

Nkundabana Training Manual



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Kickoff Workshop

Basic Knowledge for Nkundabana Mentors
and Other Partners of the Nkundabana Model



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Target audience

Nkundabana mentors, local authorities, Child Protection Committee members, voluntary association representatives, religious leaders, community leaders or caregivers.

Overall objective

To give Nkundabana mentors and other partners involved in implementing this model basic knowledge about the model, including important themes and monitoring and evaluation tools, so that they may effectively play their role in helping OVC.

Training objective

By the end of the training, participants will be well-equipped to assume their roles, responsibilities and obligations toward the orphans and vulnerable children of whom they will be taking charge.

More specifically, they will acquire basic knowledge on:

- Child rights and protection
- Policies, strategies and tools in force at the national level:
 - ❖ National Strategic Plan of Action for OVC
 - ❖ National OVC Policy for OVC
 - ❖ Minimum Package of Services for OVC
 - ❖ Vulnerability criteria and identification procedures for OVC
 - ❖ Child Status Index
- The Nkundabana model: lessons learned, limitations, challenges and planning
- The role of Nkundabana mentors: duties, expectations, code of conduct and behavior towards children
- How to communicate with OVC
- Data collection
- Advocacy and resource mobilization
- Nkundabana Associations

Session 1: Introduction

Estimated time: 1 hour

Session objectives: By the end of the session, participants will:

- feel confident about participating in the training;
- set ground rules for the training;
- understand the objectives of the training; and
- have an opportunity to express their expectations for the training.

Materials: flipchart paper and markers, papers or cards of different colors, prepared agenda and list of training objectives on flipchart paper, copies of pre-test questionnaire (see page M37)

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Ground rules

Estimated time: 10 minutes

Procedure:

Ask participants to make rules to follow throughout the training. Some examples of ground rules could be to respect others' opinions, to actively participate, to switch off mobile phones, or to be on time.

Write the rules on flipchart paper. Display the rules where all participants can see them for the duration of the training.

Activity 3: Training objectives

Estimated time: 10 minutes

Present the agenda and training objectives on prepared flipchart paper. Facilitate a brief discussion with participants; ask if they have any reactions, comments or questions about the agenda or objectives.

Activity 4: Expectations

Estimated time: 20 minutes

Explain to participants that this exercise will help them express what they hope to learn by the end of the training. Ask participants: "What do you want to learn during these three days?"

Divide participants into groups of four. Ask the groups to spend 10 minutes discussing their expectations for the training, and to write their expectations on cards or pieces of paper (1 expectation per card/paper).

Call the group back together and facilitate a discussion about expectations. As the small groups present their expectations, group similar responses together.

Compare participants' expectations with training objectives. Clarify whether specific expectations will be met or not, based on the training agenda and objectives. Explain to participants that their expectations relative to the Nkundabana project will be addressed during subsequent exercises.

Activity 5: Pre-test

Estimated time: 10 minutes

Distribute pre-test questionnaires and ask participants to complete them.

Session 2: Child Rights and Protection

Estimated time: 2 hours, 35 minutes

Session objectives: By the end of the session, participants will:

- have basic knowledge on the International Convention on the Rights of the Child;
- understand that they have common responsibilities with others in achieving these rights; and
- know what to do in case child rights are violated.

Materials: HAGURUKA's Summary of Child Rights under the International Convention on the Rights of the Child, *Nyiramajyambere's Story*, signs that say 'agree' and 'disagree', statements on child rights, flipchart paper and markers, small pieces of paper or note cards

Activity 1: Wants, needs and rights

Estimated time: 40 minutes

Part A: Wants and needs¹

Estimated time: 25 minutes

Divide participants into groups. Ask the groups to work together to identify four wants and four needs that a Rwandan child may have.

Ask each group to present to the larger group the wants and needs they identified, giving explanations for each of their answers. Write down the responses on flipchart paper. Facilitate a discussion in which participants identify the differences between a 'want' and a 'need.'

Summarize the main points as follows:

- A want is a wish, a goal, or something that one wants to get or have access to. If a want is realized, it may or may not have a positive impact on one's well-being or life.
- A need is necessary in order to realize one's potential in life. If a need is not realized, this lack will have a negative effect on one's life.

Part B: Needs and rights²

Estimated time: 15 minutes

Give each participant three small pieces of paper or small cards and ask them to write three rights (one on each paper/card) that Rwandan children have. Ask participants to present their responses. Group similar responses together and arrange them on a wall.

Refer participants to the flipchart paper on which needs are written. Some statements, such as "access to education and to health services" may appear on both lists. If that is the case, ask participants to think about where the statements should be placed.

Introduce the definition of the word 'right.' Facilitate a discussion with participants, and ask them to give some additional examples.

Summarize the main points as follows:

- If a group of people in a society (children, people with disabilities, women, etc.) lack basic needs, this situation should be recognized by the society as a whole. Thus, the needs may become a right if protection laws are introduced.

¹ Le droit à la protection, Modules pour adultes, Save the Children, 2006

² Op. cit.

- All needs cannot become rights. However, those needs that society considers to be essential to child development can rise to the status of rights.
- A right determines which actions are allowed and forbidden in certain contexts.

Activity 2: Nyiramajyambere's Story

Estimated time: 30 minutes

Procedure:

Ask participants to read *Nyiramajyambere's Story* at least twice.

Nyiramajyambere's Story

Nyiramajyambere is a 13-year-old girl who is going through puberty. She is a maid for the Sebosi family. When she started working she was 12 years old, but very small for her age. The Sebosi family took good care of her and fed her well. Consequently, she grew bigger.

Mrs. Sebosi is pursuing her studies at the High Institute of Ruhengeri. When she goes to school in the evenings Mr. Sebosi gets lonely, so he asks Nyiramajyambere to spend time with him. Sometimes they talk while sitting in his bedroom. The girl is proud since she talks with her boss. However, Nyiramajyambere fears that one day Sebosi's wife will find out about their relationship.

Nyiramajyambere is always worried and wonders whether she should stay at Sebosi's house or to go back home to her village. Going back home could be worse. She left her village because her father used to beat her when he returned home from the bar. She remembers the injuries he caused her, how she used to go to bed without eating, how he insulted her, and how she was not allowed to go out and play with other children. However, staying at Sebosi's house is stressful because Mr. Sebosi is interested in a sexual relationship with her. Also, he promised to help her go back to school to continue her primary studies which she stopped during her 2nd year. However, it has been a long time since he made this promise and so far nothing has happened.

Facilitate a discussion about the story by asking the following questions:

- What happened in this story?
- What are the challenges that Nyiramajyambere faces in her life?
- What advice would you give to Nyiramajyambere?
- Do such situations happen in real life? Give examples.
- What are the causes of such situations? What are their consequences? What would you do if you were a neighbor of a child in the same situation as Nyiramajyambere?

Activity 3: Statements on child rights

Estimated time: 45 minutes

Procedure:

Place a sign that says 'agree' on one side of the room, and a sign that says 'disagree' on the other side of the room.

Ask participants to listen to the statements you read, then stand by the sign that reflects how they feel about each statement. If a participant neither agrees or disagrees, or is unsure, he or she may stand in the middle of the room. If they agree somewhat but not entirely, they can stand somewhere between the 'agree' sign and the middle of the room.

Read the following statements. After each one, allow some time for participants to make their decision. Ask participants to explain why they chose to stand where they are standing.

- Children need enough food to eat, but playing is not one of a child's needs.
- You pay school fees for your child if you have the money; if you don't have the money, it is not an obligation.
- Parents must protect children against hunger, but children do not need to be protected against working; children must work.
- It's not my business to care about a child in my cell who is hungry; if a child does not eat, it is because the parents do not work hard enough.
- Beating children makes them suffer physically, but it does not change their behavior.
- It is not necessary for children to tell their parents what they need since parents already know what their children need.
- If my unwed daughter was pregnant, I would rather make her get married to the one who impregnated her than see her give birth without being married.

After you have read all the statements, ask participants to return to their seats.

Facilitate a discussion by asking the following questions:

- Is there any relation between these statements and child rights?
- Who is a child?
- What does the word 'right' mean?
- Why do we talk about human rights in general and child rights in particular?
- What child rights do you know?

On flipchart paper, write the child rights that they mention (exactly as they mention them).

Explain who a child is, what a right is and why child rights call for particular attention.

Distribute copies of HAGURUKA's Summary of Child Rights under the International Convention on the Rights of the Child (see next page). Read this document together. Ask questions to ensure that participants understand the meaning of each article.

Facilitate a discussion by asking the following questions:

- To what extent are these child rights respected in your communities and in Rwanda?
- What should be done when child rights are violated? What usually happens when child rights are violated?
- What are different types of violence against children? How can each type of violence be corrected?
- What should community members and authorities do when violence is committed against a child?

To conclude this activity, ask participants what they have learned about child rights and/or violence against children. What will they do differently based on their new knowledge?

HAGURUKA's Summary of Child Rights under the International Convention on the Rights of the Child

Article 1 (Definition of 'child'): The Convention defines a child as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Article 2 (Non-discrimination): The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget-, policy- and law-makers.

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention, they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the Convention points out that when a country already has higher legal standards than those seen in the Convention, the higher standards always prevail.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues "in a manner consistent with the evolving capacities of the child." The Convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop in a healthy manner.

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognized by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

Article 10 (Family reunification): Families whose members live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

Activity 4: Main actors in child protection

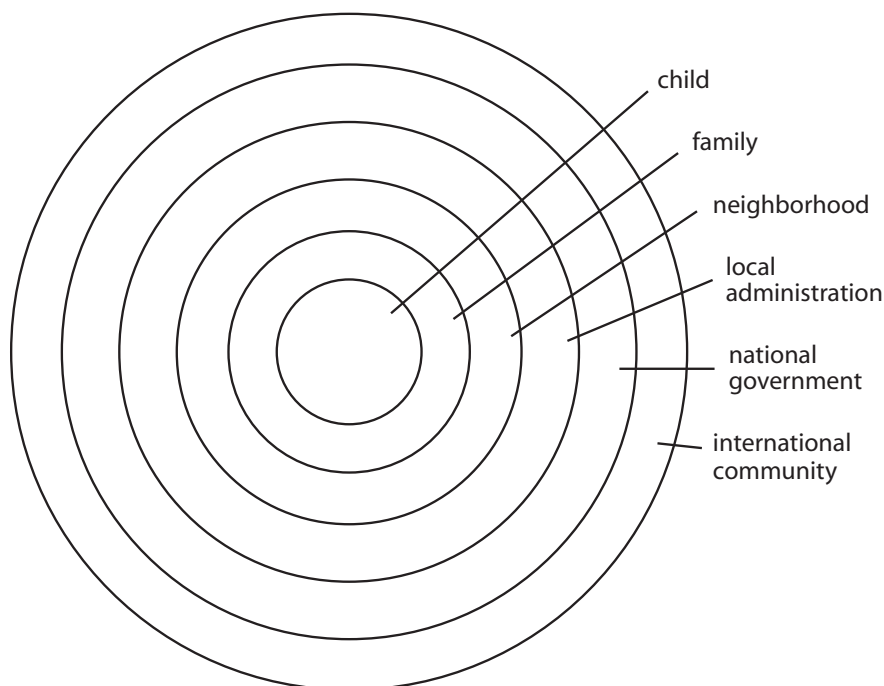
Estimated time: 30 minutes

Procedure

Ask participants to name the main actors in child protection.

Facilitate a discussion in which participants try to establish a hierarchy of impact for the different actors in child protection. Draw several superimposed circles (as in the example below) on flipchart paper. In each circle, write down the actors that correspond to that level. Several examples are listed below.

MINIJUST	NGOs	ASOFERWA (Association for Solidarity of Rwandan Women)
Ministry of Health	UNICEF (United Nations Children's Fund)	FAWE (Forum for African Women Educationalists)
MINEDUC	WHO (World Health Organization)	HAGURUKA
MINALOC	UNESCO (United Nations Educational, Scientific and Cultural Organization)	Media
MIGEPROF	UNAIDS	<i>inyangamugayo</i> (people of integrity)
National Council of Youth	CARE International	parents
the judiciary system with chambers and judges for children	IGAs (Income Generating Activities)	children
civil society		
local authorities		



Family: parents, brothers and sisters, close relatives, foster families

Neighborhood: neighbors, friends and parents, chief of the village (*umudugudu*), opinion leaders in the community (teachers, health workers, religious leaders, etc.), *inyangamugayo* (people of integrity), *abunzi* (mediators)

Local level: representatives of local government at the sector and district level, local police representatives, representatives of the prosecutor general, health staff, schoolteachers and directors, local media, NGOs and local associations, faith based organizations, local entrepreneurs, local artists, local project staff

National level: ministries (health, education, justice, child protection, family/women protection, social protection, etc.), institutions and national organizations, employers' associations, cooperatives, NGOs, media (newspapers, radio, TV), cultural institutions, learning institutions, national projects, representatives of different institutions and international backers

International level: international organizations, international donors, international financing institutions, international judicial institutions, NGOs

Activity 5: Conclusion

Estimated time: 10 minutes

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Session 3: Policies, Strategies and Tools in Support of OVC in Rwanda

Estimated time: 2 hours, 30 minutes

Session objectives: By the end of the session, participants will:

- have acquired basic knowledge on policies, strategies and tools in favor of OVC; and
- understand that there is a framework which defines interventions in favor of children and that all the actors in favor of children must work within this framework.

Materials: computer and an LCD projector (if there is no electricity provide copies of presentations), handout with lists of vulnerability criteria, note cards or small sheets of paper, note cards with different vulnerability criteria written on them, flipchart paper and markers

Ideally, a representative of local or national government whose responsibilities include assistance to OVC should make a presentation on the present OVC situation in Rwanda (or other administrative area), the National OVC Policy, the National Strategic Plan of Action for OVC, and the Minimum Package of Services for OVC.

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Forms of vulnerability³

Estimated time: 20 minutes

Procedure:

Ask participants if they know any vulnerable children.

Distribute four note cards to each participant. Ask participants to write one form of vulnerability on each note card, beginning with the form that is most common in their area.

Collect the cards and arrange them on the wall, grouping similar answers together. Make sure the following criteria are mentioned.

Category A: Children who are at high risk of vulnerability⁴

- Children who live in houses that are not secure and that do not protect them from bad weather
- Children whose families do not have enough land and/or with no other work or sources of income
- Children who live in child-headed households
- Children who live in one-parent families (widowed, divorced/separated, single, elderly) and/or blended families
- Children with parents who regularly have conflicts with each other
- Children with parents who do not fulfill their obligations towards their children (because of alcoholism, ignorance, negligence, etc.)
- Children with one or both parents who suffer from physical and/or mental disability
- Children with one or both parents who are HIV-positive

³ Adapted from DED-MIGEPROF, Modules de formation sur les OEI, 2007

⁴ Approche participative dans la définition des critères de vulnérabilité des OEI au Rwanda, ESP, janvier 2008

Category B: Children who are clinically vulnerable

- Children who do not eat well
- Children with school-related problems (not enrolled in school, irregular attendance or school drop-out)
- Children suffering from physical and/or mental disability
- Children who are HIV-positive
- Children who are anxious, abandoned, isolated, unhappy, aggressive or neglected by their parents
- Beggars or street children
- Children who are victims of sexual, physical or emotional abuse
- Children employed in work that is not appropriate for their age
- Children who use alcohol or drugs, and/or who engage in prostitution
- Children who are pregnant or already parents

Note: In order to define vulnerability, the use of categories is not always appropriate because it can tend to strengthen stigmatization (e.g. street children, HIV infected-affected children). Furthermore, children often fall into more than one category.

Distribute a handout that lists of all forms of vulnerability, as defined above.

Activity 3: Causes and consequences of vulnerability⁵

Estimated time: 30 minutes

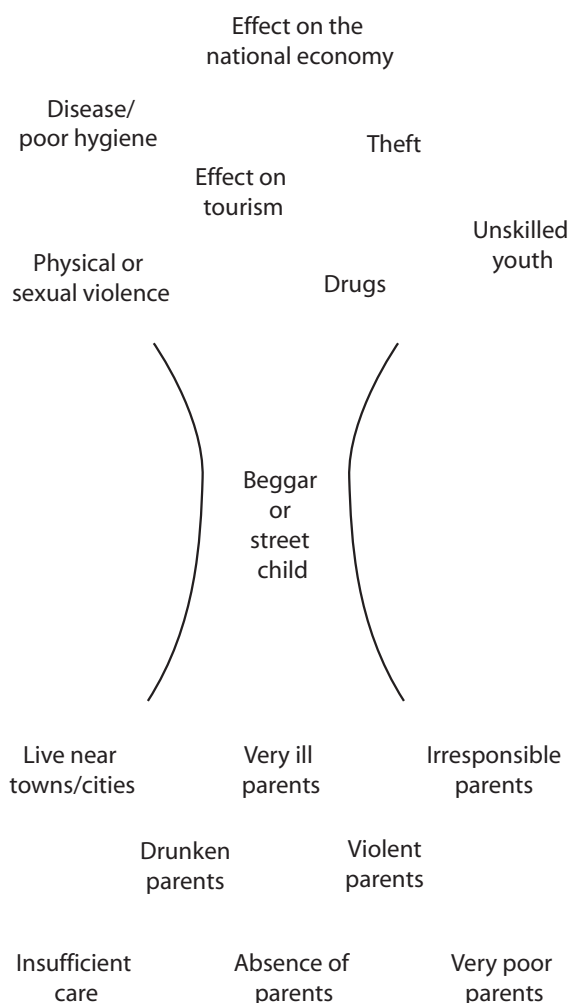
Procedure:

Using one of the vulnerability criteria from Activity 2, draw an example of a problem tree on flipchart paper (see example at right). Explain that sources of vulnerability are depicted as roots of the problem tree, while consequences of vulnerability become the leaves of the tree.

Divide participants into groups. Ask each group to randomly choose two vulnerability criteria from the note cards you have prepared. Each group will make two problem trees based on the criteria they chose.

When groups are finished, place all of the problem trees side by side on the wall. After each group has presented their trees, allow time for questions, additions, comments and testimonies from the other participants.

Example: Beggar or street child



⁵ Adapted from DED-MIGEPROF, Modules de formation sur les OEV, 2007

Activity 4: Daily activities of children

Estimated time: 35 minutes

Procedure:

Divide participants into two groups.

	Activities
Children 6-15 years old	
Children 16-20 years old	

The first group makes an inventory of children's activities according to age.

	Activities
Girls	
Boys	

The second group makes an inventory of children's activities according to gender.

After each group has presented their inventory, allow time for questions, additions and comments from the other participants. Pay particular attention to activities that violate child rights.

Facilitate a discussion by asking the following questions:

- What work is specific to girls or to boys in Rwanda? What work is done by both boys and girls in Rwanda?
- How does work affect children's education?
- What kind of work do children do in villages? What kind of work do children do in cities?
- How does the parents' level of education affect the work that their children do?
- What consequences does work have on children?

Summarize the main points as follows:

- Some children's activities violate their rights.
- There are many reasons why children work. The first two items on the following list do not violate child rights, while the last three items seriously violate child rights.
 - ❖ Tradition requires that children do light household work, such as taking care of younger siblings.
 - ❖ On their own initiative, some children want to earn their own income. For example, in some countries children sell newspapers or run errands to earn spending money.
 - ❖ Due to economic necessity, children perform hard labor such as working in factories or being servants.
 - ❖ Sometimes adults force children to do work and activities that are contrary to their tradition and to their culture, such as sexual slavery.
 - ❖ Some employers prefer to employ children because they can be paid less, they do not complain, and they are easy to take advantage of.

Activity 5: Analysis of the OVC situation

Estimated time: 45 minutes

Ideally, a representative of local or national government whose responsibilities include assistance to OVC should make a presentation on the present OVC situation in Rwanda (or other administrative area), the National OVC Policy, the National Strategic Plan of Action for OVC, and the Minimum Package of Services for OVC. If there is no electricity, distribute copies of each document to participants.

After the presentation, allow time for participants to ask the presenter questions.

Activity 6: Conclusion

Estimated time: 10 minutes

Session 4: The Nkundabana Model

Estimated time: 2 hours, 20 minutes

Session objectives: By the end of the session, participants will:

- understand the main elements of the Nkundabana model;
- understand limitations and challenges of the Nkundabana model; and
- be acquainted with project planning activities.

Materials: flipchart paper and markers, NIPS project summary (see Annex 1, pages A2-A3), planning worksheet

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: The Nkundabana model

Estimated time: 1 hour

Procedure:

Ask participants to describe problems that vulnerable children in their region face. Write the problems mentioned on flipchart paper.

Ask participants if they know of the Nkundabana model and how it addresses the problems that vulnerable children face.

Explain the Nkundabana model including its methodology (Nkundabana volunteer mentors from the community, referrals to services, etc.), objective, planned activities and achievements. Explain Anti-GBV & Child Protection Committees. Distribute a summary of the NIPS Nkundabana project or another Project summary.

Ask participants to describe what limitations and challenges such a project might face. Make sure that relying on volunteers, sustainability and reaching a large number of OVC with limited resources are mentioned as challenges.

Divide participants into two groups. One group will discuss the role of the community in the Nkundabana model. The other group will discuss the role of authorities in the Nkundabana model. Facilitate a discussion on the role of the community and of authorities in the project.

Activity 3: Planning

Estimated time: 1 hour

Procedure:

Ask participants what they understand by the word 'planning.' In short, planning is the process of designing a program of activities that you wish to carry out, including how you will carry them out.

There are seven main steps in planning:

1. In collaboration with other stakeholders, identify and prioritize needs.
2. Discuss what to do and when to do it.
3. Research different ways of doing the activities.
4. Weigh the advantages and disadvantages of the different ways of doing the activities.
5. Confirm what should be done and how to do it.
6. Conduct detailed planning, using the worksheet below.
7. Determine how the activities will be evaluated.

Activity	Time of implementation	Place of implementation	Who is responsible	Necessary resources	Sources of resources

Activity 4: Conclusion

Estimated time: 10 minutes

Session 5: Nkundabana Mentors

Estimated time: 3 hours, 5 minutes

Session objectives: By the end of the session, participants will:

- understand the role of Nkundabana mentors in caring for OVC;
- understand what is expected of Nkundabana mentors;
- be familiar with the code of conduct for Nkundabana mentors; and
- know how the code of conduct is related to child rights laws in Rwanda.

Materials: flipchart paper and markers, Nkundabana mentor job description handout, code of conduct handout

If possible, invite Nkundabana mentors who have already been trained and are already caring for OVC to share their experiences, as well as children who have been involved in the model for a long time.

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Who are Nkundabana mentors?

Estimated time: 1 hour

Procedure:

Prepare three participants in advance to perform this short play for the entire group.

Three adults are talking about a neighbor child who has been causing problems. The child steals, doesn't go to school, and is impolite and dirty. The three adults wonder whether the child really has parents or not. They say that the child's behavior is an embarrassment. Finally they talk about what they might do to address the situation. One of them suggests taking the child into their home to tend their livestock. Another says that the child is very difficult and the best solution is to ban the child from the cell. The last person says that the problem of this child is quite serious and that they don't see any solution to it.

After the play, facilitate a discussion using the following questions:

- What happened in this play?
- According to the play, what problems does the child have?
- Does this play reflect reality in the community? Give concrete examples.
- What are the causes of this child's behavior? What are the consequences of the child's behavior for the child? For the neighbors? For the country?
- What would you do if you were this child's neighbor?
- What lessons can we draw learn this exercise?

Ask participants: Who are Nkundabana mentors? What is their role? What would Nkundabana mentors do if faced with this kind of situation?

Ask participants: What qualities should Nkundabana mentors have? Who should not be an Nkundabana mentor?

Distribute copies of the Nkundabana mentor job description. Instruct participants to read the document together in small groups, then discuss the following in their small groups:

- Which entities must Nkundabana mentors work with in order to properly assume their responsibilities? How should they work with each entity?
- In particular, how do Nkundabana mentors collaborate with authorities? What do authorities require of Nkundabana mentors, and what do Nkundabana mentors require of authorities?

Ask small groups to report back to the larger group about what they discussed. Ask participants if they understand the responsibilities of Nkundabana mentors, or if they have anything to add.

Nkundabana mentor job description

- Visit children in their homes at least once a week or more often if necessary (according to each household's situation);
- Continually monitor basic indicators of the children's well-being: Are they in good health? Do they have enough to eat? Do they attend school? Are they accepted by the community? Do they take part in socio-cultural activities in the community? Are there any problems with security or housing? Are there conflicts within the household?
- Monitor children's attendance and performance at school and in various training programs (vocational, literacy, crafts training, etc.) and in different support opportunities (income-generating activities, savings and loan groups, etc.);
- Provide counseling adapted to the situation of each household, and age- and sex-appropriate counseling to each child member of the household;
- Prevent and, if necessary, solve possible conflicts arising within the household and between the household and the community;
- Participate in OVC Association meetings and help them with their associative movement;
- Identify other cases of vulnerable children (outside the household(s) supported) and/or cases of abuse of child rights within the community and report these cases to the Child Protection Committee, or to local authorities if such a committee does not exist;
- Advocate on behalf of children to relevant structures (starting with local authorities, Social Affairs officers, organizations providing services to children, etc.);
- Urge community members and neighbors to contribute to the support and mentoring of children;
- Sensitize the community about child rights and the community's role and responsibility towards orphans and vulnerable children;
- Attend training sessions that aim to improve mentors' capacity to assist children;
- Take part in the meetings of Nkundabana Associations as provided for in the statutes of the association;
- Participate in Child Protection Committee meetings, and ensure that such meetings take place (reminding presidents of committees of such meetings, etc.);
- Ensure children's representation and participation in Child Protection Committee meetings;
- Encourage children to take part in community activities;
- Prepare progress reports on child-oriented activities and submit them to local authorities and partners; and
- Keep and regularly update files on each child.

Activity 3: Expectations

Estimated time: 45 minutes

Procedure:

Discuss the meaning of the following proverbs and idioms often used in Kinyarwanda:

- *“Akebo kajya iwa mugarura”* (You give to someone who will one day give back to you)
- *“Nta cyubu cy’ubusa”* (Nothing is given without a reason)
- *“Umuntu aya aho akora”* (You eat where you work)
- *“Umwana w’undi abishya inkonda”* (The dirt of a child other than yours is intolerable)
- *“Umunyarwanda umuvura ijisho akarigukanurira”* (You cure the eye of a Rwandan, and he uses it to look at you with disdain)
- *“Ugiriwa ineza n’uwo yayigiriye aba agira Imana”* (You are lucky if you enjoy the kindness of someone to whom you were once kind)
- *“Urusha nyina w’umwana imbabazi aba ashaka kumurya”* (One who pities a child other than the child’s mother wants to eat the child)

Divide participants into four groups to discuss the following questions:

- Based on these proverbs and idioms, can we say that it is easy to work with vulnerable children as a volunteer?
- According to you, what problems will Nkundabana mentors face in their work? How can these problems be addressed?
- What support do Nkundabana mentors need to overcome their difficulties and properly assume their responsibilities? What support do they need from the project, from the community, and from authorities?

Bring the larger group back together and allow each small group a chance to present what they discussed. Explain what the project provides and does not provide for Nkundabana mentors.

If you were able to invite current Nkundabana mentors and the children they care for, ask them to come forward and tell their stories about the challenges they face, how they cope with challenges, what children expected from Nkundabana mentors in the beginning and how their expectations changed over time.

To conclude, ask participants what they have learned from this activity.

Activity 4: Code of conduct

Estimated time: 1 hour

Procedure:

Prepare four participants in advance to perform a short play for the entire group. The play will show a Nkundabana mentor who visits children in their home. During the visit, the Nkundabana mentor speaks harshly, reprimands the children, beats them and does not respect them.

Facilitate a discussion about what happened in the play. Ask participants if such things happen in real life. If yes, ask for examples. Discuss the kind of behavior that Nkundabana mentors (or any other person working with children) must adopt, and the kind of behavior they must avoid.

Discuss about what participants think they can do, as Nkundabana mentors, in case another Nkundabana mentor has committed violence against a child; in case violence has been committed against a child due to the negligence of a Nkundabana mentor; or in case a Nkundabana mentor saw violence being committed against a child and did not intervene.

Read together and discuss the code of conduct that was established other Nkundabana mentors with assistance from the project. Establish a relationship between the code of conduct and the International

Convention on the Rights of the Child, as well as the laws that protect child rights in Rwanda. Ask participants to declare that they agree to respect and abide by these rules.

Code of conduct for Nkundabana mentors

- The Nkundabana volunteer mentor is an adult member of the community chosen by children on the basis of certain criteria⁶. The Nkundabana mentor is confirmed in his/her role by the community and local authorities.
- The Nkundabana mentor works on a voluntary basis without expecting any financial or material profit; he/she agrees to work within the Nkundabana Association in the interest of OVC, without any remuneration whatsoever.
- He/she agrees to be a member of an Nkundabana Association and to take part in all of its activities.
- He/she agrees to carry out all tasks assigned to him/her as described in the Nkundabana mentor job description.
- He/she agrees to take part in training programs organized for Nkundabana Associations and to do his/her utmost to put into practice the acquired knowledge in order to continuously ensure quality support to children.
- He/she commits to always having irreproachable behavior, and to serve as an example for the children for whom he/she is a mentor, namely: to strictly respect the law and not to be implicated in criminal acts such as theft, prostitution, consumption of alcohol or narcotics, vandalism, exploitation of others, recourse to violence, etc.
- He/she commits himself/herself to:
 - ❖ Always be aware of and manage situations that may present risks to children
 - ❖ Plan and organize activities in a way that minimizes risks to children
 - ❖ Be as visible as possible when working with children
 - ❖ Ensure a culture of openness so that any issues or concerns may be raised and discussed by all parties
 - ❖ Ensure a sense of accountability so that malpractice or potentially abusive behavior does not go unchallenged
 - ❖ Talk to children about their contact with community workers or other adults and encourage them to raise any concerns they may have
 - ❖ Empower children; discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem
- He/she commits to avoid actions or behavior that could be construed as poor practice or potentially abusive. For example, an Nkundabana mentor should never:
 - ❖ Spend excessive time alone with children away from others
 - ❖ Take children to his/her home, especially where a mentor would be alone with young children
 - ❖ Physically assault or abuse children
 - ❖ Develop physical or sexual relationships with children
 - ❖ Develop relationships with children that could in any way be deemed exploitative or abusive

⁶ To be of Rwandan nationality; to be upright and have irreproachable morality (*inyangamugayo*); to be at least 21 years old; to be married and have less than five (5) dependent children; live in good terms with his or her family and neighbors; know how to read, write and count; not being implicated in acts or behaviors detrimental to children's lives or contrary to the law in general; live in a radius not exceeding a distance of five (5) km from the household he or she is in charge of; to be accepted by the community and administrative authorities and to collaborate with them; to have a decent socio-economic status; to love children, in particular vulnerable children; to have time to visit children's households and take part in the activities of Nkundabana Associations.

- ❖ Act in ways that may be abusive or that may place a child at risk of abuse, such as giving a child alcohol or narcotics
 - ❖ Use language or offer advice that is inappropriate, offensive or abusive
 - ❖ Behave physically in a manner which is inappropriate or sexually provocative
 - ❖ Have a child/children with whom they are working with stay overnight at his/her home unsupervised
 - ❖ Sleep in the same room or bed as a child with whom he/she is working
 - ❖ Do things for children of a personal nature that the children can do for themselves
 - ❖ Condone or participate in behavior of children that is illegal, unsafe or abusive
 - ❖ Act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
 - ❖ Discriminate against, show differential treatment towards, or favor particular children to the exclusion of others.
- He/she agrees to listen carefully to all child members of the household he/she supports and the vulnerable children within the community so as to guide them without imposing his/her own point of view but by respecting their choices as long as they do not go against the best interest of the children.
 - He/she commits to always act in the best interest of the children and always defend child rights.
 - He/she commits himself/herself to reporting to authorities all cases of violations against child rights in the households he/she supports as well as within the community in general, including any act perpetrated by another Nkundabana mentor.
 - In the event of allegations of bad behavior against himself/herself, the Nkundabana mentor agrees to fully cooperate in disclosing all relevant information in order to deal with allegations.
 - In the event of suspension or dismissal by an Nkundabana Association, the Nkundabana mentor will cooperate to give up all property belonging to the association together with child-related documents at his/her disposal, while taking care not to create a bad environment among the children.

Failure to abide by this code of conduct will result in disciplinary action taken by the members of the relevant Nkundabana Association. Sanctions can range from suspension during the investigation period to final dismissal if the evidence against the Nkundabana mentor is proven to be true. If the action or the behavior is a crime, the case will be handled within the appropriate legal framework.

Of course each Nkundabana mentor is responsible for his/her own behavior; however, each Nkundabana Association is responsible for the behavior of its members, and has the right to call them to order, especially when it is necessary to protect children.

Activity 5: Conclusion

Estimated time: 10 minutes

Session 6: Communicating with OVC

Estimated time: 1 hour, 5 minutes

Session objectives: By the end of the session, participants will be familiar with techniques that can help to improve communication with children.

Materials: flipchart paper and markers, prepared flipchart paper with the Dos and Don'ts of Listening

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Building confidence among children

Estimated time: 45 minutes

Procedure:

Option A

Act out a role play in which an adult communicates with children. The adult starts by telling the children that she has learned about their problems, but these are not really problems. She says that she believes the reason the children are not living in good conditions is because some of them do not help others in their activities. The adult talks, but does not bother to listen to the children. When one of the children wants to speak, the adult tells the child to be quiet and listen. Whenever the child tries to speak the adult rudely interrupts. At the end, the adult concludes by dictating what is going to be done. The conversation takes place while everyone stands up in disorder. Everything ends in confusion. The adult doesn't know what to do and one of the children is crying, and saying that others are being mean.

After the play, facilitate a discussion using the following questions:

- What did you observe in this play?
- How did the adult behave in front of the children?
- Has the adult helped the children find a solution to their problems? Why or why not?
- What are the causes of such behavior? What are the consequences?
- Do such things happen in real life? Give concrete examples.
- How can we avoid situations like these?

Discuss the Dos and Don'ts of listening. These are particularly important when communicating with children.

Dos:	Don'ts:
Show interest	Make an argument that confirms or refutes what the speaker has just said
Make an effort to understand what the speaker is saying	Interrupt the speaker, or prevent the speaker from speaking
Help the speaker to make a link between problems and their causes	Be quick to judge
Keep silent when necessary	Give advice when it was not requested
	Jump to conclusions
	Let yourself dominated by the speaker's emotions

Explain to participants that there is a specific way of communicating with people who have been traumatized, for example by death, separation from parents, HIV/AIDS or rape. Participants will receive training on Helpful Active Listening (HAL) that will help them learn to talk to people about traumatic events. Remind participants to avoid conversations about sensitive topics until after they have been trained on HAL. For example, it is acceptable to talk about problems related to the fact that they are orphans, but do not talk about how their parents died.

Option B

First play (1-2 minutes)

Two people meet and immediately, without greeting each, begin telling their problems to each other. They stand facing each other, but they speak at the same time, they speak incoherently, and neither one is interested in what the other one is saying.

Second play (1-2 minutes)

Two people meet and greet each other. One person begins to tell a story, but the other person does not listen. Instead, the other person also starts telling a story. Neither one is listening to the other.

Facilitate a discussion using the following questions:

- What happened in the first play?
- What happened in the second play?
- Do such things happen in real life? Give concrete examples.
- Why do such things happen in real life? Is it good or bad?
- Is listening necessary for Nkundabana mentors or for leaders? Why or why not?

After the discussion, ask two volunteers to present a third play that shows good listening techniques.

Explain that, in their work as Nkundabana mentors, they will have to listen carefully and respectfully to children. Explain to participants that there is a specific way of communicating with people who have been traumatized, for example by death, separation from parents, HIV/AIDS or rape. Participants will receive training on Helpful Active Listening (HAL) that will help them learn to talk to people about traumatic events. Remind participants to avoid conversations about sensitive topics until after they have been trained on HAL.

Activity 3: Conclusion

Estimated time: 10 minutes

Session 7: Data Collection

Estimated time: 3 hours, 50 minutes

Session objectives: By the end of the session, participants will:

- be familiar with the use of household assessment instruments (Child Status Index, Child Status Record, Demographic Household Form) and monitoring registers; and
- understand the principles of the household assessment and its role in monitoring and evaluation

Materials: copies of the Child Status Index (see Annex 13), the Child Status Record (see Annex 14), the Demographic Household Form and the Household Register, copies of the monthly report forms, prepared flipchart paper with characteristics of good and bad interviews

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Household Assessment & Child Status Index

Estimated time: 2 hours, 30 minutes

Part A (30 minutes)

Procedure:

Ask participants if they know of common problems related to poverty, HIV/AIDS, etc. faced by orphans and other vulnerable children in their neighborhood that need to be addressed. Probably, they will mention all of the domains in the Child Status Index). This exercise can be done in small groups.

Ask participants if they think that it will be necessary for them, as Nkundabana mentors, to collect data related to the situation of children when they start visiting children in their households. Hopefully, participants will say that collecting data will be necessary for the interest of children.

Ask participants to describe improvements or changes (negative or positive) that may occur in the global well-being of vulnerable children. Ask them to tell you what those changes may look like.

Then, ask them in which format they will collect the information (Write in a notebook? Use a form? Verbally?), and what they can do with that information (They can say that they should keep it in their mind, that they should not use it for planning responses to problems, or that they will report the information to NGOs that work with children).

Ask if Nkundabana mentors are willing to use a simple tool that can help them collect information, as well as:

- Show how their work has benefited children
- Remember what they need to do better in order to improve the well-being of the child
- Use the information to request more support for the child
- Report back to the program
- Other (Ask participants for more ideas)

Introduce the Child Status Index tool by distributing copies of it to participants and by explaining that what they listed is included in that format, but organized in one page with words and pictures. Tell them that you will explain the format later.

Explain how Child Status Index tool was developed and why, in order to reinforce issues raised in the previous discussion (to notice the improvement of the well-being of the child, know what to do better in order to help the child, use the information for advocacy, to report back to the program).

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Name the six domains and the 12 sub-domains (and then refer to the domains they themselves identified before) read the examples for clarification.

Read the goal for each domain of the well-being of the child. Then, ask questions on indicators or on scores of different changes that tend to the goal.

Discuss the scoring for each domain with participants. Participants should say how the best as well as the worse scenario would look like in each domain. Verify indicators.

How to collect indicators during the home visit

Ask participants how they should proceed in order to know how the child is doing during the home visit or by visiting neighbors. What is the most natural way to do it in the local context (e.g. greet, ask news about the family, etc.)? Ask them for other ways they can obtain information about the child (e.g. from neighbors, teachers, children themselves, or by observation). Using the local approach, Nkundabana mentors should explain what will happen (greet, explain why you came, and the time you will take) and ask for consent from the person(s) they are visiting.

You can explain to participants that the formal way is the African style of knowing children's news from their perspective and it is more natural; instead of asking a set of questions, let them tell you freely about their lives. Nkundabana mentors can ask questions about the domains that the caregiver didn't mention. For instance, the caregiver may not speak about legal protection. Nkundabana mentors should then ask appropriate questions to discover the answers (e.g. "God forbid, but if something happened to you, do you think you could find someone to talk to in order to get support for keeping your property?")

Explain that scores are recorded immediately after the conversation with the caregiver. Choose the picture/figure that best represents child for each domain on the scale from the very bad (1) to very good (4). For the pictorial format, (used in case the volunteer doesn't know to read), many stones mean that the child doesn't have problems in that domain. Tell participants that they have to ensure that all 12 sub-domains were covered during the data collection.

Pre-test

Pre-test the child status index tool with some children in order to allow participants to have better understanding of how the tool works. If it is not possible to do a pre-test, allow time for plenty of practice exercises and questions.

Conducte a pre-test as follows:

- Divide participants into groups of two (i.e. two Nkundabana mentors who will be collecting data) and give each group two Child Status Records for each child. Each group will visits one or two children (at least one of the data collectors should know the children). Data collectors will use indicators from the Child Status Index to facilitate the discussion. Data collectors cannot share their records before coming back to the training venue.
- Data collectors should meet after home visits in order to share their experiences, compare records and to discuss the visit.
- At that time, data collectors should discuss how they behaved during home visits and problems they faced when they were trying to collet data using the Child Status Index (e.g. lack of consent, etc.)
- If participants in the same group did not give a child the same score, they should discuss their logic and agree on the correct score. For example, if one data collector scored '1' for food security (the child goes to sleep hungry most nights) and the other scored '3' (the child eats regularly some of the time, depending on the season) for the same child, facilitate a discussion on why the scores are so different.
- As facilitator, you should insist on the accuracy of the data. Remind participants that many decisions that have an impact on children will be based on the data they collect and report.

Conclusion

Show participants samples of completed Child Status Records. Review the importance of the information and of their role as data collectors. Remind them of the following key points:

1. The Child Status Index can be used every six to twelve months.
2. Trained project staff will validate the data collected by volunteers in order to assure quality.
3. The steps for bringing data from the field to the program office
4. What will happen to data once it arrives in the office
5. Where data will be kept

Explain in detail the purpose and principles behind the household assessment tools (i.e. Child Status Index, Child Status Record and Demographic Household Form), including the following key points:

- Get permission/agreement from the head of household before the assessment or interview
- Confidentiality
- Respect
- Interviewer should give his/her address to the respondent
- Time consciousness (respect time of appointment)

Facilitate a discussion on the feasibility and constraints of using the household assessment tools. Allow time for participants to ask questions.

Part B (1 hour)

Distribute copies of the Child Status Index and the Child Status Record to participants. Participants will invent a family and family historical background (i.e. name, age, sex of each member of the household, relatives and their relationship to the household, etc.).

Work together to fill out the Child Status Record. Write the information on the flipchart (or ask one participant to write on the flipchart) as participants each practice filling out their own Child Status Record.

After the group has completed the Child Status Record, ask participants if any part of the form caused them difficulty.

Activity 3: Principles of interviews

Estimated time: 1 hour

Prepare some participants in advance to perform two short plays for the entire group.

First play

Members of a child-headed household (i.e. children) are chatting at home when an interviewer arrives 30 minutes after the appointment time. The interviewer rudely tells the children to keep quiet and asks the eldest child to step forward. Without explaining why he is there or what will happen, the interviewer begins asking questions about the names, ages and parents of the children. After some time, a neighbor enters and asks the eldest child or the adult heading the household what they are being registered for. The child replies that she doesn't know, and the neighbor asks the interviewer to leave the house. The neighbor accuses the interviewer of trying to steal from the children. The interviewer leaves the assessment tools unfilled, and the neighbor starts talking to the children about how to tell if someone is trying to cheat them.

Facilitate a discussion using the following questions:

- What happened in the play?
- How did the interviewer behave?
- What was the status of the children?
- Does this ever happen in real life?
- What caused this to happen?
- How can this be prevented?

Second play

The interviewer arrives at the house at the appointed time, greets the children and starts playing with them. After some time he tells the eldest child or the adult heading the household that he has come for the appointment that they had made. The child replies that they were waiting for her. The child arranges seats, and all the children sit together. The interviewer introduces himself to the children, and explains the reason behind his visit and behind the assessment. He tells them to please ask any questions regarding the assessment, and asks if they agree to participate. The children agree, and both parties sign the consent form. Finally, the interviewer starts asking questions and recording the information.

Facilitate a discussion using the following questions:

- What did you see in the second play? How did the interviewer behave?
- How did the children behave?
- What are the consequences of the two different interview techniques?
- What lessons can you learn from the two plays?

Display the prepared flipchart with characteristics of good and bad interviews.

Good interview:

Prepare assessment tools and any other necessary documents in advance

Arrive on time for appointments

Explain the household assessment and ask the interviewees if they agree to participate

Sign the consent form

Agree on how much time the assessment will take

Start collecting data, using good listening techniques

Complete the assessment tools or focus group discussion guide

Thank the interviewees, then leave

Bad interview:

Arrive late or fail to keep the appointment

Begin administering the assessment tools without explaining what they are for

Fail to use good listening techniques

Using jargon or unfamiliar language

Ask questions that are accusatory or painful to the interviewee

Take too much time

Fail to acknowledge the interviewee's contribution

Activity 4: Demographic Household Form

Estimated time: 30 minutes

The purpose of the Demographic Household Form (see page M25) is to have the full demographic information on the household and on individual OVC living in the household.

Facilitate a discussion about the Demographic Household Form. What are reasons to use or not to use this form? Provide an opportunity for participants to ask questions or to reveal any issues related to the Demographic Household Form.

Activity 5: Monthly reports

Estimated time: 30 minutes

Explain what monitoring is, how the report will be used, and what role Nkundabana mentors play in monitoring and evaluation activities.

Present the Household Register (see page M26) and Monthly Report (see page M27) to participants. Facilitate a discussion on the format of the report, and provide an opportunity for participants to suggest how the report can be more user-friendly. Ultimately, you want to achieve a consensus on how the report should be formatted and what information it should include.

Activity 6: Conclusion

Estimated time: 10 minutes

Demographic Household Form

Household ID:

--	--	--	--	--	--	--	--	--	--

 Date _____

Name of head of household _____

Name of children's parents _____

Cell _____ Sector _____ District _____

Name of Nkundabana mentor _____ Cell _____ Sector _____

Summary on the household's situation _____

If CHH, when children started living alone _____

Reason for being CHH/OVC _____

OVC in the household:

Names	Sex	Date of birth	Health		Education (grade)	Relationship to the head of household	Job/productive activity
			Handicap	Chronic illness			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Household Register

Date	Situation of the household	Problems identified	Decision/action taken on the problems identified	Comments

Nkundabana Mentor Monthly Report

Month _____ Year _____

Nkundabana mentor identification

Name _____

Village _____ Cell _____

Sector _____ District _____

Households looked after

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Monthly achievements

	Activities planned for the month	Activities implemented during the month	Other people who helped	Observations/ comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Activities that were planned for the month but not implemented, and reasons why:

Activities that were implemented during the month but were not planned:

Challenges

	Challenges encountered	How they were addressed	Other people who helped
1			
2			
3			
4			
5			

Pending challenges and other urgent matters

Annex 1: Activities planned for the next month

Annex 2: List of children with difficult and urgent problems that need urgent intervention (name, district, sector, cell, village, date of birth, sex, summary of the problem)

Session 8: Advocacy and Resource Mobilization

Estimated time: 1 hour, 50 minutes

Session objectives: By the end of the session, participants will:

- understand what advocacy is and know the basic elements of advocacy;
- understand different ways and different circumstances in which advocacy is done;
- understand the main role of the person who performs advocacy; and
- be aware of opportunities for mobilizing financial resources.

Materials: copies of pages M32 and M33, copies of examples of advocacy, prepared flipchart paper with definitions of advocacy, note cards or small pieces of paper, flipchart paper and markers

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Advocacy

Estimated time: 45 minutes

Option A

Ask participants to write on note cards what they understand by the word 'advocacy'. Post the note cards on the wall, arranging similar responses together. Discuss these ideas and compare them to the definitions that you have prepared.

Definitions of advocacy:

"Giving a message or doing activities that are aimed at exposing a problem affecting poor or marginalized people in order to influence those with power, so that those with power can understand the problem and take measures to address the causes of the problem and mitigate its impact; put in place resources, programs or strategies to eradicate the problem."

"Collaborate and work on behalf of the poor in order to eradicate poverty, restore people's rights and support sustainable development by influencing those in power to change policies and practices."

"Promote a particular message, or different activities aimed at encouraging participation, or the development and the setting up of policies that can enable the mitigation of causes and impacts of poverty."

"A set of planned and well-researched activities that attempt to influence a significant change in policies. The activities also aim to influence a change in the way these policies are implemented so that the marginalized can improve their situation."

"Advocacy helps us to acquire the power to create changes because we have certain knowledge, we speak on behalf of people that we represent and we represent relevant objectives and programs. This power of influencing change is beneficial to the marginalized in a sustainable way."

Option B

Divide participants into four groups and ask them to prepare role plays that show types of advocacy that one can do. After the groups have presented their plays, facilitate a discussion on the definition of advocacy.

In simple language, advocacy can be defined as follows: “Giving a message or doing activities that are aimed at exposing a problem affecting poor or marginalized people in order to influence those with power, so that those with power can understand the problem and take measures to address the causes of the problem and mitigate its impact, i.e. put in place resources, programs or strategies to eradicate the problem.”

Divide participants into groups. Ask the groups to read examples of advocacy done by other people and organizations, then answer the following questions:

- Based on what you read, when do you think is a good time to do advocacy?
- At which levels is advocacy done?
- What are some of the problems that OVC face for which advocacy is needed?
- For each problem, to whom would you advocate?

Advocacy examples:

Orphans in Rwanda

AEE (African Evangelical Enterprise) works with AIDS orphans and child-headed households in Kibungo, in eastern province. AEE works with two associations that have sewing workshops and a carpentry workshop in which they train children and sell their products. The Rwanda Revenue Office demanded that these children pay taxes, and threatened to shut down the workshops if they did not pay taxes. AEE, as an organization working with these associations, used its status and its reputation and proposed a meeting with the Ministry of Social Affairs. During this meeting, representatives of AEE explained that children who are members of these associations are orphans and heads of families. Therefore, they should be assisted or otherwise exempt from taxes. The Ministry accepted that all children who are assisted by AEE be exempt from paying taxes.

Asylum seeking

HUMURA is an organization based in Egypt that assists displaced people in the region of the Horn of Africa. The organization assists displaced people spiritually and provides medicines, basic needs, training and education. In 1998, one displaced person tried to commit suicide in the Church of All Saints. After this incident, displaced people expressed a need to make their problems known to the UNHCR, which has the power of granting refugee status. The people assisted by HUMURA wanted to know how they could explain their problem to the UNHCR so that they could either stay in Egypt or be sent to another country as a refugee.

HUMURA, together with other organizations and representatives of displaced people, set up an advocacy committee named MUSAYIDIZI. The committee wrote a document to guide people who wanted to approach the UNHCR. Some displaced people were trained to assist those who wanted to approach the UNHCR. This team of trained people collaborated with the UNHCR to produce a video to help people feel comfortable and be able to clearly explain what they want. Unfortunately, some of those who were trained used their acquired knowledge to make their own requests instead of speaking on behalf of their colleagues. Others started to ask their colleagues for payment, although this was strictly forbidden.

MUSAYIDIZI began to closely monitor activities in order to ensure that no corruption was taking place.

Some lessons learned:

- It was necessary to continue reinforcing the capacities of those who were trained, so that they could appropriately and effectively play their role.
- It was necessary to set up a legally recognized committee in charge of organizing and responding during emergencies.
- It was important to establish good relations with the UNHCR so that services provided could produce an impact and improve the process of acquiring refugee status.

Working with indigenous people

The indigenous people of Burundi had always been nomads until authorities asked them to settle themselves in communities with other populations. Unfortunately, this was not easy for indigenous people and they faced discrimination. All children in Burundi have the right to primary studies. Yet, some teachers refused to receive indigenous children in their classrooms because they didn't have clean clothes and because the classrooms were already crowded. Indigenous people had never owned land, and authorities were not ready to address this problem. Hence, indigenous people could neither build houses nor cultivate in order to meet their food needs.

An organization called ARAM carried out different activities to advocate for indigenous people in an attempt to help them resolve their problems.

In an effort to claim the children's right to education, ARAM put pressure on authorities and schools to accept indigenous children. The organization also helped to provide uniforms and school supplies for the children.

ARAM also put pressure on the government to give land to indigenous people. Starting in 2001 in Gitega province, authorities agreed to give land to each family. Currently, ARAM is attempting to convince authorities in Kayanza province to do the same.

ARAM has also worked with churches so that churches could sensitize their followers to helping indigenous people in their communities. Some of those churches started building houses for indigenous people in the plots that they received from authorities.

These activities contributed to the promotion of indigenous people in Burundi. Presently, they are able to claim their right to be considered equal to other people in Burundi and to be assisted in meeting their needs.

Getting bread at Turikimini

Yahani is an organization that works in Tajiki refugee camp, which houses 350 refugees. This region has gas but there is no water, no roads, no schools, and until very recently there was no electricity. The inhabitants of this region are the poorest in the whole country. The national government does not recognize the authority of any person who represents the population of this region. Instead, the government gave the power to control this region to a person who lives 15 km away from the region.

Yahani has started to build a school, and has developed a good relationship with the people of this region. One day, a very poor, unmarried mother told Yahani staff that since the president of the republic had ordered citizens to give flour free of charge, it had become difficult for her to provide bread for her children. The coordinator of Yahani explained the problem to one of the supervisors in the region. The supervisors in turn explained the problem to the leader of the region. The leader commanded that instead of being forced to give flour, the family of this unmarried mother could rather give rice.

Discrimination and stigmatization in Thailand

Almost 80% of women in the SIYAMU program who are living with HIV threw away their children's vaccination booklets because the booklets were marked 'HIV-POSITIVE' in large letters. The women did not want the people who vaccinated their children to know that they were HIV positive by reading it on the covers of their booklets. Unfortunately, by throwing away these booklets, the women lost other important information related to their children's health.

In August 2000, SIYAMU and another organization called CAR organized a meeting with other NGOs working with HIV-positive women and determined that this same problem also existed in other places. These organizations collaborated to produce a new vaccination booklet and to sensitize health ministry representatives on HIV stigma. The ministry set up a committee in which NGOs were also represented in order to examine the new vaccination booklet. In March 2001, a new vaccination booklet which did not indicate the mother's HIV status was made public.

By collaborating with other NGOs, designing a new vaccination booklet that does not reveal personal information, and making others aware of the problem, SIYAMU contributed to changes even though the process took a long time.

Ask participants to return to the large group and present the main points of their discussions.

Explain that advocacy is done in different domains and at any time there is a problem to be resolved. Also, advocacy is done to any person or decision-making structure (individuals, families, the population in general, village authorities, cell authorities, etc.).

Ask participants why they think it is necessary to do advocacy to different decision-making structures. After listening to their responses, help them understand that this is necessary because there are decisions made by higher structures that affect lower structures, and decisions made by lower structures that can influence decision making in higher structures. For example, in order to resolve a problem in the education system, it is necessary to advocate at different levels: district, national and international. Advocacy should be done to any persons or institutions involved in making decisions about the problem.

Ask participants to describe how advocacy is done from a practical standpoint.

Some important elements to advocacy are building the capacity of those you advocate for, collaborating with other actors, and collecting the necessary information to fully understand the problem and explain it to others.

Advocacy can be done in three ways: speak on behalf of those affected by the problem, advocate together with those affected by the problem, and help affected people to speak for themselves. These three ways are used in different circumstances (see the chart on page M33).

Advocacy that ends with sustainable solutions will involve people who are affected by the problem. Therefore, it is important to build their capacities so that they can get involved. However, there are cases in which people cannot speak themselves, for instance when they are afraid, or when they are children.

How to conduct advocacy:

- Ask why: Ask yourself the question “why” until you are able to understand the real cause of the problem
- Empower people, so that the powerless can have a voice, and so that those who think they do not have power can realize that they are somehow powerful
- Educate those who have power, and those who do not have power
- Claim the rights of marginalized and neglected people
- Inspire changes with regard to attitudes, practices, structures and policies
- Speak on behalf of the voiceless, and speak in their name

Advocacy strategies:

- Apply pressure
- Explain the problem and raise awareness of concerned people
- Use the media
- Work for a change of policies and practices that will benefit marginalized people

Levels on which advocacy is done:

- International level: external debts, laws governing international trade, sale of weapons
- Continental level: conflicts between countries, laws governing trade
- National level: laws governing medical practices and education, freedom of media and of religion, land rights
- District level: medical and educational activities
- Local level: women and children’s participation
- Family level: who works and who goes to school, how to allocate family resources, women’s responsibilities, household chores
- Between individuals: daily decision making, participation in elections at different levels

Since decisions made at one level can affect people at other levels, it is necessary that advocacy be done at different levels to achieve lasting change. Example, for a given country, external debts can result in a lack of sufficient funds for education and health. Thus, district authorities become unable to ensure primary education for all children. Therefore, if advocacy was done at the district level, no significant change is possible. It is necessary to first address the problem of external debt.

The role of the person who conducts advocacy:

The person conducting advocacy can play different roles depending on the objective. The following are some of the roles that the person conducting advocacy can play:

- Representation: speak on behalf of others
- Assistance: help people make their problem known to the proper authorities
- Mediation: facilitate dialogue between people
- Be a role model: model good practices to decision makers
- Negotiation: agree on a solution that both sides accept
- Encourage synergy: bring people together who have the same problem

Three ways of doing advocacy:

	Speak on behalf of those affected by the problem	Advocate together with those affected by the problem	Help affected people to speak for themselves
Advocacy done by	Experts, NGOs, religious leaders	Interaction between experts, NGOs and local associations	Communities, employees
Main objectives of this type of advocacy	Change laws, decisions or practices	Facilitate access to decision makers Change laws, decisions or practices Strengthen capacities and resources of people affected by the problem	Promote capacity to advocate for themselves
Situation	Problems are examined by other people Sometimes decision makers allow the situation to remain unchanged	Problems are examined by the community Collaboration in planning, resource mobilization and action Other people mobilize resources	Problems are examined by the community Learn by doing There may be external support from the beginning
Advantages	Decision makers are easily reached You easily get complete information	Poor or marginalized people have access to decision makers Acquire knowledge and capacities in advocacy	Empowerment: poor or marginalized people understand that they are capable of bringing about change Sustainable Can reduce inequalities in power
Disadvantages	Strengthens the power of current authorities Can reduce the power of local associations	NGOs risk dominating the efforts Takes longer because all parties must agree on the action before beginning	Lack of information and sufficient means Potential for jealousy and revenge Change can take a long time

Activity 3: Resource mobilization

Estimated time: 45 minutes

Ask participants to describe any resource mobilization methods they are aware of.

Explain that there are methods that are utilized, especially by NGOs, to mobilize resources in order to assist people in need. Resource mobilization can be defined as, “to appeal to the public in order to collect funds or other objects from individuals, businesses, aid organizations or government institutions.”

The following are various resource mobilization methods:

- Contributions from followers (used by churches and religious institutions)
- Contributions to the assistance fund for the vulnerable, taxes (used by state institutions)
- Making a written request to institutions or to individuals
- Organize events such as a sports competition or a festival, then secure sponsorships and charge admission
- Going from door to door
- Organizing a meeting of people from the same region
- Approaching business people and companies
- Asking the population to do community work
- Approaching large-scale farmers
- Asking for aid
- Organizing a *tombola*
- Selling property or other assets to get money

Principles of funds mobilization:

- Exemplify integrity
- Persevere
- Express gratitude
- Make use of any aid received and show the donors how you used it
- Give reports to your donors

Tell participants that resource mobilization is one way to begin to address the problems faced by OVC.

Ask participants to discuss which methods and strategies they could use to assist vulnerable children in their communities.

Remind participants that it is important to first look for aid within their communities instead of waiting for external aid. This shows the organizations that support us that we are committed to participating in the search for solutions to our problems.

Activity 4: Conclusion

Estimated time: 10 minutes

Session 9: Nkundabana Associations

Estimated time: 1 hour, 20 minutes

Session objectives: By the end the session, participants will:

- understand the importance of coming together in associations; and
- understand how they can resolve challenges using the resources at their disposal.

Materials: prepared flipchart paper with the purpose of Nkundabana Associations

Activity 1: Icebreaker

Estimated time: 10 minutes

Activity 2: Nkundabana Associations

Estimated time: 45 minutes

Divide participants into groups of seven to nine people. Make sure that each group has the same number of people. Ask each group to go to a place where the other groups cannot see them and make a line that is longer than any other group's line. Groups can use whatever they have at their disposal to make their line. Everybody in the group should participate in making the line and in determining what to use.

When the groups are finished, measure the length of each line. Ask participants to remain in their small groups to discuss the following questions:

- How did you feel when you were asked to go to a place where the other groups could not see you?
- Were you able to make a long line?
- How did everybody in the group contribute?
- Do we face situations in daily life that are similar to what happened in this exercise? Give examples.
- Is collaboration necessary? If yes, what can we do to promote collaboration?
- What lessons can we learn from this exercise?

Bring all the participants back together. Facilitate a discussion using the following questions:

- Is it necessary for Nkundabana mentors to form associations?
- What would be the importance of forming associations?
- What would be the purpose of such associations?

As a group, read the purpose of Nkundabana Associations. Discuss the steps required to create associations, and how associations work at different levels.

The purpose of Nkundabana Associations is to (a) ensure exchange and mutual support among Nkundabana mentors, which also includes responsibilities for monitoring Nkundabana activities; (b) create structures through which a wide variety of services to OVC can be channeled (this may later include managerial responsibilities); and (c) provide the basis for institutional and organizational strengthening which is very important for the continuity and sustainability of the model.

Activity 3: My corner

Estimated time: 15 minutes

Ask participants to make a circle by holding each other's hands. Ask every participant to choose a corner of the room to move to. They can discuss with other participants, but tell them everybody has to choose a corner. Give them 1-2 minutes, then tell everybody to move toward the corner he or she chose. Participants must continue to hold each other's hands.

After the exercise, facilitate a discussion using the following questions:

- What happened? Did everybody reach the corner that they had chosen?
- What happened to those who didn't reach their corners?
- Do we face situations in daily life that are similar to what happened in this exercise? Give examples.
- What lessons can we learn from this exercise?

Activity 4: Conclusion

Estimated time: 10 minutes

Annex 1: Workshop Attendance List

Title of training _____

Place _____

Date _____

Facilitator _____

	Full name, sex, address and title	Signature
1		
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Annex 2: Pre- and Post-tests

Pre-test

Have you ever participated in a child rights training? If yes, who was the organizer and when?

Do children in Rwanda have rights? If yes, mention those that are the most important according to you.

Do you know of any national or international documents that describe child rights? If yes, which ones?

How do you define a vulnerable child? Which criteria do you use?

Which official documents in Rwanda talk about vulnerable children?

Are you aware of a development plan in your district? If yes, what are the plan's priorities? Are there concrete activities planned for children? If yes, which ones?

Have you ever heard of Nkundabana mentors? If yes, what do they do and who supports them?

Do you know other volunteers who work in your community? If yes, who are they?

Do you know of any local authorities whose responsibilities include children's well-being? If yes, who are they? Specify the administrative level.

If a neighbor's child is regularly beaten, what do you do?

Post-test

According to you, what would be the best way to address children's vulnerability at the levels of family, community and district?

What new knowledge did you acquire from this training?

■ Theoretical knowledge (ideas):

■ Practical knowledge (how to put the ideas into action):

Helpful Active Listening (HAL)

Training of psychosocial workers – facilitator's guide

Introduction

A study conducted and published in March 2006 by ARCT-RUHUKA in collaboration with the National University of Rwanda (UNR) showed that trauma is a serious problem and that it has serious consequences on the person who suffers from it, on the person's family and on the entire country.



Trauma became an issue particularly after Rwanda was struck by the tragedy of genocide in 1994. However trauma also stems from other problems, including terminal illnesses that seriously undermine the health of the affected person as well as that person's family; violence in general, and sexual violence in particular; poor quality education; exile; accidents of all types; and famines.

After realizing the complexity and extent of this problem, ARCT-RUHUKA continued its work of assisting traumatized people to receive emotional support and to recover from the psychological scars of trauma.

To achieve this, ARCT-RUHUKA organizes training sessions for counselors and trauma facilitators. The trauma facilitators support counselors from all levels of the Rwandan population involved in education, justice and health services. They also support various associations, such as associations of child-headed households, widows, people living with HIV and people who have AIDS

It is in this context that, considering the enormous need to address trauma in Rwandan families, this guide was adapted to be used for training psychosocial facilitators.

Target audience

This guide was adapted to be used for training psychosocial facilitators.

Training objective

To provide psychosocial facilitators with knowledge on the prevention of psychological trauma and depression, on the care of traumatized people, and on the rehabilitation of traumatized people.

Session 1: Introduction

Estimated time: 50 minutes

Session objectives: By the end of the session, participants will:

- feel confident about participating in the training;
- set ground rules for the training;
- understand the objectives of the training; and
- have an opportunity to express their expectations for the training.

Materials: flipchart paper and markers, papers or cards of different colors, prepared list of training objectives and agenda on flipchart paper

Activity 1: Icebreaker

Activity 2: Ground rules

Ask participants to make rules to follow throughout the training. Some examples of ground rules could be to respect others' opinions, to actively participate, to switch off mobile phones, or to be on time.

Write the rules on flipchart paper. Display the rules where all participants can see them for the duration of the training.

Activity 3: Training objectives

Present the agenda and training objectives on prepared flipchart paper. Facilitate a brief discussion with participants; ask if they have any reactions, comments or questions about the agenda or objectives.

Activity 4: Expectations

Explain to participants that this exercise will help them express what they hope to have learned by the end of the training.

Ask participants: "What do you want to learn during these ten days?"

Divide participants into groups of four. Ask the groups to spend 10 minutes discussing their expectations for the training, and to write their expectations on cards or pieces of paper (1 expectation per card/paper).

Call the group back together and facilitate a discussion about expectations. As the small groups present their expectations, group similar responses together.

Compare participants' expectations with training objectives. Clarify whether specific expectations will be met or not, based on the training agenda and objectives.

Session 2: Basic Knowledge about Trauma

Estimated time: 6 hours

Session objective: By the end of the session, participants will have a better understanding of trauma.

Activity 1: The past, the present and the future

Divide participants into pairs.

Ask the pairs to tell each other where they were and what life was like for them thirteen years ago; where they are now and what their life is like now; and how he or she expects to live in the thirteen years to come.

After each partner has told his or her story, facilitate a discussion with the larger group using the following questions:

- What is trauma?
- What are symptoms of a traumatized person?
- What is depression?
- What causes trauma?
- What are the consequences of trauma?
- How can we prevent trauma and depression?

Refer to the HAL Syllabus for Participants for information on:

- Definition of trauma
- Symptoms of a traumatized person
- Definition of trauma crisis
- Difference between trauma and traumatic crisis
- Causes of trauma
- Consequences of trauma
- Prevention of trauma and traumatic crisis

Session 3: Basic Assistance to a Traumatized Person

Estimated time: 6 hours

Session objectives: By the end of the session, participants will:

- know what basic assistance is needed by a traumatized person;
- know how to provide emotional support to a traumatized person; and
- be better listeners.

Activity 1: At the market

Prepare two participants in advance to perform two short plays for the entire group.

First play

Two people meet and immediately, without greeting each, begin telling their problems to each other. They stand facing each other, but they speak at the same time, they speak incoherently, and neither one is interested in what the other one is saying.

Second play

Two people meet and greet each other. One person begins to tell a story, but the other person does not listen. Instead, the other person also starts telling a story. Neither one is listening to the other.

Facilitate a discussion using the following questions:

- What happened in the first play?
- What happened in the second play?
- Do such things happen in real life?
- Why do such things happen in real life? Is it good or bad?
- What characterizes a bad listener? What characterizes a good listener?

Summarize the main points:

- What good listening means
- Techniques for good listening

Activity 2: Good listening role play

Prepare two participants in advance to perform the following play

A person showing signs of sadness due to the death of a loved one comes to a counselor for help. The counselor assists him or her by following good listening techniques.

Activity 3: What prevents us from listening well

Prepare two participants in advance to perform the following play:

A person is telling a counselor about a serious housing problem he or she is having. The counselor does not have time to listen to the problem because he or she is working on another project. While the first person is speaking, the counselor is taking phone calls and reviewing files. Finally the counselor responds by speaking harshly, shouting orders, and showing contempt for the person for not being able to solve the problem by him or herself.

Facilitate a discussion using the following questions:

- What happened in the play?
- How did each person in the play behave?
- What were the obstacles the counselor faced when providing assistance?
- Does this ever happen in real life? Give examples.
- What can we learn from this play?
- What should we do to ensure that something like this does not happen?

Active listening is the foundation of basic assistance to people who have been traumatized for any reason. However, particular assistance may be provided depending on the cause of a trauma. For example, a rape survivor or an HIV-positive person will require special consideration.

Activity 4: Calm down

Prepare two participants in advance to perform the following play:

A person who has been traumatized is shouting and calling for help. The person appears very frightened, and sees things that other people do not see. He or she tries to run away. The counselor provides assistance according to the techniques learned in this session.

Refer to the HAL Syllabus for Participants for information on:

- Definition of active listening
- Methods of active listening
- Ways to inspire confidence in the speaker
- Key elements to notice while listening
- Potential obstacles to active listening
- How to help a person in crisis

Session 4: Sadness and Mourning

Estimated time: 6 hours

Session objective: By the end of the session, participants will increase their capacity to cope with sadness and mourning, as well as to help people who are sad and/or mourning.

Activity 1: How do I live with sadness?

Ask participants if it is easy to live with sadness. Ask for volunteers to share with the group what they feel inside and what thoughts they have when they are sad.

Ask participants to write their answers to the following questions on a sheet of paper.

- What causes me to be sad? When? Where? In which circumstances?
- How do I behave when I am sad?
- When I am sad, what is the impact of the sadness on my life? What is the impact on the people around me?
- How have I accepted sadness in the past? How did I behave? What consequences did this have on me?
- In my opinion, is there something I can change about how I cope with sadness?

Activity 2: The feelings I accept and the feelings I avoid

Explain to participants that this activity will help them commit to undertaking a journey through their heart. The purpose of the journey is to get rid of blockages caused by sadness, and to be able to help others use their personal experiences to become better counselors.

Ask participants to write their answers to the following questions on a sheet of paper.

- What feelings do I accept regarding relatives who are dead?
- What feelings do I avoid regarding relatives who are dead?
- What feelings do I wish to develop in me in order to enjoy a sweet life and to enable others to do so?

Ask for volunteers to share their answers with the group. Facilitate a discussion on the themes that emerge.

Refer to the HAL Syllabus for Participants for information on:

- Definition of mourning
- Ordinary grief
- Recurring grief
- How to assist a grieving person

Session 5: Trauma, Growth and Psychological Development

Estimated time: 6 hours

Session objectives: By the end of the session, participants will:

- increase their knowledge on child development, puberty and adolescence;
- understand the role that adults play in children’s development, and in helping children cope with trauma; and
- increase their capacity to provide assistance to adolescents who cope with trauma.

Activity 1: Physical and psychological development

Divide participants into three groups. In groups, participants discuss different child development stages and the activities that characterize each stage.

- Stage 1: From birth to three years
- Stage 2: From three to six years
- Stage 3: From six to twelve years

Activities that characterize each stage:

- Physical development
- Intellectual development
- Psychological development
- Social development

Activity 2: Trauma, physical & psychological development of male and female adolescents

Usually, adolescence is defined as the period between eleven and twenty years of age. In reality, this age range differs according to culture, living conditions, and other factors. It is possible to enter adolescence earlier or later than eleven years, and puberty can last for a shorter or longer period of time.

In Rwanda, for instance, poverty or orphanhood causes some children to not go through this period as they normally should. There are even those who practically do not enter this period at all because of the enormous responsibilities they bear.

We can say that adolescence is the period when a person makes the transition from being a child to being an adult. Physical changes accompany behavioral changes, which can result in conflicts between the adolescents and other people.

Therefore, even if a child did not experience trauma before, adolescence is often characterized by positive or negative behavior changes, particularly when the child enters puberty.

Activity 3: Physical changes in male and female adolescents

Divide participants into small groups to discuss what physical changes take place in boys and girls during adolescence and puberty.

Since adolescence marks the end of childhood and the beginning of adulthood, male and female adolescents’ bodies are becoming capable of reproduction. Hormones play an essential role both in physical changes as well as in emotional changes.

Activity 4: Forgiveness during childhood

Facilitate a discussion using the following questions:

- As a child, how did you cope with a situation in which your rights were deprived?
- When you were a child how did your parents behave when you made mistakes? Did they punish you? Forgive you? Hold a grudge?
- Did your parents' behavior change during your adolescence? When you were a young adult?
- How did your parents behave when they realized they had punished you unjustly? Did they admit their mistake? Did they ask for your forgiveness?
- How did your parents behave if your family had been treated unjustly? What would they say about it at home, or to close relatives? What would they say to neighbors and friends? What would they say in the sector or in the district? What would they say at the church or mosque or elsewhere?
- When you consider your past, how have you learned to behave regarding forgiveness?

Refer to the HAL Syllabus for Participants for information on:

- Growth and psychological development of children
- Growth and psychological development of adolescents
- Trauma in children and adolescents

Session 6: Trauma and Violence

Estimated time: 6 hours

Session objectives: By the end of the session, participants will:

- be able to discuss different types of violence; and
- increase their capacity to prevent violence and counsel people who are traumatized by violence.

Activity 1: Violence in the household

Prepare four participants in advance to perform the following play:

A man returns home after being out at a bar all night. He is clearly drunk, and is speaking loudly, slurring his words, and ready to fight. His young child comes up to greet him, but the man beats and insults the child, saying she is stupid like her mother. Another child arrives with some flour he just bought at the market. The man beats this child as well, and the flour is scattered all over the ground. The man's wife, who was in the kitchen, enters the room. He beats her as well, and the clay pot she was carrying shatters on the floor. The man asks his daughter to prepare his bed for him. Once they are in the bedroom, he rapes his daughter.

Facilitate a discussion using the following questions:

- Do such things happen in real life? Give concrete examples.
- What can we learn from this play?

Refer to the HAL Syllabus for Participants for information on:

- Violence
- Rape

Session 7: HIV/AIDS

Estimated time: 20 hours

Session objectives: By the end of the session, participants will:

- increase their knowledge of HIV/AIDS; and
- increase their capacity to provide assistance to people who have HIV or AIDS.

Activity 1: You can't test it with eyes

Prepare enough small pieces of paper for every participant and facilitator; write a minus sign (-) on 75% of the papers, and write a plus sign (+) on 25% of the papers. Fold the papers in half.

Allow each person to randomly choose a folded piece of paper. They should not open the paper, but should begin greeting each other.

After each person has greeted at least four or five people, everyone should read what is written on their paper. The people who have papers with a plus sign should move to one side of the room. Anyone who is remaining who greeted a person with a plus sign should also move to that side of the room. Anyone who is remaining who greeted someone on that side of the room should also join them. Count the number of people who remain.

Facilitate a discussion using the following questions:

- In the exercise, how many people were contaminated by only one person?
- How many people were not contaminated?
- What can we do to prevent the spread of HIV in our community?

This exercise shows that one cannot tell whether someone is HIV-positive just by looking at a person. Thus, people can infect others without knowing it; one person could potentially infect many people.

Activity 2: Yes/No

Ask participants to stand in two lines. One line is the 'yes' group and the other line is the 'no' group.

Ask participants how they ended up in either line. How do participants feel about being in the 'yes' group or the 'no' group? What impact can these feelings have on a person?

Refer to the HAL Syllabus for Participants for information on:

- Background on HIV/AIDS
- Definition of terms
- How HIV is transmitted
- How HIV affects the human body
- HIV/AIDS prevention
- HIV/AIDS and behavior
- Sexually transmitted infections (STIs)

Activity 3: Assistance to HIV-positive people

The overall objective of the home visit is to provide basic assistance and counseling, aiming at helping people living with HIV/AIDS to be in harmony with their households' and community members, so that the latter can integrate and assist them

The overall objective of the home visit is to provide basic assistance and counseling, in order to help people living with HIV/AIDS to be in harmony with their households and community members, so that the latter can integrate and assist people who are living with HIV/AIDS.

Specific objectives include:

- Sensitize households about HIV/AIDS
- Help the HIV-positive person to regain trust in him or herself, and trust in the assistance provided to him or her by family members
- Provide the HIV-positive person with basic physical assistance
- Help the HIV-positive person to identify and use available local resources
- Help the HIV-positive person to share personal important information with his or her family
- Help family members to understand HIV/AIDS
- Provide basic care to a person who has AIDS

Refer to the HAL Syllabus for Participants for information on:

- Home visits
- Signs of trauma common to people infected with HIV
- Assistance to family members

Session 8: Bequests & Successions

Estimated time: 4 hours

Session objectives: By the end of the session, participants will:

- understand what bequests and successions are; and
- be able to guide others in making bequest and successions.

Activity 1: I am going on a journey

Ask participants to stand up and form a circle. One person begins by mentioning one object that they would take if they were going on a journey. The person to the left repeats the item mentioned by the first person, then adds another item to the list. The game continues until every participant has added an item to the list.

Ask participants what they can learn from this exercise. Explain that before going on a journey, it is important to get one's affairs in order and remember important things.

Activity 2: Planning for the future

Divide participants into pairs to discuss the following questions. First one person answers all of the questions while the other listens, then they switch roles.

- Who would you like to talk to before going on a journey?
- What would you tell each person you've just mentioned?
- With whom would you trust your property if you were going on a journey?
- How would you ensure that your property would be well-kept?

Bring the larger group back together for a plenary discussion.

Explain that if you do not organize your affairs in advance, you may unintentionally leave behind problems for others to cope with that could have been settled before your death. It is appropriate for bequests to be made in advance of one's death in order to psychologically prepare your beneficiaries for what will come. This will help to prevent trauma or conflicts among your heirs after your death.

Refer to the HAL Syllabus for Participants for information on:

- Basic concepts and principles
- What succession is
- Types of succession
- Legal heirs
- Succession of common property of spouses
- Liquidation and partition of property to be inherited
- Writing a will

Session 9: Memory Box

Estimated time: 2 hours

Session objective: By the end of the session, participants will be able to assist others to create a Memory Box.

Activity 1: Creating a Memory Box

The purpose of a Memory Box is to preserve personal and family memories after the death of a loved one. A Memory Box can include any or all of the information below. It can also include items such as common sayings the person was known for, photographs, artwork, or anything else that will help others to remember the person after he or she is gone.

Your family

- How and where you were born
- How many siblings you have
- How you have changed since you were a child
- What you remember about your family
- Your curiosity about the future
- Main events in your life to be remembered
- Close relatives and other people who are important to you
- Values that are important to your family

Your childhood and development

- Your schooling
- The subjects and teachers you like best
- Work you did when you were growing up
- Your leisure activities
- Your talents and favorite activities
- What you like and what you do not like
- Your outlook on life; your principles and beliefs
- Important events
- Customs and taboos in your household or in your family

About your mother

- Name and nickname
- Nationality
- Date and place of birth
- Your mother's schooling
- Your mother's professional life
- Your mother's personal life
- Your mother's family and friends
- What she used to do and what she does
- What your mother likes and what she does not like
- Your mother's talents
- Your mother's outlook on life; her principles and beliefs
- What you remember the most about your mother
- Other things you remember about your mother

About your father

- Name and nickname
- Nationality
- Date and place of birth
- Your father's schooling
- Your father's professional life
- Your father's personal life
- Your father's family and friends
- What he used to do and what he does
- What your father likes and what he does not like
- Your father's talents
- Your father's outlook on life; his principles and beliefs
- What you remember the most about your father
- Other things you remember about your father

Helpful Active Listening (HAL)

Syllabus for Participants



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Introduction

No one can minimize the serious trauma that resulted from the genocide perpetrated against Tutsi that ravaged Rwanda in 1994. In addition to the genocide, Rwandans also face trauma due to other problems that existed before and after the genocide. Faced with the magnitude of the situation, ARCT-RUHUKA vowed to help trauma victims recover from their emotional and psychological injuries and regain their peace of mind.

To reach this goal, ARCT-RUHUKA developed a curriculum to train social workers on how to provide basic psychological counseling to victims of trauma and trauma crisis and to refer them, where appropriate, to specialized trauma counselors who specialize in trauma-related matters.

This training material was prepared by ARCT-RUHUKA. It is based on expert research, and supplemented by the experience of ARCT-RUHUKA's trauma counselors in their daily work with victims of trauma. This training is subject to review whenever necessary. We support all those wishing to contribute to developing and expanding the body of knowledge on trauma.

Chapter 1: General Knowledge on Trauma

1.1. Definition of trauma

Trauma means any change affecting a person's attitude, behavior, capacity to act or way of thinking due to experiences or situations faced, heard or witnessed, for which a person has been either a perpetrator or a victim, and which exceed the natural human capability to overcome the extraordinary problems that people face in life.

1.2. Symptoms of a traumatized person

When our body is affected by trauma, it weakens. Such weakness can be seen through various signs such as the following:

1.2.1. Emotional symptoms

- Extraordinary fear
- Exaggerated anger
- Insensitivity to emotions
- Denial of the facts concerning the causes of trauma
- Aggressiveness
- Despair
- Hyper-arousal
- Self-judgment or guilt
- Unusual silence
- Logorrhea (talking about everything and nothing without stopping)
- Weeping
- Feeling of void
- Permanent sadness
- Chronic grief ("sadness high")
- Lack of concern; not worried about anything
- Failure to understand the situation
- Sense of vengeance
- Isolation
- Self-hate
- Thinking obsessively about one's life (focus exclusively on oneself and ignoring other people and things)
- Avoidance of things, thoughts and places likely to remind them of the traumatic event

1.2.2. Symptoms that recall traumatic memories

- Nightmares
- Feeling sensations similar to what was experienced
- Reliving traumatic events as if they were really happening through thoughts, dreams, flashbacks or hearing voices
- Constant feelings of despair and insecurity
- Memories of stressful events and/or traumatic facts (e.g. dates, places, surprising noises)

1.2.3. Physical symptoms

- Psychosomatic disorders, e.g. incurable headaches, stomach pain, heart attacks, lack of oxygen, vomiting, insomnia, agitation, weight loss or weight gain, change in menstruation for females, spinal pain

1.2.4. Behavioral and socio-emotional symptoms

- Withdrawal and isolation from other people
- Poor relationships with others (e.g. can't be trusted, more aggressive than usual, despair)
- Childish behavior
- Self-hatred leading to suicidal feelings
- Children become uncontrollable (delinquent, live on the streets, drop out of school, engage in prostitution)
- Drug addiction
- Irresponsibility
- Unusual sexual behavior

1.3. Definition of trauma crisis

A trauma crisis is a normal reaction to abnormal events. That reaction is due to a trigger. At that time, the person re-experience traumatic situation. A crisis is a normal behavior caused by unusual problems, causing a person to re-experience, by seeing or hearing as if they were really happening, the events that led to his or her injury. In most cases, this is due to an outbreak. The victim adopts a behavior that others fail to understand.

1.3.1. Symptoms of trauma crisis

- Panic attack
- Seeing images and hearing voices related to traumatic experiences
- Frequent loss of consciousness
- Fainting
- Having creepy-crawly feelings
- Hiccups
- Staring wide-eyed
- Unusual deep sleeping or insomnia
- Weeping
- Fighting reactions for self-defense
- Agitations
- Actions recalling the traumatic events (e.g. hiding, imitating voices, crying, asking for mercy, calling for help)
- Fast heartbeat
- Running away screaming
- Breathing hard or stop breathing

1.4. Difference between trauma and traumatic crisis

In principle, there is no significant difference between trauma and traumatic crisis because a traumatic crisis occurs in a person who is already experiencing trauma. A traumatic crisis usually follows an outbreak; the victim shows signs that are easily visible to others. Trauma is lived permanently, to such an extent that outsiders may not be able to detect the problem.

1.5. Causes of trauma

Trauma can be caused by natural causes or human activity.

■ Examples of natural causes include:

- ❖ Earthquakes
- ❖ Hurricanes
- ❖ Floods
- ❖ Drought
- ❖ Serious illnesses such as cancer or HIV
- ❖ Death
- ❖ Volcanic eruptions

■ Examples of human activity include:

- ❖ War
- ❖ Genocide
- ❖ Poor living conditions
- ❖ Violence
- ❖ Stress within households
- ❖ Murder
- ❖ Poor education

1.6. Consequences of trauma

■ On an individual

- ❖ Poverty
- ❖ Poor health
- ❖ Ignorance
- ❖ Living in fear or with a sense of anguish
- ❖ Feeling of void or emptiness
- ❖ Loss of self-confidence
- ❖ Aberrant behavior (e.g. revenge, drug addiction, rape, murder, prostitution)
- ❖ Paranoia
- ❖ Emotional sensitivity

■ On the family

- ❖ Delayed development of the family
- ❖ Conflict in the household
- ❖ Break-up of households
- ❖ Chronic stress
- ❖ Poor relationships with other families (e.g. false accusations and suspicions)
- ❖ Children do not have good role models in their homes

- On the country
 - ❖ Slows development because it damages the country's labor force
 - ❖ Insecurity: suspicion, conflict and revenge
 - ❖ Delayed efforts at unity and reconciliation
 - ❖ Large number of vulnerable patients
 - ❖ Loss of confidence by foreign donors and investors

1.7. Prevention of trauma and traumatic crisis

1.7.1. How to protect against trauma

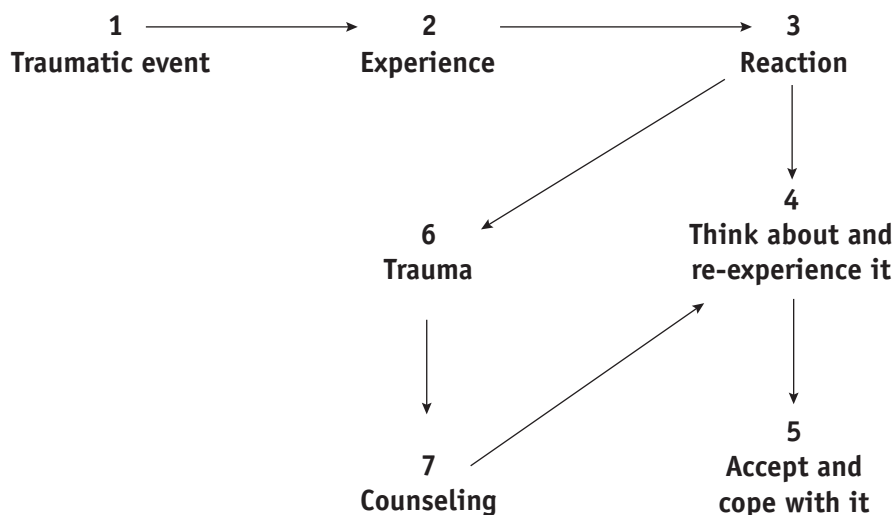
- Respect human rights
- Promote good relations among and within nations
- Enhance the positive aspects of Rwandan culture (e.g. respect for life, respect for taboos)
- Seek psychological counseling before a crisis becomes unmanageable
- Educate people about trauma

1.7.2. How to prevent traumatic crisis

- Provide timely counseling services
- Sensitize people on difficult activities or situations ahead (e.g. mourning, volcanic eruptions, de-mining operations, cleaning weapons)
- Distance oneself from genocide commemoration if one feels vulnerable to crisis

Conclusion

This chart show that those who have been traumatized need regular active listening. After we have listened to them carefully we must, if necessary, refer them to a trained trauma counselor.



1 2 3 4 5 = ordinary process

1 2 3 6 7 4 5 = process experienced by a traumatized person

Chapter 2: How to Perform Helpful Active Listening

2.1. Definition of helpful active listening

Helpful active listening involves careful listening to the person who is speaking, giving special attention to what he or she says, without the listener being affected by his or her own personal problems.

2.2. Methods of helpful active listening

- Empathize with the speaker; try to put yourself in his or her body to try to understand what he or she is going through. Put yourself in the world of the client without being influenced by your own problems. However, remember that you can never fully know what the other person is experiencing.
- Repeat what the person is saying using your own words to show that you are listening carefully. You can use your own expression, when repeating. Pay attention to his/her feelings and emotions.
- Use open and closed questions:
 - ❖ Closed questions: can be used at the beginning of the counseling sessions for some basic information, but its better to avoid them in the following steps, because they prevent the client from expressing his or her true feelings.
 - ❖ Open questions: allow the client to freely express him or herself.
- Provide the speaker with a lot of 'space' to express him or herself. Ask open-ended questions.
- Respect the speaker's silence: There are two types of silence: active and non-active silence. Respect active silence, because it allows the client to reflect. Break non-active silence that often happens to adolescents.
- Encouragement: Use non verbal communication like body language and posture, and verbal communication to show the client that you are listening to him or her; this encourages him or her to talk and to cooperate.
- Summary: Use the summary to identify and to put together themes that were developed by the client; also use it to verify that you understood the main points of the client's story. Be brief. Repeat the speaker's main points after he or she is done talking. The summary is used at the middle and at the end of the session, as well at the beginning when it is not the first meeting. Begin the next conversation by reviewing the main points of the previous conversation. You can also summarize when a story becomes too long or confusing.

2.3. Conditions of helpful active listening

- Practical Conditions
 - ❖ Intimacy
 - ❖ Comfort
 - ❖ Equipment
 - ❖ Time
 - ❖ Note-taking
- Physical Conditions
 - ❖ Position of chairs
 - ❖ Seating arrangement
 - ❖ Open posture
 - ❖ Look
 - ❖ Be relaxed (physically and mentally)
 - ❖ Be healthy
 - ❖ Use the same language

2.4. What to pay attention to

- Context
- Emotions and feelings
- Way of speaking
- What is not said and what is half said
- Silence
- Non-verbal communication
- Attitude, reaction and mind set during the session
- Contradictions

2.5. Potential obstacles to active listening

- Issuing orders
- Threatening or impairing the security of the client
- Being overly willing to please the client
- Monopolizing the conversation
- Dictating advice and suggesting solutions
- Judging or blaming the client
- Not taking the client seriously
- Criticizing
- Harshly interrogating the client
- Preaching
- Insulting the client
- Mis-representing the client by filling in information that was not reported
- Being distracted

2.6. How to help a person in trauma crisis

- Isolate the person from others; bring him or her to a private place
- Stay close to the person
- Give the person an opportunity to express his/her memories, feelings, sadness, fear and anger
- Help the person understand what he or she is experiencing at the moment
- As a person in trauma crisis loses a lot of energy, give him an opportunity to rest by respecting his silence and sleep. When awake, explain to him the reason for his behavior during the crisis and let him know that that could happen again when there a stimulus.
- Sensitize the person on the importance ongoing counseling in order to cope with his traumatic situation
- Allow the person to be silent if he or she wishes
- Encourage the person to seek care from a trained trauma counselor and to accept psychological guidance

Chapter 3: Grief and Mourning

3.1. Definition of mourning

Ikiriyo is a Swahili word for 'crying.' In Kinyarwanda we use the term *icyunamo* (mourning).

Mourning refers to the period of tears and sorrow experienced when we remember the loss of our beloved ones. Mourning takes place in various steps, and ultimately results in closure.

Mourning is necessary because it enables a person to recover from the grief caused by the loss of a loved one, as well as regain one's strength and positive outlook on life.

Mourning is a process that needs to be completed in order to help survivors completely regain their well-being. Mourning is a painful and uncertain process, but is important to know that everyone has the inner capacity to go through that process, if socially supported. Mourning is a path along which one walks without knowing clearly what one will encounter.

3.1.1. Mourning process

As mentioned above, mourning is a period of recollection and sorrow that takes place in stages. It needs to take long enough so that it is successfully completed. The duration of the mourning process is different for individuals; it can take more or less time, depending on various causes.

There are four important stages in the mourning process:

- Confusion and denial of the death; the process is characterized by some symptoms such as: shock, insensitivity, overwhelming grief, fear, not knowing what to do, insomnia and sadness
- Accept the reality of loss; this is the longest stage, and includes symptoms such as despair, sadness, isolation and guilt
- Adjust to an environment where the lost person is absent; people get used to the loss differently, depending on the quality of the relationship they had and the type of care and support they receive from the society
- Withdraw emotional energy, and reinvest in new relationships.

3.2. What is grief?

Grief is a great sadness caused by the loss of human lives, or the loss of material goods that can never be recovered. In Rwandan culture, it is generally believed that sadness is a deep emotion. This is evidenced by these proverbs:

- *Agahinda k'inkoko kamenywa n'inkike yatoreyemo.*
- *Agahinda gashira akandi kagondora.*
- *Agahinda si uguhora urira.*

These proverbs show the seriousness of grief. We should not abandon a saddened person; rather, we should stay close to them, listen to them, and help them express and communicate their feelings of sadness.

3.2.1. Ordinary grief

3.2.1.1. What is ordinary grief?

Grief is a great sadness caused by the loss of human lives, or the loss of material goods that can never be recovered.

3.2.1.2. Process of ordinary grief

As mentioned above, mourning is a period of recollection and sorrow that takes place in stages. The length of the path to closure is different for everyone; it can take more or less time for certain people, depending on a number of variables. Everyone has the capacity to recover from sadness. Acceptance of pain is an important step in the healing process.

There are four main stages in the mourning process.

- Confusion, and denial of the death; some symptoms include shock, insensitivity, overwhelming grief, fear, not knowing what to do, insomnia and sadness
- Acceptance of death, and grieving; this is the longest stage, and includes symptoms such as despair, sadness, isolation and guilt
- Try to fill the gap left by the lost loved one; people get used to loss differently, depending on the amount and type of support they receive
- Re-gain hope for the future

3.2.2. Factors likely increase the degree of grief

Grief manifests itself in different degrees of seriousness depending on one's relationship with or attachment to the lost person or property. The degree of seriousness can also be based on one's personality education as well as personal experience.

3.2.2.1. Loss of people

Grief due to death is very deep because death is final and people are irreplaceable. Losing a parent is different from losing a neighbor. When you lose a parent you lose life, hope, love and culture. When you lose a neighbor, you lose strength, friendship and assistance.

3.2.2.2. Being deprived of property (e.g. house, land)

It is human nature to grieve for lost property.

3.2.2.3. Perception of the cause of death

- Death from HIV/AIDS
- Death from abortion
- Death from suicide

3.2.2.4. Relationship with the deceased person

- When you relied on the dead person for support, you feel completely abandoned
- When you had a conflict with the person, you have a feeling of guilt and ambivalence

3.2.2.5. Type of death

- Sudden death
- Failure to recover the body of the deceased
- Failure to bury the body of the deceased
- Loss of many persons at once
- Witness the horrible death of a close relative
- Lack of support while grieving

3.2.3. Complicated grief

Recurring grief occurs when a person is unable to appropriately complete the grieving process during ordinary grief for reasons that are beyond his or her control.

3.2.3.1. Types of complicated grief

There are four types of complicated grief

- Chronic grief: Chronic grief continues year after year, as if it was permanent resulting in feeling isolated, and feeling that one will never be happy.
- Belated grief: Sometimes one loses a relative, but is not able to mourn them properly at the time of their death. Gradually, the sadness becomes hard to contain and one feels the pain belatedly.

Characteristics of belated grief:

- ❖ Being unable to speak of the deceased without feeling deep sadness again
- ❖ Any reference to the death, no matter how little, causes sadness
- ❖ Constantly referring to death
- ❖ Taking care of the deceased person's belongings as if he or she was still alive
- ❖ Showing symptoms similar to those of the illness that killed his or her loved one
- ❖ Keeping away from people who had a relationship to the deceased
- ❖ Belief that one is incapable; a feeling of low self-worth
- ❖ Wanting to emulate the behavior and practices of the deceased
- ❖ Extreme fear of what killed the deceased
- ❖ Avoiding ceremonies related to death (e.g. visits to the tomb, funerals)

■ Profound grief is characterized by:

- ❖ Extreme fear
- ❖ Permanent fear of death; being conscious of one's death drawing nearer
- ❖ Feelings of guilt for having played a role in the death of the deceased
- ❖ Referring to the deceased as a saint
- ❖ Feeling that one can never be happy

■ Hidden grief can manifest itself through physical ailments, stomach aches, headaches, changes in menstruation for women, presenting signs similar to those of the disease that killed the loved one or feeling that one will die of the same illness, negative behavior changes, isolation or self destruction.

3.2.4. How to assist a grieving person

To help a person with ordinary grief or recurring grief the following are needed:

- Welcome the person
- Calm the person down
- Actively listen to the person
- Reassure the person
- Identify the problem and the steps of grief that are have not yet occurred
- Explain the relationship between what he is experiencing and his past
- Refer the client to more skilled people for the support

Conclusion:

The commemoration of the mourning in the memory of the victims of the genocide perpetrated against Tutsi in Rwanda is part of the mourning process and one way of dealing with grief.

Mourning is part of the culture; it is a remedy and an obligation towards our deceased people. Rwandan culture sees mourning as something painful and this is expressed in various proverbs, such as:

- *Agahinda k'inkoko kamenywa n'inkike yatoreyemo* (Literally, someone's sadness is known by those who live with him)
- *Agahinda gashira ibagara akandi kagondora* (Literally, the sadness ends when another one starts)
- *Agahinda si uguhora urira* (You can suffer from sadness even when you don't cry).

The proverbs mentioned above are proof of the seriousness of grief. So, you have to be near the victims of grief and to listen carefully to them rather than to abandon them. This will give them an opportunity to express their emotions.

Chapter 4: Trauma, Growth and Psychological Development

4.1. Growth and psychological development of children

4.1.1. Birth to three years

- Physical growth
 - ❖ Weight and size increase rapidly
 - ❖ Sensory organs develop considerably
 - ❖ Child becomes mobile
 - ❖ 1 month old: displays walking reflexes when held
 - ❖ 7 to 10 months: begins crawling
 - ❖ 13 to 17 months: begins standing, walking and grabbing objects
- Intellectual development
 - ❖ Child expresses its needs through sensory organs until 2 years old (sensory-motor period)
 - ❖ Learns to speak
 - ❖ Can give value to self
 - ❖ Can distinguish good from evil
 - ❖ Can distinguish people from objects
- Emotional and psychological development
 - ❖ Can take care of self, keep self clean
 - ❖ May give, receive, please and provoke anger
 - ❖ Becomes autonomous (from 1 to 3 years); occasionally shy or doubtful
 - ❖ Begins to have conflicts with parents
 - ❖ From 0 to 1 year, a child builds hope when he or she has been well cared for; when child is not well cared for, the opposite occurs
 - ❖ When a child's autonomy is not well-managed, the child might have difficulty defending him or herself or might be afraid to fail
- Relationships with others
 - ❖ Certain types of behavior, such as laughter, touch, crying and imitation can enhance the relationship between a child and his or her parents.

4.1.2. Three to six years

- Develops physically
- Egocentric, demands attention
- Curious, wants to learn
- Recognizes self
- Acts in self defense
- Distinguishes truth from lies
- Begins to develop relationships with children the same age
- Affirms self
- Knows/is aware of its sex

4.1.3. Six to twelve years

- Knowledge develops and expands
- Begins to develop relationships with people that he or she chooses
- Accepts reality and agrees to be reprimanded
- Committed to activities that he or she values
- When a child is well cared for, the child is hopeful and can build good relationships. When a child is not well cared for, it may suffer from trauma.

4.2. Growth and psychological development of adolescents

4.2.1 Puberty

Usually, adolescence is defined as the period between eleven and twenty years of age. In reality, this age range differs according to culture, living conditions, and other factors. It is possible to enter adolescence earlier or later than eleven years, and puberty can last for a shorter or longer period of time.

In Rwanda, for instance, poverty or orphanhood causes some children to not go through this period as they normally should. There are even those who practically do not enter this period at all because of the enormous responsibilities they bear.

We can say that adolescence is the period when a person makes the transition from being a child to being an adult. Physical changes accompany behavioral changes, which can result in conflicts between the adolescents and other people.

Therefore, even if a child did not experience trauma before, adolescence is often characterized by positive or negative behavior changes, particularly when the child enters puberty.

4.2.2. Changes during puberty

Since adolescence marks the end of childhood and the beginning of adulthood, male and female adolescents' bodies are becoming capable of reproduction. Hormones play an essential role both in physical changes as well as emotional changes.

Physical signs of puberty:

Boys

Growth of genitals
Voice becomes deep
Facial hair, pubic hair and armpit hair
Ejaculation at night (wet dreams)
Muscle growth
Chest growth

Girls

Growth of genitals
Begin to menstruate
Ovaries and uterus develop
Size of the pelvis increases
Voice changes
Growth of breasts and appearance of pubic hair

Because of these physical changes – some of which are very visible – adolescents often feel self-conscious, and are often filled with conflicting emotions. It is also common to notice behavioral changes such as the following:

- Narcissism: overly concerned with appearance
- Feeling in conflict with elders (e.g. no longer likes school)
- Egocentrism: craves attention from others, especially peers
- Becomes concerned with cleanliness and hygiene (e.g. cuts one's nails and cleans them regularly, gets a trendy haircut, takes a long time to get ready in the morning)
- Prefers to associate with peers but not others

- Stays away from parents and adults
- Begins to assert self more and starts looking for girlfriends or boyfriends
- Protects their privacy
- Wants to be independent and self-sufficient
- Ambivalent
- Likes to experiment, sometimes in the context of sexual relationships
- Worries about the future
- Feels isolated and lonely
- Criticizes others
- Curious, especially about other people's relationships, and especially about sexuality
- Shapes identity or personality (e.g. explores feelings about religion)

Adolescents' personalities are influenced by the environments and communities in which they live. Therefore, we must serve as examples or role models for children. Also, we must prepare them for puberty and the changes they will face during puberty.

4.3. Trauma in children and adolescents

4.3.1. Signs of trauma in children

- Continuous crying for a long period of time for no justifiable reason
- Lack of appetite
- Difficulty sleeping
- Fear of people
- Does not show love
- Does not develop normally, either physically or intellectually
- Thumb-sucking
- Bed-wetting or other complications with elimination (i.e. urination or defecation)
- Aggression with other children
- Poor performance at school
- Refuses to go to school
- Always claims to be sick
- Does not want to talk to anyone
- Change in attitudes and behaviors (e.g. telling lies, stealing, using drugs)
- Eating disorders (e.g. overeating, rumination of food, taste perversion (pica), irrepressible need for drink (potomania))
- Speech disorders (e.g. unusual silences, belated speech, stutter)
- Unusual fears or anxieties (e.g. fear of death, fear of open spaces, fear of water)
- Extreme emotional pain (e.g. depression leading to hospitalization)

4.3.2. Signs of trauma in adolescents

Teenagers experience trauma when they have problems in their lives that affect their growth and psychological development. In general, adolescents who grow up under normal circumstances also have problems in their relationships because of changes that take place during puberty.

Some signs of trauma in adolescents:

- Isolation: has few friends, not open, very egocentric both at school and at home, usually because they do not have role model to follow (e.g. when orphaned at a very young age)
- Regression: thinks like a child, has no patience, is unable to make decisions
- Decline in school performance: trauma causes adolescent to always focus on him or herself
- Susceptible to peer pressure: could lead to aberrant behavior such as vagrancy, prostitution, drug use; these behaviors are a way of hiding the fact that his or her personality is not solid
- Exaggerated independence: some adolescents leave their foster families or refuse to go to school
- Recurring or belated grief (e.g. at school, an orphan becomes sad when he or she sees other students receiving visits from their parents)

4.3.3. Factors likely to increase the degree of trauma in children and adolescents

- Age of the trauma outbreak (e.g. a young child does not have the intellectual capacity to cope with trauma)
- Lack of social support from neighbors and relatives (e.g. a child who has received affection and other support such as education will experience less trauma than a child who has not been supported)
- The child's beliefs and faith (e.g. a child's belief in God can help him or her cope)
- The child's personality (e.g. trauma increases for a person who is usually pessimistic, and is less severe for a person who is usually optimistic)

4.3.4. How to prevent trauma in children and adolescents

- Teach children about the different stages of growth to help them better understand their life experiences and how they change throughout their childhood
- Respect children's dignity through both words and deeds
- Help children to understand the laws that affect them; children can feel overwhelmed by the complexity of laws, or they may be unaware that certain laws exist

4.3.5 How to help a traumatized child

The crucial step is to identify children who are in need of special assistance. Children are divided into three age categories: infants; children aged three to six years who are ready for preschool; and children of primary school age. Trauma can affect their lives, their thoughts and behavior.

- Develop a close relationship with the child
- Remind the child of his or her worth
- Share meals together
- Talk about close relatives that the child has lost
- Tell the child the truth

- Listen
- Play games such as dancing, singing or drawing
- Encourage the child to tell stories or write in a journal
- Find opportunities for the child to spend time with other vulnerable children
- Create a memory book

4.3.6. How to help an adolescent in traumatic crisis

As discussed above, adolescence itself a 'crisis.' Ordinary adolescents as well as those who have been traumatized are all in need of assistance. All adolescents need

- Active listening and attention
- Close relationships
- Participation in decision making, as adolescents become more independent; avoid giving orders to traumatized adolescents so as not to aggravate the crisis
- Dances, songs and games can be used to help externalize opinions; relaxation exercises, group counseling and individual counseling are also needed

Children of all ages – whether traumatized or not – face different problems that complicate their lives. Every day we see children and adolescents who need active listening in schools and our families. By giving them our attention and helping them overcome their problems, we are contributing to shaping the future of our nation.

Chapter 5: Trauma and Violence

5.1. Violence

5.1.1. Definition of violence

Violence is an intentional or unintentional act that affects a person physically or morally.

5.1.2. Types of violence

- Physical violence
 - ❖ Severe beating that causes broken bones, swelling and injuries to the body
 - ❖ Attack with a weapon
 - ❖ Burns

- Moral or psychological violence
 - ❖ Failure to adequately take care of a child
 - ❖ Insulting or humiliating someone (e.g. treating someone like an idiot, booing someone in public)
 - ❖ Threatening someone repeatedly (verbally or with a weapon)
 - ❖ Denying someone their rights
 - ❖ Teaching a child to be cruel or dishonest (e.g. teaching a child how to steal or how to insult people)
 - ❖ Subjecting children to hard labor (e.g. forcing a child to do domestic work, thus preventing the child from attending school)
 - ❖ Making unreasonable demands on children (e.g. expecting a child to be intelligent in all subjects)

5.1.3. Consequences of violence

- Impact on individuals
 - ❖ Physical injury
 - ❖ Disability
 - ❖ Lack of affection, love
 - ❖ Loss of dignity
 - ❖ Trauma
 - ❖ Death

- Impact on the family
 - ❖ Trauma
 - ❖ Poverty
 - ❖ Disharmony within the family
 - ❖ Conflict with the perpetrator of the violence

- Impact on the country
 - ❖ Negative image at the international level
 - ❖ Slows development because resources are spent caring for victims of violence and punishing violent crimes

5.2. Rape

5.2.1. Definition of rape

Rape is any sexual act between a man and a woman or girl without the consent of the latter, even if the man did not know the woman was unwilling.

In Rwandan culture, women rarely take the initiative to have sex. Many men abuse this reality and even use it as an excuse to rape women by pretending that the women were consenting.

Yet whenever there is sex without will, such incidents affect individuals, families and communities. To complicate matters, people who have been raped are often not aware of how the incident has impacted them.

5.2.2 Factors that can lead to rape

- Conflict between a man and a woman within a household
- Gender-based discrimination
- Poverty
- War
- Drunkenness
- Lack of education
- Children living alone (i.e. orphans with no care)
- Ignorance
- Being raised by strangers

5.2.3 Criteria aggravating rape

- Rape committed by one or more persons
- Rape committed once or several times
- Rape committed in public or in private
- Premeditated or improvised rape
- Rape with the threat of a weapon
- Rape resulting in HIV transmission or pregnancy
- Rape committed by a person with whom the victim has a relationship
- Age of the person who has been raped (children do not understand the seriousness of rape, and may repeat the behavior with others when they get older)

5.2.4 Signs of a person who has been raped

- Short-term (immediately after the incident)
 - ❖ Injuries on the body and on sexual organs
 - ❖ Feeling frigid/numb
 - ❖ Isolation, not wanting to be around others
 - ❖ Loss of memory
 - ❖ Reliving painful experiences from the past
 - ❖ Insomnia
 - ❖ Inability to concentrate; visualizing bad and inexplicable things
 - ❖ Unreasonable fear (e.g. afraid of everybody)
 - ❖ Keeping unusually quiet
 - ❖ Frequent washing, if this was not a habit previously

- Long-term
 - ❖ Occasional memories of the perpetrator
 - ❖ Guilt
 - ❖ Chronic fear
 - ❖ Extreme sadness
 - ❖ Lack of trust towards men in general
 - ❖ Aversion to sex
 - ❖ Unwilling to do anything
 - ❖ Feeling useless
 - ❖ Self-negligence
 - ❖ Shame
 - ❖ Low self-esteem

5.2.5. Consequences of rape

- Physical injuries
 - ❖ Wounds on the breasts, neck and other places
 - ❖ Injuries in and on the genitals
 - ❖ Pain in the lower abdomen
 - ❖ Bleeding
 - ❖ Chronic pain or permanent injury
- Sexually transmitted infections
- Pregnancy
- Stigma
- Trauma and traumatic crisis
- Infertility
- Suicide

5.2.6. How to prevent rape

- Teach gender equity to men, women and children
- Adopt laws to forbid and punish rape
- Eradicate a culture of impunity for rapists
- Discuss rape in families (including the possibility of rape of children at home or at school)
- Ban certain cultural practices (e.g. marrying a young woman without her parents' knowledge, wife inheritance, sexual intercourse between a man and his daughter-in-law)
- Reduce drug consumption
- Provide good education
- Urge people to report perpetrators of rape
- Avoid traveling alone on isolated paths when it is dark
- Avoid visiting people whom you do not know well or whom you do not trust
- Avoid wearing inappropriate clothing
- Avoid putting people of different sexes in the same bedroom, even if they are relatives

5.2.7. How to assist a person who has been raped

- Accept and accommodate the person
- Put the person in a quiet place
- Listen to the person, give her enough time to express her suffering
- Help the person understand that she must go to the nearest health center to have her wounds treated and to undergo a pregnancy test and an HIV and other STI tests
- Assure the person that she is not responsible for what happened, and that the perpetrator is entirely at fault
- Help the person to take care of herself, and help her maintain a good self image
- Help the person rebuild trust with other people
- Examine the response of the community: what are the advantages and disadvantages of disclosing what happened
- People who have been raped need support to overcome their distress. Each person who has been raped requires a unique, individualized approach.
- Help the person to rebuild a sound and secure relationship with males

5.2.8. How to assist a woman who became pregnant as a result of rape

- Together with the woman, consider the problems and expectations with regard to this pregnancy
- If the woman gives birth, consider asking a relative to raise the child rather than sending the child to an orphanage
- Explain to the woman's family that the woman and her child have no responsibility in the rape
- Explain to family members the consequences of their negative attitudes toward the child and the mother
- Sensitize people to not stigmatize the child
- Console the family
- Help the woman who was raped to regain her place in the community

Chapter 6: HIV/AIDS

6.1. Background on HIV/AIDS

6.1.1. History of HIV/AIDS

1981: The first AIDS diagnoses were made among homosexuals in a Los Angeles (USA) hospital by Michael Gottlieb. By the end of this year, research had shown that the AIDS virus is contracted through sexual intercourse and blood.

May 1983: The characteristics of the AIDS virus were defined by the Pasteur Institute in France by Luc Montagnier and his colleagues.

1983: The first AIDS diagnosis was made in Rwanda, in a patient in Rwandan Hospital, CHK.

1984: Professor Robert Gallo and his colleagues conducted research that confirmed the work of Luc Montagnier. In the same year, the USA-based center responsible for monitoring the evolution of epidemics across the world decided to call this virus 'HIV' and the disease caused by it 'AIDS.'

1985: Diagnosis of HIV, the virus that causes AIDS, began at the Pasteur Institute.

Late 1986: Research showed that the use of anti-retroviral therapy in HIV-positive patients could lead to a longer life. Professor Luc Montagnier and medical doctors from Claude Bernard Hospital and Egas Moniz Hospital (Lisbon, Portugal) discovered HIV2.

1993: Research showed that there is a possibility of developing a vaccine against HIV. However, more than fifteen years later, a vaccine has still not been developed.

6.1.2. The HIV/AIDS situation in 2006 (UNAIDS)

■ Around the world

- ❖ New cases of HIV/AIDS: 4.3 million
- ❖ Number of people infected by HIV/AIDS: 39.5 million
- ❖ Number of people who die of AIDS each year: 2.9 million
- ❖ Number of deaths since the discovery of HIV/AIDS: 20 million
- ❖ Number of new HIV/AIDS infections per day: 14,000
- ❖ Women living with HIV/AIDS: 17.7 million
- ❖ Children living with HIV/AIDS: 2.3 million

■ In sub-Saharan Africa

- ❖ Cases of HIV infections with HIV in general: 24.7 million = 63% of infections worldwide
- ❖ New infections in 2006: 2.8 million
- ❖ Deaths by HIV/AIDS each year: 2.1 million = 72% of AIDS deaths around the world

■ In Rwanda

- ❖ Research was carried out in Rwanda in the 2005 Demographic and Health Survey
- ❖ Overall, the infection rate is 3%.
 - ❖ Men: 2.3%
 - ❖ Women: 3.6%
 - ❖ Urban: 7.3%
 - ❖ Rural: 2.2%

- ❖ Infections by provinces:
 - ❖ Kigali: 5.6%
 - ❖ Southern Province: 2.7%
 - ❖ Western Province: 3.2%
 - ❖ Northern Province: 2.2%
 - ❖ Eastern Province: 2.5%
- ❖ HIV infection among prostitutes in Rwanda
 - ❖ 96% of prostitutes surveyed (3,000) knew they can catch HIV and other STIs through sexual intercourse. Of these, 33% have undergone an HIV/AIDS test; 76% of those tested were HIV-positive
 - ❖ 47% of all prostitutes are between 20 and 30 years old
 - ❖ 76% of all prostitutes are between 20 and 40 years old

6.1.3. Impact of HIV/AIDS

- Reduction of white blood cells in the body, making an HIV-positive person vulnerable to many diseases
- People infected with or affected by HIV are often prone to despair and trauma
- Being sick or caring for the sick can force people to miss work, causing poverty in households and in the country
- HIV infection can cause conflict among family members
- Stigma and discrimination
- Loss of human life, mostly among people between 15 to 49 years old
- AIDS orphans, widows and widowers

6.2. Definition of terms

HIV: Human Immuno-deficiency Virus

AIDS: Acquired Immune Deficiency Syndrome; caused by HIV; the body's immune system is weakened, allowing opportunistic infections to attack the body

HIV-negative: medical tests have shown that HIV is not present in one's blood

HIV-positive: medical tests have shown that HIV is present in one's blood

Immunity: capacity of the human body to protect against diseases

Difference between HIV and AIDS:

HIV	AIDS
A virus, therefore it is infectious	A syndrome, therefore it is not infectious
Can be avoided	If HIV is present in the body, cannot be avoided
Not visible to the naked eye	Is diagnosed through symptoms
Person with HIV may appear strong	Body becomes weaker
Person with HIV may live for a long time	People with AIDS have a shorter lifespan
If a person with HIV does not disclose his or her status, the person avoids discrimination	People who have AIDS often face discrimination

6.3. How HIV is transmitted

6.3.1. Main transmission routes

- **Unprotected sex with an infected person.** 80% of people who have HIV catch the virus this way. HIV can be transmitted through heterosexual or homosexual sex, including vaginal, anal or oral sex.
- **Contaminated blood.** 5% of people who have HIV catch the virus this way. Usually HIV is transmitted this way when sharp objects are shared. Some practices that contribute to this mode of HIV transmission include:
 - ❖ *Guca ibirimi*
 - ❖ *Gukura ibyinyo*
 - ❖ *Guhandura uburo*
 - ❖ Circumcision
 - ❖ Injections
 - ❖ Incisions
 - ❖ *Gukuna* (i.e. extend the labia minora of the vulva by stretching them to prepare for marriage)
 - ❖ Sharing sharp objects such as pins or razor blades
 - ❖ Blood transfusions (these days such cases are very rare because of increased attention by transfusion centers)
- **Mother-to-child transmission.** Overall, in sub-Saharan Africa, 90% of children under 15 years who are HIV-positive are infected by their mothers.
 - ❖ **During pregnancy:** 15 to 20% of children with HIV are infected in their mother's womb
 - ❖ **During childbirth:** 70 to 80% of children with HIV are infected during childbirth
 - ❖ **During breastfeeding:** 15 to 20% of children with HIV are infected during breastfeeding
- HIV is found in these bodily fluids:
 - ❖ Blood
 - ❖ Pus
 - ❖ Vaginal secretions
 - ❖ Semen
 - ❖ Marrow
 - ❖ Amniotic fluid
 - ❖ Spinal fluid
 - ❖ Breast milk

6.3.2. How HIV is not transmitted

- Living in the same house as someone who has HIV or AIDS
- Traveling in the same vehicle as someone who has HIV or AIDS
- Working, attending school, playing or shopping with someone who has HIV or AIDS
- Shaking hands with someone who has HIV or AIDS
- Kissing someone who has HIV or AIDS
- Bathing with someone who has HIV or AIDS
- Sharing eating utensils with someone who has HIV or AIDS
- Using the same toilet as someone who has HIV or AIDS
- Mosquito bites or other insect bites
- HIV is not found in these bodily fluids:
 - ❖ Sweat
 - ❖ Mucus
 - ❖ Tears
 - ❖ Spit
 - ❖ Urine
 - ❖ Feces
 - ❖ Vomit

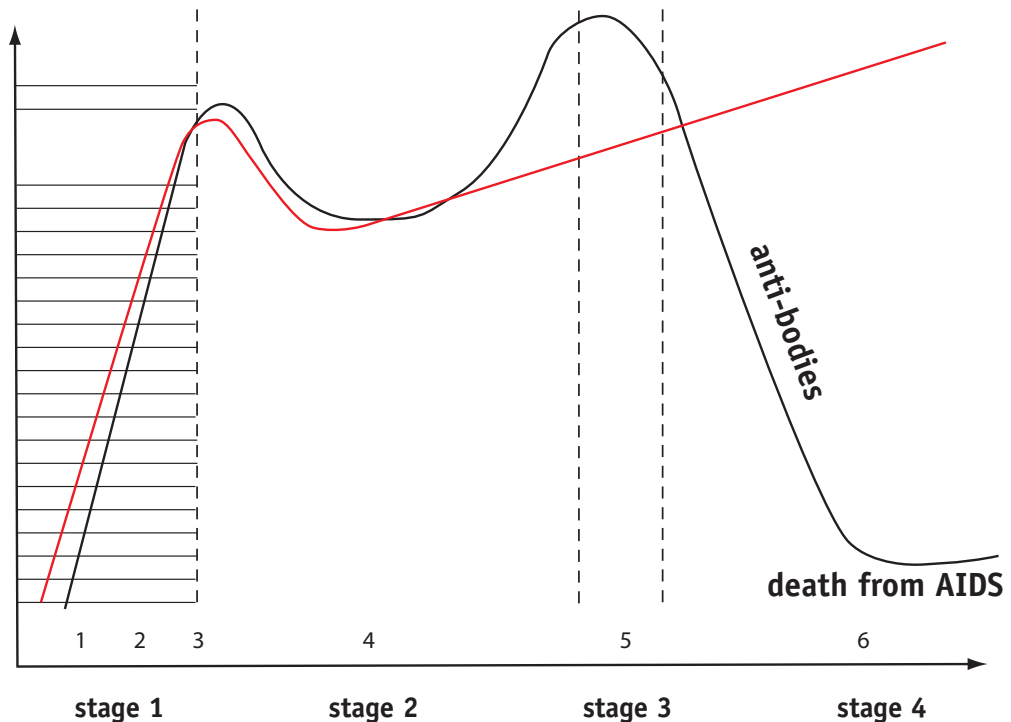
6.3.3. Conditions that facilitate HIV transmission

- **Concentration of HIV:** the greater the concentration of virus in a person's blood, the greater the risk of transmission
- **HIV/AIDS vector:** certain bodily fluids can transmit the virus more easily than others
- **Transmission route:** visible or invisible injuries provide a door for HIV to enter the body

6.4. How HIV affects the human body

6.4.1. Disease progression

After a person is infected with HIV, he or she may live for a long time. There are four main stages of disease progression, although the length of each stage varies among individuals.



Stages of HIV progression

■ Stage 1

HIV attacks (infects) the human body

HIV is present in the body but cannot be detected during tests because the white blood cell count is still high. This stage can last for two weeks to six months. During this stage, a person with HIV can infect others, even if he or she does not show any symptoms or does not know he or she has HIV.

■ Stage 2

HIV antibodies are present in the blood in high quantities. During this stage, a person will test positive for HIV. People in this stage can become susceptible to opportunistic infections.

Individuals are infected with HIV but do not yet show symptoms. This period can last from 5 to 15 years. During this stage, a person with HIV can infect others, even if he or she does not show any symptoms or does not know he or she has HIV.

■ Stage 3

HIV gradually weakens the body's immune system, and symptoms such as weight loss, persistent fever, cough or skin diseases begin to appear.

■ Stage 4

AIDS results when the body's immune system weakens. Serious symptoms and opportunistic infections emerge. These can include meningitis, pneumonia, skin cancer, tuberculosis, shingles, fainting or candidiasis.

6.4.2. HIV/AIDS symptoms

- Minor symptoms
 - ❖ Persistent cough
 - ❖ Swelling
 - ❖ Herpes
 - ❖ Candidiasis
 - ❖ Skin diseases
 - ❖ Wounds in the genital area and in the mouth

- Major symptoms
 - ❖ Rapid weight loss (e.g. lose 1/10 of body weight in less than one month)
 - ❖ Persistent fever (for more than one month)
 - ❖ Prolonged diarrhea (for more than one year)

- Irreversible symptoms
 - ❖ Meningitis caused by cryptococca/special meningitis
 - ❖ Loss of consciousness
 - ❖ Slurring speech
 - ❖ Pneumonia
 - ❖ Sudden and unexplained vision loss
 - ❖ Skin cancer (especially Kaposi's sarcoma)
 - ❖ Chronic heartburn
 - ❖ Shingles

6.5. HIV/AIDS prevention

6.5.1. Ways to protect against HIV

- Avoid contracting HIV through sex
 - ❖ Abstinence: for people not yet married
 - ❖ Faithfulness: for married couples
 - ❖ Proper use of condom during sex

- Avoid contracting HIV through contaminated blood
 - ❖ Avoid sharing non-sterilized sharp objects
 - ❖ Avoid a physical situation that requires blood transfusion

- Prevent mother-to-child HIV transmission
 - ❖ Before deciding to have a child, both sexual partners should undergo an HIV test
 - ❖ When an HIV-positive woman becomes pregnant, she should attend support programs put in place by health services
 - ❖ Do not breastfeed if alternative foods are available
 - ❖ If alternative foods are not available, breastfeed exclusively until the child is 3 to 6 months old
 - ❖ Avoid situations that can strain the mother's body, such as drugs, unprotected sex, malaria or other illnesses, or poor-quality food

- Address issues relating to AIDS openly in the family, within associations, in schools, in youth forums and in other places.

- Get tested for HIV; when one knows his or her HIV status, one can properly protect oneself and others.

6.5.2 Condoms

■ What is a condom?

A condom is a thin latex (rubber) sheath placed on an erect penis before penetrating the vagina. A condom is used to prevent pregnancy, as well as HIV and other STIs.

■ Origin of condoms

Some people think condoms are a new invention, but this is incorrect. Prior to World War II, condoms were made from lamb intestines and were used mainly for birth control.

In the modern era, rubber condoms are manufactured and carry no adverse effects. Their price is very affordable, which increases their accessibility. In the 1980s, scientists discovered that condoms could be used to prevent HIV transmission. Currently, condoms are used for birth control as well as to protect against STIs including HIV.

■ How to use male condoms

- ❖ Sexual partners must first agree to use a condom
- ❖ Buy condoms from a registered vendor
- ❖ Before buying a condom, check the expiration date, and check to make sure the package has not been broken
- ❖ Before putting on the condom, both partners should be ready (the man's penis should be erect, and the woman must also be eager to make love)
- ❖ Tear the package with your fingers (without using fingernails or other sharp objects) at the indicated corner
- ❖ Check to make sure the condom is intact
- ❖ Hold the condom with your fingers
- ❖ Locate which side of the condom to unroll
- ❖ Pinch the tip of the condom with your fingers to squeeze the air out
- ❖ Unroll the condom to the base of the penis
- ❖ If the condom does not unroll well, throw the condom away and use a different one
- ❖ Have sex smoothly without using force, as the condom could tear
- ❖ Check regularly that the condom is holding tight
- ❖ After ejaculation, man must withdraw from his partner while his penis is still erect
- ❖ If the partners want to have sex a second time, they must use another condom
- ❖ Remove the condom from the man's penis carefully; make sure the semen stays inside the condom
- ❖ Dispose of used condoms in a deep latrine
- ❖ After sex, partners should wash themselves separately and use different towels

■ Where to find condoms

Condoms may be found in family planning centers, at ARBEF offices, in pharmacies and in some hotels and pubs. They may also be bought from kiosks and street vendors, although we cannot have full confidence that they were stored under proper conditions. It is best to buy condoms from registered suppliers.

■ How to store condoms

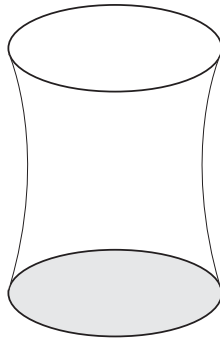
Condoms should be kept in a cool, dry place. Dust and heat damage condoms.

■ Female condoms

Female condoms can be used by all women. They protect against pregnancy, as well as STIs including HIV. A female condom is a kind of silky spherical rubber bag that is less likely to tear than a male condom.

At the bottom of a female condom is a plastic ring that facilitates its insertion into the vagina. On the upper end is another plastic ring that remains outside the vagina. During sex, a woman must help the man insert his penis into her vagina. Female condoms are lubricated and should be used only once.

A female condom looks like this:



■ How to use female condoms

- ❖ Sexual partners must first agree to use a female condom
- ❖ Check the expiration date indicated on the package
- ❖ Tear the package with your fingers (without using fingernails or other sharp objects) at the indicated corner
- ❖ Check to make sure the condom is intact
- ❖ The woman should lie on her back to insert the condom into her vagina
- ❖ Fold ring at the bottom of the condom with the thumb and the index finger
- ❖ Insert the ring into the vagina up to the cervix
- ❖ Push the ring as far as possible with your finger to touch the cervix
- ❖ Ensure that the bottom ring fits safely, and that the outer ring covers the outside of the vagina
- ❖ The woman must help her partner insert his penis into her vagina.
- ❖ If the inner part of the condom is not well lubricated, add more cream or apply cream to the penis
- ❖ If the outer ring of the condom has slipped inside vagina, or if the penis is outside of the condom, stop intercourse immediately and use another condom
- ❖ After ejaculation, the man pulls out his penis while it is still erect; twist the outer end of the condom and remove it carefully to avoid spilling semen
- ❖ Wrap the condom in a tissue and throw it away immediately in a deep latrine
- ❖ Use each condom only once

- Potential barriers to using condoms
 - ❖ Cultural practices and traditions
 - ❖ Many people believe condoms preclude the traditional practice of *kunyaza*, but it is not true
 - ❖ In Rwandan culture, sex is considered taboo; sexual partners are often too embarrassed to talk about sex
 - ❖ Some people consider condoms to be contrary to their culture and purely an invention of white people
 - ❖ Some people's attitudes and beliefs prevent them from using condoms
 - ❖ Lack of appropriate information
 - ❖ Some believe that HIV is present in condoms
 - ❖ Some believe that condoms can get stuck in a woman's vagina and cause death
 - ❖ Some people believe that condoms reduce sexual pleasure
 - ❖ Some people believe that condoms have small holes
 - ❖ Some people believe that using a condom indicates a lack of trust

Cultural practices and misconceptions have consequences that facilitate the spread of HIV. We must therefore overcome cultural taboos and attitudes that endanger our health. Until today, there is no medicine for HIV or AIDS. Therefore, we have a moral obligation to make the right choices to safeguard our health.

6.6. HIV and behavior

6.6.1. Factors that make some people more vulnerable to HIV infection

- Factors related to sex and lifestyle
 - ❖ Age: people between 15 and 49 years of age are more likely to have sex frequently
 - ❖ Travel: people who often travel for work or pleasure
 - ❖ Prostitution
 - ❖ Drugs and alcohol
 - ❖ Early sexual debut
 - ❖ Multiple sexual partners
 - ❖ Unprotected sex
 - ❖ Untreated STIs
- Factors related to sexual organs
 - ❖ Sexual organs are not sufficiently developed
 - ❖ STIs
 - ❖ Uncircumcised men
 - ❖ Structure of the female genital area
- Economic and social reasons
 - ❖ Poverty
 - ❖ Gender inequality
 - ❖ Ignorance
 - ❖ Culture and some traditional Rwandan practices
 - ❖ Misunderstandings within the family
 - ❖ War
 - ❖ Sexual competition

6.6.2. Stages of behavior change

- Not interested (i.e. HIV is not my concern): I do not reduce the number of sexual partners, I have unprotected sex, and I share sharp objects with others
- Change is possible: I am aware of the negative consequences of my behavior, and I know I should change my behavior
- Ready to change: I pledge to remain faithful to my spouse or sexual partner, I pledge to use a condom, and I will try to convince my friends to use condoms as well
- Change has happened: I have abandoned behaviors that put me at risk of getting HIV

6.6.3. Factors that can help an individual change behavior

- Support from the family and the community
- Knowledge: having good information on HIV
- Understanding the scale of HIV/AIDS and its adverse effects
- Friends and colleagues who serve as good examples
- Self-confidence
- Focus on the future

6.7. Sexually transmitted infections (STIs)

In many developing countries around the world, STIs are very common. STIs have adverse effects on reproductive health when they are not treated in a timely and appropriate manner. Certain STIs, such as HIV, cannot be treated. In addition, they facilitate HIV transmission, and can cause conflict in households. When we protect ourselves against HIV, we also protect ourselves against all other STIs as well.

6.7.1. How STIs are transmitted

- Factors related to sex and lifestyle
 - ❖ Unprotected sex with an infected person
 - ❖ Having multiple sexual partners
 - ❖ Have a sexual partner who also has other partners
 - ❖ Continue having sex despite showing symptoms of STIs
 - ❖ Failure to treat STIs
 - ❖ One sexual partner seeks treatment for an STI but the other partner does not
 - ❖ Ignorance (lack of knowledge on how to use condoms, or lack of knowledge on how STIs are spread)
 - ❖ Culture and beliefs
 - ❖ Condoms are not accessible
 - ❖ Gender inequality
- Factors related to the body
 - ❖ Uncircumcised men
 - ❖ Structure of the female genital area
 - ❖ A mother can infect her baby during pregnancy, during childbirth, or during breastfeeding
 - ❖ Blood transfusion, or any other means by which the blood of one person comes in contact with another person's blood

6.7.2. Symptoms of STIs

- In men
 - ❖ Pus or secretion from penis
 - ❖ Swelling of testicles
 - ❖ Sores on penis
 - ❖ Presence of liquid between the groin and perineum
 - ❖ Pain or tingling during urination

- In women
 - ❖ Pain in the lower abdomen
 - ❖ Pus or secretion from vagina
 - ❖ Presence of liquid between the groin and perineum
 - ❖ Pain during sex
 - ❖ Small wounds on genital area
 - ❖ Pain during urination
 - ❖ Itching in genital area
 - ❖ It is more difficult to notice STI symptoms in women than in men because women's reproductive organs are hidden, while men's reproductive organs are more visible. Often, women with STIs may show no symptoms at all.

- In children
 - ❖ Pus in the eyes at birth or within a month of birth

- When symptoms appear
 - ❖ Seek medical attention promptly
 - ❖ Take the medication as prescribed and complete the entire dose as directed
 - ❖ Continue treatment, even if symptoms diminish
 - ❖ Avoid self-treatment, and do not consult a traditional healer
 - ❖ Inform sexual partners and encourage them to seek treatment as well
 - ❖ Avoid sex while undergoing treatment; if you do have sex, use a condom
 - ❖ Get tested for HIV; research has shown that 80% of people with STIs are also infected with HIV

6.7.3. Adverse effects of STIs

- Infertility in men and women
- Transmission of HIV or other STIs to babies
- Ectopic pregnancy
- Miscarriages
- Loss of sight for children born with STIs, if not treated properly and promptly
- Cervical cancer
- Birth defects
- Death due to lack of treatment and/or poor treatment

Chapter 7: Support for People Living with HIV/AIDS and Their Families

7.1 Home visits

- Specific objectives
 - ❖ Explain issues relating to inheritance and succession
 - ❖ Help the person to regain hope and accept assistance from his or her family
 - ❖ Provide assistance
 - ❖ Help the person to meet their needs by accessing local resources
 - ❖ Help the person to improve communication with his or her family
 - ❖ Educate the person's family about HIV/AIDS

- To prepare for home visits, ask yourself the following questions:
 - ❖ Is the person aware of the appointment? Is the person's family aware of the appointment?
 - ❖ What is the objective of the visit?
 - ❖ Does the patient know the relevance of the visit?
 - ❖ Who will I talk to about HIV/AIDS?
 - ❖ Who are the other members of the household?
 - ❖ What is the health condition of the person living with HIV or AIDS?
 - ❖ What are the beliefs and attitudes of the person's family?
 - ❖ Has the patient informed his or her family of his or her HIV status?

7.2. Symptoms of trauma common to people infected with HIV

- Refuse to accept results of HIV test
- Suspicion
- Guilt
- Isolation
- Fear of death
- Revenge
- Lack of self-esteem (failure to defend one's dignity)
- Lack of security
- Seek refuge (place of worship, alcohol/drugs, entertainment)
- Aggression
- Lack of trust in others
- Shame
- Worry

7.3. Assistance to family members

7.3.1. Psychosocial support to family members

- Typically, people who are infected with HIV are the primary receivers of support. However, it is important to remember that HIV/AIDS seriously affects the entire family.

- Therefore, anyone wishing to provide assistance to a patient's family should:
 - ❖ Respect their knowledge and their relationship with the patient
 - ❖ Provide them with guidance
 - ❖ How to prevent HIV
 - ❖ Talk about death
 - ❖ Talk about living conditions in the future
 - ❖ Make referrals when necessary

7.3.2. Caring for a sick person

- Fever: Place a wet cloth on the patient's head and give a paracetamol tablet.
- Diarrhea or vomiting: Give the patient plenty of fluids in small doses; prepare a rehydration solution by mixing four small spoonfuls of sugar and salt with boiled water in a one-liter bottle; after twenty-four hours, if there is any left, throw it out and prepare another oral solution.
- Food: Feed the patient foods that are easy to digest. Give the patient plenty of fluids, especially sugary drinks. If the patient vomits, do not give him or her oily foods.
- Body hygiene is performed by a social worker and assisted by relatives or friends of the patient. Bodily secretions contain many germs and bacteria, so caretakers should wear gloves or plastic bags to avoid coming into contact with these secretions. Gloves used for washing and dressing wounds should be destroyed by fire.
 - ❖ Skin
 - ❖ Under normal circumstances, the patient should be washed once a day
 - ❖ Apply Vaseline to the patient's skin to protect against sores
 - ❖ Mix Dettol with lemon juice and a little salt; apply on sores to reduce pain
 - ❖ If the patient's clothes are wet, change them as often as possible
 - ❖ Make sure the patient's bed is clean
 - ❖ If the patient is unable to roll over, turn them every two hours
 - ❖ Make patient perform mild physical exercises, such as stretching and folding upper and lower limbs, to facilitate the flow of blood
 - ❖ To wash the patient, wear gloves; use soap or Dettol in warm water; wash the patient gently, dry the patient well, apply Vaseline on buttocks and thighs, and put powder around the genital area and between the thighs
 - ❖ If the patient has sores, wash them with Dakin or Mercurochrome; if the sores have pus, wash the sores, dress them and change the dressings every day; if the sores do not have pus, dressing is not necessary; turn the patient often to alleviate pain
 - ❖ Teeth
 - ❖ Brush teeth using toothpaste and a very soft brush
 - ❖ If toothbrush and toothpaste are not available, use water mixed with salt and a clean piece of cloth
 - ❖ Nails
 - ❖ Cut nails slowly and carefully
 - ❖ Apply Vaseline on skin, nails and feet

- ❖ Hair
 - ❖ Wash hair using gloves; when it is dry, apply Vaseline and comb hair
 - ❖ Shave hair if possible
 - ❖ Shave pubic and armpit hair if the patient permits

■ Assistance based on belief

Each person has his or her own beliefs. Some people become closer to God after learning their HIV status. This closer relationship will help them live with HIV and accept their status; this applies both to patients and their families. They keep the strength and hope until their death. Others may get angry with God, wondering why such a terrible thing happened to them. Help the patient according to his or her beliefs, without forcing them to change. If the patient needs a pastor, a priest or a sheikh, respect his or her wishes.

■ End-of-life care

- ❖ Lay the patient gently on a bed
- ❖ Do not force the patient to eat or take medicine
- ❖ If the patient does not want people near him, respect his or her wishes
- ❖ Allow the patient to say whatever he or she wants
- ❖ Allow the patient to prepare for his or her own death

■ What to do after death

- ❖ Handle the body carefully to protect yourself from bodily fluids that may contain HIV
- ❖ Treat the body of the deceased with dignity
 - ❖ Close the eyes
 - ❖ Clean the mouth then shut it
 - ❖ Put cotton or a piece of cloth in the nostrils and other orifices
 - ❖ Stretch the legs and arms
 - ❖ Dress the body as per customary practice
 - ❖ Prepare coffin and put dead body in as per customary practice
 - ❖ Join the bereaved family to announce the death and funeral arrangements

7.4. Psychosocial workers

7.4.1. Responsibilities of psychosocial workers who assist traumatized people

- Raise awareness and mobilize people
- Provide basic counseling services for people with trauma and trauma crisis
- Attend meetings and take part in capacity-building activities
- Ensure clients are referred to professional counselors
- Report on activities as required
- Use personal counseling when needed
- Create forums to disseminate information on trauma and trauma crisis

7.4.2. Characteristics of good psychosocial workers

- Impartial, fair-minded
- People with integrity

- Compassionate
- Know the limits of their capabilities and make referrals when appropriate
- Able to assess when they are overwhelmed by problems and seek help when needed

7.5 Succession

7.5.1. Definition of succession

Succession is the passing of powers and responsibilities over the assets and liabilities of the deceased. Succession takes effect after death, and takes place at the home or accommodation of the deceased. Succession takes place without regard to the gender of children.

Every legal heir or legatee shall be excluded from succession if he or she:

- was convicted of having intentionally caused the death of the deceased or had made an attempt on his or her life;
- was convicted of false accusation or perjury which could have resulted in the deceased being sentenced to six months, at least, in prison;
- had, during the lifetime of the deceased, deliberately broken off the parental relationship with the latter;
- had deliberately neglected to provide the needed care to the deceased during his or her last days of life, although he or she was bound by law or by tradition to do so;
- had abused the physical or mental incapacity of the deceased by taking the whole or part of the inheritance; or
- had intentionally disposed of, destroyed or altered the last will of the deceased without his or her consent, or had taken advantage of a will that became worthless.

7.5.2. Types of succession

- Testamentary succession
 - ❖ Any person has the right to determine by will the partition of his assets after his death and set provisions governing his final wishes.
 - ❖ The testament can be oral, holographic or authentic.
 - ❖ Only the testate can determine the disposal of property; no one can perform this function in place of another.
 - ❖ If the testate is unable to draft or sign his or her testament, he or she can appoint somebody to do it for him or her. The testament so drafted must, on pain of nullity, be legalized by the registrar or the notary of the place where it was drafted and in the presence of the testate.
 - ❖ The legacy can be of universal title, general title or particular title:
 - ❖ A legacy by universal title shall consist of the whole of the patrimony of the testate
 - ❖ A legacy by general title shall consist of a share of the patrimony of the testate
 - ❖ A legacy by particular title shall consist of particular things bequeathed by the testate
- Intestate succession
 - ❖ The testate may appoint one or more executors who are responsible for the liquidation of succession.

- ❖ During establishment of the testament, the testate shall appoint heirs and shares reserved for each heir. In the event of death prior to appointing heirs and shares allocated to each of them, succession shall take place as per the law and is referred to as legal succession while the heirs are known as legal heirs.
- ❖ To determine legal heirs, the law relies on kinship between a person and other members of the family. The following relationships shall be taken into account: relationship between children and parents, relationship between spouses, and relationships between siblings. The relationship between children and parents and between siblings shall be permanent, but those between spouses shall hold only when spouses are still living together. In the absence of any heir or legatee, the succession is said to be in escheat and shall be devolved to the state. The legal heirs and the mechanism of succession shall differ depending on the type of property management chosen by the spouses.

7.5.3. Legal heirs

- Legal heirs shall inherit property of the deceased in the following order:
 - ❖ children of the deceased;
 - ❖ father and mother of the deceased;
 - ❖ full brothers and full sisters of the deceased;
 - ❖ half brothers and half sisters of the deceased; and
 - ❖ maternal and paternal uncles and aunts of the deceased.
- All other legal heirs deceased before the de cuius (i.e. deceased) shall be represented at the succession by their descendants.
- Where the widow or widower does not have sufficient resources to provide for his or her needs, legislation governing the family provides that children are required to give their elders and descendants necessary basic amenities for their survival. In the event there are no children, the heirs are required to cater for the needs of the surviving spouse.
- Paternal and maternal uncles and aunts, parents-in-law as well as brothers- and sisters-in law who have no common ancestors with the deceased cannot succeed to an estate inherited by the deceased from his or her family, unless it is proven that there is no other survivor among the descendants of the aforementioned ancestor.

7.5.4. Succession of common property of spouse

- In case of death of one of the spouses, the surviving spouse shall ensure the administration of the entire patrimony while assuming the duties of raising the children and assistance to the needy parents of the deceased.
- When both spouses die leaving children behind, the children shall succeed to the entire patrimony, but must also assist their grandfathers and grandmothers. When the children are not blood-related, the patrimony shall be divided in two, and each child shall succeed to the part of his or her respective parent.
- When spouses die without leaving a child behind, the patrimony shall be divided in two, one half being allocated to the successors of the husband, the other being allocated to the successors of the wife.
- In the event that the widower or widow did not have a child with the deceased, the former takes one half of the patrimony, and the heirs of the deceased share the other half.
- When the widower or the widow does not fulfill his or her duty of assistance to the parents of the deceased, the family council shall allocate to the parents the succession part of the deceased.

- In case the surviving spouse fails to fulfill his or her duties to raise the children of the deceased, his or her succession shall be cut back by 75% which shall be given to the children.
- The surviving spouse who no longer has any children under his or her care and wants to remarry shall obtain full ownership of half of the patrimony and another half shall be given to the deceased's heirs.
- In case of remarriage of the surviving spouse who is still bound by the duty of raising the children of the deceased, she or he shall obtain full ownership of 25% of the succession and shall continue to administer the remaining 75% for the benefit of the children.
- Where the surviving spouse did not remarry but gave birth to an illegitimate child, the half of the patrimony shall, on the day when the children are entitled to inherit, be devolved to the children of the deceased and the other half shall be devolved to the other children of the widow or widower in equal parts without any discrimination between legitimate and illegitimate children. Careful consideration of this paragraph shows that this law provides nothing as regards succession of patrimony where one of the spouses dies without being survived a child from their marriage. Half the shared patrimony shall be devolved to the widow or widower while the other half shall be reserved to the heirs of the deceased.

7.5.5. Liquidation and partition of property to be inherited

- The functions and those who are responsible
 - ❖ When there is succession, some or all candidates for the succession may harbor bad feelings, wish to monopolize property, or refuse to cooperate. That is why one or two persons known as a succession administrator or a testamentary administrator are appointed. Any individual has the right to choose a succession administrator; the succession administrator could be a child, a friend or a relative. Administration of succession shall be on a voluntary basis unless there is refund of costs incurred for this purpose and where necessary. However the testate may provide for a reward for performance of such service. The succession administrator shall not be replaced with another on grounds that he or she was appointed in his or her own name regardless of his or her relationship with the deceased or his or her ordinary profession, but this shall depend upon his or her trustworthiness.
 - ❖ Under normal circumstances, the succession administration shall be the responsibility of the head of the family who shall be chosen by the deceased from among his or her children who will be the principal heirs.
 - ❖ Liquidation and partition of succession shall be performed by an executor appointed by the deceased. Otherwise, the legal liquidator or the Council of Succession shall conduct such partition. The Council of Succession shall include:
 - ❖ the surviving spouse;
 - ❖ a child delegated by the children of the deceased, if any, who are of majority age;
 - ❖ a delegate of the family of the deceased;
 - ❖ a delegate of the family of the surviving spouse; and
 - ❖ a friend or person of good reputation appointed by the family of the deceased.
 - ❖ The family of the deceased shall appoint the President of the Council of Succession and that of the surviving spouse shall appoint the Secretary. When the two families are represented, their interests shall be respected on an equal footing.

- ❖ The legal liquidator shall:
 - ❖ administer the succession;
 - ❖ pay the debts contracted by the deceased;
 - ❖ make a final determination as to who is entitled to inherit;
 - ❖ decide on partition controversies; and
 - ❖ report on the management to those entitled to the succession or to the court.
- ❖ The family council shall determine the part of the patrimony to be earmarked for the raising of minors and the part to be shared between all the children of the deceased.
- Inventory of property
 - ❖ Soon after the death of the deceased, an inventory of his or her assets shall be drawn to ensure they are not embezzled in which case problems would arise as to repaying debts to creditors while heirs would lose their share in the inheritance.
 - ❖ To create a property inventory:
 - ❖ Make a list of movable goods;
 - ❖ Assess the value of movable goods;
 - ❖ Select and analyze documents with monetary value and all other related documents; and
 - ❖ Any property given out three years prior to succession cannot be returned.
 - ❖ Heirs within the same category shall share equally the property of the deceased. In case of dilapidation, by the widow or widower, of property left by the deceased, through sale, lease, exchange for another property, the law sets limits in managing such property, with possible subsequent dispossession, if necessary.
- During succession the following shall not be taken into account:
 - ❖ Costs incurred to meet needs for food, hygiene, clothing, schooling, marriage of children and other celebrations;
 - ❖ Activities relating to the property to be returned and accruing interest or income; and
 - ❖ Life insurance taken out in the interest of the heir.

7.5.6. Who establishes the will?

The testate shall establish the will him or herself without being forced to do so. The testate must be at least the legal age of eighteen years.

The testate must establish the testament him or herself. If he or she cannot write nor read, he or she may appoint a person to establish the testament. The person so appointed must be someone trustworthy, mature and with no connection with this legacy. He or she should not be from the family of the person for whom the will is established. He or she must be of good morals, sober, and willing to establish the will. The testate must affix his or her thumbprint on the testament.

7.5.7. When is the will established?

We should not wait until a person's death or other serious problems such as imprisonment to determine by testament the disposal of their assets. This should happen as soon as possible, provided the required legal age is reached and that a will thereof is expressed.

7.5.8. Content of the will

- Identify the testate and heirs
 - ❖ Names
 - ❖ Sex (female or male)
 - ❖ Date of birth
 - ❖ Address
 - ❖ Marital status
 - ❖ Kinship
 - ❖ If heirs are minor children, testate must mention their representative until they reach legal age.
- Location of property, the amount of money deposited in banks (and the names of people with the right of signature on bank accounts), debts and creditors
- Express how the testate would like to be buried
- The will must be signed by at least three people who are not from the family; an heir may not be among the signatories.
- Signatures and date should appear on each page. The three signatories sign at the same time and should not read the contents. The will must be kept strictly confidential in a well-known place, especially with a notary, a bank, a friend, or a registrar.
- Please note that it is prohibited for a trauma counselor or a social worker to write a will or to sign on behalf of a client.

Child Rights and Protection Training

Introduction

This module was developed by HAGURUKA, in collaboration with CARE and ARCT-RUHUKA, in order to provide Nkundabana mentors, children and young people, and partners of the Nkundabana model with the basic concepts on child rights as well as the current legislative framework in Rwanda in the field of the promotion and protection of child and women's rights.



The module is a companion piece to the booklets that HAGURUKA produced to popularize existing legislation that promotes child and women's rights in Rwanda. Any organization interested in conducting a training with this material should obtain copies of these booklets.

Thanks to these trainings, Nkundabana mentors will be better equipped to respond to and, if necessary, to refer the abuse cases they will encounter while carrying out their work.

In the same way, children and young people will become conscious of their rights and will be able to claim them with the support of Nkundabana mentors.

Target audience

- Nkundabana mentors
- Grassroots organizations such as organizations of mediators (*abunzi*)
- Child Protection Committees
- Orphaned children and other vulnerable children
- Parents and other people who take care of children and vulnerable youth, such as educators or foster families

Ideally, the group should contain between 25-35 participants.

Overall objective

To provide knowledge on child rights, on the laws related to child rights in Rwanda, and on the protection of children against violence.

Training objectives

By the end of the three-day training, participants will:

- Have basic knowledge on child rights, as well as an understanding of what actions and behaviors violate these rights.
- Be knowledgeable on laws currently applicable in Rwanda that cover the enforcement of child rights. These laws are the following:
 - ❖ Law no. 27/2001 of 28/08/2001 related to rights and protection of the child against violence
 - ❖ Law no. 42/1988 of 27/10/1988 bearing introduction and first volume of the civil code
 - ❖ Law no. 29/1999 of 12/11/1999 supplementing book one of civil code and instituting part five regarding matrimonial regimes, liberalities and successions
- Know how to advise children on rights and obligations, as well as ways and means to access these rights.

Materials: HAGURUKA booklets on law no. 27/2001 of 28/08/2001, no. 42/1988 of 27/10/1988, and no. 29/1999 of 12/11/1999; HAGURUKA's Summary of Child Rights under the International Convention on the Rights of the Child (see page M7); flipchart paper and markers; notebooks and pens

To obtain copies of HAGURUKA's booklets, contact
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tel: +250 07 88 30 0 34
email: haguruka@oldmail.rwanda1.com

Session 1: Child Rights and Protection Against Violence

Estimated time: 5 hours, 30 minutes

Session objective: By the end of the session, participants will understand what rights are and how 'child' is defined.

Ask participants what they understand by the word 'child.' Write their answers on flipchart paper. Continue to ask probing questions based on their answers. Ultimately, synthesize what they say to arrive at a comprehensive definition for the word 'child,' including different categories of children. Insist in particular on the category of vulnerable children

Ask participants what they understand by the word 'rights.' Write their answers on flipchart paper. Continue to ask probing questions based on their answers. Conclude by giving them the true and complete definition of 'rights.'

Explain that apart from human rights in general, there are child rights in particular. Child rights will be covered in detail in subsequent discussions and exercises.

Session 2: Fundamental Principles and Categories of Rights

Estimated time: 2 hours, 30 minutes

Session objective: By the end of the session, participants will understand fundamental principles of rights.

Ask participants why it is necessary to know what child rights are. Explain to participants that human beings are superior to other creatures.

As a group, go through each principle and explanation one by one.

Ask participants to write on a piece of paper all the examples of child rights that know of, including those they have just learned about. Ask participants to share their ideas with the larger group. Write their answers on flipchart paper, grouping similar answers together. It should become apparent that rights can be split into two categories.

Distribute HAGURUKA's Summary of Child Rights under the International Convention on the Rights of the Child; read the document together.

Divide participants into groups of 3-4 people. Ask them to arrange the child rights into two categories. Do not use more than 20 minutes. During this exercise, ask participants to describe the child rights situation where they live.

Call everyone back together and facilitate a group discussion.

Conclude by explaining that when people – including children – have rights, they also have obligations they must fulfill. Speak about these obligations, but emphasize that these obligations must not be used as a pretext for adults to violate child rights. For example, even if children have an obligation to help their parents, parents should not force them to do difficult work that is not appropriate for their age.

Session 3: Child Protection

Estimated time: 2 hours

Session objectives: By the end of the session, participants will:

- understand the right to be born and to have a name; and
- know child rights in cases when children are separated from their parents.

Facilitate a discussion by asking the following questions:

- What is the importance of having a name?
- When is a person considered a human being?
- What happens to children when their parents separate?

Write participants' responses on the flipchart.

Read carefully what is stipulated in law no. 42/1988 of 27/10/1988 about name, birth and documents on the registration of birth, when a child begins to enjoy their rights, and what is provided by law in case of separation of parents.

Ask participants if some of the articles that have just been read apply in their region.

Conclude the exercise by explaining that, depending on the marital status of their parents, all children do not enjoy the same rights.

Session 4: Parents and Children

Estimated time: 3 hours

Session objectives: By the end of the session, participants will:

- understand the difference between the rights of children born from a legal marriage and those born from an illegal one; and
- understand adoption, right of tutor, and concession to the child of the right of maturity.

Introduce the session by naming all of the articles that you will cover:

- articles concerning children born out of a legal marriage and indices with the relationship
- articles concerning children born out of an illegal marriage and their recognition
- articles on adoption and its conditions, including the obligations of children and of parents
- right of tutor
- concession of the right of maturity

Divide participants into groups to discuss what they know about these articles. Listen to their answers and write them on the flipchart.

Complete their answers by giving them more explanations about what is provided by the law for each article. Provide an opportunity for participants to ask questions.

Conclude the session by doing a recap on the articles studied. Explain that child rights are inalienable, even when there is a change in their parents' marital status, such as in the case of divorce or death.

Session 5: Matrimonial Regimes and Successions

Estimated time: 5 hours, 30 minutes

Activity 1: Matrimonial regimes

Estimated time: 1 hour, 30 minutes

Session objectives: By the end of the session, participants will:

- understand the three types of contracts of matrimonial regimes, the implementation of these contracts, the right of each partner in marriage to change the contract, and particularities of each of these matrimonial regimes; and
- understand child rights to the property of their parents once their parents have chosen any of the contracts of matrimonial regimes.

Introduce the session by saying that participants will be learning about different options that spouses can agree on with regard to how they will manage their matrimonial property during their married life.

Tell them what is provided by the law, and ask participants to tell you which one among these options is the best in their opinion. Ask what they know about each option and the differences between them by giving concrete examples of from their own experiences.

Write participants' answers on the flipchart. Add to these answers while referring to what is provided by law no. 22/1999 of 12/11/1999.

Distribute a chart that describes each of the contracts and their differences.

Facilitate a group discussion on what spouses should do while preparing for marriage. It is common that prospective spouses do not anticipate problems related to the management of their matrimonial property in the future. The result is that later they are obliged to take their disputes to the courts, whereas it should have been sorted out before they got married.

Activity 2: Succession

Estimated time: 4 hours

Session objectives: By the end of the session, participants will:

- understand different types of succession;
- know how intestate successors share between them the possessions of the deceased according to the contract of the matrimonial regimes under which the deceased was married;
- know the procedures of succession;
- know the division of the successional mass; and
- know the right of succession (forfeiture or consent to the right of succession).

Introduce the session by explaining what succession is, different types of succession, intestate succession according to the contract of matrimonial regimes chosen by parents, opening of the succession, sharing, procedure of sharing, forfeiture of the right of succession, and relinquishing the right of succession by refusing succession of landed property.

Divide participants into groups and give them questions on differences between the types of succession and differences between the types of succession according to the type of contract of matrimonial regimes.

Listen to their answers, write them on the flipchart and add to them if necessary.

Remind participants that there is no distinction between girls and boys when it comes to succession.

Conclusion

Conclude the training with a recap of all the sessions. Review the difference between inherent rights and rights related to property.

Inherent rights: protection against violence, right to a name, to parents, to a legal guardian, which is the content of the two laws, the one of 28/8/2001 and that one of 27/10/1988.

Rights related to property: to have basic needs for survival met, to have parents and live with them, to have the basic needs met even when the child is not living with his or her parents, to succeed to their parents once they have died.

Discuss strategies on how to ensure the protection of each type of right.