

Psychosocial needs and skills for Teachers
and community groups supporting working
and at risk children affected by
HIV/AIDS in Zambia.

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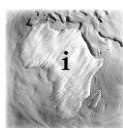


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INTRODUCTION

The International Labour Organization through the International Programme on the Elimination of Child labour (IPEC) and the Government of Zambia is implementing a 3-year programme “Combating and preventing HIV/AIDS induced child labour in sub-Saharan- Africa with a particular focus on Uganda and Zambia”.

Child Labour and HIV/AIDS are creating a vicious cycle, both of which have been aggravating poverty in Zambia. Many boys and girls affected by HIV/AIDS enter into child labour, and then become vulnerable to HIV/AIDS infection, which, in turn, create HIV/AIDS affected children. The programme has therefore been trying to cut this vicious cycle toward the sustainable development and poverty eradication in Zambia.

The programme also aims to make a difference in the situation of child labour in Zambia, by focusing on the deep cause of child labour. The objectives of the project are:

1. Community based models for assisting HIV/AIDS orphans and girls and boys affected by HIV/AIDS in child labour and at risk of entering child labour, through education and social protection, will have been adopted by relevant national organisations in Zambia
2. Policy makers and programme planners in the field of HIV/AIDS and child labour in Zambia will have mainstreamed tools, policy recommendations and good practices for dealing with HIV/AIDS and child labour

The effects of HIV/AIDS on children and youths are a source of concern for every aspect of society. The damaging consequences of HIV infection can be seen in, among other things, the increasing numbers of orphans and vulnerable children, increasing numbers of Child Headed Households, high levels of poverty, increases in the number of children working on the street. More seriously, many children work in the night thereby being further exposed to the dangers of being raped or being used in commercial sexual exploitation of children (CSEC).

There have been several efforts that have been put in order to alleviate the suffering of children who may be infected or affected by HIV/AIDS. Non-Governmental Organisations (NGOs) and Faith Based Organisations (FBOs) have tried to work on programmes aimed at helping children survive the devastating effects of HIV/AIDS.

CONCERNS

Some of the concerns driving the development of this manual include:

- Following a needs assessment study that was undertaken in Lusaka, most teachers and

Community groups did not have adequate skills to provide psychosocial support to children in or at risk of HIV/AIDS induced Child Labour.

- There are many programmes that have been undertaken to bring children from Child Labour to school. It is expected that there will be an increase in the number of children that require psychosocial support due to the devastating effects of HIV and AIDS.

Resources:

- UNICEF, (2003) Working with children in unstable situations: Principles and Concepts to guide Psychosocial Responses.
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2002) SCREAM Stop Child Labour
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour

Overview of the units in this Manual.

Unit 1: HIV/AIDS and Child Labour: The objective of this unit is to provide an overview of the interface between HIV/AIDS and Child Labour.

Unit 2: Meeting the Psychosocial Needs of Children (Part I): In this unit, participants are taken through a process to identify the problems children face in school and in the community.

Unit 3: Meeting the Psychosocial Needs of Children (Part II): The objective of this unit is to give the participants skills for providing psychosocial support to children.

Unit 4: Understanding HIV/AIDS: This unit gives a general overview of HIV/AIDS, transmission. It provides an opportunity for the trainers to revise information together with the participants' information about HIV/AIDS.

Unit 5: Effects of HIV/AIDS on the Child and the Community: This section highlights the effects of HIV/AIDS on children and on the community.

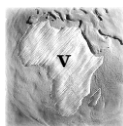
Unit 6: Understanding Child Labour: This unit is dedicated to an understanding of Child Labour. It is intended for the trainer and the trainees to discuss the different types of Child Labour.

Unit 7: Effects of Child Labour on the Child and the Community: In this unit, participants are taken through a process to identify the effects of Child Labour on children and how this has an effect on the community.

Unit 8: Gender, HIV/AIDS and Child Labour: This section aims at highlighting issues related to gender, HIV/AIDS and Child Labour.

Unit 9: Education HIV/and Child Labour: In this unit the participants are taken through the importance of education for boys and girls who engage in Child Labour.

Unit 10: Networking with other Stakeholders: In this unit, the facilitator leads the participant through a process of identifying the organisations that are in the community and how these organisations can play a role in providing support to ex-working and working children affected by HIV/AIDS.



HOW TO USE THE MANUAL

This manual is intended to be a guide to trainers to train personnel who work with children in or at risk of HIV/AIDS induced Child Labour. The facilitator plays an important role to ensure that participants are involved in the process of developing their own skills to provide psychosocial support to children.

The principle on which this manual is developed is that participants are a crucible of knowledge and the facilitator must be able to provide an opportunity for information sharing. The facilitator should be careful not to impose his or her views on the participants. It is therefore recommended that the facilitator use the participatory approach as much as possible frequently. Occasionally, the facilitator may need to provide lectures to introduce the objective of each session. However, the facilitator must coordinate the activities, guide the process and encourage participation of the participants.

After each session, the facilitator must be able to summaries the discussions and make a comprehensive conclusion of the discussions.

NOTE: This manual must be accompanied with the SCREAM Special Module on HIV, AIDS and Child Labour; and the Training Manual on Child Labour and HIV/AIDS. These two publications from the ILO-IPEC, HIV/AIDS induced child labour project form the basis for all the material in this manual.

STRUCTURE OF THE PRESENT MANUAL

This manual is made up of ten (10) units. Each unit has the following parts:

- i). **Objective:** This is the objective of the unit that have to be achieved by the end of the session
- ii). **Duration:** This is the estimated time recommended for each unit
- iii). **Resources:** This is the material the facilitator will need to carryout the activities
- iv). **Methodology:** This refers to the proposed method to be used by the Facilitator to carry out the activities of the unit. The Facilitator is free to use alternative methods to ensure that the objectives of the unit are achieved.
- v). **Facilitator's Notes:** This is information for the facilitator to know as he/she discusses the information in the unit.
- vi). **Conclusion:** This is an opportunity for the facilitator to conceptualise the ideas provided by the participants.

UNIT 1: HIV/AIDS AND CHILD LABOUR

OBJECTIVE

The aim of this section is to allow the participants to discover the interface between HIV/AIDS and Child Labour.

Duration One Hour

Resources Flip Chart

Markers

Pens

Paper

METHODOLOGY

STEPS

Ask the participants if they have ever been ill. Who provided them with help? How much were they able to do?

Divide the participants into groups. Each group will have one of the following discussion points and must role play to the rest of the participants. Let the groups use the SCREAM module on HIV, AIDS and child labour pages 31 to 36 and the training manual on child labour and HIV/AIDS pages 9 to 16 for background information and to create role plays and family profiles for the following:

- i). If the breadwinner is unwell, what are some of the needs the family may have? How does this affect the child?
- ii). How do children become Heads of Households? How do they manage to provide for their siblings?
- iii). What are some of the problems children experience in the school/community as a result of HIV/AIDS induced Child Labour? From your community or school environment list some of the effects of HIV and AIDS that have made children to be involved in Child Labour
- iv). From your community or school environment list some of the effects of Child Labour that have made children to be infected or be at risk of contracting HIV.

The facilitator should guide the process of identifying the link between HIV/AIDS and Child Labour. Use the training manual on child labour and HIV/AIDS, pages 14 and 15 and the figure on the next page.

FACILITATOR'S NOTES

HIV/AIDS and Child Labour have a very close link to each other as they both predispose the victims to vulnerability and poverty. As a result, children end up having to look for employment



some of which puts the boys and especially the girls at risk of HIV infection. This continues to force the orphans and vulnerable boys and girls into child labour. Some of the effects of HIV and AIDS are felt long before the parents die. When the family is not able to provide the basic requirements, children are forced to supplement the household income and have to look for employment. This may result in exploitative and hazardous employment of boys and especially girls being at risk of sexual abuse or ending up in commercial sexual exploitation of children. Children who are orphaned at an early stage are more likely to end up in child labour for the following reasons:

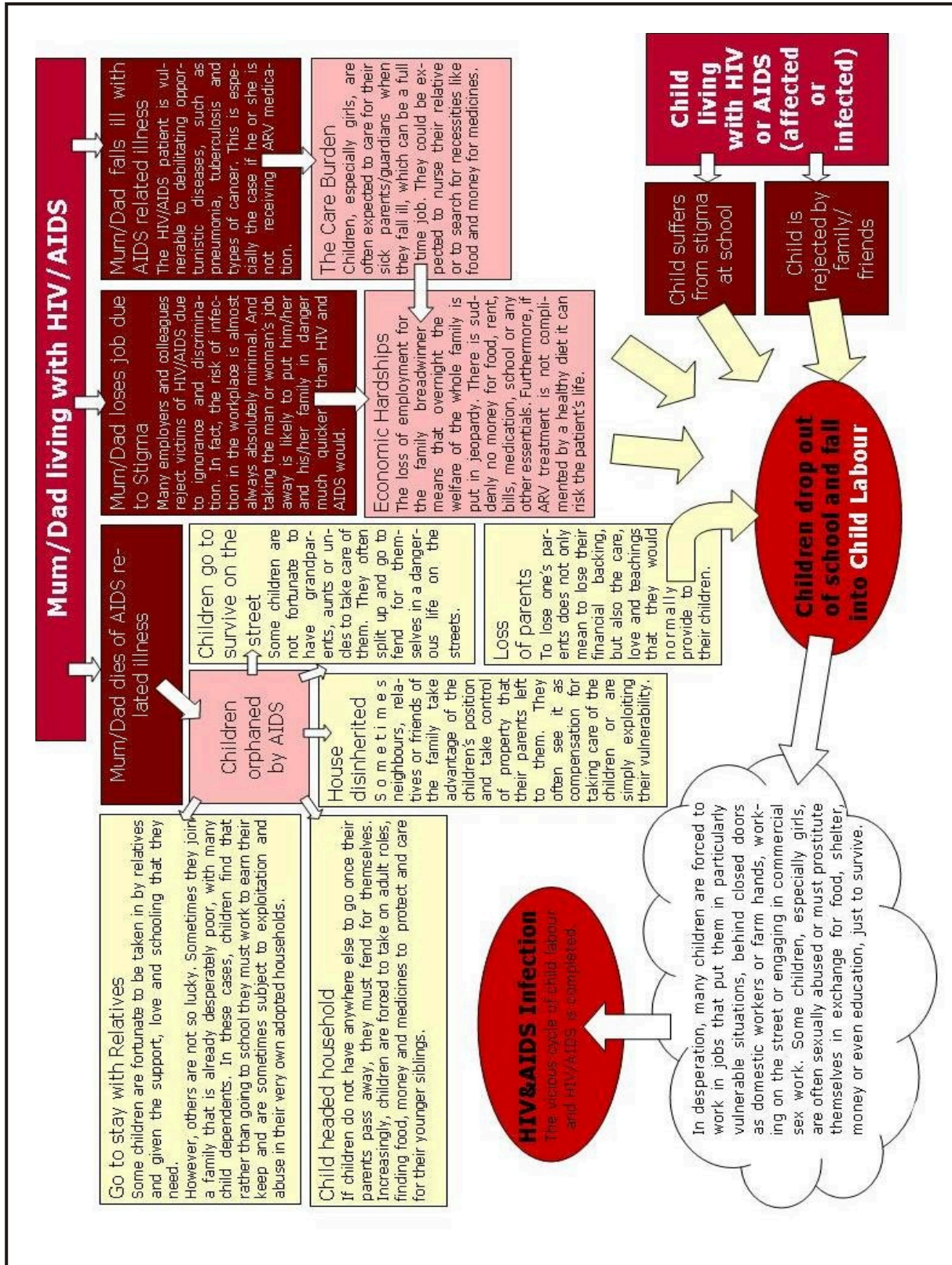
- Discrimination and stigmatisation
- Neglect and abuse
- Insecurity
- Forced relocation or migration
- Disempowerment and loss of inheritance rights
- Loss of household structures
- Psychological and social problems
- Lack of access to education

A study conducted in Zambia stated that HIV/AIDS has added as many as 23 to 30 per cent to the child labour force. In a study in South Africa, one-third of the population of the working children interviewed were orphaned by HIV/AIDS.

Mushingeh et Al. (2002) HIV/AIDS and Child Labour in Zambia: A rapid assessment on the case of Lusaka, Copperbelt and Eastern Province, Paper No. 5



The figure below presents the vicious cycle of HIV/AIDS and Child Labour.
 (Extracted from the SCREAM special module on HIV, AIDS and child labour)



CONCLUSION

HIV/AIDS and Child Labour make a vicious cycle in the sense that HIV/AIDS can predispose a child to Child Labour and Child Labour can be a risk factor for HIV/AIDS. The aim of this programme is to break the cycle and improve the lives of children affected by HIV/AIDS induced Child Labour.

RESOURCES

- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour
- International Labour Office (2002) Combating Child labour and HIV/AIDS in Sub-Saharan Africa. Paper No. 1, Geneva
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- ILO/IPEC (2006) A Training Manual on Child Labour for Education Practitioners, Unit 1, Ghana
- ILO/IPE C (2005) A training Manual for Teachers and Artisans, Child Labour in Zambia MoE, Lusaka, Zambia.
- International Labour Office (2002) HIV/AIDS and child labour in Zambia: A rapid assessment. Paper No. 5, Lusaka

UNIT 2: MEETING THE PSYCHOSOCIAL NEEDS OF CHILDREN (PART I)

OBJECTIVE

The aim of this section is to enable the participants to identify and understand some of the psychosocial needs of children and how to address them.

Duration one (1) hour

Resources Flip chart

Markers

Pens

Paper

METHODOLOGY

STEPS

The facilitator gives an overview of the topic for this session.

After the introduction, the groups are divided into small units so that they can discuss the following questions:

- i). What are some of the problems children have in the community?
- ii). What are the problems experienced at school?
- iii). What mechanisms are available to meet the psychosocial needs of children?
- iv). How can these services be improved (if they are available) or established (if they are absent)?

After 15 minutes, the groups reconvene and the secretaries make presentations.

FACILITATOR'S NOTES

The facilitator must emphasise that meeting the psychosocial needs of children affected by HIV/AIDS can be a big challenge. Children present a myriad of problems from home and the community in which they live. Before any psychosocial support is provided for the child, the child must be comfortable with the person giving the support. The person providing the psychosocial support must be familiar with the child's family and social set-up.

Some of the problems children experience can be of a social nature.

- Children go to school hungry and cannot concentrate on academic work.
- Some children have poor health and so children miss school regularly
- Children feel insecure about their future, due to the loss of a guardian through AIDS related sickness
- They tend to have poor attention skills and poor memory.
- When parents or the guardian die, children have to be separated (“shared”) from each other. This separation from siblings can be a cause of stress to the child.

Some problems faced by children due to HIV/AIDS and Child Labour

- Sad and Unhappy
- Worried and insecure about their future
- Could not attend school often as they need to work to earn some money
- Angry at life
- Lack of food
- Lack of clothing
- Ill health
- Exploitation

Summary of Children's Needs

Social Needs	Psychological Needs
Education	Guidance
Food	Love
Clothing	Care
Shelter	Identity
Health Services	Belonging
Protection	Encouragement
Security	Play and recreation
	Free from `stigma

The needs of children are diverse. A co-ordinated approach in providing the needs of children is very important.



CONCLUSION:

The changes that take place in the child's life can have very deep effects on the psychological development of children. These changes could be in family dynamics, early exposure to employment, stigma, rejection, sadness, anger, anxiety and discouragement.

While the material needs are met, it is just as important for the school and the community to provide psychosocial support to the children who are infected or affected by HIV/AIDS.

RESOURCES

- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS

- UNAIDS (2001) Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS, A case study in Zimbabwe and the United Republic of Tanzania.
- International AIDS Alliance (2005) Psychosocial Support: Resources for communities working with Orphans and Vulnerable children
- The Population Council (1998) Community-based AIDS prevention programmes: Building local initiatives, Chapter entitled “Using culturally Appropriate Counselling methods and Materials for HIV/AIDS prevention and care”.
- UNAIDS (2001) Strengthening Community Response to HIV/AIDS in West and Central Africa

UNIT 3: MEETING THE PSYCHOSOCIAL NEEDS OF CHILDREN (PART II)

OBJECTIVE

The objective of this unit is to introduce the participants to the counselling process for providing psychosocial support.

Duration one and half hour

Resources Flip Chart

Markers

Pens

Paper

METHODOLOGY

STEPS

Using the information in the facilitator's notes below, the facilitator gives a lecture on how to provide psychosocial support to children.

The facilitator moves on and highlights basic skills for supporting children in groups. This could take about 45 minutes. The facilitator should go through the SCREAM methodology so as to encourage the participants to make use of the strategies suggested in the SCREAM Special Module on HIV, AIDS and Child Labour.

After the presentation, the participants are to divide into small groups so that they can study the basic information HIV and AIDS activity script as presented in the SCREAM module on page 19 to 22 for 15-20 minutes.

The facilitator calls the groups together and discusses the content and what the group members have learned.

FACILITATOR'S NOTES

The facilitator must take the participants through a process of identifying the different stages of development children go through. The following is an outline of the stages children go through:

Infancy: This is the period between birth and 18 months. The child is dependent on the parent or caregiver. The child is most vulnerable at this stage as their experience with the world is limited. **Childhood:** This is the period from 18 months to about 12 years. This period the child is more independent and has a better ability to explore the world with some amount of guidance. This period can further be divided into the following phases.

Early Childhood: 18 Months to 3 Years**Ego Development Outcome: Autonomy vs. Shame****Basic Strengths: Self-control, Courage, and Will**

During this stage we learn to master skills for ourselves. Not only do we learn to walk, talk and feed ourselves, we are learning finer motor development as well as the much appreciated toilet training. Here we have the opportunity to build self-esteem and **autonomy** as we gain more control over our bodies and acquire new skills, learning right from wrong. And one of our skills during the "Terrible Two's" is our ability to use the powerful word "NO!" It may be pain for parents, but it develops important skills of the will. It is also during this stage, however, that we can be very vulnerable. If we're shamed in the process of toilet training or in learning other important skills, we may feel great **shame and doubt** of our capabilities and suffer low self-esteem as a result. During this stage boys and girls are brought up with their gender specific roles and gender socialisation is very important during this age stage. Often when parents tell girls they cannot go up trees and boys they cannot play with dolls, these seemingly innocent statements can have very far reaching effects. Children begin to look at themselves in the light that parents or guardians and the society view their roles. The more approval or disapproval the children receive, the more they develop confidence or a lack of it in the lives of these children. It is important that parents, guardians and the community at large begin to help children develop good characters that will help them make good decisions in future rather than limit their ability to explore their potential to be anything they want to be regardless of their sex. At this stage, the most significant relationships are with their parents or guardians.

Play Age: 3 to 5 Years**Ego Development Outcome: Initiative vs. Guilt****Basic Strength: Purpose**

During this period we experience a desire to copy the adults around us and take initiative in creating play situations. We make up stories with Barbie's and Ken's, toy phones and miniature cars, playing out roles in a trial universe, experimenting with the blueprint for what we believe it means to be an adult. We also begin to use that wonderful word for exploring the world "WHY?" The most significant relationship at this stage is with the basic family. If this unit is disturbed through death, illness or separation, the children are most affected and may even be traumatised by the changes that occur in their families. They now have no one to imitate, have no opportunity to exercise decision-making. This in turn can have an effect on how they deal with stigma. The family that is most important to the children has been destabilised. The views of the peers and the society of the changing family set-up can be a sure source of stigma and trauma. The child may lose a sense of purpose in life unless this relationship with the family is restored.

School Age: 6 to 12 Years**Ego Development Outcome: Industry vs. Inferiority****Basic Strengths: Method and Competence**

During this stage, often called the Latency, we are capable of learning, creating and accomplishing numerous new skills and knowledge. This stage results in the ability of the child to be industrious in their lives; an ability to solve problems and be competent in the execution of solutions is experienced here. This is also a very social stage of development and if we experience unresolved feelings of inadequacy and inferiority among our peers, we can have serious problems in terms of competence and self-esteem.

As the world expands a bit, our most significant relationship is with the school and neighbourhood. Parents are no longer the complete authorities they once were, although they are still important. Peers become important. Details of how this can be used to make the best results from this interaction of peers can be seen in the SCREAM modules. These strategies employed in the SCREAM modules are very effective for dealing with peers.

Adolescences (or puberty): This is when the child is between 13 and 18 years. This is a challenging period since the child is going through some physical changes as a result of the increases in male or female hormones. The time when boys and girls are experiencing sexual relationships, it is very important to teach them norms and risks of sexual engagements, especially girls who are often victims of sexual abuse by known people (uncles, cousins, friends, sugar daddies etc.) Boys and girls naturally model their behaviour on the role models that surround them and fall into the masculine or feminine space that they are taught to see for themselves in society. Boys will be less likely to cry in public, girls will be likely to get into fist-fight. Because of the roles they have been made to assume in their childhood the girls are more likely to be submissive and boys domineering. This may put the girls at a higher risk of abuse and sexual exploitation by fellow teens or “sugar daddies”.

Men are often expected by society to be dominant, possessive and aggressive, both generally and sexually. They are often encouraged by their peers to take greater risks, by drinking, driving dangerously, taking drugs or engaging in unprotected sex with multiple partners. On the contrary, where these attitudes prevail, women are encouraged to be passive, loyal, sheltered and unassertive, both generally and sexually. The power relationship is clear and can leave females very vulnerable to abuse as they often find no support inside or outside of their home. To compound this unequal power relationship, women are often economically dependent on men and often live in fear of physical and sexual violence and intimidation in the home.

This culture of abusive relationships can have a severe psychological and physical affect on its victims and can be a root cause of the spread of HIV and AIDS. Many women and girls (and sometimes men and boys in abusive homosexual relationships) do not have the power to say no to sex, to decide when and when not to have sex or to choose to practise safe sex. Therefore, these victims (and their babies too) are very prone to HIV infection. If a woman's male sexual partner practices sex with multiple partners outside their relationship then her vulnerability is even more pronounced. Men are usually less likely to visit a doctor and less

² Reproductive health implies that people have a safe and satisfying sex life and that they have the capacity to reproduce and the freedom to Decide if, when and how often to do so (WHO, 2006).

likely to concern themselves with reproductive health, thus they are less likely to be aware of any sexually transmitted infections they may carry.

Basic Skills for counselling children

A. Create Rapport: The first steps in counselling require that a warm and trusting relationship which will allow the child to express him/herself.

B. Language: It is important to use the child's language. Children speak with three languages: language of body, language of play and spoken language. All of these must be integrated in order to have an effective psychosocial support process.

C. Safety and Comfort: The child needs to be in a familiar and child-friendly environment.

D. Talking about the child's experiences: It is important that the child expresses his/her experiences. This allows the child to vent out whatever may be bottled inside. Children who are traumatised may not express themselves and the counsellor may need to employ any of the following ways to encourage the child to self-disclose. Some ideas that could be use are

- Role-play: Encourage the child to play different roles in which their emotions are expressed.
- Drama could be another strategy for letting children act out their feelings.
- Music is another method that could be used to help the child express him or herself.

E. The support: The child is helped to identify what he or she is going through and helped to deal with it without giving solutions. Let the child process the feelings he/ she is going through and ask what help the child would like.

The counsellor must be careful not to force the child express themselves. It is not the role of the counsellor to find solutions for the child's problems but rather to help the child find solutions to their problems.

Barriers to effective Communication with children and adolescents

- The **age** of the child can be a barrier to communication.
- The **sex** of the child can also affect the extent to which communications can take place.
- The **trauma** the child goes through can affect the extend of communication.
- The **attitude** of the person providing psychosocial support. Children can be very good judges of character and can tell the attitude of the person that is attending to them.
- The **beliefs** of the child or society can impede communication with the child.

- The **language/vocabulary** used in the process of psychosocial support can play a very important role. A language that is easy to understand can enhance communications between an adult and a child

- **Follow-up sessions** must be part of the session in order for the person providing the support to interact with the child's family to see how the child is developing.

SIDE LIGHT

Ask yourself the following questions:

- Am I a good listener?
- Am I comfortable being around and talking to children?
- Am I taking this child seriously?
- What is my attitude to children?

CONCLUSION

The provision of psychosocial support to children infected or affected by HIV/AIDS and Child Labour can be challenging. A well thought through process can help to give the child another opportunity to live a fulfilled life. It is not enough to provide physical assistance only. It is important that the child's needs are met completely.

The counselling of children must be an ongoing process in order to help the children deal with the trauma and the psychological challenges they are or will be experiencing to their status.

RESOURCES

- SCOPE/OVC (2004) Training programme: psychosocial support for Orphans and Vulnerable Children: facilitators manual
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour
- UNAIDS (2001) Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS, A case study in Zimbabwe and the United Republic of Tanzania.
- International AIDS Alliance (2005) Psychosocial Support: Resources for communities working with Orphans and Vulnerable children
- UNICEF (2003) working with children in unstable situations: Principles and Concepts to guide Psychosocial Responses.
- The Population Council (1998) Community-based AIDS prevention programmes: Building local initiatives, Chapter entitled "Using culturally Appropriate Counselling methods and materials for HIV/AIDS prevention and care".
- UNAIDS (2001) Strengthening Community Response to HIV/AIDS in West and Central Africa
- Family Health International (2003) Telling our stories: Children deal with loss, grief and trauma

UNIT 4: UNDERSTANDING HIV/AIDS

OBJECTIVE

The aim of this unit is to increase the understanding of HIV and AIDS issues.

- Discuss Human Immunodeficiency Virus (HIV)
- Discuss Acquired Immunodeficiency Syndrome (AIDS)
- Analyse the various ways in which HIV **CAN** be acquired and how it **CANNOT** be acquired

Duration One (1) Hour.

Resources Flip Chart
Markers
Pens
Paper

METHODOLOGY

STEPS

Arrange the participants into a semi-circular formation.

Write on one flip chart “**STRONGLY AGREE**” and on another “**STRONGLY DISAGREE**”.

Read out the following statements which the participants will put on the appropriate flip charts.

“**STRONGLY AGREE**” or “**STRONGLY DISAGREE**”

- You can become infected with HIV by sleeping around.
- Injecting drugs will give you HIV.
- You can get HIV from toilet seats.
- If you are fit and healthy you won't become infected with HIV.
- Married people don't become infected with HIV.
- If you stick with one partner you won't become infected with HIV.
- Women are safe from HIV as long as they use a contraceptive.
- You can become infected with HIV from sharing toothbrushes.
- If you have sex with people who look healthy, you won't become infected with HIV.
- If you only have sex with people you know, you won't become infected with HIV.
- Anal sex between two men is more risky than anal sex between a man and a woman.
- You can become infected with HIV from kissing.
- A man can become infected with HIV if he has oral sex with a woman.
- A woman can become infected with HIV if she has oral sex with a man.
- Condoms can stop you becoming infected with HIV.

The facilitator can refer to the ice-breaking ideas in the SCREAM special module on HIV, AIDS and child labour, pages 11- 16.

FACILITATOR'S NOTES

- Start by discussing what HIV is and how it develops into AIDS.
- Discuss some methods of prevention.

WHAT IS HIV?

For more background information reference is made to the SCREAM special module on HIV, AIDS and child labour, pages 81 to 85.

HIV stands for the '*Human Immunodeficiency Virus*'. HIV is a virus. These viruses replicate in cells of living organisms. The HIV virus damages human cells and this cause human being to become ill. The virus can move from one person to another. An infected person can infect other people and this is how the HIV virus is spread. If someone is infected with the HIV virus, that person can be said to be HIV positive (HIV+).

HOW DOES HIV AFFECT THE BODY?

The immune system is a group of cells and organs that protect the body from infections and diseases. The HIV virus attacks the human immune system and makes the person ill and ill and more ill. A person infected with HIV may look and feel perfectly well for many years and may not know that she/he is infected. But as the person's immune system weakens they become increasingly vulnerable to many illnesses and infections. It is not possible to tell whether one has the HIV virus until a blood-test has been done to detect whether there is the HIV virus in the blood.

What is AIDS?

Acquired Immune Deficiency Syndrome is an extremely serious condition when the body does not have adequate defence to fight against infections and illnesses.

When a person is infected by the HIV virus, they become ill and more ill from various diseases until they become very ill with one particular illness. At this stage the number of immune cells drops below a certain level. Most people finally die from an AIDS related sickness.

Ways in which you can be infected with HIV:

- ***Unprotected sexual intercourse with an infected person*** Sexual intercourse without a condom is risky, because the virus, which is present in an infected person's sexual fluids, can pass directly into the body of their partner. This is true for unprotected vaginal and anal sex. Oral sex carries a lower risk, but again HIV transmission can occur here if a condom is not used - for example, if one partner has bleeding gums or an open cut, however small, in their mouth.
- ***Contact with an infected person's blood*** If sufficient blood from an infected person enters someone else's body then it can pass on the virus.

- ***From mother to child*** HIV can be transmitted from an infected woman to her baby during pregnancy, delivery and breastfeeding. There are special drugs that can greatly reduce the chances of this happening, but they are unavailable in much of the developing world.
- ***Use of infected blood products*** Many people in the past have been infected with HIV by the use of blood transfusions and blood products which were contaminated with the virus - in hospitals, for example. In much of the world this is no longer a significant risk, as blood donations are routinely tested.
- ***Injecting drugs*** People who use injectable drugs are also vulnerable to HIV infection. In many parts of the world, often because it is illegal to possess them, injecting equipment or works are shared. A tiny amount of blood can transmit HIV, and can be injected directly into the bloodstream with the drugs.

Ways in Which HIV is not Transmitted

- Sharing crockery and cutlery
- Insect / animal bites
- Touching, hugging or shaking hands
- Eating food prepared by someone with HIV
- Toilet seats

Thought!!!

*'Sex with a virgin can cure HIV' . . . This myth is common in some parts of Africa, and it is **totally untrue**. The myth has resulted in many rapes of young girls and children by HIV+ men, who often infect their victims. Rape won't cure anything and is a serious crime all around the world.*

CONCLUSION:

The facilitator can summarise the discussion about AIDS by stating that HIV and AIDS is a problem that does not affect a few and leaves out others. Everyone can be infected or affected by the virus.

Resources

- UNAIDS (2001) Investing in Our Future: Psychosocial Support for Children Affected by HIV/AIDS, A case study in Zimbabwe and the United Republic of Tanzania.
- Leonard Ann and Muia Esther (1998) Community Based AIDS prevention and Care in Africa: Building on local Initiatives, Population Council, New York.
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour
- MoE (2002) Training and Resource manual for Education staff, HIV/AIDS Programme, Lusaka, Zambia.

UNIT 5: EFFECTS OF HIV/AIDS ON THE CHILD AND THE COMMUNITY

OBJECTIVE

The aim of this section is to equip the participants with skill to understand the effects of HIV/AIDS on the child and the community

- Discuss the negative effects of HIV and AIDS on the child
- Discuss the negative effects of HIV and AIDS on the community
- List the dangers of children in an HIV/AIDS context

Duration one (1) Hour

Resources Flip Chart
Markers
Pens
Paper

METHODOLOGY

STEPS

Arrange the participants into a semi-circular formation.

Divide the participants into small groups

Provide each group with a sheet of paper on which to write their discussion for presentation to the group in a plenary session

Each group to discuss one of the following questions

1. What are the direct effects of HIV/AIDS?
2. What are the indirect effects HIV/AIDS on the child?
3. How does HIV affect the community you live in?
4. What can the community do to mitigate the effects of HIV on children and the community?

FACILITATOR'S NOTES

The facilitator should take time to allow the groups to report on their discussions. The groups need not reach consensus, but can share the views when they get together with the other members of the training session.

Also use the information from the SCREAM special module on HIV, AIDS and child labour on page 90 to 92.

The effects of HIV/AIDS on the child can either be direct or indirect.

Direct Effects: This is when the child is infected by HIV and/or AIDS. The child suffers from illnesses as a result of a depressed immune system.

- Child may not attend school enough to proceed from one grade to the other
- The child may face stigma due to his/her HIV and AIDS status

Indirect Effects: These are the effects that the child experiences as a result of a parent or guardian being affected by HIV and/or AIDS. For instance when the child becomes a Head of the family as a result of the loss of both parents, the child may end-up in the various worst forms of child labour or be a victim of human trafficking.

Effects on the community

- Due to the devastating effects of HIV and AIDS, the community can lose the most productive group of people (teacher, doctors etc) to death
- Stigma from the community as a result of an infected parent
- Increased number of orphaned children in the community
- High child labour incidents
- Reduced life expectancy

CONCLUSION:

The effects of HIV and AIDS are devastating to the child and erode the community of a bright future, stability and growth. Over and above all the effects of HIV and AIDS on the community affects mostly the child.

RESOURCES

- The Population Council (1998) Community-based AIDS prevention programmes: Building local initiatives, Chapter entitled "Using culturally Appropriate Counselling methods and Materials for HIV/AIDS prevention and care".
- UNAIDS (2001) Strengthening Community Responses to HIV/AIDS in Western and Central Africa Volume 1 and 2, HOPE Worldwide, Cote d'Ivoire.
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour.

UNIT 6: UNDERSTANDING CHILD LABOUR

OBJECTIVE

The aim of this unit is to increase the knowledge of the participants on Child Labour. Describe the situation of child labour in the world in general and Zambia in particular.

- Describe what child labour is
- Analyze the causes of child labour
- Identify the jobs child labourers do

Duration one hour

Resources Flip Chart

Markers

Pens

Paper

Small coloured cards

METHODOLOGY

STEPS

Divide the participants in small groups. Let them discuss the following and report back after 15-20 minutes. Use the small coloured cards to write statements from the discussion:

- What child labour is? Present the following conversation for discussion
 - Parent:** *"My child goes to school and only works when he/she knock-off from school"*
 - Researcher:** *"What kind of work does your child do?"*
 - Parent:** *"He/she helps us crush stones at the road-side".*
 - Researcher:** *"Do you think this is not child labour"*
 - Parent:** *"If he/she does not help us, we won't have enough money to take care of our needs so he/she must work also".*
- The situation of child labour in general and Zambia in particular
- Causes of child labour
- The types of jobs children do
- Distinguish which ones are constructive kinds of labour and which ones are destructive.

After about 15-20 minutes, have a plenary session where participants present their discussions by group secretaries. Participants to stick the cards on the walls.

FACILITATOR'S NOTES

Refer also to the information in the training manual on child labour and HIV/AIDS, chapter 1, page 1-7 and the SCREAM special module on HIV, AIDS and child labour, page 85-86.

Child labour is work carried out to the detriment and endangerment of the child in violation of international law and national legislation.

It is work that either deprives them of schooling or to assume multiple burdens of education and work.

It can also be work that enslaves them and separates them from their families

It condemns children and their families to a downward spiral of poverty and deprivation.

It includes work and activities that are likely to jeopardise the health, safety or morals of young persons under the age of 18 years.

Difference between Child Labour and Child Work

Child Work	Child Labour
<ul style="list-style-type: none"> ▪ Respect for children's rights to health education and childhood. ▪ It is light and normally for the training or socialization of a child. ▪ Is occasional, allowing children to have time to play, go to school. ▪ It is within the legal framework - meaning that it is accepted by law. 	<ul style="list-style-type: none"> ▪ Severe, hard and harmful to children. ▪ Heavy and sometimes hazardous. ▪ Deprives children of their rights to health, education and child hood. ▪ Constant and for long hours. ▪ It is illegal - meaning that it is not acceptable by law.

Child labour is a very sensitive issue and many people are not aware of the difference between child work and child labour. Child work provides training so that a child grows up to be self-sufficient and responsible member of the community. Child work is not harmful to the child and it should be encouraged. The following conventions should be used to help understand what child labour is. ILO Convention No. 182: Worst Forms of Child Labour Convention, 1999 and No. 138: Minimum Age Convention, 1973.

Worst Forms of Child Labour Convention, 1999 (No. 182)

For the purposes of this Convention, the term "the worst forms of child labour" comprises:

- (a) all forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;
- (b) The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances;
- (c) The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in the relevant international treaties;
- (D) Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.

Minimum Age Convention, 1973 (No. 138) Article 3

1. The minimum age for admission to any type of employment or work which by its nature or the circumstances in which it is carried out is likely to jeopardise the health, safety or morals of young persons shall not be less than 18 years.

2. The types of employment or work to which paragraph 1 of this Article applies shall be determined by national laws or regulations or by the competent authority, after consultation with the organisations of employers and workers concerned, where such exist.

3. Notwithstanding the provisions of paragraph 1 of this Article, national laws or regulations or the competent authority may, after consultation with the organisations of employers and workers concerned, where such exist, authorise employment or work as from the age of 16 years on condition that the health, safety and morals of the young persons concerned are fully protected and that the young persons have received adequate specific instruction or vocational training in the relevant branch of activity.

(a) The Child Labour Situation in the World.

- Approximately 218 million children are child labourers in the world.
- Approximately 126 million children out of the 218 million are in hazardous work.
- Approximately 73 million working children are less than 10 years old.
- Approximately 2.5 million working children are in the developing countries, and another 2.5 million are in Eastern European countries
- Approximately 22,000 children die in work related accidents every year
- The highest proportion of working children is in Sub-Saharan Africa, where nearly one third of the children are aged 14 years and under, rates of population growth are high and HIV infection is high
- Among the world's working children, most are in the informal sector, where they do not have legal or regulatory protection.
- Work that is undertaken after the child is 15, which is not hazardous cannot be classified as child labour.

(b) The Child Labour Situation in Zambia.

Historically, in Zambia, child labour has been an asset to the economy of the family. It was not seen as child labour, as the child imbibed the parental skills by getting into active participation from very early childhood. In due course of suggested duration, the child instead of working on the parental skills, started working for people other than family members for economic reasons. In certain cases children work in the family for economic reasons

International Labour Office Geneva (2006): "The end of child labour: Within reach". Global Report under the Follow-up to the ILO Declaration on Fundamental Principles and Rights at Work

With the onset of modern economy and the prospect of wage labour, children have become progressively employed in industries as well as in domestic and commercial low wages and for long hours, often under hazardous conditions risking debilitating mental and physical damage. According to the 2005 child labour survey report, there are about 895,246 children involved in child labour in Zambia. This number is almost equally divided between girls and boys. About 58% of this number was younger than 15 years at the time of the survey.

(c) Types of Child Labour

Children and young people work in a wide variety of different areas. These include:

- Providing care within a family, for example to a sick adult or relative
- Domestic work - this may be paid or unpaid and provided whether to a relative or non-relative. This is sometimes referred to as a hidden form of child labour. This is because it is not easily visible and is rarely covered by campaigns on child labour. Most of the children and young people involved in domestic work are girls
- Different forms of agriculture including both commercial and subsistence farming
- Stone crushing
- Selling items on the street
- Transportation of goods
- Work in warehouses and factories
- Work in the fishing industry
- Mining
- Work in the military
- Selling sex. This may involve very young children. Referred to as Commercial Sexual Exploitation of Children (CSEC).

CONCLUSION:

It is imperative therefore that all children receive a quality education. Child Labour is a violation of human rights and negatively impacts a nation's future. It is only through education that people are able to escape the cycle of poverty and illiteracy that leads to child labour. The Ministry of Education recognises the importance of differentiating between child work and child labour and setting guidelines for child work in schools.

RESOURCES

- International Labour Office (2002) Combating Child labour and HIV/AIDS in Sub-Saharan Africa Paper No. 1, Geneva

- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour
- ILO/IPEC (2006) A Training Manual on Child Labour for Education Practitioners, Ghana, Unit 1
- ILO/IPEC (2005) A training Manual for Teachers and Artisans, Child labour in Zambia MoE, Lusaka, Zambia.
- International Labour Office (2002) HIV/AIDS and child labour in Zambia:. A rapid assessment. Paper No. 5, Lusaka.
- International Labour Organisation (2002) A future without child labour: Global Report after the Declaration of the fundamentals principles and Human Rights.

UNIT 7: EFFECTS OF CHILD LABOUR ON THE CHILD AND THE COMMUNITY

OBJECTIVE

The general aim of this unit is to bring the participants to an understanding of the negative effects of child labour on the child and the community in which the child lives.

- Discuss the effects of Child Labour on the Child
- Discuss the effects of Child Labour on the Community
- Analyse the risk factors to Child Labour

Duration one hour

Resources Flip Chart

Markers

Pens

Paper

METHODOLOGY

STEPS

Group Discussion, form a semi-circle and allow for all the participants to make contributions.

Discuss the following questions with the group

- In your community/school, what are some of the results of Child Labour you have seen?
- List some of the effects of Child Labour
- What benefits (if any) does Child Labour have to the community and family of the child?
- Who can play a role in combating this kind of vice in the community?

Have one of the participants write the different views of the participants

Summarise the different views presented by the participants on the effects of Child Labour.

FACILITATOR'S NOTES

The facilitator explains that Child Labour has far reaching effects on the child and the child's community. Apart from the physical effects of the child, child labour deprives the child of an opportunity for school and this may predispose the child to a dismal future.

Harmful Effects of Child Labour

There are many harmful effects of child labour. These include:

- **Low pay.** Children and young people are often paid much less for work done than adults, for example they may only receive one quarter of adult wages. There is also evidence that increased use of child labour reduces adult wages. This is because child labour increases competition for jobs directly and indirectly by enabling more women to work.

- **Long hours.** Some children and young people are expected to work excessive hours, for example, up to 12-16 hours per day.
- **Loss of educational opportunities.** Many children and young people who work either withdraw from school or find that their educational performance declines because of the work they are doing.
- **Physical harm.** Working children may experience physical harm in a number of ways. These include:
 - Increased risk of accidents - children and young people often work in unregulated environments where little attention is paid to safety.
 - Assault - working children often experience violence in the workplace from adult staff and managers, including sexual abuse. Children and young people working in the street are also at risk of physical violence from police officers and other authority figures.
 - Violent theft - this is also a risk faced by street vendors.
 - Risk of illness from poor hygiene and exposure to bad weather.
 - Harmful effects of pesticides.
 - Poor physical growth
 - Exploitation

CONCLUSION:

Child Labour deprives the child of normal physical, emotional, moral and psychological development.

Resources

- International Labour Office (2002) Combating child labour and HIV/AIDS in Sub-Saharan Africa. Paper No. 1, Geneva
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour
- ILO/IPEC (2006) A Training Manual on Child Labour for Education Practitioners, Ghana
- International Labour Office (2002) HIV/AIDS and child labour in Zambia: A rapid assessment. Paper No. 5, Lusaka

UNIT 8: GENDER, HIV/AIDS AND CHILD LABOUR

OBJECTIVE

The aim of this section is to understand how HIV/AIDS and Child Labour affect males and females and to help the participants develop strategies to mitigate the impact.

Duration One Hour

Resources Flip Chart

Markers

Pens

Paper

METHODOLOGY

STEPS

Facilitator leads the group into the context of gender in relation to HIV/AIDS and child labour by giving a 10-15 minutes lecture by using the information in the facilitator's notes.

Divide participants in three groups and assign each of the groups one of the following tasks:

Group 1, discuss how HIV/AIDS affects girls and boys.

Group 2, discuss how Child Labour affects girls and boys.

Group 3, discuss how the effects HIV/AIDS and child labour can be mitigated.

After 20 minutes, the groups reconvene and the secretaries make presentations.

The facilitator should also make use of the training manual on child labour and HIV/AIDS, chapter 6, page 37-42 and the SCREAM special module on HIV, AIDS and child labour, chapter on gender focus, page 37-43.

FACILITATOR'S NOTES

It is important to note that Gender and Sex refer to different things. Gender refers to the differences between boys and girls that are influenced by society. Sex on the other hand refers to the biological differences between the male and female that are born with. Gender differences that are learned by boys and girls in societies may lead to different opportunities later in life. They influence the world of work, the challenges faced at work, as well as the definition of what constitutes work.

Girls' work is often underestimated in defining child labour. The housework that they engage in is taken for granted. When they are adopted after losing parents to AIDS related sicknesses, girls are the ones who are allocated housework, including fetching water. If the sources of water are distant, the challenge of finding water for the home is borne entirely by girls. Meanwhile boys get the opportunity to play and lead relatively normal lives. But where boys and girls are orphaned or otherwise affected by HIV/AIDS, girls invariably end up being driven into one form of child labour or another. Even if boys are also affected the vulnerability is more pronounced among girls.

Efforts to lessen the effects of HIV/AIDS need to remain conscious of these gender facts and deal with it to ensure equitable access to opportunities for both boys and girls.

The effects of HIV/AIDS and Child Labour in Sub Saharan Africa are becoming one of the leading impediments to sustainable development. These effects are not neutral to gender. They deepen and often exacerbating poverty and widening the Gender inequalities. In terms of education and health, girls and women tend to have fewer advantages than do boys and men. For example, in situations of financial constraints and the need for care giving, girls are more likely to be withdrawn from school than boys. If these issues of gender are not adequately addressed, they are likely to increase poverty and vulnerability of women and girls. Gender equality is the principle and practice of allocating chances and resources fairly to boys and girls. It relates to the elimination of bias based on gender considerations. Equity includes deliberate actions to address imbalances that were prompted on the basis of gender considerations. Gender equality is very much an issue in relation to HIV/AIDS and especially concerning links to child labour. Not only are HIV/AIDS affects that make girls and boys prone to child labour, there is also severe gender-induced disparity that tend to favour boys over girls. Even allocations of chances to access schooling are tilted by HIV/AIDS. There is no compelling reason as to why boys are favoured over girls, other than simply because of the biological difference. When in a house hold girls will get married and help the families they are married into, that ignores the fact that many families are supported by their daughters who were given the chance to finish school. It is therefore common to find girls affected by HIV/AIDS being pushed by circumstances into child labour while boys continue with school.

Nonetheless, while there are people who think that it is only boys who are favoured above girls, the reverse have been witnessed making this assumption baseless After affirmative action was used to redress the imbalance, there is now need to approach the gender equity issue more objectively so as not to place one sex at advantage. Both boys and girls need to be given the chance to attain their potential.

Some of the areas in which Gender inequalities exist:

- In Agriculture and food security: the majority of small-scale farmers are women. The majority, 60-70%, of food production in rural households comes from women. Although men participate in these activities, such as tilling the land, women work more hours per day, and more days per year in agriculture than men. The kinds of work women do are more labour intensive than men.
- Gender differences in housework: Women and girls are often tasked to do all domestic maintenance work of hauling of water, gathering firewood, food processing and preparation, cooking and other domestic chores. These kinds of chores are strenuous. In the event that there is an HIV/AIDS related illness, the domestic workload is increased because care-giving responsibilities that they already have.
- Differences in education: Women are likely to be less literate than men.

CONCLUSION

Women and girls face an enormous burden in the context of HIV/AIDS and child labour. Not only are women and girls at a greater risk of HIV infection, the impact of illness and deaths requires more sacrifices from women and girls than on the male counterparts. In sickness, girls are usually the ones required to be absent from school so as to help the sick, to look after the home, or to be in charge of general household welfare. This puts them at risk of ending up in the Worst Forms of Child Labour; Even though boys are also affected the vulnerability is more pronounced among girls. Efforts to lessen the effect of HIV/AIDS need to be conscious of this gender fact and deal with it to ensure equitable access to opportunities for both boys and girls.

RESOURCES

- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour

Mutangadura G.B. (2005) "Gender, HIV/AIDS and rural Livelihoods in Southern Africa: Addressing challenges, *JENDA: A Journal of Culture and African Women Studies: Issue #7*

UNIT 9

EDUCATION, HIV/AIDS AND CHILD LABOUR

OBJECTIVE

The aim of this unit is to allow participants to discover how Education is important in mitigating the impact of HIV/AIDS and Child labour.

Duration: One Hour

Resource: Flip Chart

Markers

Pens

Paper

METHODOLOGY:

STEPS

The facilitator using the notes provided in this unit and other sources gives an overview of the importance of Education in mitigating HIV/AIDS and Child Labour. Make use of the information in the training manual on child labour and HIV/AIDS, chapter 7, page 43-49 and the SCREAM special module on HIV, AIDS and child labour, sub-chapter 8, page 86.

After the introduction the participants are divided in small groups to discuss the following Questions;

1. Give reasons why you think Education is important in mitigating HIV/AIDS and Child Labour?
2. What possible interventions can you use to reduce the risk of HIV induced Child Labour?
3. Mention why recreation activities are important in addressing the risks of HIV-induced Child Labour.
4. List and discuss possible ways of dealing with stigma and discrimination in schools and communities.
5. Identify school-related factors that are likely to force girls and boys who are affected by HIV/AIDS into child labour.

FACILITATORS NOTES

Education is vital to the development of children and young people in a number of ways. It equips them with the necessary knowledge, competencies and life skills to function in the present and the future. It aids their psychosocial development, by fostering the formation of lifelong friendships and desirable values. It is also vital for their future opportunities. For boys and girls affected by HIV/AIDS, education provides the setting and means for reaching them with knowledge and skills to cope with their challenges and establish the foundation for the future.

It also helps reduce the risks and vulnerabilities of young people by providing an understanding and empathic context away from home. Increasingly, schools are now providing settings for voluntary counselling and testing (VCT) services that enable girls and boys who are infected by HIV/AIDS.

Possible Interventions

A wide range of other activities may be used in schools to reduce the risk of HIV-induced child labour. These would aim at attracting boys and girls to school and therefore reduce dropout rates. Such should include:

- Education itself. Girls and boys who receive at least nine years of education are less vulnerable to sexual exploitation and child labour because they are meaningfully engaged in educational activities.
- Ensuring the quality of education and that it is relevant to local needs. Education that is theoretical and teacher-centred is unlikely to be attractive to girls and boys. There should be efforts to enrich the curriculum with relevant activities and methods that foster participation of learners, e.g. introducing the SCREAM methodology.
- Ensuring that all girls have the same educational opportunities as boys. This can be done in several ways. One is to address all barriers to access and retention such as poor school sanitation, absence of separate latrine and bathrooms for girls at school, or even the provision of menstrual protection to adolescent
- school girls. The other way is to enhance affirmative action by targeting those girls who are affected by HIV/AIDS- e.g. orphans or those infected by HIV. Role modelling should also be used to demonstrate to girls that there is a better future after education, and that others who were similarly affected made it.
- Making counselling available to children and young people. Such counselling should be broader than HIV/AIDS and sexual health. It should include issues relating to problems in families and finding employment.
- Providing recreational and social services such as play grounds, movable kits, drama and theatre groups, clubs and spiritual associations. Play is recognised as a powerful therapy. It is also an effective way of developing the social skills of young people. Given that many boys and especially girls who are affected by HIV/AIDS and are forced into child labour hardly get the opportunity to play, facilities for play would go a long way in helping such children. Moreover, there is need to set aside time for such children to exercise their talents.
- Establishing monitoring systems to detect problems within schools. These problems include sexual abuse and the coercion of children and young people into exploitative sexual activities or child labour.
- Developing supportive policies, such as those which promote children's rights.

Dealing with stigma and discrimination.

To date, even when there is overwhelming scientific evidence that HIV/AIDS cannot be spread through means such as touch or sharing utensils, negative attitudes still abound. Stigma and discrimination can easily drive a child out of school. Government should not slacken efforts to sensitise the public and especially school communities about the unfounded fears that feed stigma and lead to discrimination. There is also need to develop guidelines and sanctions against deliberate efforts to place those affected by HIV/AIDS at a disadvantage times of loss, girls are expected to care for their siblings. It has also been reported that compared to males, women and girls work longer hours or less pay. They have less power, less access to resources like money and land, as well as enjoying fewer rights. Where boys and girls are orphaned otherwise affected by HIV/AIDS, girls invariable end up being driven into child labour. Even if boys are also affected the vulnerability is more pronounced among girls. Efforts to lessen the effects of HIV/AIDS need to be conscious of this gender fact and deal with it to ensure equitable access to opportunities for both boys and girls. Ensuring that girls have the same educational opportunities as boys.

CONCLUSION

The Education system provides an important avenue for combating HIV/AIDS- induced child labour. The school is the place where information and support services can be located to serve a wide audience at the same time. It is also where stigma and discrimination can be systematically addressed. Schools also offer the destination for the children who have been withdrawn from child labour, as they have well arranged programmes through the curriculum and co-curricular activities. Thus education should always be considered when developing sustainable strategies to prevent or combat child labour induced by HIV/AIDS.

RESOURCES

- SCOPE/OVC (2004) Training Programme: Psychosocial Support For OVCs: Facilitators Manual
- UNAIDS (2001) Strengthening Community Response to HIV/AIDS in West and Central Africa
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour

UNIT 10

NETWORKING WITH OTHER STAKEHOLDERS

OBJECTIVE

The aim of this section is to stimulate the participants to develop skills for identifying stakeholders in the fight against HIV/AIDS induced Child Labour.

Duration One and a half hour

Resources Flip Chart

Markers

Pens, Paper

METHODOLOGY

STEPS

The facilitator introduces the objective of the exercise. Make use of the facilitator's notes and the training manual on child labour and HIV/AIDS, chapter 9, page 65-74 on Roles of Stakeholders.

The facilitator divides the group into two or three members each.

The facilitator provides the following instructions:

1. List the organisations that are in the community and the activities they are involved in.
2. Identify possible ways in which the participants can partner with the CBOs, NGOs, Teachers' Unions, Government agencies, etc. in the fight against HIV/AIDS induced Child Labour.
3. What are the community's strengths in the fight against HIV/AIDS induced Child Labour?
4. The groups are sent out in the community in different directions to find answers to these tasks?
The participants have to be back in 20 minutes to give feedback to the rest of the group.
5. Highlight the advantages and disadvantages of working as a multi-sectoral team.
Discuss the advantages and disadvantages of working in isolation.

FACILITATORS NOTES

Some possible guide towards developing effective networks:

- a) It is important that the groups identify the problems that needs to be resolved, the magnitude of the problem and the resources, personnel or organisations available.
- b) Next, a decision must be arrived at for what is going to be done. Brainstorming will be necessary to avoid downplaying the problem or making too ambitious plans that will not be realised.
- c) Make a priority list of what needs to be done and who should do it. This will prevent a situation that may arise from overlapping roles or roles that are not well defined.

- d) When priorities are set, participants must be able to state the objectives that will be inline with the priority areas.
- e) The next stage would be to identify strategies to do the activity that has been identified, the time frame, resources that will be required and the risks that come with implementation.
- f) In order to be sure that the activity is meeting its objectives, there must be some indicators to show performance

CONCLUSION

The fight against child labour and the effects of HIV/AIDS require a multi-sectoral approach. It is not possible to fight AIDS and the effects on children when working in isolation to mitigate the effects of HIV/AIDS and Child Labour. It is important for the schools and the communities to take strides towards developing links with community based organisations and others if they will make an impact.

RESOURCES

- UNAIDS (2001) Strengthening Community Response to HIV/AIDS in West and Central Africa
- International Labour Office (2006) Training Manual on Child Labour and HIV/AIDS
- International Labour Organization (2007) SCREAM; A special module on HIV, AIDS and child labour.

