structures for the children (for both their physical and emotional needs) during parental absence, illness, death, and throughout the grieving process (for example, churches/mosques, schools, and/or role models in their life);
- ◆ The consistency of care and support for children;
- ◆ The use of legal support mechanisms to decrease children's vulnerability (for example, wills, standby guardianships); and
- ◆ The role of cultural/traditional practices that support or do not support children.

Analysis

In the analysis phase of the "Triple A" approach, the facilitator examines the information identified through interviews and discussions with individual community members and the different community groups. The facilitator must then identify or pinpoint different themes or common issues. This can be done by:

- ◆ Keeping well organised written records from the focus groups and interviews;
- ◆ Organising the analysis in such a way that similar ideas or suggestions are grouped together; and
- ◆ Identifying key strategies.

Some themes and issues that may emerge include:

- ◆ The perceived risk factors for children and youth;
- ◆ Local perceptions of the most vulnerable children;
- ◆ The greatest needs of vulnerable children in regards to both care and support;
- ◆ The perceived gaps in the provision of care and support for children and youth;

- ◆ The health, education, protection, and psychosocial needs and rights of HIV/AIDS affected children (if these are not identified, you may wish to share this information with the community);
- ◆ The capacity for child and youth participation;
- ◆ Community, family, and cultural structures that already exist to support vulnerable children;
- ◆ Practices that do not support children;
- ◆ Available resources (for example, people – young and old; organisations – formal and informal; land; food; water; information; governmental support; and finances – local, national and global); and
- ◆ The role of government and advocacy agencies.

If your organisation wishes to support/run a program for vulnerable children, this may be included as one of the resources.

This information is then analysed to determine:

- ◆ The causes of the problems;
- ◆ The reasons why duty bearers are not fulfilling their responsibilities; and
- ◆ The potential roles of different duty bearers in solving identified problems.

The information is then brought back to the entire community; all of the people and groups that were involved in the process.

Action

After bringing this information back to the community, the facilitator helps the community devise a plan of action to address the issues.

- ◆ What are the possible solutions?
- ◆ Who are the key players?
- ◆ What is the role of the community?
- ◆ What is the role of the communities' children and youth?
- ◆ What is the role of government?

The facilitator does NOT come up with solutions. They are there to facilitate and communicate information that was expressed by the community participants (for example, needs, strengths, weaknesses, and resources). The people themselves must develop

their own plan of action, identify those responsible, and then carry it out. These actions may include:

- ◆ Advocacy (creating awareness);
- ◆ Capacity building (increasing ability to address issues);
- ◆ Service delivery (responding to proposed actions); and/or
- ◆ Monitoring and evaluation (ensuring achievement of objectives).



In developing the action plan, special consideration should be given to ways in which the community can use the “Triple A” approach to develop HIV/AIDS programs, which can be linked to local government programs and policies for children. NGOs and agencies working with both sectors of civil society (community and local government) can play a role in facilitating this process. Thus, external program strategies can be integrated into the community’s action strategy to ensure commitment, support, and a common vision. This is especially important in traditional communities that have weak links with local and national governments.

When the action phase has been completed, the facilitator can go back to the assessment phase in order to see if the interventions were successful and to decide on the next steps. In this way, the cycle can be continued and adapted.

The “Triple A” cycle allows communities to build consensus and take positive action in assessing and developing their own continuum of care and support that fills the gaps. With full participation of all community members and the use of community resources, this process ensures that the responsibility and the power remain with community and that external programs support not only children and youth, but their families and other community members.

In summary, the “Triple A” approach and process will:

- ◆ Identify child, family, community, and cultural strengths and resources, as well as weaknesses;
- ◆ Assist children, families, and communities to identify the most vulnerable children (for example, to prioritise destination of resources);
- ◆ Assist children, families, and communities to use their own strengths to help themselves;

- ◆ Help families and communities identify and implement strategies that promote the rights of vulnerable children and youth;
- ◆ Facilitate a sense of responsibility in communities by using local resources and supports to help their vulnerable children and youth;
- ◆ Enable communities to identify external supports and build support networks; and
- ◆ Build stronger links between different levels of civil society by caring for and supporting vulnerable children affected by HIV/AIDS.

Save the Children's Participatory Action Research guidelines articulate that a project must be:

- ◆ Long-term;
- ◆ Build on strengths of the community and children;
- ◆ Respect local culture; and
- ◆ Include diverse ethnic groups.

These guidelines also state that all decision-making on projects must:

- ◆ Involve child participation;
- ◆ Be in the best interest of the child;
- ◆ Be socially progressive (for example, do not provide food, but assist people in getting food for themselves);
- ◆ Be sustainable;
- ◆ Be applicable;
- ◆ Be neutral;
- ◆ Be replicable;
- ◆ Have no religious bias; and
- ◆ Support the strategic framework of SCF (UK).

SCF (UK) workshop, Sept, 2000

Finally, project successes and shortcomings need to be shared with the community, the government, and other organisations to keep all participants informed and motivated. This will also ensure that projects become part of the overall community plan, where roles and responsibilities for meeting the needs of vulnerable children are clearly defined.

Developing a continuum of care and support for children and youth affected by HIV/AIDS is an ongoing process. The "Triple A" approach allows ongoing identification of the gaps and strategies to meet these gaps as well as lessons for communities, community organisations, and local governments.

WHERE TO GO FROM HERE CHECK LIST

Check off the items that have been completed and develop strategies to meet the remaining criteria.

To Build on Community Programs:

- Share project successes and challenges with the community.
- Ensure that the children share their perspective, through words, art, drama, or another medium.
- Ensure that this is taken seriously and integrated into ongoing program development.
- Establish opportunities for families and other community members to share their perspectives.
- In collaboration with the children, youth, and other key resource persons determine what the next steps will be.
- Identify clear roles and responsibilities for the next stage.
- Ensure that the children and the community "own" the project and are committed to it.

I had lost hope with the present situation and government, but with the "Triple A" process and the potential it has to harness the strengths and energy of the young people and the community, I truly think that there is hope.

Franco, Youth Participation Workshop, March 2001

- Examine the degree to which care and support issues are addressed as a continual and holistic process.

To Bring Issues Forward:

- Determine how strategies to support children affected by HIV/AIDS can be integrated into other development strategies.
- Discuss how a rights-based approach can be used as a framework for other programs and projects.
- Identify gaps in the continuum of care and support for vulnerable children and youth.
- Ensure that the next steps include plans to address these gaps.
- Integrate building on cultural strengths to support vulnerable children into these next steps.
- Ensure that the next steps include building on the strengths of vulnerable children through their participation.

CLOSING REMARKS

A continuum of care and support for vulnerable children affected/infected by HIV/AIDS that incorporates children's rights, participation, and culture is greatly needed with the ongoing spread of this deadly virus and all of its social ramifications. South Africa continues to battle with issues of poverty, crime, rape, migration, drug and alcohol abuse, and lack of birth registration, and hence basic services. There is however, a significant growth in innovative local and national programs supporting vulnerable children. Similarly, Southern Africa's developing democracies hold great promise for taking the CRC from ratification to implementation.

It is hoped that these guidelines will help organisations maximise support for children and youth at risk and facilitate the changes that are required to ensure that present gaps in care and support for children affected by HIV/AIDS can be filled. Only then, will the concerns of children be heard, considered, and responded to within the circle of the human family.



APPENDIX 1:

GROWING STRONG THROUGH YOUTH PARTICIPATION: YESTERDAY, TODAY & TOMORROW

In March of 2001, a 5-day workshop was held in Myalwena village with 35 youth from the Port St John's municipality in the Eastern Cape in South Africa. This area has a high incidence of HIV/AIDS infection and at the time, there was little focus on youth perspectives on HIV/AIDS.

Everyone met in Port St. John's, waited patiently for a bus that would take the participants to the edge of a tea plantation where they would walk 3 hours down the side of a waterfall to a remote Pondo (Xlosa) village. Crossing the river to the village at dusk, everyone was warmly welcomed, traditional food was prepared, and the process of linking youth participation and culture to a continuum of care and support for children and youth began.

OBJECTIVES OF THE WORKSHOP

The primary objectives of the workshop were to:

- ◆ Link youth participation to culture and community;
- ◆ Address challenges facing local youth, for example,
 - ◆ HIV/AIDS,
 - ◆ Violence,
 - ◆ Poverty, and
 - ◆ Crime;
- ◆ Involve youth in finding solutions; and
- ◆ Develop a plan of action for youth in the Port St. John's Municipality.

FORMAT OF THE WORKSHOP

The workshop was held in a remote traditional Pondo (Xlosa) village with local facilities and food. Steps were taken to ensure that the youth felt safe and part of the community. One of the

facilitators was available to counsel the young people if they needed assistance processing emotions that surfaced during the workshop.

AGENDA

Day 1 (Tues PM)

- ◆ Brief overview of workshop
- ◆ Welcome by facilitators and village elders
- ◆ Introductions of participants, facilitators, elders, and village women
- ◆ Dinner (eaten together)
- ◆ Fun activity (chosen by youth)
- ◆ Retire to separate sleeping areas (male/female/facilitators)
- ◆ Facilitator planning and debriefing meeting

Day 2 (Wed)

- ◆ Prayer (led by facilitator) and songs (led by youth)
- ◆ Outline goals and objectives of the workshop (facilitator)
- ◆ Youth state their expectations of the workshop
- ◆ Community building exercise/game
- ◆ Development of workshop guidelines (code of behaviour) and format by writing down the ideas of the youth and having the facilitators fill in the gaps at the end
- ◆ Breakfast
- ◆ Visualisation “Think of your elders/grandparents and what life was like then...”
- ◆ Presentation by elders
- ◆ Brief discussion/debriefing of elders’ presentation (facilitator and youth)
- ◆ Presentation of social mapping concept (facilitator)
- ◆ Mapping exercise. Youth divide up into groups of 5 or 6 to map their community in the “past.” Maps to include such dimensions as values, roles of community youth and elders, connection to the

land, challenges and strengths. Youth are not told how to map or what the maps should look like, as this needs to be their expression. However, there is a leader, elder, and researcher in each group to provide assistance.

- ◆ Regroup. Have youth present maps to larger group
- ◆ Snack
- ◆ Walk into forest with elder to learn about local plants and their traditional preparation and use (cancelled due to rain/traditional performances used as a substitute)
- ◆ Dinner (traditional feast)
- ◆ Traditional songs and dance (cultural performances)
- ◆ Retire to assigned sleeping areas
- ◆ Facilitator planning and debriefing meeting

Day 3

- ◆ Prayer (led by facilitator) and songs (led by youth)
- ◆ Feeling exercise: The facilitator asked the participants to identify how they were feeling, and asked that they share this with the group. For example he asked if they were sad to raise their hand. He then shared how to provide appropriate support for people who were experiencing these emotions, for example if they were sad, saying “I’m with you”, if they were angry, saying “I understand”, if they were scared, offering protection, and if they were happy, celebrating with them. (see p. 92)
- ◆ Debrief previous days presentations with youth. Have youth identify strengths and weaknesses of yesterday (the past).
- ◆ Youth map “today,” — the current strengths/resources and weaknesses/issues of their community. Once again this is youth directed with support available
- ◆ Breakfast
- ◆ Formal presentation on international perspectives of HIV/AIDS, youth participation that makes a difference, and HIV/AIDS Tool Box (see p. 101)

- ◆ HIV/AIDS education on prevention and care and support (facilitated by the Creative Young Women's Group). High degree of youth participation
- ◆ Group discussion
- ◆ Dinner
- ◆ Games/song and dance. A time for youth to bond and play
- ◆ Retire to assigned sleeping areas
- ◆ Facilitator planning and debriefing meeting

Day 4 (Fri)

- ◆ Prayer (holding hands), songs and games (Bona Bona Bona)
- ◆ Seek feedback from youth on the previous days presentations. Answer any questions
- ◆ Link HIV/AIDS to vulnerability and the affect of HIV/AIDS on children, families, and communities
- ◆ Present overview of local projects that involve youth and communities (for example, Circles of Care, Pondo Crop, Municipal Government plans)
- ◆ Breakfast
- ◆ Presentation of participatory action research tool: "Triple A" (see "Putting Guidelines into Action" section of these guidelines for more detail)
- ◆ Presentation of how to develop an "Action Plan" (see p. 93)
- ◆ Youth work on map of "future" and their action plans
- ◆ Youth present action plans and completed maps of "yesterday, today, and tomorrow"
- ◆ Final feast
- ◆ Celebration performance
- ◆ Retire to assigned sleeping areas
- ◆ Facilitator planning and debriefing meeting

Day 5 (Sat)

- ◆ Songs (led by youth)
- ◆ Prayer by elders
- ◆ Clear unfinished business (“Any regrets? Anything we need to do or say to correct any wrongs done in the last 5 days?”)
- ◆ Evaluation of workshop (see p. 91)
- ◆ Exchange names and addresses
- ◆ Gifting ceremony — thanking elders, youth, cooks, logistical personal, funders, and organisations. Youth have last word of thanks
- ◆ Breakfast
- ◆ Remove debris and begin journey home



Evaluation

1. How did you enjoy the workshop?
2. How did you find the facilitation?
3. Did you feel that you were involved enough?
4. How did you enjoy the venue?
5. Would you like to continue to be involved?
6. How would you like to be involved?
7. Other feedback...

Each day began with a prayer and song from the local area, followed by an overview of the workshop, or a review of the previous day. Any unfinished business or questions were processed at this time. Many fun activities, such as the “how are we feeling exercise” were used to check in with the youth.

HOW ARE WE FEELING EXERCISE



Two youth leaders, chosen prior to the workshop, acted as part of the facilitation team and provided ongoing feedback with regards to the process, youth perspectives, and potential issues and solutions. All of the youth were encouraged to be involved in every area of the workshop. A community building exercise was used at the beginning to allow the youth to design the workshop guidelines. Their feedback was continually sought and integrated. As many activities as possible were conducted in the local language (Xhosa) and translated into English for the facilitators.

Social mapping was used as the primary tool to facilitate youth participation. The young people collectively mapped out the community strengths/resources and weaknesses/challenges of the past, present, and future. With this information, they were able to use basic participatory action research principles (the "Triple A") to develop action plans that built on the knowledge and strengths of the youth, identified local resources, and supported their own community processes.



ACTION PLAN

PURPOSE: Aim/Vision

PICTURE: Must be able to visualise the outcome

PLAN: Detailed action plan, including budget

PEOPLE: Roles and responsibilities must be clear

MONEY: Identify and secure the necessary financial resources

Throughout the workshop, local groups (for example, The Creative Young Women's Group) provided valuable information to address local perspectives on HIV/AIDS. Elders, traditional healers (Ixweles and Sangomas), and community leaders shared their knowledge of cultural traditions and the past. The municipal government was actively involved in the workshop planning and follow-up. Facilitators also linked the workshop and potential outcomes to other local initiatives promoting youth participation and care and support for children and youth affected by HIV/AIDS (for example, the "Circles of Care" and the "Pondo Crop" Projects).

ORGANISATIONAL STEPS

This workshop required a great deal of preparation and follow-up behind the scenes to ensure its success. Having a committed, culturally competent person to facilitate the organisation of the workshop was key. Some of the many steps that were required included:

1. Attending several meetings with the local municipality to gather support and develop a vision.
2. Taking several trips to the villages to meet with key contacts, headmen and chiefs, and the youth to ensure that the visions and plans are clear, and being carried out respectfully.
3. Providing information and support for youth to choose delegates to attend the workshop.

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4. Ensuring that youth are able to get to the workshop (for example, arranging transportation and time off work or school).
5. Hiring of logistical persons with knowledge of the local culture and language to arrange food, transportation, latrines, village cooks (preferably locals), and other logistical details.
6. Identifying youth leaders to be part of the facilitation team.
7. Meeting with the facilitation and logistical team prior to the workshop to fine-tune agendas, roles and responsibilities.
8. Meeting with the facilitation and logistical team during the workshop to debrief and adapt presentations and agendas to identified needs.
9. Meeting with the facilitation and logistical team following the workshop to identify roles and responsibilities of the team in the next stages (for example, meet with local government and community leaders/chiefs to share the youth's proposals and facilitate further youth involvement).
10. Ensuring that roles and responsibilities are fulfilled and the next steps are achieved.

OUTCOMES

Five days in a traditional village, with community, facilitator, and logistical support created a sense of community and commitment among the 35 youth present. Their maps and ideas for actions and projects were presented to the local municipality by the coordinator and youth leaders, which led to further support for



youth initiatives. At the community level, the youth have shared their experiences and are working with key community members to realise their action plans. Some of the workshop participants have also been identified as youth leaders for larger community participatory action projects and are involved in ensuring that youth in the area stay informed, through youth groups and a possible newsletter (written by youth for youth).

Some identified weaknesses and strengths of the past and the present, identified by the youth are presented in the following charts.

Weaknesses/Challenges

Past

Girls forced to marry
 Widows forced to marry husbands' brothers
 No transport available
 Beating of children by everyone in community
 Beating and oppression of wives
 Boys forcing girls to have sex
 Youth not allowed to go to school if needed to look after cattle
 All decisions made by men (no say for women)
 Malnutrition of girls as denied certain foods (for example, eggs, amasi) to prevent figure from maturing too quickly
 Men having many wives
 Cleanliness not valued
 Death due to lack of hygiene with circumcisions and other rituals
 Traditional attire not proper

Present

Unemployment very high
 Violence (war between the citizens) near shops, shabeens, and in the forest
 Shabeens (taverns)/alcohol abuse
 Crime
 HIV/AIDS (20% of adults infected in South Africa)
 Lack reliable piped water
 Lack electricity in many areas
 Lack land
 Lack support to sell crafts
 Lack moneymaking skills
 Lack information about how to be proactive
 Lack information and support to prevent the spread of HIV/AIDS
 Poor health
 Lack of opportunity for youth to be involved

Strengths/Resources

Past

Ploughing mealies
Keeping girls safe (clothing, inspections, and fines for men)
Virginity valued, used thigh sex instead
Herding cattle
Traditional ceremonies "Ugulano" (take dead back home), initiations,
Church respected
Use of folk stories to teach the children (told by grandmothers)
Respect for people, especially elders
Scarcity of disease – no cholera or HIV/AIDS
No corruption or crime
Good sense of community – youth had a role
People more self-sufficient, less need for money
Use of traditional healing and herbs

Present

Forests – gum trees, and other local trees
Mangrove
Tea plantation
Good fishing
Sea grass/weed
Land
Dam
Schools/technology
More HIV/AIDS education
Clinics
Town structures – roads, post office, police station, bank
Tourism
Church projects
Sports and sports grounds
Youth
Elders
Headmen
Skillful people

The youth developed action plans for one of the issues or challenges in their community. Different communities chose different issues. In one community, the youth identified HIV/AIDS as the main issue, in another, crime and violence was the priority.



ACTION PLAN 1

◆ **Assessment**

- ◆ Primary issue HIV/AIDS.

◆ **Analysis:**

- ◆ Denial of existence of HIV;
- ◆ Improper health services;
- ◆ Wrong interpretation of HIV/AIDS information;
- ◆ Bad situation at home (rejection);
- ◆ Poverty; and
- ◆ Bad upbringing.

◆ **Action to Change Situation:**

- ◆ Improving awareness;
- ◆ Providing education about the disease;
- ◆ Running training/workshops to deliver information;
- ◆ Hosting HIV/AIDS events (for example, candle light memorial);
- ◆ Accommodating HIV/AIDS orphans by means of hospices;
- ◆ Introducing home-based care in the village;
- ◆ Providing a proper counselling team; and
- ◆ Approaching the Department of Health for support.

Key Agencies

- ◆ Department of Health – Minister and Regional Officers;
- ◆ Local Health Centres and Clinics; and
- ◆ Creative Young Women's Group (CYW) (Youth).

Responsibilities of CYW Youth

- ◆ Organise materials for the creative young women's group (for example, pamphlets, condoms, first aid);
- ◆ Present HIV/AIDS information in various clinics and schools in the Port St. John's municipality;
- ◆ Get permission to work in the villages; and
- ◆ Continue to volunteer to educate.

ACTION PLAN 2

- ◆ **Assessment:**
 - ◆ Crime and Violence.
- ◆ **Analysis:**
 - ◆ Unemployment;
 - ◆ Boredom;
 - ◆ Drinking;
 - ◆ Theft;
 - ◆ Violence;
 - ◆ Hence decreased tourism; and
 - ◆ Increased unemployment.
- ◆ **Action to Change Situation:**
 - ◆ Creation of jobs;
 - ◆ Participation of youth in clubs and projects;
 - ◆ Increase security measures; and
 - ◆ Increase community and police response.

Key Agencies

- ◆ Mayor;
- ◆ Police;
- ◆ Community; and
- ◆ Youth.

Responsibilities

- ◆ Mayor – listen to voice of youth and community;
- ◆ Police – quick response to reported crimes;
- ◆ Community – reporting crimes; and
- ◆ Youth – stand firm against poor service of police, stand together, be vocal and support each other by setting up youth groups and giving guidance to other youth, and make sure they implement requests.

This workshop is a living example of one way to link children's rights, in particular youth participation, community, and culture to form a continuum of care and support for vulnerable children that fills the gaps.

The process and results of this workshop provide a model for the implementation of these community guidelines.

Thank you for recognising us without judgment. We did not feel that you were superior and us inferior, but rather we have felt like part of the community, like we were relevant people and this has been relevant time spent. We are dedicated to make a difference and now know that we can make more of a difference.

*Youth at the Closing of
Youth Participation
Workshop, March 2001*

LESSONS LEARNED

The implementation of the “Youth Participation Workshop: Yesterday, Today and Tomorrow,” as well as other community workshops, provided many insights with regards to practical issues related to the implementation of the “Triple A” approach. Some of the key lessons learned included:

- ◆ The importance of establishing strong relationships with elders that will be involved and who will be speaking to the youth. It is critical that they understand the focus of the workshop and the overall goals. While this does not control the content, it does assist in keeping content relevant.
- ◆ The need to be mindful when speaking to elders. “Invite some cultural people,” may be interpreted as “Invite all of the cultural people that the elder knows,” with the expectation that the invitee (you) will be responsible for hosting all of these people.
- ◆ The need to ensure that elders, chiefs, and others involved (including the women and logistical support) are thanked and honoured in a culturally appropriate manner.
- ◆ The importance of providing youth with emotional support during and following a workshop that speaks about HIV/AIDS and other issues, as emotions of loss and grief may surface.
- ◆ The need to continually involve municipal government, as they provide an understanding of the applicable policies and overall structure that helps communities form effective programs.
- ◆ The importance of acknowledging the youth for their participation and learning by awarding each student with a certificate of achievement or equivalent.
- ◆ The usefulness of reusable name tags with a large group to allow everyone to learn each others’ names.
- ◆ The need to balance the amount of time that youth have on their own with the unstructured time that they have with facilitators to ensure that youth maintain their autonomy and also develop relationships with the facilitators.
- ◆ The recognition that the use of a remote village as a workshop venue is beneficial in that it disconnects young

people from their usual routines and reconnects them with their cultural roots. However, it requires competent logistical and cultural support and can be very challenging for participants.

- ◆ The need to have previous knowledge of the presentation material, particularly if local youth organisations are to facilitate sections of the workshop. This allows the larger facilitation group to agree on the content and ensures that the material furthers the goals and objectives of the workshop. For example, that information about HIV/AIDS is tied into the larger picture of empowerment as knowledge does not equal behaviour change.
- ◆ The need to link the youth participants with community initiatives and specific elders or advocates in the community. This provides the youth with ongoing support with their initiatives and ensures that they are part of the overall community process.
- ◆ Confirmation that mapping is an excellent tool to facilitate youth participation, creation of vision, and the process of youth taking ownership of their vision. Some initial obstacles include:
 - ◆ Fear of the lack of structure. Many people are not used to working with process.
 - ◆ Fear of not knowing how to map. Participants need to be reassured that it is a social map of their invention and does not have to resemble a geographical map.
 - ◆ Inability of facilitators to allow youth to make decisions and take the initiative.

Developing a continuum of care and support for children and youth affected by HIV/AIDS is an ongoing process. The “Triple A” approach allows ongoing identification of the gaps and strategies to meet these gaps as well as lessons for communities, community organisations, and local governments.

This workshop was strong like a rope. It had three strands running throughout; God was present in a natural way through the culture, it was in a natural place and we had committed people (youth, community and facilitators). All of this has made it strong and the bonds that have been made cannot be broken.

*Closing comments at Youth
Participation Workshop,
March 2001*

They asked us to make up a Tool Box "ILALI" for fighting HIV/AIDS. They asked us to put everything that we would need in this box to stop the spread of this disease. We thought long and hard and decided to fill the Tool Box with:

- ◆ an understanding of culture;
- ◆ youth participation;
- ◆ knowledge of HIV/AIDS;
- ◆ community participation;
- ◆ education and training;
- ◆ clinics with trained personnel and supplies;
- ◆ support groups;
- ◆ programs to support and empower vulnerable groups, and
- ◆ a campaign to fight against stigmatisation and discrimination against people infected and affected by HIV/AIDS.



Then the facilitator did a shocking thing. He took all of our hard work and dumped it out into the middle of the floor and left it there. After sometime he asked us how all of our tools were going to be of any use now. We realised then that none of our ideas were going to be of any use unless they were put into action. We know what we need. Now we have to do.

*Youth Participants,
Youth Participation Workshop,
March 2001*



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